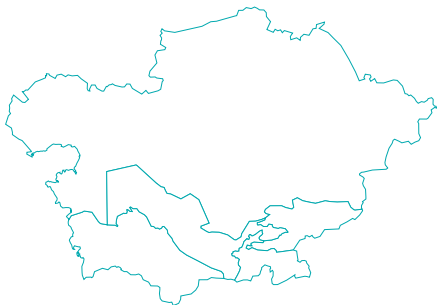


CENTRAL ASIA  
DRUG ACTION PROGRAMME



CADAP – PHASE 5  
2011

➤ Drug addiction is an extremely serious disease. Drug addicts not only suffer from the physical pain of their disease, but also from stigmatisation and discrimination. Drug addicts are threatened by other infectious diseases, such as HIV, viral hepatitis and tuberculosis. Thus drug prevention, treatment and harm-reduction activities necessarily must go hand in hand. — In the course of my professional career I have worked in different areas and on different levels of drug policies. I have worked with drug addicts directly in help centres, consulted federal drug help systems and recently worked on the highest political level as head of office of the German drug-commissioner. — To help people suffering from drug addiction and to promote public awareness and professional drug policies is of great personal importance to me. I am proud to work with an excellent team from all five beneficiary countries and highly qualified experts from the European Union. — I hope this small brochure gives you a good overview on the work of the fifth phase of the EU-funded Central Asia Drug action Programme (CADAP) and the complex and challenging needs of drug policies in general. ◀





## Central Asia Drug Action Programme – Phase 5 (CADAP 5)

*Duration:* 42 months, January 2010–July 2013

*Budget:* 4,9 Million €

*Financed by:* EU-Grant, Development and Cooperation  
– EuropeAid

*Region:* Central Asia (Kazakhstan, Kyrgyzstan,  
Tajikistan, Turkmenistan, Uzbekistan)



### Component Data monitoring systems (DAMOS)

DAMOS monitors drug consumption and the development and implementation of sustainable drug policies.

*Leader:* ResAd, Tomas Zabransky, M.D., Ph.D. [cadap@resad.cz](mailto:cadap@resad.cz)



### Component Treatment methods (TREAT)

TREAT strengthens the implementation of modern treatment methodologies for drug addicts by capacity building activities.

*Leader:* University Hamburg, The Centre for Interdisciplinary Addiction Research.

*Marcus Martens*, Dipl.-Psych. [ziscadap@gmail.com](mailto:ziscadap@gmail.com)



### Component Media campaign (MEDISSA)

MEDISSA supports national information and prevention campaigns against drug abuse, HIV/AIDS and other drug-related infectious diseases.

*Lead:* National Bureau for Drug Prevention (KBPN),

*Piotr Jablonski* [cadap@kbpn.gov.pl](mailto:cadap@kbpn.gov.pl)

Since 1990, the consumption of illicit drugs, especially heroin, has risen in Central Asia, resulting in increases in HIV and viral hepatitis rates as a consequence of injection drug use and the related risk of infection by using contaminated injection equipment. The qualitative information suggests that drug-related mortality among young adults has increased particularly dramatically. More emphasis is therefore to be placed on strengthening efforts to prevent and reduce the demand for and harm from drug abuse. Proven and new, innovative methods of treatment, measures of effective community-based prevention, an effective, transparent collection of reliable data and a strong network between governmental and non-governmental bodies are some of the required actions. — Considering the serious effect of the increase in transnational drug trafficking, in particular of opium and heroin from the world's largest producer Afghanistan, on the health situation in Central Asia, it is a special concern of the European Union to support the fight against drug trafficking as well as support the formulation of coherent drug demand policies. These principles have been laid down in the EU Central Asia Drug Action Plan 2009–2013,



*reflecting the shared will of the EU and the Central Asian states to further intensify their anti-drug co-operation.*



## KAZAKHSTAN

The last semi representative survey of the general population focusing on consumption of psychotropic substances in Kazakhstan took part back in 2003, showing lifetime prevalence of illegal drugs to be 8.3 % and regular drug use among 1.8 % of the general population, with cannabinoids representing the most prevalent regularly used drug (1.4 % of the general population), followed by opiates (0.7%). The 2006 school survey adjusted ESPAD methodology for a target group of 14–15 years old school children and showed lifetime prevalence of illegal drugs use as high as 4.8 %; 1.2 % of the surveyed pupils were frequent drug users (40+ uses in their lifetime). According to estimates from 2010, there are around 109,000 problem drug users (0.87 % of the population aged 15–64) and 100,000 injecting drug users (0.81 %) in Kazakhstan. The average age of first injection for these users (21.2 years of age) is relatively low compared to other Central Asian countries, but still substantially higher than in Europe, USA and other western countries.

