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**2012 National report on the Drug Situation in the Kyrgyz Republic  
(Drug situation in 2011)**

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(Наркоситуация в 2011 году)**

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# Drug situation in 2011

## THE KYRGYZ REPUBLIC

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## SUMMARY

The Kyrgyz Republic possesses a legislative and regulatory basis in the field of drug control and related problems developed in accordance with the international norms and requirements of the United Nations Conventions on Narcotic Drugs dated 1961, 1971, and 1988. The Kyrgyz Republic joined these Conventions in 1994, which provided the republic with the opportunity to integrate completely into the transnational process of combating the illicit trafficking of drugs.

State control of the development, production, processing, exportation, transit, transportation, sending, purchase, storage, distribution, marketing, destruction, application for medical, scientific, and educational purposes, expert activity, and the carrying out of studies of the criminal aspects of narcotic drugs, psychotropic substances, and drug precursors is carried out on the basis of the current legislation.

The main forms of the state control of the legal trade in narcotic drugs, psychotropic substances, and precursors in the republic are quota arrangement, distribution, accounting, and reporting.

The importing, exporting, transit, and industrial application of narcotic drugs, psychotropic substances, and precursors are carried out on the basis of permits issued by the State Drug Control Service of the Kyrgyz Republic within quotas set for the Kyrgyz Republic by the International Narcotics Control Board. It should be noted that the State Drug Control Service was established in August 2010 after the dissolution of its predecessor, the Drug Control Agency of the Kyrgyz Republic, in 2009.

The State Drug Control Service under the Government of the Kyrgyz Republic is the only structure coordinating the state policy in the field of the legal trade in narcotic drugs, psychotropic substances, and precursors, as well as combating illicit drug trafficking in the country, and there is no any interagency body with similar functions at the present time.

In addition to the State Drug Control Service of the Kyrgyz Republic, the Ministry of Internal Affairs, State Committee of National Security, State Customs Service, and State Penalty Execution Service are also involved in combating illicit drug trafficking in the republic at present.

According to the data provided by the Republican Narcology Centre of the Ministry of Health, no special study on the prevalence of drug consumption was conducted among the general population in 2011.

The most recent research on the rapid estimation of the situation in the field of the prevalence of drug consumption was conducted by the United Nations Office on Drugs and Crime (UNODC) among the population of the Kyrgyz Republic in 2002. According to this research, the estimated number of drug users in the republic was 80-100 thousand people (2.62 to 3.27% of the total population in the age group aged 16 to 64 years old), out of whom approximately 54 thousand people (1.77% of the total population in the age group aged 16 to 64 years old) practised an injecting pattern of drug consumption.

The Ministry of Education and Science, Ministry of Health, and Ministry of Youth Affairs, as well as a range of NGOs, carried out comprehensive activities aimed at the prevention of HIV infection and drug addiction among young people, along with the implementation of the National Programme of the Kyrgyz Republic on combating drug addiction and the illicit

trafficking of drugs and the state programme on the prevention of an epidemic of HIV infection and its socioeconomic consequences in the Kyrgyz Republic for 2006-2010.

No research to determine the scale of the prevalence of problem drug use was conducted among the general population in 2011. The last similar research study was conducted in the republic in 2006 with the support of UNODC. It showed that the number of problem drug users in the republic was 26 thousand people (495 persons per 100 thousand members of the total population), out of whom 25 thousand people (476 persons per 100 thousand members of the total population) were injecting drug users.

The citizens of the republic have equal opportunities for the implementation of rights to obtain healthcare and sociomedical assistance, established by the Constitution of the Kyrgyz Republic. The population has no general free access to healthcare services in the republic. Free medical assistance, medicaments, and medical devices are provided only in the provision of emergency medical care.<sup>1</sup> In any other case medical assistance is provided on the basis of compulsory medical insurance (ЗАКОМ КР, 1999). According to the Law "On medical insurance of the citizens of the Kyrgyz Republic", persons not covered by the compulsory medical insurance system should pay for medical, preventive, rehabilitation, and sanitary services at their own expense. Those persons who have no place of residence can count on receiving only urgent and emergency medical care free of charge. Unemployed persons, if they are officially insured with the compulsory medical insurance scheme, have the right to obtain some medical services free of charge.

The total number of patients who received treatment for drug addiction or drug use in 2011 was 3277 (59.4 persons per 100 thousand members of the total population) persons (this figure did not include the number of patients who received compulsory treatment and visited the trust points); this number is 17.6% less than in 2010 (3979) and 36% more than in 2009 (2408 people). The total number of persons who received drug treatment for the first time in their lives was 1841 (56.2% of the total number of persons treated in 2011).

579 patients were treated in inpatient facilities and 167 in outpatient conditions, while 1428 patients participated in the Methadone Substitution Treatment programmes and 1103 patients participated in rehabilitation programmes.

According to the data of the Republican AIDS Centre, a rapid increase in the number of new cases of HIV infection in the republic has been noted in recent years, and according to the WHO/UNAIDS estimates Kyrgyzstan is on the list of the 7 countries with the highest growth rates in the world of the HIV epidemic. The number of officially registered cases of HIV infection increased by 43%, from 2718 cases in 2009 to 3887 in 2011.

3887 cases of HIV infection, including 3709 among citizens of the Kyrgyz Republic (cumulatively), had been registered in the republic by January 1, 2012. A total of 2530 injecting drug users were registered, including 2394 citizens of the Kyrgyz Republic (64.5%).

437 AIDS-positive persons, and 539 who were deceased, including 194 persons who died because of AIDS, had been registered in the republic by January 1, 2012.

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<sup>1</sup> According to the programme of state guarantees, all patients admitted to inpatient clinics with emergency indications are provided with free *emergency inpatient assistance* until their condition ceases to be life-threatening.

The drug-related harm reduction strategy is one of the priority directions of the activities for fighting against drugs and the illicit trafficking of drugs and an integral part of the policy of the State in the field of the prevention of HIV/AIDS among IDUs.

In order to increase access to the services for injecting drug users and people living with HIV/AIDS, and for the further implementation of the state anti-drug policy and strengthening the countermeasures against drug addiction and the illicit trafficking of drugs, a list of syringe exchange centres in the medical-preventive institutions of the city of Bishkek and the Chui Oblast was approved. Additionally, the Standard of Services on the exchange of syringes/needles was approved. The Standard of Services on the exchange of syringes/needles stipulates requirements for the management of services and the quality of services for the exchange of syringes/needles, as well as the requirements for the qualifications of suppliers of services with regard to the provision of materials and maintenance of the safety of employees and volunteers.

Assistance was provided to the harm reduction programmes with the financial and technical assistance of international organisations in 2011.

The association of harm reduction programmes, the “Partners network” of Kyrgyzstan, and the “Network of harm reduction” association of non-governmental organisations continued their work actively.

The management instrument for the quality of services developed by CARHAP was introduced in the “Right to life”, “Rans Plus”, and “Ranar” organisations in order to improve the quality of the services provided to injecting drug users.

In total, the law enforcement bodies of the Kyrgyz Republic detected 1924 drug-related crimes (smuggling – 61, storage without intent to sell – 1155, drug marketing – 533, encouraging drug consumption – 27, cropping of drug-containing plants – 81, maintenance of dens – 55) in 2011; criminal proceedings were instituted against 1128 people, out of whom pre-trial restraint in the form of detention was selected for 637 people.

A trend of a significant and stable decrease in the prison population in the facilities of the criminal justice system has been observed since the middle of 2007, and by the end of 2010 the number of drug-addicted inmates on the narcological register was 369 people (of whom 211 were drug-addicted persons).

However, on the basis of the results of several research studies conducted in the criminal justice system by international and non-governmental organisations (the Inter-Demilge Public Foundation and AIDS Foundation East-West (AFEW), it can be concluded that in reality, in the facilities of the penitentiary system approximately 35% of the total number of inmates consume drugs, of whom 50% are injecting drug users; in other words, they represent approximately 17-18% of the total prison population.

In 2011 the drug situation in the republic was characterised by the activity of international drug-dealing groups which made use of the territory of the country as a drug transit corridor to the Russian Federation and the countries of European Union.

Drugs from Afghanistan and their transit through the territory of Tajikistan remain the main reason for the spread of drug addiction in the republic.

The existence of quite well-developed trans-boundary and transcontinental railway lines, roads, and air communications connecting the republic to the other countries of the Commonwealth of Independent States (CIS) works in favour of this.

The main routes for the trafficking of Afghan drugs pass through the southern boundaries of the republic and almost all of them lead to the Osh Oblast from the outside, and then the drugs are transported to the north of the republic through the Jalal-Abad Oblast and then the flow moves further in a westerly direction.

The main routes for the arrival and transit of narcotic substances in the Kyrgyz Republic are Kyrzyl-Art, Altyn-Mazar, Batken, and Khojend.

In addition, a raw material basis for the drugs of the cannabis group (approximately 10 thousand hectares) exists in the republic, and the articulate ephedra, which serves as raw material for the production of the amphetamine-type stimulant “metkatinone”/“ephedrine”, also grows over an area of more than 55 thousand hectares.

In 2011, the law enforcement bodies of the Kyrgyz Republic seized 45 tons, 729 kilograms, and 749 grams of narcotic drugs, psychotropic substances, and precursors from illicit traffickers; this is more than the amount seized during the corresponding period of 2010 by 37 tons, 789 kilograms, and 307 grams (8 tons 340 kilograms and 442 grams in 2010).

No changes in retail prices have been observed within the last three years. Thus the retail price of 1 gram of opium is \$1.1-2.2, heroin – \$12.8-14.9 (1 g), marijuana (1 200-g glassful) – \$6.4-8.5, and hashish (1 20-g matchbox) – \$42.5-53.2.

# MAIN TRENDS AND DEVELOPMENTS

## 1. DRUG POLICY: LEGISLATION, STRATEGIES, AND ECONOMIC ANALYSIS

### 1.1. Introduction

Countermeasures against illicit trafficking in drugs represent one of the most important components of the state policy of the Kyrgyz Republic. In the field of countermeasures against drug abuse and drug trade a phased transition from the prosecution of drug users for committing minor offences towards the prosecution of organised criminal groups controlling drug trafficking and extensive drug dealing networks is ensured.

### 1.2. Legal system

The Kyrgyz Republic possesses a legislative and regulatory basis in the field of drug control and related problems developed in accordance with the international norms and requirements of the United Nations Conventions on Narcotic Drugs dated 1961, 1971, and 1988. The Kyrgyz Republic joined these Conventions in 1994, which provided the republic with the opportunity to integrate completely into the transnational process of combating the illicit trafficking of drugs.

In 1998, a Law “On drugs, psychotropic substances, and precursors” was adopted, the first time this had happened in Central Asia. This law established a single procedure for the legal trade in controlled substances and countermeasures against the illicit trafficking of drugs.

At present, of all the existing laws regulating legal relations in the field of the trade in drugs, it is necessary to note the Criminal Code of the Kyrgyz Republic (YK KP, 1997.), the Law “On drugs, psychotropic substances, and precursors” (3AKOH KP, 1998), and the Administrative Code of the Kyrgyz Republic (KoAO KP, 1998).

The Law “On drugs, psychotropic substances, and precursors” establishes responsibility and a system of countermeasures against the illicit trafficking and abuse of drugs, psychotropic substances, and precursors, and the rights and obligations of legal entities and citizens in relation to the application of this law. In addition, this law defines the rules for the licensing of activities in the field of the legal trade in drugs.

The Criminal Code of the Kyrgyz Republic lays down the responsibility for the following drug-related activities:

- illicit operations (manufacture, acquisition, possession, transportation, or shipment) of drugs without intent to sell (Art. 246);
- the same activities performed with intent to sell or illicitly sell drugs (Art. 247);
- stealing of drugs or psychotropic substances or blackmailing in order to obtain them (Art. 248);
- inciting others to the consumption of drugs or psychotropic substances (Art. 249);
- the cropping and cultivation of drug-containing plants (Art. 250);

- violation of the established rules for the manufacture or legal trade in narcotic drugs, psychotropic substances, and precursors (Art. 251);
- the organisation and maintenance of dens for the consumption of drugs or psychotropic substances (Art. 252);
- illegal issue or forgery of prescriptions or any other documents giving the right to receive drugs or psychotropic substances (Art. 253).

In addition, there is an article in the Criminal Code which stipulates criminal liability for involving minors in anti-social activity, including the consumption of narcotic drugs (Article 157).

Criminal responsibility for committing drug-related crimes without intent to sell can be applied to citizens of the Kyrgyz Republic starting from the age of 16 years old (in the case of intent to sell, starting from 14 years old (01.10.1997 r.)). The term of punishment for drug-related crimes can vary from fine to fifteen years of deprivation of freedom with confiscation of property.

The administrative code of the Kyrgyz Republic lays down responsibility for the following administrative offences:

- Article 91-2. The illegal manufacture, acquisition, possession, transportation, or shipment of narcotic drugs or psychotropic substances in small amounts without intent to sell;
- Article 91-3. Violation of the established rules for the manufacture or legal trade in narcotic drugs, psychotropic substances, or precursors;
- Article 191. Failure to remove wild-growing drug-containing plants, cropping or cultivation of drug-containing plants whose cultivation in large amounts is prohibited;
- Article 366. Consumption of narcotic drugs or psychotropic substances, drinking alcohol or appearing in public places in a condition of intoxication, insulting human dignity.

Moreover, it is necessary to mention the laws of the Kyrgyz Republic directly related to the trade in narcotic substances – the law “On HIV/AIDS in the Kyrgyz Republic” (ЗАКОН КР, 2005) and the law “On pharmaceuticals” (ЗАКОН КР, 2003).

The law “On HIV/AIDS in the Kyrgyz Republic” defines the procedure for the legal regulation of issues related to the prevention of the prevalence of HIV/AIDS on the territory of the republic, the provision of the system of activities for the protection of the rights of people living with HIV/AIDS, the security of the citizens of the Kyrgyz Republic, and national security in accordance with the norms of international law.

The law “On pharmaceuticals” states that the state registration of drugs and psychotropic substances used in medicine as pharmaceuticals and subject to control by the state is accompanied by the entering of the above-mentioned substances into corresponding lists in the manner determined by the law of the Kyrgyz Republic “On drugs, psychotropic substances, and precursors”.

The regulatory-legal basis that exists in the country allows syringes and needles to be freely purchased at any time of day in the network of pharmacies, and does not contain a prohibition on the implementation of syringe and needle exchange programmes.

In addition, the legal system in the field of drug consumption in the Kyrgyz Republic has the following range of regulatory-legal acts:

1. the Resolution of the Kyrgyz Government 'On the recording, storage, and use of narcotic drugs, psychotropic substances, and precursors in the Kyrgyz Republic', (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 54, 2011) which establishes the requirements for the organisation of the recording, storage, and use of narcotic drugs, psychotropic substances, and precursors, approved by Resolution No. 543 of the Kyrgyz Government 'On narcotic drugs, psychotropic substances, and precursors controlled in the Kyrgyz Republic', dated November 9, 2007, in pharmaceutical and healthcare organisations and educational institutions, regardless of the type of department involved and regardless of the form of ownership;
2. the Resolution of the Kyrgyz Government 'On narcotic drugs, psychotropic substances, and precursors that are controlled in the Kyrgyz Republic', (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 543, 2007) which approves:
  - criteria for the categorisation of substances as drugs, psychotropic substances, or precursors;
  - national lists (the Register) of drugs, psychotropic substances, and precursors that are controlled in the Kyrgyz Republic. According to this Register a "small amount" of drugs and psychotropic substances represents up to 1 daily dose of a drug (heroin – up to 1 g, opium – up to 3 g, marijuana – up to 20 g). A "large amount" represents from 1 daily dose to 30 daily doses inclusive. The "specially large amount" represents 30 daily doses and more;
  - the list of plants containing drugs, psychotropic substances, and precursors, the cropping and cultivation of which is prohibited on the territory of the Kyrgyz Republic;
  - amounts of drugs, psychotropic substances, and drug-containing plants, the illicit trade in which leads to administrative or criminal responsibility;
  - regulations on the procedure for the handling of drugs, psychotropic substances, and precursors that are ownerless, abandoned, lost (found), or seized from illicit trade on the territory of the Kyrgyz Republic;
  - criteria for the definition of amounts of drugs, psychotropic substances, and drug-containing plants, the illicit trade in which leads to administrative or criminal responsibility;
  - the Resolution of the Kyrgyz Government 'On the admission of rules for state control of the trade in drugs, psychotropic substances, and precursors', (ПОСТАНОВЛЕНИЕ КР № 466, 2004) which defines the procedure for state control of the trade in drugs, psychotropic substances, and precursors (hereinafter referred to as "state control"), as well as the control of substances seized from illicit trade.

In 2011 the following amendments were made to the legislation regulating the field of the trade in drugs, psychotropic substances, and precursors:

- the Law of the Kyrgyz Republic “On amendments to the Administrative Code of the Kyrgyz Republic”, (ЗАКОН КР, 2011) which was developed to modify the legal basis of the activities of the drug control service, and for the provision of opportunities to effectively solve tasks related to drug control;
- the Resolution of the Kyrgyz Government “On issues related to the State Drug Control Service under the Government of the Kyrgyz Republic” (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 132, 2012), which establishes the regulations for the State Drug Control Service under the Kyrgyz Government, regulations for a career in the State Drug Control Service under the Kyrgyz Government, and the disciplinary charter and management chart of the State Drug Control Service under the Kyrgyz Government;
- the Resolution of the Kyrgyz Government “On additional countermeasures against illicit trafficking of drugs, psychotropic substances, and precursors”, (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 654, 2011) which establishes the composition of the State Coordination Committee for drug control, as well as approving the regulation of the Committee and the composition of the Committee in terms of positions.

### **1.2.1. Implementation of laws in 2011**

In general, the legislation of the Kyrgyz Republic complies with the international standards on the issues related to drugs and drug consumption. Improvements are made to the regulatory-legal basis in the field of drug legislation according to changes in the situation and as necessary.

No special study was conducted on compliance with the law in the field of drug abuse and no cases of non-compliance with the laws in this field are known to the authors of this report.

## **1.3. National strategy and coordination in the field of drug control**

### **1.3.1. National strategy**

The State Drug Control Service under the Government of the Kyrgyz Republic, as a focal point for the national anti-drug policy, and jointly with the ministries and agencies of the republic and experts from non-governmental and international organisations, developed a programme document in 2010 – the concept of the anti-drug policy of the Kyrgyz Republic and the plan for its implementation for the period 2010-2015.

At present, the concept of the anti-drug policy of the Kyrgyz Republic for the period 2010-2015 is undergoing assessment by UNODC to assess its compliance with the international standards, after which it should be approved in the next year.

The matrix of activities for the implementation of this anti-drug concept consists structurally of 61 items, with identification of the contents of activities, implementers, the period of implementation, and expected outcomes. Structurally, these items are divided into 7 main sections:

- targeted work on the prevention of the spread of drug addiction and drug-related crimes;

- the introduction of new methods and means of treatment, as well as the medical and psychosocial rehabilitation of persons addicted to drugs;
- the reduction of drug supply (availability);
- focusing the efforts of the law enforcement bodies on countermeasures against the illicit trafficking of drugs;
- international cooperation in the field of combating the illicit trafficking of drugs;
- harm reduction;
- reduction of drug-related mortality.

This anti-drug concept of the Kyrgyz Republic aims to establish effective state and social control over the drug situation in the country, a reduction in the rate of drug addiction among the population and of drug-related crime, ensuring the mobilisation and coordination of the anti-drug activities of state authorities, local authorities, and public organisations, and improvement of the regulatory-legal basis for countermeasures against the spread of drug addiction and the illicit trafficking of drugs. It reflects the tasks of a strategic and tactical character, the key directions of state policy on drug prevention, drug demand reduction, the fight against the illicit manufacturing, supply, and trade in drugs, and the reduction of drug-related harms and mortality.

### **1.3.2. Developments**

The national programme for countermeasures against drug abuse and the illegal trafficking of drugs in the Kyrgyz Republic for the period 2005-2010 was implemented in the Kyrgyz Republic from 2005 to the beginning of 2011. Information on the evaluation of the programme will be provided in the new anti-drug concept for the period 2011-2015.

The legislative and regulatory acts adopted in the republic relate directly to HIV prevention, the prevention of drug use and smoking, and building a healthy lifestyle among young people, as well as programmes aimed at reducing drug demand and harm reduction.

Such activities include the following.

1. The State programme for the prevention of the HIV/AIDS epidemic and its socio-economic consequences in the Kyrgyz Republic for 2006-2011 (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 498, 2006). One of the main priorities of the programme is the prevention of the further spread of HIV infection through injecting, as well as harm reduction related to drug use;
2. The law “On the protection of the health of the citizens of the Kyrgyz Republic from the harmful influence of tobacco” (ЗАКОН КР, 2006) stipulates:
  - activities for protecting the citizens’ health from the harmful influence of tobacco and tobacco products through their production, marketing, and consumption;
  - the establishment of conditions promoting a reduction in the consumption of tobacco products by the population;
  - ensuring production and marketing of tobacco products which comply with the requirements established by the legislation of the Kyrgyz Republic;

- carrying out the agreed measures for the reduction of smoking.
3. The Concept “Priorities for the development of physical fitness and sports in the Kyrgyz Republic for the period 2011-2016”, (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 684, 2011), which provides for activities connected with the organisation of leisure for young people, strengthening local authorities in terms of the organisation of sports and leisure activities for children and young people in their places of residence, the development of programmes for the development of physical fitness in the regions of the country, the organisation of weekly television and radio broadcasts and publications in the print media, the placement of banners promoting a healthy lifestyle, and the development of minimum standards of physical fitness and sports in schools, institutions of higher education, etc.

### **1.3.3. Coordination**

The State Drug Control Service under the Government of the Kyrgyz Republic is the only structure coordinating the state policy in the field of the legal trade in narcotic drugs, psychotropic substances, and precursors, as well as combating the trafficking of illicit drugs in the country, and there is no any interagency body with similar functions at the present time.

According to the approved “Regulation on the Activity of the State Drug Control Service of the Kyrgyz Republic”, the service develops and submits to the President and the Government of the Kyrgyz Republic proposals for the development of the strategy and the implementation of the state policy in the field of the licit trade in narcotic drugs, psychotropic substances, and precursors, as well as combating their illicit trafficking.

The State Drug Control Service also develops and submits for the consideration of the national administration draft regulations, laws, and strategies in the field of drug policy, and introduces amendments to the existing legislation in this field.

Initially, any draft law developed and initiated by the State Drug Control Service should pass through the following steps of its implementation:

1. approval by the ministries and agencies of the republic;
2. approval by the Kyrgyz Government by means of the adoption of a corresponding draft resolution of the Kyrgyz Government.
3. submission to the Jogorku Kenesh (Parliament) of the Kyrgyz Republic:
  - consideration in the special committees of the Kyrgyz Parliament
  - consideration in the plenary meeting of the Kyrgyz Parliament
  - passing a law of the Kyrgyz Republic
4. submission for signature by the President of the Kyrgyz Republic.

### **1.4. Budget and funding issues**

The financing of the competent authorities of the Kyrgyz Republic dealing with combating the illicit trafficking of drugs is provided from the assets of the republican budget, which is approved by the Jogorku Kenesh (Parliament) of the Kyrgyz Republic on an annual basis. In this way the funds for combating drug-related crime and the conducting of activities for the prevention of

drug abuse are allocated to the budgets of the appropriate ministries and agencies of the republic.

The financing of programmes that target HIV/AIDS and methadone substitution treatment is provided from the assets of donors, international organisations, etc.

The data on the volume of financial assets planned in the annual budget and allocated to the respective governmental bodies which combat the illicit trafficking of drugs in the Kyrgyz Republic are available in the country.

For example, the budget of the State Drug Control Service, representing a specialised law enforcement body in the field of drugs, psychotropic substances, and precursors and combating their illicit trafficking in 2011 was 95 million 107 thousand KGS (1 million 585 thousand 116 Euro).

