

## Countries

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Moldova  
Ukraine

### Third countries

Kazakhstan  
**Kyrgyzstan**  
Tajikistan  
Uzbekistan

# Country overview: Kyrgyzstan

## Situation summary

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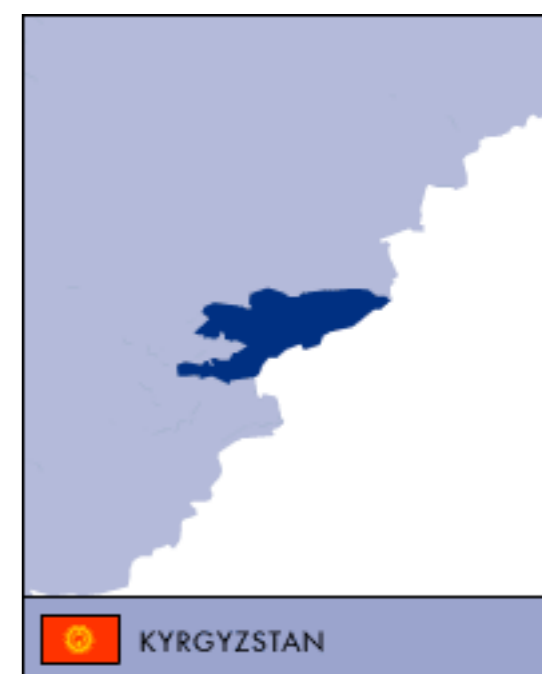
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## Key figures

	Year	Kyrgyzstan	Source
Surface area (km <sup>2</sup> )	2011	199 900	State Statistical Committee of the Kyrgyz Republic
Population	2011	5 514 754	State Statistical Committee of the Kyrgyz Republic
GDP per capita (stable prices, Euro)	2011	1 010	State Statistical Committee of the Kyrgyz Republic
Inequality of income distribution (Gini index)	2011	33.4	The World Bank
Unemployment rate	2011	8.6 %	State Statistical Committee of the Kyrgyz Republic
Prison population rate	2011	179 per 100 000 inhabitants	The State Prison Service under the Government of Kyrgyz Republic
Population below poverty line	2011	36.8 %	The World Bank

## Drug use among the general population and young people

No studies to determine the prevalence of drug use among the population were conducted in 2011.

In 2009 the Mentor Foundation (United Kingdom) assessed the effectiveness of the Your Choice programme, which aimed to prevent use of psychoactive substances (PAS) by minors in the Kyrgyz Republic, Lithuania, Russia, Romania and Croatia. The study involved a total of 123 schools from the five countries, including 25 schools from the Kyrgyz Republic. A total of 1 562 students from Kyrgyzstan participated; 46.6 % of participants were male and the mean age was 13.4. The study found that 39 % of the schoolchildren had used alcohol, 19 % cigarettes, about 11.2 % any illicit drug and 1.2 % cannabis at least once in their lifetime (Mentor Foundation (International), 2010).

In 2007, on the initiative of the United Nations Children's Fund (UNICEF), a national survey was carried out in order to identify the knowledge, attitudes and skills of young people concerning human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), drug abuse, smoking, alcoholism and sexual behaviour among adolescents and young adults in all regions of the country. Among schoolchildren in the 5th–7th grades, 0.3 % had used drugs (5 out of 15 000). The proportion of high school students who had used drugs was 1.3 % (26 out of 2 000); among students in professional schools the proportion was 3 % (6 out of 200). On average, the age of first drug use was 10–14.

A study was conducted in 2006 in schools in the Bishkek, Jalal-Abad, Osh and Issyk-Kul regions via an anonymous survey (questionnaire) using the adapted questionnaire of the European School Survey Project on Alcohol and Other Drugs (ESPAD) among students aged 15–16. It found that 2.4 % of the respondents had used cannabis at least once and 3.7 % had used inhalants, and the regular consumption of marijuana (more than 40 times) was observed in 0.5 % of respondents. It was noted that 15.2 % of the students had drunk alcohol at least once, 2.6 % used alcohol almost on a daily basis, and 1.8 % reported that they had used strong alcoholic beverages under the age of 11. It was also found that 12.7 % of the students had smoked tobacco (cigarettes) at least once in their lifetime, 2.6 % were regular cigarette smokers, and 0.4 % regularly used nasvay<sup>1</sup> (a chewing product based on nicotine, produced from tobacco, caustic lime, and the ash of various herbs).

(1) Psychoactive substance produced from the specific breeds of tobacco, mixed with resin and ashes of different herbs and water. It is presented in a form of small green balls with specific smell and taste. Nasvay is used by applying small amounts of it between a lower lip and a gum. Consequences of its use are similar to intoxication with nicotine: mild local burning of a mucous mouth and headaches.

