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REGIONAL DRUG POLICY REPORT

2024

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2024

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This Regional Drug Policy Report presents the main findings of a study carried out in the framework of the Central Asia Drug Action Programme – Phase 7 (CADAP 7) in the «Drug Policy» component.

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TABLE OF CONTENTS

1.	HIGHLIGHTS. CHALLENGES, THREATS, NEEDS AND NEXT STEPS IN DRUG POLICY IN CENTRAL ASIA. BY WAY OF EXECUTIVE SUMMARY. CADAP7 REGIONAL DRUG POLICY REPORT	11
A.	METHAMPHETAMINE. A GLOBAL THREAT WITH REGIONAL CONSEQUENCES	11
B.	THE PARADIGM SHIFT IN DRUG USE. FROM ESCAPIST DRUG USE TO THE SOCIAL NORMALISATION OF DRUG USE.....	14
C.	GLOBAL GEOPOLITICS WITH REGIONAL CONSEQUENCES.....	17
D.	THE SOCIO-POLITICAL SITUATION AND THE OPIUM BAN IN AFGHANISTAN.....	19
E.	HARM REDUCTION POLICIES. POLICIES THAT SAVE LIVES.....	23
F.	EVIDENCE-BASED PREVENTION.....	25
G.	DECALOGUE OF NEEDS AND NEXT STEPS.....	27
2.	BACKGROUND AND STARTING POINT.....	29
3.	METHODOLOGY FOR A BETTER UNDERSTANDING OF DRUG POLICIES IN CENTRAL ASIA.....	33
4.	NATIONAL REPORTS FROM CENTRAL ASIAN COUNTRIES. CHALLENGES AND PROPOSALS	47
	KAZAKHSTAN. NATIONAL REPORT	49
	KYRGYZSTAN. NATIONAL REPORT	75
	TAJIKISTAN. NATIONAL REPORT	99
	TURKMENISTAN. NATIONAL REPORT.....	123
	UZBEKISTAN. NATIONAL REPORT.	135
5.	LESSONS LEARNED. REGIONAL SEMINAR ON DRUG POLICY IN CENTRAL ASIA 161	
	DRUG POLICIES IN CENTRAL ASIA, A REGIONAL ANALYSIS	170
6.	GOOD PRACTICES IN DRUG POLICY	211
7.	CONCLUSIONS	317
	LEASONS LEARNED.....	317
	NEXT STEPS FOR GOOD PRACTICE IN CENTRAL ASIA.....	319
8.	RECOMMENDATIONS	323
9.	BIBLIOGRAPHIC REFERENCES	327
10.	ANNEX I. WORK PLAN.....	337

INDEX OF FIGURES

FIGURE 1. COMPONENTS OF THE THEORY OF CHANGE AND THE MAIN TYPOLOGIES OF HYPOTHESES IT CONTAINS.....	36
FIGURE 2. THE THREE BROAD STAGES OF DEVELOPING RESPONSES TO DRUG PROBLEMS.....	38
FIGURE 3. FACTORS TO BE CONSIDERED IN STAGE 1: PROBLEM DEFINITION.....	40
FIGURE 4. FACTORS TO BE CONSIDERED IN STAGE 2: RESPONSE OR INTERVENTION SELECTION. SOURCE	42
FIGURE 5. FACTORS TO BE CONSIDERED IN STAGE 3: IMPLEMENTATION.....	45
FIGURE 6. MAIN HEROIN TRAFFICKING FLOWS AS DESCRIBED BY REPORTED SEIZURES (2015-2019).	173
FIGURE 7. FLOWS OF AFGHAN OPIATES TO WESTERN EUROPE VIA KAZAKHSTAN, RUSSIA AND BELARUS	174
FIGURE 8. FLOWS OF AFGHAN OPIATES TO RUSSIA VIA TAJIKISTAN	174
FIGURE 9. PHYSICAL MAP OF CENTRAL ASIA	175
FIGURE 10. LABOUR SUPPLY FOR DRUGS OF NATURAL AND SYNTHETIC ORIGIN	179
FIGURE 11. GLOBAL METHAMPHETAMINE TRAFFICKING ROUTES BY AMOUNT SEIZED ESTIMATED ON THE BASIS OF REPORTED SEIZURES (2016-2020).....	180
FIGURE 12. MAIN DEPARTURE OR TRANSIT COUNTRIES OF METHAMPHETAMINE SHIPMENTS AS DESCRIBED IN REPORTED SEIZURES (2015-2017)	184
FIGURE 13. SIGNIFICANT INDIVIDUAL METHAMPHETAMINE SEIZURES IN NORTH AMERICA (2020-2021).	185
FIGURE 14. SIGNIFICANT INDIVIDUAL METHAMPHETAMINE SEIZURES IN EAST AND SOUTH-EAST ASIA AND IN SOUTH ASIA (2020-2021).....	187
FIGURE 15. NPS ON THE GLOBAL MARKET (2015 & 2021).....	190
FIGURE 16. DARKNET MARKETS CONTENT.....	191
FIGURE 17. DIFFERENCE BETWEEN CONTROLLED PRECURSORS, NON-CONTROLLED PRECURSORS AND DESIGNER PRECURSORS	192
FIGURE 18. GRAPHIC ILLUSTRATION OF GRAFFITI ON WALLS ADVERTISING THE SALE OF NPS IN THE CENTRAL ASIAN REGION	194
FIGURE 19. GRAPHICAL EXEMPLIFICATION OF NOTIFICATIONS OF SHOPS ADVERTISING NPS IN THE CENTRAL ASIAN REGION	194
FIGURE 20. GRAPHICAL EXEMPLIFICATION OF NOTIFICATIONS OF SHOPS ADVERTISING NPS IN THE CENTRAL ASIAN REGION	196
FIGURE 21. MAIN BEHAVIOURAL TECHNIQUES USED IN PREVENTION INTERVENTIONS IN HIGH-RISK NEIGHBOURHOODS: EVIDENCE OF EFFECTIVENESS, 2019.....	225
FIGURE 22. INTERVENTIONS IN HIGH-RISK NEIGHBOURHOODS: PROVISION IN EUROPEAN COUNTRIES.	227
FIGURE 23. GOVERNMENT INSTITUTIONS RESPONSIBLE FOR THE GOVERNANCE OF HEALTHCARE IN PRISON IN THE EU MEMBER STATES, NORWAY, TURKEY AND THE UNITED KINGDOM, 2019.....	228

FIGURE 24. DRUG-RELATED AND OTHER HEALTH AND SOCIAL CARE INTERVENTIONS FOR DRUG USERS IN PRISON, BY STAGE OF INCARCERATION.....	229
FIGURE 25. AVAILABILITY OF DRUG-RELATED AND OTHER HEALTH AND SOCIAL CARE INTERVENTIONS TARGETING PEOPLE WHO USE DRUGS AND ARE IN PRISON IN THE EU MEMBER STATES, NORWAY, TURKEY AND THE UNITED KINGDOM, 2019-2020.....	231
FIGURE 26. FAMILY-BASED PREVENTION INTERVENTION ACCORDING TO DEVELOPMENTAL STAGES ..	239
FIGURE 27. USERS OF SELECTED DRUG GROUPS BY SEX (2021). SOURCE: UNODC, 2023.	247
FIGURE 28. FIGURE 29. PROPORTION OF WOMEN AMONG DRUG USERS AND IN PEOPLE IN DRUG TREATMENT, 2021	248
FIGURE 30. SERVICE NEEDS AND RESPONSES FOR SOME SUBGROUPS OF WOMEN WITH DRUG-RELATED PROBLEMS.....	251
FIGURE 31. AVAILABILITY OF FAMILY-BASED INTERVENTIONS FOR CHILDREN AFFECTED BY PARENTAL SUBSTANCE USE, 2019.	255
FIGURE 32. NPS ON THE GLOBAL MARKET (2015 & 2021).....	262
FIGURE 33. PREVALENCE OF LIFETIME PREVALENCE OF AMPHETAMINES USE AMONG ADULTS (15-64 YEARS OLD), BY COUNTRY.	268
FIGURE 34. FREQUENCY OF AMPHETAMINE AND METHAMPHETAMINE USE IN THE LAST MONTH (%): ALL PEOPLE ENTERING TREATMENT (2021 OR MOST RECENT DATA).....	269
FIGURE 35. AMPHETAMINE. ENTRANTS FOR THIS SUBSTANCE AS A SHARE OF ALL FIRST-TIME TREATMENT ENTRANTS (2021).....	271
FIGURE 36. EXAMPLES OF STRATEGIES TO PREVENT THE DIVERSION OF OPIOID SUBSTITUTION TREATMENT MEDICATION	277
FIGURE 37. PROPORTION OF ACUTE DRUG TOXICITY PRESENTATIONS WITH HEROIN INVOLVED IN 2021	277
FIGURE 38. LAST YEAR PREVALENCE OF HIGH-RISK OPIOID USE AMONG ADULTS (15-64), 2020 OR LATEST DATA	278
FIGURE 39. EXEMPLIFICATION OF A GROUP INTERVENTION IN A THERAPEUTIC COMMUNITY	283
FIGURE 40. PROPORTION OF MALES AMONG DRUG-INDUCED DEATHS IN THE EUROPEAN UNION, NORWAY AND TÜRKIYE IN 2021, OR MOST RECENT YEAR (%)	288
FIGURE 41. INTERVENTIONS TO PREVENT OPIOID-RELATED DEATH BY INTENDED AIM AND EVIDENCE OF BENEFIT	289
FIGURE 42. ILLUSTRATION OF THE RANGE OF DRUG SCREENING TECHNOLOGIES RANKED IN ORDER OF HIGHEST ACCURACY AND RELIABILITY OF RESULTS.....	292
FIGURE 43. AVAILABILITY OF TAKE-HOME NALOXONE PROGRAMMES IN EUROPE.....	294
FIGURE 44. DRUG CONSUMPTION FACILITIES IN EUROPE.....	296
FIGURE 45. LIFETIME PREVALENCE OF CANNABIS USE IN EUROPE AMONG ADULTS (15-64 YEARS OLD)	297
FIGURE 46. TRENDS IN FIRST-TIME ENTRANTS IN TREATMENT WITH CANNABIS AS PRIMARY DRUG, 2016-2021.....	302

CADAP 7. REGIONAL DRUG POLICY REPORT

FIGURE 47. LIFETIME PREVALENCE OF COCAINE USE IN EUROPE AMONG ADULTS (15-64 YEARS OLD)	303
FIGURE 48. TOTAL ALCOHOL PER CAPITA CONSUMPTION (APC) (15+ YEARS; IN LITRES OF PURE ALCOHOL)	305
FIGURE 49. PREVALENCE (IN %) OF HEAVY EPISODIC DRINKING (HED) AMONG CURRENT DRINKERS (15+ YEARS)	305
FIGURE 50. NATIONAL PLANS AND/OR TREATMENT GUIDELINES REFERENCING INTERVENTIONS FOR HEPATITIS C VIRUS IN PEOPLE WHO INJECT DRUGS	309
FIGURE 51. AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMMES IN EUROPE AT THE REGIONAL LEVEL, 2021 OR LATEST DATA.	312
FIGURE 52. COVERAGE OF HIV AND HCV TESTING IN PRISON IN THE EU MEMBER STATES AND THE UNITED KINGDOM, 2016-2017.	313
FIGURE 53. COVERAGE OF HIV AND HCV TREATMENT IN PRISON IN THE EU MEMBER STATES AND THE UNITED KINGDOM, 2016-2017.	314

INDEX OF GRAPHICS

GRAPHIC 1. NATIONAL REGISTER OF DRUG-RELATED CRIME	56
GRAPHIC 2. AREA UNDER OPIUM POPPY CULTIVATION (HA) BY YEAR IN AFGHANISTAN (2010-2022). SOURCE: UNODC, 2023.	177
GRAPHIC 3. OPIUM PRODUCTION (TONS) BY YEAR IN AFGHANISTAN (2010-2022). SOURCE: UNODC, 2023.	177
GRAPHIC 4. HEROIN AND METHAMPHETAMINE SEIZURES (KG) IN AFGHANISTAN AND NEIGHBOURING COUNTRIES (2010 - 2021). SOURCE: UNODC, 2023.	178
GRAPHIC 5. GLOBAL METHAMPHETAMINE TRAFFICKING ROUTES BY AMOUNT SEIZED ESTIMATED BASED ON REPORTED SEIZURES (2016-2020). SOURCE: UNODC, 2022B.	181
GRAPHIC 6. METHAMPHETAMINE, HEROIN AND OPIUM SEIZURES IN THE PROVINCE OF KABUL (OCTOBER 2019-NOVEMBER 2020). SOURCE: UNODC, 2022B.	182
GRAPHIC 7. USE OF ATS AMONG ADOLESCENTS IN AFGHANISTAN (2018). SOURCE: UNODC, 2022B.	183
GRAPHIC 8. SEIZURES OF METHAMPHETAMINES IN EAST AND SOUTH-EAST ASIA (2010-2020). SOURCE: UNODC, 2022B.	186
GRAPHIC 9. SEIZURES OF METHAMPHETAMINE IN THE NEAR AND MIDDLE EAST (2001-2020) SOURCE: UNODC, 2022B.	188
GRAPHIC 10. NUMBER OF NEW PSYCHOACTIVE SUBSTANCES REPORTED FOR THE FIRST TIME TO THE EU EARLY WARNING SYSTEM, BY CATEGORY (2005-2022). SOURCE: EMCDDA, 2023.	193
GRAPHIC 11. WOMEN'S SHARE OF POPULATION AGES 15+ LIVING WITH HIV (%) IN CENTRAL ASIA (1990-2021). SOURCE: WORLD BANK DATA, (N.D.)	206
GRAPHIC 12. NUMBER OF EUROPEAN COUNTRIES IMPLEMENTING HARM REDUCTION INTERVENTIONS (1967-2022). SOURCE: EMCCDA, 2022.	218

GRAPHIC 13. PROPORTION OF PEOPLE ENTERING DRUG TREATMENT IN PRISON BY PRIMARY PROBLEM DRUG IN 18 EUROPEAN COUNTRIES, 2018 (OR MOST RECENT DATA AVAILABLE). SOURCE: EMCDDA, 2022i.	233
GRAPHIC 14. NUMBER OF COUNTRIES REPORTING AVAILABILITY OF INTERVENTIONS FOR DRUG DEPENDENT PEOPLE IN PRISON IN EUROPE (2019). SOURCE: EMCCDA, 2022b.	234
GRAPHIC 15. MORTALITY RATE, BY WEEK SINCE RELEASE, FOR OVERDOSE AND NON-OVERDOSE CAUSES OF DEATH OBSERVED IN A US STUDY. SOURCE: BINSWANGER <i>ET AL.</i> , 2007.	235
GRAPHIC 16. AVAILABILITY OF AWARENESS-RAISING RESPONSES IN THE WORKPLACE TO PREVENT SUBSTANCE USE (%) IN THE EU-27 AND NORWAY. SOURCE: EMCCDA, 2022d.	241
GRAPHIC 17. AGE DISTRIBUTION OF ALL CLIENTS ENTERING TREATMENT WITH HEROIN AS THEIR PRIMARY DRUG, 2010 AND 2021 (%). SOURCE: EMCDDA, 2022g.	259
GRAPHIC 18. QUANTITY OF DRUGS SEIZED IN THE EUROPEAN UNION, INDEXED TRENDS 2009-19., SOURCE: EMCDDA, 2021i.	261
GRAPHIC 19. SEIZURES OF NEW PSYCHOACTIVE SUBSTANCES IN THE EUROPEAN UNION: QUANTITY SEIZED, 2005-2021. SOURCE: EMCCDA, 2023.	263
GRAPHIC 20. SEIZURES OF NEW PSYCHOACTIVE SUBSTANCES IN THE EUROPEAN UNION: NUMBER OF SEIZURES (2005-2021). SOURCE: EMCDDA, 2021i.	264
GRAPHIC 21. NUMBER OF NEW PSYCHOACTIVE SUBSTANCES REPORTED FOR THE FIRST TIME TO THE EU EARLY WARNING SYSTEM, BY CATEGORY (2005-2022). SOURCE: EMCDDA, 2021i.	265
GRAPHIC 22. EMPLOYMENT STATUS OF CLIENTS ENTERING TREATMENT FOR STIMULANT USE (%) IN THE EU-27, NORWAY AND TURKEY. SOURCE: EMCCDA, 2021e.	272
GRAPHIC 23. AGE DISTRIBUTION OF ALL CLIENTS ENTERING WITH HEROIN AS THEIR PRIMARY DRUG, 2010 AND 2021. SOURCE: EMCDDA, 2023b.	278
GRAPHIC 24. EMPLOYMENT STATUS OF CLIENTS ENTERING OPIOID TREATMENT (%) IN EU-27, NORWAY AND TURKEY. SOURCE: EMCCDA, 2023b.	279
GRAPHIC 25. TRENDS IN FIRST-TIME HEROIN ENTRANTS FOR TREATMENT IN SELECTED COUNTRIES (2016-2021). SOURCE: EMCDDA, 2023.	280
GRAPHIC 26. NUMBER OF EUROPEAN COUNTRIES USING OPIOID AGONIST TREATMENT (1967-2022). SOURCE: EMCCDA, 2023b.	281
GRAPHIC 27. AGE DISTRIBUTION OF REPORTED DRUG-INDUCED DEATHS IN THE EUROPEAN UNION, NORWAY AND TURKEY IN 2021 (%). SOURCE: EMCCDA, 2022.	285
GRAPHIC 28. TREND IN OPIOID OVERDOSE DEATHS BY PRIMARY DRUG TYPE (CONSIDERED ALONE OR IN COMBINATION WITH OTHER SUBSTANCES), UNITED STATES, 2010-2020. SOURCE: HERRERA <i>ET AL.</i> , 2023.	286
GRAPHIC 29. TREND IN DIRECT OPIOID-RELATED DEATHS IN SELECTED EUROPEAN COUNTRIES, 2015-2020. SOURCE: HERRERA <i>ET AL.</i> , 2023.	286
GRAPHIC 30. NUMBER OF DRUG-INDUCED DEATHS REPORTED IN THE EUROPEAN UNION IN 2012 AND 2021 (FEMALES). SOURCE: EMCDDA, 2023b.	287
GRAPHIC 31. NUMBER OF DRUG-INDUCED DEATHS REPORTED IN THE EUROPEAN UNION IN 2012 AND 2021 (MALES). SOURCE: EMCDDA, 2023b.	287

CADAP 7. REGIONAL DRUG POLICY REPORT

GRAPHIC 32. EVOLUTION OF OVERDOSE DEATHS PER YEAR IN THE UNITED STATES. SOURCE: HERNANDO, 2023.....	293
GRAPHIC 33. FREQUENCY OF CANNABIS USE IN THE LAST 30 DAYS (%) AMONG YOUNG PEOPLE (15-34 YEARS) IN THE EU-27, NORWAY AND TURKEY. SOURCE: EMCCDA, 2021H.....	298
GRAPHIC 34. EMPLOYMENT STATUS OF CLIENTS ENTERING CANNABIS TREATMENT IN THE EU-27, NORWAY AND TURKEY. SOURCE: EMCCDA, 2022.....	300
GRAPHIC 35. TRENDS IN FIRST-TIME TREATMENT ENTRANTS WITH COCAINE AS A PRIMARY DRUG IN GERMANY, SPAIN, ITALY, FRANCE AND OTHER SELECTED COUNTRIES (2016-2021). SOURCE: EMCCDA, 2023B.....	304
GRAPHIC 36. TRENDS IN DRUG-RELATED HIV: EU AND SELECTED COUNTRIES, CASES PER MILLION POPULATION. SOURCE: EMCDDA, 2021B.....	308
GRAPHIC 37. NUMBER OF STERILE SYRINGES DISTRIBUTED PER PERSON WHO INJECTS DRUGS PER YEAR, 2021 OR LATEST DATA. SOURCE: EMCDDA, 2023.....	311

INDEX OF TABLES

TABLE 1. RATIFICATION OF DRUG-RELATED INTERNATIONAL TREATIES IN KAZAKHSTAN.....	51
TABLE 2. ANTI-DRUG STRATEGIES 2001-2005 AND 2006-2016 IN KAZAKHSTAN.....	54
TABLE 3. ANTI-DRUG STRATEGY 2023-2025 IN KAZAKHSTAN.....	55
TABLE 4. DRUG-RELATED CRIME STATISTICS IN KAZAKHSTAN (2017-2021)	58
TABLE 5. SEIZURES OF DIFFERENT DRUGS AND PSYCHOTROPIC SUBSTANCES IN KILOGRAMS IN KAZAKHSTAN (2017-2021)	60
TABLE 6. STATISTICS ON PEOPLE REGISTERED IN TREATMENT CENTRES AND PERCENTAGE OF THOSE WHO INJECT DRUGS IN KAZAKHSTAN	61
TABLE 7. TRENDS AND CHANGES IN HIV TESTING AND CASES BY SEX IN KAZAKHSTAN (2016-2020) ..	62
TABLE 8. ATTENDEES AT THE NATIONAL DRUG POLICY DIALOGUE IN KAZAKHSTAN.....	64
TABLE 9. RATIFICATION OF DRUG-RELATED INTERNATIONAL TREATIES IN KYRGYZSTAN.....	77
TABLE 10. ANTI-DRUG PROGRAMME 2014-2019 IN KYRGYZSTAN.....	79
TABLE 11. ANTI-DRUG PROGRAMME 2022-2026 IN KYRGYZSTAN.....	80
TABLE 12. COMPARISON OF THE INCIDENCE OF DRUG-RELATED CRIME BY REGION IN KYRGYZSTAN IN THE FIRST SIX MONTHS OF 2020 AND 2021.....	82
TABLE 13. DRUG-RELATED OFFENCES ACCORDING TO THE CRIMINAL CODE OF THE KYRGYZ REPUBLIC (2017-2021)	84
TABLE 14. SEIZURES OF ILLICIT DRUGS, PRECURSORS AND OTHER SUBSTANCES IN KILOGRAMS (2017-2021)	85
TABLE 15. TRENDS AND CHANGES IN HIV TESTING AND CASES BY SEX IN KYRGYZSTAN (2017-2021)	86
TABLE 16. ATTENDEES AT THE NATIONAL DRUG POLICY DIALOGUE IN KYRGYZSTAN.....	88
TABLE 17. RATIFICATION OF INTERNATIONAL DRUG TREATIES IN TAJIKISTAN.....	101
TABLE 18. ANTI-DRUG STRATEGY 2013-2020 IN TAJIKISTAN.....	103

TABLE 19. NATIONAL DRUG CONTROL STRATEGY OF THE REPUBLIC OF TAJIKISTAN FOR THE PERIOD 2021-2030.	104
TABLE 20. STATISTICS OF DRUG-RELATED CRIMES ACCORDING TO THE CRIMINAL CODE OF THE TAJIK REPUBLIC (2017-2021)	106
TABLE 21. SEIZURES OF DIFFERENT DRUGS AND PSYCHOTROPIC SUBSTANCES IN KILOGRAMS IN TAJIKISTAN (2017-2021)	108
TABLE 22. DRUG USERS REGISTERED IN DISPENSARIES, BY DRUG TYPE (%) IN TAJIKISTAN (2017-2021)	109
TABLE 23. DRUG TREATMENT AND DRUG OVERDOSES REGISTERED IN TREATMENT CENTRES IN TAJIKISTAN (2015-2019)	110
TABLE 24. TRENDS AND CHANGES IN HIV TESTING AND CASES BY SEX IN TAJIKISTAN (2016-2020) .	111
TABLE 25. ATTENDEES AT THE NATIONAL DRUG POLICY DIALOGUE IN TAJIKISTAN.	112
TABLE 26. RATIFICATION OF THE INTERNATIONAL DRUG TREATIES IN TURKMENISTAN.	125
TABLE 27. NATIONAL PROGRAMMES AND PLANS IN TURKMENISTAN.	126
TABLE 28. PROGRAMMES IMPLEMENTED TO ADDRESS THE IMPACT OF DRUGS IN TURKMENISTAN.	127
TABLE 29. ILLICIT DRUG SEIZURES IN TURKMENISTAN IN KILOGRAMS (2015-2020).	129
TABLE 30. DRUG-RELATED AND OTHER CRIMES IN TURKMENISTAN (2015-2020)	130
TABLE 31. ATTENDEES AT THE NATIONAL DRUG POLICY DIALOGUE IN TURKMENISTAN.....	130
TABLE 32. RATIFICATION OF DRUG-RELATED INTERNATIONAL TREATIES IN UZBEKISTAN.....	137
TABLE 33. DRUG CONTROL PROGRAMMES IN UZBEKISTAN.	139
TABLE 34. ORGANISATIONAL STRUCTURE OF UZBEKISTAN'S 2021-2025 PLAN.	140
TABLE 35. DISTRIBUTION OF PSYCHOACTIVE SUBSTANCE USE BY PROVINCE AND CITY IN UZBEKISTAN (2022).	143
TABLE 36. DRUG-RELATED OFFENCES ACCORDING TO THE CRIMINAL CODE OF UZBEKISTAN (2017-2021)	144
TABLE 37. SEIZURES OF ILLICIT DRUGS, PRECURSORS AND OTHER SUBSTANCES IN KILOGRAMS (2017-2021) IN UZBEKISTAN	145
TABLE 38. TRENDS AND CHANGES IN HIV TESTING AND CASES BY SEX AND MODE OF TRANSMISSION IN UZBEKISTAN (2016-2019)	147
TABLE 39. KEY INDICATORS RELATED TO DRUG USE AND ITS EFFECTS IN UZBEKISTAN.	148
TABLE 40. ATTENDEES AT THE NATIONAL DRUG POLICY DIALOGUE IN UZBEKISTAN.	149
TABLE 41. ATTENDEES AT THE REGIONAL SEMINAR ON HOW TO BUILD DRUG POLICIES BASED ON SCIENTIFIC EVIDENCE.	168
TABLE 42. EUROPEAN EXPERTS ATTENDING THE REGIONAL SEMINAR ON HOW TO BUILD DRUG POLICIES BASED ON SCIENTIFIC EVIDENCE.	168
TABLE 43. PEOPLE LIVING WITH HIV IN THE DIFFERENT COUNTRIES OF CENTRAL ASIA.	207
TABLE 44. STRATEGIC PRIORITIES OF THE DRUGS STRATEGY (2021-2025) IN THE FIELD OF DRUG SUPPLY REDUCTION	214
TABLE 45. STRATEGIC PRIORITIES OF THE DRUG STRATEGY (2021-2025) IN THE AREA OF DRUG DEMAND REDUCTION.....	216

CADAP 7. REGIONAL DRUG POLICY REPORT

TABLE 46. STRATEGIC PRIORITIES OF THE DRUG STRATEGY (2021-2025) IN THE FIELD OF DRUG-RELATED HARM REDUCTION	219
TABLE 47. STRATEGIC PRIORITIES OF THE DRUG STRATEGY (2021-2025) IN THE FIELD OF DRUG-RELATED HARM REDUCTION	223
TABLE 48. STRATEGIC PRIORITY OF THE DRUGS STRATEGY (2021-2025) IN THE FIELD OF RESEARCH, INNOVATION AND FORESIGHT.	224
TABLE 49. SUMMARY OF AREAS OF POTENTIAL IMPACT ON CHILDREN AT ALL STAGES OF DEVELOPMENT THAT HAVE BEEN FOUND TO BE ASSOCIATED WITH PARENTAL SUBSTANCE USE.	254
TABLE 50. EMERGING GOOD PRACTICE IN RESPONDING TO NEW PSYCHOACTIVE SUBSTANCES.....	267
TABLE 51. SPECIFIC RESPONSES IN THE CONTEXT OF HARM REDUCTION IN STIMULANT USE	270
TABLE 52. DESCRIPTION OF MEASURES TO REDUCE VULNERABILITY TO OVERDOSE	290
TABLE 53. POINTS TO CONSIDER TO IMPROVE RETENTION IN TREATMENT AND REDUCE THE RISK OF OVERDOSE.	291
TABLE 54. GOOD PRACTICE IN CONTROLLING INFECTIOUS DISEASES AMONG PEOPLE WHO INJECT DRUGS	315

INDEX OF ACRONYMS

AGO	Attorney General's Office
AIDS	Acquired Immunodeficiency Syndrome
APC	Alcohol Per capita Consumption
ATS	Amphetamine Type Stimulant
BOMCA	Border Management Programme in Central Asia
CA	Central Asia
CADAP	Central Asia Drug Action Programme
CADCA	Community Anti-Drug Coalitions of America
CBT	Cognitive Behavioural Therapy
CDC	Centre for Disease Control and Prevention
CEI	Commonwealth of Independent States
CITCO	Centre for Intelligence against Terrorism and Organised Crime
DCA	Drug Control Agency
DCPDU	Drug Control and Prevention of Drug Use
EC	European Commission
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union

EWS	Early Warning System
FIIAPP	International and Ibero-American Foundation for Administration and Public Policies
GFATM	Global Fund to Fight to AIDS
HA	Hectare
HBV	Hepatitis B
HCV	Hepatitis C
HED	Heavy Episodic Drinking
IDU	Injecting Drug Use
KG	Kilogram
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and any other kind of sexual orientation
MDMA	3,4-Methylenedioxy-Methamphetamine
ME	Ministry of Education
MFA	Ministry of Foreign Affairs
MH	Ministry of Healthcare
MHE	Ministry of Higher Education
MHMI	Ministry of Healthcare and Medical Industry
MHSPP	Ministry of Health and Social Protection Population
MI	Ministry of Interior
MIA	Ministry of Internal Affairs
MJ	Ministry of Justice
NCMPDU	National Centre for Monitoring and Prevention of Drug Use
NGO	Non-Governmental Organization
NIACDC	National Information Analytical Centre on Drug Control
NPS	New Psychoactive Substances
OAT	Opioid Agonist Treatment
OSCE	Organisation for Security and Cooperation in Europe
PIU	Project Implementation Unit
PLWH	People Living With HIV
PWID	People Who Inject Drugs
RCCBVHH	Republican Centre for Control for blood-borne viral hepatitis and HIV
RCHPMC	Republican Centre for Health Promotion and Mass Communication
RPNC	Republican Psychiatry and Narcology Centre

CADAP 7. REGIONAL DRUG POLICY REPORT

RSPCMH	Republican Scientific and Practical Centre for Mental Health
RSSPMC	Republican Specialized Scientific and Practical Medical Centre of Narcology
SBNON	Service for Combating Illicit Drug Trafficking
SEP	Service for Execution of Punishment
SICAD	Service for Intervention in Addictive Behaviours and Dependencies
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
US	United States
WHO	World Health Organisation

1. HIGHLIGHTS. CHALLENGES, THREATS, NEEDS AND NEXT STEPS IN DRUG POLICY IN CENTRAL ASIA. BY WAY OF EXECUTIVE SUMMARY. CADAP7 REGIONAL DRUG POLICY REPORT

This chapter presents the principal outcomes of CADAP 7 Outcome 1 on drug policy. As an executive summary, we present the main opportunities, threats, needs and next steps in the field of drug policy in Central Asia. The following pages present the most salient results as well as lessons learned from Drug Policy Outcome 1 under the EU's CADAP 7 program. The presentation of the central aspects of Outcome 1 indicates that CADAP 7 is drawing to a close. The reader will find a set of lessons learned and outcomes that, in our opinion, bring substantial knowledge to drug policy in Central Asia. However, we also see that the work to be done is considerable, and we must continue to advocate for evidence-based, human rights-based, and gender-sensitive drug policies.

The best framework will undoubtedly be an intervention that is nourished by the results and findings of CADAP 7. The global prevalence of methamphetamine, the situation in Afghanistan, and the geopolitical challenges arising from the war in Ukraine and other diplomatic tensions, among other factors, create an uncertain and complex scenario. By collectively demonstrating will and determination, we can reduce future uncertainty. Central Asian countries, with the assistance of CADAP 7, are in a favourable position to implement efficacious, efficacious and efficacious drug policies. It is therefore pertinent to examine the central aspects of the results of CADAP 7, specifically Drug Policy Outcome 1.

A. METHAMPHETAMINE. A GLOBAL THREAT WITH REGIONAL CONSEQUENCES

It is of paramount importance to draw attention to the issue of methamphetamine. It is evident that methamphetamine represents a significant global threat in the field of drug policy, including for Central Asia. As of June 2024, it is the most prevalent stimulant worldwide. The use of methamphetamine was detected in a number of countries, including North America, Southeast Asia, Africa, Australia, Europe and Central Asia. Methamphetamine use is not a novel phenomenon in Central Asian countries. Methamphetamine use has been documented in various contexts and among diverse groups in Central Asia for an extended period. The emergence of methamphetamine has prompted

considerable concern among Central Asian countries, given that it is an unknown substance that requires novel approaches. The emergence of methamphetamine represents a significant challenge for drug policy, necessitating the development of a tailored approach to this potent stimulant. In our view, methamphetamine and its consequences will shape the next decade of global drug policy. Central Asia, due to its strategic position between China and Afghanistan, has the potential to play a significant role in the evolution of methamphetamine globally and to suffer the detrimental consequences of its compulsive use. Let us examine why methamphetamine represents a threat to Central Asia and why there is a need to continue working towards effective and efficient drug policies.

- 1. There has been a notable increase in the production of methamphetamine in Afghanistan.** Afghanistan has emerged as a significant contributor to global methamphetamine production. This is indicative of the diversification of the illicit economy, which in turn represents an increased threat to Central Asian countries. The challenge of addressing the consequences of methamphetamine production in Afghanistan is significant. a nation that has experienced violence, economic hardship, and political instability. The production of methamphetamine requires readily available and relatively inexpensive chemical ingredients, which allows producers to adapt rapidly to the new illicit economy. Methamphetamine offers a more cost-effective and efficient production process than opium production. The current situation in Afghanistan presents a number of significant challenges to the international community, including security, development and counter-narcotics issues. In order to address these effectively, it is necessary to adopt a multi-faceted and coordinated approach. It is of paramount importance to monitor the evolution of methamphetamine production and trafficking in Afghanistan and the subsequent consequences for its neighbouring countries, particularly those in Central Asia.
- 2. There are a number of distinctive characteristics that define the traditional methamphetamine market.** South-East Asia and North America. Methamphetamine trafficking remains predominantly intra-regional, with a particular focus on the East and South-East Asian regions, as well as North America. These regions are also the principal source or transit countries for methamphetamine. The majority of methamphetamine manufactured in North America, particularly in Mexico, is destined for consumption in the subregion, primarily in the United States. Additionally, methamphetamine is exported to markets in East Asia, South-East Asia, Oceania, and to a lesser extent, Europe. In 2020, the South-East Asia region observed a considerable surge in methamphetamine seizures, with a 30% increase compared to the previous year. The greatest increases in absolute terms were observed in

Myanmar and Malaysia. According to seizure data, the observed rise in methamphetamine trafficking in the area does not appear to be a result of the global pandemic. It can be observed that traditional methamphetamine markets serve as a conduit for the expansion of emerging markets, such as those in Central Asia. It is imperative that we intensify our endeavours to implement drug policies that safeguard countries, including those in Central Asia, from the detrimental consequences of methamphetamine use.

3. **The emergence of methamphetamine markets.** Important levels of Captagon use and trafficking continue to characterize the use of stimulant substances in the Near and Middle East. Furthermore, recent years have seen an increase in methamphetamine use and trafficking in the region. In these regions, as in Central Asia, methamphetamine is emerging as a new phenomenon. The emergence of new markets, in addition to the continued existence of traditional markets, has resulted in the global spread of methamphetamine. In order to address the serious global public health problem that methamphetamine represents; it is imperative that international drug policy coordination be established. It is anticipated that all efforts in the field of methamphetamine prevention and treatment policies will lead to excellent results.
4. **Methamphetamine causes significant health harm and is a leading cause of overdose deaths.** Methamphetamine is a drug that causes severe craving, leading users to engage in compulsive use patterns that can last for two or three days without food or sleep. These compulsive behaviours can precipitate the onset of mental health problems. There will be a mental health crisis in addition to the methamphetamine crisis. Methamphetamine presents a significant challenge in the care setting, particularly in the absence of a suitable substitute drug to mitigate methamphetamine addiction, as is the case with methadone or buprenorphine for heroin addiction. Central Asia's healthcare resources, designed to address heroin addiction, are not yet prepared to respond effectively to methamphetamine addicts. The next few years will be pivotal for the implementation of treatment policies tailored to the specific needs of methamphetamine addicts. It is imperative to develop clinical protocols, allocate resources to meet the demands of methamphetamine users, generate knowledge on clinical approaches, and enhance care for individuals with severe addiction and severe mental health problems. The challenge, in clinical terms, is considerable.
5. **The concurrent use of benzodiazepines with other benzodiazepines is a common practice.** Individuals who abuse methamphetamine frequently utilize benzodiazepines as a means of regulating the overstimulation that is characteristic of the

stimulant. The combination of the two substances increases the risk of an overdose. Concurrently, regular benzodiazepine use can precipitate benzodiazepine dependence. The treatment of individuals with methamphetamine and benzodiazepine addiction is proving to be a highly complex undertaking. Central Asian countries will be confronted with the challenge of providing care for individuals with methamphetamine addiction, benzodiazepine addiction, and severe mental health problems.

The global spread of methamphetamine, the ease with which it is produced, and its stimulant capacity, which makes it attractive to some drug users, pose a threat to the countries of Central Asia, which are sandwiched between the two major commodities of Afghanistan and China. In formulating their drug policies and national addiction strategies, Central Asian countries should give priority to methamphetamine. All efforts to prevent and treat methamphetamine are efforts to preserve public health.

B. THE PARADIGM SHIFT IN DRUG USE. FROM ESCAPIST DRUG USE TO THE SOCIAL NORMALISATION OF DRUG USE.

In the forthcoming decade, Central Asian countries will be required to respond to changing patterns of drug use. Central Asia has witnessed a progressive shift from the escapist pattern to the normalised recreational pattern. It is inevitable that this substitution will never be complete, and that both patterns will always coexist. The coexistence of these two patterns will necessitate a profound revision of drug policies at both the epidemiological surveillance and prevention and treatment of addictions levels. The implementation of prevention and treatment policies represents a significant challenge for Central Asian countries. This necessity, which may be regarded as a threat, provides a compelling rationale for continued collaboration with Central Asian countries. Before examining the challenge of normalising drug use, it is first necessary to consider the characteristics of the normalisation process and how it has developed in Central Asia, with a particular focus on Kazakhstan, Kyrgyzstan and Uzbekistan.

The process of normalisation is a marker of change in the pattern of drug use, with recreational use progressively replacing escapist use. The process of normalisation has been a common occurrence in numerous countries and regions across the globe. The common denominator is that, following extensive political change, individuals who have been unable to integrate into the new society have been marginalised. Consequently, individuals resort to drug use, particularly heroin, in a compulsive manner, thereby

establishing addiction as a defining trait and marginalisation as the social space reserved for these individuals. The problematic use of heroin requires drug policies that focus on treatment and social integration. However, on too many occasions, this has led to an exaggerated police response to an intrinsic public health problem. Until very recently, this was the dominant pattern in Central Asian countries.

The dissolution of the Soviet Union facilitated the northern route for the trafficking of opiates from Afghanistan. The increased availability of heroin, coupled with socio-political changes in the five countries of the region, facilitated the emergence of heroin abuse, especially among young people with no direction in life. Consequently, the Central Asian republics have concentrated their efforts on addressing the needs of those addicted to opiates, particularly through the implementation of treatment-oriented programmes.

The process of normalisation represents a challenge to the prevailing hegemony of compulsive and addictive heroin use. Normalisation is a process that occurs subsequent to the convulsive situation that results from regime change, as it begins to stabilise. The process of normalisation can be considered an indicator of economic well-being, institutional strength and effective social policies within a country. Normalisation enables young people to complete their transition to adulthood without becoming marginalised and addictive. To a certain extent, the fact that a country's drug consumption swings from marginalisation to social normality is evidence of democratic and economic solvency because it manages to stop, in terms of public health, the burden of terrible opiate addictions without having to apply policies that violate human rights. This phenomenon is becoming increasingly evident in Central Asian countries.

The process of normalisation of drug use is characterised by the following factors:

1. **The context of drug use.** The compulsive drug user engages in consumption in any context and at any time. The addiction forces the individual to prioritize drug use throughout their life. Initially, this involves obtaining the substance, then experiencing the effects of the drugs, and finally, initiating a new cycle to minimize the consequences of withdrawal. This often results in a narrow window of time available for activities unrelated to drug use. Consequently, it is impossible to maintain a life with obligations such as work or family. The only social space in which to survive is marginalisation. Conversely, the process of normalisation enables the drug user to maintain their drug use within a specific “chronotope”. This is evident in leisure time and in party contexts. Consequently, it is referred to as a recreational pattern, as drug use is only observed during socialising and partying. In some

Central Asian countries, the expansion of nightlife venues and socialising spaces for young people is a contributing factor to the rise in recreational drug use.

2. **The separation of drug use from marginality.** The inscription of drug use in certain historical periods and social contexts makes the emergence of addiction more challenging to identify. Drug use becomes one more aspect of users' lives, but it is not the most important one. Consequently, recreational users remain socially normal, fulfilling their academic or professional obligations, maintaining good relations with their families, and not representing a burden to society. However, at certain points during the social gathering, and not in all instances, they engage in the use of specific drugs with the intention of intensifying socialisation and emotions.
3. **The concept of leisure time, group interaction and socialisation.** While the compulsive pattern of drug use is solitary or occurs in small groups of addicts, it is aimed at mitigating the discomfort caused by the withdrawal syndrome. In contrast, recreational drug use is oriented towards socialising and socialising. Those who engage in recreational drug use do so with the intention of enhancing social interaction at social gatherings, both with their acquaintances and with individuals they have not previously encountered. The consumption of drugs for recreational purposes serves to relieve the stress and pressures of daily life and to experience intense emotions with friends. The fundamental feature of recreational patterns is the purpose of being with friends and socialising. The use of drugs by an individual in isolation is indicative of the emergence of a problematic pattern. It is also important to note that recreational use can occur in private spaces, provided that friends are present. Young Central Asians have been socialised in a nascent consumer society, have been heavily influenced by Western role models on television and social media, and aspire to live a 'modern' lifestyle in line with their pop icons from Western countries. These young people have already grown up with the Soviet Union as a vestige of the past, a phenomenon that is far removed from their reality, which they only know from their parents' memories. This change of mindset results in a desire to socialise and have a good time, which in turn leads to the use of drugs as a means of achieving these goals.
4. **The accessibility and diversity of substances are of significant interest.** The process of normalisation is characterised by the appearance of a greater diversity of drugs, with stimulants and hallucinogens being the most notable examples. While opiates were the dominant substance during the era of compulsive use, the process of normalisation has involved the emergence of new drugs. In the case of Central Asian countries, a variety of NPS have emerged, with cathinones and methamphetamines being particularly prevalent. Telegram channels and social

networks have emerged as key mechanisms for the dissemination, sale, and purchase of psychoactive substances. The advent of these new communication channels has made these drugs more accessible. Furthermore, young people in Central Asia, in the context of an increasingly consumerist society, tend to prefer stimulant-type drugs in order to enhance wakefulness and socialisation.

The normalisation of drug use represents a significant challenge for Central Asian countries, with the following reasons being of particular importance:

1. **Treatment programmes are designed to address the needs of individuals with opiate addiction.** In the coming years, Central Asian countries will be confronted with the demand for treatment from individuals who have developed an addiction as a result of recreational drug use. The treatment needs of these individuals are significantly distinct from those addicted to opiates. It is imperative to implement treatment policies that are tailored to the new demands.
2. **The prevention of recreational drug use necessitates an approach that is both people-centred and evidence-based.** The enhancement of prevention policies represents a significant challenge for Central Asian countries. This chapter will provide further elaboration on the necessity of implementing evidence-based prevention policies.
3. **Those who engage in recreational drug use, who do not suffer from addiction, represent a potential human resource for countries.** In addressing this population, it is essential to adopt a public health approach. The criminalisation and penalisation of drug use, which involves penalties, represents a significant loss for the country. The incarceration of individuals for the possession of small quantities of drugs does not contribute to the resolution of the problem, but rather serves to erode the country's socio-economic capacity.

C. GLOBAL GEOPOLITICS WITH REGIONAL CONSEQUENCES

The current geopolitical landscape is characterised by heightened tensions. The war in Ukraine, which commenced in February 2022, and the open war in the Gaza Strip, which began in October 2023, have contributed to an increasingly uncertain global scenario, compounded by perennial diplomatic conflicts in various regions of the world. Even the most fantastical voices are not reticent in asserting that global peace is under threat and that we are on the verge of a third world war. It is not our intention to exacerbate the situation, but it is imperative to highlight the potential consequences of the current geopolitical landscape for the Central Asian region. In general terms, global instability,

especially in the context of the war in Ukraine, has the following consequences for the Central Asian region:

- 1. Economic impact.** Geopolitical instability has an impact on the economy. In the aftermath of the conflict in Ukraine, there has been a notable increase in the prices of energy and basic commodities. Consequently, inflation reached unprecedented levels. It appears that inflation is now under control in the region. Nevertheless, the fact that a portion of the economies of Central Asian countries is dependent on foreign economies and on the large global market represents a persistent threat to the Central Asian economies. The global economy means that events in distant countries have clear and tangible consequences for local economies.
- 2. The study of social perception and collective mood.** The ongoing diplomatic tensions between world powers, the ongoing conflicts in Ukraine and Gaza, and the complex geopolitical landscape have contributed to a climate of uncertainty among the general population. Uncertainty is a catalyst for unrest, emotional distress, and ultimately, anomie. Uncertainty is a significant impediment to the well-being of nations. A fear-based and pessimistic outlook on life can result in the formation of individualistic and weak societies. It is challenging to quantify these aspects, yet they exert a significant influence not only on economic stability but also on the overall quality of life. In the context of prevailing pessimism, some individuals may turn to drugs as a means of self-care, in order to mitigate their existential distress. In the case of Central Asia, a survey conducted by the Central Asia Barometer (2022) revealed that the majority of respondents in countries such as Kazakhstan and Kyrgyzstan perceived the situation in Ukraine as detrimental to their countries, with percentages of 58% and 70%, respectively.
- 3. The phenomenon of migration.** The occurrence of geopolitical instability is known to give rise to both internal and international migration. The situation in Afghanistan could give rise to an unprecedented migration crisis in the event that opium production does not recover, given that the economic crisis would be such that millions of people would be forced to migrate. The war in Ukraine has resulted in a significant number of young Russians fleeing their homeland, in anticipation of the imminent mobilisation of their age group by the Moscow government. In Central Asia, particularly in Kazakhstan, hundreds of thousands of young Russians have sought refuge in order to avoid being mobilised for the war in Ukraine.
- 4. The subject of drug policies is one that requires further investigation.** The influx of thousands of young Russians into the Central Asian region, primarily in Kazakhstan, has had a significant impact on drug use. These young people, the

majority of whom are highly skilled and possess virtual jobs that can be performed from any location with internet access, have accelerated the process of drug use becoming normalized. A considerable proportion of these young Russians engage in recreational drug use. The influx of thousands of young people has led to an increase in the demand for recreational drugs, particularly NPS. Consequently, the supply of these substances has also increased. These young people contribute to the normalisation of drug use in a number of ways. Firstly, they frequent party spaces, where they consume drugs. Secondly, they combine their obligations with drug use. Thirdly, they dominate virtual spaces to buy drugs. Finally, they avoid problematic patterns of heroin use. The accentuation of normalisation represents a challenge for Central Asian countries, which must adapt their policies to this consumer profile. The most effective strategy is that of harm reduction and evidence-based prevention policies. In this context, the challenge of normalisation presents an opportunity for Central Asian countries to collaborate in addressing the needs of the recreational drug pattern.

D. THE SOCIO-POLITICAL SITUATION AND THE OPIUM BAN IN AFGHANISTAN

The socio-political situation in Afghanistan has a significant impact on the stability of the Central Asian region. Afghanistan has been the primary global producer of opium since the late 1980s, with 80% of the global supply in 2022 originating from the country. It is noteworthy that in recent decades, opium poppy cultivation and the opium business have accounted for 15% of Afghanistan's GDP. In recent years, Afghanistan has emerged as a significant producer of methamphetamine. The Afghan reality presents a significant threat to the Central Asian region, in the first instance, and to the European Union in general. The current opium ban in Afghanistan introduces a number of uncertainties for Central Asian countries.

On 22 April 2022, the Taliban regime enacted a ban on poppy cultivation. From the perspective of drug control policy, the ban has prompted concerns that the cessation of opium production may ultimately result in the disappearance of heroin in Central Asia. The substitution hypothesis posits that Afghan-origin heroin will be supplanted by synthetic opioids such as fentanyl. On 5 November 2023, the UNODC office in Afghanistan released its annual report, the "Afghanistan Opium Survey 2023," which confirmed a 95% reduction in opium poppy cultivation hectares during the 2022-2023 harvest period.

The UNODC has maintained records of opium poppy production in Afghanistan since 1994. There have never been two consecutive years in which the production fell

below 2,000 tons. During the first Taliban regime in 2000, the cultivation of opium poppy was prohibited, resulting in a harvest of only 185 tons in 2001. The Northern Route, which supplies Central Asia, was affected, yet the traffic continued uninterrupted. The cessation of opium production in Afghanistan does not necessarily have immediate consequences for the Central Asian markets. For the time being, Central Asian countries, especially Tajikistan, have not exhibited any indications of a decline in heroin trafficking.

At this time, it is not possible to make an accurate assessment of the opium and heroin stocks in Afghanistan. The quantity of opium produced from the 2017 to 2022 harvests was 39,200 tonnes. Seizures serve as a proxy indicator of available stocks. The data indicates a downward trend in heroin seizures in Afghanistan and neighbouring countries, while opium seizures have shown an upward trend. Furthermore, it has been posited by intelligence sources in Afghanistan that opium stocks could meet the demand of the heroin market for several years to come. It is of significant importance to note that even in the event of the next harvests being as unsuccessful as 2023, Central Asia would have Afghan heroin available for a minimum of two years and could be as long as four years.

It appears that Afghanistan has resumed opium production during the 2024 harvest. The factors that will lead to Afghanistan resuming opium poppy cultivation are as follows:

1. **The economic crisis and the humanitarian drama have led to the resumption of opium poppy cultivation in Afghanistan.** Opium represents Afghanistan's principal economic activity and its primary export. The opium economy has historically accounted for a significant proportion of Afghanistan's GDP, with estimates ranging from 9 to 15%. The cultivation of opium poppy generates millions of jobs and results in a significant proportion of the Afghan population becoming economically dependent. The mean annual income of a working individual decreased from \$9,542 in 2020 to \$7,391 in 2021. In 2021, 30% of the population was undernourished, rising to 38.2% for children under five. A total of 28.4% of the population was severely food insecure. In the context of this humanitarian crisis, the opium ban has the effect of exacerbating poverty, thereby further undermining the economy of a famine-stricken country. In the autumn of 2023, Afghan farmers were faced with a critical decision: to either abide by the Taliban ban on opium cultivation and continue to struggle in the wilderness, or to defy the ban and feed their families.
2. **The high price of opium.** The price of opium provides a significant incentive for those who wish to defy the Taliban ban. Following the 2020 harvest, which occurred during the global pandemic caused by the novel coronavirus, the cost of

opium reached historic lows. The mean price in Afghanistan was \$42 per kilogram of dry opium. In 2021, the price reached \$63 per kilo. By 2022, the price had already reached \$219. In June 2023, the average price per kilo of dry opium in Afghanistan was \$408. In August, the price per kilogram in southern Afghanistan reached approximately 580 dollars. If the price per kilo of opium at the end of June 2024 is \$1,000, one hectare of opium would yield \$24,500, which is more than three times the average annual salary of a working person in Afghanistan.

3. **The multi-ethnic dimension.** The ethnic dimension is another factor that must be considered in order to understand why the Taliban ban is unlikely to be effective throughout the country. Ethnic differences give rise to divergent worldviews of social reality in general and of the opium ban in particular. Each ethnic group has its own particular interests in opium cultivation, with some groups demonstrating a strong economic dependence on this activity. It is unlikely that the Taliban ban will result in a fundamental change to the traditional ways of doing things and the livelihoods of the people. If the ban was effective in 2023, it is more likely to be attributed to the interests of ethnic and regional leaders in selling opium at a premium than to the prohibitionist will of the Taliban.
4. **The nexus of corruption and power-sharing represents a significant challenge in Afghanistan.** According to Transparency International's Corruption Perception Index, Afghanistan is ranked 162nd out of 180 countries in terms of perceived levels of corruption. In 2023, there was a notable increase in corruption, resulting in a four-place drop in the country's ranking. The distribution of power in Afghanistan is shaped by a complex interplay of factors, including its multi-ethnic and multi-cultural composition, the clan system, and the existence of distinct social statuses. Those in positions of authority in the various territories, regardless of their alignment with the Taliban regime, have the capacity to permit, or at least tolerate, the cultivation of opium poppy. Some of the leaders, who themselves suffer from poverty, are willing to overlook lax law enforcement in exchange for bribes or other benefits. It can be reasonably assumed that opium cultivation will continue, given the profitability it offers to all involved. The Taliban exercise de jure control over the entire geographical extent of Afghanistan. However, the implementation of Taliban laws is subject to the influence of tribal leaders and local factions in the different provinces, which results in a degree of de facto control being exercised by these actors. Consequently, the distribution of power at the local level varies considerably between different ethnic groups and regions. It is likely that many local Taliban leaders and authorities will not hesitate to tolerate poppy cultivation in order to improve the economy, reduce malnutrition and, perhaps, earn some

additional income as a result of this "tolerance". In light of the aforementioned circumstances, the prohibition on poppy cultivation will become increasingly untenable in many regions.

5. **Internal divisions within the Taliban.** The Taliban regime is an inherently Pashtun movement, although in recent times militants from Sunni ethnic groups in the north of the country (Tajiks, Uzbeks and Turkmen) have joined the Taliban. The incompatibility of the opium ban with the economic interests of different factions of the Taliban and the inherent instability of the Taliban regime render the ban unsustainable in the short term.
6. **A penalty regime has been established for those who disobey the ban.** The price of opium is a significant incentive for farmers, yet defying the Taliban carries a significant cost. It appears that the Taliban's legal penalty system is an ineffective deterrent for a population facing severe economic hardship. In households with an average of eleven members, facing severe food insecurity, it is plausible that some individuals, particularly given the cost of a kilo of opium, which is approximately one thousand dollars, may be motivated to engage in opium poppy cultivation to ensure the survival of their families. In light of this stark and inhumane situation, it is plausible that many individuals may be willing to risk a year in jail. It seems probable that, even if the penalty regime is lax, farmers will not face prison sentences. However, it is more likely that they will resort to bribery in order to grow opium poppy.

The country of Afghanistan, with a total area of 652,860 square kilometres, encompasses a vast expanse of land, with more than half of its surface area situated at an altitude of over two thousand metres above sea level. Its human geography is characterised by remarkable diversity, encompassing remote valleys and inaccessible areas. The country's economic situation is so dire that it is on the brink of a humanitarian catastrophe. Additionally, there is a stark division of power, which further complicates the challenges faced by Afghanistan. Despite these daunting circumstances, the country is unable to abandon a lucrative enterprise as lucrative as opium production. This evidence suggests that the Taliban's prohibition is faltering and will decline in several, if not all, provinces of the country. It is inevitable that opium poppy cultivation will resume. Ultimately, it is likely that Afghanistan will resume poppy cultivation, heroin synthesis and heroin flows to Central Asia will continue. It will be interesting to observe the evolution of this scenario and its impact on Central Asian countries.

E. HARM REDUCTION POLICIES. POLICIES THAT SAVE LIVES.

The implementation of harm reduction policies has been demonstrated to be an effective means of reducing the negative impact of drugs on society. Harm reduction represents a pivotal aspect of contemporary drug policy. Central Asian countries have been able to observe the advantages of harm reduction policies. Consequently, harm reduction policies are becoming increasingly prevalent in the Central Asian region. Harm reduction is of paramount importance in the field of drug policy for four principal reasons. Let us now examine these arguments in greater detail.

1. **A robust commitment to human rights.** Harm reduction is the implementation of policies, programmes and strategies with the objective of reducing the negative health, social and economic consequences of both legal and illegal drug use. This approach is founded upon public health and respect for human rights, and it is cognizant of the intricacies associated with the utilization of these substances. Its objective is to diminish the related harms. Central Asian countries have demonstrated a commitment to improving the quality of life and implementing drug policies that respect human rights. Furthermore, harm reduction represents an appropriate strategy for them to explore more intensively, especially in response to recreational use resulting from the normalisation process. In essence, rights-based harm reduction is a strategy that facilitates the construction of a society in which all individuals are able to enjoy their right to social dignity and equal access to health services.
2. **A fundamental element of public health strategies.** In numerous countries, harm reduction has become a fundamental element of public health strategies. This is exemplified by the implementation of preventive techniques and programmes, including supervised consumption rooms, methadone maintenance treatment and syringe exchange programmes. These initiatives prioritise the safety and well-being of individuals who use drugs. Such responses remain in their infancy in Central Asia. The implementation of these strategies will enhance social cohesion and mitigate the adverse impacts of drugs in Central Asian societies, particularly in the context of infectious diseases.
3. **The protection of individuals who engage in drug use, particularly those who are marginalised and/or hidden from view.** The concept of harm reduction encompasses a range of social support interventions for individuals engaged in drug use, with the objective of mitigating the social and psychological effects of

marginalisation and stigmatisation. Harm reduction represents a preliminary stage in the process of treatment and social intervention. Empirical evidence indicates that accessing a harm reduction resource represents the initial step in the process of quitting addiction. In the steps taken by some Central Asian countries to protect people who use drugs, harm reduction has proven to be of paramount importance.

4. **Prevention of HIV infection and viral hepatitis.** Central Asian countries have for years shown high and sometimes worryingly high prevalences of HIV and viral hepatitis infections. Harm reduction is a valuable approach to prevent the spread of diseases such as HIV and hepatitis C. It therefore helps to reduce both HIV and viral hepatitis. As a result, it helps to reduce both the deaths associated with these diseases and the stigma and suffering of those infected and their families. Harm reduction in general, and needle exchange in particular, is of great value to the Central Asian region in controlling the HIV epidemic. It also contributes to the WHO goal of eliminating viral hepatitis by 2030.
5. **Addressing health needs in prisons.** The harm reduction approach allows for appropriate and tailored responses to the needs of incarcerated people with drug addiction. Some countries in Central Asia have made considerable efforts to improve health care in prisons. This has involved the implementation of harm reduction services in some prisons. The consolidation of these programmes, as well as their generalisation to all Central Asian prisons, will improve public health, addiction care and provide policies based on human rights. The implementation of harm reduction programmes can reduce the prison population, as well as the high costs associated with police and prison efforts.
6. **A differentiated approach to drug use patterns is required.** Central Asian countries are witnessing a shift from drug use as a means of escapism to a more normalized pattern of use. This reality compels Central Asian countries to devise harm reduction policies that are tailored to specific groups. Harm reduction strategies targeting compulsive opiate users should focus on mitigating marginalisation, needle exchange to reduce HIV and viral hepatitis infections, and social and health responses to reduce the negative impact of addiction. Conversely, those with a recreational profile require strategies that focus on health protection, the avoidance of addiction, and the avoidance of the harms associated with drugs. Consequently, they necessitate the implementation of programmes that, in certain EU countries, have been designated as risk reduction programmes. In any case, offering recreational users harm reduction strategies designed for heroin users will be ineffective. In light of the rise of the recreational pattern in Central Asian countries, it is

recommended that harm reduction policies be implemented with a specific focus on the user population.

7. **The misuse of pharmaceutical drugs.** In recent years, epidemiological surveillance in some Central Asian countries has identified an increase in the use of drugs for recreational purposes, or at least in ways that are not directly linked to their original medical use. This reality raises uncertainties that require further attention at the drug policy level. A more profound comprehension of the phenomenon of drug misuse represents a challenge for the subsequent stages of this process.

F. EVIDENCE-BASED PREVENTION

The prevention of addiction must be based on scientific evidence. In the absence of such evidence, the expenditure of public resources represents a waste and the implementation of prevention strategies may result in iatrogenic effects, or adverse effects on the population receiving the prevention. In recent years, a substantial body of evidence has been accumulated on the effectiveness of prevention strategies and the lack thereof. Prevention actions must be worthy of the name and must produce purely preventive effects. Central Asian countries, like all other countries in the world, have considerable scope for improvement in their prevention policies. Good practice in prevention must move away from actions that have been demonstrated to be ineffective by the science of prevention. To highlight:

1. **Media campaigns focused on the most perverse effects of drugs.** The use of mass communication strategies for the purpose of prevention, which employ highly emotive messages, has been demonstrated to be ineffective. Moreover, they have the potential to cause adverse effects. Those who use drugs perceive the messages as implausible and out of touch with their actual drug use experiences. Consequently, they are devoid of any efficacy in motivating change among drug users. Furthermore, by presenting an implausible reality, they permit users to trivialise the risks associated with drug use.
2. **The implementation of occasional talks in educational institutions is a potential avenue for consideration.** The provision of information about drugs to schoolchildren, particularly if it focuses on the negative consequences of drugs, lacks any preventive value. Information in isolation is an ineffective means of encouraging behavioural change in young people and adolescents.
3. **Prevention by non-specialists.** Prevention is a science that must be carried out by individuals who possess the requisite qualifications. It is imperative that the

intentions of untrained police, health professionals, or community agents are not misguided.

- 4. The objective is to prevent the stigmatisation and criminalisation of individuals.** It can be argued that the implementation of preventative measures that result in the stigmatisation and criminalisation of drug users is, in fact, counterproductive. In accordance with the principles of human rights and respect for individuals, prevention must be based on a foundation of evidence-based policies. The stigmatisation of drug users is not an effective strategy for encouraging them to alter their relationship with drugs and to cease their use.

The global trend, including in Central Asian countries, is to implement evidence-based drug policies, which are defined as quality prevention that is both preventive and effective. The implementation of quality prevention can be summarised as follows:

- 1. It is essential to gain a comprehensive understanding of the existing literature on quality prevention and to apply the insights gained from these studies.** A notable corpus of literature exists on the subject of quality prevention. This paper will highlight four publications that are particularly relevant for Central Asian countries. 1) The European Drug Prevention Quality Standards (EDPQS) published by the EMCDDA. 2) The International Standards on Drug Use Prevention, jointly published by the UNODC and WHO. 3) The European Prevention Curriculum (EUPC) of the EMCDDA. 4) For Central Asian countries, the "Handbook on drug policy development for countries in the Central Asian Region," conducted within the framework of the CADAP 7 program, is of interest.
- 2. It would be prudent to adapt programmes that have already demonstrated their efficacy in preventing the occurrence of the condition in question.** In the field of prevention, there is a tendency to continuously develop new programmes. The scientific literature provides us with prevention programmes that have proven to be effective and are ready for use after appropriate socio-cultural and linguistic adaptation. Central Asian countries may adapt prevention programmes that have proven effective in other countries, such as "The Adventure of Life" or "Unplugged". Adapting programmes represents an effective strategy for the delivery of quality prevention and the reduction of unnecessary costs.
- 3. It is recommended that structured, stable, multi-component programmes be implemented.** A potentially effective prevention programme should be of a long duration, typically around ten sessions in the school context or once or twice a week in the case of community-based prevention. It is recommended that

programmes be structured and well designed. Furthermore, the incorporation of a greater number of components is associated with more favourable outcomes. For instance, school-based prevention programmes are more efficacious when families and the community are also engaged.

- 4. The sole strategy for certifying the effectiveness of programmes is evaluation.** Information-based prevention programmes systematically exclude evaluation. The reasons for this vary, although it is logical to omit evaluation if the existing literature provides evidence that they are ineffective. The quality of prevention programmes is inherently contingent upon the evaluation of a number of factors, including the needs of the target population, the design of the programme, the process of implementation, the outcomes achieved, and the impact of the programme on the wider community. It is imperative that evaluation strategies be incorporated into drug policies aimed at addiction prevention.

2. BACKGROUND AND STARTING POINT

This and the following chapters are a derivative product of the four other products produced by Episteme in the course of the technical assistance provided to CADAP under Drug Policy Outcome 1.

The drug phenomenon emerges as a persistent concern that has affected the international community for decades, manifesting a detrimental impact on people's health and well-being, as well as on the security and stability of societies. Drug trafficking represents a major global challenge, with significant implications for the world economy and politics. On the other hand, year after year, different countries in the region are making greater efforts to understand the best strategies to reduce the harms associated with drug use to ensure the health and wellbeing of the population.

In Central Asia, the drug problem has been of particular concern because of its strategic location on the international drug trafficking route. The region is a major transit point for drugs produced in Afghanistan, which are then directed towards Europe and other parts of the world. This location has made the countries in the region particularly vulnerable to problems stemming from the drug phenomenon, as they are affected by drug trafficking and the growing demand for drugs in the region. Additionally, in recent years, Central Asia has experienced the emergence and proliferation of New Psychoactive Substances (hereafter NPS) through new sales channels that allow them to market and distribute these substances more covertly, making them harder for government authorities to detect. In addition, the Russian-initiated war in Ukraine has contributed significantly to the displacement of a significant number of the Russian population to the region, mainly young people with relative financial capacity, which also adds up to a factor of change in the country.

The Central Asia Drug Action Programme (hereafter CADAP 7) is an EU initiative that has been implemented in the region since 2003. CADAP 7 aims to strengthen the capacity of Central Asian countries to address the drug problem by improving regional cooperation, strengthening national policies and practices, and promoting a balanced and evidence-based response to the drug problem. In this regard, the holding of the various National Drug Policy Dialogue meetings, under the framework of CADAP 7 Out-come 1, is a sign of the commitment of the Central Asian countries and the EU to work together in the fight against drugs in the region.

It is important to note that the final recommendations presented in this report are of an interim nature, as it is necessary to move towards the next steps of Outcome 1 and to compare drug policies in Central Asian countries with actions carried out in different EU Member States. The aim is to identify possible sources of inspiration and to promote

CADAP 7. REGIONAL DRUG POLICY REPORT

collaboration for the benefit of all parties involved. However, these aspects will be addressed in subsequent reports, in the fourth and fifth phases.

Episteme Social is responsible for the provision of technical assistance for the design and development of training sessions and the technical implementation of Drug Policy Dialogue meetings at national and regional level in Central Asia. This service is financed by the EU and is part of the implementation of the seventh phase of the Central Asia Drug Action Programme (CADAP 7), a European Union Delegated Cooperation Programme managed by International and Ibero-American Foundation for Public Administration and Public Policy (hereinafter FIIAPP).

With the implementation of CADAP 7, and through technical support to the competent public administrations of the recipient countries, the aim is to have an impact on the reduction of risks and harm associated with drug use, promoting the integration of evidence-based drug policies, the monitoring and systematization of data related to drug policies, the improvement of actions in the areas of prevention and treatment, and the promotion of inter-institutional coordination among the countries of Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).

The aim is therefore to have the capacity to contribute to the streamlining and strengthening of drug policies, based on scientific evidence, in order to provide guidelines and technical proposals for their subsequent implementation, thus contributing to the achievement of the goals proposed by the five Central Asian States. Thus, coordination with the beneficiary countries is crucial to carry out all the activities presented in the document.

In this regard, consideration should also be given to the European Union Drug Strategy 2021-2025, which aims to address the drug problem in Europe in a comprehensive and coordinated manner, in order to protect the health and well-being of EU citizens, reduce drug use and the demand for illicit drugs, and reduce the risks and harms associated with drug use. The strategy is based on four pillars: prevention, treatment and harm reduction, combating illicit drug trafficking and international cooperation. In addition, the technical assistance process to be carried out by Episteme under the CADAP 7 Programme will take into account the relative information published by the European Monitoring Drugs Control Agency (EMCDDA), which is responsible for providing policy makers and the general public with objective, reliable and comparable information on drugs and their impact on society.

This seventh phase of the Programme is also characterized by the specific treatment of certain realities that are currently being experienced in these territories. Some of these realities concern issues such as, for example, the increase in the use of what are known as "new psychoactive substances" (NPS), the spread of HIV, the health of

BACKGROUND AND STARTING POINT

migrants, alternatives to treatment with prison populations and the effects that the COVID-19 pandemic has left on the drug market and consumption patterns in Central Asian countries.

Beyond that, the current situation in Afghanistan and Ukraine must be contemplated, as it is currently very complex and may have significant consequences in terms of drug policies and ties with Central Asia and Russia. In Afghanistan, the recent return of the Taliban to power and uncertainty over how they will govern the country pose significant challenges in the fight against drug trafficking, as Afghanistan is the world's leading producer of opium and illicit drug production is intrinsically linked to the country's economy. In addition, instability in Afghanistan may have consequences for the Central Asian region and Russia, as it may intensify the flow of drugs through these areas - along the so-called "Northern Route". In Ukraine, on the other hand, the political situation and tensions with Russia may also affect policies in the region, and specifically drug policies. Ukraine is an important transit point for drug trafficking between Central Asia and Europe, and political instability may further exacerbate this situation.

Thus, the present document consists of the project's Initial Report, whose objective is to present the planning, organization and estimation of the activities in which the existing information is systematized. The report is accompanied by a schedule of activities.

3. METHODOLOGY FOR A BETTER UNDERSTANDING OF DRUG POLICIES IN CENTRAL ASIA

METHODOLOGY. SYSTEMATISATION REPORT OF THE NATIONAL DIALOGUES IN THE CENTRAL ASIA

The Systematisation Report of the National Dialogues in the Central Asia region has been carried out through a rigorous methodology that included several important steps. In the first deliverable of Outcome 1, the preliminary steps necessary to produce this report were set out. The various stages that have shaped the process of producing this Systematisation Report are detailed below:

- **Regular meetings with the national CADAP 7 teams.** Regular meetings have been held with the objective of fostering effective communication, coordination and information exchange. This has ensured effective collaboration in the development and planning of Phase 2 of Outcome 1.
- **Participation in the National Dialogues in the five Central Asian countries.** The Episteme Social team has attended and actively participated in the National Dialogues that have taken place in the five Central Asian countries under Phase 2 of Outcome 1 of the CADAP 7 Programme. This has allowed contributing with European perspectives and knowledge on drug-related issues.
- **Comprehensive review of documentation and literature related to the drug phenomenon in Central Asia.** A thorough analysis of the available documentation and literature on the drug phenomenon in Central Asia has been carried out. This process has allowed the Episteme Social team to obtain a complete and updated view of the context and the associated problems of this phenomenon in the region. The Systematisation Report is based on precise and detailed bibliographical references, which are presented at the foot of the page, thus supporting the information consulted.
- **Conducting interviews to obtain detailed information on the drug field in Central Asia.** Semi-structured interviews have been conducted with different representatives of various institutions, both governmental and civil society, related to the drug field in Central Asia. These interviews have provided detailed information and direct insights into the drug phenomenon in the region.
- **Administration of needs assessment questionnaires to understand drug-related challenges in Central Asian countries.** Needs assessment questionnaires

have been designed and administered for Central Asian countries participating in the CADAP 7 Programme. The results of the questionnaires have led to a better understanding of the specific drug-related challenges in the region.

- **Participation of the Episteme Social team in the II Programme Steering Committee.** The Episteme Social team attended and actively participated in the II Programme Steering Committee, where a presentation was made on the activities carried out in the second phase of Outcome 1 on drug policies.
- **Analysis of the data collected to identify challenges and positive aspects of drug policies.** Analysis of the collected interview and questionnaire data has been carried out in order to identify both challenges and positive aspects of drug policies in the countries of the Central Asian region.
- **Drawing conclusions and preliminary reflections as a result of the analysis carried out.** Conclusions and reflections have been drawn as preliminary recommendations regarding drug policies in the Central Asian region, based on the comprehensive analysis of the data and information collected

Objectives of the national and regional Systematisations Reports

National Dialogues, under Outcome 1 of the CADAP 7 Programme, play an essential role in the Central Asian region to effectively address drug-related challenges. These dialogues serve as a space for different stakeholders to meet and collaborate, fostering the exchange of knowledge and experiences. **The following are the specific objectives achieved by holding these events:**

- **Create a space for exchange of knowledge and experience** to discuss needs and priorities related to the drug phenomenon in the region.
- To encourage the participation of all stakeholders in the development of effective and evidence-based public policies to address current challenges and opportunities in the Central Asian region.
- To identify and analyse current challenges and opportunities in the field of drug policy in the Central Asian region.
- Generate consensus and commitment to a comprehensive and sustainable approach to addressing drug-related challenges in the region.
- To identify existing drug policies and programmes in the Central Asian region.
- To provide a platform for international cooperation and exchange of good practices on drug policies in the Central Asian region.

METHODOLOGY FOR A BETTER UNDERSTANDING OF DRUG POLICY IN CENTRAL ASIA

In this regard, the Central Asia National Dialogues Systematisation Report aims to provide a comprehensive and detailed overview of the challenges and concerns raised during the National Dialogues in the five Central Asian countries. To achieve this, a comprehensive review of the available literature in each country and various research and analytical activities have been carried out. **Specific objectives of the Systematisation Report include the following:**

- Assess the current state of drug policy in each Central Asian country.
- **Identify challenges and opportunities** in implementing effective drug policies in the region.
- Analyse the different perspectives and approaches presented during the National Dialogues.
- To understand the specific drug policy needs of each country.
- **To offer reflections as preliminary recommendations** for improving drug policies in each of the countries and in the region.

METHODOLOGY FOR THE ELABORATION OF BEST PRACTICES AND PUBLIC POLICIES IN THE DRUG FIELD

Development of a methodology for the elaboration of public policies in the drug field

This issue is anchored in various theories that seek to understand and address the challenges associated with psychoactive substance use and trafficking. **From a public policy perspective, this process involves a thorough analysis of the stages of the policy cycle, from problem identification to the evaluation of the outcomes and impacts of implementation.**

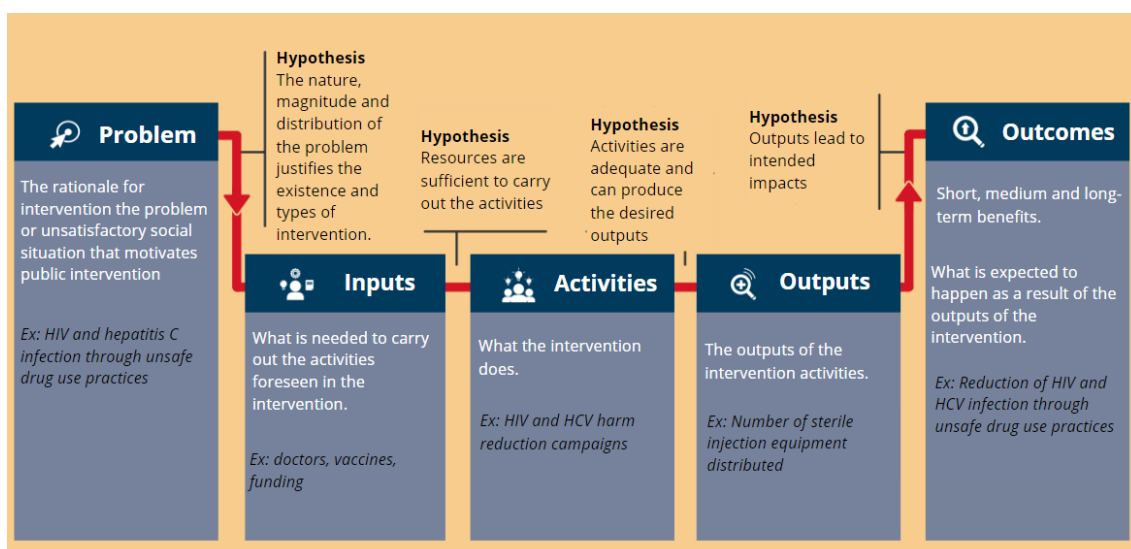


Figure 1. Components of the Theory of Change and the main typologies of hypotheses it contains. Source: Adapted from Ivàlua (2020a).

Theories such as *agenda-setting*¹ and the *theory of change*² are important in determining which issues are priorities and how policies are translated into concrete actions. In addition, the integration of scientific evidence, expert perspectives and the voice of communities are key elements in building a methodology that is responsive to the complexities of the drug phenomenon, thus enabling the formulation of informed and results-oriented public policies.

Responses to drug-related problems "are any action or intervention that is undertaken to address the negative consequences of the illicit drug phenomenon" (EMCDDA, 2021a). Strategies to address drug-related problems focus on actions or measures aimed at counteracting the harmful effects associated with the use of psychoactive substances.

¹ "The agenda-setting process is an ongoing competition between issue proponents to attract the attention of media professionals, the public and political elites" (Dearing and Rogers, 1996).

² "The Theory of Change (ToC) is a tool that helps us to reflect on the design and expected functioning of a public policy. The ToC describes the chain of hypotheses that explains how the intervention works and how it manages to solve or mitigate the social problem that motivates its existence" (Ivàlua, 2020a).

"The most appropriate responses will depend on the nature of the specific drug-related problems, the contexts in which they occur and the types of intervention that are possible and socially acceptable" (EMCDDA, 2021a).

From a policy perspective, it is important to consider the **network of actors** involved in the policy formulation and implementation process to understand how various sectors, such as government, civil society and the private sector, interact in this context. Accurately identifying the key actors and understanding their incentives and constraints are essential for designing interventions that can be effective and sustainable over time.

In addition, a **social justice approach plays** an important role in ensuring that the resulting policies are not only effective, but also equitable and respectful of human rights, comprehensively addressing the socio-economic and cultural disparities that are often associated with the drug phenomenon.

In this process, **continuous evaluation and adaptive feedback** are key elements to adjust and refine policies in response to dynamically evolving drug-related challenges and their consequences on society.

Three phases for developing responses to drug-related problems

"Drug use and drug problems are an intricate and multifaceted phenomenon that undergoes transformations over time" (EMCDDA, 2021a).

The **adaptability of responses and policies to address these challenges** is significant, as the drug phenomenon continues to evolve in parallel with changes in society and the global environment. Figure 2 shows that, according to the EMCDDA (2021a), the process of responding to drug-related problems can be divided into three main phases.

PHASE 1. PROBLEM IDENTIFICATION

- Initially, the aim is to identify the specific drug-related problems that require attention. This step involves a detailed analysis to understand the nature and magnitude of the challenges associated with the drug phenomenon.

PHASE 2. SELECTION OF RESPONSES AND INTERVENTIONS

- This process involves the careful evaluation of various options for addressing the problems identified, taking into account effectiveness and appropriateness to the specific circumstances.

PHASE 3. IMPLEMENTATION AND SUBSEQUENT EVALUATION

- Finally, it is important to establish monitoring systems to evaluate the impact of the measures implemented. Continuous evaluation makes it possible to make adjustments as necessary, thus ensuring sustained effectiveness over time.

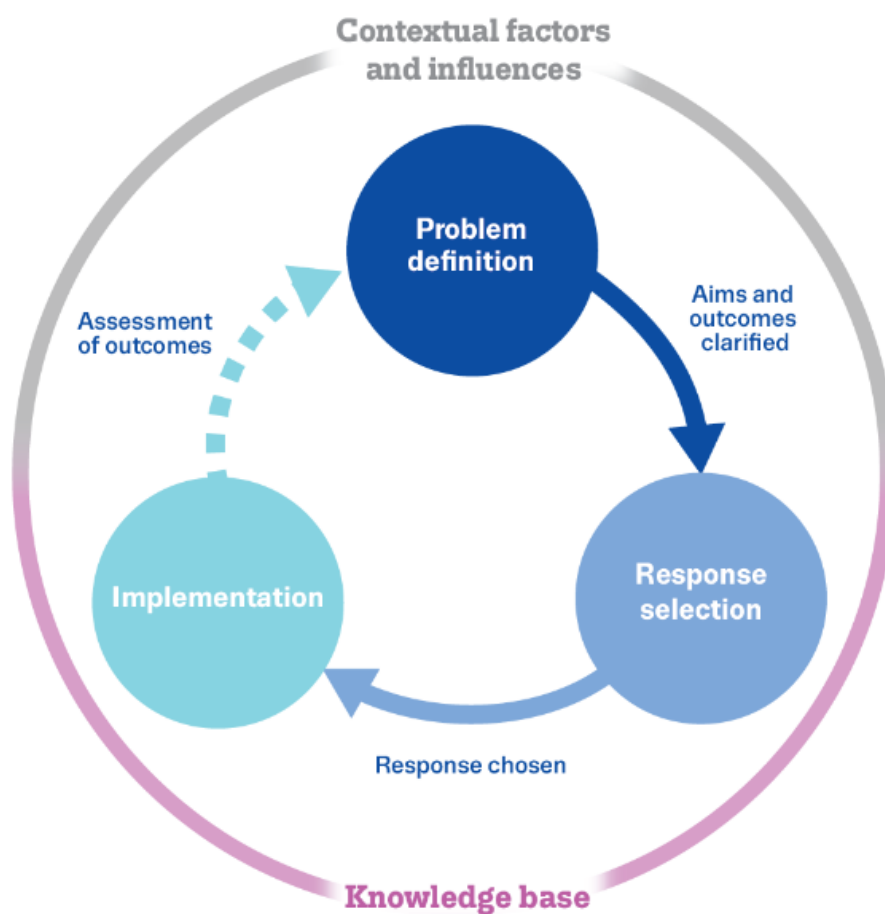


Figure 2. The three broad stages of developing responses to drug problems. Source: EMCDDA, 2021a.

PHASE 1: PROBLEM DEFINITION AND NEEDS ASSESSMENT

Problem Definition

The starting point for the formulation and implementation of drug policies is to carry out an accurate identification of the specific problems affecting a given region. **A detailed understanding of local drug-related challenges is important in order to develop effective strategies tailored to the particular reality of the community**, thus ensuring that policies are relevant, focused and able to directly address the identified issues.

"This knowledge can be gained from reviewing available data on the problem, ranging from national statistics to local research and needs assessments, and from consultation with stakeholders" (EMCDDA, 2021a).

Needs Assessment

It is important at this point to understand the evaluative approach as an important tool to guide informed decision-making in the formulation of strategies and programmes that respond accurately to the particular needs of the population in question.

"Needs assessment is] a form of applied social research, of an evaluative nature, which consists of identifying and prioritising the existing problems in a given context, as a basis for the planning of interventions that have an impact on the main deficiencies detected" (Hernández and Alonso, 2004, p. 1).

In the initial assessment phase, it is important to address a number of key questions that will guide a full understanding of the problem at hand (EMCDDA, 2021a):

- Who are affected?
- What types of substances are used and what are the prevalent patterns of use?
- In which specific locations does the problem manifest itself most acutely?

These enquiries serve as a basis for the accurate identification of challenges, enabling the formulation of responses and policies tailored to the circumstances of each context. A detailed understanding of stakeholders, patterns of use and critical locations contributes to more informed decision-making, thus facilitating the development of effective and sustainable strategies for managing drug-related problems, as specified in Figure 3.

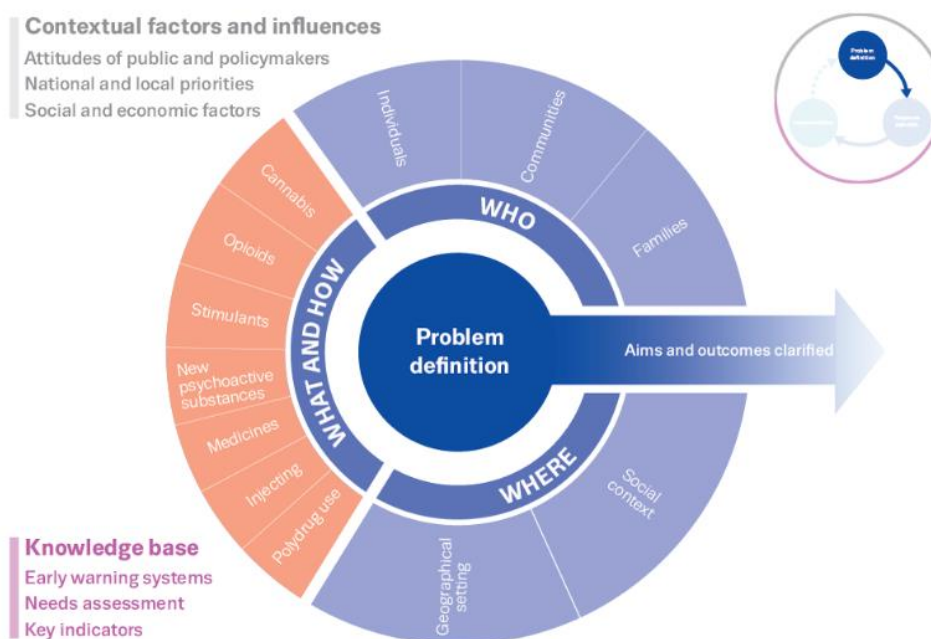


Figure 3. Factors to be considered in stage 1: Problem definition. Source: EMCDDA, 2021a

Ex ante stage

According to Abdala (2004), in the *ex ante* stage, which takes place before the start of the implementation of a given programme, the following are assessed: the socio-economic and institutional context, the problems identified, the needs detected, the target population, the inputs and the strategies for action. This pre-assessment phase, as mentioned above, provides the fundamental elements for the effective planning and design of the intervention, allowing for informed decision-making adapted to the specific environment.

Understanding the role of different contexts

An essential step in problem delineation is to **identify the most significant drivers or causal factors of harm**, as well as to determine which individuals or communities are predominantly affected (EMCDDA, 2021a). This deeper analysis seeks not only to understand the visible manifestation of the problem, but also to unravel the underlying roots and contexts that contribute to the drug-related phenomenon.

Several variables, whether individual or societal, may contribute to certain individuals being more susceptible to the harms associated with the drug phenomenon. These

variables include a wide range of elements, ranging from personal aspects such as age, gender, physical and mental health, to socio-economic considerations (EMCDDA, 2021a). Recognising this diversity of factors is important for **understanding the complexity of the impact of drugs on different individuals and communities**, allowing for the formulation of more contextualised and effective interventions that address situation-specific vulnerabilities.

Identification and prioritisation of problems to be addressed

The needs assessment identifies problems, and the public health approach guides the selection of those that require attention. **Prioritisation of the problems identified is fundamental in defining the strategy.**

The strategy assesses the severity of drug use problems, followed by the pursuit of interventions to reduce their impact. This strategy prioritises actions according to evidence but is also influenced by political and public attitudes (EMCDDA, 2021a). In doing so, it seeks to optimise the effectiveness of interventions, ensuring that responses are informed by sound evidence and make a significant contribution to mitigating the problems associated with the drug phenomenon.

PHASE 2: DEVELOPING APPROPRIATE HEALTH AND SOCIAL RESPONSES

In the second phase, it is time to **make decisions about interventions and formulate plans to implement them**. It is important that these plans are based on scientific evidence, and that they are guided by respect for human rights, incorporating a gender perspective.

"The crucial factors to consider here are the types of intervention that are expected to be effective, the specific groups that will be affected and the particular contexts in which the measures will be implemented" (EMCDDA, 2021a).

Careful assessment of the appropriateness of interventions, taking into account their likelihood of success, the nature of the target audiences and the specific settings in which they will take place, is important to ensure the effectiveness and relevance of public drug policies.

Three potential approaches to determine the most appropriate intervention

According to the EMCDDA (2021a), three potential approaches are outlined to determine the most appropriate intervention to address problems arising from the drug phenomenon. These strategies are detailed below:

EXTENDING OR IMPROVING AN EXISTING RESPONSE

- It seeks to optimise existing responses through adjustments and improvements, based on feedback and evolving local circumstances.

IMPORTING A STRATEGY OR PROGRAMME THAT HAS BEEN USED ELSEWHERE

- It is based on the transfer of good practices from one location to another, adapting them according to the specific needs and characteristics of the new environment.

DEVELOP A NEW INTERVENTION

- It seeks to innovate and adapt responses to the unique characteristics of the local context, using evidence and past experience as a basis for the design of new strategies.

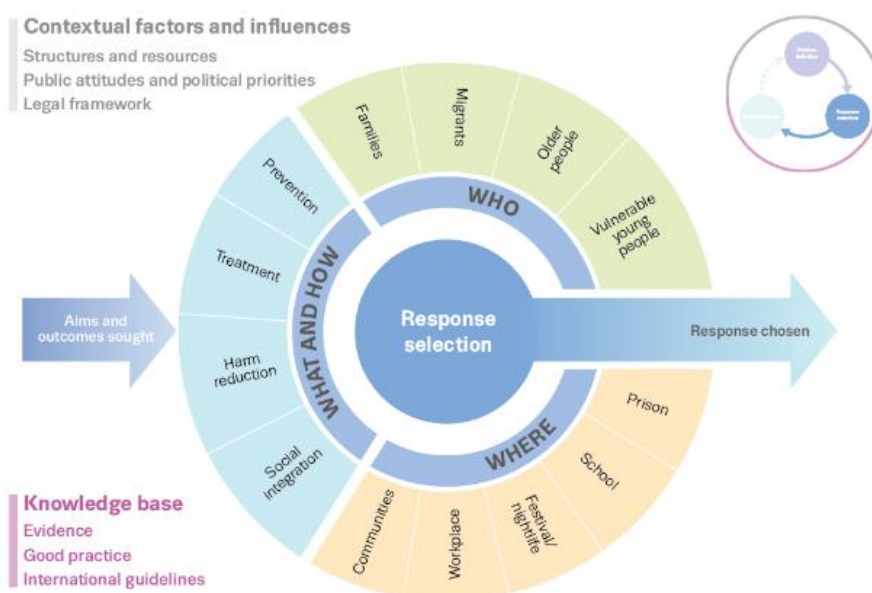


Figure 4. Factors to be considered in stage 2: Response or intervention selection. Source: EMCDDA, 2021a

To **determine the most appropriate responses to address drug-related problems**, it is important to ask the relevant questions (EMCDDA, 2021a):

- What response options are available to address the problem?
- What evidence supports its effectiveness?