Simultaneously, structural subdivisions of the Ministry of Internal Affairs, State Committee for National Security, State Penalty Execution Service, State Customs Service, and Frontier Service deal with combating illicit drug trafficking, along with the State Drug Control Service. This circumstance complicates the determination of specific budgetary subitems in the budgets of each above-mentioned state agency allocated for countermeasures against illicit drug trafficking on the scale of the whole republic.

## **2. DRUG USE AMONG THE GENERAL POPULATION AND AMONG SPECIFIC TARGET GROUPS**

### **2.1. Introduction**

The key indicator “drug use among the population” provides reliable and comparable information on the volume, prevalence, and consumption patterns of drug use among the general population and among specific target groups. No special research on the prevalence of drug consumption was conducted among the general population of the Kyrgyz Republic in 2011. No representative study was conducted among schoolchildren and other special target groups.

### **2.2. Drug use among the population**

No research on the prevalence of problem drug use was conducted among the general population in 2011.

An estimation study aimed at a quick estimation of the situation in the field of the prevalence of drug use among the population of the Kyrgyz Republic was conducted by UNODC in 2002 (UNODC, 2002). According to this study the number of drug users in the republic was estimated to be 80-100 thousand people (2.62 to 3.27% of the total population of the country aged from 16 to 64 years old), of whom approximately 54 thousand people (1.77% of the total population of the country aged from 16 to 64 years old) were injecting drug users.

The most recent similar research was conducted with the support of UNODC in 2006 (UNODC, 2006); the number of problem drug users (PDUs) in Kyrgyzstan was estimated at 26,000 (495 per 100 thousand members of the general population), of whom 25,000 were intravenous drug users (IDUs) (476 per 100 thousand members of the general population).

No detailed information on the results of the above-mentioned estimation study are available to the authors of this report.

### **2.3. Drug use among young people**

According to the information of the National Statistics Committee of the Kyrgyz Republic ([www.stat.kg](http://www.stat.kg)), the total number of young people aged 14-28 years old in the country as of January 1, 2012 was 1,684,450 people (30.8% of the population of the country), including 849,418 males and 835,032 females.

Children aged 10-14 years old accounted for 9% of the population of the country (514,945 people).

Students (in senior schools, universities, specialised secondary schools, and vocational schools) represent 44.8% of the total number of young people (742,550 people).

According to the data of the Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, the number of officially registered drug users aged 14-28 years old as of January 1, 2012 was 2497 people, including 2278 males (91.2%) and 316 females (8.8%) (opiate users – 1467 (187 females), injecting drug users – 1030 (134 females). 22 minor adolescents were registered with the narcological institutions.

According to the results of the study conducted by the “Mentor “ Foundation ([www.mentorfoundation.org](http://www.mentorfoundation.org)) (the study sample size was 1500 people), the youngest age at the moment of the commencement of drug consumption was 10-12 years old (5th-7th forms of school).

According to the data as of January 1, 2012 the number of HIV-positive young people aged 15-29 years old was 1126 people (36% of the total number of people living with HIV), including 704 males and 422 females.

An anonymous research study (a questionnaire survey) was arranged in 2006 among schoolchildren aged 15-16 years old with the use of an adjusted ESPAD questionnaire in schools in the city of Bishkek and the Jalal-Abad, Osh, and Issyk-Kul Oblasts. This research shows that marijuana had been consumed at least once by 2.4% of the respondents and inhalants by 3.7%, whereas the regular consumption of marijuana (more than 40 times) was registered among 0.5% of the respondents. It was noted that 15.2% of the schoolchildren had used alcoholic beverages at least once, 2.6% of the schoolchildren who were surveyed consumed alcoholic beverages regularly (“almost every day”), and 1.8% of the respondents said that they had consumed alcoholic beverages before they were 11 years old. According to the results of the sampling, 12.7% of the schoolchildren had smoked tobacco at least once, 2.6% of the respondents were regular smokers, and 0.4% of the respondents consumed nasvai regularly.<sup>2</sup> 6.2% of the respondents had tried smoking before the age of 11.

A national survey on the detection of the knowledge, attitudes, and skills of young people regarding issues concerning HIV/AIDS, drug addiction, tobacco consumption, alcoholism, and sexual behaviour was conducted among adolescents and young people aged from 11 to 17 years old in May 2007 on the initiative of UNICEF (UNICEF, 2007). 0.3% of the total number of pupils in the 5th-7th forms had tried drugs (5 persons out of 15,000). The number of senior school pupils who had tried drugs was 1.3% (26 persons out of 2000). The percentage of such children among students of vocational schools was 3% or 6 persons out of 200. In general, the age at which young people first experiment with drugs is between 10 and 14 years old. Curiosity served as the main reason for trying drugs among all the groups of respondents. The attitude to drugs is generally negative among all the groups of respondents, and if a close friend were to succumb to drug addiction, most pupils of schools and vocational schools would try to persuade him/her to stop using drugs (Mentor Foundation, 2010).

An assessment of the effectiveness of the “Your choice” Programme, aimed at the prevention of the consumption of psychoactive substances by minors in the Kyrgyz Republic, Lithuania, Russia, Romania, and Croatia, was conducted by the Mentor Foundation (England) in 2009. The survey covered 123 schools in 5 countries, including 25 schools in the Kyrgyz Republic.

The number of schoolchildren in the Kyrgyz Republic who took part in the survey was 1562 persons; 46.6% of them were boys and the average age was 13.4 years old. The results of the survey showed that 39% of the respondents had used an alcoholic beverage at least once in

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<sup>2</sup> A psychoactive substance which is produced from tobacco mixed with lime, the ash of various plants, and water. It takes the form of small green balls with a specific taste and smell. A small amount of nasvai is put between the lower lip and the gum. When nasvai is used, some of the symptoms of nicotine poisoning – a slight burning in the mouth and mild headaches – may occur.

their life, 19% had used cigarettes, and 11.2% of members of specific target groups indicated the consumption of all types of drugs. (see Table 2-1).

**Table 2-1: Number of pupils who indicated consumption of alcohol, tobacco, and drugs at least once in their lives**

<b>Total:</b>	<b>Consumption:</b>				
	<b>alcohol</b>	<b>tobacco</b>	<b>all types of drugs</b>	<b>cannabis</b>	<b>other drugs</b>
<b>1562 persons</b>	39.0%	19.0%	11.2%	1.2%	0.9%

Basic research on awareness, attitudes, and skills related to injecting drug use was conducted in 2010 in 8 pilot regions by the Regional Programme of GIZ. The research method was interviewing of respondents aged 10-24 years old. 125 boys and 119 girls aged 10-15 years old and 248 men and 308 women aged 16-24 years old were interviewed. The results of the research showed that 95.3% of the male respondents and 93.5% of the female respondents aged 16-24 years old were able to correctly indicate the risk of the transmission of HIV infection related to intravenous drug use. The percentage of young people aged 10-15 years old at risk of drug use was 23.2% among boys and 22.7% among girls; for young people aged 16-24 years old this percentage was 11.3% of men and 11.6% of women. More than half of the respondents aged 16-24 years old and approximately a quarter of the respondents aged 10-15 years old were able to indicate two or more risks to health related to injecting drug use. Almost none of the respondents was able to name the legal risks related to injecting drug use.

## **2.4. Narcological registration system**

In the Kyrgyz Republic the “treatment of drug addiction” key indicator provides information on the number and characteristics of drug consumers who have applied for treatment.

The data-gathering instruments comprised:

- a database of patients who were treated for a dependency on psychoactive substances;
- state reporting form No. 11 and internal form No. 37;
- annual reports on the implementation of harm reduction programmes for 2011 (substitution treatment, syringe exchange centres, prevention of overdosing and relapses, etc.);
- monitoring of cases treated in the cities of Bishkek and Osh in 2011.

The data from the analysis of the narcological registration data, carried out according to the Decree of the Ministry of Health of the Kyrgyz Republic “Mandatory registration of persons suffering from specific types of narcological disorders” (ПРИКАЗ МЗ КР № 16, 2002), and the main trends in the field of treatment demands are provided below.

Thus, according to the information on the patients entered into the narcological register in the reporting year, the morbidity rate (i.e. the rate of persons registered during this year for the

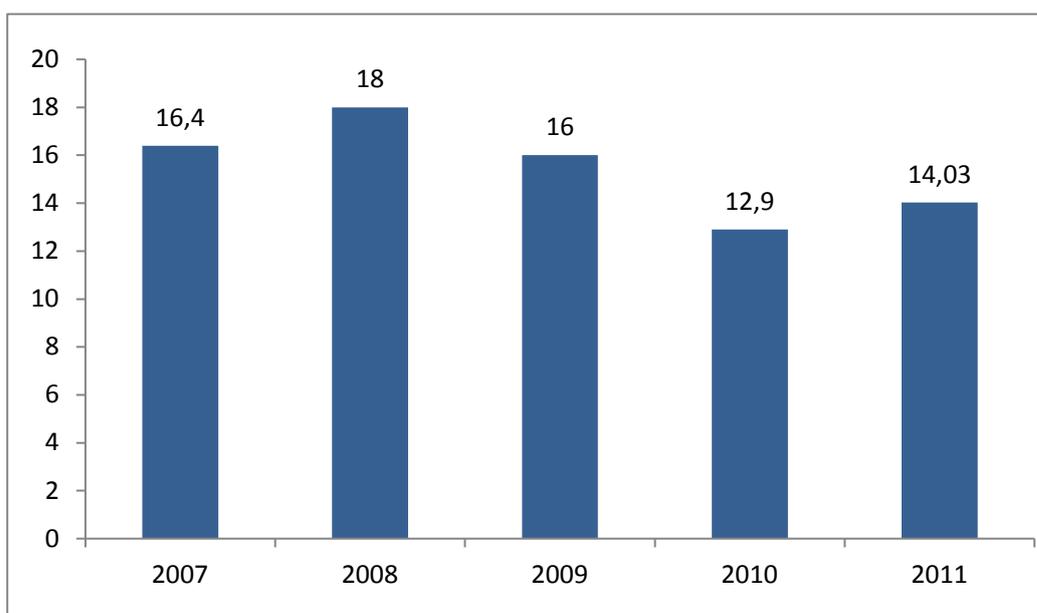
first time in their lives) is lower than the prevalence rate, and it has non-uniform flow within the last 10 years (see Figure 2-1).

Thus, in 2011 the number of patients whose addiction to psychoactive substances was detected for the first time was 8.8% higher than in 2010 (774 persons against 711). In terms of categorisation by type of drugs, 80.2% (621 persons) of the patients whose addiction to psychoactive substances was revealed for the first time were using opiates, 18.2% (141 persons) were consuming derivatives of cannabis, 1.3% (10 persons) were consuming several types of narcotic and other psychoactive substances, and 0.3% (2 persons) were consuming inhalants. It should be noted that similarly to the case of the prevalence of opiate addiction, in 2009 the rate of people with an addiction to opiates (particularly heroin) showed an increasing trend (see Figure 2-1).

The share of women among the patients whose addiction to narcotic and non-narcotic psychoactive substances was detected for the first time is the same as in the previous year (7.3%); however, in terms of absolute numbers this number is 57 and 63, correspondingly.

The share of persons who were below 18 years old in 2010 was 0.3%, the same as in the previous year.

**Figure 2-1: Prevalence of drug addiction in the Kyrgyz Republic, 2007-2011 (per 100 thousand members of the population) (ПЦН, 2011a)**



It can be observed that the most widespread method of drug consumption is injecting (79.7%); smoking and inhalation were practised by 19.2% and combined consumption by 1.1% of patients (see Table 2-3).

Table 2-2: Categorisation of persons with a first diagnosis of addiction to drugs or non-narcotic substances according to the types of drugs consumed in 2009-2011 (RNC, 2012a)

Years	Drug category									
	Total	Opiate group		cannabis group	volatile substances	hallucinogens	sedative substances	ephedrine	polydrugs	other
		total	including heroin							
2011	774	621	621	141	2	0	0	0	10	0
2010	711	590	590	109	2	2	2	0	6	0
2009	865	695	695	149	2	1	0	0	18	0

Table 2-3: Categorisation of persons with a first diagnosis of addiction to drugs or non-narcotic substances according to consumption patterns in 2009-2011 (RNC, 2012a)

Years	Total	Consumption patterns of drugs and non-narcotic substances					
		ingestion	injecting	smoking	sniffing	inhalation	combined
2011	774	0	617	144	3	0	10
2010	711	2	587	109	6	1	6
2009	865	2	703	149	1	0	10

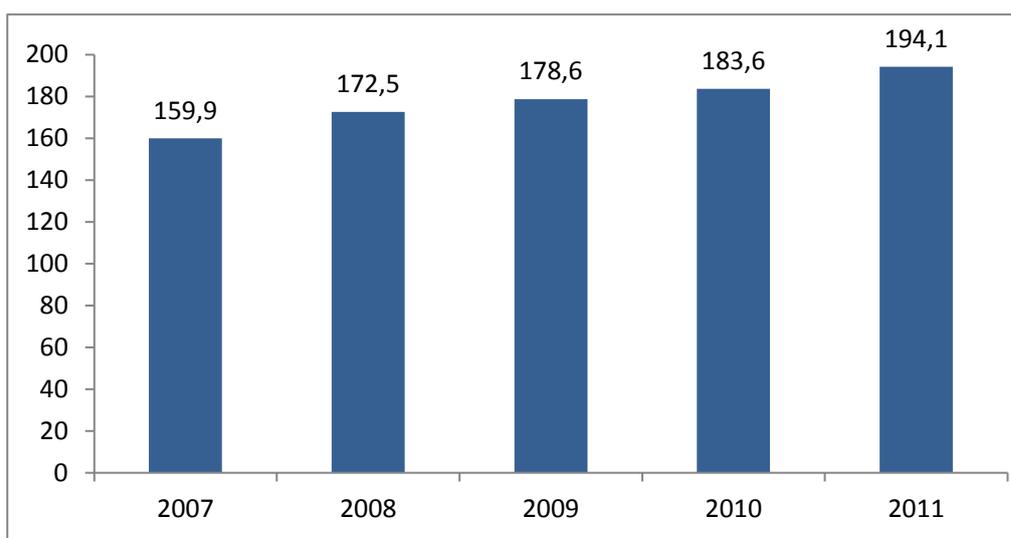
Table 2-4: Categorisation of persons with a first diagnosis of addiction to drugs or non-narcotic substances by gender and age groups in 2009-2010 (RNC, 2012a)

Age	0-14		15-17		18-19		20-24		25-29		30-34		35-39		40-44		45 or older	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
2011	0	0	2	0	3	1	67	8	122	9	167	17	152	7	104	6	100	9
2010	0	0	3	0	7	1	68	7	110	4	153	12	140	8	87	5	96	10
2009	0	0	3	0	10	0	70	9	163	9	196	19	163	15	100	6	97	5

In 2011 no special research was conducted to study the trends in the prevalence of drug use and drug abuse; however, the authors of this report suppose that some perception of the above-mentioned trends can be obtained from the analysis of the data of the narcological register, which stipulates “mandatory registration of persons suffering from specific types of narcological disorders” (the above-mentioned decree of the Ministry of Health).

As can be seen from Figure 2-2, the indicator of the prevalence of drug addiction in the republic has increased in recent years. Thus, at the beginning of 2012, 10,705 people were registered as addicted to narcotic and non-narcotic substances; this is 5.2% more than in 2010 (10 171).

Figure 2-2: Prevalence of drug addiction in the Kyrgyz Republic, 2007-2011 (per 100 thousand people) (RNC, 2011a)



The indicator of the prevalence of drug addiction in the republic in 2011 increased by 22% in comparison with 2007 (from 159.9 to 194.1 per 100 thousand people).

As shown in Table 2-3, the density of the distribution of registered patients is as follows: out of 10,705 patients with a diagnosed dependency on narcotic and non-narcotic psychoactive substances, the greatest number of patients reside in the large cities, such as Bishkek and Osh, and in the Chui Oblast (9087 people or 84.8%).

In recalculation per 100 thousand people, the leaders in terms of the prevalence of drug addiction are the cities of Tokmok (604.0), Osh (569.1), and Bishkek (539.5).

The consumption of narcotic substances from the opiates/opioids group prevails in the republic (Bishkek and the Chui and Osh Oblasts). However, with an increase in the distance from the centre, an increase in the prevalence of cannabis becomes more obvious (the Naryn, Talas, Issyk-Kul, Jalal-Abad, and Batken Oblasts) (Table 2-5).

In 2011 the number of registered consumers of opiates increased by 5.9% (7364 versus 6950) and that of cannabis by 2.9% (2442 versus 2372); it should be noted that in recent years a greater increase in the number of consumers was observed; in particular, the number of heroin users increased by 18% (6300 versus 5340).

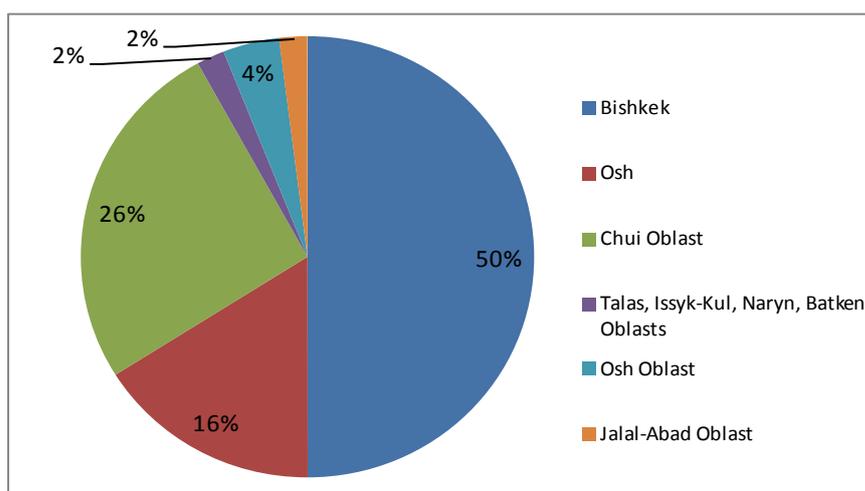
As in the previous years, the categorisation of registered patients by gender evidences the domination of men (9961 persons or 93.1%); female addicts constitute only 6.9% (744 persons).

Analysis of the age composition of registered drug users shows that people under 18 years old constitute 0.2% (22 persons) of the total number of registered patients.

The increase in the consumption of opiates/opioids is accompanied by the growth of injecting drug consumption and consequences related to it, such as hepatitis and HIV/AIDS. A general trend towards an increase in the share of injecting drug use (2011 – 74.1%, 2010 – 73.5%, 2009 – 72.9%, 2008 – 69.5%) continues.

The highest concentrations of injecting drug users were observed in the city of Bishkek (50%), the Chui Oblast (26%), and in the city of Osh (17%) (see Figure 2-3).

Figure 2-3: Concentration of injecting drug users by the regions of the republic (RNC, 2012a)



Details on the persons registered as persons addicted to narcotic and non-narcotic substances as of January 1, 2012, according to the types of drugs and divided according to the regions of the republic, are provided in Table 2-5.

Table 2-5: Categorisation of persons registered as addicted to narcotic and non-narcotic substances by drug type as of 1 January 2012 (RNC, 2012a)

Region	Drug type									
	Total	Opiates		cannabis group	inhalants	hallucinogens	sedative substances	ephedrine	polydrugs	other
		total	including heroin							
Bishkek	4767	3440	2710	662	89	0	0	4	572	0
Osh	1458	1299	1173	123	2	0	0	0	0	34
Batken Oblast	106	36	30	69	0	0	0	0	1	0
Jalal-Abad Oblast	591	198	198	391	1	1	0	0	0	0
Issyk-Kul Oblast	248	25	25	223	0	0	0	0	0	0
Naryn Oblast	32	13	13	19	0	0	0	0	0	0
Osh Oblast	530	296	247	233	0	0	0	0	1	0
Talas Oblast	111	20	20	91	0	0	0	0	0	0
Chui Oblast	2862	2037	1884	631	8	5	0	2	172	7
<b>Kyrgyz Republic</b>	<b>10705</b>	<b>7364</b>	<b>6300</b>	<b>2442</b>	<b>100</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>746</b>	<b>41</b>

Details on the persons registered as persons addicted to narcotic and non-narcotic substances as of January 1, 2012, according to their consumption patterns and divided according to the

regions of the republic, are provided in Table 2-6.

**Table 2-6: Categorisation of persons registered as addicted to narcotic and non-narcotic substances according to their consumption pattern as of 1 January 2011 (RNC, 2012a)**

Region	Total	Consumption patterns of narcotic and non-narcotic substances					
		ingestion	injecting	smoking	sniffing	inhalation	combined
Bishkek	4767	0	4016	662	89	0	0
Osh	1458	0	1294	126	4	0	34
Batken Oblast	106	0	35	69	1	0	1
Jalal-Abad Oblast	591	1	198	391	1	0	0
Issyk-Kul Oblast	248	0	25	223	0	0	0
Naryn Oblast	32	0	13	19	0	0	0
Osh Oblast	530	0	295	233	1	0	1
Talas Oblast	111	0	20	91	0	0	0
Chui Oblast	2862	5	2039	631	10	5	172
<b>Kyrgyz Republic</b>	<b>10,705</b>	<b>6</b>	<b>7935</b>	<b>2445</b>	<b>106</b>	<b>5</b>	<b>208</b>

## **3. PREVENTION**

### **3.1. Introduction**

Comprehensive measures aimed at the prevention of HIV infection and drug addiction among adolescents and young people were implemented by the Ministry of Education and Science, the Ministry of Health, and the Ministry of Youth Affairs, as well as a range of NGOs. It should be noted that the issues of primary prevention in the Kyrgyz Republic remain highly complicated and undeveloped up to the present time. A clearly developed strategy of primary prevention as a separate field of state activity is lacking in the country. Almost all activities in the field of primary prevention are implemented by various state bodies, mostly working in the fields of healthcare and education. In general, the activities in the field of primary prevention are reduced to various conferences and “round tables” and the publication of short editions of “anti-drug” literature. The innovative elements are missing in the preventive activities that are implemented, so actually, they are aimed at solving just one issue – bringing the problem of drug abuse to society’s attention.

### **3.2. General prevention**

In the Kyrgyz Republic, the term primary (general) drug prevention implies the prevention of the negative influence of social customs and the formation of moral and healthy attitudes in adolescents and young people, which exclude and remove the opportunity of risky behaviour on the basis of the promotion of a healthy lifestyle.

#### **3.2.1. Prevention at schools**

The process of the formation of the vital skills of responsible behaviour in the young people and adolescents of the republic is entrusted to the Ministry of Education and Science, the Ministry of Health, and the Ministry of Health Affairs, which implement comprehensive measures aimed at the prevention of HIV infection and drug addiction among adolescents and young people jointly with a range of NGOs within the framework of the National Programme of the Kyrgyz Republic for the prevention of drug addiction and the illicit trafficking of drugs and the State Programme for the prevention of HIV/AIDS and its socio-economic consequences in the Kyrgyz Republic for the period 2006-2010 (Страновой отчет ВИЧ, 2010).

The thematic sections in the issues related to the formation of safe behaviour, including the prevention of drug use by adolescents and young people, were included in such school and university disciplines as: Law, Human Rights and Democracy, Sociology, Cultural Studies, Psychology, Humans and Society, Biology, etc. The “Psychoactive substances and prevention of their use” section was included into the guidelines for the university teachers of faculties of education concerning “Prevention of HIV infection”; the issues related to addiction to psychoactive substances were included in an information pack for the heads of schools and teachers; the “Narcotic and toxic substances” section was included in the information and methodological materials for the teachers of the 9th-11th forms of compulsory schools. (This information is according to the data of the Ministry of Education and Science).