— In 2009, 4,122 patients were treated in in-patient facilities for drug-related problems; 631 (15 %) of them were treated on a compulsory basis. 1,426 of in-patients received specialised drug treatment for the first time. In the same year, altogether 58,521 drug users visited one or more of the 168 Trust Points

at least once, and 28,674 drug injectors received some kind of medical consultation there. Altogether, 20,510,779 clean needles were distributed to 38,739 drug users via Trust Points and outreach services in the country in 2009. By the end of that year, the opioid substitution treatment (OST) had been received by 49 patients (33 of whom were HIV+) in two centres, and an expansion of OST was planned for 2010–11. — Altogether, 28 tonnes of illegal drugs and precursors were seized by law enforcement agencies in the Republic of Kazakhstan in 2009, of which 26.8 tonnes were cannabis-type drugs, 732 kg was heroin and 172 kg opium. — The principal political document in drug policy is the 2006–2014 National Drug Strategy and the 2009–11 (Drug Action) Programme. — Highlight from the recent analysis: — According to a 2009 biological-behavioural study (EpiNadzor) in Kazakhstan, 60 % of drug injectors are infected with viral hepatitis C, 11 % are infected with syphilis and 10 % with tuberculosis. Approximately 3 % of injecting drug users are HIV+, and 70 % of all known people living with HIV are former or recent drug users.

GRIGORY PRICHSHEPA,

Head of Analytical Department of the 2nd  
Division of the Committee for Legal Statistics  
and Special Records, General Prosecutor's  
Office of the Republic of Kazakhstan

› Generally, thanks to CADAP Program, certain indicators of the state legal statistical reporting in the field of illegal drug trafficking were improved to meet European standards. This was facilitated by a workshop and training programme delivered by experts and managers of the Programme within the DAMOS component. I'd like to take this opportunity to thank the CADAP consortium for organising a study tour to Lisbon to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Its overall management, high professionalism of the staff and perfect seminar organisation made a profound impression. It was very interesting to become familiar with the organisational management in the Portuguese Monitoring Centre, including the way they prepared a national report on the drug situation in Portugal in 2010. This is particularly important as Kazakhstan has yet to create a monitoring center and early warning system. Therefore



*the experience of EMCDDA and its units was very helpful and informative. <*

Mr Prichshepa participated in the DAMOS study and training visit to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, Portugal. — Altogether four key experts of the DAMOS Task Group, the CADAP National Coordinator in Kazakhstan and the DAMOS Component Leader participated in the study and training visit.



## KYRGYZSTAN

Drug use among the general population in Kyrgyzstan has never been surveyed. However, the survey conducted in 2006 among schoolchildren aged between 15–16 years showed a very low lifetime prevalence of drug use among the students compared to Western countries (e.g., 2.4 % for cannabis and 3.7 % for volatile substances). There were 26,000 problem drug users (86.3 % men) estimated in 2006, of whom 25,000 were injectors. As of 1 January 2011, 3,288 HIV positive cases were registered cumulatively since 1987, 65.9 % of them injecting drug users. Availability of harm reduction services (syringes and needles, condoms exchange, opioid substitution treatment etc.) is high compared with other countries in the region, as those services are supported by the government, international organisations and NGOs; this might be one of the substantial factors contributing to the decrease of newly registered cases of HIV infections as observed in 2010. HIV prevalence among injecting drug users was about 14.6 %, HCV 50.4 %, and syphilis 6.7 % in 2010. Antiretroviral therapy has been available since 2002 and as of January 1, 2011, 356 persons participated in such programmes. Low-threshold centres are widespread across the country: in 2011, a total 42 syringe exchange centres operated

