Kazakhstan

P-PG (2015) 10

DRUG SITUATION AND DRUG POLICY

By Alex CHINGIN and Olga FEDOROVA

December 2014

Pompidou Group of the Council of Europe

Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

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 a useful overview on the state of implementation of the national policy in Kazakhstan.

The Pompidou Group expresses its gratitude and appreciation to the Department for Antidrug Policies of the Presidency of the Council of Ministers of Italy for their financial Support to the publication of the Pompidou Group Country Profile series.

Mr Jan MALINOWSKI
Executive Secretary of the Pompidou Group

AIDS	Acquired immunodeficiency syndrome
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug user
NGO	Non-governmental organization
OST	Opioid substitution therapy
RSPC MSPDA	Republican Scientific and Practical Centre for Medical and Social Problems of Drug Addiction
STI	Sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Education, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime

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.

Contents

Preface 3

Abbreviations and acronyms 6

Introduction 7

- Country overview 7
- General population statistics 8

Drug situation in the Republic of Kazakhstan 10

- General drug situation 10
- Drug use 11
- Mortality among drug users 14
- Drug-related crimes 15
- Drug situation in prisons 17
- Epidemiological situation 19

Drug policy in the Republic of Kazakhstan 21

- National drug strategy 21
- Drug-related legislation 22
- Drug prevention 26
- Drug treatment 28
  - *Narcological network* *29*
  - *Opioid substitution therapy* *32*
  - *Treatment of people with drug addiction in correctional institutions* *34*
- Risk and harm reduction 36
- International cooperation 37

Conclusions 42

References 44

Figure 1. Map of the Republic of Kazakhstan

Introduction

Country overview

The Republic of Kazakhstan is a unitary state with a presidential form of government. The head of state is the President, the head of government is the Prime Minister. According to the Constitution, the country proclaims itself a democratic, secular, legal and social state, with its highest values being an individual, his life, rights and freedoms. Kazakhstan gained independence on 16 December 1991. The capital is Astana. The major city is Almaty.

The state language is Kazakh. The Russian language has the status of language of interethnic communication. The local currency is the tenge (1 € = approximately 204 tenge).

Kazakhstan is located in the centre of the Eurasian continent. It is both in the north-east of Central Asia and in the south-east of Eastern Europe. With its territory of 2,724,900 square kilometres (2011) Kazakhstan is globally the ninth largest country. [1] The total length of its land borders is 13,200 km. In the north and in the west Kazakhstan has borders with Russia – 7,591 km (the longest continuous overland border in the world), in the south – with Turkmenistan – 426 km, with Kyrgyzstan – 1,242 km, with Uzbekistan – 2,351 km, and in the east – with China – 1,783 km.

The Republic of Kazakhstan is an industrial country. An important source of Kazakhstan's economic growth is mining for natural resources. The mineral resources base of the country comprises over 5,000 deposits, with expected value estimated at tens of trillions of US dollars. The Republic ranks first in the world in terms of explored reserves of zinc, tungsten and barites, second – in terms of reserves of silver, lead and chromites, third – in terms of copper and fluorites, fourth – in terms of molybdenum, sixth – in terms of gold. Kazakhstan has significant

---

1 *Country overview: Kazakhstan. European Monitoring Centre for Drugs and Drug Addiction: http://www.emcdda.europa.eu/publications/country-overviews/kz*

reserves of oil and gas and is considered to be one of the leading oil producing countries in the world – with over 80 million tons of oil and gas condensate per year.

Agriculture in Kazakhstan is considered to be an important industry. Kazakhstan is among the top ten world exporters of grain and is one of the leaders in exporting flour. About 70% of arable land in the north is under grain and technical crops – wheat, barley, and millet. In the south, rice, cotton, and tobacco are grown. A leading branch of farming is animal husbandry: breeding of cattle, horses, camels and swine. [2]

General population statistics

The population size of Kazakhstan as of 1 June 2012 was 16,760,000 people. [3] The population for the beginning of 2014 was 17,160,774 people [4] , which indicates population growth. In particular, more than 1.4 million people live in Almaty, the biggest city of Kazakhstan.

According to the national census of 2009, the ethnic structure of the Kazakhstan society is comprised as follows: Kazakhs – 63.07%, Russians – 23.70%, Uzbeks – 2.85%, Ukrainians – 2.08%, Uygurs – 1.40%, Tatars – 1.28%, Germans – 1.11%, other – 4.51 %.

The number of employed population is 8,570,648 people. The employed population in the active working age is 8,413,887 people (2013). The number of unemployed people in their active working age is 470,696 (2013). The level of unemployment is 5.2% for 2013. The level of long-term unemployment in the active working age is 2.5%. The mean age of employed population is 38 years. [5]

The minimum subsistence level was 17,789 tenge (2013).

---

2 *Official website of the President of the Republic of Kazakhstan: http://www.akorda.kz/en/category/kazakhstan*

3 *Ibid.*

4 *The Ministry of National Economy of the Republic of Kazakhstan, Committee on Statistics/ Section – Demography: http://taldau.stat.kz*

5 *The Ministry of National Economy of the Republic of Kazakhstan, Committee on Statistics/ Section – the Statistics on Labour and Employment: http://taldau.stat.kz/ru*

Indicator	Year	Number
Population (for the beginning of the year)	2014	17,160,774
Number of employed people	2013	8,570,648
Employed people in their active working age	2013	8,413,887
Unemployed people in their active working age	2013	470,696
Level of unemployment	2013	5.2%
Level of unemployment in the active working age	2013	5%
Level of long-term unemployment	2013	3%
Level of long-tern unemployment in the active working age	2013	3%

2

Drug situation in the Republic of Kazakhstan

General drug situation

In Kazakhstan, the production, proliferation and use of illicit drugs have become a major issue of concern. At the moment Kazakhstan plays a significant role as a transit country for illicit drug trafficking because of its geographical location. Open and difficult to control borders together with extensive network of transportation routes make Kazakhstan part of the so-called “the Northern Route” for trafficking of illicit drugs to Europe and Russia.

The main external source of drug supply is Afghanistan. In 2014 the cultivated area of opium poppies in Afghanistan was 224,000 hectares (a 7% increase as compared to 2013) [6]. Heroin, produced in Afghanistan, is smuggled to other countries via “the Northern Route”, which passes through the countries of Central Asia, including Kazakhstan.

About 340,000 tons of pure heroin are produced in Afghanistan, and every year about 100,000 tons are smuggled through “the Northern Route”. International experts believe that about 25-30% of the total volume of produced heroin is transported via this route. [7] “The Northern Route” of heroin trafficking, through the countries of Central Asia, is of high importance in international illicit trafficking of drugs.

High profitability of operations from illicit drug trafficking promotes a sustainable growth of the illicit drug market in the Republic of Kazakhstan. According to

---

6 *Afghanistan. Opium Survey 2014. Cultivation and Production. UNODC. 2014. P.6.*

7 *Анализ статистических данных о состоянии борьбы с незаконным оборотом наркотических средсте, психотропных веществ и прекурсоров в Республике Казахстан за 2013 год. 15 января 2014 года, Астана. Комитет по правовой статистике и специальным учетам Генеральной Прокуратуры Республики Казахстан [The analysis of statistical data on the status of combating illicit trafficking of narcotic drugs, psychotropic substances and their precursors in the Republic of Kazakhstan for 2013. 15 January 2014, Astana. Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan]. P.5.*

experts' monitoring estimates, the profitability of illicit drug trafficking is more than 500% and has remained stable in recent years in Kazakhstan. [8]

Drug use

According to the data of the Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan, there were 39,498 people (in 2012 – 40,858, which is by 3.3% higher than in 2013); of them – 2,995 women (in 2012 – 3,114), 1,724 – minors (in 2012 – 2,069) who were registered as drug users in Kazakhstan. [9]

The highest number of drug users is recorded in Karagandy and Pavlodar regions – 4,598 and 3,957 respectively, and in the city of Almaty – 3,871.

Despite the reduction in total numbers of people registered with the narcological service, there has been an increase in numbers of people who use psychoactive substances – by 4.5% more in 2013 (4,732 people), as compared with 2012 (4,530 people). Their proportion as of 1 January 2014 was 11.9% of the total number of registered people with drug addiction (as of 1 January 2013 – 11%).

At the same time there has been a reduction in the number of heroin users, which might indicate the substitution of heroin by other substances with similar effects. Out of 39,498 registered drug users, 45.7% were heroin users (in 2012 – 47%).

Table 1. Data on the results of registering people who abuse narcotic drugs, psychotropic substances and their precursors in terms of age ranges.