The Ministry of Education and Science of the Kyrgyz Republic, with the support of international organisations, has implemented a project called “Healthy generation”, which is aimed at

providing children, adolescents, parents, and teachers with objective information about the influence of narcotic drugs on the physical and mental development of the body, vulnerability to HIV infection, and the formation of important healthy lifestyle skills, as well as the behavioural model associated with a successful personality. 3 training seminars in interactive methods for lessons on the prevention of HIV infection and drug abuse were conducted by the project in 2011 for teachers from comprehensive schools and higher education institutes. In the process of the conducting of the training seminars, the participants were provided with information on the situation in the country, factors promoting drug consumption, signs indicating the consumption of narcotic substances, the formation of addiction to drugs in adolescents, and the role of educational institutions and pedagogues in the formation of a healthy lifestyle in adolescents and young people. A summer camp was conducted for trainee teachers at the universities of the Republic to train them in innovative technologies and interactive methods of conducting lessons on the prevention of HIV infection and drug addiction (ОТЧЁТ МЗ КР, 2011). An electronic interactive course, "Improvement of knowledge about HIV and AIDS", was developed and replicated in 1000 copies for the specialists of the educational system. One of the modules of this training course covers the issue of the prevention of drug addiction and the organisation of preventive programmes in educational institutions.

The Ministry of Education and Science of the Kyrgyz Republic developed a national concept, "Prevention of the abuse of psychoactive substances, HIV/AIDS, and criminality among the young people of the Kyrgyz Republic using educational programmes for the development of skills in the field of life in the family", within the framework of the UNODC FAST programme "The school and family together".

The pilot implementation of the programme in 2010-2011 was conducted in the National Computer Gymnasium No. 5 and in Alamedin School No. 1 in the Alamudun district, and Gymnasium No. 2, named after J. Kasymbaeva, in the village of Lebedinovka.

50 families took part in the pilot project; all of them completed it successfully.

In total 50 children participated in the evaluation of the FAST programme (UNODC, 2011) in a junior school. The parents and teachers provided information during preliminary and follow-up completion of questionnaires, as well as providing demographic data.

The Ministry of Education of the Kyrgyz Republic, together with the Ministry of Health, is implementing a Kyrgyz-Finnish pilot project on the prevention of tobacco smoking by schoolchildren in the schools of the Chui Oblast. Five modules of class hours for the pupils of the 5th-7th forms of comprehensive schools were developed and 20 training seminars were conducted in which more than 500 teachers of comprehensive schools were trained within the framework of the project.

In addition, since 2009 a European school programme for the prevention of drug use, "Your choice", has been implemented. The programme consists of 12 lessons and is based on the development of vital skills and social impact, and it is focused on schoolchildren aged 12-14 years old.

The Ministry of Youth Affairs, together with the Ministry of Education and Science and the Ministry of Labour, Occupation, and Migration, and with the support of GIZ, conducted information tours (GIZ, 2010) in 2011, called "HIV: act responsibly", which includes the "Route

of safety”, the photo exhibition “Drugs are killers”, and the event “Dance for life”. The Youth Resource Centre was established under the auspices of the Ministry of Youth Affairs for coordination and cooperation with partners on conducting preventive programmes and the provision of friendly services to young people.

The activities conducted by the Ministry of Education and Science, schoolteachers, and professors and lecturers of academies and higher vocational institutions made it possible to cover up to 85% of schoolchildren and students with various forms of activity aimed at the prevention of drug addiction and HIV infection.

Large-scale activities and events were conducted in educational facilities: “Youth against AIDS”, “Sport against drugs”, “Stop drugs”, the photo exhibition “Drugs are killers”, “Route of safety”, a drawing contest, a poster competition, wall newspapers and posters on health care issues, and questionnaire surveys and testing for the purpose of analysing the objectiveness of students’ knowledge about drug addiction and to evaluate the effectiveness of the activities conducted.

### **3.2.2. Out-of-school youth programmes**

In 2011 a month devoted to the International Day against Drug Abuse and Illicit Trafficking was organised. The organisers of the month were the Committee for Health, Social Policy, Labour and Migration of the Jogorku Kenesh (Parliament) of the Kyrgyz Republic, the State Drug Control Service, the public supervisory board of the State Drug Control Service, the EU Programme CADAP-5, the Central Asian Training Information Centre for Harm Reduction (CATIC), the USAID Project “Quality Healthcare” with the active participation of the Republican Narcology Centre of the Ministry of Health of the Kyrgyz Republic, the Sozium Public Association, the Rans Plus Public fund, the State Penalty Execution Service under the Government of the Kyrgyz Republic, centres for rehabilitation and social adaptation and rehabilitation centres in the “Atlantis” penal colonies, the “Harm reduction network” Association of harm reduction networks of the State Penalty Execution Service, and the Asteria NGO and others.

Various agencies and organisations (the 1<sup>st</sup> Chief Zone Command of the State Drug Control Service under the Government of the Kyrgyz Republic, law enforcement agencies, medical institutions, and the mayor’s office of the city of Osh) working in the field of the prevention of the use of psychoactive substances and the provision of services to persons with a dependence on psychoactive substances, jointly with the non-governmental sector (the Sozium Public Association, the Ayan delta NGO from the city of Tokmok, the USAID project “Quality healthcare”, the Rans Plus Public Fund with the support of the USAID project “Dialogue on HIV and Tuberculosis”, centres for rehabilitation and social adaptation and rehabilitation centres in the “Atlantis” penal colonies, the “Harm reduction network” Association of harm reduction networks of the State Penalty Execution Service, and the Asteria NGO, Plus Centre NGO, Musaada NGO, Parents against drugs NGO, and “Podrugа” Public Fund) participated in conducting a month devoted to the International Day against Drugs.

Thus, the Republican Narcology Centre conducted seminars, training events, lectures, events and a series of television broadcasts on the problem of the use of psychoactive substances in the Kyrgyz and Russian languages, which were devoted to the International Day against Drug Abuse and Illicit Trafficking.

### 3.2.3. Prevention in society

The Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, together with the Ministry of Education of the Kyrgyz Republic, implemented a range of preventive activities in the form of seminars, lectures, training events, meetings, discussions, and events:

- among the students of schools, senior and higher educational institutions, and the Centre for Social Rehabilitation and Adaptation in the city of Bishkek on the prevention of the use of psychoactive substances;
- among the school activists;
- with the teaching staff of the educational institutions;
- for the medical staff working with the general population for effective work on the early detection of drug use and addiction, differential diagnosing of addictions was provided in almost all the polyclinics in the city of Bishkek, the Bishkek City Centre for Health Promotion, the Diagnosis Centre, and the City Tuberculosis Centre;
- within the framework of early prevention medical examinations for the early detection of substance use were run together with the doctors of the family medicine centres and Republican Narcological Centre;
- discussions on the participation of the family in the formation of personality and the provision of basic knowledge on the origin of any addiction were held with the staff of residents' committees and district and municipal administrations;
- seminars on basic knowledge about drug use among young people were held for the organisation of special training courses on the prevention of substance abuse for the staff of the education system and social assistance, justice, and law enforcement agencies, and representatives of judicial departments and local authorities. The issues related to the stigmatisation of persons using psychoactive substances and discrimination against them were covered;
- seminars and events devoted to the corresponding dates were conducted for the adolescents of the SOS village, Ak-Jol, special (school for mentally retarded children) school No. 34, in the centre for the social adaptation and rehabilitation of foster children under the auspices of the Mayor's office of the city of Bishkek in the "Djal" microdistrict, and in the Jashtyk Youth Centre for children attending school camps in Bishkek;
- seminars on the psychophysiological specifics of the formation of addiction to psychoactive substances during adolescence were conducted for members of the police staff, teachers, medical workers, and psychologists working in the Centre for Rehabilitation and Adaptation;
- jointly with the SDCS the Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, together with the Ministry of Education of the Kyrgyz Republic took part in a round table discussion for the law enforcement agencies and representatives of the Ministries of Health of the Central Asian countries on the topic: "Role of treatment and preventive organisation of the city of Bishkek, NGOs in the prevention of socially

significant diseases”, in the international symposium in the city of Ankara “Protection of children from risky behaviour”, in the media campaign implemented by the MEDISSA component, and in the activities conducted within the frame of month devoted to the International Day against drugs;

- jointly with the Ministry for Youth Affairs, the Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, together with the Ministry of Education of the Kyrgyz Republic took part in the work group of the German Society for International Cooperation on the topic: “Collecting and coordination of HIV and drug abuse prevention instruments among the young people of the Kyrgyz Republic”;
- jointly with the Republican Centre for health promotion the Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, together with the Ministry of Education of the Kyrgyz Republic took part in the development of the project “Safety route” on the prevention of substance use by young people;
- the Republican Narcological Centre of the Ministry of Health of the Kyrgyz Republic, together with the Ministry of Education of the Kyrgyz Republic took part in the development of the “White Book” guidelines on the prevention of HIV and drug use among young people, jointly with the Youth Resource Centre under the auspices of the Ministry for Youth Affairs.

In addition, within the framework of work with the mass media medical workers take an active part in interviews for the radio (“Azattyk” and “Ekho Manasa”), for television (such channels as GTRK, KTK, NTS, NBT, Manas Jarygy, Zamana, and Channel 5), and for newspapers (Ayat, SPEED Info, Vecherniy Bishkek, Argumenty in Fakty, Ayalzat, and Moskovskiy Komsomolets).

A textbook called “Legal basis of harm reduction theory and practice” was developed for the students of the Academy of the Ministry of Internal Affairs of the Kyrgyz Republic to support the educational courses on the legal aspects of combating HIV infection and on drug addiction and harm reduction (Bishkek, 2009). This textbook contains a wide spectrum of information on HIV infection and drug abuse, analyses the situation related to combating this problem in the world and in the country, and reflects the bases of international and national policy and also the harm reduction practices related to illicit drug use.

The main aim of the textbook is to render methodological assistance to the trainers, teachers, and experts conducting the education of the officers of the law enforcement agencies on the problems of the harm reduction strategy, and to the trainees for obtaining additional information and self-testing.

### **3.3. Selective prevention by risk groups**

In the Kyrgyz Republic the term “selective prevention” implies preventive activities conducted in the risk groups (visitors to night clubs, homeless children, children from socially vulnerable families, etc.).

#### **3.3.1. Risk groups**

The authors of this report had limited access to the information on the preventive activities in the families of consumers of psychoactive substances. In 2011 the Sozium Public Association,

with the support of the Global Fund to fight Aids, Tuberculosis, and Malaria, continued to provide the services of a free-of-charge 24-hour hotline for drug addicts and their relatives, which provided consultations with a psychologist, psychotherapist, narcologist, social worker, and peer consultant. The aim of this hotline was the implementation of an alternative approach to awareness raising in the population, drug addicts, and those around them on the problem of drugs and drug addiction, as well as HIV/AIDS. The number of clients who applied to the hotline in 2011 was 1720 persons, of whom 1333 clients applied because of problems related to drug addiction, 367 because of alcoholism, and 20 clients for other reasons. The main group of clients who applied to the hotline were drug addicts; their total number was 1112 persons. The age categories of the people who applied to the hotline were as follows: from 19 to 25 years old – 537 people, 26-35 years old – 630 people, 36-45 years old – 187 people, 45 and older – 364 people. Gender composition: 957 women and 763 men.

### **3.3.2. Vulnerable families**

No information is available.

### **3.4. Media campaigns**

In 2011 the following activities were held for the development of an effective national and local media campaign within the framework of the MEDISSA Component of the CADAP Programme, which supports national information and prevention campaigns for the prevention of drug addiction, HIV/AIDS, and hepatitis:

- a round table discussion on the issues of the prevention of drug addiction in the city of Bishkek was organised with the participation of representatives of state agencies and international and non-governmental organisations;
- training on targeted prevention aimed at raising the qualifications and competence of 25 officers of the educational institutions which conduct drug prevention activities directly among vulnerable adolescents and with their parents, working with young people experimenting with psychoactive substances (alcohol, glue, marijuana, etc.);
- a training seminar on the development of an information dissemination strategy on drug abuse. Representatives of state and non-governmental organisations working on the prevention of drug abuse (15 persons) were included into this group;
- a national training seminar for journalists, focused on awareness raising and skills improvement in the field of communication on the drug problem. Representatives of various Kyrgyz and Russian mass media were invited, as were newspapers of national diasporas, interdepartmental print media, and reporters from the radio and television channels and bloggers from popular websites describing topics related to drug prevention and reduction;
- the department of drug licensing and drug prevention of the State Drug Control Service under the Government with the Kyrgyz Republic, together with CATIC, conducted a training seminar for the representatives of the mass media on the issues of drug use and drug prevention.

A press conference on the brand-new strategy for drug prevention and reducing drug use in the country that has been developed was held jointly with CATIC and with the support of CADAP.

In addition, in 2011 the specialists of the Republican Narcology Centre of the Ministry of Health of the Kyrgyz Republic were interviewed by different media and organised publications in the mass media to attract the attention of society to the problem of the use of psychoactive substances by adolescents and young people.

Public speeches and publications in the mass media also occurred, such as news in the Kyrgyz and Russian languages on the KTR channel on the “Zamana” television station, interviews in the news on the NBT channel, an interview on the topic “The harm caused by alcohol consumption” for the “Argumenty I Fakty” newspaper, an interview entitled “On drug addiction” in the Kyrgyz language for the “Ayalzat” newspaper, an interview on “Smoking and its consequences” in the Kyrgyz language in the “Questions for adults” television programme broadcast on the OTRK channel, and broadcasting for adolescents, an interview on “Issues of alcoholism among adolescents” on the news of the KTK channel, an interview on “The use of nasvai and its consequences” for the news on the NTS channel, an interview entitled “On the prevention of harm resulting from the use of psychoactive substances among young people” for the news on the Ekho Manasa channel, an interview entitled “On the harm caused by alcohol consumption” for the newspapers Vecherniy Bishkek and Speed Info, an interview called “On the harm caused by energy and low-alcohol beverages” for NBT and Channel 5, and an interview on “Big problems of small children” for the newspaper Moskovskiy Komsomolets on the problems of the use of psychoactive substances by adolescents.

## **4. PROBLEM DRUG USE**

### **4.1. Introduction**

According to the EMCDDA/UN definition and in the Kyrgyz Republic, problem drug use implies the consumption of drugs by means of injecting or long-term and regular consumption of opiates, cocaine, and amphetamines. No evaluation of the prevalence of problem drug use was performed among the population in Kyrgyzstan in 2011. However, the section “indirect estimate of problem drug users” describes the studies conducted in 2002 and 2006 in more detail.

### **4.2. Problem drug use prevalence estimate**

An estimation study aimed at a quick estimation of the situation in the field of the prevalence of drug use among the population of the Kyrgyz Republic was conducted by UNODC in 2006 (UNODC, 2006); the results showed that the number of problem drug users (PDUs) in Kyrgyzstan was estimated at 26,000, of whom 25,000 were intravenous drug users (IDUs).

Analysis by gender shows that 86.3% were men and 13.7% were women. The age at which the users first injected was 22 years old on average. Risky behaviour related to the use of shared equipment was practised by 74.8% of IDUs, and the use of shared syringes/needles by 46.4% of them.

One of the indirect studies for the estimation of the situation regarding problem drug users is the second-generation Sentinel Epidemiological Surveillance (SES) for HIV infection, which includes the collection of serological and behavioural indicators.

The main aim of the SES system in the Kyrgyz Republic is to implement continuous and systematic data collection which will be used for the planning, evaluation, and advocacy of an HIV epidemic prevention programme.

The results of Sentinel Epidemiological Surveillance are used for the monitoring of HIV infection prevalence trends among the groups of the population at increased risk of HIV infection, including injecting drug users, for the estimation of national indicators of HIV prevalence among the adult population, and the evaluation of responses, as well as for the planning of effective treatment and prevention programmes. The compilation of the results of Sentinel Epidemiological Surveillance on the prevalence of HIV infection and epidemiological equivalents of HIV, which have common mechanisms of activator transmission (viral hepatitis C and syphilis), combined with the analysis of the dynamics of risky behaviour and data from the official statistics, would allow a deeper and wider estimate to be obtained of the epidemiological situation related to HIV infection and the necessary decisions to be made, especially with regard to the group of injecting drug users, which was and remains the main motor of the HIV epidemic in the country.

SES was introduced in the Republic in 2004 with the support of the US Center for Disease Control and Prevention (CDC). Initially, SES was carried out in 2 pilot cities in the country (Bishkek and Osh), which were selected on the basis of the acuteness of the epidemiological situation with regard to HIV infections. SES was introduced in the Jalal-Abad, Batken, and Chui

Oblasts in 2007, and in the Issyk-Kul, Talas, and Naryn Oblasts in 2009. At present it covers all 8 administrative territories of the Kyrgyz Republic. Sentinel Epidemiological Surveillance includes two components: behavioural (the use of sterile instruments, condoms, etc.) and serological characteristics (testing for HIV, virus hepatitis C, and syphilis). This research was performed with the help of the “snowball” and “sampling by respondents” methods. The criteria for inclusion into sampling were: consumption of drugs by injecting during the last 12 months, age above 18 years old, and willingness to participate in anonymous and voluntary research with the provision of pre- and post-consulting.

*Methods used for estimation of the number of IDUs.* The estimate of the real number of injecting drug users is performed using a comprehensive approach, which includes the use of the capture-recapture method, which calculates the number of drug users registered with narcological dispensaries and law enforcement agencies (city and oblast police), in combination with the multiplier method and the nomination method. To calculate the number of injecting drug users using the capture-recapture method, the following data are required at the moment of examination: a list of the persons consuming drugs, residing on the given territory, and registered with the narcological dispensary, and a list of the persons deprived of freedom (under custody or sentenced) for drug-related crimes (illicit storage and illicit purchase) from the territorial department of internal affairs.

The multiplier method and the nomination method are also used as estimation methods. In the multiplier method the proportion of injecting drug users who are registered with the narcological dispensary is determined by means of interviewing. The multiplier received is correlated with the number of persons who are actually registered. In the nomination method, similar information is provided by the respondents on the drug users whom they know. The source of data should be informed injecting drug users. The information is collected in the field. In the cities with a population of more than 200 thousand people, interviewing approximately 70 people who are in at least three circles of the “snowball” is enough. A standard questionnaire is filled in for each respondent. The data processing is conducted using existing methods, including 3 methods for the estimation of the number of injecting drug users. The results of Sentinel Epidemiological Surveillance allow the number of IDUs in the penitentiary system to be estimated. In total the aggregated data allow the total number of injecting drug users in the country to be estimated.

The estimated number of injecting drug users in the Kyrgyz Republic according to SES for 2009 is 30,083 persons, and, in 2010, 18,934 persons.

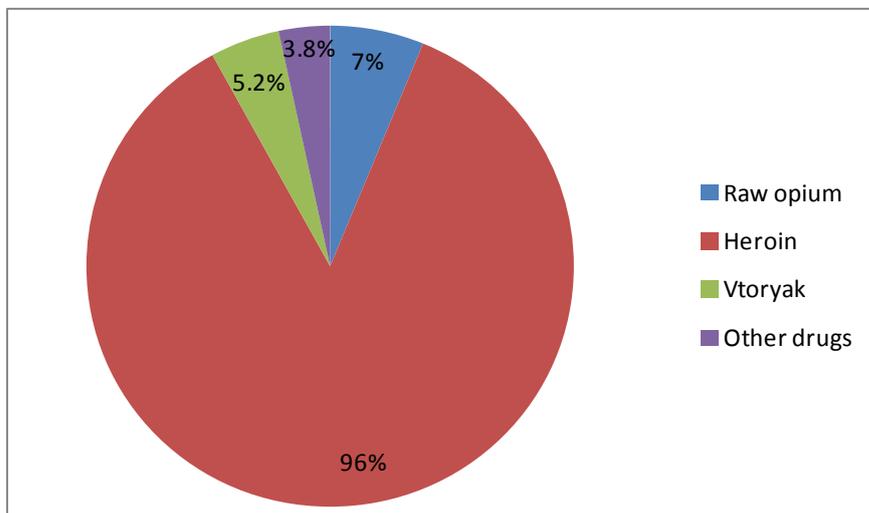
In 2011 collection and analysis of behavioural characteristics of injecting drug users took place in 5 places in the republic. The sample size was 830 people. According to the results of SES, the most widespread drug in the Kyrgyz Republic which is used by the respondents is heroin. The rate of injecting drug users addicted to heroin in 2011 was 96%. 3.8% of IDUs consumed “vtoryak”,<sup>3</sup> 7% raw opium,<sup>4</sup> and 5.2% consumed other drugs (see Figure 4-1.).

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<sup>3</sup> Secondary drug-containing plant raw materials from which the narcotic substance was extracted. For example, poppy straw, cannabis, or any other drug-containing precursor for the production of a drug, containing a small quantity of the drug, and therefore stored by drug addicts “for a rainy day” for removal or the relief of abstinence. This term can also be used to define other drugs, first of all methamphetamine.

Young injecting drug users are exposed to a particularly high risk, because they have neither the knowledge nor the skills to protect themselves from infection resulting from the use of infected injecting equipment. Moreover, the level of drug consumption is increasing because of a sharp decrease in living standards and an increase in the availability of heroin.

Figure 4-1: Types of drugs used. ("СПИД", 2011)



830 injecting drug users took part in SES in 2011, out of whom 690 (83.1%) were men and 140 (16.8%) were women aged from 17 to 65 years old. The median age was 37 years old. In total 72 of the IDUs (8.6%) had higher education. 467 of the respondents (56%) were unemployed and did not study. Only 355 of the IDUs (42.6%) were married (see Table 4-1).

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<sup>4</sup> Dried and hard sap of opium poppy heads (top part of the poppy capsule), formed into a cake 1-2 cm in diameter, with a colour varying from light brown to dark brown, a bitter taste, and slightly sticky. The most frequent consumption pattern is by injecting (intravenously). More rarely the top parts of poppy capsules are infused like tea, or raw opium is consumed dry. The raw material is usually treated with organic solvents and anhydrite of acetic acid, and dry drugs are usually diluted.

**Table 4-1: Social and demographic characteristics of IDUs. (RC AIDS, SES, 2009-2011)**

	2009		2010		2011	
	Total number	%	Total number	%	Total number	%
Proportion of women (%)	162	18.0	155	16.7	140	16.8
Higher education (%)	99	11.0	92	9.9	72	8.6
Do not study or work (%)	576	64.0	566	60.9	467	56.0
Married (%)	333	37.0	367	39.5	355	42.6

In terms of dynamics a trend towards an increase in the number of young injecting drug users was detected in 2010 (if in 2009 the injecting drug users aged younger than 20 years old represented 1%, then in 2010 the rate of this age group was 3.2%), and in 2011 a possible trend towards a decrease in the number of young IDUs (1.6%) was observed.

A trend towards an increase in the number of injecting drug users aged 36 and older, from 56% in 2010 to 59% in 2011, is observed (see Table 4-2).

**Table 4-2: Categorisation of IDUs by age, Sentinel Epidemiological Survey, 2009-2011 (RC AIDS, SES, 2009-2011)**

Age of IDUs	2009		2010		2011	
	Total number	%	Total number	%	Total number	%
younger than 20 years old	9	1.0	30	3.2	13	1.6
21-25 years old	81	9.0	84	9.0	53	6.4
26-30 years old	117	13.0	130	14.0	105	12.6
31-35 years old	171	19.0	165	17.7	167	20.0
36 years and older	522	58.0	521	56.0	496	59.4

The questionnaire survey was conducted by trained specialists (epidemiologists); support in the form of access to the IDUs was organised by non-governmental organisations.

### **4.3. Information on injecting drug users from medical facilities**

No information is available.

### **4.4. Information on problem drug use from sources not related to medical facilities**

Information is available on the study carried out by the German Society for International Cooperation on the evaluation of knowledge about HIV and AIDS and safe behaviour among

young injecting drug users aged under 28 years old who were involved in the project “From friend to friend”.

The main purpose of the project was to introduce the model of outreach work based on the peer-to-peer principle among injecting drug users in the setting of Kyrgyzstan, with its benefits from the point of view of higher coverage of hard-to-reach groups and behavioural changes in the target group in comparison with the traditional model of outreach work. The project had the following tasks: to conduct quantitative research to study the knowledge and behaviour in the field of HIV/AIDS of young people aged under 28 years old and to conduct comparative analysis of the clients of syringe exchange programmes and PDI. The outreach work used the peer-to-peer method.

