



# Kyrgyzstan

## DRUG SITUATION AND DRUG POLICY

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**Pompidou Group of the Council of Europe**  
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# Preface

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The Pompidou Group is publishing a series of "Country Profiles" to describe the current drug situation and policy of its Member States and States and countries of the European neighbourhood, including Central Asia. The aim is to provide an overview on the issues and developments related to illicit drugs and provide information about the policies, laws and practical responses in place. It is hoped that the Country Profiles will become a useful source of information and reference for policy makers, practitioners and other interested audiences.

This publication examines the state of affairs and drugs policy in Kazakhstan and provides a descriptive analysis for an interested audience on drug related developments in the country, existing policies and legislation, as well as information on prevention and treatment measures and law enforcement activities. Furthermore, the role of substitution treatment and harm reduction programmes as well as treatment options available in prisons are described. In addition, it provides an overview of the various international commitments and relations with neighbouring countries in the areas of demand and supply reduction. Overall, the publication provides an overview on the state of implementation of the national drug policy in Kazakhstan.

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**Mr Jan MALINOWSKI**

*Executive Secretary of the Pompidou Group*

<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>CADAP</b>	Central Asian Drug Action Programme
<b>CARICC</b>	Central Asian Regional Information and Co-ordination Centre
<b>CDC</b>	Centre for Disease Control and Prevention
<b>CIS</b>	Commonwealth of Independent States
<b>ECOSOS</b>	Economic and Social Council
<b>EMCDDA</b>	European Monitoring Centre from Drugs and Drug Addictions
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human immunodeficiency virus
<b>ICAP</b>	International Centre for AIDS Programmes
<b>IDUs</b>	Injecting Drug Users
<b>NGO</b>	Nongovernmental organization
<b>OST</b>	Opioid substitution therapy
<b>PEPFAR</b>	United States President's Emergency Plan for AIDS Relief
<b>SSC</b>	State Service on Corrections
<b>SSDC</b>	State Service on Drugs Control
<b>UN</b>	United Nations Organization
<b>UNDCP</b>	United Nations Drug Control Programme
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office for Drugs and Crime
<b>UNPFA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

### Notes on terminology:

"friendly rooms" are offices or spaces organized within AIDS centres and dermatovenerologic institutions to provide medical services to vulnerable groups on issues related to HIV/AIDS and STIs.

"narcomania" is a term commonly used in former Soviet countries for a condition of psychological addiction and physical dependence on a drug. It continues to be used in Kazakh practice and legislation.

"prison" – in the context of this text the term means pre- and post-trial facilities

"prisoner" – in the context of this text the term means people in pre- and post-trial facilities

"toxicomania" is a term commonly used in former Soviet countries for a condition of psychological addiction and physical dependence on psychotropic substances and also non-medicinal substances of synthetic or natural origin, similar to narcotic drugs in their psychoactive effects. It continues to be used in Kazakh practice and legislation.

"trust points" are offices or spaces organized within AIDS centres or health care institutions to provide free access for vulnerable groups, including IDUs, to anonymous and confidential health services. They provide information, training and counselling, disinfectants, needles and syringes as part of needle and syringe exchange programmes and also co-ordinate outreach activities with vulnerable groups.

"valeology" is a term referring to a "general theory of health" claiming to have a holistic approach to physical, moral and spiritual health of an individual.

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Figure 1. Map of the Republic of Kazakhstan



# Introduction

## Country overview

Kyrgyzstan is a state in the east of Central Asia. It is mainly located within the bounds of the western and central parts of Tian Shan and the northern part of Pamir. Kyrgyzstan has borders in the north with Kazakhstan, in the west – with Uzbekistan, in the south-west – with Tajikistan, in the south-east and the east – with China. The total length of borders in Kyrgyzstan is 4,503 km. The total area of Kyrgyzstan is 198.5 square kilometers. 94% of the area are mountains.

The state form of governance in Kyrgyzstan is a unitary parliamentary republic. The Kyrgyz Republic is made up of 7 regions, 2 independent cities, 40 administrative districts, 31 towns, 9 settlements of urban type, 3 settlements and 453 rural communities.<sup>1</sup> The capital is the city of Bishkek. The local currency is the som (1 € = approximately 69 som).

Kyrgyzstan is predominantly an agricultural country. The agriculture in Kyrgyzstan is autonomous. Private plots of land were made legal in 2000. The economy to a great extent depends on the export of gold (Kumtor, a gold deposit). Approximately 40% of industrial production comes from gold mining – one of a few actively developing industries in Kyrgyzstan. The country has hydroenergy potential. It also has sufficiently large reserves of antimony, and some rare earth metals.

The export is 2.327 billion US dollars (in 2011): cotton, electric energy, wool, meat, tobacco; gold, mercury, uranium, antimony, garments, footwear. The main buyers of export are Switzerland with 27.2%, Russia with 19.2%, Uzbekistan with 14.3%, Kazakhstan with 11.4%, and France with 6.7%. The import is 3.71 billion US dollars (in 2011): oil and gas, cars and equipment, chemicals, food.<sup>2</sup>

<sup>1</sup> *Краткий статистический справочник. Кыргызстан. 2011-2013. Нацстатком.* P.5. <http://www.stat.kg/media/publicationarchive/482328fe-54ac-432e-bd05-80dc1abdbfb.pdf>

<sup>2</sup> *Official website of the Government of the Kyrgyz Republic:* <http://www.gov.kg/?p=29981>

## General population statistics

The size of permanent population (as of 1 January 2014) is 5,776,600 people.<sup>3</sup> Out of the total population 1,895,300 are younger than able bodied people, 3,488,100 are able bodied people, 393,200 are older than able bodied people. The number of men is 2,856,600 and of women – 2,920,000. For the beginning of 2014 the mean age of population was 27.3 years, for men – 26.4 years and for women – 28.2 years. The total mortality indicator for the population in 2013 was 6.1 dead people per 1,000 and 27.2 were newly born.<sup>4</sup>

For the beginning of 2014, one third of permanent population (34%) lived in urban settlements and two thirds (66%) lived in rural communities. The density of population was on the average 29 people per 1 square kilometre.

Kyrgyzstan is young in terms of population: 33% of the total number of people are children and teenagers, 60% are able bodied people, and 7% are above the able bodied age.<sup>5</sup>

The core of the population are the Kyrgyz with 4,139,000 people. They live on all the territory of the country and prevail in most of the rural communities. There are 369,900 Russians, mainly concentrated in the cities, towns and settlements in the north of Kyrgyzstan. Uzbeks (836,100 people) are concentrated in the south-west of the country and the areas adjacent to Uzbekistan. Among other nationalities are: Azerbaijanis – 18,900 people, Dugans – 64,600 people; Kazakhs – 33,700 people; Koreans – 16,800 people; Tajiks – 50,200 people; Tatars – 28,100 people; Turks – 41,000 people; Uygurs – 52,500 people; Ukrainians – 14,500 people and others.

The external migration of population in 2013 looks as follows: the number of incoming people was 4,349; outgoing people – 11,552. Due to the fact that the number of emigrants exceeds the number of immigrants, the rise in the population size is only due to natural increase. In 2013 the rate of population increase kept at the level of 2012 with 2.0%.

<sup>3</sup> National Statistical Committee of the Kyrgyz Republic: <http://www.stat.kg/en/>

<sup>4</sup> Демографический ежегодник Кыргызской Республики 2009 – 2013. Статистический сборник. Нацстатком Кыргызской Республики. 2014. P.7. Available at: <http://www.stat.kg/media/publicationarchive/81ef7693-ab21-4b1d-b189-32679e693e15.pdf>

<sup>5</sup> Ibid., P.6.



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In 2012 the number of economically active people at the age of 15 and older was 2,496,800 people, of them 2,286,400 were employed. In 2012 the level of employment of people at the age of 15 and older was 59%. The level of employment among men was higher than the employment level of women (in all age ranges). The number of unemployed people for the set period was 210,400, of them 53% were men and 47% were women.<sup>6</sup>

In 2012 every 23rd citizen of the Kyrgyz Republic lived in abject poverty, and three fourths of all poor people lived in rural communities. In 2012 the average monthly nominal salary was 10,726 soms (228.2 US dollars).<sup>7</sup> The average annual minimum of subsistence in 2012 was 4,341.15 soms per month.<sup>8</sup>

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<sup>6</sup> Социальные тенденции Кыргызской Республики 2008 – 2012. Статистический сборник. Нацстатком Кыргызской Республики. 2013. P.55-57.  
<http://www.stat.kg/media/publicationarchive/6b104e4a-5d76-4e03-a01e-c2f07dfb5143.pdf>

<sup>7</sup> Ibid., P.69.

<sup>8</sup> Ibid., P.74.