Period	People who abuse narcotic drugs, psychotropic substance and their precursors			
	Before 14	15-17	18-30	31+
2012	353	1,716	14,269	24,520
2013	265	1,459	12,875	24,899

[8] *Sectoral Programme to Combat Drug Abuse and Drug Trafficking in the Republic of Kazakhstan in 2012–2016. Approved by Order of Government of the Republic of Kazakhstan No. 451 of 12 April 2012.*

[9] *Анализ статистических данных о состоянии борьбы с незаконным оборотом наркотических средств, психотропных веществ и прекурсоров в Республике Казахстан за 2013 год. 15 января 2014 года, Астана. Комитет по правовой статистике и специальным учетам Генеральной Прокуратуры Республики Казахстан [The analysis of statistical data on the status of combating illicit trafficking of narcotic drugs, psychotropic substances and their precursors in the Republic of Kazakhstan for 2013. 15 January 2014, Astana. Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan]. P.8-9.*

As of 1 January 2013, according to official statistical data, roughly one quarter (24.5%) of injecting drug users (IDUs) were registered with the narcological service. 89% men and 11% women were IDUs. The highest numbers of IDUs were in Pavlodar, Karagandy, Mangystau, and East Kazakhstan regions and in the city of Almaty. [10]

At the same time, and taking into account the fact that not all drug users were egistered in the narcological register, the actual number of drug users was estimated by experts to be much higher. According to the data from the Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse (RSPC MSPDA), about 100,000 IDUs lived in Kazakhstan in 2008. [11] According to the data of HIV Sentinel Epidemiological Surveillance, the estimated number of IDUs (those who used drugs within the last 12 months) as of 1 January 2013 the figure was 116,840 people (in 2010 – 119,000 people, in 2011 – 123,640 people). [12] This was 3.5 times higher than the number of IDUs officially registered at narcological dispensaries. [13] According to the estimated data for December 2013, the number of IDUs in Kazakhstan was 112,740. [14]

In 2012 the mean age of the first use of primary problem drug was 22.6 years, the median was 20.1 years. The minimum age of the first drug use was 5 years, the primary psychoactive substances were inhalants and alcohol. The maximum age of the first drug use was 65 years (the abuse of hypnotics and sedatives). Over 50% of all treated people started to use psychoactive substances before the age of 25 (in 2011 – 56.3%, in 2012 – 61.7%). [15]

---

[10] *Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет. РНПЦ МСПН. P.4.*

[11] *Opioid substitute therapy in selected countries of Eastern Europe and Central Asia. 2008. Report prepared by Oleg Aizberg for the Eurasian Harm Reduction Network.*

[12] *Sentinel Epidemiological Surveillance, conducted by regional AIDS centres with co-ordination and control from the Republican AIDS Centre, is considered to be one of the most comprehensive data sources on health and the consequences of drug use. The basis for Sentinel Epidemiological Surveillance was Order of the Ministry of Health of Kazakhstan No.634 of 23 December 2005 "On organizing and conducting Sentinel Epidemiological Surveillance of HIV infection in the Republic of Kazakhstan" and the attached standard time-table and methodical recommendations. Starting from 2005, Sentinel Epidemiological Surveillance has been conducted among IDUs in all regions of Kazakhstan.*

[13] *Assessment of medication assisted therapy programme in Kazakhstan. Almaty, 2012. This report was prepared by the staff of ICAP: Azizbek Boltaev, Anna Deryabina, Andrea Howard.*

[14] *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД, 2014. P.26.*

[15] *Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет. РНПЦ МСПН. P.27.*

Table 2. Age of the first drug use (Data for 2011–2012) (Database from RSPC MSPDA)[16]

No.	Age Groups	2011		2012	
		Total %	First treated (%)	Total %	First treated (%)
1.	0 – 12 years old	0.4	0.6	1.4	1.0
2.	12 – 15 years old	3.3	3.4	3.7	3.5
3.	15 – 18 years old	16.4	16.5	16.8	15.0
4.	18 – 25 years old	39.9	40.1	44.9	42.9
5.	25 – 45 years old	28.5	29.9	29.1	32.6
6.	45 years old and older	0.5	0.9	0.9	1.1

In 83% of cases patients at the age of 25-45 years were referred to inpatient treatment facilities. The mean age of treated patients was 34-35 years. For every 8 male patients there was 1 female patient.

Approximately every second patient was Russian by nationality, every third was Kazakh. In 2011-2012 more than two thirds of all patients were unemployed. In 2011 only 2 people out of 100 were regularly employed, in 2012 – 3 out of 100.

The mean duration of drug use was 8-10 years, with 11% of IDUs using drugs for less than 2 years. Heroin was the primary used injected drug (87.2%). 12.6% of respondents of Sentinel Epidemiological Surveillance used solutions made of raw opium. [17]

In 2013 the number of people who were for the first time diagnosed with mental and behavioural disorders, caused by the use of psychoactive substances, decreased from 52,283 to 47,387 people as compared to 2012.

Detection of mental and behavioural disorders, caused by the use of opioids, rose by 8%, by the use of cannabis – by 8.7%, by polydrug use – by 19.2%. Primary incidence of mental and behavioural disorders, caused by the use of alcohol, decreased from 276.5 to 241.1 for 100,000 people.

---

[16] *Ibid, P.27.*

[17] *Assessment of medication assisted therapy programme in Kazakhstan. Almaty, 2012. This report was prepared by the staff of ICAP: Azizbek Boltaev, Anna Deryabina, Andrea Howard.*

Mortality among drug users

The number of deaths as a result of poisoning (including overdose) by psychoactive substances (excluding alcohol) was 343 cases (in 2012 – 155 deaths). 946 people died as a result of alcohol poisoning (in 2012 – 1,137).

In 2013, 1,064 people were removed from the narcological register due to their death, which was by 0.6% more than in 2012 (1,058 people). By 31.6% more people died of overdose in 2013 than in 2012, this indicator rose from 76 to 100 people. The highest level of mortality among drug users was registered in the city of Almaty – 170 people, in the city of Astana – 129 people, in Karagandy region – 110 people and in Pavlodar region – 85 people. [18]

Table 3. Number of poisonings by psychoactive substances (excluding alcohol), in 2012-2013 [18]

Year	Total number of poisonings	Including			Number of lethal outcomes as a result of poisoning	Number of poisonings for 100,000 people	Number of deaths for 100,000 people
		Women	Children before 14	Children from 15 to 17			
2012	1,059	481	47	24	155	6.3	0.9
2013	1,743	590	33	37	343	10.2	2.0

Table 4. Number of alcohol poisonings in 2012-2013 [19]

Year	Total number of alcohol poisonings	Including			Number of lethal outcomes as a result of poisoning	Number of poisonings for 100,000 people	Number of deaths for 100,000 people
		Women	Children before 14	Children from 15 to 17			
2012	14,138	2,778	61	73	1,137	83.6	6.7
2013	14,745	2,174	46	59	946	86.6	5.6

Monitoring of poisoning by psychoactive substances and lethal outcomes from poisoning by psychoactive substances, conducted by narcological facilities of the

[18] *Наркологическая помощь населению Республики Казахстан за 2012-2013 годы. Статистический сборник. Павлодар, 2014. P.36.*

[19] *Ibid., P.35.*

Republic of Kazakhstan in the period from 2008 to 2012 among the general population, showed that the mortality index from poisoning by psychoactive substances dropped by more than 4 times, among women – by 1.5 times.[20]

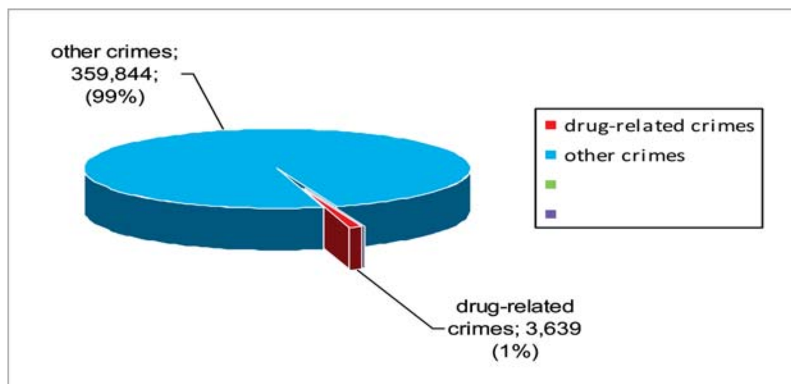
Drug-related crimes

The analysis of the statistical data for the period from 2009 to 2013 indicates a relative stabilization of drug prevalence rates.

In 2013, Kazakh law enforcement agencies registered 3,639 drug-related crimes, in 2012 – 3,886 drug-related crimes, which was less by 6.4 % .[21]

The proportion of registered crimes, related to illicit trafficking of narcotic drugs, psychotropic substances and their precursors, among the total number of registered general crimes showed a decreasing trend. The proportion of drug-related crimes in 2009 was 5.1%, in 2010 – 4.9%, in 2011 – 2.1%, in 2012 – 1.35%, and in 2013 – 1%.

Diagram No. 1. Proportion of drug-related crimes in the total number of crimes in 2013[22]



[20] *Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет. РНПЦ МСПН.*

[21] *Анализ статистических данных о состоянии борьбы с незаконным оборотом наркотических средств, психотропных веществ и прекурсоров в Республике Казахстан за 2013 год. 15 января 2014 года, Астана. Комитет по правовой статистике и специальным учетам Генеральной Прокуратуры Республики Казахстан. P.2.*

[22] *Ibid, P.2.*

The highest number of drug-related crimes was registered in the city of Almaty (360), Karagandy (357), Zhambyl (337), and Kostanay (328) regions.

Among the drug-related crimes, the ones that are related to the illicit production, purchase, storage, transportation, sending, or sale of narcotic drugs or psychotropic substances are prevalent. In 2013, 3,247 such crimes were registered, as compared with 3,526 in 2012, indicating a decrease by 7.9%, constituting 89.2% of all drug-related crimes.

6.32% (226) in the number of registered drug-related crimes in 2013 fell under the definition of illicit trafficking of objects withdrawn from circulation or object the circulation of which is limited. Other 4.48% were either theft or extortion of narcotic drugs or psychotropic substances, or inducement to use narcotic drugs or psychotropic substances, or illegal cultivation of plants, prohibited to cultivation and containing drugs, or organization or maintenance of the premises for use of narcotic drugs or psychotropic substances, or the provision of facilities for the same purpose.

The mean age of people who had committed drug-related crimes was 30-39 years. Most of those people, against whom criminal proceedings had been initiated, were unemployed.

Table 5. The analysis of drug-related crimes

Drug-related crimes committed	2012	2013	increase/reduction %
Total, including:	370	355	-4.1%
Crimes against person	9	5	-44.4%
Crimes against property	23	29	+26.1%
Crimes against public security and order	18	29	+61.1%
Crimes against health and morals	306	284	-7.2%

A reduction by 2.6% in the volumes of narcotic drugs seized from the illicit drug trafficking was observed in 2013 as compared to 2012 (from 28.82 tons to 28.07 tons), including cannabis – from 27,956 kg to 26,991 kg, hashish – from 225,8 kg to 196 kg. The total weight of seized heroin was 753.8 kg (306.7 kg in 2012).

According to available statistics from 2013, the volume of seized contraband narcotic drugs and psychotropic substances declined by 61.4% as compared to 2012 (from 329.1 kg in 2012 to 127.0 kg in 2013).