Specific tasks of the evaluation:

1. evaluation of drug use;
2. evaluation of risky behaviour;
3. evaluation of issues related to overdosing;
4. evaluation of health status and need for medical services;
5. evaluation of the required changes;
6. description of recruiting networks.

Evaluation tools: structured questionnaire for interview, developed within the framework of the CARHAP programme, personal interviewing.

Target group: young injecting drug users aged under 28 years old (the sample size is 221 IDUs).

Location: the cities of Osh and Bishkek, Alamudun village in the Chui Oblast.

Methodology of the study: quantitative study using the snowball method.

Period of delivery: October-December 2011.

Main outputs:

- most respondents had developed a heroin addiction;
- the practice of the shared use of drugs is observed more often among the clients of SEP than among the clients of PDI;
- the most prevalent place for the purchase of injecting equipment for the clients of PDI is a pharmacy, and for the clients of SEP it is SEP, i.e. the clients of PDI prefer to purchase the equipment in the pharmacy network;
- most of the clients from both groups do not carry injecting equipment with them, and the main reason for the absence of injecting equipment for most of the clients of SEP and almost all the clients of PDI is the fear of being detained by the police;
- in general, the clients of PDI use safer drug injecting practices and use the services of sex workers more seldom; correspondingly, it can be assumed that the risk of HIV transmission via the sexual route is on a smaller scale among the clients of PDI;

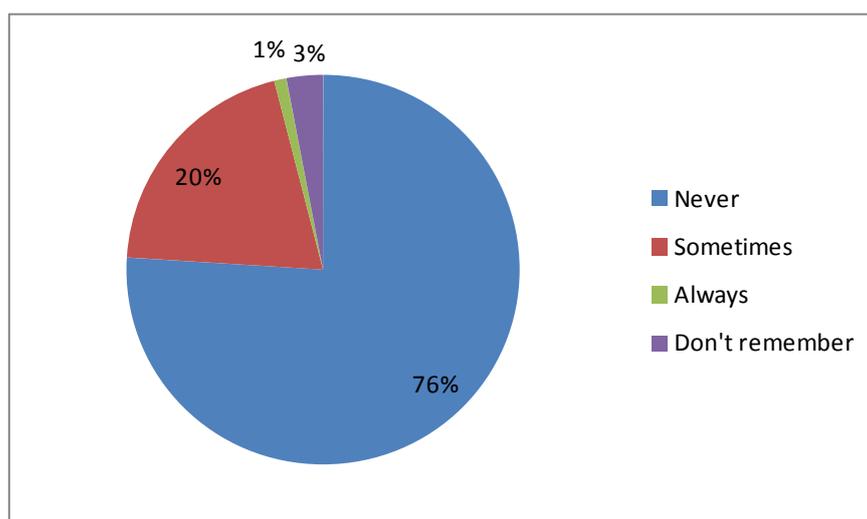
- the possibility of overdosing was estimated as “possible” by a larger number of clients of SEP than of PDI;
- a larger number of clients of SEP than of PDI showed awareness of what should be done in the event of an overdose;
- issues related to overdosing are discussed with other IDUs by the clients of PDI more often than those of SEP;
- more clients of SEP were tested for HIV and almost all the clients of SEP know their results, whereas for the clients of PDI this number was twice as low;
- among all the proposed services, the clients of SEP prioritised testing for hepatitis, and the clients of PDI dental services;
- the clients of PDI noted more often that treatment for drug addiction would help;
- equal numbers of clients of SEP and PDI noted that treatment for drug addiction was available in the district where they lived;
- more clients of PDI noted that work on solving their problems had started;
- a larger number of clients of PDI expressed their hope of obtaining help;
- the fact that the clients of PDI became involved in harm reduction programmes more often is evidenced by the fact that the outreach workers had become the most widespread source of information on HIV/AIDS for the clients of PDI, and that in the previous 3 months, syringe exchange had become the service that was most used by the clients of PDI.

It should be noted that in the course of joint activity with UNAIDS and UNFPA the UNDP programme “Support for the government in response to HIV in the Kyrgyz Republic” was implemented within the framework of the PAF/UNAIDS project “Enhancement of opportunities for women and girls living with HIV by means of the establishment of favourable conditions for the exercise of their rights”. A study was carried out by the Izildoo Plus Public Association to estimate the vulnerability of women affected by the HIV epidemic and victims of violence on a gender basis. According to the results of the work carried out it was revealed that legislative barriers limiting the rights of women and/or men, regardless of their HIV-positive status, are absent in the Kyrgyz Republic. In practice, there are no external limitations on various types of services being obtained either by men or women. However, the planning of these services does not consider the differences in the requirements of women and men. Simultaneously, there are barriers to obtaining services, which are related to the financial abilities of the poorest and most vulnerable groups of the population, a lack of information on the services provided, and distrust of the service providers, as well as cultural limitations related to stigmatisation (including self-stigmatisation), discrimination, and the dependent position of women in families. Thus the services related to HIV and its prevention, as well as the provision of assistance to the victims of violence on a gender basis, were more accessible and attractive if provided by organisations in the civil sector.

In the section “HIV prevention in injecting drug use” of the same research study the following observations were noted.

- 35% of the respondents noted that they had consumed drugs by injecting within the last 12 months before the survey, including 5% of the commercial sex workers and 8% of the women with an HIV-positive status. Another 8% of the women stated that their partners used drugs by injecting, and 2% noted that their irregular partners were also injecting drug users. In total 46% of the women who were surveyed were at direct or potential risk of infection because of injecting drug use.
- 76% of women drug users stated that they never used the syringe of other person to inject a drug. Thus, every fourth woman has to use the syringe of other person at least sometimes (Figure 4-2). 17% of the respondents had injected drugs with the syringe of another person the last time they injected. The staff members of NGOs noted that according to the Standards for the Provision of Services, the quantity of syringes distributed to injecting drug users is limited and does not cover their needs. This fact can also influence the fact that the women do not use clean syringes every time.

Figure 4-2: Use of shared syringes for injecting drugs within the last 12 months (n=105).



- Almost all the respondents noted that they used various methods of disinfection when they used shared syringes. However, the efficiency of these measures remains doubtful:<sup>5</sup>

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<sup>5</sup> According to the source: [http://old.afew.org/russian/prisons\\_articles/21prisoners.php](http://old.afew.org/russian/prisons_articles/21prisoners.php) “Life with HIV infection in prisons” there are 3 methods for effectively disinfecting syringes. First method: fill the syringe with cold water through the needle twice, and then empty it into the sink or water closet. Remove the plunger, remove the needle, and then put all these parts into boiling water for 20 minutes. All plastic syringes can bear this procedure. Second method: wash the syringe in a chloride solution. For this you should fill the syringe through the needle with a 10% chloride solution (10g of chloride per 100ml of water), so that the solution fills the whole syringe. Then shake it for 30 seconds. After this drain the solution through the needle (but not into the jar of chloride solution!). Wash the syringe in running water. Repeat the procedure one more time. After this wash the syringe under running water (to remove the chlorine). Third method: the syringe should be taken to pieces and all the parts should be kept in a 10% solution of chlorinated lime for at least 30 minutes. After this the syringe should be thoroughly rinsed under running water to remove all traces of the chloride.

42% stated that they washed the syringe with cold water, 50% rinsed it with hot water, and 8% treated the syringe with alcohol.

- In addition, 44% of the respondents stated that in recent times they had used a solution which was put into the syringe by another person. It is notable that the respondents who never used a shared syringe did not use a solution put in by another person. Thus, potentially risky practices of drug consumption were detected in 24% of active women drug users.
- Another important aspect influencing the effectiveness of HIV prevention among the IDUs is unlimited access to syringes. All the female drug users who were interviewed stated that they always have an opportunity to get clean syringes. 89% of the respondents stated that they can take syringes at the SEP or from the outreach worker, and 52% can buy them in the pharmacy. The results of the survey showed that almost all respondents have access to free-of-charge syringes, but only half of them stated that they can buy syringes for money.
- Regardless of the fact that in the conducting of this survey the access to the female injecting drug users was provided through the NGOs rendering services related to HIV/AIDS, not all the respondents were clients of SEP. 15% of the respondents stated that they did not participate in the syringe exchange programme. 25% of female drug users noted that they do not exchange their syringes regularly, less than once per week. Most of the respondents who exchanged their syringes did so by themselves, meeting the outreach worker (76%) or visiting the syringe exchange centre personally (23%). However, 85 of the IDUs who were surveyed did not participate in the syringe exchange programme directly, but exchanged their syringes through “third persons” (partner, friends, etc.).
- Thus the physical and economical availability of syringes for female drug users is on a satisfactory level: almost all of them have an opportunity to obtain free-of-charge syringes through the syringe exchange programme. Nevertheless, approximately a quarter of them still practise risky injecting behaviour.

## 5. TREATMENT FOR DRUG ADDICTION

### 5.1. Introduction

In the Kyrgyz Republic the term ‘treatment for drug addiction’ implies structured intervention with the prescription of medicaments and/or using psychosocial technologies, aimed at a reduction in the consumption of illicit drug or withdrawal from its use. A significant proportion of the interventions in the Kyrgyz Republic are aimed at full withdrawal from the consumption of illicit drugs. The range of treatment services provided in the Kyrgyz Republic includes: 1) detoxification or treatment of withdrawal syndrome; 2) substitution maintenance therapy using methadone, and 3) drug-free treatment of addiction (drug-free programmes or medical and psychological rehabilitation). Treatment for drug addiction is mostly conducted in specialised state organisations. State drug treatment assistance to persons with an addiction to narcotic or other psychoactive substances is provided by the specialists of the specialised narcological service, which had 304 beds in 2011. The beds were located in specialised medical institutions and in the medical institutions of general practice – 3 institutions in the cities of Bishkek, Osh, and Jalal-Abad – as well as in 5 units of the combined oblast hospitals and in 42 narcological rooms in the district Family Medicine Centres. In addition, treatment for drug addiction is provided in the medical institutions of the penitentiary system, in private narcological clinics, and in a range of non-governmental organisations.

### 5.2. Strategy/policy

From the strategic point of view the availability of treatment for persons with a drug addiction did not change in 2011 in comparison with the previous years. Thus, the provision and receiving of medical-sanitary and sociomedical assistance are established in the Constitution of the Kyrgyz Republic, and in the Laws “On the medical insurance of citizens in the Kyrgyz Republic” and “On health protection”.

Treatment in narcological inpatient clinics is carried out on the condition of partial payment by the patient. The partial payment implies the participation of citizens in payment for the cost of medical services received by them in excess of the scope of financing by the State Guarantee Programme. The consumption of drugs cannot serve as the basis for a refusal to treat HIV infection, hepatitis, tuberculosis, or drug addiction. The legislation of the republic establishes the procedure for the provision of antiretroviral therapy to people living with HIV, including injecting drug users.

The legislation of the republic distinguishes voluntary treatment (treatment for drug addiction, conducted with the client’s consent or with the consent of his/her legal representative) from compulsory treatment (on the basis of a judicial decision concerning a person who avoids voluntary treatment or continues to consume drugs without a doctor’s prescription and violates the rights of other people).

Voluntary treatment for dependence on narcotic and psychotropic substances is provided in state and private medical institutions, as well as by some non-governmental organisations. The medical institutions of the penal system provide compulsory treatment in accordance with court decisions on compulsory treatment and voluntary treatment in rehabilitation centres. After being released from prison, people with a dependence on psychoactive substances have the

opportunity to continue treatment in the civil sector of the healthcare system, as well as by non-governmental organisations on a shared basis.

### 5.3. Treatment system

In the Kyrgyz Republic, the treatment system for addictions reflects the elements of secondary and tertiary prevention, such as early, full, and comprehensive implementation of treatment activities (narcological assistance), improvement of the social background, the use of educational measures by colleagues at work and family members, and the prevention of the development of disease and prevention of complications. These programmes are implemented in the inpatient and outpatient settings, and correspondingly have different tasks. The outpatient programmes are mostly focused on motivation for undergoing and continuing treatment, as well as relapse prevention. The main task of “drug-free” inpatient treatment programmes is the achievement of steady remission or full withdrawal from drug consumption after the completion of the treatment programme.

At present, patients are provided with the following types of treatment:

- detoxification at inpatient and outpatient levels in all the institutions with a narcological profile located in the 42 narcological rooms of district family medicine centres, and in 3 institutions in the cities of Bishkek, Osh, and Jalal-Abad, as well as in 5 centres of regional combined hospitals;
- inpatient medical-social rehabilitation and programmes of outpatient rehabilitation in accordance with the 12-step system in the Republican Narcological Centre and Inter-oblast Osh Narcological Centre;
- methadone substitution treatment in the Republican Narcological Centre and Osh Oblast narcological dispensary, as well as in the narcological rooms of the Family Medicine Centres of the Chui and Osh Oblasts;
- motivation for further treatment and prevention of regression and overdosing – on an outpatient basis.

At the beginning of 2011 a unit for the detoxification of opiate-addicted patients using methadone was opened.

In the healthcare system of the Kyrgyz Republic the function of the quality control of treatment is entrusted to the Fund for Mandatory Medical Insurance (FMMI), which plays the role of the distributor of financial assets.

The Decree of the Fund for Mandatory Medical Insurance of the Ministry of Health of the Kyrgyz Republic “On the improvement of the quality of medical services and increasing the effectiveness of the contractual process in the implementation of the State Guarantee Programme” (ПРИКАЗ ФОМС МЗ КР № 157, 2007) approves:

- the regulation on quality management of medical services provided by the healthcare organisations within the framework of the State Guarantee Programme;
- the procedure for signing contracts with the providers of medical services participating in the implementation of the State Guarantee Programme;

- the methodology for the analysis of the database of cases treated in inpatient settings;
- report of medical expertise for ambulance call report;
- report of medical expertise for ambulance call report without revealed defects;
- the “Medical services quality evaluation” reporting form.

The quality management of medical and preventive services is carried out on the basis of a contract signed with the providers of medical, preventive, and pharmacological support to the population in accordance with the legislation of the republic. The following methods are used for quality evaluation:

- quality evaluation (quality control) for medical and preventive assistance and pharmacological support provided;
- monitoring, analysis, and evaluation of the quality of medical and preventive services and pharmacological support on the basis of agreed indicators;
- survey on patients’ attitudes towards the quality of medical, preventive, and pharmacological support, and towards the conditions of its provision.

Evaluation of the quality of medical, preventive, and pharmacological support is conducted by the experts of the Fund for Mandatory Medical Insurance (or by external experts). Planned evaluation of quality is conducted in accordance with the evaluation schedule approved by the Fund for Mandatory Medical Insurance on an annual basis. Extraordinary analysis is conducted on the basis of applications by citizens, as well as by order of the Ministry of Health of the Kyrgyz Republic.

In addition, the quality assurance committee performs the coordination of the implementation of activities for the quality of services in every medical institution in accordance with the standard regulation “On the committee for quality and safety of medical assistance in the treatment and preventive organisations”, approved by Decree No. 156 of the Ministry of Health, dated March 27, 2006. The above-mentioned commission can propose a plan for the improvement of the quality of services.

#### **5.4. Drug addicts applying for treatment**

In 2011 the total number of patients who received treatment was 3277 persons (59.4 per 100 thousand people) (excluding patients who underwent compulsory treatment and visited trust points), which is 17.6% less than in 2010 (3979) and 36% more than in 2009 (2408 persons). The total number of persons admitted for treatment for the first time was 1841 persons (56.2% of all persons who received treatment in 2011).

Of this number, 579 persons were treated in inpatient settings and 167 persons in outpatient settings; 1428 patients took part in the methadone substitution treatment programmes, and 1203 patients took part in the rehabilitation programmes.

Table 5-1: Categorisation of persons treated by type of treatment and by gender in 2010-2011 (RNC, 2012a)

Type of treatment	Men				Women			
	2010		2011		2010		2011	
	total number	%						
Inpatient	412	11.1	518	18.2	38	15.1	61	14.0
Outpatient	282	7.6	158	5.6	13	5.1	9	2.1
MST	1506	40.3	1248	43.9	103	40.9	180	41.6
Rehabilitation	1527	41.0	920	32.3	98	38.9	183	42.3
<b>Total</b>	<b>3727</b>	<b>100</b>	<b>2844</b>	<b>100</b>	<b>252</b>	<b>100</b>	<b>433</b>	<b>100</b>

#### 5.4.1. Inpatient treatment

Among the 579 persons (10.5 per 100 thousand people) who received inpatient treatment in 2011 (450 persons in 2010), the share of women was 10.5%; the most frequently used drugs were opiates (98.9%), and the remaining 1.1% were patients with a dependence on inhalants (glue, petrol).

528 patients received treatment for the first time (9.6 per 100 thousand people), i.e. 91.2%; this number is 23.7% more than in the previous year (427). This is probably related to the fact that detoxification therapy using methadone has been conducted since 2011 in the Republican Narcological Centre with the support of the UNODC project "Treatment of drug addiction and its consequences for health".

Two adolescents (0.3%) aged between 14 and 18 years were registered among the people receiving inpatient treatment. The prevailing age groups comprised persons aged 25-34 years old (45.7%) and 35 years and older (45%).

#### 5.4.2. Voluntary outpatient treatment

In 2011 outpatient treatment (excluding methadone substitution treatment) was provided to 167 persons (295 persons in 2010), or 3.0 per 100 thousand people, of whom 9 were women. At the outpatient level the patients received detoxification therapy and short-term psychotherapy. 91.0% of the patients at outpatient level were consumers of opiates; 9.0% were persons with a dependency on non-narcotic substances (glue, petrol, diphenylhydramine, benzidiazipine).

#### 5.4.3. Methadone substitution treatment

Methadone substitution treatment is a treatment method approved by the Decree of the Ministry of Health "On the conditions and procedure for the provision of methadone substitution treatment to persons with a drug addiction in the Kyrgyz Republic" (ПРИКАЗ МЗ КР № 41, 2001). A methadone substitution treatment programme has existed in the Kyrgyz Republic since 2002.

1428 persons (25.9 per 100 thousand people), including 180 women (12.6%), received methadone substitution treatment in 2011. As of April 2012 methadone substitution treatment was provided at 20 sites.

**Table 5-2 Number of drug users participating in methadone substitution treatment programmes (civil sector) in the Kyrgyz Republic (2007-2011) (RNC, 2012a)**

Quantity	2007		2008		2009		2010		2011	
	total	fem.								
All cases of enrolment in the MST programme (since April 2002)	883	95	1608	138	2323	192	3002	245	3559	198
Patients participating in the programme at the end of the year	444	57	758	72	857	122	976	143	899	141
Patients enrolled in the programme within a year	433	44	753	43	653	36	694	48	582	50
Patients who quit the programme (within a year)	162	9	411	28	568	29	570	23	641	46
Persons who received treatment in the MST programme within a year	-	-	-	-	-	-	1609	103	1428	180

The total number of cases of acceptance of patients into the methadone substitution treatment programme in the period 2002-2011 was 3559 persons, or 14.2% of the estimated number of injecting drug users (25 thousand people). In 2011 the number of people who received substitution treatment (1428 persons) represented 43.6% of all the persons with a drug addiction who were treated (3277 persons).

At present, the methadone substitution treatment is fully financed from the assets of a grant of the Global Fund. For the methadone substitution treatment, both medical institutions and the facilities of the penitentiary system of the Kyrgyz Republic use methadone in the form of a ready-made 0.1% solution in water, prepared in the pharmacies of the Republican Narcological Centre in the city of Bishkek and of the Osh Oblast Narcological Dispensary in the city of Osh, which have a licence from the Ministry of Health for pharmaceutical activities. The methadone is taken by the patient orally once a day in the form of a 0.1% solution in water and in the presence of a nurse.

#### 5.4.4. Rehabilitation

In the republic non-medical treatment is conducted in two narcological medical institutions located in the cities of Bishkek and Osh (the Republican Narcological Centre and Inter-oblast Osh Narcological Centre). The main criteria for acceptance to the non-medical treatment programmes are: the patient's undergoing preliminary detoxification therapy; a high level of motivation for treatment on the part of the patient, and the absence of the exacerbation of somatic, neurological, and mental diseases in the patient.

The medical-psychological rehabilitation programmes consist of the following components:

- psychotherapeutic component,
- psychological component,
- work in self-care and mutual assistance groups,
- preparation for adaptation and reintegration into society,
- occupational therapy,
- work with the family.

In total 1103 patients, including 183 women, underwent medical-social rehabilitation programmes in 2011 (in 2010 it was 1625 persons, including 98 women). Of this number, 124 persons, including 10 women, underwent inpatient rehabilitation. In addition, the work of multidisciplinary teams on the preparation and motivation of injecting drug users for treatment and rehabilitation was introduced. Group sessions lasting for two hours are conducted at the outpatient level on a weekly basis in the anti-relapse unit of the rehabilitation department for those patients who have undergone an inpatient programme of medical-psychological rehabilitation.

In addition, for the psychological and social rehabilitation of persons addicted to alcohol, narcotics, and non-narcotic substances, a room for adolescent patients was opened. In 2011 this room provided the following consulting assistance. Medical examination for the signs of intoxication with psychoactive substances was conducted for 202 adolescents, of whom 158 adolescents showed intoxication with alcohol. 112 adolescents were examined in the Juvenile Rehabilitation and Adaptation Centre, of whom 63 persons, including 11 females, were registered with professionals. Medical-psychological consulting was provided to 112 adolescents with problem drug consumption. Psychological examination was provided to 388 adolescents, of whom 376 persons were tested for the use of psychoactive substances. Psychocorrection was provided to 56 adolescents. The specialists of the unit for the prevention of the use of psychoactive substances by adolescents regularly take part in the meetings of the district and city commissions on juvenile affairs in the city of Bishkek. In total 31 meetings were held in 2011.

Interviews conducted among the patients treated in the cities of Bishkek and Osh (within the framework of the "Global programme for the evaluation of the scale of drug abuse") showed that in 2011, 730 persons were treated in Bishkek and 136 persons in Osh. The analysis of the age of the patients who were treated shows that the average age of the patients was 33.3 years

old; the most frequently consumed drug in all the cities that were monitored was heroin (on average more than 98%), and correspondingly, the dominant drug consumption pattern was injecting (97%). The age at the time at which they had first consumed a drug was 23.6 years old for Osh and 33 years old for Bishkek (PLH, 2011).

## 6. INTERRELATIONS BETWEEN HEALTH AND CONSEQUENCES OF DRUG ADDICTION

### 6.1. Introduction

The problems related to injecting drug use are aggravated by the other serious threats accompanying drug abuse – the pandemic of HIV/AIDS and other serious diseases. The increase in the consumption of opioids is accompanied by the growth of drug use by injecting and the consequences related to it. According to the data provided by the Republican AIDS Centre, regardless of the countermeasures taken against the epidemic, the number of new cases of HIV infection is steadily growing, and up to 70% of all cases of infection occur among injecting drug users.

### 6.2. Drug-related infectious diseases

#### 6.2.1. HIV/AIDS and viral hepatitis

There has been a rapid increase in the number of new cases of HIV infection observed in the country in recent years, and according to the estimates of WHO/UNAIDS, Kyrgyzstan is among the 7 countries with the highest rate of growth of the epidemic in the world. The number of officially registered cases of HIV infection increased by 43%, from 2718 cases in 2009 to 3887 in 2011. 64.5% of all the registered cases of HIV infection in the republic were infected through the parenteral route. As the group of injecting drug users is tested in various conditions, as well as because of their reticence, conditioned by their delinquent behaviour, it is very difficult to interpret the information on registered cases of HIV. It is hard to say to what extent the data on the registration of cases reflect the real scale of the HIV epidemic among injecting drug users (see Table 6-1).