in the Kyrgyz Republic, 19 of them in prison settings. Voluntary drug treatment is provided in state and private medical institutions, as well as by non-governmental organisations. The medical institutions of the penal system provide voluntary treatment in rehabilitation centres and compulsory treatment in accordance with court decisions. Opiate substitution treatment (OST) programmes using methadone were introduced in the Kyrgyz Republic in 2002, and since 2008 they are also available in prisons. In 2010, 3,979 persons received voluntary drug treatment (711 of them for their first time), of whom 1,609 persons participated in OST programmes. The principal type of drugs consumed by problem drug users were opioids. In 2009, 120 fatal drug overdoses were reported. — The southern borders of Kyrgyzstan are located on the route of drug trafficking from Afghanistan to Russia and further to Europe. In 2010, the law enforcement agencies of the Kyrgyz Republic registered 1,543 drug crimes and seized about 8 tonnes of narcotics. Illicit cultivation of cannabis and ephedra in Kyrgyzstan also represents a target for the law-enforcement agencies. The principal political document in the field of drugs was the ›National programme for countermeasures against drug abuse and the illegal trafficking of drugs in the Kyrgyz Republic for the

period 2005–2010. New strategy has been prepared in 2011. The main agency coordinating the national drug policy is the State Service for Drug Control of the Kyrgyz Republic.

TIMUR ISAKOV,

Head of Licensing and Drug Prevention Department  
in Kyrgyzstan State Service for Drug Control,  
Colonel, Expert of the International Committee  
for Drugs Control

*›I wish to express my deep gratitude to the CADAP Programme for the opportunity to take part in a round table with the participation of the prominent expert Mr. Werner Sipp. Mr. Sipp gave a straightforward introduction on basic elements in European Drugs Policy and the Drug Action Plan of the European Union, to address drug problems in the society. Here I would like to stress the importance of a staged implementation of advanced EU and international methods in the Central Asian states, in order to both decrease drug consumption and develop a drug prevention strategy. In general, we deeply appreciate the outstanding support provided by the CADAP programme in terms of new standards and expert support that made*



*it possible for Kyrgyzstan to adopt a new drug policy concept that accommodates new suggestions and information provided. This achievement is evidence of a huge breakthrough in efforts to resolve the drugs problem. <*

Mr Isakov participated in an OCAN round table. The objective of the round tables is to bring together high-level representatives of governmental institutions involved in drug policies and jointly discuss present challenges and needs in this field. The round tables have no fixed structure and are designed to be flexible and open in order to strengthen the dialogue and cooperation of national institutions in the field of drug policies.

## WHAT IS SO SPECIAL ABOUT CADAP?

CADAP is one of the few international programmes in the field of drug demand reduction. While other programmes in the field of drug supply reduction, HIV or health systems touch only selected aspects of drug policies, CADAP involves all aspects and all institutions of drug policies, from statistical institutions, to medical help centres, and from high-level political decision makers to elementary school teachers. — All CADAP project activities focus on national and transregional capacity building. CADAP develops tailor-made solutions in cooperation with its national partners and strengthens the ability of these partners to implement sustainable drug policies independently. — CADAP is implemented by a consortium of internationally renowned institutions from the Czech Republic, Germany and Poland. The components are lead by independent component leaders who constantly review the progress with the consortium team. — CADAP maintains representations in each beneficiary country. National coordinators secure a steady dialogue with the national partners in each country.





## TAJIKISTAN

The number of registered injecting drug users in Tajikistan increased steadily over the period 2003–2009 before decreasing slightly in 2010 (62 % of all registered drug users in treatment are injectors). Heroin is the principal drug for the majority of patients in drug treatment who inject drugs. Drug use among the general population and schoolchildren is relatively low in the global context. Studies performed in 2002 and 2005 estimated approx. 38,500–53,000 problem drug users (e.g. injectors) in Tajikistan, which represents 0.6–0.8 % of the general population and as such is above the global average. According to a cross-sectional study using respondent driven sampling, the high level of HIV infections among IDUs in Tajikistan (approximately 18 % of IDUs were HIV+ in 2009) corresponds with the high prevalence of drug injection (45 % of surveyed injecting drug users have shared syringes in 2009). — There are rather limited data available on drug-related deaths in Tajikistan, these show a relatively low overdose mortality, but these data need to be interpreted cautiously. — There has been substantial increase in the trafficking of illicit drugs in Tajikistan over the past twenty years, driven by its geographical position on the drug-trafficking routes from neighbouring Afghanistan. — The relevant ministries and departments such

as the Ministry of Health, Ministry of Internal Affairs, Ministry of Education, Drug Control Agency, Committees on Woman's Affairs, Committees on the Affairs of Youth and Sport, Committee of Radio and Television as well as non-government organisations participate in preventive measures. — The treatment of drug addiction in Tajikistan is provided exclusively in specialised narcological centres. The majority of drug treatment services are concentrated in the city of Dushanbe and its outlying areas. As a whole, the Narcological Service of the Ministry of Health of the Republic of Tajikistan has 290 beds for in-patients. At the present time, 40 NGO points of syringe exchange are operating; 21 of them are located in AIDS centres and provide not only syringe exchange, but also testing for infectious diseases, counselling, and treatment of sexually transmitted diseases.

MR. SULHIDDIN NIDOEV,  
Chief narcologist of the Ministry of Health  
of the Republic of Tajikistan

➤ *The workshop devoted to the Community Based Treatment Chain for Drug Addicts in Germany that was arranged by CADAP Program within the TREAT*

Component was attended by chief narcologists from the Central Asia countries. As a chief narcologist I would like to state that this workshop was much needed and helpful as it familiarised participants with the best practices of drug addict treatment and rehabilitation as applied in Europe. On the basis of recommendations provided at the workshop, several treatment protocols were developed and submitted for approval to the Ministry of Health of the Republic of Tajikistan. By the end of this year they are planned to be refined to meet international standards. We wish to have such workshops in our country more often. I would like to underline the outstanding professionalism of the invited experts within this phase of CADAP and I can honestly say that for the first time Tajikistan was visited by such highly qualified professionals. I am very glad that the activities implemented within CADAP Programme generated tangible results for our Republic: the Drug Prevention Department was created in the National Monitoring and Prevention Center for Drug Addiction, and in the near future with the support of the CADAP programme we plan to establish new rehabilitation centres for the treatment and rehabilitation of convicted drug addicts. No one country can fight against drugs alone. Therefore



*the assistance of international organisations is needed for all countries as well as inter-governmental cooperation within Central Asia. We hope that the project will be useful for Tajikistan and Central Asian states and will not be the last one that your team implements in this region. <*

Mr Nidoev is a key partner for the TREAT component. He participated both in regional and national workshops. The aim of the workshops is to familiarise the partners with modern approaches regarding drug treatment, counselling and rehabilitation and enhance the exchange of best practice within each partner country and Central Asia in general.



## TURKMENISTAN

Turkmenistan shares a long joint border with Afghanistan (744 km) and is a transshipment route for narcotics traffickers attempting to smuggle Afghan opiates to Turkish, Russian and European markets, by several different routes, including through Iran. Turkmenistan itself is not a major producer or source country for illegal drugs or precursor chemicals. (U.S.-Turkmenistan Cooperate on Drugs, 2010). Heroin and opium prevail among the four main drugs consumed within and trafficked via Turkmenistan. The statistics are challenging: in the second half of 2009 Turkmenistan seized significant amounts of Cannabis Herb (19,806 kg); Cannabis Resin (32,884 kg); heroin (262,410 kg) and opium (863,291 kg) according to a Study of UNODC. Recent data from the Central Asia Regional Information and Coordination Centre (CARICC) indicates the emergence of a new route from Afghanistan through Turkmenistan to Russia and Europe. (World Drug Report, 2010).

— At a session of the State Security Council in June 2009, Turkmenistan publicly recognised that despite having taken measures to control illicit drug trafficking, this problem had not been eliminated and thus emphasised the need to intensify efforts to combat drug trafficking and drug abuse at both the national and international levels. — Nevertheless, no official

data are available on the drug situation in Turkmenistan. There are some promising initiatives on sub-governmental level that work with people suffering from drug addiction. The practitioners of drug help services in Turkmenistan are open for new approaches and best practices and gain a good level of knowledge and experience. — The CADAP counterparts in Turkmenistan are the Drug Control Agency and the Ministries of Interior and Health. Activities have been implemented only in the framework of the TREAT and MEDISSA component.

KURBAN CHARIYEV,

leading specialist in the Ministry of Health and  
Medical of the Republic of Turkmenistan

› *We visited a number of addiction clinics and ambulatory dispensaries in the German cities of Hamburg, Berlin, and Wahrendorff. These institutions provide services where drug addicts can come and, after treatment, go to work and live a normal life as other people do. This type of ambulatory treatment helps to reduce the transmission of infectious diseases and STDs, as well as a crime rate within the country. For me as a drug therapist it was very interesting to see how such centres work in Wahrendorff*

*and Hamburg. I was impressed by the conditions created for patients and the teamwork of the centres' staff. Their activities include the detoxification of drug addicts and their subsequent rehabilitation. I believe that it would be useful to create such centres in our country and in Central Asia. The experience of those centres as well as their organisational structure and treatment methods could be adopted and successfully used in newly established centres. We thank the CADAP programme for the workshops and trainings delivered by experts on European best practice. We are happy to have this experience and knowledge. We are ready to continue collaboration with the Programme and are glad that CADAP closely cooperates under three components: TREAT, MEDISSA and DAMOS within the framework of national programmes. <*

Mr Chariyev participated in a TREAT study visit to Germany. The participants had already been trained in Central Asia and used the study visit to gain personal insight into German treatment facilities and discuss interventions with German experts.





## UZBEKISTAN

Drug use among the general population in Uzbekistan is relatively low compared with most European countries and the onset of drug use peaks relatively late; between 20–30 years of age. However, there are an estimated 80,000 injecting drug users in the country and approximately 20,000 persons have been registered due to their drug abuse – the majority of them are males using opiates (heroin). This is close to the average rate of problem / injection drug use found in the EU and other Western countries. — Injecting drug users are at a high risk of HIV and other blood borne diseases; in Uzbekistan – IDUs represent approximately 40 % of all people living with HIV in Uzbekistan. There are signs of decreasing HIV and hepatitis transmission rates in recent years as well as signs of decreasing drug overdose mortality – these positive trends correspond with the increasing accessibility of harm reduction measures (especially needle and syringe programmes) in the network of ›Trust Points‹. However, opioid substitution treatment is not available in the country. Traditional state centralised narcology treatment is the most widespread treatment option in Uzbekistan, available across its regions. — The principal political document in the field of drugs is the programme ›Comprehensive measures against drug abuse and illicit

trafficking for 2011–2015.», approved by the Resolution of the State Commission for Drug Control. — The State commission has been the main inter-ministerial coordination body since 1994, an executive coordination unit of the commission is the National centre for drug control. Approximately 4–5 tonnes of narcotics are seized in Uzbekistan annually and almost 9,000 drug criminal offences reported. — Highlight from the recent analysis: — Mortality rates among the registered drug users reaches approximately 3 %, which is 6,5 times higher than the mortality rate among the general population of the same gender and age. This excess of mortality is highest among females and the 35–39 age group.

SAODAT ZHUMANOVA,

MEDISSA Urgench participant, leading expert in the National Center for Drugs Control at the Cabinet of Ministers of the Republic of Kazakhstan

› *Within the framework of MEDISSA Component a number of workshops were delivered for journalists, doctors from a narcological dispensary, members of a working group as well as representatives from various organisations involved in prevention and population awareness*

raising. The idea to deliver such an information campaign about the detrimental consequences of drug addiction was received with great interest at a local level and met the needs of governmental and public organisations engaged in prevention and awareness raising. Therefore all workshops were treated by participants as timely and necessary activities to expand specialists' knowledge in the field of population awareness raising. Within the framework of the project a hot line was created on the basis of a narcological dispensary. To arrange this crisis center, a necessary infrastructure was created, seminars were delivered for doctors. We hope that with your support this service will prove helpful and expedient. <

Ms Zhumanova is a coordinator of the MEDISSA working group in Uzbekistan. MEDISSA builds up capacities in the field of information and prevention at national and local level.



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## WEBSITE

For further information on the activities and results of CADAP 5 and the event calendar you are invited to visit our website under [www.cadap.eu](http://www.cadap.eu).

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