During this period one of the priority tasks in drug prevention for the Kazakh authorities was detection and interdiction of administrative offences related to illicit trafficking of narcotic drugs and psychotropic substances.

For committing administrative offences related to illicit drug trafficking, the courts in Kazakhstan convicted 8,950 people in 2013, which was by 11.7% more than in 2012 (8,016 people). Of them, 3,869 people (+25.6%) were sentenced to administrative arrest (in 2012 – 3,079), 2,951 (-21.3%) were fined (in 2012 – 3,752). In 2013, 487 people (in 2012 – 273) were convicted for failure to destroy wild-growing cannabis, this number grew by 78.4%. [23]

Drug situation in prisons

According to Orders of the Minister of Health No. 888 of 12 December 2011 [24] and No. 660 of the Minister of Internal Affairs of 14 December 2011 [25] , a system of monitoring and assessment of the drug situation in Kazakhstan was set up within correctional institutions of Department for Corrections, responsible for execution of sentences in Kazakhstan.

As of 31 December 2013, there were 44,893 prisoners in correctional institutions in Kazakhstan. Of the total number, more than 10% (6,099 people) were registered as addicted to psychoactive substances and alcohol. There were 2,963 IDUs under supervision as of 31 December 2013. [26]

---

[23] *Анализ статистических данных о состоянии борьбы с незаконным оборотом наркотических средств, психотропных веществ и прекурсоров в Республике Казахстан за 2013 год. 15 января 2014 года, Астана. Комитет по правовой статистике и специальным учетам Генеральной Прокуратуры Республики Казахстан. P.10.*

[24] *IOrder of the Minister of Health of the Republic of Kazakhstan No. 888 of 12 December 2011 “On setting up a system of monitoring and assessment of drug situation in the penitentiary system of the Republic of Kazakhstan”.*

[25] *Order of the Minister of Internal Affairs of the Republic of Kazakhstan No. 660 of 14 December 2011 “On setting up a system of monitoring and assessment of drug situation in the penitentiary system of the Republic of Kazakhstan”.*

[26] *Аналитическая записка по мониторингу наркологической ситуации в уголовно-исполнительной системе Республики Казахстан за 2013 год. РНПЦ МСПН.*

Table 6. Proportion of IDUs among people with mental and behavioural disorders, caused by the use of drugs (apart from alcohol), in correctional institutions

Total number of people addicted to psychoactive substances (apart from alcohol) under supervision as of 31 December 2013	IDUs under supervision as of 31 December 2013	
	Total	Proportion of IDUs
3,328	2,963	89.0%

The prevalence of HIV infection in Kazakh prisons as of 31 December 2013 was 1,641 people. The HIV prevalence indicator as calculated per 1,000 prisoners was higher in correctional institutions of the following regions: Almaty (47.4), East Kazakhstan (43.5), Zhambyl (44.9), Karagandy (51.4), and North Kazakhstan regions (40.1), with the indicator for the whole of Kazakhstan being 36.6. The lowest HIV prevalence indicator was in prisons of Aktobe region (6.8). 95.7% of HIV infected people and 83.4% of people with Hepatitis C virus were IDUs.

The prevalence of HIV infection in prisons was more than 45 times higher than in the community (36.6 and 0.8 per 1,000 respectively).

Table 7. Number of people convicted for drug-related crimes in Kazakh prisons (as of 31 December2013)

Number of people convicted for illegal possession of drugs without the aim to sell						Number of people convicted for illegal possession of drugs with the aim to sell					
Total		Addicted to Opioids		Addicted to Cannabis		Total		Addicted to Opioids		Addicted to Cannabis	
Both sexes	Women	Both sexes	Women	Both sexes	Women	Both sexes	Women	Both sexes	Women	Both sexes	Women
1,753	142	1,035	118	66	0	2,690	243	838	130	176	0

According to official data, the number of prisoners in correctional institutions rose by 7.6% in 2013, as compared to 2012. At the same time the number of people registered with the narcological service declined by 10.2%. The number of those registered in the general narcological register decreased by 16.6%. The number of those with alcohol addiction declined by 11%, with drug addiction – by 22%.

The number of people in the narcological register in prisons was by 10 times higher than those with addictions in public health care (per 1,000 people over 18 years old). In particular, in comparison with addictions to illegal drugs where the figure was by 30 times higher (opioids and cannabis).

Table 8. Indicators for people in the narcological register as of 31 December 2013 in public health care and in correctional institutions (per 1,000 adult people)

Indicators		Public health care as of 31 December 2013	Medical service of correctional institutions as of 31 December 2013
Total under supervision		13.6	135.9
Of them	Alcohol addiction	11.3	70.1
	Other substances addictions	2.2	65.8

The proportion of women with drug addiction among those registered in the narcological register in prisons was higher than among the general public. Typically, the age of people registered with the narcological service in prisons was from 30 to 49 years old (59.1%).

Young people at the age from 18 to 29 years made up 30.5% of all the people, in the narcological register in prisons, and in the public health sector young people of this age made up only 0.8% of the body of people registered with the narcological service.

Epidemiological situation

HIV and hepatitis infections have remained the most serious consequences of injecting drug use. The HIV epidemic in Kazakhstan was still at its concentrated stage. According to the official statistics, based on the registration of detected cases of HIV and the cumulative data (1987–2013), the total number of people infected with HIV as of 31 December 2013 was 19,905. [27] 1,933 people were diagnosed with AIDS. 1,431 people died. The number of people living with HIV was 14,742, among children – 384 (8.9 per 100,000). [28] In 2013, 42 new cases of HIV among children under 14 were detected (in 2012 – 33).

According to official data, the prevalence indicator for HIV infection among people in the Republic of Kazakhstan was 86.5 per 100,000 of population. The cases of

[27] *Отчет о деятельности службы СПИД за 2013 год. Алматы, 2014. Министерство Здравоохранения Республики Казахстан, ГУ «Республиканский Центр по профилактике и борьбе со СПИД». P.6.*

[28] *Ibid., P.7.*

HIV infection were registered in all regions of the country. The highest number of cases per 100,000 of population were registered in the city of Almaty (190.6 or 19%), in Pavlodar (178.6 or 0.18%) and Karagandy (161.4 or 0.16%) regions.

According to Sentinel Epidemiological Surveillance, the prevalence of HIV infection in 2013 among IDUs was 4.8% [29] (in 2012 among male IDUs it was 3.8%, among female IDUs – 5%.). [30] The prevalence of Hepatitis C virus in 2012 among IDUs was 63.1%.

Every year over 2 million people were tested for HIV infection (in 2013 – 2,398,537 tests). Most of HIV infected people lived in cities and towns. In 2013, the sexual (heterosexual) route of transmission became prevalent – 59.8%, whereas the parenteral route was only 33.5%.

For men who used drugs, the prevalent route of infection in the structure of newly registered HIV cases was intravenous injection practice (55.2%), and the sexual route of transmission accounted for 42.3%. For women, the main route of transmission of HIV infection was the sexual route (81.8%), the parenteral route of transmission with intravenous drug use accounted for only 15.6% from the total number of female IDUs. [31]

In 2013, 152 cases of HIV infection were registered in prisons, 14 of them were non-citizens (in 2012 – 220 cases). The situation in correctional institutions seemed to have stabilized.

In 2012, the prevalence of Hepatitis C virus among IDUs was 63.1% (in 2011 – 61.3%). The prevalence of Hepatitis C virus among male IDUs (64.3%) was higher than among female IDUs (56.9%). The prevalence of Hepatitis C virus was higher among IDUs over 25 (64.9%), than among IDUs under 25 (46.6%). [32]

---

[29] *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД, 2014. P.7.*

[30] *Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет. РНПЦ МСПН. P.5.*

[31] *Ibid., P.5.*

[32] *Ibid., P.30-31.*

Drug policy in the Republic of Kazakhstan

National drug strategy

Solving drug-related problems is among the declared priorities of the Kazakh government and as such is included in the governmental programme of activities. On the basis of Decree No. 922 of the President of the Republic of Kazakhstan of 1 February 2010 “On the strategic development plan of the Republic of Kazakhstan up to 2020” the following has been developed and approved:

1. State programme of healthcare development of the Republic of Kazakhstan for 2011–15, “Salamatty Kazakhstan” (Decree of the President of the Republic of Kazakhstan No. 1113 of 29 November 2010).
2. Sectoral programme to combat narcomania and drug trafficking in the Republic of Kazakhstan in 2012–2016 (Order of Government of the Republic of Kazakhstan No. 451 of 12 April 2012). [33]

The main aim of the Salamatty Kazakhstan programme is to improve health of the people of Kazakhstan to ensure country’s sustainable social and demographic development. The key tasks of the programme were:

- strengthening cross-sectoral and interagency cooperation in the sphere of people’s health protection and ensuring sanitary and epidemiological well-being;
- developing and improving the Unified National Healthcare System;
- improving medical and pharmaceutical education, developing medical science and pharmaceutical activity.

---

[33] *Information and legal system of normative acts of the Republic of Kazakhstan: www.adilet.zan.kz/rus/docs/P1200000451*

In 2011 about 12% of the activities envisaged under the Salamatty Kazakhstan programme were directly aimed at the development and improvement of the prevention of drug abuse and its consequences, as well as the development of treatment for people with drug addiction.

The main objective of the Sectoral programme is the further improvement of the system of effective government and public resistance to narcomania and drug trafficking. The document contains activities addressing three main objectives:

- improving the system of drug prevention and drug dependence treatment and developing the system of rehabilitation of people with drug addiction;
- prohibition of illicit trafficking of drugs by strengthening the mechanism of counteraction to illicit trafficking of narcotic drugs, psychotropic substances and their precursors;
- strengthening international cooperation in the sphere of control over illicit trafficking of drugs and their abuse.

The activities of the programme that in general follows the direction of the previous programme for 2009-2011, involve the implementation of a number of legislative initiatives: introducing alternative forms of punishment as alternative to criminal sanctions (imprisonment) in the form of compulsory treatment of drug addiction for people with drug addiction who had committed minor offences.

