

## Countries

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Kazakhstan  
Kyrgyzstan  
Tajikistan  
Uzbekistan

# Country overview: Uzbekistan

## Situation summary

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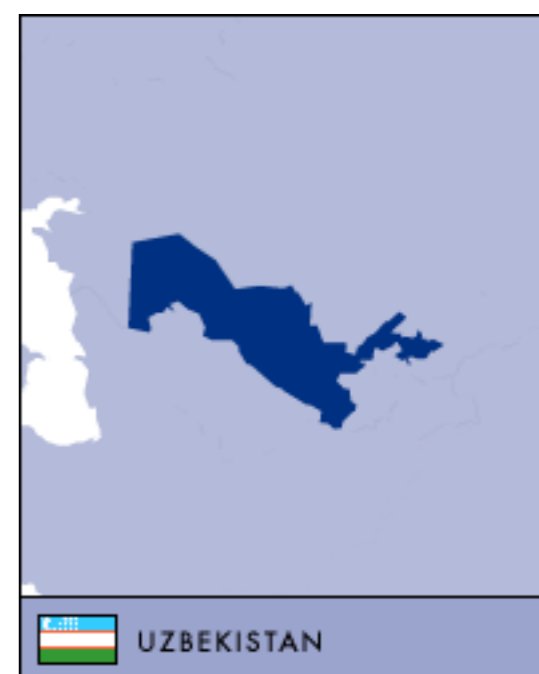
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## Key figures

	Year	Uzbekistan	Source
Surface area	2011	447 400	<a href="#">The Government portal of the Republic of Uzbekistan</a>
Population	2011	29 559 100	<a href="#">The Government portal of the Republic of Uzbekistan</a>
GDP per capita (€)	2011	1 452	UN
Inequality of income distribution (Gini coefficient)	2011	0.368	<a href="#">The World Factbook</a>
Unemployment rate (%)	2011	N/A	
Prison population rate (per 100 000 inhabitants)	2011	152	<a href="#">International Centre for Prison Studies</a>
Population below poverty line (%)	2011	26	<a href="#">Index Mundi</a>

N/A – not available

## Drug use among the general population and young people

No study on the prevalence of drug use among the general population has been conducted in the Republic of Uzbekistan.

The most recent study to assess the extent of alcohol, tobacco and drug use among young people (students in the 9th grade) was performed in 2006 under the auspices of the United Nations Office on Drugs and Crime (UNODC) using the methodology developed by the European School Survey Project on Alcohol and Other Drugs (ESPAD) (Ministry of Public Education of the Republic of Uzbekistan, 2006).

For the 2006 study, 100 schools were randomly selected according to their geographical location in the city of Tashkent and in the Tashkent, Samarkand, Andijan, Bukhara, and Surkhandarya regions. A total of 5 851 children born in 1990 (2 766 boys and 3 085 girls) were interviewed. The study found low levels of drug use — about 0.5 % of respondents indicated that they had consumed a drug (cannabis, inhalants) once or twice in their life. All these cases were experimental, and did not turn into regular use.

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## Prevention

Health education in schools, including drug prevention lessons, was carried out within the framework of the subject called 'Healthy lifestyles' — 'Health lessons' for grades 1–4, and 'Basics of healthy generation' for grades 5–9. Each section provides 17 hours of training per year.

College students were taught the 'Fundamentals of a healthy lifestyle and family' programme.

All children's summer camps organised pavement art contests, 'Fun starts', more than 3 thousand 'round tables' and an evening of questions and answers on drug prevention, and other preventive activities.

The Ministry of Health, with the financial support of the Organization for Security and Co-operation in Europe (OSCE), issued a teaching aid, 'Primary prevention of drug abuse among secondary school students', in the Uzbek and Russian languages.

The Ministry of Higher and Secondary Special Education carried out a survey of 1.2 million college students in Fergana, Syrdarya, Andijan and Kashkadarya on the effectiveness of preventive measures. It found that 95.5 % of respondents were aware of the negative consequences of drug use.

The Tashkent City Drug Clinic, in conjunction with the Department of Addiction of the Tashkent Institute of Advanced Medical Education, prepared an 18-hour programme for teachers about the prevention and early detection of drug addiction among children and adolescents. The programme includes training in recognising the signs that someone is using drugs, the medical and social consequences of abuse, and identification of risk groups in schools. It describes specific measures for teachers to take if they detect drug consumption, the basic principles of drug prevention, how to implement a school drug-dependence prevention programme, and interactive methods of prevention work with the students. It highlights the role of schools and families in preventing drug dependence, working with the parents. Training using 'role plays' (simulation of a meeting with the parents) is provided.

