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ON DRUG

НАРКОВАЗИЯТ

SITUATION

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IN THE REPUBLIC OF

МИЛЛИЙ

UZBEKISTAN

ШАРҲ

The National Centre
on Drug Control under the
Cabinet of Ministers of
the Republic of Uzbekistan

2012



**2012 National report on the Drug Situation in the Republic of Uzbekistan
(Drug situation in 2011)**

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(2011 йилдаги нарковазият)**

**Национальный отчёт о наркоситуации в Республике Узбекистан 2012
(Наркоситуация в 2011 году)**

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Drug situation in 2011

REPUBLIC OF UZBEKISTAN

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The review of the Drug Situation in the Republic of Uzbekistan in 2011 has been prepared within the framework of the implementation of the DAMOS Component of the European Union Central Asia Drug Action Programme – CADAP 5, with the support of the German Society for International Cooperation.

The review includes information provided by ministries, agencies, and public and non-governmental organisations involved in the prevention of drug addiction and HIV/AIDS, as well as in counteracting illicit drug trafficking, the state of the art with regard to the implementation of existing national programmes, issues related to coordination and inter-agency cooperation, and a study of the situation in this field.

Taking into account the system of statistical reporting on drug supply and demand reduction that exists in Uzbekistan, the guiding principles, key epidemiological indicators, and guidelines for the preparation of national reviews developed by the European Monitoring Centre for Drugs and Drug Addiction were used as applicable.

EXECUTIVE SUMMARY

The analysis of data coming from the law enforcement system has shown that the drug situation in the country remains tense. The defining factor that has a negative influence on the trends in the development of the drug situation in the country is still drug production in neighbouring Afghanistan and the flow of drugs trafficked through the “Northern Route”.

The law enforcement machinery of Uzbekistan uncovered 8171 drug-related crimes in 2011 (8854 in 2010).

5404 kg of drugs (4717 kg in 2010) were confiscated from illegal suppliers in 2011; 62% of this amount was cannabinoids and 38% was opiates.

The judicial bodies of the Republic processed 3922 criminal cases (4472 in 2010) related to illegal drug trafficking in 2011, as a result of which 5248 (5828) persons were convicted. 107 (115) foreign nationals were detained for the commission of crimes related to illegal drug trafficking; 182.5 kg (314.6 kg) of various narcotic drugs were confiscated from them, which represented 3.4% of the total volume of drugs confiscated in 2011.

The general prevalence of drug use among the population was not studied. In 2006, within the frame of an ESPAD study, a very low level of drug use among school students (0.5% in the age group aged 15-16 years) was revealed. According to the data of the drug addiction registry, the beginning of drug use occurs in early adulthood, at the age of between 20 and 30 years old.

In 2011, the number of drug addicts registered with the health providers of the Republic was 18,197 persons (18,939 persons in 2010). Most of them were men (96%). A trend towards a decrease in the number of registered drug addicts started in 2009.

In the addiction structure, 14,094 persons or 77.4% of patients (14,996 in 2010) were dependent on opiates. As before, the most commonly consumed drug among registered drug users was heroin, used by 12,500 of them (13,135).

47.9% of registered drug addicts use the drug by injecting. Most of them are opiate users. It should be noted that the share of heroin-dependent patients among injecting drug users was 92.8%.

3584 (3795) new cases of HIV infection were registered, out of which 465 or 13% (600 or 15.8%) were among injecting drug users. The rate of injecting drug users among new cases of HIV infection has been decreasing steadily .

The number of people living with HIV is 21,542 (18,758), out of whom the share of HIV-infected drug users is 6258 (6804) or 29% (36.3%).

According to sentinel surveillance carried out in 2011, the HIV prevalence among injecting drug users was 8.5% and that of hepatitis C 20.9%. The prevalence of infections is decreasing in comparison with the results from 2005 and 2007.

The number of patients treated in the narcological facilities of the Republic was 4816 (5805). The share of patients treated in inpatient conditions decreased to 70.3% (78.1%), and that of those treated in outpatient conditions increased to 27.1% (19.4%).

According to information provided by the Chief Forensic Examination Office of the Ministry of Health, the number of deaths caused by overdoses on narcotic substances was 37 (38) or 0.13 per 100 thousand members of the population. The number of deaths decreased 5.4 times in comparison with 2005.

As of the end of 2011 the mortality rate among drug users was 2.9% of the total number of drug users registered in dispensaries. Total mortality among drug users was 6.8 times higher than the mortality among the general population of the same gender and age.

Work on the improvement of the regulatory legal basis regulating the activity of the narcology service continued.

The Ministry of Health has developed and adopted a Regulation "On the procedure for revealing, registration, examination and medical and social rehabilitation of minors abusing alcoholic beverages and narcotic, psychotropic, and other substances influencing their mental volition".

Decrees of the Ministry of Health adopted the Regulations "On narcological inpatient units" and new "Standards for the diagnosis, treatment, and medical and social rehabilitation of patients with addictions".

In addition, the regulatory legal basis regulating the activity of "trust points" within AIDS Centres, which provide harm reduction services, was improved.

The work on motivating patients to cease drug consumption and to apply to narcological facilities was included in the list of standard services provided by the "trust points" by a Decree of the Ministry of Health.

The Decree of the Ministry of Health "On increasing the effectiveness of the work of the "trust points" was developed.

The Regulation of the State Commission of the Republic of Uzbekistan for Drug Control, ministries, agencies, and public organisations approved a programme of comprehensive measures for fighting against drug abuse and illicit trafficking during the period 2011-2015.

The management, coordination, and supervision of the performance of the programme was entrusted to the State Commission for Drug Control and its permanent administrative arm, the National Centre for Drug Control.

MAIN TRENDS AND DEVELOPMENTS

1. DRUG POLICY: LEGISLATION, STRATEGIES, AND ECONOMIC ANALYSIS

1.1. Introduction

The state strategy of the Republic of Uzbekistan in the field of controlling the trafficking of narcotic substances is aimed at the prevention of the use of state territory for the smuggling of narcotic substances by transnational organised criminal groups, the liquidation of the raw material basis for drug dealing within the country, the implementation of international agreements and imposing strict controls on the illicit trafficking of narcotic drugs, the provision of an effective struggle against illegal drug trafficking, guaranteed medical support to drug users, and extension of international cooperation in this field.