Drug-related legislation

The fundamental documents defining the current national policy, strategy and the contents of programmes aimed to reduce the demand for drugs, and also to prevent the spread of HIV/AIDS among IDUs in the Republic of Kazakhstan were:

1. Constitution of the Republic of Kazakhstan of 30 August 1995.
2. Code of the Republic of Kazakhstan “On the people’s health and the system of health care” of 18 September 2009.
3. Law of the Republic of Kazakhstan No. 91-3 of 28 November 2005 “On the ratification of the International Covenant on Civil of Political Rights”.
4. Law of the Republic of Kazakhstan No. 87-3 of 21 November 2005 “On the ratification of the International Covenant on Economic, Social and Cultural Rights”.

5. Law of the Republic of Kazakhstan No. 2184 of 7 April 1995 “On compulsory treatment of people with alcoholism, narcomania and toxicomania” (amended and supplemented as of 29 September 2014).
6. Law of the Republic of Kazakhstan “On narcotic drugs, psychotropic substances, precursors and countermeasures to their illicit trafficking and abuse” of 10 July 1998 No. 279-1 (amended and supplemented as of 29 September 2014).
7. Decree of the President of the Republic of Kazakhstan No. 1113 of 29 November 2010 “On approving the State Programme of Health Care Development of the Republic of Kazakhstan for 2011–15, “Salamatty Kazakhstan””.
8. Address of the President of the Republic of Kazakhstan to the people of Kazakhstan of 10 October 1997 “Kazakhstan – 2030. Prosperity, safety and ever growing welfare for all the Kazakhstanis”.
9. Order of Government of the Republic of Kazakhstan No. 528 of 4 June 2003 “On approving the rules for referral to intoxication examination, intoxication examination itself and execution of its results” (amended as of 10 August 2005).
10. Order of Government of the Republic of Kazakhstan No. 2018 of 4 December 2009 “On approving a list of socially significant diseases and diseases posing a danger to others”.
11. Order of Government of the Republic of Kazakhstan No. 41 of 29 January 2011 “On approving an action plan to implement the State Programme of Health Care Development of the Republic of Kazakhstan for 2011–15, “Salamatty Kazakhstan””.
12. Order of Government of the Republic of Kazakhstan No. 531 of 17 May 2011 “On approving nutrition norms and material and social provision for patients with alcoholism, narcomania and toxicomania in a narcological facility for compulsory treatment”.
13. Order of Government of the Republic of Kazakhstan No. 725 of 28 June 2011 “On approving a list of medical counterindications that patients with alcoholism, narcomania and toxicomania have, towards whom a referral to narcological facilities for compulsory treatment is not used”.
14. Order of Government of the Republic of Kazakhstan No. 1280 of 3 November 2011 “On approving the rules for medical examination of persons according to clinical and epidemiological indications for HIV infection”.
15. Order of Government of the Republic of Kazakhstan “On approving the rules for state control over licit trafficking of narcotic drugs, psychotropic

substances, precursors in the Republic of Kazakhstan” of 10 November 2000 No. 1693 (amended and supplemented as of 13 January 2006).

16. Order of Government of the Republic of Kazakhstan No. 1462 of 5 December 2011 “On approving the rules for provision of medical and social assistance to citizens suffering from socially significant diseases”.
17. Order of Government of the Republic of Kazakhstan No. 1464 of 5 December 2011 “On approving the rules for provision of inpatient medical assistance”.
18. Order of the Minister of Health of the Republic of Kazakhstan No. 446 of 11 June 2003 “On approving an instruction to conduct medical examination to ascertain the fact of use of psychoactive substances and the state of intoxication” (amended and supplemented as of 31 January 2008).
19. Order of the Minister of Health of the Republic of Kazakhstan No. 227 of 9 March 2004 “On organization of sites for anonymous testing for HIV/AIDS and psychosocial counselling for HIV/AIDS” (amended as of 31 March 2004).
20. Order of the Minister of Health of the Republic of Kazakhstan No. 609 of 8 December 2005 “On implementation of substitution therapy”.
21. Order of the Minister of Health of the Republic of Kazakhstan No. 764 of 28 December 2007 “On approving treatment and diagnostic protocols” as of 01 August 2011.
22. Order of the Minister of Health of the Republic of Kazakhstan No. 808 of 1 December 2009 “On approving the rules for finding a patient to be ill with alcoholism, narcomania, toxicomania” (amended as of 12 March 2010).
23. Order of the Minister of Health of the Republic of Kazakhstan No. 814 of 2 December 2009 “On approving the rules for registration, supervision and treatment of persons, found ill with alcoholism, narcomania, toxicomania” (amended as of 05 January 2011).
24. Order of the Minister of Health of the Republic of Kazakhstan No. 238 of 7 April 2010 “On approving model personnel establishment and personnel standards of health care organizations” as of 15 October 2012).
25. Order of the Minister of Health of the Republic of Kazakhstan No. 165 of 12 March 2010 “On approving an instruction to conduct forensic and narcological examination” (amended as of 31 January 2014).
26. Order of the Minister of Health of the Republic of Kazakhstan No. 333 of 12 May 2010 “On expansion of accessibility of opioid substitution therapy”.

27. Order of the Minister of Health of the Republic of Kazakhstan No. 552 of 28 July 2010 “On approving the rules for medical examination for HIV infection”.
28. Order of Acting Minister of Health of the Republic of Kazakhstan No. 629 of 11 August 2010 “On improving activities to prevent HIV infection among injecting drug users”.
29. Order of the Minister of Health of the Republic of Kazakhstan No. 986 of 20 December 2010 “On approving the rules for provision of specialized and highly specialized medical assistance”.
30. Order of the Minister of Health of the Republic of Kazakhstan No. 01 of 5 January 2011 “On approving regulations for activities of centres of temporary adaptation and detoxification”.
31. Order of the Minister of Health of the Republic of Kazakhstan No. 02 of 5 January 2011 “On approving regulations for narcological facilities (hospitals and dispensaries)”.
32. Order of the Minister of Health of the Republic of Kazakhstan No. 8 of 5 January 2011 “On approving diagnostic and treatment protocols for HIV and AIDS” (amended and supplemented as of 11 March 2012).
33. Order of the Minister of Health of the Republic of Kazakhstan No. 383 of 10 June 2011 “On approving regulations for a narcological facility for compulsory treatment and internal regulations in a narcological facility for compulsory treatment” (amended and supplemented as of 17 February 2012).
34. Order of the Minister of Health of the Republic of Kazakhstan No. 691 of 4 October 2012 “On expanding accessibility of opioid substitution therapy in the Republic of Kazakhstan”. [34]

Narcological assistance to people with drug addiction in the Republic of Kazakhstan has been implemented within the framework of a guaranteed volume of free medical assistance, which is financed by the national budget.

The main legislative document is Code of the Republic of Kazakhstan “On the people’s health and the system of health care” (amended and supplemented as of 29 September 2014). In Chapter 21 on “Providing medical and social assistance to patients with alcoholism, narcomania and toxicomania”, Article 130 defines the organization of medical assistance for patients with alcoholism, narcomania and

---

[34] *Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет. РНПЦ МСПН. P.6-8.*

toxicomania as follows "…1. The State provides a system of measures to prevent and treat alcoholism, narcomania and toxicomania. 2. Compulsory measures of medical character are used upon court order towards people, who have committed crimes, found in need of treatment from alcoholism or narcomania or toxicomania, and also towards people, who have committed administrative offence and found ill with chronic alcoholism, narcomania or toxicomania and shirking voluntary treatment and are regulated by Law of the Republic of Kazakhstan No. 2184 "On compulsory treatment of patients with alcoholism, narcomania and toxicomania". The duration of compulsory treatment upon court order can be at minimum from 6 months and at maximum up to 2 years».

Drug prevention

The main aspects of drug prevention were set out in the Sectoral programme to combat narcomania and drug trafficking in the Republic of Kazakhstan in 2012–2016. [35]

Prevention programmes and activities are mainly implemented in educational institutions in Kazakhstan. Computer software to perform a psychological test on risks of being addicted to psychoactive substances was installed in 75 schools in 3 regions (Zhambyl, Pavlodar, and Karagandy regions). Currently, the programme is being implemented in other regions of the country. In 2011, an evaluation of prevention programmes in educational institutions was conducted for the first time in the country with the support of UNODC. [36]

Teachers and psychologists from comprehensive schools were provided with materials for distribution with best practices of "psychological correctional work" with at risk groups.

An educational programme was developed with the aim to develop positive life skills in schoolchildren and students. [37] The programme consisted of several stages:

Stage I. Forming a notion of healthy life styles and motivation towards refusal to try psychoactive substances, developing interpersonal skills (primary school).

---

[35] *Order of Government of the Republic of Kazakhstan No. 451 of 12 April 2012 "On Sectoral Programme to Combat Drug Abuse and Drug Trafficking in the Republic of Kazakhstan in 2012–2016" (amended and supplemented as of 08 July 2014).*

[36] *Espenova M., Kerimi N., Omarova Zh. Evaluation of programmes for the prevention of drug abuse in schools in Kazakhstan. Astana: UNODC, 2011.*

[37] *Country overview: Kazakhstan. This overview was prepared within projects funded by the European Commission Programme on Technical Assistance to the Commonwealth of Independent States (TACIS) 2010. P.5-6.*

Stage II. Developing skills, knowledge and attitudes needed for making decisions to refuse to use psychoactive substances (secondary school, 5-7 years).

Stage III. Forming a competent notion of drug problems in modern society, developing interaction skills, mutual support and self-help (high school, 8-11 years, students of vocational institutions and first year students of higher education institutions).
Training courses on prevention of drug use and HIV/AIDS and building healthy life styles were introduced into school programmes. School and family antidrug video library and school antidrug library with paper and magnetic media were set up, “Self-teaching manual for an effective family” and “Self-teaching manual for an effective parent” were prepared.

State bodies at national and regional levels started to increase co-operation, also with the participation of youth and non-governmental organizations (NGOs).