An 18-hour programme of seminars was developed for medical doctors working in primary care, addressing the early detection and prevention of alcoholism, drug addiction and drug abuse.

A similar six-hour training programme has been provided for Mahalla activists on the prevention and early detection of drug abuse.

The Department of Valeology at Tashkent Institute for Postgraduate Education of Medical Doctors (TUDI) has prepared a 144-hour training programme, 'Valeological principles and behavioural problems', for valeologists and physicians in general.

The Medical Association of Uzbekistan implemented a project called 'Awareness of college and higher education institution students on the harmful effects of drugs'. At the National University and several colleges in Tashkent trained facilitators and representatives from the Department of Addiction of TUDI conducted a programme on preventive education against drug use, which has been attended by 1 150 students.

The 'Camelot' Public Youth Movement is working within the framework of the project 'Scaling-up coverage, increasing the quality and comprehensiveness of HIV prevention services for the most vulnerable groups of the population of the Republic of Uzbekistan', financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Training was provided for 14 regional coordinators and 28 trainers to improve their knowledge about human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), sexually transmitted diseases and drug addiction, and to teach them the principles of the peer-to-peer approach and how to conduct preventive work among peers. Preventive activities reached 31 700 young people from all the regions of the country.

Narcologists conducted 8 552 lectures and 1 713 seminars for different groups of the population and staged 675 media events.

A 24-hour advisory assistance helpline has provided 3 160 consultations.

From 1 February to 1 March 2011 the country held a special event for the prevention of drug abuse among young people, to identify those involved in drug trafficking, and to determine the involvement of young people in drug addiction and with drug dealers. Meetings and discussions were organised at higher education institutions and their branches, colleges and secondary schools, which were attended by more than 3.6 million students. In addition, meetings and discussions were held at 2 500 institutions, organisations and enterprises where the bulk of workers are young people.

Within a month dedicated to the prevention of drug use at the occasion of the International Day against Drug Abuse (26 June) over 1.2 thousand meetings were held in academic lyceums and professional colleges. More than 1.2 million students also took part in debates on 'Combating drug abuse — the duty of everyone' and 'The road to the abyss' and about 500 theatre plays and film screenings. Posters with a social message were placed on the main streets of regional centres. The national and local press published about 500 special articles. The topic was also given broad coverage by the National Television and Radio Company in the central and regional channels through TV and radio programmes, news reports, art films and documentaries.

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## Problem drug use

In this country summary, problem drug use should be understood as injecting drug use.

The most recent study of the prevalence of problem drug use in Uzbekistan was held under the auspices of UNODC in 2006. It estimated that the number of injecting (problematic) drug users in 2006 was 0.5 % of the adult population, or 80 000 people. Drug treatment specialists have expressed caution about this high figure, and more reliable analysis is required using standard scientific epidemiological methods.

According to the results of the study, the average age at which drugs were first injected was 25.8 years. In 95.9 % of cases the injected drug was heroin. Most injecting drug users (IDUs) (64 %) had used the drug daily in the past six months. This pattern is much more common among males (66.6 %) than among females (45.2 %). A total of 21.3 % admitted injecting drugs with a non-sterile syringe after it had been used by another drug user, and 21.9 % had allowed their non-sterile syringe to be used by other injecting drug users (Ministry of Health of the Republic of Uzbekistan, 2007).

According to the Ministry of Health, the number of IDUs registered in the narcological register (1) was 8 711 in 2011 (9 077 in 2010). The number of injecting heroin users was 8 085, or 92.8 % of all IDUs (8 493 in 2010). The proportion of opium injectors in all IDUs was 7.2 % (Ministry of Health of the Republic of Uzbekistan, 2012a).

(1) See the section 'Treatment demand' for information about the register.

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## Treatment demand

The register of substance abuse (the narcological register) is a dispensary register and preventive register of people who use drugs, and is based on the regulations approved by Order № 278 of the Ministry of Health of the Republic of Uzbekistan, dated 15 July 2005.

According to this normative document, the register records those who use psychoactive substances without prescription, and voluntarily attend or are directed by the law enforcement authorities or medical facilities to attend public drug treatment centres for medical examination.

If drug dependence is diagnosed, individuals are subject to regular medical check-ups and dynamic observation in outpatient substance abuse treatment units. The diagnosis can be made in both outpatient and inpatient facilities, but only by narcologists and on the basis of a thorough examination.

