



Uzbekistan

DRUG SITUATION AND DRUG POLICY

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Preface

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

AIDS	Acquired Immunodeficiency Syndrome
CADAP	Central Asian Drug Action Programme
CARICC	Central Asian Regional Information and Co-ordination Centre
CIS	Commonwealth of Independent States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDUs	Injecting drug users
NATO	North Atlantic Treaty Organization
NCDC	National Information and Analytical Centre on Drugs Control
NGO	Non-governmental organization
OSCE	Organization for Security and Co-operation in Europe
OST	Opioid substitution therapy
PWUD	People who use drugs
PLWH	People living with HIV
SCO	Shanghai Co-operation Organization
STIs	Sexually transmitted infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office for Drugs and Crime
WHO	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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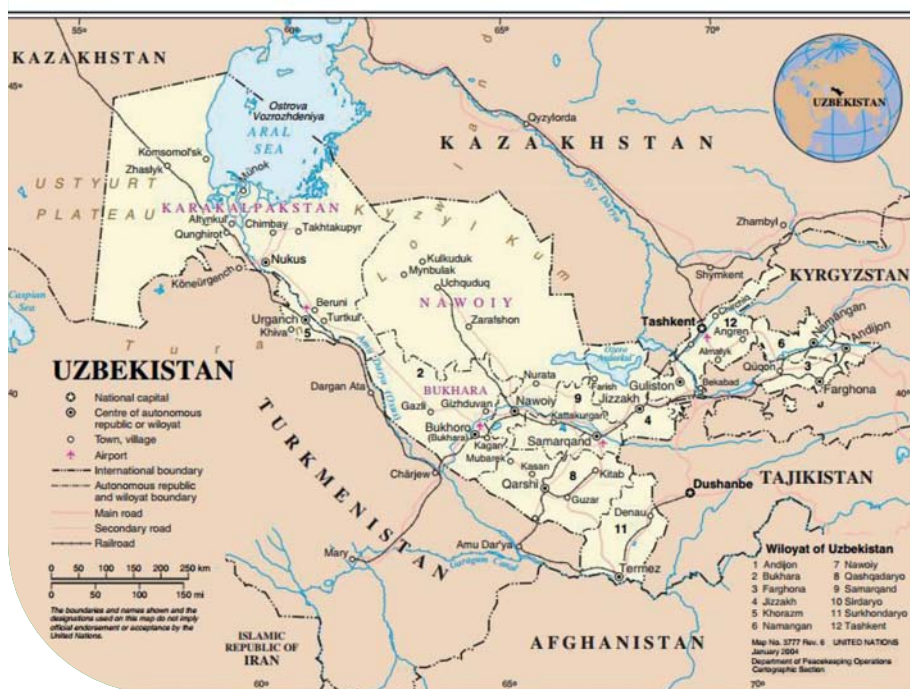


Figure 1. Map of the Republic of Uzbekistan

Introduction

Country overview

Uzbekistan is a state in Central Asia which is a presidential republic. The country has presidential and parliamentary elections on a regular basis.

The total area of Uzbekistan is 447,400 square kilometers. Uzbekistan has borders with Kazakhstan, Turkmenistan, Kyrgyzstan, Tajikistan and Afghanistan. The length of borders of Uzbekistan is 6,621 km.

The Uzbek Republic consists of the Republic of Karakalpakstan, provinces, rural districts, urban districts, cities of regional subordination, towns of district subordination, villages (kishlaks and auls). The capital of Uzbekistan is the city of Tashkent.

The ethnic composition is: Uzbeks – 78%, Russians – 4%, Tajiks – 3.9%, Kazakhs – 3.3%, other nationalities – 10.8%. The state language of the Uzbek Republic is Uzbek. The second important language is Russian.

The currency of Uzbekistan is the sum (1 € = approximately 2800 sum). The gross domestic product for the period from January to September 2014 was 100,309.5 billion sum (January-September 2013 – 108.1%). The foreign trade turnover for the period from January to September 2014 was 21,277.0 billion sum (January-September 2013 – 100.6%). The export was 11,096.9 billion sum, the import was 10,180.1 billion sum.¹

In terms of gold reserves the Uzbek Republic takes the fourth place in the world, in terms of gold production it ranks seventh (about 80 tons of gold annually), in terms of copper reserves – tenth or eleventh place. In terms of uranium reserves Uzbekistan is number eleven or twelve, and in terms of its production it is number seven or eight.

¹ *Macroeconomic indicators for January-September 2014. The State Committee on Statistics of the Republic of Uzbekistan. Available at: <http://www.stat.uz/en/index.php>*

Uzbekistan's mineral material base totals over 1,800 deposits and about 1,000 prospective occurrences of natural resources, 118 types of mineral raw materials of which 65 are in development.²

Uzbekistan exports cotton, gold, uranium ore, natural gas, mineral fertilizers, metals, products of textile and food industry, cars. The country imports industrial products, food stuffs, chemical products, metals.

General demographic statistics

The population of Uzbekistan as of 1 January 2014 was 30,492,800 people.³ The average population density is 65.8 people per 1 square kilometer. In terms of population size, Uzbekistan comes third among the CIS countries after Russia and Ukraine.

In Uzbekistan in 2010-2013 there was a high birthrate and positive population growth. The Republic of Uzbekistan belongs to a group of states with a relatively "young" population. Most of the population are children and young people. For the year from 1 January 2013 to 1 January 2014 the population of Uzbekistan increased by 495,100 people:⁴ 679,519 were born and 145,672 people died.⁵ In the structure of total mortality, 60.4% were the diseases of the circulatory system, 7.7% were neoplasms, 6.2% were accidents, poisonings and injuries, 5.9% were diseases of the respiratory system, and 5.7% were diseases of the alimentary system.⁶

The Uzbek Republic has 120 cities and towns and 115 urban settlements. The size of urban population was 15,552,800 people (51.0% of the total population size), the size of rural population was 14,935,800 people (49.0%).⁷ The number of incoming people in 2013 was 155,084, the number of outgoing people was 189,650.

² Uzbekistan. Wikipedia: <http://en.wikipedia.org/wiki/Uzbekistan>

³ Demographic situation. The State Committee on Statistics of the Republic of Uzbekistan. Available at: <http://www.stat.uz/en/index.php>

⁴ Uzbekistan. Wikipedia: <http://en.wikipedia.org/wiki/Uzbekistan>

⁵ Demographic situation. The State Committee on Statistics of the Republic of Uzbekistan. Available at: <http://www.stat.uz/en/index.php>

⁶ News. In a year, the population of Uzbekistan grew by 495,000 people. The UzReport Information Agency <http://news.uzreport.uz/?lan=e>

⁷ The UzReport Information Agency <http://news.uzreport.uz/?lan=e>

The size of able-bodied population in the economy for January-December 2013 according to rough estimates was 12,523,300 people and had increased as compared to the corresponding period of 2012 by 2.5%. ⁸

⁸ *News. In a year, the population of Uzbekistan grew by 495,000 people. The UzReport Information Agency <http://news.uzreport.uz/?lan=e>*

Drug situation in the Republic of Uzbekistan

Drug use among the general population

No general survey to evaluate the prevalence of drug use among the general population has ever been conducted in the Republic of Uzbekistan.⁹

In 2006, with the support from the United Nations Office for Drugs and Crime (UNODC) Uzbekistan conducted a survey, which was based on the methods developed the European School Survey Project on Alcohol and Drugs (ESPAD), to evaluate the use of alcohol, tobacco and drugs among the pupils of 9th forms in the comprehensive schools.¹⁰

100 comprehensive schools of the city of Tashkent, and the following provinces: Tashkent, Samarkand, Andijan, Bukhara, and Surkhandarya, participated in the survey. They were selected by a method of random sampling. 5,851 children (3,085 girls and 2,766 boys with the 1990 year of birth) were polled and showed a low level of drug use. The number of people, who have used drugs (cannabis and inhalants) 1-2 times in their life time, was 0.5%. These facts were recorded as episodic cases and did not shift to systematic use.

Problem drug use

In, 2006 under the aegis of the UNODC, a survey was conducted in Uzbekistan to evaluate the prevalence of problem drug use. According to the information collected during the survey, the number of problematic injecting drug users (IDUs)

⁹ Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

¹⁰ Страновой отчет «Национальное школьное исследование по алкоголю и наркотикам». Г. Ташкент, 2006. Министерство народного образования.

¹¹ World Drugs Report. 2010. UNODC. P.154.

could reach the figure of 80,000 adults.¹¹ Professionals are doubtful of such a big number of IDUs. Hence the need for clarification of these data by means of scientific epidemiological research.¹²

According to the data from the Ministry of Health, there were 16,045 people who use drugs (PWUD), registered at dispensary narcological institutions in 2013 (in 2012 – 17,235). As compared to the previous year, this number declined by 1,190 people.

Table 1. Number of PWUD registered at dispensary narcological institutions in 2010 – 2013

	2010	2011	2012	2013
Number of people	18,939	18,197	17,235	16,045

The average national indicator of primary incidence of drug addiction in 2013 was 4.0 per 100,000 population (in 2012 – 4.6). The number of PWUD, identified as such and registered at narcological institutions, was 1,581 (in 2012 – 1,730), at that, 76.3% (in 2012 – 79.4%) of people were diagnosed with drug addiction for the first time in their lives.