An important role in preventing drug use, addiction and other diseases is played by the Republican Scientific Practical Centre for Medical and Social Problems of Drug Addiction (RSPC MSPDA) and the Republican Centre for Healthy Lifestyles (RCHL). The RSPC MSPDA conducted a series of training seminars for teachers and psychologists of comprehensive schools titled “Ways of early risk detection of addictions to psychoactive substances among schoolchildren”. With the support from the Republican Centre for Healthy Lifestyles, 17 youth health centres are in operation in the country, which provided comprehensive youth-friendly medical and psychosocial services.

A series of measures and activities were introduced to prevent the use of performance enhancing drugs in physical education and sports: such activities as “Sports against drugs” and “Tourism against drugs” were conducted in educational institutions in a systematic way.

Several activities have been launched to support NGOs dealing with issues of drug prevention were conducted. A project “Conducting a set of activities to counteract drug addiction” was implemented under which a database of all NGOs concerned in Kazakhstan and the Commonwealth of Independent States countries with their addresses, contact telephones and hotlines was developed. Based on the analysis of local and international experience in the sphere of healthy lifestyles and drug prevention, a set of methodological recommendations was prepared.

TV channels broadcast antidrug videos and documentaries, the print media publishes articles about harms of drug use and measures taken by the state to prevent drug addiction.

Drug treatment

In recent years, various methods of treatment and rehabilitation of people with drug addiction have been developed and implemented in Kazakhstan with the aim to improve the work of narcological services. This has led to a number of significant reforms within the system of narcological assistance with the more long-term goal to develop a national model of narcology for Kazakhstan. [38]

Narcological assistance and treatment in Kazakhstan are divided into the following sectors:

- Voluntary narcological assistance, provided within the system of the Ministry of Health (state and private narcological assistance);
- Compulsory narcological assistance, provided within the system of the Ministry of Health (specialized narcological hospitals and units at narcological dispensaries);
- Narcological assistance (voluntary and compulsory), provided in penitentiary institutions of the Ministry of Internal Affairs;
- Narcological assistance, provided in the sector of NGOs and other non-medical institutions with a social activity profile.

Every sector of narcological assistance is assigned a specific target group of addicted people to work with. For example, voluntary narcological assistance is provided to 2 categories of people: people with no money for treatment and rehabilitation in private institutions (this category under the pressure of circumstances has to refer to state narcological institutions); and people who have money seek treatment in private institutions. Compulsory narcological assistance is used in an attempt to reach non-motivated drug users, suspected of being predisposed to committing crimes. People with drug addiction who refuse to receive assistance in narcological institutions can receive assistance from NGOs and other institutions providing social services.

Several stages of narcological assistance are foreseen in the system of drug treatment in Kazakhstan:

- Primary prevention narcological assistance provided by the sector of voluntary narcological assistance of the system of the Ministry of Health and the sector of narcological assistance provided by NGOs and social institutions (cooperation with educational institutions, NGOs active in the

[38] *Ескалиева А.Т. Организация современной наркологической помощи: интегрированный подход./ Научно-практический журнал «Вопросы наркологии Казахстана. Том XII, 2012, Павлодар. P.63-66.*

primary prevention field, inspectors from the Ministry of Internal Affairs, Commissions on minors' affairs etc.);

- Primary narcological assistance provided in all sectors apart from compulsory narcological assistance in the system of the Ministry of Health (cooperation with medical institutions, AIDS centres, drug NGOs actively involved in the field of tertiary prevention, toxicology units, and patrol services of the Ministry of Internal Affairs);
- Outpatient treatment and rehabilitation are provided by the 2 sectors: voluntary – within the Ministry of Health, and the sector of narcological assistance, provided in penitentiary institutions of the Ministry of Internal Affairs (cooperation with medical institutions, AIDS centres, partner medical organizations, and social institutions);
- Inpatient treatment and rehabilitation, provided in all the sectors apart from NGOs and other non-medical institutions (cooperation with AIDS centres, partner medical organizations, and social institutions);
- Anti-relapse and maintenance therapy, implemented in the sectors of voluntary narcological assistance and narcological assistance in penitentiary institutions of the Ministry of Internal Affairs (cooperation with AIDS centres, communities of Narcotics Anonymous and Alcoholics Anonymous, social organizations, and detox units supervising relapse situations).

People with drug addiction receive the following types of narcological assistance:

- Outpatient treatment,
- Day inpatient treatment,
- Inpatient detox,
- Inpatient medical and social rehabilitation,
- Compulsory inpatient treatment upon court order,
- Opioid substitution therapy,
- Counselling within harm reduction programmes. [39]

Narcological network

In Kazakhstan only medical organizations with a special licence are entitled to provide services in narcological treatment. Licencing is carried out by local medical authorities. Licences can be obtained by state narcological organizations, private clinics and private medical offices. NGOs cannot obtain licences to provide narcological assistance.

---

[39] *Country overview: Kazakhstan. TACIS, 2010. P.13.*

At the end of 2013 the following treatment services were available in Kazakhstan [40] :

- A clinic with 140 beds of the RSPC MSPDA;
- 17 narcological dispensaries for 3,120 beds;
- 8 narcological organizations for compulsory treatment for 1,145 beds;
- 208 narcological beds in narcological hospitals of Almaty, East Kazakhstan, Karagandy and Kostanay regions;
- 74 narcological beds in private clinics of East Kazakhstan, Karagandy, Zhambyl, South Kazakhstan regions, and the city of Almaty (respectively for 15, 20, 8, 12, and 19 beds).

Establishing a diagnosis of drug addiction and treating narcological patients can be done only by a specialist with higher medical education certified as “narcologist”. In 2013, 639 narcologists provided services to drug patients (in 2012 – 653 narcologists).

Most services in prevention, diagnosing, treatment and rehabilitation for narcological patients in the regions are provided by regional and municipal narcological dispensaries.

The treatment of drug addiction in the Republic of Kazakhstan is implemented in several stages.

Stage One (detox stage): clients receive services of treating withdrawal symptoms. At this stage motivational and psychological counseling is performed. The length of treatment is 10-20 days.

Stage Two (psychological rehabilitation stage): it lasts from 40 to 60 days and includes intensive group and individual psychotherapy, group and individual counselling, social and psychological training.

Stage Three (social rehabilitation): 60 to 180 days including rehabilitation in a therapeutic community, supplementary vocational training, participation in voluntary activities in the sphere of drug prevention and treatment.

In 2013, 25,102 patients were treated in narcological inpatient hospitals (in 2012 – 27,939 patients), or there were 35,437 cases of inpatient treatment. 2,839 IDUs were hospitalized for the first time in 2013.

---

40 *Наркологическая помощь населению Республики Казахстан за 2012-2013 годы. Статистический сборник. Павлодар, 2014. P.3-4.*

Table 9. Proportion of IDUs, hospitalized to narcological inpatient hospitals [41]

Number of IDUs hospitalized for the first time this year		Proportion of IDUs who received inpatient treatment per 100 supervized IDUs	
2012	2013	2012	2013
3,169	2,839	11.0	10,9

Beds for compulsory treatment were in regional and municipal dispensaries of 9 regions of Kazakhstan. The proportion of referrals for compulsory treatment in 2013 (13.5) slightly rose as compared to 2012 (13.1). [42]

Table 10. Proportion of patients referred for compulsory treatment to the total number of people hospitalized with mental and behavioural disorders due to the use of psychoactive substances [42]

Total number of referrals		Including compulsory referrals		Proportion	
2012	2013	2012	2013	2012	2013
37,020	35,541	4,862	4,809	13.1	13.5

The outpatient narcological network in 2013 included the following services:

- 185 narcological offices (apart from dispensaries), 117 of which were in rural areas,
- 24 offices for alcohol intoxication examination,
- 14 offices for anonymous treatment,
- 17 offices for children and teenagers,
- 17 offices for drug education.

In the private sector of health care in the Republic of Kazakhstan the number of narcological assistance offices increased from 19 to 30 offices in 5 years from 2008 to 2012. Nevertheless, the contribution of private narcological services to the total volume of medical assistance to narcological patients still remains low. In some regions, such as Almaty, Atyrau, West Kazakhstan, Kyzylorda, Kostanay, North Kazakhstan regions and in the city of Astana not a single private narcological service or practice was available in the period of 2008 to 2012.

---

[41] *Ibid., P.40.*

[42] *Наркологическая помощь населению Республики Казахстан за 2012-2013 годы. Статистический сборник. Павлодар, 2014. P.43.*

Opioid substitution therapy

In Kazakhstan, opioid substitution therapy (OST) is provided in the medical institutions only. OST was not available in penitentiary institutions or remand centres in 2014. And giving out the "take-home" doses of OST medication was prohibited.

Most of the OST programmes are still funded from international sources, mainly the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). At the same time there is a low coverage of OST – significantly lower than is recommended by the UN agencies, which is due to many reasons. For several years the OST programme in Kazakhstan has experienced significant opposition from the public. The public, including civil society and drug service specialists, demanded convincing evidence of OST effectiveness in the local conditions of Kazakhstan. The complexity of the system of approval and quotas for purchasing the OST medication threatened the continuity of treatment.

OST in Kazakhstan has been implemented in the form of pilot projects. Initially, the OST programme was implemented in 2 pilot cities – Pavlodar and Temirtau – in October 2008, and was funded by GFATM.

After receiving positive implementation results of this pilot project, the Ministry of Health decided in 2010 to approve the programme for expansion of the OST availability.[43] In 2011, the OST programme was implemented in Ust-Kamenogorsk.