If an individual disagrees with the diagnosis of drug dependence, they may make a complaint to higher health authorities or to the court.

The decision on whether someone should be included in the dispensary register is taken by the medical advisory committee of each drug treatment facility. Dispensary

registration is carried out at the place of residence of a drug user, at the local drug treatment facility.

Exclusions apply to people who apply voluntarily for anonymous drug treatment. In these cases, the dispensary registration of patients is not performed.

Patients whose addiction continues without remission and those who first applied for drug treatment in the outpatient setting are examined at least once a month. During follow-up, patients should receive adequate medical care to prolong remission. Dispensary registration of three years is stipulated in cases of a sustained period of remission. In the first year of remission the patient is examined once a month; in the second year of remission this is reduced to once every two months; and in the third year, once every three months.

Dispensary registration is terminated for the following reasons:

- remission (three years of total abstinence from all psychoactive substances, including alcohol);
- if the patient relocates away from the area served by the drug treatment centre;
- a sentence of imprisonment for a term exceeding one year;
- death.

Removal from dispensary registration in connection with stable remission takes place on the basis of the opinion of the medical advisory committee and drug treatment facility where the patient is observed.

In cases of drug use without clinical signs of dependence, drug users are subject to preventive registration. The purpose of preventive registration is to prevent the formation of drug dependence. Drug users on preventive supervision are examined at least once a month. Full abstinence from drug use and the absence of signs of dependence limit the proactive monitoring period to one year. In the event of continued drug use and the formation of drug dependence syndrome, the patient is transferred to dispensary registration (Ministry of Health of the Republic of Uzbekistan, 2012a).

The total number of people registered in the medical (preventive and dispensary) treatment institutions was 20 457 in 2010 (20 829 in 2009). The number of drug addicts on dispensary registration was 18 939 in 2010 (19 555 in 2009).

Drug addiction was diagnosed for the first time in 2 159 people in 2010 (2 272 in 2009).

The national prevalence rate of those registered with the narcological system decreased to 7.6 per 100 000 inhabitants in 2010 (8.2 in 2009).

In the structure of addictions, the proportion of opiate/opioid users was 79.1 % in 2010 (79.0 % in 2009); the proportion of heroin users was 69.4 % in 2010 (68.2 % in 2009) (Ministry of Health of the Republic of Uzbekistan, 2012a).

In 2011 the number of patients treated in drug treatment facilities was 4 816 (5 805 in 2010), of whom 4 596 (95.4 %) were male.

Some 71.2 % of the patients treated were aged 20–39. Most of the patients treated (4 011, or 83.3 %) were heroin addicts.

No users of amphetamines, ecstasy and cocaine were registered among the individuals who were treated.

The number of patients who sought hospital care in 2011 was 3 384 (4 533 in 2010), of which 899 people were seeking treatment for the first time ever (26.5 %).

In 2011 the proportion of patients treated as inpatients was 70.3 % (78.1 % in 2010), with a simultaneous increase in outpatient settings of 27.1 % in (19.4 % in 2010).

The number of patients who applied for treatment anonymously was 2 581.

In 2011 some 595 drug addicts were compulsorily treated (692 in 2010) (Ministry of Health of the Republic of Uzbekistan, 2012a).

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## Drug-related infectious diseases

The Republican Centre for AIDS keeps personalised registration of HIV/AIDS patients.

In 2011 some 3 584 new HIV cases were identified (3 795 in 2010), of whom 465 (600 in 2010) were injecting drug users (Ministry of Health of the Republic of Uzbekistan, 2012b).

The proportion IDUs among newly registered HIV cases decreased from 80.7 % in 2001 to 12.9 % in 2011.

Among all registered persons living with HIV (18 758 in 2010 and 21 542 in 2011), the number and proportion of HIV-infected drug users reduced from 6 804 (36.3 %) in 2010 to 6 258 (29.0 %) in 2011.

In recent years, a bio-behavioural surveillance survey (BBS) has been conducted in Uzbekistan to assess the epidemiological situation with respect to infectious diseases among IDUs and other risk groups. The purpose of this BBS is to systematically and regularly collect information for the study of the dynamics and factors in the spread of HIV infection in combination with monitoring risk behaviour in risk groups (injecting drug users, commercial sex workers, men who have sex with men, etc.) and in the general population, in order that preventive programmes can be developed and implemented, and their execution can be effectively controlled.