This approach seeks to guide decision-making towards evidence-informed and evidence-supported interventions, thereby optimising the effectiveness of responses to the challenges associated with the drug phenomenon.

There are **three significant factors to be considered at this stage** according to the EMCDDA (2021a).

IDENTIFY THE SPECIFIC TARGET GROUP THAT IS INTENDED TO BENEFIT FROM THE INTERVENTION

Accurately identifying the target population is important in order to **tailor responses effectively to the particular needs of each group**. This personalised attention not only optimises the impact of the intervention, but also ensures that strategies are culturally and contextually sensitive, thus promoting greater acceptance and participation by the target community.

SPECIFY THE ENVIRONMENT IN WHICH THE PROGRAMME WILL TAKE PLACE.

The setting in which the programme will be delivered may vary, for example, between school settings, nightclubs, workplaces, correctional facilities or treatment centres. **Each setting has unique dynamics that can significantly influence the effectiveness of the intervention**. Tailoring strategies to the specific characteristics of each setting can ensure more efficient implementation in line with the particular needs and challenges of each context.

STRUCTURES AND RESOURCES AVAILABLE TO PROVIDE RELEVANT SERVICES

The availability of infrastructure and resources plays a determining role in the feasibility and effectiveness of interventions, highlighting the importance of **aligning strategies with existing capacities and constraints in the specific environment**.

PHASE 3: IMPLEMENTATION, MONITORING AND EVALUATION OF SELECTED RESPONSES

In the third phase, after the selection of the most effective responses to address a specific drug phenomenon, the phase of implementation of these measures is entered. This process involves **translating the previously formulated decisions and strategies into concrete actions, adapted to the identified environment and needs.**

"Monitoring and evaluation of implementation, including costs and results, is an essential component of this phase to inform the ongoing review and planning process" (EMCDDA, 2021a).

Implementation evaluation focuses on assessing the consistency and coherence of the practical implementation of a programme with its initial design. It examines the immediate results of the programme, such as services and goods produced, and their use by the target population. It also analyses the organisational functioning to ensure that it develops as planned, observing coherence with the expected impacts of the public intervention (Ivålua, 2020b).

Determinants affecting the implementation of concrete measures to address the consequences of the drug phenomenon

They can be summarised in **three key points**, according to the EMCDDA (2021a).

BUILDING SUPPORT FROM POLICY MAKERS AND THE PUBLIC

- The aim is to convince authorities to prefer a public health strategy over a public policy-based one, focusing on cost-benefit ratios to ensure the appropriate allocation of resources.

HAVE TRAINED PERSONNEL AVAILABLE TO PROVIDE THE MEASURES TO BE IMPLEMENTED.

- In the absence of adequately trained staff, it is important to ensure that the team acquires the necessary skills and adapts to the new contexts in which the work will be carried out.

REQUIRE ADEQUATE FACILITIES AND LOCATIONS

- Ensuring the availability of appropriate spaces is important for the effective implementation of measures, as adequate facilities can contribute to the effectiveness and efficiency of interventions aimed at addressing the consequences of the drug phenomenon.

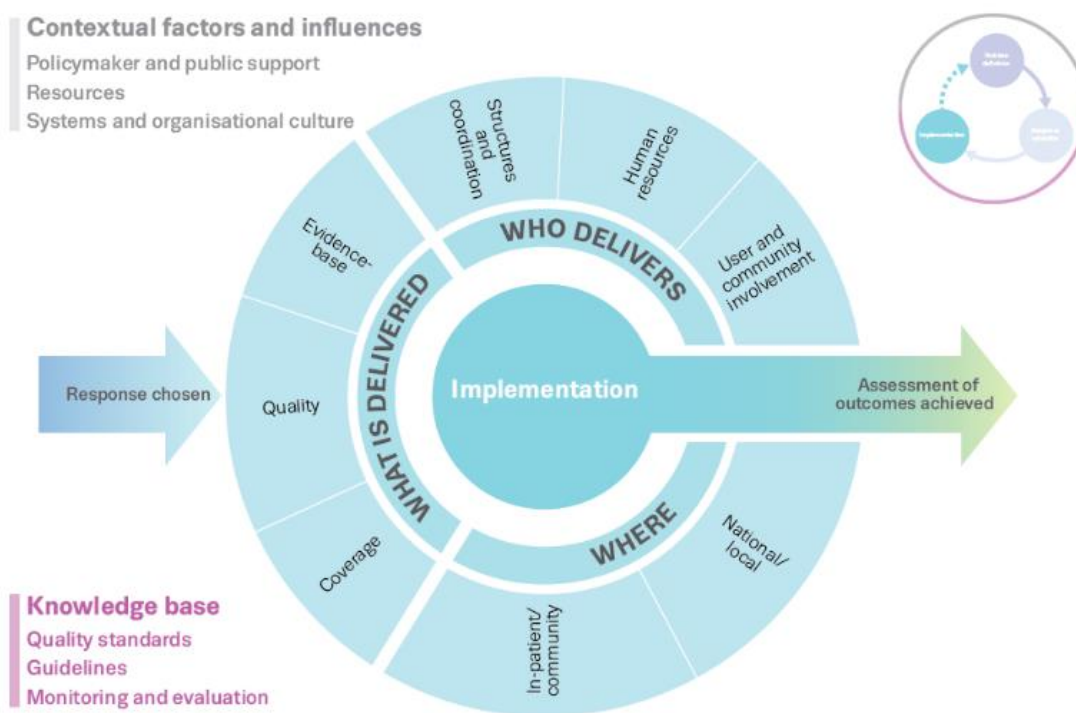


Figure 5. Factors to be considered in stage 3: Implementation. Source: EMCDDA, 2021a.

Management and coordination of services

Management and coordination systems play an important role in integrating resources, facilitating inter-agency communication and synchronising strategies. **Effective coordination through well-designed management systems can contribute to optimising the implementation of measures**, ensuring a more cohesive and adaptive response to the evolving challenges associated with the drug phenomenon.

"Effective management systems are required to efficiently coordinate the efforts of various agencies and services that collaborate in addressing drug-related problems" (EMCDDA, 2021a).

The intricate interaction between drug-related issues and other health and social problems highlights the **need to ensure effective coordination between drug services and other health care services** (EMCDDA, 2021a). This close collaboration becomes

important to address the interconnected complexities of health and well-being, ensuring that services are aligned and complement each other's efforts.

Monitoring and evaluation of service delivery

Monitoring and evaluation are important steps in ensuring the effectiveness of services. **These processes enable monitoring of programme performance, continuous improvement of delivery, assessment of cost-effectiveness and accountability to funders.** In addition, they allow providers to **identify possible unintended negative consequences** of specific interventions or other actions (EMCDDA, 2021a). Baker (2000) understands it as the analysis that aims to determine more generally whether a programme produced the desired effects on individuals, households and institutions and whether these effects are attributable to the programme intervention.

4. NATIONAL REPORTS FROM CENTRAL ASIAN COUNTRIES. CHALLENGES AND PROPOSALS

KAZAKHSTAN. NATIONAL REPORT



INTRODUCTION

The Systematisation Report of the «National Drug Policy Dialogue» event provides a comprehensive analysis of the background, key findings, conclusions and preliminary recommendations related to drug policies in the Republic of Kazakhstan. This comprehensive analysis is based on active participation in the National Dialogue, supported by a thorough review of relevant documentation, as well as a detailed questionnaire and a series of subsequent in-depth individual interviews with selected participants of the meeting. The sources used in this analysis, summarised below, provided a solid information base.

- **Available documentation on drug policies in Kazakhstan.** Ten documents covering legal-normative and analytical issues of the drug situation in the country have been analysed.
- **«National Drug Policy Dialogue»**, attended by twenty-seven people from different ministries of the Republic of Kazakhstan, Non-Governmental Organisations, representatives of the EU and International Organisations, as well as representatives of FIIAPP and CADAP.
- **Semi-structured in-depth interviews.** To complement and deepen some of the issues raised in the National Dialogue, interviews were conducted with five of the people who had attended the meeting during the month of June 2023.
- **Needs assessment questionnaire**, which was sent to all institutions represented in the National Dialogue and was answered by ten representatives of these institutions during the month of June 2023.

Episteme Social conceived the National Dialogue in Kazakhstan as a unique opportunity to conduct a **comprehensive assessment of the country's drug policy needs**, considering the perspectives and opinions of all stakeholders. The main objective of this initiative is to generate a **detailed needs analysis**, which is reflected in this Kazakhstan-specific Systematisation Report.

In terms of the structure of this Systematisation Report for Kazakhstan, firstly, a **thorough analysis of the existing documentation on drug policy in Kazakhstan is undertaken**, exploring the legal background to drug policy in the country. Next, the **process of the «National Drug Policy Dialogue» is described in detail** and the main issues that emerged during this event are addressed. This is followed by **an in-depth analysis of the interviews** conducted with selected participants of the National Dialogue. This is followed **by the highlights of the needs assessment questionnaire** that

was distributed to all the institutions present at the meeting. Once this disaggregated analysis has been completed, **a series of conclusions and reflections are presented, leading to the first preliminary recommendations.**

ANALYSIS OF DOCUMENTATION

In this «Analysis of documentation» section, we examine the legal situation regarding drugs in Kazakhstan, along with the programmes implemented by the state authorities. In addition, we carry out a comprehensive analysis of the current drug situation in the country, with the aim of gaining a more accurate and up-to-date picture of the drug problem.

DRUG LEGISLATION IN KAZAKHSTAN

International legal instruments

Table 1 presents the international conventions related to the drug phenomenon to which Kazakhstan has acceded. These treaties reflect the country's unwavering commitment to combating drug-related issues by establishing an internationally recognised legal and policy framework to effectively address this global challenge.

Treaty	State
Single Convention on Narcotic Drugs 1961	29 April 1997 (Accession)
Convention on Psychotropic Substances of 1971	29 April 1997 (Accession)
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	29 April 1997 (Accession)

Table 1. Ratification of Drug-related International Treaties in Kazakhstan³

³ UNODC, 2022.

National legal instruments

In Kazakhstan, drug legislation is in a dynamic and diverse state, reflecting the country's commitment to addressing the challenges inherent in this global problem. Through a comprehensive and varied approach, a **solid regulatory framework has been established that seeks to effectively and efficiently address the different aspects related to the use, trafficking and production of narcotic substances.**

Kazakh legislation in the field of drugs **is distinguished by its comprehensive and balanced approach**, covering both prevention and treatment and the control of drug trafficking. Through collaboration and coordination between various actors, and by adopting evidence-based approaches, **the country has laid the foundations for a comprehensive and effective response to the drug challenge on its territory.**

DRUG POLICIES IN KAZAKHSTAN

Strategies implemented

In 2000, the government authorities of Kazakhstan initiated the creation of a national drug strategy. In that year, the strategy was developed to address the challenge of drug dependence and drug business in the country through the implementation of different programmes.

- In May 2000, the «Strategy for the fight against drug addiction and drug business in the Republic of Kazakhstan for the period 2001-2005⁴» was approved with the main objective of ensuring the implementation of a unified and balanced state policy that would allow for effective state and social control over the development of the drug situation in the country.
- In April 2006, the «**Programme for combating drug addiction and drug trafficking in the Republic of Kazakhstan for the period 2006-2008⁵**» was adopted with the aim of creating conditions for halting the growth of drug abuse and illicit trafficking, consistently reducing the spread of drugs to the level of minimum danger to society.

⁴ Decree N° 394 of 2000.

⁵ Decree N° 240 of 2006.

- In May 2009, the «**Programme for combating drug addiction and drug business in the Republic of Kazakhstan for the period 2009-2011⁶**» was approved with the main purpose of implementing measures to block and reverse the development of socially dangerous trends in the growth of addiction to psychoactive substances among the country's population.
- Subsequently, in April 2012, the «Sectoral programme for the fight against drug addiction and drug trafficking in the Republic of Kazakhstan for the period 2012-2016⁷» was approved, which consisted of two stages (2012-2014 and 2015-2016) and aimed to improve the emerging system of state and public fight against drug addiction and drug trafficking in the country.

Table 2 below specifies the main goals and approaches of the two main anti-drug strategies that were previously approved by the Government of Kazakhstan.

Strategy 2001-2005	Strategy 2006-2016
Improving the legislative framework and other legislation to combat drug dependence and drug trafficking and their effective implementation	Strengthening anti-drug campaigns
Building social immunity of the population against drugs and, on this basis, strengthening society in the fight against drug addiction and the drug business.	Increase the effectiveness of prevention measures, early detection, effective treatment and social rehabilitation of drug addicts.
Establish control over the circulation of narcotic drugs, psychotropic substances and precursors, limiting the availability of drugs and preventing them from entering illegal circulation.	Strengthen interdepartmental cooperation in the fight against drug trafficking.
Ensure a joint and balanced effort by all ministries and departments concerned.	Strengthening the material and technical resources of authorised state agencies,

⁶ Decree N° 784 of 2009.

⁷ Decree N° 451 of 2012.

	aswell as medical institutions specialising in the prevention and treatment of drug dependence
Shift the spearhead of criminal repression from the drug users themselves to the active organisers and executors of the drug business.	Modernisation and effective scientific and informational support for the process of reform and development of the drug treatment service
Establish effective cooperation with law enforcement, special and other relevant bodies of the CIS states and other countries	Improvement of the staff training system and educational programmes in the field of narcology.
Attraction of investments, other international technical assistance in the field of the fight against drug addiction and drug trafficking.	Improvement of the legislative framework regulating anti-drug activities, further harmonisation of republican legislation and police practice aimed at combating drug addiction and drug trafficking.

Table 2. Anti-Drug Strategies 2001-2005 and 2006-2016 in Kazakhstan.

Strategy 2023-2025

The Comprehensive Plan to Combat Drug Abuse and Drug Trafficking for the period 2023-2025 in Kazakhstan is still in parliamentary procedure for final approval by the country's general courts. The Plan is composed of a total of 77 actions and **provides an accurate overview of the goals and priorities of the Kazakh government in its fight against substance abuse and drug trafficking.** Table 3 below provides a detailed overview of the organisational structure that encompasses the various actions envisaged in the Plan.

Comprehensive plan to combat drug dependence and drug trafficking for the period 2023-2025
Analysis of the drug situation and drug development trends
Improving the legislative and regulatory framework
Increasing the effectiveness of the fight against the new challenges and threats of the modern drug trade
Improvement of the system of prevention, treatment of drug addiction and development of the system of rehabilitation of drug addicts.

Ensuring state control over the legal movement of drugs and precursors
Strengthening and expanding international cooperation

Table 3. Anti-Drug Strategy 2023-2025 in Kazakhstan.

In this regard, it is important to highlight the following key elements of the measures envisaged in the Plan for the period 2023-2025:

- Strong commitment on the part of government authorities to **effectively address the new risks present in the drug market** in the country.
- Responsibility for improving the preventive system in relation to drug use.
- Conducting comprehensive analyses to understand the drug situation in the country and to be able to implement measures in line with the current situation.
- A firm commitment to continue to collaborate internationally with various organisations to make progress in tackling the drug phenomenon.

DRUG SITUATION IN KAZAKHSTAN

Kazakhstan, a nation located in the Central Asian region, faces a complex drug-related reality. As part of international drug trafficking routes, the country is affected by the challenges associated with the transit and consumption of illicit substances. Aware of the risks this poses to society and national security, the Kazakh government is working hard to address this issue and protect the welfare of its citizens. Tackling the drug problem has become a priority on Kazakhstan's agenda, seeking to promote a drug-free society by strengthening its control and prevention mechanisms.

Key factors in the current drug situation in Kazakhstan

In the context of Kazakhstan, the following factors are identified as influencing the drug situation in the country.

- The movement of drugs from Afghanistan takes place via the so-called «Northern Route».
- The problem of drug use is mainly characterised by IDU.
- The infection through unsafe drug use practices remains a matter of the utmost urgency.
- The problematic substance use has been influenced using home-made preparations of codeine medicines and the use of edible opium poppy and tropicamide.
- The market for NPS has developed rapidly in recent years.

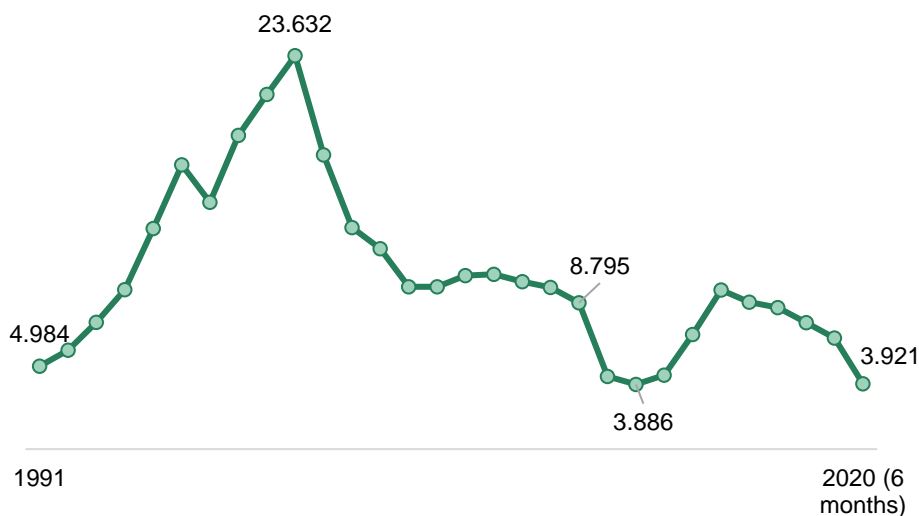
Current measures to combat drug trafficking in Kazakhstan

The government of Kazakhstan is currently promoting the following measures to combat drug trafficking in the country:

- Strengthen and broaden international cooperation.
- Improve the legal and regulatory framework.
- Optimise the system of incentives for people who help in the fight against illegal drug trafficking.
- Implement preventive measures in school settings.
- Raise awareness through publicity measures about the legal consequences of participating in drug trafficking.

Drug-related crime in Kazakhstan

In this section, we turn our attention to drug-related crime in Kazakhstan, with the aim of exploring the current drug-related crime landscape. The country faces drug-related challenges and understanding the nature of drug-related crime is crucial to developing effective strategies. Let us now examine the current drug-related crime situation in detail, with an emphasis on the trends observed and the most prevalent types of crime. This analysis will allow us to gain a comprehensive overview of the problem and provide a basis for addressing it more effectively in the specific context of Kazakhstan. Graphic 1 below analyses trends in drug-related crime in Kazakhstan over a period from 1991 to the first 6 months of 2020.



Graphic 1. National register of drug-related crime.

On closer examination, several significant points stand out:

- There was a significant increase in drug-related crime in the 1990s, peaking in 2000 with 23,632 recorded cases.
- Since 2001, there has been a downward trend in drug-related crime in Kazakhstan, with a steady decrease until 2012. However, an increase is recorded in 2013 and 2014, followed by a gradual decline.
- In 2020, 3,921 cases of drug-related crime were recorded in the first six months of the year.
- These fluctuations in drug-related crime can be the result of several factors, such as changes in drug policy, law enforcement measures, socio-economic

Drug-related offences	2017	2018	2019	2020	2021	Variation % Change (2017-2021)
Misdemeanours	5,150	5,378	4,674	5,291	4,541	-11.6
Crimes	3,340	2,457	2,342	2,517	2,746	-17.7
Drug revenue laundering	6	4	2	2	2	-66.7
Drug smuggling	307	367	330	144	180	-41.3
Illicit circulation without intent to sell	5,779	5,752	5,023	5,638	4,945	-14.4
Unlawful handling with intent to sell	2,000	1,389	1,370	1,544	1,698	-15.1
Theft or extortion of drugs	3	1	1	0	0	-100
Inclination towards drug use	5	8	3	7	7	+40
Illicit cultivation of plants containing narcotic substances	246	211	225	276	238	-3.3
Illicit turnover of toxic substances,	9	6	8	4	4	-55.6

CADAP 7. REGIONAL DRUG POLICY REPORT

substances, tools, or equipment used for production and processing of drugs						
Organisation and maintenance of brothels for the consumption of drugs	74	55	17	7	8	-89.9
Violation of the rules for handling narcotic substances	39	29	29	16	19	-51.3
Total	16,958	15,657	14,024	15,446	14,388	-15.1

Table 4. Drug-related crime statistics in Kazakhstan (2017-2021). Source: UNODC (2022)

Table 4 shows the main trends in drug-related crime during the period under review. The key trends and highlights to note are presented below:

- Drug-related offences have seen an overall decrease over the five-year period, with a negative change of 15.1% in total offences (from 16,958 in 2017 to 14,388 in 2021). However, a considerable increase of 40% has been observed in the inclination towards drug use, although the absolute values are not statistically significant.
- In the category of misdemeanours and drug-related crimes, a decrease of 11.6% and 17.7% respectively has been observed from 2017 to 2021.
- Other crimes, such as unlawful handling with intent to sell and illicit turnover of toxic substances, have seen decreases of 15.1% and 55.6% respectively.
- Drug revenue laundering has seen a drastic decrease of 66.7%, while drug smuggling has seen a decrease of 41.3%.

Main drugs seized in Kazakhstan

In this section, we focus on analysing in detail the main drugs seized in Kazakhstan, examining the substances that have been seized in the country. Through a thorough study, we explore the most frequently seized drugs on Kazakh territory and the trends associated with them. This analysis provides us with a more accurate understanding of the extent of the drug problem in the country.

KAZAKHSTAN. NATIONAL REPORT

Types of drugs	2017	2018	2019	2020	2021	Variation % Change (2017 - 2021)
Heroin	146.88	58.61	1,151.99	70.09	76.58	-47.86
Opium	95.02	6.96	0.78	0.058	52.90	-44.33
Morphine	0.00015	0.00006	0.0080	- ⁸	-	-
Morphine	0.00005	0.00015	0.00018	0.00021	0.077	+153,900
Poppy straw	2.50	3.80	36.35	30.62	20.46	+718.4
Opium poppy	22.38	12.06	1.07	2.27	3.95	-82.35
Extracted opium	0.151	0.0019	0.0046	0.227	0.094	-37.39
Acetylated opium	0.021	0.016	0.026	0.008	0.0021	-90
Fentanyl	-	0.003	0.0041	0.00046	-	-
Marijuana	34,107.55	17,069.74	9,690.50	8,226.52	11,487.33	-66.36
Cannabis plants	5,456.64	2,319.90	12,777.74	9,380.41	3,165.21	-42.03
Hashish	790.76	838.89	708.78	580.30	1,033.21	+30.66
Cannabis resin	1.82	0.45	0.22	1.66	29.64	+1,524.18
Cannabis oil	0.0174	0.04	0.217	0.00113	0.0376	+115.91
Tetrahydrocannabinol	0.00216	0.0048	0.0069	0.0067	0.033	+1,427.78
Cocaine salts	0.087	0.133	0.446	-	0.111	+27.59
Cocaine hydrochloride	0.388	0.039	0.721	0.157	-	-59.62 ⁹
Amphetamine	0.0045	0.079	-	0.0035	0.032	+611.11

⁸ Hereafter, the symbol «-» indicates that no data has been recorded.

⁹ Percentage change between 2017 and 2020.

CADAP 7. REGIONAL DRUG POLICY REPORT

Methamphetamine	0.00098	0.0026	0.00044	-	-	-
MDMA	0.0019	0.0025	0.0019	0.31	0.019	+900
Pyrovalerone	0.0012	0.0015	0.0029	0.112	0.0007	-41.67
Alpha-PVP	n/a ¹⁰	n/a	0.494	0.028	0.026	-9.4.73 ¹¹
Methcathinone	0.027	0.302	0.0012	0.057	0.092	+240.74
Other cathinone	n/a	n/a	0.0037	0.258	n/a	-
TOTAL	40,467	20,357	25,380	18,878	19,543	-51.71

Table 5. Seizures of different drugs and psychotropic substances in kilograms in Kazakhstan (2017-2021). Source: UNODC (2022).

Table 5 shows seizures by kilograms of different drugs and psychotropic substances between 2017 and 2021 in Kazakhstan. The most relevant aspects and trends observed in these data are discussed below:

- **Opium poppy shows a negative percentage change of 82.35%.** The quantities seized are relatively low in all years recorded, with the largest quantity being 22.38 kilograms in 2017.
- **Poppy straw shows a positive percentage change of 718.4% between 2017 and 2021.** In 2019, the highest quantity seized was recorded at 36.35 kilograms, followed by 30.62 kilograms in 2020.
- Despite the negative percentage change of 44.33% for opium, the quantities of opium seized are relatively low in all recorded years. The largest quantity seized was 95.02 kg in 2017.
- **The percentage change in heroin seizures between 2017 and 2020 is -47.86%.** It is relevant to note that significant quantities have been seized in the years 2017 and 2019, with 146.88 and 1,151.99 kilograms, respectively.
- Although there has been a considerable decrease in the quantities of marijuana seized over the years, it is still the drug with the largest quantities seized. In 2017,

¹⁰ Hereafter, the symbol «n/a» indicates that no data are available.

¹¹ Percentage change between 2019 and 2021.

34,107.55 kilograms were seized, which represents a significant amount compared to other drugs.

- Seizures of MDMA have been low in previous years, but a significant increase is observed in 2020, with 0.31 kilograms seized, compared to the other years of the period analysed.
- The **quantities of methamphetamines seized are relatively low in all recorded years**, indicating greater difficulties in seizures of methamphetamines by government authorities.

Users in treatment centres in Kazakhstan

In this section, we take a closer look at the issue of users in treatment centres in Kazakhstan, with the aim of examining their situation and the circumstances that lead them to seek help and support in these institutions. By exploring this topic in depth, we gain a broader and more detailed picture of the reality of clients in treatment centres in Kazakhstan.

Year	Total Users	Percentage of injecting drug users (%)
2016	27,407	63.4
2017	24,883	64.8
2018	22,748	65
2019	22,003	65
2020	20,259	65

Table 6. Statistics on people registered in treatment centres and percentage of those who inject drugs in Kazakhstan. Source: UNODC (2022).

- Between 2016 and 2020, there is a steady decrease in the number of drug users registered in treatment centres in Kazakhstan. The number has decreased from 27,407 in 2016 to 20,259 in 2020, a negative percentage decrease of 26%.
- However, despite the decrease in the total number of drug users, the percentage of those who inject drugs has remained constant at 65% over the period analysed.
- The persistence of a high percentage of drug users who inject is a major challenge in terms of drug policy and public health. Injecting drug use is associated with an increased risk of transmission of infectious diseases, such as HIV and hepatitis C, as well as serious health complications.

HIV status in Kazakhstan

In this section, we take a closer look at the HIV situation in Kazakhstan, approaching the issue from a variety of perspectives. HIV remains a significant public health challenge in Kazakhstan, and a thorough understanding of the current situation is essential to implement effective prevention, diagnosis and treatment strategies. Through this analysis, we gain a comprehensive and complete picture of the HIV situation in Kazakhstan, allowing us to accurately identify the priority areas of intervention needed to control the spread of the disease and improve the quality of life of those affected.

	2016	2017	2018	2019	2020	Variation % Change (2016-2020)
People tested for HIV	2,831,554	2,953,915	2,956,175	3,069,199	3,052,697	+7.81
New HIV Cases	2,725	2,856	3,218	3,518	3,342	+22.67
Male	1,575	1,730	1,921	2,303	n/a	+46.19 ¹²
Female	1,148	1,126	1,179	1,215	n/a	+5.83
IDUs (%)	30.9	29.2	28.3	32.6	n/a	+5.5
Sexual contacts (%)	64.5	62.0	68.5	62.7	n/a	-2.79
PLWH	19,113	20,841	22,712	25,753	27,498	+43.82

Table 7. Trends and changes in HIV testing and cases by sex in Kazakhstan (2016-2020). Source: UNODC (2022)

- The number of people tested for HIV has seen a steady increase over the years, from 2,831,554 in 2016 to 3,052,697 in 2020. This represents a positive change of 7.81% over the five-year period.

¹² In Table 7, if «n/a» is displayed, the percentage change between 2016 and 2020 is calculated.

- The number of new HIV cases has also increased significantly, from 2,725 in 2016 to 3,342 in 2020, representing an increase of 22.67%.
- A breakdown by gender shows that the number of men diagnosed with HIV has increased significantly, with a positive variation of 46.19% between 2016 and 2019. On the other hand, the number of women diagnosed has shown a more moderate growth, with a positive variation of 5.83% in the same period.
- In terms of IDU, there have been fluctuations in the percentage of cases related to this group. In 2016, 30.9% of HIV cases were associated with IDUs, while in 2019 this percentage increased to 32.6%.
- In terms of HIV transmission routes, there is a decrease in the percentage of cases attributed to sexual contact, from 64.5% in 2016 to 62.7% in 2019.
- The total number of PLWH has seen a significant increase over the five-year period, from 19,113 in 2016 to 27,498 in 2020, representing a positive change of 43.82%.

NATIONAL DRUG POLICY DIALOGUE IN KAZAKHSTAN

STAKEHOLDERS INVOLVED IN THE NATIONAL DRUG POLICY DIALOGUE

The 7th of June 2023 marked a significant milestone in Kazakhstan, where the National Drug Policy Dialogue was held in the framework of the CADAP 7 Programme. In the city of Astana, leaders, and decision-makers as well as representatives of international organisations and non-governmental organisations gathered to exchange ideas and reflections on how to address the challenges posed by narcotic substances in the country.

The event was attended by representatives of the Government of Kazakhstan, including the Ministry of Internal Affairs, the Ministry of Foreign Affairs, the Ministry of Justice, the Ministry of Health, the Ministry of Higher Education, the General Prosecutor's Office and the Republican Scientific and Practical Centre for Mental Health, as well as representatives of the Public Fund Coq KZ. Also present were the delegation of the EU in Kazakhstan, representatives of the United Nations Office on Drugs and Crime, the Organisation for Security and Cooperation in Europe, representatives of BOMCA and the Embassy of the United States of America in Kazakhstan.

Table 8 shows in detail all the institutions who attended the National Drug Policy Dialogue in the Republic of Kazakhstan.

	Institution
European Union	Delegation of the EU to Kazakhstan
	FIIAPP
Republic of Kazakhstan	MIA
	MFA
	MJ
	Office of the General Prosecutor
	MH
	RSPCMH
	Ministry of Higher Education
	National Centre on Human Rights
	Association of Schools of Social Work & National Alliance of Professio Social Workers
	Public Fund CoцKZ
International allies	BOMCA
	US Embassy in Astana
	OSCE Programme Office in Astana
	UNODC

Table 8. Attendees at the National Drug Policy Dialogue in Kazakhstan.

During the development of the event, we had the participation of experts in the field of drug policy. Among the distinguished guests were distinguished professionals such as PhD. David Pere Martínez Oró and PhD. Ricard Faura, who are members of the organisation Episteme Social, as well as Mr. Roger Cáceres. In addition, PhD. Viktor Mravčík, representative of the organisation Podané Ruce, was also present.

MAIN ISSUES EMERGING

In the following, the central issues addressed during the National Drug Policy Dialogue in Kazakhstan will be presented. It will provide an overview of the issues raised, as well as the various options and suggestions for their resolution, which were discussed at the event.

1. The **importance of cooperation between Central Asia and the EU** is highlighted, as well as the key role of programmes such as CADAP in the context of international development over the years.
2. It highlights the support of the Government of Kazakhstan in the implementation of international development programmes and pays great attention to the importance of the fight against drugs.
3. The **implementation of a series of legislative amendments aimed at responding more effectively** and in anticipation of the challenges and threats posed by the increasing spread of synthetic psychoactive substances.
4. The importance of harmonisation of national drug legislation with international standards is evident.
5. It emphasises that the **fight against drug addiction and drug trafficking are priorities in both Kazakhstan's domestic and foreign policy**, underlining the country's commitment to address these problems in a comprehensive and collaborative manner at the national and international level.

ANALYSIS OF CONCERNS EMERGING FROM THE NATIONAL DIALOGUE

In this section, a comprehensive analysis of the findings related to the drug policy situation in Kazakhstan and the phenomena arising from it is presented. The main objective of this analysis is to understand the current situation in the country and to assess the progress made in key areas. It identifies both achievements and remaining challenges to provide a solid basis for the formulation of effective strategies and policies that will further Kazakhstan's development and well-being. It should be noted that the analysis has been carried out exclusively on the basis of the National Dialogue and documents provided by the consulted governmental parties.

- **Emergence of New Psychoactive Substances.** The emergence of NPS in a previously unexplored market has been a phenomenon of increasing relevance in recent years in Kazakhstan. This phenomenon has been driven by the advancement of technologies and globalisation, which has facilitated the rapid dissemination of

information and mass production of these substances and thus the shift in consumption. As a result, the country's drug market is undergoing rapid evolution and diversification, presenting new challenges for the authorities in charge of regulating and controlling these substances. The findings highlight the need to effectively address this ever-changing phenomenon through strategies tailored to the particularities of these NPS.

- Decline in drug-related crime. Available data reveal a sustained reduction in the incidence of criminal cases in recent years, which could indicate a possible decrease in criminal activity associated with drugs and other crimes. Also, regarding the illegal trafficking of substances, all signs point to Kazakhstan achieving more efficient control of drug smuggling activities year after year. In this sense, the findings show that the policies and strategies implemented by the country's governmental authorities are having a positive impact on the reduction of drug-related crime.
- Positive and negative variations in seizures of illicit substances. While a significant decrease in total seizures of the various psychoactive substances analysed has been observed, an increase in seizures of synthetic drugs. The problem in terms of volume is most evident in seizures of marijuana and cannabis plants, however, these have been significantly reduced from 2017 to 2020. Both positive and negative variations in seizures of illicit substances may be the result of a combination of factors related to law enforcement action, adaptation of criminal networks and socio-economic factors.
- Decrease in the number of people registered in treatment centres. A decline in the number of people registered in drug treatment centres has been observed. This trend raises questions about the possible causes and its implications for the fight against addiction in the country. While it is encouraging that the number of people seeking treatment has decreased, it is important to look closely at the reasons behind this decline.
- Increase in new HIV cases in the country. In the period 2016-2020, Kazakhstan has experienced an increase in new HIV cases. This trend is of concern to authorities and health professionals alike, as it poses a significant challenge to HIV prevention and control. Over the years, a steady increase in HIV incidence has been observed in the country, underlining the need for a stronger and more efficient response by health systems and public policies.
- Availability of raw materials for the illicit manufacture of drugs. The country is strategically located in a region bordering important drug trafficking corridors, which facilitates access to chemical substances and plants used in the manufacture of

narcotics. It also has favourable climatic conditions for the cultivation of drugs such as marijuana. This availability of raw materials represents a significant challenge for the Kazakh authorities in their fight against drug trafficking. The existence of a domestic supply base contributes to the increased production and distribution of illicit drugs in the country, further exacerbating the situation.

WHAT DO THE INTERVIEWS AND THE QUESTIONNAIRE TELL US?

Analysis of the interviews

In this section, we explore in detail the interviews conducted to capture and understand the different perspectives expressed by participants. Through these valuable conversations, we have had the unique opportunity to **immerse ourselves in the experiences, opinions and knowledge of key individuals related to drug policy in Kazakhstan.**

Each interview has been meticulously conducted, creating a safe and welcoming environment that allows participants to share their thoughts and reflections. We have gathered a wide range of voices, spanning diverse profiles, backgrounds and points of view, which **has provided us with a comprehensive and enriching view of the topic in question.**

Our main objective is to **draw meaningful and relevant conclusions from these testimonies** to gain a deeper understanding of the current drug situation in the country. In the following, we present the most salient aspects that we have obtained from the interviews conducted.

Positive aspects of drug policy highlighted in the interviews

- Good coordination with international organisations is highlighted, allowing best practices to be shared and drug-related crimes on the Internet to be tackled effectively.
- The bureaucratic process for listing any type of drug as a dangerous substance has been improved from being done by presidential decree to being done by the government itself, which has significantly reduced the administrative time required.
- The importance of free medical care and treatment in the rehabilitation process for people who have used drugs over time is highlighted and emphasised.

ANALYSIS OF THE NEEDS ASSESSMENT QUESTIONNAIRE

In this section, a thorough analysis of the needs assessment questionnaire designed for the second stage of Outcome 1: Drug policies of the CADAP 7 Programme is carried out. The main objective of this questionnaire is to **collect accurate and relevant information on the needs and demands related to drug policies in the country.**

Through this analysis, together with the review of interviews and documentation provided by counterparts in Kazakhstan, the **aim is to establish preliminary recommendations useful for government authorities.** By combining these methodologies, the aim is to **obtain a comprehensive and contextualised view of the current needs and challenges** in the field of drug policy in Kazakhstan.

- Different assessment of the importance of demand and supply reduction and harm reduction. It can be observed that there is a majority consensus on drug demand and supply reduction as priority approaches for the country's drug policies. Reducing the harms associated with drug use is also considered relevant, although to a lesser extent than the other two options.
- Inclusion of harm reduction as an integral part of drug policy. Most respondents consider the inclusion of harm reduction as fairly important for the country's drug policy, while others consider it to be of little relevance. This suggests that there may still be some discrepancy or lack of clarity about the importance and benefits of harm reduction in the Kazakh context.
- Importance of a comprehensive and multidimensional approach to treatment for people who use drugs. The importance of providing specialised medical and psychological treatment is highlighted, as well as implementing harm reduction programmes to minimise the risks associated with drug use. Some respondents also mentioned the relevance of decriminalising drug use, promoting the social and occupational reintegration of people who use drugs, and providing support and resources to affected families and communities. This indicates that there is recognition of the need for a comprehensive and multidimensional approach to tackling drug use and its consequences.
- Rehabilitation and social reintegration of people with addiction problems. Respondents consider a variety of options relevant, such as support programmes for job search and vocational training, access to social and work reintegration support programmes, and education and training programmes for relapse prevention. Inter-institutional coordination for the comprehensive care of the person undergoing rehabilitation, as well as specialised treatment programmes, are also valued.

- Significant concern about the use of non-prescription medicines containing psychotropic substances. It is considered a relevant problem in Kazakhstan, mainly due to insufficient control over the dispensing and sale of these medicines, as well as uncontrolled use that can lead to abuse. In this case, government authorities have implemented various actions to address this situation, such as regulating the sale of medicines without prescription, imposing sanctions on non-compliant pharmacies, conducting awareness-raising campaigns on the risks associated with the use of such medicines, and improving the monitoring and control of their sale.
- Consideration of alcohol consumption as a problematic phenomenon in the country because of its adverse consequences. It is considered to be a rather important problem in Kazakhstan's society. Several reasons were mentioned for this, such as the negative impact on health, the high number of people with alcohol problems and the increase of alcohol-related crimes.
- Significant concern about HIV among the drug using population in Kazakhstan. All respondents indicate that it is an important and urgent concern. This indicates that there is an explicit recognition of the importance of addressing HIV in this population. In this regard, some responses were highlighted by respondents, such as the need to improve access to specialised HIV care services for people who use drugs, as well as to increase the availability of HIV testing and promote regular testing among this population group.
- Actions implemented in the country to address the stigma associated with drug addiction. Several initiatives implemented in Kazakhstan to reduce stigma were mentioned, such as programmes in different regions of the country, the existence of legislation and work done on reducing stigma and discrimination of drug addicts in the framework of harm reduction programmes.
- Identification of factors contributing to illicit drug trafficking in Kazakhstan. Factors such as the use of information and communication technologies, social networks and messaging apps, the geographical location of the country and its role as a transit hub for drugs to other countries, the influence of criminal groups and criminal organisations, and corruption in law enforcement and security forces are the main factors identified by respondents.
- Main weaknesses in the anti-drug strategy identified by respondents. The lack of financial and material resources to implement effective drug use prevention and treatment programmes, weak institutional capacity to address the problem of NPS and the absence of specific policies and programmes to address drug use among vulnerable population groups are emphasised as key weaknesses in Kazakhstan's anti-drug strategy.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Weaknesses identified by respondents in legislation related to the drug phenomenon. The lack of investment in education and public awareness programmes on drug use and associated risks, as well as the absence of effective preventive measures to reduce drug demand, are highlighted as the main weaknesses identified in Kazakhstan's anti-drug legislation.
- Importance of civil society participation in drug policy formulation and implementation. Respondents highlighted the importance and necessity of civil society participation. Various forms of participation were mentioned, such as the creation of spaces for dialogue and collaboration between civil society and responsible government authorities, the inclusion of representative civil society groups in committees and working groups, the use of online platforms to collect and share information, and the conduct of public consultations and surveys.

CONCLUSIONS

- A shift in the pattern of drug use from escapist to recreational drug use. In Kazakhstan, a new and noticeable pattern of drug use has emerged in recent years. A shift may be gradually taking place, characterised by a significant transition from the use of highly problematic substances, mainly opiates such as heroin, towards more recreational and leisure-related drug use. While these uses also carry significant risks, their impacts are often much less in terms of physical and social health and are associated with a lower burden of social stigma. This shift has been driven by a growing interest in more fun and pleasurable experiences, following a pattern similar to that observed in EU countries from the 1990s onwards and which has been consolidating over the first two decades of the 21st century in Kazakhstan.
- Differentiated responses to the two consumption patterns in the country. Given the two patterns of drug use identified in the country - one more traditional, linked mainly to the use of opium derivatives, and the other more contemporary, linked to the use of synthetic substances and NPS - it is imperative to apply tailored and specific responses. Traditional drug use requires an approach focused on health and wellbeing, with an emphasis on harm reduction and access to health care services. Synthetics use, on the other hand, requires a combination of prevention and risk reduction. Both responses must also address the underlying factors that lead to the use of these substances.
- Diversification of the drug market in Kazakhstan. The shift towards synthetic drug use is evidence of a significant transformation in the country's drug market, with the emergence of synthetic substances and a diversity of NPS. This evolution

raises the urgent need to implement new strategies and responses to tackle this type of use. A good understanding of this phenomenon and an effective response to this transformation in the drug market becomes essential to ensure the protection of the health and well-being of the population and to promote a safe and healthy environment in Kazakh society.

- Changing patterns of use and profile of users. The use of synthetic drugs may be appealing to a different group of users than heroin, increasing the likelihood that young people and those seeking different recreational experiences will become involved in their use. This reality emphasises the need to understand more precisely the motivations and needs of this specific group in order to implement more targeted and effective prevention and education strategies.
- Kazakhstan's geographical location continues to present significant challenges in the fight against drug trafficking, especially opium derivatives. Opium production in Afghanistan has not ceased in recent years, and both Kazakhstan in particular and the Central Asian region as a whole are on transit routes used for the distribution of drugs to European countries, Asian countries and other regions of the Global North. Despite changes in consumption patterns among the local population, the problem of opiate and heroin trafficking is likely to remain relevant in Kazakhstan due to its role as a transit point on international routes.
- HIV infection through unsafe drug use practices. These cases of HIV transmission are a reminder of the importance of adopting preventive approaches and encouraging individual responsibility in making healthy choices. Through a greater understanding of the factors that contribute to the spread of HIV and by fostering empathy and support for those affected, we can move towards a more aware and caring society. By combining prevention efforts, support and understanding, we can effectively address this issue and work towards reducing HIV incidence in Kazakhstan.
- Trends and variations in drug-related crime in Kazakhstan. Significant decreases have been observed in a number of drug-related aspects in Kazakhstan. A marked reduction is observed in the theft or extortion of drugs (-100%), as well as in the organisation of drug brothels (-89.9%) and money laundering related to drug trafficking (-66.7%). In addition, significant decreases have been observed in the illegal trade in toxic substances and related tools (-55.6%), violations of regulations in the handling of narcotic substances (-15.1%), and drug smuggling (-41.3%). Although to a lesser extent, slight reductions have also been recorded in other drug-related crimes. On the other hand, a moderate increase in the inclination towards drug use (+40%) has been observed. These data reflect significant changes in a

number of drug-related areas, underlining the importance of continuing to address these challenges in society.

- Trends and variations in seizures of drugs and psychotropic substances in Kazakhstan. During the period from 2017 to 2021, significant variations in seizures of drugs and psychotropic substances in Kazakhstan have been observed in the country. These seizures can be classified into three main categories, depending on the percentage increase or decrease. First, seizures with significant increases such as morphine (+153,900%), cannabis resin (+1,524%) and Tetrahydrocannabinol (+1,427%), MDMA (+900%), poppy straw (+718%) and amphetamines (+611%). In second place are seizures that showed a notable increase, such as methcathinone (+240%) and cannabis oil (+115%). Finally, seizures that decreased in intensity are identified as Alpha-PVP (-94%), acetylated opium (-90%), opium poppy (-82%), marijuana (-66%) and heroin (-47%). These seizures reflect the picture of drug trafficking and consumption in Kazakhstan during the period mentioned above, reflecting fluctuations in the availability of and demand for various substances in the country.
- Trends and variations in HIV testing and cases by sex in Kazakhstan. During the time span from 2016 to 2020, significant changes and variations in HIV cases by gender have been evident in Kazakhstan. Importantly, over the past five years there has been a notable 46% increase in new HIV diagnoses in men, and an increase in the number of PWID, with an increase of more than 5%. In addition, there has been a 22% increase in new HIV cases and a 43% increase in the number of PLWH. These findings reflect the HIV situation in Kazakhstan during the reporting period, underscoring the need to continue implementing prevention and treatment measures to effectively address this challenge.

REFLECTIONS AS PRELIMINARY RECOMMENDATIONS

This section focuses on addressing the emerging challenges facing Kazakhstan in relation to psychoactive substance use. Located in Central Asia, Kazakhstan is immersed in a constantly changing environment, which implies the need to review and adapt its existing drug policies. The shift towards recreational and synthetic drug use poses a number of additional challenges and risks that require an effective response. The following are generic recommendations to address these challenges and promote a comprehensive and balanced approach to drug policy in Kazakhstan.

It is important to note at this point that these recommendations are presented here only in a preliminary way, as they will be expanded and detailed at a later stage, once

the «Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies» has taken place. This seminar will specifically analyse what concrete actions implemented by EU Member States can be useful for Kazakh institutions in this regard.

- Aligning new anti-drug strategies with new emerging patterns of drug use, so that the challenges and changes in the field of drugs in Kazakh society can be efficiently addressed.
- Address new channels of drug purchase through cyber-security measures, thus ensuring the protection of society and the integrity of internet users from this emerging threat.
- Tackling the underlying causes of drug use in a comprehensive way, focusing on social, psychological and environmental aspects.
- Improve and strengthen prevention measures to avoid HIV transmission.
- Intensify efforts to educate and raise awareness of the risks associated with unsafe consumption practices, while promoting access to information and resources for adequate protection.
- Promote greater efforts to combat stigma and discrimination against people with addiction problems.
- Prioritise and strengthen rehabilitation and social reintegration programmes in order to provide comprehensive and sustained support to individuals struggling with addiction, enabling them to recover effectively, reintegrate positively into society and build a full and drug-free life.
- Conduct research and evaluation of policies and programmes implemented.

DOCUMENTATION USED FOR THE SYSTEMATISATION REPORT

- Decree N° 394 of 2000 [President of the Republic of Kazakhstan]. On the Strategy to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2001-2005. 16th May 2000.
- Decree N° 240 of 2006 [President of the Republic of Kazakhstan]. On the Programme to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2006-2008. 5th April 2006.
- Decree N° 784 of 2009 [President of the Republic of Kazakhstan]. On the Programme to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2009-2011. 27th May 2009.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Decree N° 451 of 2012 [President of the Republic of Kazakhstan]. On the Sectoral Programme to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2012-2016. 12th April 2012.
- Government of the Republic of Kazakhstan, (2022). Comprehensive Plan for Combating Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for the period 2023-2025.
- UNODC (2022). Partis Pact Country Fact Sheet Republic of Kazakhstan.

DOCUMENTATION REVIEWED

- Criminal Code [CC]. N°. 226-V. 3rd July 2014. (Republic of Kazakhstan).
- Code on Administrative Offences [CAO]. N°. 235-V of 5th July 2014. (Republic of Kazakhstan).
- Law N° 279 of 1998. On narcotic drugs, psychotropic substances, their analogues and precursors and measures to counteract their illicit trafficking and abuse. Republic of Kazakhstan.
- Ministry of Internal Affairs, (2022). Drug-related crimes as of December 2022. Republic of Kazakhstan.

KYRGYZSTAN. NATIONAL REPORT



INTRODUCTION

This Systematisation Report of the «National Dialogue on Drug Policy» meeting presents an analysis of the background, the main findings and some preliminary conclusions and recommendations on drug policy in the Kyrgyz Republic. The whole of the analysis systematised here is based on active participation in the National Dialogue, together with an in-depth analysis of the available documentation and reinforced by a questionnaire and a series of individual in-depth interviews conducted afterwards with some of the people who attended the National Dialogue. More specifically, the sources of analysis for this analysis are, briefly presented, the following.

- **Available documentation on drug policy in Kyrgyzstan.** Ten documents covering legal-normative and analytical issues of the drug situation in the country have been analysed.
- **«National Dialogue on Drug Policy»**, which was attended by twenty-eight people from different ministries of the Kyrgyz Republic, Non-Governmental Organisations, representatives of the EU and International Organisations, as well as FIIAPP and CADAP.
- **Semi-structured in-depth interviews.** To complement and deepen some of the issues raised in the National Dialogue, interviews were conducted with four of the people who had attended the meeting during the months of May and June 2023.
- **Needs assessment questionnaire**, which was sent to all institutions represented in the National Dialogue and was answered by seventeen representatives of these institutions during the months of May and June 2023.

Episteme Social therefore conceived the National Dialogue as an opportunity to conduct a **comprehensive assessment of Kyrgyzstan's drug policy needs** according to the different actors involved. The final objective of these actions is to provide a **needs analysis**, which is reflected in this Systematisation Report.

In terms of the structure of this Systematisation Report, we first present **an analysis of the existing drug policy literature in Kyrgyzstan**, introducing the legal background on which these policies are based. This is followed by a presentation of **the «National Drug Policy Dialogue» and the main issues raised**. We continue with an **analysis of the semi-structured in-depth interviews** conducted with some of the people who attended the National Dialogue. We end the analysis with a presentation of **the most salient elements of the needs assessment questionnaire** sent to all the institutions present at the National Dialogue. Once this disaggregated analysis has been

carried out, **a series of conclusions are presented, accompanied by some reflections that give rise to some initial preliminary recommendations.**

ANALYSIS OF DOCUMENTATION

In this section of «Analysis of documentation», we explore the state of drug legislation in Kyrgyzstan, as well as the programmes implemented by government authorities. In addition, we carry out an analysis of the current drug situation in the country in order to obtain a more accurate and up-to-date picture of the drug problem.

DRUG LEGISLATION IN KYRGYZSTAN

International legal instruments

Table 9 presents the drug-related treaties to which Kyrgyzstan has acceded. These treaties reflect Kyrgyzstan's strong commitment to combating drug-related problems by establishing an internationally recognised legal and policy framework to address this global challenge.

Treaty	State
Single Convention on Narcotic Drugs 1961	7 October 1994 (Ratification)
Convention on Psychotropic Substances of 1971	7 October 1994 (Accession)
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	7 October 1994 (Accession)

Table 9. Ratification of drug-related international treaties in Kyrgyzstan¹³.

National legal instruments¹⁴

During the last few years, the Kyrgyz Republic **has undertaken a major judicial and law enforcement reform with the aim of improving its legislation.** To achieve this, a special working group was formed, bringing together the best representatives of judicial

¹³ UNODC, 2022.

¹⁴ Internal document from CADAP 7 Kyrgyzstan.

practice, legal science, representatives of the non-governmental sector and experts from international organisations.

Between 2016 and 2018, this working group almost completely revised the current criminal, procedural, executive, etc. legislation. As a result, new legal codes and instruments were adopted and **are expected to have a significant impact on improving justice and strengthening the rule of law in the Kyrgyz Republic**. Some of the changes introduced in drug legislation in the country are specified below.

- Decriminalisation of minor offences relating to the circulation of narcotics and consumption of substances in public places.
- Exemption from criminal liability for persons who voluntarily turn themselves in and contribute to the disclosure of offences related to illegal drug trafficking.
- Criminalisation of the illegal trafficking and processing of narcotic drugs, as well as smuggling of substances and embezzlement or extortion of narcotic drugs.

DRUG POLICIES IN KYRGYZSTAN

Strategies implemented

Since 1993, Kyrgyzstan has regularly developed drug-related strategic documents, addressing, and detailing the challenge of addictive substances, setting clear goals and proposing measures to achieve them.

- In January 2014, the «**Anti-Drug Programme of the Kyrgyz Republic for 2014-2019**» was adopted, which was notable for comprehensively addressing the country's previous priorities, with a strong emphasis on the implementation of innovative approaches.

Table 10 below details the key objectives and approaches of the previous anti-drug strategy adopted by the Government of the Kyrgyz Republic.

Anti-Drug Programme 2014-2019
Strengthening primary, secondary and tertiary prevention of drug dependence
Enhance the competencies of officials responsible for the reduction of illicit trafficking in narcotic drugs, psychotropic substances and precursor chemicals
Improving the fight against illicit trafficking in narcotic drugs, psychotropic substances and precursors

Improving the control of licit trafficking in narcotic drugs, psychotropic substances and precursors
Reduce the level of negative phenomena caused by the use of narcotic drugs and psychotropic substances.
Ensuring treatment, rehabilitation and access to harm reduction services for drug users in prison
Improving drug control legislation
Developing international coordination and cooperation to tackle drug trafficking
Improving the collection, analysis and evaluation of monitoring information on the drug situation

Table 10. Anti-Drug Programme 2014-2019 in Kyrgyzstan¹⁵.

Strategy 2022-2026

The Anti-Drug Programme for the period 2022-2026, approved by the Cabinet of Ministers of the Kyrgyz Republic, demonstrates a comprehensive and strategic approach to the solution of the drug problem in the country. This programme, consisting of a total of 75 actions, **provides a precise overview of the goals and priorities of the Kyrgyz government in its fight against drug abuse and illicit drug trafficking.**

Table 11 below shows the organisational structure in which the actions contemplated in the Anti-Drugs Programme are included.

Anti-Drug Programme 2022-2026	
Fighting illicit drug trafficking	Primary, secondary and tertiary drug use prevention
Analysis and assessment of the drug policy and situation	Preventing HIV, STIs, tuberculosis and hepatitis associated with illicit drug use
Improving the legal framework	Damage reduction in the civil and penitentiary sector
Fighting the raw material of illicit drug trafficking	Ensure availability and access to controlled substances exclusively for medical, veterinary and scientific purposes.

¹⁵ Decree N° 54 of 2022.

Fighting crime in the field of illicit drug trafficking	Controlling new drug trafficking routes
International cooperation	Border control and customs measures

Table 11. Anti-Drug Programme 2022-2026 in Kyrgyzstan¹⁶.

In this regard, it is important to highlight the following key aspects of the actions included in the Programme for the period 2022-2026:

- Strong commitment to implement actions based on scientific evidence and international best practices, adapting them in a manner relevant to the specific country context.
- Conducting scientific research in the field of drugs to understand the situation in this area and to be able to take the necessary actions accordingly.
- Explicit commitment to establish prevention and harm reduction as priority directions to address the drug problem in the country.
- Strong commitment to improve the drugs field, through a comprehensive approach backed by a series of coordinated and strategic measures.
- Strengthening international cooperation in the fight against drug trafficking.

DRUG SITUATION IN KYRGYZSTAN

The fight against illegal drug trafficking is an issue of global concern due to the detrimental effects that drugs can have on health, the economy and social stability. In this regard, the Kyrgyz Republic has been working to strengthen its security and control strategies to combat this scourge.

Key factors in the current drug situation in Kyrgyzstan¹⁷

In the context of Kyrgyzstan, the following factors are identified as influencing the drug situation in the country.

¹⁶ Decree N° 445 of 2022.

¹⁷ Resolution 445 of 2022.

- The negative social processes that shape and maintain a constant demand for the illegal transit of drugs.
- International transit of drugs through the country's territory.
- The availability of raw materials for the illicit manufacture of drugs.
- Geographical proximity to the Islamic Republic of Afghanistan, as the main source of drug production in the region.
- The activities of international organised crime in Central Asia.
- The permeability of state borders.
- The emergence of NPS.
- The remaining low supply of controlled psychoactive drugs for medical and scientific use, including for the relief of pain and suffering.

Current measures to combat drug trafficking in Kyrgyzstan¹⁸

The Kyrgyz authorities have implemented a number of measures to address drug-related challenges. Notable actions include the following:

- Improve the legal and regulatory framework related to drugs.
- Strengthen collaboration at the international level, demonstrating a commitment to promote effective global cooperation in the fight against the drug problem.
- Strengthen border control through training of personnel and provision of technologically advanced equipment.
- Cooperate to reduce the supply of narcotic drugs and psychotropic substances, both of foreign and local origin.

Regional distribution of drug-related crime in Kyrgyzstan

The information provided in the table below presents the numbers of documented crimes in various areas and localities of Kyrgyzstan between January and June 2020 and 2021.

Regions and cities	Total registered		Percentage change (%)
	6 months 2020	6 months 2021	
Bishkek	136	175	+28.70
Osh	44	67	+52.30
Chui Region	101	102	+1

¹⁸ Resolution 445 of 2022.

CADAP 7. REGIONAL DRUG POLICY REPORT

Issik-Kul region	69	85	+23.30
Naryn Region	2	5	+150
Osh region	30	32	+6.70
Jalal-Abad Region	79	103	+30.40
Talas Region	15	20	+33.30
Batken Region	26	30	+15.40
Total	502	619	+23.31

Table 12. Comparison of the incidence of drug-related crime by region in Kyrgyzstan in the first six months of 2020 and 2021¹⁹.

The data presented in Table 12 allows for a comparison and analysis of the percentage variation between the two periods, which can help to identify possible trends or changes in the commission of crimes in different geographical areas of the country.

- In Bishkek, the capital, there is a 28.70% increase in the number of drug-related crime cases.
- The city of Osh shows a significant increase of 52.30% in the number of registered cases.
- Looking at the regions, the Naryn region stands out with a 150% increase in registered cases. However, the absolute number of cases is relatively low.
- Other regions, such as Issik-Kul, Jalal-Abad, Talas and Batken, have also experienced moderate growth in the number of registrations during the period under review.

Drug-related crime in Kyrgyzstan

Table 13 shows the structure of drug-related crimes that were detected during the period analysed. Through it, trends and changes in the types of offences committed can be observed.

¹⁹ Internal document from CADAP 7 Kyrgyzstan.

Type of offence	2017	2018	2019	2020	2021	% change (2017 - 2021)
Without intent to sell ²⁰	353	281	418	329	547	+55.3
With intent to sell ²¹	1,133	1,090	528	413	409	-63.9
Illicit manufacture of precursors (Art. 269)	0	0	14	18	12	-
Smuggling (Art. 270)	18	5	11	12	8	-55.6
Stealing ²² (Art. 271)	3	1	2	0	0	-100
Inducement to drug use (Art. 272)	16	2	3	5	2	-87.5
Illicit cultivation ²³	20	21	16	15	6	-70
Violation of rules ²⁴	1	5	1	1	1	-
Maintenance of dens ²⁵	13	6	6	2	5	-61.5
Illicit drug prescription ²⁶	1	1	0	0	0	-100
Illicit trafficking of strong and poisonous substances (Art. 277)	12	11	0	0	0	-100
Total	1,571	1,424	999	795	990	-36.96

²⁰ Illegal manufacture of narcotic drugs or psychotropic substances and their analogues without the purpose of sale (Art. 267).

²¹ Illegal manufacture of narcotic drugs, psychotropic substances and their analogues for the purpose of sale (Art. 268).

²² Theft or extortion of narcotic drugs or psychotropic substances (Art. 271).

²³ Sowing and cultivation of plants containing narcotic substances (Art. 273).

²⁴ Infringement of the rules on legal trade in narcotic drugs, psychotropic substances, their analogues or precursors (Art. 274).

²⁵ Organisation or maintenance of dens for the consumption of narcotic drugs, psychotropic substances and their analogues (Art. 275).

²⁶ Illegal issuing or falsification of prescriptions for narcotic drugs, psychotropic substances and their analogues (Art. 276).

Table 13. Drug-related offences according to the Criminal Code of the Kyrgyz Republic (2017-2021)²⁷. Source: UNODC (2022)

- Overall, total offences decreased by 36.96% between 2017 and 2021, with 795 cases in 2021 compared to 1,571 cases in 2017.
- The crime of «Inducement to drug use» experienced a significant decrease, with 87.5% fewer cases in 2021 compared to 2017.
- The crime of «Illicit cultivation» also showed a steady decrease in the years analysed, with 70% fewer cases in 2021 compared to 2017.
- The crime type «Without intent to sell» had a significant increase in the number of cases, from 353 in 2017 to 547 in 2021, representing a positive variation of 55.3% in the period from 2017 to 2021. On the other hand, the crime type «With intent to sell» experienced a significant decrease in the number of cases, from 1,133 in 2017 to 409 in 2021. This represents a negative variation of 63.9% over the same period.
- It is worth noting that the offences of «Violation of rules» and «Illicit drug prescription» had a low incidence, with only one case recorded in each year analysed.

Main drugs seized in Kyrgyzstan

Table 14 presents data on seizures of illicit drugs, precursors and other substances for the period 2017-2021. This data provides an overview of the number of drugs seized in each year and allows for an analysis of trends in the fight against drug trafficking.

Substance	2017	2018	2019	2020	2021	% change (2017 - 2021)
Heroin	101.33	73.57	53.87	16.49	449.1	+343.2
Opium	33.51	5,42	3.54	9.24	31	-7.47
Poppy straw	-	-	0.15	0.04	n/a	-
Poppy plants	9.09	21.49	0.004	-	0.091	-99
Acetylated opium	n/a	n/a	n/a	0,009	n/a	-
Marijuana	1,052.41	2,332.28	1,140.79	232.28	361.15	-65.68

²⁷ Criminal Code [CC]. N° 19 of 24th January 2017.

KYRGYZSTAN. NATIONAL REPORT

Hashish	256.72	205.48	169.94	509.96	245.93	-4.21
Cannabis oil	-	-	0.718	2.16	n/a	-
Cannabis plants	10,353.1 2	10,420.6 4	14,324.4 4	1,057.3 3	516.16	-95.02
Cannabis extract	n/a	-	3.06	747.49	n/a	-
Pharmaceuticals	13.67	0.141	0.075	6.84	0.022	-99.84
Psychotropic substances	0.338	21.072	5.244	6.996	20.42	+5,941.42
Amphetamine	0.0002	-	0.1	0.001	n/a	-
Methamphetamine	-	0.832	-	3.511	n/a	-
Mephedrone	-	-	-	0.01	n/a	-
α-PVP	0.0007	0.0002	1.998	1.844	n/a	+263,328.57 ²⁸
Total	12,832.3 3	13,103.8 5	15,067.7 8	2,594.8 1	1,624.8 6	-87.34

Table 14. Seizures of illicit drugs, precursors and other substances in kilograms (2017-2021). -Source: UNODC (2022).

- Overall, the total amount of drugs seized showed a decrease of 87.34% over the period analysed, from 12,832.33 kg in 2017 to 1,624.86 kg in 2021.
- During the period under review, a significant increase was observed both in the seizure of α-PVP, from 0.0007 kg in 2017 to 1.844 kg in 2021 (+263,328.57%), and in the seizure of psychotropic substances in general, with a positive variation of 5,941.42%.

²⁸ Percentage change between 2017 and 2020.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Heroin seizures showed a significant increase over the period analysed, from 101.33 kg in 2017 to 449.1 kg in 2021, representing a positive variation of 343.2%. On the other hand, opium seizures showed an overall decrease, from 33.51 kg in 2017 to 31 kg in 2021, with a negative change of 7.47%.
- Opium poppy cultivation experienced a drastic reduction of 99% between 2017 and 2021, from 9.09 kg to 0.091 kg.
- As for marijuana, a 65.68% decrease in the seizure of this substance is observed, from 1,052.41 kg in 2017 to 361.15 kg in 2021. On the other hand, seizures of cannabis plants also saw a significant reduction of 95.02% in the same period, from 10,353.12 kg to 516.16 kg.

HIV status in Kyrgyzstan

Table 15 reveals trends and variations in HIV testing and cases by sex in the country. These data are of vital importance for understanding the evolution of this disease and possible actions to be taken for its prevention and treatment. Through this table, some significant findings can be highlighted that provide an overview of the HIV situation in Kyrgyzstan over the past few years.

	2017	2018	2019	2020	2021	% change 2017-2021
Tested for HIV	418,806	411,666	467,200	411,008	541,755	+29.35
New HIV Cases	839	869	843	676	805	-4.05
Male	464	508	450	359	491	+5.81
Female	332	310	337	377	314	-5.42
PWID	202	130	96	44	33	-88.66
Total PLWH	7,948	8,824	9,680	10,342	11,153	+40.32
Male	4,887	5,395	5,849	6,201	6,665	+36.38
Female	2,645	2,957	3,296	3,568	3,870	+46.31
PWID	3,458	3,592	3,686	3,747	3,754	+8.55

Table 15. Trends and changes in HIV testing and cases by sex in Kyrgyzstan (2017-2021). Source: UNODC (2022).

- There is a 29.35% increase in the number of people tested for HIV from 2017 to 2021, which could indicate increased awareness and access to HIV testing.

- In terms of gender, an increase of 5.81% in new HIV cases among men is observed from 2017 to 2021. In contrast, there is a 5.42% decrease in new HIV cases among women over the same period.
- Among PWID, a significant decrease of 88.66% in HIV cases between 2017 and 2021 stands out.
- Overall, an increase of 40.32% in the total number of PLWH is observed from 2017 to 2021.
- When analysing PLWH by gender, there is a 36.38% increase in HIV cases among men, and a 46.31% increase among women from 2017 to 2021.

NATIONAL DIALOGUE ON DRUG POLICY IN KYRGYZSTAN

STAKEHOLDERS INVOLVED IN THE NATIONAL DRUG POLICY DIALOGUE

The National Drug Policy Dialogue was an important and momentous event that took place in the city of Bishkek on 28th April 2023. It was attended by the main actors involved in the drug policy decision-making process in the country, as well as representatives of international organisations and non-governmental organisations operating in Kyrgyzstan. The combined attendance of the different actors at the event allowed for a constructive and collaborative dialogue covering a wide range of drug policy issues in the country.

Kyrgyz government representatives present at the event included the Ministry of Internal Affairs, the Ministry of Health and the Ministry of Justice, as well as representatives of civil society in the country such as the Kyrgyz Ombudsman and the Coalition for Democracy and Civil Society. They were joined by the EU delegation to Kyrgyzstan, representatives of the United Nations Office on Drugs and Crime and the Organisation for Security and Cooperation in Europe.

The Table below shows in detail all the institutions who attended the National Drug Policy Dialogue in the Kyrgyz Republic.

	Institution
Euro- pean Union	Delegation of the EU to the Kyrgyz Republic
	FIIAPP
Re- pub- lic	SBNON, MIA
	MH
	RCCBVHH

	RPNC, MH
	SEP, MJ
	RCHPMC
	Institute of Ombudsman
	NGO «Door Eli»
International organisations	CADCA
	UNODC
	OSCE Programme
	UNDP PIU GFATM

Table 16. Attendees at the National Drug Policy Dialogue in Kyrgyzstan.

The event was also attended by international experts in the field of drug policy, all of them affiliated to the CADAP team. Among the participants were PhD. David Pere Martínez Oró (Episteme Social), PhD. Ricard Faura (Episteme Social), PhD. Aleksandr Zeličenko (Episteme Social), Mr. Roger Cáceres (Episteme Social) and PhD. Viktor Mravčík (Podané Ruce).

MAIN ISSUES EMERGING

The main issues discussed during the National Drug Policy Dialogue in Kyrgyzstan will be presented below. It will provide a detailed description of the issues raised, as well as the various alternatives and proposed solutions that were discussed at the event.

1. The main theme of the debate focused on the **key role that members of parliament play in decision-making** related to drug policy in the country. Participants discussed how parliamentarians should be involved to ensure that decisions are based on scientific evidence and real data, which can help develop more effective and efficient drug policies.
2. Within the discussions at the event, **the topic of the Clean Zone in Kyrgyzstan was also addressed**, generating a great deal of interest among the participants.

During the event, several proposals were put forward to address the problem of the lack of involvement of parliamentarians in evidence-based decision-making. Some of the solutions proposed by the attendees are highlighted below:

- Holding **additional high-level meetings with decision-makers** to provide them with adequate information on drug and HIV issues and to gain their support in the fight against these problems.
- Organisation of a forum with the intention of inviting parliamentarians to listen to drug and HIV issues, establish effective dialogue and take decisions to directly address the problems and concerns of Kyrgyz society.
- **Promoting greater debate and consideration of the involvement of parliaments** in the fight against drugs in Central Asia, including the European Parliament.
- Collecting accurate data on the drug situation in the country to develop effective solutions, using academic reports as tools to influence policy and budgetary decisions.
- Work with **influential parliamentarians** to bring about meaningful change and emphasise the importance of **communicating issues clearly** and avoiding diversions to irrelevant issues.
- **Engage the executive branch**, especially the Ministries of Interior and Health, to build capacity of other actors and foster more effective collaboration.
- Resume online meetings using platforms such as Zoom and invite parliamentarians from different countries to share experiences and knowledge.
- **Engage with the First Lady**, exploring the possibility of making her an ambassador for health and prevention, and liaise with Azerbaijan to seek collaboration on a range of issues, including HIV prevention and health strengthening.

During the discussions on the Clean Zone, several proposals were put forward to facilitate the visit of foreign governmental authorities to these complexes in order to observe the good practices implemented. The proposals that emerged during the event are detailed below:

- Inspect and share the experience of the Clean Zone in the women's colony with the women in parliament, emphasising the importance of increased visits and inspections to provide detailed information, gain a better understanding of their philosophy and the work done in the Clean Zone.
- Relevance of briefings with parliamentarians and highlighting the **positive influence of journalists and the media** in conveying accurate information and reflecting society's views on the Clean Zone.

- Bringing people from other countries to witness the results and impact of the Clean Zone, highlighting the **importance of showcasing these achievements to decision-makers in this** area.

ANALYSIS OF CONCERNS EMERGING FROM THE NATIONAL DIALOGUE

In this section, a thorough analysis of the findings related to the drug policy situation in Kyrgyzstan and the phenomena stemming from this field is conducted. The main objective of this analysis is to gain an in-depth understanding of the current situation in the country and to assess the progress made in key areas. Through this analysis, it seeks to identify both achievements and remaining challenges, with the aim of establishing a solid basis for the formulation of effective strategies and policies to promote Kyrgyzstan's development and well-being. It is important to note that this analysis has been carried out exclusively using the National Dialogue and documents provided by the consulted government authorities, which ensures a reliable and informed perspective.

- **Emergence of New Psychoactive Substances.** These substances have exploded in Kyrgyzstan in the context of the changing pattern of drug use mentioned above. The rapid evolution and diversification of these substances make them difficult to detect and regulate, which makes the control of their production and distribution even more complex. Authorities are considering how to adapt and constantly update their strategies and policies to address this emerging phenomenon and protect the health and welfare of the population.
- **Low supply of controlled psychoactive drugs for medical and scientific use.** While measures to control and restrict illicit substances are intended to prevent abuse, have inadvertently created difficulties for those who legitimately require controlled medicines. This scenario poses a challenge in balancing the prevention of abuse with ensuring adequate medical care.
- **Decline in drug-related crime.** Available data reveal a steady reduction in the incidence of criminal cases in recent years, which could indicate a possible downward trend in drug-related and other criminal activity, although great caution and analysis of medium and long-term trends is necessary before any conclusions can be drawn. Overall, a progressive strengthening in the effectiveness of the measures implemented to combat drug-related crime is discernible. However, there has been an increase in the illegal manufacture of narcotic drugs or psychotropic substances and their analogues without the purpose of sale.

- **Positive and negative variations in seizures of illicit substances.** An overall decrease in the quantities of drugs seized has been observed, indicating a downward trend. However, there has been an increase in seizures of heroin and psychotropic substances, with the weight of heroin seizures being particularly relevant compared to other categories of seized drugs. In addition, there has been a notable increase in seizures of α -PVP, a substance belonging to the synthetic cathinone group, reflecting new trends in drug use in the country.
- **Availability of own raw materials for illicit drug manufacture.** The existence of raw materials within the country favours the illicit manufacture of drugs, which contributes to the increase in supply on the market. This availability of raw materials becomes a determining factor in the creation of clandestine laboratories, where illicit substances are produced clandestinely. The ease of access to these raw materials provides a solid base for the production and distribution of drugs nationally and internationally.
- **Level of knowledge of members of the Kyrgyz parliament on evidence-based drug policy decision-making.** Drug policy decision-making is a complex and multidimensional issue that requires a comprehensive and evidence-based approach. New members of parliament are not necessarily sufficiently informed about the latest developments in scientific research, international best practices and other countries' experiences in drug policy implementation.

WHAT DO THE INTERVIEWS AND THE QUESTIONNAIRE TELL US?

Analysis of the interviews

In this section we will dive into an analysis of the interviews conducted in order to capture and understand the diverse perspectives expressed by the participants. Through these interviews, we have had the invaluable opportunity to **explore the experiences, opinions and knowledge of some key individuals** in relation to drug policy in Kyrgyzstan.

Each interview has been carefully conducted, providing a safe and welcoming space for participants to share their thoughts and reflections. We have gathered a wide variety of voices, covering different profiles, backgrounds and points of view, which **has allowed us to obtain a more complete and enriching view of the topic in question.**

Our main objective is to **draw meaningful and relevant conclusions from these testimonies in order** to gain a deeper understanding of the current drug situation in the country. The most relevant aspects that we have extracted from the interviews are presented below.

Positive aspects of drug policy highlighted in interviews

- **The methadone programme** is highlighted as a **positive measure** that has led to a decrease in heroin use and the harms associated with heroin use.
- Emphasis is placed on the **efforts that have been made through drug policy strategy papers** and international cooperation.
- It highlights **the work done to combat stigma and prevent drug use** through wellness activities and events in schools to provide information and combat the stigma associated with drug use.

Drug-related challenges highlighted in the interviews

- The urgent need to improve methodologies and the dissemination of information for the prevention of drug use is highlighted, as well as the challenges in the treatment of users who use synthetic drugs.
- It highlights the importance of **civil society involvement and the need for comprehensive support services** for drug users in Kyrgyzstan.
- It emphasises the profound importance and imperative need to effectively address the challenges closely related to illicit drug trafficking in the country of Kyrgyzstan.
- The need to act decisively in the face of the progressive increase of synthetic drugs, which have gained a foothold in the narcotics market in the country, is strongly emphasised.
- It highlights **the persistent problem of Afghan drugs transiting through the country's territory**, posing a threat to national security as well as a significant challenge to counter-narcotics efforts.
- It highlights the importance of paying special attention to and comprehensively addressing **the availability of raw materials for drug production within the country**.
- Priority attention is given to the fundamental task of effectively and systematically preventing the entry of narcotic substances into the country's penitentiary institutions.
- It highlights the need to **improve information sharing, training and addressing emerging issues** such as the use of cryptocurrencies in transactions to buy drugs.
- Areas for improvement are identified, such as the need to strengthen rehabilitation centres by improving their technical equipment.

ANALYSIS OF THE NEEDS ASSESSMENT QUESTIONNAIRE

In this section, a comprehensive analysis of the needs assessment questionnaire developed for the second phase of Outcome 1: Drug Policies of the CADAP 7 Programme in Central Asia is carried out. The main objective of the questionnaire is to **collect relevant and accurate information on the needs and demands related to drug policies in the country.**

This analysis, together with the review of interviews and documentation provided by Kyrgyz counterparts, provides a **solid basis for establishing preliminary recommendations that will be useful for government authorities.** By combining these methodological approaches, the aim is to obtain a comprehensive and contextualised view of the current needs and challenges in the field of drug policy in Kyrgyzstan.

- **Majority consensus on the approach to drug policy in Kyrgyzstan.** There is a majority consensus on the importance of reducing both demand and the harms associated with drug use. These approaches are considered a priority in the country's drug policies.
- **Inclusion of harm reduction as an integral part of drug policy.** Many survey participants consider it very important. However, there are also some who consider it only important, and some have doubts about its relevance. This suggests that there may still be some discrepancy or lack of clarity about the importance and benefits of harm reduction in the Kyrgyz context.
- **Importance of a comprehensive and multidimensional approach in the treatment of people who use drugs.** The importance of providing specialised medical and psychological treatment is highlighted, as well as promoting the social and occupational reintegration of drug addicts. Some respondents also mentioned the relevance of decriminalising drug use, implementing harm reduction programmes and providing support to affected families and communities. This indicates that there is recognition of the need for a comprehensive and multidimensional approach to tackling drug use and its consequences.
- **Rehabilitation and social reintegration of people with addiction problems.** Respondents consider a variety of options relevant, such as specialised treatment programmes, access to therapy and psychological support, support programmes for job search and vocational training, and support programmes for social and occupational reintegration. Inter-agency coordination, participation in self-help groups and therapeutic communities, and specialised care for people with addictions and co-morbid mental illnesses are also valued. However, some of them

mentioned that not enough work is being done on the rehabilitation and social re-integration of people with addiction problems.

- **Significant concern about the use of non-prescription medicines containing psychotropic substances.** It is a fairly significant or very significant problem among the population of Kyrgyzstan. However, there is a lack of knowledge about actions taken by the government to reduce this problem. Some respondents mentioned regulation of the sale of non-prescription drugs and awareness-raising campaigns as possible measures.
- **Consideration of alcohol consumption as a problematic phenomenon in the country because of its adverse consequences.** It is considered a very important or quite important problem in Kyrgyz society. Several reasons were mentioned for this, such as the increase in the number of women addicted to alcohol, the impact on the health of children and families, the presence of homemade and counterfeit products on the market, the link with crime and domestic violence, and the impact on unemployment and the lack of control on alcohol sales.
- **Significant concern about HIV in the drug using population in Kyrgyzstan.** Many respondents consider this to be an important and urgent concern. This indicates that there is recognition of the importance of addressing HIV in this population.
- **Actions implemented in the country to address the stigma associated with drug addiction.** Several initiatives implemented in Kyrgyzstan to reduce stigma were mentioned, such as state programmes related to HIV and harm reduction, training of service providers, information and education activities and actions, and awareness-raising campaigns. However, some respondents noted that stigma and discrimination towards people with addiction problems still persists, and that more effort is needed to address this problem.
- **Identification of factors contributing to illicit drug trafficking in Kyrgyzstan.** Corruption in security forces and law enforcement agencies, the use of information and communication technologies, the influence of criminal groups and criminal organisations, and the country's geographical location as a transit hub for drugs are the main factors identified by participants.
- **Main weaknesses in the anti-drug strategy identified by respondents.** Lack of coordination between government agencies, weak institutional capacity to deal with NPS and lack of financial and material resources to implement effective drug prevention and treatment programmes are emphasised as key weaknesses in Kyrgyzstan's anti-drug strategy.

- **Weaknesses identified by respondents in legislation related to the drug phenomenon.** The lack of effective treatment and rehabilitation programmes, and insufficient coordination between government agencies in charge of drug law enforcement are the main weaknesses identified in Kyrgyzstan's anti-drug legislation.
- **Importance of civil society participation in drug policy formulation and implementation.** Respondents consider it important and necessary. Different forms of participation were mentioned, such as working with non-governmental organisations, consulting and actively listening to the voices of people who use drugs, participating in dialogue roundtables and promoting citizen participation in general.

CONCLUSIONS

- **Shifting patterns of drug use, from an escapist to a recreational model of drug use.** This is perhaps the most salient of the changes detected in Kyrgyzstan: in recent years, there has been a notable shift in drug use patterns, characterised by a significant transition from substance use linked to highly problematic, mainly opiate drugs such as heroin, towards more recreational drug use, linked to a greater extent to leisure spaces, and which although also presenting significant risks, their impacts are generally much lower on physical and social health, and are linked to a lower burden of social stigma. This shift has been driven by a growing interest in more playful and pleasurable experiences, and undoubtedly follows a pattern that began in EU countries around the 1990s and has been consolidating over the first two decades of the 21st century.
- **Differentiated responses to the two patterns of use identified in the country.** Responses implemented to address the problems associated with heroin use will not be useful for dealing with synthetic and recreational drug use. Consequently, it will be imperative to adopt different approaches to address the challenges that have arisen as a result of the changing pattern of use in the country.
- **Diversification in the drug market in Kyrgyzstan.** The shift towards synthetic drugs, recreational drugs and non-medical use of pharmaceuticals reflects a transformation in the drug market in the country. This evolution implies the need for new responses to deal with this type of drug use.
- **Changing patterns of use and profile of users.** Synthetic drug use may attract a different set of users than heroin use. There is likely to be an increase in use among young people, among people seeking different leisure experiences, and in different social strata from those seen so far, most likely growing among the middle

and upper social classes in the country, which requires a more precise and targeted understanding of preventive actions to be taken.

- **Kyrgyzstan's geographical location poses considerable challenges in the fight against drug trafficking.** Both Kyrgyzstan in particular and the Central Asian region as a whole are embedded in the transit routes used for the distribution of drugs to European countries, Asian countries and other regions of the Global North. Thus, despite changing consumption patterns among the local population, the problem with opium and heroin trafficking may remain significant in the country as a transit point for international routes.
- The low supply of controlled psychoactive drugs for medical and scientific use makes it difficult for patients to access necessary medical and scientific treatment. This can lead to a diminished quality of life for people suffering from chronic pain or conditions that require the use of these substances.
- **Trends and variations in drug-related crime in Kyrgyzstan.** Significant reductions have been recorded in several aspects of drug-related crime in Kyrgyzstan. A marked decrease in the crimes of theft, illegal prescription of drugs and illicit trafficking in strong and poisonous substances, with a negative percentage change of 100%, stands out. In addition, significant decreases have been observed in the encouragement of drug use (-87.5%) and in the cultivation of plants containing narcotic substances (-70%), as well as in the organisation of places for the use of narcotic drugs and psychotropic substances (61.5%). Although to a lesser extent, slight reductions have also been recorded in other drug-related crimes. On the other hand, a moderate increase has been observed in the illegal manufacture of narcotic drugs or psychotropic substances without the purpose of sale (+55.3%). These data reflect significant changes in several drug-related areas, underlining the importance of continuing to address these challenges in society.
- **Trends and variations in seizures of drugs and psychotropic substances in Kyrgyzstan.** During the period from 2017 to 2021, notable variations in seizures of drugs and psychotropic substances have been observed in Kyrgyzstan. These seizures can be classified into three main categories according to the percentage increase or decrease. First, seizures with significant increases stand out, such as α -PVP (+263,328%) and psychotropic substances (+5,941%). These figures reflect a notable increase in the presence and trafficking of these substances in the country. In second place are seizures that experienced a significant increase, such as heroin (+343%). This indicates increased activity related to this particular drug. Finally, we identify seizures that have decreased in intensity, such as pharmaceuticals (-99%), opium poppy plants (-95%), cannabis plants (-95%) and marijuana (-

65%). These seizures provide an insight into the drug trafficking and consumption landscape in Kyrgyzstan during the reporting period, showing fluctuations in the supply and demand for various substances in the country.

- **Trends and variations in HIV testing and cases by sex in Kyrgyzstan.** Over the period 2017-2021, significant changes and variations have been observed in HIV cases by sex in Kyrgyzstan. Importantly, there has been a remarkable 40% increase in HIV prevalence among the population over the past five years, while there has been a significant 88% reduction in new HIV cases related to drug use. However, there has been an 8.5% increase in the total number of PWID, with an increase of 46% among women and 36% among men. In addition, a 4% decrease in new HIV cases has been observed. These results reflect the HIV situation in Kyrgyzstan during the reporting period and underline the need to continue implementing prevention and treatment measures to effectively address this challenge.

REFLECTIONS AS PRELIMINARY RECOMMENDATIONS

This section focuses on addressing the new challenges that have emerged in the drug field in Kyrgyzstan, a country located in Central Asia. In a constantly evolving context, Kyrgyzstan is facing a number of complex challenges that require a review and adaptation of its existing drug policies. The transformation in the consumption pattern, with the shift towards recreational and synthetic drugs, poses a number of additional problems and risks that need to be effectively addressed. Below is a set of key recommendations to address these challenges and promote a comprehensive and balanced approach to drug policy in Kyrgyzstan.

It should again be stressed here that these recommendations are made here on a preliminary basis, as they will be further developed and concretised at a later stage, once the «Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies» has taken place, and it has been analysed which of the concrete actions undertaken by EU Member States can be useful for Kyrgyz institutions in this regard.

- **Align new anti-drug strategies with emerging new patterns of consumption,** as is being done in the other countries where this model change came earlier and where it has already taken hold.
- Address new channels for drug purchases through cyber-security measures to detect, track and neutralise illicit online transactions.
- Tackling the underlying causes of drug use in a comprehensive manner, focusing on social, psychological and environmental aspects.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Promote greater efforts to combat stigma and discrimination against people with addiction problems.
- **Prioritise and strengthen rehabilitation and social reintegration programmes** by providing comprehensive support to promote recovery and reduce relapse rates.
- **Conduct research and evaluation** of policies and programmes implemented.
- Strengthen drug prevention and education through intra-family communication.
- Incorporate technical teams in trips abroad to meet and learn from successful practices in drug policy.

DOCUMENTATION CONSULTED

Documentation used for the Systematization Report

- Decree N° 54 of 2022 [Cabinet of Ministers]. Anti-Drug Programme 2014-2019. 27th January 2022.
- Decree N° 445 of 2022 [Cabinet of Ministers]. Anti-drug programme of the Kyrgyz Republic. 10 August 2022.
- Review of the current anti-drug legislation of the Kyrgyz Republic. [Internal document from CADAP Kyrgyzstan]
- Review on the drug situation in the Kyrgyz Republic and the measures to combat illicit drug trafficking for 6 months 2021. [Internal document from CADAP Kyrgyzstan]
- UNODC (2022). Paris Country Fact Sheet. Republic of Kyrgyzstan.

DOCUMENTATION REVIEWED

- Code on Infringements [CI]. N° 58 of 13th April 2017. (Republic of Kyrgyzstan).
- Code of Offences [CD]. N° 128 of 28th October 2021. (Republic of Kyrgyzstan).
- Criminal Code [CC]. N° 19 of 24th January 2017. (Republic of Kyrgyzstan).
- Criminal Procedure Code [CPC]. N° 129 of 28th October 2021. (Republic of Kyrgyzstan).
- Decree 435 of 2021 [Cabinet of Ministers]. Whereby the Concept for the Implementation of the National Alert Mechanism for New Synthetic Drugs and New Psychoactive Substances has been elaborated. 12th October 2021.

TAJKISTAN. NATIONAL REPORT



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INTRODUCTION

The Systematisation Report of the «National Drug Policy Dialogue» provides a comprehensive analysis of the background, key findings, conclusions, and preliminary recommendations on drug policy in the Republic of Tajikistan. This analysis is based on active participation in the National Dialogue, a thorough study of relevant documentation and the administration of a needs assessment questionnaire to gain an in-depth understanding of the drug policy needs of stakeholders involved in the policy-making process. Various sources of analysis have been used, which are summarised below.

- **Available documentation on drug policy in Tajikistan.** Ten documents covering legal-normative and analytical issues of the drug situation in the country have been analysed.
- **«National Drug Policy Dialogue»**, which was attended by twenty people from different ministries of the Republic of Tajikistan, Non-Governmental Organisations and representatives of the EU, as well as FIIAPP and CADAP.
- **Needs assessment questionnaire**, which was sent to all institutions represented in the National Dialogue and was answered by five representatives of these institutions during the month of June 2023.

Episteme Social conceived the National Dialogue as a valuable occasion to carry out a **detailed assessment of Tajikistan's needs in relation to drug policy**, considering the perspective of the various actors involved. The ultimate purpose of this initiative is to provide in this Systematisation Report a **comprehensive analysis of the needs identified**.