In 2011, in response to government plans to expand the geography of OST and increase the number of patients, a group of medical workers waged a campaign against OST, demanding to suspend the programme. Despite these protests, the Ministry of Health, supported by international organizations, did not stop the implementation of the OST programme, which operated in several cities, although the plans to expand the programme were halted.[44]

In 2013, despite certain difficulties in implementing the OST programme, the number of OST programme sites in the Republic of Kazakhstan grew to 10.[45] In 2013, 7 new

---

[43] *The Minister of Health of the Republic of Kazakhstan signed Order No. 333 "On expansion of availability of opioid substitution therapy" on 12 May 2010.*

[44] *Latypov A., Bidordinova A., Khachatrian A. Opioid Substitution Therapy in Eurasia: How to increase the access and improve the quality, 2012. A Series of information documents of the International Drug Policy Consortium on the issues of drug dependence treatment No. 1. P.12.*

[45] *Order by Acting Minster of Health of the Republic of Kazakhstan No. 691 of 4 October 2012 "On expansion of availability of the opioid substitution therapy in the Republic of Kazakhstan".*

OST sites (in the cities of Actobe, Karagandy, Kostanay, Semei, Taraz, Ekibastuz, Uralsk) for people addicted to opioid drugs were opened with the support from the grant of GFATM. In total, there are now 10 OST sites operating in Kazakhstan.

Table 11. Indicators for 2008 – 2013 [46]

Indicator	2008	2009	2010	2011	2012	2013
Number of OST sites	2	2	2	3	7	10

Table 12. Indicators for 2010 – 2013 [47]

Indicator	For 1 January 2011	For 1 January 2012	For 1 January 2013	For 1 January 2014
Number of people enrolled in OST	93	112	207	308

Criteria for inclusion into the OST programme:

- Age of at least 18;
- Diagnosis of opioid addiction (F 11.2), confirmed record of injecting drug use (minimum 3 years);
- 2-3 unsuccessful attempts of detoxification in the inpatient unit of a narcological dispensary;
- Priority is given to people living with HIV/AIDS;
- Citizenship of the Republic of Kazakhstan.

These criteria make it difficult for some client groups to enroll in the OST programme. Most people who use drugs try to avoid registration with the narcological services and are in fear of the related consequences. They mainly prefer to be treated in unofficial institutions with no registration.

Despite the difficulties with implementation, provision of OST is included into the National State Programme “Salamatty Kazakhstan”, which defines national priorities in developing public health care for 2011-2015. A number of organizations, providing

---

[46] *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД, 2014. P.10-11.*

[47] *Ibid., P.10-11.*

services in the sphere of HIV, supported OST and actively participated in the activities of the Interagency Working Group on OST, set up at the Ministry of Health. [48]

The RSPC MSPDA and the Republican AIDS Centre in cooperation with UNODC have developed a joint document “Expanding availability of opioid substitution therapy in Kazakhstan in 2011-2014: the situation analysis, the action plan and the operational implementation plan”, which defines specific aims of implementing the OST programme in the country. Methodological recommendations on “The use of maintenance therapy with opioid agonists in the narcological practice in the Republic of Kazakhstan” now serve as clinical guidelines for providing OST in Kazakhstan.

Treatment of people with drug addiction in correctional institutions

In total, as of 31 December 2013, there were 6,099 patients with addictions to psychoactive substances in institutions of the Department of Corrections of the Republic of Kazakhstan, the indicator per 1,000 prisoners was 135.9. [49]

Table 13. Number of people with addictions to psychoactive substances in compulsory treatment in correctional institutions

Total number of patients with addictions to psychoactive substances in prisons as of 31 December 2013		Number of patients with addictions to psychoactive substances in compulsory treatment as of 31 December 2013	
Total	Per 1,000 prisoners	Total	Per 1,000 prisoners
6,099	135.9	3,084	68.7

There were 3,084 people in compulsory treatment for addiction to psychoactive substances, the indicator per 1,000 prisoners was 68.7.

Table 14. Proportion of IDUs among the patients with mental and behavioural disorders, caused by the use of drugs (apart from alcohol), in correctional institutions

from alcohol) as of 31 December 2013	IDUs under supervision as of 31 December 2013	
	Total	Proportion of IDUs
3,328	2,963	89.0%

[48] *Order of the Ministry of Health of the Republic of Kazakhstan No. 449 of 4 September 2009 “On setting up a cross-sectoral working group on opioid substitution therapy”.*

[49] *Аналитическая записка по мониторингу наркологической ситуации в уголовно-исполнительной системе Республики Казахстан за 2013 год. РНПЦ МСПН.*

The staffing level of psychiatrists and narcologists in correctional institutions was only 60.8%, and as compared to 2012 (63.8%) the staffing level had decreased. Not all institutions had psychiatrists or narcologists (Kyzylorda and Mangystau regions).

The staffing level of psychologists in correctional institutions in Kazakhstan was 92.5% (in 2012 this indicator was 100%). In correctional institutions of West Kazakhstan region, positions of psychologists were not foreseen by the staff schedule.

In total, 1,656 patients completed outpatient compulsory treatment in the second half of 2013, and out of them:

- 848 (51.2% of the total number of treated patients) had alcohol addiction,
- 680 (41.1%) had heroin and other opiates addiction,
- 105 (6.3%) had cannabis addiction,
- 8 (0.5%) had addiction to inhalants,
- 15 (0.9%) had polydrug addiction.

3,084 patients continued compulsory outpatient treatment as of 31 December 2013, most of them had addiction to alcohol or heroin and other opiates, and few of them – to cannabis and several drugs.

Table 15. Remissions among patients with addictions to psychoactive substances, under dispensary supervision in correctional institutions as of 31 December 2013

Indicator	**In remission from 1 to 2 years**		**In remission for over 2 years**	
	Absolute figures	% of remission	Absolute figures	% of remission
Of people with alcohol addictions	1,227	39.0%	1,180	37.5%
Of people with addictions to other psychoactive substance	1,288	43.6%	1,410	47.7%

The proportion of patients in Kazakhstan who had completed compulsory drug treatment within their full term in correctional institutions, was 71.7% of all treated

patients with alcohol addiction and 68.8% of all treated patients with other substances addictions. Remissions among patients with addictions to psychoactive substances, supervised in correctional institutions, were more frequent than among the analogous group of patients in public sector, which was quite logical.

Opioid substitution therapy was not provided in correctional institutions.

Risk and harm reduction

In Kazakhstan the implementation of harm reduction measures is regulated by Order No. 115 of the Ministry of Health of 28 February 2013 "On changes into Order of the Ministry of Health of the Republic of Kazakhstan of 9 March 2004 "On approving regulations to organize the activities of trust points for IDUs"". [50]

In 2013, 153 "trust points" for IDUs operated in Kazakhstan, out of them 23 were mobile. In the "trust points" clients were provided with the following types of assistance:

- Distribution of information materials,
- Distribution of condoms to IDUs and their sexual partners,
- Exchange of used disposable syringes for clean ones,
- Pre-test psychosocial counselling on HIV/AIDS issues,
- Express testing for HIV infection,
- Referral to medical institutions for specialized medical assistance,
- Information about state agencies and NGOs providing prevention assistance to IDUs.

The coverage, reaching IDUs with harm reduction programmes, was 79.4% in 2013. 89,490 IDUs at least once received prevention services (in 2012 – 85,041 people, which was 72.8%). Systematically (at least once a month), 66,713 people were involved in such programmes, which made up 59.2% (in 2012 – 58,387 people or 50%). 29,904 IDUs or 26.5% were new members of harm reduction programmes in 2013 (in 2012 – 32,888 people or 28.1%) . [51]

---

[50] *Order of the Ministry of Health of the Republic of Kazakhstan No. 115 of 28 February 2013 "On changes into Order of the Ministry of Health of the Republic of Kazakhstan of 9 March 2004 "On approving regulations to organize the activities of trust points for IDUs"".*

[51] *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД, 2014. P.26-27.*

In 2013, 25,197,654 syringes (in 2012 – 22,260,819) and 6,344,063 condoms were distributed among IDUs, the coverage of IDUs with condoms was 71 condom per 1 IDU involved in prevention programmes (in 2012 – 4,656,303).

Table 16. Indicators for 2010 – 2013 [52]

Indicator	2010	2011	2012	2013
Number of syringes distributed by needle and syringe exchange programmes per 1 IDU per year	176	154	190	224
Percentage of IDUs who indicated the use of a condom during last sexual intercourse	55%	47.2%	50.6%	54%
Percentage of IDUs who indicated the use of a sterile injecting equipment during last use of injecting drugs	62.2%	61.3%	58.1%	53.8%
Percentage of IDUs who underwent HIV testing within the last 12 months and knew the result	61%	64.7%	64.3%	66.9%
Number of points participating in needle and syringe exchange/ provision programmes	168	155	155	153

In dealing with IDUs, extensive use was made of street social work (outreach work). 586 outreach workers were involved in 2013 (in 2012 – 591) to work with IDUs, of them 430 were peer workers (73%). 30.3% of IDUs received counselling from medical workers. In narcological centres 2,578 IDUs underwent rehabilitation in 2013 (in 2012 – 1,820).

In 2013, 33 "friendly rooms” worked with vulnerable groups of people to prevent and treat STIs in Kazakhstan. These "friendly rooms” were set up at health care facilities and NGOs. In this period, 37,552 people referred to “friendly rooms” (in 2012 – 28,741 people), of them 28% were IDUs (in 2012 – 28.1%).

As of 1 January 2014, the number of people living with HIV, who had indications for antiretroviral therapy, was 4,659 people, of them 2,383 were IDUs (51.1%). Of the people on antiretroviral therapy, 47.5% were IDUs.

---

[52] *Ibid., P.10-11.*

International cooperation

Kazakhstan is engaged in the following international co-operation (Reporting period: 2013). [53]

European Union (EU)

Kazakhstan has been co-operating with the EU for several years. In October 2000, an Office of Regional EU representative on drugs was opened at the European Commission Representation Office in the Republic of Kazakhstan. The EU has started implementation of its Central Asia Drug Action Programme (CADAP) since 2001. The main aim of CADAP is to facilitate gradual adoption of the EU best practices and other international practices on combating drugs and contributing towards reducing the number of drug-related problems in the 5 Central Asian republics (Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, Turkmenistan).

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.