The BBS methodology is based on the representative sampling of individual groups of the population and is less costly in comparison with studies in the general population. The BBS uses a standard case definition, a standard research protocol, which is performed under standard conditions during the implementation of the BBS in all survey centres to ensure the comparability of the data.

The sampling design is respondent-driven sampling (RDS). The calculation of the sample size is determined separately for each sentinel site, depending on the assessment of the prevalence of HIV among injecting drug users, the size of the accepted sampling error, and the number of injecting drug users using the Epi-Info 3.5 software. The collected data were processed in RDSAT 5.6 for the weighted population estimates to be used in multi-parameter analysis in Epi-Info 3.5.

BBS does not change the known types of surveillance, such as the current national system, unlinked anonymous and other forms of surveillance, but complements them.

The case definition of HIV for BBS purposes is based on the following laboratory criteria: a positive result of the analysis of the specimen in the screening test for HIV antibodies followed by positive test results in confirmation tests. The specimen can be whole blood, serum or dried blood.

The BBS was conducted in 2011 among 5 600 IDUs, of which 4 974 (88.8 %) were male and 626 (11.2 %) were female. The regions where the survey was performed were randomly selected by the Republican Centre for AIDS (Ministry of Health of the Republic of Uzbekistan, 2012b). The survey reported that the prevalence of HIV among injecting drug users was 8.5 % (10.9 % in 2009), for hepatitis C virus (HCV) it was 20.9 % (28.5 % in 2010) and for syphilis it was 4.9 % (8.3 % in 2010).

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## Drug-related deaths

The source of data on drug-related deaths is the registration of deaths caused by drugs found in the body fluids and/or tissues.

In pursuance of the instructions and rules approved by the Ministry of Health of the Republic of Uzbekistan № 551 from 1992, all cases where violent death is confirmed or suspected should be investigated by one of the 15 forensic medical institutions. The institution responsible for the collection of data on drug-related deaths is the Central Bureau of Forensic Medicine of the Ministry of Health of Uzbekistan. Data by gender, age, and geographical region are sent once every six months to the Monitoring Centre of the Ministry of Health.

According to the Central Bureau of Forensic Medicine of the Ministry of Health, the number of deaths from drug overdoses was 37 in 2011 (38 in 2010), or 0.13 per 100 000 inhabitants, while in 2005 a total of 201 overdoses were reported.

The number of drug addicts removed from dispensary registration in drug treatment facilities as a result of death was 532 in 2011 (574 in 2010), accounting for 2.9 % of the total number of registered drug addicts at the end of 2011, which represents 1.9 per 100 000 of the total population (Ministry of Health of the Republic of Uzbekistan, 2012a).

The overall mortality of drug users was found to be 6.8 times higher (standardised mortality ratio, SMR) than in the general population of the same age and gender.

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## Treatment responses

The country has a network of specialised drug treatment facilities consisting of the Republican Drug Treatment Centre, 16 drug dispensaries (13 of which have inpatient units), three substance abuse hospitals, and 11 drug treatment offices within the system of psychiatric hospitals. At local levels, central outpatient clinics have opened 174 narcological rooms. There are 34 functioning juvenile narcological rooms. In total there are 1 812 beds available for the treatment of substance abuse patients (Ministry of Health of the Republic of Uzbekistan, 2012a).

Private drug treatment clinics also exist in the country. According to the Ministry of Health, 18 private clinics have received a licence to provide drug addiction treatment since 2001.

The Department of Addiction and Adolescent Psychopathology of the Tashkent Institute of Advanced Medical Education is the leading agency with a methodological function in substance abuse treatment.

In accordance with Article 45 of the Law 'On narcotic drugs and psychotropic substances', methods that are not prohibited by the Ministry of Health of the Republic of Uzbekistan can be applied for the treatment of drug addicts.

When organising drug treatment, the following guidelines are recommended:

- providing access to drug addiction treatment (inpatient, outpatient, day hospital, rehabilitation centres, etc.);
- equal opportunities for access to quality healthcare;
- guaranteed anonymous treatment (anonymity, confidentiality);
- multi-level organisation of drug treatment;
- business expertise;
- advisory functions, etc.

Along with the pharmacological treatment, psychological counselling, psychotherapy or complex medico-social rehabilitation can be used.