1.2. Legal framework

The Republic of Uzbekistan is a signatory to a range of international conventions, which include:

- Single Convention on Narcotic Drugs, 1961;
- Convention on Psychotropic Substances, 1971;
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

The current regulatory-legal acts of the Republic of Uzbekistan are provided in an appendix.

1.2.1. Implementation of legislation in 2011

In 2011 work was conducted on the improvement of the regulatory legal basis regulating the activity of the narcological service.

Thus, the Ministry of Health developed and approved the Regulation “On the procedure for the identification, registration, examination, and medical and social rehabilitation of minors abusing alcoholic beverages and narcotic, psychotropic, and other substances influencing their mental volition” (Ministry of Health of the Republic of Uzbekistan, 2011a).

The procedure regulates registration and observation, as well as containing guidelines on the treatment and medical and social rehabilitation of minor patients with addiction disorders. The minors are sent for medical examination at their own demand, and if they are under 14 years old, with the written consent of their parents or other legal representatives. The procedure also determines the specific nature of the narcological aid provided to minors, particularly the necessity to keep them apart from adults during inpatient treatment, and the conditions for inpatient treatment for patients under 15 years old. It determines the minimum period of inpatient treatment for adolescents, the period of observation, and criteria for removal from the preventive registration list.

In order to improve the quality and effectiveness of the treatment of patients with addictions, Order No. 249, dated August 22, 2011, approved the “Regulation on inpatient narcological units”, which defines the structure, main tasks, and functions of inpatient treatment, as well as

the procedure for the direction, admission, and organisation of treatment in narcological inpatient units (Ministry of Health of the Republic of Uzbekistan, 2011b).

Order of the Ministry of Health No. 310, dated November 17, 2011, approved the new “Standards for the diagnosis, treatment, and medical and social rehabilitation of patients with addictions”, developed for the provision of specialised medical assistance in cases of alcohol, drug, and toxicological dependence. Standards were passed for a comprehensive, gradual, and differentiated approach to the therapy of addiction diseases. Treatment and diagnostic activities are differentiated with regard to their clinical form, phase of the disease, and level of severity of specific clinical states, which have their own code in the International Classification of Diseases (ICD-10). The Standards include treatment methods which do not raise doubts from the point of view of evidence-based medicine (detoxification therapy, symptomatic therapy, medicinal treatment of mental diseases, physiotherapy, acupuncture, psychotherapy, methods of medical and social rehabilitation). The conditions for conducting treatment (outpatient or inpatient) and period of observation of the patients are clearly determined (Ministry of Health of the Republic of Uzbekistan, 2011c).

Standards for medical and social rehabilitation have been developed for all clinical forms of dependence on psychoactive substances, with the indication of conditions and terms of the implementation of the rehabilitation programme. The activities are differentiated on the basis of the determination of the level of the capacity for rehabilitation the patients have. The standards reflect the sequence, duration, and contents of the phases of rehabilitation work.

The regulatory legal basis regulating the activity of “trust points” under the auspices of the AIDS Centres (located in the AIDS centres) which provide harm reduction services was also improved.

Work on motivating patients to cease drug consumption and to apply to narcological facilities was included in the list of standard services provided by the “trust points” by Decree of the Ministry of Health No. 29, dated January 20, 2011.

Decree of the Ministry of Health No. 232, dated August 1, 2011, “On increasing the effectiveness of the work of the “trust points”” was developed.

This Decree approves the procedure for the organisation of the activity and staff of the “trust points”, as well as determining the procedure for accounting and registration of visits and services provided, regular training of staff in the area of HIV/AIDS, sexually transmitted diseases, and drug addiction, and conducting the monitoring and evaluation of activities.

In order to ensure compliance with established sanitary norms a decree on the safe disposal of syringes used by drug users was developed and approved.

1.3. National strategy and coordination in the field of the fight against drugs

1.3.1. National Strategy

On the national level the antidrug policy is implemented in the form of legislative regulation of public relations.

In order to implement comprehensive measures for counteracting drug abuse and illicit drug trafficking, improvement of the system for the provision of narcological assistance, and the organisational, normative legal, and resource provision for anti-drug activities, a programme of comprehensive measures for the prevention of drugs and illicit drug trafficking for 2011-2015 was approved by Regulation No. 11/11, dated June 8, 2011, of the State Commission for Drug Control of the Republic of Uzbekistan (State Commission for Drug Control of the Republic of Uzbekistan, 2011).

The main aims and tasks of the programme are as follows:

- improvement of the mechanism and raising the effectiveness of measures aimed at counteracting the illicit trafficking of drugs, psychotropic substances, and precursors;
- further strengthening of the material and technical basis and staffing of special units involved in the fight against drug trafficking and the prevention and treatment of drug addiction;
- permanent supervision of the scale of the prevalence of illegal drug use in the Republic of Uzbekistan;
- improvement and development of the narcological service and the further introduction and use of modern preventive, diagnostic, treatment, and rehabilitation techniques for drug addicts;
- conducting targeted work on preventing the spread of drug abuse and drug-related crimes;
- improvement and expansion of international and interagency cooperation in the field of counteracting drug abuse and illicit trafficking;
- improvement of the legislative basis.

The management, coordination, and supervision of the implementation of the Programme have been entrusted to the State Commission for Drug Control and its permanent office, the National Centre for Drug Control.

1.3.2. Developments

During the implementation of the request of the Senate Committee of the Oliy Majlis (Parliament) of the Republic of Uzbekistan, the National Centre for Drug Control summarized the proposals received from the ministries and agencies on the amendment of the legislative acts of the Republic of Uzbekistan in the field of trafficking in narcotic substances, psychotropic substances, and precursors, and narcological services.

In order to improve the regulatory legal basis in the field of controlling drugs, the Ministry of Health and Ministry of Internal Affairs were proposed to develop a Regulation "On the implementation of control over legal trafficking in precursors on the territory of the Republic of Uzbekistan".

The preparation of a normative act is included in the section of the draft programme of comprehensive measures for the prevention of drugs and illicit drug trafficking for 2011-2015, which provides an improvement of the legislative basis.