The total number of people, registered at dispensary and preventive narcological institutions, with non-medical use of psychoactive substances was 17,296 (18,570).

Table 2. Total number of people, registered at dispensary and preventive narcological institutions with non-medical use of psychoactive substances, in 2010 – 2013

	2010	2011	2012	2013
Number of people	20,457	19,702	18,570	17,296

In the structure of drug addictions the number of people addicted to opiates continued to decline: 11,499 (12,914), which was 71.7% (74.9%) of the total number of people registered. At the same time, heroin remained the most used drug among 10,089 people, registered in the dispensary institutions (in 2012 – 11,457 people).

In 2013, the number of IDUs declined – 6,809 people were IDUs (in 2012 – 7,988). The number of PWUD who stopped using drugs was 9,214 people or 57.4%

¹¹ *World Drugs Report. 2010. UNODC. P.154.*

¹² *Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>*

(in 2012 – 54,9%) of the total number of people, registered at the narcological institutions.

Mortality among drug users

The Main Office for Forensic Medical Examination of the Ministry of Health of the Republic of Uzbekistan monitors drug-related mortality in the country.

According to the data from the Main Office for Forensic Medical Examination, the number of lethal outcomes due to drug overdose was 37 cases in 2011; which is 0,13 per 100,000 population (in 2010 – 38).

The number of PWUD, taken from the narcological register at narcological institutions in 2011 due to death, was 532 people (in 2010 – 574), which made up 2.9% of the cumulative number of registered PWUD (1.9 per 100,000 people). In 2011 the total mortality of PWUD was higher by a factor of 6.8, than the mortality of the general population of the same age and gender group.¹³

In 2013 mortality among PWUD registered at narcological dispensaries was 356 cases; of them: 5 cases of drug overdoses and 351 cases – other than overdose.¹⁴

Drug-related crimes

The main factor, affecting the drug situation in the Republic of Uzbekistan, is still drug production in Afghanistan. The “Northern route” of illicit trafficking of Afghan heroin and opium passes through the territory of Uzbekistan. It is worthwhile to note the fact that the climate in the Republic of Uzbekistan is favourable for opium cultivation within the country.

In 2013 law enforcement agencies of Uzbekistan detected 7,680 (in 2012 – 8,155) drug-related crimes, including:

- sale – 3,772 (4,217),
- illicit trafficking – 623 (676),

¹³ Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

¹⁴ Paris pact report. UNODC. 2014. P.173. Available at: <https://www.paris-pact.net/upload/6eaea53ad96285902e6267865d913051.pdf>

- illicit growing of drug-containing plants – 1,491 (1,479),
- other drug-related crimes (illicit trafficking, narcotics den, storage without the aim to sell and involve) – 1,794 (1,783).¹⁵

Table 3. Comparative analysis of detected drug-related crimes in 2010 – 2013¹⁶

	2010	2011	2012	2013
Total crimes	8,854	8,171	8,155	7,680
Sale	4,471	4,271	4,217	3,772
Illicit trafficking	323	522	676	623
Illicit growing	1,491	1,511	1,479	1,491
Other drug-related crimes			1,783	1,794

2,326 kg (in 2012 – 3,043.4 kg) of narcotic drugs were seized from illicit trafficking in 2013, out of them of heroin 121.6 (261.5) kg, of opium 851.3 (770) kg, of marijuana 873.5 (1,451.2) kg, of hashish 143.3 (230.7) kg, of koknar 336.3 (330) kg.¹⁷

Table 4. Comparative analysis of drugs seized from illicit trafficking in 2010 – 2013¹⁸

	2010	2011	2012	2013
Seized in total	4,717 kg	5,404 kg	3,043.4 kg	2,326 kg
Heroin	1,004.4 kg	622.2 kg	261.5 kg	121.6 kg
Opium	519 kg	948 kg 770	kg	851.3 kg
Cocaine	-	149.8 kg	-	-
Marijuana	1,732 kg	3,018 kg	1,451.2 kg	873.5 kg
Hashish	565.4 kg	367 kg	230.7 kg	143.3 kg
Koknar (poppy straws)	896 kg	413.1 kg	330 kg	336.3 kg

¹⁵ Выступление на круглом столе на тему «Основные направления антинаркотической политики Республики Узбекистан» временного поверенного в делах Республики Узбекистан в Российской Федерации Р. Алимова. Центральный интернет-портал шанхайской организации сотрудничества (ШОС). <http://www.infoshos.ru/en/>

¹⁶ The information for 2010-2011 was taken from the materials on “The analysis of the drug situation in the Republic of Uzbekistan for 2011”. The National Information and Analytical Centre on Drugs Control. <http://www.ncdc.uz>

¹⁷ Выступление на круглом столе на тему «Основные направления антинаркотической политики Республики Узбекистан» временного поверенного в делах Республики Узбекистан в Российской Федерации Р. Алимова. Центральный интернет-портал шанхайской организации сотрудничества (ШОС). <http://www.infoshos.ru/en/>

¹⁸ The information for 2010-2011 was taken from the materials on “The analysis of the drug situation in the Republic of Uzbekistan for 2011”. The National Information and Analytical Centre on Drugs Control. <http://www.ncdc.uz>

Trafficking of illicit narcotic drugs is mostly often carried out along the hard-to-control mountainous parts of border and over the Amu-Darya river on self-made floating devices. Narcotic drugs are also transported in hidden places in cars, among fruits and vegetables, in hand luggage, in personal belongings, in personal item, on the body and in body cavities ('body packing') etc.

Table 5. Average wholesale prices (US dollars per kg)

	2009	2010	2011	2012	2013
Heroin	7,500-22,000	8,000-30,000	8,000-50,000	10,000-35,000	8,000-50,000
Opium	1,600-3,500	1,600-3,500	1,500-10,000	1,300-18,000	1,000-10,000
Marijuana	300-800	300-800	500-4,000	500-5,000	500-4,000
Hashish	800-3,000	800-3,000	1,000-10,000	1,000-5,000	1,000-10,000

The cost of narcotic drugs per kg in 2013 varied from 500 to 50,000 US dollars depending on the substance.¹⁹

Table 6. Average retail prices (US dollars per gr)

	2009	2010	2011	2012	2013
Heroin	12-35	12-35	12-50	12-50	12-50
Opium	8-20	8-20	2-25	2-25	4-25
Marijuana	1-3	1-3	1-18	1-18	1-18
Hashish	9-15	6-18	4-15	4-14	4-15

There are still cases of trafficking of illicit narcotic drugs by non-citizens. In 2013, 111 (in 2012 – 136) people were detained in Uzbekistan for committing crimes related to illicit trafficking of narcotic drugs, psychotropic substances and their precursors. In total, the following items were detected and seized from them:

- 133,3 (109,5) kg of narcotic drugs,
- over 1,300 (over 1,900) tablets of psychotropic substances,
- 138 gr (120 litres) of precursors.

¹⁹ Paris pact report. UNODC. 2014. P.171. Available at: <https://www.paris-pact.net/upload/6eaea53ad96285902e6267865d913051.pdf>

Most of detained people are citizens of Afghanistan: in 2013 26 people were detained (in 2012 – 25 people). 24 detained people were citizens of Tajikistan in 2013 (in 2012 – 43), of Russia – 24 (23) and Kazakhstan – 14 (21).

Table 7. Comparative analysis for 2010-2013 ²⁰

	2010	2011	2012	2013
Total number of detained foreign citizens	115	107	136	111
Seized narcotic drugs in kg	314.6	182.5	109.5	133.3
Seized tablets of psychotropic substances	43,366	1,291	Over 1,900	Over 1,300
Seized precursors in litres	0	274	120	138

The judiciary bodies of the Republic of Uzbekistan in 2013 processed 3,661 (in 2012 – 3,578) criminal cases related to illicit drug trafficking. With regard to 4,866 (4,953) people appropriate measures of punishment were taken.

Table 8. Comparative analysis for 2010 – 2013 ²¹

	2010	2011	2012	2013
Processed criminal cases related to illicit trafficking of drugs	4,472	3,922	3,578	3,661
Measures of punishment taken	5,828	5,248	4,953	4,866

Situation in prisons

There were about 46,200 prisoners in Uzbekistan in 2013, which is 4,000 more than in 2009. According to the data from the Government of the Republic of Uzbekistan, the number of prisoners dropped by 50% in the period from 2000 to 2012. Men, women and minors in prisons were kept separately. ²²

²⁰ The information for 2010-2011 was taken from the materials on "The analysis of the drug situation in the Republic of Uzbekistan for 2011". The National Information and Analytical Centre on Drugs Control. <http://www.ncdc.uz>

²¹ Ibid.