Drug treatment facilities implement a model for providing drug treatment based on a holistic approach to meeting the needs of drug addicts for medical, psychological and social services to ensure the quality and efficiency of therapeutic interventions, the expansion of the list of services, and increased access for drug users to treatment and prevention programmes. The components of the model are detoxification, pharmacological treatment of withdrawal symptoms, inpatient and outpatient rehabilitation and preventive treatment. Interventions are implemented in a strict sequence, with the gradual transfer of the patient from inpatient to outpatient treatment. The goal of the treatment is the patients' psychological adaption to a life without drugs and their reintegration into society.

The country also implements compulsory treatment of drug addicts, regulated by Law № 753–XII of the Republic of Uzbekistan, 'On compulsory treatment of alcoholism, drug addiction or substance abuse', dated 9 December 1992, as amended in accordance with Law № 175–II of the Republic of Uzbekistan, dated 15 December 2000.

A medical report on the need for compulsory treatment is issued after a patient has been examined by a specialised medical board for drug examinations, organised within the narcological service.

Compulsory treatment is stipulated by the court only for those patients who disturb public order and the rights of others or who presented a health, moral or safety threat (especially physical violence to others).

Compulsory treatment is carried out in specialised medical institutions of the Ministry of Health of the Republic of Uzbekistan. Order № 679 of the Ministry of Health of the Republic of Uzbekistan, dated 31 December 1993, provides for full treatment, including medical and social rehabilitation. Compulsory treatment is carried out in accordance with the standard for diagnosis, treatment and medical and social rehabilitation of drug patients approved by the Ministry of Health of the Republic of Uzbekistan in December 2006.

The duration of compulsory medical treatment is determined by the commission of specialised medical institutions within five days of the patient being placed on compulsory treatment. In determining the period of compulsory treatment, clinical parameters (duration of the disease, severity of clinical manifestations of the syndrome according to the severity of personality disorder) and the level of social pathology are taken into account.

Re-examination with a view to extending the compulsory treatment is carried out only in the event of insufficient recovery of the patient after the initial term of the treatment (Ministry of Health of the Republic of Uzbekistan, 2011; Ministry of Justice of the Republic of Uzbekistan, 2001).

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## Harm reduction responses

In order to reduce the rate of HIV infection, 'trust points' providing free access to anonymous and confidential help were established within public health facilities in 2000. In 2001 the number of trust points was 114; currently there are 235. The number and location of the trust points depends on the situation in each region.

In 2011 some 203 600 IDUs visited trust points. The trust points disseminated 11 000 information and educational materials (more than 7 200 booklets and leaflets, and 3 800 brochures) and more than 2.3 million condoms. In addition, IDUs received more than 2.6 million syringes (0.013 million in 2001); the average return rate was 69.8 %.

Those who asked for HIV tests received anonymous pre- and post-test consultations, and also counselling on HIV, sexually transmitted infections, the consequences of drug abuse, etc. More than 105 900 referrals to specialists (narcologists, obstetrician-gynaecologists, dendrologists, therapists, psychologists, etc.) were issued.

There are also 31 'friendly rooms' that provide services to vulnerable groups for the treatment of sexually transmitted infections (STIs), which use internationally recognised client management approaches.

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## Drug markets and drug-law offences

In 2011 the law enforcement agencies of the Republic of Uzbekistan reported 8 171 drug-law offences (8 854 in 2010), including selling (4 271), trafficking (522), storage (1 698), cultivation (1 511) and running drug dens (169).

In 2011 the judicial authorities investigated 3 922 criminal cases of drug trafficking (4 472 in 2010), which resulted in criminal charges being brought against 5 248 people (5 828 in 2010).

In 2011 some 5 404 tons of drugs were seized (717 tons in 2010). Cannabis accounted for 62 %, and opiates for 38 %.

An analysis of the social situation of people who committed drug crimes showed that 48.3 % were unemployed, and 26.5 % had committed crimes previously. People aged 18–30 accounted for 17 % of the total.

In 2011 the police detected 3 587 drug-law offences (3 820 in 2010) within the framework of the comprehensive preventive operation 'Black Poppy', and 3.1 tons of drugs were seized (2.4 tons in 2010); this resulted in 1 261 criminal cases (1 231 in 2010) (Law Enforcement of the Republic of Uzbekistan, 2012).