**Table 6-1: Registration of cases of HIV infection by years (RC AIDS, 2011)**

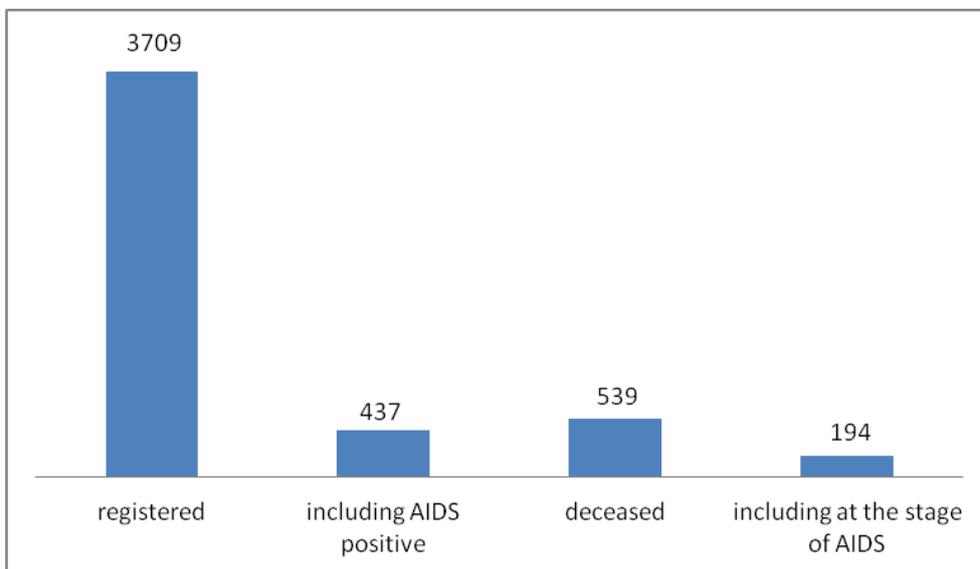
Year	Number of cases revealed (including Kyrgyz citizens)	Of whom IDUs (including Kyrgyz citizens)	Rate of IDUs (%)
2009	2718 (2561)	1828 (1709)	66.7%
2010	3288 (3115)	2168 (2036)	65.3%
2011	3887 (3709)	2530 (2394)	64.5%

In the period 2010-2011 the HIV epidemic in the Kyrgyz Republic remained in the concentrated phase. The group of the population that is most affected is IDUs – according to the Sentinel Epidemiological Surveillance data the prevalence in this group in 2010 was 14.6%.

As of January 1, 2012, there were a total of 3887 registered positive cases of HIV in the republic, including citizens of the Kyrgyz Republic – 3709 (cumulatively). A total of 2530 injecting drug users were registered, including citizens of the Kyrgyz Republic – 2394 (64.5%).

437 patients developed AIDS. 539 HIV-positive people died, of whom 194 were people at the stage of AIDS (see Figure 6-1.)

Figure 6-1: Situation with HIV/AIDS in the Kyrgyz Republic as of January 1, 2012 (RC AIDS, KR, 2011)



According to the estimate conducted by the WHO programme “Spectrum”, the real number of cases of HIV infection is 12,040 people.

An increase in the number of cases of HIV infection among women was noted (from 25.3% in 2009 to 30% in 2011).

Out of the total number of registered cases of HIV infection 2530 were injecting drug users, including citizens of the Kyrgyz Republic – 2394 (64.5%).

1091 HIV-positive persons were detected in the penitentiary system.

In 2011 the morbidity rate per 100 thousand people was 10.7 (10.2 in 2010).

The prevalence of HIV infection among the general population was 0.07%.

An increase in the sexual route of transmission (from 25% in 2009 to 30.3% in 2011) has been observed in recent years. A high rate of nosocomial contagion remained – 6.3%, and also transmission from mother to child – 2.9 %.

The highest prevalence of HIV infection is observed in the 26-29-year-old age group – 20.6%. In total 69.7% of the registered people living with HIV are in the 20-39-year-old age category. The rate of HIV-positive children aged under 15 years old was 7.9%.

The highest prevalence is observed in the Chui Oblast (1093 cases – 29.4% of the total number of HIV-positive people), in the city of Osh (754 cases – 20.3%), and in the Osh Oblast (712 cases – 19.1). The lowest registered prevalence is in the northern regions of the country (see Table 6-2).

**Table 6-2: Prevalence of HIV infection as of January 1, 2012 categorised by the regions of the country (RC AIDS, 2011)**

Regions	as of January 1, 2012	
	Number of detected cases (cumulative)	%
Bishkek	562	15
Chui Oblast	1093	29.4
Osh	754	20.3
Osh Oblast	712	19.1
Jalal-Abad Oblast	394	10.6
Talas Oblast	30	0.8
Issyk-Kul Oblast	66	1.7
Naryn Oblast	36	0.9
Batken Oblast	62	1.6

In 2011, the number of newly registered positive cases of HIV was 599 people, including citizens of the Kyrgyz Republic – 594 (men – 414 and women – 180), including AIDS – 95 (men – 74 and women – 21) and foreign citizens – 5 (men – 2 and women – 3). Injecting drug users accounted for 362 (60.4%), including citizens of the Kyrgyz Republic – 358 (59.7%).

The main component for treatment and care for HIV infection is antiretroviral therapy (ART). The provision of ART was introduced in the republic in March 2005. Selection for ART and its provision are performed by a commission in accordance with the new clinical protocols on HIV infection (ПРИКАЗ МЗ КР № 178, 2008).

Antiretroviral medicines, as well as medicines for the treatment of opportunistic diseases, are procured from the funds of the GFATM. Form 4A “On HIV-positive and AIDS-positive people” is used for the collection of information on the treatment of HIV.

As of January 1, 2012 the antiretroviral therapy had been prescribed to 776 patients, of whom 510 patients were receiving it, including: adults – 340 people (men – 201, women – 139), children – 170 people (boys – 115, girls – 55). Registered cases of refusal to undergo treatment – 137 people, cases of death in the course of treatment – 116 people; cases of intolerance – 13. In categorisation by regions, ART is received: in the city of Bishkek – 82 people; Chui Oblast – 82 people; city of Osh – 74 people; Osh Oblast – 218 people; Jalal-Abad Oblast – 37 cases; Issyk-Kul Oblast – 7 people; Talas Oblast – 2 people; Batken Oblast – 7 people; Naryn Oblast 0 1 person, and in the penitentiary system (considered as a region) – 86 people.

Information on the provision of ART is collected at the level of the Family Medicine Centre of the Group of Family Doctors, and transferred to the level of regional/city AIDS centres. The information is transferred further to the Republican AIDS Centre, from which it comes to the

Republican Medical Information Centre of the Ministry of Health of the Kyrgyz Republic and into the National Statistics Committee.

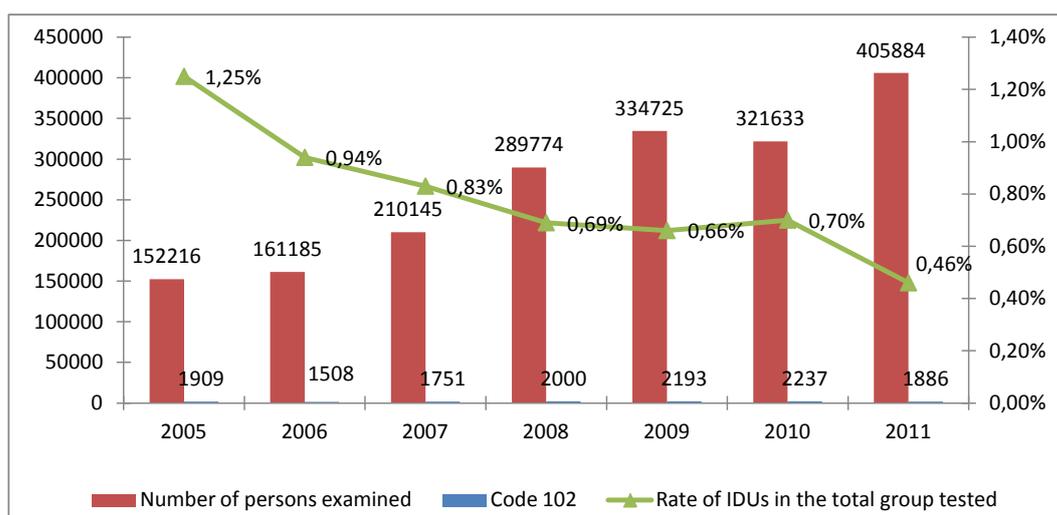
The last estimation of the size of high risk groups was conducted by UNODC in 2006 (UNODC, 2006). The data of the above-mentioned estimate continue to be used in the country up to the present, and according to the results of the estimate the number of problem drug users in the country is 26 thousand, of whom 96% use drugs by injecting.

In accordance with the decrees of the Ministry of Health, the testing of injecting drug users for HIV is offered upon admission to the narcological dispensaries and in the penitentiary facilities and other institutions of the law enforcement and healthcare systems (in the trust points, friendly clinics, and centres for prevention and fighting against AIDS) after pre-test counselling and the obtaining of an informed consent.

The main instrument for collecting the test data is Form No. 4, "Report on results of blood testing for HIV infection", approved by Regulation No. 35 of the National Statistics Committee of the Kyrgyz Republic, dated November 17, 2006, according to which treatment-preventive facilities which have laboratories and perform testing for HIV infection have to provide reports on a monthly basis. Each group of the population has its own testing code (in accordance with the approved reporting Form No. 4); injecting drug users are tested with the code 102.

In 2011 the level of testing for HIV infection performed in the Kyrgyz Republic increased, and the proportion of those tested under code 102 (IDUs) decreased from 1.2% in 2005 (1909 IDUs) to 0.5% in 2011 (1886 IDUs) (see Figure 6-2). However, injecting drug users can be tested for HIV under other codes, for example 112.1 (injecting drug users kept in the special facilities of the Ministry of Internal Affairs) and therefore the above-mentioned rate is not an indicator of the real coverage of the IDUs with testing.

Figure 6-2: Coverage of IDUs with testing (code 102) among the testing of the general population, by years (RC AIDS, KR, 2005-2011)



Sentinel Epidemiological Surveillance has been conducted among vulnerable groups (IDUs, commercial sex workers, prison inmates, patients with sexually transmitted diseases, MSM, and

pregnant women) in the republic since 2004. The first round of SES was conducted among injecting drug users in 2004 at two sites (in the cities of Bishkek and Osh). Starting from 2007, SES has been conducted among IDUs at five sites. No serological study was conducted in 2011.

Analysis of the prevalence of HIV infection among injecting drug users on the basis of the Sentinel Epidemiological Surveillance results from the period from 2006 to 2010 has shown that the level of HIV prevalence was at the same level in 2009 and 2010, i.e. it was 14.3% and 14.6% correspondingly. A slight decrease in the prevalence was observed in 2008 – 6.8%. (see Table 6-3)

**Table 6-3: Prevalence of HIV infection among injecting drug users (SES 2006-2010) (RC AIDS, KR, SES, 2006-2011)**

<b>Years</b>	<b>Number of IDUs covered by SES</b>	<b>Number detected</b>	<b>Rate</b>
2006	500	37	7.4
2007	800	62	7.7
2008	648	44	6.8
2009	900	129	14.3
2010	930	136	14.6

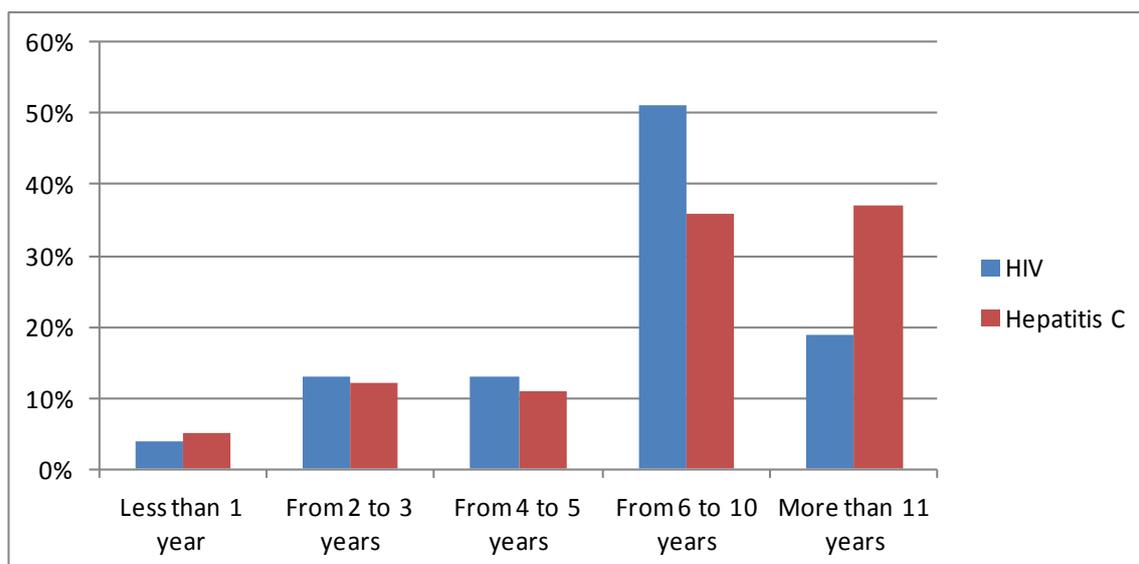
### **6.2.2. Viral hepatitis B and C**

A total of 80,828 persons were tested for viral hepatitis B in the republic in 2011; 4051 (5%) of them were found to be positive; 79,984 persons were tested for viral hepatitis C, of whom 2638 (3%) were positive.

According to the SES data, in 2010 the prevalence of viral hepatitis C among persons who had been injecting drugs for less than 1 year was 5%, among those who had been injecting drugs from 2 to 3 years – 12%, from 4 to 5 years – 11%, from 6 to 10 years – 36%, and for more than 11 years – 37%; this means that the longer a person has used drugs, the higher the risk of infection with hepatitis C is (see Figure 6-3).

Analysis of the prevalence of HIV among IDUs according to the duration of their injecting drug consumption has shown that the level of HIV prevalence is higher among people with a longer duration of drug consumption. Thus, if the length of consumption was less than 1 year it was 4%, from 2 to 3 years – 13%, from 4 to 5 years – 13%, from 6 to 10 – 51%, and more than 11 years – 19% (see Figure 6-3).

Figure 6-3: Prevalence of HIV and hepatitis C among the IDUs categorised by duration of injecting drug consumption, SES 2010 (RC AIDS, KR, 2010)



The highest morbidity with viral hepatitis C among IDUs was observed in 2004 and 2009, and a 3% decrease was observed in 2010, to 50.4% (see Table 6-4).

Table 6-4: Results of serological study on VHC among IDUs categorised by years (RC AIDS, SES)

Years	Number of IDUs covered by SES	Number of IDUs with positive results	%
2005	500	253	50.6
2006	500	242	48.4
2007	800	410	51.2
2008	648	308	47.5
2009	900	483	53.7
2010	930	469	50.4

No survey on the prevalence of viral hepatitis B was conducted among injecting drug users. No serological survey was conducted in 2011 within the framework of Sentinel Epidemiological Surveillance.

### 6.3. Other drug-related diseases

**Tuberculosis.** As of 1 January 2012 a total of 673 people living with HIV/tuberculosis were registered in dispensaries. In total 153 new cases of HIV/tuberculosis were registered in 2011. As of 1 January 2012 a total of 625 people living with HIV were receiving treatment. 48 people living with HIV did not receive treatment for various reasons. 263 persons died, including 197 persons who died because of tuberculosis, and 66 persons who died for other reasons.

The work on the treatment of tuberculosis in injecting drug users, as well as on substitution treatment, is carried out on the basis of a joint order of the Ministry of Health of the Kyrgyz

Republic and the State Penalty Execution Service under the Government of the Kyrgyz Republic for the improvement of activities for the control of concurrent infections of HIV/TB in the Kyrgyz Republic (ПРИКАЗ МЗ КР и ГСИН КР № 145, 2010).

### 6.3.1. Sexually transmitted diseases – syphilis and gonorrhoea

Sexually transmitted diseases increase the risk of HIV infection.

According to the results of a serological study (Sentinel Epidemiological Surveillance), the prevalence of syphilis among injecting drug users by years was:

- 2004 – 12.3%;
- 2005 – 13.6%;
- 2006 – 11.8%;
- 2007 – 12.8%;
- 2008 – 10.2%;
- 2009 – 12.7%;
- 2010 – 6.6%.

An increase in the number of IDUs infected with syphilis was observed in 2005, and a reduction was noted in 2010.

No serological studies were conducted in 2011 within the framework of Sentinel Epidemiological Surveillance.

### 6.3.2. Cases of non-lethal overdoses on drugs

According to the official data of the Republican Medical Information Centre (RMIC) of the Ministry of Health of the Kyrgyz Republic, the number of patients treated with a diagnosis of poisoning by opiates in inpatient clinics, including cases of non-lethal overdoses, showed a decreasing trend in the Kyrgyz Republic in 2010-2011 (see Table 6-5).

**Table 6-5: Cases of non-lethal overdoses on drugs and emergency cases related to drug consumption in the Kyrgyz Republic for 2010-2011 (RMIC MH KR, 2012)**

Years	Total number of patients treated		Per 100 thousand treated	
	2010	2011	2010	2011
Total number of patients treated in inpatient settings with opiate poisoning	44 persons	36 persons	5.0 persons	4.0 persons
including those with non-lethal outcome	37 persons	36 persons	4.2 persons	4.0 persons

The number of patients treated in inpatient clinics with a diagnosis of poisoning by opiates in the Kyrgyz Republic in 2010-2011 also shows a decreasing trend when categorised according to age groups (see Table 6-6).

**Table 6-6: Number of patients with opiate poisoning treated in inpatient settings categorised according to age groups in the Kyrgyz Republic in 2010-2011 . (RMIC MH KR, 2012 – Reporting form No. 14 „Report of activities of the inpatient unit“)**

Years	children (0-14 years old)		adolescents (15-17 years old)		adults (18 years and older)		TOTAL:	
	2010	2011	2010	2011	2010	2011	2010	2011
Total number of patents with opiate poisoning treated in inpatient settings	16 pers. (36.4%)	4 pers. (11.1%)	1 pers. (2.3%)	2 pers. (5.6%)	27 pers. (61.4%)	30 pers. (83.3%)	<b>44 pers.</b>	<b>36 pers.</b>
including with a non-lethal outcome	16 pers. (43.2%)	4 pers. (11.1%)	1 pers. (2.7%)	2 pers. (5.6%)	20 pers. (54.1%)	30 pers. (83.3%)	<b>37 pers.</b>	<b>36 pers.</b>

### 6.3.3. Medical and forensic drug examination

According to the data of medical drug examinations, the number of cases of medical examinations for the detection of intoxication with alcohol or the consumption of psychoactive substances in 2011 was 22.7% more than in 2010 (72,466 versus 59,052), and 1.3 times more than in 2009 (55,747). A growth of the indicator of forensic drug examinations by 12.6% in comparison with the previous year was also observed. This evidences the activation of judicial and investigating authorities in the field of appointing forensic drug examinations (2010 cases versus 1785 cases).

## 6.4. Drug-related deaths; mortality among drug addicts

### 6.4.1. Drug-related deaths (overdosing/poisoning)

According to the data of the National Statistics Committee, in total 35,921 cases of death were registered among the general population in the Kyrgyz Republic in 2011.

The existing national drug use-related death rate registration system has significant defects which do not allow any conclusions about the national situation to be drawn.

However, according to the data of the Republican Medical Information Centre of the Ministry of Health of the Kyrgyz Republic, the data on total mortality and deaths caused by drug overdoses in general and categorisation by gender in the Kyrgyz Republic in 2010-2011 show a decreasing trend (see Table 6-7) by 23%. In 2011 there were 64 cases of death caused by overdosing on drugs, including 4 women. In most cases the type of drug which resulted in the lethal outcome is not known.

**Table 6-7: The data on total mortality resulting from drug overdoses, categorised by gender and in general for the Kyrgyz Republic in 2010-2011 (RMIC MH KR, 2012)**

<b>Years</b>	<b>2010</b>	<b>2011</b>	<b>2010 (per 100 thousand)</b>	<b>2011 (per 100 thousand)</b>
Total number of deaths	36,174 persons	35,941 persons	664.0 persons	651.7 persons
Number of deaths resulting from poisoning with drugs and psychedelic drugs (hallucinogens)	84 persons	64 persons	1.5 persons	1.2 persons
Of those:				
men	79 persons	60 persons	2.9 persons	2.2 persons
women	5 persons	4 persons	0.2 persons	0.1 persons
By types of drugs that caused poisoning:				
opium	12	14	0.2	0.3
heroin	-	2	-	0.04
other opioids	-	2	-	0.04
other and unspecified drugs	31	37	0.6	0.7
other and unspecified psychedelic drugs (hallucinogens)	41	9	0.8	0.2

It should be noted that the source of information on the mortality rate in the Kyrgyz Republic for the Republican Medical Information Centre of the Ministry of Health of the Kyrgyz Republic is the data of the National Statistical Committee (internal forms C-51 and C-52), which are formed in their turn according to the official medical certificates of death from the healthcare agencies and the official records of death in the Civil Registry Office.

#### 6.4.2. Mortality of drug addicts and reasons for it

According to the Republican Narcological Centre, 130 people with a drug dependence were removed from the narcological registry because of their death in 2011 (139 in 2010), which constitutes 1.2% of the total number of registered drug users.

Table 6-8: Total mortality of registered (dispensary registration) drug addicts in 2005-2011

Year (as of the end of the year)	Number of registered drug addicts	Number of deaths	Mortality (%)
2010	10171	139	1.4
2011	10705	130	1.2

In the course of the estimation of the mortality indicator for 2011 among drug users removed from dispensary registration because of their death in comparison with general mortality among the population,<sup>6</sup> it was revealed that the general mortality among drug users is approximately 1.3 times higher than the mortality among the population of the same age and gender (standardised mortality ratio – SMR). The highest proportion of cases of death, at approximately 4 times the figure for the same age group of the general population, is registered in the age group of drug users aged 20-24 years old.

In terms of gender, the SMR is higher among women (a lower level of mortality was usually noted among women in the general population) in the sample of drug users with dispensary registration than among men. The highest SMR, of 3.1 and 3.5, was registered in women drug users in the age groups aged 35-39 years old and 40-44 years old correspondingly, which provides evidence of a significant risk of death.

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<sup>6</sup> The present analysis does not have the structure of a detailed mortality study based on the observation of all the individuals in the sample.

**Table 6-9: Indicator of mortality among registered patients with drug addiction and toxicomania (dispensary registration) in 2011**

age	number registered as of the end of 2011	number of cases of death in 2011	actual mortality (‰)	expected mortality <sup>7</sup> (‰)	indirect standardised mortality <sup>8</sup> (‰)	standardised mortality ratio (SMR) <sup>9</sup>	95% CI <sup>10</sup> for SMR
0-14	3	0	2.4	2.5	0.0	0.0	-
15-17	19	0	0.6	0.7	0.0	0.0	-
18-19	48	0	0.8	0.9	0.0	0.0	-
20-24	446	2	0.9	1.1	3.8	4.0	0.5-14.6
25-29	1240	3	1.5	1.9	1.9	1.3	0.3-3.7
30-34	2189	14	2.6	3.5	4.8	1.8	1.0-3.1
35-39	2443	33	3.5	4.9	9.5	2.7	1.9-3.8
40-44	1859	26	4.8	6.7	9.9	2.1	1.4-3.0
45>	2458	52	23.6	27.4	18.3	0.8	0.6-1.0
<b>Total</b>	<b>10,705</b>	<b>130</b>	<b>6.5</b>	<b>9.6</b>	<b>8.3</b>	<b>1.3</b>	<b>1.1-1.5</b>

<sup>7</sup> This indicator shows the mortality among the general population, i.e. what the mortality rate among drug users would be if they had the same mortality rate as that among the general population.

<sup>8</sup> Indirect standardisation corrects the crude mortality indicator, fixed in the sample of drug users according to the age mortality indicator in the standard population – in this case in the general population of the republic.

<sup>9</sup> The standardised mortality ratio (SMR) indicates how many times the mortality rate in the sample of drug users exceeds the mortality rate among the general population of the same age and gender (i.e. it shows how many times higher the mortality rate is than among the general population; equivalent to the term “relative risk”).

<sup>10</sup> A 95% confidence interval (CI) indicates the range within which any value is fixed with a 95% probability.

Table 6-10: Mortality indicators among registered patients with drug addiction and toxicomania (dispensary registration) in 2011 categorised by gender

Age	Number registered		Actual mortality (‰)		Standardised mortality ratio (SMR)		95% CI for SMR	
	M	F	M	F	M	F	M	F
0-14	2	1	2.6	2.1	0.0	0.0	-	-
15-17	18	1	0.7	0.5	0.0	0.0	-	-
18-19	45	3	1.0	0.6	0.0	0.0	-	-
20-24	393	53	1.2	0.7	4.4	0.0	0.5-15.8	-
25-29	1123	117	2.0	0.9	1.3	0.0	0.3-3.9	-
30-34	2022	167	3.6	1.5	1.9	0.0	1.0-3.2	-
35-39	2266	177	5.2	1.8	2.7	3.1	1.9-3.9	0.0-17.5
40-44	1751	108	7.0	2.6	2.0	3.5	1.3-3.0	0.0-19.5
45>	2341	117	27.7	20.3	0.8	1.3	0.6-1.0	0.3-3.7
<b>Total</b>	<b>9961</b>	<b>744</b>	<b>7.4</b>	<b>5.7</b>	<b>1.3</b>	<b>1.5</b>	<b>1.1-1.5</b>	<b>0.5-3.4</b>

## **7. RESPONSE TO INTERRELATIONS BETWEEN HEALTH AND CONSEQUENCES OF DRUG USE**

### **7.1. Introduction**

In the Kyrgyz Republic, the strategy for harm reduction is one of the priority strategies aimed at counteracting drug addiction and the illegal trafficking of drugs. It is an integral part of the policy of the state in the sphere of preventing HIV/AIDS among injecting drug users.

For the purpose of expanding access to services for injecting drug consumers and people living with HIV/AIDS, as well as for the further implementation of the state anti-drug policy and the strengthening of countermeasures against drug abuse and the illegal trafficking of drugs, according to the Decree of the President of the Kyrgyz Republic, “On approval of the concept for countermeasures against the expansion of drug abuse and illegal trafficking of drugs in the Kyrgyz Republic” (УКАЗ ПРЕЗИДЕНТА КР № 445, 2004), as well as in compliance with Strategy 2.2 of the State Programme for the prevention of HIV/AIDS and its socio-economic consequences in the Kyrgyz Republic for the period 2006-2010, “Creation of new programmes and the development of existing programmes for the exchange of syringes in all regions of the republic under the auspices of governmental and non-commercial organisations; strengthening of the potential of existing programmes for injecting drug consumers”, the Ministry of Health of the Kyrgyz Republic issued its Decree “On the establishment of syringe exchange centres in the medical-preventive institutions of the city of Bishkek and the Chui Oblast” (ПРИКАЗ МЗ КР № 15, 2009) in 2009. According to this Decree, a list of syringe exchange centres in the medical-preventive institutions of the city of Bishkek and the Chui Oblast was approved. Additionally, a Standard for Services related to the exchange of syringes/needles was approved. The Standard regulates the requirements for premises, equipment, and the quality of medical means provided, as well as the procedure for the exchange of syringes/needles and storage and utilisation of used materials. The Standard stipulates requirements for the management of services and the quality of services for the exchange of syringes/needles, as well as the requirement for the qualification of suppliers of services with regard to the provision of materials and maintenance of the safety of employees and volunteers.

### **7.2. Drug misuse harm reduction**

In 2009 the Republican Narcological Centre initiated the project “Reduction of mortality among active drug consumers caused by overdosing on opiates using naloxon”, which was implemented in the city of Bishkek and the Chui Oblast, and partially in the city of Osh.

1138 vials of naloxon were distributed to 500 clients in 2009. In 2011 naloxon was distributed to 2023 clients, of whom 500 clients received naloxon repeatedly. The standard for the prevention of overdoses on opioids using naloxon (ПРИКАЗ МЗ КР № 494, 2010) approved in 2010 describes the functional responsibilities of the staff responsible for implementation of the overdose prevention and naloxon distribution mechanisms. This programme resulted in a local decrease in mortality caused by overdosing on opiates in the above-mentioned places.

Seminars and training events were conducted in 2010 for injecting drug users on awareness raising on the symptoms of overdosing, methods of care provision before the arrival of a doctor,

and on the correct application of naloxon. Injecting drug users were provided with information materials and first aid kits for use in cases of overdosing.

Safe injecting and sexual behaviour among injecting drug users has great importance even in those countries where other routes of transmission of HIV are prevalent, because the risk of HIV transmission through infected injecting equipment is very high and injecting drug users can spread HIV (for example, through sexual intercourse) to a wide group of the population. 50% of injecting drug users who participated in the questionnaire survey in 2011 used sterile injecting equipment the last time they injected, and the proportion of IDUs who indicated the use of condoms the last time they had sexual intercourse was 32.7%.

**Table 7-1: Behavioural characteristics of IDUs (SES)**

Years	Number of IDUs who indicated the use of sterile injecting equipment the last time they injected		Number of IDUs who indicated the use of condoms the last time they had sexual intercourse	
	Total number	%	Total number	%
2010	614	66.0	502	54.0
2011	424	50.8	273	32.7

The following conclusions can be made on the basis of analysis of the Sentinel Epidemiological Surveillance conducted in 2010:

- risky injecting behaviour continues everywhere;
- the sexual behaviour of injecting drug users remains risky; they can spread HIV (through sexual intercourse) among wide groups of the population, as only one third of IDUs use condoms with their irregular and regular sexual partners.

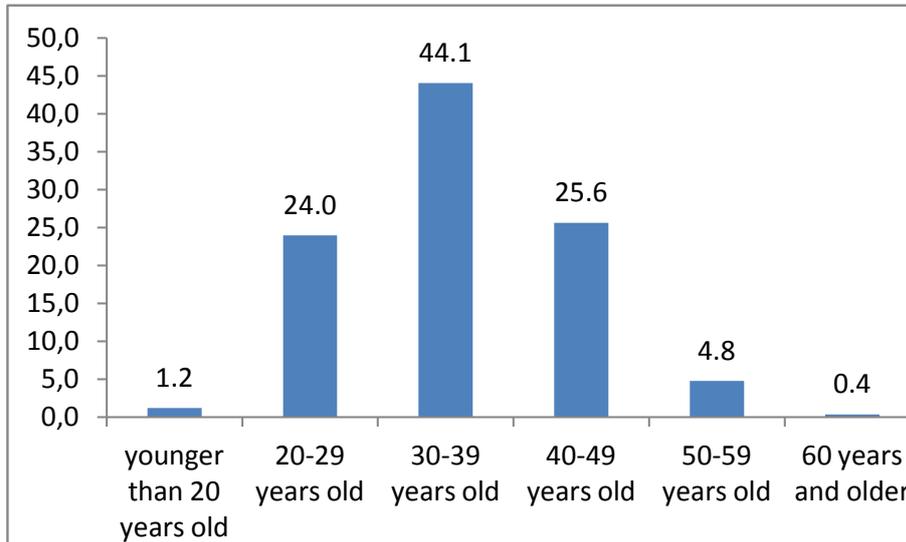
In 2011 in the Kyrgyz Republic technical and financial support was provided to the harm reduction programmes by such international organisations as the Global Fund to fight AIDS, Tuberculosis, and Malaria, OSI (the Open Society Institute), the New York/Soros Foundation in Kyrgyzstan, DDRP (Drug Demand Reduction Programme), USAID (the United States Agency for International Development), CARHAP (Central Asian Regional HIV/AIDS programme), and AFEW (AIDS Foundation East-West). The main strategic donor was the Global Fund to fight AIDS, Tuberculosis, and Malaria.

2011 was a transitional period for the GFATM in the Kyrgyz Republic, which was associated with the union of 7 and 10 rounds. Issues such as changing main principal recipient of the grant transfer from the old to the new principal recipient took several months and resulted in a problem with continuity of funding, timely delivery of medical devices syringe exchange, supply of food and soap detergent in social institutions.

This affected both the coverage and the number of distributed medical devices for IDUs. For example, if on January 1, to August 31, SEPs, and social institutions were covered by 10 908 clients, from September to December 2011, this number had dropped to 7 749 IDUs. But despite that the actual coverage of IDUs prevention activities in 2011 amounted to 10 908 IDUs.

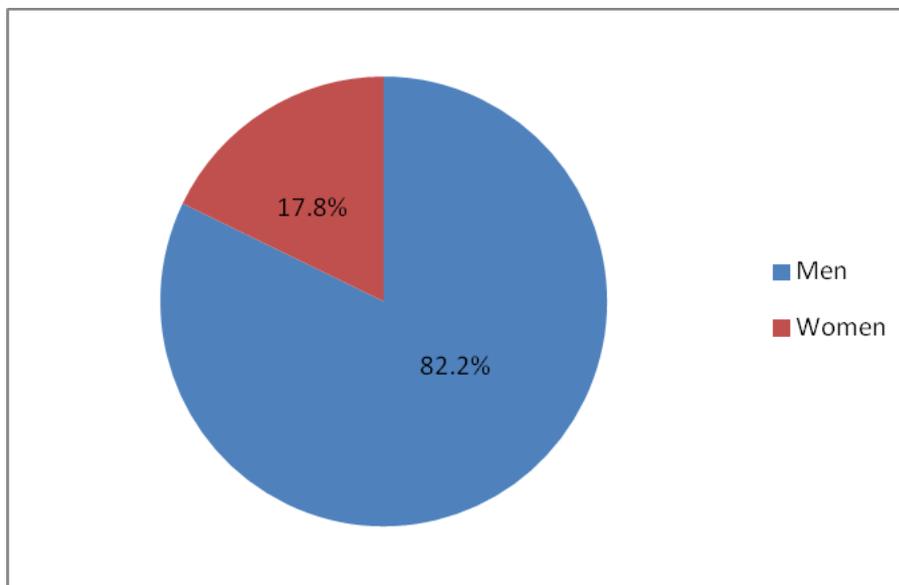
Because of defects in the work of the monitoring and evaluation system and the client MIS database, the reliability of the data on the number of clients and services provided is questionable. As for the age category of the clients, 44% fell into the group aged 30-39 years old, 24% 20-29 years old, 25.6% 40-49 years old, 4.8% were aged 50-59 years old, and 0.4% were aged 60 years old and older (see Figure 7-1).

Figure7-1: Age categories of the clients



Most of the clients are injecting drug users (more than 90%). The main subgroup consists of men, who represent 82.2%, whereas women account for 17.8% (see Figure 7-2).

Figure 7-2: Categorisation of clients by gender (AFEW, 2012a)



Services provided in the syringe exchange programmes:

- syringe exchange,
- outreach work,
- distribution of condoms and information materials,

- provision of information on safe injecting, sexual behaviour, HIV/AIDS, hepatitis, and overdosing,
- redirecting to organisations providing HIV-related services and medical facilities.

Services provided in the social institutions:

- accommodation;
- night shelter;
- hygienic services;
- peer-to-peer consulting;
- self-help groups;
- food;
- provision of information on safe injecting, sexual behaviour, HIV/AIDS, hepatitis, and overdosing,
- communication on safe sexual behaviour;
- redirecting to organisations providing HIV-related services and medical facilities.

Other services, such as referral to voluntary consulting and testing, testing for HIV, and consultations with medical specialists and lawyers, are provided within the frame of redirection. All the organisations have peer consultants to provide “peer-to-peer” services.

According to the database provided to the MIS (Management information system Database) by NGO 1 773 079 syringes were distributed in the reporting period.

The total number of services (except for the distribution of injecting equipment and information materials) provided by all the organisations was 75,214. 1073 services were provided on the basis of referrals.

**Table7-2: Services provided by the organisations within the framework of syringe exchange programmes, 2011 (AFEW, 2012b)**

Pos.	Service	Number of services received from this service provider	Number of services received by referral
1	Education in training events	3770	0
2	Education based on “peer-to-peer” principle	57,869	0
3	Training for volunteers	29	0
4	Consultation with specialists	446	279
5	Consulting	5527	52
6	Diagnosis	311	540
7	Treatment	21	103
8	Social services	7262	99
	<b>Total</b>	<b>75,214</b>	<b>1073</b>

No changes in the range/list/types of services were observed; the services were provided in accordance with the calendar plan.

Tracking of service provision within the framework of referral is performed in some organisations through referral forms, which are collected at the end of the reporting period by telephone; additionally, the provision of social services to the clients is practised using a “social office” project type.

It is hard to track the number of services provided upon referral, because funds for this were not allocated within this project.

The mismatch of the number of services provided indicated in the database and in the monitoring and evaluation table is observed because of defects in the MIS database. Work on the detection of faults in the database of clients is being conducted.

### 7.2.1. Outreach work

In the Kyrgyz Republic outreach work in the syringe/needle exchange programmes has been carried out since 2010 on the basis of the Order of the Ministry of Health of the Kyrgyz Republic “On approval of the standard of services for the reduction of harm related to injecting drug use in the Kyrgyz Republic” (ПРИКАЗ МЗ КР № 838, 2009).

*Outreach work* is a form and method of interaction with closed groups of injecting drug users outside the territory of the basic provision of services.

The term ‘outreach work’ has its origin in the English word Outreach, which means “expansion” (of services, clients etc.) and which, in the context of harm reduction programmes, means socially-oriented programmes for the provision of assistance and establishing contact with injecting drug users.

Outreach work is an integral part of the activity of permanent syringe exchange points; it supplements their work and at the same time can be one of the main forms of work of an organisation providing harm reduction services to injecting drug users.

The scope of outreach work includes:

- searching for and establishing contacts and providing assistance and support for injecting drug users;
- gathering information on the risky behavioural practices of injecting drug users and on the factors which influence such IDUs;
- the provision of preventive information on issues related to health, less risky drug consumption, safe sex, and overdosing;
- directing IDUs to services providing social-medical and legal assistance;
- the involvement of injecting drug users in the permanent syringe exchange points and testing for HIV and sexually transmitted diseases, and in the social-medical assistance programmes;
- syringe exchange and the distribution of preventive literature, condoms, and other means of protection.

### **7.2.2. “Friendly pharmaceutical service” programme**

The GFATM did not support the “Friendly pharmaceutical service” programme for injecting drug users because of a lack of financing.

### **7.2.3. Syringe exchange centres**

In 2009-2010 syringe and needle exchange programmes were successfully implemented by the sub-recipients of the “Sozium” Public Association – 7 non-governmental organisations, such as “Rans Plus” (Chui Oblast, Alamedin district), “Right to life” (Chui Oblast, Sokuluk district), “Ayandelta” (Chui Oblast, city of Tokmok), “Parents against AIDS and drugs – CADMIR” (city of Bishkek), “Antistigma” (Issyk-Ata district, city of Kant), “Parents against drugs” (Osh Oblast, cities of Osh and Kara-Suu), and “Healthy generation” (Jalal-Abad Oblast, city of Jalal-Abad).

Services provided by the syringe exchange centres:

- syringe exchange,
- outreach work,
- distribution of condoms and information materials,
- provision of information on safe injecting, sexual behaviour, HIV/AIDS, hepatitis, and overdosing,
- redirecting to organisations providing HIV-related services and medical facilities.

Statistical data on syringe exchange centres supervised by the Ministry of Health of the Kyrgyz Republic: the structure of the clients of the 23 (11 in the Family Medical Centres in Bishkek, 11

in the Family Medical Centres and Family Doctors' Groups in the Chui Oblast, and 1 in Osh + 2 mobile centres) syringe exchange centres within the public healthcare system is as follows: the coverage is 9192 injecting drug users (540 in the city of Osh), of whom 7220 are injecting drug users who received services at least once within 3 months. From the gender aspect a prevalence of males continues to be observed in the Chui Oblast – 91.3% (m) and 8.7% (f). In terms of age there is a prevalence of people aged 26-35 years old, while in terms of ethnic composition there is a prevalence of people of other ethnic groups – 37%, then ethnic Russians – 36%, and ethnic Kyrgyz – 27%. In the city of Bishkek the highest prevalence is mostly among men – 74% (women – 26%); in terms of age, the highest prevalence is among people aged 26-45 years old; in terms of ethnic composition there is a prevalence of ethnic Russians – 46%, then approximately 28% of people of other ethnic groups, and then ethnic Kyrgyz – 26%.

#### **7.2.4. Standards and evaluation**

No data are available.

## 8. SOCIAL INTERRELATION AND SOCIAL REINTEGRATION

### 8.1. Introduction

Most services in the field of the social support of persons who have problems with drugs are provided by specialised non-governmental organisations. Nevertheless, estimation of the coverage and quality of these services is not possible because of the absence of quality data. It should be noted that the Kyrgyz Republic has no strategy with clearly stated objectives, tasks, activities, preparation of staff and financing of activities aimed at post-treatment care and re-integration of people with an addiction to narcotics or other problems related to drug consumption. The 12-step programmes of the Alcoholics Anonymous Society should be noted as existing programmes which, to some extent, can be considered as programmes of subsequent care and re-integration. No studies on this aspect of narcological assistance took place in the country.

### 8.2. Social problems

No data are available.

### 8.3. Social reintegration

#### 8.3.1. Social institutions

The definition of social institutions includes a complex of services aimed at the social adaptation and reintegration of vulnerable groups, such as: *drop-in centre, social dormitory, halfway house, night shelter, community centre, social support centre, etc.*

Depending on the requirements of the clients, the types of social assistance can differ both institutionally and administratively, and according to a range of quality indicators, which depend mostly on the category of beneficiaries on whom they are focused.

The standard package of services provided by the social institutions represents three categories:

1. *Domestic services*: housing, overnight stays, hygiene services (showers, washing, and drying of clients' clothes), and meals;
2. *Information services*: provision of information on HIV infection and other blood-borne and sexually transmitted infections; on harmful consequences related to drugs etc.; provision of information on services and treatment and social assistance; provision of information on self-help and mutual assistance groups;
3. *Consulting services*: voluntary pre- and post-testing counselling on HIV; psychosocial counselling; family counselling; motivational interviewing; peer-to-peer counselling; issuing of directions to specialised services and organisations; self-help groups.

In 2009-2010, the non-governmental organisations Ranar, Mutanazzif, Matrix 2005, Asteria, Musaada, Plus Centre, and Ak-Deer ran 8 social institutions (3 drop-in centres, 3 social dormitories, and 2 halfway houses) through the Sozium Public Association in the cities of Bishkek and Osh, as well as in the Chui, Osh, and Jalal-Abad Oblasts of the republic with the support of the GFATM.

At present, in the Kyrgyz Republic, the work of social institutions requires some development as a result of the fact that they do not work in the form in which, as social institutions, they should function. Nevertheless, the range of services provided by the social institutions corresponds to the requirements of the clients.

#### ***8.3.1.1. Drop-in centre***

Principal activities:

- provision to clients of available types of information, medical and psychological services, and social support.

From the English Drop-in Centre – low-threshold service for primary assistance to vulnerable groups, particularly to injecting drug users and commercial sex workers.

A drop-in centre is a point for the provision of a complex of low-threshold services focused on drug users, commercial sex workers, and people living with HIV/AIDS.

In 2011, 3 drop-in centres for injecting drug users continued working in the sub-recipient organisations of the Sozium Public Association – Aman Plus PA (Bishkek), Ak-Deer PA (the Sokuluk district, Gavriloivka village), and the Plus Centre Public Fund (Osh), with the financial support of the Global Fund.

#### ***8.3.1.2. Social dormitory***

Principal activities:

- provision of housing to the clients.

A social dormitory is a service for the implementation of low-threshold services focused on drug users, commercial sex workers, and people living with HIV/AIDS (PLHA).

In 2011, 4 social dormitories were actively functioning in the Kyrgyz Republic: 3 of them were funded by the Global Fund and 1 social dormitory for ex-inmates and injecting drug users was supported by the AFEW.

The social dormitories funded by the Global Fund were implemented through the Sozium Public Association by such non-governmental associations as the Asteria Public Fund (Bishkek), Matrix 2005 Public Fund (Bishkek), and Musaada Public Fund (Osh).

The “Phoenix” social dormitory funded by the AFEW was implemented by the Ranar Public Fund, Bishkek, Chui Oblast, and provided social support to ex-prison inmates and injecting drug users.

The activity of the social dormitory run by the Asteria Public Fund, aimed at work with female injecting drug users, should be noted separately.

The Asteria Public Fund runs the only social dormitory for women in Central Asia, where services in the social, psychological, medical, and legal fields are provided on a peer-to-peer basis to female injecting drug users and their children.

### *8.3.1.3. Halfway house*

Principal activities:

- provide the clients with the opportunity to receive a course of adaptive therapy;
- facilitate the participation of the clients in a programme of rehabilitation from chemical and other addictions and further social adaptation;

A halfway house is a service for the provision of low-threshold services and is focused on drug users, commercial sex workers, and people living with HIV/AIDS (PLHA).

3 halfway houses were functioning in the republic in 2011.

Of these 2 halfway houses were implemented with the support of the Global Fund through the Sozium Public Association by the Mutanazzif Public Fund non-governmental organisation in the village of Sarban in the Sokuluk district and the Ranar Public Fund in the city of Jalal-Abad.

The third halfway house was implemented by the Ranar Public Fund in the village of Nooruz with the financial support of the CARHAP programme.

## 9. DRUG-RELATED CRIMES

### 9.1. Introduction

The Kyrgyz Republic is located in direct proximity to Afghanistan, which is the producer of more than 90% of all the illicit opiates in the world, and thus it feels all the effects of drug trafficking through its territory. The practice of the work of the law enforcement bodies of the republic, the estimates of international experts, and analysis of Kyrgyzstan provide evidence on the development of the dynamics of illicit drug trafficking in the Kyrgyz Republic. In 2011 the drug situation in the Kyrgyz Republic was characterised by the activation of international drug-dealing groups of the use of the territory of the country as a drug transit corridor to the Russian Federation and the countries of the European Union. Afghan drugs and their transit through the territory of Tajikistan continue to be the main source of the spread of drug addiction in the republic.

### 9.2. Drug-related crimes

The law enforcement bodies of the Kyrgyz Republic detected a total of 1924 drug-related crimes in 2011, which is 381 cases or 24.6% less than in 2010 (1543).

In the republic in general, the number of drug-related crimes detected and registered in 2011 by all law enforcement bodies increased in comparison with 2010 (see Table 9-1).

**Table 9-1: Drug-related crimes detected in 2011 in comparison with 2010 (SDCS KR, 2012)**

Detected drug-related crimes (by types)	«+» increase; «-» decrease;		
	quantity		%
	2011	2010	
Drug smuggling	61	37	+64.8%
Storing drugs without intent to sell	1155	1051	+9.8%
Drug marketing	533	318	+67.6%
Inciting others to consume drugs	27	20	+35.0%
Cultivation of drug-containing crops	81	64	+26.5%
Maintenance of dens	55	47	+17.0%

Table 9-2 Data on persons put on trial for crimes related to the illicit trafficking of drugs (SDCS KR, 2012)

Categories of persons put on trial	Total registered		«+» increase; «-» decrease;	
			quantity	%
	2011	2010		
Total number of persons put on trial	1287	1139	+ 148	+12.9
women	100	87	+ 13	+ 14.9
foreigners	34	24	+ 10	+ 41.6
schoolchildren	3	8	- 5	- 62.5
unemployed and not studying	1075	1009	+ 66	+ 6.5
members of law enforcement bodies	4	0	+ 4	+ 100
committed crime in group (organised crime)	74	75	- 1	- 1.3
committed a crime in a state of drug intoxication	16	8	+ 8	+ 100
committed crimes previously	92	40	+ 52	+ 130
restraint in the form of detention	762	637	+ 125	+ 19.6

As can be seen from Table 9-2., a decrease in the number in comparison with 2010 is observed in almost all categories, except for an increase in the “schoolchildren” category. The number of persons aged from 18 to 29 years old among all those detained for drug-related crimes was 308 persons (27.3%). According to the statistics, among the criminals involved in the illicit trafficking of drugs in 2010, the greatest proportion was represented by persons aged from 30 to 49 years old (610 persons or 54.07 %).

On the basis of the analysis of the current situation related to the activity of the law enforcement bodies of the Kyrgyz Republic regarding the fight against the illicit trafficking of drugs in 2010, a significant decrease in all types of activity, both in the number of registered drug-related crimes and the amount of so-called hard drugs that were seized, can be noted.

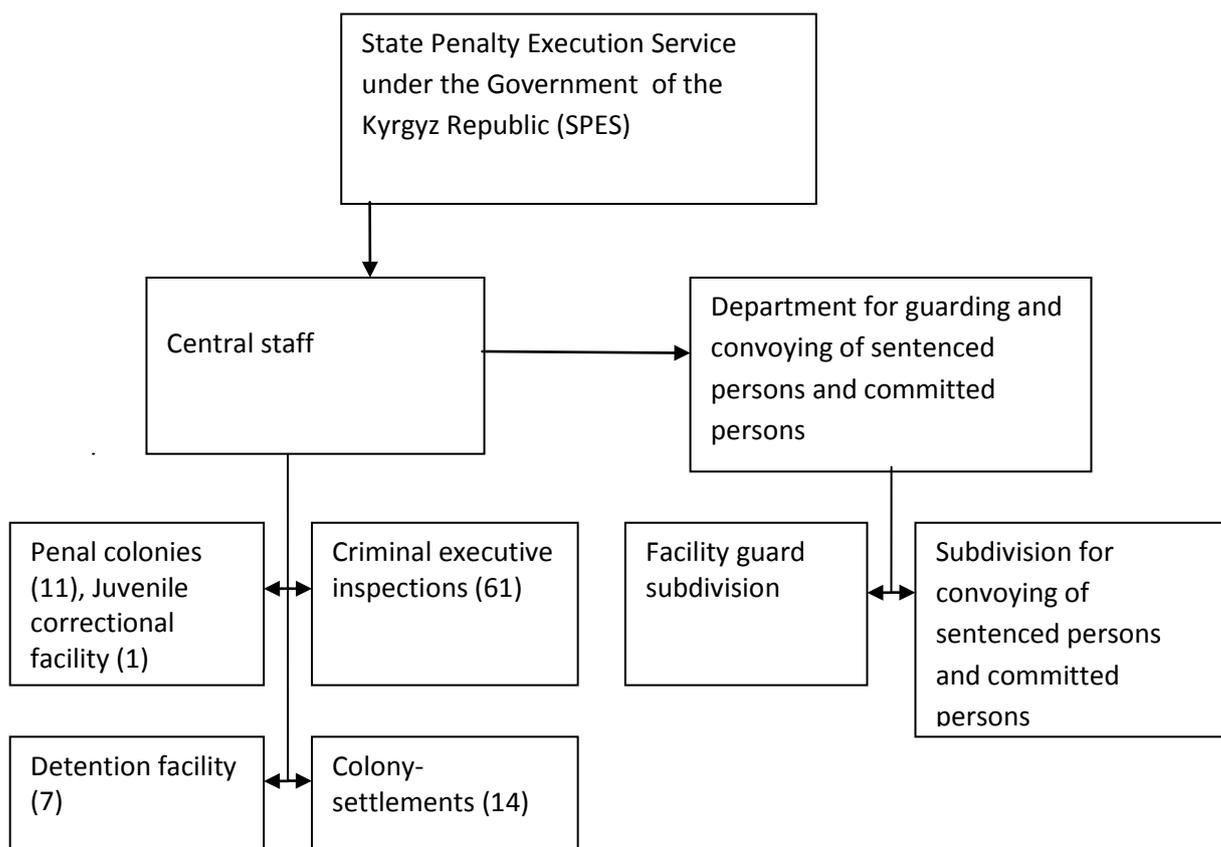
The reasons for the decrease in the effectiveness of the activity of the law enforcement bodies of the Kyrgyz Republic in the field of fighting against drug-related crimes can include the events that occurred in the Kyrgyz Republic in 2010: the revolution in April 2010 and the tragic events in the south of the republic in June 2010. Almost all law enforcement agencies worked in emergency mode, ensuring law and order in the country, while not paying enough attention to the fight against drug-related crimes starting from the month of April 2010. In connection with the June 2010 events in the south, a large number of citizens living in the south were forced to leave their homes and move to the north or to neighbouring states. In view of these circumstances we cannot exclude the possibility that this category of citizens includes persons directly involved in drug trafficking.

The abolition of the Drug Control Agency of the Kyrgyz Republic (October 2009), which had played the main role in this respect, can be considered as an artificial factor contributing to the decrease in the rates of identified drug-related crimes.

Moreover, we must consider the fact that, after the liquidation of the Drug Control Agency of the Kyrgyz Republic and the transfer of its main functions to the Ministry of Internal Affairs of the Kyrgyz Republic, a new division in its system, designed to combat drug-related crimes, was established only after 4 months, on February 12, 2010, which means that there was no specialised unit capable of combating drug-related crime in the republic during this period. In addition, while the newly created unit within the Ministry of Internal Affairs was still failing to fully proceed with efforts to combat drug-related crimes, the above-mentioned events started in the republic, which reduced the activity of its units mostly only to the protection of public order.

In accordance with Decree No. 611 of the Kyrgyz Government “On the reform of the central body of the penal system of the Kyrgyz Republic”, dated October 4, 2011, the structure of the State Penalty Execution Service under the Government of the Kyrgyz Republic has changed and now has the following form (see Chart 9-1.):

Chart 9-1: The structure of the Criminal Executive System of the Kyrgyz Republic 1 SPES, 2012<sup>11</sup>



<sup>11</sup> "Colony-settlement" is a type of penitentiary institution for convicts sentenced for crimes of negligence, as well as persons, who committed the crimes of little gravity or a crime of average gravity for the first time. The inmates are without guard, but under observation and may move relatively freely. They may also have family.

The SPES implements the following measures within its competence:

- ensures the execution and serving of punishment and other measures with a criminal and legal impact in accordance with the legislation;
- ensures the detention in custody of persons detained under suspicion and charged with committing crimes and convicts (hereinafter “inmates”) in accordance with the law;
- ensures the protection of the rights, freedoms, and legal interests of prison inmates;
- ensures legal order and justice in the facilities applying punishment in the form of deprivation of freedom and in the pre-trial detention centres (hereinafter “penitentiary facilities”) and the safety of prison inmates confined in these facilities and of prison staff members, members of the armed forces, and staff members of the criminal executive system, and officials and citizens located in these facilities;
- ensures the guarding of penitentiary facilities, as well as of other subdivisions and facilities of the criminal executive system;
- ensures the guarding and conveying of convicts and inmates via established conveying routes, the conveying of citizens of the Kyrgyz Republic and stateless persons within the territory of the republic, and the conveying of foreign citizens and stateless persons in the event of their extradition;
- provides support to the law enforcement bodies and to the other security agencies of the Kyrgyz Republic for the provision of public security and the legal regime during the state of emergency;
- provides legal and social protection for its staff members, members of the armed forces, and retired members of the criminal executive system;
- organises training and advanced training for the staff of the criminal executive system in cooperation with the educational facilities of the Kyrgyz Republic and foreign states (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 755, 2009).

### **9.3. Alternatives to prison for drug-addicted offenders**

The legislation of the Kyrgyz Republic stipulates alternative penalties to deprivation of freedom for the commission of crimes directly related to drugs, and other non-violent crimes which can be committed by drug addicts to finance their addiction (above all this is related to thefts). Treatment and social and medical rehabilitation programmes for drug addicts, as well as harm reduction programmes, including the provision of sterile injecting equipment to the inmates, are functioning in most of the penal institutions of the republic. The programmes based on the 12-step programme are funded by the state budget. The START programme is functioning for the social reintegration of inmates before and after their release. Databases on the number of persons consuming drugs while serving their sentences are available both at the level of penal institutions and at the level of the criminal executive system.

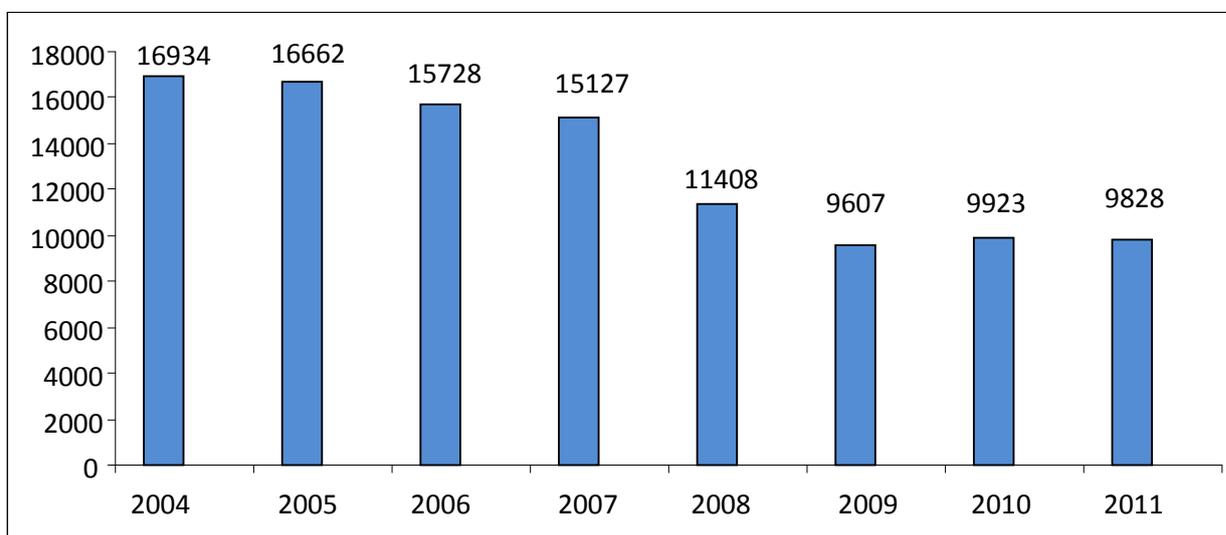
Within the framework of laws adopted by the Jogorku Kenesh (Parliament) of the Kyrgyz Republic in 2007, provision is made for the introduction of new types of punishment, not related to deprivation of freedom, such as a public apology with the recovery of damages,

public works under the supervision of a police officer, and restraint of freedom, as well as the wide application of punishments that represent alternatives to the deprivation of freedom, such as fines, triple айр<sup>12</sup>, a public apology with the recovery of damages, public works, public works under the supervision of a police officer, and restraint of freedom for offenders, including drug addicts.

#### 9.4. Assistance to drug users in prisons

A trend towards a significant and stable decrease in the prison population in the facilities of the criminal executive system has been observed since the middle of 2007. It is stipulated by the signing of the law on the humanisation of criminal legislation by the President of the Kyrgyz Republic (ПОСТАНОВЛЕНИЕ ПРАВИТЕЛЬСТВА КР № 91, 2007). Depenalisation and decriminalisation of many articles of the Criminal Code of the Kyrgyz Republic, including the articles related to drug consumption, has occurred within the framework of the humanisation of the legislation.

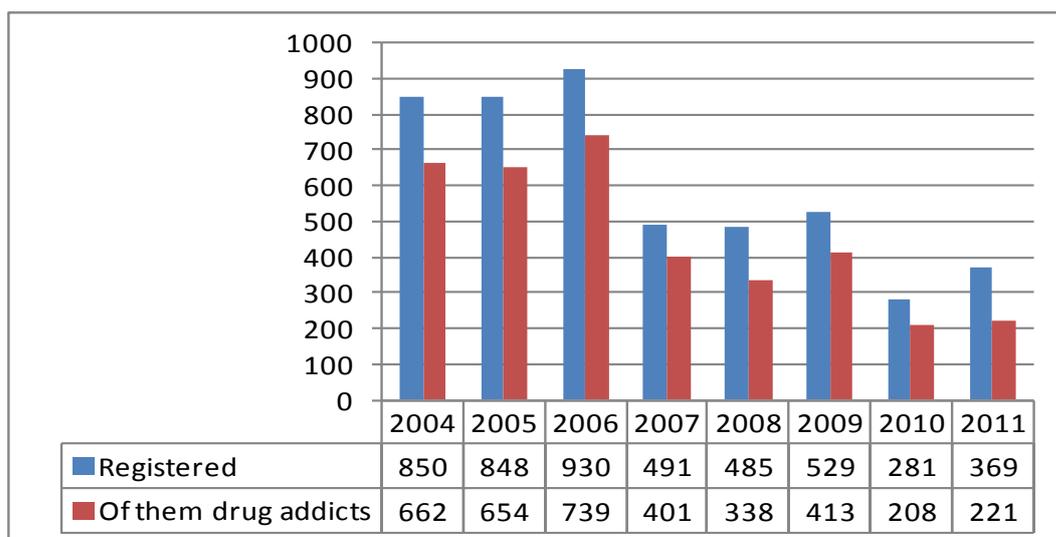
Figure 9-1: Size of prison population in the Kyrgyz Republic in 2004-2011 (SPES, 2012)



By the end of 2011 the number of drug users registered as such (their court sentence contains medical measures against alcoholism and/or drug addiction) had increased slightly in comparison with 2010; however, it had diminished significantly in comparison with the previous years (see Figure 9-2).

<sup>12</sup> According to the Criminal Code of the Kyrgyz Republic, triple айр is a penalty imposed by the court which represents three times the damage that occurred, either in cash or in kind; two parts of the triple айр are allocated to the victim for reimbursement of material and moral damage, and the third part to the state. This penalty is applied to persons convicted of committing a crime deliberately for the first time.

Figure 9-2: Number of sentenced drug users in prisons registered as drug users (as of the end of each year) 2004-2011 (SPES, 2012)



However, on the basis of the results of several research studies conducted in the criminal executive system by international and non-governmental organisations (Inter-Demilge PF and AFEW), it can be concluded that in reality, in the facilities of the penitentiary system approximately 35% of the total number of inmates consume drugs, of whom 50% are injecting drug users; in other words they represent approximately 17-18% of the total prison population.

#### 9.4.1. Response to drug-related health problems

The system for the provision of medical services in the criminal executive service of the Kyrgyz Republic is represented by the following structure:

Medical service within the Central Administration of the Penalty Execution Department under the State Penalty Execution Service (SPES).

In the facilities of the SPES:

- 13 medical units;
- three healthcare points;
- four inpatient facilities;
- Central hospital of Facility No. 47 of the SPES.

Structure:

- Medical division
- Department of surgery
- Combined department (neurological, infectious diseases, and dermatovenorological)
- Narcology centre (division of detoxification and substitution treatment, division for treatment by the court's decision and Atlantis rehabilitation unit)

- Antituberculosis hospital of Facility No. 31 of the SPES
- Antituberculosis hospital of Facility No. 27 of the SPES
- Medical unit of Facility No. 3 of the SPES
- Atlantis rehabilitation centres (for persons addicted to alcohol and drugs) have been opened and function in the eight facilities of the SPES
- A methadone substitution treatment programme has been implemented in three facilities of the SPES (Penal Colony No. 47, Pre-trial Detention Centre No. 1 and No. 5).

At the end of 2011, there were 288 People Living with HIV/AIDS (PLHA) in the penitentiary system of the Kyrgyz Republic, which makes 2.9% of the total prison population. Here it should be noted that the number of PLHA increases every year, which is evidenced by the following data on PLHA for the previous years: 2010 – 238 people, 2009 – 218 people, 2008 – 148 people, 2007 – 137 people.

The following services were provided to the inmates of the correctional facilities in 2011:

#### *9.4.1.1. Treatment of drug addictions:*

- provision of detoxification therapy under the auspices of the Narcology Centre of the Central Hospital of Facility No. 47 of the Penalty Execution Department – there is a specialised unit, where it is carried out using both regular medicines (hemodez, glucose) and methadone; in the Pre-trial Detention Centre (PTDC-1) the detoxification is conducted with methadone; in all medical units and hospitals there is the possibility of conducting detoxification using regular medicaments;
  - counselling by a mobile team of narcologists from the Narcology Centre of the Central Hospital of Facility No. 47 of the Penalty Execution Department in every correctional facility;
  - rehabilitation of persons addicted to alcohol and drugs in the Atlantis rehabilitation centre, and organisation of self- and mutual assistance groups on a peer-to-peer basis. At present they function fully in eight correctional facilities; the full course of treatment within this programme was completed by 138 inmates in 2011. 91 patients underwent rehabilitation courses in the Atlantis rehabilitation centre in 2011;
  - establishment of a succession mechanism between the prison and civil healthcare on the management of patients' data.

2. In 2010 a rehabilitation and social adaptation centre for the drug-addicted inmates called "Clean Zone" was established in Correctional Facility No. 31 within the frame of cooperation with the BOMCA/CADAP Programmes.

The main purpose of this centre is the voluntary continuation of the programme on the rehabilitation of persons addicted to psychoactive substances who completed the "Atlantis" programme with the inclusion of social adaptation elements. Within the framework of the programme implemented in the Centre, the clients undergo labour therapy and psychotherapy,

social support, etc. The premises and training facility of this centre are in full compliance with international standards.

28 patients were admitted during 2011; by the end of the year the number of patients was 34 people.

3. Methadone maintenance substitution therapy in the penitentiary system of the Kyrgyz Republic is implemented with the support of the Global Fund to fight AIDS, Tuberculosis, and Malaria in three facilities of the Penalty Execution Department under the SPES: Correctional Facility No. 47 and Pre-trial Detention Centres No. 1 and No. 5. During the whole period of implementation, 457 persons were admitted to the programme; by the end of 2011, 105 persons had taken part in the programme, of whom 19 persons were HIV-positive, 23 persons were hepatitis-positive, and 23 persons had previously had tuberculosis.

The evaluation of the opioid substitution treatment in the Kyrgyz Republic conducted by the World Health Organisation in 2009 provided recommendations on the completion of the study of the pilot OST project in Correctional Facility No. 47, as a result of which it was recommended to expand the OST in the penitentiary system of the Kyrgyz Republic (Сыбара et al., 2009 r.).

Herewith it is important to note that in 2009, it was proposed that 84 inmates of the penal colony No. 47 in the city of Bishkek (Kyrgyzstan) who complied with the criteria for inclusion into the opiate substitution treatment (OST) programme, which were determined by the national protocol for introduction of the opiate substitution treatment, should undergo substitution treatment with methadone and take part in a study for the estimation of the effectiveness of this programme. Specially prepared interviewers conducted interviews with the participants in the study in the first two weeks after they began opiate substitution treatment (to evaluate their initial state), and then after 3 and 6 months. The instruments which were used in the joint research of the WHO on studying substitution treatment for opioid dependence and HIV/AIDS were used in this study; they were: the "Opiate addiction treatment index", a questionnaire for evaluation of the risk of hemotransmission of the virus, the Zung self-rating depression scale, the WHO questionnaire for evaluation of the quality of life, WHOQOL-BREF, and the addiction severity index. The above-mentioned questionnaires, in the Russian language, and officially approved by the World Health Organisation, were used in the study.

The results of this study showed a systematic, evident, and statistically important improvement in the health status and quality of life of the patients who had been receiving substitution treatment in the penal colony. A decrease in risky injecting drug use behaviour and a decrease in heroin consumption were also observed (Сыбара et al., 2011).

#### ***9.4.1.2. Harm reduction programmes***

A programme called "Syringe and needle exchange among injecting drug users in the facilities of the criminal executive system" was implemented. The programme is implemented through the functioning of 19 syringe exchange points (SEPs) in 10 correctional facilities and 2 pre-trial detention centres. The SEPs provide the following services: exchange of syringes and needles; counselling of medical workers; appointment for testing for HIV, sexually transmitted diseases, and viral hepatitis; individual interviews, lectures, training events, and the distribution of informational and educational materials, disinfecting agents, and individual means of

protection. This programme is implemented with the support of the GFATM. A total of 799 inmates participated in this project on a permanent basis in 2011.

Provision of pre- and post-testing counselling – pre- and post-testing consulting rooms are functioning in the correctional facilities, and provide motivational, psychosocial, pre-test and post-test consulting, and testing for HIV and sexually transmitted diseases. 8232 persons received consulting and 5343 were tested for HIV within the year 2011. 148 new cases of HIV infection were revealed as a result of such testing.

Provision of antiretroviral therapy on the basis of indications – 57 people living with HIV/AIDS had received treatment by the end of 2011.

Provision of social services to the inmates, focused on people living with HIV/AIDS and drug addicts – at present Social Offices are functioning in 10 correctional facilities and 1 pre-trial detention centre, which provide legal, psychological, and social assistance and prepare the inmates for release and transfer to the civil sector. Work on the preparation of inmates for release using the Start Plus programme is implemented as well. These services are provided by the implementation of projects of the Ranar Public Fund, Harm Reduction Network NGO Association, and Rans Plus Public Fund, with the financial support of CARHAP, AFEW, and USAID.

#### ***9.4.1.3. Information and educational programmes***

In addition, information and educational programmes are widespread in the criminal executive system of the Kyrgyz Republic.

For the members of the criminal executive system of the Kyrgyz Republic:

- a health protection programme in the criminal executive system is implemented under the auspices of the training centre for training and advanced training of the staff members of the criminal executive system;
- conducting various seminars, training events, and information sessions.

For the inmates of the criminal executive system of the Kyrgyz Republic:

- peer-to-peer training programmes;
- there are information-educational blocks in the syringe exchange programmes;
- group sessions, which are mostly conducted by the staff members of non-governmental organisations (NGOs) for previously addicted persons, are provided in the Atlantis rehabilitation centres;
- in the “Clean Zone” rehabilitation and social adaptation centre, in addition to psychosocial assistance the patients are provided with opportunities to receive professional skills (woodwork workshops complying with all modern standards have been established);
- conducting various seminars, training events, and information sessions.

#### **9.4.2. Reintegration of drug addicts after release from prison**

Several non-governmental organisations, such as the Ranar Public Fund, Rans Plus Public Fund, and Harm Reduction Network NGO Association, work within the framework of several projects

in the field of the reintegration of inmates after their release and focus on injecting drug users and people living with HIV/AIDS.

Thus, the Social Office for released inmates who are injecting drug users and people living with HIV functions under the auspices of the Ranar Public Fund within the framework of a project for the provision of social services funded by the AFEW. The purpose of this project is the prevention of HIV infection among IDUs and ex-inmates, their participation in the programmes of the provision of social support, and directing and redirecting them to receive legal, medical, and social services.

The Social Office which functions in the city of Bishkek promotes the re-socialisation and adaptation of people who have served their sentences in places of detention and of drug users. In 2009-2010 the Phoenix Social Office under the auspices of the Ranar Public Fund covered 895 persons (injecting drug users, commercial sex workers, people living with HIV, inmates, and ex-inmates), of whom 223 persons were ex-inmates. The social office provides social services, preventive and medical services, informing, counselling, psychological support, legal and social services, etc. to its clients.

The Harm Reduction Network NGO Association carried out work on preparing inmates for release in the context of the prevention of HIV infection and tuberculosis, which started in the facilities of the penitentiary system with the further provision of social services and provision of services to prison inmates after their release within the framework of the USAID project "Dialogue on HIV/TBC" in 2009-2010.

The Start Plus Programme comprised two components:

- information work with all inmates – short training sessions, individual consulting;
- social services provided during preparation for release and after release.

The following services were provided during the implementation of the project:

- legal services for 138 clients;
- 23 clients received temporary housing;
- 17 educational mini-training events (covered 600 inmates);
- individual consulting for 597 inmates;
- 89 persons included into the programme for the provision of social services;
- short training sessions for 443 clients.

The Rans Plus Public Fund also carried out work with people in the penitentiary system by providing them with further social assistance, and with ex-inmates using the "Start Plus" model within the framework of the USAID project "Dialogue on HIV/TBC" in 2010. In 2010 the project covered 497 persons, of whom 326 were covered by group educational training events.