²² 2013 Country reports on human rights practices: Uzbekistan. US Government reports. Bureau of Democracy, Human Rights and Labor. Available at: http://uzbekistan.usembassy.gov/2013_hrp.html

At the same time, there were about 48,000 prisoners serving sentences in correctional institutions of the Republic of Uzbekistan as of August 2006.²³ 21.4% of prisoners served sentences for drug-related crimes, of them:

- 33.9% - in penal colonies of “general” regime;
- 20.8% - in penal colonies of “strict” regime;
- 9.3% - in penal colonies of “mixed” regime;
- 4.6% - in penal colonies of “special” regime;
- 6.9% - in penitentiary treatment facilities;
- 0.05% - in prisons.

Epidemiological situation

According to official statistical data, there were 28,250 people living with HIV infection (PLWH) registered in the Republic of Uzbekistan as of 1 January 2014²⁴. The prevalence of HIV in the population was 14.1 per 100,000 people as of 1 January 2014.²⁵

According to the data from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of PLWH in the Republic of Uzbekistan was 35,000 (27,000-48,000) in 2013.²⁶

The proportion of parenteral route of transmission among PLWH was 40.6%, the proportion of sexual route was 41.8%, the vertical route accounted for only 3.4% as of 1 January 2014. Thus, the predominant route of transmission for the HIV infection in the Republic of Uzbekistan was the sexual route. Whereas for 1 January 2012 the parenteral route of transmission still

²³ United Nations Office on Drugs and Crime Regional Office for Central Asia & Canadian HIV/AIDS Legal Network (2010), *Accessibility of HIV prevention, treatment and care services for people who use drugs and incarcerated people in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Legislative and policy analysis and recommendations for reform. P.440.* http://www.unodc.org/documents/centralasia/Accessibility_of_HIV_prevention_treatment_and_care_eng.pdf

²⁴ Национальный доклад о ходе выполнения Декларации о приверженности делу борьбы с HIV/AIDS специальной сессии Генеральной Ассамблеи ООН. Республика Узбекистан. Отчетный период: январь – декабрь 2013. P.3. http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/UZB_narrative_report_2014.pdf

²⁵ *Ibid.*, P.11.

²⁶ Uzbekistan. UNAIDS: <http://www.unaids.org/en/regionscountries/countries/uzbekistan>

prevailed which accounted for 44.6% (the sexual route was 37.2%, and the vertical route was 3.7%).²⁷

Some cases of HIV infection were registered in every administrative territory of the Republic of Uzbekistan. A high proportion of women in the general structure of PLWH was observed. In 2013 among the PLWH there were 46.3% (1,968 people) of women and 53.6% (2,279 people) of men of the number of newly registered cases. In 2013 out of the number of newly registered cases of HIV, 65.2% were people at the age of 25-49 years.²⁸

Analysis of dynamics from the results of Sentinel Epidemiological Surveillance showed that the prevalence of HIV infection among the vulnerable groups of people dropped by a factor of 2 in the period from 2005 to 2011. There was also an on-going tendency for the prevalence of HIV among IDUs to decrease. According to the data from Sentinel Epidemiological Surveillance, the prevalence of HIV among IDUs was 7.3%.²⁹ This tendency is observed in relation to large scale prevention activities conducted among the vulnerable groups.

Table 9. Prevalence of HIV among IDUs

Sentinel group	Results of Sentinel Epidemiological Surveillance, in %			
	2007	2009	2011	2013
IDUs	13.0	11.0	8.4	7.3

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

²⁷ Национальный доклад о ходе выполнения Декларации о приверженности делу борьбы с ВИЧ/СПИД специальной сессии Генеральной Ассамблеи ООН. Республика Узбекистан. Отчетный период: январь – декабрь 2013 года. Р.3. http://www.unaids.org/sites/default/files/en/data-analysis/knowyourresponse/countryprogressreports/2014countries/UZB_narrative_report_2014.pdf

²⁸ Ibid., P.3,11.

²⁹ Ibid., P.11.

All examinations among the general population are conducted according to “The national implementation plan of the strategical programme to combat the proliferation of HIV infection in the Republic of Uzbekistan in 2013 – 2017” and “A set of supplementary measures to implement the United Nations Millennium Development Goals in Uzbekistan in 2011 – 2015”.

The available data indicate a stable growth of the HIV epidemic and stress the need for strengthening activities aimed at both preventing the injecting route of HIV transmission among IDUs and ensuring safety of medical manipulations, and preventing the sexual route of infection transmission among the vulnerable groups of people: sex workers, men having sex with men, migrants, and their sexual partners.

Drug policy in the Republic of Uzbekistan

National drug strategy

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

Law No.813-I “On narcotic drugs and psychotropic substances” of 19 August 1999 entered into force at the beginning of 2000. This Law “regulates public relations in the sphere of trafficking of narcotic drugs, psychotropic substances, and precursors, and has an aim to combat their illicit trafficking, protect people’s health and ensure state security”.³⁰

With a view to further implement integrated measures to counteract the abuse of drugs and their illicit trafficking, to improve the system of narcological medical assistance, normative and legal provision of anti-drug activities by Resolution of the State Commission on Drugs Control of the Republic of Uzbekistan No.11/11 “The programme of integrated measures to counteract the abuse of drugs and their illicit trafficking for 2011 – 2015” of 8 June 2011 was developed and approved.

The main aims and tasks under the Programme are:

- Improving the mechanism and increasing the effectiveness of measures to combat illicit trafficking of narcotic drugs, psychotropic substances and their precursors;
- Further strengthening material, technical and human potential of the authorized agencies, specialized in combatting drug business, prevention and treatment of drug addiction;

³⁰ Article 1 of Law “On narcotic drugs and psychotropic substances”.

- Implementing ongoing control over the scope of prevalence and illegal use of narcotic drugs in the Uzbek Republic;
- Upgrading and developing the system of narcological assistance to people, further implementing and utilizing modern technologies of prevention, diagnostics, treatment and rehabilitation of people with drug addiction;
- Improving the system of monitoring the proliferation of drug use;
- Improving 'anti-drug propaganda', conducting targetted work to prevent the proliferation of drugs and the related crimes;
- Improving and expanding international and interagency co-operation in the field of combatting abuse of drugs and their illicit trafficking;
- Improving legislation for effective implementation of treatment programmes and medical drug prevention.

Co-ordination mechanisms in the sphere of drug policy

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

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

All state bodies, structures, institutions, organizations, and enterprises, irrespective of their status, public associations of people are obliged to render assistance to the State Commission on Drugs Control when it performs its duties and functions.

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

The main tasks of the the NCDC are : ³¹

³¹ *Organization of activities by NCDC. Main tasks and functions. The National information and analytical centre on drugs control under the Cabinet of Ministers of the Republic of Uzbekistan: <http://ncdc.uz/en>*

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

Various structures and agencies developed interagency plans to resolve problems related to the co-ordination of intersectoral and interagency co-operation mechanism in the sphere of preventive work among the population.

Drug-related legislation

The Uzbek Republic is a signatory to a number of international conventions, agreements and treaties, including the Single Convention on Narcotic Drugs of 1961, The Convention on Psychotropic Substances of 1971 and the Convention on combating illicit trafficking of narcotic drugs and psychotropic substances of 1988.

The fundamental legislation that defines Uzbekistan's drug policy, is as follows : ³²

- Law No.265-I "On protection of people's health" of 29 August 1996.
- Law No.813-I "On narcotic drugs and psychotropic substances" of 19 August 1999.
- Law No.753-XII "On compulsory treatment of people with chronic alcoholism, narcomania or toxicomania" of 09 December 1992.

³² Normative legal documents were taken from the following sources:

1. Section "Documents" The Ministry of Health of the Republic of Uzbekistan: <https://www.minzdrav.uz/en/documentation>

2. Раздел «Документация». Медицинский портал Узбекистана: <http://www.med.uz/documentation>

3. Сборник нормативно-правовых документов, регламентирующих деятельность наркологической службы. Составители: Турсунходжаева Л.А., Баймирова Л.Т., Мокий А.В. Министерство Здравоохранения Республики Узбекистан. Ташкент, 2011.

- Law No.123-II “On psychiatric assistance” of 31 August 2000.
- Law No.816-I “On prevention of the disease caused by the Human Immunodeficiency Virus (HIV infection)” of 19 August 1999.
- Law No.3PY-353 “On counteraction to proliferation of the disease caused by the Human Immunodeficiency Virus (HIV infection)” of 23 September 2013.
- The Criminal Code (approved by Law No.2012-XII of 22 September 1994).
- Criminal Procedure Code (approved by Law No.2013-XII of 22 September 1994).
- Code on Administrative Responsibility (approved by Law No.2015-XII of 22 September 1994).

Other normative legal documents, that regulate the provision of narcological assistance to people and define the policy in the sphere of HIV/AIDS prevention among IDUs in the Republic of Uzbekistan, are:

- Resolution of the President of the Republic of Uzbekistan No.ПП-2221 “On the state programme of further strengthening the reproductive health of people, protection of health of mothers, children and teenagers in Uzbekistan for the period of 2014 – 2018”.
- Resolution of the President of the Republic of Uzbekistan No.1652 “On measures for further reform of the health care system” of 28 November 2011.
- Resolution of the President of the Republic of Uzbekistan No.1023 “On supplementary measures towards increasing effectiveness of counteraction to proliferation of HIV infection in the Republic of Uzbekistan” of 26 December 2008.
- Appendix No.1 to Resolution of the President of the Republic of Uzbekistan No.ПП-1023 “The unified system of combatting AIDS in the Republic of Uzbekistan” of 26 December 2008.
- Appendix No.2 to Resolution of the President of the Republic of Uzbekistan No.ПП-1023 “The list of members of the Republican Commission to co-ordinate the activities to counteract proliferation of HIV infection” of 26 December 2008.
- Appendix No.3 to Resolution of the President of the Republic of Uzbekistan No.ПП-1023 “Regulation on the Republican Commission to co-ordinate the activities to counteract proliferation of HIV infection” of 26 December 2008.
- Resolution of the Cabinet of Ministers the Republic of Uzbekistan No.255 “On approving the state programme to counteract proliferation of HIV infection in the Republic of Uzbekistan in 2014 – 2016” of 10 September 2014.

- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.123 “On approving the regulation on implementation of projects or programmes of technical assistance in the sphere of drug prevention and combating illicit trafficking of drugs, funded by foreign, international organizations or other states” of 23 June 2010.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.472 “On approving regulations defining the order of trafficking of narcotic drugs, psychotropic substances, and their precursors in the Republic of Uzbekistan” of 29 October 2003.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.293 “On import, export and transit of narcotic drugs, psychotropic substances, and precursors through the territory of the Republic of Uzbekistan” of 31 July 2000.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.315 “On licensing activities, related to trafficking of narcotic drugs, psychotropic substances, and their precursors” of 16 July 2003.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.195 “On approval of the Regulations on specialized health care institutions for compulsory treatment of patients with chronic alcoholism or narcomania” of 1 May 1993.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.532 “On improving the system of funding for treatment and prevention institutions” of 2 December 1997.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.6 “On approving the Regulation ‘On the order of registering activities, related to trafficking of narcotic drugs, psychotropic substances, and their precursors in the Republic of Uzbekistan’” of 8 January 2009.
- Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No.1 “On measures to improve organizational structure and activities of AIDS centres” of 5 January 2009.
- Resolution of the Ministry of Health of the Republic of Uzbekistan No.8 and the Ministry of Internal Affairs of the Republic of Uzbekistan No.18 “On amendments and supplements to Resolution ‘On approving the Regulation on technical requirements for storage of narcotic drugs, psychotropic substances, and their precursors’” of 16 June 2014.
- Resolution of the Ministry of Health of the Republic of Uzbekistan No.29 “On the use of narcotic drugs, psychotropic substances, and their precursors for medical purposes” of 19 January 2001.
- Order of the Minister of Health of the Republic of Uzbekistan No.278 “On approval of the Instruction on registration and supervision of people with narcomania or toxicomania, allowing non-medical use of narcotic drugs or psychotropic substances” of 15 June 2005.

- Order of the Minister of Health of the Republic of Uzbekistan No.200 "On approval of the National Protocol to implement express HIV testing in trust points" of 12 June 2014.
- Order of the Minister of Health of the Republic of Uzbekistan No.4 "On amendments and supplements in the Regulations on conditions of storage, delivery, sale, distribution, record keeping of narcotic drugs, psychotropic substances, and their precursors" of 24 March 2014.
- Order of the Minister of Health of the Republic of Uzbekistan No.88 "On implementing adapted national WHO protocols on HIV infection" of 30 March 2012.
- Order of the Minister of Health of the Republic of Uzbekistan No.527 "On approval of the Regulations on conditions of storage, delivery, sale, distribution, record keeping of narcotic drugs, psychotropic substances, and their precursors" of 28 November 2001.
- Resolution of the Ministry of Internal Affairs of the Republic of Uzbekistan No.4 and the Ministry of Health of the Republic of Uzbekistan No.3 "On approval of the Regulations on transportation of narcotic drugs, psychotropic substances, and their precursors in the Republic of Uzbekistan" of 17 March 2008.
- Order of the Minister of Health of the Republic of Uzbekistan No.480 "On improving preventive activities and organizing medical and social assistance with regard to HIV infection in the Republic of Uzbekistan" of 30 October 2007.
- Order of the Minister of Health of the Republic of Uzbekistan No.1090 "On approval of the Regulations on conditions of storage, delivery, sale, distribution, record keeping of narcotic drugs, psychotropic substances, and their precursors" of 29 December 2001.
- Regulations on transportation of narcotic drugs, psychotropic substances, and their precursors in the Republic of Uzbekistan. Approved by Resolution of the Ministry of Internal Affairs No.4 and the Ministry of Health No.3 of 17 March 2008, registered by the Ministry of Justice on 16 April 2008 No.1791.

Uzbekistan continues to improve the normative and legal base that regulates the activities of the narcological service. The Ministry of Health developed and approved Regulations "On identification, listing, examination and medical and social rehabilitation of minors, abusing alcoholic drinks, narcotic drugs, psychotropic and other substances that affect the intelligence and volition".

Uzbekistan also has developed protocols and standards of diagnostics, treatment and medical and social rehabilitation of narcological patients, approved by the Ministry of Health:

- Protocol of “treating opioid addiction” (22 November 2014);
- Protocol of “treating cannabis addiction” (22 November 2014);
- Protocol of “treating addiction to sedative and hypnotic drugs” (22 November 2014);
- Protocol of “treating addiction to volatile substances” (22 November 2014);
- Standard of medical and social rehabilitation of people addicted to psychoactive substances (f10-f19) in the system of narcological assistance (20 February 2009);
- Standard of “remission of opium addiction” (20 February 2009);
- Standard of “remission of hashish addiction” (20 February 2009);
- Standard of “remission of toxicomania caused by volatile substances” (20 February 2009);
- Standard of “post abstinence condition” (20 February 2009);
- Standard of “acute intoxication of severe degree caused by the use of volatile substances” (20 February 2009);
- Standard of “acute intoxication of opioids” (20 February 2009);
- Standard of “acute intoxication of cannabis” (20 February 2009);
- Standard of “opium abstinence syndrome” (20 February 2009);
- Standard of “abstinence syndrome (withdrawal syndrome)” (20 February 2009).

Legislation regulating the activities of “trust points” and AIDS centres that provide harm reduction services has also been improved. Order of the the Ministry of Health included motivation of patients to cease drug use and to refer to narcological institutions into the list of “trust point” service standards. Order of the the Ministry of Health “On increasing the effectiveness of ‘trust points’” has also been developed.

The issues of combating proliferation of HIV infection have been integrated into the following national programmes:

- “The Strategical Programme to combat proliferation of HIV infection in the Republic of Uzbekistan for 2013 – 2017”,
- “A Set of supplementary measures to implement the United Nations Millennium Development Goals in the Republic of Uzbekistan for 2011 – 2015” (2011).³³

³³ Национальный доклад о ходе выполнения Декларации о приверженности делу борьбы с ВИЧ/СПИД специальной сессии Генеральной Ассамблеи ООН. Республика Узбекистан. Отчетный период: январь – декабрь 2013 года. P.20. http://www.unaids.org/sites/default/files/en/data-analysis/knowyourresponse/countryprogressreports/2014countries/UZB_narrative_report_2014.pdf

Drug prevention

continuously implementing prevention activities on healthy lifestyles and prevention of drug use among people.

The Ministry of Health, with the financial support from the Organization for Security and Co-operation in Europe (OSCE), has published a training manual “Primary prevention of drug addiction among pupils of comprehensive schools” in the Uzbek and Russian languages.

The Chair of Valeology of the Tashkent Institute of Extension Course for Doctors developed a 144-hour training programme “Principles of Valeology and behavioural problems” for valeologists and doctors of all disciplines. Jointly with the Ministry of Health they conducted training for 640 teachers of “the Basics of healthy lifestyles” school subject.

The Tashkent municipal narcological dispensary jointly with the Chair of narcology from the Tashkent Institute of extension course for doctors developed an 18-hour programme for teachers on the issues of prevention and early detection of addiction to psychoactive substances among children and teenagers. Teachers from comprehensive schools learn the symptoms of use of specific psychoactive substances, medical and social consequences of their abuse; the basic principles of drug prevention; the methods of work with parents. Also, under this programme the role of schools and families in drug prevention is covered; teachers also learn interactive methods of prevention work with schoolchildren.

Drug prevention in schools is implemented within lessons on “Healthy lifestyles”: “Health classes” for 1–4 forms; “The basics of healthy generations” for 5–9 forms for 17 academic hours per year.³⁴ In the educational institutions of Uzbekistan 16-hour optional lessons of “Healthy lifestyles” are conducted with the help from qualified narcologists.

Special attention is given to the quality of training materials on drug prevention, HIV infection, other sexually transmitted infections (STIs). An expert group has been formed to revise training materials, visual aids, and teaching aids used in educational institutions.³⁵

³⁴ *Повышение эффективности профилактических программ для подростков и молодежи в странах Восточной Европы и Центральной Азии. Материалы региональной конференции по профилактике ВИЧ и формированию здорового образа жизни в образовательной среде. Алматы. Казахстан. 2011 г. Р.11.*

³⁵ *Ibid., P.56.*

“Uzbekteatr”, a creative association, prepared artistic performances devoted to the problem of drug addiction for students of higher education institutions. Schools have been provided with drug prevention posters and DVDs with films.