# Drug situation in the Kyrgyz Republic

## General drug situation

The drug situation in the Kyrgyz Republic has been affected by external and internal factors. Among the external factors are the proximity to Afghanistan as the main supplier of narcotic drugs, the activities of international drug mafia in Central Asia, the permeability of state borders, the lack of single approach to drug security in the country. Among the internal factors are unemployment, migration, raw material base for production of narcotic drugs, the transparency of state borders, insufficient funding for state anti drug agencies.<sup>9</sup>

The strongest influence on illicit trafficking in the Kyrgyz Republic was from Afghan drug traffic. According to the World Drugs Report, in 2013 the production of opium in Afghanistan, the world's leader in production of illicit opiates, was 3,600 tons. Most of this heroin traffic ("the Northern Route") runs through the states of Central Asia: Kazakhstan, Tajikistan, Uzbekistan, Turkmenistan, and Kyrgyzstan.

The Kyrgyz Republic is in the closest proximity from Afghanistan and suffers from the severest complications of illicit trafficking of opiates through its territory. The city of Osh in the south of Kyrgyzstan is more and more often called a regional hub of illicit trafficking.<sup>10</sup>

Kyrgyzstan is one of the countries which has all the means of transport communications apart from the sea transport: air and rail transport, container and cargo transportation, international courier services and automobile communication.

<sup>9</sup> *Guidelines for community-based drug prevention in Central Asia. Collective work. National Bureau for drug prevention in Poland. Warsaw 2013. P.42. Available at: [www.kbpn.gov.pl/portal?id=15&res\\_id=3156305](http://www.kbpn.gov.pl/portal?id=15&res_id=3156305)*

<sup>10</sup> *World drug report 2010. UNODC. 2010. P.53. Available at: [https://www.unodc.org/documents/wdr/WDR\\_2010/World\\_Drug\\_Report\\_2010\\_lo-res.pdf](https://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf)*

Kyrgyzstan has turned from a transit country into a consuming country of heroin. The volume of illicit trafficking of Afghan opiates in the Kyrgyz Republic has grown since 1993. Kyrgyzstan now ranks 10th out of 20 countries most frequently mentioned in heroin trafficking in the period from 2002 to 2012.<sup>11</sup> Trafficking of illicit opiates has led to the growth of consumption of narcotic drugs and involvement of some part of the population in criminal drug-related activities.<sup>12</sup>

However, it should be noted that the Kyrgyz Republic, ever since the moment of gaining independence at the beginning of the 1990's, has exerted every effort to change the situation and block the way to illicit trafficking of narcotic drugs.

## Drug use among the general population

In 2006 an anonymous survey with an adapted questionnaire of the European School Survey Project on Alcohol and Other Drugs (ESPAD) among schoolchildren of 15-16 was conducted in the schools of the city of Bishkek, and also Jalal-Abad, Osh and Issyk-Kul regions.<sup>13</sup> This survey showed that at least once cannabis-based substances were used by 2.4% of respondents, inhalants – 3.7% of respondents, and regular use of marijuana (over 40 times) was noted among 0.5% of respondents. It was also noted that 15.2% of schoolchildren at least once used alcohol, 2.6% of respondents used alcoholic beverages practically every day and 1.8% responded that they used hard alcoholic drinks at the age below 11 years. About 12.7% of schoolchildren tried to smoke cigarettes in their lifetime at least once, 2.6% were regular cigarette smokers and 0.4% regularly used nasvai.<sup>14</sup>

In 2007 a National survey on knowledge, attitude and skills of HIV/AIDS, drug use, tobacco use, alcoholism and sexual behaviour among children from 11 to 17 was conducted on the order of the Government of the Kyrgyz Republic with the technical and financial support from UNICEF and UNODC in all the regions of the

<sup>11</sup> Осмоналиев К.М. Трафик афганских опиатов через территорию Кыргызстана. Отчет. Национальный институт стратегических исследований Кыргызской Республики. Бишкек, 2014. Р.7. Available at: [http://www.nisi.kg/uploads/research\\_ph/narcotraf\\_report\\_14.pdf](http://www.nisi.kg/uploads/research_ph/narcotraf_report_14.pdf)

<sup>12</sup> Drug programme of the Government of the Kyrgyz Republic. Approved by Order of the Government of the Kyrgyz Republic No.54 of 27 January 2014.

<sup>13</sup> National report 2011 (based on the data for 2010). Drug situation in the Kyrgyz Republic. New developments and trends, and detailed analysis of selected issues. CADAP. P.11. Available at: [www.uiphp.org.ua/media/1482](http://www.uiphp.org.ua/media/1482)

<sup>14</sup> Nasvai is a psychoactive substance which is made from common tobacco mixed with lime carbonate, ash from various plants and water. It looks like small green balls with a specific smell and taste. A small amount of nasvai is put between the lower lip and the teeth. The use of nasvai manifests nicotine poisoning symptoms: a sense of mild burning in the mouth and mild headache.

country. The object of this survey was the pupils of comprehensive schools (5 – 11 forms) and students of vocational schools. In total 50 comprehensive schools were selected, 3,500 pupils participated, of them 1,500 pupils from 5-7 forms and 2,000 pupils from 8-11 forms. There were 10 vocational schools selected in the country, 200 students from these schools participated in the survey. According to the collected data, the overwhelming majority of children from comprehensive and vocational schools lived in full families with both parents. The most well known drugs among the teenagers were anasha (cannabis), heroin and cocaine.

Among the pupils of 5-7 forms, 0.3% of the total number (5 persons out of 1,500) had used drugs. The mean age of children when they used a drug for the first time was 10 years. 3 respondents out of 5 tried their drug at home, out of curiosity. The number of schoolchildren from high school who used drugs was 1.3% (26 out of 2,000 people). The mean age of the first drug use in this age range was 15 years. Half of the teenagers first used drugs in the street. Among the students of vocational schools the proportion of those who used their first drug in the street was 3% or 6 people out of 200. On average, the first drug use was noted at the age of 14. Friends encouraged the use, respondents mainly used drugs at home.<sup>15</sup>

This survey identified poor awareness of drug use consequence among pupils and students. The most vulnerable group were the pupils of 5-7 forms, more than 69% of whom, out of those surveyed, knew nothing of the harms of drug use. Pupils of 8-11 forms indicated such consequences of drug use as mental disorders (51%), lethal outcomes (46%), HIV infection (32%). Students of vocational school indicated lethal outcomes (58%), mental disorders and family problems (35%).

The Mentor Foundation (England) in 2009 conducted an evaluation of the “Your Choice” programme, which was aimed at drug prevention among minors from the Kyrgyz Republic, Lithuania, Russia, Romania and Croatia. 123 schools from 5 countries, including 25 schools from the Kyrgyz Republic, participated in the survey. The number of participating schoolchildren from Kyrgyzstan was 1,562 people, out of them 46.6% were boys, the mean age was 13.4 years. The results of the survey showed that 39% of schoolchildren used alcohol at least once in their life, cigarettes – 19%, any types of drugs – 11.2%, cannabis – 1.2% (Mentor Foundation International, 2010).<sup>16</sup>

No survey has ever been conducted in Kyrgyzstan to study drug use among conscripts for military service, migrants, night club visitors. In 2011, no survey

<sup>15</sup> Результаты национального исследования по выявлению отношения подростков к вопросам здорового образа жизни, а также их знаний и навыков в этой сфере. – Б.: 2008. P.47-48.

<sup>16</sup> National report 2011 (based on the data for 2010). Drug situation in the Kyrgyz Republic. New developments and trends, and detailed analysis of selected issues. CADAP. P.12.

was conducted to identify the scale of drug use prevalence among the general population in Kyrgyzstan.

## Problem drug use

According to the official data, the number of people registered with the narcological service of the healthcare system because of addiction to narcotic drugs of all types in 2013 was 9,024.<sup>17</sup> For the beginning of 2013, the total number of people registered with the narcological service because of addiction to opiates was 6,913.<sup>18</sup>

**Table 1. Drug users registered at narcological dispensaries**<sup>19</sup>

	2009	2010	2011	2012	2013
Total number	9,730	10,171	10,705	9,799	9,024
Rate (100,000)	185	191	198	180	159
Opiate users (%)	67	68	69	70	66
Cannaboid users (%)	24	23	23	23	27
IDUs (%)	73	73	74	74	70
Drug users registered for the first time	865	728	849	733	487

The most prevalent method of drug use was injecting. According to a survey on the prevalence of problem drug use in the general population, conducted with the support from UNODC, the number of problem drug users in Kyrgyzstan was 26,000 people (495 per 100,000 of the general population) in 2006, out of them injecting drug users (IDUs) were about 25,000 people (476 per 100,000 of the general population).<sup>20</sup>

According to the results of the survey, the mean age of the first injection was 22 years. 74.8% of respondents practiced risky behaviour (sharing drug making equipment) within the last 6 months; 46.4% of respondents shared needles and/or syringes. According to the results, 24.0% of IDUs were from Bishkek (747.6 per 100,000 of the total population), 12.0% (397.6 per 100,000 of the total population) were from

<sup>17</sup> Данные Минздрава. Письмо РЦН МЗ КР исх. №1-8/55 от 07 февраля 2014.

<sup>18</sup> Осмоналиев К.М. Трафик афганских опиатов через территорию Кыргызстана. Отчет. Национальный институт стратегических исследований Кыргызской Республики. Бишкек, 2014. Р.26.