Other objectives of the programme included: improving the work of control services in the main airports of the region, strengthening co-operation of law enforcement agencies in the Central Asian countries in combating drug trafficking, setting up united informational network to co-ordinate the work of the Committee for National Security of the Republic of Kazakhstan, Border Service of the Republic of Kazakhstan, Ministry of Internal Affairs and the Agency for Customs Control. Within CADAP programme the following is foreseen: organization and implementation of training activities for the staff of law enforcement agencies, purchase of equipment and provision of technical assistance. There is active co-operation between the Agency for Customs Control of the Republic of Kazakhstan and the EU Regional Representative for drugs in Central Asia.

---

[53] *Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД, 2014. P.35-41.*

In 2003 another EU programme was launched in Central Asia – the assistance programme to control borders in Central Asia (BOMCA). The BOMCA programme became a consistent partner for the governments of the Central Asian countries, including Kazakhstan, in their aspirations to ensure security at their borders.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

In 2013, 20 AIDS Centres, 26 NGOs and 10 narcological dispensaries were involved in the implementation of prevention activities under the GFATM grant (in the cities Aktobe, Karaganda, Temirtau, Kostanay, Semei, Ust-Kamenogorsk, Pavlodar, Ekibastuz, Uralsk, Taraz). To deal with vulnerable groups of people, 697 positions of outreach workers were set up, of them 523 positions were to deal with IDUs. Grants for gender specific activities for female IDUs in 4 NGOs in Pavlodar, Karagandy, and East Kazakhstan regions were also allocated in 2013. In 2013, methadone and supplementary materials were purchased and delivered for implementing the OST programme in Kazakhstan, as were syringes, condoms, safe disposable containers, medication for treating STIs in “friendly offices”, etc.

Apart from this, training on various topics was conducted for medical workers of AIDS Centres, primary health care units, tuberculosis dispensaries, institutions of the Department of Corrections, outreach workers, non-medical workers of prisons and prisoners. After the completion of the series of training for the prison staff in 6 regions of the Republic of Kazakhstan, the final conference for decision makers was held in Astana to implement OST and needle and syringe exchange programmes as pilot projects in Karagandy and Pavlodar regions. To gain new experience on providing OST and needle and syringe exchange programmes in prisons in 2013, a study visit to Spain was organized for decision makers from the Ministry of Health, the Ministry of Internal Affairs and the Department of Corrections of the Republic of Kazakhstan. A training for journalists on “Covering the issues of HIV and OST in the media” was also conducted.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

In 2013, UNAIDS provided the Republic of Kazakhstan with financial and technical support to implement the provisions of the Political Declaration on HIV and AIDS and the strategy of “Getting to Zero”. UNAIDS coordinated the work of UN agencies to provide effective support during the implementation of “the United Nations Development Assistance Framework in the Republic of Kazakhstan in 2011-2015”. UNAIDS also conducted expert evaluation and involvement of partners in the

process of national strategic planning and advocacy. UNAIDS country office continues to improve the quality of strategic information; the system of epidemiological surveillance and the monitoring and evaluation system in general.

United Nations Education, Scientific and Cultural Organization (UNESCO)

The activities of UNESCO were conducted within the UNAIDS/UBRAF project, which promoted comprehensive knowledge and skills to protect young people from HIV, STIs and drug use. Jointly with the Care crisis centre volunteers were trained, who later organized 15 theatrical performances for 2,000 vulnerable teenagers in the city of Almaty. With the support from NGOs, 3 types of information booklets on HIV and STIs prevention in the 3 target groups: sex workers, young people and IDUs were developed for volunteers and outreach workers.

The United Nations Children's Fund (UNICEF)

To improve the quality of services provided to highly vulnerable pregnant women with drug addiction, UNICEF facilitated the revision of legislation and protocols on prevention of mother-to-child transmission of HIV and provision of services to pregnant women with drug addiction. A model for providing social services to women from vulnerable groups and capacity building for medical and social workers was developed. UNICEF facilitated the promotion of voluntary HIV testing among teenagers and young people by creating 2 episodes of an interactive X-road game, a video based on the materials of pre-birth HIV counselling and counseling tools for children and teenagers living with HIV.

The United Nations Office on Drugs and Crime (UNODC)

UNODC provides technical support to the Government of the Republic of Kazakhstan with its "Effective HIV and AIDS prevention among vulnerable groups of population in the Central Asia countries. Phase 2 (2010-2016)" project. This agency actively advocated the OST programme, provided technical support to national partners in developing normative documents on managing the OST programme, and a communication strategy to expand the OST programme. Upon request from the Ministry of Health, it initiated the work to make a short documentary on OST in Kazakhstan to show to decision makers and service providers at the republican and regional levels. UNODC is also completing research on assessing the adequacy of health care services for people who use drugs in East Kazakhstan and Karagandy regions. This research involves assessing the number of people

who use drugs in the selected regions, their social and demographic characteristics, types of drugs used, patterns and social context of drug use, the demand for medical and social services etc.

The SUPPORT Project

The SUPPORT project is implemented within the period of 2010–2015 in 4 Central Asia countries: Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan and is funded by the US Centres for Disease Control and Prevention (CDC) under the United States President's Emergency Plan for AIDS Relief (PEPFAR). This project is implemented with the aim of facilitating the implementation of HIV programmes. Under this project, a survey among sexual partners of IDUs was conducted to better understand the profiles of behavioural risks of sexual partners of people who use drugs.

The USAID Quality Health Care Project

The Quality Healthcare project aims to prevent HIV infection and improve access to services for vulnerable groups of people. In 2013, jointly with the state, NGO, and international partners under this project, documents for a comprehensive package of services for vulnerable people such as IDUs and men who have sex with men were prepared, that were recommended for inclusion into the National comprehensive HIV infection Plan for 2014-2020. Patients' Councils were established in 2 locations – at the Municipal AIDS Centre in Almaty and at the Centre of Narcology in Ust-Kamenogorsk, the members of which represent their clients' interests and jointly with administrations of medical institutions work to improve access to services.

Non-commercial corporation PSI

In 2013, one of the 2 projects aimed at expanding HIV prevention programmes among vulnerable groups in Kazakhstan and implemented by the Central Asian Branch "Orleu" of Non-commercial corporation PSI ended. The project was implemented with the financial support from the main recipient of a GFATM grant, the Republican AIDS Centre in the 5 cities of Kazakhstan: Almaty, Karaganda, Shymkent, Pavlodar, Semei. Each city opened Youth information and education centres for at risk young people aged from 15 to 24, living in socially disadvantaged districts and having IDUs around them. The work of Youth centres was geared towards changing risky behaviour through organizing activities, alternative to injecting drug use: free hobby groups, sport groups, clubs etc.

4

Conclusions

Like in the other countries of Central Asia, no regular population surveys or other epidemiological monitoring is undertaken in Kazakhstan. 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. Overall, it is difficult to identify any trends, since no systematic data are available over a longer term. At the same time, only little information is available about assessing the implementation of existing measures and programmes or evaluating their results and impact. One notable exception is the evaluation of a major prevention programme by UNODC in 2011.

In terms of mortality rates, the data for 2012 and 2013 have shown increase of drug-related deaths. It was not possible, though, to obtain final information on the criteria for drug-related deaths, nor the procedure how these data are collected.

Kazakhstan has adopted an extensive set of laws and government orders that govern the responses to drug use and illicit trafficking. While not having adopted a national drug strategy, drug policy objectives are set out in national multi-sectoral programme, aimed at improving overall public health and demographic development. With respect to drug use, this programme defines improving prevention and treatment together with increasing efforts in counteracting illicit trafficking as the key objectives.

Supply reduction measures play an important role in Kazakh drug policy with a focus on reducing illicit trafficking as a way of preventing proliferation of drugs and, consequently, drug use. The instruments in place seek to develop interagency co-operation and co-ordination on national level and increased co-operation. At the same time, the recently adopted policy instruments put increasing importance on demand reduction. This is illustrated by recently adopted school-based prevention programmes. The prevention concepts applied range from information campaigns and healthy lifestyle training to drug screening and risk assessment of pupils.

In recent years the authorities in Kazakhstan have started to develop concepts for treatment and rehabilitation that aim at meeting the specific characteristics of Kazakh culture and society and the drug situation in the country. This has led to various transformations inside the system of narcological assistance. However, the traditional model of narcology from the Soviet times appears to be still at the core of this concept. This is well illustrated by the fact that inpatient treatment and compulsory treatment continues to play a key role. In penitentiary institutions mainly traditional treatment types of narcological treatment are available. OST and harm reduction are not available to detainees.

Opioid substitution therapy is provided in Kazakhstan in health care institutions. However, as pointed out above, it is not available in prisons and pre-trial detention facilities. It has to be noted that the coverage of opioid substitution therapy in the country is significantly lower than recommended by the UN agencies. Part of the limitations on coverage may be also related to the fact that prescribing "take-home" doses of the OST medication is not permitted under the present system. A further aspect that has to be noted in this context is that opioid substitution therapy faces opposition from public opinion and expressions in the media. Despite this opposition the government continues with providing OST, which must be seen as of significant importance in view of the continuing spread of HIV/AIDS in the country.

The country legislated the implementation of harm and risk reduction strategies, including needle exchanges, condom distribution, counseling and low threshold referral services. Many of the programmes are run and funded by NGOs. In the field of treatment, where several NGOs provide certain referral and counseling services, the emergence of private sector medical treatment offers can be observed.

The Government of Kazakhstan actively co-operates with international organizations, mainly on the UN and the EU levels, but also on the basis of bi-lateral relations with other countries. International assistance and funding plays a key role for the harm reduction, OST and HIV/AIDS programmes that are in place in Kazakhstan. Despite the fact that national funding for these activities has regularly increased over the last years, most of these programmes, in particular opioid substitution therapy and harm reduction, are still mainly funded from international sources.