Additionally, the National Centre summarized proposals on the adoption of additional measures for the improvement of the quality and effectiveness of the activity of drug control services by the corresponding ministries and agencies.

1.3.3. Coordination

Since 1994 the State Commission for Drug Control of the Republic of Uzbekistan has been working as an interagency body for the coordination of the fight against illicit drug trafficking and the development and implementation of effective measures to prevent the spread of drug abuse (Cabinet of Ministers of the Republic of Uzbekistan, 1994). The executive body of this Commission is the National Information Analysis Centre for Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan (for more details please see the annex “coordination mechanisms”).

1.4. Budget and funding issues

The funding of the programme of comprehensive activities to counteract drug abuse and illicit drug trafficking in the period 2011-2015 is provided from the budgetary assets of the ministries and agencies involved in the implementation of the programme.

The funds allocated for the needs of the narcological service in 2011 increased by 1.4 times in comparison with 2010 and reached an amount of 12,620 billion Sum¹ (9,273 billion Sum in 2010). This funding includes expenses for medicines, the purchase of treatment and diagnostic equipment, hardware and software, food for patients, etc.

¹ This amount is equivalent to ≈ 5.5 million Euro.

2. DRUG USE AMONG THE GENERAL POPULATION AND AMONG SPECIFIC TARGET GROUPS

2.1. Introduction

The number of drug users among the population is determined by making research, in the course of which the people are interviewed on whether they have used drugs within standard periods of time, such as within the last month, the last year, or within their lifetime.

The specific type of direct evaluation of the prevalence of drug use among the population is the official form of statistical reporting – narcological registration.

2.2. Drug use among the population

No research into the evaluation of the prevalence of drug use among the general population was carried out in the Republic. The programme of comprehensive measures for the prevention of drugs and illicit drug trafficking for 2011-2015 provides for such research being conducted.

2.3. Drug use among young people

The last research to evaluate the scale of use of alcohol, tobacco and drugs among young people (the pupils of the 9th forms of public schools) in the Republic of Uzbekistan was conducted in 2006, within the frame of the UNODC, using methods developed by the European School Survey Project on Alcohol and other Drugs – ESPAD (Ministry of People's Education of the Republic of Uzbekistan, 2006).

100 schools in the city of Tashkent and the Tashkent, Samarkand, Andizhan, Bukhara, and Surkhandaria regions were selected using the random sampling technique, with account being taken of their geographical location. In total 5851 children born in 1990 (2766 boys and 3085 girls) were interviewed.

Within the above-mentioned age group of pupils from the pilot regions, a low level of drug use was shown. In general, among the respondents who were interviewed, the number of persons who had used a narcotic substance (cannabis, inhalants) 1-2 times within their lifetime was 0.5%. All of them were episodic cases that had not led to systematic abuse.²

6.7% of the pupils who were interviewed answered that they had smoked tobacco at least once in their life, and 2.4% stated that they used naswar.³

2.4. Drug registration system

The Republic of Uzbekistan has a drug registration system which includes dispensary registration and prophylactic observation of drug users, the procedure for which is implemented in accordance with an Instruction approved by order of the Ministry of Health of the Republic of Uzbekistan No. 278, dated May 15, 2005. (Ministry of Health of the Republic of Uzbekistan, 2011d).

² Episodic use means separate rare cases of drug use related to a situational moment.

³ Naswar – a chewing product based on nicotine, produced with tobacco and caustic lime.

According to the regulatory document, those persons who perform the non-medical application of psychoactive substances should apply voluntarily or be directed by the law enforcement bodies, as well as by medical facilities, to the narcological facilities of the public health system for medical examination.

In the event of a diagnosis of drug addiction they will be subjected to *dispensary registration* and dynamic observation in outpatient narcological units. The diagnosis can be made both in outpatient and inpatient conditions, but only by a narcologist and on the basis of a thorough examination.

In the event of disagreement with the diagnosis of drug addiction the citizen can submit a claim to the superior health providers or to a court.

The decision concerning dispensary registration is to be made by the medical consultation commission of the narcology facility. The dispensary registration is performed in the territorial narcological facility of the place of residence of the drug user.

Exclusions apply to persons who applied voluntarily for narcological help to anonymous treatment units. In such cases dispensary observation of the patients is not performed.

Patients with an addiction without remission and persons who applied for narcological assistance for the first time are examined in outpatient conditions not less than once per month. During the dispensary observation period the patients should receive qualified medical assistance ensuring their long-term remission. In the event of steady remission, the period of dispensary observation is set as 3 years. Within the first year of remission, the patient is examined once per month, in the second year once every 2 months, and in the third year once every 3 months.

Dispensary registration is terminated for the following reasons:

- steady remission (3 years of full withdrawal from any psychoactive substances, including alcohol);
- change of place of residence with departure to outside the territory served by the narcological institution;
- sentence of deprivation from freedom for a term longer than 1 year;
- death.

Removal from dispensary observation as a result of steady remission takes place on the basis of a decision of the medical consultative commission of the narcological institution where the patient was observed.

In cases of drug use without clinical signs of addiction, the drug users are subject to *preventive observation*. The purpose of preventive observation is to prevent the development of drug addiction. The examinations of drug users who are on preventive registration are carried out not less than once per month. With full withdrawal from drug use and the absence of signs of dependency, the duration of preventive observation is limited to 1 year. In the event of a

continuation of drug use and the development of drug addiction syndrome the patient is transferred to *dispensary registration*.