The Systematisation Report for Tajikistan follows a well-defined structure. First, a **review of drug policies in the country is undertaken**, analysing the available documentation in detail and examining the legal basis for these policies. This is followed by a **detailed section on the «National Drug Policy Dialogue»**, where the key issues that emerged during this event are discussed in depth. Subsequently, the **most relevant aspects of the needs assessment questionnaire**, which was distributed to all the institutions participating in this meeting, are presented. Once the detailed analysis has been carried out, **a series of conclusions and reflections are presented, leading to the first preliminary recommendations**.

ANALYSIS OF DOCUMENTATION

In this «Analysis of documentation» section, we examine the legal and regulatory situation of psychoactive substances in Tajikistan, as well as the initiatives implemented by the state authorities. In addition, we carry out an analysis of the current drug situation in the country, with the aim of gaining a more detailed and up-to-date understanding of this challenge.

DRUG LEGISLATION IN TAJIKISTAN

International legal instruments

The following conventions presented in Table 17 highlight Tajikistan's commitments in addressing the drug phenomenon by acceding to treaties that establish an internationally recognised legal and normative framework, reflecting its strong determination to effectively address this global drug-related challenge.

Treaty	Status
Single Convention on Narcotic Drugs, 1961	26 March 1997 (Accession)
Convention on Psychotropic Substances of 1971	26 March 1997 (Accession)
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	26 March 1997 (Accession)

Table 17. Ratification of International Drug Treaties in Tajikistan²⁹.

National legal instruments³⁰

In order to strengthen and improve the existing legislation in the field of drug control, a number of amendments have been made to the legal and regulatory acts applicable in Tajikistan. **These amendments reflect the country's continued commitment to preventing drug use and addressing illicit trafficking in narcotic substances.** During this process, adjustments have been made to several articles of the Code on

²⁹ UNODC, 2022.

³⁰ Internal document from CADAP 7 Tajikistan.

Administrative Offences and a new National List of drugs, psychotropic substances and precursors has been developed. These amendments are based on decrees and provisions of the Government of Tajikistan, as well as recommendations of the UN Conventions.

In this regard, the country's government authorities have demonstrated a dynamic and diverse approach to drug legislation, demonstrating their commitment to addressing the global challenges associated with this problem. Thus, in order to efficiently and effectively address the various aspects related to the consumption, trafficking and production of narcotic substances, the country has established a solid and comprehensive regulatory framework.

DRUG POLICIES IN TAJIKISTAN

Strategies implemented

In 1999, the Drug Control Agency was established under the President of the Republic of Tajikistan in order to improve the system of law enforcement structures. Subsequently, in 2004, the Coordinating Council for Drug Abuse Prevention in the Republic of Tajikistan was established by Presidential Decree N° 1310.

- In November 2007, the «Single State Programme for the Prevention of Drug Abuse and Combating Illicit Drug Trafficking for the years 2008-2012³¹» was approved, with the aim of preventing drug use, providing treatment and rehabilitation, strengthening the control of illicit trafficking, promoting international cooperation and fostering inter-agency collaboration.
- Subsequently, in February 2013, the «National Strategy for Combating Illicit Drug Trafficking in the Republic of Tajikistan 2013-2020» was adopted with the main objective of significantly reducing the illicit trafficking of narcotic drugs and their non-medical use, the magnitude of the consequences of their illicit trafficking for the safety of public health, society and the state.

Table 18 below specifies the main goals and approaches of the previous National Strategy that was approved by the Government of the Republic of Tajikistan.

³¹ http://www.adlia.tj/show_doc.fwx?rgn=11909.

Strategy 2013-2020
Development, adoption and implementation of sectoral programmes for the prevention of illicit drug trafficking.
Improving the interdepartmental cooperation mechanism for combating illicit drug trafficking.
Strengthening and improving the material and technical basis of the law enforcement agencies.
Strengthening the border control system.
Extending international cooperation in the field of drug trafficking control.
Improvement of the material and technical basis of the drug treatment service and introduction of effective treatment methods.
Creation of a network of institutions for the rehabilitation of drug addicts and their material and technical equipment.
Increasing the level of scientific and research activities in the field of drug trafficking control, prevention and treatment of drug addiction and rehabilitation of drug addicts.
Improvements in the organisational, policy, legal and resource endowment of anti-drug activities.

Table 18. Anti-Drug Strategy 2013-2020 in Tajikistan³².

Drug strategy 2021-2030³³

The National Drug Control Strategy of the Republic of Tajikistan for the period 2021-2030, consisting of a total of 43 actions for the period 2021-2025, is a strategic planning act developed to ensure the security and public health of the country, taking into account national and international practices. The main objectives of the Strategy are to **ensure the security of the Republic of Tajikistan against drug threats and their harmful**

³²<https://akn.tj/ru/2020/12/03/national-strategy-to-combat-illicit-drug-trafficking-in-the-republic-of-tajikistan-for-2013-2020/>

³³ Order N° 145 of 2021. National Drug Control Strategy of the Republic of Tajikistan for 2021–2030.

effects, and to strengthen the fight against illicit drug trafficking, which represents a source of financing for international terrorism.

Table 19 below shows the organisational structure in which the actions envisaged for the first period of the National Strategy are included.

National Drug Control Strategy (2021-2030)
Organisational measures
Tackling illicit trafficking in narcotic drugs, psychotropic substances and their precursors
Control of licit trafficking in narcotic drugs, psychotropic substances and their precursors
Prevention of drug addiction
Human resources training in drug control and prevention
International cooperation
Improving regulatory legal acts in the field of drug control

Table 19. National Drug Control Strategy of the Republic of Tajikistan for the period 2021-2030.

In this regard, it is important to highlight the following key aspects of the actions included in the National Strategy for the period 2021-2030:

- **Commitment to monitoring and evaluating the implementation** of the drug control strategy, as well as reviewing the results.
- **Improvements in the regulatory legal acts on drug control** by bringing them in line with international drug control standards.
- Strengthening international cooperation.
- Commitment to improving professional training in the field of drug prevention and control.

DRUG SITUATION IN TAJIKISTAN³⁴

Tajikistan faces significant challenges in relation to the drug phenomenon. As a key transit country on the Central Asian drug route, it is in a strategic geographical position that exposes it to various illicit drug-related activities. Drug trafficking, illicit cultivation

³⁴ Order N° 145 of 2021

and domestic consumption are major concerns for the Tajik government and society. These problems not only threaten the security and well-being of the population, but also have implications for the country's social stability, economic development and governance.

Key factors in the current drug situation in Tajikistan

In the context of Tajikistan, the following factors are identified as influencing the drug situation in the country.

- Drug trafficking from Afghanistan to Tajikistan, followed by transport to other countries.
- The expansion of the illegal drug trade through the use of the Internet.
- **Illegal importation of new types of synthetic drugs** and psychotropic substances, which are analogues of narcotic drugs, from foreign countries.
- Increasing use of non-prescription drugs containing narcotic substances among young people.
- The increase in the number of cases of HIV and AIDS.

Current measures to combat drug trafficking in Tajikistan

The government of Tajikistan is currently promoting the following measures to combat drug trafficking in the country.

- Implementation of specific measures for access to prescription narcotic drugs and psychotropic substances.
- **Improved cooperation with the media**, in order to develop and present recommendations to their representatives to present the issues of drug abuse and drug prevention.
- **Development of educational programmes and methodological recommendations** for the prevention of drug dependence and the promotion of healthy lifestyles.
- Introduction of changes and amendments to the national list of narcotic drugs, psychotropic substances and their precursors, drug analogues.

Drug-related crime in Tajikistan

In this section, we focus on the issue of drug-related crime in Tajikistan in order to analyse the current situation in detail. Through the analysis, we explore the current drug-

related crime situation in depth, with an emphasis on the trends observed and the most frequent types of crime. This analysis provides us with a comprehensive overview of the problem and lays the groundwork for addressing it more effectively in the specific context of Tajikistan. Table 20 examines trends in drug-related crime in Tajikistan from 2017 to 2021.

	2017	2018	2019	2020	2021	Variation Change (2017 - 2021)	%
With intent to sell (Art. 200) ³⁵	71	68	73	73	76	+7.04	
No intention to sell (Art. 201) ³⁶	19	14	15	13	8	-57.9	
Smuggling (Art. 289)	6	12	7	11	12	+100	
Other (Art. 202; 204; 205; 206) ³⁷	4	6	5	3	4	-	
Total offences	820	812	582	700	707	-13.8	

Table 20. Statistics of drug-related crimes according to the Criminal Code of the Tajik Republic (2017-2021). Source: UNODC (2022).

- **The total number of drug-related offences has experienced minimal fluctuations over the years**, ranging from 582 in 2019 to 820 in 2017. Although there have been variations, the overall trend appears to have remained stable over this period, with a 13.8% decrease in the total number of drug-related offences.
- Offences with intent to sell drugs have shown a generally stable trend, with minor fluctuations in recent years. The values vary between 68 and 76 cases.

³⁵ Illicit trafficking in drugs and psychotropic substances with intent to sell (Art. 200).

³⁶ Illegal handling of narcotic drugs and psychotropic substances (Art. 201).

³⁷ Theft of drugs and precursors (Art. 202); illegal cultivation of plants containing narcotic substances (Art. 204); organisation or possession of dens for narcotic drugs and psychotropic substances (Art. 205) and illegal trafficking in strong or poisonous substances for the purpose of sale (Art. 206).

- On the other hand, offences without intent to sell drugs show a gradual decrease over the period studied, from 19 cases in 2017 to 8 in 2021.
- **Drug smuggling offences have followed a generally stable pattern with some fluctuations over time.** Although variations have been observed, the total number of smuggling cases has increased from 6 to 12 over the years.
- Other drug-related offences (Art. 202; 204; 205; 206) show a generally stable trend with minor fluctuations over the period studied. The values remain low, varying between 3 and 6 cases.

Main drugs seized in Tajikistan

In this section, the most frequently seized drugs in Tajikistan are explored in detail. As the country is located on a major drug trafficking route, the smuggling and illegal circulation of narcotic substances is a constant challenge. The analysis provides us with a clear understanding of current trends in this field. It also allows us to take a closer look at the most frequently seized drugs and to understand their impact on Tajik society.

	2017	2018	2019	2020	2021	Variation % Change (2017 - 2021)
Heroin	110.02	282.18	171.72	118.45	251.92	+128.9
Opium	1,211.27	1,606.79	788.43	788.80	593.94	-50.9
Marijuana	742.68	496.99	60.52	158.92	142.35	-80.8
Hashish	2,387.01	1,310.34	607.91	1,315.67	2,989.44	+25.2
Cannabis plants	1,261,738	1,563,990	2,238,019	1,432,972	1,547,038	+22.6
Amphetamine (tablet)	5	15	-	731	5,088	+101,660
Methamphetamine	7.56	1.85	5.49	39.88	101.47	+1,242.2

CADAP 7. REGIONAL DRUG POLICY REPORT

MDMA (tablet)	10,229	15,865	7,555	7,972	n/a	-22.06 ³⁸
Pheno-barbital (tablet)	280	255	390	370	418	+49.29
Diaze-pam (tablet)	20	40	n/a	141	645	+3,125
Alprazo-lam (tablet)	-	1,380	n/a	n/a	15,099	+994.13 ³⁹
Total	1,276,760	1,585,191	2,246,342	1,444,300	1,569,568	+22.93

Table 21. Seizures of different drugs and psychotropic substances in kilograms in Tajikistan (2017-2021). Source: UNODC (2022).

- During the reporting period, a significant increase in heroin seizures has been observed, **with a positive change of 128.9%**. In contrast, **a 50.9% decrease in opium seizures has been recorded**.
- Significant changes have been recorded in seizures of cannabis-related substances. A drastic decrease of 8.8% in marijuana seizures was noted, while seizures of hashish increased by 25.2%. In addition, an increase of 22.6% in seizures of cannabis plants has been observed during the same period analysed.
- During the period under review, there was a significant increase in seizures of amphetamine and methamphetamine tablets in the country. In 2017, only 5 amphetamine tablets were seized, while in 2021 the figure rose to 731, representing a growth of 101,660%. As for methamphetamine, there is a progressive increase in seizures, from 7.56 kg in 2017 to 101.47 kg in 2021, representing a growth of 1,242%. These data reveal a notable increase in the availability and use of these substances during this period.
- Both diazepam and alprazolam have shown interesting patterns in seizures over the period 2017 to 2021. **In the case of diazepam, a progressive increase in**

³⁸ Percentage change between 2017 and 2020.

³⁹ Percentage change between 2018 and 2021.

seizures has been observed over these years. On the other hand, **alprazolam** has presented absent data in 2017 and 2019, but **has experienced a notable increase in 2018 with 1,380 tablets seized, and an even higher value in 2021 with 15,099 tablets.**

- On the other hand, data for MDMA show a decrease in seizures over the years. In 2017, 10,229 tablets were seized, which decreased to 7,972 tablets in 2020. This represents a 22.06% reduction in MDMA seizures over the period.

Registered drug users in dispensaries in Tajikistan

In this section, the situation of registered drug users in Tajik clinics is analysed. However, the lack of accurate data for the years 2020 and 2021, due to the COVID-19 pandemic, prevents a more complete assessment of the evolution in the type of drugs consumed by registered users in dispensaries during the period analysed. It is therefore necessary to bear in mind that the present analysis is based on the data available to date and may not fully reflect the current situation. Despite these limitations, a comprehensive review of the available information is undertaken to understand the overall picture of registered drug users in Tajik clinics.

	2017	2018	2019	2020	2021
Total number of registered drug users	6,947	6,059	5,375	5,099	4,749
By drug type (%)					
Opioid users	93	90	74	n/a	n/a
Heroin users (among all drug users)	79	78	n/a	73	n/a
Cannabinoid users	5	5	6	n/a	n/a
Polydrug users	4	5	6	n/a	n/a
MDMA users	0.01	0.02	-	n/a	n/a

Table 22. Drug users registered in dispensaries, by drug type (%) in Tajikistan (2017-2021). Source: UNODC (2022).

- Between 2017 and 2021, there is a gradual decrease in the total number of registered drug users in dispensaries from 6,947 to 4,749, with a negative percentage decrease of 31%.
- Analysing the data by drug type, opioid users accounted for the highest proportion of registered users in all years, with percentages ranging from 93% to 74%.

Trends in drug treatment and overdose cases in Tajikistan

This section examines trends in drug treatment and overdose cases in Tajikistan. Through the analysis of treatment centre records, a comprehensive picture of the evolution of drug users and overdose cases over the period analysed is obtained. The ultimate goal is to gain a deeper understanding of trends and patterns related to drug treatment and overdose in Tajikistan.

	2015	2016	2017	2018	2019	% change (2015-2019)
Heroin users	481	423	474	356	350	-27.23
Opium users	74	91	57	70	75	+1.35
Hashish users	8	3	2	4	18	+125
Polydrug users	84	43	38	70	56	-33.33
Treated drug abusers	647	560	571	641	639	+1.24
Drug overdoses	49	15	11	11	4	-91.83

Table 23. Drug treatment and drug overdoses registered in treatment centres in Tajikistan (2015-2019). Source: UNODC (2022).

- The number of people treated for drug abuse has experienced a slight positive change of 1.24% in the period from 2015 to 2019.
- The significant decrease in heroin users is notable, with a negative variation of 27.23% from 2015 to 2019. On the other hand, there is a slight increase in the number of opium users, with a positive change of 1.35%.
- The number of hashish users has seen a significant increase of 125% from 2015 to 2019.
- The population of polydrug users has decreased by 33.33%.
- **A drastic decrease in drug overdoses of 91.83%** in the number of registered cases has been observed from 2015 to 2019.

HIV status in Tajikistan

This section analyses the HIV situation in Tajikistan, providing a broad overview of the problem in the country. HIV continues to represent a significant public health challenge in Tajikistan, and understanding the current situation is critical to developing effective strategies. It explores trends over time and identifies challenges and opportunities for improving the HIV response in the specific context of Tajikistan.

	2016	2017	2018	2019	2020	% change 2016-2020
Tested for HIV	509,092	612,123	780,688	1,062,508	805,120	+58.14
New HIV cases	1,038	1,205	1,421	1,320	1,084	+4.43
Male	621	735	883	771	n/a	+24.15 ⁴⁰
Female	417	470	538	549	n/a	+31.65
Including by mode of transmission (%)						
Sexual contacts	65	66	n/a	73	n/a	+12.31
IDU	19	20	n/a	10	n/a	-47.37
Mother-to-child	5	5	n/a	4	n/a	-20
Others	11	9	n/a	13	n/a	+18.18
Total HIV cases	8,583	9,957	10,695	12,420	12,876	+50.02
IDUs (%)	41	32	n/a	n/a	n/a	-
PLWH	6,056	7,094	7,812	8,756	9,459	+56.19

Table 24. Trends and changes in HIV testing and cases by sex in Tajikistan (2016-2020).
Source: UNODC (2022).

- There is a slight increase in the number of new HIV cases from 2016 to 2020, with a percentage change of 4.43%.
- In relation to gender, an increase in the number of HIV cases in both men and women has been observed over the years analysed. During the period from 2016 to 2020, **there was a 24.15% increase in HIV cases in males, and a 31.65% increase in HIV cases in females.**
- There is a significant increase in the number of people tested for HIV over the years, with an increase of 58.14% in the period from 2016 to 2020.

⁴⁰ In Table 24, if «n/a» is displayed, the percentage change between 2016 and 2019 is calculated.

- There is a significant increase of 56.19% in the number of PLWH from 2016 to 2020.

NATIONAL DRUG POLICY DIALOGUE

STAKEHOLDERS INVOLVED IN THE NATIONAL DRUG POLICY DIALOGUE

On 21th June 2023, Tajikistan became the epicentre of a momentous event in the framework of the CADAP 7 Programme: The National Drug Policy Dialogue. In the city of Dushanbe, leaders and decision-makers gathered to establish an enriching dialogue and share their vision on how to address the country's substance-related challenges.

The event was attended by leading representatives of the government of Tajikistan, including the Ministry of Internal Affairs, the Drug Control Agency, the Ministry of Foreign Affairs, the Ministry of Justice, the National Centre for monitoring and prevention of drug use and the Republican Rehabilitation Centre «Tangai». In addition, representatives of important non-governmental organisations in the country, such as Youth House and Spin Plus, attended the event. Table 25 below shows in detail all the institutions who attended the National Drug Policy Dialogue in the Republic of Tajikistan.

	Institution
European Union	Delegation of the EU to the Tajik Republic
	Delegation of the EU to the Kyrgyz Republic
	FIIAPP
Republic of Tajikistan	DCA
	MFA
	MJ
	MI
	NCMPDU
	Republican Rehabilitation Centre «Tangai»
	NGO «Youth House»
	NGO «Spin Plus»

Table 25. Attendees at the National Drug Policy Dialogue in Tajikistan.

As part of the international CADAP team, the following drug policy experts joined the event: PhD. David Pere Martínez Oró, PhD. Ricard Faura and Mr. Roger Cáceres from Episteme Social, and PhD. Viktor Mravčík, representative of Podané Ruce.

MAIN ISSUES EMERGING

During the National Drug Policy Dialogue in Tajikistan, the key issues addressed are outlined, including a description of the issues raised and the many options and suggestions for their resolution, which were the subject of discussion at the event.

1. The new national drug control strategy for the period 2021-2030 is mentioned, with the **main objective of safeguarding the country's drug security**.
2. It outlines the status of the HIV epidemic in the country and the responses that have been implemented through the «National Programme to Combat the HIV Epidemic by 2021-2025».
3. The importance of the use of stimulants such as methadone as a tool for the treatment of opioid addiction and the reduction of associated harms is highlighted.

ANALYSIS OF CONCERNS EMERGING FROM THE NATIONAL DIALOGUE

A comprehensive analysis of drug-related findings in Tajikistan is essential to obtain a clear picture of the current situation. By collecting information in this area, we can identify the government's objectives and assess the extent to which they have been achieved, especially about reducing drug supply and demand in the country. It is important to note that this analysis has been carried out exclusively on the basis of the National Dialogue and the documentation provided by the authorities consulted, these being the only resources available at this point in time.

- **Emergence of New Psychoactive Substances.** These substances have experienced remarkable growth and their rapid evolution and diversity make them difficult to detect and regulate, posing even greater challenges for the control of their production and distribution. Authorities are assessing how to adapt and continuously update their strategies and policies to address this emerging phenomenon and safeguard the health and well-being of the population.
- **Increasing use of non-prescription drugs containing narcotic substances among young people.** The increased availability and accessibility of non-prescription drugs containing narcotic substances has contributed significantly to the spread of this problem in Tajikistan. These drugs, such as opioids and tranquillizers, originally designed to relieve moderate to severe pain, are being used inappropriately and recreationally by young people in the country. In this situation, it is critical that government authorities respond effectively, based on the available scientific evidence.

- **Transit route for drug trafficking from Afghanistan.** The geographical location of Afghanistan and Tajikistan plays a crucial role in shaping this transit route. The permeable and difficult to control mountainous border creates conditions conducive to drug smuggling. Moreover, Tajikistan's proximity to the main transport arteries connecting Asia and Europe makes it an attractive transit point for narcotics traffickers. As a result of this route, Tajikistan faces a number of significant challenges.
- **Expansion of the illegal drug trade through the use of the Internet.** The illegal online drug trade has expanded significantly in Tajikistan, posing challenges for the authorities and society at large. The accessibility and anonymity offered by the internet has facilitated the sale and distribution of psychoactive substances through clandestine websites, social networks and the Dark Web. This expansion entails risks for society, such as increased consumption and addiction, with serious consequences for the health and well-being of citizens.
- **Decline in drug-related crime.** An overall decrease in drug-related crime has been observed, which is a significant step forward in tackling this problem. However, it is important to mention that there has been an increase in crimes of illicit trafficking of drugs and psychotropic substances with intent to sell, as well as in cases of smuggling. Despite these specific increases, there has been a decrease in the overall number of crimes. This indicates that the authorities and law enforcement have implemented effective actions to address the problem in a comprehensive manner, not only in relation to drugs, but also in other aspects of organised crime.
- **Increase in drug seizures.** A notable increase in drug seizures has been observed in Tajikistan in the reporting period, reflecting the country's continued effective efforts to tackle illicit trafficking in narcotic drugs and psychotropic substances. The increase in drug seizures not only reflects the enhanced capacity of law enforcement agencies, but also a clear sign of the Tajik government's determination to protect its population and safeguard national security. The actions implemented have contributed to the disruption of drug supply chains and have had a positive impact on reducing the availability of illegal drugs in the country.
- **Decrease in the number of registered drug users in dispensaries.** An encouraging decrease in the number of registered drug users in dispensaries has been observed. This positive indicator reflects the efforts and policies implemented by the government and health authorities to address the problem of drug use and to promote the health and well-being of the population. However, it is important to

note that the decline in the number of registered drug users in clinics is a positive indicator but should not be considered as a complete reflection of the situation.

- **Decline in drug overdoses.** The decline in drug overdoses in Tajikistan is a promising indicator of the efforts made to address this public health problem. Comprehensive approaches involving prevention, treatment and collaboration between various actors have significantly reduced the number of overdoses and ultimately saved lives. However, it is essential to maintain this approach and to continue to work tirelessly to protect people from the risks associated with drug use and to foster a healthier and safer society.
- **Increase in HIV cases.** In recent years, the country has experienced a significant increase in cases of HIV infection. This phenomenon poses a significant public health concern and demands a deeper understanding of the underlying factors contributing to this increase. Analysis of the statistics also reveals that new HIV cases are almost evenly distributed across the country, with significant increases in both men and women. These findings, obtained from the literature review and official statistics, underline the importance of comprehensively addressing the factors contributing to this worrying situation.

WHAT DO THE RESULTS OF THE QUESTIONNAIRE TELL US?

Analysis of the needs assessment questionnaire

In this section, a thorough analysis of the needs assessment questionnaire specifically designed for the second phase of Outcome 1: Drug Policies of the CADAP 7 Programme in Tajikistan is carried out. The main purpose of this questionnaire **is to collect accurate and relevant information on the demands and requirements related to drug policies in the country.**

Through this analysis, together with the review of documentation provided by Tajik counterparts, a solid basis is established **to formulate preliminary recommendations that are of value to government authorities.** By combining these methodological approaches, a comprehensive and contextualised understanding of the current needs and challenges in the field of drug policy in Tajikistan is sought.

- **Different assessment of the importance of demand and supply reduction and harm reduction.** A broad consensus is evident regarding the prioritisation of drug demand and supply reduction as the focus of drug policy in the country. To a lesser extent, the importance of addressing harm reduction associated with drug use is also recognised.

- **Unanimity on the inclusion of harm reduction as an integral part of drug policy.** All respondents agree that it is vitally important to incorporate harm reduction into the country's drug policy.
- **Diversity of options for approaching the treatment of people who use drugs.** The importance of offering specialised medical and psychological treatment, as well as implementing harm reduction programmes in order to minimise the risks related to drug use is emphasised. In addition, some participants mentioned the relevance of providing support and resources to families and communities affected by drug addiction and advocated for the decriminalisation of drug use as a measure to reduce stigma and improve access to treatment services.
- **Rehabilitation and social reintegration of people with addiction problems.** Respondents recognise the importance of various options, such as specialised treatment programmes, access to therapy and psychological support, programmes for job search and vocational training, as well as access to programmes promoting social and occupational reintegration. In addition, the promotion of self-help groups and therapeutic communities is valued, along with educational and training programmes focused on relapse prevention.
- **Significant concern about the use of non-prescription medicines containing psychotropic substances.** This is an issue of high relevance and significant importance among respondents. Actions underway in the country to address this issue are mentioned, such as regulating the sale of OTC medicines, conducting awareness-raising campaigns on the harms associated with OTC use, promoting education on the responsible use of medicines, and improving the monitoring and control of the sale of medicines in pharmacies and other establishments.
- **Diversity of views when considering alcohol consumption as a problem in the country.** The results of the questionnaire reveal a lack of consensus regarding the importance of alcohol consumption in Tajikistan, highlighting a tendency towards uncertainty and the absence of a clearly defined position.
- **Significant concern about HIV in the drug using population in Tajikistan.** Most respondents agree that this is an important and pressing concern. However, a segment of respondents feels that, although it is a significant concern, it has not been given due attention. In this regard, it is crucial that there is explicit recognition of the importance of addressing HIV in the country, involving all affected parties.
- **Actions implemented to address the stigma associated with drug addiction.** Several initiatives implemented in Tajikistan to reduce the stigma associated with drug addiction were mentioned, such as training courses, seminars and campaigns

to address this issue, which are supported by the inclusion of this approach in the National Strategy.

- **Identification of factors contributing to illicit drug trafficking in Tajikistan.** Several factors are identified that highlight the importance of the country's geographical location and its role as a transit hub for drugs to other nations, as well as the use of information and communication technologies, social networks and messaging applications in the context of illicit drug trafficking. However, it is relevant to note that a part of the people surveyed showed a lack of knowledge about the factors that contribute to this phenomenon in the country.
- **Main weaknesses in the anti-drug strategy identified by respondents.** The main weaknesses are the lack of financial and material resources to implement effective drug prevention and treatment programmes, as well as the lack of monitoring and evaluation measures to determine the effectiveness of anti-drug policies and programmes. However, it is important to note that some respondents are unaware of the actions planned by the Tajik authorities in this area.
- **Weaknesses identified by respondents in legislation related to the drug phenomenon.** Emphasis is placed on the lack of preventive actions aimed at reducing the demand for drugs, the insufficiency of effective programmes for the treatment and rehabilitation of individuals affected by substance use, the need for adequate criminalisation of drug trafficking and distribution, and the scarce investment in educational initiatives and public awareness campaigns about drug use and the risks involved.
- **Importance of civil society participation in drug policy formulation and implementation.** Respondents consider it very important to involve civil society in the development and evaluation of drug policies in the country. Various forms of participation are mainly mentioned, including the promotion of spaces for dialogue and collaboration between civil society and the relevant authorities, as well as the inclusion of representative civil society groups in relevant committees and working groups.

CONCLUSIONS

- **A shift in the pattern of drug use from escapist to recreational drug use.** This shift in the pattern of drug use in Tajikistan stands out as one of the most notable. In recent times, a significant shift has been observed from substance use linked to highly problematic drugs, mainly opiates such as heroin, towards more recreational use linked to entertainment venues. Although these recreational drugs also carry

significant risks, their physical and social health impacts are generally lower and are associated with a reduced social burden. This shift has been driven by a growing interest in recreational and pleasurable experiences, following a pattern similar to that which started in EU countries in the 1990s and has been consolidated throughout the first two decades of the 21st century.

- **Differentiated responses to the two consumption patterns identified in the country.** To address this situation, it is crucial to implement tailored and specific responses. In the case of traditional drug use, an approach focused on health and wellbeing is required, prioritising harm reduction and access to health care services. On the other hand, the use of synthetic substances requires a combination of preventive and risk reduction strategies. Both responses must comprehensively address the underlying factors contributing to the use of these substances in Tajikistan.
- **Diversification of the drug market in Tajikistan.** The transformation of the drug market in Tajikistan is evident not only in the shift towards recreational synthetic drug use and non-medical use of pharmaceuticals, but also in the increasing use of the Internet to purchase these substances in the country. These new dynamics raise the need to develop up-to-date and effective responses to address this emerging phenomenon and to protect the health and welfare of the population.
- **Changing patterns of use and profile of users.** The use of non-prescription medicines containing narcotic substances may attract a diverse group of users, different from drugs such as heroin. There is a high likelihood of an increase in use, especially among young people seeking different recreational experiences, belonging to social groups that differ from those identified so far, possibly in the middle and upper classes in Tajikistan. This situation demands a precise and targeted understanding to implement effective preventive measures in the country.
- Tajikistan's geographical location presents significant challenges in addressing trafficking in illicit substances, especially opium derivatives. Tajikistan is strategically located on a transit route used by drug traffickers that spans Central Asia, Iran and Afghanistan. In addition, Tajikistan and its neighbouring countries are directly affected by drug distribution networks that aim to reach countries in Europe and other regions in the northern hemisphere. These geographical dynamics place Tajikistan in a crucial position to address the challenges posed by drug trafficking in the region.
- **HIV infection through unsafe drug use practices, among other reasons for infection.** In Tajikistan, each case of HIV transmission prompts us to reflect on the importance of adopting sound preventive approaches and promoting individual

responsibility in making healthy choices. As we deepen our understanding of the factors that contribute to the spread of HIV and foster empathy and support for those affected, we can foster the development of a more aware, caring and empowered society. Uniting prevention efforts, providing comprehensive support and fostering a deeper understanding of the issue is critical to making a significant impact on reducing HIV incidence in Tajikistan.

- **Trends and variations in seizures of drugs and psychotropic substances in Tajikistan.** During the period 2017-2021, seizures of various drugs and psychotropic substances were made in the country. These seizures can be classified into three main categories, depending on the percentage increase or decrease. First, there were seizures that experienced significant increases, such as amphetamines and the benzodiazepines diazepam and alprazolam, with increases of 101,660%, 3,125% and 994% respectively. In addition, increases of more than 1,000% were recorded for stimulants such as methamphetamines. In second place are seizures that showed a notable increase, such as heroin with an increase of approximately 129%, phenobarbital barbiturates with an increase of close to 50%, hashish with an increase of 25% and cannabis plants with an increase of 23%. Finally, seizures that decreased in intensity are identified as marijuana with a decrease of 80%, opium with a decrease of 50% and MDMA with a decrease of 22%. These seizures reflect the picture of drug trafficking and consumption in Tajikistan during the period mentioned above.
- **Significant changes in treatment for drug use and overdoses were recorded in treatment centres in Tajikistan.** Over the period 2016-2020, significant trends and variations have been observed in HIV testing and cases by sex in Tajikistan. In terms of decreases in order of intensity, an impressive 92% reduction in overdose cases stands out, followed by a 33% decrease in polydrug users and a 27% decrease in heroin users. In terms of increases, there was a 125% increase in hashish users. However, no significant changes have been observed in the number of opiate users or in the number of people treated for drug dependence during this period. These results reflect the evolution of the drug treatment landscape and overdose trends in Tajikistan over the years analysed.
- **Trends and variations in HIV testing and cases by sex in Tajikistan.** Over the period 2016-2020, significant trends and variations have been observed in HIV testing and cases disaggregated by sex in Tajikistan. Importantly, over the past five years there has been a remarkable 58% increase in HIV testing and a 47% reduction in the number of injecting drug users. However, despite these efforts, the

number of HIV cases has doubled (50% increase) and the number of people living with the disease has increased by 56%.

REFLECTIONS AS PRELIMINARY RECOMMENDATIONS

In this section, we focus on addressing emerging challenges in the field of drugs in Tajikistan. In an ever-changing context, the country faces complex situations that require a review and adaptation of its existing policies. The change in consumption patterns, with an increase in the use of recreational drugs and medicines containing psychotropic substances, poses new problems and risks that need to be effectively addressed. The following are preliminary recommendations to address these challenges and promote a comprehensive and balanced approach to drug policy in Tajikistan.

It is important to note that these recommendations are preliminary and will be expanded and further elaborated in the future, once the «Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies» has been held, and the specific actions undertaken by EU Member States that may be useful for Tajik institutions in this context have been analysed.

- **Align new anti-drug strategies with new emerging consumption patterns** in order to more accurately and adequately address the associated challenges and risks, thus promoting a comprehensive and up-to-date approach to tackling the drug phenomenon in the country.
- **Addressing new channels for buying drugs through cyber-security measures** with the aim of safeguarding the security of citizens and putting an end to these criminal activities in the digital sphere.
- Improve and strengthen prevention measures to avoid HIV transmission through a multidimensional approach.
- Increase education and awareness-raising about the dangers associated with unsafe consumption practices, while promoting access to information and resources for effective protection.
- Strengthen regulations and controls on the sale and distribution of medicines containing narcotic substances.
- **Comprehensively address the underlying causes of drug use** by effectively tackling the psychosocial, economic and health factors that contribute to the problem.
- **Conduct research and evaluation** of policies and programmes implemented.

DOCUMENTATION CONSULTED

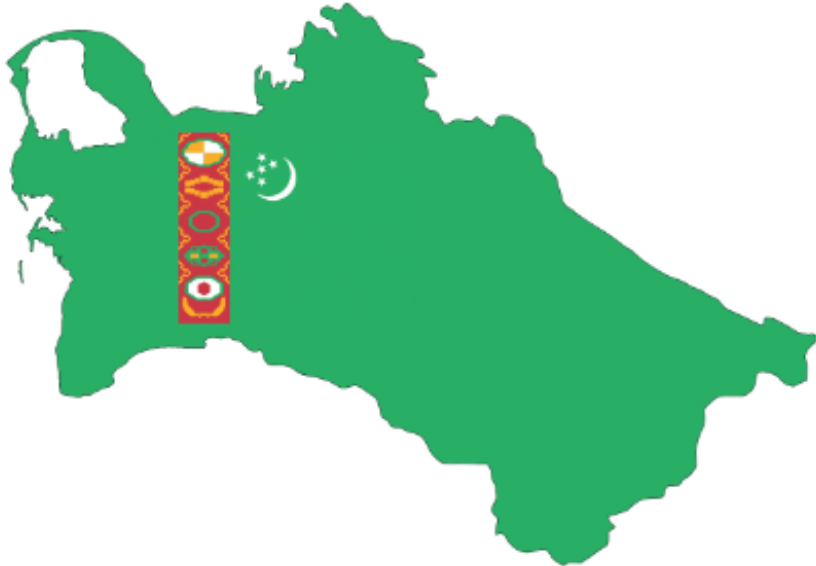
DOCUMENTATION USED FOR THE SYSTEMATISATION REPORT

- Decree N° 585 of 2007 [President of the Republic of Tajikistan]. Single State Programme for the Prevention of Drug Abuse and Combating Illicit Drug Trafficking for the years 2008-2012. 30th November 2007.
- Decree N° 1409 of 2013 [President of the Republic of Tajikistan]. National Strategy for Combating Illicit Drug Trafficking in the Republic of Tajikistan 2013-2020. 13th February 2013.
- Decree N° 145 of 2021 [President of the Republic of Tajikistan]. National Drug Control Strategy of the Republic of Tajikistan for the period 2021-2030. 20th March 2021.
- Review of the status of anti-drug legislation of the Tajik Republic. [Internal document from CADAP 7 Tajikistan].
- UNODC (2022). Paris Country Fact Sheet. Republic of Tajikistan.

DOCUMENTATION REVIEWED

- Code of Administrative Offences [CAO]. N° 1177 of 2008. 26th November 2008. (Republic of Tajikistan).
- Decree N° 421 of 2022 [President of the Republic of Tajikistan]. On the Lists of Strong and Poisonous Substances and the Large Quantity of Strong Substances. 26th August 2022.
- Law N° 873 of 1999. On the enactment of the Law of the Republic of Tajikistan on Narcotic Drugs, Psychotropic Substances and Precursors. 10th December 1999.
- Penal Code [PC]. N° 575 of 1998. 21st May 1998. (Republic of Tajikistan).
- Sanitary Code [SC]. N° 1413 of 2017. 30th May 2017. (Republic of Tajikistan).

TURKMENISTAN. NATIONAL REPORT



INTRODUCTION

This Systematization Report of the «National Drug Policy Dialogue» meeting presents an analysis of the context, the main findings, as well as some preliminary conclusions and recommendations on drug policy in Turkmenistan. All the analysis systematized here is based on active participation in the National Dialogue, along with a thorough analysis of available documentation. Specifically, the sources of analysis for this study are, in brief, the following:

- **Available documentation on drug policies in Turkmenistan.** Four documents covering legal-normative and analytical issues of the drug situation in the country have been analysed.
- **«National Dialogue on Drug Policy»**, which was attended by fifteen people from different ministries of the Turkmen Republic, Non-Governmental Organisations, representatives of the EU, as well as FIIAPP and CADAP representatives.

Episteme Social therefore conceived the National Dialogue as an opportunity to conduct a **comprehensive assessment of Turkmenistan's drug policy needs** according to the different stakeholders involved. The ultimate aim of these actions is to provide a needs analysis, which is reflected in this Systematisation Report.

In terms of the structure of this Systematisation Report for Turkmenistan, **we first present a review of the existing literature on drug policy**, highlighting the legal frameworks underpinning drug policy. **We then turn to the «National Drug Policy Dialogue» and explore the main issues raised during this event.** To conclude the analysis, **we present the most relevant aspects** derived from the review of both the existing literature and the discussions at the National Dialogue. Subsequently, **a series of conclusions are presented, accompanied by reflections that give rise to initial preliminary recommendations.**

ANALYSIS OF DOCUMENTATION

Within this section titled «Analysis of documentation», we delve into the state of drug legislation in Turkmenistan and examine the initiatives implemented by governmental bodies. Furthermore, we conduct an evaluation of the existing drug landscape within the nation to acquire a precise and contemporary understanding of the drug issue at hand.

DRUG LEGISLATION IN TURKMENISTAN

International legal instruments

Table 26 below presents the drug-related treaties to which Turkmenistan has ratified and acceded. These agreements are evidence of the strong and determined commitment of the government authorities in combating the challenges associated with drug use.

Treaty	State
Single Convention on Narcotic Drugs 1961	21 February 1996 (Ratification)
Convention on Psychotropic Substances of 1971	21 February 1996 (Accession)
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	21 February 1996 (Accession)

Table 26. Ratification of the International Drug Treaties in Turkmenistan⁴¹.

National legal instruments⁴²

The government authorities of Turkmenistan have established a **rigorous legal framework** to address the drug problem and to combat the illicit trafficking, manufacture, storage and use of narcotic drugs and psychotropic substances. The laws and regulations enacted seek to **deter drug-related activities and to protect the health and welfare of society at large**.

The legal provisions - both the Penal Code and the Code of Administrative Offences - seek to strictly control and regulate all stages of the drug cycle, from manufacture and distribution to illicit cultivation and induced consumption. The laws establish penalties and sanctions proportionate to the seriousness of the actions, whether as criminal offences or administrative infractions.

Of note is the inclusion of specific articles for medicinal products containing tramadol and other psychoactive substances, indicating that concerns about drug abuse

⁴¹ UNODC, 2022.

⁴² Review of drug legislation of Turkmenistan. [Internal document from CADAP 7 Turkmenistan].

and trafficking in the country also extend to pharmaceutical substances leaving the legal circuit.

Table 27 below provides a compilation of the National Plans and Programmes that have been implemented in recent years in Turkmenistan, as part of the country's sustained efforts to address various areas of development.

Name of Programme/National Plan	Period
National Plan of Action on Combating Trafficking in Human Beings	2020-2022
National Strategy for the Prevention of Violent Extremism and the Fight against Terrorism	2020-2024
National Nutrition Programme	2020-2025
National Gender Equality Plan	2021-2025
National Programme for the Support and Development of Physical Culture and Sport	2021-2025

Table 27. National Programmes and Plans in Turkmenistan.

DRUG POLICIES IN TURKMENISTAN⁴³

Programmes implemented

In the context of the fight against the drug phenomenon, Turkmenistan's government authorities have consistently engaged in the implementation of programmes aimed at addressing the drug problem in a comprehensive and effective manner. The following are some of the outstanding programmes that have been successfully implemented in the field of drugs.

Programme	Description
«Family» Programme	<p>Objective: To address the harmful impact of drugs on society.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Raise awareness and educate families about the dangers of drug use. - Provide support and resources to prevent the onset of substance use.

⁴³ Review of drug policy of Turkmenistan. [Internal document from CADAP 7 Turkmenistan]

Special Operation «Poppy»	<p>Objective: To combat the cultivation and production of narcotic plants throughout the country.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Thorough inspection by law enforcement and military. - Includes remote and difficult to access areas, such as mountains and desert.
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Table 28. Programmes implemented to address the impact of drugs in Turkmenistan.

Legal instruments

In relation to legal instruments in drug policy, Law n^o 654-V «**On narcotic drugs, psychotropic substances, precursors and measures to counteract their illicit trafficking**» of 25 November 2017 establishes the legal basis for state policy in the control of trafficking in drugs, psychotropic substances and precursors, as well as measures to combat their illicit trafficking. The objectives of the state policy on trafficking in narcotic drugs, psychotropic substances and precursors are detailed below:

- **State regulation of illicit trafficking and consumption** of narcotic drugs, psychotropic substances and precursors.
- **State control** over drug trafficking activities.
- **Licensing of activities** in the field of drug trafficking.
- **State register** of permitted narcotic drugs and psychotropic substances.
- Inter-institutional and intra-institutional coordination of companies and related institutions.
- **Comprehensive solutions** to combat drug trafficking and illicit drug use.
- Improving the work of agencies responsible for detecting and combating drug-related crime.
- Integrated activities for the prevention and fight against drug dependence.
- Promotion of healthy lifestyles.
- Involvement of NGOs, religious organisations and the people in the fight against drug addiction and related crimes.
- **Strengthening international cooperation** in the control of drug trafficking and the implementation of measures to prevent drug trafficking and illicit use.

Key strategic points

The following are the key points of the policies implemented by Turkmenistan in its strategy to prevent drug use and trafficking:

- **Prioritise the health and well-being of the population**, focusing on promoting a healthy lifestyle and creating a negative attitude towards drug use.
- Strengthening the work of health authorities, education and the media in promoting drug prevention.
- **Implement adequate preventive measures** by improving the legal framework and the level of training of law enforcement officials.
- **Develop interregional and international cooperation** in the fight against drugs by participating in joint projects and programmes through international organisations.
- Strengthening of border points and customs warehouses with X-ray technology.
- **Conduct a large-scale operation to identify and eradicate** the illegal cultivation of plants used in the production of narcotics.

DRUG SITUATION IN TURKMENISTAN

Turkmenistan faces a complex and challenging drug problem as it is in a strategic geographical position on the drug trafficking route from Afghanistan and other neighbouring areas that are affected by illicit drug production and trade. This situation poses several significant challenges for the Turkmen government, covering key aspects such as national security, public health and socio-economic development.

Main drugs seized in Turkmenistan

Table 29 provides information on illicit drug seizures in different years, broken down by drug type and quantity in kilograms, as well as the percentage of drugs seized in border territories in relation to total seizures.

	2015	2016	Jan-Sep 2017	Jan-Sep 2020	Jan-Sep 2020
Heroin	0.71	0.95	0.01	0.003	-
Opium	243.28	293.42	243.7	110.5	92.8
Opium poppy	n/a	0.947	-	0.8	-
Marijuana (herb)	15.32	19.86	5.5	2.5	9.1
Hashish (resin)	0.008	5.38	0.016	0.2	-

Cannabis plants	n/a	0.947	n/a	-	-
Psychotropic substances	n/a	523 tablets	n/a	479 tablets, 6 ampoules, 8.7 g	887 tablets, 16 ampoules
Drugs seized on border territories (as % of total drug seizures)	100% (heroin and hashish)	n/a	n/a	n/a	n/a

Table 29. Illicit drug seizures in Turkmenistan in kilograms (2015-2020). Source: UNODC (2022)

- Overall, **a significant decrease in heroin seizures is observed over the years**, from 0.71 kg in 2015 to only 0.003 kg in January-September 2020.
- **Opium also shows a decreasing trend in seizures**, with a gradual decline from 243.28 kg in 2015 to 92.8 kg in January-September 2020.
- In contrast, **marijuana seizures have experienced variations over the years**, with a peak in 2016 at 19.86 kg and a drop to 2.5 kg in January-September 2020, followed by an increase to 9.1 kg in the same period.
- Overall seizures of psychotropic substances **show a significant increase in the quantity and variety of drugs seized**, from 523 tablets in 2016 to 887 tablets and 16 poppies in January-September 2020.

Drug-related crime in Turkmenistan

Table 30 provides information on drug-related and other crimes in different years, including criminal cases initiated and the rate per 100,000 inhabitants. It also shows the breakdown of offences, specifying the percentage of cases with intent to sell and drug smuggling. The most relevant data on drug-related and other crimes in Turkmenistan are highlighted below.

Drug-Related and Other Crimes	2015	2016	Jan-Sep 2017	Jan-Sep 2019	Jan-Sep 2020
Criminal cases initiated	723	664	419	425	347
Rate (per 100,000) *	13	12	n/a	n/a	n/a
Including offences:					
With intent to sell (%)	n/a	n/a	n/a	68%	77%
Smuggling (%)	15%	15%	n/a	11%	11%

Table 30. Drug-related and other crimes in Turkmenistan (2015-2020). Source: UNODC (2022)

- A steady decrease in the number of criminal cases initiated is observed from 2015 to September 2020.
- Notable is the significant increase in the percentage of cases with intent to sell, **from 68% in January-September 2017 to 77% in the same period in 2020.**
- In terms of drug smuggling, some stability is observed with a constant percentage of 15% in 2015 and 2016, followed by a slight decrease to 11% in January-September 2020.

NATIONAL DRUG POLICY DIALOGUE IN TURKMENISTAN

STAKEHOLDERS INVOLVED IN THE NATIONAL DIALOGUE ON DRUG POLICY

The National Drug Policy Dialogue in Turkmenistan took place on 31st March 2023 in the city of Ashgabat, adopting a hybrid format combining face-to-face and virtual participation. This event was attended by important stakeholders, including government partners such as the Ministry of Foreign Affairs, the Ministry of Interior, the State Committee on Physical Culture and Sports, the Ministry of Education, the Ministry of Healthcare and Medical Industry and the Makhtumkuli Youth Organisation, as well as the EU Delegation to Turkmenistan and the CADAP team. The table below shows in detail all the institutions who attended the National Drug Policy Dialogue in the Republic of Turkmenistan.

	Institution
European Union	Delegation of the EU to the Turkmen Republic
	Delegation of the EU to the Kyrgyz Republic
	FIIAPP
Republic of Turkmenistan	MIA
	MFA
	MHMI
	ME
	State Committee on Physical Culture and Sports
	Youth Organisation «Makhtumkuli»

Table 31. Attendees at the National Drug Policy Dialogue in Turkmenistan.

The event was attended by leading international experts in the field of drug policy, all of them linked to the CADAP team. Among them were PhD. David Pere Martínez Oró (Episteme Social), PhD. Ricard Faura (Episteme Social), Mr. Roger Cáceres (Episteme Social), and PhD. Viktor Mravčík (Podané Ruce).

MAIN ISSUES EMERGING

Several points emerged during the National Drug Policy Dialogue in Turkmenistan, including the following:

1. The Turkmenistan government's efforts **to combat drug trafficking and consumption within the country** are highlighted, thus contributing to regional stability in general.
2. It specifies that **drug trafficking and abuse remain one of the greatest development challenges in the world** and underlines the importance of the potential and prospects for cooperation between CADAP and Turkmenistan.
3. It reflects the commitment of the EU and its partners in the region to support the **implementation of effective evidence-based drug policies** and comprehensive approaches to tackling the drug problem.
4. In view of the emergence of NPS, the possibility of **organising visits abroad and studying specialised equipment in laboratories in European countries** that can detect these substances is suggested.
5. The importance of **promoting a healthy lifestyle** in Turkmenistan and the preventive benefits this brings is mentioned.
6. It identifies the **promotion of a healthy lifestyle among young people** as a state priority and expresses the wish to receive **specific measures from youth organisations** in Europe to carry out educational and propaganda activities to inform young people about the harmful effects of drugs.

ANALYSIS OF CONCERNS EMERGING FROM THE NATIONAL DIALOGUE

Analysis of drug-related findings in Turkmenistan is crucial to understanding the current picture. By collecting information in this field, it is possible to identify some of the government's objectives and the extent to which they have been achieved, especially in the area of drug supply and demand reduction in the country. At this point it is important to note that the analysis has been carried out exclusively on the basis of the National Drug Policy Dialogue and documentation provided by the government parties consulted, which are the only ones available.

- **Lack of data in annual records.** The fact that not all data on key issues – such as drugs seized in border territories or drug-related crime – are recorded annually limits the ability to analyse what is happening in the country, as it is crucial to understand in detail what the specific trends are in each field. In this sense, a precise comparison of these intermediate periods is not possible, and therefore trends cannot be analysed.
- **Increase in drug seizures.** Although an increase in seizures of psychotropic substances is detected, their relative weight is not very significant. Similarly, although seizures of marijuana and hashish show some fluctuation, the trend seems to be downward. The problem in terms of volume is seen to a greater extent in opium seizures, yet these have been declining significantly from 2015 to 2020. The sharpness of this reduction seems to indicate that government efforts to reduce supply and combat production and trafficking in the region are proving highly effective, as can be seen from the data collected.
- **Decline in drug-related crime.** In any case, from the available data it is possible to highlight a steady decline in the number of criminal cases in recent years, indicating a possible downward trend in criminal activity related to drugs and other crimes. The same is true in the case of drug smuggling, where although missing data for the intervening years make it difficult to make an accurate assessment, everything seems to suggest that year after year there is a more effective control of drug smuggling activities in Turkmenistan.
- **Efforts to eliminate the retail drug network.** The country has set out to eliminate the retail network of drug sales, reflecting the country's political will to combat trafficking and consumption of illegal substances, as well as an understanding that the fight against drugs requires tackling the points of sale and consumption at the local level. Strong actions on supply reduction have been accompanied by actions aimed at discouraging the demand associated with the consumption of illicit substances.
- **Aim to eradicate tobacco use.** For the next few years, the government of Turkmenistan has set itself the goal of eliminating tobacco from Turkmen society. This shows a comprehensive supply and demand reduction approach to drug policy that is not limited to illicit drugs alone, but also addresses the health problems associated with tobacco use.

- **Absence of drug trafficking offences on the World Wide Web.** Although the internet connection rate in Turkmenistan is relatively low (21.3%)⁴⁴, it is remarkable how much effort Turkmenistan is making to eliminate drug trafficking through this channel. The country has understood the changes taking place globally in drug trade patterns and the need to address the challenges posed by online drug sales. In this regard, the need for international cooperation and the importance of working in partnership with other countries and international agencies to combat cyber-drug trafficking is highlighted here.

CONCLUSIONS

- **Turkmenistan's geographical location poses significant challenges in the fight against drug trafficking.** Being located on a transit route for drug trafficking between Central Asia, Iran and Afghanistan, Turkmenistan, as well as the region, is in the middle of drug distribution routes targeting countries in Europe and other regions of the Global North.
- The government of Turkmenistan plays an active role in international cooperation and participation in international conventions and agreements on drugs. The government has been strengthening relations with organisations such as UNODC to receive support in terms of training, information exchange and technical assistance.
- **Turkmenistan's drug policies show great effectiveness in their emphasis on drug supply and demand reduction.** The Turkmen government has been emphatic in the fight against drugs, especially regarding supply and demand reduction. In these fields, the results of the data provided show exceptional effectiveness.

REFLECTIONS AS PRELIMINARY RECOMMENDATIONS

Like many other countries in the region, Turkmenistan has faced significant challenges related to the drug phenomenon, including drug production, trafficking, and consumption. To address these challenges, there are a few actions that can contribute to improving drug policies in the country. Some of these are presented below:

⁴⁴ Internet access in Turkmenistan (2019).

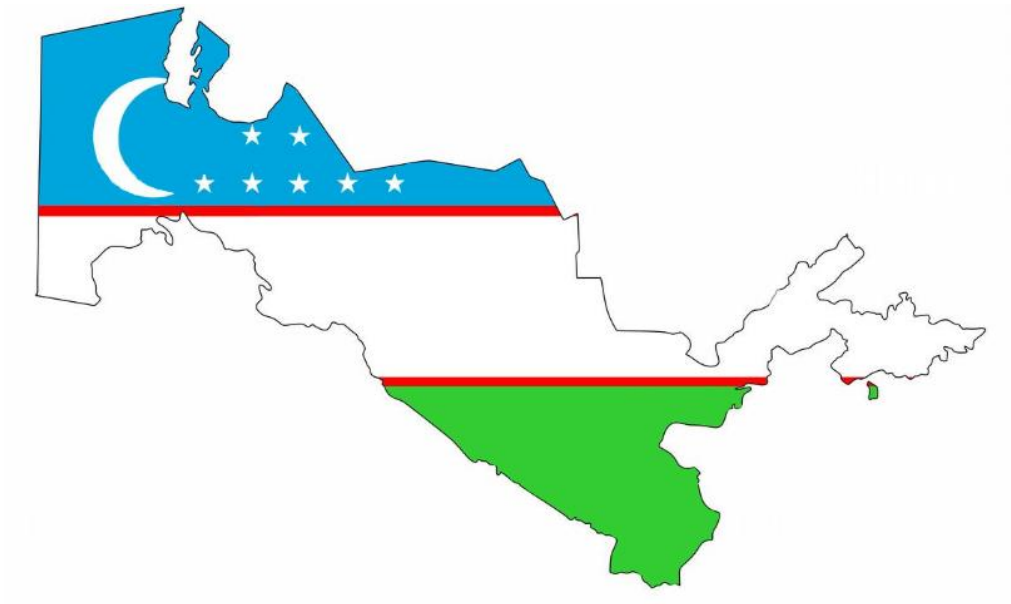
CADAP 7. REGIONAL DRUG POLICY REPORT

- Strengthen drug prevention and education.
- Implement treatment and harm reduction programmes through a holistic approach.
- Actively promote international cooperation and maintain ongoing collaboration with other countries in the region.
- **Conduct research and evaluation** of policies and programmes implemented.
- Explore alternatives to sentencing in the context of drug policy.
- **Promote greater openness in the dissemination of information** on measures taken and results achieved in the fight against drugs.
- **Implement a comprehensive drug strategy** that addresses the underlying causes of this complex problem.

DOCUMENTATION CONSULTED

- Review of drug policy of Turkmenistan. [Internal document from CADAP 7 Turkmenistan].
- Review of drug legislation of Turkmenistan. [Internal document from CADAP 7 Turkmenistan].
- UNODC (2022). Paris Country Fact Sheet. Republic of Turkmenistan.
- The World Bank Data (2023). Individuals using the Internet (% of population) in the Republic of Turkmenistan (2019).

UZBEKISTAN. NATIONAL REPORT.



INTRODUCTION

The Systematisation Report of the «National Drug Policy Dialogue» event in Uzbekistan provides a comprehensive analysis of the background, findings and preliminary recommendations related to drug policy in the country. This analysis is based on active participation in the National Dialogue, as well as a review of relevant documentation. In addition, a needs assessment questionnaire was administered, and in-depth individual and group interviews were conducted with selected participants of the event. Various sources were used to carry out this analysis, which are summarised below.

- **Available documentation on drug policy in Uzbekistan.** Seventeen documents covering legal-normative and analytical issues of the drug situation in the country have been analysed.
- **«National Drug Policy Dialogue»**, attended by ten people from different ministries of the Republic of Uzbekistan, Non-Governmental Organisations, representatives of the EU and International Organisations, as well as representatives of FI-IAPP and CADAP.
- **Semi-structured in-depth interviews.** To complement and deepen some of the issues raised in the National Dialogue, interviews were conducted with six of the people who had attended the meeting during the months of June and July 2023.
- **Needs assessment questionnaire**, which was sent to all institutions represented in the National Dialogue and was answered by six representatives of these institutions during the months of June and July 2023.

Episteme Social conceived the National Dialogue in Uzbekistan as a valuable initiative aimed at conducting **a comprehensive assessment of the country's drug policy needs**. The main objective of this initiative is to consider the perspectives and opinions of all stakeholders. The main purpose of this meeting is to **address in detail the needs identified in the field of drug policy** in Uzbekistan.

In terms of the structure of this Systematisation Report for Uzbekistan, a **comprehensive analysis of the existing drug policy literature in the country is undertaken first**, examining the legal basis for drug policy in the country. It then **details the process of the «National Drug Policy Dialogue»** and addresses the main issues that emerged during the event. This is followed by a **comprehensive analysis of the interviews** conducted with selected participants of the National Dialogue. The **most relevant aspects of the needs assessment questionnaire** that was distributed to all the institutions present at the meeting are then presented. Once this detailed analysis has been completed,

a series of conclusions and reflections are presented, leading to the first preliminary recommendations.

ANALYSIS OF DOCUMENTATION

In this section of «Analysis of documentation», a review of the drug legislation situation in Uzbekistan and the programmes implemented by the governmental authorities in this field is carried out. In addition, a comprehensive analysis of the current drug situation in the country is carried out to obtain an accurate and up-to-date picture of the drug phenomenon.

DRUG LEGISLATION IN UZBEKISTAN

International legal instruments

The drug-related treaties to which Uzbekistan has acceded are presented in Table 32 below. These treaties reflect Uzbekistan's strong commitment to combating drug-related problems by establishing an internationally recognised legal and policy framework to address this global challenge.

Treaty	State
Single Convention on Narcotic Drugs 1961	24 August 1995 (Accession)
Convention on Psychotropic Substances of 1971	12 July 1995 (Accession)
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	24 August 1995 (Accession)

Table 32. Ratification of drug-related international treaties in Uzbekistan⁴⁵.

National legal instruments⁴⁶

Uzbekistan's government authorities have taken significant steps to address complex drug-related problems, adopting comprehensive legislation and putting in place a variety

⁴⁵ UNODC, 2022.

⁴⁶ Boltaev, A. (2022).

of complementary mechanisms. In order to comprehensively address these challenges, the country has established a **comprehensive policy framework ranging from prevention and treatment to control and combating drug trafficking.**

In addition, Uzbekistan has worked to **promote cooperation and coordination between multiple stakeholders**, including government agencies, non-governmental organisations, health professionals, law enforcement agencies and the wider community. This broad involvement has been carried out at different levels, both locally and nationally, with the aim of **ensuring a comprehensive and effective response to the drug problem.**

DRUG POLICIES IN UZBEKISTAN

Strategy 2011-2015 / Strategy 2016-2020

In 1994, the Uzbek government authorities initiated the creation of a national drug strategy. In that year, the State Commission on Drugs and the National Centre for Drug Information and Analysis were established as its executive office under the Cabinet of Ministers.

- In June 2011, the «**Programme of integrated measures to counter drug abuse and illicit drug trafficking for 2011-2015**» was adopted, with the aim of implementing integrated measures and improving drug medical care.
- Subsequently, in 2016, the «**Anti-Drug Programme 2016-2020**» was approved, consisting of six major sections, which included organisational and legal measures against drug abuse and illicit trafficking, as well as the fight against illicit trafficking of narcotic drugs, psychotropic substances and precursors. In addition, the medico-social aspects of drug abuse were addressed, prevention and awareness-raising measures were established, and the legal framework and international cooperation were strengthened.

Table 33 below specifies the main goals and approaches of the two previous anti-drug strategies that were approved by the Government of Uzbekistan:

Programme 2011-2015	Programme 2016-2020
Improving measures against illicit trafficking in drugs, psychotropic substances and precursors	Improving inter-agency coordination and cooperation

Strengthening resources and capacities in tackling the drug phenomenon, together with prevention and treatment	Reducing drug-related crime
Controlling the prevalence and illegal use of drugs in Uzbekistan	Raising public awareness about drug abuse
Modernising and developing drug assistance with modern technologies	Improving the quality of research and legal practices
Improving the monitoring of the proliferation of drug use	Optimising drug dependence treatment
Conducting targeted campaigns to prevent the spread of drugs and related crimes	Improving law enforcement and the legal framework
Improving international and inter-agency cooperation in tackling the drug phenomenon	Improving capacity for drug market analysis
Improve legislation for effective implementation of drug treatment and medical prevention programmes.	Improve the technical and human capacity of forensic and epidemiological laboratories.
	Improving the medico-social rehabilitation of drug addicts
	Addressing the spread of NPS
	Improving the data monitoring and analysis system

Table 33. Drug control programmes in Uzbekistan⁴⁷.

Drug strategy 2021-2025⁴⁸

The Plan for Combating Drug Abuse and Illicit Trafficking for the period 2021-2025, approved by the Cabinet of Ministers of Uzbekistan, reflects a comprehensive and strategic approach to tackling the drug problem in the country. This programme, consisting of a total of 41 actions, **provides a clear vision of the Uzbek government's priorities and objectives in tackling drug abuse and drug trafficking**. Table 34 below shows the organisational structure in which the actions envisaged in the Plan are included.

⁴⁷ <http://m.ncdc.uz/ru/>

⁴⁸ Protocol N° 1 of the State Commission of the Republic of Uzbekistan on Drug Control.

Plan for the fight against drug abuse and illicit trafficking for 2021-2025
Organisational measures to tackle drug addiction and drug trafficking.
Improving tackling illicit trafficking in narcotic drugs, psychotropic substances and precursors.
Medical and Social Aspects of Addressing Drug Abuse.
Strengthening the drug abuse prevention system and promoting an anti-narcotics approach.
Improvement of legislation in the field of control of narcotic drugs, psychotropic substances and precursors and regulation of the narcology service.
Enhancing international cooperation in tackling drug trafficking and abuse.

Table 34. Organisational structure of Uzbekistan's 2021-2025 Plan.

In this regard, it is important to highlight the following key aspects of the actions included in the Plan for the period 2021-2025:

- Strong commitment by government authorities to adopt measures based on scientific evidence and international best practice and adapted to the specific country context.
- Improved capacity for cooperation between different Uzbek government agencies and ministries to take the necessary measures through inter-governmental collaboration.
- **Conducting scientific research in the field of narcology** in the priority directions of prevention, diagnosis and treatment of drug-related diseases.
- Explicit commitment to adopt and bring their national legislation in line with the legislative standards set by the World Health Organisation (WHO) and the United Nations Office on Drugs and Crime (UNODC).

DRUG PREVENTION IN UZBEKISTAN'S GOVERNMENT STRATEGY⁴⁹

The government of Uzbekistan has made significant efforts to prevent drug use, implementing a range of preventive measures in different regions of the country. Measures

⁴⁹ Law ZRU-644.

taken include **raising awareness, promoting healthy lifestyles, holding sports and cultural events, and collaborating with various state and public organisations.**

In particular, the government of **Uzbekistan has implemented a drug prevention strategy with a wide range of activities.** More than 13,000 events and collaborations with different ministries and agencies have taken place, providing healthy alternatives and entertainment for young people.

DRUG MONITORING AND EVALUATION SYSTEM IN UZBEKISTAN

In Uzbekistan, information on drugs falls into two main categories:

- **Data on drug supply reduction**, which are managed by law enforcement agencies such as the Ministry of the Interior, the State Security Service, the State Customs Committee and the Prosecutor General's Office.
- **Data on drug demand reduction**, which is managed by the Ministry of Health.

DRUG SITUATION IN UZBEKISTAN

Drug-related crimes are complex phenomena that affect various societies around the world. These problems are associated with the production, distribution and consumption of narcotic and psychotropic substances, and have implications for public health, security and social order. Drug abuse and involvement in drug-related criminal activities represent **significant challenges for governments, institutions and communities** in their efforts to mitigate the negative impacts of this phenomenon.

Key factors in the current drug situation in Uzbekistan

In the context of Uzbekistan, the following factors are identified as influencing the drug situation in the country.

- The continuous and increasing flow of drugs from Afghanistan, including opiates and cannabinoids.
- The **emergence of new psychoactive and synthetic substances**, and the challenge of new smuggling of synthetic and potent drugs.
- The use of the Internet and postal services as a new channel for the distribution and sale of narcotic drugs and psychotropic substances.
- The **promotion of these synthetic drugs and other potent substances through new channels**; traffickers and distributors employ various strategies to

attract users and increase demand for these substances, further aggravating the situation.

- **Favourable agroclimatic conditions** in Uzbekistan for in situ drug production.
- The increase in drug manufacture in domestic settings.

Current measures to combat drug trafficking in Uzbekistan

The Uzbek authorities have implemented a number of measures to address the problems associated with drug use. The following actions stand out:

- Identification and elimination of the main channels for the transit and sale of drugs of foreign and local origin.
- **Coordination and organisation of comprehensive operational and preventive measures** to reduce the supply of narcotic drugs, their analogues, psychotropic and potent substances.
- Strengthening international cooperation in this field.

Distribution of consumption by provinces and cities in Uzbekistan

Table 35 shows the distribution of psychoactive substance use in different provinces and cities in Uzbekistan, revealing patterns over the period analysed. The most relevant aspects and trends observed in these data are discussed below.

Psychoactive substance	Province / City	Percentage of cases (%)
Desomorphine	Province of Navoi	71
	Bukhara Province	19.6
	Province of Fergara	8.1
Tramadol	City of Tashkent	64.1
	Province of Fergara	21.7
Synthetic cannabinoids	City of Tashkent	100
Synthetic cathinones	City of Tashkent	100

Table 35. Distribution of psychoactive substance use by province and city in Uzbekistan (2022)⁵⁰.

- Regarding Desomorphine usage in Uzbekistan, 71% of the reported cases have been notified in the province of Navoi, 19.6% in the province of Bukhara, and 8.1% in the province of Fergana.
- Among all the reported cases of Tramadol misuse in the country, 64.1% occur in the city of Tashkent. Tramadol usage is also observed in the province of Fergana, albeit in a significantly lower proportion, accounting for 21.7%.
- For the reported cases of synthetic cannabinoids and synthetic cathinones usage, **100% of the cases have been notified in the city of Tashkent.**

Drug-related crime in Uzbekistan

This section analyses drug-related crime in Uzbekistan, examining trends and changes that have been observed in recent years. Available quantitative data are explored, addressing aspects such as drug trafficking, illicit cultivation and other related crimes. The aim is to obtain a clear understanding of the current situation and variations in the incidence of these crimes over time. This analysis makes it possible to assess the effectiveness of policies and measures implemented in Uzbekistan and to highlight challenges and opportunities for the fight against drug-related crime in the country.

Type of offence	2017	2018	2019	2020	Jan-June 2021	% change (2017 - 2021)
In order to sell ⁵¹	2,233	1,626	1,701	1,814	974	-12.76
Smuggling ⁵²	553	266	395	304	209	-24.41
Illicit cultivation ⁵³	1,142	1,238	1,064	1,521	825	+44.48

⁵⁰ Internal document from CADAP 7 Uzbekistan.

⁵¹ Illegal production, purchase, storage and other activities related to narcotic and psychotropic substances for the purpose of sale (Art. 273).

⁵² Smuggling, including smuggling of narcotic or psychotropic substances (Art.246).

⁵³ Cultivation of prohibited plants (Art. 270).

Other offences ⁵⁴	1,406	1,649	2,496	2,344	1,227	+74.54
Total	5,429	4,779	5,026	6,032	3,235	+19.17

Table 36. Drug-related offences according to the Criminal Code of Uzbekistan (2017-2021). Source: UNODC (2022).

Table 36 shows the main trends related to drug offences in two different time periods. The main variations and the most relevant aspects to be highlighted are set out below:

- During the reporting period, a positive trend has been observed in the drug-related crime situation in Uzbekistan. Overall, the total number of crimes has significantly increased by 19.17%.
- One of the highlights is the notable reduction in the crime of smuggling, which has experienced a negative variation of 24.41%.
- Similarly, the crime of illegal production, purchase, storage and other activities related to narcotic and psychotropic substances for the purpose of sale has also shown a percentage decrease of 12.76%.
- Despite the downward trend in most crimes, an increase in Other drug-related crimes has been observed by 74.54%.
- Finally, an increase in illicit cultivation has been observed, with a percentage increase of 44.48%.
- It should be noted that the percentage change has been calculated taking into account the data for the first and last year, **making an estimate of what might have happened in the remaining three months of the year**, for which data are not available.

Main drugs seized in Uzbekistan

⁵⁴ Illegal occupation of narcotic or psychotropic substances (Art. 271); participation in the consumption of narcotic or psychotropic substances (Art. 274); infringement of regulations on production or treatment of narcotic or psychotropic substances (Art. 275); production, purchase, storage and other activities with narcotic and psychotropic substances without the purpose of sale (Art. 276).

Substance	2017	2018	2019	2020	Jan-Sep 2021	% change (2017-2021)
Heroin	12.43	20.6	40.94	28.31	98.68	+958.49
Opium	797.95	254.68	224.62	124.13	199.74	-66.62
Poppy straw	188.21	226.97	62.85	323.91	75.14	-46.77
Tramadol	n/a	7.55	23.82	21.14	n/a	-
Pregabalin	n/a	n/a	15.803	150.735	n/a	-
Marijuana	916.60	600.80	736.41	692.80	522.35	-24.02
Hashish	78.54	61.38	111.64	223.84	245.03	+315.97
Hashish oil	-	-	-	0.127	0.0021	-
Cocaine salts	n/a	0.0098	-	0.279	0.015	-
MDMA	n/a	-	-	0.07	n/a	-
Methamphetamine	n/a	n/a	n/a	0.009	-	-
Mephedrone	n/a	n/a	n/a	0.15	n/a	-
LSD	0.0013	n/a	-	-	-	-
NPS	0.361	0.165	0.194	1.229	0.0079	-97.08
Psychotropic substances (grams)	524	258	532	3,824	n/a	+629.77
Total	2,218.14	1,430.08	1,747.08	5,839.54	1,146.95	-31.06

Table 37. Seizures of illicit drugs, precursors and other substances in kilograms (2017-2021) in Uzbekistan Source: UNODC (2022).

Table 37 reflects trends and significant changes in seizures of different types of drugs during the period under review in Uzbekistan. The main patterns and relevant aspects emerging from these data are highlighted below:

- Overall, a decrease of 31.06% in total seizures of illicit drugs, precursors and other substances was observed in Uzbekistan during the reporting period.
- Heroin seizures have seen a significant increase** from 12.43 kg in 2017 to 98.68 kg in the first nine months of 2021, an **increase of 958.49%**. On the other hand, **opium has seen a reduction of 66.62%**, from 797.95 kg in 2017 to 199.74 kg in 2021, **while poppy straw has decreased by 46.77%**, from 188.21 kg in 2017 to 75.14 kg in 2021.

CADAP 7. REGIONAL DRUG POLICY REPORT

- In relation to marijuana, a decrease of 24.02% has been observed in the quantity seized, from 916.60 kg in 2017 to 522.35 kg in 2021. In contrast, the seizure of hashish has seen a significant increase of 315.97%, from 78.54 kg in 2017 to 245.03 kg in 2021.
- Also, the seizure of psychotropic substances has shown a significant increase of 629.77%, from 524 g in 2017 to 3,824 g in 2021.
- **It is important to note that the table provided is missing data to analyse changes in some psychoactive substances**, such as tramadol, pregabalin, MDMA and methamphetamine. These data gaps limit our ability to comprehensively assess changes in seizures of these substances over the period analysed.
- The percentage change has been calculated taking into account the data for the first and last year, **making an estimate of what might have happened in the second half of the year**, for which data are not available.

HIV status in Uzbekistan

In this section, we explore the assessment of the HIV situation in Uzbekistan, analysing different aspects related to this challenge. HIV remains a major public health issue in the country, and a thorough understanding of the current situation is essential to implement effective prevention, diagnosis and treatment strategies. Through this analysis, we gain a comprehensive and detailed perspective of the reality of HIV in Uzbekistan, allowing us to identify the priority areas of intervention needed to control the spread of the disease and improve the quality of life of those affected.

	2016	2017	2018	2019	% change 2016 - 2019
Tested for HIV	2,660	n/a	3,238,398	3,460,502	-
New HIV cases	3,983	4,025	4,060	3,983	-
Male (%)	55	57	57	58	+5.45
Female (%)	45	43	43	42	-6.67
Sexual (%)	69.8	71.3	72.9	73.2	+4.87
Parenteral (%)	21.8	20.3	17.5	18.2	-16.51
Mother-to-child (%)	0.2	0.3	0.1	1.3	+550
Others (%)	8.2	8.1	9.5	7.3	-10.98

Total PLWH	35,386	37,872	40,376	42,425	+19.89
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Table 38. Trends and changes in HIV testing and cases by sex and mode of transmission in Uzbekistan (2016-2019). Source: UNODC (2022).

- The proportion of males among new HIV cases has shown an increase of 5.45%, from 55% in 2016 to 58% in 2019. On the other hand, a decrease of 6.67% is observed in the proportion of females among new HIV cases, from 45% in 2016 to 42% in 2019.
- An increase of 4.87% is observed in cases of sexual transmission of HIV, increasing from 69.8% in 2016 to 73.2% in 2019. On the other hand, there is a 16.51% decrease in parenteral transmission, from 21.8% in 2016 to 18.2% in 2019. It is important to highlight a significant increase of 550% in cases of mother-to-child transmission, from 0.2% in 2016 to 1.3% in 2019.
- In terms of other routes of transmission, there is a **10.98% decrease in the proportion of cases classified as «Other»**, from 8.2% in 2016 to 7.3% in 2019.
- The total number of PLWH has shown an increase of 19.89% from 35,386 in 2016 to 42,425 in 2019.

Drug impact: analysis of drug use, treatment and consequences

This section focuses on analysing key indicators related to drug use and its effects in Uzbekistan. Through this review, it explores relevant data and statistics that provide a deeper understanding of the current situation in the country.

Scope	Data
Injecting drug use	The number of injecting drug users increased to 403 in 2022 , compared to 359 in the previous year.
Referral rate of drug addicts to treatment	In 2021, there was an increase in the number of people receiving specialised treatment in the country's narcological centres, reaching 2,711 patients. Of these patients: <ul style="list-style-type: none"> ▪ 82.9% received inpatient treatment. ▪ 17.1% were treated on an outpatient basis.
Drug-related infectious diseases	According to data from the Republican AIDS Centre, 3,889 new cases of HIV infection were detected in the country, of which 2.1% were

CADAP 7. REGIONAL DRUG POLICY REPORT

	among injecting drug users. In total, 47,672 people were registered as HIV-positive, 8.85% of whom were drug users.
Substance-related intoxications	In 2022, specialised medical assistance was provided to 882 people for acute intoxication with psychoactive substances. Of these cases, 5 were related to opiates , while the remaining cases were related to the use of drugs with psychoactive effects.
Drug-related deaths and fatalities	During the last six years, no fatal cases of drug overdose have been recorded in the country. In 2022, 88 persons were removed from the dispensary register of narcotic institutions due to death, representing 1.6% of the total number of registered patients.

Table 39. Key indicators related to drug use and its effects in Uzbekistan.

NATIONAL DRUG POLICY DIALOGUE IN UZBEKISTAN

STAKEHOLDERS INVOLVED IN THE NATIONAL DRUG POLICY DIALOGUE

On 11th May 2023, Uzbekistan became the venue for a major CADAP 7 event: the National Drug Policy Dialogue. In the city of Tashkent, drug policy leaders and decision-makers gathered to discuss and share perspectives on how to address drug-related challenges in the country.

This initiative brought together various stakeholders, including government representatives such as the Ministry of Internal Affairs, the National Centre for Drug Control, the Republican Information and Education Centre «Intilish» and the Charitable Public Fund «Mahalla», as well as the Delegation of the EU to Uzbekistan and CADAP itself. During the meeting, a wide range of issues were addressed, focusing on the formulation of effective policies and innovative solutions in the field of drugs.

Table 40 lists the institutions that attended the National Dialogue in Uzbekistan. The list is an important reference for understanding who participated in the discussions related to drug policy in the Republic of Uzbekistan.

	Institution
Euro- pean Union	Delegation of the EU to the Uzbek Republic
	FIIAPP
	MIA

Republic of Uzbekistan	NIACDC
	RSSPMCN
	Republican Information and Education Centre «Intilish».
	Charitable Public Fund «Mahalla»
International organisation	UNODC

Table 40. Attendees at the National Drug Policy Dialogue in Uzbekistan.

As part of the CADAP international team, the following drug policy experts also joined the event: PhD. David Pere Martínez Oró (Episteme Social), PhD. Ricard Faura (Episteme Social), Mr. Roger Cáceres (Episteme Social), and Ms. Marisa Perelló (Podané Ruce).

MAIN ISSUES EMERGING FROM THE NATIONAL DIALOGUE

During the National Drug Policy Dialogue in Uzbekistan, a number of salient issues emerged that are worth highlighting, including the following:

1. It highlights the worrying growth in the use of online technologies for the trade and use of drugs, as well as the increase in potent narcotics.
2. It highlights the continued and increased flow of opioids and cannabinoids, as well as the proliferation of synthetic narcotics and favourable climatic conditions to produce narcotic substances.
3. **More than 6,000 sports and entertainment events** are reported to have reached more than 12 million people from different population groups, including young people.
4. Emphasis is placed on the **growing presence of amphetamines in Uzbekistan**, with more than 15 kg of synthetic drugs seized in 2022, including amphetamine, LSD and MDMA.
5. It highlights the increase in the sale of drugs on the Darknet and the use of web technologies by criminal circles, taking advantage of anonymity and the use of cryptocurrencies and e-wallets, and raises the need to strengthen the fight against the distribution of drugs over the Internet.
6. The increase in demand for medicines containing psychotropic substances sold in pharmacies is noteworthy.

ANALYSIS OF THE CONCERNS THAT EMERGED FROM THE NATIONAL DIALOGUE

A comprehensive analysis of drug-related findings is essential to gain a clear understanding of the current situation in the country. By gathering information in this area, it is possible to identify the targets set by the government and assess the extent to which they are being met. It should be noted that this analysis has been carried out exclusively on the basis of the National Dialogue and documentation provided by Uzbek counterparts.

- **Growing concern about New Psychoactive Substances.** Throughout Central Asia, a boom in NPS has been witnessed as a result of a changing pattern of drug use. In the case of Uzbekistan, available data indicate that NPS may not yet have developed to the same extent as in other countries in the region, but the authorities want to be prepared for the emergence of this new phenomenon. The Uzbek authorities are therefore preparing to study this phenomenon, adapting and updating their strategies and policies in order to safeguard the health and well-being of the population.
- **Decline in drug-related crime.** In Uzbekistan, consistent decreases in crime rates have been observed in recent years, which could suggest a possible downward trend in drug-related and other criminal activity. However, the authorities are aware that it is important to be cautious and to carefully analyse medium and long-term trends before reaching definitive conclusions. In general, the effectiveness of measures implemented to combat drug-related crime is perceived to be progressively strengthening. It is crucial to continue monitoring and adapting strategies to address this challenge and ensure the security and well-being of the population in Uzbekistan.
- **Positive and negative variations in seizures of illicit substances.** These changes reflect ongoing efforts to combat drug trafficking and address the illicit drug problem in the region. In terms of positive changes, Uzbek law enforcement agencies have improved their ability to detect and stop drug-related activities, leading to an increase in the amount of drugs seized. However, there are also negative variations in drug seizures in Uzbekistan. Despite the efforts made, the country still faces significant challenges in the fight against drug trafficking. However, it should be noted that there is a lack of available data on seizures of different drugs for different years, which makes it difficult to fully analyse the situation.

- **Increase in new HIV cases in the country.** During the period from 2016 to 2019, Uzbekistan has faced an increase in new HIV cases. This situation is of concern to authorities and health professionals alike, as it presents a significant challenge to the prevention and control of the disease. Over the years, a steady increase in HIV incidence has been observed in the country, highlighting the urgent need for a stronger and more effective response by health systems and public policies. Strong and effective measures to address the problem and protect the health of the Uzbek population are essential.
- **Increased use of medicines containing psychoactive substances.** The abuse of medicines carries the risk of dependence and addiction, which can further aggravate the health and well-being problems of the individuals concerned. This trend poses significant public health challenges and requires an urgent response from authorities and health professionals.
- **Emergence of new drug sales channels in the country.** In recent times, an increase in drug sales channels has emerged in the country, taking advantage of the facilities offered by the Internet. This situation implies a change in the dynamics of the drug market, as a virtual environment has been created that is conducive to the illegal trade in drugs. The use of online platforms and postal services allows traffickers to conceal and transport drugs more discreetly and anonymously. This presents an additional challenge for authorities, as detection and control of these illicit transactions becomes more difficult.
- **Availability of own raw materials for illicit drug manufacture.** The availability of raw materials in the country creates conditions conducive to the illegal production of drugs, which in turn drives the increase in supply on the market. The accessibility of these raw materials becomes a crucial factor for the operation of clandestine laboratories, where illicit substances are manufactured. Easy access to these resources provides a solid base for the production and distribution of drugs locally and internationally.

WHAT DO THE INTERVIEWS AND THE QUESTIONNAIRE TELL US?

Analysis of the interviews

In this section, we delve into an in-depth analysis of the interviews conducted, including both individual and group interviews with different participants representing various governmental institutions in Uzbekistan. Through these valuable interactions, we have had

the invaluable opportunity to **explore the experiences, opinions and knowledge of key individuals in relation to drug policy in the country.**

Each individual interview has been conducted with great care, providing a safe and welcoming space for participants to share their thoughts and reflections in a candid manner. In addition, the group interviews provided an opportunity to foster dialogue between representatives of different government institutions, further enriching the exchange of ideas.

We have gathered a wide range of voices, covering different profiles, backgrounds and points of view, which has given us a comprehensive and enriching view of the issue at hand, as well as a more holistic understanding of drug policies in the country.

Our primary objective is to **draw meaningful and relevant conclusions from these testimonies** in order to gain a deeper understanding of the current drug-related situation in Uzbekistan. In the following, we present the highlights we have obtained from the individual and group interviews, which allow us to gain a clearer and more detailed perspective of the reality we are facing.

Positive aspects of drug policies highlighted in interviews

- The improvement of the legislative framework related to the prevention and treatment of drug-related diseases is highlighted.
- It highlights the adoption of presidential resolutions to improve and implement narcology services in the country, including training of personnel and improving the availability of equipment.
- **The adoption of specific sectoral programmes** aimed at implementing drug-related activities is mentioned.
- Emphasis is placed on **large-scale work with the population**, especially in the systemic approach to prevention.
- The establishment of inter-agency mobile groups for the coordination of operations is noteworthy, which has contributed to improvements in international cooperation.
- It highlights the implementation of more than 60.000 awareness-raising events reaching 12 million people.
- Emphasis is placed on strengthening staff training and improving equipment availability.
- The promotion of drug education, public awareness and healthy lifestyles through specific programmes and events is highlighted.
- Ongoing research to better understand psychological disorders and perceptions of drug dependence among students in medical institutions is highlighted.

Drug-related challenges highlighted in the interviews

- The lack of accurate data on the number of drug users in the country is evident.
- **The limited participation of civil society** in the design and evaluation of drug policies is emphasised.
- **The problem of abuse of psychoactive drugs**, especially among young people, is mentioned.
- There is a lack of specific programmes to address the use of NPS.
- The increase in heroin use in recent years is noteworthy.
- There is an increase in the use of psychoactive substances and drugs via Darknet and Telegram.
- **Financial barriers** to accessing treatment and support services are experienced.
- A challenge is **the need for intensive and frequent interaction between the regulatory, support and field levels**, which requires considerable effort to achieve effective communication between all parties involved.
- **Uzbekistan's geographical position as a major transit route for drug trafficking** is highlighted, leading to some of these substances remaining in the country, with a negative impact on Uzbek society.

ANALYSIS OF THE NEEDS ASSESSMENT QUESTIONNAIRE

In this section, we dive into the detailed analysis of the needs assessment questionnaire developed for the second phase of CADAP 7 Outcome 1 in Central Asia, specifically in Uzbekistan. The main purpose of the questionnaire is to **collect relevant and accurate information on needs and demands in relation to drug policies in the country.**

This analysis, in combination with the review of interviews and documentation provided by Uzbek counterparts, establishes **a solid basis for generating preliminary recommendations that can be of use to government authorities.** By implementing diverse methodological approaches, it aims to obtain a comprehensive and contextualised picture of the current needs and challenges in the field of drug policy in Uzbekistan.

- **Majority consensus on the approach to drug policy in Uzbekistan.** It can be seen that there is a majority consensus on the importance of reducing both demand and the harms associated with drug use. These approaches are considered a priority in the country's drug policies.
- **Inclusion of harm reduction as an integral part of drug policy.** All survey participants consider it very important or fairly important. This suggests the importance of the inclusion of the harm reduction approach in the country's drug strategy.

- **Importance of a comprehensive and multidimensional approach in the treatment of people who use drugs.** The importance of promoting the social and occupational reintegration of drug dependent people is highlighted, as well as providing specialised medical and psychological treatment. Some respondents also mentioned the importance of implementing harm reduction programmes to minimise the risks associated with drug use and decriminalising drug use in order to reduce stigmatisation and improve access to treatment services. This indicates that there is recognition of the need for a comprehensive and multidimensional approach to addressing drug use and its consequences.
- **Rehabilitation and social reintegration of people with drug dependence problems.** Respondents consider a variety of options relevant, such as specialised treatment programmes, support programmes for job search and vocational training, access to therapy and psychological support, and education and training programmes for relapse prevention. Encouraging participation in self-help groups and therapeutic communities, as well as specialised care for people with addictions and co-morbid mental illnesses, is also valued. However, some respondents mentioned that no work is done on the rehabilitation and social reintegration of people with drug dependence problems.
- **Significant concern about the use of non-prescription drugs containing psychotropic substances among the youth population.** This is considered to be a very important or fairly important problem in Uzbek society. Several reasons were mentioned for this, such as the continued increase in the use of medicines containing psychotropic substances and the associated negative consequences, and the increase in the use of such substances by the youth population. Some of the respondents mentioned the regulation of the sale of medicines without prescription and improved monitoring and control of the sale of such medicines in pharmacies and other establishments as possible measures to solve this problem.
- **Alcohol consumption is considered a problematic phenomenon in the country due to its consequences.** It is considered to be a very important or quite important problem in Uzbek society. Several reasons were mentioned for this, such as the high proportion of criminal acts committed under the influence of alcohol, as well as the link between alcohol abuse and the medical and social consequences associated with alcohol consumption.
- **Significant concern about HIV in the drug-using population in Uzbekistan.** Most respondents consider this to be an important and urgent concern, indicating that there is recognition of the importance of addressing HIV in this particular

population. However, a smaller number of respondents consider it to be a significant concern, but insufficient attention has been paid to this issue.

- **Actions implemented in the country to address the stigma associated with drug dependence.** Several initiatives implemented in Uzbekistan to reduce stigma were mentioned, such as educational activities for employees of different governmental institutions in the country.
- **Identification of factors contributing to illicit drug trafficking in Uzbekistan.** It highlights factors such as the country's geographical location and its role as a transit hub for drugs to other countries, the use of information and communication technologies, social networking and messaging applications, and the lack of a comprehensive anti-drug strategy involving all stakeholders, including civil society groups and local communities.
- **Main weaknesses in the anti-drug strategy identified by respondents.** Emphasis is placed on the weak institutional capacity to deal with the problem of NPS, the lack of measures to monitor and evaluate the effectiveness of anti-drug policies and programmes, and the absence of effective harm reduction programmes for drug users and people with drug use disorders.
- **Weaknesses identified by respondents in legislation related to the drug phenomenon.** They emphasised the low investment in education and public awareness programmes on drug use and the associated risks, as well as the absence of effective preventive measures to reduce the demand for drugs. Some respondents also highlighted as the main weaknesses of the country's anti-drug legislation the inadequate criminalisation of drug trafficking and distribution and the insufficient coordination between the different government agencies in charge of enforcing drug-related laws.
- **Importance of civil society participation in drug policy formulation and implementation.** Respondents consider it to be very important. Different forms of participation were mentioned, such as creating spaces for dialogue and collaboration between civil society and the authorities in charge, as well as conducting public consultations and surveys and including civil society representative groups in committees and working groups.

CONCLUSIONS

- **Trend towards convergence of the escapist consumption model and the recreational consumption model.** In recent years, a convergence between the escapist consumption pattern represented by opioids and the recreational

consumption pattern associated with synthetic drugs has been observed in the Central Asian region as a whole. This seems to be evident in Uzbekistan as well, although so far less so than in some of the neighbouring countries. This is a phenomenon that poses significant challenges for the authorities and society at large, as two distinct phenomena are now intertwined and create a complex problem.

- **Differentiated responses to the two patterns of drug use identified in the country.** In Uzbekistan, two distinct patterns of drug use are converging: a more traditional one, mainly linked to the use of opium derivatives, and a more contemporary one, related to the use of synthetic substances and NPS. In this situation, tailored and targeted strategies are essential. Traditional drug use requires a health and well-being approach, with an emphasis on harm reduction and access to medical services. On the other hand, the use of synthetic substances requires a combination of preventive and risk reduction approaches. Both strategies must also address the underlying factors that drive the use of these substances in the Uzbek context.
- **Diversification of the drug market in Uzbekistan.** The evolution of the drug market in Uzbekistan is manifested not only in the shift towards the use of recreational synthetic drugs and the non-medical use of medicines, which is reportedly concentrated especially in the city of Tashkent, but also in the increasing use of the Internet to acquire these substances in the country.
- **Changing patterns of use and profile of users.** The use of non-prescription medicines containing narcotic substances is seen to attract a wide variety of users, who are clearly distinguishable from the group using opiate drugs such as heroin. Specifically, the inclination of young people towards these drugs with psychoactive properties stands out, as they are looking for unique recreational experiences.
- **Uzbekistan's geographical location presents significant challenges in the fight against drug trafficking.** Uzbekistan, like other Central Asian countries, is strategically located on transit routes used for drug trafficking to various regions in Europe, Asia and the Global North. Despite changes in local consumption patterns, the challenge of opiate and heroin trafficking remains a major concern in the country, due to its key position as a transit point on international routes.
- **HIV infection through unsafe drug use practices.** The detection of these cases of the spread of the virus serves as a reminder of the importance of adopting preventive approaches and encouraging individual responsibility in making healthy choices in Uzbekistan. By better understanding the factors that contribute to HIV transmission and by promoting empathy and support for those affected, progress can be made towards a more aware and caring society. By combining efforts in

prevention, support and understanding, this challenge can be effectively addressed and work towards reducing HIV incidence in the country.

- **Trends and variations in drug-related crime in Uzbekistan.** Significant reductions have been recorded in several aspects of drug-related crime in Uzbekistan. There has been a marked decrease in smuggling crime, with a negative change of 24%. There has also been a decrease in illegal production, purchase, storage and other activities related to narcotic and psychotropic substances for the purpose of sale, with a decrease of approximately 13%. However, there have been significant increases in various offences related to the possession, consumption and treatment of narcotic or psychotropic substances, as well as in activities related to these substances without the purpose of sale, with an increase of more than 74%. In addition, the cultivation of illicit plants has also experienced a notable increase of 44%. These results reflect an increase in the situation of some drug-related crimes in Uzbekistan, highlighting the need to review and strengthen the measures and policies implemented to address this growing problem.
- **Trends and variations in seizures of drugs and psychotropic substances in Uzbekistan.** During the reporting period from 2017 to the first nine months of 2021, seizures of various drugs and psychotropic substances were made in Uzbekistan. These seizures can be classified into three main categories based on percentage changes. First, there are seizures that experienced a significant increase, such as heroin, psychotropic substances and hashish, with increases of 958%, 629% and 315% respectively. Secondly, there are seizures that showed a significant decrease, such as NPS with a decrease of 97%, opium with a decrease of 66% and poppy straw with a decrease of approximately 67%. Finally, seizures that decreased in intensity are identified as marijuana with a decrease of 24%. These seizures reflect the picture of drug trafficking and consumption in Uzbekistan during the period analysed, showing significant changes in the availability and demand for different substances in the country.
- **Trends and variations in HIV testing and cases by sex in Uzbekistan.** During the period 2016-2019, significant trends and variations in HIV testing and cases by sex have been observed in Uzbekistan. In this regard, it is of concern that the number of PLWH has increased by 20%, indicating the need to intensify prevention and treatment measures. In addition, there have been notable changes in HIV cases by sex in Uzbekistan over the same period. While there has been a 5.5% increase in new HIV diagnoses in men, it is encouraging to see an approximate 7% decrease in new HIV diagnoses in women.

REFLECTIONS AS PRELIMINARY RECOMMENDATIONS

Uzbekistan, a country in Central Asia, is facing new challenges in the field of drugs. In an ever-changing environment, Uzbekistan faces a number of complex challenges that require a review and adaptation of its current drug policies. The consumption landscape has undergone transformations, with an increase in the use of recreational and synthetic drugs, posing additional problems and risks that need to be effectively addressed. The following is a set of key recommendations to address these challenges and promote a comprehensive and balanced approach to drug policy in Uzbekistan.

It is important to note that these recommendations are offered on a preliminary basis and will be further developed and refined after the «Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies» has taken place. In addition, specific actions implemented by EU Member States will be analysed to determine their relevance and usefulness for Uzbek institutions in this field.

- Establish reliable and standardised data collection systems to monitor and evaluate drug use in Uzbekistan.
- Strengthen regulation and control of the sale of synthetic drugs and medicines containing psychoactive substances, including the implementation of online monitoring measures.
- **Develop differentiated policies and programmes that effectively address both recreational and escapist use**, recognising their differences and specific needs. This will enable appropriate and effective responses to be offered in each case, adapted to the particular characteristics and risks of each type of use.
- Promote the active and meaningful participation of civil society organisations in the process of drug policy formulation, implementation and evaluation.
- **Implement comprehensive harm reduction programmes** that include distribution of sterile equipment, education on blood-borne diseases and support services for people affected by HIV.
- Strengthen collaboration with international bodies and law enforcement agencies to combat online drug trafficking and increase the capacity to detect and prosecute these illicit activities.
- Encourage collaboration with international organisations and development agencies to seek additional funding and resources for the health care and welfare of drug users.

- Establish effective communication and coordination channels between the different parties involved in the implementation of anti-drug policies, including the creation of multidisciplinary committees and working groups.

DOCUMENTATION CONSULTED

DOCUMENTATION USED FOR THE SYSTEMATISATION REPORT

- Boltaev, A. (2022). Review of the state of drug policy in the Republic of Uzbekistan. [Internal document from CADAP 7 Uzbekistan].
- Law ZRU-644. On the Prevention and Treatment of Drug Use Disorders. 27th October 2020. D.O. N° 03/20/644/1415.
- Uzbekistan Drug Situation Report 2022 [Internal document from CADAP 7 Uzbekistan].
- State Commission of the Republic of Uzbekistan on Drug Control (2021). *Protocol N° 1 of the meeting of the State Commission of the Republic of Uzbekistan on Drug Control*. 26th April 2021. City of Tashkent. N° 07/1-1-1245.
- UNODC (2022). Paris Country Fact Sheet. Republic of Uzbekistan.

DOCUMENTATION REVIEWED

- Code of Administrative Responsibility [CAR]. Republic of Uzbekistan.
- Decree N° 85 of 2020 [Cabinet of Ministers]. On the Adoption of Legislation of Trafficking in Narcotic Drugs and Similar Substances, Psychotropic Substances and Precursors. 14th February 2020.
- Decree N° 195 of 1993 [Cabinet of Ministers]. On the Adoption of the Regulation on Specialised Centres for the Prevention and Compulsory Treatment of Patients with Chronic Alcoholism or Drug Addiction. 1st May 1993.
- Decree N° 288 of 2003 [Cabinet of Ministers]. Approval of the Regulation for the Use of Narcotic Drugs, their Analogues, Psychotropic Substances and their classes, and Precursors in Forensic Expertise. 26th June 2003.
- Decree N° 315 of 2003 [Cabinet of Ministers]. On the Licensing of Activities related to Trafficking in Narcotic Drugs, Psychotropic Substances and Precursors. 16th July 2003.
- Decree N° 330 of 2003 [Cabinet of Ministers]. On the Improving the Procedure for the Import, Export and Transit through the Territory of the Republic of Uzbekistan of Narcotic Drugs, Psychotropic Substances and Precursors and for the Control of their Circulation. 12th November 2015.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Decree N° 472 of 2015 [Cabinet of Ministers]. On the Adoption of the Regulation defining the Procedure for Trafficking in Narcotic Drugs, Psychotropic Substances and Precursors. 29th October 2003.
- Law N° 813-I of 1999. On Narcotic Drugs and Psychotropic Substances. Republic of Uzbekistan.
- Law N° 813-I-сон of 1999. On Drugs and Psychotropic Substances. Republic of Uzbekistan.
- Order N° 1090 of 2001 [Ministry of Health]. On the Adoption of the Regulation on the Conditions of Storage, Release, Sale, Distribution, Accounting of Narcotic Drugs, Psychotropic Substances and Precursors. 29th December 2001.
- Order N° 1494 of 2005 [Ministry of Health]. On the Adoption of the Instruction on the Procedure for Registration and Supervision of Persons Allowing Non-Medical Consumption of Narcotic Drugs or Psychotropic Substances, Patients with Drug Addiction and Trade in Intoxicants. 15th July 2005.
- Order N° 2215 of 2011 [Ministry of Health]. On the Adoption of the Regulation on Detection Registration, Examination and Medical and Social Rehabilitation of Minors who Consume Alcoholic Beverages, Narcotic Drugs, Psychotropic Drugs or Other Substances Affecting Intellectual Activity. 11th April 2011.

5. LESSONS LEARNED. REGIONAL SEMINAR ON DRUG POLICY IN CENTRAL ASIA

SUMMARY

This chapter systematises the work and discussions carried out at the *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies*, held in Astana, Kazakhstan, in the context of Outcome 1 of the European Union's CADAP 7 Programme, as well as in the analysis of some determinants of the drug phenomenon in Central Asia that the Episteme Social team has been analysing during the year 2023. The Regional Seminar brought together delegations from the countries of the Central Asian region and experts from the European Union, addressing complex drug-related challenges in the region, while promoting the exchange of experiences, the adoption of evidence-based drug policies and cooperation at regional and international level.

The Regional Seminar represents a significant step in the search for effective and sustainable drug policies in Central Asia, based on scientific evidence and dialogue between various actors involved in the complex drug phenomenon. The analysis of the concerns raised at the Regional Seminar highlights the need to implement sustainable responses to the drug-related situation in Central Asia.

Beyond this, the report delves into a number of issues whose analysis undoubtedly provides valuable insights into the drug policy framework in the region. To begin with, it is important to understand the implications of Central Asia's geo-strategic position. Afghanistan, the world's leading opium producer, is a state bordering the region, and this places Central Asia at the centre of one of the main routes for illicit drug production and trafficking. This troubled southern country, for its part, has undergone a remarkable transition in its drug production model in recent years. The Taliban's ban on opium cultivation in 2021 may be driving a shift towards methamphetamine production and trafficking, motivated by economic and logistical advantages over opium. This transition in Afghanistan's drug market may present significant security, development and international counter-narcotics challenges. Moreover, it opens up a horizon in which the countries of the region could see a surge of amphetamines hitting the region's streets over the next few years, with the significant public health impacts that this could have.

On the other hand, the drug market in Central Asia is undergoing a process of diversification, with the recent introduction of synthetic substances and New Psychoactive Substances (NPS) throughout the region in addition to traditional drugs such as heroin. Several factors explain the entry of NPS into the region. Among these factors are

the increased availability of new unregulated precursor chemicals, but also and above all the widespread use of the internet among the population, which allows access to a large repertoire of products and distributors, as well as their promotion among the population in various ways, including codes and links in public areas, as well as their marketing on social networks.

However, what the introduction of New Psychoactive Substances (NPS) in Central Asia indicates is that there is a significant shift in the patterns of use and profile of users in the region. These new patterns of use are characterised by a gradual shift away from highly problematic substances, such as heroin, towards more entertainment and leisure-oriented use. It is important to note that this new pattern of use in Central Asia is not new in the countries of the European Union, where it has been developing extensively since at least the 1990s.

In this context, the region is witnessing the emergence of two models of drug use, each with its own characteristics and distinctive drug user profiles. On the one hand, an escapist model, characterised by a search for escape from reality through the use of sedative and analgesic substances, such as heroin; this is the traditional model seen so far in Central Asian countries. On the other hand, a recreational model, which is characterised by the use of mainly synthetic substances (especially stimulants or psychedelics), and which tends to occur predominantly among young, middle and upper-middle class people seeking pleasure and entertainment.

The advent of this new model of recreational drug use is developing in the region because of its incorporation into global consumer societies, in a global capitalist market increasingly interconnected by the internet and social networks. The extension of the middle and upper classes in these countries and their connection with what is happening in the rest of the world would therefore be the main reason why this model is now developing in this region, just as it has been developing previously in other regions of the planet, as happened in Europe in the 1990s. Moreover, there is anecdotal evidence that Russia's war in Ukraine has had as one of its many unintended consequences the consolidation of the recreational model of drug use in Central Asia. As a result of the conflict in Ukraine, the region has received a notable influx of young Russians seeking to avoid compulsory military service in the Ukrainian conflict. These young people are mostly urbanites, pacifists and avowedly opposed to the war their country has started. Also, linked to their high socio-economic profile and high internet literacy, we also find an urbanite profile typical of large Russian cities, where the recreational model of drug use is already largely normalised.

In the Central Asian region, there are other specific issues related to the drug phenomenon that require special attention. Hidden populations are found in the region who,

due to their status as drug users, face discrimination and stigmatisation, creating significant barriers to accessing care services. These populations remain beyond the reach of support services and represent a complex aspect of the drug phenomenon in the region.

Non-medical use of medicines, also known as drug abuse, also emerges as a common problem in the region. It refers to the use of psychoactive drugs for recreational or enhancement purposes, often without a prescription. This practice poses public health and safety challenges. In the region, the pharmaceutical industry operates without adequate oversight in many cases, which has led to the availability of medicines without prescription, contributing to their misuse.

Another major problem in the region is the spread of HIV and hepatitis C, which is largely related to injecting drug use. Unsafe practices such as needle sharing lead to a significant increase in the risk of infection with both diseases. In addition, stigma and discrimination towards drug users hinder the prevention and treatment of these diseases, limiting their access to health services, education and employment.

A comprehensive analysis of the factors influencing the drug scene in Central Asia provides an insight into the complexity of this multifaceted phenomenon. Throughout the work, the underlying dynamics affecting the trafficking, consumption and production of narcotic substances in the region have been unravelled. By considering various aspects, influential trends in the current situation have been identified. The identified and interconnected dimensions make the drug phenomenon in Central Asia a highly relevant issue that requires careful attention and effective strategies to address it.

Ultimately, the recommendations derived from the analysis are the product of in-depth reflection on how to address the challenges posed by the drug phenomenon in Central Asia. They have been developed with the aim of providing guidance to the countries of the region in implementing effective measures that can address both the commonalities and the specific challenges they face in the drug field. These recommendations represent a holistic approach to tackling the complex phenomenon affecting the Central Asian region.

INTRODUCTION

In the context of Outcome 1 on Drug Policy of the CADAP 7 Programme, Deliverable 3 is presented, which responds to the *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies* held in Astana, Kazakhstan. This Systematisation Report is part of the technical implementation of a regional meeting designed to foster dialogue and exchange of good practices in the field of drug policy in the Central Asian region.

It is relevant to underline that, previously, in the framework of Deliverable 2 corresponding to Outcome 1 of the CADAP 7 Programme, the results were presented from a predominantly national approach. These results were derived from an exhaustive literature review, as well as from fieldwork covering various geographical regions. However, it is essential to recognise that, in this report, the perspective is broadened, as it delves into an analysis at the regional level. Through this approach, it aims to identify common patterns and trends that span multiple countries in the region, allowing for a better understanding of the overall dynamics of the drug phenomenon in Central Asia.

In this sense, the structure of this Report is based on several key elements that emerged during the Regional Seminar on the subject, as well as on the in-depth analysis of the factors influencing the drug phenomenon in the Central Asian region. In the following sections, we will explore these aspects in detail and examine how they impact on the overall drug dynamics in Central Asia, thus providing a more comprehensive and detailed picture of the drug situation in the region.

As this report draws to a close, it offers a series of conclusions and recommendations derived from the analysis and synthesis of the contents and discussions during the Regional Seminar. This document represents a significant step forward in the search for more effective and equitable drug policies in Central Asia, based on evidence and dialogue between the various actors involved in this complex phenomenon.

REGIONAL SEMINAR ON HOW TO BUILD DRUG POLICIES BASED ON SCIENTIFIC EVIDENCE

Meeting of delegations in the heart of the steppe

The *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies* (hereafter referred to as the Regional Seminar), under Outcome 1 of the CADAP 7 Programme, was a landmark event that took place in Astana, Kazakhstan, on 28-29 September 2023. This meeting was actively attended by delegations from each of the Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. It also counted on the presence and experience of experts from the European Union (CITCO, EMCDDA and SICAD), as well as the collaboration and participation of workers from the International and Ibero-American Foundation for Public Administration and Policies (FIIAPP) and the CADAP Programme itself in its seventh phase.

The event was carried out under the coordination of the Episteme Social team, the organisation leading Outcome 1 of the CADAP 7 Programme. The relevance of this seminar lies in its focus on building and strengthening balanced policies related to drug

control and management, based on scientific evidence. This approach seeks to comprehensively address the complex challenges posed by the drug phenomenon in the Central Asian region.

During the two days of intense activity, participants had the valuable opportunity to immerse themselves in an environment conducive to the in-depth exchange of knowledge, experiences and multidisciplinary perspectives in the field of drug policy. This event provided a space for open dialogue between experts, government representatives, international organisations and civil society. The diversity of approaches and the richness of the discussion encouraged critical reflection and the collective construction of more effective and appropriate strategies to address the complex and multifaceted drug phenomenon in the Central Asian region.

In this context, not only current policies and their effects were addressed, but also future perspectives and innovative solutions that could have a substantial impact in the region. Evidence-based approaches were put on the table and the importance of international cooperation and the integration of multiple actors to develop and implement more effective policies was highlighted. The need to address the drug phenomenon from a comprehensive perspective, considering not only public health implications, but also social, economic and human rights aspects, was also underlined.

In this collaborative spirit, participants explored prevention, treatment, rehabilitation and harm reduction strategies, integrating the latest technological and scientific advances in the field. All this with the aim of creating balanced and effective policies that consider both the protection of society and the respect and safeguarding of the fundamental rights of individuals affected by drug use.

OBJECTIVES OF THE REGIONAL SEMINAR

The Regional Seminar aimed to comprehensively address the challenges associated with the drug problem in the Central Asian region. The objectives of the Regional Seminar are presented below:

- 1. Facilitating the exchange of experiences.** The aim was to establish an enabling space for Central Asian countries to share their experiences in formulating, implementing and evaluating drug policies. This exchange allowed to understand the specific challenges faced by each country and to learn from successful strategies and obstacles overcome in managing the drug phenomenon.
- 2. Promoting evidence-based knowledge.** The importance of basing drug policies on sound scientific evidence and data was emphasised. This implies the use of

rigorous research, studies and analysis to inform policy decisions and to ensure that the strategies adopted are effective and efficient in achieving their objectives.

3. **Exploring balanced approaches.** The adoption of balanced approaches to drug policymaking was advocated, integrating prevention, treatment, rehabilitation and harm reduction measures. This balance seeks to ensure that policies are effective in addressing both drug supply and demand, as well as protecting human rights and promoting the health and well-being of communities.
4. **Identify good practices and lessons learned.** The identification and sharing of good practices and lessons learned in the implementation of drug policies was encouraged. This process allows for recognising successful strategies, assessing their replicability in different contexts and learning from mistakes to improve future interventions.
5. **Strengthening regional and international cooperation.** Collaboration and coordination between Central Asian countries and the European Union, as well as with other nations and international organisations, was encouraged. This cooperation fosters a more effective and coordinated approach to tackling the drug phenomenon, allowing for the sharing of resources, experiences and successful strategies.
6. **Promote a comprehensive and multidisciplinary approach.** This approach considers not only public health and security aspects, but also economic, social and human rights factors, ensuring a holistic and effective intervention.
7. **Stimulate civil society participation.** A call was made to actively involve civil society in the formulation and evaluation of drug policies. The inclusion of civil society ensures a diverse representation of voices and perspectives, which enriches decision-making and increases the legitimacy and acceptance of the policies implemented.
8. **Building capacity and knowledge.** It aimed to strengthen the capacities and knowledge of professionals, specialists and authorities involved in the formulation and implementation of drug policies. This involves providing training, access to up-to-date information and fostering continuous learning to improve the quality of interventions and adapt to the changing dynamics of the drug phenomenon.
9. **Develop joint recommendations and strategies.** The aim was to establish joint recommendations and strategies to guide the formulation and implementation of more effective drug policies. These recommendations should be adapted to the specific reality of each Central Asian country, considering its particularities and challenges, and should be aligned with international standards to ensure the quality and effectiveness of policies.

- 10. Generate synergies for monitoring and evaluation.** The need to create synergies to establish mechanisms for monitoring and evaluation of drug policies in the region was emphasised. These mechanisms make it possible to monitor implementation, measure the impact of policies and adjust them according to the results obtained, thus guaranteeing effective and evidence-based management.

INSTITUTIONS REPRESENTED AT THE SEMINAR

The 28th and 29th of September 2023 marked an important milestone in Central Asia, specifically in the city of Astana, where the Regional Seminar under Outcome 1 of the CADAP 7 Programme was held. In this city, leaders, decision-makers, and representatives of international and non-governmental organisations from the Central Asian region gathered to share ideas and reflect on how to address the challenges posed by narcotic substances in the Central Asian region.

The event was attended by numerous delegations from the different countries of Central Asia, which allowed for an enriching and productive dialogue to address the consequences of the drug phenomenon, based on scientific evidence, in each of the countries of the Central Asian region. Table 41 lists the institutions that took part in the Regional Seminar in Astana, Kazakhstan.

	Institution
Euro- pean Union	Delegation of the EU to Kyrgyzstan.
	FIIAPP.
Republic of Ka- zakhstan	Ministry of Internal Affairs.
	Ministry of Justice.
	Attorney General's Office.
	Public Fund «СоцКЗ».
Republic of Kyrgyz- stan	Ministry of Interior.
	Ministry of Justice.
	Ministry of Health.
	NGO «AFew».
Republic of Tajiki- stan	Ministry of Internal Affairs.
	Ministry of Health and Social Protection Population.
	Drug Control and Prevention of Drug Use.

CADAP 7. REGIONAL DRUG POLICY REPORT

	Public Association «SpinPlus».
Republic of Turkmenistan	Ministry of Interior.
	Ministry of Healthcare and Medical Industry.
	Ministry of Education.
	«Makhtumkuli» Youth Organisation».
Republic of Uzbekistan	Ministry of Internal Affairs.
	Drug Control Activities.
	Republican Scientific and Practical Medical Centre of Mental Health.
	Public Charitable Foundation «Mahalla».
	US Embassy in Astana.

Table 41. Attendees at the Regional Seminar on how to build drug policies based on scientific evidence.

During the event, leading European experts in the field of drug policy were honoured to participate and enrich the discussions with their valuable insights. The organisations to which the distinguished guests belong are listed in Table 42:

	Institution
European Union	CADAP 7
	EMCDDA
	CITCO
	SICAD

Table 42. European experts attending the Regional Seminar on how to build drug policies based on scientific evidence.

These experts made presentations in different sessions of the Regional Seminar, addressing key issues in the fields of health, education, supply control and the role of civil society in the context of drugs. The detailed presentations can be found in the Annex of this Systematisation Report.

In this sense, the successful development of the Regional Seminar was possible thanks to the synergic collaboration between the Episteme Social team and the FIIAPP. The initiative was enriched by the joint expertise and dedication of both organisations, achieving a space for dialogue and fruitful exchange to address this challenging issue at the regional level.

MAIN ISSUES EMERGING

During the seminar, the current dynamics related to the drug phenomenon in the Central Asian region were explored in depth, considering its impact on society, public health, economy and security. It also examined in detail the policy and strategic approaches used in different countries, allowing for a valuable exchange of experiences and best practices. The following are the central issues addressed during the first day of the Regional Seminar, providing a comprehensive overview of the topics discussed, which were the subject of analysis and debate. The range of interventions and interest centred around issues such as intervention models, targeted interventions for specific populations, prevention of disease and death, and the complex relationship between drugs, health, criminality and data confidentiality.

1. Considerations on intervention models
 - **Detection of changing drug use dynamics**, especially with stimulant use in the Central Asian region.
 - **Lack of sustainable interventions and responses to drug abuse in countries.** Emphasis is placed on the importance of implementing effective access controls on new drugs and medicines that are abused.
 - **Implementation of harm reduction in the context of drug use prevention.** It is emphasised that harm reduction is considered a social component and is linked to infection prevention.
 - **Analysis of the methodology used to identify drug-related needs and concerns in the Portugal model**, including support for educational prevention programmes. A precise understanding of needs is sought in order to address them effectively.
 - **Analysis of interventions for drug users in Portugal**, ranging from treatment and therapeutic centres to harm reduction programmes. The importance of providing effective treatment options is highlighted.
2. Targeted interventions for specific populations
 - Discussion on the challenges of prevention to avoid harmful drug use, particularly among young people. Mention is made of ongoing efforts to prevent the use of specific drugs, such as club drugs.
 - **Interest in specialised programmes for children and adolescents**, including specific centres and evidence-based approaches for this demographic group. It seeks to effectively address the unique needs of young people in relation to drug use.

- Reflections on how to ensure quality of treatment in private clinics and how these institutions are licensed by the state. Quality in the provision of treatment services is critical to ensure positive outcomes.
- **Discussion of prevention and harm reduction programmes within the prison environment**, including methadone use and needle exchange programmes. The aim is to effectively address drug use and risks in prisons.
- 3. Prevention of death and disease
 - **Recognition of hepatitis C as a significant problem in the region**. The availability of hepatitis C treatment programmes is limited, and the main funding for care comes from the state.
 - **Emphasis on the importance of reducing overdoses**. It is recognised that this is a sensitive issue that is linked to law enforcement authorities.
- 4. Considerations on the relationship between drugs, health, confidentiality and criminality
 - **Analysis of the advantages of the Portuguese model of decriminalisation of drug use**. It was noted that the model emerged as a consequence of a pragmatic attitude of politicians, especially after the end of the colonial war and the arrival of soldiers with drug-taking habits.
 - **Consideration of health as an integral concept encompassing mental health**, especially for people who use drugs. The importance of addressing mental health in the context of drug use patterns is highlighted.
 - Emphasis on the need to address the negative and discriminatory perceptions often experienced by people who use drugs that hinder their access to health services. Urgent need to improve access to health services for people who use drugs.
 - Importance of confidentiality of information in the healthcare system and how it is managed to ensure data protection and patient privacy.

DRUG POLICIES IN CENTRAL ASIA, A REGIONAL ANALYSIS

Central Asia is heir to a long and rich cultural tradition that over the centuries and millennia has been coloured by a myriad of products, colours and perfumes of all kinds, transported by caravans of traders and financed by explorers and traders from all corners of the world. It is precisely this unique geographical context of Central Asia that also today places the region in a highly relevant position in terms of illicit drug production and trafficking. Since the disintegration of the Soviet Union in the 1990s, Central Asia has faced substantial challenges related to drug trafficking, domestic consumption and the insecurity that accompanies this phenomenon. The region comprises five independent

republics: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Geographically, it is strategically positioned between Russia to the north, China to the east, Iran and Afghanistan to the south, and the Caspian Sea to the west. This unique location places Central Asia at a geopolitical crossroads of great significance, being a hotspot for the trafficking and production of illicit drugs.

Over the years, the region has experienced a complex intersection between drug flows, economics, security and international relations. The illicit drug economy has had a significant impact on the stability and socio-economic development of Central Asian countries. Drug production and trafficking have fuelled corruption, financed criminal groups, challenging governance at various levels. In addition, local communities face a constant struggle with domestic drug use and the associated consequences, including health problems, family breakdown and drug-related crime. In this complex landscape, drug policy analysis, reflection and collaboration have become essential to address these multidimensional challenges and seek solutions that incorporate a public health and human rights approach.

The drug phenomenon in Central Asia cannot be separated from its socio-economic and political context. Poverty, lack of job opportunities and corruption are crucial factors that feed the chain of drug trafficking and consumption in the region. Armed conflicts and institutional fragility also contribute to the spread of this phenomenon, generating a vicious circle that is difficult to break. Drug policies in these countries have traditionally oscillated between punitive approaches, focused on repression and eradication of drug production, and other approaches more oriented towards tackling the underlying causes, such as prevention of consumption, treatment of addiction and rehabilitation of those affected. However, the complexity of this phenomenon demands a balanced and evidence-based approach that addresses the structural causes behind it.

In this context, regional and international collaboration emerges as a key pillar. Given the transnational nature of drug trafficking and its implications, no single country can address this challenge alone. Cooperation among Central Asian countries, as well as with international actors and specialised organisations, becomes essential to promote coordinated policies, share best practices and resources, and work together to mitigate the impacts of the drug phenomenon in the region. This collaborative approach must be rooted in mutual understanding, trust and long-term commitment to move towards sustainable solutions that benefit local communities and promote a healthier and safer future for the entire region.

Central Asia's preoccupation with the complex phenomenon of drug use and trafficking has also attracted international attention for years. The regional findings analysed

by Episteme Social within the framework of the CADAP 7 Programme⁵⁵ reveal an intricate connection between the geography, economics, politics and social dynamics that influence the proliferation and impact of drugs in this area. In this section of the report, the key aspects that have contributed to the complex dynamics of the drug phenomenon in the Central Asian region are analysed in detail, exploring factors such as strategic location, changing patterns of drug use in the region, as well as the conflict between Russia and Ukraine, among other influential aspects.

GEOGRAPHICAL SITUATION OF CENTRAL ASIA

The drug phenomenon in Central Asia is deeply rooted in its geographical location. The proximity to Afghanistan, the world's largest opium producer, has made the region a key route for drug trafficking to international markets. Afghanistan, the country's neighbour to the south, is an epicentre of opium and heroin production, substances that are in significant demand in different parts of the world. Drug trafficking routes, originating in Afghanistan via the Balkan route, the Northern route and the Southern route (UNODC, 2021), reach countries and regions such as Russia, Europe and China, among others, as depicted in Figure 1.

⁵⁵ For more detailed information by country, see «Central Asia's National Drug Policy Dialogues Systematization Report», prepared by Episteme Social in the framework of CADAP 7, September 2023.

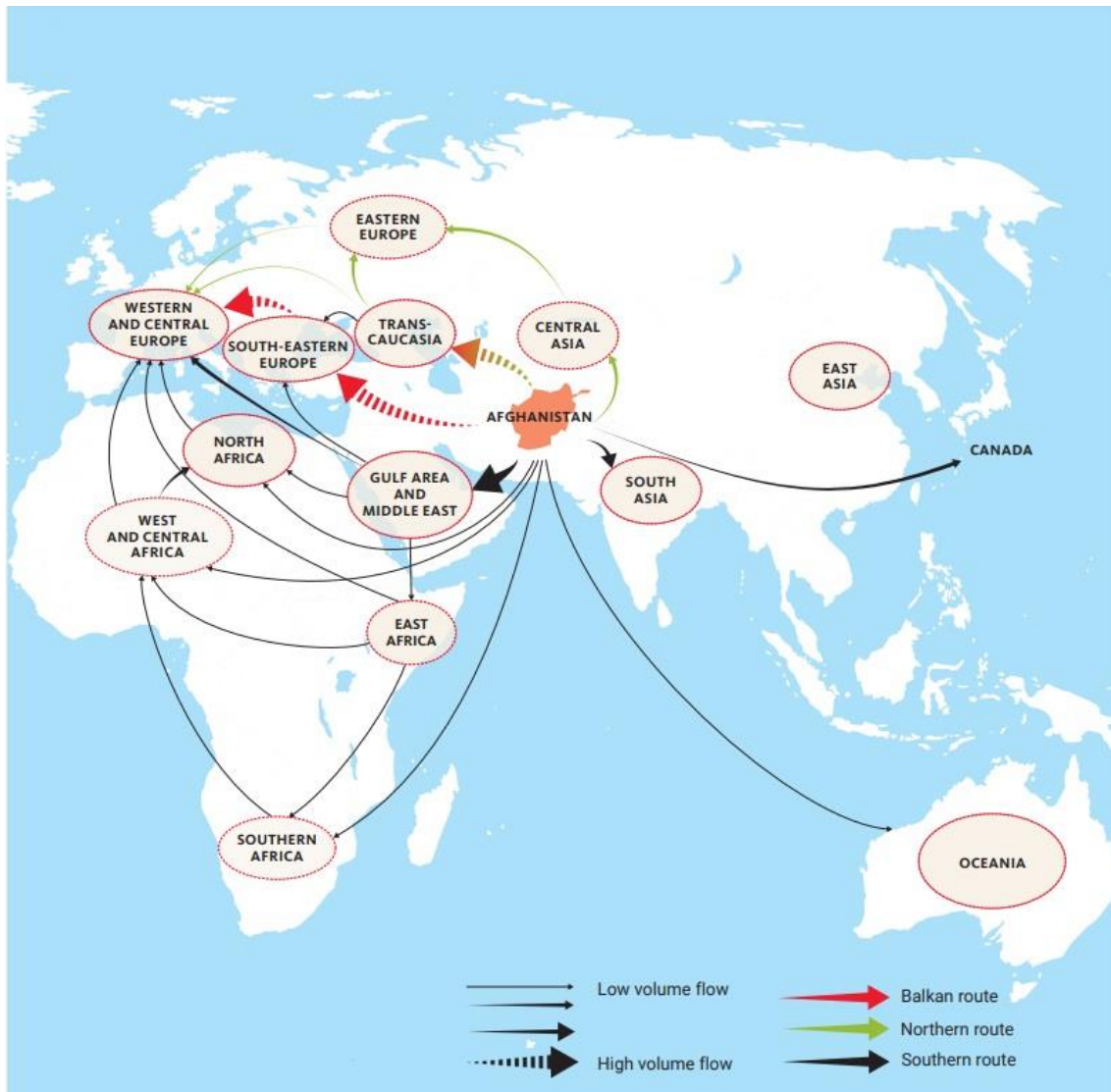


Figure 6. Main heroin trafficking flows as described by reported seizures (2015-2019). Source: UNODC, 2021.

This complex and strategic geography has created substantial challenges for Central Asian countries in tackling drug trafficking and consumption. Drug trafficking routes, often inaccessible due to mountainous topography and vast borders, present a considerable challenge to law enforcement and control efforts. In addition, drug trafficking networks are highly sophisticated and continuously adapt to punitive strategies.

Kazakhstan has been an important transit point for Afghan opiates and cannabis resin to Russia and Western Europe via the so-called Northern route (Vorobyeva, 2023). This role is due to its strategic location and has involved Kurdish criminal organisations based in Turkey, which have coordinated drug trafficking from Afghanistan through Central Asia to the global north, as can be seen in Figure 2.



Figure 7. Flows of Afghan opiates to Western Europe via Kazakhstan, Russia and Belarus. Source: Global Initiative against Transnational Organised Crime, 2023.

Also noteworthy are the drug routes from Afghanistan through Tajikistan, where Tajik drug trafficking networks have played an important role in the wholesale trafficking of opiates in Central Asia (Vorobyeva, 2023). These routes cross mountainous terrain and vast borders, posing challenges for authorities. Figure 3 shows the flow of Afghan opiates into Russia via Tajikistan.



Figure 8. Flows of Afghan opiates to Russia via Tajikistan. Source: Global Initiative against Transnational Organised Crime, 2023.

The complex drug trafficking routes discussed above are made even more difficult to control due to the mountainous topography and vast borders that characterise the Central Asian region, as seen in Figure 4. Imposing mountain ranges such as the Pamir, Hindu Kush and Tian Shan, which traverse much of the region, provide convenient safe havens and routes for drug traffickers. The rugged and often inaccessible terrain makes surveillance and control a constant challenge for law enforcement authorities. Extensive borders, many of which are porous and difficult to patrol, further contribute to the difficulty of controlling these trafficking routes.

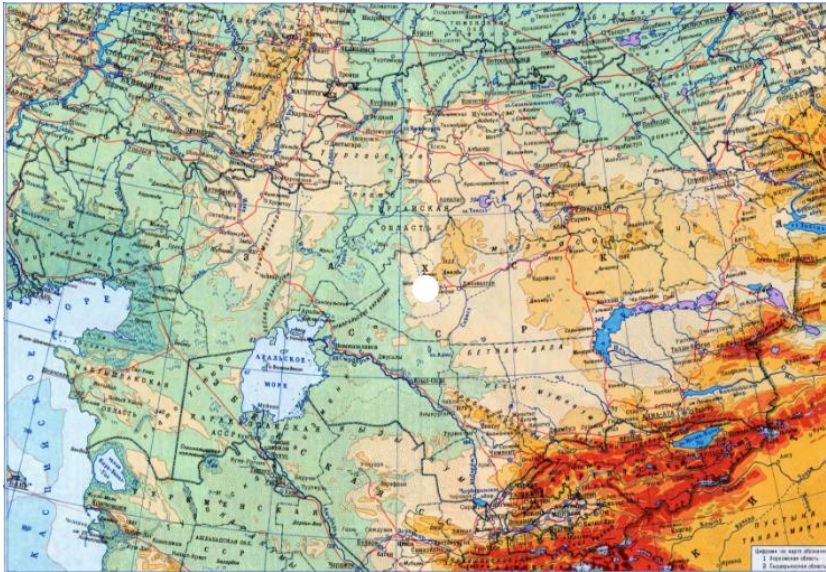


Figure 9. Physical map of Central Asia. Source: World Atlas of Education, 1974.

In this sense, the economies of Central Asian countries are deeply affected by the entrenched presence of the illicit drug economy. Drug trafficking and production not only represent a serious public health and security problem, but also have a detrimental impact on the economic and political stability of the region. The profits generated by the illicit drug trade are not limited to criminal activities, but can infiltrate the formal economy and, in some cases, even the financial system. This infiltration undermines the integrity of state institutions, compromising public confidence and the effectiveness of government mechanisms.

Moreover, the relationship between the economy and drug trafficking goes beyond corruption and the financing of criminal groups. It extends to the erosion of legitimate economic structures and the distortion of economic incentives. The economic attractiveness of the drug economy, which often offers significantly higher incomes than legal economic options, perpetuates a pernicious cycle that hinders the eradication of this phenomenon in the region.

TRANSITION IN THE PRODUCTION MODEL LINKED TO DRUGS IN AFGHANISTAN

Traditional model based on opium cultivation

Afghanistan, located in the heart of Asia, has witnessed a tumultuous and complex history in recent decades. To understand the current situation in the country, it is essential to examine its recent history and the political, social and economic dynamics that have shaped it. From the Soviet invasion in the 1980s to the Taliban takeover in 2021, Afghanistan has faced a number of significant challenges.

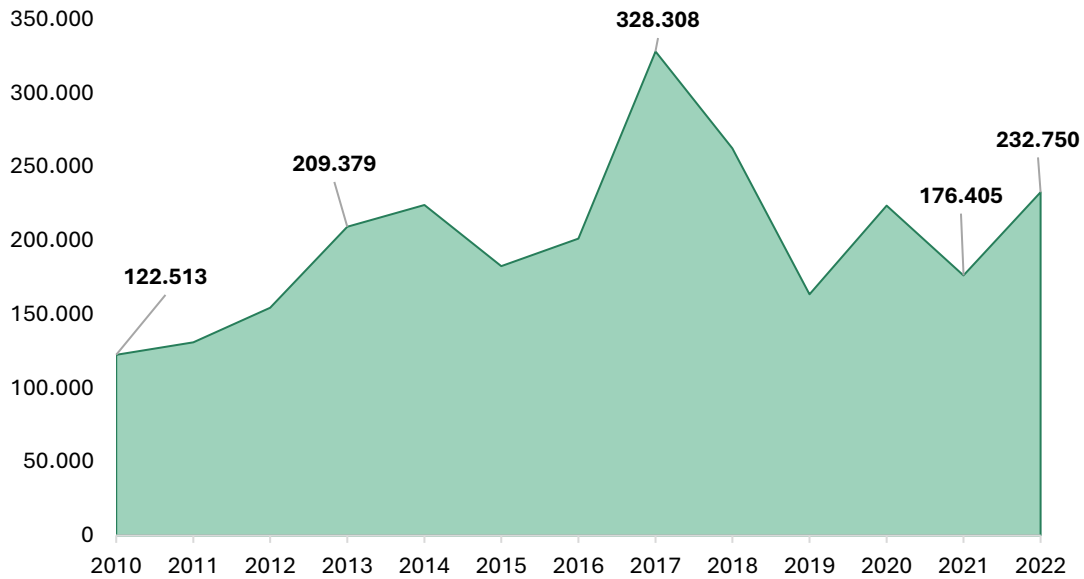
During the Cold War, Afghanistan became a key battleground between the superpowers, with the Soviet Union invading the country in 1979 to support the Afghan socialist government against insurgents backed by the US and other Western powers. The resulting war devastated the country and left deep wounds in its social and political fabric (UNOCD, 2022). After the Soviet withdrawal in 1989, Afghanistan was plunged into civil war and a power struggle between various armed groups.

In 1996, the Taliban, an Islamic fundamentalist movement, took control of much of Afghanistan and established a regime known for its strict interpretation of Islamic law (Sharia). During their rule, the Taliban banned opium cultivation in an effort to show their commitment against drug trafficking, which was deeply rooted in the country and provided significant income to various actors, including insurgent groups and warlords (UNOCD, 2022).

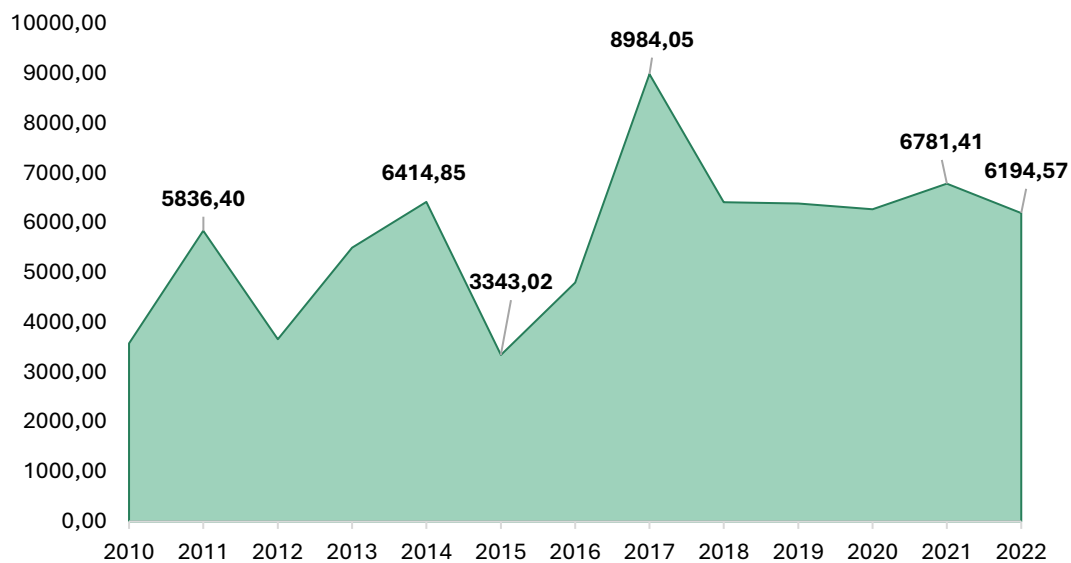
However, following the US-led invasion in 2001 in response to the 9/11 attacks, the Taliban were overthrown, and a new government was established in Afghanistan with the promise of bringing stability and democracy to the country. In the years that followed, international forces fought insurgent groups, most notably the Taliban, while trying to promote economic and social development in Afghanistan.

Despite these efforts, opium production and trafficking persisted and became an important source of funding for various armed groups and corrupt elements in the country (UNOCD, 2022). Opium was extensively cultivated in Afghanistan, as shown in Graphic 1 and 2, due to its favourable climate and high international demand for heroin.

LESSON LEARNED. REGIONAL SEMINAR OF DRUG POLICY IN CENTRAL



Graphic 2. Area under opium poppy cultivation (ha) by year in Afghanistan (2010-2022). Source: UNODC, 2023.



Graphic 3. Opium production (tons) by year in Afghanistan (2010-2022). Source: UNODC, 2023.

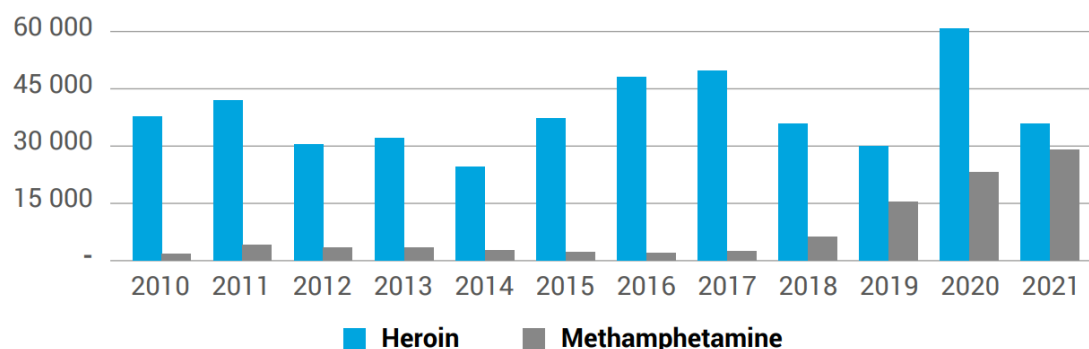
In 2021, the Taliban regained control of Afghanistan, marking a turning point in the country's situation. Surprisingly, on their return to power, the Taliban announced a ban on opium cultivation, a move that was seen as a strategic move to gain international legitimacy and divert attention from their historical association with the drug trade. Although it is difficult to fully assess the effectiveness of this ban, UNODC (2022, p. 21) states that

«those who lose income from opium production may turn to other illicit activities, such as methamphetamine manufacture, unless they are banned just as effectively».

Hypothetically, however, eliminating opium and heroin from Afghanistan would imply tensions in supplying European markets with heroin. Faced with heroin shortages, drug traffickers will look for alternatives to supply them, and the most plausible alternative has proven to be fentanyl (Episteme Social, 2022). Due to its higher psychoactive effect, ease of production and transportation compared to heroin, there is always the possibility that fentanyl could become an attractive alternative for traffickers, which could pose an even greater risk to public health in the region.

Emerging model based on methamphetamine production

In recent years, Afghanistan has undergone a transformation in its illicit drug economy, marked by a significant shift in the production model. This shift is closely linked to the decline in opium cultivated land, driven by the Taliban's April 2022 ban on cultivation. This ban may underlie the substantial shift towards methamphetamine production in Afghanistan, showing a new dynamic in the Afghan drug market. Graphic 4 shows the dynamics of the shift in the production model associated with Afghanistan's illicit drug economy. There is evidence of an increase in methamphetamine seizures in neighbouring nations, while heroin seizures in these neighbouring countries are declining.



Graphic 4. Heroin and methamphetamine seizures (kg) in Afghanistan and neighbouring countries (2010 - 2021). Source: UNODC, 2023.

The transition from opium production to methamphetamine manufacture highlights the remarkable adaptability of groups involved in drug trafficking in Afghanistan. This highlights the complexity of addressing this challenge in a nation affected by violence, economic scarcity and political instability. The current situation in Afghanistan poses significant challenges for the international community in terms of security, development and

counter-narcotics, and requires multifaceted and coordinated approaches to address these issues effectively.

The shift in Afghanistan's drug market towards methamphetamine production has marked a new dynamic in the country's illicit economy. Methamphetamines offer a cheaper and more efficient production process compared to opium cultivation and processing, as shown in Figure 10. This shift has been driven by several factors, including the growing demand for methamphetamines at the regional and international level, as well as the economic and logistical advantages offered by methamphetamine production.



Figure 10. Labour supply for drugs of natural and synthetic origin. Source: UNODC, 2023.

Methamphetamine production requires easily accessible and relatively inexpensive chemical ingredients, allowing producers to adapt quickly to this new illicit economy. In addition, methamphetamines are easier to transport and conceal compared to opium-derived drugs, which reduces the risk of confiscation and allows them to be distributed more effectively on a global scale. Figure 11 shows the main global methamphetamine trafficking routes by quantity seized in the period from 2016 to 2020.

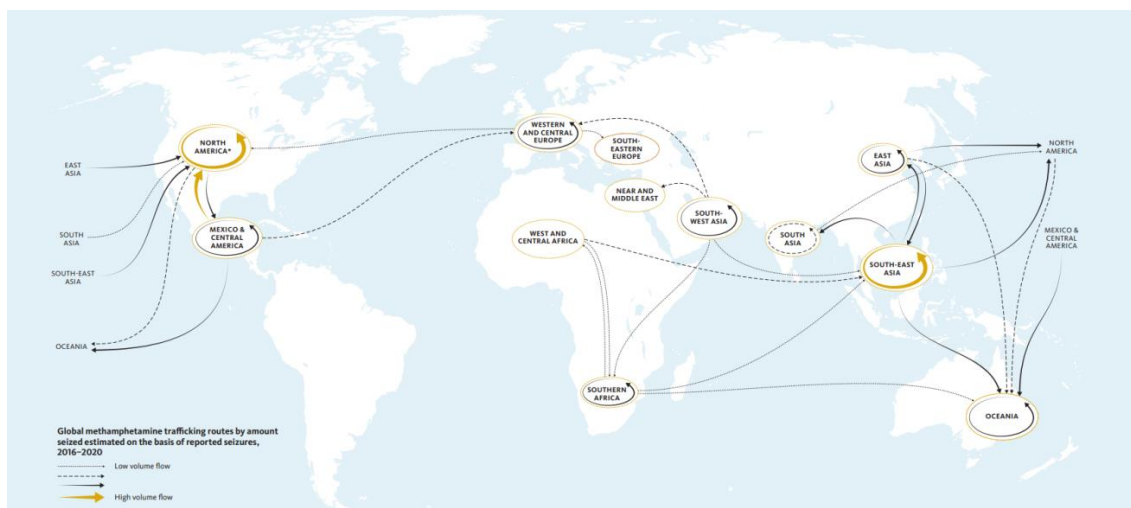


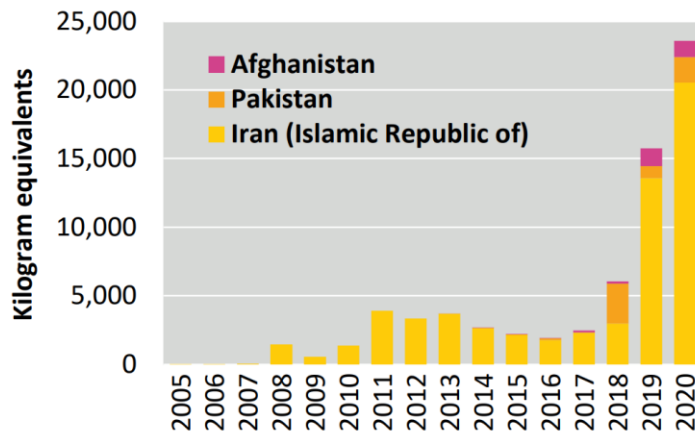
Figure 11. Global methamphetamine trafficking routes by amount seized estimated on the basis of reported seizures (2016-2020). Source: UNODC, 2022b.

Afghanistan's role in the new international meth market

Increase in methamphetamine production and trafficking

According to the UNODC report (2022b), there has been an increase in methamphetamine production and trafficking in Southwest Asia, particularly in Afghanistan. Authorities in the Islamic Republic of Iran reported in 2019 that Afghan smugglers had captured a large share of the Iranian methamphetamine market and were using Iran as a transit country to reach markets beyond its borders. Approximately 90 per cent of methamphetamine seizures made in the Islamic Republic of Iran in 2019 were reported to be of Afghan origin. The situation was similar in neighbouring Pakistan, where authorities reported that Afghanistan was the most frequently detected country of departure for methamphetamine seized in 2020. Graphic 5 shows the quantities of methamphetamine seized in South-West Asia over the period 2005-2020.

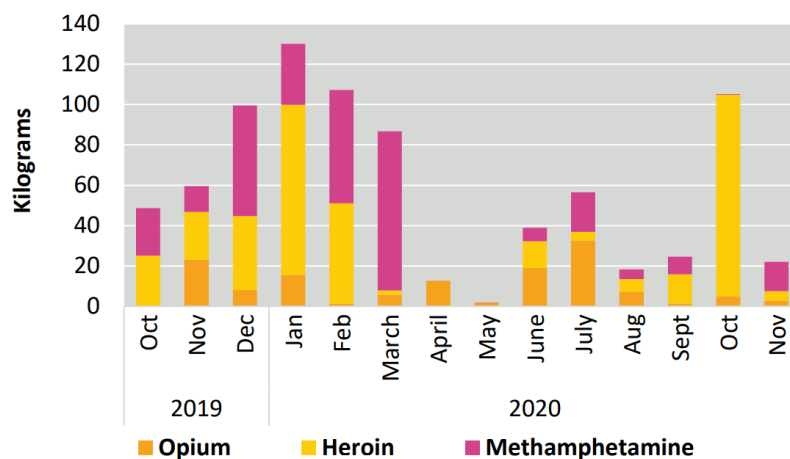
Quantities of methamphetamine seized in South-West Asia (2005-2020)



Graphic 5. Global methamphetamine trafficking routes by amount seized estimated based on reported seizures (2016-2020). Source: UNODC, 2022b.

The first seizures of methamphetamine manufactured in Afghanistan were reported in 2012, and reports of rapid growth in domestic manufacture and seizures soon followed. By 2016, seizure data suggested that methamphetamine was increasingly being used to supply markets in neighbouring countries, especially those in the Islamic Republic of Iran near Afghanistan's western border, as manufacture was also concentrated in that area of the country. Trafficking of Afghan-manufactured methamphetamine continued to expand throughout the region and beyond, and in the period 2019-2021, more than 10 countries, including countries in Asia, Europe and Africa, reported seizures of Afghan-origin methamphetamine. In addition, countries as far afield as Oceania also reported seizures of methamphetamine shipments sent from countries in Southwest Asia, which were likely transit areas for Afghan methamphetamine.

In some parts of Afghanistan, methamphetamine seizures exceeded opium and heroin seizures in several months in 2019 and 2020, as shown in Graphic 6. Seizure data also suggest that methamphetamine trafficking is taking place alongside opiate trafficking, as methamphetamine seizures were made alongside heroin in Kandahar and Nangarhar, indicating that methamphetamine trafficking benefits from the existence of well-established heroin trafficking networks operating inside and outside Afghanistan (UNODC, 2022b).



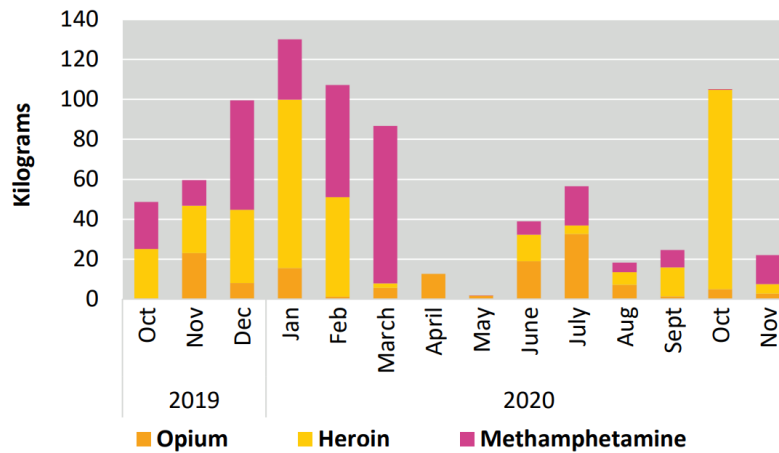
Graphic 6. Methamphetamine, heroin and opium seizures in the Province of Kabul (October 2019-November 2020). Source: UNODC, 2022b.

Increase in methamphetamine use in Southwest Asia

According to the UNODC Report (2022b), methamphetamine use has been increasing in Afghanistan, possibly due to the emergence of methamphetamine manufacture and trafficking in the country in recent years. In 2015, a national survey on drug use in Afghanistan based on biological samples suggested that methamphetamine use was relatively low (SGU Global, 2015). Amphetamine-type stimulants (ATS) were detected in biological samples from individuals in approximately 2% of sampled households and in less than 1% of the sampled population. Information based on people in treatment for drug use highlights a gradual expansion of methamphetamine use in the country over the last decade.

In 2012, about 8% of all people registered with drug treatment services in four provinces were in treatment for methamphetamine use. Most of the registrations for methamphetamine use were in the north-eastern and south-western provinces of Afghanistan. In recent years, a significant number of people in treatment were reported to have used crystal methamphetamine concurrently with heroin, a pattern of use observed in most regions with established opioid use. In 2018, a substantial proportion of adolescents (aged 15-18) reported amphetamine use in Afghanistan; 1.3% of adolescents

reported methamphetamine use, less than 1% had used amphetamines and 1.8% had used «Tablet K⁵⁶» in the past year, as seen in Graphic 7.



Graphic 7. Use of ATS among adolescents in Afghanistan (2018). Source: UNODC, 2022b.

Traditional methamphetamine markets

UNODC's World Drug Report 2022 provides a detailed overview of traditional methamphetamine markets worldwide, with a focus on several key regions. An analysis of the findings and market trends according to the document is presented below.

Methamphetamine trafficking remains predominantly intra-regional, with a particular focus on the regions of East and South-East Asia, as well as North America. These regions are also home to the main source or transit countries for methamphetamine, as shown in Figure 12.

⁵⁶ According to UNODC (2022a) «Tablet K» is the term used in Afghanistan to describe a form of synthetic pills that share similarities in appearance with «ecstasy» tablets.

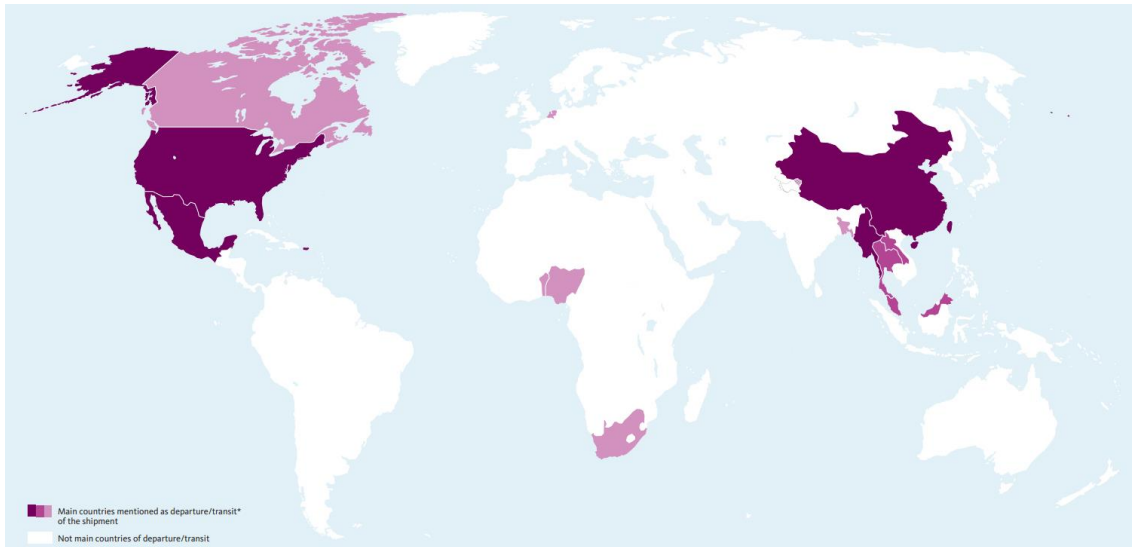


Figure 12. Main departure or transit countries of methamphetamine shipments as described in reported seizures (2015-2017). Source: UNODC, 2022b.

North America: Trends in methamphetamine markets

According to the World Drug Report (2022b), most of the methamphetamine manufactured in North America, especially in Mexico, is destined for consumption in the subregion, mainly in the United States. Some methamphetamine is also exported to markets in East Asia, South-East Asia, Oceania and, to a lesser extent, Europe, according to data on the origin and outlets of methamphetamine reported for the period 2016-2020.

Quantities of methamphetamine seized in North America reached an all-time high in 2020, suggesting that there has been no significant decrease in drug trafficking activities or change in trafficking patterns in the region during the period 2020-2021 compared to 2018-2019. In addition, methamphetamine seizures have spread across the United States, moving away from the traditional concentration in the Southwest of the country, as shown in Figure 13.

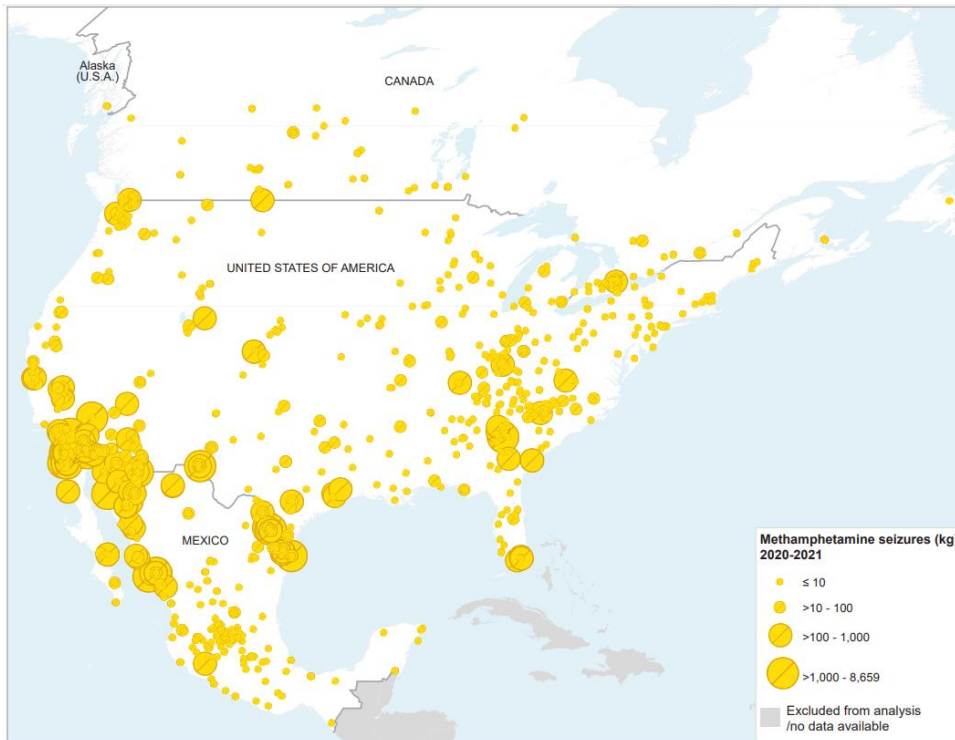
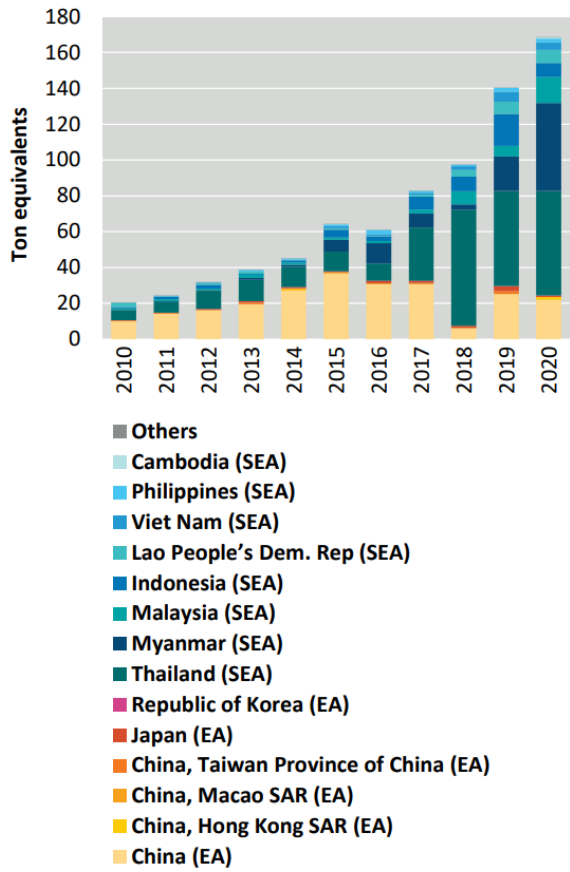


Figure 13. Significant individual methamphetamine seizures in North America (2020-2021). Source: UNODC, 2022b.

East and Southeast Asia

A significant shift in the importance of China in methamphetamine trafficking should be noted here. In the period 2018-2020, China, including Hong Kong, Macao and Taiwan, was mentioned by Member States only nine times as a methamphetamine source or transit country. This marked a notable decrease from the 46 mentions in the period 2015-2017 (UNODC, 2022b, p. 53). The decline, according to the Report, is attributed to law enforcement measures on methamphetamine manufacture and trafficking in the country.

On the other hand, the South-East Asia region has witnessed a rapid increase in methamphetamine seizures in 2020, with a 30% increase compared to the previous year. Myanmar and Malaysia recorded the largest increases in absolute terms of seizures, as shown in Graphic 8. This increase in methamphetamine trafficking in the region does not appear to have been affected by the COVID-19 pandemic, as seizure data indicate an expansion of trafficking activities.



Graphic 8. Seizures of methamphetamines in East and South-East Asia (2010-2020). Source: UNODC, 2022b.

In contrast, East Asia experienced an 18% decline in methamphetamine seizures in 2020, compared to the previous year, and a 36% decline from its peak in 2015. This decline, according to UNODC (2022b), was entirely due to reductions in China, where methamphetamine manufacture, trafficking and use appear to have declined in recent years, as is the case in Japan and the Republic of Korea, which also reported declines in 2020. Significant individual methamphetamine seizures in East and South-East Asia and South Asia can be seen below in Figure 14.

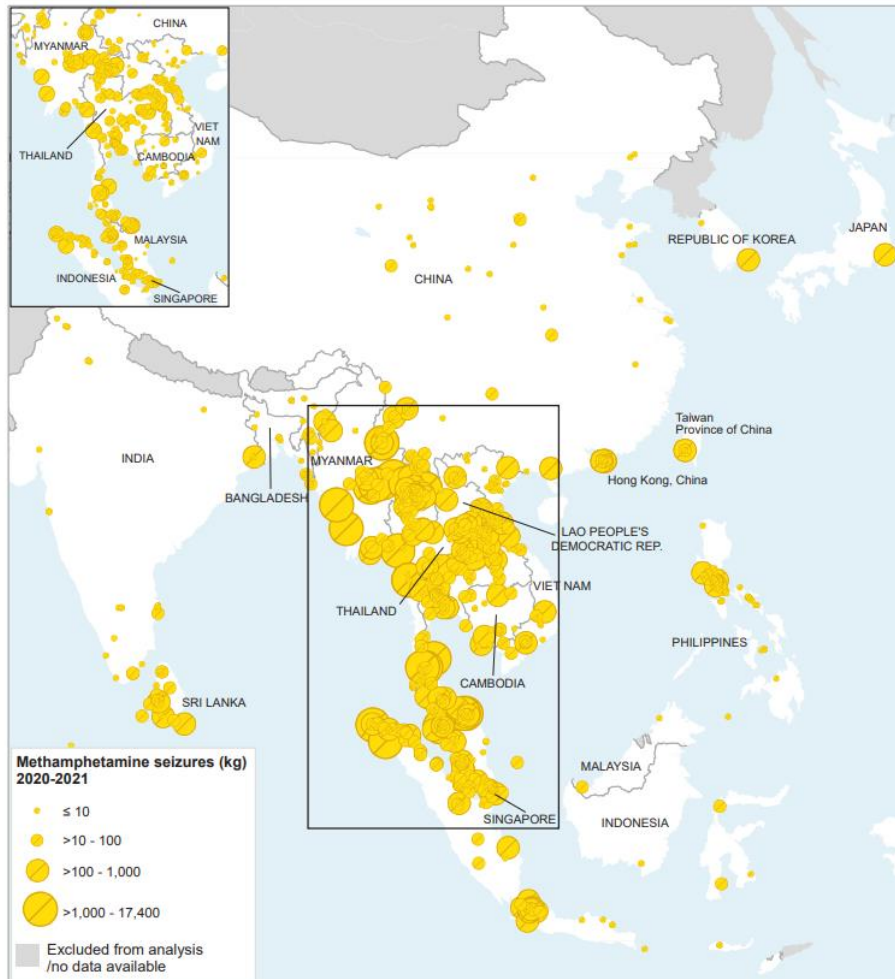


Figure 14. Significant individual methamphetamine seizures in East and South-East Asia and in South Asia (2020-2021). Source: UNODC, 2022b

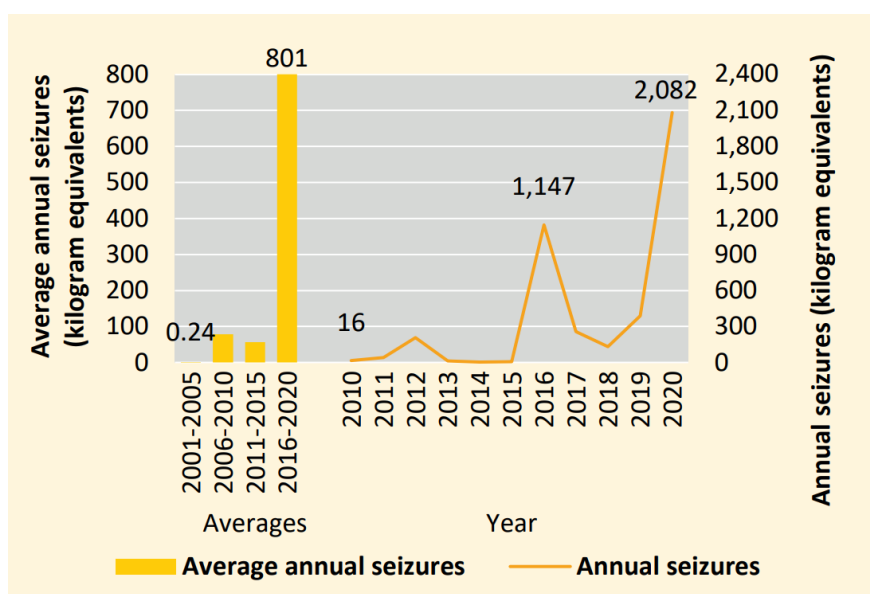
According to UNODC (2022b, p. 61), quantitative and qualitative information based on population survey data in Thailand and other countries in the region suggests an increase in methamphetamine use in most countries in the region in the last decade, up to 2019. In Thailand, for example, the number of people using methamphetamine increased by 50 per cent between 2016 and 2019.

Emerging methamphetamine markets

Increase in methamphetamine use and trafficking in the Near and Middle East

According to the UNODC Report (2022b), although the use of stimulant substances in the Near and Middle East continues to be characterised by high use and trafficking of «captagon», recent years have seen an increase in methamphetamine use and trafficking in the region.

Of the 13 countries in the Near and Middle East that reported drug seizures to UNODC, 12 countries reported methamphetamine seizures in the last decade in this subregion, a significant increase compared to 7 countries during the first decade of this century. The largest methamphetamine seizures in the period 2016-2020 were reported by the United Arab Emirates (50% of all methamphetamines seized in the Near and Middle East), followed by Bahrain (28%), Saudi Arabia (9%), Iraq (9%), Israel (2%) and Kuwait (2%). Graphic 9 shows methamphetamine seizures in the Near and Middle East.



Graphic 9. Seizures of methamphetamine in the Near and Middle East (2001-2020)
Source: UNODC, 2022b.

Origin of methamphetamine in the Near and Middle East

According to the same UNODC Report (2022b), most methamphetamine seized in this sub-region has traditionally originated in East and South-East Asia, especially in Thailand and the Philippines, and to a lesser extent in Indonesia and Vietnam. In the Gulf countries, the street name for methamphetamine is often the same as in East and South-East Asia, «shabu».

Recently, however, there have been indications that countries in Southwest Asia may have been the source of methamphetamine found in the Gulf countries and the Middle East, sometimes trafficked through Iraq to neighbouring countries. Such methamphetamine often originates in or transits through the Islamic Republic of Iran and may include some methamphetamine originating in Afghanistan.

Demand and harms associated with methamphetamine use

The UNODC Report (2022b) also notes that although there are no population-level estimates for the region, it appears that demand for methamphetamine and the harms associated with its use are on the rise. A study by Al-Hemiary, N. J., *et al.*, (2014) reviewed drug-related deaths in a major Saudi Arabian city in which they concluded that between 2016 and 2018 overdose deaths attributed to methamphetamine use had increased by 500%. Most methamphetamine overdose deaths involved the use of another drug, such as heroin. The study highlighted that methamphetamine may have found its way to amphetamine users who were seeking new experiences and may not have been aware of its adverse effects.

In Kuwait, the study by Al-Waheeb, S., *et al.*, (2021) on methamphetamine deaths found that during the period 2014-2018, analysis of the 344 drug overdose deaths found morphine in 80% of cases, followed by benzodiazepines (43%), amphetamines (23%) and methamphetamine (23%). As a trend, overdose deaths in which methamphetamine was found increased from 4.8% in 2014 to 35.6% in 2018. Although overdose deaths among women were much less common than among men, methamphetamine was found more frequently in female overdose cases than in male cases.

Methamphetamine uses in Iraq

The UNODC Report (2022b) also highlights that the emergence of methamphetamine use in Iraq was reported in 2012, when, based on data from medical and psychiatric hospitals, outpatients, health centres, surveys of medical patients and inmates, and law enforcement reports, «captagon», crystal methamphetamine and tramadol were reported as the new drugs of concern among the population. Recently, it has been reported that there has been a clear increase in substance use, in particular methamphetamine and «captagon» use, among all age and gender groups, both employed and unemployed, in Iraq.

DRUG MARKET DIVERSIFICATION IN CENTRAL ASIA AND NEW PSYCHOACTIVE SUBSTANCES (NPS)

But beyond the well-known substances such as heroin and methamphetamine, there are other, entirely new substances that are slowly making their way into different social strata in Central Asia. In recent years, authorities have been warning of a gradual shift towards synthetic drug use in the region. While no alarm bells seem to be ringing at the moment, it is important to note that this gradual shift may be the first sign that the region is embarking on a path towards a significant transformation in drug market dynamics, which

may not only affect the availability of different substances on the market, but also the patterns of use and associated risks. In the Central Asian region, this transformation is mainly driven by the proliferation of a wide variety of synthetic substances, commonly known as New Psychoactive Substances (NPS). Before we look at what the entry of these substances into the region might mean, let us take a bird's eye view of what these «new» substances we are referring to are.

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2021a), «the term «new psychoactive substances» legally refers for the purposes of the [EU] rapid alert and risk assessment system as a substance, in pure form or in a preparation, which is not covered by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychoactive Substances, but which may pose similar health or social risks to those posed by substances covered by those conventions». Figure 15 shows the NPS on the global market, together with their distribution by substance type for the years 2015 and 2021, allowing for an analysis of the evolution of this phenomenon over time.

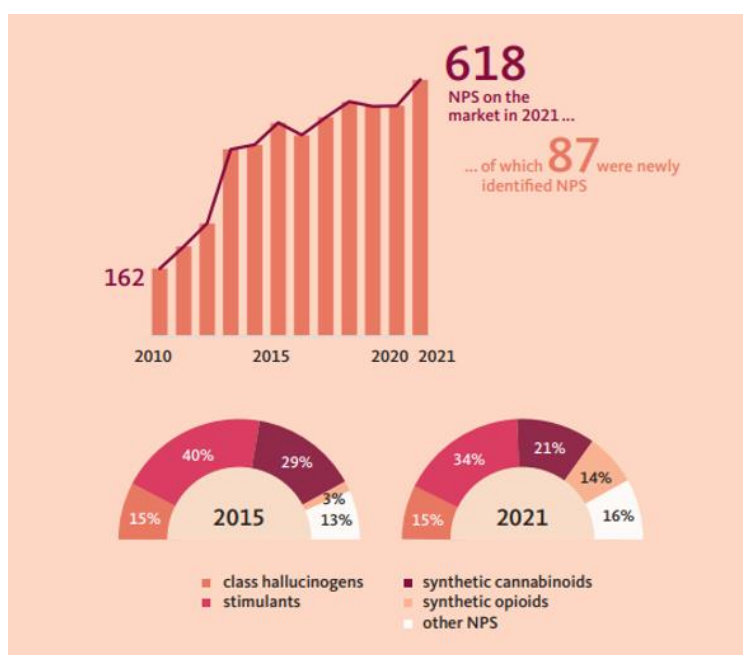


Figure 15. NPS on the global market (2015 & 2021). Source: UNODC, 2023.

Furthermore, the EMCDDA (2021a) notes that new psychoactive substances may present health and social risks comparable to those associated with controlled substances. They often belong to the same broad chemical classes as the better-known controlled substances, such as synthetic cannabinoids, opioids, benzodiazepines, stimulants and hallucinogens. However, because they have chemical differences from established drugs, the health risks can vary and, in many cases, are still unknown. These substances

are available via the Darknet, social media platforms or sometimes street suppliers, and are sometimes marketed as «legal» substitutes for illegal drugs.

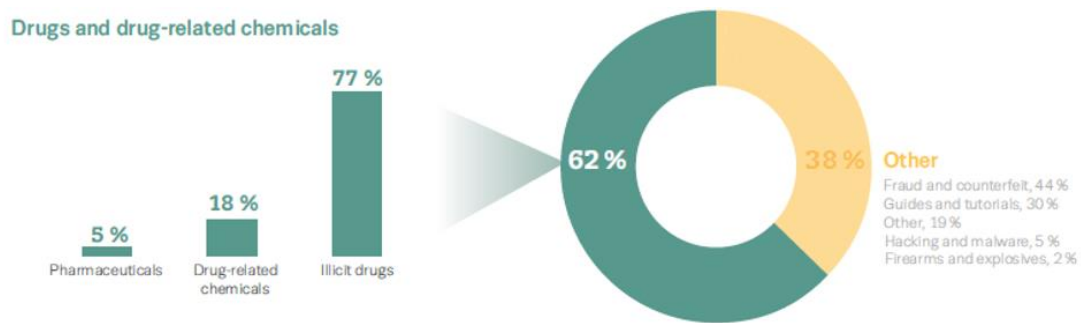


Figure 16. Darknet markets content. Source: UNODC, 2017.

Recent years have seen a remarkable diversification in the drug market (UNODC, 2018). NPS manufacturers and traffickers have developed and marketed a wide range of new substances to adapt to ever-changing laws and regulations, as well as to circumvent potential restrictions on obtaining precursor chemicals. This strategic approach has focused on maintaining the availability of synthetic substances, even as the original precursor chemicals become more difficult to acquire.

In this regard, UNODC (2018) highlights that these changes in the drug market have led to greater diversification in the manufacturing methods used to sustain NPS production. As government control measures and controls often make it difficult to obtain traditional precursor chemicals, traffickers have sought out substitute or alternative substances that offer similar psychoactive effects to previous NPS. These alternative substances often come from different chemical families, implying the need for different precursors. The availability of these new precursors, which may not be subject to supply reduction measures, has facilitated their acquisition, posing an additional challenge for law enforcement authorities in the region.

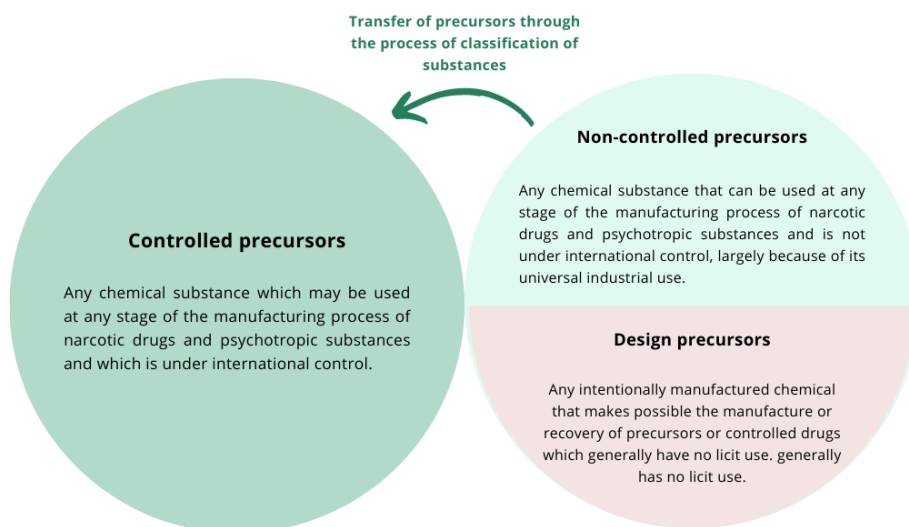
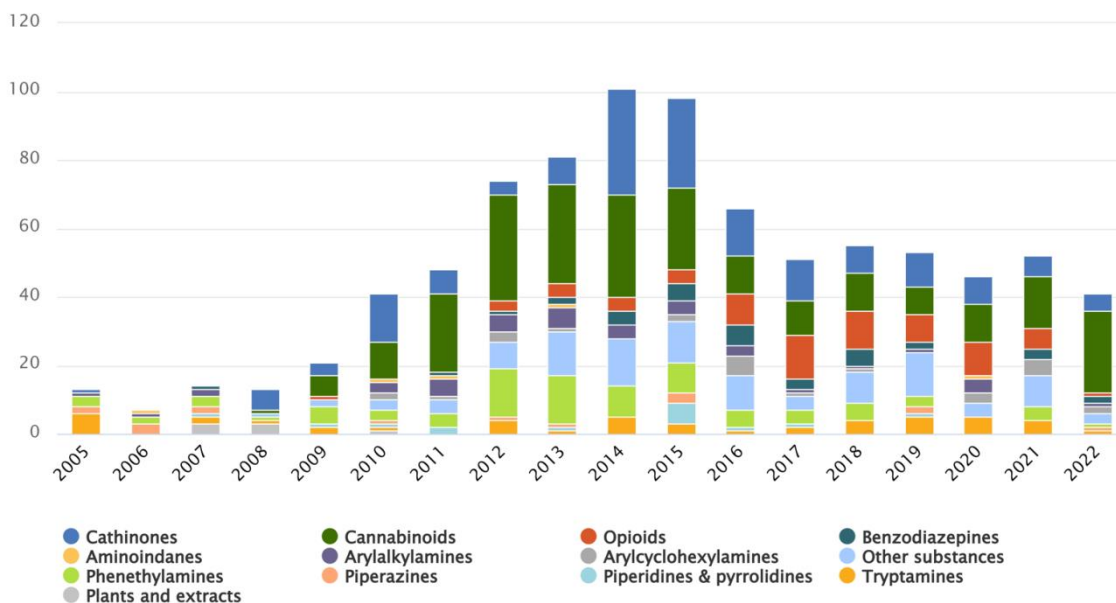


Figure 17. Difference between controlled precursors, non-controlled precursors and design precursors. Source: UNODC, 2023.

This dynamism in the drug market has also driven the continuous adaptation of manufacturing and distribution strategies to expand or modify the variety of substances offered to consumers, while maintaining psychoactive effects similar to previous substances. In some cases, substances have been used that, while not changing the colloquial name of the product, allow consumers to obtain a product that looks and feels similar to a known drug, but does not actually contain the expected psychoactive substance (UNODC, 2018). This strategy has been particularly evident in the case of ecstasy, where the composition of the drug has evolved considerably over time.

In Europe, the Early Warning System (EWS) was established as a joint approach to address the phenomenon of New Psychoactive Substances (NPS) among Member States. According to the report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2019, p. 8), this system was «first set up in 1997 under Joint Action 97/396/JHA and strengthened in 2005 by Council Decision 2005/387/JHA. Since 23 November 2018, the EWS operates under Regulation (EC) 1920/2006, which has been amended by Regulation (EU) 2017/2101». Graphic 10 shows the number of NPS per category that were reported for the first time by the EWS.



Graphic 10. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category (2005-2022). Source: EMCDDA, 2023.

On the other hand, two predominant groups of people using NPS have been identified in recent years. The first group is composed of young people aged 15-30 who have no previous history of drug use. This group uses NPS occasionally, mainly in recreational settings such as clubs, parties and festivals. The second group would consist of more experienced individuals who may have used traditional drugs, mainly opioids such as heroin (EHRA, 2021).

It is also important to note that NPS are offered and sold in the Central Asian region in a variety of ways (EHRA, 2021). One very conspicuous and characteristic way in the region is by writing or painting on the walls of public areas in cities the codes and links to websites offering NPS, as exemplified in Figure 18.



Figure 18. Illustration of graffiti on walls advertising the sale of NPS in the Central Asian region. Source: EHRA, 2021.

NPS are also traded on social media channels (e.g., Telegram channels, WhatsApp groups and Viber). In these media, links to channels where NPS can be ordered through available operators are frequently communicated. People who subscribe to these social media channels often receive random notifications from shops advertising NPS, as exemplified in Figure 14.

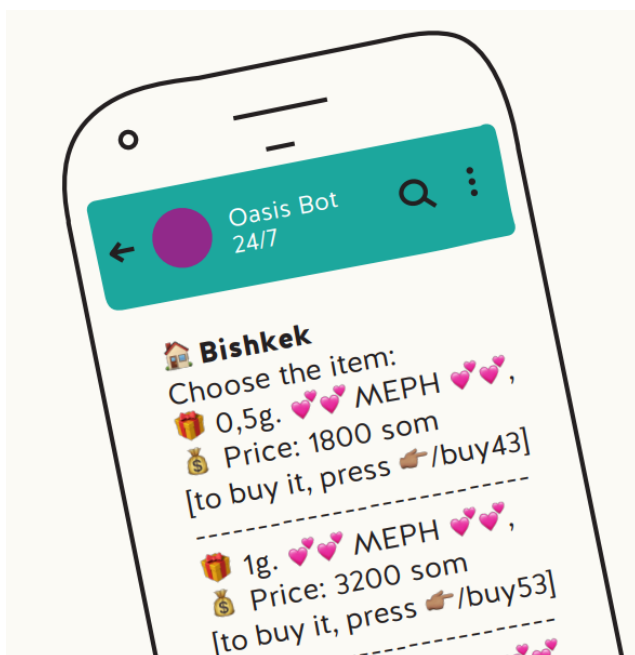


Figure 19. Graphical exemplification of notifications of shops advertising NPS in the Central Asian region. Source: EHRA, 2021

The accessibility and presence of NPS in the region is remarkable, with distribution and promotion often taking place in an open and unrestricted manner. This phenomenon has led to increased public awareness and concern, as NPS have become a prominent part of the psychoactive substance scene in the region, posing significant challenges in terms of regulation and control.

CHANGING CONSUMPTION PATTERN AND CONSUMER PROFILE IN CENTRAL ASIA

The arrival of these New Psychoactive Substances throughout the region may raise some questions: Why are they arriving, who is consuming them, what impacts can they

have, and above all, how can we intervene in the face of this new reality? And, above all, how should we intervene in the face of this new reality? In Central Asia in recent years, the arrival of NPS indicates the emergence of a new and notable pattern of drug use that reflects a gradual shift from escape use to more recreational and leisure use. This shift may be underway in a significant way, characterised by a major transition from traditional use of highly problematic substances, mainly opiates such as heroin, towards more entertainment and leisure-oriented use. It is important to note here that, while these new uses also carry risks to be considered and addressed, their impacts are often much less in terms of physical and social health, as well as being associated with less social stigma.

This change has been driven by a growing interest in more fun and pleasurable experiences, following a pattern similar to that observed in European Union countries since the 1990s and which has also begun to emerge during the first decades of the 21st century in Central Asia, especially in Kazakhstan and Kyrgyzstan.

In this sense, according to Faura *et al.* (2023), two patterns of drug use can be identified in some Central Asian countries. On the one hand, it is characterised by the use of substances that allow individuals to escape from reality, generally by obtaining sedative and analgesic effects that take them away from their daily worries and problems. In contrast, the recreational approach is characterised by the use of synthetic substances and the growing presence of a middle and upper-middle class in Central Asia that seeks to celebrate, enjoy and experience pleasure.

This phenomenon is intertwined with the emergence of nightclub culture in the Central Asian region, as well as the influence of the need to enjoy leisure in a similar way to that observed in the Western world, which is disseminated through social networks, films and other media. In this sense, whenever we talk about nightlife, we are referring not only to the fact of having fun, but also to the processes of sociability, substance use and risk taking and risk management (Faura & García, 2013).



Figure 20. Graphical exemplification of notifications of shops advertising NPS in the Central Asian region. Source: EHRA, 2021

To understand the evolution of consumption patterns in Central Asia, it is essential to analyse the process of normalisation of drug use which, according to Martínez Oró (2015), is used to account for the socio-cultural process that involves greater social tolerance of drug use, diametrically opposed to the alarm derived from heroin use. In this sense, according to Romaní (2005, p. 113), there is evidence of a change in the dynamics of drug use and its connection with the notion of normality in which «drugs, in this sense, are no longer associated so much with marginality, but are immersed in social contexts categorised as «normal», and are perceived as such both by the majority of users and by many components of their primary nuclei of social relations, including some adults». This process of normalisation marks a turning point in relation to the model of compulsive heroin use that has traditionally been seen. According to Martínez Oró (2015), the specific factors that facilitate normalisation are the following:

- **Diffusion of use.** There is an increase in the diversity of substances available in the region, each responding to different chronotopes, i.e., different temporal and spatial contexts between heroin users and recreational users. This variety of substances and contexts becomes a key factor in the normalisation of use.
- **Increased accessibility to substances.** New avenues for recreational users to acquire substances are now available to them, such as the Darknet and social networks. This increased accessibility has contributed significantly to normalisation, as people find it easier to obtain the substances they want.
- **Disassociation from marginality.** In contrast to heroin users, those who choose to use recreationally are not forced to live a life on the margins of society, thanks to their normal appearance and lack of stigmatisation by society. They cannot be easily identified as drug users, which allows them to maintain a normalised identity and be perceived as competent individuals in society.

- **Less problematic consequences.** Recreational users experience less problematic health, social and economic consequences compared to heavy heroin users. This perception of less negative impact has contributed to the normalisation of recreational use, as it is perceived as less risky compared to heavy heroin users.

The evolution of drug use patterns over the last decade has been remarkable. New drug use is moving away from the problems associated with heroin, giving way to more accepted and less problematic drug use (Martínez Oró, 2015). This shift reflects a change in social perception and understanding of psychoactive substances. As Central Asian society progresses in its shift in consumption patterns, coming into greater contact with these new substances in normalised, non-marginalised spaces, and without major impacts on people's physical, mental or social health, there is a transformation in the way people understand and deal with different drug use.

The normalisation of drug use is a process that leads to a gradual dissolution of the barriers that previously separated drug users from the mainstream of society. In a context of recreational drug use, drugs are consumed at parties, festivals and nightclubs, where the primary motivation is the pursuit of pleasure and entertainment, rather than any ideological statement.

Martínez Oró (2015) states that in the context of the European Union, drugs have already become just another consumer product, absorbed by the consumerist logic that characterises capitalist societies. This evolution gradually leads to the gradual loss of the ideological component that in the past was associated with their use, which is a crucial element for understanding the path to normalisation that can be produced in the context of these new forms of consumption.

It is important to note that in the Central Asian region, traditional patterns of consumption of escapist substances such as opium have not disappeared and may never completely disappear. In this sense, we are witnessing the convergence of two distinct consumption patterns in this geographical area. This coexistence of divergent consumption patterns underlines the imperative need to develop differentiated and specific strategies for each of the identified patterns in the region in order to effectively address the changing challenges faced by consumers in Central Asia.

Changing profile of drug users in Central Asia

New patterns of drug use are linked to a new profile of drug users in Central Asia as well. This is a significant transformation that we have already seen in other parts of the world, for example in the countries of the European Union. In particular, it is logical to see how

the use of synthetic drugs has begun to attract a different user group than the one traditionally associated with heroin, particularly young people but also people with a certain purchasing power in search of different recreational experiences.

The availability of synthetic drugs in Central Asia is not only having an impact on the number of users, but also on the way in which these substances are consumed. The nature of synthetic drugs, often designed to intensify recreational experiences, is encouraging greater experimentation among users, which has gone hand in hand with a notable shift in the demographics of users in the region. In the past, heroin might have been predominant in certain demographic groups, but today, a diversification in user profiles is observed. Young people are showing a growing interest in synthetic drugs due to their easy availability and the appeal they offer in terms of recreational experiences. This evolution in user demographics and consumption patterns would highlight the significant influence that the availability of synthetic drugs is having on the dynamics of substance use in Central Asia.

In this sense, two types of psychoactive substance use profiles can be identified in the Central Asian region. On the one hand, linked to the traditional model of drug use, there is the profile of the opiate user, with heroin as the main substance. This profile is characterised, according to Martínez Oró (2019), «for being the most recurrent image that has taken root in the common perception of heroin users. It is often visualised as a heroin addict who is a poly-consumer, addicted, emaciated, sick, homeless and in a situation of social exclusion overcome by heroin, and is usually associated with addiction careers of [several years' duration], this being the most visible and well-known profile for assistance resources».

This profile has, to a large extent, shaped the public perception of heroin users, but it is important to recognise that heroin use is not limited to a single profile and that in the Central Asian region, as elsewhere, there are diverse realities and profiles of users with different needs and challenges.

On the other hand, recreational users «see themselves as the rest of young people and non-users, even as more «open-minded», «experimenters» and «daring», but never as people with problems. Most of them, moreover, when they perceive certain effects and consequences of consumption as dysfunctional, decrease consumption and/or try not to go out as much» (Díaz, Pallarés & Barruti, 2000, p. 212). Among recreational users, the purpose of binges is to disconnect from routine, to enjoy with friends, in short, to engage in pleasurable activities. Only on certain occasions do consumptions represent the defining element of the party. In this sense, «the new profiles of recreational users discourage heroin use because it refers to social exclusion, drug addiction, illness and, ultimately, death» (Martínez Oró, 2015, p. 133).

The new profiles of recreational users in Central Asia represent a transformation in the perception of drug use in the region. In contrast to the stereotypes associated with heroin and its connection to marginality and chronic addiction, these recreational users see themselves as individuals who enjoy leisure and experimentation in a social context. For them, occasional use of synthetic drugs has become a form of disconnection from routine, an opportunity to enjoy themselves with friends and engage in pleasurable activities.

The choice of synthetic drugs over heroin is based on the perception that heroin is linked to social exclusion, physical deterioration and illness. This negative representation has contributed to new recreational users avoiding heroin and opting for substances that are perceived to be less harmful to their physical and social well-being.

UNINTENDED CONSEQUENCES OF THE RUSSIAN-INITIATED WAR IN UKRAINE

Russia's war in Ukraine has triggered a cascade of geopolitical turbulence and significant consequences for the global economy. Since the outbreak of this conflict, energy and agricultural commodity prices have soared, triggering a series of disruptive effects in different regions of the world. Among the areas most affected by this crisis is Central Asia, which has been particularly hard hit by the conflict between Russia and Ukraine.

Data from the Central Asia Barometer (2022) survey on people's perceptions of the impact of the situation in Ukraine on their respective countries in Central Asia reveal that, in countries such as Kazakhstan and Kyrgyzstan, the majority of respondents perceive the situation in Ukraine as having a negative impact on their countries, with percentages of 58% and 70%, respectively. Similarly, only a very small minority believe that this situation has a positive impact on their nations, with only 10% in Kazakhstan and 8% in Kyrgyzstan.

In this sense, one of the most notable effects has been the displacement of a significant number of the Russian population to the region. This influx of Russians has not, however, concentrated all socio-demographic profiles. The most common profile that has arrived in Central Asia consists of young men who have left their country to escape an eventual call-up by the Russian army to fight on the Ukrainian front. For the most part, these young men were not blue-collar workers, but are mainly educated and capable professionals, with relatively greater financial resources than the local populations of the countries where they have been settling, with a great knowledge of all that the new technologies have to offer, and fully incorporated into the capitalist and consumerist world of the more urbanised Russia. These young people are mostly pacifists and are clearly

against the war that the government of their own country has launched against one of its neighbours. Not wanting to participate in the madness of war, they have decided to leave their own country and go in search of peace and opportunity, finding Central Asia an attractive destination. Given the high average profile of these young people, the massive arrival of this population in Central Asia comes with a number of opportunities for the entire region, and at the same time, their adaptation to the receiving societies is not without its challenges.

Indeed, the recent influx of young Russians to countries in the region such as Kazakhstan and Tajikistan are already having mixed effects on local perceptions, according to the Central Asia Barometer (2022). On the one hand, these young Russians often have significantly higher incomes than the local population and can contribute to economic growth; on the other hand, they can cause more inflation and lead to additional increases in the price of food, goods and rents that negatively affect the local population.

In addition, and more relevant to the issue at hand, there is anecdotal evidence that this massive influx of young Russians may also have accelerated the process of normalisation of the recreational pattern of drug use in the major cities of Central Asian countries. As discussed in section 3.4, the recreational pattern of drug use has been normalised in several regions of the world for several decades now. Russia, and especially its major urban centres such as Moscow and St. Petersburg, have also seen the recreational consumption pattern become normalised long before Central Asia saw this pattern begin to arrive in its cities. In addition to the elements of the average profile described above to describe young Russians recently arrived in the region (middle class, with a certain purchasing power, with high knowledge of new technologies, the internet and social networks, highly connected to international consumption communities, who may have visited several of the European countries for work or tourism, and who may have social networks and friendships also at the international level), a reasonable normalisation of recreational use of synthetic drugs can also be added.

It is important to note here that the emergence of the recreational model of drug use emerges in Central Asia autonomously, several years before the outbreak of the Russian war in Ukraine and the arrival of these young expatriates. It is a change that seems to be spreading to all countries that are moving towards a consumerist capitalist economy, which motivates a series of socio-economic changes within each country. Thus, the massive arrival of young Russian urbanites in the region can in no way be blamed for the emergence of this model of consumption. However, there is anecdotal evidence that their arrival may have consolidated and stabilised this trend.

In any case, what does seem certain is that all the factors described above are contributing to the fact that Central Asian cities are increasingly showing drug use

patterns that are more similar to those of other regions such as the European Union. And it is in this sense that it will become increasingly relevant that, in terms of drug policy, these regions share common experiences, reflect on what works and what does not work and, in the end, work closely together to find solutions to the new challenges shared by all.

RAISING THE PROFILE OF SPECIFIC PROBLEMS IN CENTRAL ASIA

Hidden populations and social stigma in the drug phenomenon

In addition to these new population profiles which are interested in recreational drug use, there are still a number of very specific populations in Central Asia, as well as in the countries of the European Union, who combine their use of elusive drugs such as heroin with a strong component of social marginalisation and stigmatisation. These populations are hidden within the drug phenomenon, off the radar of the care services, and constitute a significant and complex aspect of the overall problem of psychoactive substance use. This phenomenon manifests itself in diverse demographics and contexts, involving people whose experiences and challenges are not always visible at first glance. Exploring this issue leads us to understand the multiple layers and dimensions that shape it, from the reasons for its concealment to the public health implications and the need to address it comprehensively.

This drug demographic phenomenon is rooted in socio-economic and cultural factors and addressing it must consider the complexity of the interaction between these elements. Social inequalities, lack of employment opportunities, inadequate education and lack of access to health care are just some of the variables that influence the involvement and visibility of these hidden drug populations. Within these hidden populations, the following subgroups can be identified; according to Episteme Social (2022):

- **Parents, with a particular focus on women.** Fear of losing custody of their children and the social stigma associated with drug use may lead them to avoid seeking help. This situation masks the seriousness of their situation and the need for intervention.
- **Ex-tutored youth.** Young people who have aged out of the care system often lack a strong support network. Their lack of stability and absence of authority figures may cause them to avoid interacting with care services, which masks their vulnerability to substance use and need for support.
- **People released from prison.** Those released from prison with a history of addiction often find themselves in a precarious situation in terms of housing and

employment. Fear of re-offending and barriers to social reintegration can lead to them remaining hidden and out of reach of drug prevention and treatment services.

- **Older people.** Older people struggling with addiction are often a hidden population due to a lack of visibility and recognition of their problem. They may face stigma and a lack of support services specific to their demographic, making it difficult for them to access help.
- **Migrants.** Migrant populations often face linguistic, cultural and access barriers to health services. Fear of deportation and unfamiliarity with the local health system can lead them to avoid seeking substance abuse assistance, which masks their need for treatment and support.

One of the key aspects of understanding these hidden populations is to recognise that the social stigma and criminalisation associated with drug use play a crucial role in their invisibility. Punitive policies and stigmatisation contribute to driving those who use drugs underground, which hinders both accurate research and the implementation of effective prevention, harm reduction and treatment strategies.

Status of non-medical use of medicines in Central Asia

Non-medical use of medicines, also known as inappropriate use or abuse of medicines, is a practice that has become common in contemporary societies. We see it in European Union countries, and we see it also in Central Asian countries. This trend poses a number of challenges for both public health and human safety, as it can have serious health consequences, ranging from addictions to unwanted side effects. In this context, it is crucial to understand the causes, consequences and strategies to address this phenomenon.

The EMCDDA (2021b) defines this phenomenon as «a broad category that refers to the use of a psychoactive medicine for self-medication, recreational or enhancement purposes, with or without a prescription, but outside accepted medical guidelines». Four key categories of medicines are highlighted as important to understand in the context of the regulation and safety of pharmaceuticals. These categories are detailed below (EMCDDA, 2021b):

- **Medicines:** medicines authorised for therapeutic use in one or more EU countries. This includes both prescription and non-prescription medicines.
- **Non-authorised medicinal products:** medicinal products authorised in one or more non-EU countries, but not authorised for use in any EU country.

- **Fake medicines:** products designed to simulate real medicines. These products may contain ingredients of poor quality or in an incorrect dosage, or other substances not indicated on the package leaflet.
- **Falsified medicines:** medicines that do not comply with intellectual property rights or infringe trademark laws.
- **Some new psychoactive substances sold as legal drug substitutes:** substances used for therapeutic purposes, but not authorised for medical use and not internationally controlled.

In recognition of the problems that inappropriate use of medicines can cause, their use has been regulated by three major drug control treaties to ensure the availability of these medicines for medical and scientific purposes, and to prevent their diversion into illicit channels (UNODC, 2011).

- **Single Convention on Narcotic Drugs of 1961**, as amended by the 1972 Protocol, which aimed to combat illicit drug use through coordinated international action.
- **Convention on Psychotropic Substances of 1971**, which established an international control system for the use of psychotropic substances.
- **United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances adopted in 1988**, which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

In Central Asia, the non-medical use of medicines, also commonly known in the region as «pharmacy drugs», is a worrying phenomenon that has been on the rise in many parts of the world, including this vast region. This geographic region faces significant challenges related to the inappropriate and unauthorised use of a wide variety of pharmaceutical substances, including analgesics, sedatives, stimulants, tranquillisers and opioids, among others. Although these drugs are designed to be administered under medical supervision to treat specific health conditions, they are being misused in the region.

The health sector situation in Central Asia presents a number of considerable challenges. Among these challenges are chronic underinvestment, a shortage of trained medical personnel and the obsolescence of medical equipment used in hospitals and clinics (Schweitzer, 2022). In addition, the high cost of treatment in medical facilities has led a significant number of residents to turn to home remedies as a more affordable alternative.

It should also be noted here that the pharmaceutical industry in the Central Asian region is composed of both public and private pharmacies, many of which operate

without adequate supervision (Schweitzer, 2022). A worrying phenomenon is the availability of a wide variety of medicines without prescription in Uzbekistan, where it is estimated that more than 901 different medicines can be purchased without a prescription. In several countries in the region, unrestricted access to and overuse of antibiotics without prescription have contributed to the rise of antimicrobial resistance. Despite some attempts at regulation, such as a ban on the sale of antibiotics in private pharmacies in Turkmenistan in 2019, the effectiveness of these policies is difficult to determine due to lack of access to reliable information and data.

However, despite efforts to control the sale of antibiotics without prescription in Uzbekistan in 2019, it appears that these attempts may be failing (Schweitzer, 2022). The widespread availability of over-the-counter medicines has become so widespread that it is even mentioned in popular tourist guides. This easy access to medicines without the supervision of a health professional not only contributes to antimicrobial resistance, but also offers an attractive alternative for those seeking an escape from illicit drugs.

Additionally, in Central Asia, all states have strict laws against drugs and drug trafficking. However, as access to illegal drugs such as marijuana and opium has decreased, users have resorted to purchasing pharmaceuticals as an alternative. Although the law prohibits this, enforcement by pharmacists is lax, and many private pharmacies allow customers to buy drugs indiscriminately. In countries such as Turkmenistan and Uzbekistan, the situation is even more worrying, with frequent warnings about the abuse of substances such as Tramadol, especially among students.

In this context, the widespread presence of counterfeit and expired medicines is also noteworthy (Schweitzer, 2022). The high costs of medicines, particularly those for the treatment of chronic diseases such as diabetes, have led to a proliferation of counterfeit drugs on the market. In Kazakhstan, it is estimated that 10-12% of all medicines are counterfeit. Authorities in Kyrgyzstan and Tajikistan have conducted frequent raids on pharmacies suspected of selling expired or counterfeit medicines, while in Uzbekistan, production warehouses for counterfeit medicines have been uncovered. However, due to the large number of unregulated public and private pharmacies, stopping these health violations is proving to be a formidable challenge.

What seems clear is that, when used inappropriately, these drugs can have serious health consequences and can lead to dependence (UNODC, 2011). These risks are in addition to the negative implications for work productivity, personal relationships and the economic stability of individuals and their families.

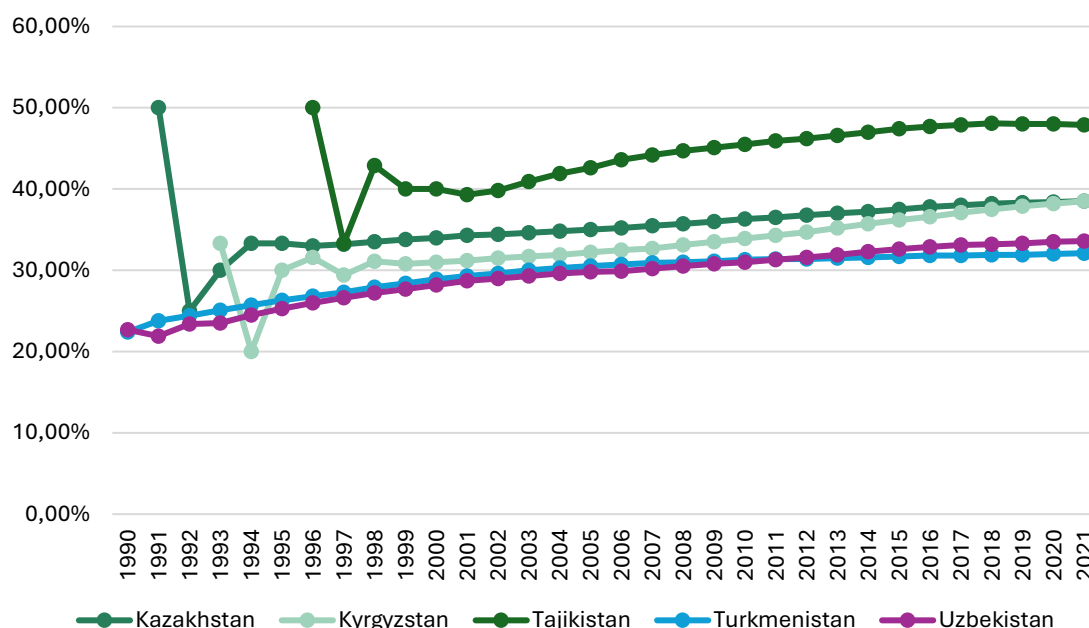
HIV and Hepatitis C infection through unsafe drug use practices in Central Asia

Human immunodeficiency virus (HIV) infection and hepatitis C are two serious problems affecting millions of people worldwide, and the Central Asian region is no exception. In this area, injecting drug use is a widespread phenomenon and is a significant route for the spread of both HIV and hepatitis C.

Drug use in Central Asia often involves unsafe practices, such as the sharing of needles and other injecting drug paraphernalia. These practices are high-risk and facilitate the transmission of infectious diseases, including HIV and hepatitis C. In addition, the link between drug use and sexual risk behaviour, such as the lack of condom use, aggravates the situation and increases the transmission of these infections. Graphic 11 shows the percentage of women aged 15 years and older living with HIV in the Central Asian region. The most relevant aspects are highlighted below:

- General trend in all countries of an increase in the percentage of adult women living with HIV over the years from 1990 to 2021. This increase varies in magnitude from country to country.
- **The Central Asian region has experienced an increase in HIV prevalence. In this** regard, if we look at rates in adult women, for example, we see that they vary from around 20% in the early 1990s to around 30-40% in the early 2020s.
- The data underline the importance of continuing and strengthening HIV prevention and treatment efforts in these countries.

CADAP 7. REGIONAL DRUG POLICY REPORT



Graphic 11. Women's share of population ages 15+ living with HIV (%) in Central Asia (1990-2021). Source: World Bank Data, (n.d.)

In some of the Central Asian countries, the prevalence of HIV and hepatitis C among drug users is high. Lack of access to adequate services, harm reduction programmes, HIV and hepatitis C education, as well as treatment for drug addiction, contributes to the spread of these diseases (Faura *et al.*, 2023).

People Living With HIV	2016	2017	2018	2019	2020	% change
Kazakhstan	19,113	20,841	22,712	25,753	27,498	+43.82
Kyrgyzstan	7,948	8,824	9,680	10,342	11,153	+40.32 ⁵⁷
Tajikistan	6,056	7,094	7,812	8,756	9,459	+56.19
Uzbekistan	35,386	37,872	40,376	42,425	-	+19.89 ⁵⁸

⁵⁷ Percentage change between 2017 and 2021.

⁵⁸ Percentage change between 2016 and 2019.

Table 43. People living with HIV in the different countries of Central Asia.

Stigmatisation and discrimination towards drug users in Central Asia represent a significant barrier in the fight against the spread of HIV and hepatitis C. Stigmatisation is defined by Goffman (1970, pp. 11-55) «as a negative attribute that establishes differences between people who have it and those who do not, generating situations of rejection and contempt for those who have it». Individuals who use drugs in Central Asian countries face this stigmatisation, which is expressed in the form of deep-seated prejudices in society, resulting in the denial of opportunities and marginalisation in various settings, including access to health services, prevention and specialised treatment. This stigmatisation contributes to a cycle of social exclusion and limits people's willingness to seek help and treatment for their addictions and associated infections.

Discrimination based on drug use also results in unequal treatment in health care systems. Drug users may experience negative attitudes from health professionals, discouraging them from seeking help. This lack of access to prevention and treatment services not only perpetuates the spread of HIV and hepatitis C, but also has a detrimental impact on the overall health and wellbeing of these people, underlining the urgent need to address stigmatisation to improve responses to these diseases.

As highlighted by Link & Phelan (2006, pp. 528-529), «the discrimination and exclusion to which drug users are subjected by being labelled as ill limits their possibilities to access fundamental rights such as health, education and work». This «sick» label imposed on drug users often marginalises them and undermines their access to medical services and opportunities that are essential for their wellbeing and reintegration into society.

ANALYSIS OF CONCERNS ARISING FROM THE REGIONAL SEMINAR

In the context of the Regional Seminar organised in the framework of CADAP 7 in Astana, Kazakhstan, the understanding and assessment of the concerns raised took on fundamental relevance. This section is devoted to a synthetic analysis of the concerns that emerged from the Central Asian delegations during the regional meeting. This analysis seeks to provide a detailed perspective on the issues that were the subject of discussion and debate at the Regional Seminar, thus allowing for a better understanding of the implications and challenges raised by the parties involved in the event. It then proceeds to explore the synthesised responses and reflections that the various EU experts formulated in response to the concerns raised during the event, which have already been presented in section 2.4 of this report.

Considerations on intervention models

- **Changing consumption patterns in Central Asian countries.** This was one of the main concerns of several delegations. As we have explained above, the change in drug use dynamics in the Central Asian region, particularly the increase in stimulant use, reflects a phenomenon similar to that which occurred in much of Europe in the late 1990s. This change in patterns of drug use may be influenced by a number of factors, such as drug availability, socio-economic and cultural aspects, as well as access to information. Understanding the reasons behind this change is of great importance in order to adapt prevention and treatment programmes to these new trends, ensuring that they are effective in addressing the current phenomenon in an appropriate way.
- **Sustainable responses to the consequences of the drug phenomenon.** The lack of sustainable interventions and responses to drug abuse in Central Asian countries is a significant issue. Sustainable responses involve the implementation of long-term policies and programmes that continuously and effectively address the problem of drug abuse. The absence of a sustainable approach may result in short-term solutions that do not comprehensively address the problem and do not endure over time to provide lasting results.
- **Harm and risk reduction strategies.** Harm and risk reduction strategies play an important role in preventing drug use and can be instrumental in Central Asian countries. Recognising that drug use cannot be completely avoided, this strategy focuses on minimising the risks and harms associated with drug use. Effective implementation of these strategies can contribute to the reduction of infections, social stigma and other physical and mental health harms related to drug use in the region.
- **Methodologies to identify needs and priorities.** The methodology used in Portugal to identify drug-related needs can be adapted in Central Asia, taking into account the cultural and social diversity in the region. This would allow an accurate understanding of the specific needs of the region, including the prevalence of certain substances, consumption patterns and socio-economic factors influencing the drug problem.
- **Treatment and responses for drug users.** In a region where drug use is a significant challenge, implementing a structured approach such as the Portuguese one would be helpful. Treatment centres and therapeutic communities, as well as

harm reduction programmes, could be tailored to the needs and resources of each Central Asian country.

Targeted interventions for specific populations

- **Challenges and efforts in prevention.** The challenges in preventing drug abuse, especially among young people in Central Asia, are complex and require multifaceted approaches. These challenges may be related to the availability and accessibility of drugs, influence of social and cultural factors, and lack of awareness of the risks associated with drug use.
- **Care for minors.** Effectively serving minors and adolescents facing drug use-related problems in Central Asia requires a holistic approach tailored to their unique needs. Efforts should be supported by ongoing research and constant evaluation, allowing for continuous adaptations and improvements to ensure the long-term relevance and effectiveness of programmes.
- **Quality and supervision in private treatment clinics.** In the search for effective treatment for those facing the consequences of drug use in the Central Asian region, public and private clinics play an important role. In the case of private clinics, ensuring high standards of quality of care and external monitoring of the treatment process are key to achieving positive and lasting results.

Prevention of death and disease

- **Hepatitis as a problem in the region.** The widespread occurrence of hepatitis in the Central Asian region poses a considerable challenge in terms of public health and population wellbeing. This problem encompasses both hepatitis B and hepatitis C, and its prevalence in the region can be attributed to a number of factors, such as risky drug use practices and lack of access to adequate medical care. This can negatively impact the quality and accessibility of services for people affected by the disease, hindering their ability to receive timely and appropriate care. The harm reduction model undoubtedly provides the most effective and economical way to address the drastic reduction of infections and, with it, the spread of these tragic diseases throughout the countries of the region.

Considerations on the relationship between drugs, health, confidentiality and criminality

- **Positive discrimination in access to health services by people who use drugs.** Access to health services plays a critical role in the care of people who use drugs in Central Asia. Often, people who use drugs face stigma and discrimination when seeking medical care. Improving access to health services for people who use drugs is important to effectively address their medical needs and provide quality, non-judgmental care.
- **Health and mental health concerns.** Recognising the importance of addressing mental health in the context of drug use patterns is positive for comprehensive care for people who use drugs in the Central Asian region. Mental health is intrinsically related to the well-being and quality of life of individuals. In the case of people who use drugs, mental health care is of paramount importance, as they often face psychological and emotional challenges that require specialised support and treatment.
- **Information systems and confidentiality.** In Central Asia, preserving the confidentiality of health care information is a key component of any effective health care system strategy. The way in which personal data is managed and protected is closely related to successful healthcare management.

6. GOOD PRACTICES IN DRUG POLICY

INTRODUCTION

The Episteme Social team, in the context of the **CADAP 7 PROGRAMME** and specifically in the framework of Outcome 1, has developed the "Handbook for the Development of Public Drug Policies for the Countries of the Central Asian Region". This handbook is a tool designed to guide policy makers in the field of drugs in Central Asian countries. It aims to effectively and evidence-based address the complex challenges associated with the use and trafficking of psychoactive substances in the region.

In line with ongoing efforts to promote effective and sustainable anti-drug strategies in Central Asia, the CADAP 7 Programme stands as a significant framework for action. The Handbook is designed to provide, from a theoretical perspective, the "good practices" identified by the European Monitoring Centre for Drugs and Drug Addiction. These practices are considered as interventions with positive effects on target populations, always taking into account the context and based on experiences implemented by different EU Member States.

The content of the Handbook has been developed in a comprehensive manner, combining theoretical and practical approaches to be of use to decision-makers. It seeks to provide a comprehensive understanding of the process of elaboration, implementation and evaluation of specific public policies in the face of situations arising from the drug phenomenon. In addition, it highlights the importance of the European Union Drugs Strategy 2021-2025, with the aim of understanding the strategic lines that the European body wishes to deepen, derived from the situations that are manifested in the EU in the field of drugs.

EU DRUGS STRATEGY 2021-2025

The European Union Drugs Strategy 2021-2025, (EU Council, 2021), hereafter referred to as **the Strategy**, is a comprehensive EU approach to tackling drug-related challenges on the European continent and beyond. This Strategy is structured around **three key areas of action**:

SUPPLY REDUCTION

- In this area, the Strategy seeks to improve security and combat drug trafficking. This involves actions to prevent the cultivation and production of illicit drugs, as

well as the disruption of distribution networks. Security is an essential element in ensuring that drugs do not reach the market.

DEMAND REDUCTION

- The Strategy is committed to providing prevention, treatment and care services for people with drug problems. This includes prevention programmes aimed at reducing the initiation of drug use and treatment services for those already trapped in addiction. Assistance is essential to help people recover and reintegrate into society.

HARM REDUCTION

- This part of the Strategy focuses on minimising the harms caused by drug use, either at the public health level or at the individual level. This includes measures such as harm reduction, which seeks to mitigate the risks and harms associated with drug use.

In addition to these policy areas, the Strategy addresses three cross-cutting themes that play a key role in a holistic and effective approach to tackling the complex drug phenomenon in the European Union and in international cooperation. These cross-cutting themes are important not only to strengthen the EU's capacity to address current and emerging drug-related challenges, but also to ensure that the policies and measures adopted are backed by sound scientific evidence and implemented in a coordinated and effective manner.

The three cross-cutting themes of the Strategy are described below:

INTERNATIONAL COOPERATION

- It recognises the cross-border nature of drug trafficking and the need to work closely with other countries and international agencies to address this global challenge. International cooperation allows for the exchange of information, the coordination of joint actions and the strengthening of strategic alliances to address drug supply and demand more efficiently.

RESEARCH, INNOVATION AND FORESIGHT

- The importance of continued scientific research in the field of drugs is emphasised. This includes the search for new therapies and treatment approaches, the

evaluation of the effectiveness of prevention programmes and the identification of emerging trends in drug use. Innovation and foresight are crucial to adapt strategies as drug-related dynamics evolve.

COORDINATION, GOVERNANCE AND IMPLEMENTATION

- It refers to the need to establish a strong governance and coordination structure at national and European level. This involves ensuring that policies and measures are implemented effectively and coherently at all levels, from policy formulation to implementation on the ground, involving different stakeholders and ensuring adequate monitoring to achieve the Strategy's objectives.

In the context of international cooperation, the CADAP 7 PROGRAMME plays an important role in promoting the development of effective and evidence-based drug demand reduction policies in Central Asian countries. This contributes to strengthening the capacities of governments in the region to address the drug phenomenon in a comprehensive and sustainable manner, in line with the objectives and approaches of the Strategy.

REDUCING DRUG SUPPLY

The Strategy represents a strategic approach adopted by the EU to tackle the complex drug phenomenon on its territory. In the field of drug supply reduction, it focuses on the **implementation of a set of strategic priorities aimed at strengthening security and combating activities related to illicit drug trafficking and production** in EU Member States.

Strategic priorities in the field of drug supply reduction

The Strategy sets out **four specific strategic priorities in the field of "drug supply reduction"**, which are broken down into a total of **24 concrete actions**. These priorities address critical challenges related to reducing drug supply and strengthening security on the European continent. Table 44 below details the strategic priorities within this area according to the Strategy:

Strategic priority 1	Disrupt and dismantle high-risk drug-related organised crime groups operating in EU Member States. In addition to tackling these criminal organisations, it seeks to understand their links to other security threats and improve crime prevention.
Strategic priority 2	Increase detection of illicit trafficking of drugs and drug precursors at EU entry and exit points. This action focuses on improving the capacity of authorities to identify and tackle large-scale drug trafficking.
Strategic priority 3	Combat the exploitation of logistical and digital channels used in the distribution of small and medium-sized illegal drugs. This strategy also seeks to increase seizures of illegal substances smuggled through these channels, working closely with the private sector.
Strategic priority 4	Dismantle illegal drug production and combat illicit cultivation, prevent the diversion and trafficking of drug precursors used in the manufacture of illegal substances, and address the environmental damage associated with drug production.

Table 44. Strategic priorities of the Drugs Strategy (2021-2025) in the field of drug supply reduction. Source: Council of the European Union, 2021.

The Strategy in this area is strongly focused on contributing to the reduction of drug supply through **concrete measures**, such as:

- the dismantling of organised crime,
- judicial and police cooperation,
- confiscation of illicit assets,
- and the exchange of information.

EU best practices in the field of drug supply reduction

In the field of drug supply reduction, EU Member States have implemented a range of measures that have proven to be effective in addressing challenges related to the availability and distribution of narcotic substances.

The following describes **good practice in drug supply reduction in EU Member States** through the European and Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

SURVEILLANCE SYSTEMS

- Surveillance systems become an important pillar for understanding prevalence, motivations, barriers to treatment access and sources of supply, as well as for identifying changes over time.

This type of intervention is useful in the areas of substance use, such as new psychoactive substances ([see point 4.4.1](#)), as well as in the non-medical use of medicines ([see point 4.4.3](#)).

DRUG DEMAND REDUCTION

The Strategy comprehensively addresses the drug phenomenon in the European Union, focusing on the area of demand reduction as a fundamental part of its cross-Community strategy. This approach focuses on the **implementation of strategic priorities designed to reduce the demand for illicit substances, seeking to strengthen public health, prevent problematic use and address the underlying causes of drug use** in the EU Member States.

Strategic priorities in the field of drug demand reduction

This area focuses on direct care for people affected by drug use, addressing both prevention and treatment, and is aligned with the objectives of the CADAP 7 Programme in its focus on reducing drug demand in the countries of the Central Asian region.

The Strategy sets out **two strategic priorities comprising a total of 18 actions**:

Strategic priority 5	It focuses on preventing drug use and raising awareness of the adverse effects of drugs. It aims to prevent people from initiating drug use and to promote greater awareness of the risks associated with drugs. Through specific actions, it seeks to educate the population and provide information that contributes to informed decision-making in relation to drug use.
Strategic priority 6	It focuses on ensuring access to quality treatment and care services for people with drug problems. It also seeks to strengthen these services to make them more effective in the care and treatment of people affected by drug use. The aim is to provide the necessary support for the recovery and reintegration of people into society, thus contributing to a stronger and more compassionate response to the drug phenomenon in the European Union.

Table 45. Strategic priorities of the Drug Strategy (2021-2025) in the area of drug demand reduction Source: Council of the European Union, 2021.

EU best practices in the field of drug demand reduction

In the context of drug demand reduction, EU Member States have established a set of interventions that focus on addressing drug demand reduction issues. These strategies have been developed with the aim of providing a comprehensive and evidence-based response to address the challenges posed by drug use in society. European Union good practice in drug demand reduction through the EMCDDA is described below.

ENVIRONMENTAL PREVENTION STRATEGIES

- Environmental prevention strategies seek to reduce risks linked to substance use by intervening in physical and social environments, promoting environments that encourage safe behaviours.

Such measures are useful in contexts such as local communities ([see point 4.1.1](#)), as well as in recreational settings ([see point 4.1.5](#)).

UNIVERSAL PREVENTION STRATEGIES

- "Corresponds to actions aimed at the entire population, regardless of the level of risk to which they are exposed, whether or not they are users of psychoactive substances, with the objective of preventing consumption, highlighting the benefits obtained by having a healthy lifestyle" (MSPS & UNODC, 2018, p. 27).

This type of intervention is beneficial in a variety of contexts, such as local communities ([see 4.1.1](#)), prisons ([see 4.1.2.1](#)) and other places of detention ([see 4.1.2](#)). [see point 4.1.2](#)), educational centres ([see point 4.1.3](#)), workplaces ([see point 4.1.4](#)), recreational settings ([see point 4.1.5](#)), and among specific groups, such as women ([see point 4.2.1](#)). In addition, they are also useful in addressing drug-related harm ([see 4.3](#)), including new psychoactive substances ([see 4.4.1](#)), cannabis ([see 4.4.5](#)), stimulants such as cocaine ([see 4.4.6](#)) and alcohol use ([see 4.4.7](#)).

CONTINGENCY MANAGEMENT

- It is based on the principle of reinforcing desired behaviour. In the context of addiction treatment, it involves providing tangible incentives or rewards to individuals when they meet specific goals related to drug abstinence (Bentzley *et al.*, 2021).

This strategy is valid in settings such as prisons ([see point 4.1.2](#)) and for substances such as amphetamines and methamphetamines ([see point 4.4.2](#)), opioids and heroin ([see point 4.4.4](#)), cannabis ([see point 4.4.5](#)) and cocaine ([see point 4.4.6](#)).

COGNITIVE BEHAVIOURAL THERAPY

- It focuses on identifying patterns of thinking and behaviour related to cannabis use. Through learning coping skills and modifying negative beliefs, individuals can develop healthier coping strategies to deal with triggers and avoid relapse (EMCDDA, 2022(letter)).

This strategy is valid in settings such as prisons ([see point 4.1.2](#)) and for substances such as amphetamines and methamphetamines ([see point 4.4.2](#)), non-medical use of medicines ([see point 4.4.3](#)), opioids and heroin ([see point 4.4.4](#)), cannabis ([see point 4.4.5](#)) and cocaine ([see point 4.4.6](#)).

MOTIVATIONAL INTERVIEWS

- They focus on fostering intrinsic motivation to change. Therapists work with individuals to explore their ambivalence towards cannabis use and help them develop the willingness and confidence to make positive changes in their lives (EMCDDA, 2022(letter)).

This strategy is valid in settings such as prisons ([see point 4.1.2](#)) and for substances such as amphetamines and methamphetamines ([see point 4.4.2](#)), opioids and heroin ([see point 4.4.4](#)), cannabis ([see point 4.4.5](#)) and cocaine ([see point 4.4.6](#)).

REDUCING DRUG-RELATED HARM

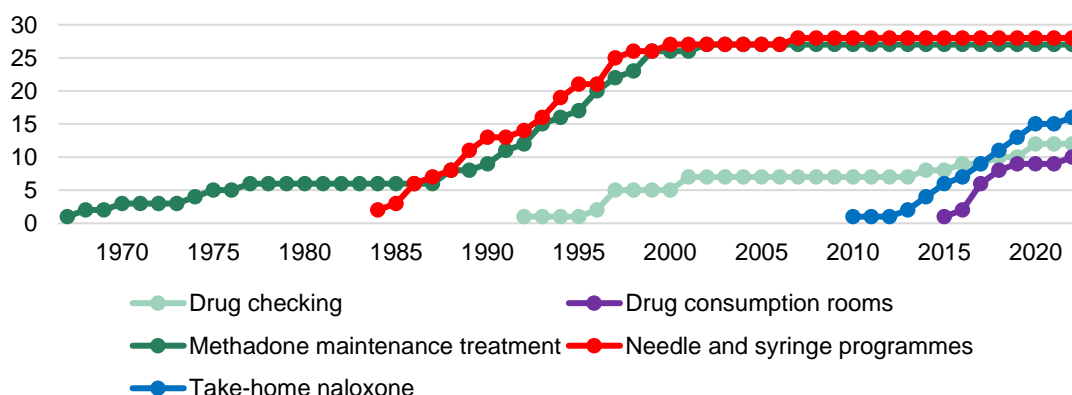
The reduction of drug-related harm emerges as an important facet of the Strategy adopted by the European Union to address the inherent complexity of the drug phenomenon on its territory. It is geared towards the **implementation of specific strategic**

priorities aimed at minimising the negative impacts associated with substance use in the Member States of the European Union. Harm reduction is an essential approach to managing psychoactive drug use that is based on a strong commitment to public health and human rights.

"Harm reduction refers to policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of legal and illegal psychoactive drug use and are based on a strong commitment to public health and human rights" (IHRA, 2009, p. 1).

The harm reduction approach recognises the complexity of issues related to substance use and seeks to minimise the associated harms.

This approach has established itself as an essential component of public health strategy in many EU countries, as illustrated in Figure 6, adopting a **perspective that places the safety and well-being of people who use drugs at the forefront.**



Graphic 12. Number of European countries implementing harm reduction interventions (1967-2022). Source: EMCCDA, 2022.

Strategic priorities in the field of drug-related harm reduction

In this area, **two strategic priorities** are set out as a set of **12 specific actions**, reflecting a strong focus on mitigation and protection of drug users.

The strategic priorities in this area, as specified in the EU Strategy, are set out below:

Strategic priority 7	It focuses on risk and harm reduction interventions as well as other measures to protect and support drug users . The aim is to provide a safer and healthier approach for people who use drugs, minimising the risks associated with substance use and providing appropriate support.
Strategic priority 8	Aimed at addressing the health and social needs of drug users in prisons and upon release . It recognises the importance of providing ongoing care and support to people in the prison system and those seeking to reintegrate into society after serving their sentences.

Table 46. Strategic priorities of the Drug Strategy (2021-2025) in the field of drug-related harm reduction Source: Council of the European Union, 2021.

In this area, the Strategy seeks to address drug-related harm from a public health and social welfare perspective, promoting interventions and policies that reduce risks and provide support to those who use drugs. In doing so, it strives to provide a balanced and compassionate approach to tackling the challenges posed by drugs in the European Union.

Good practices in the European Union in the field of harm reduction associated with drug use

HARM REDUCTION PROGRAMMES

- Harm reduction focuses on minimising the negative effects associated with drug use, rather than advocating complete abstinence (EMCDDA, 2022).

There are a variety of harm reduction interventions that are useful in contexts such as local communities ([see 4.1.1](#)), in prisons ([see 4.1.2](#)), in recreational settings ([see 4.1.3](#)), in groups such as specialised services for women ([see 4.2.1](#)), as well as in homelessness ([see 4.2.3](#)), in addressing drug-related harm ([see 4.3.1 and 4.3.2](#)), and [in substance use such as substance misuse \(see 4.3.2\).3.1 and 4.3.2](#)), and on the use of substances such as new psychoactive substances ([see 4.4.1](#)), amphetamines and methamphetamines ([see 4.4.2](#)), cannabis ([see 4.4.5](#)) and stimulants such as cocaine ([see 4.4.6](#)).

THERAPEUTIC COMMUNITIES

CADAP 7. REGIONAL DRUG POLICY REPORT

- Such services provide a space where participants can work on personal transformation through individual and group therapy, education, social support and the adoption of life skills.

This intervention is useful for the prison setting ([see 4.1.2](#)) and for addressing problem use in users of opioids and their derivatives such as heroin ([see 4.4.4](#)).

OPIOID AGONIST TREATMENT (OAT)

- It focuses on addressing the issues that are intrinsically linked to this addiction, such as the repercussions on physical and mental health, as well as the adverse social impacts and achieving abstinence from this type of substance.

Such strategies are useful in settings such as prisons ([see 4.1.2](#)), in groups such as homelessness ([see 4.2.3](#)), in preventing opioid-related deaths ([see 4.3.2](#)), as well as in substances such as non-medical use of medicines ([see 4.4.3](#)) and the use of opioids and their derivatives ([see 4.4.4](#)).

TESTING AND TREATMENT OF INFECTIOUS DISEASES

- The importance of regular testing for infections such as blood-borne viruses, sexually transmitted infections and tuberculosis is emphasised. Treatment "can reduce the spread of infectious diseases in the prison environment and in the wider community" EMCDDA (2022b).

Such interventions are useful in contexts such as prisons ([see 4.1.2](#)), in groups such as the elderly ([see 4.2.4](#)) and in tackling infectious diseases ([see 4.3.1](#)).

STAFF TRAINING IN A WIDE RANGE OF AREAS

- This involves training professionals in identifying signs of abuse, providing early intervention tools and promoting understanding of the specific dynamics of each setting. Providing training "to health workers on communicable diseases and promoting screening can increase active case detection and implementation of these programmes" EMCDDA (2022b).

This type of intervention is useful in contexts such as prisons ([see point 4.1.2](#)) and in the phenomenon of new psychoactive substances ([see point 4.4.1](#)).

FIRST AID TRAINING IN DIFFERENT AREAS

- It serves to empower individuals and professionals with the skills necessary to provide initial assistance in emergency situations. Acquiring these skills can not only save lives, but also promote safety and peace of mind, as one is better prepared to respond effectively in critical moments.

This type of intervention is useful in contexts such as prisons ([see 4.1.2](#)) and recreational settings ([see 4.1.5](#)).

OVERDOSE MANAGEMENT

- Overdose is defined as "the use of any drug in sufficient quantities to produce serious physical or mental effects" (WHO, 1994). Overdose management refers to the actions and protocols implemented to address situations where a person has consumed a dangerous amount of a substance in order to prevent serious or fatal complications.

This type of intervention is useful in settings such as prisons ([see 4.1.2](#)), in recreational settings ([see 4.1.5](#)) and in preventing opioid-related deaths ([see 4.3.2](#)).

DISTRIBUTION OF NALOXONE

- It is defined as "an antidote to opioids that, when administered in time, completely reverses the effects of an overdose, but has virtually no effect on people who have not taken opioids" (WHO, 2023).

This type of intervention is useful in contexts such as prisons ([see 4.1.2](#)), in groups such as the homeless ([see 4.2.3](#)) and in preventing opioid-related deaths ([see 4.3.2](#)).

DRUG TESTING SERVICES

- Energy Control (2004, p. 29) defines testing for psychoactive substances as a "rapid method to verify the presence or absence of a given substance as a product that, acquired on the illegal market, is intended for consumption".

This type of intervention is useful in contexts such as recreational settings ([see 4.1.5](#)), in preventing opioid-related deaths ([see 4.3.2](#)) and for substances such as amphetamines and methamphetamines ([see 4.4.2](#)).

SUPERVISED CONSUMPTION ROOMS

- This type of intervention aims to "reduce the risks of unhygienic injecting, prevent overdoses and link people who use drugs to treatment, health and social services" (EMCDDA, 2021c).

This intervention is useful in contexts such as local communities ([see 4.1.1](#)), in groups such as homelessness ([see 4.2.3](#)), in addressing opioid-related deaths ([see 4.3.2](#)) and in substances such as amphetamines and methamphetamines ([see 4.4.2](#)).

DISTRIBUTION OF PREVENTION MATERIALS SUCH AS CONDOMS, LUBRICANTS AND STERILE INJECTION EQUIPMENT.

- Providing prevention materials, such as condoms, lubricants and sterile injecting equipment, with the aim of promoting safe practices and preventing disease transmission, especially in public health and risk reduction settings.

Such interventions are useful in the prevention of infectious diseases ([see 4.3.1](#)) and for substances such as amphetamines and methamphetamines ([see 4.4.2](#)) in the case of injecting substance use.

NEEDLE AND SYRINGE EXCHANGE PROGRAMMES

- This type of intervention "aims to provide sterile syringes and hypodermic needles and other injection equipment as a measure to prevent the risk of infection" (EMCDDA, 2021b).

Such interventions are useful in addressing infectious diseases ([see 4.3.1](#)), in injecting new psychoactive substances ([see 4.4.1](#)), as well as injecting amphetamines and methamphetamines ([see 4.4.2](#)).

INTERNATIONAL COOPERATION

In order to address the drug phenomenon from a global and comprehensive perspective, the Strategy prioritises international cooperation with the aim of achieving ambitious targets. The Strategy recognises the importance of working together at the global level to address drug-related challenges. In order to make a significant impact on reducing the consequences associated with the use and trafficking of psychoactive substances, the Strategy recommends:

- Working closely with various actors.
- Sharing resources and experiences.
- Coordinating efforts.

The strategic priority that has been established as part of international cooperation under the Strategy is detailed below.

Strategic priority of the Drug Strategy (2021-2025) in the field of international cooperation

Strategic priority 9	It focuses on strengthening the engagement of international cooperation at all levels , strengthening the EU's role in promoting people-centred and human rights-oriented drug policies.
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Table 47. Strategic priorities of the Drug Strategy (2021-2025) in the field of drug-related harm reduction. Source: Council of the European Union, 2021.

RESEARCH, INNOVATION AND FORESIGHT

In the field of drug-related policies, **the Strategy puts scientific evidence at the centre, and policies backed by evidence** that have proven to be effective in a variety of contexts.

The **approach based on scientific knowledge** is a very important pillar to ensure that interventions produce the expected impact. Promoting research, innovation and maintaining a forward-looking vision of reality becomes substantial to effectively address the drug phenomenon, with a gender approach and respect for human rights. The strategic priority for this area according to the Strategy is detailed below:

Strategic priority 10	It focuses on strengthening research and foresight capacities to make the EU and its Member States more efficient in addressing drug-related challenges and prepared for future challenges and crises.
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Table 48. Strategic priority of the Drugs Strategy (2021-2025) in the field of research, innovation and foresight. Source: Council of the European Union, 2021.

POLICY RESPONSES TO DRUG-RELATED SITUATIONS

Effective management of drug-related situations requires effective and adaptive policy responses that address both the immediate challenges and the underlying causes of this complex phenomenon. In this context, the analysis and design of policy responses become important elements in mitigating the negative impacts on individuals who use drugs, as well as on society at large. This paper explores the diversity of policy strategies employed by EU Member States to address situations arising from the drug phenomenon, highlighting the importance of integrated approaches that address not only supply and demand, but also public health, safety and prevention aspects.

CONTEXTS

Social environments play an influential role in the understanding of drug use and the challenges it brings. Local communities, prisons, workplaces and recreational settings represent different contexts where people interact and make drug-related decisions. **The contexts vary widely in terms of social norms, expectations and opportunities, which can have a significant impact on the prevalence and patterns of substance use.** Each setting represents a unique scenario for dealing with drug use. A thorough understanding of these contexts is important in order to develop public policies that adequately address the drug-related challenges in each of them.

Local communities

In the continued tackling of the challenges caused by drug dependence, **local communities emerge as essential actors in the promotion of citizen participation and the implementation of grassroots action.** In Europe, municipal and local governments assume key roles in the development and implementation of strategies to address this challenge. According to the EMCDDA (2022a) **the term "community" encompasses those who share a geographical or administrative environment.**

Their involvement can manifest itself in a variety of ways:

GOOD PRACTICES IN DRUG POLICY

- As a population facing drug-related challenges, such as public consumption or drug-related crime.
- As recipients of specific interventions designed to solve problems and minimise harm.
- As a group actively involved in assessing and planning local solutions.

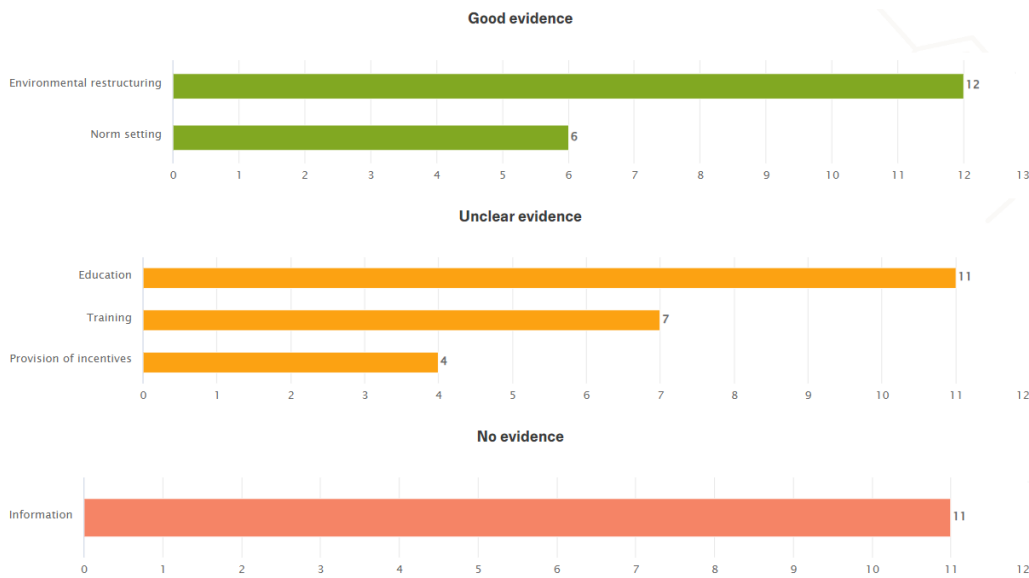


Figure 21. Main behavioural techniques used in prevention interventions in high-risk neighbourhoods: evidence of effectiveness, 2019. Source: EMCDDA, 2022a.

Responses at EU level show a remarkable diversity in their approach and scope in different European countries, revealing the adaptability of strategies to particular local contexts. These responses may encompass a range of measures and approaches aimed at addressing the challenges posed by drug dependence and its effects, including according to the EMCDDA (2022a):

MUNICIPAL DRUG PLANS

- Coordinate actions according to local needs.

COMMUNITY PARTICIPATION

- They include local coalitions where citizens actively contribute to diagnosing and responding to problems.

ENVIRONMENTAL PREVENTION STRATEGIES⁵⁹

- They aim to create safe and healthy environments, especially for youth.

COMMUNITY-BASED SERVICES

- They extend their reach to groups that are difficult to reach through traditional channels.

RECREATIONAL ACTIVITIES AIMED AT THE YOUTH OF THE COMMUNITY

- They strengthen protective factors and offer alternatives to drug use.

HARM REDUCTION PROGRAMMES

- They address the consequences of drugs in the community, such as supervised consumption rooms⁶⁰.

⁵⁹ For further information [see section 4.1.5](#) on "Recreational environments".

⁶⁰ For more information [see section 4.3.4](#) on "Heroin and opioids".

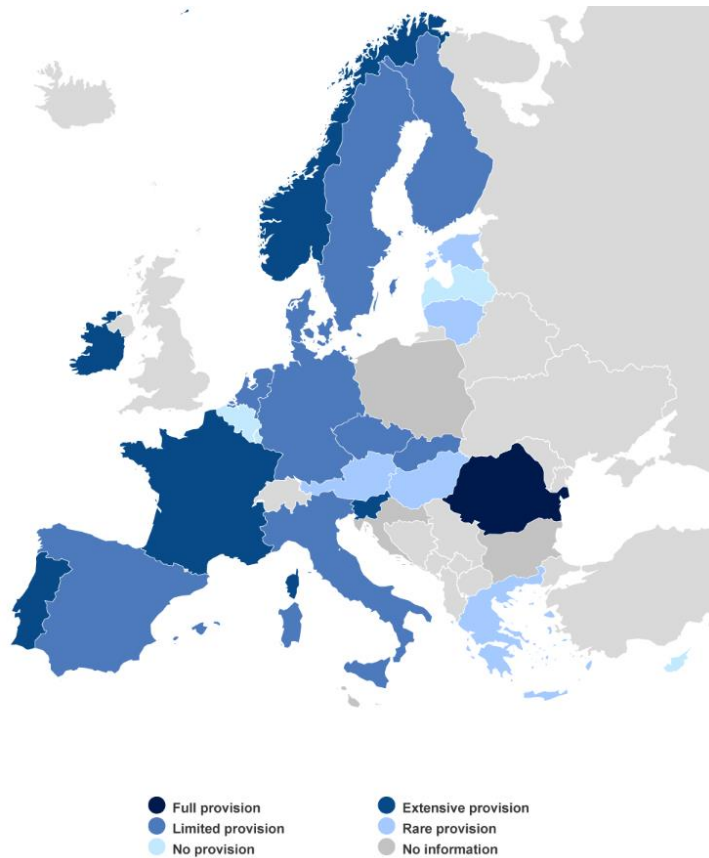


Figure 22. Interventions in high-risk neighbourhoods: provision in European countries, 2019. Source: EMCDDA, 2022nd.

Prisons

The EMCDDA (2022b) carefully addresses the complexities of responses to drug use in prison settings. **The aim is to ensure effective and rights-respecting treatment in gender-sensitive prison settings.** Recognising the vital importance of ensuring equity of care and continuity of services, this section highlights both essential principles and effective interventions.

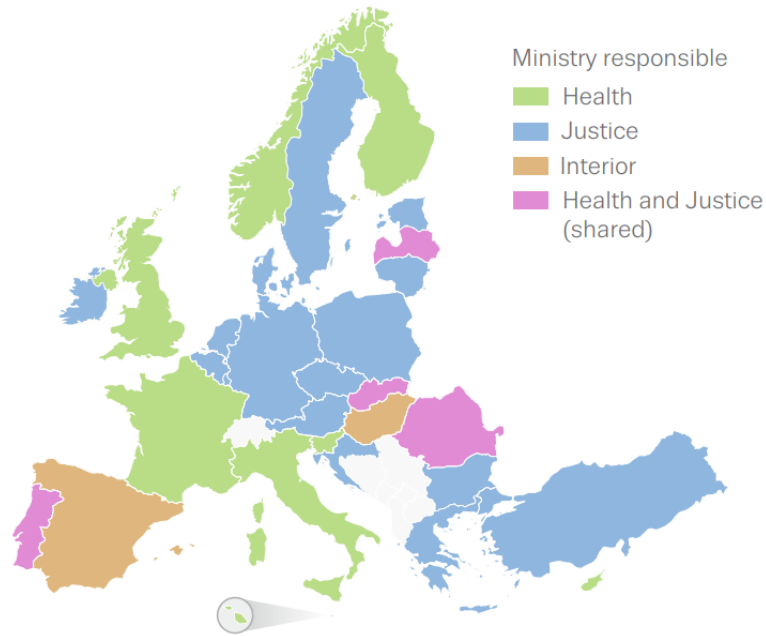


Figure 23. Government institutions responsible for the governance of healthcare in prison in the EU Member States, Norway, Turkey and the United Kingdom, 2019. Source: EMCDDA, 2022i.

Drug interventions in prisons vary according to the different phases of imprisonment. **From initial detention to release, strategies ranging from health assessments and treatment programmes to individual counselling and distribution of preventive resources are implemented.** Drug-related measures and other health and social care interventions in the prison context are set out in Figure 9 below.

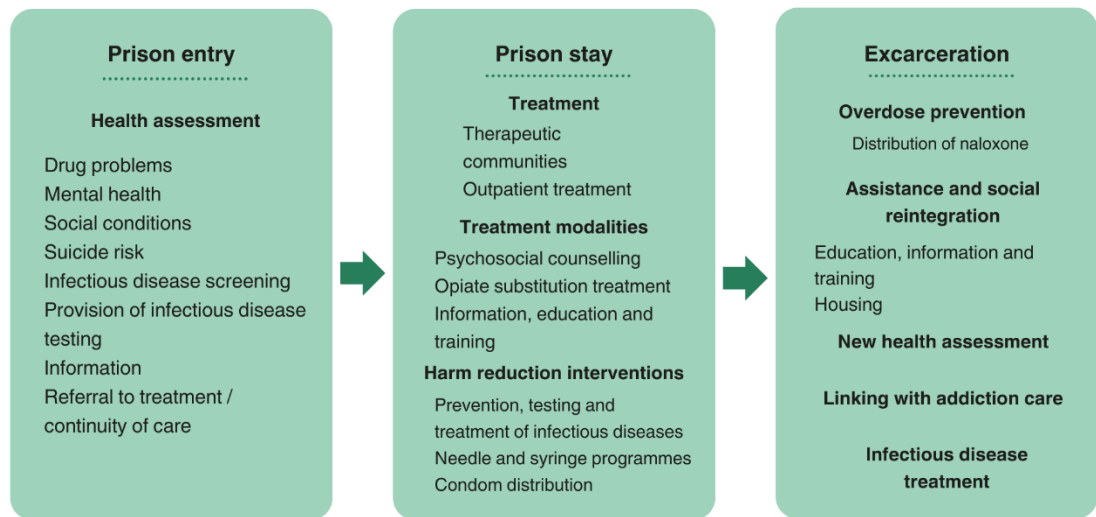


Figure 24. Drug-related and other health and social care interventions for drug users in prison, by stage of incarceration. Source: EMCCDA, 2022b.

Interventions on entry into prison

The initial phase of imprisonment is important for the early identification of people who require care for their drug dependence. The EMCDDA (2022b) proposes the following interventions in this phase:

HEALTH ASSESSMENT

- Comprehensive assessments are carried out to diagnose physical and mental health problems, thus ensuring comprehensive and continuous care throughout detention.

IDENTIFICATION OF NEEDS

- On admission to prison, the aim is to identify at an early stage those individuals who require immediate attention due to their drug use and their specific treatment needs.

DETOXIFICATION TREATMENT

- To address the effects of withdrawal, symptomatic care is provided to mitigate discomfort and harm reduction measures are implemented to ensure a smoother transition.

Interventions during the stay in the penitentiary centre

Interventions during the period of imprisonment include a wide range of strategies aimed at addressing drug withdrawal. In addition, options are explored to provide **comprehensive care that addresses both the psychological and social dimensions of addictive behaviour**. Interventions carried out while in prison, according to the guidelines set out by the EMCDDA (2022b), are detailed below.

GOOD PRACTICES IN DRUG POLICY

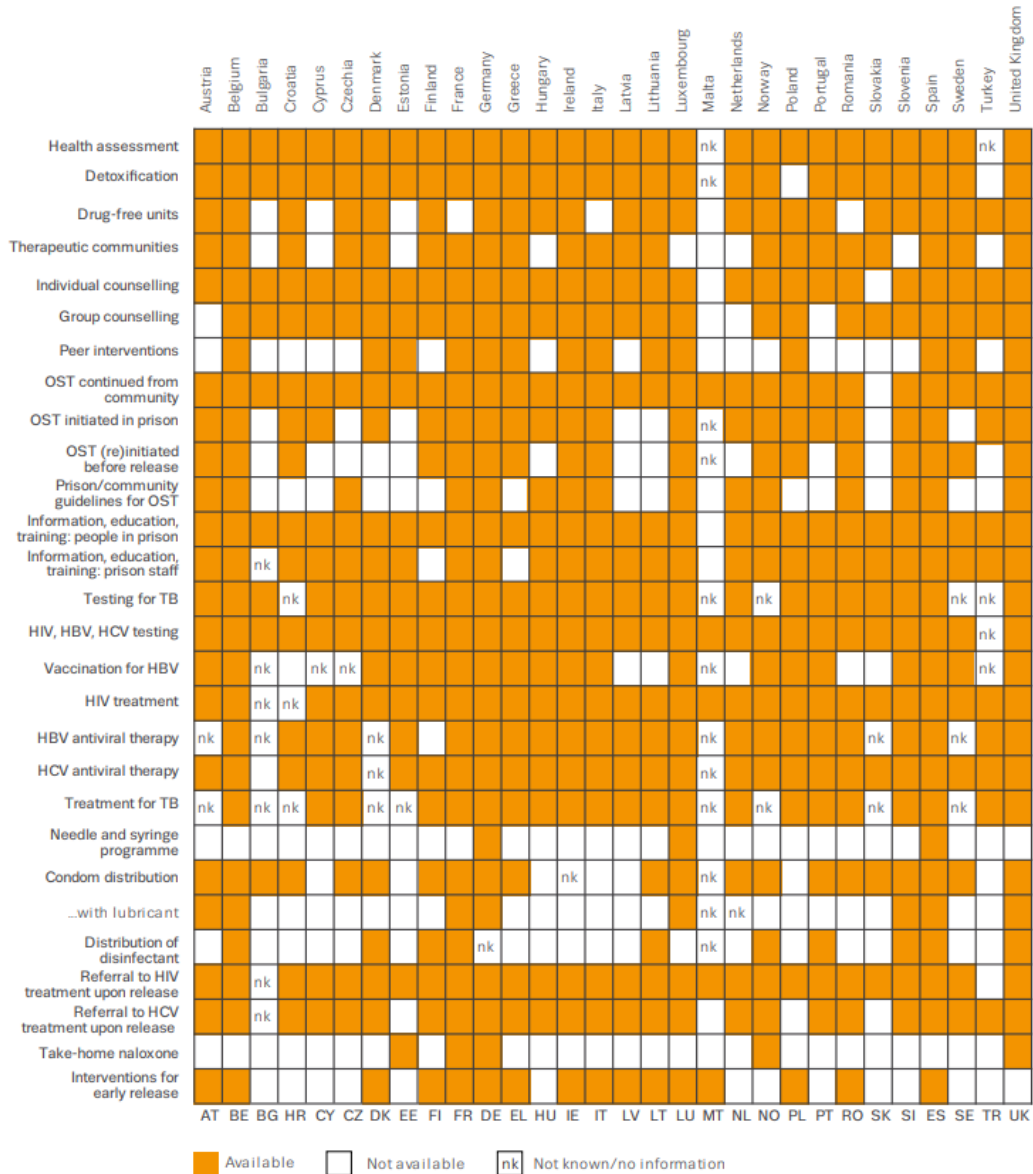


Figure 25. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison in the EU Member States, Norway, Turkey and the United Kingdom, 2019-2020. Source: EMCDDA, 2022i.

OUTPATIENT AND RESIDENTIAL TREATMENT

- Flexible options are offered ranging from outpatient treatment in medical clinics to residential programmes in controlled settings, tailored to individual needs, including Opioid Agonist Treatment.

THERAPEUTIC COMMUNITIES⁶¹

- By providing a community-like residential environment, it seeks to foster rehabilitation and recovery through collaborative and supportive approaches.

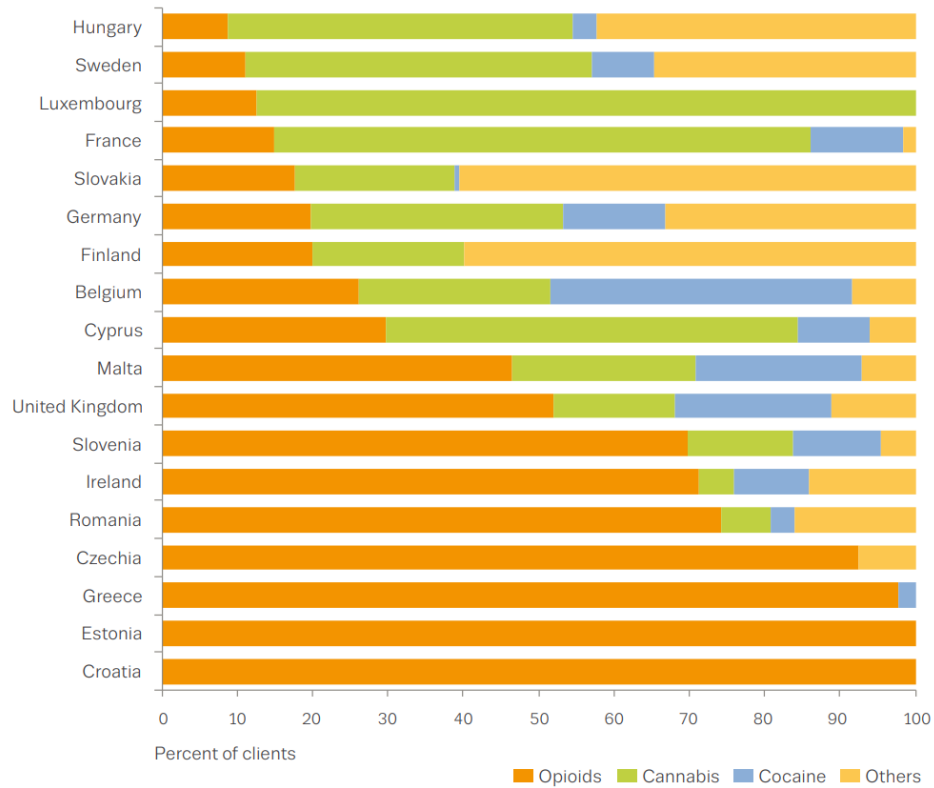
PSYCHOSOCIAL INTERVENTIONS

- Through structured therapies, both psychological and social aspects of addictive behaviour are addressed, seeking sustainable changes in behaviour. "Three general types of psychosocial intervention have been used to treat people who use drugs: contingency management⁶², cognitive behavioural therapy and motivational interviewing" (EMCDDA, 2022b).

⁶¹ For more information on Opioid Agonist Treatment and Therapeutic Communities [see section 4.3.4](#) on "Heroin and Opioids".

⁶² For more information on contingency management, cognitive behavioural therapy and motivational interviewing [see section 4.3.5](#) on "Cannabis".

GOOD PRACTICES IN DRUG POLICY



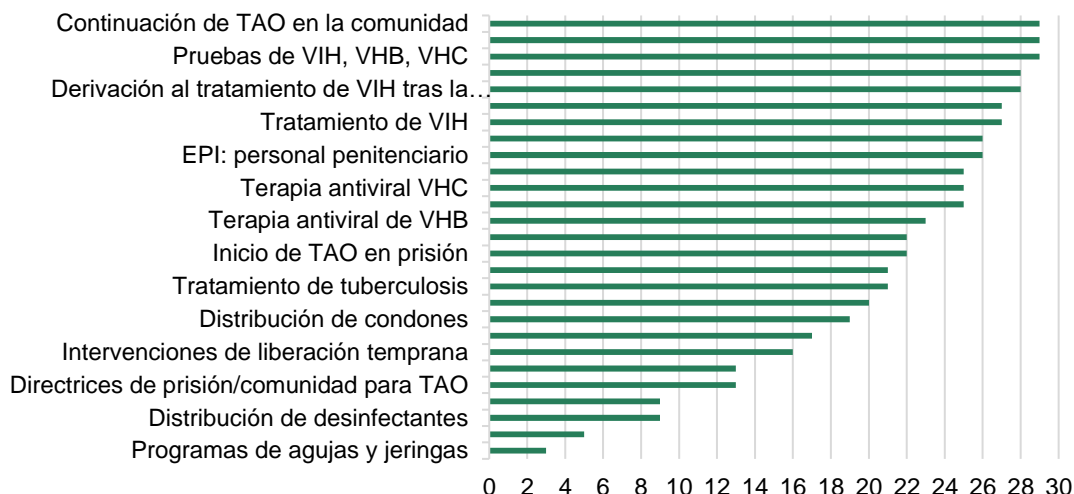
Graphic 13. Proportion of people entering drug treatment in prison by primary problem drug in 18 European countries, 2018 (or most recent data available). Source: EMCDDA, 2022i.

In the field of health care in prisons, it is positive to take into consideration the guidelines issued by the United Nations and the World Health Organisation.

"Measures to reduce harm in prisons, including needle and syringe exchange programmes⁶³ could make an important contribution to improving health" (EMCDDA, 2022b).

Figure 2 shows that the number of interventions reported by countries in terms of programme availability varies markedly across the EU.

⁶³ For further information [see section 4.4.1](#) on "Drug-related infectious diseases".



Graphic 14. Number of countries reporting availability of interventions for drug dependent people in prison in Europe (2019). Source: EMCDDA, 2022b.

Interventions after release from prison

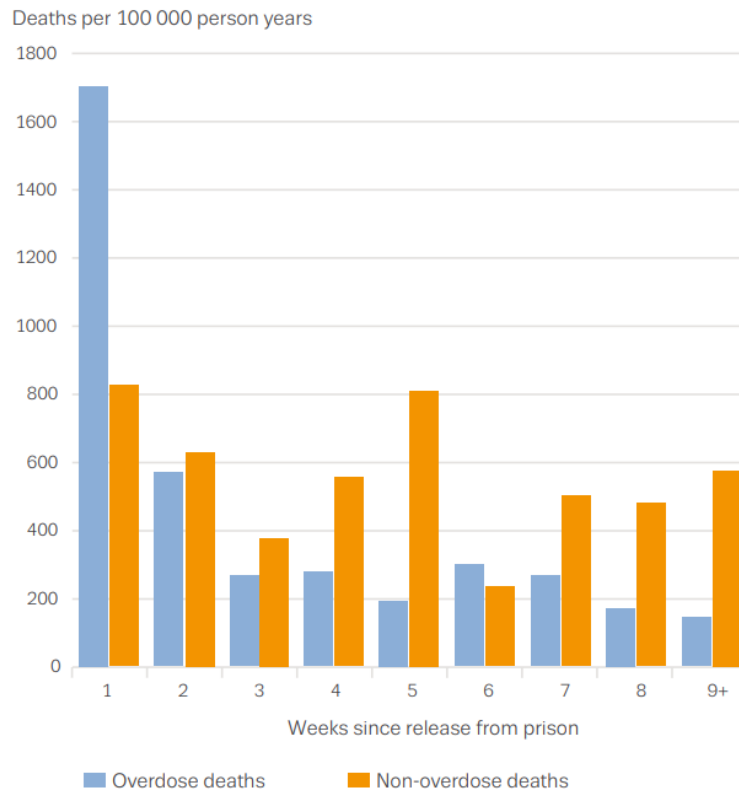
The transition period from incarceration to the community presents significant challenges, "such as the risk of relapse to drug use, overdose and overdose death, as well as the transmission of infectious diseases" (EMCDDA, 2022b). The two essential elements that are intertwined in strategies aimed at the release of prisoners, according to the EMCDDA (2022b), are:

ESTABLISHING EFFECTIVE LINKAGES WITH COMMUNITY SERVICES

- They aim to ensure continuity of care for conditions related to substance abuse and infectious diseases.

IMPLEMENTATION OF PREVENTION MEASURES FOCUSED ON PREVENTING OVERDOSE DEATHS

- It focuses especially on the period immediately after the release from prison institutions.



Graphic 15. Mortality rate, by week since release, for overdose and non-overdose causes of death observed in a US study. Source: Binswanger *et al.*, 2007.

The specific measures proposed by the EMCDDA (2022b) to ensure a smoother transition to treatment in the community and to address the risks associated with release are explored below.

PRE-RELEASE COUNSELLING FROM THE PRISON INSTITUTION

- It is an important step, providing individuals with the information and resources they need to address the risks associated with opioid use once out of prison.

FIRST AID AND OVERDOSE MANAGEMENT TRAINING ⁶⁴

⁶⁴ For more information on overdose management and distribution of naloxone [see section 4.3.4](#) on "Heroin and opioids".

CADAP 7. REGIONAL DRUG POLICY REPORT

- It is positive in equipping prisoners with the skills necessary to respond effectively in the event of witnessing or experiencing an overdose.

OPTIMISATION OF REFERRAL

- It ensures that those in need of treatment continue to receive medical care and support once released, avoiding interruptions in care that can increase risks.

DISTRIBUTION OF NALOXONE

- It becomes an important life-saving tool as it can be administered in emergency situations, reversing the life-threatening effects of an overdose.

Harm reduction in the prison environment

The following are the **harm reduction interventions in prisons** presented according to the EMCDDA (2022b):

TESTING AND TREATMENT OF INFECTIOUS DISEASES

- The importance of regular testing for infections such as blood-borne viruses, sexually transmitted infections and tuberculosis is emphasised. Early and effective treatment of these diseases "can reduce the spread of infectious diseases in the prison environment and in the wider community" EMCDDA (2022b).

VACCINATION

- The EMCDDA (2022b) suggests the implementation of vaccination programmes to prevent infectious diseases⁶⁵, thus contributing to the general health of the prison population.

TRAINING OF HEALTHCARE WORKERS⁶⁶

⁶⁵ For further information [see section 4.4.1](#) on "Drug-related infectious diseases".

⁶⁶ For more information [see section 4.3.1](#) on "New psychoactive substances".

- It highlights the importance of providing training "to prison health staff on communicable diseases and the promotion of screening can increase active case detection and implementation of these programmes" EMCDDA (2022b).

EDUCATIONAL ESTABLISHMENTS

Adolescence and early adulthood mark a stage of life characterised by exploration, the search for identity and experimentation, aspects that often include risk-taking and the eventual encounter with the consumption of psychoactive substances. In this context of changes and discoveries, **schools and universities emerge as significant actors in the management of the great challenge of the drug phenomenon**, being key spaces to positively influence the formation of healthy behaviours and the prevention of risk behaviours in young people. The EMCDDA (2022c) dives into a series of approaches and measures aimed at promoting healthy behaviours, preventing risks and providing guidance to young people in the educational context.

Prevention in schools

"Substance use prevention is often carried out in schools, as they offer unique access to young people during a critical developmental phase" (EMCDDA, 2022c).

Interventions in this area seek to influence both educational staff and students by adopting a comprehensive approach to address the risk and protective factors associated with drug use. Specific intervention in drug use prevention according to the EMCDDA (2022c) is specified below:

UNIVERSAL PREVENTION PROGRAMMES

"They focus on the development of social competences and refusal skills, as well as healthy decision-making skills, and on correcting misperceptions and normative perceptions about drug use" (EMCDDA, 2022c).

- It is positive to consider the implementation of evidence-based programmes that focus on the development of social competence and behavioural skills. According to the EMCDDA (2022c) these programmes have been shown to generate beneficial effects in multiple aspects, ranging from impulse management to the promotion of a positive and nurturing school environment.

SUPPORT FOR PREVENTION POLICIES

CADAP 7. REGIONAL DRUG POLICY REPORT

- The enactment of guidelines and regulations that support the implementation and sustainability of programmes creates an enabling environment for the prevention of drug use in the educational setting.

PROGRAMMES TO DEVELOP SOCIAL AND BEHAVIOURAL SKILLS

- These initiatives aim to equip students with tools for effective communication, the appropriate management of pressure situations and healthy decision-making in a variety of circumstances.

Focus on the family environment

Interventions that achieve a synergy between parenting strategies, health education and behavioural development play a significant role in preventing substance use among young people. By combining parenting education efforts, the promotion of healthy habits and the cultivation of sound behavioural skills, a nurturing environment is established that provides young people with the necessary tools to make informed decisions and resist external pressures. The interventions identified by the EMCDDA (2022c) are described below:

STRATEGIC FAMILY INVOLVEMENT

- By promoting collaboration between school and home, a holistic approach is established that reinforces messages and values related to drug prevention, providing support from both environments.

COMBINING PARENTING ACTIVITIES AND HEALTH EDUCATION

- Effective prevention in the school setting includes the involvement of parents through specific activities designed to teach effective communication strategies, as well as providing health education related to drug use.

GOOD PRACTICES IN DRUG POLICY

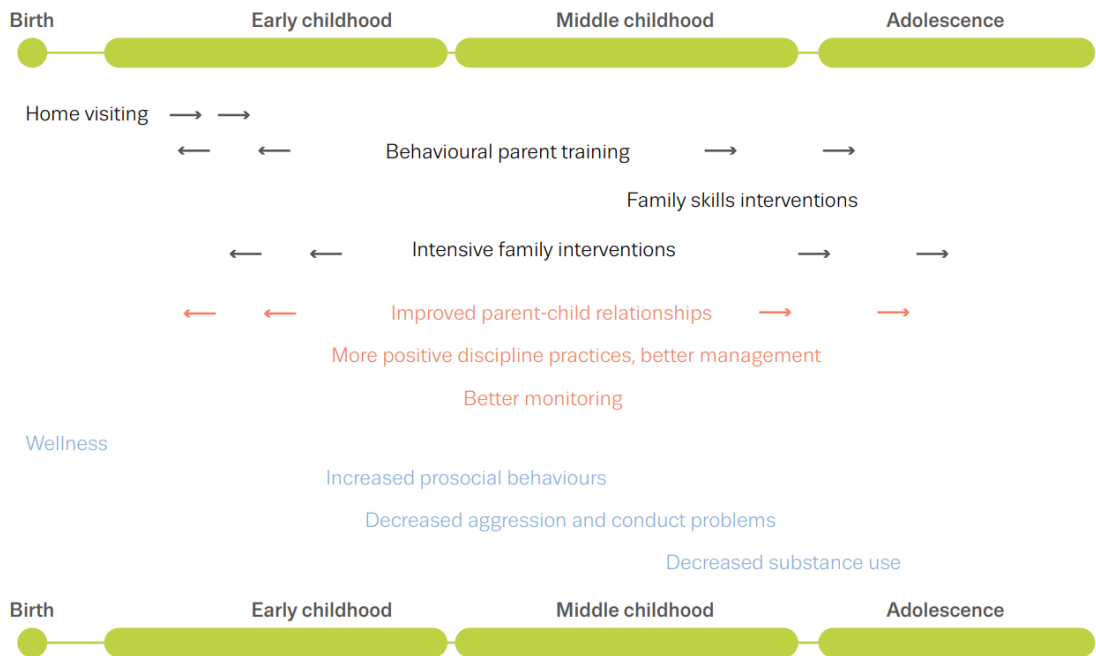


Figure 26. Family-based prevention intervention according to developmental stages- Source: EMCDDA, 2021a.

Prevention in higher education institutions

In the university environment, where excessive alcohol and drug use can be prevalent, **prevention strategies focus on challenging the cultural norms surrounding these behaviours**. These methods, based on social norms approaches, according to the EMCDDA (2022c), seek to alter misperceptions about substance use among peers, thereby encouraging a healthier and more responsible perspective.

CULTURAL NORMS IN UNIVERSITY SETTINGS

- Within university settings, where cultural norms can often perpetuate excessive alcohol and drug use, prevention approaches seek to challenge these entrenched perceptions.

SOCIAL NORMS TO REDUCE HARMFUL BEHAVIOUR

- It is based on the premise that misperceptions about substance use among peers can influence individual behaviour.

Workplaces

In the analysis of factors influencing drug use, one aspect of great relevance is the relationship between workplaces and drug use. Workplaces play a significant role in people's lives, and their impact on substance use can vary from one factor to another. Alcohol and drug use in the workplace is a significant problem in today's society. In Europe, 'an estimated 5-20% of the working population in Europe have serious alcohol-related problems' (EMCDDA, 2022d), underlining the magnitude of the issue.

The reasons behind drug use in the workplace according to the EMCDDA (2022d) are presented below:

HARSH, PHYSICAL OR UNCOMFORTABLE WORKING CONDITIONS

- Physically strenuous jobs or jobs that are carried out in uncomfortable conditions may lead workers to resort to substances to cope with the burden or discomfort.

LOW JOB SATISFACTION

- Job dissatisfaction may induce employees to seek relief in drugs as a way to cope with the lack of satisfaction in their work environment.

IRREGULAR WORKING HOURS AND SHIFT WORK

- Irregular working hours or night shifts can disrupt the body's natural rhythm, which in turn can increase the risk of substance use to stay alert or relax.

POOR SOCIAL SUPPORT FROM PEERS

- Lack of support and social connections in the work environment can lead to feelings of loneliness, leading some people to turn to drug use as an escape route.

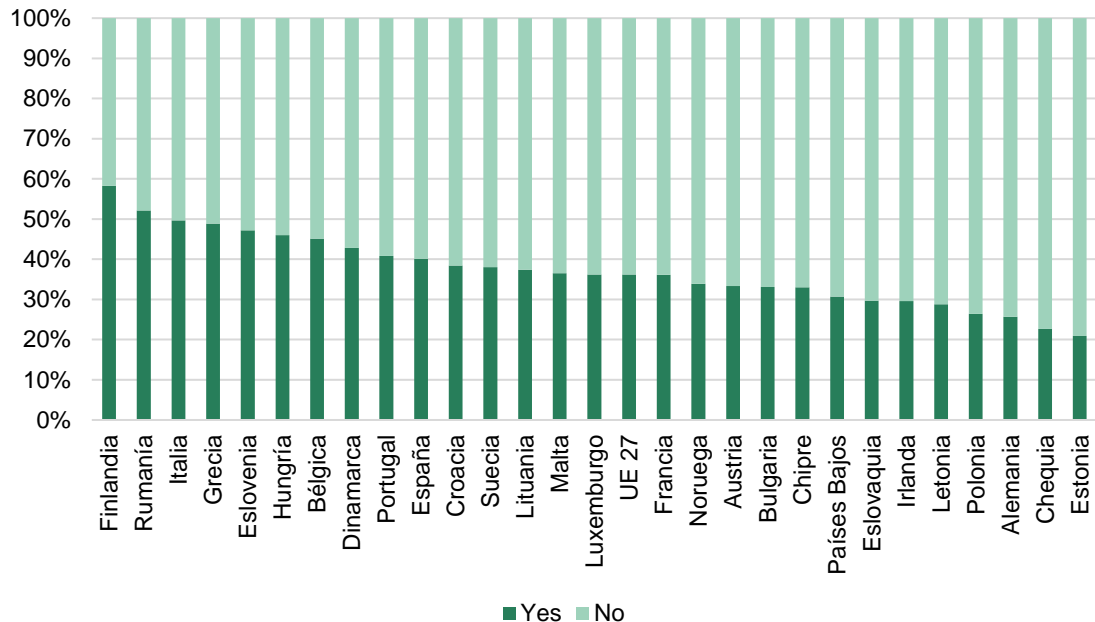
LITTLE SCOPE FOR DECISION MAKING

- Lack of autonomy in decision-making at work can lead to feelings of powerlessness, which in turn can lead to drug use as a way of regaining control.

STRESS-RELATED FACTORS

- In an attempt to cope with stress, some individuals may turn to substance use as an escape route or coping mechanism.

Graphic 16 shows the availability of workplace awareness-raising responses aimed at preventing substance use in the 27 EU countries and Norway. It highlights notable variations in the uptake of these preventive measures in different countries. These data reflect a **diversity of approaches to promoting awareness of substance use in the workplace**, with some nations leading the way in implementing these measures and others lagging behind.



Graphic 16. Availability of awareness-raising responses in the workplace to prevent substance use (%) in the EU-27 and Norway. Source: EMCDDA, 2022d.

Responses to questions related to drugs and the workplace

In the context of today's workplace dynamics, there is a need for **strategic approaches to address substance use in the professional environment**. The EMCDDA (2022d) specifies the following guidelines for addressing drug use in the workplace.

WORKPLACE POLICIES

- It provides the opportunity to lead by example and encourage appropriate support for employees. The primary focus should be on preventive interventions, often including restrictions on alcohol and drug use to set standards and limit availability in the workplace (EMCDDA, 2022d).

PREVENTION THROUGH INFORMATION, EDUCATION AND TRAINING PROGRAMMES

CADAP 7. REGIONAL DRUG POLICY REPORT

- This approach seeks to prevent abuse and promote a safe and healthy working environment, where workers are fully informed about the potential dangers of substances they might be tempted to use for performance-enhancing purposes. "The communication of information on performance-enhancing drugs will need to raise awareness of the risks and dangers of these substances, without increasing their potential attractiveness" (EMCDDA, 2022d).

IDENTIFICATION OF PROBLEMS AT THE INDIVIDUAL LEVEL

- It seeks to identify and understand the specific problems an individual may be experiencing, with the aim of providing appropriate care, support or intervention to address and overcome those challenges, "usually based on their ability to constructively address any problems that adversely affect work performance" (EMCDDA, 2022d).

IDENTIFICATION OF PROBLEMS AT THE ORGANISATIONAL LEVEL

- It is recommended to work with employees to identify and address elements at the organisational level that could be linked to drug-related problems (EMCDDA, 2022d).

INTERVENTIONS TO RESPOND DIRECTLY TO SUBSTANCE-RELATED PROBLEMS

- Interventions aim to support and treat workers with substance use challenges, while promoting prevention and a healthy work environment. These measures may include "counselling, referral and funding of treatment and rehabilitation programmes" (EMCDDA, 2022d).

Recreational environments

"The available scientific evidence and expert opinions suggest that a balanced approach is needed to address the alcohol and drug-related health and social problems associated with nightlife recreational contexts" (Becoña, 2022, p. 55).

Whenever we talk about nightlife, we are referring at the same time to the fact of having fun, to the processes of sociability, to substance use and to risk-taking and risk management (Faura & Garcia, 2013). In recent decades, in much of Europe, there have been important transformations in nightlife activities (Chatterton & Hollands, 2002).

While alcohol and tobacco use remain the key components of nightlife, other substances have increasingly been added to the experience (Measham *et al.*, 2001).

These dynamics of changing consumption patterns in night-time recreational settings have posed **significant challenges for public policy, public health and safety**.

Coordinated multi-component approaches

In the search for effective responses to the challenges linked to drug use in recreational settings, **the implementation of coordinated, multi-component approaches is presented as a comprehensive and strategic approach**.

"These partnerships, between local institutions, owners or managers of premises, the police and health authorities, aim to mobilise communities by raising awareness of specific harms and support from stakeholders and the public for preventive measures" (EMCDDA, 2022e).

Legislative measures

Legislative measures play an important role in responses to drug use in recreational settings, being one part of government strategies to address this complex phenomenon. In an effort to regulate and control substance use in leisure and entertainment contexts, drug-related legislation has evolved significantly in many parts of the world. **These measures can range from repressive and punitive approaches to more harm reduction, risk reduction and public health-oriented approaches**. The adoption of legislative measures, supported by collaboration between authorities, the nightlife industry and law enforcement, "have proven effective in reducing alcohol-related problems" (EMCDDA, 2022e).

"A central measure to achieve good prevention of alcohol, tobacco and drug use, such as gambling, in a given population is to have adequate legislative measures that can be effectively implemented in that population" (Becoña, 2022, p. 104).

Possible interventions in recreational settings include prevention services, supervisors, the nightlife industry, as well as police and enforcement of appropriate regulatory measures (EMCDDA, 2022e).

Environmental strategies

The environment in which nightlife activities and festivals take place plays a key role in promoting or reducing drug use and its associated risks.

"[Environmental measures are defined as] all preventive strategies that are dedicated to altering the immediate cultural, social, physical and economic contexts that influence individuals' decision-making about their substance use" (Burkhart, 2011, p. 89).

The consequences associated with alcohol and drug use can be significantly exacerbated by the physical and social environment in which both leisure and entertainment venues (EMCDDA, 2022e) and local communities operate. **The creation of safe, regulated and aware environments seeks to discourage risky behaviour**, while encouraging the adoption of safer and more responsible practices by consumers and attendees of these recreational environments.

According to the EMCDDA (2022e), the following **environmental strategies** have been identified as **having positive effects**:

CREATING SAFER SPACES AND VENUES BY REDUCING CROWDING

- It involves managing the flow of people in night-time entertainment venues, seeking to reduce the density of attendees to avoid overcrowding.

PROVIDING REST AND RELAXATION ROOMS

- These areas can provide a space to relax, converse and temporarily get away from the noise and commotion, improving the overall experience and reducing the stress associated with nightlife.

SERVING FOOD

- The availability of food options in nightlife establishments can be an effective strategy for reducing the negative effects of substance use. Venues that serve food report less violence (Homel and Clark, 1994), "perhaps because they attract a different clientele or because blood alcohol concentration is altered" (Calafat et al., 2009, p. 395).

ENFORCE CLEAR RULES ON THE PART OF THE VENUE REGARDING CONDUCT

- Establishing rules and standards of behaviour within nightlife venues is positive for maintaining a safe and orderly environment.

PREVENT ACCESS BY MINORS

- Restricting the access of minors to nightlife venues is an important measure to prevent problems associated with alcohol and drug use among this vulnerable group.

Staff training and first aid services

Appropriate training for bartenders, access staff and other entertainment workers combines information and training (EMCDDA, 2022e). In nightlife settings, where drug use may be common, it is important that staff are well prepared to deal with situations related to substance misuse. This involves not only knowing the signs of intoxication or overdose⁶⁷, but also understanding the importance of acting with empathy and without prejudice when providing assistance to those who may be affected.

First aid services can lead to rapid identification of and responses to drug emergencies, and possibly save lives and decrease transfer time to hospital emergency departments (EMCDDA, 2022e).

"A small, well-equipped first aid room, specialised staff and easy access to emergency services provide the best opportunity for people with adverse drug and alcohol reactions to recover" (Bellis & Hughes, 2003, p. 295).

These elements form the backbone of a preventative approach to risk management, promoting the health and well-being of participants in recreational settings.

Drug testing services

The inclusion of drug testing services in the recreational context where psychoactive substances are used plays an important role in risk reduction. **This initiative aims to**

⁶⁷ For more information on overdose or drug testing services [see section 4.3.4](#) on "Heroin and opioids".

provide accurate and timely information to users, enabling them to make more informed decisions about their use. In addition, these services play an important role in monitoring drug markets, providing early warning to relevant stakeholders (Energy control, 2023).

These programmes have proven to be highly effective in reaching a consumer audience that would rarely engage in other preventive initiatives. In this way, in addition to satisfying their primary concern, which is to know what the substance contains, they also receive additional information that is essential for safer use (Energy Control, 2004, p.29).

COLLECTIVES

In the complex landscape of the drug phenomenon, it is important to recognise that not all people face the same circumstances or have the same needs. **Different population groups, such as women, families, homeless and older people, have particular vulnerabilities in terms of substance use.** These vulnerabilities may be the result of a combination of social, economic, health and personal contextual factors that require differentiated attention and focus in policy and programme interventions.

Women

The relationship between women and drugs is a complex and multidimensional issue that encompasses much more than the simple act of substance use. From a broader perspective, **the phenomenon of women's drug use has a profound impact on various aspects of society, health and wellbeing.** In addition to considering the medical and social implications of substance use, it is important to explore how gender dynamics, cultural experiences and structural inequalities influence this relationship.

The gender distribution among users varies between substances. In the case of amphetamine-type stimulants, 45% of users are female, and a similar proportion is observed for non-medical use of pharmaceuticals, ranging from 45-49% female. In contrast, opiates have the highest proportion of male users at 75%, followed closely by cocaine at 73% (UNODC, 2023). Figure 12 shows users of selected drug groups by sex.

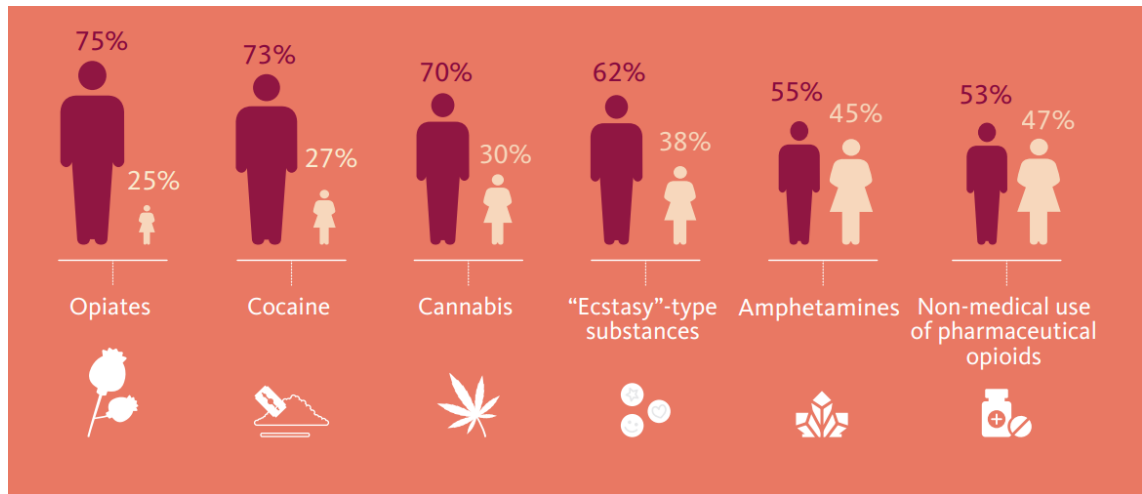


Figure 27. Users of selected drug groups by sex (2021). Source: UNODC, 2023.

Women's experiences of drugs can be influenced by a number of factors, such as traditional gender roles, gender-based violence, access to economic resources and educational opportunities, and their position in society in general.

"Differences in the use of psychoactive substances reflect social differences between men and women, such as parental responsibilities and unequal negotiation of personal relationships" (Romo, 2005, p. 77).

Access to the treatment needed to address the consequences of drug use differs between men and women. **Women are under-represented in drug treatment programmes, especially for women using amphetamine-type stimulants**, as shown in Figure 13. Almost half of amphetamine-type stimulant users are female, yet only one in four people in treatment is female (UNODC, 2023).

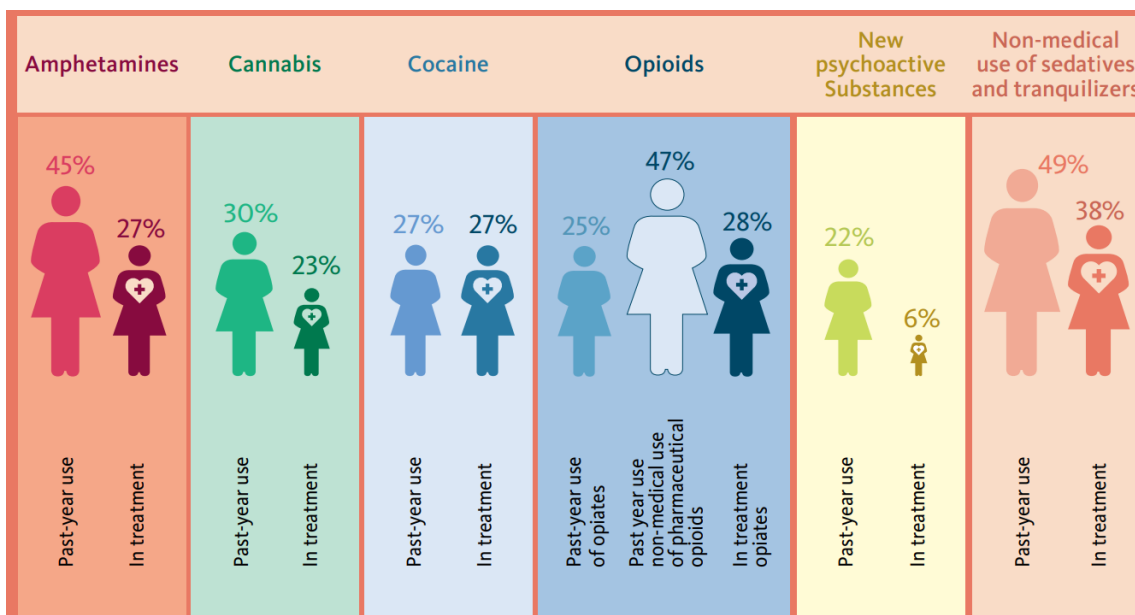


Figure 28. Figure 29. Proportion of women among drug users and in people in drug treatment, 2021. Source: UNODC, 2023.

"Some studies have found that women are less likely to attend specialist services than men because of the double stigma attached to both drug use in general and being a woman with a substance use problem in particular" (EMCDDA, 2022f).

Double stigma can make it difficult for women to access the care and support needed to address their problematic substance use and can have significant consequences for their physical and emotional well-being.

Specific problems in women drug users

Differences between women and men with drug-related problems are striking and cover a wide range of areas. These divergences are manifested, according to the EMCDDA (2022f), in their "social characteristics, living conditions and patterns of substance use, as well as in the consequences of substance use and progression towards dependence". **The specific problems faced by women in the context of drug use** according to the EMCDDA (2022f) are described below:

STIGMATISATION

- Stigma surrounds women in their substance use more than men, due to the perception that they challenge traditional gender roles, which intensifies guilt and shame and makes it difficult to seek help.

SOCIO-ECONOMIC BURDENS

- Women substance users face greater socio-economic burdens due to lower employment and income, making access to treatment more difficult.

SOCIAL SUPPORT

- Social support may be insufficient for these women, who come from families with substance use problems or substance-using partners, further complicating their search for help and recovery.

DEPENDANT MINORS

- Motherhood adds complexity, as the lack of childcare makes access to treatment difficult for mother-users and maintaining relationships with children becomes a significant factor in their recovery.

DRUG-USING COUPLES

- Partners who use drugs influence women, impacting their use and risk of exposure to infections and violence.

"Women who use drugs are much more likely to have experienced adverse childhood experiences or gender-based violence in adulthood" (EMCDDA, 2022f).

These traumatic experiences can have a profound impact on the pathway to addiction and on women's ability to seek help and support, underscoring the **need for treatment and prevention approaches that take into account the gender context** and address these specific aspects in a comprehensive manner.

Sub-groups of women with particular needs and specific responses

When addressing women's health and wellbeing in relation to substance use, it is important to understand that **not all women face identical challenges or respond uniformly to treatment interventions and programmes**. It is positive to recognise the presence of subgroups of women with particular needs and responses specific to their circumstances. The EMCDDA (2022f) provides a **classification of sub-groups of women who have particular needs** and could benefit from specific responses, which are detailed below:

SEX WORKERS

- For many women involved in sex work, drugs act as a means of escape from the difficult circumstances in which they find themselves, whether through coercion, lack of economic options or addiction.

WOMEN VICTIMS OF GENDER-BASED VIOLENCE

- Women who have been victims of gender-based violence often find themselves trapped in relationships where drugs play a destructive role.

WOMEN IN PRISONS

- The prison system often fails to address the needs of women in prison, including addiction treatment. Many women end up in prison due to drug-related offences, while others may face addiction problems inside prison.

PREGNANT WOMEN AND MOTHERS

- Pregnant women and mothers face particular challenges in relation to drugs. Drug use during pregnancy can have negative effects on the health of the baby, and some women may cope with addiction while caring for their children.

LGBTQIA+ WOMEN

- They may face a higher prevalence of mental health and substance abuse problems due to discrimination and stress associated with their identity.

MIGRANT AND ETHNIC MINORITY WOMEN

- Women belonging to these groups may face additional drug-related challenges due to discrimination, marginalisation and lack of access to health services.

Responses to drug-related problems among women

In addressing the care of women facing substance use challenges, it is important to understand the intricate nature of their situations and, consequently, to **design treatment and support services that are flexible and highly responsive to the specific needs of this population.**

"[It is of utmost importance] to consider women's needs and incorporate them into all aspects of the service and its delivery: structure and organisation, location, staffing, development, approach and content" (EMCDDA, 2022f).

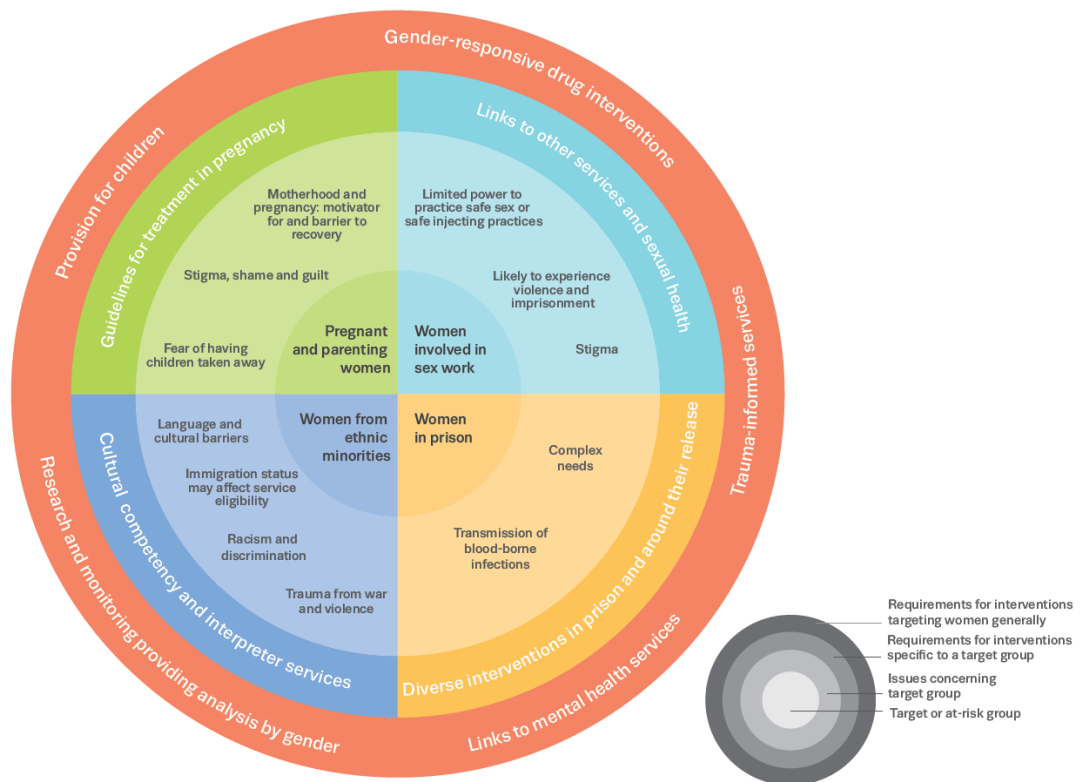


Figure 30. Service needs and responses for some subgroups of women with drug-related problems. Source: EMCDDA, 2022f.

Designing specific interventions for women who use drugs is a process that requires specialised attention and a thorough understanding of the specific needs of various subgroups, as specified above. **Each subgroup of women has different characteristics**, such as the type of substances used, the presence of mental health disorders, experiences of trauma, pregnancy or motherhood, among other factors that influence their care requirements.

The following details the specific guidelines proposed by the EMCDDA (2022f) in order to **ensure that treatment services are effectively tailored to the particular needs of various subgroups of women drug users**.

GENERAL ANSWERS

CADAP 7. REGIONAL DRUG POLICY REPORT

- It is important to have services that are welcoming, impartial and supportive. These services should adopt a trauma-informed approach to provide women with a safe physical and emotional environment.

SPECIFIC SERVICES FOR WOMEN ONLY

- Specific services designed exclusively for women should be provided by women and tailored to their individual needs. A collaborative approach involving various institutions and sectors, including health and social services, as well as the justice sector, is encouraged.

WOMEN IN SEX WORK

- The availability of services with night opening hours, mobile contact services and easily accessible childcare and assistance services is recommended. Services should provide a non-judgmental, empathetic and supportive environment for women only, with people who understand the same situation.

WOMEN IN PRISON

- Interventions for women in prison should be approached with a gender perspective, taking into account past trauma, and offering harm reduction services. It is important to consider issues related to housing and economic stability, provide vocational and life skills training, and strengthen social support and family relationships.

PREGNANT WOMEN AND MOTHERS

- Interventions should address issues such as drug use, obstetric and gynaecological care, family planning, infectious diseases, mental health, and personal and social well-being.

LGBTQIA+ WOMEN

- It is important that there are services dedicated exclusively to their needs. Interventions should address issues such as drug use, homophobia, violence, social isolation and family problems.

MIGRANT AND ETHNIC MINORITY WOMEN

- Interventions for migrant or ethnic minority women should consider ethnic and cultural aspects when allocating treatment. This may involve the need to employ social workers as cultural mediators and to provide interventions in the native language.

Families

The dynamics of drug-related situations have a direct impact on the traditional core of society: the family. The complexity of these scenarios demands specific and focused policy responses to address the challenges that arise within the family. This section delves into the analysis of the policy responses designed to address the implications that the drug phenomenon has on family structures.

Key issues related to families of drug users

Family dynamics and problem drug use form a complex intersection that can have significant consequences for the health, well-being and cohesion of family units. **Family members have the capacity to provide the necessary support to the relative facing drug use problems and motivate them to seek treatment** (EMCDDA, 2022g). This connection is not limited to adult users:

"Children and other family members of a person with problem drug use can suffer a range of health, social and economic harms" (EMCDDA, 2022g).

The family and social environment is recognised as a relevant causal group for psychoactive substance use disorders, and the **importance of family structure and support in sustained and long-term recovery from substance use disorders**, especially in adolescents, is now accepted (Barrett & Turner, 2006; Liddle, 2004; Risberg & Funk, 2000). To better understand these complex dynamics and to highlight the most significant points of impact, Table 6 below summarises the different domains in which an association with parental substance use has been observed across the various stages of children's development.

Age in years	Health and well-being	Education and cognitive capacity	Relationships and personal identity	Emotional and behavioural development
--------------	-----------------------	----------------------------------	-------------------------------------	---------------------------------------

CADAP 7. REGIONAL DRUG POLICY REPORT

0 a 4	Neonatal abstinence syndrome. Poor hygiene and diet. Missed immunisations and missed medical and dental check-ups. Safety risks due to inadequate control. Physical violence.	Lack of stimulation due to parents' preoccupation with drugs and their own problems. Irregular participation or non-attendance in pre-school education.	Separation from one or both biological parents. Attachment problems with parents or caregiver. It can be expected to take on excessive responsibility.	Emotional insecurity due to unstable parental behaviour and absence. Hyperactivity, inattention, impulsivity, aggression, depression and anxiety: all more frequent. Continuous fear of separation. Inappropriate learned responses from witnessing violence, theft and adult sexual behaviour.
5 a 14	Absence of school medical examinations. Dental check-ups not carried out. Little support at puberty. More likely to smoke, drink and use drugs at an early age.	Poor school attendance, preparation and concentration due to unstable family situation, especially when caring for siblings. Increased risk of school exclusion.	Limited friendships. May assume excessive responsibility for parents or siblings. Poor self-image and low self-esteem.	More antisocial acts by boys; depression, anxiety and withdrawal among girls. Emotional disorders and behavioural disorders, e.g. bullying and sexual abuse are more frequent.
15+	Increased risk of problematic substance use, pregnancy and sexually transmitted diseases.	Lack of education can affect quality of life in the long term.	Lack of appropriate role models can affect relationships and personal identity.	Higher risk of self-blame or guilt, higher risk of suicide. Increased risk of crime and criminality.

Table 49. Summary of areas of potential impact on children at all stages of development that have been found to be associated with parental substance use. Source: EMCDDA (2022g) from Cleaver *et al.*, 2011.

Understanding the influence that drugs can have on family dynamics is important for developing effective approaches to mitigate the negative impact and promote the health and well-being of all family members. The EMCDDA (2022g) identifies a number of **key characteristics that interventions should incorporate, based on a review of the evidence of their effectiveness:**

- **ENGAGE CHILDREN AND PARENTS**, providing opportunities for positive parent-child interactions.
- **INCLUDE family skills TRAINING COMPONENTS.**
- **ENSURING ENGAGEMENT** by building trust, offering peer support relationships and building knowledge about addictions.
- **ALLOW SUFFICIENT TIME**, preferably more than ten weeks.

The EMCDDA (2022g) has conducted a monitoring and evaluation of the availability of family-based interventions in 2019. Figure 15 provides an illuminating overview of practices and resources to support children affected by this situation across the European Union.

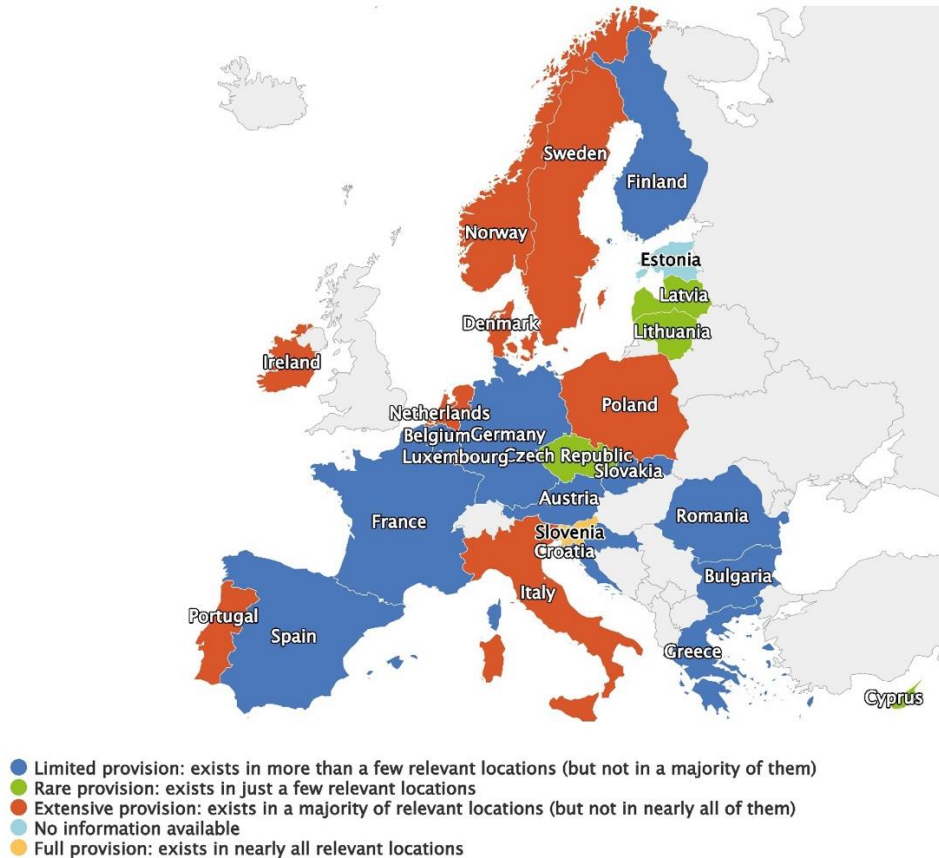


Figure 31. Availability of family-based interventions for children affected by parental substance use, 2019. Source: EMCDDA, 2022g.

Homelessness

Homelessness is a multidimensional challenge that requires a thorough understanding in order to adequately address their needs.

"Homeless people constitute a heterogeneous group of people" (EMCDDA, 2022h).

Despite this diversity, it is important to note that they **share a common characteristic: they live in extremely precarious conditions**, which exposes them to "a range of social, mental and physical health risks that can significantly increase morbidity and mortality" (EMCDDA, 2022h).

In order to properly address this phenomenon, it is important to start by establishing a clear definition of the term "homeless". We use the definition proposed by the European Federation of National Organisations Working with the Homeless (FEANTSA) and based on the European Typology of Homelessness and Housing Exclusion (ETHOS), which provides us with a solid framework for understanding and analysing the situation of homelessness.

"Homeless people are] those people who cannot access or maintain adequate accommodation, adapted to their personal situation, permanent and providing a stable framework for living together, either for economic reasons or other social barriers, or because they have personal difficulties to lead an autonomous life" (FEANTSA, 1995).

The **classification of homeless people** proposed by ETHOS is detailed in FEANTSA (2008, p. 5) with the following categorisation according to their residential situation:

Homelessness

- They have no accommodation of any kind, they live in a public space.

HOMELESS" PEOPLE

- They live in temporary accommodation, in institutions or hostels.

PERSONS "IN INSECURE ACCOMMODATION

- They live under severe threat of exclusion due to eviction, precarious tenancy or domestic violence.

PERSONS "IN UNSUITABLE ACCOMMODATION

- They live in shacks in squatter settlements, in housing that is unfit for habitation according to regulations, or where there is overcrowding.

Responses to drug-related problems for homeless people

Homeless people facing drug-related challenges represent a complex and urgent area of public health.

"Instability, insecurity, unwanted moves, exposure to multiple sources of risk and stress, undiagnosed and unmet physical and mental health treatment needs, and simply the lack of a safe, settled and adequate place to sleep pose challenges to effective responses for this group" (EMCDDA, 2022h).

One of the key challenges is the **lack of services specifically targeted at homeless people who use drugs**. As a result, homeless people often turn to other services designed for homeless people or low-threshold drug dependence services, which may not provide the specialised care they require (EMCDDA, 2022h).

It highlights the **importance of an integrated approach to addressing the challenges of drug use among homeless people**. It recognises that homelessness and substance use are often interconnected and require holistic responses. To achieve effective impact, **three key guiding principles** are promoted according to the EMCDDA (2022h):

STABLE HOUSING

- The first principle underlines the importance of providing stable housing as "a fundamental component of the response to homelessness" (EMCDDA, 2022h). Access to safe and adequate housing is very important to address the underlying challenges of homelessness and to create a stable environment in which people can receive adequate support and care.

HARM REDUCTION

- The harm reduction measures recommended by the EMCDDA (2022h) guidelines in this area are detailed below, thus providing a more comprehensive overview of the actions available to support older people in relation to their substance use. Interventions for this group may include (EMCDDA, 2022h):

- Syringe exchange programmes
- Venipuncture room ⁶⁸
- Mobile clinics
- Access to pharmacological treatment for substance use disorders

⁶⁸ For more information on venipuncture rooms and the provision of naloxone see [section 4.3.4](#) on "Heroin and opioids".

- Naloxone supply

INTEGRATED SERVICES

- The third principle highlights the importance of providing integrated services. "Integrated strategies may include harm reduction, treatment, education, education, employment and support services, emergency and temporary shelter or permanent and permanent housing, all operating as an integrated network" (EMCDDA, 202h). Collaboration and coordination between these service areas are important to provide effective and sustainable support.

Older people

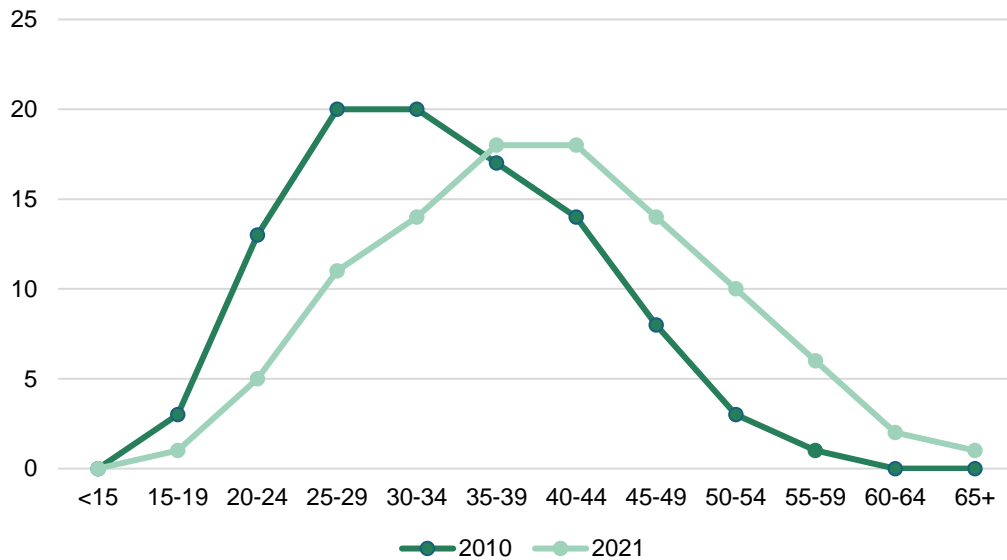
The phenomenon of drug use is not exclusive to young age groups; in fact, it affects people of all ages, including the older population. This observation highlights the complexity and diversity of factors that contribute to substance use in society, regardless of age.

As society ages, there is a **need to understand the dynamics of substance use in older people**. Older people with drug-related problems are defined as:

"Those aged 40 and over whose long-term drug use harms them or puts them at high risk of such harm" (EMCDDA, 2023a).

Opioid use among older people is a growing phenomenon. Over the past two decades, we have seen a significant shift in the demographics of those seeking treatment for problems related to opioid use (EMCDDA, 2023a). With the ageing of the population in the European context, **the average age of those seeking help has increased**, raising questions about how to address this challenge in a demographic group that faces its own health and wellbeing challenges.

GOOD PRACTICES IN DRUG POLICY



Graphic 17. Age distribution of all clients entering treatment with heroin as their primary drug, 2010 and 2021 (%). Source: EMCDDA, 2022g.

Prolonged opioid use in older people is not only related to the immediate effects of the drugs but is also associated with long-term health problems. **Hepatitis C and HIV are significant concerns**, especially for older people who share needles or engage in high-risk behaviours. Many long-term injectors have contracted HIV and hepatitis C virus (HCV) infections (EMCDDA, 2023a).

In addition to the use of opiates, **the use of substances such as benzodiazepines by older people raises additional concerns**. Several studies point to an abuse of pharmacological substances in this demographic group, which is attributed to medical prescription, availability in pharmacies, the influence of advertising and lack of health literacy (Vega, 1994, p. 279). The use of these substances leads to an "increased risk of cognitive impairment, delirium, falls and accidents" (EMCDDA, 2023a) in older people.

The stigma and discrimination associated with substance use can be even more damaging for older people. Social judgement and lack of adequate support "can be a barrier to seeking help, engaging in recovery communities or seeking health care" (EMCDDA, 2023a), which perpetuates the cycle of substance use.

Tailored responses for older people with drug problems

Responses targeting older people with problems related to long-term drug use have focused on harm reduction, but **there is little evidence of interventions that specifically address the needs of this age group** (EMCDDA, 2023a). It is positive that interventions focused on this demographic are tailored to address not only addiction issues per se, but

also ageing-related concerns, such as chronic health problems and the impact on quality of life. Personalised approaches that take into account the life context of these individuals and their circumstances are important to provide effective and appropriate care.

The EMCDDA (2023a) suggests a number of **key responses for this demographic group**:

COMPREHENSIVE TREATMENT FOR OLDER PEOPLE WITH DRUG USE

- This approach focuses on providing drug treatment services specifically designed to meet the needs of older people. A multidisciplinary approach is provided that addresses both the medical and psychological requirements of this population, taking into account their socially isolated situation.

COMPREHENSIVE MEDICAL AND DENTAL CARE FOR THE ELDERLY

- This point focuses on ensuring that older people have access to comprehensive health care, including dental care services for their physical and dental well-being.

IMPROVED ACCESS TO HEPATITIS C ANTIVIRAL TREATMENTS

- The priority here is to facilitate improved access to and more effective use of antiviral treatments to combat hepatitis C in older people.

SPECIALISED RESIDENCES FOR OLDER PEOPLE WITH A HISTORY OF DRUG USE

- This point addresses the need to establish specialised nursing homes that provide long-term residential care for older people with a history of drug use.

SAFE AND ADAPTED HOUSING FOR OLDER PEOPLE

- The promotion of safe and adapted housing is important to address the specific needs of older people, especially those with a history of drug use.

TRAINING OF HEALTH AND SOCIAL CARE PERSONNEL

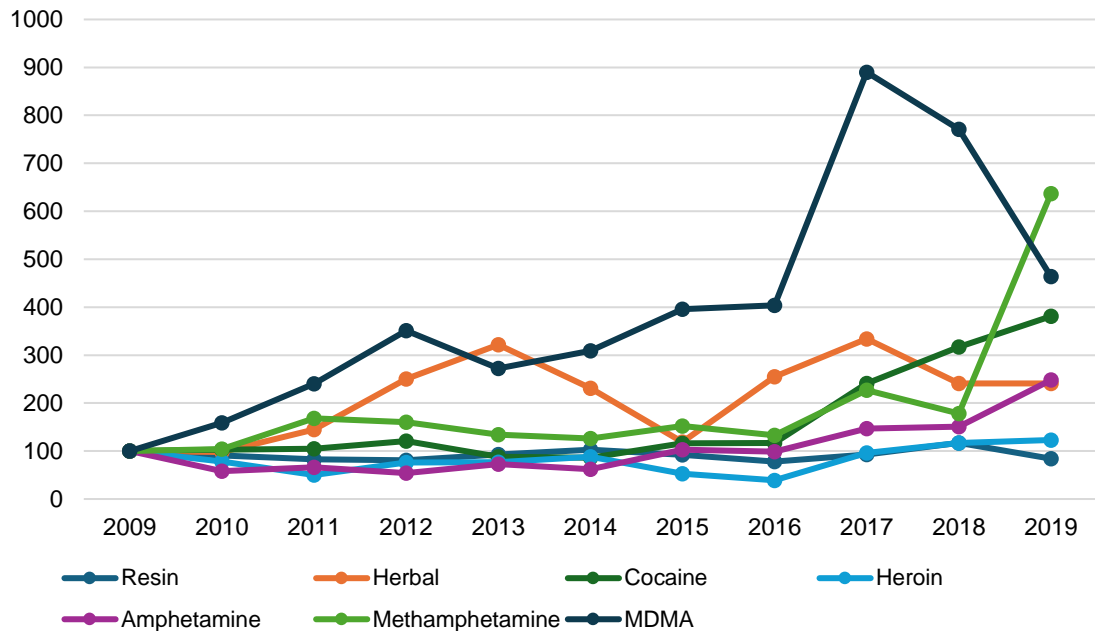
- This point seeks to promote awareness-raising and training programmes for health and social care staff. The aim is to ensure adequate care for older people with a history of drug use and to avoid stigmatisation.

SOCIAL ISOLATION AND STIGMA INTERVENTIONS

- The aim is to implement interventions aimed at addressing social isolation and combating the stigma faced by older people with a history of drug use.

SUBSTANCES

Graphic 18 presents an analysis of the quantity of drugs seized in the European Union, with rates covering the period from 2009 to 2019. These data are broken down by drug type, providing a detailed overview of the evolution of seizures over the decade.



Graphic 18. Quantity of drugs seized in the European Union, indexed trends 2009-19., Source: EMCDDA, 2021i

New Psychoactive Substances (NPS)

In recent decades, the psychoactive substance landscape has undergone a remarkable evolution with the emergence and proliferation of what are commonly referred to as "new psychoactive substances" (NPS), as shown in Figure 32. Unlike traditional drugs, whose effects and risks are better known, **NPS are often chemical compounds that mimic the effects of established illicit drugs, often escaping existing regulations.**

Figure 32 shows the NPS in the global market, together with its distribution by substance type for the years 2015 and 2021, allowing for an analysis of the evolution of this phenomenon over time.

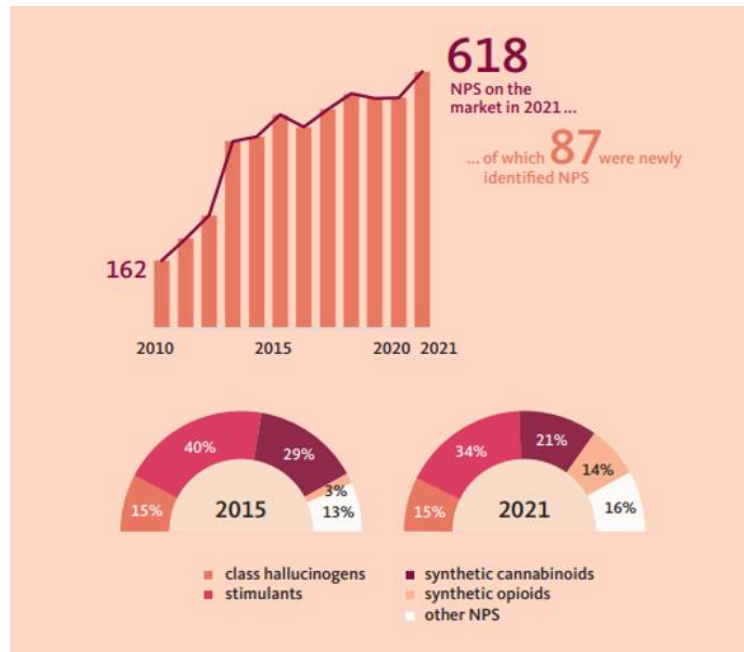


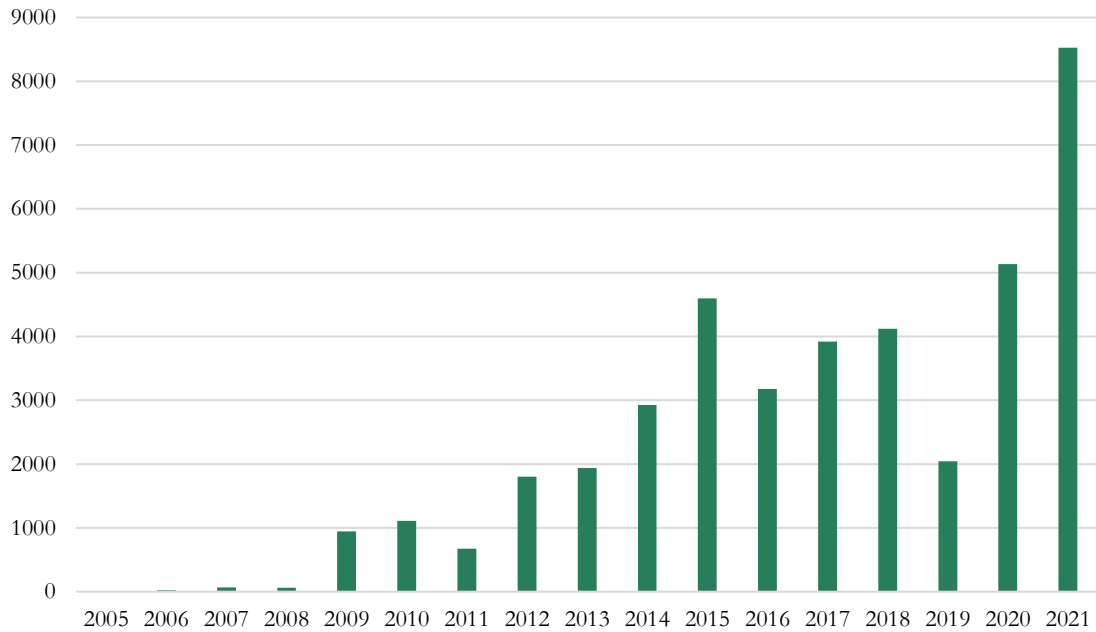
Figure 32. NPS on the global market (2015 & 2021). Source: UNODC, 2023

The term "New Psychoactive Substances" - hereinafter "NPS" - refers to:

"a substance, in pure form or in a preparation, which is not covered by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychoactive Substances, but which may pose health or social risks similar to those posed by substances covered by those conventions" (EMCDDA, 2021d).

NPS can present health and social risks comparable to those associated with controlled substances. They often belong to the same broad chemical classes as the better known controlled substances, such as synthetic cannabinoids, opioids, benzodiazepines, stimulants and hallucinogens. However, **because they have chemical differences from established drugs, the health risks can vary and, in many cases, are still unknown.**

These substances are available via the Darknet, social media platforms or sometimes street suppliers, and are sometimes marketed as 'legal' substitutes for illegal drugs. Graphic 19 provides a detailed overview of the amount of new psychoactive substances seized in the European Union in 2021.



Graphic 19. Seizures of new psychoactive substances in the European Union: quantity seized, 2005-2021. Source: EMCDDA, 2023.

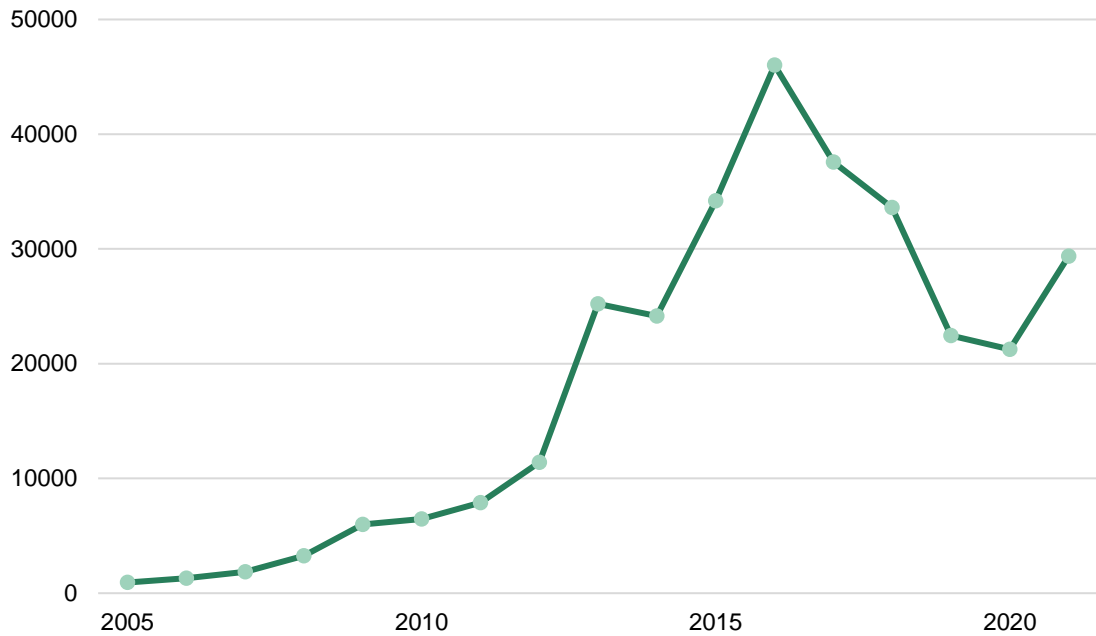
Responses to emerging problems related to new psychoactive substances

In a constantly evolving environment, the dynamics of psychoactive substance use have led to the emergence of new challenges and risks. **New psychoactive substances" present a complex landscape in which innovation and adaptation are important.** The rapid spread of these substances, their diversity and their effects highlight the need for a thorough understanding and a proactive approach to addressing the problems they pose. The importance of developing effective and appropriate responses that adapt to the changing nature of this phenomenon is evident.

Response 1. Monitoring and early warning systems

"Early warning systems and related monitoring systems play a central role in identifying and responding rapidly to emerging harms caused by new substances" (EMCDDA, 2021d).

As NPS continue to evolve, **the ability to quickly identify and understand associated risks is important for the implementation of prevention and harm reduction measures.** These early warning systems not only inform about potential threats, but also support evidence-based decision-making and the formulation of appropriate strategies to address these ever-changing challenges.



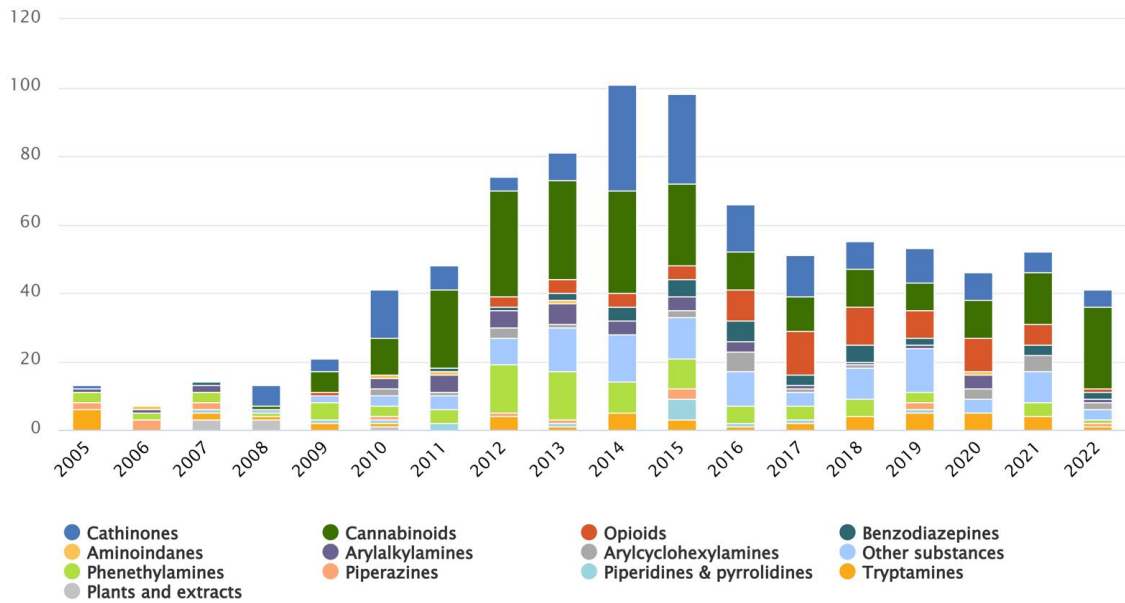
Graphic 20. Seizures of new psychoactive substances in the European Union: number of seizures (2005-2021). Source: EMCDDA, 2021i.

In Europe, the Early Warning System (EWS) was established as a joint approach to address the phenomenon of NPS among Member States. According to the report of the European Monitoring Centre for Drugs and Drug Addiction,

"[this system was] first set up in 1997 under Joint Action 97/396/JHA and strengthened in 2005 by Council Decision 2005/387/JHA. Since 23 November 2018, the EWS operates under Regulation (EC) 1920/2006, which has been amended by Regulation (EU) 2017/2101" (EMCDDA, 2019, p. 8).

Graphic 21 shows the number of NPS by category that were reported for the first time by the SAT.

GOOD PRACTICES IN DRUG POLICY



Graphic 21. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category (2005-2022). Source: EMCDDA, 2021i.

Response 2. Prevention

"When including new psychoactive substances in school-based prevention activities, it would be most appropriate to do so as part of a generic prevention programme that is supported by evidence of effectiveness" (EMCDDA, 2021d).

This strategy underlines the **importance of prevention education as an integral component in mitigating the risks associated with NPS**. By integrating information about these substances into informed prevention programmes, it provides young people with a more comprehensive understanding of the risks associated with substance use and encourages informed decision-making.

Regardless of the substance, **prevention interventions that emphasise the development of skills and coping strategies have been shown to be effective in reducing the risks associated with substance use** (EMCDDA, 2021d). This approach is based on the recognition that effective prevention is not limited to warning about the dangers of specific substances, but also focuses on empowering individuals to make informed choices and resist environmental pressures. By equipping individuals with coping skills, informed decision-making and resilience, a more robust and adaptive preventive approach is promoted, capable of addressing a variety of substances and situations, resulting in greater protection of health and well-being.

Response 3. Treatment

The changing dynamics of new psychoactive substance use pose significant treatment challenges. As new NPS with varying properties and unpredictable effects continually emerge, the need for effective treatment strategies becomes increasingly apparent. Despite the fact that these substances can cause substantial harm to the health and well-being of those who use them, **specialised treatment to address the consequences related to NPS use is not fully developed in many European countries** (EMCDDA, 2021d).

Despite initial challenges in addressing the harms associated with new psychoactive substances (NPS), significant progress is being seen in the provision of services in a number of countries. In response to the increasing complexity of the risks associated with NPS use, **several European countries have initiated the development of clinical guidelines aimed at addressing both acute and chronic health harms, as well as promoting training and awareness-raising initiatives** for health professionals (EMCDDA, 2021d).

Response 4. Harm reduction

Responses to the challenges posed by new psychoactive substances have developed gradually, but are now intensifying in Europe (EMCDDA, 2021d). **The complexity and variability of NPS require constant adaptation by health care systems and social services.** As more information and experience has accumulated, the commitment to address these challenges more effectively has strengthened. This has resulted in an increase in 'drug education and training activities, user-led consumer protection internet interventions and needle and syringe exchange programmes⁶⁹ in low-threshold services' (EMCDDA, 2021d).

Good practices in the New Psychoactive Substances phenomenon

In this section, a number of **good practices** are presented **that have been implemented in various Member States of the European Union in order to address the phenomenon of New Psychoactive Substances** (EMCDDA, 2021d). These strategies

⁶⁹ For further information [see section 4.4.1](#) on "Drug-related infectious diseases".

are designed to safeguard public health, mitigate risks and promote the safety of society as a whole.

The information detailed in the table highlights approaches that have proven to be effective in the management of NPS, and can serve as a valuable source of reference for those involved in the field of prevention, treatment and harm reduction associated with these substances.

Establishment of an early warning system to identify and communicate risks associated with new harmful substances.
Training and support for professionals in existing services , adapting their skills to address problems related to new psychoactive substances.
Creation of specific guidelines to respond to substance use in prisons and custodial settings .
Cultural competency building in services to increase participation and uptake of interventions.
Provision of specialised training on new substances and harm reduction , targeting at-risk groups or current users.
Integration of preventive activities on new substances into school-based programmes supported by evidence of effectiveness.
Adopting multi-disciplinary approaches that connect various services to reach vulnerable groups not served by conventional methods.
Ongoing assessment of the development of responses to new substances , identifying effective interventions that address their various challenges.

Table 50. Emerging Good Practice in Responding to New Psychoactive Substances. Source: EMCDDA, 2021d.

Amphetamines / Methamphetamines

In the dynamic public health landscape, amphetamines and methamphetamines, as stimulant substances, have created health and social challenges.

"Amphetamine and its chemical variants - methamphetamine, methylphenidate and many others - are compounds derived from an alkaloid called "ephedrine", which is found in some plants such as Ephedra sinica and Sida cordifolia" (Paglini, 2023).

On the European continent, the use of amphetamines and methamphetamines is evident on a daily basis, although it is amphetamine that is used more frequently than methamphetamine (EMCDDA, 2021e). However, **there are substantial differences between**

different European regions in the use of stimulants such as amphetamine and methamphetamine, as shown in Figure 33.

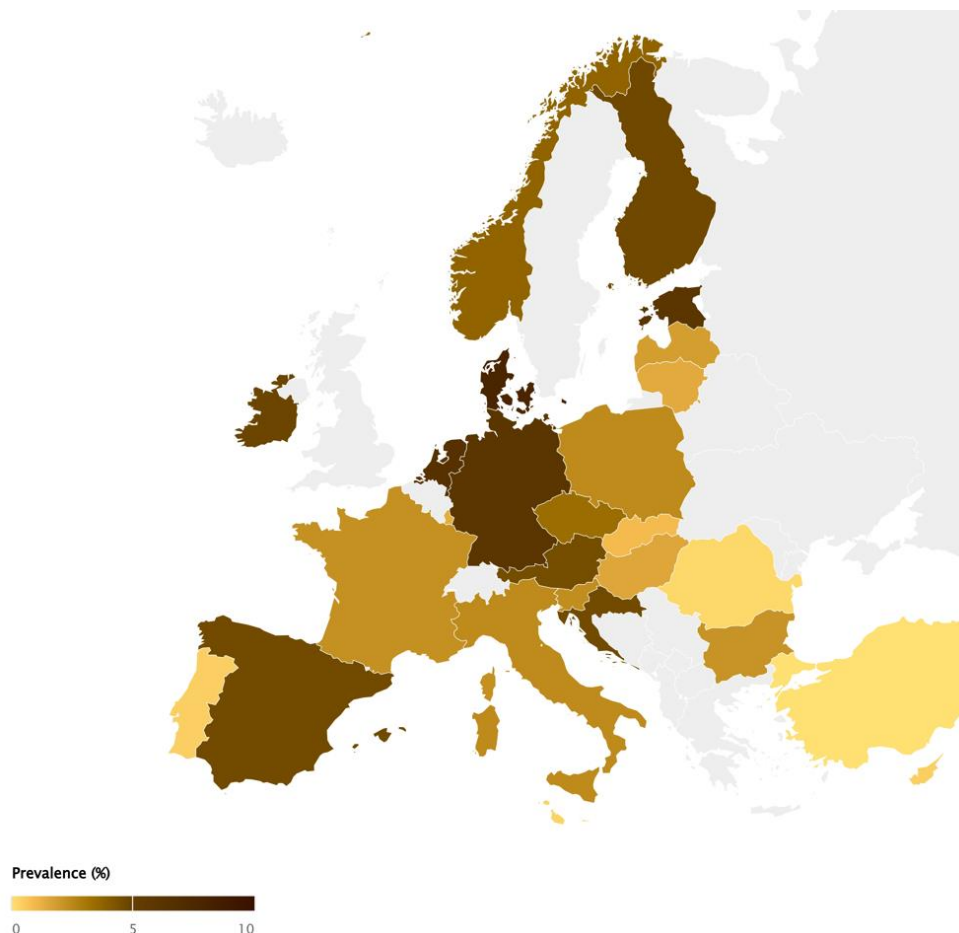


Figure 33. Prevalence of lifetime prevalence of amphetamines use among adults (15-64 years old), by country. Source: EMCDDA, 2023b

Amphetamines increase activity in certain areas of the brain related to thinking, decision-making, movement and pleasure, i.e. they have a psychostimulant effect, leading to changes at both psychological and physical levels (Paglini, 2023). Amphetamines tend to increase confidence, sociability, feelings of well-being, alertness, motivation and sexual desire, while reducing feelings of hunger and tiredness, and are therefore often used by high-performance athletes and students (Spencer *et al.*, 2015). However, in some people it can cause symptoms such as anxiety, bruxism, irritability, seizures, aggression and paranoia, which increase in severity as the dose increases (Shoptaw *et al.*, 2009).

Acute problems may affect experimental stimulant users but are likely to be less frequent when stimulant use is occasional and limited to low doses (EMCDDA, 2021e). However, **the most problematic effects of amphetamine are manifested in chronic**

users, who experience serious physical degradation and a significant decrease in their quality of life due to the high addictive potential of this substance (Paglini, 2023). Figure 34 represents the distribution of frequency of amphetamines and methamphetamines use in the population surveyed during the past 30 days in the EU-27, Norway and Turkey.

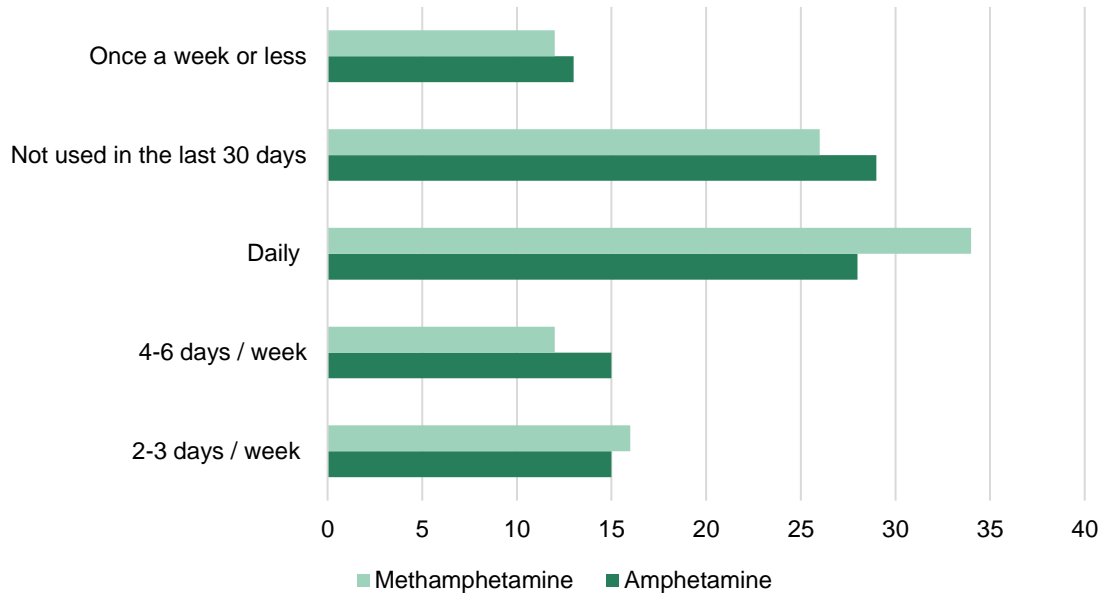


Figure 34. Frequency of amphetamine and methamphetamine use in the last month (%): all people entering treatment (2021 or most recent data). Source: EMCDDA, 2023b.

Responses to stimulant-related problems

Problems related to amphetamine-type stimulants can be addressed through two types of response. On the one hand, responses based on a harm reduction approach, and on the other hand, treatment-focused responses.

Response 1. Harm reduction

Within the field of harm reduction in the use of stimulants such as amphetamine and methamphetamine, a number of strategies have been developed that are designed to specifically address the challenges and risks associated with the use of these stimulants. The following are the **harm reduction interventions recommended** by the EMCDDA (2021e) guidelines in this area.

Injecting stimulant users

Increased access to needle and syringe exchange programmes ⁷⁰ .
Outreach policies and provision of sterile injection instruments.
Provision of information on safe injections, hygiene and vein and wound care.
Services in supervised consumption rooms for stimulant users.
Distribution of empty gelatin capsules with the aim of encouraging oral consumption and reducing the risks of injection-related HIV and HCV infection.
Crack users
Adaptation of existing services to assist in safer smoking practices.
Supply of kits including pipes and filters.
Methamphetamine risk reduction interventions, such as safe smoking equipment.
Stimulant users in the context of chemsex
Multidisciplinary services providing drug dependence and sexual health services.
Drug testing services⁷¹
Provide information on the risks of high-purity or adulterated stimulants.

Table 51. Specific responses in the context of harm reduction in stimulant use Source: EMCDDA, 2021e.

Response 2. Treatment

In the context of the challenges posed by problematic use of stimulant substances, **it is relevant to note that those seeking treatment mostly face difficulties related to cocaine and amphetamines use; in contrast, it is notable that people who use MDMA show a rare tendency to seek therapeutic help** (EMCDDA, 2021e). Figure 35 represents the percentage of people entering treatment for the first time in EU Member States with amphetamine as the first substance used in 2021.

⁷⁰ For further information [see section 4.4.1](#) on "Drug-related infectious diseases".

⁷¹ For more information [see section 4.1.5](#) on "Recreational environments".

GOOD PRACTICES IN DRUG POLICY

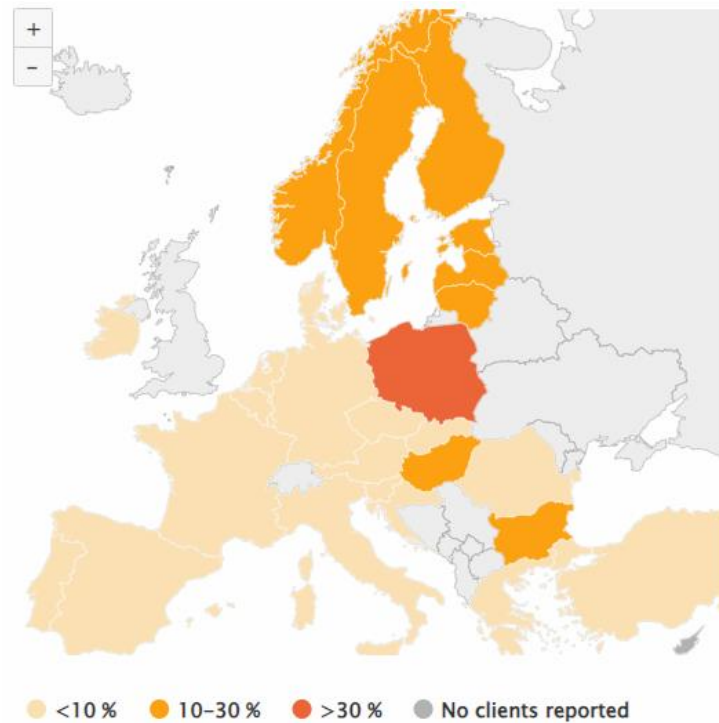
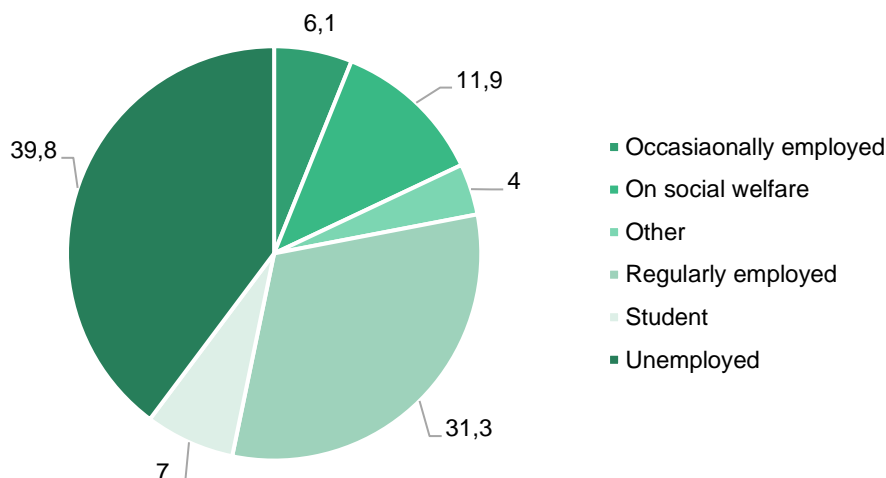


Figure 35. Amphetamine. Entrants for this substance as a share of all first-time treatment entrants (2021). Source: EMCCDA, 2023b.

It is important to focus on developing specific strategies and approaches to address the challenges associated with amphetamine-type stimulant (ATS) use in order to provide effective and tailored care for people facing these problems. The complexity of this phenomenon and its public health impacts requires specialised attention and a thorough understanding of the factors that influence ATS use, highlighting the **importance of an individualised and evidence-based approach to mitigate the negative effects and promote recovery for those affected by problem drug use**. The data presented in Graphic 22 shed light on the wide range of work situations experienced by individuals entering treatment for stimulant use in a context spanning the EU-27, Norway and Turkey.



Graphic 22. Employment status of clients entering treatment for stimulant use (%) in the EU-27, Norway and Turkey. Source: EMCDDA, 2021e

According to the EMCDDA (2021e) the interventions that have been used to treat cocaine use are **contingency management**⁷², **cognitive behavioural therapy and motivational interviewing**. These interventions represent structured therapeutic processes that address both psychological and social aspects of the patient's behaviour, and may therefore also be useful in the treatment of people who seek help when they have developed problematic use of amphetamine or methamphetamine.

Non-medical use of medicines

Non-medical use of medicines, also known as inappropriate use or abuse of medicines, is a practice that has become common in contemporary societies.

"Non-medical use of prescription medicines is an issue of growing concern in Europe and is associated with a range of acute health harms and chronic problems, such as dependence" (EMCDDA, 2021n).

This trend poses a number of challenges for both public health and human safety, as it can have serious health consequences, ranging from addictions to unwanted side

⁷² For more information on contingency management, cognitive behavioural therapy and motivational interviewing [see section 4.3.5](#) on "Cannabis".

effects. **It is important to understand the causes, consequences and strategies to address this phenomenon**, which is defined as:

"a broad category that refers to the use of a psychoactive drug for self-medication, recreational or enhancement purposes, with or without a prescription, but outside accepted medical guidelines" (EMCDDA, 2021).

Five key categories of medicines are highlighted as important to understand in the context of the regulation and safety of pharmaceuticals. These categories are detailed below according to the EMCDDA (2021):

- **MEDICINES AUTHORISED** for therapeutic use in one or more EU countries. This includes both prescription and non-prescription medicines.
- **MEDICINAL PRODUCTS NOT AUTHORISED** for use in any EU country, but authorised in one or more non-EU countries
- **FAKE MEDICINES** designed to simulate real medicines. These products may contain ingredients of poor quality or in an incorrect dosage, or other substances not indicated on the package leaflet.
- **COUNTERFEIT MEDICINES** that do not comply with intellectual property rights or infringe trademark laws.
- **NPS SOLD AS LEGAL DRUG SUBSTITUTES FOR** therapeutic purposes, but not authorised for medical use and not internationally controlled.

In recognition of the problems that inappropriate use of medicines can cause, **their use has been regulated by three major drug control treaties** to ensure the availability of these medicines for medical and scientific purposes, and to prevent their diversion into illicit channels (UNODC, 2011).

- **SINGLE CONVENTION ON NARCOTIC DRUGS OF 1961**, as amended by the 1972 Protocol, which aimed to combat illicit drug use through coordinated international action.
- **1971 CONVENTION ON PSYCHOTROPIC SUBSTANCES**, which established an international control system for the use of psychotropic substances.
- **UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ADOPTED IN 1988**, which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

It is important to note that **common patterns of non-medical medicine use can vary significantly due to a range of individual or contextual factors**. These individual and contextual factors play an important role in understanding the diversity of behaviours related to non-medical medicine use and underline the need to address these challenges in a holistic manner tailored to the particular circumstances of each individual or community.

Responses to problems related to the non-medical use of medicines

Problems related to the non-medical use of medicines can be addressed through two types of response. On the one hand, responses based on the deployment of targeted surveillance systems, and on the other hand, responses focused on prevention and treatment.

Answer 1. Surveillance

Developing effective responses to non-medical use of medicines requires a thorough understanding of the magnitude and nature of this phenomenon. **Surveillance becomes an important pillar for understanding prevalence, motivations, barriers to treatment access and sources of supply, as well as for identifying changes over time**. However, the complexity of this issue, involving a diversity of medicines, procurement sources and consumer groups, presents significant challenges in terms of defining, collecting and comparing data in an international context. The EMCDDA (2021n) sets out different responses in the area of surveillance as detailed below:

DIVERSITY OF DATA SOURCES

- Integration of multiple sources of information is required to assess the extent of non-medical use of medicines.

WASTE WATER ANALYSIS

- Wastewater monitoring emerges as an innovative strategy to measure total drug use in a community, allowing to capture temporal variations and recreational use patterns.

PHARMACY SALES STATISTICS

- Recorded pharmacy sales, together with medical invoices and prescription databases, can provide an accurate and economic picture of consumption trends.

INDICATORS ON THE INTERNET

- Analysis of internet search trends and reports can offer insights into medicine use and procurement.

Prevention and treatment

Addressing the non-medical use of medicines requires effective prevention and treatment measures to **balance the availability of these medicines for legitimate purposes, while mitigating their misuse**. The proliferation of medicines available online poses regulatory challenges and calls for innovative solutions. Responses, in many cases, must include law enforcement to combat diversion at the production and distribution stages.

The following are **guidelines for addressing the phenomenon of non-medical use of medicines through prevention and treatment strategies**, according to the EMCDDA guidelines (2021n).

ACCESS GUIDELINES

- Implement WHO guidelines on access to controlled medicines to ensure availability to those who require them for medical reasons, while minimising the risk of diversion.

ONLINE CHALLENGES

- Addressing the increased availability of medicines online through effective legal and regulatory solutions and implementing measures to mitigate diversion in the supply chain.

TECHNOLOGICAL ADVANCES

- Incorporate innovations such as electronic registers and prescription databases to reduce fraudulent practices, such as obtaining multiple prescriptions, and improve the traceability of medicines.

ACCESS TO TREATMENT

- Ensure an appropriate balance between access to the CAT⁷³ and safeguards to prevent diversion of medicines.

PATIENT REGISTRATION

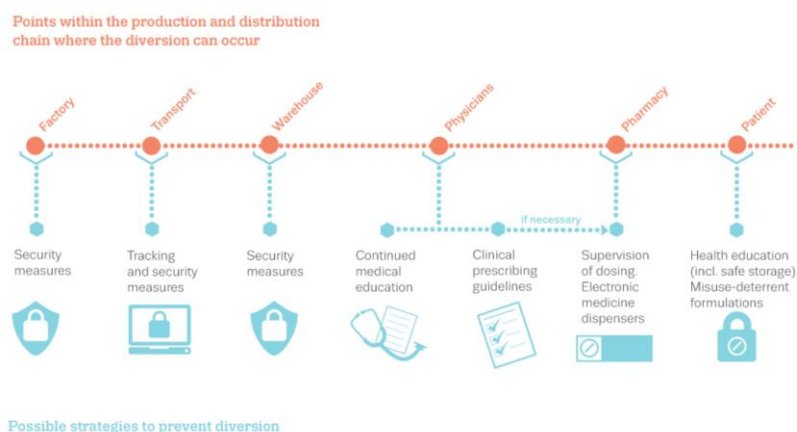
- Establish registries for patients on opioid agonist treatment to limit multiple access to controlled medicines.

CHALLENGES IN SURVEILLANCE

- Overcome the lack of systematic monitoring of opioid drug diversion by collecting empirical data, which will serve as a basis for policy decisions and the development of prevention strategies.

ADAPTED TREATMENT

- Personalise the treatment approach for non-medical use of medication, using cognitive-behavioural therapy⁷⁴ and opioid agonists according to the individual needs of each patient.



⁷³ For more information [see section 4.3.4](#) on "Heroin and opioids".

⁷⁴ For further information [see section 4.3.5](#) on "Cannabis".

Figure 36. Examples of strategies to prevent the diversion of opioid substitution treatment medication. Source: EMCDDA, 2022n.

Heroin and opioids

Generic interventions targeting heroin and opioids

Heroin and opioids share an origin in the opium plant and the ability to influence the central nervous system, producing effects ranging from pain relief to states of intense euphoria. The term opioid refers to:

"any endogenous or exogenous substance that has an affinity for opioid receptors, i.e. that binds to them in a specific way" (Álvarez and Farré, 2005, p. 23).

Over the past four decades, opioids, particularly injecting heroin, have emerged as a central drug concern in several European countries (EMCDDA, 2021g). The dynamic evolution of this phenomenon raises questions about the social, economic and cultural roots that contribute to its prevalence, thus establishing the need for further analysis and reflection on possible approaches to address this complex reality. Figure 37 shows the proportion of heroin-related acute toxicity incidents in 2021 in the Member States of the European Union.



Figure 37. Proportion of acute drug toxicity presentations with heroin involved in 2021. Source: EMCDDA, 2023b

The prevalence of high-risk opioid use (injecting or long-term/regular use) among adults (aged 15-64 years) in Europe has remained relatively stable for several years, with estimates of users standing at approximately 0.35 % of the EU population (EMCDDA, 2021g), graphically evidenced in Figure 38. However, this apparent stability in rates of high-risk opioid use may mask underlying dynamics and emerging challenges.

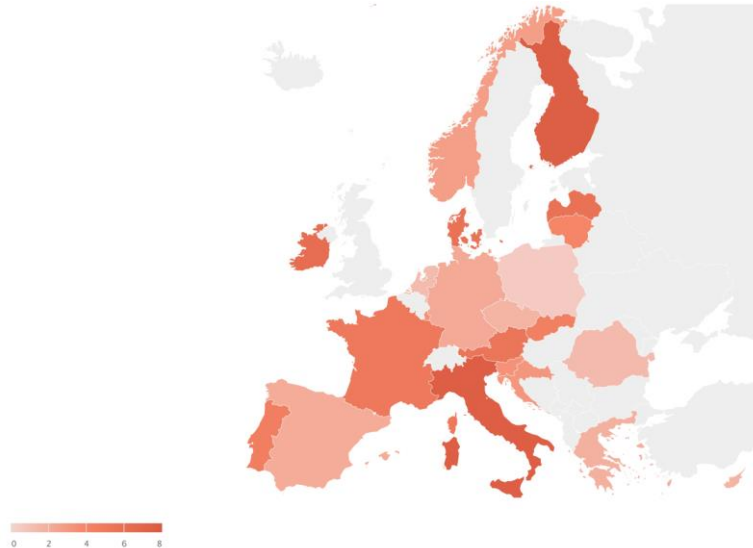
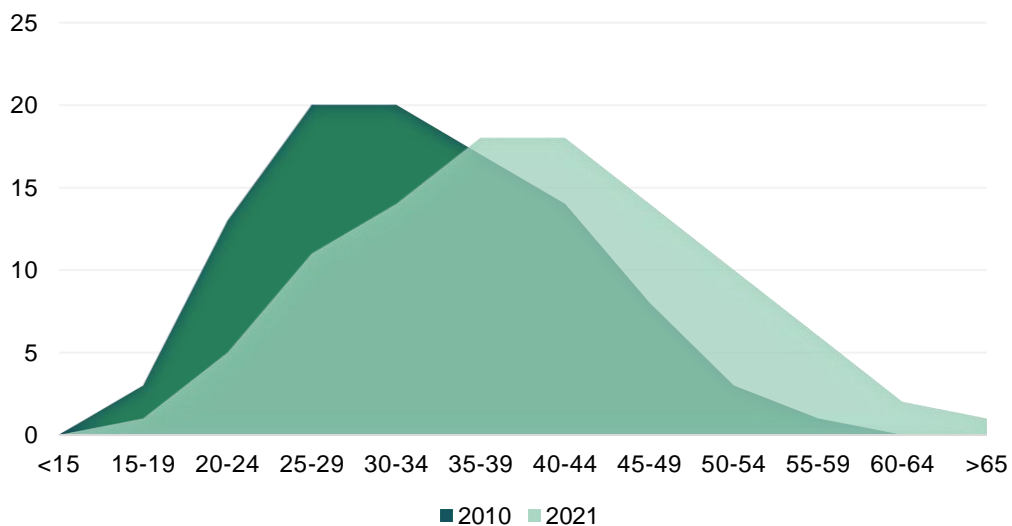
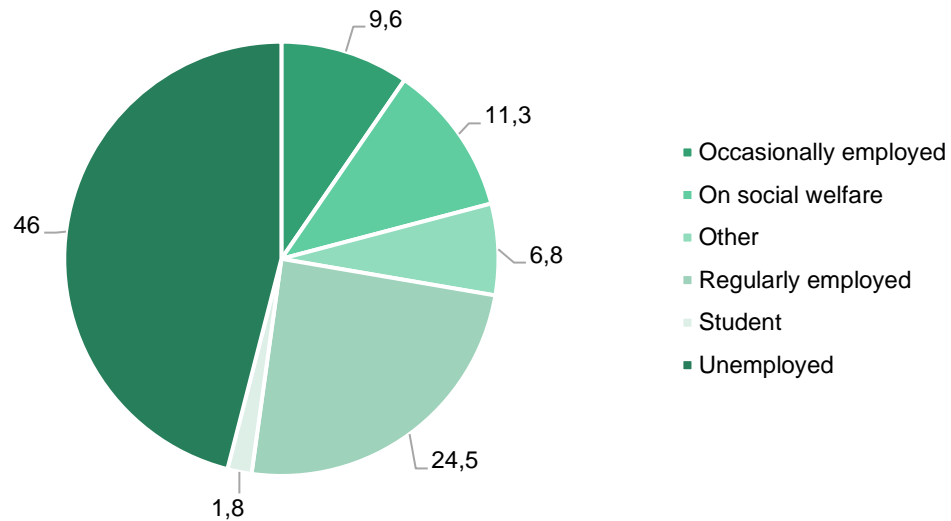


Figure 38. Last year prevalence of high-risk opioid use among adults (15-64), 2020 or latest data. Source: EMCDDA, 2021g

Graphic 23 and 24 provide a detailed overview of the age distribution of those entering treatment with heroin as their main drug in the EU-27, Norway and Turkey, as well as the employment status of individuals entering treatment due to opioid use.



Graphic 23. Age distribution of all clients entering with heroin as their primary drug, 2010 and 2021. Source: EMCDDA, 2023b.



Graphic 24. Employment status of clients entering opioid treatment (%) in EU-27, Norway and Turkey. Source: EMCCDA, 2023b.

Responses to opioid-related problems

Addressing problems associated with opioids requires responses backed by solid evidence and a precise understanding of the goals of intervention. The EMCCDA (2021g) defines the following intervention strategies.

PHARMACOLOGICAL INTERVENTIONS

- Long-term treatment with opioid agonists such as methadone or buprenorphine, combined with psychosocial interventions.

BEHAVIOURAL AND PSYCHOSOCIAL INTERVENTIONS

- They include structured psychological therapies, motivational interventions⁷⁵, behavioural therapy and contingency management to promote psychological and social change.

⁷⁵ For more information on motivational interventions, behavioural therapy and contingency management [see section 4.3.5](#) on "Cannabis".

RESIDENTIAL REHABILITATION

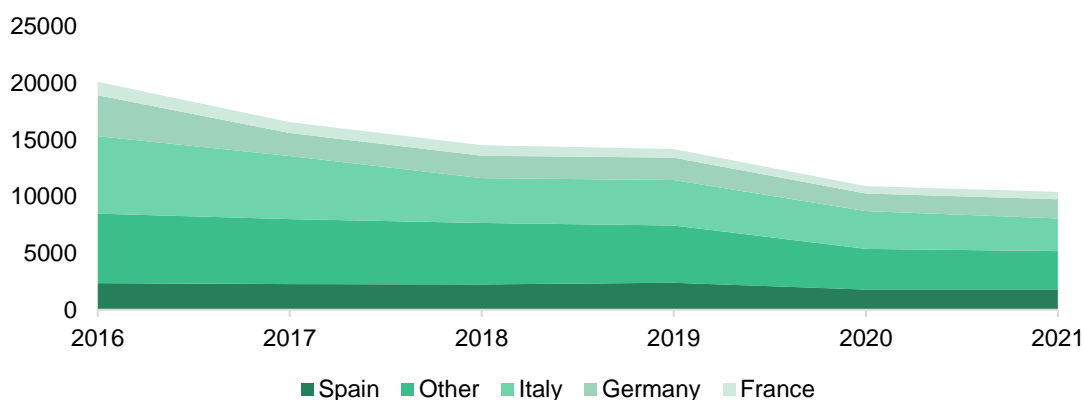
- Treatment centres with medical and therapeutic programmes for users with medium to high drug-related needs.

SELF-HELP AND MUTUAL ASSISTANCE GROUPS

- They teach cognitive and behavioural self-management techniques and wellness interventions such as meditation, mindfulness and physical activity.

RECOVERY AND REINTEGRATION SUPPORT SERVICES

- They include employment and housing support to facilitate reintegration.

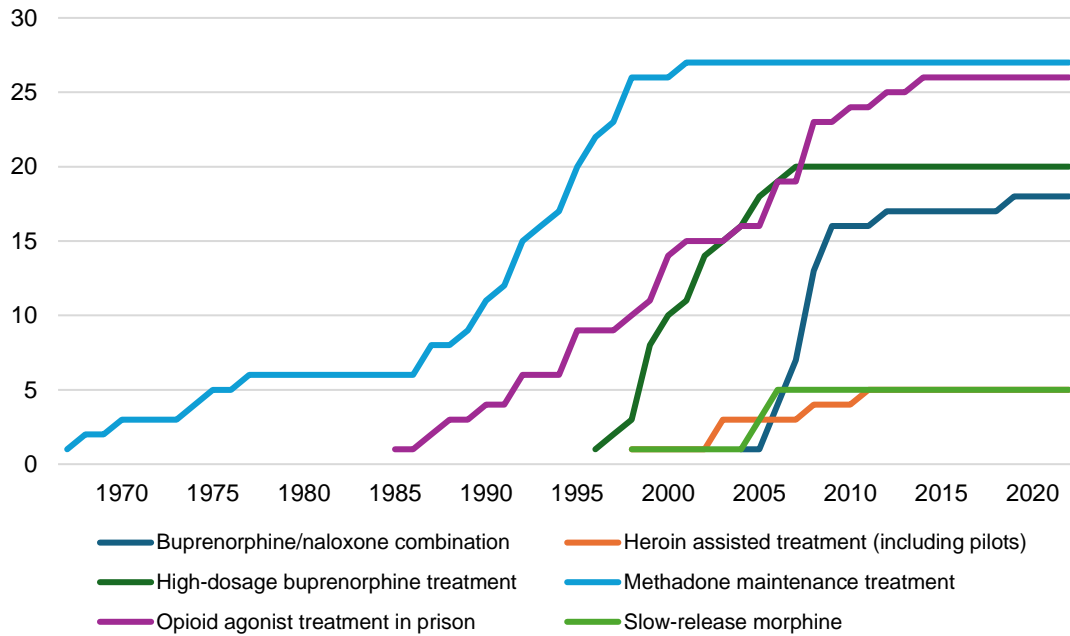


Graphic 25. Trends in first-time heroin entrants for treatment in selected countries (2016-2021). Source: EMCDDA, 2023.

Response 1. Opioid agonist treatment

Opioid agonist treatment is a cornerstone of the European approach to opioid dependence, being a vital part of the treatment options available for heroin users (EMCDDA, 2021g). **This treatment has been proven to be instrumental in reducing opioid deaths, mitigating high-risk use and preventing HIV infections among injecting drug users** in Europe.

Graphic 26 presents a historical overview of the use of opioid agonist treatment⁷⁶ in European countries from 1967 to 2022. The data provide an overview of how the uptake of these treatments has evolved over the decades in the European region, highlighting significant trends and changes in the implementation of these therapies.



Graphic 26. Number of European countries using opioid agonist treatment (1967-2022). Source: EMCDDA, 2023b.

Outcomes and goals of opioid agonist treatment include the following according to the EMCDDA (2021g):

REDUCTION AND MANAGEMENT OF DRUG-RELATED PROBLEMS

- Beyond physical dependence, treatment aims to address problems that may be intrinsically linked to opioid use, such as impaired physical and mental health, as well as adverse social impacts.

ABSTINENCE

⁷⁶ The term 'opioid agonist treatment' is used as a term to cover a range of treatments involving the prescription of opioid agonists to treat opioid dependence (EMCDDA, 2021g).

CADAP 7. REGIONAL DRUG POLICY REPORT

- Achieving abstinence, a crucial step in recovery, is one of the desired outcomes of treatment. Overcoming opioid use involves not only the elimination of the substance itself, but also the readaptation of affected brain functions.

SOCIAL INCLUSION THROUGH EMPLOYMENT FACILITATION

- Treatment also aims to provide patients with the necessary tools to reintegrate into society in an active and productive way, encouraging their participation in the workplace and contributing to their social reintegration.

GREATER SOCIAL COHESION

- Recognising that recovery is an interconnected process, opioid agonist treatment is not limited to pharmacological therapy, but encompasses a broader network of health and social services working together to provide comprehensive support.

In the prison context, the EMCDDA (2022b) highlights the relevance of OAT, especially through medications such as methadone or buprenorphine, which have been established as the main therapeutic approaches during the stay in prisons. The following **three significant aspects** in the prison context are recognised and addressed by the EMCDDA (2022b):

CONTINUITY OF TREATMENT

- It is emphasised that "people who have received treatment in the community can continue to be treated in prisons" (EMCDDA, 2022b). This ensures continuity of treatment, effectively addressing opioid dependence.

INITIATION AND RESTART IN PRISON

- It is noted that OAT can be initiated or restarted within prisons.

RISK REDUCTION AND COMMUNITY ENGAGEMENT

- It is highlighted that the provision of OST, such as methadone, during incarceration "reduces the risks of injecting drug use and increases engagement with treatment in the community after release from prison" (EMCDDA, 2022b).

However, it should be noted that the achievement of these outcomes is influenced by individual factors, the quality of treatment and the network of support services, highlighting the importance of holistic approaches to successful recovery. Although pharmacological treatment plays a crucial role, it does not automatically guarantee all desired outcomes.

Response 2. Therapeutic communities

Therapeutic communities⁷⁷ (TCs) are a treatment approach to problematic drug use that is **based on the principle of community as the main catalyst for social and psychological change.**



Figure 39. Exemplification of a group intervention in a Therapeutic Community. Source: lasdrogas.info, 2022.

In contrast to traditional models, in TCs, both residents and professionals share equally in the responsibility for treatment, fostering a collaborative dynamic where each

⁷⁷ Vanderplasschen *et al.* (2013) highlight the effectiveness of Therapeutic Communities in addiction treatment, focusing on recovery across multiple indicators.

individual sees themselves as responsible not only for their own recovery, but also for that of their peers (Fiestas & Ponce, 2012).

In a drug treatment therapeutic community, **the safe and structured residential environment plays a key role in the recovery process**. Individuals are able to escape the pressures and triggers of their previous environment, allowing them to focus on their recovery. The EMCDDA (2021g) highlights the following **characteristics of therapeutic communities**:

COMMUNITY THERAPEUTIC MODEL

- Originating in the fields of mental health, self-help, education and social work, it focuses on "community as method", prioritising social relationships and participation in community activities to drive personal change.

COMPREHENSIVE APPROACH

- Therapeutic communities approach addiction as a whole-person phenomenon, not just as a specific disease.

PHASES OF THE PROGRAMME

- The programme usually consists of three phases: induction (1-2 months), main treatment in a residential setting (2-12 months) and re-entry (13-24 months) for social reintegration.

BASIC RULES OF COEXISTENCE

- Communities establish drug-free, alcohol-free, violence-free and sex-free rules among members to create a safe environment.

DAILY STRUCTURE

- The day is divided into three areas: work, therapy sessions and educational or recreational activities.

FAMILY PARTICIPATION

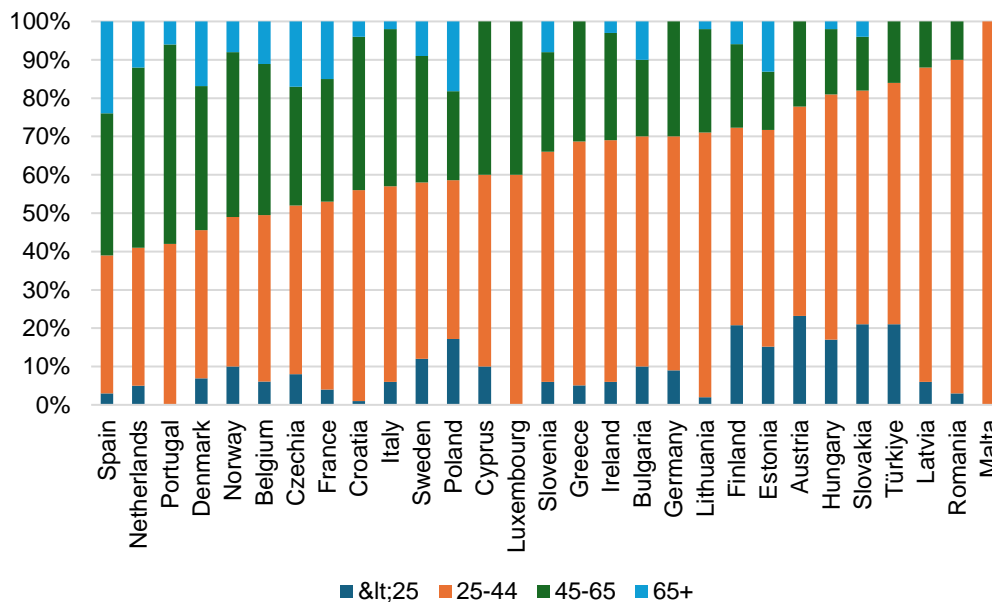
- In some communities, family members participate in activities during all three phases of the programme.

Generic interventions targeting opioid overdose

To effectively address the phenomenon of opioid-related deaths, it is important to consider the context in which these tragedies are occurring.

"Key issues to be addressed when identifying and defining a drug-related problem include who is affected, what types of substances and patterns of use are involved and where the problem occurs" EMCDDA (2021c).

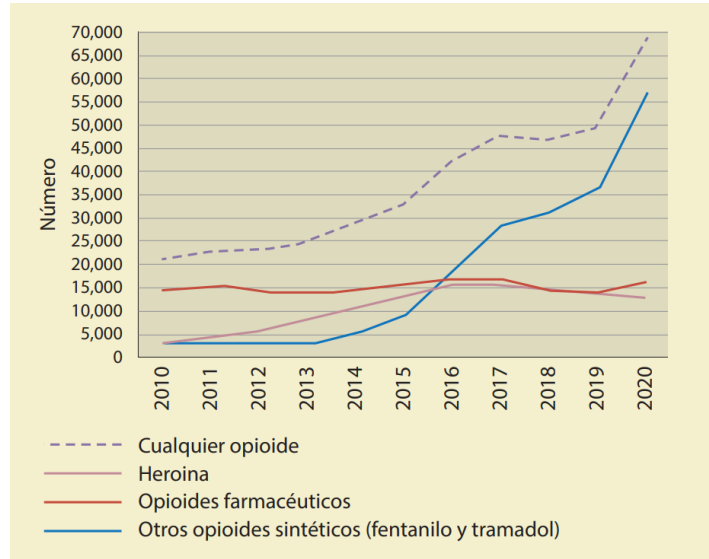
In order for the measures implemented to have a positive impact on the target populations, **it is important to carry out a thorough analysis of the populations most affected, the specific substances involved and the geographical locations where these deaths are most frequent.** Figure 9 provides a detailed overview of how drug-related deaths were distributed across different age groups in these regions in 2021.



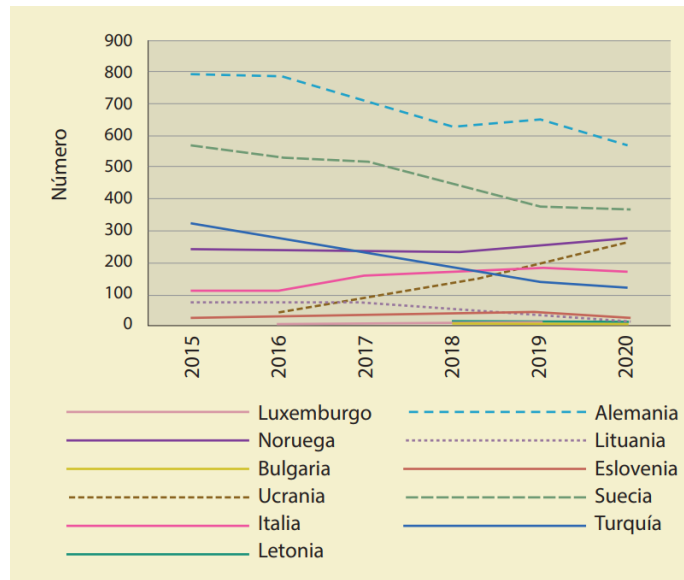
Graphic 27. Age distribution of reported drug-induced deaths in the European Union, Norway and Turkey in 2021 (%). Source: EMCDDA, 2022.

Opioid-related deaths have emerged as a worrying public health crisis in recent decades. These painkillers, whether used legally or illegally, have led to significant variations in mortality rates in a number of countries around the world. In the case of the **United States, an exponential increase in opioid-related deaths has been observed, while**

in countries on the European continent, on the other hand, these rates have remained stable or decreased, as illustrated in graphic 28 and 29. In European countries as a whole, the overdose mortality rate is close to 15 deaths per million inhabitants, although national rates and trends vary considerably (EMCDDA, 2021c).

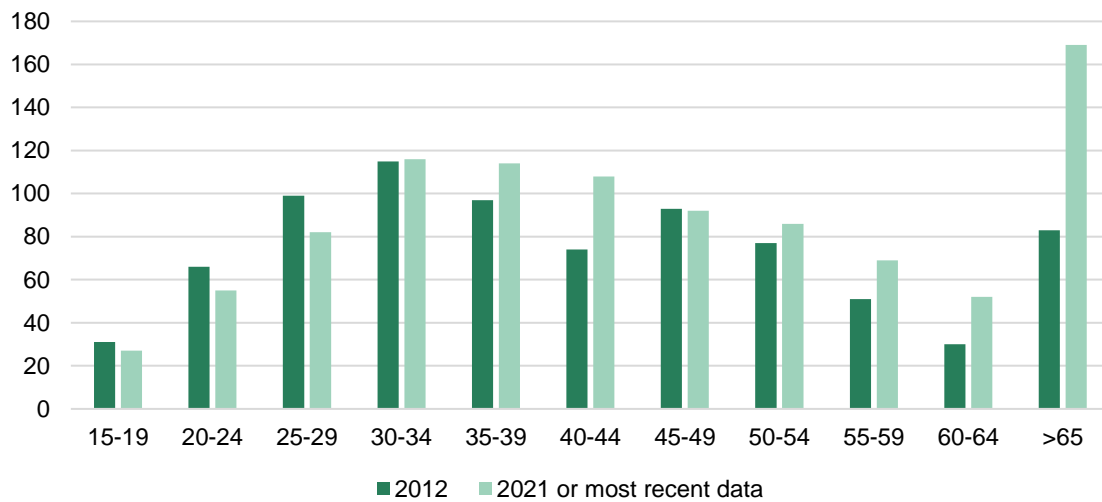


Graphic 28. Trend in opioid overdose deaths by primary drug type (considered alone or in combination with other substances), United States, 2010-2020. Source: Herrera *et al.*, 2023.

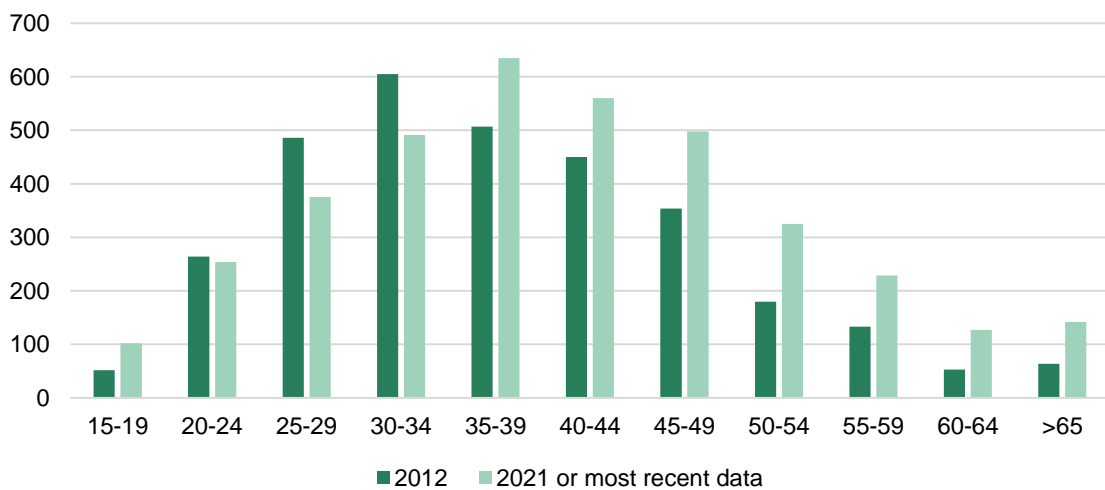


Graphic 29. Trend in direct opioid-related deaths in selected European countries, 2015-2020. Source: Herrera *et al.*, 2023.

The EMCDDA (2021c) highlights that **opioid-related mortality is mainly attributed to overdose, although other factors associated with drug use, 'such as infections, accidents, violence and suicide', also play a significant role.** It is important to address these factors comprehensively and not just focus on overdose in order to reduce the burden of disease and risks associated with opioid use. Graphic 30 and 31 show the number of drug-induced deaths reported in the European Union in 2012 and 2021 in men and women.



Graphic 30. Number of drug-induced deaths reported in the European Union in 2012 and 2021 (females). Source: EMCDDA, 2023b.



Graphic 31. Number of drug-induced deaths reported in the European Union in 2012 and 2021 (males). Source: EMCDDA, 2023b.

It is important to understand that several factors play a significant role in the risk of overdose due to opioid use. The EMCDDA (2021c) notes that these include "the amount and strength of the substance used, the way it is administered and the health status of the person using it". The interaction of these factors can lead to a potentially life-threatening situation, and **it is important to address these elements to reduce the risk of overdose and promote the safety of people who use these substances**. Figure 40 shows the proportion of men among drug-induced deaths in the European Union, Norway and Turkey in 2021, or the most recent year.

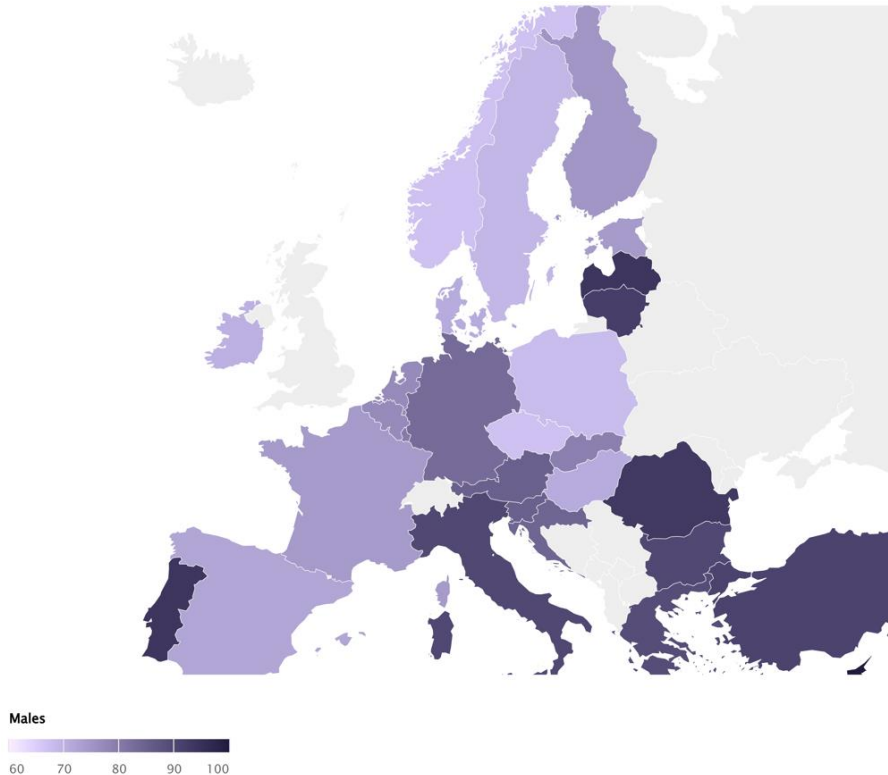


Figure 40. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2021, or most recent year (%). Source: EMCDDA, 2023b.

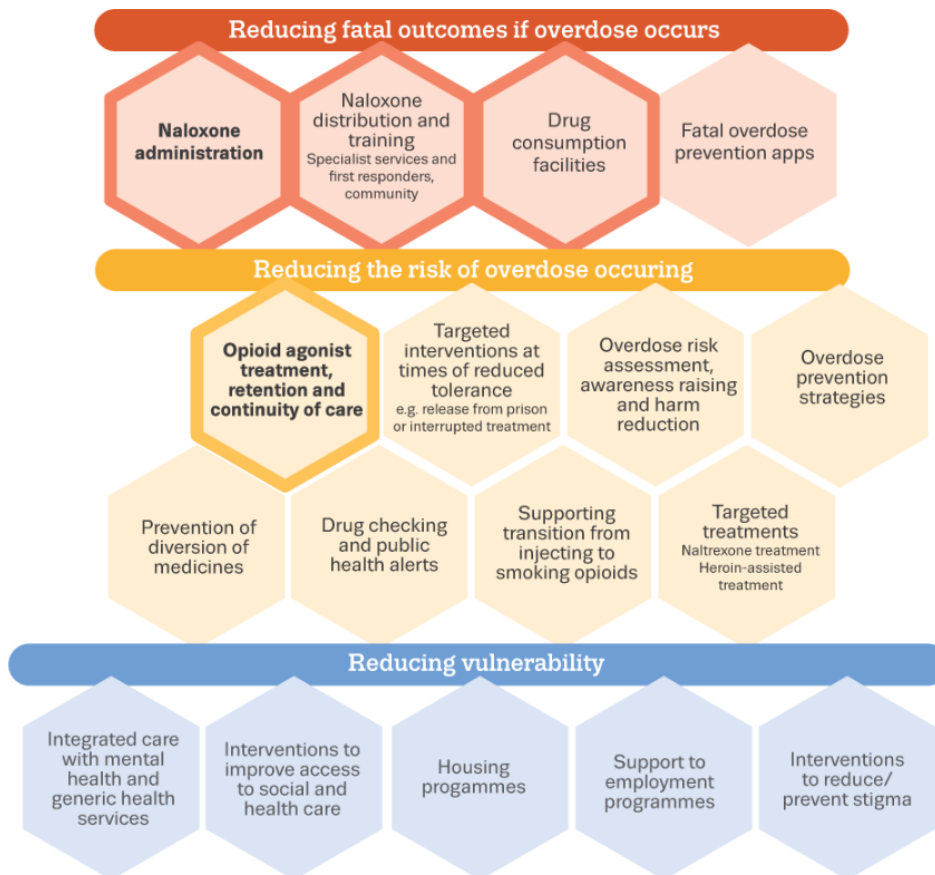
Responding to opioid-related deaths

The crisis of opioid-related deaths represents a significant public health challenge in a number of contexts worldwide. The magnitude of this emergency has prompted the implementation of specific responses designed to address the complex ramifications of this issue. In this context, this section dives into the exploration and evaluation of the response to opioid-related deaths. From prevention strategies to treatment interventions and harm reduction policies, it examines the actions implemented to mitigate the negative impacts of the opioid crisis.

Figure 41 presents the measures recommended by the EMCDDA (2021c) in each of the domains, including reducing fatal overdose outcomes, reducing the risk of overdose occurrence and reducing people's vulnerability to overdose. There are essentially three measures:

1. Reducing vulnerability to overdose
2. Reducing the risk of overdose
3. Reducing fatal overdoses

These measures are important to combat opioid-related deaths and protect the health of affected communities.



Notes: Interventions where there is evidence of benefit and where we can have a high or reasonable confidence in the available evidence, are highlighted in a bolder frame. Much of the current evidence on interventions listed in this figure is either emerging or deemed insufficient, in part because of the practical and methodological difficulties of conducting research, especially in developing randomised controlled trials (see Spotlight on... Understanding and using evidence) and also because service delivery models often differ considerably.

Figure 41. Interventions to prevent opioid-related death by intended aim and evidence of benefit. Source: EMCDDA, 2021c.

Action 1. Reducing vulnerability to overdose

Reducing vulnerability to overdose is a significant element in the area of public health and safety of people exposed to risks related to the use of psychoactive substances, particularly opioids. The EMCDDA (2021c) highlights the reduction of morbidity and mortality from overdose as a major challenge in Europe. **Overdoses not only have negative implications for the lives of those who use drugs, but also put significant pressure on health care systems and emergency resources.**

Addressing vulnerability to overdose involves:

- On the one hand, implementation of strategies and policies designed to prevent, detect and respond effectively to risk situations.
- On the other hand, promotion of education, awareness and access to harm reduction measures.

Table 52 explores the key approaches according to the EMCDDA (2021c) to address this challenge and mitigate the negative consequences of overdose for users themselves, as well as for communities and society as a whole.

Measures to reduce vulnerability to overdose
Reducing barriers and promoting participation in drug treatment services.
Facilitated access to harm reduction services.
Development of national and local overdose prevention strategies.
Integrated approach that addresses diverse health and support needs.
Coordination with housing and employment programmes, and actions to combat stigma.
Adequate resourcing and political support for the implementation of services.

Table 52. Description of measures to reduce vulnerability to overdose Source: EMCDDA, 2021c.

Action 2. Reduce the risk of overdoses

The public health challenges posed by substance-related overdoses require a **combination of strategies focused on retaining individuals in appropriate treatment, preventing drug diversion and raising awareness of overdose risks.**

RETENTION IN TREATMENT

"The risk of opioid-related overdose is reduced while people who use opioids remain on opioid agonists" (EMCDDA, 2021c).

The central idea is to **provide patients in treatment with the necessary tools to stay engaged in their recovery process**, thereby reducing the likelihood of relapse and, consequently, minimising the risk of a life-threatening overdose. Table 53 presents a number of key indications according to the EMCDDA (2021c) that can be considered when designing strategies to address this phenomenon.

Description
Preventive interventions for overdose should focus on the first four weeks of treatment and the first four weeks after stopping treatment.
Include overdose awareness activities in ongoing care plans, anticipating unplanned exits of clients from treatment.
Proactive and planned referral into community-based opioid agonist treatment or other appropriate treatment options upon release from prison.
Training of prison staff and the involvement of prisoners using opioids with local health services in the weeks following their release.

Table 53. Points to consider to improve retention in treatment and reduce the risk of overdose.

PREVENTION OF DIVERSION OF OPIOID AGONIST MEDICINES

The therapeutic use of opioid agonists, such as methadone or buprenorphine, plays an important role in the management of opioid addiction by alleviating withdrawal symptoms and reducing urges to use. However, **to ensure that these treatments are effective and safe, it is important to prevent the diversion of these medicines to the illicit market and their misuse by** unauthorised individuals.

"Medical staff and service planners will need to ensure that prescribing regimens are in place and that appropriate controls are in place to prevent diversion from agonist to non-prescription medicines" (EMCDDA, 2021c).

TRAINING, DETECTION AND ASSESSMENT OF OVERDOSE RISK

Overdose education, screening and risk assessment not only promote greater awareness of the dangers associated with opioid use, but also **allow for the early identification of individuals at risk and the implementation of appropriate interventions.**

It is important to recognise that overdose prevention, education and counselling interventions should not only take place in medical and primary care settings, but also in harm reduction services (EMCDDA, 2021c). This strategy broadens the scope of interventions, reaching populations that are sometimes at increased risk of overdose due to their ongoing exposure to potentially hazardous substances.

DRUG CHECKING

"Drug testing services allow people who use drugs to be chemically tested for drugs, providing information on the content of samples, as well as counselling and, where feasible, brief interventions" (EMCDDA, 2021c).

Such information and guidance are key elements in empowering substance users, enabling them to make more informed decisions and reduce the risks associated with overdose. The relevance of drug services as an **innovative component of overdose prevention and reduction strategies** is explored, **highlighting their impact on promoting the safety and health of people who use substances.**

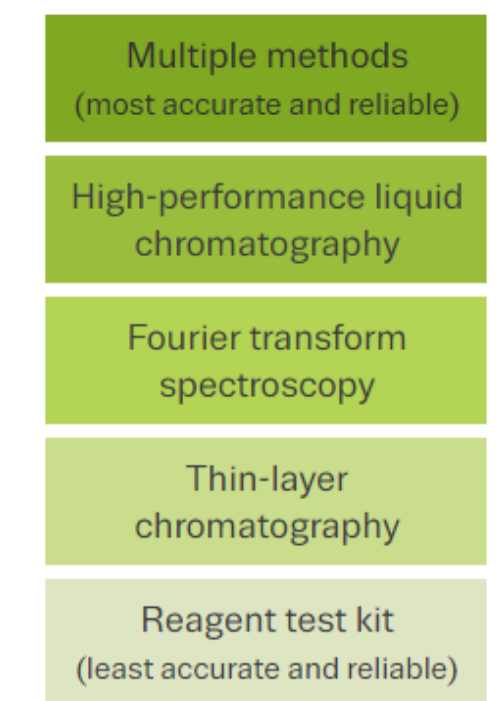


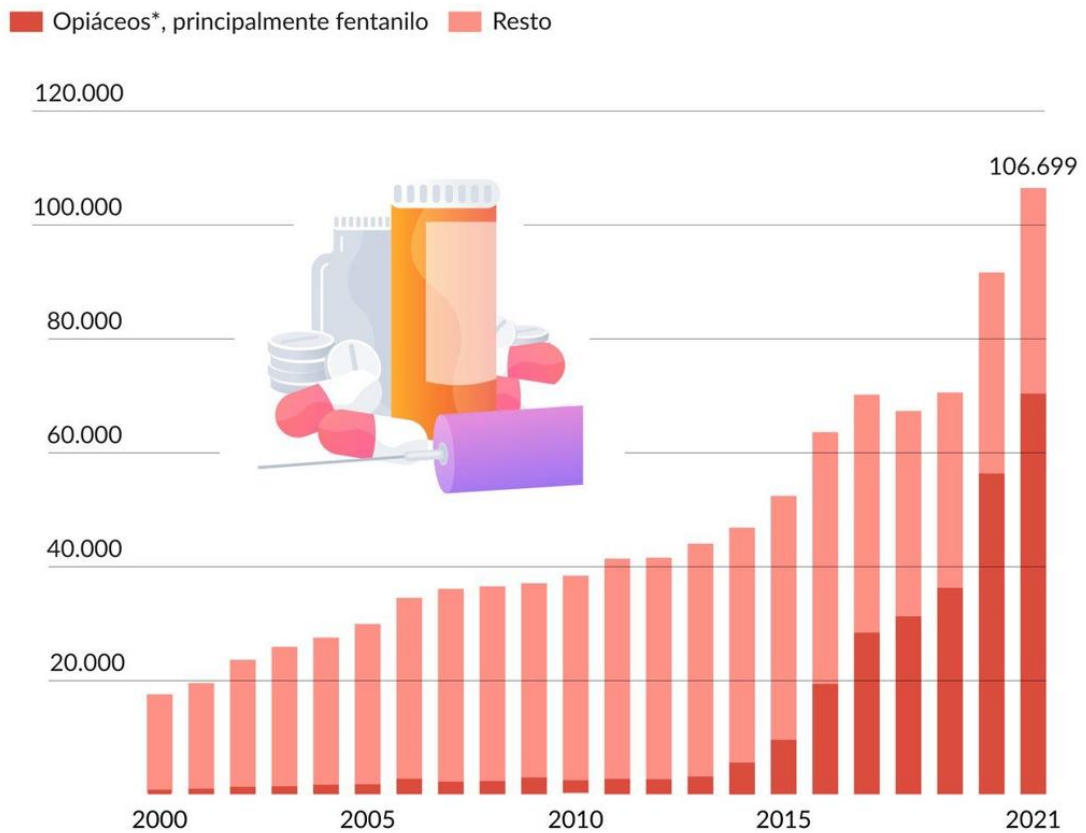
Figure 42. Illustration of the range of drug screening technologies ranked in order of highest accuracy and reliability of results. Source: EMCDDA, 2023b.

Action 3. Reduce fatal overdoses

NALOXONE TO REVERSE OVERDOSE

With the growing opioid epidemic affecting many parts of the world, including the United States, as illustrated in Figure 14, naloxone plays a key role in acting as an antidote **that rapidly reverses the effects of opioids in the body**. Naloxone is defined as:

"an antidote to opioids that, if administered in time, completely reverses the effects of an overdose, but has virtually no effect on people who have not taken opioids" (WHO, 2023).



Graphic 32. Evolution of overdose deaths per year in the United States. Source: Hernando, 2023.

"These programmes] combine risk education and overdose management with the distribution of naloxone kits to those who may witness an opioid overdose" (EMCDDA, 2021c).

Figure 43 shows the countries that have implemented naloxone distribution programmes for home use.

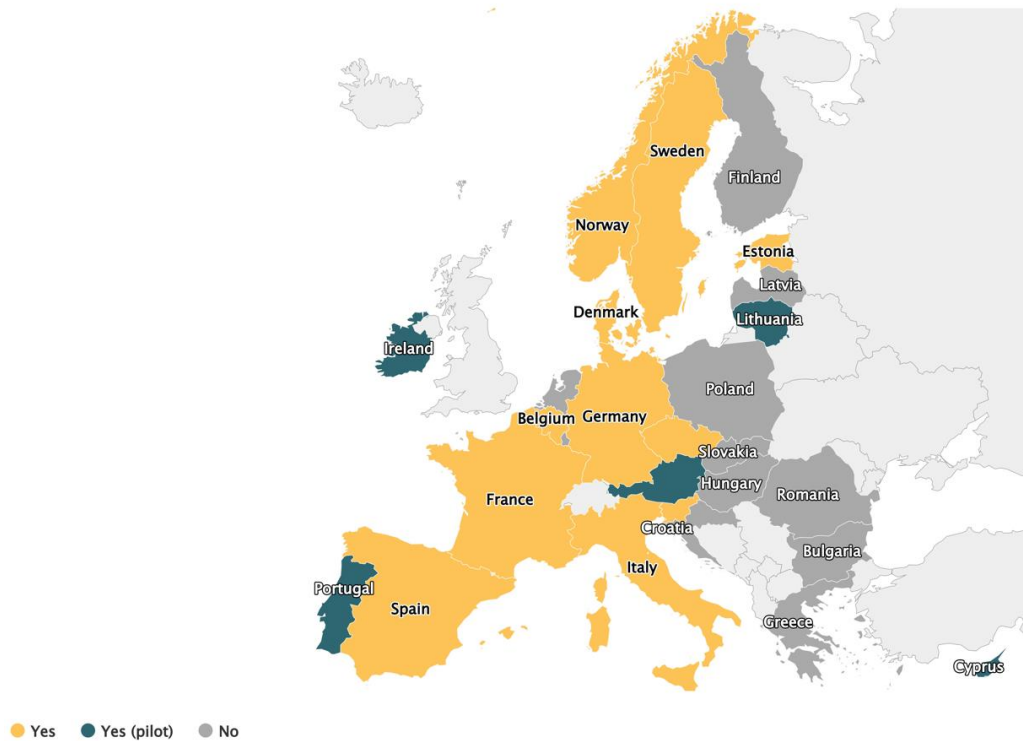


Figure 43. Availability of take-home naloxone programmes in Europe. Source: EMCDDA, 2021c

Moreover, peer-to-peer naloxone distribution programmes are identified as a mechanism to expand the coverage of naloxone delivery in order to prevent fatal overdoses in opioid-using individuals.

"This initiative aims to extend the provision of naloxone to those who tend not to access treatment services" (EMCDDA, 2021c).

Providing naloxone through peer-to-peer programmes addresses this gap in care, allowing those most likely to witness or experience an overdose the ability to intervene effectively and save lives. A meta-analysis of observational studies has provided compelling evidence that **opioid agonist treatment,⁷⁸ with either methadone or buprenorphine, plays a significant role in reducing the incidence of overdose** (EMCDDA, 2021c).

⁷⁸ For more information [see section 4.3.4](#) on "Heroin and opioids".

SUPERVISED DRUG CONSUMPTION ROOMS

These safe and supervised environments provide a **controlled space where people who use drugs can do so more safely and receive immediate support in the event of an overdose**. The existence of these facilities is based on the recognition that, despite efforts to prevent substance use, many people continue to use, and their well-being must be a priority.

"[Supervised drug consumption rooms are] primarily aimed at reducing the risks associated with unhygienic injecting, preventing overdoses and connecting people who use drugs with treatment, medical care and social services" (EMCDDA, 2021c).

These facilities play an important role in directly intervening in overdoses that may occur on site, while actively promoting opioid agonist treatment (EMCDDA, 2021c). Not only can these services substantially reduce the risk of fatal overdoses, but they also **promote greater connection to health care systems and the possibility of accessing long-term treatment**. Figure 44 shows the availability of supervised consumption rooms in EU countries.



Figure 44. Drug consumption facilities in Europe. Source: EMCDDA, 2021c.

- **E-HEALTH APPLICATIONS**

To address the prevention of fatal overdoses associated with opioid use, a **pioneering strategy** has emerged through the implementation of e-health applications.

"[These applications are intended] to help reduce the risk of overdose deaths, especially when people inject opioids" (EMCDDA, 2021c).

This innovative approach harnesses technology to provide resources and support to people at risk, which can not only save lives, but also transform the way we approach overdose prevention in the digital age.

Cannabis

"Marijuana is a substance prepared from the leaves and flowers of cannabis sativa, an indica variety, which is smoked mixed with tobacco and produces effects similar to those of hashish. It has a lower concentration of active ingredients than the latter and occupies the same place as the latter in the various classifications" (Molina, 2008, p. 96).

About 16 million young Europeans (aged 15-34), equivalent to 15 % of this age group, used cannabis in 2020, rising to 20 % in the 15-24 age group. Although rates of use vary considerably between countries, prevalence among young adults typically ranges from 3 % to around 22 % (EMCDDA, 2021h). Figure 45 shows the lifetime prevalence of cannabis use among adults (15-64 years) in the EU Member States.

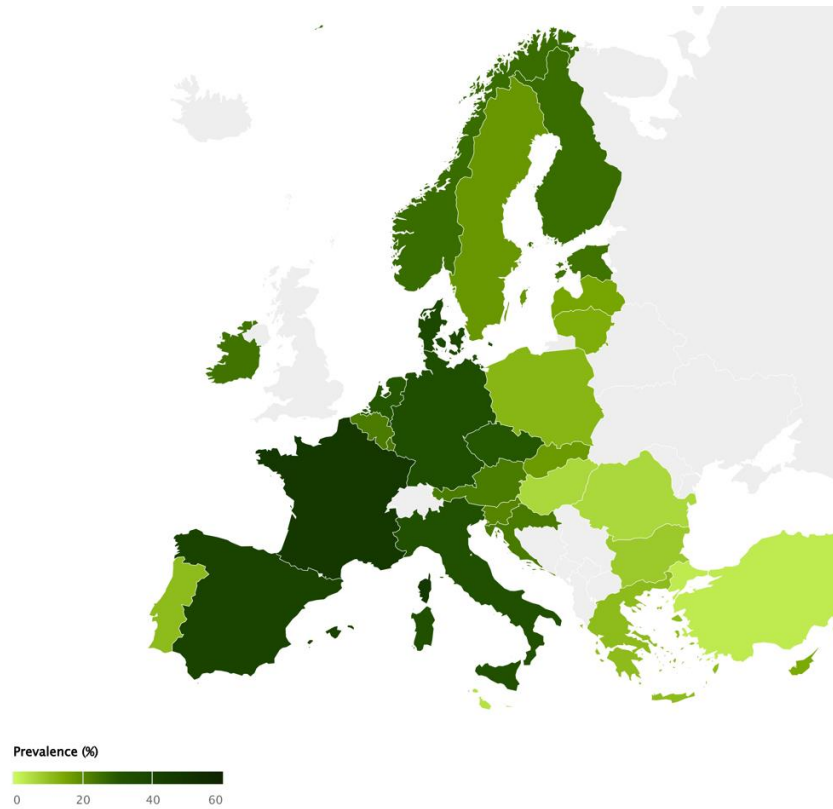
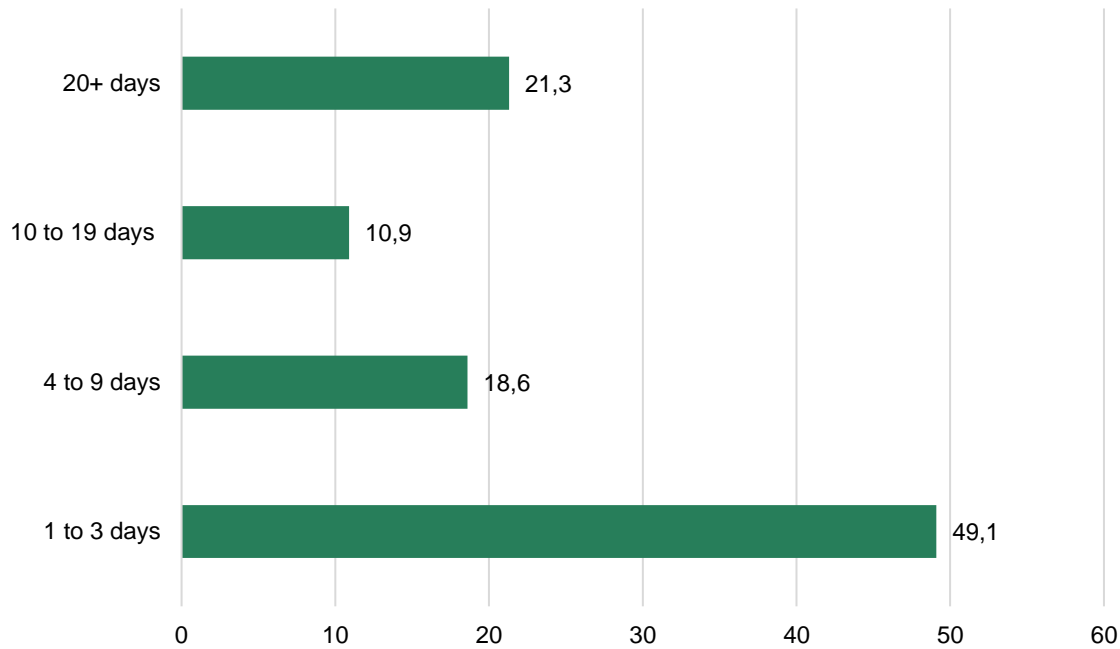


Figure 45. Lifetime prevalence of cannabis use in Europe among adults (15-64 years old), 2020 or latest data. Source: EMCDDA, 2023b.

Graphic 33 provides an exploration of the frequency of cannabis use in the past 30 days among 15–34-year-olds, which sheds light on contemporary patterns of use in this demographic. This indicator provides a key insight into the dynamics of use in this age group, allowing for a more complete understanding of the trends and challenges associated with cannabis use among youth.



Graphic 33. Frequency of cannabis use in the last 30 days (%) among young people (15-34 years) in the EU-27, Norway and Turkey. Source: EMCDDA, 2021h.

Prevention

Responses vary across societies and legal contexts, but the conversation around cannabis illustrates how **perceptions and approaches to psychoactive substances are constantly evolving at the intersection of health, politics and culture**. The EMCDDA (2021h) proposes the following **preventive measures in response to issues related to cannabis use**.

PREVENTION PROGRAMMES IN SCHOOLS

- Developing social competences and refusal skills, improving decision-making and responsiveness, raising awareness of social influences on drug use, correcting misperceptions about the prevalence of drug use among peers.

FOCUS ON DEVELOPMENT AND MULTIPLE DOMAINS

- Design prevention programmes that are applicable in a variety of contexts, such as school, family and community.

SHORT INTERVENTIONS

- Use time-limited interventions to reduce the intensity of drug use and prevent problem drug use that are applicable in a variety of situations, such as medical consultations, counselling and treatment programmes.

Harm reduction

In the context of harm reduction in the use of psychoactive substances, such as cannabis, various strategies have been formulated with the aim of accurately addressing the challenges and risks inherent in the use of these substances. **These strategies focus on minimising the adverse effects associated with cannabis use and promoting safer and more responsible use.** The measures according to the EMCDDA (2021h) in this area are specified below:

AVOIDING PROBLEMATIC CONSUMPTION PATTERNS

- Adopt strategies to reduce the frequency and intensity of cannabis use, avoiding excessive patterns that could increase health risks.

LIMITING CONSUMPTION

- Promote moderation in cannabis use by encouraging abstinence intervals and periods of non-use, thereby reducing the potential impact on health.

RAISING AWARENESS OF THE NEGATIVE EFFECTS

- To inform users about the risks and adverse effects of cannabis use, helping them to make more informed and responsible decisions.

ADDRESSING CANNABIS USE WITH TOBACCO

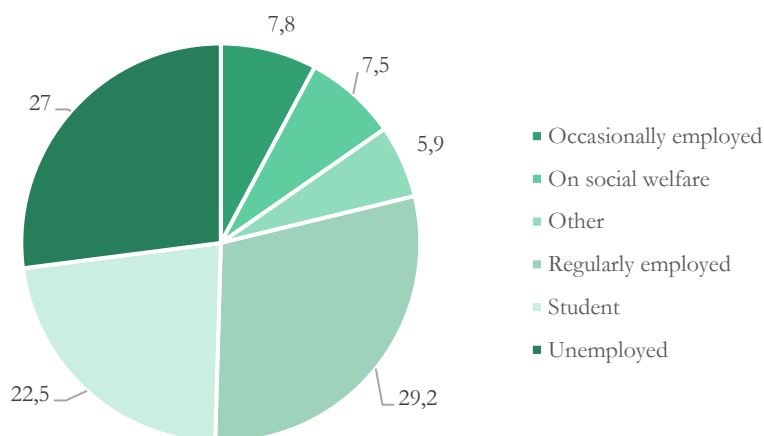
- Discourage the combination of cannabis and tobacco, offering alternatives of administration that do not involve smoke inhalation and thus reducing the harms associated with the inhalation of toxic substances.

Treatment

Treatment in relation to cannabis use represents an important area in the management of public health and wellbeing for those experiencing problems related to its use. **As attitudes towards cannabis and its legalisation evolve in different contexts, access**

to effective treatment programmes and approaches has become more relevant than ever.

Graphic 34 presents an overview of the employment status of individuals seeking treatment for cannabis use in this region. This analysis sheds light on the relationship between cannabis use and employment, identifying possible trends that may have significant implications in terms of prevention and rehabilitation policies in the context of the EU-27, Norway and Turkey.



Graphic 34. Employment status of clients entering cannabis treatment in the EU-27, Norway and Turkey. Source: EMCDDA, 2022.

The EMCDDA (2021h) provides valuable guidance by highlighting **effective strategies in the treatment of problems associated with cannabis use**.

MULTIDIMENSIONAL FAMILY THERAPY FOR ADOLESCENTS

- This comprehensive, family-centred approach works with the adolescent, their family and community to improve coping, problem-solving and decision-making skills, thus seeking to improve the overall functioning of the family (EMCDDA, 2021h).

COGNITIVE BEHAVIOURAL THERAPY (CBT)

- It stands out as a valuable tool not only in the treatment of cannabis use, but also in a variety of contexts related to problematic drug use. This therapeutic approach has been shown to be effective in the treatment of people in prison settings, as

well as in the management of substances such as amphetamines and methamphetamines, opioids such as heroin, cocaine and non-medical use of medications. CBT focuses on identifying and modifying patterns of thinking and behaviour associated with the use of these substances. Through learning coping skills and transforming negative beliefs, individuals can develop healthier strategies to deal with the triggers that lead to use and, at the same time, prevent relapse. The versatility of CBT makes it a highly adaptable therapeutic approach to a variety of situations, allowing health professionals to provide comprehensive and effective treatment to individuals with different types of substance use problems.

CONTINGENCY MANAGEMENT

- It is based on the recognition of positive behaviours and the promotion of abstinence not only in the context of cannabis use, but also in specific situations such as the treatment of people with drug problems in prison settings and in the management of opioid and stimulant use. Through the use of incentives and rewards, healthy behaviours are strengthened and problematic patterns of use are discouraged, thus contributing to improving the health and well-being of people in these circumstances. This strategy, widely supported by evidence, has been shown to be effective in a variety of settings and is flexibly tailored to the specific needs of each population.

MOTIVATIONAL INTERVIEWS

- They stand out as a valuable therapeutic strategy not only in the treatment of cannabis use, but also in various contexts related to problematic use of different substances. This approach has been shown to be effective in the treatment of people in prison settings, as well as in the management of substances such as amphetamines and methamphetamines, opioids such as heroin, and cocaine. They focus on nurturing intrinsic motivation for change, working closely with individuals to explore their ambivalence towards using these substances. Therapists play a key role in helping participants develop the readiness and confidence to make positive changes in their lives. This therapeutic approach is tailored to the specific needs of each individual, recognising the importance of authenticity and personal will in the process of change.

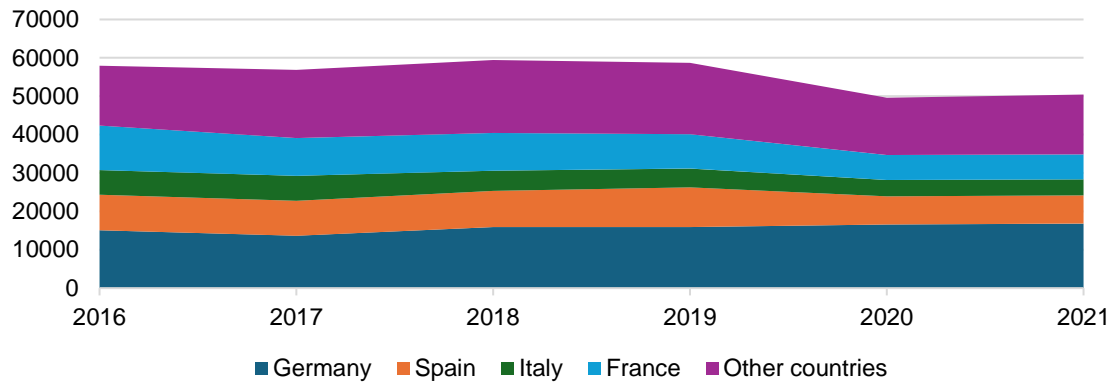


Figure 46. Trends in first-time entrants in treatment with cannabis as primary drug, 2016-2021. Source: EMCDDA, 2023b.

Cocaine

Cocaine, a highly addictive stimulant that directly affects the brain, was known as the dominant drug in the 1980s and 1990s due to its great popularity. Although linked to that period, cocaine is not a new substance; coca leaves, from which it is extracted, have been consumed for thousands of years. Cocaine hydrochloride, its pure form, has been used for over a century. In the past, it was the main component of many tonics and elixirs for the treatment of various diseases in the early 20th century (NIH, 2016).

Cocaine, the most prevalent illicit stimulant in Europe, has seen an increase in use in recent years, as shown in Figure 47. Among users, **a distinction is observed between those who snort cocaine powder and tend to be more socially integrated, and more marginalised groups who tend to resort to methods of use such as injecting, crack (cocaine base) or combined use with opioids** (EMCDDA, 2021e).

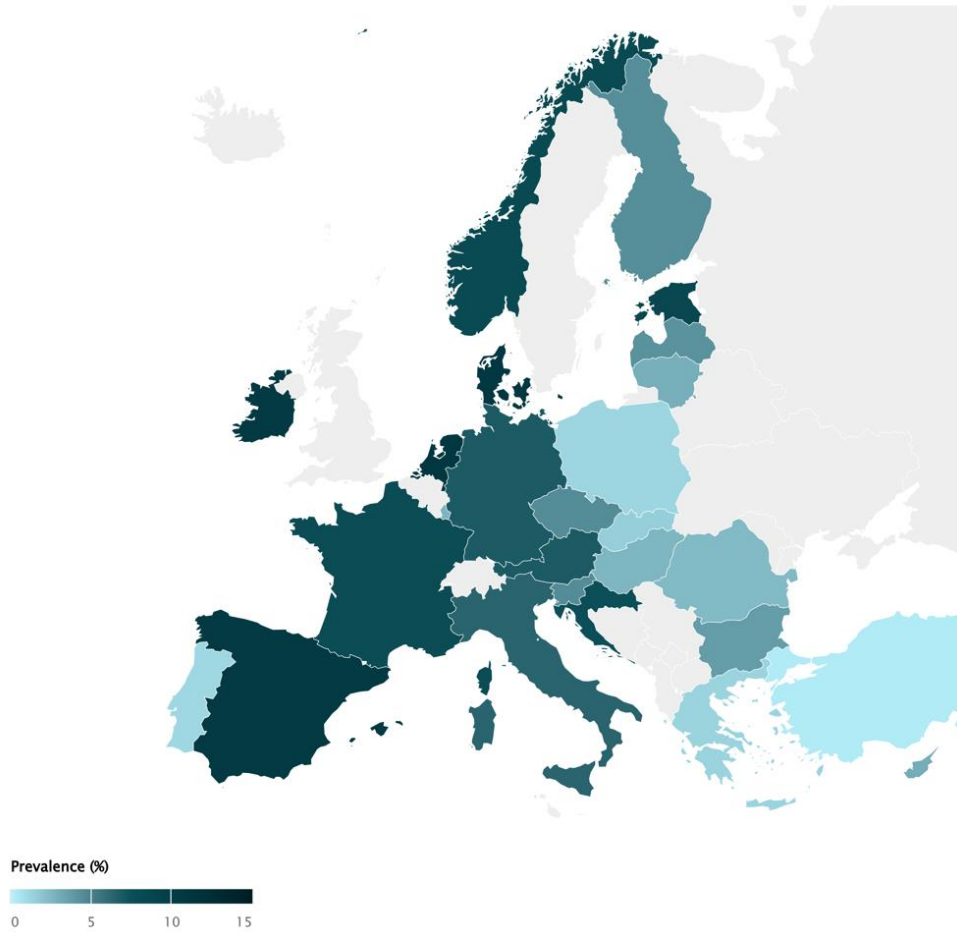
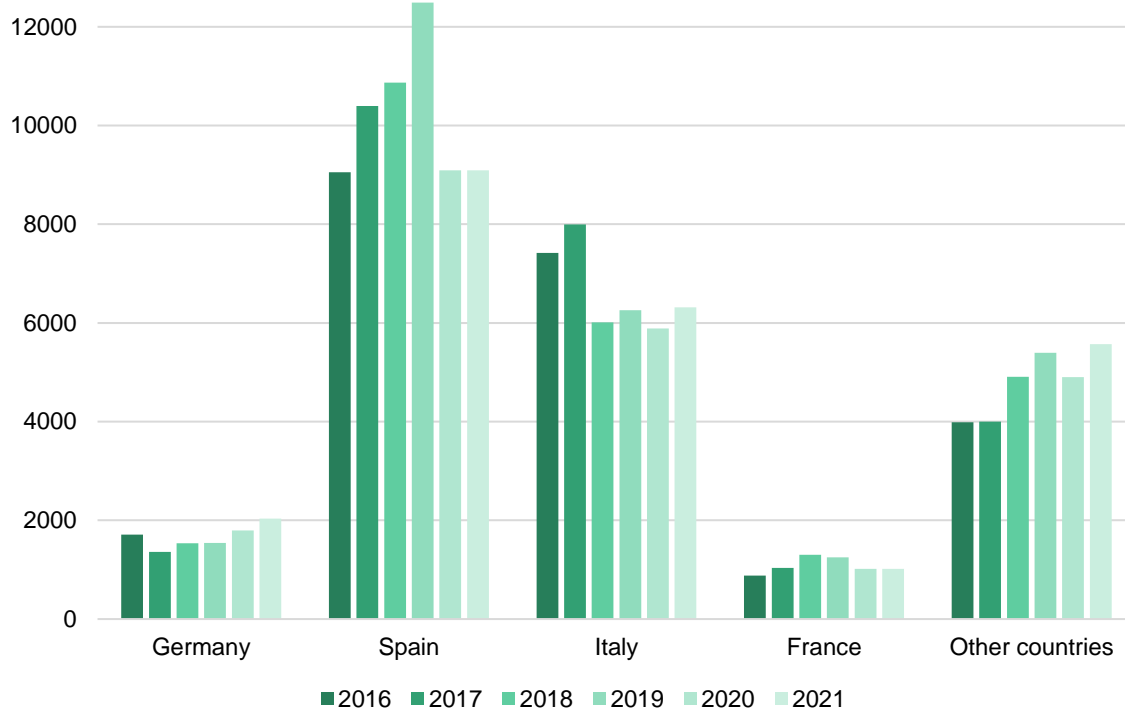


Figure 47. Lifetime prevalence of cocaine use in Europe among adults (15-64 years old). Source: EMCDDA, 2023b.

Psychosocial interventions are effective in addressing cocaine use (EMCDDA, 2021e). These interventions represent structured therapeutic processes that address both psychological and social aspects of the patient's behaviour. According to the EMCDDA (2021e) **the interventions that have been used are contingency management⁷⁹, cognitive behavioural therapy and motivational interviewing**. Graphic 35 shows trends in first-time treatment entrants with cocaine as a primary drug in selected EU Member States between 2016 and 2021.

⁷⁹ For more information on contingency management, cognitive behavioural therapy and motivational interviewing [see section 4.3.5](#) on "Cannabis".



Graphic 35. Trends in first-time treatment entrants with cocaine as a primary drug in Germany, Spain, Italy, France and other selected countries (2016-2021). Source: EMCCDA, 2023b.

Alcohol

In chemical terminology, alcohols are a broad group of organic compounds derived from hydrocarbons containing one or more hydroxyl groups. Ethanol is one of the compounds in this group and is the main psychoactive component of alcoholic beverages (WHO, 1994).

"Alcohol consumption is influenced by a variety of factors, including gender, age, health status, a country's economic wealth, lifestyle choices, religion and cultural norms" (WHO, 2008, p. 38).

Figure 48 presents the analysis of overall alcohol consumption per person (APC) in 2016, measured in litres of pure alcohol for the population aged 15 years and older.

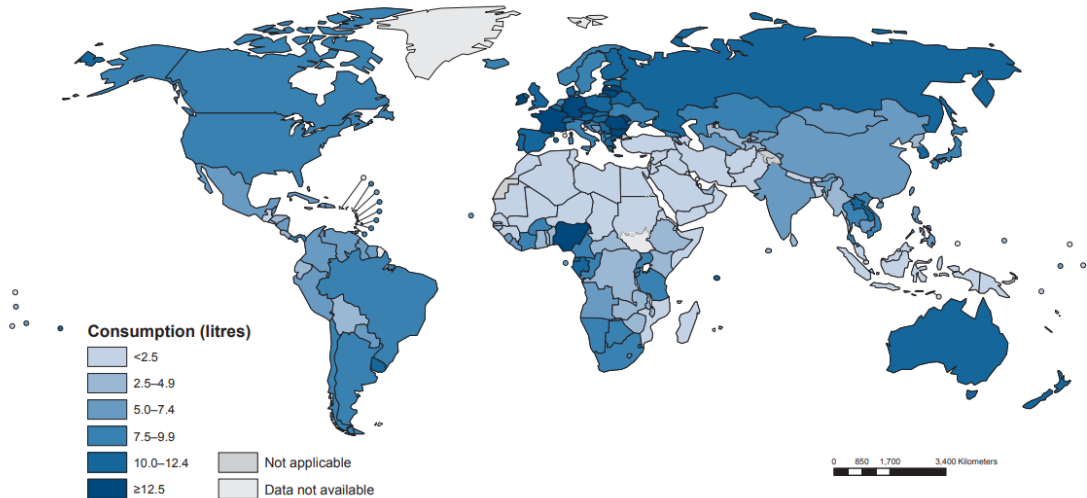


Figure 48. Total alcohol per capita consumption (APC) (15+ years; in litres of pure alcohol), 2016. Source: WHO, 2018.

Health and social responses to alcohol consumption have evolved in line with the changing understanding of its effects and risks. Governments, health organisations and communities have developed a wide range of policies and strategies to address both the health and social aspects of alcohol consumption. Figure 49 shows the prevalence of episodic heavy episodic drinking among current drinkers aged 15 years and older in 2016.

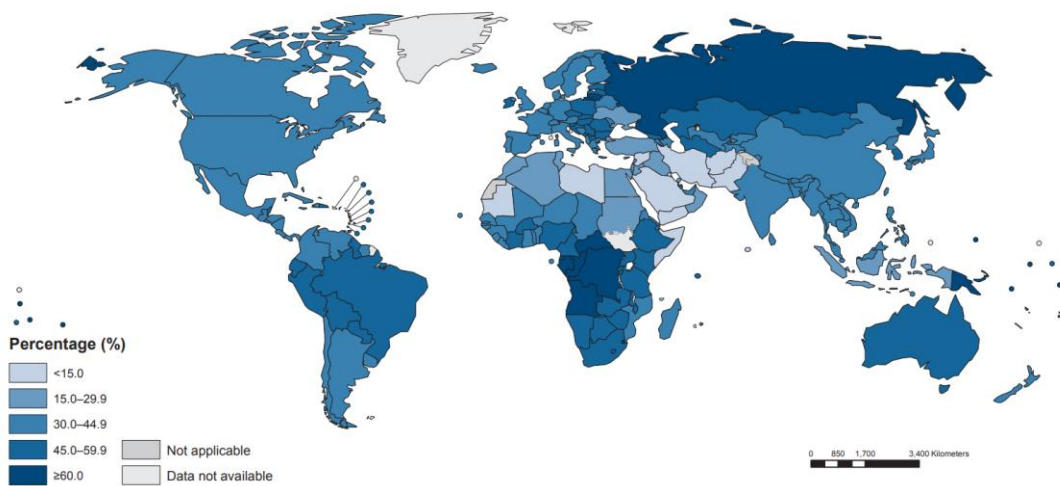


Figure 49. Prevalence (in %) of heavy episodic drinking (HED) among current drinkers (15+ years), 2016. Source: WHO, 2018.

CADAP 7. REGIONAL DRUG POLICY REPORT

The Center for Disease Control and Prevention (CDC, 2023) presents a **set of measures** proposed by the Community Preventive Services working group. These measures are based on systematic reviews of their effectiveness in reducing binge drinking and related harms, including deaths attributable to binge drinking.

RAISE TAXES ON ALCOHOL

- This measure seeks to increase taxes on alcohol as a strategy to discourage consumption and reduce alcohol-related harm.

REGULATING THE DENSITY OF ALCOHOL OUTLETS

- It involves establishing regulations that control the number of alcohol outlets in a given area.

LIQUOR LAWS AND LIABILITY OF ESTABLISHMENTS SELLING ALCOHOLIC BEVERAGES

- Refers to the implementation of laws that hold alcohol outlets responsible for serving intoxicated or underage persons.

MAINTAINING OR LIMITING DAYS OR HOURS OF SALE

- This measure consists of regulating the times and days when alcohol sales are allowed, which can help to reduce consumption during certain hours or days of the week.

IMPROVE ENFORCEMENT OF LAWS PROHIBITING THE SALE OF ALCOHOL TO MINORS.

- It focuses on strengthening the enforcement of laws prohibiting the sale of alcohol to minors.

ALCOHOL USE ASSESSMENT AND BRIEF INTERVENTION IN CLINICAL SETTINGS

- It involves the identification of people with alcohol use problems in clinical settings and the implementation of brief interventions to address these problems.

ASSESSMENT OF ALCOHOL CONSUMPTION THROUGH ELECTRONIC DEVICES

- This measure uses technology such as electronic devices to assess alcohol consumption, which can help in the early detection of problems and the implementation of appropriate interventions.

INFECTIOUS DISEASES

Substance abuse and addictions are public health problems that have had negative effects worldwide. One of the most worrying aspects of this phenomenon, which can affect different groups, in different contexts and in the use of different substances, is the **spread of infectious diseases, often associated with injecting drug use, such as hepatitis C and HIV.**

Drug-related infectious diseases

In the context of drug-related infectious diseases, a major concern in some EU countries is injecting drug use as a mode of HIV transmission (EMCDDA, 2021b). This phenomenon is particularly relevant in certain populations of drug users, where **needle and syringe sharing has become a significant risk factor for the spread of HIV.**

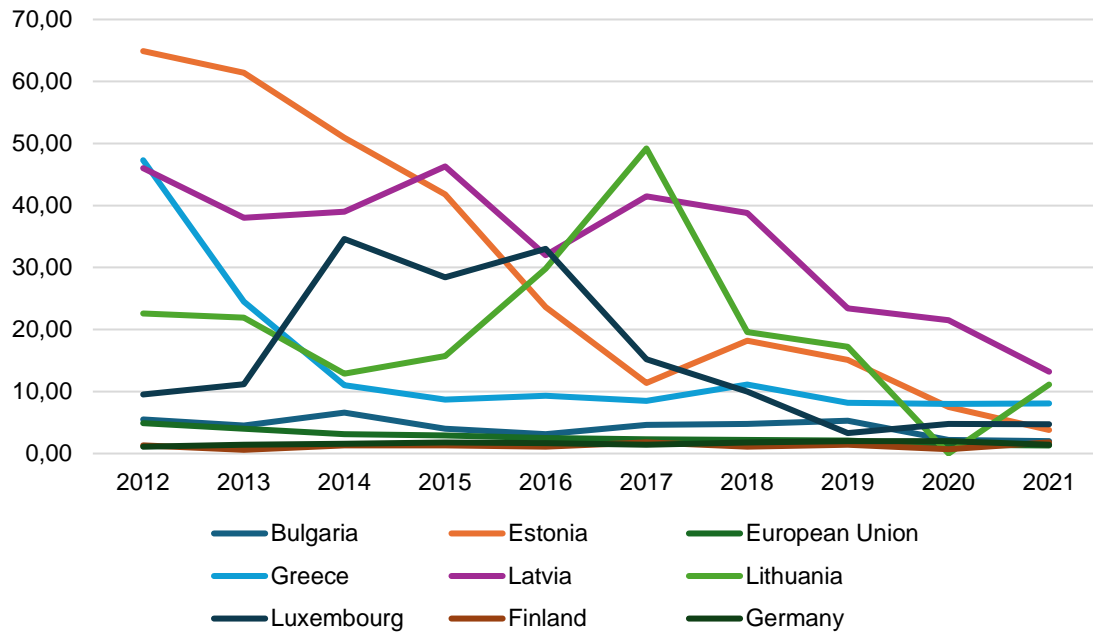
"It is estimated that 75-80% of infected people go on to develop chronic disease, which can lead to severe liver disease, such as cirrhosis and cancer, which can result in death" (EMCDDA, 2021j).

In addition to HIV, hepatitis C virus (HCV) infection also represents a **health challenge for both drug users and public health.** Hepatitis B virus (HBV) infection is less common among injecting drug users in countries where national immunisation programmes have been implemented (EMCDDA, 2021b).

The public health objectives, as highlighted in the EMCDDA (2021b), focus on two main pillars:

- **On the one hand, the aim is to reduce the transmission of infectious diseases** acquired through the exchange of contaminated syringes, needles and other injection and inhalation equipment.
- **On the other hand, the aim is to improve the health of people suffering from the disease,** which entails the provision of comprehensive medical care, psychological support and access to effective treatments.

Graphic 36. shows drug-related HIV trends in the EU and selected countries, revealing remarkable variability in case incidence over the years and between nations.



Graphic 36. Trends in drug-related HIV: EU and selected countries, cases per million population. Source: EMCDDA, 2021b.

Responses to infectious diseases

Responses to drug-related infectious diseases represent a major global public health challenge. Prevention and treatment of these diseases require comprehensive approaches that address both transmission and care of those infected. Throughout this section, **strategies and measures to reduce the spread of these infectious diseases and improve the quality of life of those who suffer from them** provided by the EMCDDA (2021b) are explored.

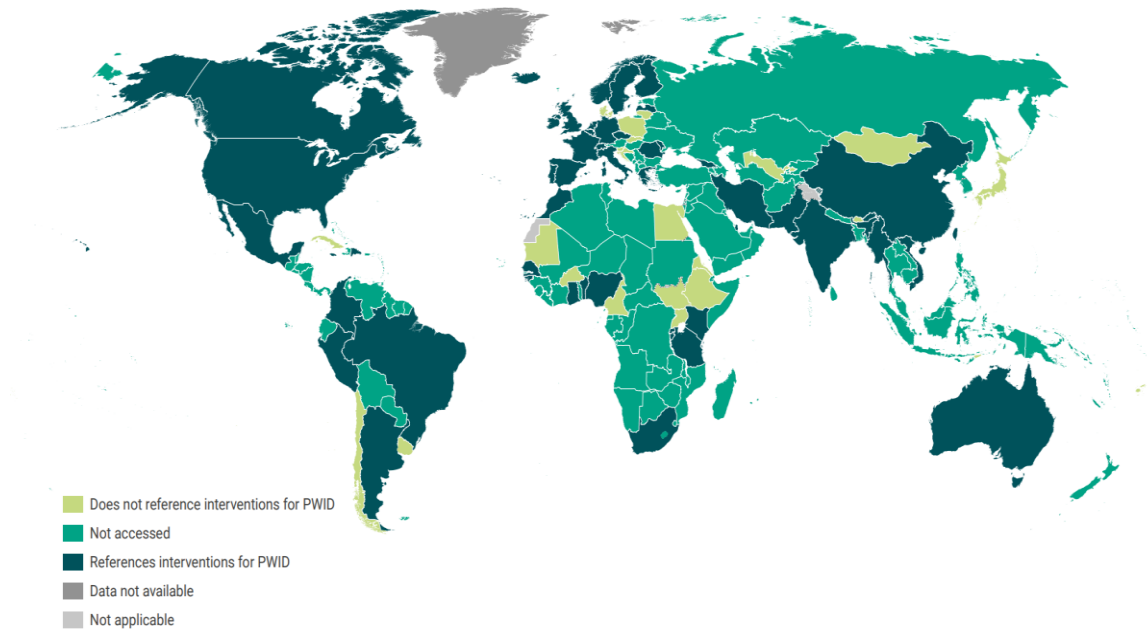


Figure 50. National plans and/or treatment guidelines referencing interventions for hepatitis C virus in people who inject drugs. Source: WHO, 2020.

Response 1. Reduced susceptibility to infection

Reducing susceptibility to infection is a component to be considered in infectious disease control strategies.

"[This approach] aims to reduce the vulnerability of high-risk drug users, in particular by removing barriers to services and making them more accessible, as well as empowering people to take fewer risks" (EMCDDA, 2021b).

The EMCDDA (2021b) offers a number of strategies that may be beneficial in reducing susceptibility to infection with diseases such as HIV and HCV. The following are the measures proposed by the EMCDDA.

PROMOTING QUALITY OF CARE AND TREATMENT

- It involves the implementation of programmes backed by sound scientific evidence. This ensures that people receive the best care and treatment available.

HARM REDUCTION INTERVENTIONS

- [For more information [see section 4.3](#) on "Drug-related harm"].

DEVELOPMENT OF LONG-TERM NATIONAL PREVENTION POLICIES

- The aim is to develop national drug prevention policies backed by a long-term commitment from policy makers. This must be accompanied by sustained funding for treatment services to ensure the effectiveness of preventive measures.

STAKEHOLDER COLLABORATION IN HEALTH SERVICES

- Strengthening collaboration between different stakeholders in the delivery of integrated health services is important. This ensures that people receive comprehensive and coordinated care, addressing their needs efficiently.

Response 2. Infection prevention and transmission risk reduction

This response takes the form of two specific services. Firstly, integrated infectious disease services for people who inject drugs, and secondly, the provision of needles and syringes and other harm reduction equipment. These are described below.

INTEGRATED INFECTIOUS DISEASE SERVICES FOR PEOPLE WHO INJECT DRUGS

Coordinated multi-component programmes play a central role in this approach.

"Such programmes should also be tailored to the needs of different groups of people, who may have different patterns of injecting drug use" (EMCDDA, 2021b).

Linking drug dependence and sexual health services is an essential component of integrated care, as it "may be particularly important in responding effectively to the spread of infections related to stimulant and other injecting drug use among men who have sex with men" (EMCDDA, 2021b).

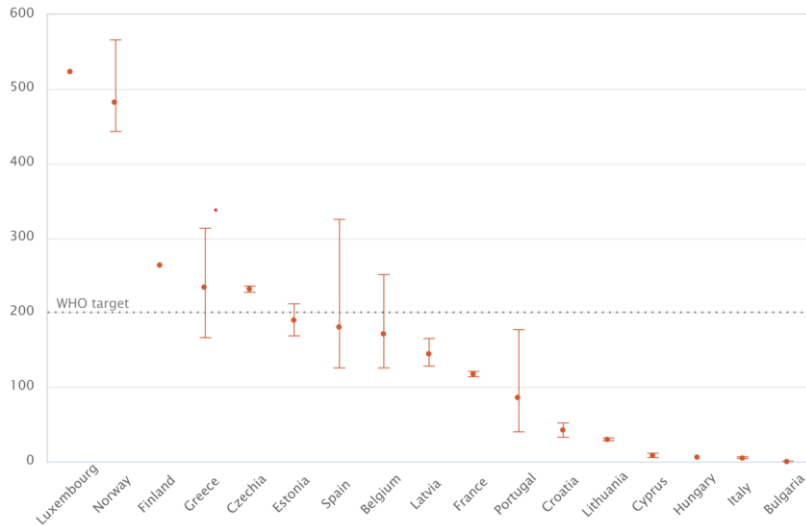
Expanding the provision of integrated services in prisons is important; however, addressing the challenge of infectious diseases in this setting comes with a number of significant complications, including the financial burden involved, the need to establish collaborations with infectious disease and addiction experts, as well as the structural barriers embedded in the prison system (EMCDDA, 2021b).

SUPPLY OF NEEDLES AND SYRINGES AND OTHER HARM REDUCTION EQUIPMENT

In the context of drug-related infectious diseases, **needle and syringe sharing is a significant risk factor for the transmission of infectious diseases, such as HIV and HCV** (EMCDDA, 2021b). This practice, common among injecting drug users,

significantly increases the risk of infection. Effective interventions such as needle and syringe exchange programmes are emerging to address this issue:

"are intended to provide sterile syringes and hypodermic needles and other injection equipment as a measure to prevent the risk of infection" (EMCDDA, 2021b).



Graphic 37. Number of sterile syringes distributed per person who injects drugs per year, 2021 or latest data. Source: EMCDDA, 2023.

"[Needle and syringe exchange programmes have been shown] to be effective in preventing HCV and HIV and reducing injecting risk behaviour among people who inject drugs" (EMCDDA, 2021b).

In addition, these programmes can be a gateway to other health care services, such as screening and referral to addiction treatment.

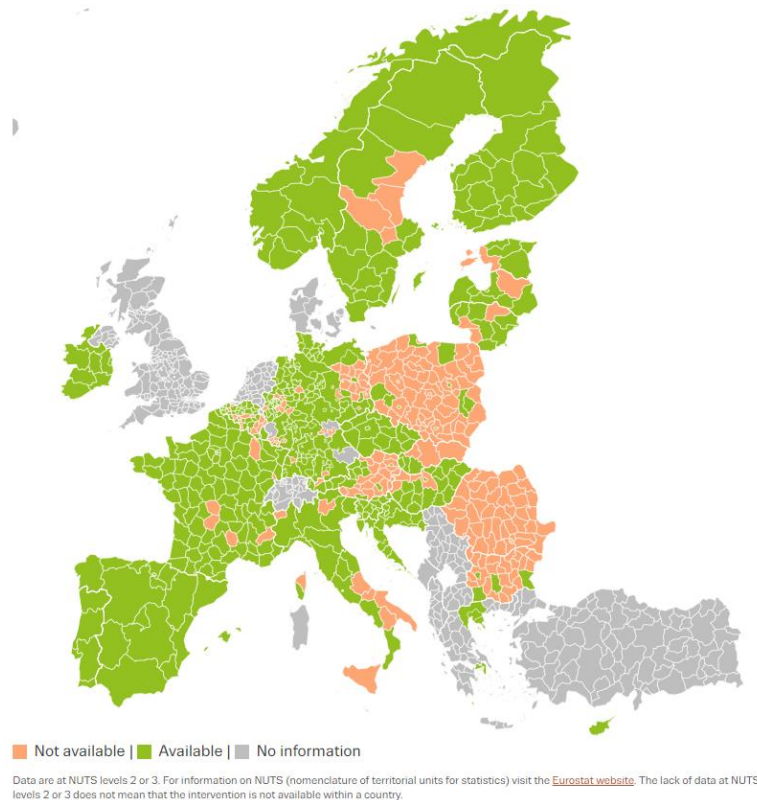


Figure 51. Availability of needle and syringe programmes in Europe at the regional level, 2021 or latest data. Source: EMCDDA, 2023.

It is important to understand that prevention of infectious diseases related to drug injection encompasses a broader range of strategies beyond needle and syringe exchange programmes. While these programmes are an effective and widely recognised tool, the provision of other types of equipment, such as sterile cotton filters and alcohol for skin cleansing, "can reduce risky injecting behaviours" (EMCDDA, 2021b). **Diversification of available supplies not only provides injecting drug users with safer options, but also encourages the adoption of responsible behaviours, which in turn reduces the risk of infectious disease transmission.**

Response 3. HIV and viral hepatitis testing and treatment

Response 3 focuses specifically on the provision of HIV and viral hepatitis testing and treatment, recognising the importance of these interventions in the prevention and management of communicable diseases. This section explores the strategies and policies in place to facilitate access to testing, as well as to provide effective and accessible treatment for those affected by HIV and viral hepatitis in the context of drug use.

HIV, HCV and HBV: Testing and Treatment

Testing sites are important to ensure wide and convenient access to testing for these diseases.

"These may include] specialised health facilities, such as STI centres and sexual health clinics, antenatal services and infectious disease units" (EMCDDA, 2021b).

By providing easy access to testing in a variety of locations, it can make it easier for people to get screened, which is important for early diagnosis and to prevent the spread of HIV, HCV and HBV.

Fourth-generation serological tests represent an advanced tool for HIV detection in most settings (EMCDDA, 2021b). These tests can detect both the presence of antibodies, providing earlier and more accurate diagnosis. Early detection is important to rapidly initiate antiretroviral therapy and reduce the viral load in the body, which in turn improves the quality of life and increases the life expectancy of those affected.

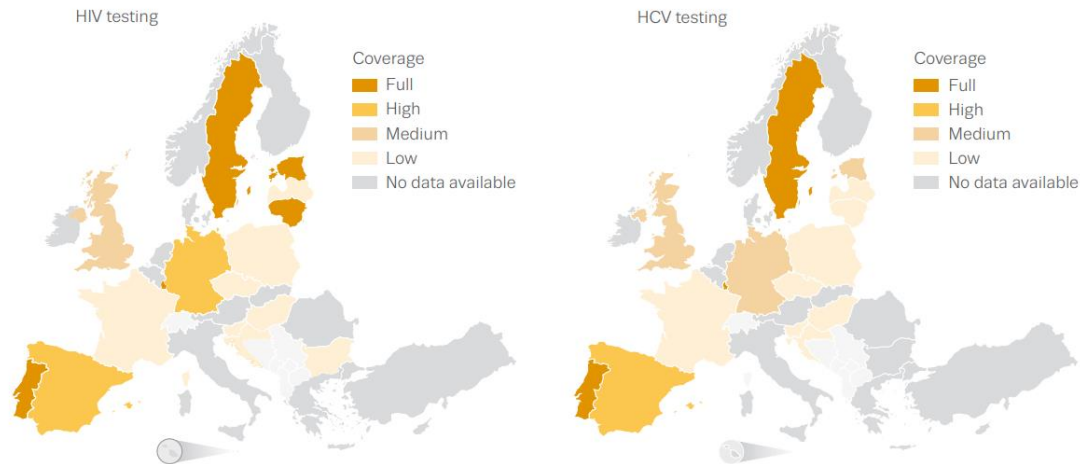


Figure 52. Coverage of HIV and HCV testing in prison in the EU Member States and the United Kingdom, 2016-2017. Source: EMCDDA, 2022i.

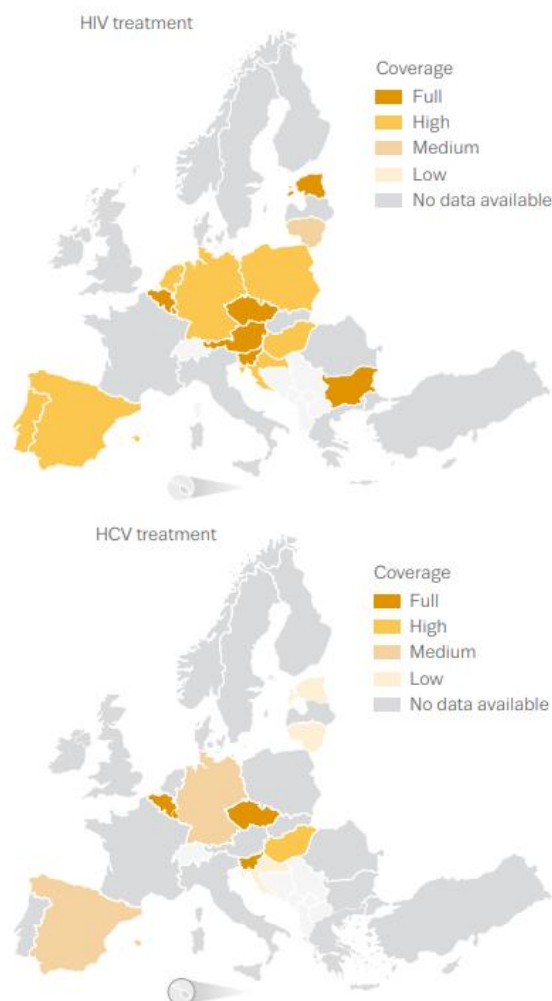


Figure 53. Coverage of HIV and HCV treatment in prison in the EU Member States and the United Kingdom, 2016-2017. Source: EMCDDA, 2022i.

Response 4. Good practices for controlling infectious diseases among people who inject drugs

In the ongoing quest to mitigate the spread of infectious diseases among people who inject drugs, a number of 'good practices' provided by the EMCDDA (2021b) have been identified. These practices encompass a set of **approaches that address both the prevention and treatment of infections, prioritising the health and well-being of this vulnerable population**. For a detailed understanding of these good practices, they are presented below in Table 54, following the guidelines provided by the EMCDDA (2021b).

Good practice	Description
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GOOD PRACTICES IN DRUG POLICY

Injection equipment	Provide needles, syringes and sterile equipment free of charge, ensuring legal access and part of a comprehensive strategy.
Vaccination	Carry out immunisation against hepatitis A and B, tetanus and influenza, and pneumococcal vaccination for HIV-positive people.
Drug dependence treatment	Offer opioid agonist therapy and other effective options to address drug addiction.
Analysis	Conduct confidential and voluntary testing for HIV, HCV and other infections, with referral for treatment when necessary.
Treatment of infectious diseases	Provide antiviral treatment to those infected with HIV, HBV or HCV, as well as treatment and prophylaxis for tuberculosis.
Health promotion	Promote safe injecting behaviours, sexual health with condom use, and disease prevention and treatment.

Table 54. Good practice in controlling infectious diseases among people who inject drugs

7. CONCLUSIONS

LEASONS LEARNED

Following a comprehensive analysis of the factors influencing the complex drug phenomenon in Central Asia, detailed in the preceding section, it is possible to draw a number of key conclusions that shed light on the dynamics and challenges facing the region in relation to the trafficking, consumption and production of narcotic substances. These conclusions are based on a comprehensive assessment of the elements that make up this multifaceted problem, encompassing socio-economic, political, security and other aspects. The conclusions that emerge from the detailed analysis are presented below and provide an illuminating picture of the drug situation in Central Asia and emerge as a basis for reflection for the elaboration of future intervention strategies and policies.

- Afghanistan's drug production model is undergoing a transition from a traditional opium market to an emerging amphetamine market. In Afghanistan, there is a gradual transition in the drug production model. The traditional model, which is mainly based on opium cultivation, is evolving towards an emerging model centred on methamphetamine production. It is not yet clear what will happen with the announced Taliban ban on opium cultivation in the country, and thus to the existing opium and heroin distribution networks that pass through Central Asia. It is also unclear whether in the future Afghanistan will have two distinct distribution routes for amphetamines and opium, or whether these will be unified to take advantage of infrastructure and resources. Several scenarios remain open for now in this regard. What is clear, however, is that this eventual transformation in Afghanistan's drug economy could be reflected in the form of imminent significant shifts in the supply and demand for psychoactive substances across the region, which in turn could have implications for global drug market dynamics.
- The drug market in Central Asia is undergoing a transformation with the emergence of synthetic drugs and New Psychoactive Substances (NPS). Recent years have seen a certain diversification of the drug market in Central Asia. The introduction of New Psychoactive Substances (NPS) has widened the range of options available to users. This diversification in the drug market may indicate a constant adaptation of the actors involved in the production and distribution of psychoactive substances in response to changing trends and consumer demands in the region. It should be noted that the emergence of the use of these new substances is not translating into an increase in drug-related problems. Treatment centres have not

observed any increase in demand for their services motivated by people who are using these substances. In this sense, the concern about the detection of these new substances in the region's markets is due more to a lack of knowledge about them than to any possible alarm on the part of the treatment centres. In order to deal with this new situation, it is therefore important to understand the potential problems that may arise with the increase in the consumption of these substances, as well as to be able to rule out other individual or social problems that have generally been observed with other more traditional substances in the region, such as heroin.

- Central Asia is seeing the emergence of a new pattern of recreational drug use occurring in parallel to the traditional escapist consumption pattern. Detailed analysis of the evolution of drug use patterns in Central Asia reveals a significant transformation in the region. The arrival of synthetic drugs and NPS and the shift towards more entertainment and leisure-oriented drug use mark a milestone in the perception and social acceptance of these substances, as users seek more pleasurable and fun experiences. However, it is important to note that the two identified patterns of use coexist in the region: the traditional escapist use pattern, represented mainly by opioid substances such as heroin, and the new recreational use pattern, represented mainly in Central Asia by synthetic drugs and NPS.
- **New drug user profiles emerge in Central Asia in relation to the emergence of the recreational drug use pattern.** The evolution of drug use patterns in Central Asia has given rise to a new profile of drug users that reflects a significant transformation in the region, following a trend observed in other parts of the world, such as the countries of the European Union. We now find an emerging, socially normalised population with a growing interest in synthetic drugs, attracting a user group that differs from that traditionally associated with heroin. This new profile includes young and affluent people looking for different recreational experiences.
- Throughout the region, there remain a number of hidden populations that do not reach treatment centres due to the strong social stigma attached to drug use. In the global drug context, including Central Asia, there remain groups of people hidden from care services. Social stigma persists as a major factor in this phenomenon, which can have negative repercussions for those caught in the cycle of drug use. This stigmatisation can make it difficult to access health and support services, creating additional challenges in managing the drug phenomenon.
- Non-medical use of medicines has increased significantly in Central Asia in recent years, and actions have so far failed to effectively reverse this situation. The situation of non-medical use of medicines in Central Asia is an issue that requires

CONCLUSIONS

careful attention. The non-medical use of pharmaceutical drugs such as analgesics, sedatives, stimulants, tranquillisers and opioids, among others, has increased significantly in the region in recent years. The practice of using medicines for recreational or non-medical purposes raises concerns about the safety and health of those who engage in such behaviours. Understanding the drivers of non-medical use of medicines is essential to effectively address this phenomenon in the Central Asian region.

- The lack of effective harm reduction strategies is driving a significant increase in the spread of HIV and hepatitis C across the Central Asian region. HIV and hepatitis C infection through unsafe drug use practices in Central Asia represents a significant public health risk. The spread of these infectious diseases through practices such as needle sharing poses challenges for disease prevention and control in the region. Harm management is crucial to protect the health of the population in Central Asia, and although it is widely recognised that the best strategy to curb the spread of these diseases is harm reduction in drug use, Central Asian countries seem to have not yet decided to implement it in their drug policy strategies. There are a number of proven effective actions that could be taken in this regard, which in reality would require very little investment in relation to the high social cost to society of allowing these diseases to spread unchecked. The problem for the implementation of such harm reduction policies and strategies in the different Central Asian countries is therefore not an economic one, but rather lies primarily in the strong social stigma and entrenched prejudices among the various political, technical and social actors who would be responsible for their implementation. Other global regions - such as the European Union - have also had to deal with the same prejudices, but in the face of the seriousness of the facts and the effectiveness of this strategy, they have ended up recognising the great value of harm reduction as a privileged perspective to curb the spread of these and other diseases in society, to reduce deaths and suffering caused by drugs, to reduce the prison population, to reduce the high costs of police and prison efforts, and to gradually move towards the construction of a society in which all people can enjoy their right to social dignity and equal rights in terms of access to health services.

NEXT STEPS FOR GOOD PRACTICE IN CENTRAL ASIA.

The next steps, detailed below, are derived from a thorough analysis of the key issues identified in the previous phases of CADAP 7 Outcome 1. These recommendations have been developed with the aim of addressing both common and specific challenges faced

by countries in the region. They are presented as a set of strategic measures aimed at fostering sustainable development in Central Asia. In this context, the following steps are outlined as applicable and beneficial for all countries in the region, thus providing a comprehensive framework for addressing the challenges and moving towards stronger and more equitable development in the area.

CRAFTING DISTINCT RESPONSES TO THE TWO OBSERVED PATTERNS OF DRUG USE IN THE CENTRAL ASIAN REGION

- The traditional escape-focused model and the emerging recreational model will coexist simultaneously across various countries in the region, each revealing distinct population profiles and social manifestations. It becomes important, therefore, to tailor responses uniquely for each model. Traditional opiate and opium-based consumption calls for initiatives centred on health promotion, harm reduction, and improved access to medical services. Conversely, in dealing with recreational use of synthetic substances and NPS, responses should predominantly involve a blend of preventive strategies and risk reduction approaches. Both approaches should address the underlying factors specific to each pattern, emphasizing education, psychological support, and enhanced living conditions to curb and alleviate drug use in the region.

IMPLEMENTING NEEDS AND PRIORITIES ASSESSMENTS AT BOTH NATIONAL AND REGIONAL LEVELS

- Embracing the needs assessment methodology utilized in Portugal, adjusted to suit the cultural and social diversity of Central Asia, marks a significant step towards precisely understanding the distinct challenges faced by each country in the region. Moreover, recognizing common elements that cut across the entire region necessitates evaluating the needs and priorities of individual countries in a manner that incorporates the regional context, effectively addressing country-specific issues.

STRENGTHENING PROGRAMMES FOR THE PREVENTION AND TREATMENT OF HIV AND HEPATITIS C

- Given the high prevalence of HIV and hepatitis C in Central Asia, it is important to focus on scaling up and strengthening prevention and treatment programmes, including ensuring access to appropriate medicines and care services. Advocating for vaccination strategies, public education, and affordable, effective treatments is recommended to combat these public health challenges. Implementing harm reduction strategies such as syringe provision, exchange programs, and venipuncture rooms is also vital.

CONCLUSIONS

DEVELOPING TARGETED PREVENTION PROGRAMMES FOR YOUNG PEOPLE

- Directing prevention efforts towards the youth requires effective adaptation of policies and strategies to accommodate their unique needs and characteristics. These programs should encompass comprehensive education, awareness campaigns, and active involvement of young people, possibly through youth associations, evolving to address the dynamic shifts in consumption trends.

DEVELOPING SPECIFIC CARE AND TREATMENT PROGRAMMES FOR MINORS AND ADOLESCENTS

- Minors, being a distinct group, often encounter challenges related to substance use. Recognizing that the issues and solutions for minors and adolescents differ, it becomes important to design and adapt programs that integrate evidence-based approaches, addressing the unique needs of this demographic facing complex situations related to drug use.

COMBATING DISCRIMINATION IN ACCESSING HEALTHCARE SERVICES

- Addressing the biases and societal stigmas faced by individuals using drugs when seeking medical assistance remains important. Social prejudices often act as a deterrent for those experiencing significant health issues due to substance use, preventing them from seeking help from healthcare services. This stigma pervades society as a whole, including professionals within healthcare settings. Education and awareness-raising are therefore key to ensuring that health services are accessible and free of discrimination for this group.

ENSURE THAT INDIVIDUALS USING DRUGS HAVE ACCESS TO QUALITY TREATMENT FACILITIES, WHETHER PUBLIC OR PRIVATE, GUARANTEEING MAXIMUM CONFIDENTIALITY

- The establishment of quality standards, state licensing, and external monitoring for private treatment clinics becomes important to uphold the delivery of high-quality services. Continuous training and updating of treatment practices should be prioritized. Regardless of whether these clinics are public or private, they should assure individuals using drugs that their information is treated with utmost confidentiality, with no sharing of data with law enforcement agencies.

PROVIDING COMPREHENSIVE MENTAL HEALTH CARE FOR DRUG USERS

- Integrating mental health care into the treatment involves medical, psychological, and social care to address the mental and emotional challenges faced by these populations. It is important to acknowledge that mainstream mental health facilities often lack specialized personnel for understanding the complexity of drug-related issues. Similarly, professionals

CADAP 7. REGIONAL DRUG POLICY REPORT

who are experts in the drug phenomenon do not necessarily have specialised knowledge in the management of mental health problems. This is why it is very important to train staff specialised in drugs and mental health, and to enable and publicise the spaces in which these professionals can attend to people who use drugs when they may need it.

PROMOTE HARM AND RISK REDUCTION STRATEGIES

- The implementation of these strategies is key in minimizing the risks and harms associated with drug use. Harm reduction recognizes that positive changes can occur without necessarily requiring abstinence. In the Central Asian country setting, the most urgently needed harm reduction interventions would be the extension of needle and syringe programmes (NSP) and opioid agonist therapy (OAT) sites to provide basic primary health care. Supervised injection sites are facilities sanctioned by law and supervised by medical professionals. They are meticulously designed to provide a secure, clean, and relaxed environment for individuals using substances. These sites furnish sterile injecting supplies, offer information about substances, provide basic medical care, facilitate referrals to treatment programmes, and have qualified medical staff on hand.

INCORPORATING A PROVISION FOR ONGOING EVALUATION IS IMPERATIVE IN THE DESIGN OF ALL DRUG POLICY STRATEGIES IMPLEMENTED AT THE NATIONAL LEVEL

- Evaluation remains a cornerstone of effective drug policymaking, ensuring that policies and programs not only achieve the intended outcomes but also provide value for money while avoiding unintended negative consequences. The significance of evaluation is acknowledged in various EU drug strategies and the strategies of many Member States. Conducting systematic and continuous evaluations of national drug strategies and policies facilitates the measurement of effectiveness, identification of areas for improvement, and adjustments to policies based on achieved results and impacts.

8. RECOMMENDATIONS

The recommendations presented below emerge from a thorough analysis of the key issues detailed in this Systematisation Report. These recommendations have been developed with the objective of addressing the common and particular challenges faced by the countries of the region. The recommendations that are considered applicable and beneficial to all Central Asian countries are described below, with the aim of promoting sustainable development in the region.

- **Designing differentiated responses to the two patterns of drug use in the Central Asian region.** The two patterns of drug use described above - the traditional *escapist model* and the new *recreational model* - will coexist in parallel in the different countries of the region, expressing themselves in different population profiles and manifesting themselves socially in different ways. In this sense, it will be crucial to design differentiated responses for each model. For traditional consumption based on opiates and opium derivatives, responses focus on health promotion, harm reduction and access to medical services. In the case of recreational use of synthetic substances and NPS, responses are primarily promoted through a combination of preventive strategies and risk reduction approaches. Both responses should address the underlying factors of each pattern of use, with an emphasis on education, psychological support and improved living conditions to prevent and reduce drug use in the region.
- **Strengthen HIV and hepatitis C prevention and treatment programmes.** Given the high prevalence of HIV and hepatitis C in Central Asia, it is important to focus on scaling up and strengthening prevention and treatment programmes, including ensuring access to appropriate medicines and care services. It is recommended that vaccination strategies, public education and the availability of affordable and effective treatment be promoted to address this public health challenge. It is also important to implement harm reduction strategies such as syringe provision and exchange programmes, or venipuncture rooms.
- **Providing comprehensive mental health care for people who use drugs.** Integrating mental health care into the treatment of people who use drugs is an important consideration. This approach encompasses medical care, psychological support and social care to address the mental and emotional challenges faced by these populations. Mental health becomes an integral component of care for people who use drugs. It is important to understand that mainstream mental health facilities are often not staffed with personnel specialised in understanding the

complex phenomenon of drugs. Similarly, professionals who are experts in the drug phenomenon do not necessarily have specialised knowledge in the management of mental health problems. This is why it is very important to train staff specialised in drugs and mental health, and to enable and publicise the spaces in which these professionals can attend to people who use drugs when they may need it.

- **Strongly promote harm and risk reduction strategies.** The implementation of harm reduction strategies is key to reducing the risks and harms associated with drug use. Harm reduction is used to reduce the negative consequences of drug use without necessarily requiring abstinence and recognising that those who are unable or unwilling to stop using can make positive changes to protect themselves and others. In the Central Asian country setting, the most urgently needed harm reduction interventions would be the extension of needle and syringe programmes (NSP) and opioid agonist therapy (OAT) sites to provide basic primary health care. Supervised injection sites are facilities licensed by law and supervised by medical professionals. They are designed to provide a safe, clean and stress-free environment for substance users. These sites offer sterile injecting supplies, provide information about substances, offer basic medical care, facilitate referrals to treatment programmes and have medical staff available.
- **Combat discrimination in accessing health services.** Addressing the discrimination and stigma faced by people who use drugs when seeking health care is an important issue. Social stigma may be the main reason why people who develop significant health problems due to drug use do not seek help from health services. Social stigma towards people who use drugs manifests itself in society as a whole, and professionals working in health care settings are no exception. Education and awareness-raising are therefore key to ensuring that health services are accessible and free of discrimination for this group.
- **Develop specific prevention programmes targeted at young people.** It is important to focus prevention efforts especially on young people, and to do so effectively, adapting policies and strategies to their own needs and characteristics. These programmes should involve comprehensive education, awareness raising and the active participation of young people (e.g. through the involvement of youth associations), evolving to address changing consumption trends.
- **Implement needs and priority assessments at national and regional levels.** The adoption of the needs assessment methodology used in Portugal, adjusted to the cultural and social diversity of Central Asia, is a crucial step towards a precise understanding of the specific challenges faced by each of the countries in this

RECOMMENDATIONS

region. Similarly, there are elements that manifest themselves equally and transversally throughout the region, beyond the individual country. It is therefore important to assess the needs and priorities of each country, and to do so in a way that incorporates the regional reality in order to effectively address country-specific issues within the region.

- Ensure that people who use drugs have access to quality treatment clinics, public or private, that ensure maximum confidentiality. Establishing quality standards, state licensing and external monitoring of private treatment clinics is important to ensure the provision of high-quality services. Continuous training and updating of treatment practices are relevant considerations. These clinics, whether public or private, must assure people who use drugs that their data is treated with the utmost confidentiality, and that it will not be shared with law enforcement agencies.
- **Develop specific care and treatment programmes for minors and adolescents.** Minors are a very specific group that can often develop drug use problems. These problems and their solutions are different for minors and adolescents. It is therefore of great importance to design and adapt programmes that integrate evidence-based approaches to address the unique needs of minors and adolescents facing complex situations related to drug use.
- Always include a provision for ongoing evaluation in the design of all drug policy strategies implemented at the national level. Evaluation is essential for effective drug policy making, as it helps to ensure that policies and programmes have the desired effect, provide value for money and do not have unintended negative consequences. The importance of evaluation has been recognised in all EU drug strategies and in the strategies of many Member States. Carrying out systematic and continuous evaluations of national drug strategies and policies implemented at national level thus makes it possible to measure the effectiveness of interventions, identify areas for improvement and adjust policies in the light of the results and impacts achieved.

9. BIBLIOGRAPHIC REFERENCES

- Abdala, E. (2004). Manual for impact evaluation in training programmes for young people. Montevideo, Uruguay: Inter-American Centre for Knowledge Development in Vocational Training. Available at: <https://bit.ly/2tIEetv>
- Al-Hemairy, N. J., Al-Diwan, J. K., Hasson, A. L., & Rawson, R. A. (2014). Drug and alcohol use in Iraq: findings of the inaugural Iraqi Community Epidemiological Workgroup. *Substance use & misuse*, 49(13), 1759-1763. <https://doi.org/10.3109/10826084.2014.913633>.
- Álvarez, Y. & Farré, M. (2005). Pharmacology of opioids. *Addicciones*, 17(2), 21-40. Available at: <https://www.redalyc.org/pdf/2891/289122022016.pdf>
- Al-Waheeb, S., Al-Omair, N., & Mahdi, A. (2021). Patterns of drug overdose deaths in Kuwait from 2014 to 2018. *Public health in practice*. Oxford, England. 2, 100181. <https://doi.org/10.1016/j.puhip.2021.100181>
- Baker, J.L. (2000). *Assessing the Impact of Development Projects on Poverty: A Handbook for Practitioners*. Washington: World Bank. Available at: <https://www.bivipas.unal.edu.co/handle/10720/514>
- Barrett, A. E., & Turner, R. J. (2006). Family structure and substance use problems in adolescence and early adulthood: examining explanations for the relationship. *Addiction* (Abingdon, England), 101(1), 109-120. Available at: <https://doi.org/10.1111/j.1360-0443.2005.01296.x>
- Becoña, E. (2021). *La Prevención Ambiental en el Consumo de Drogas: ¿Qué medidas podemos aplicar?* Madrid: Ministry of Health. Delegación del Gobierno para el Plan Nacional sobre Drogas; 2021. 272 p. Available at: https://minerva.usc.es/xmlui/bitstream/handle/10347/27422/2021_sanidad_Beco%c3%b1a_prevencion.pdf?sequence=1&isAllowed=y
- Bellis, M., & Hughes, K. (2003). Recreational drug use and harm reduction in global nightlife. *Addictions*, 15(5), 289-306. Available at: <http://dx.doi.org/10.20882/addicciones.466>
- Bentzley, B. S., Han, S. S., Neuner, S., Humphreys, K., Kampman, K. M., & Halpern, C. H. (2021). Comparison of Treatments for Cocaine Use Disorder Among Adults: A Systematic Review and Meta-analysis. *JAMA network open*, 4(5), e218049. Available at: <https://doi.org/10.1001/jamanetworkopen.2021.8049>
- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison--a high risk of death for former

- inmates. *The New England journal of medicine*, 356(2), 157-165. Available at: <https://doi.org/10.1056/NEJMsa064115>
- Burkhardt G. (2011). Environmental drug prevention in the EU. Why is it so unpopular? *Addictions*, 23(2), 87-100. Available at: <https://pub-med.ncbi.nlm.nih.gov/21647538/>
- Calafat, A., Juan, M., & Duch, M. (2009). Preventive interventions in night-time recreational contexts: a review. *Addictions*, 21(4), 387-414. Available at: <http://dx.doi.org/10.20882/adicciones.226>
- Central Asia Barometer Data, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, Wave 11, 2022.
- Centre for Disease Control and Prevention (2023). Strategies to reduce excessive alcohol consumption. Available at: <https://www.cdc.gov/spanish/cancer/alcohol/reducing-excessive-alcohol-use/community-strategies.htm>
- Chatterton, P., & Hollands, R. (2002). Theorising Urban Playscapes: Producing, Regulating and Consuming Youthful Nightlife City Spaces. *Urban Studies*. 39. 95-116. Available at: https://www.researchgate.net/publication/248973954_Theorising_Urban_Playscapes_Producing_Regulating_and_Consuming_Youthful_Nightlife_City_Spaces
- Cleaver, H., Unell, I., & Aldgate, J. (2011). Children's Needs-Parenting Capacity. Child Abuse: Parental Mental Illness, Learning Disability, Substance Misuse and Domestic Violence. The Stationery Office. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf
- Council of the European Union (2021). EU Drugs Strategy 2021-2025. Available at: https://www.consilium.europa.eu/media/54074/qc0521073esn_002.pdf
- Dearing, J. W., & Rogers, E. (1996). *Agenda-Setting: Communication Concepts*. SAGE Publications. Available at: <https://www.perlego.com/book/1004666/agendasetting-pdf>
- Díaz, A., Pallarés, J., & Barruti, M., (2000). First report 1999. Observatori de nous consums de drogues en l'àmbit juvenil. Genus Institute. Barcelona.
- Energy Control (2004). Preventive and safety guide for music and dance venues. Organisation of safety and social and health prevention in nightlife venues and large music events. Barcelona. Available at: <https://energycontrol.org/wp-content/uploads/2020/04/01-guiaseguridadauxilis.pdf>
- Episteme Social (2022). Processes of empowerment and access to rights in (semi) hidden drug-dependent populations. A research oriented to the evaluation of the

BIBLIOGRAPHIC REFERENCES

- effectiveness of social and health resources and to the evaluation of the impact of public policies. Barcelona: Episteme Social.
- Eurasian Harm Reduction Association (2021). New Psychoactive Substance Use in Eastern Europe and Central Asia: Regional Report. Daan van der Gouwe. EHRA: Vilnius, Lithuania. Available at <https://ehra-uploads.s3.eu-central-1.amazonaws.com/039f6392-5bb0-4626-a9d3-12ae28df124c.pdf>
- European Monitoring Centre for Drugs and Drug Addiction (2019). EMCDDA operating guidelines for the European Union Early Warning System on new psychoactive substances. Publications Office of the European Union. Luxembourg. Available at https://www.emcdda.europa.eu/publications/guidelines/operating-guidelines-for-the-european-union-early-warning-system-on-new-psychoactive-substances_en
- European Monitoring Centre for Drugs and Drug Addiction (2019). European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policymakers in science-based prevention of substance use. Publications Office of the European Union. Luxembourg. Available at: https://www.emcdda.europa.eu/publications/manuals/european-prevention-curriculum_en
- European Monitoring Centre for Drugs and Drug Addiction (2021a). Action framework for developing and implementing health and social responses to drug problems. Available at: https://www.emcdda.europa.eu/publications/mini-guides/action-framework-for-developing-and-implementing-health-and-social-responses-to-drug-problems_en
- European Monitoring Centre for Drugs and Drug Addiction (2021a). New psychoactive substances: health and social responses. Available at https://www.emcdda.europa.eu/publications/mini-guides/new-psychoactive-substances-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021b). Drug-related infectious diseases: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/drug-related-infectious-diseases-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021b). Non-medical use of medicines: health and social responses. Available at https://www.emcdda.europa.eu/publications/mini-guides/non-medical-use-of-medicines-health-and-social-responses_es
- European Monitoring Centre for Drugs and Drug Addiction (2021c). Opioid-related deaths: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/opioid-related-deaths-health-and-social-responses_en

CADAP 7. REGIONAL DRUG POLICY REPORT

- European Monitoring Centre for Drugs and Drug Addiction (2021d). New psychoactive substances: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/new-psychoactive-substances-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021e). Stimulants: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/stimulants-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021f). Non-medical use of medicines: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/non-medical-use-of-medicines-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021g). Opioids: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/opioids-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021h). Cannabis: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/cannabis-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2021i). European Drug Report 2023: Trends and Developments. Available at: https://www.emcdda.europa.eu/edr2021_en
- European Monitoring Centre for Drugs and Drug Addiction (2022). Recreational environments and drugs: health and social responses. Retrieved from https://www.emcdda.europa.eu/publications/mini-guides/recreational-settings-and-drugs-health-and-social-responses_es
- European Monitoring Centre for Drugs and Drug Addiction (2022a). Local communities and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/local-communities-and-drugs-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2022b). Prisons and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/prisons-and-drugs-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2022c). Schools and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/schools-and-drugs-health-and-social-responses_en
- European Monitoring Centre for Drugs and Drug Addiction (2022d). Workplaces and drugs: health and social responses. Available at:

BIBLIOGRAPHIC REFERENCES

https://www.emcdda.europa.eu/publications/mini-guides/workplaces-and-drugs-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2022e). Recreational settings and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/recreational-settings-and-drugs-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2022f). Women and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2022g). Families of people who use drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/families-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2022h). Homelessness and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2022i). Prison and drugs in Europe: current and future challenges. Publications Office of the European Union. Luxembourg. Available at: https://www.emcdda.europa.eu/publications/insights/prison-and-drugs-in-europe_en

European Monitoring Centre for Drugs and Drug Addiction (2023). European Drug Report 2023: Trends and Developments. Available at: https://www.emcdda.europa.eu/publications/european-drug-report/2023_en

European Monitoring Centre for Drugs and Drug Addiction (2023a). Older people and drugs: health and social responses. Available at: https://www.emcdda.europa.eu/publications/mini-guides/older-people-and-drugs-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2023b). European Drug Report 2023: Trends and Developments. Available at: https://www.emcdda.europa.eu/publications/european-drug-report/2023_en

Faura, R. & Garcia, N. (2013). Nightlife and risk reduction. In Martínez Oró, D. P, Pallarés, J. (eds.). Of risks and pleasures. Manual to understand drugs. Lleida: Milenio. DOI 10.13140/RG.2.1.2782.5120

Faura, R., Cáceres, R., & Martínez-Oró, D.P. (2023). Central Asia's National Drug Policy Dialogues Systematisation Report. Technical implementation of National Dialogue meetings on Drug Policy at the national level in Central Asia. CADAP 7.

- FEANTSA (2008). The role of housing in homelessness. Housing and residential exclusion. Annual theme 2008. Available at: https://www.feantsa.org/download/08_european_report_feantsa_housing_final_es7074115848578375806.pdf
- Fiestas, F., & Ponce, J. (2012). Effectiveness of therapeutic communities in the treatment of psychoactive substance use problems: a systematic review. *Revista Peruana de Medicina Experimental y Salud Publica*, 29(1), 12-20. Available at: http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1726-46342012000100003&lng=es&tlng=es
- Goffman, E. (1970). *Stigma: the deteriorated identity* (10th ed., pp. 11-55). Buenos Aires: Amorrortu. Available at: <https://sociologiaycultura.files.wordpress.com/2014/02/goffman-estigma.pdf>
- Hernando, C. (2023). How overdose deaths in the United States have increased due to the fentanyl epidemic. *The World Order*. Available at: <https://elordenmundial.com/mapas-y-graficos/asi-han-aumentado-muertes-sobredosis-estados-unidos-epidemia-fentanilo/>
- Herrera et al., (2023). Amapola, lindísima amapola: of opiates and opioids, usefulness and risks. *Rev Fac Med UNAM*. 66(3):8-26. Available at: <https://www.scielo.org.mx/pdf/facmed/v66n3/2448-4865-facmed-66-03-8.pdf>
- Homel, R. and Clark, J. (1994). The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1-46. Available at: https://www.researchgate.net/publication/29462011_The_Prediction_and_Prevention_of_Violence_in_Pubs_and_Clubs
- International Harm Reduction Association (2009). *What is harm reduction? A position statement from the International Harm Reduction Association*. International Harm Reduction Association. London. Available at: https://www.hri.global/files/2010/08/10/Briefing_What_is_HR_English.pdf
- Ivàlua (2004). Guia pràctica 4. Avaluació de la implementació. Ivàlua collection of practical guides on public policy evaluation. Available at: https://ivalua.cat/sites/default/files/2019-10/01_03_2010_11_31_27_Guia4_Implementacio_Juliol2009_revfeb2010_massavermella.pdf
- Ivàlua (2020). Eina pràctica 1.1. Com puc elaborar una Teoria del Canvi? Toolkit. Available at: https://ivalua.cat/sites/default/files/2021-09/Toolkit_Eina%201.1.%20Teoria%20del%20Canvi_Def.pdf
- Liddle H. A. (2004). Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs. *Addiction* (Abingdon, England), 99 Suppl 2, 76-92. Available at: <https://doi.org/10.1111/j.1360-0443.2004.00856.x>

BIBLIOGRAPHIC REFERENCES

- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet* (London, England), 367(9509), 528-529. [https://doi.org/10.1016/S0140-6736\(06\)68184-1](https://doi.org/10.1016/S0140-6736(06)68184-1)
- Martínez Oró, D. P., Pallarés, J. (2013). Of risks and pleasures. Manual to understand drugs. Lleida: Milenio. DOI 10.13140/RG.2.1.2782.5120
- Martínez Oró, D. P. (2015). Without crossing the line. La normalización de los consumos de drogas. Bellaterra: Barcelona. DOI: 10.13140/RG.2.1.2803.2480
- Martínez Oró, D. P. (2019). Opioids in Spain. Neither heroin spike nor American-style opioid crisis. Barcelona: Episteme.
- Measham, F. C., Aldridge, J., & Parker, H. (2001). Unstoppable? Dance drug use in the UK club scene. In H. Parker, J. Aldridge, & R. Egginton (Eds.), *UK drugs unlimited: new research and policy lesson on illicit drug use* (pp. 80-97). Palgrave. Available at: <https://research.manchester.ac.uk/en/publications/unstoppable-dance-drug-use-in-the-uk-club-scene>
- Ministry of Health and Social Protection -MSPS- of Colombia and United Nations Office on Drugs and Crime -UNODC- (2015). Strategy for counselling young people with initial drug use. Secretaría Distrital de Salud - Fondo Financiero Distrital de Salud de Colombia and United Nations Office on Drugs and Crime / Project c-81. Available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/estrategia-orientacion-jovenes-consumo-drogas.pdf>
- O'Connell, H., Chin, A. V., Cunningham, C., & Lawlor, B. (2003). Alcohol use disorders in elderly people--redefining an age-old problem in old age. *BMJ* (Clinical research ed.), 327(7416), 664-667. Available at: <https://doi.org/10.1136/bmj.327.7416.664>
- Pagini, M^a G. (2017). Amphetamines and methamphetamines. *The Cat and the Box*. 249-254. Available at: <https://ri.conicet.gov.ar/handle/11336/149330>
- Risberg, R. & Funk, R. (2000). Evaluating the Perceived Helpfulness of a Family Night Program for Adolescent Substance Abusers. *Journal of Child & Adolescent Substance Abuse*. 10. 51-67. Available at: https://www.researchgate.net/publication/254358608_Evaluating_the_Perceived_Helpfulness_of_a_Family_Night_Program_for_Adolescent_Substance_Abusers
- Romaní, O. (2005). «La normalización del cannabis desde una perspectiva global. Percepciones sociales y políticas públicas», *Eguzkilore*, 19, pp. 107-120.
- Romo, N. (2005). Gender and drug use: the invisibility of women. *Humanitas Monographs* 5: 65-83. Available at: <http://hdl.handle.net/10481/22315>
- Schweitzer, R. (2022). Central Asia's Dangerous Pharmaceutical Industry. *The Diplomat*. Available at: <https://thediplomat.com/2022/12/central-asias-dangerous-pharmaceutical-industry/>

CADAP 7. REGIONAL DRUG POLICY REPORT

- Sharifli, Y., Chia-Lin, K., & Derbishova, B. (2022). Russia's War in Ukraine and Its Impact on Central Asia. *The Diplomat*. Retrieved from: <https://thediplomat.com/2022/10/russias-war-in-ukraine-and-its-impact-on-central-asia>
- Shoptaw, S. J., Kao, U., & Ling, W. (2009). Treatment for amphetamine psychosis. *The Cochrane database of systematic reviews*, 2009(1), CD003026. Available at: <https://doi.org/10.1002/14651858.CD003026.pub3>
- Spencer, R. C., Devilbiss, D. M., & Berridge, C. W. (2015). The cognition-enhancing effects of psychostimulants involve direct action in the prefrontal cortex. *Biological psychiatry*, 77(11), 940-950. Available at: <https://doi.org/10.1016/j.biopsych.2014.09.013>
- United Nations Office on Drugs and Crime (2011). The non-medical use of prescription drugs. Policy direction issues. Available at: <https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>
- United Nations Office on Drugs and Crime (2017). World Drug Report 2017. Available at: https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf
- United Nations Office on Drugs and Crime (2018). Understanding the synthetic drug market: the NPS factor. *Global SMART*, volume 19. Available at: https://www.unodc.org/documents/scientific/Global_SMART_Update_Vol.19_Sp.pdf
- United Nations Office on Drugs and Crime (2020). Expansion of the synthetic drug market: Implications for precursor control. *Global SMART*, volume 23. Available at: https://www.unodc.org/documents/scientific/Global_SMART_23_ES.pdf
- United Nations Office on Drugs and Crime (2021). World Drug Report 2021. Available at: <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>
- United Nations Office on Drugs and Crime (2022a). Afghanistan's 'tablet K' - a forensic insight into an emerging synthetic drug market. *Global SMART*, volume 26. Available at: https://www.unodc.org/documents/scientific/GlobalSMART_26_E.pdf
- United Nations Office on Drugs and Crime (2022b). World Drug Report 2022. Available at: <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html>
- United Nations Office on Drugs and Crime (2023). World Drug Report 2023. Available at: <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>
- United Nations Office on Drugs and Crime (2023). World Drug Report 2023. Retrieved from
- Vorobyeva, Y. (2023). Crossroads: Kazakhstan's changing illicit drug economy. *The Global Initiative Against Transnational Organized Crime*. Available at:

BIBLIOGRAPHIC REFERENCES

<https://globalinitiative.net/wp-content/uploads/2023/10/Yulia-Vorobyeva-Cross-roads-Kazakhstans-changing-illicit-drug-economy-GI-TOC-October-2023.pdf>

World Bank Data (2023). Women's share of population ages 15+ living with HIV (%) in Central Asia (1990-2021). Retrieved from: <https://data.worldbank.org/indicator/SH.DYN.AIDS.FE.ZS?end=2021&locations=KZ-TM-KG-UZ-TJ&start=1990&view=chart&year=2021>

World Health Organisation (1994). Glossary of alcohol and drug terms. Ministry of Health and Consumer Affairs. Madrid. Available at: <https://www.minjusticia.gov.co/programas-co/ODC/Publicaciones/Publicaciones/CO031052008-glosario%20drogas.pdf>

World Health Organisation (2018). Global status report on alcohol and health. Geneva. Available at: <https://iris.who.int/bitstream/handle/10665/274603/9789241565639-eng.pdf?sequence=1>

World Health Organisation (2021). Accelerating access to hepatitis C diagnostics and treatment: overcoming barriers in low- and middle-income countries. Global progress report 2020. Geneva. Available at: <https://iris.who.int/bitstream/handle/10665/338901/9789240019003-eng.pdf?sequence=1>

World Health Organisation (2023). Opioid overdose. Available at: <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>

10. ANNEX I. WORK PLAN

PROFESSIONAL TEAM

Episteme is a Spanish company specialized in social research and innovation in public policy and social programs. Founded in 2015, the company has a multidisciplinary team of highly trained professionals in different areas of knowledge, such as sociology, psychology, anthropology and political science, among others. Episteme works in collaboration with government agencies, non-governmental organizations and private companies for the implementation of research projects, evaluation and development of public policies and social programs. Episteme's approach focuses on social equity, gender equality, social inclusion and social justice, seeking innovative and evidence-based solutions to address current social challenges.

PhD. David Pere Martínez Oró - Institutional management of the project. He holds a PhD in Social Psychology, a Master's degree in Social Psychology Research and a Bachelor's degree in Psychology from the Autonomous University of Barcelona (UAB). Postgraduate degree in qualitative research in the field of drugs from the University of Amsterdam (UvA). Trained in social science research and evaluation and quality of social intervention projects. Technical Director of Episteme, where he leads and directs research in the field of drugs and behavioural addictions. With an extensive background in the field of drug addictions, David was coordinator of the Observatory of Drugs in the youth field (2006-2010) and worked in the General Subdirectorate of drug addictions of the Government of Catalonia (2010-2014). Since 2008 he has been a professor in the Psychology and Education studies at the Universitat Oberta de Catalunya (UOC). Member of the Psychology and Speech Therapy Service of the Autonomous University of Barcelona (UAB) and of the Medical Anthropology research centre of the Rovira and Virgili University (URV).

PhD. Ricard Faura Cantarell - Executive direction of the project. He holds a PhD in Social Psychology and a master's degree in Anthropology and Audiovisual Communication. Founder of the Drug Policy Unit at the Autonomous University of Barcelona (UAB). Currently, he is a senior consultant at Episteme, where he also carries out training activities. From the ICEERS Foundation, he builds bridges between different cultures that use different traditional plants with psychoactive capacity. He is also an advisor to the Fund for the Conservation of Indigenous Medicines and an associate professor at the Open University of Catalonia (UOC), where he has been teaching for 20 years. Throughout his

career, he has evaluated several drug prevention and intervention programs, mainly from the harm reduction paradigm. In recent years, he has worked with local and international communities to support biocultural conservation and regeneration of indigenous medicines.

PhD. Aleksandr Zelichenko- Senior project consultant. He holds a PhD in History and a Master's degree in Law, Management and Administration of Police Structures from the Academy of the Ministry of Internal Affairs of the Soviet Union. He was one of the founders and the first head of the Special Drug Control Service of the Ministry of Internal Affairs, the State Drug Control Commission of the Government of the Kyrgyz Republic and director of the Central Asian Drug Policy Centre. He has over 30 years of experience as a Kyrgyz State Police Officer at operational, supervisory, command and police training levels (1978 - 2007), in a wide range of police services such as Drug Control Police Service, Criminal Police, Community Policing and Police Reform, as well as extensive experience in multicultural and post-conflict environments during Cross Border Cooperation Projects in the Central Asian region and Missions in Kosovo, Macedonia and Serbia/Montenegro. In 2000-2004, he was a member of the UN and OSCE missions in the Balkan countries (Kosovo and Macedonia). Team leader of international police trainers for the post-conflict zone in southern Serbia. Trained more than 700 police officers from Kosovo and Serbia in crime prevention, general policing, anti-drug activities and community policing issues. International expert on drug policy for IHRD/OSI in New York (2004-2007). Coordinator of the EU Action Programme against Drugs in Central Asia – CADAP 5 (2010-2013). Coordinator of the EU Central Asia Drug Action Programme – CADAP 6 (2015-2018).

MSc Roger Cáceres Sorroche. He holds a Master's degree in Public and Social Policy from the Barcelona School of Management in collaboration with John Hopkins University (BSM-JHU) and a degree in Political Science and Administration from Pompeu Fabra University (UPF), specializing in Public Management. He is a programme technician at Episteme, where he develops research tasks in the field of drugs and behavioural addictions. He has participated in different projects in the field of drugs where she has been able to know and understand the social reality in which people with dependencies to psychoactive substances find themselves.

ESTIMATED RESOURCES

Resource estimation is one of the key processes in the planning of projects and activities, since it makes it possible to determine in advance the resources needed for their execution and ensure their availability at the right time. The following is an estimate of the resources that will be needed to carry out the activities outlined in the CADAP 7 Programme.

Field activities

In Phase 3 of this Component 1 of the CADAP 7 Programme, the Episteme team will travel to the city of Astana, Kazakhstan, to deliver the "Regional Seminar on how to build and strengthen balanced and evidence-based drug policies". In this regard, the estimation of the resources needed to carry out this activity will be determined together with the CADAP 7 team.

Material resources:

In this case, the Episteme team carries out its work telematically. From this point of view, appropriate technological tools and office equipment are needed, which Episteme has at its disposal. The allocation of resources will be carried out in accordance with the contract between Episteme and FIIAPP.

MONITORING AND EVALUATION MECHANISMS

So far, and in order to efficiently plan the different activities presented in the document, several actions have been carried out. Firstly, and as we will detail below, several meetings have been held with the people responsible for the CADAP Programme, both at management level and in terms of regional and national coordination. Secondly, we have participated in the different official presentation events of the CADAP Programme that have been held so far at national level.

Regarding the monitoring and evaluation actions and mechanisms that can be used in the CADAP 7 Programme Result 1, it is foreseen to carry out an exhaustive follow-up of the implementation of the activities foreseen in the Work Plan by holding several regular monitoring and evaluation meetings. In this sense, after the submission of each deliverable, an evaluation meeting will be held between the Episteme team and the CADAP team to assess the progress of the planning and to study possible

adaptations for improvement in the Work Plan. Several evaluation actions will be carried out after each follow-up meeting:

- Verification of the degree of achievement of the general objective and intermediate objectives, through the evaluation of the degree of achievement of the goals (operational objectives).
- Determination of the activities carried out, specifying their degree of compliance with the Programme, and estimating their contribution to the achievement of the objectives, in order to identify possible improvements.
- Determination of which resources have been effectively used and with what intensity, assessing their use.
- Assessment of management processes and identification of improvements based on experience.
- Assessment of the final recipients and stakeholders.

Following the submission of each deliverable and the subsequent appraisal meeting, a brief and operative evaluation report will be prepared.

MEETINGS WITH KEY STAKEHOLDERS OF THE CADAP PROGRAMME

Meetings have been held with the key actors of the CADAP Programme to coordinate and organize their work plan. In this sense, the following are the initial meetings held during the first weeks of work and within the framework of the preparation of the Programme and activities.

The work of our team starts with Mr. Aleksandr Zelichenko. Mr. Zelichenko is an independent expert who has participated in the previous editions of the Central Asia Drug Action Programme and is currently part of the Episteme team for the present CADAP 7 Programme. Mr. Zelichenko is providing his fundamental field knowledge on several aspects to be considered for the implementation of the activities foreseen in the Programme, always taking into account the particular context of each country. To date, interviews and permanent digital communication have been maintained with the different levels of the CADAP Programme.

- **Mr. Ernest Robelló, CADAP 7 Programme Director.** Communication with the Programme Director is permanent and continuous. In this sense, several meetings have been held so far, one of them in person and with the participation of most of the Episteme team. In addition, communication is also maintained on a regular basis through digital media. This communication deepens in several issues, such

ANNEX I. WORD PLAN

as the scope of a more complete vision of the deliverables to be carried out during the CADAP 7 Programme, the landing of the contributions of the previous programmes and the adaptation to the current needs of each of the countries, in the coordination of the meetings with the Programme teams at regional and national level, or in the coordination of the dates and exact place for the "Regional Seminar on how to build and strengthen balanced and evidence-based drug policies", in which all the representatives of the beneficiary countries will work face-to-face. The possibility of incorporating methodological improvements in the field work during Phase 2 has also been discussed, such as Episteme's proposal to create and administer different questionnaires so that the interested parties are free to explain in a more concise or extensive way whatever they deem convenient in the field of drug policies in each country. The coordination with Mr. Robelló will be permanent throughout the execution of the Programme.

- **Mr. Bolotkan Sydykanov, regional coordinator of the CADAP 7 Programme.** An initial meeting was also held with the Regional Advisor of the Programme, Mr. Bolotkan Sydykanov, with the main purpose of coordinating the reception of all available documentation that could be useful for carrying out the different activities programmed during CADAP 7.

In addition to the permanent contacts with the Programme management and the regional coordinator, initial working sessions have been held with all the national coordinators of the Programme 's beneficiary countries.

- **Ms. Ainara Okanova, National Coordinator of Kazakhstan.** Ms. Okanova provided all available information regarding the Kazakh government's drug policy strategy. She also provided a list of the main actors who will participate in the interviews to be conducted during Phase 2.
- **Ms. Asel Duisheeva, National Coordinator of Kyrgyzstan.** Ms. Duisheeva has shared her impressions on what is expected to be accomplished in the different activities planned in Component 1 and on the stakeholders to be involved in the interview process to be carried out during Phase 2 of the component.
- **Mr. Said Musayab, National Coordinator of Tajikistan.** Mr. Musayab explained the current trends in the country in relation to psychotropic substances, the counter-narcotics agencies operating in the country and the impacts of sharing a long border with Afghanistan.
- **Mr. Dovletmyrat Bozaganov, National Coordinator of Turkmenistan.** Mr. Bozaganov provided insight into the main problems currently facing Turkmenistan

in its efforts to combat drug trafficking. The impacts of sharing a direct border with Afghanistan, the main opium producer on the Asian continent, were also discussed. In Turkmenistan, great progress has been made in supply reduction, and efforts are currently underway to eliminate tobacco use by 2025. The next step will be to reduce alcohol consumption.

- **Mr. Amir Rashidov, national coordinator of Uzbekistan.** In addition to being the country's national coordinator in CADAP 7, Mr. Rashidov is an independent expert who participated in the previous edition of the Programme. With him, the main actors with whom to conduct a set of interviews in Phase 2 of Component 1 have been detailed and, on the other hand, have begun to understand the recent changes in drug policies in the country. In addition, as part of the information gathering process, Mr. Rashidov has sent all available drug policy documentation from this country.

NATIONAL PRESENTATIONS OF THE CADAP PROGRAMME TECHNICAL COMMITTEE

In addition to the initial meetings with the different stakeholders mentioned above, the official presentation of the Programme and the Technical Committees of Kazakhstan, Tajikistan and Uzbekistan was also attended.

In these official meetings, the Programme has been presented, and there has also been the opportunity to introduce the Episteme team involved in the project, to introduce to the national stakeholders what actions are planned to be developed, and finally to answer the doubts that arose, where necessary. The active participation in these meetings has allowed to have a first contact with the local actors, and to have a first observation of the issues considered as priorities in each country, as well as some of the local demands in relation to the progress and eventual change in their drug policies.

DOCUMENTATION AND FOCAL POINTS BY COUNTRY

Before describing the actions to be carried out during Component 1, it is necessary to systematize the information currently available on drug policies in each of the countries. Thanks to the combined work with the various people responsible for the CADAP Programme, as well as with the national coordinators of each of the different countries, it has been possible to compile all the documentation that will be important to analyse in the international framework and in each of the beneficiary countries of the Programme,

ANNEX I. WORD PLAN

as well as to determine which is the short list of local actors to be contacted within the framework of this project.

In order to facilitate the search for and understanding of the available documents to be analysed, the documentation is presented below in two different ways. Firstly, it is presented systematized according to subject matter; secondly, the information is presented systematized by region and country.

SYSTEMATIZATION OF AVAILABLE INFORMATION BY SUBJECT MATTER

This section is a compilation of all the documents sent by the regional coordinators of the Central Asian countries and the regional coordinator of the CADAP 7 Programme. This section aims to sort and organize the information received for its analysis and subsequent use in Phase 2 of Component 1. The systematization of the information will allow a better understanding of the current situation in the region and facilitate informed decision making to address the existing challenges.

CADAP PROGRAMME DOCUMENTATION

- CADAP 6 - Final Report.
- CADAP 7 - Initial Report.
- CADAP 7 Work Plan – Draft.
- Technical Advisor Aleksandr Zelichenko's Work Plan.
- List of partners in the Kyrgyz Republic within the framework of CADAP 7.
- Work Plan CADAP 7 - PhD. Azizbek Boltaev.
- CADAP 7 - List of counterparties.
- Drug demand reduction services for all countries benefiting from the CADAP 7 Programme.
- List of Non-Governmental Organizations (NGOs) participating in the CADAP Programme 7.

INTERNATIONAL DOCUMENTATION ON CENTRAL ASIAN COUNTRIES

European Union Documentation

- European Union Action Plan against drugs in Central Asia.
- Rule of Law Programme in Central Asia (2020-2023).
- EU Drugs Strategy 2021-2025.
- EU Drugs Action Plan 2021-2025.

CADAP 7. REGIONAL DRUG POLICY REPORT

United Nations documentation

- The Central Asia Region: Central Asia Region Drug Situation Information Bulletin 2021.
- UNODC Central Asia Programme 2022-2025.

Treaties of the United Nations ratified by the five Central Asian countries in the field of human rights and narcotic drugs

- Convention on the Rights of the Child.
- Convention on the Political Rights of Women.
- Convention concerning the Abolition of Forced Labour.
- Convention against torture and other cruel, inhuman or degrading treatment or punishment.
- Single Convention on Narcotic Drugs.
- International Covenant on Civil and Political Rights.
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ratified by Kazakhstan and Kyrgyzstan).

PUBLIC POLICIES AND NATIONAL DRUG STRATEGIES

- Comprehensive Plan to combat drug addiction and drug trafficking in the Republic of Kazakhstan for the period 2023-2025.
- ROADMAP - Improving the fight against drug-related crime and drug prevention for the years 2022-2023 in the Republic of Kazakhstan.
- Anti-drug Programme of the Cabinet of Ministers of the Kyrgyz Republic.
- Needs assessment and proposals for action in the Kyrgyz Republic.
- Programme "Rule of Law in the Kyrgyz Republic - 2nd Phase".
- Four needs assessments and proposals for actions from three different Ministries and a State Agency of the Republic of Tajikistan - Ministry of Internal Affairs, Ministry of Health and Social Protection of Population, Ministry of Justice and Drug Control Agency.
- National Drug Control Strategy of the Republic of Tajikistan for 2021-2030.
- Strategy of the Government of the Republic of Turkmenistan against drug use and trafficking.
- Actions proposed by the Health Information Centre under the Ministry of Health and Medical Industry of the Government of the Republic of Turkmenistan.

ANNEX I. WORD PLAN

- Needs assessment and proposed actions of the Ministry of Internal Affairs and the Ministry of Health and Medical Industry of the Government of the Republic of Turkmenistan.
- Plan on combating abuse and illegal circulation of narcotic drugs. Comprehensive measure - Activities for 2021-2025 of the Republic of Uzbekistan.
- Recommendations of the Republic of Uzbekistan for effective implementation of the 7th phase of CADAP 7.
- ROADMAP - On the implementation of the "Central Asian Drug Action Programme (CADAP 7) of the Republic of Uzbekistan.

LEGISLATIVE DOCUMENTS

- Criminal Code of the Republic of Kazakhstan.
- Code of Administrative Violations.
- Law of the Republic of Kazakhstan on narcotic drugs.
- On the state social order in the Republic of Kazakhstan, the state order for the implementation of strategic partnerships, grants and awards for non-governmental organizations.
- Code on Criminal Offences of the Kyrgyz Republic.
- Code of Criminal Procedure of the Kyrgyz Republic.
- Code of Administrative Offences of the Republic of Tajikistan.
- Criminal Code of the Republic of Tajikistan.
- Sanitary Code of the Republic of Tajikistan.
- Decree of the Government of the Republic of Tajikistan on the Lists of Strong and Poisonous Substances and Large Quantity of Strong Substances.
- Law of the Republic of Tajikistan on Narcotic Drugs, Psychotropic Substances and Precursors.
- Analysis of the state of anti-drug legislation in the Republic of Tajikistan.
- Decree #85 - On approval of the regulations on trafficking in narcotic drugs and analogues, psychotropic substances and precursors of the Republic of Uzbekistan.
- Decree #123 - On approval of the regulation on the implementation of technical assistance projects/programmes in the field of prevention of drug use and combating illicit drug trafficking financed by international organizations or foreign states, as well as by other legal entities of the Republic of Uzbekistan.
- Decree #195 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on approval of the regulation on specialized treatment and preventive institutions

CADAP 7. REGIONAL DRUG POLICY REPORT

for forced treatment of patients with chronic alcoholism or drug addictions of the Republic of Uzbekistan.

- Decree #288 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on approval of the regulation on the procedure for the use of narcotic drugs, their analogues, psychotropic substances and their types, as well as precursors in expert activities of the Republic of Uzbekistan.
- Decree #315 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on licensing of activities related to trafficking in narcotic drugs, psychotropic substances and precursors.
- Decree #330 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on improving the order of import, export and transit through the territory of the Republic of Uzbekistan of narcotic drugs, psychotropic substances and precursors, as well as control of their trafficking.
- Decree #472 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on approval of the provisions determining the procedure for trafficking in narcotic drugs, psychotropic substances and precursors in the Republic of Uzbekistan.
- Decree #770 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on measures to regulate activities on the use and cultivation of cannabis plants for industrial purposes not related to the production or manufacture of narcotic drugs and psychotropic substances.
- Code of the Republic of Uzbekistan on Administrative Liability.
- Code of Criminal Procedure of the Republic of Uzbekistan.
- Criminal Code of the Republic of Uzbekistan.
- Executive Criminal Code of the Republic of Uzbekistan.
- Law of the Republic of Uzbekistan "On Narcotic Drugs and Psychotropic Substances".
- Law of the Republic of Uzbekistan "On Drugs and Psychotropic Substances".
- Law of the Republic of Uzbekistan "On prevention and treatment of narcological diseases".
- Law of the Republic of Uzbekistan "On prevention of narcotic diseases and their treatment".
- Order #1090 of the Ministry of Health of the Republic of Uzbekistan on approval of the regulation on conditions of storage, disposal, sale, distribution, accounting of narcotic drugs, psychotropic substances and precursors.
- Order #1494 of the Ministry of Health of the Republic of Uzbekistan on approval of the instruction "On the procedure for registration and supervision of persons

ANNEX I. WORD PLAN

allowing non-medical use of narcotic drugs or psychotropic substances, patients with drug addiction and trade in intoxicants".

- Order #2215 of the Ministry of Health of the Republic of Uzbekistan on approval of the regulation on detection, registration, examination, medical and social rehabilitation of minors who consume alcoholic beverages, narcotic drugs, psychotropic or other substances affecting intellectual activity.
- Order #6035 of the Ministry of Health of the Republic of Uzbekistan for HIV prevention.
- Statement of the Narcotics Control Commission of the Republic of Uzbekistan.

PROGRESS REPORTS ON VARIOUS TOPICS

- Drug-related crimes in 2022 in the Republic of Kazakhstan.
- October 2021 Report of the Republic of Kazakhstan.
- November 2021 Report of the Republic of Kazakhstan.
- January 2022 Report of the Republic of Kazakhstan.
- Report February 2022 of the Republic of Kazakhstan.
- List of participants in the Technical Committee of the Republic of Kazakhstan.
- Report on "The Concept of Introducing a National Notification Mechanism for the Emergence of New Synthetic Drugs and New Psychoactive Substances" of the Kyrgyz Republic.
- Report of the Technical Committee meeting, including transcript of the discussion, in the Kyrgyz Republic.
- Information on the drug situation in the Kyrgyz Republic and countermeasures against illicit drug trafficking for 6 months of 2021.
- Analysis of anti-drug legislation in the Kyrgyz Republic - September 2022.
- Analysis of state procurement of social services in the Kyrgyz Republic and recommendations for improvement.
- List of strong substances for the purposes of the relevant articles of the Criminal Code of the Republic of Tajikistan.
- List of large quantities of potent substances for the purposes of the relevant articles of the Criminal Code of the Republic of Tajikistan.
- National list of narcotic drugs, psychotropic substances and their precursors in the Republic of Tajikistan.
- Table of requirements CADAP 7 - Drug Control Agency of the President of the Republic of Tajikistan.

CADAP 7. REGIONAL DRUG POLICY REPORT

- Table of requirements CADAP 7 - Ministry of Internal Affairs of the Republic of Tajikistan.
- Table of needs CADAP 7 - Ministry of Health and Social Protection of the Population of the Republic of Tajikistan.
- Table of requirements CADAP 7 - Ministry of Justice of the Republic of Tajikistan.
- Review of drug policies and legislation of the Republic of Turkmenistan.
- Information on the drug-related situation in the Republic of Uzbekistan in 2021.
- Review of the State of Drug Policy in the Republic of Uzbekistan.
- Report on civil society in the Republic of Uzbekistan.
- Central Asian Information and Coordination Centre for Combating the Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors.
- Overview of identified drugs concealment methods - January 2023.
- Newsletter about past events in the anti-drug sphere.

SYSTEMATIZATION OF AVAILABLE INFORMATION BY COUNTRY

For each country, a couple of lists are presented below. On the one hand, the short list of actors to be contacted is presented. On the other hand, the list of relevant documentation in each country in relation to drug policies is shown.

CENTRAL ASIA

The [CA-T1] documentation available for the five beneficiary countries of the CADAP 7 Programme and the [EU-T2] documentation of the European Union on drug policies are detailed below.

CA-T1 - Available documentation including the CADAP 7 countries

1	European Union Action Plan against drugs in Central Asia
2	CADAP 7 - List of counterparties
3	The Central Asia Region: Central Asia Region Drug Situation Report Card 2021
4	Drug demand reduction services for all CADAP beneficiary countries 7
5	List of Non-Governmental Organizations (NGOs) participating in the CADAP Programme 7
6	UNODC Central Asia Programme 2022-2025
7	Rule of Law Programme in Central Asia (2020-2023)

ANNEX I. WORD PLAN

8	Central Asian Information and Coordination Centre for Combatting the Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors
9	Overview of identified drugs concealment methods – January 2023
10	Newsletter about past events in the anti-drug sphere

EU-T2 - Documentation available from the European Union on drug policy issues

1	EU Drugs Strategy 2021-2025
2	EU Drugs Action Plan 2021-2025

KAZAKHSTAN

The following is [KZ-T1] the available documentation on the Kazakh government's drug policy strategy, [KZ-T2] the list of focal points of the various governmental institutions relevant to drug policy issues and, finally, [KZ-T3] the list of focal points of Non-Governmental Organizations (NGOs) in Kazakhstan.

Table KZ-T1 - Available Documentation of the Republic of Kazakhstan

1	Public Policy of the Government of Kazakhstan	Comprehensive Plan to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for the period 2023-2025
2		ROADMAP - Improving the fight against drug-related crime and drug prevention for the years 2022-2023
3	Document of crimes committed in Kazakhstan	Drug-related offenses in 2022 in the Republic of Kazakhstan.
4	Reports on drug use	October 2021 Report
5		November 2021 Report
6		Report January 2022
7		February 2022 Report
8	List of participants	List of participants in the Technical Committee of the Republic of Kazakhstan
9	Legislative documentation	Criminal Code of the Republic of Kazakhstan
10		Code of Administrative Violations
11		Law of the Republic of Kazakhstan on narcotic drugs

CADAP 7. REGIONAL DRUG POLICY REPORT

12		On the state social order in the Republic of Kazakhstan, the state order for the implementation of strategic partnerships, grants and awards for non-governmental organizations
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Table KZ-T2 - Focal points of the Government of the Republic of Kazakhstan

1	Mr. Maksat Sadykanov	Senior Operative Commissioner of the Office for Drug Security in the Information and Communication System and Operational Records of the Counter-Narcotics Crime Department of the Ministry of Internal Affairs of the Republic of Kazakhstan
2	Ms. Elena Vaganova	Deputy Head of the Department for Interdepartmental Coordination and Prevention of the Department for Combating Drug Crime of the Ministry of Internal Affairs of the Republic of Kazakhstan
3	Mr. Madi Tokanov	Senior physician of the branch of the Republican Scientific and Practical Centre for Mental Health, Pavlodar
4	Mr. Temirbolat Kozhamzharov	Head of the Department for the organization of expert activities of the Ministry of Justice of the Republic of Kazakhstan
5	Mrs. Oxsana Bessedina	Expert of the National Security Committee of the Republic of Kazakhstan
6	Mr. Meirzhan Kaliaskarov	Prosecutor of the Department for Supervision of the Legality of Operational-Investigative, Counter-Intelligence Activities and Covert Investigative Activities
7	Mr. Rauan Begaly	Senior Prosecutor, Public Interest Service Division

Table KZ-T3 - Focal points of Non-Governmental Organizations (NGOs) in Kazakhstan

1	Ms. Yuliya Postol	Coordinator, NGO Soc KZ
2	Ms. Gulsum Bissembayeva	Director, Public Association Young Leaders of Kostanay
3	Ms. Gulmira Smailova	Director, NGO Umut
4	Mr. Yerbol Lukpanov	Programme Coordinator, NGO Zabota
5	Ms. Ulzhan Lukpanova	Director of Crisis Centre Zabota
6	Mr. Andrey Chernyshov	Director, NGO Kuat

ANNEX I. WORD PLAN

KYRGYZSTAN

The following is [KG-T1] the available documentation on the Kyrgyz government's drug policy strategy, [KG-T2] the list of focal points of the various government institutions relevant to drug policy issues, and [KG-T3] the list of focal points of Non-Governmental Organizations (NGOs) in Kyrgyzstan.

KG-T1 - Available Documentation of the Kyrgyz Republic

1	Legislative documents	Code on Criminal Offenses of the Kyrgyz Republic
2		Code of Criminal Procedure of the Kyrgyz Republic
3	Public Policy of the Government of Kyrgyzstan	Anti-drug Programme of the Cabinet of Ministers of the Kyrgyz Republic
4		Needs assessment and proposals for action
5	European Union Public Policy	Programme "Rule of Law in the Kyrgyz Republic - 2nd Phase"
6	Counterparts in Kyrgyzstan	List of partners in Kyrgyzstan within the framework of CADAP 7
7	CADAP Documentation	CADAP 6 - Final Report
8		CADAP 7 - Initial Report
9		CADAP 7 Work Plan - Draft
10		Technical Advisor Aleksandr Zelichenko's Work Plan
11	Technical Committee Document	Technical Committee meeting report, including transcript of discussion
12	Informative Documents	Information on the drug situation in the Kyrgyz Republic and countermeasures against illicit drug trafficking for 6 months of 2021
13		Analysis of Kyrgyzstan's anti-drug legislation September 2021
14		Report on "The concept of introducing a national notification mechanism for the emergence of new synthetic drugs and new psychoactive substances"
15		Analysis of the state procurement of social services in the Kyrgyz Republic and recommendations for its improvement

KG-T2 - Focal points of the government of the Kyrgyz Republic

CADAP 7. REGIONAL DRUG POLICY REPORT

1	Mr. N. Turusbekov	Organizational and Analytical Department of the Counter Narcotics Service MIA KR
2	Ms. Cholpon Tabaldieva	Senior Investigator for Particularly Important Cases of the Organizational and Analytical Department of the Counter Narcotics Service MIA KR
3	Ms. Zarina Myrzaliev	Inspector of Main Headquarters of the State Service for Execution of Punishment under the Government of KR
4	Ms. Zhyldyz Bakirova	Deputy Director of Narcology of the Republican Centre of Psychiatry and Narcology
5	Mrs. Elmira Kalieva	Head of the Organizational, Methodological and Information Analytical Department
6	Mrs. Nurila Altymysheva	Director of the Republican Centre for Health Promotion
7	Ms. Anara Kalieva	Doctor of the Republican Centre for Health Promotion
8	Mr. L. K. Shayahmetov	State Service for Execution of Punishment under the Government of KR

KG-T3 - Non-Governmental Organization (NGO) Focal Points in Kyrgyzstan

1	Mr. Ibragim Lebusov	Chairman of the Public Fund RANS Plus
2	Ms. Natalia Shumskaya	Director, AFEW NGO
3	Mr. Ravshan Mazhitov	Director, Centro ONG Plus

TAJIKISTAN

The following is [TJ-T1] the available documentation regarding the Tajik government's drug policy strategy, [TJ-T2] the list of focal points of the various government institutions relevant to drug policy issues and, finally, [TJ-T3] the list of focal points of Non-Governmental Organizations (NGOs) in Tajikistan.

TJ-T1 - Documentation available from the Republic of Tajikistan

1	Public Policy of the Government of Tajikistan	Four needs assessments and proposals for actions from four different Ministries of the Republic of Tajikistan - Ministry of Internal Affairs, Ministry of Health and Social Protection of Population, Ministry of Justice and Drug Control Agency.
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ANNEX I. WORD PLAN

2		National Drug Control Strategy of the Republic of Tajikistan for 2021-2030
3	Legislative documents	Code of Administrative Offences of the Republic of Tajikistan
4		Criminal Code of the Republic of Tajikistan
5		Sanitary Code of the Republic of Tajikistan
6		Decree of the Government of the Republic of Tajikistan on the Lists of Strong and Poisonous Substances and the Large Quantity of Strong Substances
7		Law of the Republic of Tajikistan on narcotic drugs, psychotropic substances and precursors
8	List of psychoactive substances	List of strong substances for the purposes of the relevant articles of the criminal code of the Republic of Tajikistan
9		List of large quantities of potent substances for the purposes of the relevant articles of the criminal code of the Republic of Tajikistan
10		National List of Narcotic Drugs, Psychotropic Substances and their Precursors
11	Anti-drug legislative status document	Analysis of the status of anti-drug legislation
12	Requirements tables	Table of Requirements CADAP 7 - Drug Control Agency of the President of the Republic of Tajikistan
13		Table of CADAP 7 requirements - Ministry of Interior in Republic Tajikistan
14		Table of needs CADAP 7 - Ministry of Health and Social Protection of the Population of the Republic of Tajikistan
15		Table of requirements CADAP 7 - Ministry of Justice of the Republic of Tajikistan

TJ-T2 - Focal points of the government of the Republic of Tajikistan

1	Mr. Hazratzoda Ehtirom Hazrat	Senior Operations Officer, Department for Combating Illicit Drug Trafficking, Ministry of Internal Affairs of the Republic of Tajikistan
2	Mr. Malakhov Mahmadrahim	Director of the State enterprise "National Centre for Monitoring and Prevention of Drug Use"

CADAP 7. REGIONAL DRUG POLICY REPORT

3	Mr. Akbar Sharifov	Third Secretary, Border and Territorial Settlement Unit, Ministry of Foreign Affairs of the Republic of Tajikistan
4	Mr. Razzokzoda Tamkin Murod	Head of the Legal and International Cooperation Unit, Main Department of Correctional Affairs, Ministry of Justice of Tajikistan
5	Mr. Abdullozoda Fai- zullo Ubaidullo	Head of Command, DCA under the President of the Republic of Tajikistan
6	Mr. Safaralizoda Bo- zorali Safarali	Head of the Drug Control Unit and Prevention of the Drug use, DCA under the President of the Republic of Tajikistan

TJ-T3 - Focal points of Non-Governmental Organizations (NGOs) in Tajikistan

1	Mr. Pulod Dzhamolov	Director, SPIN Plus
2	Ms. Elena Khasanova	Monitoring specialist, SPIN Plus
3	Mr. Farkhod Sharifi	Director of the public organization "Youth House "

TURKMENISTAN

The following is [TK-T1] the available documentation regarding the Turkmen government's drug policy strategy, [TK-T2] the list of focal points of the various governmental institutions relevant to drug policy issues and, finally, [TK-T3] the list of focal points of Non-Governmental Organizations (NGOs) in Turkmenistan.

TK-T1 - Available Documentation of the Republic of Turkmenistan

1		Strategy of the Government of Turkmenistan against drug use and trafficking
2	Public Policy of the Government of Turkmenistan	Actions proposed by the Health Information Centre under the Ministry of Health and Medical Industry of the Government of Turkmenistan
3		Needs assessment and proposed actions of the Ministry of Internal Affairs and the Ministry of Health and Medical Industry of the Government of Turkmenistan
4	Analytical document	Review of drug policies and legislation in the Republic of Turkmenistan

TK-T2 - Government of Turkmenistan Focal Points

1	Mr. Dayanch Durdyev	Officer, Ministry of Internal Affairs of Turkmenistan
2	Mr. Geldimyrat Wel- yev	Head of Department, Ministry of Internal Affairs of Turkmenistan

ANNEX I. WORD PLAN

3	Mr. Ata Boppyev	Specialist of the Information Centre of the Ministry of Health and Medical Industry of Turkmenistan
4	Mr. Niyazov Serdar	Officer, State Border Service of Turkmenistan
5	Mr. Bayram Garayev	Officer, State Border Service of Turkmenistan

TK-T3 - Focal points of Non-Governmental Organizations (NGOs) in Turkmenistan

1	Mr. Rustam Geldiyev	Specialist of the public agency "Yenme"
2	Youth organization named after Magtymguly	

UZBEKISTAN

The following is [UZ-T1] the available documentation regarding the Kazakh government's drug policy strategy and [UZ-T2] the list of focal points for Phase 2 of Component 1:

UZ-T1 - Available Documentation of the Republic of Uzbekistan.

1	Informative documents	Information on the drug-related situation in the Republic of Uzbekistan in 2021
2		Review of the State of Drug Policy in the Republic of Uzbekistan
3		Report on Civil Society in the Republic of Uzbekistan
4	CADAP 7 Documentation	Work Plan CADAP 7 - PhD. Azizbek Boltaev
5	State Commission document	Statement of the Narcotics Control Commission.
6	Public Policy of the Government of Uzbekistan	Uzbekistan's recommendations for effective implementation of the 7th phase of CADAP 7
7		ROADMAP - On the implementation of the "Central Asian Drug Action Programme (CADAP 7).
8		Plan on the fight against abuse and illegal circulation of narcotic drugs. Comprehensive Action - Activities for 2021-2025
9	Decrees Government of the Republic of Uzbekistan	Decree #85 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on approval of the regulations on trafficking in narcotic drugs and analogues, psychotropic substances and precursors.

CADAP 7. REGIONAL DRUG POLICY REPORT

10	Decree #123 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on the approval of the regulation on the implementation of projects/programmes of technical assistance in the field of prevention of drug use and combating illicit drug trafficking financed by international organizations or foreign states, as well as other legal entities
11	Decree #195 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on the approval of the regulation on specialized treatment and preventive institutions for forced treatment of patients with chronic alcoholism or drug addiction
12	Decree #288 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on the approval of the regulations on the procedure for the use of narcotic drugs, their analogues, psychotropic substances and their types, as well as precursors in expert activities.
13	Decree #315 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on licensing of activities related to trafficking in narcotic drugs, psychotropic substances and precursors.
14	Decree #330 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on improving the order of import, export and transit through the territory of the Republic of Uzbekistan of narcotic drugs, psychotropic substances and precursors, as well as control of their trafficking.
15	Decree #472 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on approval of the provisions determining the procedure for trafficking in narcotic drugs, psychotropic substances and precursors in the Republic of Uzbekistan.
16	Decree #770 - Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on measures to regulate activities on the use and cultivation of cannabis plants for

ANNEX I. WORD PLAN

		industrial purposes not related to the production or manufacture of narcotic drugs and psychotropic substances.
17	Laws and Codes	Code of the Republic of Uzbekistan on Administrative Liability
18		Code of Criminal Procedure of the Republic of Uzbekistan
19		Criminal Code of the Republic of Uzbekistan
20		Executive Criminal Code of the Republic of Uzbekistan
21		Law of the Republic of Uzbekistan "On Narcotic Drugs and Psychotropic Substances".
22		Law of the Republic of Uzbekistan "On Drugs and Psychotropic Substances".
23		Law of the Republic of Uzbekistan "On prevention and treatment of narcotic diseases".
24		Law of the Republic of Uzbekistan "On prevention of narcotic diseases and their treatment".
25	Ministry of Health Orders	Order #1090 of the Ministry of Health of the Republic of Uzbekistan on approval of the regulation on conditions of storage, disposal, sale, distribution, accounting of narcotic drugs, psychotropic substances and precursors.
26		Order #1494 of the Ministry of Health of the Republic of Uzbekistan on approval of the instruction "On the procedure for registration and supervision of persons allowing non-medical use of narcotic drugs or psychotropic substances, patients with drug addiction and trade in intoxicants".
27		Order #2215 of the Ministry of Health of the Republic of Uzbekistan on approval of the regulation on detection, registration, examination, medical and social rehabilitation of minors who consume alcoholic beverages, narcotic drugs, psychotropic or other substances affecting intellectual activity.
28		Order #6035 of the Ministry of Health of the Republic of Uzbekistan for HIV prevention.

CADAP 7. REGIONAL DRUG POLICY REPORT

The table below details the focal points to be taken into account for the implementation of activities under Phase 2 of Component 1 of the Government of the Republic of Uzbekistan.

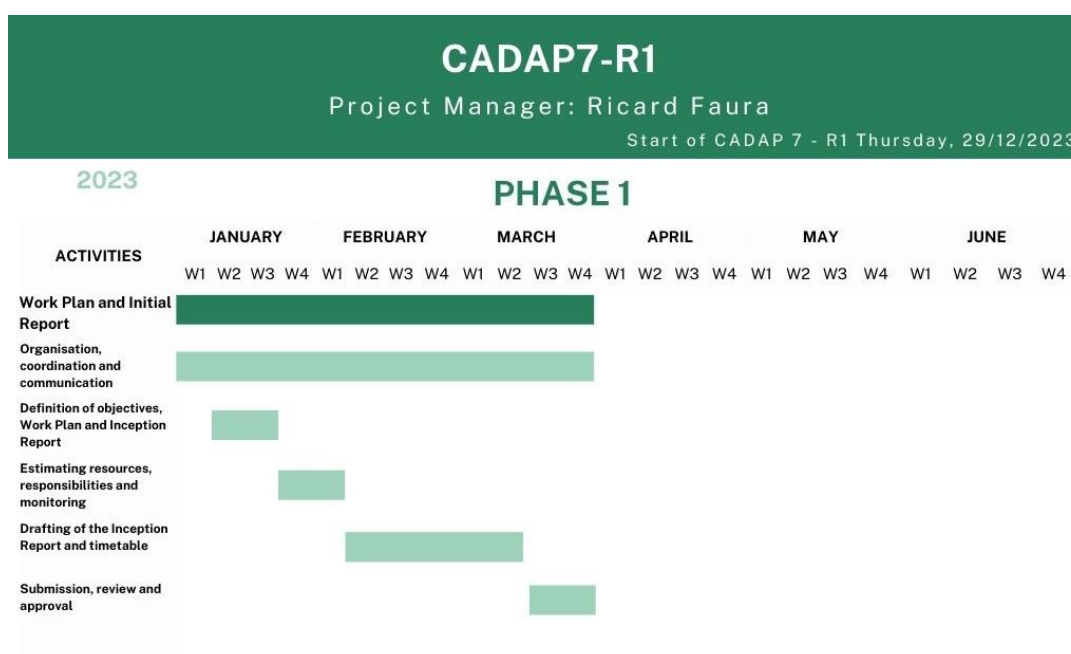
UZ-T2 - Focal Points of the Government of the Republic of Uzbekistan

1	Mr. Andrey Mokiy	Deputy chief doctor of Tashkent city narcological dispensary
2	Mr. Akbar Tagayev	Head of the Department of Spirituality, Ministry of Public Education
3	Mr. Sherzod Arapov	Head of Department for International Cooperation, National Centre for Drug Control
4	Mr. Sharafiddin Mirzakulov	Leading specialist, Ministry of Foreign Affairs
5	Mr. Shakhzodkhon Tura-khonov	Senior Investigator, Ministry of Internal Affairs

PLANNING BY PHASES

Once the respective documents selected and sent by the national coordinators have been presented and the map of actors in each country has been defined, let us move on to establish the planning, organization and estimation of the activities to be carried out during the established time period of the project.

SCHEDULE

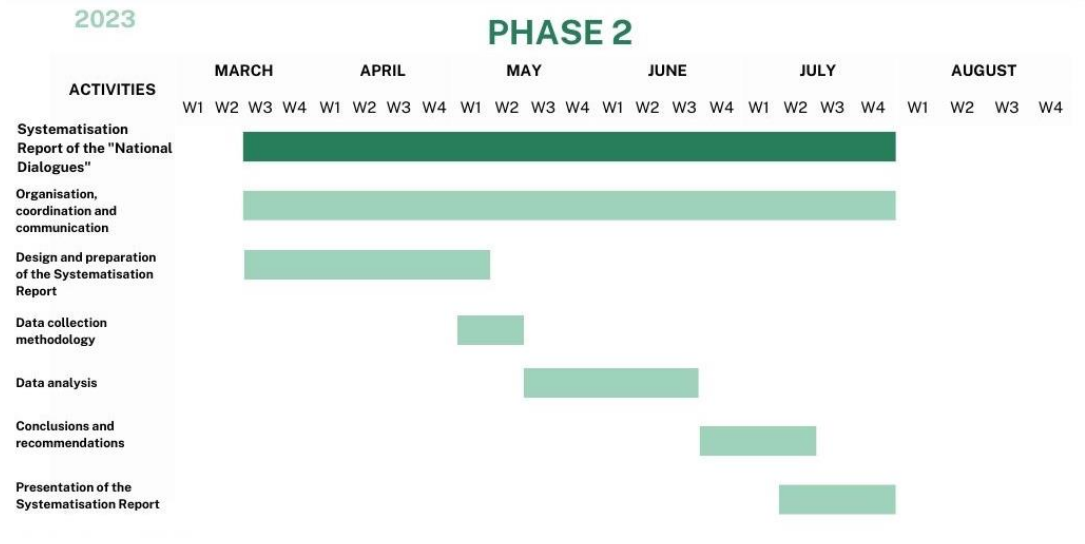


ANNEX I. WORD PLAN

CADAP7-R1

Project Manager: Ricard Faura

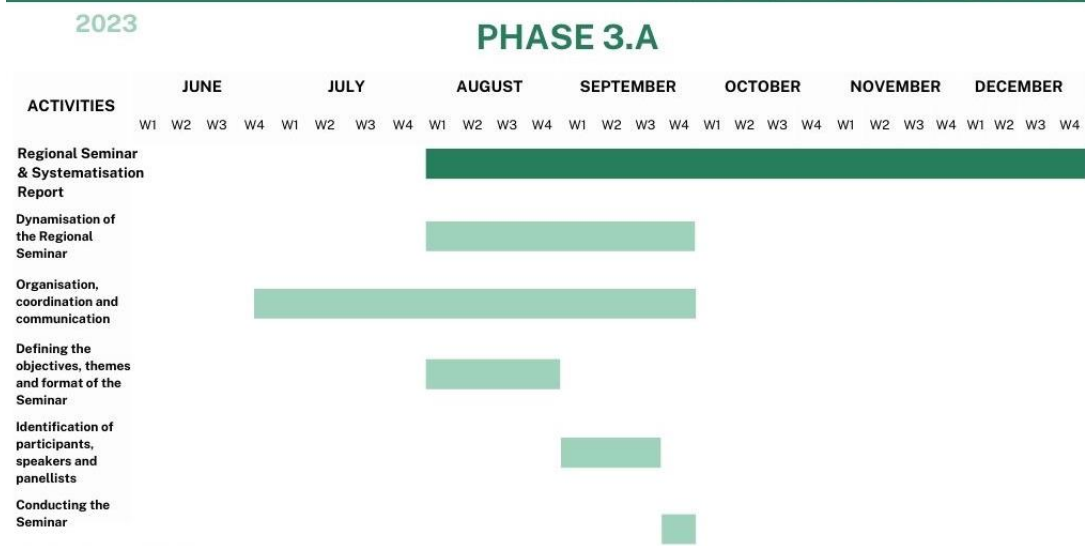
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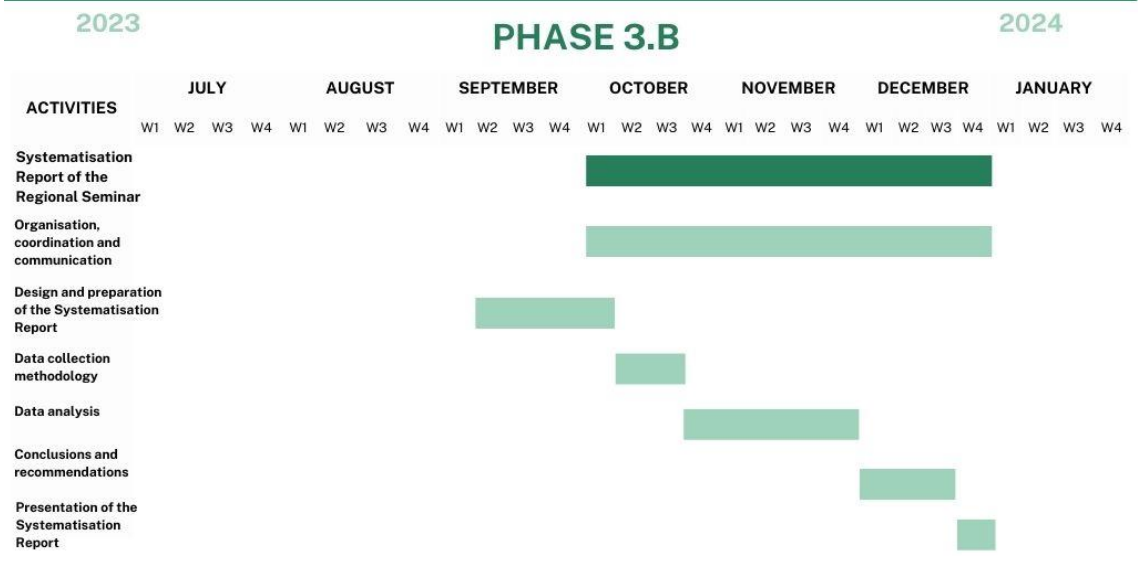
Project Manager: Ricard Faura

Start of CADAP 7 - R1 Thursday, 29/12/2023



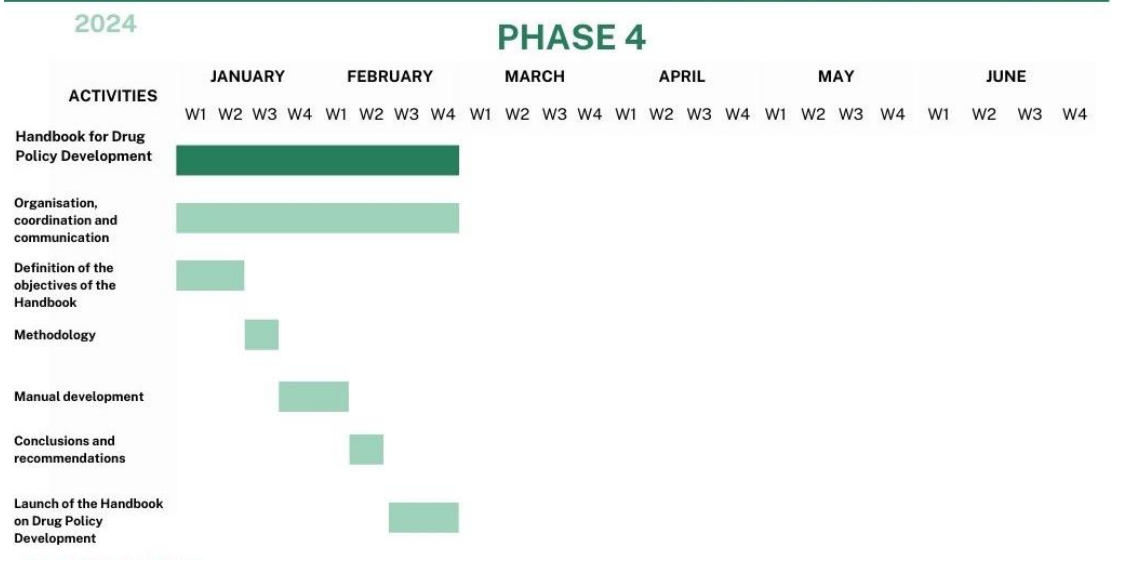
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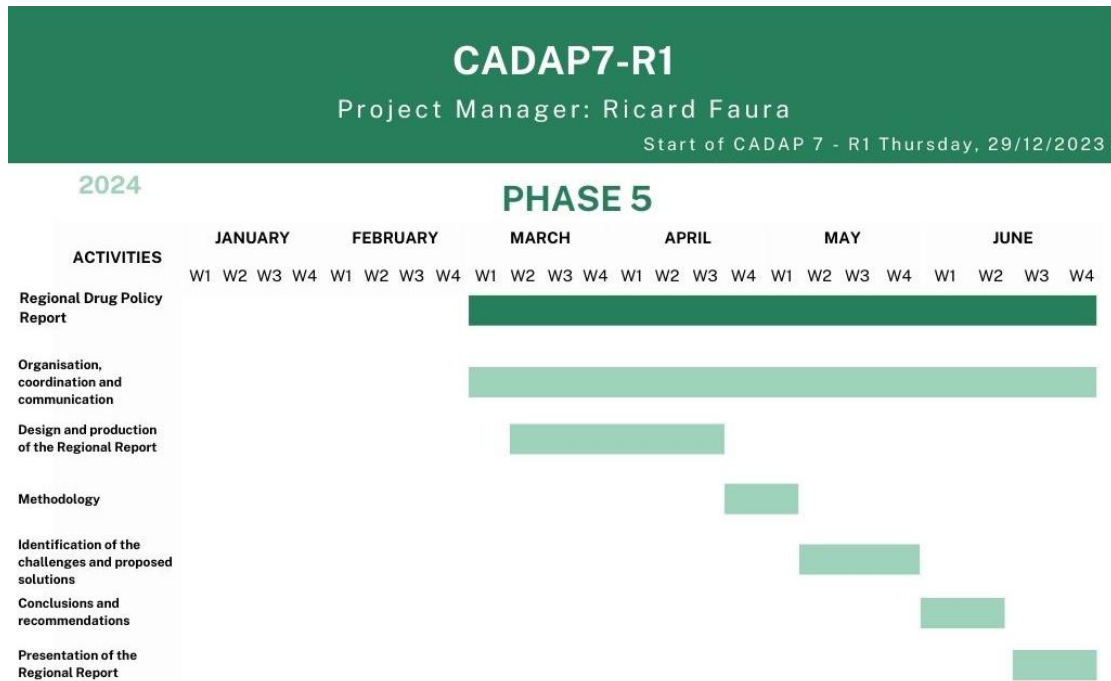
Project Manager: Ricard Faura
Start of CADAP 7 - R1 Thursday, 29/12/2023



CADAP7-R1

Project Manager: Ricard Faura
Start of CADAP 7 - R1 Thursday, 29/12/2023





PHASE 1 - WORK PLAN AND INITIAL REPORT

Estimated completion date: March 2023.

The first phase of the project consists of the planning, organization and estimation of activities. The final deliverable of this phase is the present document, consisting of an Initial Report in which the existing information is systematized, together with a schedule of activities. This Inception Report has been developed in coordination with the CADAP 7 Programme team. The following actions have been carried out to develop the Work Plan, the Initial Report and the schedule:

F1.1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Multiple internal meetings** have been held within **the Episteme team** to organize the work plan to be followed in this phase of Component 1.
- Constant communication and coordination channels have been established with the management of CADAP 7 -also on behalf of FIIAPP-, with the Regional Advisor of the CADAP 7 Programme and with the national coordinators of the beneficiary countries.

F1.2. - DEFINITION OF OBJECTIVES, WORK PLAN AND INITIAL REPORT

- **The objectives** of the Work Plan and Initial Report have been **defined**.

CADAP 7. REGIONAL DRUG POLICY REPORT

- To this end, **all the activities necessary** to achieve the objectives of the Work Plan and Initial Report have been **identified**. This has been done in coordination with the CADAP 7 Programme team.
- At this point, **all relevant existing information** has been **collected** and then classified and systematized to make it easily accessible to the team.

F1.3. - RESOURCE ESTIMATION, RESPONSIBILITIES AND MONITORING

- **The resources required** to carry out each activity have been **estimated**. The estimate includes time, personnel, equipment and materials, among others.
- CADAP management has assigned responsibilities to each member of the CADAP 7 Programme team to facilitate coordination with Episteme and the execution of this action.
- **Monitoring and evaluation mechanisms** are in place to ensure that the Work Plan and Initial Report are on schedule.

F1.4. - PREPARATION OF THE INITIAL REPORT AND TIMETABLE

- Based on the systematized information, the Initial Report has been drafted.
- A timeline has been prepared that details all the activities, the time it will take to complete each activity, and the time it will take to complete the project in its entirety.

F1.5. - SUBMISSION, REVIEW AND APPROVAL

- The final step is the submission of the Work Plan and Initial Report to the CADAP 7 Programme team for review and approval.

PHASE 2 - NATIONAL DIALOGUE

Estimated completion date: July 2023

This phase of the project will consist of conducting a National Drug Policy Dialogue in each of the Central Asian countries participating in the project. The main objective is to encourage participation and active dialogue among key stakeholders in the countries of the region to strengthen balanced and evidence-based drug policies.

The process of this phase involves constant communication and coordination between Episteme and the participants in the Central Asian countries to ensure effective planning and execution of the national dialogues.

ANNEX I. WORD PLAN

The final product of this phase will be a Systematization Report of the national dialogues, which will include the main findings, conclusions and recommendations obtained in each of the countries of the region.

F2.1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Internal meetings** will be held **among Episteme's work team** to organize the work plan to be followed in this phase.
- **Constant coordination and communication** will be established **with the CADAP 7 team**, mainly with the CADAP management -also on behalf of FIIAPP-, with the national coordinators of the beneficiary countries and with the Regional Advisor of the CADAP 7 Programme, in order to arrange the dates available in each country to hold the National Dialogue. Throughout the process of systematizing and drafting the report, close collaboration will be maintained with the organizers of the National Drug Policy Dialogue and other relevant stakeholders to ensure the accuracy, completeness and relevance of the findings and recommendations.

F2.2. - DESIGN AND PREPARATION OF THE SYSTEMATIZATION REPORT

The Systematization Report will be the final result of the activity of the "National Dialogues" in the Central Asian countries. For the elaboration of this report, a series of qualitative data collection and analysis processes will be carried out to report on the main challenges, opportunities and good practices identified in the region in relation to drug policies.

- **Objectives and purpose of the national dialogue.** The Systematization Report will include a brief introduction of the objectives and purpose of the national drug policy dialogue and the scope of the report, as well as a description of the data collection process.
- **Background analysis.** Background information will be collected in order to provide a broader context for the dialogue in each country, including the current drug policy situation and any recent developments at the national and international level.
- **Methodology.** The report will detail the methodology followed for the elaboration of the "National Dialogues" and the subsequent report.
- **Data description and analysis.** The data collected will be described and then analysed.

- **Conclusions and recommendations.** A set of specific conclusions will be prepared for each of the CADAP 7 member countries, as well as a set of more general conclusions for the region as a whole.
- **Annexes:** the questionnaires and interviews conducted, as well as any other information that helps to contextualize and support the findings and recommendations, should be attached.

F2.3. - DATA COLLECTION METHODOLOGY

The following is a description of the methodology to be used to carry out the data collection, including the selection of participants, the development of questionnaires and interviews, and any limitations or challenges encountered during the process. We then outline the key aspects of conducting the stakeholder interviews and questionnaires:

Review of existing literature

- **A review of the existing literature will be conducted.** The first step that should contextualize the rest of the phase will be to review the existing literature on drug policy in Central Asia. This will also give a clearer idea of the relevant issues and questions to be asked in the qualitative data collection.

Identification of key stakeholders

- **Key stakeholders will be identified.** Although the main key actors to be interviewed or surveyed to obtain the relevant information have already been identified, it will be ensured that no one is missing from the short list of actors. The focus is on drug policy experts, government officials, civil society leaders, representatives of international organizations and other relevant groups.
- Interview and questionnaire design the objectives of the interviews and questionnaires will be identified in the design of the interviews and questionnaires. Before starting to elaborate the skeleton, the specific objectives of the interviews or questionnaires will be defined, such as knowing the legal and regulatory framework on drugs in Central Asian countries, identifying the main challenges in the fight against drugs, evaluating prevention and treatment policies, among others.

Interview design

ANNEX I. WORD PLAN

- **The questions will be designed.** Based on the specific objectives, key stakeholders and literature review, the questions to be included in the questionnaires and interviews will be developed. The questions will be clear, precise and relevant to the issues at hand.
- **Testing will be carried out through exploratory interviews.** Before carrying out the final questionnaires or interviews, they will be tested with some of the key actors identified, in order to identify possible problems in the understanding of the questions or in their wording.

Coordination of interviews

- Once the key stakeholders have been identified, **ongoing coordination will be carried out** with the national coordinators of the Central Asian countries and FI-IAPP representatives to arrange a date and time for the interviews.
- **The availability of interviewees will be taken into account and coordinated** well in advance to avoid scheduling conflicts. Every effort will be made to confirm the attendance of interviewees in advance, through the national coordinators, in order to ensure the punctuality and efficiency of the interview.
- **A reminder will be established** with the interviewees and national coordinators a few days before the scheduled interview date to confirm the location, in this case online through the Teams application, and the time of the interview. This will help to avoid delays or cancellations.
- Finally, after the interview, the **interviewees will be thanked and communication will be maintained** with the national coordinators to follow up on the research and any other coordination needs.

Questionnaire design

- **The format and structure of the interviews and questionnaire will be established.** The format and structure of the questionnaires and interviews will be defined, taking into account the type of information expected to be obtained and the time available for data collection.
- **The questionnaire will be reviewed and adjusted.** Once the questionnaire and interview outlines have been completed, they will be reviewed and adjusted according to the specific needs of each country. Adjustments may need to be made to suit the cultural, political and social contexts of the different Central Asian countries.

Questionnaire administration

- **The confidentiality and anonymity** of the participants **will be assured**, as well as ensuring that the questionnaires are applied in a uniform and unbiased manner.

F2.4. - DATA ANALYSIS

- The information from the interviews and the questionnaire **will be systematized and analysed**.
- **The findings obtained** from the interviews and questionnaires **will be presented** and organized by thematic categories relevant to drug policy in Central Asian countries.
- This section will include an **analysis of trends, similarities and differences** in the participants' perspectives and **recommendations**.

F2.5. - CONCLUSIONS AND RECOMMENDATIONS

- An **executive summary of the main findings and conclusions identified** during the national drug policy dialogue in each country will be prepared, as well as specific recommendations to address the challenges and opportunities identified in the process. The recommendations will take into account the unique political, economic, social and cultural contexts of each country. Prior to developing the recommendations, a working meeting will be held with the CADAP team to refine them so that they are realistic and can be operationalized in future editions.
- **An executive summary of the general conclusions** of the report will be prepared, which will also present an overview of the common trends and areas of convergence in the findings and recommendations of the dialogue meetings in the different countries.

F2.6. - PRESENTATION OF THE SYSTEMATIZATION REPORT

- The Systematization Report will be submitted to the national coordinators of each country and to the FIIAPP for approval.

PHASE 3 - REGIONAL SEMINAR AND SYSTEMATIZATION REPORT

Estimated completion date: December 2023.

ANNEX I. WORD PLAN

Phase 3 consists of two important and complementary activities: the Regional Seminar and the Systematization Report of the seminar itself. Together, these activities have as their main objective to strengthen the knowledge and capacity of relevant actors in the Central Asian region to effectively address the drug problem.

F3.A. - DYNAMIZATION OF THE REGIONAL SEMINAR

The Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies aims to provide participants with the tools and knowledge to develop and strengthen effective drug policies in the Central Asian region.

F3.A1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Internal meetings** will be held **among Episteme's work team** to organize the work plan to be followed in this phase.
- **Coordination and constant communication** will be established with the CADAP management 7 -which also represents FIIAPP-, with the Regional Advisor of the CADAP 7 Programme, and with the national coordinators of the beneficiary countries.
- **The Regional Seminar will be held** on September 28-29, 2023 in Astana, Kazakhstan.

F3.A2. - DEFINITION OF THE OBJECTIVES, TOPICS AND FORMAT OF THE SEMINAR.

- **The objectives and themes of the Seminar will be defined.** This includes specific issues related to the construction and strengthening of drug policies, such as prevention, treatment, harm reduction and criminal justice. The needs and concerns of the countries of the region in relation to drug policies should be taken into account.
- **The format and duration of the Seminar will be defined,** including presentations, panel discussions, group work sessions, among others. The duration of the Seminar will be two days.

F3.A3. - IDENTIFICATION OF PARTICIPANTS, SPEAKERS AND PANEL-LISTS.

- **Key participants should be identified**, which may include government representatives, drug policy experts, health professionals, academics and civil society representatives.
- **Speakers and panellists should be identified to participate in the Seminar**, including national and international drug policy experts with extensive experience and knowledge to address the specific topics of the Seminar.

F3.A4. - CONDUCTING THE SEMINAR

- **The Regional Seminar will be held in accordance** with the defined **objectives, topics, format and duration**. During the event, it must be ensured that participants have the opportunity to interact and discuss the topics covered.

F3.B. - SYSTEMATIZATION REPORT OF THE REGIONAL SEMINAR

Once the Regional Seminar on Building and Strengthening Balanced and Evidence-Based Drug Policies has been held, a Systematization Report should be prepared. The Systematization Report will compile the main aspects highlighted by the counterparts and national authorities, the findings and the conclusions, recommendations or proposals in each case.

F3.B1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Internal meetings** will be held **among Episteme's work team** to organize the work plan to be followed in this phase of Component 1.
- **Constant coordination and communication** will be established with CADAP 7 management, the CADAP 7 Regional Advisor, the national coordinators of the beneficiary countries and FIIAPP representatives. Throughout the systematization and report writing process, close collaboration will be maintained with the Regional Seminar organizers and other relevant stakeholders to ensure the accuracy, completeness and relevance of the findings, conclusions and recommendations.

F3.B2. - DESIGN AND PREPARATION OF THE SYSTEMATIZATION REPORT.

For the preparation of the Systematization Report, during the Regional Seminar to be held in Astana, Kazakhstan, a series of qualitative data collection and analysis processes will be carried out to report on the main challenges, opportunities and good practices identified in the region in relation to drug policies.

- **Objectives and purpose of the Regional Seminar.** The Systematization Report will include a brief introduction of the objectives and purpose of the Regional Seminar on drug policy and the scope of the report, as well as a description of the data collection process.
- **Background analysis.** The background information already collected in the framework of the previous National Dialogues will be compiled in order to bring together all available information on the current drug policy situation and any recent developments at the national and international levels. Should new information emerge, it will be incorporated as an eventual addition to this report.
- **Methodology.** The report will detail the methodology followed for the organization of the Regional Seminar and the subsequent report.
- **Data description and analysis.** The data collected will be described and then analysed.
- **Conclusions and recommendations.** A set of general conclusions will be drawn up for the entire region.

F3.B3. - DATA COLLECTION METHODOLOGY

The specific methodology of data collection will be coordinated with the CADAP team, especially with the regional coordinator. In any case, we will ensure that all materials and documents related to the seminar are collected, such as presentations, programmes, lists of attendees, notes, photos and recordings.

F3.B4 - DATA ANALYSIS

- All information collected **will be reviewed.**
- **The information gathered will be classified into relevant categories**, such as topics, speakers, participants, seminar objectives, results and recommendations.
- **The data as a whole will be analysed** to identify the key issues, problems, proposed solutions and general conclusions of the Regional Seminar.

- The most important and significant **findings** of the Seminar **will be identified**.

F3.B5 - CONCLUSIONS AND RECOMMENDATIONS

- The **Systematization Report** will be written following a logical and coherent structure, including an introduction, seminar objectives, methodology, results, discussion, conclusions and recommendations. The recommendations will take into account the political, economic, social and cultural contexts of each country. Before drafting the recommendations, a working meeting will be held with the CADAP team to refine them so that they are realistic and can be operationalized in future editions.
- In addition to the Systematization Report, an **executive summary of the main findings and conclusions identified during the Regional Seminar** will be prepared, as well as specific recommendations to address the challenges and opportunities identified during the event. An **executive summary of the general conclusions of the report will be** prepared, which will also present the trends, findings and main aspects highlighted by the counterparts and national authorities.

F3.B6 - PRESENTATION OF THE SYSTEMATIZATION REPORT

- The Systematization Report of the Regional Seminar will be submitted to the CADAP Director for approval -as the ultimate responsible for the contract- as well as to the national coordinators of each country.

PHASE 4 - HANDBOOK FOR DRUG POLICY DEVELOPMENT

Estimated completion date: February 2024

This phase of the CADAP 7 Programme will produce a Drug Policy Development Handbook that will focus on providing practical and accessible guidance for the design and implementation of balanced, regionally based drug policies in Central Asia. For the development of the Handbook, detailed research and analysis of existing drug policies in the region, as well as best practices and lessons learned in other contexts internationally, will be conducted.

F4.1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Internal meetings** will be held **among Episteme's work team** to organize the work plan to be followed in this phase of Component 1.
- **Constant coordination and communication** will be established with the CADAP 7 team, mainly with the national coordinators of the beneficiary countries, with the Regional Advisor of the CADAP 7 Programme and with FIIAPP representatives. Throughout the process of developing the Manual, close collaboration will be maintained with the relevant parties to ensure the accuracy, completeness and relevance of the findings and inputs obtained in the previous phases.

F4.2. - DEFINITION OF THE OBJECTIVES OF THE MANUAL

- Based on the work done throughout the previous phases, the **specific objectives to be achieved with the manual will be identified and determined**; for example, to provide information on drug policies, provide tools for policy design or promote the adoption of evidence-based policies.

F4.3. - METHODOLOGY

- A **comprehensive review of existing** national and international **drug policies and literature** will be conducted to identify European best practices and international standards.
- The **specific needs and objectives of the manual** will be identified, considering the findings and inputs previously obtained, which will allow defining its scope, content and structure.

F4.4. - ELABORATION OF THE MANUAL

- **The Systematization Reports of the "National Dialogues"** and the "Regional Seminar" will be **compiled** to take into account the findings and inputs previously obtained.
- **Relevant topics and sections** will be identified **to determine which topics should be included in the manual**, such as current trends, legal frameworks, prevention, treatment, rehabilitation, harm reduction, evaluation and implementation.
- Using the proposed methodology, the content will be written and organized into logical and coherent sections and subsections.

CADAP 7. REGIONAL DRUG POLICY REPORT

- **Practical examples and case studies will be added to** illustrate how drug policies have been implemented in other countries and similar contexts.
- The information shall be presented in a clear, concise and easy to understand manner.
- **The manual will be reviewed and edited** to ensure that it is clear, well organized, consistent and error-free.

F4.5 - CONCLUSIONS AND RECOMMENDATIONS

- **An executive summary** will be prepared **with the main findings and results of the** previous **research** and analysis, highlighting the most relevant aspects that should be considered in the development of drug policies.
- **Concrete and feasible recommendations** for drug policy development will be presented, based on the findings and good practices identified.
- These recommendations **will be addressed to policy makers**, including government authorities, national and international organizations, subject matter experts and other relevant stakeholders.
- **Ethical and human rights implications will be considered in** the development of drug policies, including equity, gender perspective, non-discrimination, respect for human dignity, access to justice and protection of the rights of the most vulnerable.
- **Recommendations** will be presented to **address future challenges** in the development and implementation of drug policies.

F4.6. - PRESENTATION OF THE HANDBOOK FOR DRUG POLICY DEVELOPMENT

- The Manual will be submitted to the national coordinators in each country and to the FIIAPP for approval.

PHASE 5 - REGIONAL DRUG POLICY REPORT

Estimated completion date: June 2024

The main objective of Phase 5 of the CADAP 7 Programme will be the elaboration of the Final Report: **Regional Drug Policy Report**. This report will be the final result of all the previous phases of the project, and therefore will include a detailed synthesis of the

ANNEX I. WORD PLAN

processes, methodologies, challenges, solutions and lessons learned throughout the Programme.

F5.1. - ORGANIZATION, COORDINATION AND COMMUNICATION

- **Internal meetings** will be held **among Episteme's work team** to organize the work plan to be followed in this phase of Component 1.
- **Coordination and constant communication will be** established with the national coordinators of the beneficiary countries, the Regional Advisor of the CADAP 7 Programme and FIIAPP representatives.

F5.2. - DESIGN AND PREPARATION OF THE REGIONAL REPORT

- The Regional Report will include the **background, the methodology applied and its content, the challenges faced, the solutions proposed, the lessons learned**, taking into account the previous deliverables and incorporating the good practices identified, as well as the conclusions and recommendations.
- It will also include **the national reports** prepared in each of the Central Asian countries benefiting from the Programme.

F5.3. - METHODOLOGY

- **The processes initiated by the technical assistance will be explained**, detailing the objectives, methodologies and strategies used to strengthen drug policies in each of the Central Asian countries.

F5.4. - IDENTIFICATION OF CHALLENGES AND PROPOSED SOLUTIONS

- **The challenges faced during the CADAP 7 Programme** will be identified. Thus, on the one hand, we will reflect on issues related to the lack of access to certain information to carry out certain activities, the reasons why there is little information and data in the region on drugs, the lack of regional coordination, etc.; and on the other hand, we will examine issues related to the changing geopolitical situation, such as the strategy of the different foreign powers in the region (especially Russia), or the position of the Taliban regime in relation to its policies on drugs, among others.
- **Solutions to the challenges** faced during the CADAP 7 Programme will be proposed.

- **Lessons learned** during CADAP 7 will be identified, both in terms of what worked well and what did not work so well.

F5.5. - CONCLUSIONS AND RECOMMENDATIONS

- **The main findings and results** obtained throughout the CADAP 7 Programme will be presented.
- **An analysis of the main problems and challenges** identified during the CADAP 7 Programme will be presented and an overview of the conclusions obtained will be provided.
- **Concrete recommendations for improving drug policies** in the region will be presented, based on identified best practices and international standards.
- A section of **final reflections on the challenges and opportunities** presented by drug policies in the region will be included, highlighting the importance of continuing to work on this issue.

F5.6. - PRESENTATION OF THE REGIONAL REPORT

- The final step is the submission of the Regional Report to the CADAP 7 team for review and approval.