<sup>19</sup> Paris pact report. 2014. UNODC. P.157. Available at: <https://www.paris-pact.net/upload/6eaea53ad96285902e6267865d913051.pdf>

<sup>20</sup> Ibid., P.27.

the Chuy region, 12.4% (302.9 per 100,000 of the total population) were from the Osh and the Jalal-Abad regions, the remaining 51.6% were from other regions (799.7 per 100,000 of the total population).<sup>21</sup>

The estimated number of IDUs in Kyrgyzstan, based on the data from Sentinel Epidemiological Surveillance, was 30,083 in 2009, and 18,934 in 2010.<sup>22</sup>

## Mortality among drug users

Registration system of drug-related mortality in Kyrgyzstan has drawbacks that do not allow for any conclusions about the situation on the national scale. According to the official data from the Republican Medical and Information Centre of the Ministry of Health, the indicator of lethal drug overdose cases in the country is relatively stable with a decreasing trend in recent years. The data on general mortality and drug-related overdose mortality in general and with breakdown according to gender, show a decreasing trend of 23% in 2010 – 2011.<sup>23</sup>

The cumulative coefficient of mortality per 1,000 registered drug users in 2011 was calculated at the level of 12.1.<sup>24</sup>

Mortality due to overdose of drugs and septic conditions was about 2% in all people registered with the narcological service, however, their actual number was significantly higher.<sup>25</sup> 64 drug-related deaths were registered in 2011 (in 2010 – 84), of them 4 were women (6.2%). In most cases the cause of death was poisoning with unidentified drugs (71.9%).

According to the Republican Centre of Narcology of the Ministry of Health of the Kyrgyz Republic, 130 people with addiction were removed from the narcological registry in 2011 due to their death (in 2010 – 139). An evaluation of the mortality rate among drug users removed from the narcological registry in 2011 due to their death<sup>26</sup>,

<sup>21</sup> Country overview: Kyrgyzstan. <http://www.emcdda.europa.eu/publications/country-overviews/kg>

<sup>22</sup> *Ibid.*

<sup>23</sup> 2013 Regional report on drug situation in Central Asia. CADAP. P.137. Available at: [http://issuu.com/mel.cz/docs/resad\\_regional\\_report](http://issuu.com/mel.cz/docs/resad_regional_report)

<sup>24</sup> *Ibid.*, P.111.

<sup>25</sup> Инструкция о профилактике ВИЧ-инфекции уполномоченными государственными органами внутренних дел, по контролю наркотиков и в сфере исполнения наказаний Кыргызской Республики, взаимодействующими с уязвимыми группами. Утверждена совместным приказом МЗ, МВД, ГСИН, ГСКН № 34/49/24/202 от 21.01.2014.

<sup>26</sup> This analysis does not have a structure of a detailed research on mortality, based on observations of all individuals in the sample.

showed that the total mortality among people who use drugs was higher by a factor of 1.3 than mortality among the general population of the same age and gender (Standard Mortality Rate).<sup>27</sup>

## Drug-related crimes

Kyrgyz law enforcement agencies detected 1,913 drug-related crimes in 2013 (in 2012 – 1,933); out of them 1,584 crimes were detected by the agencies of Internal Affairs and 281 crime – by the State Service on Drugs Control (SSDC). Most of the crimes were registered in the city of Bishkek (532), in the Chuy (443) and the Issyk-Kul (322) regions.

**Table 2. Number of drug-related offences in 2009 – 2013**<sup>28</sup>

Drug-related offences	2009	2010	2011	2012	2013
Criminal cases initiated	1,887	1,543	1,924	1,933	1,913

**Table 3. Structure of drug-related crimes detected in 2013 as compared to 2012**<sup>29</sup>

Types of drug-related crimes	In 2012	In 2013	Growth (+), Decline (-), %
Illicit trafficking of drugs	48	36	- 25
Storage of drugs without the aim to sell	1,225	1,260	+ 2.8
Sale of drugs	544	504	- 7.3
Inducement to drug use	19	7	- 63.1
Running narcotics dens	42	32	- 23.8
Cultivation of drug-containing cultures	52	63	+21.1
Involvement of minors in drug use	1	0	-100

Of all drug-related crimes detected in 2013, 1,959 criminal cases were investigated (in 2012 – 1,919), 1,658 criminal cases were sent to courts (in 2012 – 1,660).<sup>30</sup>

<sup>27</sup> 2013 Regional report on drug situation in Central Asia. CADAP. P.137.

<sup>28</sup> Paris pact report. 2014. UNODC. P.152.

<sup>29</sup> Информация о мерах, предпринимаемых по противодействию незаконному обороту наркотических средств, психотропных веществ и прекурсоров (по итогам 2013). Пресс-релиз ГСКН КР от 10.01.2014 г. [http://www.gskn.kg/index.php?option=com\\_content&view=article&id=258:press-reliz-gskn-kr-ot-10-01-2014-g&catid=19&Itemid=107&lang=ru](http://www.gskn.kg/index.php?option=com_content&view=article&id=258:press-reliz-gskn-kr-ot-10-01-2014-g&catid=19&Itemid=107&lang=ru)

<sup>30</sup> Ibid., P.3.



In 2013, Kyrgyz law enforcement agencies seized 21,994.673 kg of narcotic drugs, psychotropic substances and precursors (in 2012 – 23,826.797 kg) from illicit trafficking.

**Table 4. Seizure of narcotic drugs, psychotropic substances and precursors according to their types in 2013 as compared to 2012** <sup>31</sup>

Types	Seized in total (in grams)		Growth (+), Decline (-), %
	2012	2013	
Opium	16,459	132,379	+1,907.9
Heroin	241,949	247,060	+3
Hashish	367,531	541,317	+48
Marijuana	2,031,143	3,589,636	+77
Cannabis	10,421,574	12,946,257	+25
Koknar	934	1,600	+71.3
Opium poppy	398,537	145,800	-63.4
Precursors	10,170,880	4,386,188	- 57
Pharmaceuticals	141	54	-62
Other narcotic drugs	177,639	4,382	-98
Total	23,826,797	21,994,673	-8

Since 1994 there has been a gradual annual increase of heroin seizures. 2010 was exceptional when seizures of heroin dropped sharply. It is worth noting that cannabis and its derivatives prevailed among used drugs from 1993 to 1996, but from 1996 to 2013 opium did so. Since 1999 heroin has obtained one of the leading positions among used drugs. <sup>32</sup>

The quality of illicit heroin from Afghanistan varies from highest quality to lowest quality with other mixtures. Heroin marked “999” is considered among users as top quality. <sup>33</sup> At the same time, experts have noticed some deterioration of seized heroin quality in recent years.

<sup>31</sup> *Ibid.*, P.3.

<sup>32</sup> Осмоналиев К.М. Трафик афганских опиатов через территорию Кыргызстана. Отчет. Национальный институт стратегических исследований Кыргызской Республики. Бишкек, 2014. P.6.

<sup>33</sup> Справочник по штампам и иным маркировкам на упаковках героина. ЦАРИКЦ. Алматы 2012.

Prices for narcotic substances varied in 2013 from 0.2 to 25 USD per gram. The most expensive substance was heroin with prices ranging from 16.6 to 24.9 USD per gram.<sup>34</sup>

**Table 5. Average wholesale prices for psychoactive substances in USD per kg from 2009 to 2013**

	2009	2010	2011	2012	2013
Heroin	6,000-7,000	6,000-7,000	5,000-10,000	6,000-12,000	6,000-10,000
Opium	1,000-1,200	1,000-1,200	900-1,200	600-1,500	650-2,000
Cannabis	32-46	32-42	32-42	32-45	32-45
Hashish	1,000-1,200	1,000-1,200	800-1,200	1,000-2,000	600-2,000

**Table 6. Average retail prices for psychoactive substances in USD per gr from 2009 to 2013**

	2009	2010	2011	2012	2013
Heroin	8-20	13-15	13-17	13-20	16.6-24.9
Opium	1.6-2.5	1-2	1.6-2	1-2	5.1-10.3
Cannabis	0.05-0.06	0.03-0.04	0.03-0.04	0.03-0.04	0.2-0.4
Hashish	5.3-6.5	2-2.5	2-2.5	2.1-2.7	2.6-4.7

49 people from the CIS countries were arrested in Kyrgyzstan in 2013 for drug-related crimes: 7 people from Kazakhstan, 10 people from Russia, 21 people from Tajikistan, and 11 people from Uzbekistan.<sup>35</sup>

<sup>34</sup> *Paris pact report. 2014. UNODC. P.151.*

<sup>35</sup> *Ibid., P.152.*

**Table 7. Number of drug-related crimes in 2009 – 2013, committed by non-citizens**

	2009	2010	2011	2012	2013
Azerbaijan	2	1	0	2	0
Kazakhstan	4	2	14	10	7
Russian Federation	4	0	2	6	10
Tajikistan	12	13	19	14	21
Uzbekistan	10	5	19	8	11
Ukraine	0	2	1	0	0

## Drug situation in prisons

As of 1 January 2012, there were 9,832 people in correctional institutions of Kyrgyzstan, and 4,217 people were registered with the State Service on Corrections (SSC) responsible for execution of sentences, which totals 14,045 people. As of the beginning of 2012, there were 5.6% of women and 94.4% of men in correctional institutions.<sup>36</sup> This is the breakdown of prisoners according to age as of the beginning of 2012:

- less than 18 years – 0.53%;
- from 18 to 30 years – 34.65%;
- from 30 to 55 years – 59.92%;
- from 55 to 60 years – 4.55%;
- over 60 years – 0.35%.