An 18-hour training programme for primary healthcare doctors is organized to cover the issues of early detection and prevention of alcoholism, drug addiction and toxicomania.

Narcologists annually hold lectures and seminars for various population groups, and regularly make presentations in mass media programmes. Thus, in 2013 narcological institutions of the Republic of Uzbekistan conducted 2,436 seminars (in 2012 – 1,919), 8,598 (in 2012 – 8,387) lectures, 635 (in 2012 – 599) appearances in the mass media (newspapers, radio, television). They also continuously provide consultative assistance to people via hotlines.

The NTT TV Channel launched 2 talk-shows about the drug problem for young people. A special nomination of “Best video on preventing negative effects of drug use” was presented at the First National Festival of Social Videos.

The Ministry of Higher and Specialized Secondary Education conducted a sociological survey among the students of vocational schools from the following provinces: Andijan, Qashqadaryo, Sirdaryo, and Fergana, to study the effectiveness of implemented prevention measures. Over 1.2 million people were polled. The results showed that 95.5% of young people know about the negative consequences of using psychoactive substances.

The Doctors’ Association of Uzbekistan implemented a project “Awareness of students of vocational schools and higher education institutions about harmful consequences of drug use”, under which trained facilitators in the National University and in a number of vocational schools in Tashkent conducted awareness raising activities on drug prevention were conducted for 1,150 students.

The Ministry of Internal Affairs from 1 February to 1 March 2011 organized a month of activities in the country to prevent drug use among young people and identify people who sell drugs and involve other young people into drug use.

During this month anti-drug meetings and lectures were conducted in higher education institutions, vocational and comprehensive schools. These activities were attended by over 3.6 million students and schoolchildren. Apart from that,

meetings and lectures were conducted in 2,500 institutions, organizations and enterprises where young people are a majority.

Within the framework of activities to combat drug use during a month devoted to the International day of combating drug use (26 June) in academic lyceums and vocational schools meetings and lectures were conducted under the title of "Combatting drug use is everyone's duty", "The road to abyss"; theatrical performances and film shows were also conducted. In the central streets there were banners with social advertisements. Both republican and local newspapers featured about 500 special materials.

The Women's Committee of Uzbekistan ³⁶ specially prepared 7,314 councillors of mahallin committees which conducted educational work for 130,300 families with labour migrants to prevent drug use and HIV. As a result of these efforts, over 54,000 people participated in the voluntary testing for HIV.

The Muslims' Administration of Uzbekistan prepared and distributed theses of a special Friday sermon "Drug use is the enemy of health and spirituality of people" in all the mosques.

Narcologists conducted training seminars on early detection of addiction to psychoactive substances for teachers, doctors of rural ambulances, activists of mahalleis.

Under the special UNODC project GLOK01 "Preventing the abuse of psychoactive substances, HIV/AIDS and crime among young people through family skills training programmes" in 4 pilot schools in Tashkent specialists conducted classes in an interactive manner on the programme "Family And School Together". The classes are meant to strengthen families and ties between parents and their children, developing healthy behavioural skills in children and strengthening parents' responsibility for their families. ³⁷

³⁶ *The Women's Committee of Uzbekistan is the most numerous and authoritative women's organization of Uzbekistan. It has over 3 million collective and individual members. The main areas of activity: 1. Social and professional protection of women in transition periods; 2. Reproductive rights and reproductive health issues, demography and environmental protection; 3. Female employment issues, developing entrepreneurship, small and medium business for women; 4. Development of Uzbekistan female movement and integration of it into international female movement.*

³⁷ *Информационный бюллетень о наркоситуации. Центральноазиатский регион 2012. Ташкент, 2013. Национальный информационно-аналитический центр по контролю за наркотиками при Кабинете Министров Республики Узбекистан. Р.52.*

The Mahallya Foundation, with participation of religious figures and the Women's Committee of Uzbekistan, conducted over 30,000 activities in mahallin councils in communities to prevent drug use "We are supporters of healthy lifestyles", "Drug use and its negative consequences", "Life without drugs" and other activities covering over 1.6 million people.

Under the supervision of the Ministry of Higher and Vocational Education of the Republic of Uzbekistan, the State Institute of Physical Culture and the "Family" Scientific and Practical Centre implemented a project with a title of "Scientific, practical and methodological issues of organizing a service of psychological assistance in Uzbekistan". This project was aimed at implementing social, psychological and educational measures to counteract destructive and antisocial influence on young people.³⁸

About 3,000 sport groups and 926 clubs were available for children from low-income and incomplete families.

"Camolot", a public movement of young people, with the support and funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) conducted its activities under the project "Expanding coverage, increasing quality and volume of services on HIV prevention for most vulnerable groups in the Republic of Uzbekistan".

Active work is carried out to facilitate employment of drug users. In 2012 about 5,000 people were involved in public paid jobs.³⁹

No information is available as to any evaluation or assessment of these activities and programmes that were carried out.

Drug treatment

The state established a guaranteed list of medical services that are provided for free in health care institutions in Uzbekistan.⁴⁰ Both, people without citizenship, who reside in the country, and citizens of the Republic of Uzbekistan enjoy the

³⁸ *Ibid.*, P.53.

³⁹ Информационный бюллетень о наркоситуации. Центральноеазиатский регион 2012. Ташкент, 2013. Национальный информационно-аналитический центр по контролю за наркотиками при Кабинете Министров Республики Узбекистан. P.53.

⁴⁰ Law "On citizen's health protection", Article 8.

right to health protection. This right is guaranteed on the basis of bilateral agreements between states.⁴¹

To diagnose drug addiction and toxicomania, as well as in treatment of people with drug addiction and toxicomania, any substances and methods that are not specifically prohibited by the Ministry of Health of the Republic of Uzbekistan are used.

Narcological assistance to people with drug addiction is provided upon their request or with their consent, and to young people below 14 – upon request or with consent of their parents or other legal representatives.

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

Provision of “narcological assistance” to people with drug addiction is regulated by Law No.813-I “On narcotic drugs and psychotropic substances” of 19 August 1999.

According to Article 44 of this Law, “narcological assistance” includes:

- examination,
- counselling,
- diagnostics,
- treatment,
- medical and social rehabilitation.

These types of assistance to people with drug addiction are provided in licensed institutions of state and private healthcare systems.

When organizing narcological assistance, the following principles are observed:

- guaranteed anonymous registration and confidentiality,
- accessibility of narcological assistance,
- equal access to health care services,
- multi-level structure of narcological assistance,
- expert activities, etc.

⁴¹ *Ibid.*, Article 14.

The following institutions provide narcological assistance to people with drug addiction in the Republic of Uzbekistan: ⁴²

- The Republican Narcological Centre,
- 16 regional narcological dispensaries (13 of them have in-patient units),
- 3 narcological in-patient clinics,
- 11 narcological departments as part of psychiatric hospitals,
- 174 district narcological offices at central polyclinics,
- 34 teenage offices.

There are in total 1,812 beds in the country for treatment of narcological patients. Narcological assistance is also provided in 18 private clinics that have a license for such services.

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

The Regional UNODC Office, under the joint UNODC and WHO drug dependence treatment programme, launched an AD/GLO/J71 "Treatnet II – Treatment of drug dependence and its health consequences" project in the Republic of Uzbekistan in 2009 – 2011 to implement new approaches to treatment of narcological patients.

This project was aimed at facilitating the development of the treatment system for PWUD in Central Asian countries, and also at reducing negative effects of drug addiction.

This project was implemented in Uzbekistan in the following directions:

- Conducting research and needs assessment of health care institutions for new treatment methods for PWUD;
- Providing organizational and methodological assistance to narcological institutions to train professionals in providing social and psychological assistance to PWUD;

⁴² Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

- Setting up a First Aid Centre for PWUD which would operate at one of the narcological institutions of the Ministry of Health;
- Developing training and methodological programmes for qualification promotion of medical and social workers, involved in the treatment and rehabilitation of PWUD;
- Implementing inexpensive and quality services to treat PWUD.

Under this project, approbation of a holistic model of narcological assistance and methods of treatment for heroin addiction with the use of naloxone and naltrexone, the antagonists of opioid drugs, was carried out at the Municipal Narcological Dispensary in Tashkent. These medications were purchased for the total amount of 19,000 US dollars for the purpose of this project.

Naloxone was not included in a list of basic medicinal drugs in Uzbekistan until 2009. State procurement of this medicinal drug was not performed. In 2009 naloxone was included in the List of essential medicinal substances. The Government started to purchase this substance which made it possible to use for treating overdoses in health care institutions.

Cognitive-behavioural therapy and motivational psychotherapy were introduced into treatment programmes for PWUD at the Municipal Narcological Dispensary in Tashkent. The Project working group designed a questionnaire to assess patients' satisfaction with the services provided in in-patient and out-patient departments.

The Working Group developed out-patient and in-patient medical and social rehabilitation programmes for PWUD.

Under this project, the Ministry of Health approved of the following methodological recommendations:

- "Designing programmes of medical and social rehabilitation programmes for PWUD",
- "Using 'Addiction severity Index' to assess the need of PWUD for social assistance",
- "Providing social assistance to PWUD",
- "Developing an individual plan to provide narcological assistance to PWUD".

According to Law No.753-XII "On compulsory treatment of people with chronic alcoholism, narcomania or toxicomania" of 9 December 1992, compulsory treatment of people with chronic alcoholism and narcomania is carried out in specialized treatment and prevention institutions of the Ministry of Health of the Republic of Uzbekistan.⁴³

Compulsory treatment is used for people with chronic alcoholism and drug addiction, who have violated public order or the rights of other people; or who poses threat to safety, health and morals of people (A part in the edition of Law No.175-II of 15 December 2000). The corresponding medical institutions perform the procedure of finding a person ill with chronic alcoholism or drug addiction in a manner set out by the Ministry of Health of the Republic of Uzbekistan.

In case a person does not agree to the diagnosis of drug addiction, he may file a complaint to the superior bodies of health care or to the court.

If a person with drug addiction evades medical examination for referral to compulsory treatment, then he or she will be subjected to compulsory examination at a narcological institution within 10 days by law enforcement agencies of the Ministry of Internal Affairs.

People are referred to compulsory treatment for alcoholism or drug addiction upon court order following an open court hearing with a medical expertise and on the basis of materials prepared and submitted by the agencies of the Ministry of Internal Affairs on their initiative or following a petition from members of the family or relatives of the patient, colleagues, medical institutions, and also from district, municipal, district in the cities commissions for combating alcoholism and drug addiction.

Compulsory treatment is carried out in specialized health care institutions of the Ministry of Health of the Republic of Uzbekistan. Compulsory treatment is carried out in accordance with the standards of diagnostic, treatment, and medical and social rehabilitation of narcological patients, approved by the the Ministry of Health of the Republic of Uzbekistan in December 2006.

⁴³ The title of this Law in the version of Law No. 175-II of 15 December 2000.

The duration of compulsory treatment is determined by a commission decision if a health care institution within 5 days from the moment of placing the patient for treatment. Such clinical indicators as the length of disease, the degree of personality changes, the severity of clinical manifestations of dependence syndrome, and the level of social disadaptation of PWUD are taken into account when determining the duration of treatment.

The system of narcological registration in Uzbekistan includes dispensary registration and preventive supervision of drug users. It is implemented according to the Instruction, approved by Order of the Ministry of Health of the Republic of Uzbekistan No.278 of 15 July 2005. The dispensary registration is done in the place of residence of the drug user at the local narcological institution. Dispensary supervision of patients is not conducted in case of their voluntary referral for narcological assistance to offices of anonymous treatment.

During dispensary supervision patients receive qualified medical assistance which is meant to ensure a state of long remission. After the onset of a steady remission, dispensary register is set for a term of 3 years. In the first year of remission, examinations are conducted once a month. In the second year of remission, patients are examined once every 2 months, in the third year of remission – once every 3 months.

Dispensary register is terminated due to the following reasons:

- Steady remission during which the patient completely abstains from the use of psychoactive substances and alcohol within 3 years;
- Changes in a place of residence, when the patient leaves the catchment area of this narcological institution;
- Imprisonment sentence (for longer than 1 year),
- Death of the patient.

PWUD without clinical manifestations of dependence are subject to preventive supervision with an aim to prevent development of drug dependence. Examinations of drug users, registered at a narcological institution, are conducted at least once a month. In case of total abstinence and no signs of dependence, prevention supervision is terminated after 1 year. In case drug use is resumed, the patient is re-registered in the dispensary register. ⁴⁴

⁴⁴ Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

Opioid substitution therapy

In 2001 the Republic of Uzbekistan adopted recommendations of Oliy Majlis, the highest legislative body of Uzbekistan, of expediency of a pilot project with opioid substitution therapy (OST). The pilot OST programme was opened in Uzbekistan in 2006.⁴⁵ OST was provided with the use of methadone and buprenorphine. OST was provided in accordance with Resolution of the State Commission on Drugs Control of the Republic of Uzbekistan.⁴⁶

This pilot project did not have political support. OST in Uzbekistan was not regulated by law.⁴⁷ During implementation and expansion of OST some problems related to obtaining a license for import of methadone and accompanying documents for procurement and import of methadone were encountered.⁴⁸ Moreover, medications used for OST were not included in lists of essential medical substances which increased vulnerability of the programme.

This programme was implemented outside the capital of Uzbekistan, which made it inaccessible for many clients. This programme was conducted in specialized isolated placed far from psychological services and other health care institutions, which compromised the effectiveness of treatment. There was also no appropriate evaluation and technical support for the pilot programme.⁴⁹

In 2007 the WHO experts evaluated this pilot project and noted some parameters that demonstrated positive trends for patients after the start of treatment such as refusal from illegal drugs, improvement of general health, decrease of criminal activities. After evaluation, recommendations were given

⁴⁵ Опиоидная заместительная терапия: Обзор ситуации в 29 странах и углубленный анализ ситуации в 15 странах Центральной и Восточной Европы и Центральной Азии. Евразийская сеть снижения вреда. Р.26.

⁴⁶ Resolution of the State Commission for Drugs Control of the Republic of Uzbekistan "On implementation of a pilot project to apply substitution therapy with methadone" of 4 October 2003.

⁴⁷ Параллельный Доклад Международному Комитету по Экономическим, Социальным и Культурным Правам (КЭСКОП). К вопросу о принятии списка вопросов Правительству Узбекистана. Март, 2013 г. http://www.aidslaw.ca/site/wp-content/uploads/2014/02/CESCR_Uzbekistan-Mar2013-RUS.pdf

⁴⁸ Опиоидная заместительная терапия: Обзор ситуации в 29 странах и углубленный анализ ситуации в 15 странах Центральной и Восточной Европы и Центральной Азии. Евразийская сеть снижения вреда. Р.21.

⁴⁹ Latypov, A., Otiashvili, D., Aizberg, O., & Boltaev, A. (2010), *Opioid substitution therapy in Central Asia: Towards diverse and effective treatment options for drug dependence* (Vilnius: Eurasian Harm Reduction Network).

to expand accessibility of OST in Uzbekistan through opening similar projects in different regions of the country.⁵⁰

In 2008 the Ministry of Health conducted its own evaluation of the pilot OST project. The results were presented at a Commission's meeting with participation of international and state organizations and NGOs active in the sphere of HIV and drug prevention. This report was in general negative and, according to representatives of international organizations, very subjective.⁵¹

In 2009 the Government of the Republic of Uzbekistan decided not to prolong the OST programme, referring to its ineffectiveness. At the moment of closing about 140-150 people participated in the programme.⁵² People with opioid dependence who participated in the programme, demonstrated a better health status and social situation.⁵³

Based on this decision, the Eurasian Harm Reduction Network conducted an international campaign to advocate for OST in Uzbekistan. The President and the Minister of Health of the Republic of Uzbekistan were sent an open letter signed by 77 specialists and OST activists from Eastern Europe and Central Asia countries, the USA, Canada, France, the United Kingdom and other countries.⁵⁴ Despite the open letter, the OST programme was not resumed.

Treatment of people with drug addiction in correctional institutions

Compulsory treatment of prisoners with drug addiction is carried out on the basis of court order following a conviction in specialized correctional institutions. The treatment is conducted by a narcologist in 2 stages: inpatient (up to 2 months)

⁵⁰ Subata, E., Moller, L., Kharabara, G., & Suleimanov, S. (2007), *Evaluation of pilot opioid substitution therapy in the Republic of Uzbekistan* (Copenhagen: World Health Organization Regional Office for Europe).

⁵¹ Latypov, A., Otiashvili, D., Aizberg, O., & Boltaev, A. (2010), *Opioid substitution therapy in Central Asia: Towards diverse and effective treatment options for drug dependence* (Vilnius: Eurasian Harm Reduction Network).

⁵² Khachatryan A. *Uzbekistan: government discontinues pilot opiate substitution therapy program*. *HIV/AIDS Policy Law Review*, 14(2). 2009. P.26-27.

⁵³ *Закрытие пилотной программы ЗТ в Узбекистане. Евразийская сеть снижения вреда. 30 июня 2009 г.*

⁵⁴ *Опиоидная заместительная терапия: Обзор ситуации в 29 странах и углубленный анализ ситуации в 15 странах Центральной и Восточной Европы и Центральной Азии. Евразийская сеть снижения вреда. P.66.*

and outpatient (up to 2 years). The main types of treatment are detoxification and removing manifestations of abstinence syndrome. The supervision is performed by a narcologist and a therapist. Compulsory treatment of drug addiction can be a reason to terminate a contract of employment.⁵⁵

For prisoners who are subject to compulsory treatment, permission to temporarily leave their treatment institution in case of extraordinary circumstances (for example, the death or a serious life threatening illness of a close relative) is not granted.⁵⁶ After having served a certain part of their sentence, prisoners with “positive characteristics”, who are subject to compulsory treatment of drug addiction, are not subject to transfer to institutions with less severe regime.⁵⁷

A month before the release of the prisoner, the institution notifies health authorities in the place of residence and sends an extract from the medical history with detailed information about conducted treatment of drug addiction. If it is necessary to continue the treatment after release, this patient is registered at the dispensary narcological institution by local health authorities, and further compulsory treatment is conducted outside the penitentiary system.⁵⁸ According to opinions of the National Expert Group members these practices are discriminatory.⁵⁹

According to the data from the National Expert Group, correctional institutions of the Republic of Uzbekistan are implementing a peer training project. Volunteering prisoners undergo training on HIV prevention. After training, they train other prisoners.