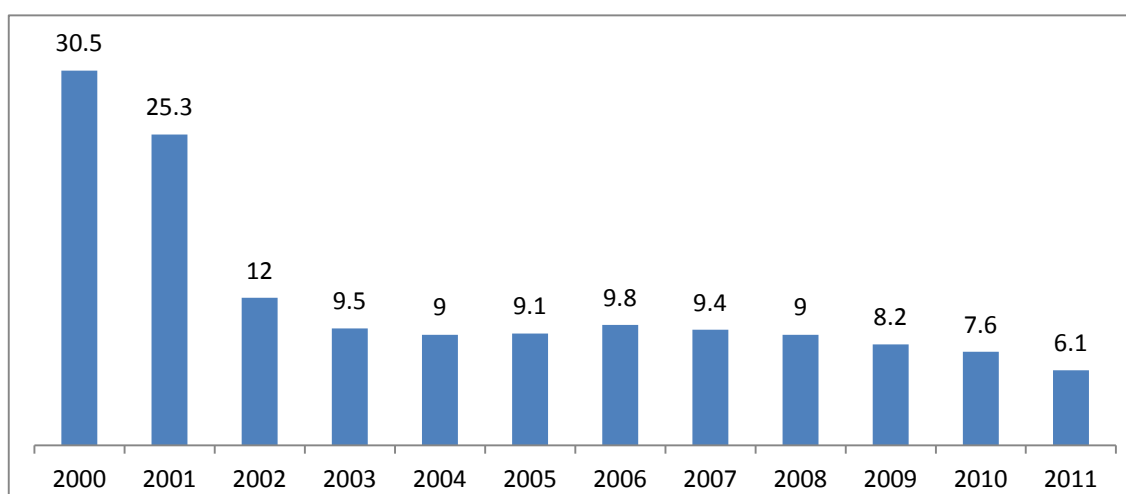
According to the data of the Ministry of Health, the total number of registered persons (dispensary and preventive registration) in the narcological institutions of the republic as a result of the non-medical consumption of psychoactive substances decreased in comparison with the previous year to 19,702 persons (20,457 in 2010) (Ministry of Health of the Republic of Uzbekistan, 2012a). The number of patients with drug addiction and toxicomania enlisted in the dispensary register in 2011 was 18,387 persons (19,134 in 2010).⁴

In 2011 there was a decrease in the number of drug addicts identified and taken for dispensary registration to 2147 (2598 in 2010), while at the same time the drug addiction diagnosis was applied to 80.9% (83.1%) of these persons for the first time.

Among the persons who were diagnosed for the first time in their life, the incidence of opioid group drug users decreased in 2011 to 1134 (1603 in 2010) or 65.3% (74.5%), including heroin users – 1026 (1503) or 59.1% (69.6%) – with a simultaneous increase in the incidence of patients with cannabinoid dependence – 555 (463) or 32% (21.4%).

The reduction of the average primary morbidity indicator for the republic⁵ of drug addiction continues – 6.1 per 100 thousand members of the general population (7.6).

Figure 2-1. Primary morbidity with drug addiction per 100 thousand members of the population



The highest primary morbidity indicator was noted in 2000 (30.5) and in 2001 (25.3).⁶

⁴ The difference between the “drug addiction” and “toxicomania” diagnoses is related to the legal criteria of the psychoactive substance which forms the addiction. If the substance has the legal “status” of a drug (i.e. a substance included in the list of drugs in the Republic of Uzbekistan), then drug addiction is diagnosed. The list of drugs includes all opiates, cannabinoids, cocaine, amphetamine, LSD, psilocybin etc.

If the addiction that is revealed is to a psychoactive substance not included in the list of drugs, then toxicomania is diagnosed and the substance itself is called a “toxicogen” or “toxicomanic substance”(anxiolytics, caffeine, antiparkinsonian drugs, diphenylhydramine, volatile solvents etc.).

⁵ The primary morbidity indicator is the relation of the number of persons with a first drug addiction diagnosis in their life within the reporting year to the average annual number of the population multiplied by 100 thousand.

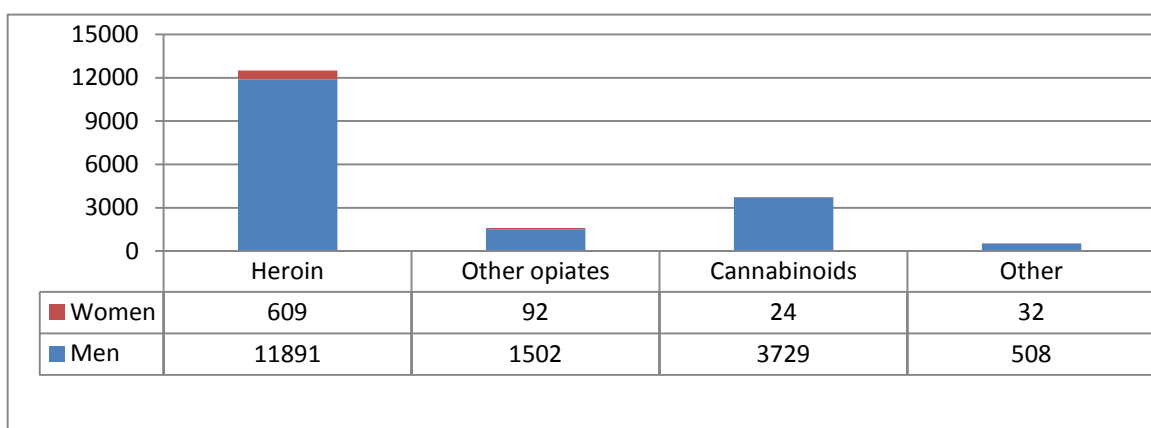
⁶ Carrying out anti-terrorist operations after the notorious events of September 11, 2001 and activation of the activity of law enforcement bodies of the country on the suppression of the transit and trafficking of drugs could have had an

In the structure of drug addiction in 2011 the incidence of opiate group addicts decreased slightly – 77.4% (79.1%). The incidence of heroin addicts decreased to 68.7% (69.4%).