Only 5% of the total number of prisoners in correctional institutions were registered with the narcological service in 2012. According to experts' data, the estimated number of IDUs in correctional institutions was approximately 19% of the total number of the prison population.<sup>37</sup>

<sup>36</sup> Order of the Government of the Kyrgyz Republic No.297 "On approving National strategy to develop penitentiary system of the Kyrgyz Republic for 2012-2016" of 15 May 2012.

<sup>37</sup> State programme to stabilize HIV infection in the Kyrgyz Republic for 2012-2016, approved by Order of the Government of the Kyrgyz Republic No.867 of 29 December 2012.

## Epidemiological situation

Recently, the change of drug use patterns in favour of injecting has led to proliferation of such serious diseases as HIV/AIDS, hepatitis, tuberculosis, and other concomitant diseases.

Kyrgyzstan is among 7 countries of the world with the highest rates of HIV epidemic growth. The number of HIV infection cases increased more than 6-fold from 826 cases to 5,115 cases from 2005 to 2013.<sup>38</sup> At the same time, Kyrgyzstan remained a country with the lowest level of HIV prevalence which was 0.07% among general population as of 1 January 2014.<sup>39</sup> In 2013 the HIV incidence among the population of Kyrgyzstan declined by 32% as compared to 2012. 480 cases were registered in 2013, whereas in 2012 there were only 704 cases.

As of 31 December 2013, the total number of officially registered cases of HIV infection in Kyrgyzstan was 4,893 cases, out of them 1,503 were women and 484 were children.<sup>40</sup>

2,795 cases of the total number of detected cases (57.7%) were IDUs. There was a tendency for growth of HIV infection cases among women, a significant part of whom were sexual partners of IDUs. If in 2001 women accounted for only 9.5% of the people living with HIV, then as of 1 December 2013 they were 30.7%. People from 20 to 49 years of age prevail in the age structure of HIV incidence.

54.2% of examined IDUs were carriers of Hepatitis C virus; 12.8% were infected with syphilis, and 14.6% were HIV infected.<sup>41</sup>

<sup>38</sup> *Annual report on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan – 2013. UNDP. Available at: [http://www.kg.undp.org/content/dam/kyrgyzstan/Publications/hiv-tb-malaria/kgz\\_UNDP-GFATM-Annual\\_report\\_2013\\_ENG.pdf](http://www.kg.undp.org/content/dam/kyrgyzstan/Publications/hiv-tb-malaria/kgz_UNDP-GFATM-Annual_report_2013_ENG.pdf)*

<sup>39</sup> *Ситуация по ВИЧ/СПИД в Кыргызской Республике на 01.01.2014. Статистический отчет РЦ СПИД К.Р. на 1 января 2014 года.*

<sup>40</sup> *Annual report on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan – 2013. UNDP. P.17.*

<sup>41</sup> *Инструкция о профилактике ВИЧ-инфекции уполномоченными государственными органами внутренних дел, по контролю наркотиков и в сфере исполнения наказаний Кыргызской Республики, взаимодействующими с уязвимыми группами. Утверждена совместным приказом МЗ, МВД, ГСИН, ГСКН № 34/49/24/202 от 21.01.2014.*

# Drug policy in the Kyrgyz Republic

## National drug strategy

Kyrgyzstan has a Drug Programme of the Government of the Kyrgyz Republic, approved by Order No. 54 of 27 January 2014. This Programme aims at : <sup>42</sup>

- reducing the level of drug addiction in the population and the related negative consequences;
- mobilizing and co-ordinating anti-drug activities of state authorities, bodies of local self-government and civil society;
- establishing an effective state and public control over drug situation in the country;
- improving legislation to counteract proliferation of drug addiction and illicit drug trafficking.

The main aims of the Programme are:

- reducing the volume of illicit drug trafficking;
- reducing the use of drugs and the related negative consequence;
- ensuring accessibility of medicinal narcotic drugs and psychotropic substances according to health care needs.

Under this Programme to following tasks have been set:

- to develop the state system of primary, secondary, and tertiary drug prevention with primary prevention as a priority;
- to fight drug-related crime and corruption, in particular in organized forms;
- to improve the state system of control over licit trafficking of narcotic drugs, psychotropic substances and precursors;

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<sup>42</sup> Drug programme of the Government of the Kyrgyz Republic. Approved by Order of the Government of the Kyrgyz Republic No.54 of 27 January 2014.

- to improve law enforcement activities in combatting illicit drug trafficking;
- to improve the system of medical narcological assistance;
- to reduce negative consequences of illicit drug use (HIV, virus hepatitis, etc.);
- to improve organizational, legislative, and resource provision of anti-drug activities;
- to involve civil society into anti-drug prevention activities;
- to raise the level and effectiveness of international co-operation.

## Co-ordination mechanisms in the field of drugs

One of the main co-ordinating bodies in Kyrgyzstan in the sphere of combatting illicit trafficking of narcotic drugs, psychotropic substances and precursors is the State Service on Drugs Control (SSDC).

The SSDC was set up in 2003 in the form of the Agency for Drugs Control under the initiative of the heads of the Kyrgyz Republic on the basis of the State Commission on Drugs Control at the Government of the Kyrgyz Republic under the agreement between the Government of the Kyrgyz Republic and UNODC.<sup>43</sup>

The SSDC is a law enforcement executive body at the Government of the Kyrgyz Republic that promotes a unified policy in the field of trafficking of narcotic drugs, psychotropic substances and precursors, combatting their illicit trafficking, and also co-ordinating activities of other bodies of executive power of the Kyrgyz Republic in this sphere.

The main tasks of the SSDC are:

- to develop and implement the state policy in the sphere of licit trafficking of narcotic drugs, psychotropic substances and precursors, and also combatting their illicit trafficking;
- to co-ordinate activities of bodies of executive power on issues concerning licit trafficking of narcotic drugs, psychotropic substances and precursors, pursuing measures of combating their illicit trafficking;
- to ensure, within its terms of reference, control over licit trafficking of narcotic drugs, psychotropic substances and precursors, taking measures to combat their illicit trafficking;

<sup>43</sup> Official website of the State Service on Drugs Control of the Kyrgyz Republic: <http://www.gskn.kg>

- to identify, prevent, stop, solve, and investigate crimes, referred by legislation of the Kyrgyz Republic to the jurisdiction of the bodies of this Service;
- to carry out, in accordance with international treaties of the Kyrgyz Republic, interaction and information exchange with international organizations and competent bodies of foreign states in the sphere of combatting illicit trafficking of narcotic drugs, psychotropic substances and precursors;
- to sign, in accordance with the established order, international treaties in the sphere of control over narcotic drugs, psychotropic substances and precursors and combating their illicit trafficking.

The Government of Kyrgyz Republic adopted Order No.132 "The issues of the SSDC at the Government of the Kyrgyz Republic" of 20 February 2012, which established:

- Regulations of the SSDC at the Government of the Kyrgyz Republic;
- Regulations of serving in the SSDC at the Government of the Kyrgyz Republic;
- Disciplinary Regulations and Control Diagram of the SSDC at the Government of the Kyrgyz Republic.

In order to improve the state management in the sphere of combating illicit trafficking of narcotic drugs, psychotropic substances and precursors, the Government of the Kyrgyz Republic adopted Order No.654 "On supplementary measures to combat illicit trafficking of narcotic drugs, psychotropic substances and precursors" of 20 October 2011.

This Order established the State Co-ordination Committee on Control over narcotic drugs, psychotropic substances and precursors and the representation of the Committee in the regions.

This Committee is a co-ordinating advisory body aimed at implementing its activities pro bono to co-ordinate and optimize activities of bodies of executive power, local state administrations and bodies of local self-government to combat illicit trafficking of narcotic drugs, psychotropic substances and precursors.

Apart from that, in 2006 Kyrgyzstan set up DAMOS, the Republican information network to collect non-confidential information on drugs and drug use at the Ministry of Health, the Ministry of Internal Affairs, the State Service of Corrections, and the State Service on Drugs Control.



This information network is a permanently operating system that facilitates interaction of units from the respective ministries, state committees, administrative agencies, and central bodies, and also NGOs to collect, aggregate, analyze the collected information, and develop recommendations to identify the causes and conditions that are conducive to the growth of drug use and drug business, and also to improve the drug situation in the Kyrgyz Republic.<sup>44</sup> The role of national focal point for collection of non-confidential information on drugs and drug addiction is performed by headquarters of the authorized state body on drugs control.