⁵⁵ *The work performed by prisoners in correctional institutions is socially useful work as one of main methods of correction.*

⁵⁶ *Criminal Executive Code. Article 82.*

⁵⁷ *Criminal Executive Code. Article 113.*

⁵⁸ *Order of the Ministry of Internal Affairs of the Republic of Uzbekistan “On approving the Rules of medical assistance to people in correctional institutions and pre-trial facilities of the Ministry of Internal Affairs of the Republic of Uzbekistan”, Para 327. The reference to this legal act is contained in “United Nations Office on Drugs and Crime Regional Office for Central Asia & Canadian HIV/AIDS Legal Network (2010). Accessibility of HIV prevention, treatment and care services for people who use drugs and incarcerated people in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Legislative and policy analysis and recommendations for reform.” P.442.*

⁵⁹ *United Nations Office on Drugs and Crime Regional Office for Central Asia & Canadian HIV/AIDS Legal Network (2010). Accessibility of HIV prevention, treatment and care services for people who use drugs and incarcerated people in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Legislative and policy analysis and recommendations for reform. P.443.*

Risk and harm reduction

Since 2000 the so-called “trust points” have been set up in the Republic of Uzbekistan to reduce the HIV prevalence rate at health care institutions. In 2001 the number of “trust points” was 114, at the moment there are over 235 “trust points” in operation. Their number and location depend on the situation in the regions. Trust points provide free access for vulnerable people, including IDUs, to free anonymous and confidential assistance.

In 2011 active “trust points” received 203,600 requests from IDUs. In 2013 there were over 490,600 requests from vulnerable people received by “trust points”. The coverage of vulnerable people with trust points rose as compared to 2011.

In 2011 IDUs received over 2.6 million (in 2001 – 0,013 million) disposable syringes (the return rate of syringes on the average in the republic was 69.8%).⁶⁰ In 2011 173.0 syringes were distributed per annum per every IDU, in 2012 – 124.0.⁶¹ The number of syringes distributed within needle and syringe exchange programmes in 2013 per every trust point IDU visitor was 127.5.⁶²

In 2011 over 2.3 million condoms were distributed through “trust points”.⁶³ This improved the situation with HIV prevention. In 2013, according to a survey, 50% of IDUs used condoms during their last sexual act. The percentage of IDUs who indicated the use of clean injecting equipment during their last use of injecting drugs was 33.9%. The percentage of IDUs who had done the HIV testing in the previous 12 months and knew the result was 28.4%.⁶⁴

144 “trust points” were provided with furniture and computers through the GFATM grant. In 2013 at 2 days seminars by means of registration and monitoring of the trust points activities by the MIS (Monitoring Information System) programme about 10-12 specialists from every region were trained.

⁶⁰ Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

⁶¹ Global Report. Unaid report on the global AIDS epidemic 2013. P.49. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Global_Report_2013_en_1.pdf

⁶² Опиоидная заместительная терапия: Обзор ситуации в 29 странах и углубленный анализ ситуации в 15 странах Центральной и Восточной Европы и Центральной Азии. Евразийская сеть снижения вреда. Стр. 7.

⁶³ Country overview: Uzbekistan. EMCDDA. <http://www.emcdda.europa.eu>

⁶⁴ *Ibid.*

In 2013 vulnerable people received over 50,600 information and education materials and over 2.47 million pieces of individual protective equipment through “trust points”. Specialists conducted counseling on the issues of HIV infection, STIs, and drug addiction. All people who applied, received anonymous pre- and after-test counselling. Active work was done to motivate patients to stop using drugs and refer to narcological institutions. 176,700 people were referred to the following specialists: narcologists, psychologists, therapists, dermatologists, venerologists, obstetricians and gynaecologists and others for supplementary consultations. 50% of IDUs received a basic prevention services package.⁶⁵

Since 2013 Ishonch va Haet NGO, the Anticancer Centre, and AIDS centres have been supporting the activities of multidisciplinary teams in Uzbekistan. Such teams were set up in practically all AIDS centres and in in-patient departments with beds for HIV infected people and included a doctor, a psychologist, a medical worker and no less than 2 volunteers or outreach workers. Multidisciplinary teams provide social and psychological assistance and support upon the entry to the programme of dispensary supervision and initiation of antiretroviral therapy, they also provide social and household services.

The country also has 31 “friendly rooms” to provide services to vulnerable groups to treat STIs, and the specialists use internationally accepted approaches of patient management. “Friendly rooms” perform their activities at the AIDS centres and dermatovenerological institutions to provide medical and sanitary assistance to vulnerable groups, including IDUs, on the issue of HIV infections and STIs.

One of the functions of “friendly rooms” is to create conditions and opportunities for receiving qualified diagnostic and treatment assistance at specialized medical institutions (dermatovenerological and narcological dispensaries, infectious diseases inpatient departments etc.).⁶⁶ The staff of “friendly rooms” also conduct field prevention work with IDUs.

⁶⁵ Национальный доклад о ходе выполнения Декларации о приверженности делу борьбы с HIV/AIDS специальной сессии Генеральной Ассамблеи ООН. Республика Узбекистан. Отчетный период: январь – декабрь 2013 года. Р.16. http://www.unaids.org/sites/default/files/en/data-analysis/knowyourresponse/countryprogressreports/2014countries/UZB_narrative_report_2014.pdf

⁶⁶ Appendix No.6 “Regulation on Friendly offices” to Order of the Minister of Health of the Republic of Uzbekistan No.480 “On improving prevention activities and organizing medical and social assistance with regard to HIV infection in the Republic of Uzbekistan” of 30 October 2007. <http://www.med.uz/documentation>

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

Also, national, municipal and regional AIDS centres have the so-called “rooms of psychological and social assistance” for HIV infected people and their relatives. The main aim of setting up these rooms is to increase the quality of life for PLWH, including IDUs through ensuring their psychological well-being and maximally attainable level of social functioning. Specialists of rooms of psychological and social assistance conduct special social and psychological rehabilitation activities for IDUs.⁶⁷

International cooperation

Uzbekistan signed the international drug control instruments on UN level. Due to arrangements within agreements, the country sends and exchanges information materials on drug situation into coordinating structures of Central Asian countries, the Russian Federation, and UNODC.

Under the initiative from member-states of the Organization of the Treaty of Collective Security, regular international operations, under the title of “Channel”, to combat trafficking of Afghan drugs were carried out since 2003. This initiative brings together law enforcement agencies from Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, and Uzbekistan. Joint international operations under the title of “Controlled delivery” are conducted. A special system of surreptitious customs control facilitates the detection of all links of this criminal chain and allows to terminate international channels of drug trade and transportation. This operation involves more than 91,000 staff from drugs control, security, internal affairs, customs and border agencies from 7 states participated in it.

Regional cooperation

The Shanghai Co-operation Organization (SCO), an intergovernmental international organization founded in 2001 by the People's Republic of China,

⁶⁷ Appendix No.8 “Regulation on ‘Offices for psychological and social assistance to ill people who have diseases related to HIV infection and their relatives’” to Order of the Minister of Health of the Republic of Uzbekistan No.480 “On improving prevention activities and organizing medical and social assistance with regard to HIV infection in the Republic of Uzbekistan” of 30 October 2007. <http://www.med.uz/documentation>

the Russian Federation, the Republic of Kazakhstan, the Republic of Tajikistan, the Kyrgyz Republic, and the Republic of Uzbekistan, has also been attributed a mandate for cooperation between member states on drug control issues .

In March 2011 the SCO member states, adopted an Anti-drug strategy for the SCO member states for 2011-2016 and a Programme of Actions to implement it. Some measures have been proposed to expand practical co-operation though setting up of 4 working groups on: improving legislation for co-operation, law enforcement activities and combating drug-related crime, drug demand reduction, and control over precursors. ⁶⁸

Yet in 1996 the states of the Central Asian region signed a Memorandum of "Mutual understanding and co-operation in the sphere of control over illicit production, trafficking, and abuse of narcotic drugs, psychotropic substances and precursors". The Governments of the Republic of Kazakhstan, the Kyrgyz Republic, the Republic of Tajikistan, the Republic of Turkmenistan, the Republic of Uzbekistan, and the United Nations Drug Programme became signatory states to this Memorandum. This Memorandum envisages various directions of co-operation: exchange of operative and statistical information of the state of narcotism, new samples of seized drugs, technologies of their manufacture; exchange of information about concealment placed of narcotic drugs, methods of illegal border crossing, committed drug-related crimes, etc. ⁶⁹

According to Law "On ratification of Agreement to set up the CARICC", law enforcement agencies of the Uzbek Republic co-operated with the Central Asian Regional Information and Co-ordination Centre (CARICC) on the issues of combating illicit trafficking of drugs.

Delegations of the Republic of Uzbekistan continuously participate in specialized international meetings, forums, and conferences. For example, official representatives of the Republic of Uzbekistan in 2013 participated at: ⁷⁰

⁶⁸ *Трафик афганских опиатов через территорию Кыргызстана. Отчет. Автор отчета К.М. Осмоналиев. Национальный институт стратегических исследований Кыргызской Республики. Бишкек, 2014. Р.54.*

⁶⁹ *Ibid.*, Р.55.

⁷⁰ *Центральный интернет-портал Шанхайской организации сотрудничества. Выступление на круглом столе на тему «Основные направления антинаркотической политики Республики Узбекистан» временного поверенного в делах Республики Узбекистан в Российской Федерации Равшанбека Алимова. <http://www.infoshos.ru/en/>*

- Conference of Heads of competent bodies of the SCO member-states, entrusted with authority to combat illicit trafficking of drugs in April 2013 in Bishkek.
- Expert meeting within the Paris treaty initiative (February 2013 in the Hague, the Netherlands);
- meeting of the National Steering Committee of the CADAP 5 programme (13 March 2013 in Tashkent);
- International conference on preventing illicit sale of drugs via the Internet (25-26 July 2013 in Vienna, Austria);
- Expert Meeting of the CARICC member states, and also the Council of National Co-ordinators of the Organization (9-10 December 2013 in Alma-Aty, Kyrgyzstan) and many other.

To strengthen the material and technical base and human potential of the ministries and agencies of Uzbekistan, concerned with controlling drugs, combating illicit drug trafficking and drug addiction, developing regional co-operation in this sphere, implemented the following international projects of UNODC, OSCE and the EU in 2013: ⁷¹

- “Control over precursors in Central Asia” AD/RER/00/E29;
- “Training law enforcement staff of the Central Asian countries and the Islamic Republic of Afghanistan in combating illicit trafficking of drugs” XAC/I97;
- “Interactive computerized training on law enforcement to control drugs in the member states of the Memorandum of Understanding on regional co-operation in the sphere of drugs control” AD/RER/F60;
- “Law enforcement systems to collect, analyse and exchange operative and other types of information in the sphere of combating of illicit drug trafficking” AD/RER/F23;
- “Setting up the Central Asian Regional Information Co-ordination Centre – CARICC” AD/RER/H22;
- “Strengthening the checkpoint of Termez river port at the Uzbek-Afghan border” AD/UZB/J49;

⁷¹ This information was taken from two sources:

1) Анализ наркоситуации в Республике Узбекистан за 2011 год. Национальный информационно-аналитический центр по контролю за наркотиками при Кабинете Министров Республики Узбекистан. <http://www.ncdc.uz>

2) Центральный интернет-портал Шанхайской организации сотрудничества. Выступление на круглом столе на тему «Основные направления антинаркотической политики Республики Узбекистан» временного поверенного в делах Республики Узбекистан в Российской Федерации Равшанбека Алимова. <http://www.infoshos.ru/en/>

- “Combatting illicit trafficking of Afghan opiates via Northern route through capacity building of main border points and setting up a border communication centre” XAC/K22;
- EU programmes of CADAP 5;
- “Treatment of drug addiction and health consequences”;
- The OSCE programme “Assistance in organizing control over drugs, combating their illicit trafficking and sale”.

Within one of the OSCE projects for law enforcement staff from Uzbekistan, short term courses on combating illicit trafficking of drugs were organized in Hungary, France, and Italy.

Within the OSCE assistance projects in 2013 in Uzbekistan, training seminars were conducted for specialists of narcological institutions and the staff of municipal and district commissions on drugs control in Andijan, Namangan, Fergana, Sirdaryo, and Jizzakh provinces and the city of Tashkent. 103 people were trained.

Over 260 representatives of ministries and agencies concerned participated in seminars and training activities under the above-mentioned projects.

As a methodological assistance, with the financial support from OSCE, 495 copies of “the Manual of normative and legal documents, regulating the activities of the narcological service of the Republic of Uzbekistan” were prepared, published and distributed among the doctors of the narcological service.

In 2009 – 2011 the Regional UNODC Office implemented a project AD/GLO/J71 “Treatnet II – Treatment of drug dependence and its health consequences” in the Republic of Uzbekistan. The project trained trainers to teach: screening methods of needs assessment for PWUD, motivation techniques and cognitive-behavioural psychotherapy, used in the system of social assistance to PWUD. About 200 narcologists from regional dispensaries and district narcological offices were trained to use screening methods of needs assessment for PWUD, motivation techniques and cognitive-behavioural psychotherapy. The building of the day in-patient unit of the Municipal Narcological Dispensary in Tashkent was reconstructed and renovated for the amount of 38,000 US dollars. The unit was also equipped with furniture for the amount of 11,500 US dollars.

Also, the UNODC project GLOK01 "Preventing abuse of psychoactive substances, HIV/AIDS and crime among young people through training programmes on family skills" has been implemented in Uzbekistan.⁷² This project has been implemented by the Ministry of People's Education in 4 pilot schools and is aimed at strengthening families and ties between parents and children, improving academic performance at school, prevention of the use of psychoactive substances among young people. In the course of this project, a "Families and schools together" programme of teaching family skills was implemented. For cultural adaptation of the "Families and schools together" programme, a team of national experts in the sphere of education, prevention and spiritual education work in the system of public education was set up.

With the financial assistance from the OSCE Office projects Co-ordinator in Uzbekistan, annual Information bulletins on drugs situation in the Central Asian region are published and distributed.

Within the Russia-NATO project, 93 representatives of the Service of National Security, the Ministry of Internal Affairs and the State Customs Committee of the Republic of Uzbekistan participated in 13 training courses, organized in the Domodedovo Training Centre of the Institute of Personnel Training of the Ministry of Internal Affairs of the Russian Federation, at the Northern-Western Institute of Personnel Training of the Federal Drug Control Service of the Russian Federation in Saint-Petersburg, at the Siberian Law Institute of the Federal Drug Control Service of the Russian Federation and the Academy of the Ministry of Internal Affairs of the Republic of Uzbekistan.

⁷² *The National Information and Analytical Centre on Drugs Control under the Cabinet of Ministers of the Republic of Uzbekistan: <http://www.ncdc.uz>*

Conclusions

Due to the fact that no regular population surveys or other epidemiological monitoring is undertaken in Uzbekistan it is difficult to estimate prevalence rates. The number of people officially registered with drug addiction shows a slightly declining trend. Seizure rates show that opiates and cannabis based drugs make up the highest proportion of seizures. Seizures of most substances have declined significantly since 2010. It is unclear, however, to which factors these developments are attributable and, consequently, no reliable trends can be identified on the basis of available data.

Uzbekistan has adopted extensive legislation and other instruments with the aim to tackle drug problems in a comprehensive manner involving different stakeholders on different levels. Supply reduction measures continue to play an important role in drug policy with a focus on reducing illegal trafficking as a way of preventing proliferation of drugs and, consequently, drug use. The instruments in place seek to develop interagency cooperation and coordination on national level and increased co-operation with international and regional organizations on the international level.

Overall drug policy is primarily based on an interdiction approach putting law enforcement and supply reduction to the forefront of actions undertaken. Nevertheless, recent years have seen an increased awareness of the public health dimension of drug use and the need to increase demand reduction measures. In this respect, cooperation with European and international institutions play an important role as facilitators for capacity building.

At the same time Uzbek drug policy highlights the need for prevention, and authorities undertake significant investments in prevention programmes and activities. These are mainly of a primary or general prevention nature, focusing on campaigns and life skills training programmes. In building capacity in this field, the Uzbek authorities cooperate closely with UNODC and the specialized programmes of the EU, in several of which the Pompidou Group is a collaborative partner.

Drug treatment is to a great extent based on the concepts of 'narcology' that were developed in Soviet times, including a significant use of compulsory treatment upon court order. Compulsory treatment can also lead to further consequences such as loss of employment. Detoxification and managing withdrawal symptoms are the main therapy approaches in place. OST, however, is not anymore available in Uzbekistan, following a period of three years during which a pilot project was implemented. While a WHO evaluation showed a positive impact of the OST pilot project, an evaluation conducted by Uzbek authorities deemed OST not feasible for Uzbekistan. As a result, OST in Uzbekistan was discontinued in 2009.

In recognizing the threats related to an HIV/AIDS epidemic, Uzbekistan has recently implemented harm reduction programmes including referral and counseling services. These programmes have experienced significant expansion in terms of coverage over the last years. In the implementation of these programmes NGOs are playing a significant role as they do in the field of delivering activities under prevention programmes.

The range of methodologies applied, in particular in the field of treatment of drug dependence, is rather limited in Uzbekistan and does not always correspond to international standards and the state of the art in best practices. One example for this is the fact that the pilot OST programme was shut down by a governmental decision despite a favourable evaluation by WHO. It remains open to speculation as to what the decisive factors were that brought about this decision.

So far there is no comprehensive concept, structure or institution in place that can provide reliable annual epidemiological information. At the same time, evaluation of programmes and activities in terms of process evaluation and impact assessment is still rudimentary.

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