Table 2-1. Number of patients with drug addiction and toxicomania subjected to dispensary registration by types of drugs used in 2000-2011

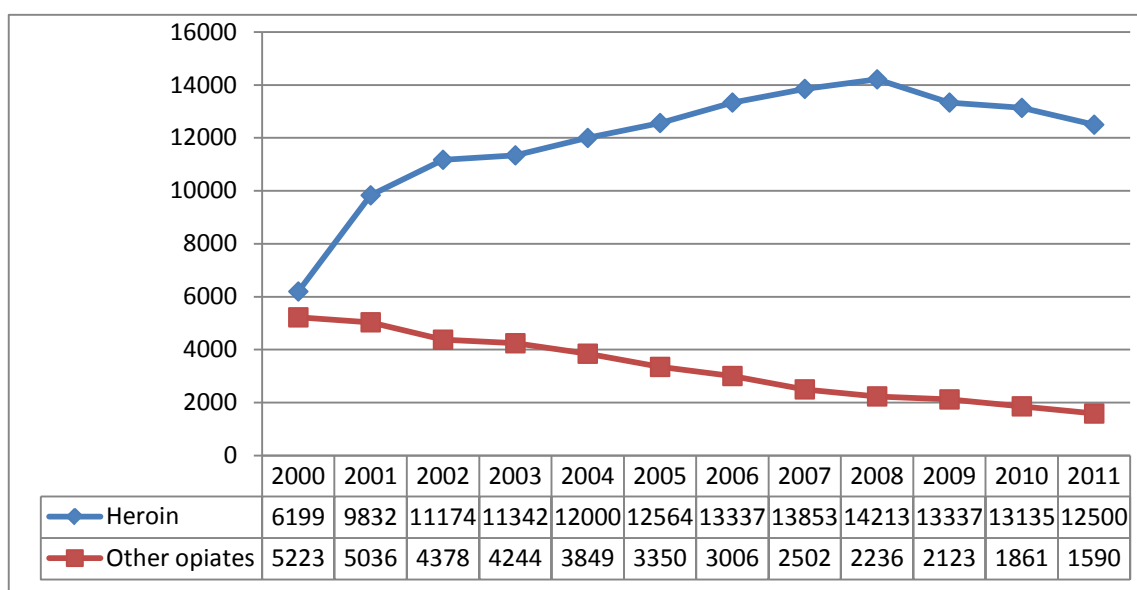
Years	Heroin		Other opiates		Cannabinoids		Other		Total		
	M	F	M	F	M	F	M	F	M	F	Total
2000	5820	379	4773	450	2540	56	571	47	13704	932	14636
2001	9148	684	4638	398	2907	56	536	50	17229	1188	18417
2002	10483	691	4008	370	3083	55	504	42	18078	1158	19236
2003	10614	728	3908	336	3162	50	549	39	18233	1153	19386
2004	11282	718	3543	306	3350	62	545	38	18720	1124	19844
2005	11829	735	3091	259	3331	48	531	44	18782	1086	19868
2006	12570	767	2807	199	3048	43	492	38	18917	1047	19964
2007	13081	772	2327	175	3251	35	432	27	19091	1009	20100
2008	13474	739	2067	169	3355	37	436	25	19332	970	20302
2009	12627	710	1972	151	3791	37	423	26	18813	924	19737
2010	12461	674	1746	115	3651	23	434	30	18292	842	19134
2011	11891	609	1502	92	3729	24	508	32	17630	757	18387

Figure 2-2. Number of patients with drug addiction and toxicomania subjected to dispensary registration by gender and types of drugs used in 2011



influence on the drug situation. The availability of drugs was significantly reduced, and thus their price increased. As a result, there was a decrease in the number of cases of registration of drug addicts in 2002 by 2 times in comparison with 2001.

Figure 2-3. Number of drug addicts subjected to dispensary registration addicted to opiates



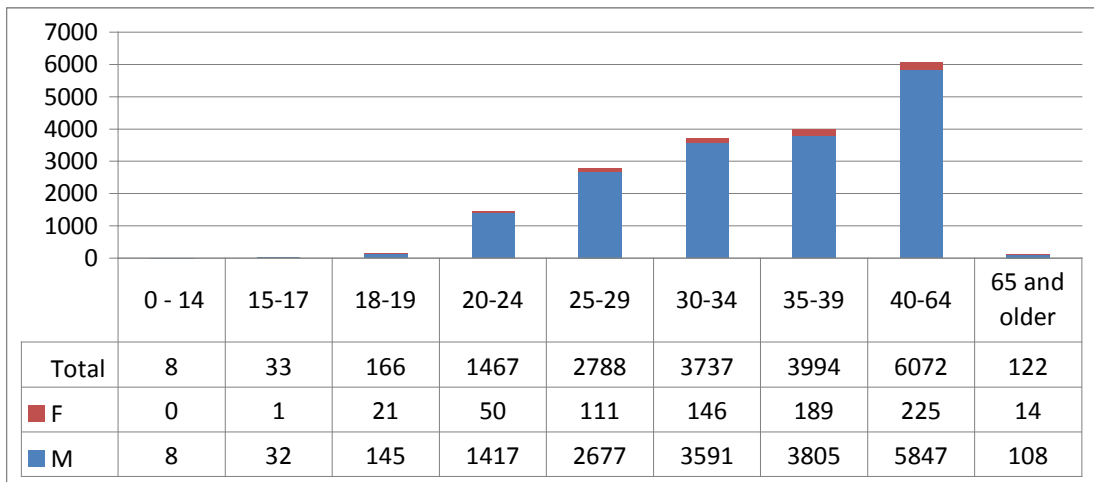
The age characteristics of drug addicts have undergone some changes. In 2011 the share of patients aged 20-39 years old was 65.2% (68.7% in 2010), and that of those aged older than 40 was 33.7% (30.5%).

Table 2-2. Age and gender characteristics of drug addicts registered within 2001-2011

Year	0 - 14		15-17		18-19		20-24		25-29		30-34		35-39		40-64		65 and older ⁷	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2001	42	10	103	18	619	74	2792	274	3962	302	3718	198	3018	104	2975	208	-	-
2002	38	2	78	18	582	49	2536	219	4116	333	4088	217	3492	139	3148	181	-	-
2003	46	1	71	11	230	34	1958	197	4128	313	4495	212	3510	157	3795	228	-	-
2004	35	1	101	4	197	38	1681	179	4106	330	4799	207	3814	151	3987	214	-	-
2005	32	7	95	6	169	26	1871	178	4128	318	4670	197	3883	157	3934	197	-	-
2006	26	4	83	6	175	24	1839	170	3951	285	4635	238	3875	143	4333	177	-	-
2007	17	1	65	5	209	25	1599	134	3535	234	4631	219	4191	167	4670	191	174	33
2008	3	1	48	7	192	17	1507	104	3303	222	4496	206	4365	163	5238	207	218	43
2009	9	-	42	3	158	18	1529	62	3160	176	4040	196	4233	179	5474	256	168	34
2010	9	-	44	1	157	20	1474	66	3044	127	4028	166	4019	182	5399	258	118	22
2011	8	-	32	1	145	21	1417	50	2677	111	3591	146	3805	189	5847	225	108	14

⁷ Within the period until 2006 the indicated age groups were categorised as “40-60” and “60 and older”, and therefore in this case they were combined.

Figure 2-4. Age and gender characteristics of drug addicts registered in 2011



3. PREVENTION

3.1. Introduction

The main purposes of preventive activity are the reduction of demand for drugs and other psychoactive substances, the reduction of the number of persons within high-risk groups of involvement in drug use, and the reduction of drug addictions.

The sources of information on the implementation of preventive activities are various ministries, agencies, and public organisations.

3.2. General prevention

3.2.1. Prevention at schools

The organisation of medical educational work in educational institutions, including drug prevention, is carried out within the framework of the “Healthy Lifestyle” Programme of the Ministry of Public Education, which consists of two sections:

1. “Health lessons” for pupils in forms 1-4,
2. “Basics of a healthy generation” for pupils in forms 5-9.

17 class hours per year are allocated for each section.

2.1 thousand teachers of the “Basics of a healthy generation” subject were trained in seminars all over the republic to be trainers in the areas of drug abuse and HIV/AIDS prevention.

The students of colleges are trained through the “Basics of a healthy lifestyle and family” programme.

In the 2010-2011 school year, the following preventive activities were carried out: in junior schools – round table discussions on “pernicious habits”; for the pupils of forms 5-7 of school – dictation on the topic “Negative consequences of drug addiction”, and among the pupils of forms 8-11 of school and students of colleges – a composition contest on “Drug addiction – the enemy of development”.

At all summer holiday camps competitions were conducted for drawings on asphalt, “sports days”, more than 3 thousand round table discussions and question and answer sessions, and other preventive activities.

The Ministry of Health, with financial support from the OSCE, published guidance manuals called “Primary prevention of drug addiction among pupils of public schools” in the Uzbek and Russian languages, with a total number of 500 copies, at a cost of €3300.

3.2.2. Out-of-school youth programmes

The Ministry of Higher and Vocational Education conducted a survey for the purpose of estimating the effectiveness of preventive activities among the students of the colleges in the Fergana, Syrdaria, Andijan, and Kashkadaria regions. The results of the survey show that 95.5%

of the more than 1.2 million young people who responded knew about the negative consequences of drug use.

In February 2011 Tashkent Pedagogical University, jointly with the Institute of Health and Medical Statistics and Republican Centre to fight AIDS, conducted a two-day training seminar on “Basics of valeology”⁸ for 71 teachers. After completion of the seminar all the participants received educational and methodological materials.

The Tashkent City Narcology Dispensary, jointly with the Chair of Narcology of the Tashkent Institute for the Improvement of Doctors, prepared an 18-hour-long programme for teachers on the topic of the prevention and early detection of addiction to psychoactive substances (PAS) in children and adolescents.

The agenda of seminars for teachers of public schools includes introduction to signs of the consumption of specific PAS, the medical and social consequences of PAS abuse, and identifying “risk groups” in educational institutions.

Specific steps to be taken by teachers in the event of PAS consumption being identified, the main principles of the prevention of drug addiction, work on school programmes for the prevention of drug addiction, and interactive methods of preventive work with pupils are described.

The role of the school and family in preventing dependence on PAS and the role of work with parents are covered. Training was conducted in the form of a role play (imitation of a meeting with parents).

In addition, an 18-hour-long agenda of seminars for doctors in the primary line of healthcare on the issues related to the early detection and prevention of alcoholism, drug addiction, and toxicomania was created.

The attendees become acquainted in an interactive form with the concept of addiction as a disease, the signs of the consumption of some specific PAS, the medical and social consequences of PAS abuse, the basics of the treatment and medical and social rehabilitation of drug addicts, and identifying “risk groups” in educational institutions.

Specific steps to be taken by general practitioners in the event of PAS consumption being identified, the role of family medicine centres and the system of activities concerned with the primary prevention of addiction to PAS, and the role of family as a relations system are described. Training was conducted in the form of a role play (imitation of a meeting with a drug addict and their parents, spouse, etc.).

There is a similar 6-hour-long programme for training activists of the makhalla (community) in issues related to the prevention and early detection of drug addiction. The programme includes introducing the attendees to the drug situation in the republic, the signs of the consumption of

⁸ Valeology – integral science dealing with the maintenance of health and a healthy lifestyle. The main task of valeology is to teach people to form and preserve their health. Valeology studies levels, potential, and reserves of physical and mental health, as well as methods, means, and techniques for the maintenance and strengthening of health.

some specific PAS, the medical and social consequences of PAS abuse, the structure of the provision of narcological assistance, the role of the makhalla in the system of activities related to the primary prevention of addictions, and the role of the family as a system of relations.

In addition, a questionnaire survey was conducted among 58.9 thousand students in 75 higher educational Institutions of the Republic to assess their knowledge of the “Basics of valeology” subject, which includes the issue of awareness of the negative consequences of the consumption of psychoactive substances.

The purpose of the questionnaire survey was to define the additional activities for preventive work. 98% of the student respondents were aware of the harmful impact of psychoactive substances on health.

The chair of valeology of the Tashkent Institute for the Improvement of Doctors has prepared a 144-hour-long training programme on “Valeological principles and problems of behaviour” for valeologists and doctors with various profiles.

The Doctors’ Association of Uzbekistan implemented a project on “Awareness of college and university students about the harmful consequences of drug addiction”. Educational events on the prevention of the spread of drug addiction were conducted at the National University and at a range of colleges in the city of Tashkent by specially trained facilitators with the participation of the chair of narcology of the Tashkent Institute for the Improvement of Doctors. 1150 students took part in those educational events.

The public youth movement “Kamolot” conducted work within the framework of a project called “Expansion of coverage and improvement of the quality and completeness of services for HIV prevention for the most vulnerable groups of the population of the Republic of Uzbekistan”, funded by the Global Fund to fight AIDS, Tuberculosis, and Malaria.

Training events were conducted for 14 regional coordinators and 28 trainers on awareness raising on HIV/AIDS, STD, and drug addiction, as well as for training in the principles of work based on the “peer to peer” method and conducting preventive activities among people of similar ages.

Preventive activities covered 31.7 thousand young people in all regions of the Republic, of whom 51% were girls and 49% were boys. Specialists from the AIDS Centres and psychologists were invited to the events; they gave professional consultations and helped the trainers to interpret the meaning of stigma and discrimination on the psychological level.

In the course of conducting preventive mini-sessions and meetings, the trainers distributed more than 3.5 thousand leaflets and 80 posters prepared by the AIDS Centre.

3.2.3. Prevention in society

Active work on the implementation of preventive activities in the field of the maintenance of a healthy lifestyle and prevention of the spread of drug addiction among the general population was continued.

In 2011 the number of lectures given by narcologists increased to 8552 (7836 in 2010) lectures in various groups of the population, 1713 (1581 in 2010) seminars were organised and 675 (741 in 2010) publications were made in the mass media.

Twenty-four-hour consultancy support for the population was provided in all regions of the republic using “hot lines”, which registered 3160 (2847 in 2010) calls.

The Ministry of Defence developed a “Plan of additional activities for the prevention of the use of narcotic and psychotropic substances in the army, propaganda related to a healthy lifestyle, and increasing the responsibility of officers in this work”. For the implementation of this plan, subject meetings, discussions and screenings of video films with the involvement of healthcare specialists and activists from the “Kamolot” PYM were organised in all military units.

The Women’s Committee of Uzbekistan prepared 7314 consultants for makhalla committees, who conducted explanatory work with 130.3 thousand families of labour migrants on HIV and drug prevention. More than 54 thousand people underwent voluntary testing for HIV as a result of this work.

The “Makhalla” Foundation, with the participation of religious leaders and the Women’s Committee of Uzbekistan, ran more than 7 thousand educational and preventive meetings, which covered more than 902 thousand people.

The Direction of Muslims of Uzbekistan prepared and distributed in all mosques a thesis for a special Friday namaz on the topic “Drug addiction is an enemy of the health and spirituality of a person”.

In the course of a special month meetings and discussions on anti-drug topics were organised in the higher educational institutions and their subdivisions, colleges, and public schools, which covered more than 3.6 million pupils and students. In addition, meetings and discussions were conducted in more than 2.5 thousand institutions, organisations, and enterprises where the largest part of the workers is represented by young people.

3.3. Selective prevention by risk groups

Adolescent narcologists carry out consultative appointments in the inspectorate for youth affairs. Medical examination of adolescents registered with the law enforcement bodies (children from problem families, children of alcoholics, students of auxiliary educational institutions, etc.) is carried out.

In 2011, 8296 pupils were directed to internal checks within the school and 2405 (2674 in 2010) pupils were directed to preventive registration with the law enforcement bodies of the Republic. Preventive talks on healthy lifestyles were conducted with this group of people.

2623 children from the “risk group” were involved in various preventive activities: 973 in thematic hobby groups, 978 in sport clubs, and 672 in various hobby groups.

In the course of raids 651 neglected children were detected; 641 children were returned to school, and a mentor was attached to every such child.

Institutions of people's education involve children from problem families in activities on drug prevention and the development of a healthy lifestyle. Especial attention is paid to the organisation of their leisure by means of involving them in various sports clubs and themed hobby groups.

Compositions and drawing competitions among pupils on the topic "I choose a healthy lifestyle" are organised during classroom hours.

School psychologists carry out explanatory work with parents on the provision of psychological and pedagogical assistance in bringing up children.

190 thousand children from needy families were involved in sports events under the title "Children against drug addiction".

From February 1 to March 1, 2011, the Ministry of Internal Affairs conducted special activities in the republic for the prevention of drug addiction among young people, which focused on detecting persons distributing drugs and engaging young people into drug consumption.

3.4. Media campaigns

The Department of Culture and Sport, the Department of Secondary and Vocational Education, the "Kamolot" PYM, "Kelajak ovozi", and the "Makhalla" Foundation organised a regional round of the republican football cup "Futbolimiz kelejagi", basketball and wrestling tournaments, and an open championship in karate under the slogan "Youth of Uzbekistan against drugs".

3.6 thousand children took part in the football competition "Futbolimiz kelejagi", including 320 children who had been directed to preventive registration with the law enforcement bodies, and 608 children from needy families. More than 26.7 thousand adolescents aged 13-14 years old took part in the basketball competition.

For the implementation of the comprehensive plan of activities, the implementation of a month dedicated to combating drug addiction and devoted to the International Day Against Drug Abuse and Illicit Trafficking was provided.

From 22 to 30 June, more than 1.2 thousand meetings and talks on "Counteracting drug addiction is the duty of every person", "The road to the abyss", and approximately 500 dramatic performances and screenings of films attended by more than 1.2 million students were conducted in academic lyceums and professional colleges.

Banners with social advertising were installed in the main streets of the region capitals.

Approximately 500 special informational articles were published in the republican and local print media. In addition, this topic was widely covered by the national TV broadcasting company, using both central and regional channels, by means of broadcasting TV and radio programmes, information reports, and screenings of feature and documentary films prepared by the national cinema agency "Uzbekkino".

On 25-26 June mass show festivals with the participation of famous variety actors and cinema actors and public figures were conducted in the central stadiums (amphitheatres) under the slogan "Youth against drugs".

4. PROBLEM DRUG USE

4.1. Introduction

For the purposes of the present report, the term ‘problem drug use’ should be read as injecting drug use. The type of problem drug use prevalence estimate used is an indirect method (for example, a multiplier method), where various data sources are used.

Information on the characteristics of problem drug users comes from official sources (statistical reporting forms of the Ministry of Health), as well as the results of separate research studies.

4.2. Problem drug use prevalence estimate

The last estimate of problem drug use in Uzbekistan was carried out in 2006 under the auspices of the UNODC. On the basis of the information gathered in the course of the estimation, the number of injecting (problem) drug users in 2006 might have been as much as 0.5% of the adult population of the country, or 80,000 people. Such a high estimated number of IDUs in the republic raises doubts among narcology specialists and requires justification by means of the scientific organisation of epidemiological studies.