## Drug-related legislation

Kyrgyzstan is successfully integrated in the international process of combatting illicit drug trafficking. It is a member state of the following international treaties:<sup>45</sup>

- The Single UN Convention on narcotic drugs of 1961,
- The UN Convention on psychotropic substances of 1971,
- The UN Convention on combatting illicit trafficking of narcotic drugs, psychotropic substances of 1988,
- The Political Declaration S-20/2 of 10 June 1998, adopted by the UN General Assembly at its 20th Special Session,
- The UN General Assembly Declaration S-20/3 of 10 June 1998 on guidelines for drug demand reduction,
- The Political Declaration and the Action Plan to improve international co-operation with a view to develop a comprehensive balanced strategy to combat the global drugs problem, adopted at the Stage of high-level meetings of the Commission on narcotic drugs on 11-12 March 2009,
- ICDC Guidelines “On providing the ICDC with statistical data on losses and destruction of narcotic drugs”, “On developing a voluntary code of conduct in the chemical industry”, “Concerning people travelling for treatment with international controlled narcotic drugs”, “On preventing illicit trade via the Internet in substances under international control”, “On model sample”, “On reporting”, etc.,
- WHO Guidelines on psychosocially-assisted pharmacological treatment of opioid dependence, developed pursuant to Resolution 2004/40 of the Economic and Social Council (ECOSOS).

<sup>44</sup> Regulation on DAMOS, the Republican information network to collect non-confidential information on drugs and drug use, approved by Order of the Government of the Kyrgyz Republic No.59 of 2 February 2006.

<sup>45</sup> Drug programme of the Government of the Kyrgyz Republic. Approved by Order of the Government of the Kyrgyz Republic No.54 of 27 January 2014.

Legal relations in the sphere of drug trafficking in Kyrgyzstan are mainly regulated by :

- Law No.66 “On narcotic drugs, psychotropic substances and precursors” of 22 May 1998 (read with Law No.156 of 24 July 2013);
- Criminal Code of the Kyrgyz Republic (of 1 October 1997);
- Code of Administrative Offences of the Kyrgyz Republic (of 4 August 1998);
- Order of the Government of the Kyrgyz Republic No.466 “On approving the Rules of implementing state control over narcotic drugs, psychotropic substances and precursors in the Kyrgyz Republic” of 22 June 2004 (amended and supplemented as of 30 September 2014);
- Order of the Government of the Kyrgyz Republic No.543 “On narcotic drugs, psychotropic substances and precursors subject to control in the Kyrgyz Republic” of 9 November 2007 (amended and supplemented as of 30 September 2014);
- Order of the Government of the Kyrgyz Republic No.54 “On accounting, storing, and using narcotic drugs, psychotropic substances and precursors in the Kyrgyz Republic” of 18 February 2011.

Law “On narcotic drugs, psychotropic substances and precursors” established responsibility and a system of measures aimed against illicit trafficking and abuse of narcotic drugs, psychotropic substances and precursors, defined rights and obligations of legal persons and individuals with regard to implementing this Law.<sup>46</sup>

Criminal Code of the Kyrgyz Republic stipulates liability for drug-related actions:

- Involvement of minors in committing antisocial actions, including the use of narcotic drugs (Article 157);
- Illicit manufacture, purchase, storage, transportation or sending narcotic drugs or psychotropic substances without the aim to sell (Article 246);
- Illicit manufacture, purchase, storage, transportation, sending with the aim to sell and also illicit manufacture or sale of narcotic drugs, psychotropic substances, their analogues or precursors (Article 247);
- Theft or extortion of narcotic drugs or psychotropic substances (Article 248);
- Inducement to use narcotic drugs or psychotropic substances (Article 249);
- Planting or cultivating drug-containing cultures (Article 250);

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<sup>46</sup> Law of the Kyrgyz Republic No.66 “On narcotic drugs, psychotropic substances and precursors” of 22 May 1998 (read with Law of the Kyrgyz Republic No.156 of 24 July 2013).

- Violation of established rules of production and licit trafficking of narcotic drugs, psychotropic substances or precursors (Article 251);
- Organization or maintaining narcotic dens for using narcotic drugs or psychotropic substances (Article 252);
- Illicit issuance or forgery of prescriptions and other documents giving entitlement to receiving narcotic drugs or psychotropic substances (Article 253).

Criminal liability for citizens of the Kyrgyz Republic for committing drug-related crimes without the aim to sell falls due from 16 years, with the aim to sell – from 14 years.<sup>47</sup> The terms of punishment for drug-related crimes varies from a fine to 15 years of imprisonment with confiscation of property.

Code of Administrative Liability of the Kyrgyz Republic stipulates liability for the following administrative offences:

- Illicit manufacture, purchase, storage, transportation or sending narcotic drugs or psychotropic substances without the aim to sell in small quantities (Article 91-2);
- Violation of established rules of production and licit trafficking of narcotic drugs, psychotropic substances or precursors (Article 91-3);
- Failure to take measures for destruction of wild-growing drug-containing plants, sowing or cultivating prohibited for cultivation drug-containing cultures in small quantities (Article 191);
- Use of narcotic drugs or psychotropic substances, drinking alcoholic drinks or appearing in public places while intoxicated, abusing human dignity (Article 366).

Kyrgyz national legislation also includes a number of laws related to HIV/AIDS prevention, providing assistance and treatment of people who use drugs:

- Law No.149 “On HIV/AIDS in the Kyrgyz Republic” of 13 August 2005 (read with Law No.44 of 13 June 2011);
- Law No.91 “On medicinal drugs” of 30 April 2003 (read with Law No.23 of 1 February 2010, and Law No.171 11 October 2012);
- Law No.248 “On public health” of 24 July 2009 (amended and supplemented as of 29 December 2014);

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<sup>47</sup> Article 18 of Criminal Code of the Kyrgyz Republic.

- Law No.6 “On protecting the health of people in the Kyrgyz Republic” of 9 January 2005 (read with Laws No.224 of 28 December 2006; No.53 of 17 February 2009; No.129 of 17 April 2009; No.137 of 25 July 2012, No.171 of 11 October 2012, No.108 of 27 June 2013);
- Law No.116 “On health care organization in the Kyrgyz Republic” of 13 August 2004;
- Law No.60 “On psychiatric assistance and ensuring rights of people when rendering such assistance” of 17 June 1999 (amended and supplemented as of 4 July 2005).

Besides this, Kyrgyzstan has developed and implemented National programmes in the sphere of combatting illicit drug trafficking, drug prevention, HIV/AIDS prevention, and rendering assistance to people who use drugs:

- State programme to stabilize the epidemic of HIV infection in the Kyrgyz Republic for 2012-2016, approved by Order of the Government of the Kyrgyz Republic No.867 “On State programme to stabilize the epidemics of HIV infection in the Kyrgyz Republic for 2012-2016” of 29 December 2012;
- National programme of reforming the health care system of the Kyrgyz Republic “Den Sooluk” for 2012-2016, which reflects a set of activities on the issue of HIV/AIDS, STIs and drug addiction;
- National development strategy for the penitentiary system of the Kyrgyz Republic for 2012-2016, approved by Order of the Government of the Kyrgyz Republic No.297 of 15 May 2012;
- Concept of national security of the Kyrgyz Republic, approved by Decree of the President of the Kyrgyz Republic No.120 of 9 June 2012.

With a view to comprehensive treatment of drug dependence and its consequences for health, national standards and protocols have been approved:

- Standard of preventing overdoses from opioids with the help of naloxone;
- Standard of carrying out detoxification therapy for the withdrawal symptoms of opioids in the inpatient unit of the Republican Centre of Narcology;
- Standard of carrying out rehabilitation interventions for people with addiction to opioids;
- Clinical guidelines and protocol on methadone substitution therapy for the dependence syndrome on opioids.<sup>48</sup>

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<sup>48</sup> 2013 Regional report on drug situation in Central Asia. CADAP. P.137.

The clinical protocol on HIV prevention and treatment was developed and approved by Order of the Ministry of Health No.178 “On approving new clinical protocols” of 25 April 2008, as well as the standards of services on harm reduction approved by Order of the Ministry of Health No.838 “On approving standards of services for harm reduction related to injecting drug use in the Kyrgyz Republic” of 25 December 2009.<sup>49</sup>

## Drug prevention

Drug prevention in Kyrgyzstan has been implemented by health authorities, education authorities, law enforcement agencies, bodies of local self-government, civil society and the mass media with co-ordination from the authorized state agency for drug control.<sup>50</sup>

The Ministry of Education and Science under the “Family and School Together” programme (UNODC) developed a National concept of “Preventing use of psychoactive substances, HIV, AIDS and crime among young people with the help of training life skills in the family programmes”.

According to the data from the Ministry of Education and Science, the sections on developing safe behaviour, including preventing the use of narcotic drugs by teenagers and young people, were included into such school and college disciplines as Law, Sociology, Culturology, Psychology, Biology, etc.

The process of developing life skills of responsible behaviour in teenagers and young people was laid upon the Ministry of Education and Science, the Ministry of Health and the Ministry of Youth Affairs that together with NGOs implemented integrated activities aimed at preventing HIV and drug use among teenagers and young people.

Since 2009, the Ministry of Education and Science jointly with UNFPA and OO “Beli Zhuravl” (White Crane NGO) with the support from the Mentor Foundation (England) has implemented a school-based “Your Choice” prevention programme for children of 12–14 years, aimed at developing life skills and social interaction.

<sup>49</sup> *Women and addiction in the Kyrgyz Republic*/ G. Alieva, M. Saiakova, A. Yusupova. Bishkek, 2013. CADAP. P.59. Available at: <http://library.fes.de/pdf-files/bueros/bischkek/10178.pdf>

<sup>50</sup> *Guidelines for community-based drug prevention in Central Asia. Collective work. National Bureau for drug prevention in Poland. Warsaw 2013. P.43.*

The Ministry of Education and Science with the support from international organizations implemented a “Healthy Generation” project under which a series of training workshops were conducted for teachers of comprehensive schools and higher education institutions to teach the basics of healthy lifestyles to teenagers and young people.

A summer camp was organized for students of teacher training disciplines in higher education institutions of the country to introduce innovative technologies and interactive methods of teaching prevention of HIV infection and drug use (the Ministry of Education and Science, 2011).

An electronic interactive course “Improving knowledge on HIV and AIDS” was also developed for education professionals in 2011.<sup>51</sup> One of the modules of this course tackled the issues of drug prevention and organizing prevention programmes in educational institutions.

In 2011 state agencies and NGOs with the support from international partners conducted mass activities and awareness-raising campaigns for teenagers and young people to inform them of negative consequences of using psychoactive substances, to develop life skills and to promote healthy lifestyles:

- Informational tours “HIV: act responsibly” including “Safe route”,
- A “Killer drug” photo exhibition,
- A “Dance for life” campaign.

For the purpose of drug prevention, several documentary films were made in Kyrgyzstan:

- About drug addiction, problems and consequences of using narcotic drugs by a private TV channel;
- About the harms of alcohol for a young organism and the consequences of tobacco smoking by an international “The World” channel.

A project “Conducting media campaigns to support harm reduction programmes in the Kyrgyz Republic” was implemented jointly with the “Harm reduction Network Association” and with the support of “Soros – Kyrgyzstan” foundation.

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<sup>51</sup> Country overview: Kyrgyzstan. EMCDDA.

The members of the “Harm reduction Network Association” regularly covered harm reduction activities in the media: on the radio, on TV and in the press.

The staff of the Republican Centre of Narcology for several years participated in TV programmes and organized publications in the press in Kyrgyz and Russian to draw public attention towards the problems of drug use by teenagers and young people.

In 2012 a national “Close to each other – the further off from drugs” media campaign was organized and implemented with a bias towards strengthening family values. Social videos against drug use were developed, in which famous actors, TV presenters, popular athletes, singers, etc. took part. During mass activities under this campaign an ongoing dialogue with young people was established.<sup>52</sup>

A training course on legal aspects of overcoming HIV infection, drug addiction and harm reduction was introduced for the cadets of the Academy of the Ministry of Internal Affairs. A manual on “legal basis for the theory and practice of harm reduction” was developed for this training course.

Every year special activities lasting up to a month were conducted for the World day of combatting use of drugs and their illicit trafficking. During this period training seminars, information and education activities to promote healthy lifestyles for teachers, parents and students, “No to Drugs” and “I Choose Life” campaigns, sports competitions, concert programmes, the Club of the Funny and Inventive, including in correctional institutions are conducted.

The Republican Centre of Narcology on behalf of the Ministry of Health and jointly with the Ministry of Education and Science has implemented a series of preventive activities in the format of seminars, lectures, training workshops, meetings, discussions, campaigns among pupils and students of educational institutions, among the teaching staff of educational institutions, among medical workers and other workers of the healthcare system dealing with general population, among workers of social services, justice, law enforcement, representatives of Judicial Department and the bodies of local self-government.

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<sup>52</sup> *Guidelines for community-based drug prevention in Central Asia. Collective work. National Bureau for drug prevention in Poland. Warsaw 2013. P.45-48.*



## Drug treatment

Voluntary treatment of drug addiction is carried out in state and private treatment facilities and by some NGOs. Medical institutions of the penitentiary system carry out compulsory treatment upon court order and voluntary treatment in rehabilitation centres. After release from correctional institutions people who use drugs have an opportunity to continue their treatment in healthcare institutions and in NGOs on common grounds.

In Kyrgyzstan, people who use drugs are offered the following treatments and services : <sup>53</sup>

- Detoxification at inpatient and outpatient levels at narcological institutions, located in the 42 narcological offices of the district Centres for Family Medicine, in 3 institutions of the cities of Bishkek, Osh, Jalal-Abad and in points of regional united hospitals;
- Inpatient medical and psychological rehabilitation and programmes of outpatient rehabilitation based on the 12 step system in the Republican Centre of Narcology and Osh Interregional Centre of Narcology;
- Programme of methadone substitution maintenance therapy in the Republican Centre of Narcology, Osh Interregional Centre of Narcology and in narcological offices of the Centres for Family Medicine in several regions;
- Motivation for receiving and continuing treatment, prevention of relapse and overdose – at the outpatient level.

A Centre for prevention of drug use among young people has been in operation at the Republican Centre of Narcology since 2006. This institution provides assistance to young people in the sphere of treatment, rehabilitation and prevention of drug use.

### Opium substitution therapy

In Kyrgyzstan opium substitution therapy (OST) started in 2002 in 2 cities – Bishkek and Osh, as pilot projects. The methadone substitution therapy, as a treatment method, was formalized by the Ministry of Health “On conditions and order of conducting substitution therapy for people with drug addiction in the Kyrgyz Republic” (Order of the Ministry of Health No.41, 2001). <sup>54</sup>

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<sup>53</sup> Country overview: Kyrgyzstan. EMCDDA.

<sup>54</sup> National report 2012 (based on the data for 2011). Drug situation in the Kyrgyz Republic. CADAP. P.44.

Since 2008 the “Pilot programme of the methadone substitution maintenance therapy” with the support from GFATM has been implemented in correctional institutions in Kyrgyzstan.

In Kyrgyzstan, OST programmes are mainly funded from international sources. These programmes are also partly funded from the state budget. Despite the fact, that political debate about whether OST is an effective method to counteract HIV infection and drug use epidemics regularly emerges in Kyrgyzstan, the expansion of the OST programme is still going on.

In 2014 there were 30 outlets of OST in Kyrgyzstan: in the city of Bishkek – 6 outlets, in Chuy region – 7, in the southern regions – 10, including 7 outlets in correctional institutions. Over 4,000 people attended the programme for the time of its operation.<sup>55</sup> 1,434 people received methadone OST in 2013, out of them 972 people were from the civil sector and 324 people were in the penitentiary system.<sup>56</sup>

A system of motivation for clients to improve entrance and retention in the OST programme in the Kyrgyz Republic was set up in 2013 with the support of UNDP. The Republican Centre of Narcology agreed upon and approved of revised strategies for motivation and retention of clients, and also provided training for medical and social workers. Since 2013 all participants of the OST programme have received some money to compensate for transportation expenses. Following their participation in the programme, people who use drugs obtained identification papers, opened current accounts and received psychological support and legal aid.

In 2012, the International Centre for AIDS Programmes (ICAP) with the support of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) evaluated OST programmes in Kyrgyzstan. The results of this evaluation showed great demand for and the effectiveness of the OST programme in treating opioid addiction and preventing such diseases as HIV infection and hepatitis.<sup>57</sup>

<sup>54</sup> *National report 2012 (based on the data for 2011). Drug situation in the Kyrgyz Republic. CADAP. P.44.*

<sup>55</sup> *Опиоидная заместительная терапия: достижения и проблемы. See this article at the Official website of the Ministry of Health of the Kyrgyz Republic.*

<sup>56</sup> *Annual report on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan – 2013. UNDP. P.18.*

<sup>57</sup> *Султангазиев Айбар, Болтаев Азизбек. Доказанная эффективность: опыт применения ОЗТ в Кыргызстане. Стр.6 Голос снижения вреда. Выпуск «Опиоидная заместительная терапия», май 2013.*

Based on the results of the evaluation of OST programmes in Kyrgyzstan, the following conclusion were made:

- The frequency of heroin use by patients during the OST programme declined to 1 and less times per week or complete abstinence was registered;
- The percentage of patients who shared injecting equipment during injecting drug use decreased;
- A decrease in total criminal behaviour of patients was observed;
- An improvement of well-being of patients participating in the OST programme was observed .<sup>58</sup>

A number of problems that reduced the effectiveness of OST programmes were also noted:

- Not all correctional institutions had running OST programmes;
- There was a lack of trained staff to work in OST outlets;
- There was no clear system and mechanism of interaction between OST outlets and other services providing support for IDUs;
- There were opponents to OST programmes as a treatment for people who use drugs.
- There was some counteraction on behalf of law enforcement staff against participation of people who use drugs in OST programmes.

### **Treatment of people with drug addiction in correctional institutions**

The order and conditions of provision of narcological assistance in Kyrgyz correctional institutions were defined by Resolution of the Government of the Kyrgyz Republic No. 582 of 23 September 2011.<sup>59</sup>

In correctional institutions, the treatment of drug addiction is carried out:

- in the Narcological Centre of the Central Hospital at Correctional Institution No. 47 of the State Service on Corrections under the Government of the Kyrgyz Republic (the Narcological Centre) on compulsory (court order) and voluntary basis;
- in rehabilitation centres of correctional institutions on voluntary basis.

<sup>58</sup> For more information about this research read the following article: Султангазиев Айбар, Болтаев Азизбек. Доказанная эффективность: опыт применения ОЗТ в Кыргызстане. Стр.7/ Голос снижения вреда. Выпуск «Опиоидная заместительная терапия», май 2013 года.

<sup>59</sup> Order of the Government of the Kyrgyz Republic No.582 "On approving the Instruction on the order and conditions of rendering narcological assistance to people with psychic and behavioural disorders following their use of psychoactive substances in penitentiary institutions of the Kyrgyz Republic" of 23 September 2011. Available at: [http://online.zakon.kz/Document/?doc\\_id=31061043](http://online.zakon.kz/Document/?doc_id=31061043)

The length of the course of inpatient examination and treatment in the therapy department upon court order does not exceed 21 days. The treatment continues 4-6 months at the rehabilitation unit of the Narcological Centre or in rehabilitation centres of correctional institutions. The course of detoxification therapy lasts no longer than 14 days in units of detoxification and substitution therapy, the length of substitution treatment is to be determined before the end of the sentence.

In the Narcological Centre, patients undergo a complete examination of their psychological and somatic condition, and the narcologist establishes a diagnosis of drug addiction. The narcologist is to choose treatment methods taking into account individual characteristics of patients, their diagnoses, and concurrent diseases.

In the medical certificate, made out after the completion of the inpatient treatment course, the doctor of the Narcological Centre is to make notes of its results: the effects achieved, changes in the psychiatric and somatic conditions, the type of setting for refusal from the use of alcohol, narcotic and other drugs.

After completing the course of inpatient treatment, prisoners are moved to correctional institutions according to their regime and are placed under dispensary and preventive supervision in the medical unit of the institution.

Patients with drug addiction are removed from dispensary register in case of death or release from correctional institutions. The information on people who use drugs is sent to the Republican Centre of Narcology for further supervision.

Prisoners who were receiving methadone substitution treatment,<sup>60</sup> by the moment of release from correctional institutions receive complete information on the opportunities to continue participation in the methadone substitution therapy in healthcare institutions.

## Risk and harm reduction

The harm reduction strategy and programmes have started in Kyrgyzstan in 2000. The harm reduction strategy in the Kyrgyz Republic is one of the high priority

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<sup>60</sup> Foreseen in Concept of combating proliferation of drug use and illicit trafficking of drugs in the Kyrgyz Republic, approved by Decree of the President of the Kyrgyz Republic No.445 of 22 December 2004.

strategies to counteract drug use and illicit trafficking of drugs and the prevention of HIV/AIDS among IDUs.

Harm reduction programmes include the following fields of work: <sup>61</sup>

- exchanges of syringes and needles and other means of protections, outreach work;
- methadone substitution therapy;
- information and awareness raising activities and education activities;
- counseling by specialists;
- somatic medical assistance;
- advocacy for people with drug addiction;
- detox therapy for people with drug addiction;
- provision of medical assistance and extended service package in NGOs with social and psychological services and counseling from specialists of specialized institutions.

In 2013 harm reduction programmes covered over 10,000 IDUs (10,777), among them over 1,000 were women.

The total number of outlets where IDUs could get a minimal service package <sup>62</sup> in 2013 reached 46. At the basis of the narcological service and Centres for Family Medicine units, 16 syringe exchange outlets were organized, at the level of NGOs 15 outlets with a minimal service package (the city of Bishkek and also Chuy, Issyk-Kul and Osh regions), out of them 8 outlets were located in the pharmacies operating round the clock in the city of Bishkek and Chuy region. The Syringe exchange programmes were implemented by specialists from both state services and NGOs.

In 2013 7,004,861 syringes; 1,533,280 condoms and 6,766,273 disinfectant swipes were distributed. On the average, every IDUs received 544 syringes, 122 condoms and 526 disinfectant swipes. During 2013 the service was used

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<sup>61</sup> *Country overview: Kyrgyzstan. This overview was prepared within projects funded by the European Commission Programme on Technical Assistance to the Commonwealth of Independent States (TACIS) 2010.*

<sup>62</sup> *The minimal package includes the following components: 1) individual or group consultation, HIV, risky behaviours and prevention booklets; 2) individual protection devices related to risky behaviour: syringes, needles, towels for safe injecting and condoms for safe sex, 3) referral for HIV and STIs tests.*

by 14,743 IDUs in the first half of the year and 10,777 – in the second half of the year. The minimal service package covered about 1,500 IDUs in correctional institutions. Out of them 63 IDUs were referred for participation in the OST programme.<sup>63</sup>

NGOs with the support from international organizations actively participate in the implementation of harm reduction programmes in Kyrgyzstan.

“The Partnership Network”, an association of harm reduction programmes, which is a voluntary association of peer organizations, has operated in the sphere of harm reduction from injecting drug use in Kyrgyzstan since 2004. The strategic directions of its activities are:

- expanding access to services on prevention, treatment and support for HIV, tuberculosis, Hepatitis C, and drug addiction;
- protecting rights of target groups and promoting the interests of NGOs dealing with vulnerable groups;
- extending interagency cooperation.

The association provides the following services :<sup>64</sup>

- advocacy for harm reduction programmes and promotion of services in the sphere of harm reduction, HIV, tuberculosis and hepatitis,
- awareness raising activities,
- counselling, dealing with significant others of the target groups,
- research,
- capacity building training/ seminars for members of the Network, training staff for harm reduction programmes,
- monitoring state programmes and programme monitoring.

Since 2009 there has been a free hotline in the “Socium” public association with financial support from GFATM that has been operating round the clock for people with drug addiction and their relatives. In 2011 the total number of those who called the hotline was 1,720 people, of them: 957 were women and 763 were men. Most of the clients were at the age of 26 – 35 years old.

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<sup>63</sup> *Annual report on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan – 2013. UNDP. P.10-11.*

<sup>64</sup> *Ассоциация программ снижения вреда «Партнерская сеть» Кыргызстана. Статья на сайте: [www.pozlife.org](http://www.pozlife.org)*

Demand reduction and harm reduction programmes are also actively implemented into the penitentiary practice. With the support from international donor organizations the following programmes have been successfully implemented in correctional institutions (2012):<sup>65</sup>

- Minnesota model of rehabilitation for people with addiction to alcohol and drugs. This model is based on the 12 steps methodology of the Community of Alcoholics and Narcotics Anonymous (the Atlantis programme);
- The needle and syringe exchange programme among IDUs has been implemented in 12 facilities of Kyrgyz penitentiary system (in 10 correctional colonies and 2 in a remand centre and a penal colony);
- The methadone substitution therapy programme has been implemented in 3 institutions (in 1 correctional colony and 2 remand centres);
- A training programme for prisoners to prepare them for release and their social adaptation; Bureau of social supervision are in operation in 12 institutions (in 11 correctional colonies and in 1 remand centre).

## International cooperation

Being aware of the importance of international co-operation in combating drugs, Kyrgyzstan has been actively developing international systems of co-ordinations. The Kyrgyz Republic has signed bilateral and multilateral international treaties in the sphere of drugs control and combating illicit drug trafficking with a number of countries.

One of the important events for the country was to join the International Organization of Criminal Police (Interpol). The Kyrgyz Republic also became a member of the International Drug Enforcement Conference, bringing together 91 countries to combat illicit drug trafficking.

Under the aegis of the Bureau for Co-ordination of Combating of Organized Crime and other dangerous crimes, set up by a decision of the Council of Heads of Governments of the CIS of 24 September 1993, within the CIS agencies of internal affairs co-ordinate their anti-drug activities.

Within the Shanghai Co-operation Organization various activities in the anti-drug field are implemented, such as developing draft strategy and action plan for drug

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<sup>65</sup> Order of the Government of the Kyrgyz Republic No.297 "On approving National strategy to develop penitentiary system of the Kyrgyz Republic for 2012-2016" of 15 May 2012



prevention, conducting joint operative and preventive activities “Mousetrap-2012”, conferences and working group meetings, improving exchange of valuable information.

According to the Regulations of the Co-ordination Council of Heads of Competent Bodies to Counteract Illicit drug Trafficking, approved in June 2005 at the session of the Council of the Organization of the Treaty of Collective Security, active work to combat drugs is conducted. This includes annual international operation “Channel”. Kyrgyzstan has also participated in annual international TARSET operations under the UN aegis.

Kyrgyzstan together with other countries that signed the Memorandum of Mutual Understanding on regional co-operation in the sphere of drugs control (Azerbaijan, Kazakhstan, Russia, Tajikistan, Turkmenistan, and Uzbekistan) made a decision to set up the Central Asian Regional Information and Co-ordination Centre (CARICC). The main tasks of the CARICC were to facilitate the organization, implementation and co-ordination of agreed joint international operations to combat illicit drug trafficking, and also to ensure the collection, storage, protection, analysis, and exchange of information on trans-border drug-related crime.