5

References

Sources in Russian

1. Анализ деятельности областных и городских центров СПИД по организации работы с потребителями инъекционных наркотиков в пунктах доверия по итогам мониторинга за 2011 год. Алматы: Республиканский Центр СПИД, 2012.
2. Анализ статистических данных о состоянии борьбы с незаконным оборотом наркотических средств, психотропных веществ и прекурсоров в Республике Казахстан за 2013 год. 15 января 2014 года, Астана. Комитет по правовой статистике и специальным учетам Генеральной Прокуратуры Республики Казахстан. 13 С.
3. Аналитическая справка о наркоситуации в Республике Казахстан за 2011 год. Астана: Министерство внутренних дел Республики Казахстан, 2012.
4. Аналитическая записка по мониторингу наркологической ситуации в уголовно исполнительной системе Республики Казахстан за 2013 год. РНПЦ МСПН.
5. Доклад о положении детей в Республике Казахстан. Комитет по защите прав ребенка МОН РК. Астана: Министерство образования Республики Казахстан, 2011.
6. Ескалиева А.Т. Организация современной наркологической помощи: интегрированный подход. Стр. 63-66./Научно-практический журнал «Вопросы наркологии Казахстана. Том XII, 2012, Павлодар.
7. Лаврентьев О.В. Национальное школьное исследование по алкоголю и наркотикам в Республике Казахстан. Павлодар: РНПЦ МСПН, 2007.
8. Лечение наркомании. Практическое руководство по планированию и осуществлению. – ВОЗ, 2003. – 37 с.
9. Мониторинг наркологической ситуации в Республике Казахстан за 2012 год. Аналитический отчет, 44 С. РНПЦ МСПН, 2013 год.
10. Мониторинг наркологической ситуации в Республике Казахстан в 2011 году. Павлодар: Республиканский научно-практический Центр медико-социальных проблем наркомании, 2012.
11. Наркологическая помощь населению Республики Казахстан за 2012-2013 годы. Статистический сборник. 44 С. Павлодар, 2014.

12. Обзор страновой ситуации: Казахстан. Данный обзор подготовлен в рамках проектов финансируемых Программой Европейской Комиссии по технической поддержке сообществ в независимых государствах (ТАСИС). 2010 г.22 С.

13. Отчет о деятельности службы СПИД за 2013 год. Алматы, 2014. Министерство Здравоохранения Республики Казахстан, ГУ «Республиканский Центр по профилактике и борьбе со СПИД».

14. Национальный доклад о достигнутом прогрессе в осуществлении глобальных мер в ответ на СПИД. Отчетный период: 2013 год. Республиканский Центр по профилактике и борьбе со СПИД. 31 марта 2014 год, 113 С.

15. Результаты дозорного эпидемиологического надзора за ВИЧ в Казахстане. Алматы: Республиканский Центр СПИД, 2012.

16. Сборник статистических данных о преступлениях и правонарушениях, связанных с незаконным оборотом наркотических средств, психотропных или ядовитых веществ, прекурсоров и лицах, их употребляющих за 2011 год. Астана: КПСиСУГП, 2012.

17. Современные методы лечения наркомании. Обзор фактических данных. – ООН, Управление по наркотикам и преступности, 2003. – 23 с.

18. Султангазиев Айбар, Болтаев Азизбек. Доказанная эффективность: опыт применения ОЗТ в Кыргызстане. Стр.3 Голос снижения вреда. Выпуск «Опиоидная заместительная терапия», май 2013 года.

Sources in English

1. Afghanistan.Opium Survey 2014. Cultivation and Production. UNODC. 2014.

2. Assessment of medication assisted therapy programme in Kazakhstan. Almaty, 2012. This report was prepared by staff of ICAP: Azizbek Boltaev, Anna Deryabina, Andrea Howard.

3. Espenova M., Kerimi N., Omarova Zh. Evaluation of programmes for the prevention of drug abuse in schools in Kazakhstan. Astana: UNODC, 2011.

4. Latypov A., Bidordinova A., Khachatrian A. Opioid Substitution Therapy in Eurasia: How to increase the access and improve the quality, 2012. A Series of information documents of the International Drug Policy Consortium on the issues of drug dependence treatment No. 1.

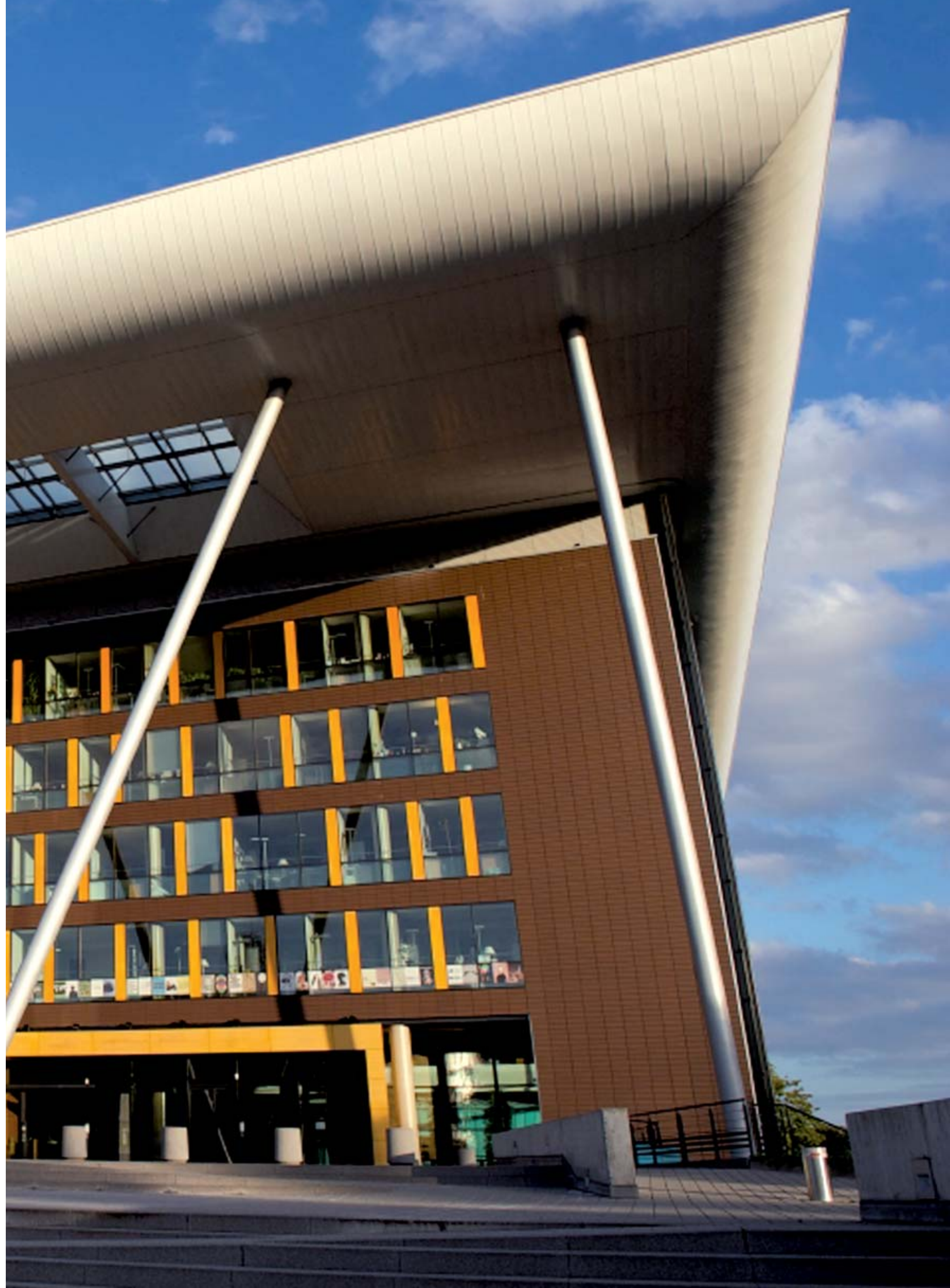
5. Opioid substitute therapy in selected countries of Eastern Europe and Central Asia. 2008. Report prepared by Oleg Aizberg for the Eurasian Harm Reduction Network.

Legislation

1. Постановление Правительства Республики Казахстан от 12 апреля 2012 года № 451 «Об Отраслевой программе борьбы с наркоманией и наркобизнесом в Республике Казахстан на 2012 – 2016 годы» (с изменениями и дополнениями от 08.07.2014 г.).
2. Приказ Министерства здравоохранения Республики Казахстан от 28 февраля 2013 года №115 «О внесении изменений в приказ Министерства здравоохранения Республики Казахстан от 09.03.2004 года «Об утверждении Положения об организации деятельности пунктов доверия для потребителей инъекционных наркотиков».
3. Приказ Министра здравоохранения Республики Казахстан от 12 декабря 2011 года № 888 «О создании системы мониторинга и оценки наркологической ситуации в уголовно-исполнительной системе Республики Казахстан».
4. Приказ Министра здравоохранения Республики Казахстан от 12 мая 2010 года №333 «О расширении доступности опиоидной заместительной терапии».
5. Приказ Министерства здравоохранения Республики Казахстан от 4 сентября 2009 года №449 «О создании межсекторальной рабочей группы по опиоидной заместительной терапии»
6. Приказ и.о. Министра здравоохранения Республики Казахстан от 4 октября 2012 года № 691 «О расширении доступности опиоидной заместительной терапии в Республике Казахстан».
7. Приказ Министра внутренних дел Республики Казахстан от 14 февраля 2011 года № 660 «О создании системы мониторинга и оценки наркологической ситуации в уголовно-исполнительной Республики Казахстан».

Internet sources

1. EMCDDA: http://www.emcdda.europa.eu
2. CADAP: http://www.cadap.eu/ru/content/Казахстан
3. CARICC: http://caricc.org/index.php/en/
4. Ministry of national Economy of the Republic of Kazakhstan, Committee on Statistics: http://taldau.stat.kz
5. Official site of the President of the Republic of Kazakhstan: http://www.akorda.kz/en
6. Republican AIDS Centre: http://www.rcaids.kz
7. Republican Scientific and Practical Centre for Medical and Social Problems of Drug Addiction: http://www.rncenter.kz



Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE