

An outline map of Central Asia, showing the borders of Kazakhstan, Kyrgyzstan, Uzbekistan, and Turkmenistan. The map is rendered in a light blue color and is centered on the page.

**CENTRAL ASIA DRUG ACTION PROGRAMME**

**CADAP – PHASE 5**

› *Drug addiction is a very serious disease. Drug addicts do not only suffer from the physical pain of their disease, but also suffer from stigmatisation and discrimination. People consuming drugs are threatened by other dangerous diseases, such as HIV, viral hepatitis and tuberculoses. Thus drug prevention, treatment and harm-reduction activities need to go hand in hand. — In my professional career I have worked in different areas and on different levels of drug policies. I was working with drug addicts directly in help centres, consulted federal drug help systems and in the last years worked on 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 5 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@googlemail.com](mailto:ziscadap@googlemail.com)

### Component Media campaign (MEDISSA)

MEDISSA is supporting 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 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 its 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 supply as well as 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 semirepresentative survey of general population focusing on consumption of psychotropic substances in Kazakhstan took part only in 2003, showing lifetime prevalence of illegal drugs use to be 8.3% and regular drug use in 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 target group 14-15 years old pupils 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 recent estimates (2010), there is around 109 thousand problem drug users (0.87% of the population aged 15-64) and 100 thousand 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, 4122 patients were treated in the in-patient facilities because of drug-related problems; 631 (15%) of them were treated on the compulsory basis. 1426 of in-patients received specialised drug treatment for their first time. In the same year, altogether 58,521 drug users visited one or more of 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) was received by 49 patients (33 of whom were HIV+) in two centres, and an expansion of OST was planned for 2010-11. — Altogether, 28 tons of illegal drugs and precursors were seized by law enforcement agencies in the Republic of Kazakhstan in 2009, of which 26.8 tons 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 2009 biological-behavioural study (EpiNadzor) in Kazakhstan, 60% of drug injectors are infected by viral hepatitis C, 11% are infected with syphilis and 10% by 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 program delivered by experts and managers of the Program within DAMOS component. I'd like to take this opportunity to thank the CADAP consortium for organizing 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 organization made a profound impression. It was very interesting to become familiar with the organizational management in the Portuguese Monitoring Center, including the way they prepare 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 the early warning system. There-*

*fore 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 4 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 in general population in Kyrgyzstan was never surveyed. However, the survey made in 2006 among schoolchildren 15-16 years old showed very low lifetime prevalence of drug use in 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 them 25,000 were injectors. As of 1 January 2011, 3288 HIV positive cases were registered cumulatively since 1987, 65.9% of them in injecting drug users. Availability of harm reduction services (syringes and needle, condoms exchange, opioid substitution treatment etc.) is rather high compared with other countries in the region, as those services are supported by the government, international organizations and NGOs; this might be one of the substantial factors contributing to the decrease of newly registered cases of HIV infections noticed in 2010. HIV prevalence in injecting drug users was about 14.6%, HCV 50.4%, and syphilis 6.7% in 2010. Antiretroviral therapy is available since 2002 and as of January 1, 2011, 356 persons participated in such programmes. The network of low-threshold centres are widespread in the country: in 2011, total 42 syringe exchange centres were functioning in the Kyrgyz Republic, 19

of them in the prison settings. Voluntary drug treatment is provided in state and private medical institutions, as well as by non-governmental organizations. The medical institutions of the penal system provide voluntary treatment in rehabilitation centres and compulsory treatment in accordance with court decisions. The 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, 3979 people received voluntary drug treatment (711 of them for their first time), of whom 1609 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 on the route of drug trafficking from Afghanistan to the Russia and further to Europe. In 2010, the law enforcement agencies of the Kyrgyz Republic registered 1543 drug crimes and seized about 8 tons of narcotics. Illicit cultivation of cannabis and ephedra in the Kyrgyzstan also represents a target for the law-enforcement. The principal political document in the field of drugs was ›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 under preparation 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 am expressing my deep gratitude to CADAP Program for an opportunity to take part in a round table with the participation of a prominent expert Mr. Werner Sipp. Mr. Sipp made a straightforward introduction of basic elements in European Drugs Policy and 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 Central Asian states, to decrease drug consumption and to develop a drug prevention strategy. In general, we deeply appreciate an outstanding support provided by CADAP program 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 an evidence of a huge breakthrough in efforts to resolve the drugs problem. ‹*

Mr Isakov participated in an OCAN Roundtable. The objective of the roundtables 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 roundtables have no fixed structure and are designed very flexible and open in order strengthen the dialogue and cooperation of national institutions in the field of drug policies.





## TAJIKISTAN

A number of registered injecting drug users in Tajikistan has been steadily increasing for the period of 2003-2009 and decreased slightly in 2010 (62% of all registered drug users in treatment are injectors). Heroin is principal drug for the majority of patients in drug treatment who injected drugs. Drug use in the general population and schoolchildren is rather low in the global context. The studies performed in 2002 and 2005 estimated approx. 38.5 – 53 thousand 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 the cross-sectional study using respondent driven sampling, the high level of HIV injection in IDUs in Tajikistan (approximately 18% of IDUs were HIV+ in 2009) corresponds with the high prevalence of risky injecting behaviour (45% of surveyed injecting drug users have shared syringes in 2009). —There are rather limited data on drug-related deaths in Tajikistan showing relatively low overdose mortality, but those need to be interpreted only cautiously. —There has been substantial increase in trafficking of illicit drugs in Tajikistan in last 20 years, driven by its geographical position on 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 organizations participate in preventive measures. —The treatment of drug addiction in Tajikistan is provided in the specialized narcological centres exclusively. The majority of drug treatment services are concentrated in the city of Dushanbe and oblast centres. 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 other 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 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 very much needed and helpful as it made participants familiar with the best practices of treating and rehabilitating drug addicts 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 an outstanding professionalism of invited experts coming within this phase of CADAP and I can frankly say that for the first time Tajikistan was visited by such highly qualified professionals. I am very glad that activities implemented within CADAP Program gave tangible results for our Republic: the Drug Prevention Department was created in the National Monitoring and Prevention Center for Drug Addiction, and in the nearest future with the support of CADAP program we plan to establish new rehabilitation centers for treating and rehabilitating convicted drug addicts. No one country can fight against drugs alone. Therefore the assistance of*

*international organizations is needed for all countries as well as intergovernmental cooperation within the 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 make the partners familiar 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 of-

ficial 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 have visited a number of addiction clinics and ambulatory dispensaries in the German cities Hamburg, Berlin, and Warendorff. These institutions provide services where drug addicted people can come to and after a procedure just go to work living a normal life as other people do. This type of ambulatory treatment helps to reduce transmission of infectious diseases and STD as well as a crime rate within the country. For me as a drug therapist it was very interesting to see how such centers work in*

*Wahrendorff and Hamburg. I was impressed by conditions created for patients and the teamwork of centers' staff. Their activities include detoxification of drug addicts and their subsequent rehabilitation. I believe that it would be useful to create such centers in our country and in Central Asia. The experience of those centers as well as their organizational structure and treatment methods could be adopted and successfully used in newly established centers. We are thanking CADAP program for workshops and trainings delivered by experts who took best European practices as a ground. We are happy to have this experience and knowledge. We are ready to continue collaboration with the Program and we are glad that CADAP closely cooperates under 3 components: TREAT, MEDISSA and DAMOS within the framework of national programs. <*

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 have personal insight in German treatment facilities and discuss interventions with German experts.



## UZBEKISTAN

Drug use in general population in Uzbekistan is relatively low (compared with most European countries) and the onset of drug use peaks rather later between 20–30 years of age. However, there are estimated approx. 80,000 injecting drug users in a country and approx. 20,000 persons have been registered due to their drug abuse – majority of them are males using opiates (heroin). This is close to the average rate of problem / injection drug use found in EU and other Western countries. — Injecting drug users are in a high risk of HIV and other blood borne diseases in Uzbekistan – IDUs represent approx. 40 % of all people living with HIV in Uzbekistan. There are signs of decreased HIV and hepatitis transmission in recent years as well as assigns of decreasing drug overdose mortality – these positive trends correspond with increasing accessibility of harm reduction measures (esp. needle and syringe programmes) in the network of ›Trust Points‹. However, opioid substitution treatment is not available in the country recently. Traditional state centralised narcology treatment is a predominant treatment option in Uzbekistan available across its regions. — The principal political document in the field of drugs is the program ›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. Approx. 4-5 tons of narcotics are seized in Uzbekistan annually and almost 9 thousand drug criminal offences are reported. — Highlight from the recent analysis: — Mortality rate of the registered drug users reaches approx. 3 %, which is 6.5 times more than the mortality in the general population of the same gender and age. This excess of mortality is the highest among females and 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 organizations involved in prevention and population awareness raising. The idea to deliver such an information campaign about detrimental consequences of drug addiction*

*was taken with a great interest at a local level and met the needs of governmental and public organizations 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 become 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.



## WHAT IS SO SPECIAL ABOUT CADAP?

CADAP is one of the very 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 with the national partners and strengthens the ability of the partners to implement sustainable drug policies on their own. — CADAP is implemented by a consortium of internationally renowned institutions from 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 the steady dialogue with the national partners in each country.



National Coordinators

National Coordinator Kazakhstan

Artyom Kortschagin

T +7 7172 580927

artjom.kortschagin@giz.de

National Coordinator Kyrgyzstan

Aleksandr Zelichenko

T +996 312 906 876

aleksandr.zelichenko@giz.de

National Coordinator Tajikistan

Dilbar Gafarova

T +992 918 64 49 15

dilbar.gafarova@giz.de

National Coordinator Turkmenistan

Mehri Karakulova

T +993 (12) 28 75 72

mehri.karakulova@giz.de

National Coordinator Uzbekistan

Kamal Dusmetov

T +998 93 184 01 70

kamal.dusmetov@giz.de

Project Leader

Dr. Ingo Ilja Michels

T: +996312-906741

Ingolija.michels@giz.de

Project Management

Julia Jesson

Julia.Jesson@giz.de

Tim-Lorenz Wurr

Tim-Lorenz.Wurr@giz.de

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).

Central Asia Drug  
**CADAP**  
Action Programme



This Programme is funded by the European Union