In addition, the following types of services were provided within the framework of the project:

- individual counselling for 208 clients;

- temporary housing for 11 clients;
- 5 clients redirected in the Kyrgyz Republic;
- 2 clients received employment;
- treatment of tuberculosis was organised for 2 clients.

## **10. DRUG MARKETS**

### **10.1. Introduction**

As a result of its location the Kyrgyz Republic borders on the Republic of Tajikistan. The length of the Kyrgyz-Tajik border is approximately one thousand kilometres. Tajikistan, in turn, borders on Afghanistan. Most of the border is a mountain range with numerous horseways and pathways. At present there is knowledge about numerous mountain passes through which drugs are smuggled onto the territory of the Kyrgyz Republic, and further to the countries of the CIS and Europe. The drug dealers use almost all types of transport to deliver the drugs, starting with animal-drawn transport in the border area, and finishing with air transport. Here it should be noted that at present the drug dealers are equipped with the most up-to-date modern types of means of communication, transport, etc. In 2011, the law enforcement agencies of the Kyrgyz Republic seized 45 tons and 729 kilograms of narcotic drugs, psychotropic substances, and precursors from illicit traffickers.

### **10.2. Availability and supply of drugs**

According to the estimates of the UNODC and independent experts, 61% of the drugs produced in Afghanistan transit through Iran, 20% through Pakistan, and 19% through the northern route through Central Asia and to the markets in Russia and to the Western European markets.

According to the forecasts of international experts and specialists, regardless of all the efforts made by the governments of many states of the world, in the near future, no significant changes will occur in the fight against the illicit trafficking of drugs and drug abuse.

The process of the integration of organised drug-selling groups acting in the states of the Central Asian Region into the system of drug marketing, in which the southern regions of the republic are gradually becoming involved, is developing.

The spheres of influence are already divided, with some criminal groups dealing with the supply of drugs from Afghanistan through Tajikistan, and some others dealing with drug distribution within the countries of the Commonwealth of Independent States, including all the large industrial centres of the Russian Federation.

The cities of Osh and Bishkek have become major distribution points where drug dealers coming from foreign states make deals and organise the illicit supply of drugs to their destination points.

The existence of large migration flows observed within recent years promotes the activation of criminal groups which have connections in the trans-boundary areas and provide for the illicit importing and storage of drugs and organisation of their marketing.

#### **10.2.1. Smuggling, national and international flows, routes, order of functioning, and the organisation of internal drug markets**

At present the drug situation in the Kyrgyz Republic is characterised by the activation of international drug-dealing groups of the use of the territory of the country as a drug transit corridor to the Russian Federation and the countries of the European Union.

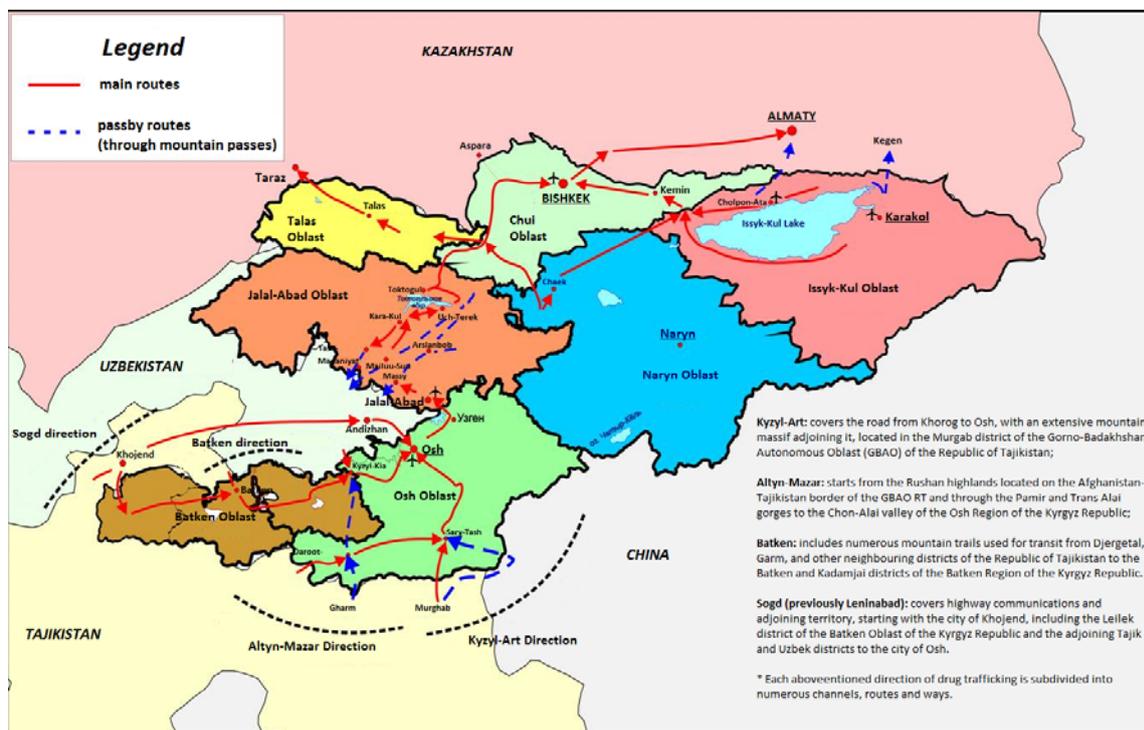
The existence of quite well-developed trans-boundary and transcontinental railway and automobile routes and air communications connecting the republic to the other countries of the CIS works in favour of this. At the same time, some of the drugs remain in the republic, and this in turn leads to the involvement of the country's population in criminal activity related to the illicit trafficking of drugs, and a worsening of the general criminal and drug situation.

Afghan drugs and their transit through the territory of Tajikistan continue to be the main source of the spread of drug addiction in the republic.

The main Afghan drug trafficking routes pass through the southern boundaries of the republic and almost all of them lead to the Osh Oblast from the outside, and then the drugs are transported through the Jalal-Abad Oblast to the north of the republic and then the flow moves further in a westerly direction.

For the main routes for the arrival and transit of narcotic substances in the Kyrgyz Republic, see Map 10-1.

Map 10-1: The main drug trafficking routes through the territory of the Kyrgyz Republic (ГСКН, 2012)



- Kyzyl-Art: covers the road from Khorog to Osh, with an extensive mountain massif adjoining it, located in the Murgab district of the Gorno-Badakhshan Autonomous Oblast (GBAO) of the Republic of Tajikistan;
- Alтын-Мазар: starts from the Rushan highlands located on the Afghanistan-Tajikistan border of the GBAO RT and through the Pamir and Trans Alai gorges to the Chon-Alai valley of the Osh Region of the Kyrgyz Republic;
- Batken: includes numerous mountain trails used for transit from Djergetal, Garm, and other neighbouring districts of the Republic of Tajikistan to the Batken and Kadamjai districts of the Batken Region of the Kyrgyz Republic. As

a result of its geographical location, the Leilek district of the Batken Oblast borders the Gorno-Matchinsk, Ganchin, Nauss, Djabbar-Rasul, Gafur, and Kanibadam districts of the Sogd Oblast of the Republic of Tajikistan;

- Khojend: covers highway communications and adjoining territory, starting with the city of Khojend, Republic of Tajikistan, including the Leilek district of the Batken Oblast of the Kyrgyz Republic and the adjoining Tajik and Uzbek districts to the city of Osh.

At present new routes for transportation are being arranged and actively used in the republic from the southern regions to the north of the country and further to the CIS countries:

- from the Osh, Batken, and Jalal-Abad Oblasts of the Kyrgyz Republic → the Suusamyр valley in the Kyrgyz Republic → the Talas Oblast of the Kyrgyz Republic → the Jambyl Oblast of the Republic of Kazakhstan;
- From the Osh, Batken, and Jalal-Abad Oblasts of the Kyrgyz Republic → the Toguz-Torouз District of the Kyrgyz Republic → the Naryn Oblast of the Kyrgyz Republic → the Issyk-Kul Oblast (Tyup district) of the Kyrgyz Republic → the Almaty Oblast of the Republic of Kazakhstan.

The following routes for the export of heroin and opium from the Kyrgyz Republic also exist:

1. to the Republic of Kazakhstan:

- through Bishkek to the Jambyl Oblast (Kordai);
- through the Talas Oblast of the Kyrgyz Republic to the Jambyl Oblast of the Republic of Kazakhstan;
- through the Issyk-Kul oblast of the Kyrgyz Republic to the Almaty Oblast and further to other countries.

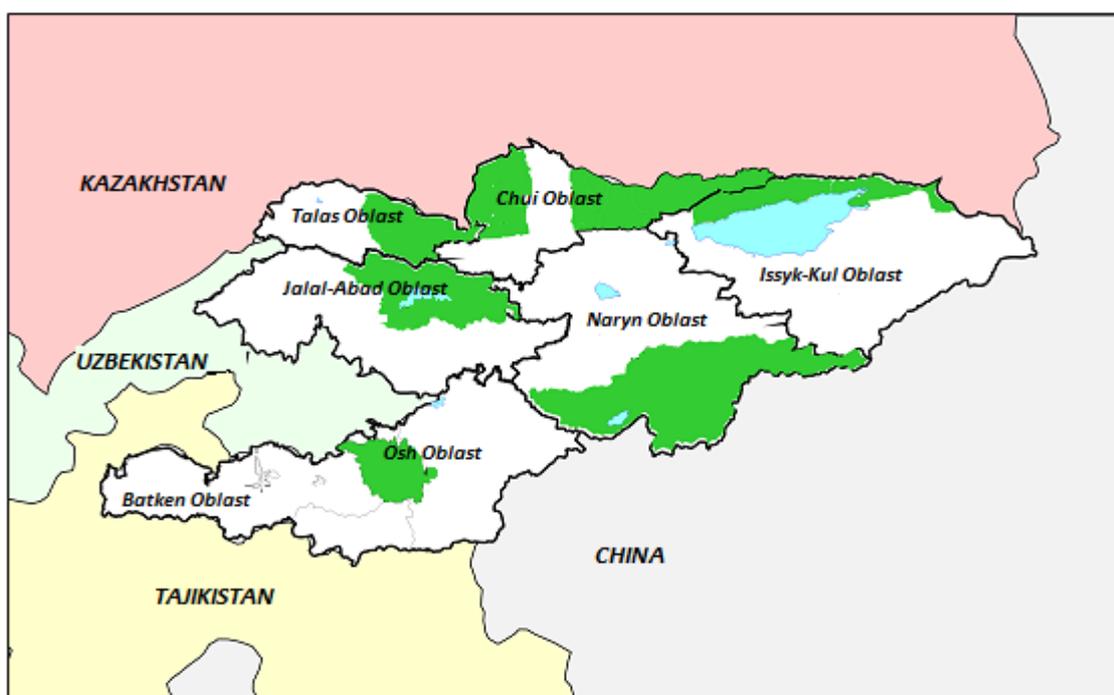
2. to the Republic of Uzbekistan:

- through the Chatkal district of the Jalal-Abad Oblast of the Kyrgyz Republic to the Tashkent Oblast of the Republic of Uzbekistan and further to other countries;
- through the Nooken, Bazar-Kurgan, and Suzak districts of the Jalal-Abad Oblast of the Kyrgyz Republic to the Andijan and Namangan Oblasts of the Republic of Uzbekistan;
- through the town of Karakul and the Toktogul district of the Jalal-Abad Oblast of the Kyrgyz Republic to the Uchkurgan district of the Namangan Oblast of the Republic of Uzbekistan;
- through the Toktogul district of the Jalal-Abad Oblast of the Kyrgyz Republic to the village of Madaniat of the Andijan Oblast of the Republic of Uzbekistan;
- through the Osh Oblast to the oblasts of the Fergana valley of the Republic of Uzbekistan.

In addition, drugs of the cannabis group have their own raw material base in the Kyrgyz Republic. Thus, approximately 10 thousand hectares in the Issyk-Kul, Jalal-Abad, Talas, Chui, and Naryn Oblasts are covered in wild-growing cannabis. From this, the local population produces marijuana and hashish, which are distributed both on the local and regional illicit markets.

The articulate ephedra, which serves as a raw material for the production of the amphetamine-type stimulant “metkatinone”/“ephedrine”, also grows on the territory of the republic. According to the data of the UNODCAD/RER/C32 Project, the total area invaded by the underbrush of this plant in the Kyrgyz Republic is more than 55 thousand hectares (see Map 10-2).

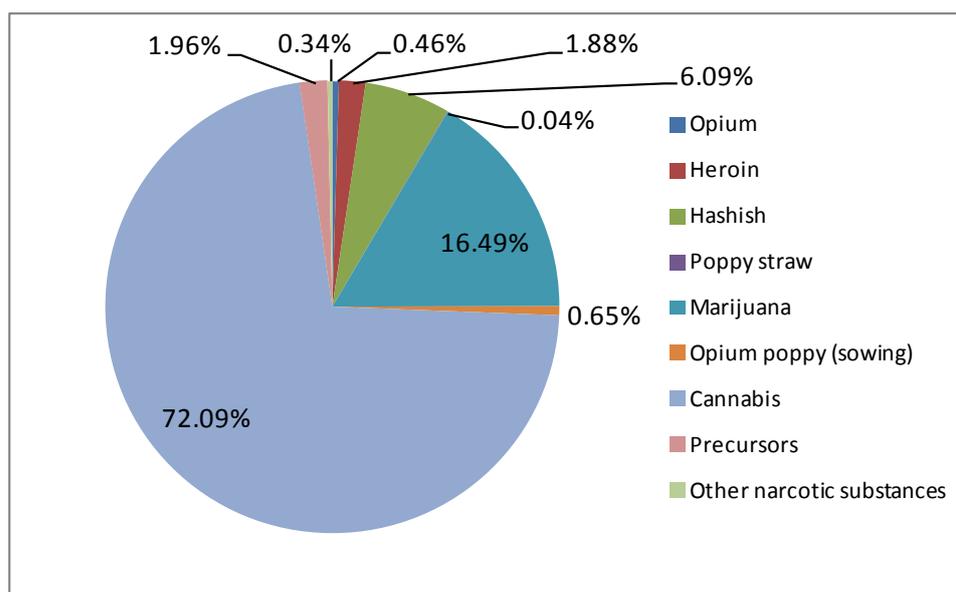
Map 10-2: Regions where articulate ephedra grows (ГСКХ, 2012)



### 10.3. Seizures

In 2011 the law enforcement bodies of the Kyrgyz Republic seized 45 tons, 729 kilograms, and 749 grams of narcotic drugs, psychotropic substances, and precursors from illicit traffickers; this is 37 tons, 389 kilograms, and 307 grams (or 448.2%) more than in 2010 (8 tons, 176 kg, 591 g). The seizures of narcotic drugs, psychotropic substances, and precursors in 2011 look like this (see Figure 10-1.):

Figure 10-1: Narcotic drugs seized in 2011 categorised by types (ГСКХ, 2012)



For the quantity of drugs and psychotropic substances seized in the republic in the period of 2008-2011, see Table 10-1.

Table 10-1: Quantity of drugs seized in the Kyrgyz Republic by the Ministry of Internal Affairs, the State Drug Control Service, the State Penalty Execution Service, the State Customs Service, the Financial Police, and the Prosecutor's Offices in the period 2008-2010 (ГСКХ, 2012)

Type of drugs (kg)	2008	2009	2010	2011
Opium	140.1	376.1	38.8	70.3
Heroin	298.9	341.0	156.8	332.3
Poppy straw	44.1	1.1	3.6	59.1
Hashish	457.1	718.0	507.8	629.7
Marijuana	3422.7	2028.6	1375.3	1936.6
Opium poppy (seeding)	58.4	343.2	53.9	140.5
Cannabis	1318.3	2950.6	6012.2	14,578.8
Precursors	5493.6	-	163.8	27,786.9
Pharmaceuticals	0.3	0.6	0.1	0.3
Other drug substances	2477.7	1432.1	28.1	195.0
<b>Total</b>	<b>13,710.2</b>	<b>8191.3</b>	<b>8340.4</b>	<b>45,729.8</b>

The number of seizures of opium and hashish in the city of Bishkek decreased significantly, while simultaneously the seizures of heroin increased. Seizures of all types of drugs except hashish and poppy straw in the city of Osh decreased as well. The number of seizures of drugs except marijuana decreased in the Chui Oblast. The seizures of heroin and marijuana increased in the Osh Oblast, but seizures of opium and hashish decreased significantly. The volume of

hashish that was seized increased in the Jalal-Abad Oblast, but the volumes of heroin, opium, and marijuana that were seized decreased. The levels of seizures of almost all drugs decreased significantly in the Issyk-Kul, Naryn, Talas, and Batken Oblasts.

A total of 27 tons, 786 kg, and 961 grams of precursors was seized by all the law enforcement bodies of the Kyrgyz Republic in 2011; the total amount of precursors seized in 2010 was 163 kg and 850 grams. More detailed information on the names of the precursors seized from illicit drug traffickers (by chemical names) is not available to the authors of this report. No detailed statistics of the categories and names of the precursors that were seized are maintained.

No illicit laboratories or other drug production sites were detected by the law enforcement bodies of the Kyrgyz Republic in 2011. No seizures of illicit drugs produced in drug-producing laboratories were made in 2011.

#### 10.4. Price and purity

The prices of drugs have remained stable within the last three years and no significant fluctuation in the retail market has been observed. Thus the retail price of 1 gram of opium is \$1.1-2.2, heroin – \$ 12.8-14.9 (1 g), marijuana (1 200-g glassful) – \$6.4-8.5, hashish (1 20-g matchbox) – \$ 42.5-53.2.

**Table 10-2: Retail prices for narcotic drugs in US Dollars for the period 2009-2011 (ГСКН, 2012)**

Retail price	2009		2010		2011	
	minimum	maximum	minimum	maximum	minimum	maximum
Opium (1 g)	50 KGS (\$1.06)	100 KGS (\$2.12)	50 KGS (\$1.06)	100 KGS (\$2.12)	50 KGS (\$1)	100 KGS (\$2)
Heroin (1 g)	600 KGS (\$12.76)	700 KGS (\$14.89)	600 KGS (\$12.76)	700 KGS (\$14.89)	300 KGS (\$12.8)	510 KGS (\$14.9)
Marijuana (1 glassful - 200 g)	300 KGS (\$6.38)	400 KGS (\$8.51)	300 KGS (\$6.38)	400 KGS (\$8.51)	300 KGS (\$6.4)	400 KGS (\$8.50)
Hashish (matchbox – 20 g)	1500 KGS (\$31.91)	2000 KGS (\$42.55)	2000 KGS (\$42.55)	2500 KGS (\$53.19)	2000 KGS (\$42.50)	2500 KGS (\$53.20)

According to the legislation of the Kyrgyz Republic, no chemical testing of the purity of drugs seized in the republic takes place; the composition of the substance is not analysed, and therefore data on the composition and purity of the drugs seized are not available.

Correspondingly, in this case the court’s decision (the sentence) does not depend on the quality analysis of the purity of the drugs seized.

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## List of abbreviations

### Russian abbreviations

DCA KR	Drug Control Agency of the Kyrgyz Republic
ART	Antiretroviral therapy
HAART	Highly Active Antiretroviral Therapy
VHC	Viral Hepatitis C
HIV	Human Immunodeficiency Virus
GBAO RT	Gorno-Badakhshan Autonomous Oblast (Region) of the Republic of Tajikistan
GFATM	Global Fund to fight AIDS, Tuberculosis, and Malaria
SCNS KR	State Committee for National Security of the Kyrgyz Republic
SPES	State Penalty Execution Service of the Kyrgyz Republic
SDCS	State Drug Control Service of the Kyrgyz Republic
CS	Customs Service under the Government of the Kyrgyz Republic
PCT	Pre-test consulting and testing
SES	Sentinel Epidemiological Surveillance
MST	Methadone substitution treatment
PC	Penal colony
STD	Sexually Transmitted Disease
KSNU	J. Balasagyn Kyrgyz State National University
KR	Kyrgyz Republic
KTR	Kyrgyz Television and Radio
PLHA	People living with HIV/AIDS
MIA KR	Ministry of Internal Affairs of the Kyrgyz Republic
MH KR	Ministry of Health of the Kyrgyz Republic
INCB	International Narcotics Control Board
MSM	Men having sex with men
MJ KR	Ministry of Justice of the Kyrgyz Republic
NGO	Non-governmental organisation
IOONC	Inter-oblast Osh Narcological Centre
PA	Public Association
PO	Prosecution offices
PF	Public Fund

PAS	Psychoactive substances
IDU	Injecting drug users
SEC	Syringe exchange centres
PDU	Problem drug users
RK	Republic of Kazakhstan
RMIC	Republican Medical-information Centre
RU	Republic of Uzbekistan
RC Atlantis	Atlantis Rehabilitation Centre
RC AIDS	Republican AIDS Centre
RNC	Republican Narcological Centre
PTDC	Pre-trial Detention Centre
MM	Mass Media
CIS	Commonwealth of Independent States
AIDS	Acquired Immune Deficiency Syndrome
CSW	Commercial sex workers
TB	Tuberculosis
EC	Educational Complex
CES	Criminal Executive system
CC KR	Criminal Code of the Kyrgyz Republic
FMMI	Fund for Mandatory Medical Insurance
FP	Financial Police under the Government of the Kyrgyz Republic
FMC	Family Medicine Centre
English abbreviations	
AFEW	AIDS Foundation East-West
CAAP	Central Asian AIDS Programme
CARHAP	Central Asian Regional HIV/AIDS Programme
DDRP	Drug Demand Reduction Programme

EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GIZ	German Community for International Cooperation
OSI	Open Society Institute New York/Soros Foundation in Kyrgyzstan
HIVOS	Partner organisations capacity building
UN	United Nations
USAID	United States Agency for International Development

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**КЫРГЫЗ РЕСПУБЛИКАСЫНДАГЫ БАНГИЗАТТАР КЫРДААЛЫ ТУУРАЛУУ УЛУТТУК ОТЧЕТ  
НАЦИОНАЛЬНЫЙ ОТЧЁТ О НАРКОСИТУАЦИИ В КЫРГЫЗСКОЙ РЕСПУБЛИКЕ  
NATIONAL REPORT ON DRUG SITUATION IN THE KYRGYZ REPUBLIC**

Бул жарыялоо Европалык Союздун колдоо көрсөтүүсү астында даярдалып чыгарылды. Бул жарыялоонун мазмуну Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH дун жекече жоопкерчилиги болуп эсептелет жана эч бир деңгээлде Европалык Союздун көз караштарын чагылдыруучу катары каралбайт.

Данная публикация была подготовлена при поддержке Европейского Союза. Содержание данной публикации является исключительной ответственностью Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH и ни в коей мере не может рассматриваться в качестве отражающего взгляда Европейского Союза.

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Европалык Союз өздөрүнүн билимдерин, ресурстарын жана тагдырларын акырындык менен бириктирүүнү чечишкен 27 мамлекет-мүчөлөрдөн турат. 50 жылга созулган өнүгүү мезгилинин аралыгында, алар биргелешип маданияттардын көп түрдүүлүгүн, чыдамкайлыкты жана жарандык эркиндиктерди сактап калуу аркылуу, тең салмактуулуктун, демократиянын жана акырындык менен өнүгүүнүн зонасын куруп алышты. Европалык Союз анын чектеринен тышкары турушкан өлкөлөр менен элдерге өзүнүн жетишкендиктери менен баалуулуктарын берүүнүн принциптерин бек тутат.

Европейский Союз состоит из 27 Государств-членов, которые решили постепенно объединить свои знания, ресурсы и судьбы. В течение периода роста длившегося 50 лет, они вместе построили зону стабильности, демократии и постоянного развития, при этом сохранив многообразие культур, терпимость и гражданские свободы Европейский Союз привержен принципам передачи своих достижений и ценностей странам и народам, находящиеся за его пределами.

The European Union is made up of 27 Member States who have decided to gradually link together their know-how, resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability, democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms. The European Union is committed to sharing its achievements and its values with countries and peoples beyond its borders.

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