## Prevention

The process of developing life skills to support responsible behaviour among adolescents and young people in the country is entrusted to the Ministry of Education and Science, the Ministry of Health and the Ministry of Youth, which, together with non-governmental organisations (NGOs), implement the 'National programme of the Kyrgyz Republic to combat drug abuse and illicit drug trafficking', and the 'State programme for the prevention of HIV infection and its socio-economic consequences in the Kyrgyz Republic for 2006–11'. Comprehensive measures aimed at the prevention of HIV infection and drug use among adolescents and young people were also implemented (State Multi-Sectoral Coordination Committee on Socially Significant and Particularly Dangerous Diseases under the Government of Kyrgyz Republic, Ministry of Health of the Kyrgyz Republic, 2010).

The Ministry of Education and Science of the Kyrgyz Republic has implemented the Healthy Generation project with the support of international organisations. In 2011 the project conducted three training seminars for teachers from secondary schools and institutions of higher education to train them in the techniques of forming and maintaining a healthy way of life for adolescents and young adults. A summer camp was held for students of pedagogical institutions of higher education in order to teach them the innovative technologies and interactive methods of training on the prevention of HIV infection and drug addiction (Ministry of Education and Science of the Kyrgyz Republic, 2011). An electronic interactive course on improving knowledge of HIV and AIDS for education specialists was designed, and 1 000 copies were printed.

Within the framework of the United Nations Office on Drugs and Crime (UNODC) Family and School Together (FAST) programme, the Ministry of Education and Science of the Kyrgyz Republic developed a 'National concept of the prevention of psychoactive substance abuse, HIV, AIDS, and crime among young people through training in family life skills programmes'.

Together with the Ministry of Health and the Ministry of Education, a Kyrgyz–Finnish pilot project for the prevention of tobacco use among school students was implemented in the schools of the Chui region.

Since 2009 the Ministry of Education of the Kyrgyz Republic, in collaboration with the United Nations Fund for Population (UNFPA) and the White Crane NGO with the support of the Mentor Foundation (United Kingdom), has implemented a curriculum for the prevention of drug use, called Your Choice, which consisted of 12 lessons based on the development of life skills and social impacts, focused on students aged 12–14.

In 2011 the governmental, international and non-governmental organisations conducted mass events and activities aimed at raising awareness among adolescents and young people about the negative consequences of drug use, developing the life skills of responsible behaviour and promoting a healthy lifestyle. These included:

- information tours called HIV: Act Responsibly;
- a programme called Security Route;
- a photographic exhibition called Drug-Killer;
- an event called Dance for Life.

A training course was introduced for the students of the Academy of the Ministry of Internal Affairs that addressed the legal aspects of overcoming HIV infection, drug issues and a reduction of the harm caused by drug use, for which a teaching manual, 'The legal basis of the theory and practice of harm reduction', was developed.

In 2011 a month-long programme of events were arranged to coincide with the International Day Against Drug Abuse and Illegal Trafficking.

The programme included:

- parliamentary hearings on 'Legal Issues in drug policy and HIV in the Kyrgyz Republic';
- educational seminars and training sessions for inspectors of the Main Department of Internal Affairs (MDIA) in Bishkek concerning work with children from risk groups;
- informational and educational activities (lectures, discussions, workshops) to promote a healthy lifestyle for teachers, parents and students of higher educational institutions;
- events such as No Drugs, I Choose Life, sports events, concerts, Club of Cheerful and Witty People (KVN — abbreviation in Russian), held in locations including institutions of the penal system of the State Penitentiary Service of the Kyrgyz Republic.

The Ministry of Health, represented by the National Addiction Centre and together with the Ministry of Education of the Kyrgyz Republic, has implemented a number of preventive measures in the format of seminars, lectures, workshops, meetings, discussions and events among students and school activists, in secondary and higher educational institutions. Participants have included teaching staff of educational institutions, healthcare workers working with the general population, employees of the House Committee, municipal governments, educators, social care, justice, and law enforcement officers, and the judicial department and local authorities, including police officers, teachers and psychologists working at the Centre for Rehabilitation and Adaptation.

## Problem drug use

In the Kyrgyz Republic problem drug use is defined as the injecting of drugs (opiates) or the long-term and regular use of opiates.

No studies on the prevalence of problem drug use in the population were conducted in 2010–11.

In 2006 the United Nations Office on Drugs and Crime (UNODC) estimation study, using the multiplication (nominative) method, estimated the number of problem drug users (PDUs) in Kyrgyzstan at 26 000 (495 per 100 000 inhabitants), of whom 25 000 were injecting drug users (IDUs) (476 per 100 000). The average age of first injection was 22. Some 74.8 % had practised risk behaviour during the last six months by using shared paraphernalia — 46.4 % of respondents had shared syringes/needles. The study found that 24.0 % of IDUs (747.6 per 100 000 inhabitants) were in Bishkek, 12.0 % (397.6 per 100 000) were in Chui region and 12.4 % (302.9 per 100 000) were in the Osh and Jalal-Abad regions, while the remaining 51.6 % were distributed through the other regions of the republic (799.7 per 100 000).

The estimated number of injecting drug users in Kyrgyzstan, based on the bio-behavioural surveillance survey (BBS), was 18 934 in 2010 and 30 083 in 2009.

## Treatment demand

In 2011 there were 3 277 patients receiving treatment for problem drug use (59.4 per 100 000 inhabitants); patients receiving compulsory treatment and visitors to 'trust points', which provide free access to anonymous and confidential help, are not included in this figure. This is 17.6 % less than in 2010 (3 979) and 36 % more than in 2009 (2 408). The number of people admitted for treatment for the first time in their life was 1 841 (56.2 % of everyone who received treatment in 2011). Of these, 579

were treated in hospital; 167 received outpatient treatment; 1 428 participated in opioid substitution treatment (OST) with methadone; and 1 103 participated in rehabilitation programmes.

Among the 579 people (10.5 per 100 000 inhabitants) who received inpatient treatment in 2011 (450 in 2010), the proportion of women was 10.5 %; the main drugs consumed were opiates (98.9 %), while the remaining 1.1 % were inhalants (glue, gasoline).

A total of 528 clients in inpatient treatment were receiving treatment for the first time in their life in 2011 (9.6 per 100 000), which amounted to 91.2 %. This is 23.7 % more than in the previous year (427); presumably the increase is related to the fact that detoxification therapy was conducted with methadone in 2011 with the support of the UNODC project 'Drug treatment and its health effects'.

Among the clients who received inpatient care, two adolescents (0.3 %) aged between 14 and 18 were reported. The predominant age groups were 25–34 years (45.7 %) or 35 years and older (45 %).

Outpatient treatment (other than OST) was provided to 167 people in 2011 (295 in 2010), which represents 3.0 per 100 000 inhabitants, including nine women. On an outpatient basis, clients received detoxification therapy and short-term psychotherapy. A total of 91.0 % of the clients in outpatient treatment were opiate users, while 9.0 % were clients with a dependence on narcotic substances (glue, petrol, diphenhydramine (dimedrol) and benzodiazepine).

In 2011 there were 1 428 people treated in OST programmes (25.9 per 100 000 inhabitants), of whom 180 were women (12.6 %). As of April 2012, OST programmes with methadone had been implemented in 20 facilities.

The total number of clients admitted to the methadone maintenance treatment (MMT) programme in 2002–11 was 3 559, or 14.2 % of the estimated number of IDUs (25 000). In 2011 the number receiving substitution therapy (1 428) represented 43.6 % of all patients treated in all forms of addiction treatment (3 277).

Currently, MMT is fully funded by grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

In 2011 there were only 1 103 people in the programmes of medical and social rehabilitation, of whom 183 were female (1 625 people including 98 females in 2010); the figures included those who received in-patient treatment (124 people, of whom 10 were female).

In 2011 112 young people with problematic use of psychoactive substances received medical consultations in special clinics for under-aged clients. Psychological examinations were undergone by 388 under-age clients, of whom 376 had problems connected with psychoactive substance use. Psychological counselling was carried out with 56 adolescents. During the year, the Department for the Prevention of PAS Consumption by Minors participated in meetings of the regional and city commissions for minors in Bishkek; 31 meetings were held in 2011.

In a survey conducted among clients treated in the cities of Bishkek and Osh (within the framework of the Global Assessment Programme on Drug Abuse) it was found that 730 were treated in Bishkek in 2011, while 136 were treated in Osh. The average age of the clients in the cities that were monitored during 2011 was 33.3; the main drug consumed was heroin (an average of more than 98 %), and the dominant type of narcotic substance and manner of consumption of the narcotic substance was injecting (97 % of clients). The age of first use of the primary drug was 23.6 in Osh and 33 in Bishkek (Republican Centre of Narcology of the Ministry of Health of the Kyrgyz Republic, 2011).

At the end of 2011 some 369 people using drugs were compulsory treated in the Addiction Centre of the Central Hospital in institution number 47 of the correctional system; 288 clients were admitted and 301 discharged in 2011.

In the Atlantis rehabilitation centres in penitentiary institutions the rehabilitation of people addicted to alcohol and drugs was conducted on the basis of self-help work and peer-to-peer mutual aid. There were 107 clients in these centres at the beginning of 2011. During 2011 some 202 contracts were made with clients, and 218 clients exited the programme, among them 138 that had completed the treatment. By the end of 2011 the number of clients was 91.

There were 31 patients in the Centre for Rehabilitation and Social Adaptation at establishment number 31, Clean Zone, at the beginning of 2011. Twenty-eight contracts with clients were conducted in 2011 and 25 clients dropped out during the year. At the end of 2011 the number of patients was 34.

Further information is based on analysis of data from a compulsory registration According to Order No. 16 of the Ministry of Health, dated 21 February 2002, 'Compulsory registration of people suffering from selected types of substance abuse disorders' and give some main trends. There was an 8.8 % increase in the number of newly diagnosed people who were dependent on narcotic and non-narcotic substances in 2011 compared to the previous year (774 in 2011; 711 in 2010). With regard to the type of drug consumption among the 774 new cases, 80.2 % were opiate users (621), 18.2 % were consumers of cannabis derivatives (141), 1.3 % had used several types of drugs and other psychoactive substances (10), and 0.3 % were drug inhalers (2). It should be noted that, as in the case of the incidence of opiate dependence in 2009, the proportion of people with a newly diagnosed dependence on opiates (particularly heroin) tends to increase within a year. The proportion of women among those newly diagnosed with an addiction to psychoactive substances was similar to the previous year at 7.3 %; in absolute terms this amounted to 57 in 2011 and 63 in 2010. As in the past year, the proportion of people under 18 years of age in 2011 was 0.3 %. The predominance of injecting drug use (79.7 %) was noted; smoking and inhalation methods were practised by 19.2 % and combined consumption by 1.1 %.

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## Drug-related infectious diseases

There has been a rapid growth in the number of new cases of HIV infection in recent years and, according to estimates from the World Health Organization/Joint United Nations Programme on HIV/AIDS, Kyrgyzstan is one of the seven countries with the highest rates of growth in the world. The number of officially registered cases of HIV infection in the country increased from 2 718 in 2009 to 3 887 in 2011 (an increase of 43 %). Of the reported cases of HIV infection, 64.5 % belonged to the parenteral route of infection.

There were 3 887 cases of HIV infection registered as of 1 January 2012, including 3 709 among citizens of Kyrgyzstan. Injecting drug users represented 2 530, including citizens of the Kyrgyz Republic, who numbered 2 394 (64.5 %). The number of patients with AIDS was 437. The deaths of 539 HIV-infected people were recorded, 194 of them during the AIDS stage of the disease.

At the end of 2011 there were 288 people living with HIV (PLHIV) in the prison system of the Kyrgyz Republic, accounting for 2.9 % of the total prison population. It should be noted that the number of imprisoned PLHIV is increasing: 238 in 2010; 218 in 2009; 148 in 2008; 137 in 2007; 102 in 2006; 131 in 2005; 124 in 2004.

Analysis of the prevalence of HIV by regions shows the highest registration of HIV cases was in the Chui region at 29.4 % (a total of 1 093 cases); in the city of Osh the figure was 20.3 % (754); and in the Osh region it was 19.1 % (712). The smallest proportion of cases occurred in the northern regions of the country.

In 2011 the country registered 599 new cases of HIV infection (414 males, 180 females, among whom 594 were citizens of the country), including those with AIDS, who numbered 95 (21 females, 74 males); the remaining five cases were foreign nationals (three females, two males). IDUs represented 362 cases (60.4 % of all new HIV cases), including 358 citizens of the country.

The main component of the treatment and care of HIV infection is antiretroviral therapy (ART). ART has been available in the Kyrgyz Republic since March 2005. Antiretroviral therapy had been assigned to 776 patients as of 1 January 2012, among whom 510 received the therapy, including 340 adults (201 males, 139 females), and 170 children (115 males, 55 females). The number of people who refused to undergo treatment was 137. Some 116 clients died while receiving the treatment, and 13 were intolerant to the medication.

HIV testing of IDUs, together with pre-test counselling and obtaining the informed consent of the patient, is carried out in accordance with the orders of the Ministry of Health of the Kyrgyz Republic at the time of admission to drug treatment clinics, prisons and other institutions of law enforcement and public health (including drop-in centres, friendly clinics, centres for the prevention and control of AIDS, and other places). Each population group has its own code for testing. There are more than 50

codes (according to the approved N4 reporting form); injecting drug users are tested under code 102. In 2011 the number of tests for HIV in the Kyrgyz Republic increased, while the proportion of those surveyed under code 102 (IDUs) decreased from 1.2 % in 2005 (1 909 IDUs) to 0.5 % in 2011 (1 886 IDUs). However, injecting drug users can be tested for HIV under other codes, such as code 112.1 (injecting drug users who are in detention or prisons of the Ministry of Internal Affairs), etc., so the above percentage is not an indication of the actual scope of IDU testing.

A bio-behavioural surveillance survey (BBS) has been conducted among vulnerable groups in the Republic of Kyrgyzstan since 2004. From 2007 the BBS among IDUs was conducted at five sites. In 2010 surveys were conducted among IDUs at eight sites. In 2011 and in 2012 serological studies were not performed.

Of the total number of 930 IDUs reached by the BBS in 2010 the prevalence of HIV infection was 14.6 % (136 IDUs), of HCV 50.4 % (469 IDUs), and of syphilis 6.7 % (62 IDUs).

According to the Republican AIDS Centre, the number of people tested for HBV in the general population in 2011 was 80 828, of whom 4 051 had a positive result (5 %); for HCV the figure was 79 984, of whom 2 638 had positive results (3 %). Surveys of the prevalence of HBV among IDUs were not carried out.

According to the BBS in 2010, the prevalence of HCV among injecting drug users was 50.4 % (469 persons) in total (53.8 % in males and 33.8 % in females). The prevalence of HIV co-infection among IDUs infected with HCV was 23 %.

Ten people with viral hepatitis were identified in the State penitentiary system of the Kyrgyz Republic (SPS) at the end of 2011, which is 0.1 % of the total prison population, while in previous years the numbers of detected cases were as follows: 3 in 2010; 33 in 2009; 12 in 2008; 25 in 2007; 21 in 2006; 19 in 2005; 38 in 2004. The prevalence of viral hepatitis in the prison system of the Kyrgyz Republic is not known due to the difficulties to conduct seroprevalence studies in this setting.

According to the BBS, a decrease in the proportion of IDUs infected with syphilis from 13.6 % in 2005 to 6.6 % in 2010 can be observed. On 1 January 2012 there were 673 PLHIV infected with tuberculosis (TB) on the dispensary record. In 2011 the number of new HIV-positive cases infected with TB was 153. By 1 January 2012 some 625 PLHIV had been treated for TB. Forty-eight PLHIV did not get TB treatment for various reasons. A total of 263 died, including 197 from TB and 66 from other causes. The treatment of TB among HIV-positive people who inject drugs, as well as replacement therapy, is conducted in accordance with the joint order of the Ministry of Health and SPS at the Government of the Kyrgyz Republic 'On the improvement of measures to deal with co-infected HIV+TB in the Kyrgyz Republic' (Ministry of Health of the Kyrgyz Republic, State Penitentiary Service, 2010).

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## Drug-related deaths

The current system of registration of drug-related deaths has significant drawbacks that do not allow any conclusions to be drawn about the situation on a national scale. However, according to the official figures of the National Health Information Centre of the Ministry of Health of the Kyrgyz Republic, the number of deaths resulting from drug overdoses decreased by 23 % between 2010 and 2011. In 2011 there were 64 fatal overdoses registered (84 in 2010), including 4 women (6.2 %). In most cases of death, the cause of the overdose was an unspecified type of drug (71.9 %).

According to the National Health Information Centre, 130 deceased persons were removed from dispensary registration in 2011 (139 in 2010), which accounted for 1.2 % of the total mortality among registered drug addicts at the end of 2011. Analysis comparing the mortality rate among drug users removed from dispensary registration because of death, with the mortality of the general population of the same gender and age (standardised mortality ratio — SMR) found a death rate among drug users that was 1.3 times higher. Among male drug users the death rates are four times higher in the 20–24 age group compared with the same age group in the general population. Among female drug users the highest SMR (3.1 and 3.5) was found in the 35–39 and 40–44 age groups.

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## Treatment responses

The system of addiction treatment in the Kyrgyz Republic consists of secondary and tertiary prevention, via early, comprehensive and integrated implementation of remedial measures (narcological treatment), improvement of the patient's social situation and the application of educational measures in the community and with families, as well as preventing the progression of disease and its complications. These programmes are implemented in both outpatient and inpatient settings, with different scopes. Outpatient programmes are mainly oriented towards motivation and continuation of treatment and the prevention of relapse. The main objectives of drug-free inpatient treatment programmes are to achieve stable remission or complete abstinence from drug use.

Standards for the provision of healthcare services for injecting drug users were approved for the comprehensive treatment of drug addiction and its health consequences, including a standard for the detoxification therapy of withdrawal from opioids in the inpatient department of the Republican Addiction Centre of the Ministry of Health of the Kyrgyz Republic, a standard for the prevention of overdoses on opioids using naloxone and a standard for rehabilitation measures for people with opioid dependence (Ministry of Health of the Kyrgyz Republic, 2010). Additionally, by an order of the Ministry of Health, the clinical protocols for opioid substitution treatment during the syndrome of opioid dependence were approved in 2001.

Currently, the following types of treatment and services are suggested to patients in the country:

- Detoxification, on an inpatient and outpatient basis, which is conducted in all public institutions. These are located in 42 district family medicine centre (FMC) drug clinics, in three clinics in Bishkek, Osh and Jalal-Abad, and in five combined regional hospitals.
- Inpatient medical and psychological rehabilitation and outpatient rehabilitation programmes through 12-step systems in the Republican Centre for Addiction (RCA) and Inter-regional Centre of Addiction in Osh (IRCAO).
- A programme of opioid substitution therapy with methadone in the RCA and IRCAO and in the narcological cabinets of FMC in Chui and the Osh, Jalal-Abad and Batken regions.
- Motivation for access to and continuation of treatment and the prevention of relapse and overdoses on an outpatient basis.
- The implementation of syringe exchange programmes.

At the beginning of 2011 a clinic for the detoxification of people with an addiction to the opiate drug methadone was opened.

The Centre for the Prevention of the Consumption of Psychoactive Substances Among Minors was launched in 2006, under the aegis of the National Centre for Drug Abuse. The centre provides assistance to minors in the area of the treatment, rehabilitation, and prevention of the use of psychoactive substances.

MMT was introduced in the Kyrgyz Republic in 2002. Since then the programme of substitution therapy has been expanded and by 1 January 2012 it was being provided at 20 facilities located in the Republican Centre of Addiction, in three centres of primary healthcare in Bishkek, in the cities of Tokmok, Kant, and Kara-Balt, the Alamedinsk, Sokuluk, and Moscow districts of the Chui regions, and at two facilities in Osh, Kara-Suysk, Uzgensk districts of the Osh regions, Dzhahal Abad and Kyzyl Kia Batken regions.

MMT is also successfully implemented in three penitentiary institutions: penal colony number 47, detention centre number 1 (Bishkek), and detention centre number 5 (Osh). By 1 January 2012 the programme involved 105 patients. Additionally, motivational and psychosocial counselling, HIV testing and testing for infections, including sexually transmitted infections, and pre-test and post-test counselling are provided in prisons. In the Bureau of Social Support, services of social support are provided to the individuals in prison who are living with HIV and drug addicts, and legal, psychological and social assistance is provided to prepare individuals for release and transfer to the civilian sector.

## Harm reduction responses

Harm reduction is a drug strategy priority in the Kyrgyz Republic and it serves as an integral part of the state policy in the field of HIV/AIDS among injecting drug users. Strategy and harm reduction programmes started to be implemented in Kyrgyzstan in 2000.

Harm reduction programmes include the following components:

- needle and syringe programmes (NSPs) and other protection, and the work of outreach workers;
- methadone maintenance therapy;
- outreach and educational activities;
- consultation with specialists;
- somatic healthcare;
- advocacy for drug addicts;
- detoxification for drug addicts. The regulatory framework for detoxification treatment with methadone in hospital was set up in 2010. During 2011 the department for the detoxification of people with a dependence on methadone started functioning;
- provision of medical care and an enhanced package of services in large NGOs, with the inclusion of social services, psychological orientation and consultation with experts from specialised agencies (infectious diseases, TB, surgeon, venerology and others).

The NSPs are implemented by specialists from public health services, and by the non-governmental sector, in the Offices of Needle Exchange (ONE). In 2011 in Bishkek, Jalal-Abad, and Osh, and in areas of the Chui, Jalal-Abad and Osh regions 46 ONEs were operating, including 15 for syringe exchange in prisons (10 in correctional facilities and two in detention centres).

The profile of the clients in 23 ONEs monitored by the Ministry of Health (11 with FMC Bishkek; 11 with FMC and FGP of the Chui oblast; and 1 Osh; with 2 mobile offices) is as follows: 9 192 IDUs (540 at Osh), of whom 7 220 IDUs received services at least once in three months. In the Chui region, 91.3 % of clients are male, and the majority of clients are in the 26–35 age range. Some 36 % of the clients are of Russian nationality, the largest group of clients (37 %) are of other nationalities, and 27 % are from the indigenous population. The ONEs in Bishkek also report a majority of males (74 %), most frequently in the 26–45 age group; the largest group (46 %) is of Russian nationality, about 28 % are from other ethnic groups, and 26 % are from the indigenous population.

The non-governmental sector has, with the support of international organisations, taken an active part in the implementation of harm reduction programmes in the Kyrgyz Republic.

In 2011, two Associations continued to work actively on harm-reduction programmes. The Association of harm reduction programme called 'Partner Network' of the Kyrgyz Republic continued bringing together non-governmental organisations (NGOs) with a view to consolidating and coordinating activities in the field of harm reduction. The Association of NGOs' Harm Reduction Network focused its activities on bringing together representatives of the community of drug users on informational and educational activities, strengthening the capacity of the members of the network — NGOs, training staff for harm reduction programmes, advocating for harm reduction programmes and supporting development of initiative groups of drug addicts.

The year 2011 was a transitional period for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in the Kyrgyz Republic, which was associated with the 7th and 10th rounds. Issues such as a change in the principal recipient of the grant and transfer from the old to the new principal recipient took several months and resulted in problems with the continuity of funding, the timely supply of medical products to syringe exchange points, and the supply of food and soap detergent to social institutions.

This affected both the coverage and the number of instruments and paraphernalia distributed to injecting drug users. For example, from 1 January to 31 August 2011 NSPs and social programmes reached 10 908 clients, while from September to December 2011 this number dropped to 7 749. But, in spite of this, the number of IDUs covered by preventive activities in 2011 amounted to 10 908 people; 24 % of the clients were aged 20–29; 44 % were 30–39; 25.6 % were 40–49; 4.8 % were 50–59; and 0.4% were aged 60 and over. Males represented the majority of clients (82.2 %).

With the financial support of the GFATM, NSPs were established by the following non-governmental organisations: Rance Plus (Chui region, Alamedin district), Right to Life (Chui region, Sokuluk district), Ayandelta (Chui region, Tokmok) Parents Against AIDS and Drugs — CADMIR (Bishkek), Antistigma (Issyk-Ata district, Kant), Parents Against Drugs (Osh region, Osh and Kara-Suu), and Healthy Generation (Jalal-Abad region, Jalal-Abad). Social programmes were instigated by NGOs Ranar, Mutanazzif, Matrix 2005, Asteria, Musaada, Plus Centre, Ak-Deer in Bishkek and Osh, and also in the Chui, Osh and Jalal-Abad regions.

The GFATM Friendly Pharmacy Service programme for IDUs was not supported in 2011 because of a lack of funding.

In 2011, with the support of the GFATM, a 24-hour free helpline for drug addicts and their families continued to work in the Socium public association. The total number of clients who used the telephone hotline was 1 720. The largest number of helpline customers belonged to the age group 26–35. The gender composition was 957 females and 763 males.

## Drug markets and drug-law offences

The Kyrgyz Republic borders with the Republic of Tajikistan, the total length of the border being around 1 000 kilometres, and Tajikistan, in turn, has a common border with Afghanistan. Most of the border between the Kyrgyz Republic and Tajikistan is a mountain range with numerous horse trails. Drugs are smuggled into the Kyrgyz Republic, and beyond to countries of the Commonwealth of Independent States and to Europe, through the many mountain passes. Drug traffickers use a variety of transportation methods, from horse-drawn vehicles in the border areas to air transportation. In 2011 the drug situation in the country was characterised by an intensification of international drug groups using the country as a drug transit corridor to Russia and the countries of the European Union. The trafficking of Afghan drugs and their transit through the territory of Tajikistan continue to be a major focus of drug abuse in the country.

During 2011 law enforcement agencies of the Kyrgyz Republic uncovered 1 924 drug-law offences, 381 (24.6 %) fewer than in 2010 (1 543). In 2011 the law enforcement agencies of the Kyrgyz Republic seized 45 tons (729 kilograms) of narcotic drugs, psychotropic substances and precursors from illicit traffickers.

Drugs of the cannabis group are produced in the Kyrgyz Republic itself. About 10 000 hectares of land in Issyk-Kul, Jalal-Abad, Talas, Chui and Naryn regions are clogged with wild hemp. The local population uses it to make marijuana and hashish, which are distributed both locally and regionally through illegal markets.

Ephedra also grows within the territory of the country; this is the raw material for the manufacture of the amphetamine-type stimulant methcathinone (ephedrone). According to the UNODC AD/RER/C32 project (GSDC, 2012), more than 55 000 hectares are affected by this plant.

Drug prices have remained stable over the past three years and there have been almost no changes in the retail component. For example, the retail price for 1 gram of opium is fixed at around USD 1.1–2.2, heroin at USD 12.8–14.9 for 1 gram, herbal cannabis at USD 6.4–8.5 for 1 cup containing 200 grams, and cannabis resin at USD 42.5–53.2 for 1 box containing 20 grams.

According to the legislation of the Kyrgyz Republic, no chemical analysis of the purity of drugs seized in the country is performed, and the composition of a narcotic substance is not analysed; therefore, data on the composition and purity of drugs seized in criminal cases are not available. Accordingly, court decisions in criminal cases do not depend on a qualitative analysis of the purity of the drugs seized.

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## National drug laws

The Kyrgyz National Drug Legislation includes:

- the Law ‘On drugs, psychotropic substances, and precursors’ (No. 66, 22 May 1998);
- the Criminal Code of the Kyrgyz Republic (adopted in 1997);
- the Administrative Code of the Kyrgyz Republic (adopted in 1998);
- Resolution of the Government of the Kyrgyz Republic ‘On approval of the state control over the circulation of drugs, psychotropic substances and precursors in the Kyrgyz Republic’ (No. 466, 2004)
- Resolution of the Government of the Kyrgyz Republic ‘On narcotic drugs, psychotropic substances, and precursors subject to control in Kyrgyz Republic’ (No. 543, 2007)
- Resolution of the Government of the Kyrgyz Republic ‘On the recording, storage and use of narcotic drugs, psychotropic substances and precursors in the Kyrgyz Republic’ (No. 54, 18 February 2011).

Currently, the legislation concerning drugs in the Kyrgyz Republic is contained in 11 articles of the Criminal Code and two articles of the Administrative Code of the Kyrgyz Republic.

Possession (storage) is an offence, depending on the quantity seized when the suspect is arrested. For example, if the detention of a suspect is accompanied by a seizure of heroin weighing less than 1 gram it is an administrative offence, and if the quantity is 1 gram or more it is subject to criminal prosecution.

In accordance with Article 246 of the Criminal Code of the Kyrgyz Republic, the illegal manufacture, acquisition, possession, transportation or shipment of narcotic drugs or psychotropic substances in small amounts without intent to sell, committed within one year of the application of administrative penalties for the same act, is punishable by community service of 100–240 hours, or a fine of up to 50 calculation units (1), the restraint of liberty for a term not exceeding two years, or imprisonment. The same act committed by a person who has previously committed any other drug-law offence is punishable by a fine of up to 100 calculation units, correctional labour for up to two years, the restraint of liberty for a term not exceeding three years, or imprisonment for a term of one to three years.

Under the national law, a person who commits an offence under this Article and voluntarily surrenders narcotic drugs, psychotropic substances or their analogues and actively contributes to the disclosure or suppression of crimes related to illicit trafficking in narcotic drugs, psychotropic substances or their analogues, the exposure of the persons who committed these crimes, or the discovery of property obtained by criminal means, is exempted from criminal responsibility for the crime.

In accordance with Article 247 of the Criminal Code of the Kyrgyz Republic, the illegal manufacture, acquisition, possession, transportation, transfer with intent to sell and illicit production or distribution of narcotic drugs, psychotropic substances or their analogues or precursors shall be punished by imprisonment for four to eight years.

In addition, according to the list of narcotic drugs, psychotropic substances and precursors subjected to control in the Kyrgyz Republic, hashish or cannabis resin (separated resin, treated or untreated, or a mixture of resin and crushed particles of cannabis plants) are subject to control on the territory of the Kyrgyz Republic and their trafficking implies unconditional administrative or criminal liability identical to that for other illicit drugs.

(1) A calculation unit is determined by the legislation of the Kyrgyz Republic each year; it has remained unchanged at KGS 100 (EUR 1.48) since 2007.

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## National drug strategy

In 2010–11 the State Service of the Kyrgyz Republic on Drug Control, as the coordinator of the national anti-drug policy, together with the ministries and departments of the republic and experts from non-governmental and international organisations, developed a policy document on the concept of the anti-drug policy of the Kyrgyz Republic and the plan for its implementation until 2015.

The matrix of measures for the implementation of the anti-drug concept is structured into 61 points with specification of activities, actors and the timing of the expected results. Structurally, the data points are divided into seven main sections:

1. Conducting targeted prevention of drug abuse and related offences.
2. The introduction of new methods and treatment, and the medical and psycho-social rehabilitation of drug addicts.
3. Reducing the availability of drugs.
4. The concentration of law enforcement efforts on combating illicit drug trafficking.
5. International cooperation in the fight against drug trafficking.
6. Harm reduction.
7. A reduction in the number of drug-related deaths.

This anti-drug concept of the Kyrgyz Republic aims to: establish effective governmental and social control over the drug situation in the country; reduce the drug-using population and drug-related crime; ensure the mobilisation and coordination of the anti-drug activities of state authorities, local authorities and voluntary organisations; and improve the legal framework to combat drug use and drug trafficking. It incorporates the tasks that are of a strategic and tactical nature, the key areas of public policy of drug prevention, reduction in the demand for drugs, and the fight against illicit drug production.

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## Coordination mechanism in the field of drugs

The main coordinating body of the Kyrgyz Republic is the State Service on Drug Control (SDCS) of the Kyrgyz Republic. It is the law enforcement and executive body that conducts the joint policy in the field of combating the trafficking of narcotic drugs and psychotropic substances and precursors, countering illicit trafficking and coordinating the activities of other executive bodies of the Kyrgyz Republic in this field (including the provision of treatment for prevention and harm reduction).

In 2011 the Government adopted a resolution, ‘Establishment of SDCS at the Government of the Kyrgyz Republic’, where it approved the position of the SDCS, the Regulation on service, disciplinary regulations and control scheme. The Government also adopted a resolution ‘On additional measures to combat illicit trafficking in narcotic drugs, psychotropic substances, and precursors’, which approved the composition of the State Coordination Committee for the Control of Narcotic Drugs, Psychotropic Substances and Precursors.

In addition, a national information network on the drug information and monitoring system (DAMOS) was established in 2006 to collect non-confidential information on drugs and drug addiction in the Ministry of Health, Ministry of Internal Affairs, the State Penitentiary Service, and the State Drug Control Service (SDCS) of the Kyrgyz Republic. The Headquarters of the SDCS of the Kyrgyz Republic act as the national coordination centre for the collection of non-confidential information on drugs and drug addiction.

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