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## National drug laws

The Republic of Uzbekistan is a party to several international conventions, agreements, and treaties, including the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The main legal documents in the field of drug control are:

1. Law of the Republic of Uzbekistan 'Health protection' (1996).
2. Law of the Republic of Uzbekistan 'On narcotic drugs and psychotropic substances' (1999).
3. Law of the Republic of Uzbekistan 'On prevention of the diseases caused by the human immunodeficiency virus (HIV)' (1999).
4. Law of the Republic of Uzbekistan 'On compulsory treatment of alcohol or drug abuse' (1992).
5. The Criminal Code of the Republic of Uzbekistan (1994).
6. The Criminal Procedure Code of the Republic of Uzbekistan (1994).
7. Code of the Republic of Uzbekistan on administrative responsibility (1994).

The activities of drug and AIDS services are governed by departmental and inter-departmental regulations.

In 2011 the regulatory framework of the narcological service was improved.

The Ministry of Health developed and approved the Regulation 'On the procedure for the identification, registration, examination, and medical and social rehabilitation of juveniles who abuse alcohol, narcotic, psychotropic, and other substances acting on the intellectual and volitional functions'.

The Ministry of Health approved several orders on the regulation of inpatient drug treatment units and the new 'Standards for the diagnosis, treatment, medical and social rehabilitation of drug patients'.

Attempts are being made to improve the legal and regulatory framework governing the activities of trust points and centres for AIDS, representing services to reduce drug-related harm.

By order of the Ministry of Health, work with patients' motivation to stop their drug use and to refer them to narcological treatment was included in the list of standard services provided by trust points.

An order 'On improving the effectiveness of trust points' was developed by the Ministry of Health.

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## National drug strategy

The national drug strategy was formed in 1994 with the establishment of the State Commission on Drug Control of the Republic of Uzbekistan and its executive staff — the National Research and Information Centre on Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan.

In January 2000 the Law of the Republic of Uzbekistan 'On narcotic drugs and psychotropic substances' came into effect. It regulates measures in the field of narcotic drugs, psychotropic substances and precursors, and is intended to counter illicit trafficking, protect the health of citizens and ensure national security.

In order to further implement comprehensive measures against drug abuse and illicit drug trafficking, to improve healthcare, and to provide organisational, institutional and regulatory support to anti-drug activities, the 'Programme of comprehensive measures against drug abuse and illicit trafficking for 2011–15' (State Commission of the Republic of Uzbekistan for Drug Control, 2011) was adopted by Decree № 11/11 of the State Committee of the Republic of Uzbekistan for Drug Control, dated 8 June 2011.

The main goals and objectives of the Programme are:

- improvement of the mechanism and efficiency of measures to combat illicit trafficking in narcotic drugs, psychotropic substances and precursors;
- further strengthening of the material-technical and human resource capacity of the authorised bodies specialising in the fight against drug trafficking and drug prevention and treatment;
- permanent control of the prevalence of illicit drug use in the Republic of Uzbekistan;
- modernisation and development of the narcological treatment of the population and the further introduction and use of modern methods for the prevention, diagnosis, treatment and rehabilitation of drug addiction;
- conducting targeted prevention of drug abuse and related offences;
- the improvement and expansion of international and inter-agency cooperation in combating drug abuse and illicit trafficking;
- improvement of the legislative framework.

## Coordination mechanism in the field of drugs

The State Commission of Uzbekistan for Drug Control, which was formed under Resolution № 229 of the Cabinet of Ministers, dated 30 April 1994, is the interagency body that coordinates the fight against the illicit trafficking of narcotic drugs, the development and implementation of effective measures to prevent the spread of drugs both on the national and regional levels and the implementation of international commitments in the field of drugs.

The State Commission is guided by the laws of the Republic of Uzbekistan, decrees and orders of the President of the Republic of Uzbekistan, decrees and orders of the Cabinet of Ministers and the rules of international law on drug control.

All state bodies, all enterprises, institutions and organisations regardless of ownership, and voluntary associations of citizens, are obliged to assist the State Commission on Drug Control in solving the tasks assigned to it.

The head of the State Commission on Drug Control is the Prime Minister of the Republic of Uzbekistan.

The main tasks of the National Information and Analytical Centre on Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan are:

- the development of strategies and implementation of the state policy of the Republic of Uzbekistan in the field of drug control and drug prevention;
- the preparation of analyses and proposals for the Cabinet of Ministers and the State Commission on the drug situation to improve the measures against drug trafficking at both the national and international levels;
- collection, information processing, and the formation of a database on the drug situation in the Republic of Uzbekistan, its synthesis and analysis, and the provision of relevant information to the relevant ministries, agencies and organisations, including international ones;
- the preparation of reports to the United Nations on the implementation of the international conventions on drug control in the Republic of Uzbekistan (Cabinet of Ministers, 1996).

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