One of Kyrgyzstan's key partners is the EU. As part of co-operation with the EU, the Kyrgyz Republic participated in anti-drug activities under the Central Asian Drug Action Programme (CADAP). The general aim of CADAP programme is to facilitate a gradual adoption of European and International best practices in the field of drug policy and to contribute towards reduction of drug-related problems. At the moment its fifth stage is over and the next stage (CADAP 6) has started within the new strategy of the EU countries to combat drugs in 2013-2020.

CADAP consists of 3 components:

- the DAMOS component is aimed to increase knowledge on drug situation through setting up of a comprehensive and sustainable system of drug situation monitoring in the countries;
- the TREAT component is aimed to support the introduction of state-of-the-art systems of drug dependence treatment;
- the MEDISSA component is aimed to prevent drug use, raise awareness and improve accessibility of treatment.

CADAP builds the capacity to combat drugs on the borders of the Kyrgyz Republic by providing equipment and training for interagency units on risk assessment and by providing training for border control services to exchange intelligence data, profiling and inspection techniques.

Under the MEDISSA component Kyrgyzstan received assistance to prevent proliferation of numbers of new drug users, implement measures of selected/targeted and indicative prevention for high risk groups and to promote treatment and harm reduction measures.<sup>66</sup>

With the support from the EU, the Kyrgyz Republic has also implemented BOMCA, a co-operation programme to manage the borders, since 2003. Kyrgyzstan, Tajikistan, Kazakhstan, Uzbekistan, and Turkmenistan participate in this programme. The BOMCA programme, funded by the EU, facilitates the development of an approach of comprehensive border management, based on 3 main pillars with a direct relation to the Central Asian context: co-operation inside the services, between agencies and at the international level.<sup>67</sup>

UNDP is responsible for implementing this programme. The Country Office in Kyrgyzstan is the headquarters of the programme. The BOMCA programme is aimed at capacity building in the sphere of comprehensive border management by means of personnel training and studying best practices from European countries. Thanks to the BOMCA programme border infrastructure is upgraded through purchases of equipment for border check points and stations.

From 1 July 2011 to 31 December 2013, UNDP, funded by GFATM, jointly with state organizations and NGOs implemented a project "Ensuring accessibility and quality of prevention, treatment, care and HIV detection among the most vulnerable groups of people in Kyrgyzstan". The main partners of UNDP in 2013 to cover vulnerable people with prevention programmes were the narcological service, primary medical sanitary service, the State Service on Corrections, NGOs and a network of private pharmacies in the cities of Bishkek and in the Chuy region. Syringe exchanges units were set up, their activities on the territory of state agencies and NGOs was facilitated. In 2013, UNDP provided the minimum service package 25,520

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<sup>66</sup> *Guidelines for community-based drug prevention in Central Asia. Collective work. National Bureau for drug prevention in Poland. Warsaw 2013. P.7.*

<sup>67</sup> *Partnership for sustainable results. Bishkek, 2009. UNDP. P.52. Available at: [http://www.kg.undp.org/content/dam/kyrgyzstan/Publications/General%20UNDP/kgz-UNDP-Profile\\_Final\\_April-09\\_ENG.pdf](http://www.kg.undp.org/content/dam/kyrgyzstan/Publications/General%20UNDP/kgz-UNDP-Profile_Final_April-09_ENG.pdf)*

times (in 2012 – 25,366 times) through the management of sub-recipients of the GFATM grant. Thanks to these activities, the needs of IDUs for sterile injecting equipment were fully met.

In 2012, UNDP in cooperation with USAID and national partners launched a new programme – HIV express saliva testing for 3 vulnerable groups – IDUs, sex workers and men who have sex with men. To implement this programme, 2 cycles of training seminars were conducted where NGOs staff were trained to diagnose HIV through express saliva testing. In 2013 full access to HIV testing was ensured for people in correctional institutions. In Kyrgyzstan, GFATM is the only source of funding for antiretroviral medication for people living with HIV.

GFATM funds the OST programme in Kyrgyzstan. For the end of 2013, 25 OST outlets operated under the GFATM grant implementation: 20 outlets in institutions of civil healthcare, 5 – in correctional institutions. For consistent work of methadone outlets, UNDP pays for the staff and delivery system, it also ensures purchasing of methadone hydrochloride in line with the annual quota approved by the Committee for Drugs Control of the Kyrgyz Republic, and other materials necessary for the work of the staff.<sup>68</sup> In 2013, UNDP also dealt with the issues of improving the system of substitution therapy clients' motivation to enter and stay in the programme. The partner of UNDP to implement the OST programme in Kyrgyzstan is the Centre for Disease Control and Prevention (CDC) which supports another 4 OST outlets. To monitor the execution of Order No. 69 of 4 December 2012 on approved methadone doses, UNDP jointly with the staff of the Republican Centre of Narcology and the Ministry of Health twice in 2013 made trips to all regions of the country where they had methadone outlets.

All in all, UNDP funded 197 training activities implemented by NGO staff, and 29 training tours that were organized jointly with the ICAP/CDC and WHO for decision makers, medical, social and peer workers, including outside the country (Israel, Spain, Kazakhstan, the USA, and Ukraine).

In 2013, UNDP conducted several research activities, including: "Sentinel Epidemiological Surveillance for HIV infection in the Kyrgyz Republic in 2013", "Basic estimates of the number of IDUs in the Kyrgyz Republic".

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<sup>68</sup> *Annual report on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan – 2013. UNDP. P.18.*

Also in 2013, a Unit for integrated services for people living with HIV was opened at Municipal AIDS centre in the city of Bishkek where from the single window facility patients could obtain several services:

1. HIV testing and counselling;
2. methadone;
3. indication and correction antiretroviral therapy;
4. Tuberculosis testing and counselling,
5. anti-tuberculosis medication.<sup>69</sup>

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<sup>69</sup> *Ibid.*, P.24.

# Conclusions

The drug situation in Kyrgyzstan is mainly determined by the proximity to Afghanistan, as well as by other internal factors, including unemployment, migration, raw material base for production of narcotic drugs, vulnerability of state borders, and limited public budgets to address these issues. In recent years Kyrgyzstan has turned from being mainly a transit country into a country with increased drug consumption.

Like in the other countries of Central Asia, no regular population surveys or other epidemiological monitoring is undertaken in Kyrgyzstan. It is therefore difficult to estimate prevalence rates. Statistical data collected and mainly referred to by the authorities are the figures of registered drug users, seizure rates and convictions for drug related crimes. It is difficult to identify any trends over a longer term. At the same time no regular and systematic assessments of the implementation of existing measures and programmes or evaluation of their results and impact are conducted.

The registration system of drug-related mortality in the Kyrgyz Republic is organized and operating in a way that it is difficult to draw conclusions about the situation on the national scale in terms of mortality rates. The data available from the system shows an increase of drug related deaths for the period of 2012-2013.

On the policy level the government of Kyrgyzstan has adopted a comprehensive national drug strategy and established a co-ordination mechanism for implementation of drug policy measures and programmes. In addition, a wide set of laws has been adopted to create a legal framework for the national drug strategy. However, the implementation of measures and programmes remains difficult and fragmented in view of very limited public funds due to the difficult economic situation in the country. Many programmes that are implemented rely on funding from international donors.

Kyrgyzstan puts equal importance on demand reduction as it does on supply reduction. Other countries in the region still see supply reduction and law enforcement

as the main action to deal with illicit drugs and their use. The authorities put notable emphasis on prevention, which is not only illustrated by the number of public campaigns but also by community and school based programmes.

Like all other states of Central Asia, Kyrgyzstan has a system of drug treatment based on the Soviet system of narcology. The legislation on treatment also allows forced treatment based on court order. Drug dependence treatment in the Kyrgyz Republic is carried out voluntarily in state, private health institutions and in NGOs. Compulsory treatment is carried out in health units of correctional institutions upon court order of compulsory treatment.

Kyrgyzstan was the first country in the region to actively embrace and promote harm reduction programmes and substitution treatment. OST programmes are partly funded from the state budget, but mainly from international sources. Despite the fact that a political debate about the effectiveness of OST resumes in the country from time to time, the expansion of the programme continues. OST is also available in the penitentiary system together with more traditional narcology based treatment modalities, primarily detoxification programmes. For detainees in OST at the time of release a referral system to OST treatment services in the community of residence is organized to ensure a continuity of care.

Harm reduction strategy in the country continues to be one of high priorities of the government. Notable is also the fact that there is also active implementation of demand reduction and harm reduction programmes in the law enforcement and criminal justice sector of the country.

The Kyrgyz Republic is a member state to a number of international treaties and continues to develop international co-operation as a priority in support of their drug strategy. In this respect funding and financial assistance for the implementation of drug policies is of equal importance for the authorities, as the availability of conceptual support and knowledge transfer.

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**Useful links**

1. EMCDDA: <http://www.emcdda.europa.eu>
2. National Statistical Committee of the Kyrgyz Republic: <http://www.stat.kg/en/>
3. Official website of the Government of the Kyrgyz Republic: <http://www.gov.kg>
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