The average age at which drugs were first injected was 25.8 years old. Heroin was used for injecting in 95.9% of all cases. Within the last 6 months most IDUs (64%) had been injecting drugs on a daily basis. Such a rhythm of the use of narcotics is found significantly more often in men (66.6%) than in women (45.2%). 21.3% admitted having injected a drug with a non-sterile syringe after it had been used by another drug user, while 21.9% had allowed their non-sterile syringe to be used by other injecting drug users (Ministry of Health of the Republic of Uzbekistan, 2007).

4.3. Information of medical institutions on problem drug use

According to the data of the Ministry of Health, among the total number of drug-addicted persons who used drugs through injecting in 2011 – 8711 (9077 in 2010) – the number of injecting users of heroin was 8085 (8493) or 92.8%. Correspondingly, the rate of injecting users of opium was 7.2% (Ministry of Health of the Republic of Uzbekistan, 2012a).

4.4. Information on problem drug use from non-treatment sources

4.4.1. Information by data of sentinel epidemiological surveillance

Sentinel Epidemiological Surveillance (SES) has been carried out in Uzbekistan in recent years to estimate the epidemiological situation concerning the prevalence of infectious diseases related to drugs and creating a picture of the population of drug users in general (for more detailed information please see the section “Interrelation between health and consequences of drug addiction”, page 39). Separate characteristics of IDUs for 2005, 2007, 2009, and 2011 are provided in Table 4-3.

Table 4-3. Characteristics of IDUs by data of sentinel epidemiological surveillance for 2005-2011

Indicator	2005	2007	2009	2011
Number of IDUs examined	1956	3743	4098	5600
Incidence of women	14.3%	13%	13.3%	11.2
Average age	31.5	34	34	35.2
Higher education	8.3%	8%	6%	7%
Type of drug used	Khanka ⁹ – 5.7% Heroin – 89.6% Other drug – 37.7% Vtoryak ¹⁰ – 2.5%	Khanka – 17% Heroin – 91% Other drug – 9% Vtoryak – 6%	Khanka – 13.1% Heroin – 93.4% Other drug – 9% Vtoryak – 2.5%	Khanka-13.5% Heroin - 69.2% Other drug -15.9% Vtoryak - 1.5%
Duration of drug use	7 years	7.6 years	7.5 years	7.8 years
Duration of injecting drug use	4.4 years	5.3 years	5.9 years	5.5 years
Treatment demand in case of detection of STD symptoms	62%	64%	75%	71%
Injecting drug use and sexual risk behaviour:				
Drug injecting only individually	11%	21%	20%	always - 53% sometimes - 40% never - 7%
Drug injecting individually or in a permanent group	65%	60%	68%	always - 24% sometimes - 46% never - 30%
Drug injecting in an occasional group	24%	19%	12%	always - 3% sometimes - 14% never - 84%
Risky practice of drug injecting is absent within one month	23%	41%	77%	62%
Use of shared syringe last time a drug was injected	33%	20%	18%	7%
Existence of regular sexual partners	48% men 41% women	43% men 41% women	41% men 44% women	37% men 33% women
Existence of commercial sexual partners	21% men 52% women	18% men 36% women	18% men 43% women	23% men 43% women
Use of condoms with occasional sexual partners on occasion of last intercourse	39%	56%	57%	59%
Use of condoms with commercial sexual partners on occasion of last intercourse	65%	70%	68%	76%
STD symptoms and search for treatment	36%	11%	12%	11%

According to the results of the sentinel epidemiological surveillance, 38% of the 1956 IDUs surveyed in 2005 had families, as did 42% of the IDUs surveyed in 2007 and 2009 (3743 and 4098 IDUs surveyed respectively) and in 2011, 44% (5600 IDUs surveyed). Employed: in 2005 – 52% of IDUs, 2007 – 53%, 2009 – only 39%, and in 2011 - 57%. IDUs who had no sources of income: 2005 – 12%, 2007 – 7%, 2009 – 15%, and in 2011 – 14% of the IDUs surveyed.

⁹ Khanka – fixed milk sap collected from the poppy capsules, as well as the solution obtained from this milk sap.

¹⁰ Vtoryak – poppy straw or any other drug containing semi-product for the production of a drug from which the most part of the alkaloids it contained had already been extracted i.e. a drug obtained through repeated extraction from the raw materials that had been treated once.

The availability of HIV infection prevention services and coverage of IDUs by preventive programmes were assessed according to the results of the sentinel epidemiological surveillance. In 2011, 26% (2009 – 35%) of IDUs received informational and educational materials, 53% (49%) disposable syringes, and 42% (43%) condoms.

5. DRUG TREATMENT

5.1. Introduction

The narcology service of the republic has the following definition of the term “treatment”:
Treatment of addiction to psychoactive substances is a complex of medical, psychotherapeutic and sociotherapeutic activities implemented by the treatment and prevention institutions of the specialised narcology service of the Republic of Uzbekistan and aims at reaching stable remissions and prevention of the relapse of drug-related diseases.

5.2. Strategy/policy

In accordance with Article 34 of the Law “On the protection of citizens’ health”, forms and methods allowed by the Ministry of Health of the Republic of Uzbekistan are applied for the treatment of patients with drug addiction and toxicomania. The methods allowed are listed in the “Standards of diagnostics, treatment, and medical and social rehabilitation of drug-addicted patients”, approved by Decree of the Ministry of Health No. 310, dated November 17, 2011. In the organisation of narcological assistance, its main principles are followed:

- availability of the provision of narcological assistance (inpatient, outpatient, in the conditions of a day patient facility, in rehabilitation centres, etc.);
- equal opportunities of access to receiving qualified medical assistance;
- guaranteed anonymous registration (anonymity, confidentiality);
- multilayered organisation of narcological assistance;
- expert activity (expertise for providing a diagnosis, drug intoxication, use of psychoactive substances, necessity of sending for compulsory treatment);
- consultative functions;
- differentiated monitoring of the drug situation;
- coordination, control, and legislative provision of processes of regulation of the system of narcological assistance.

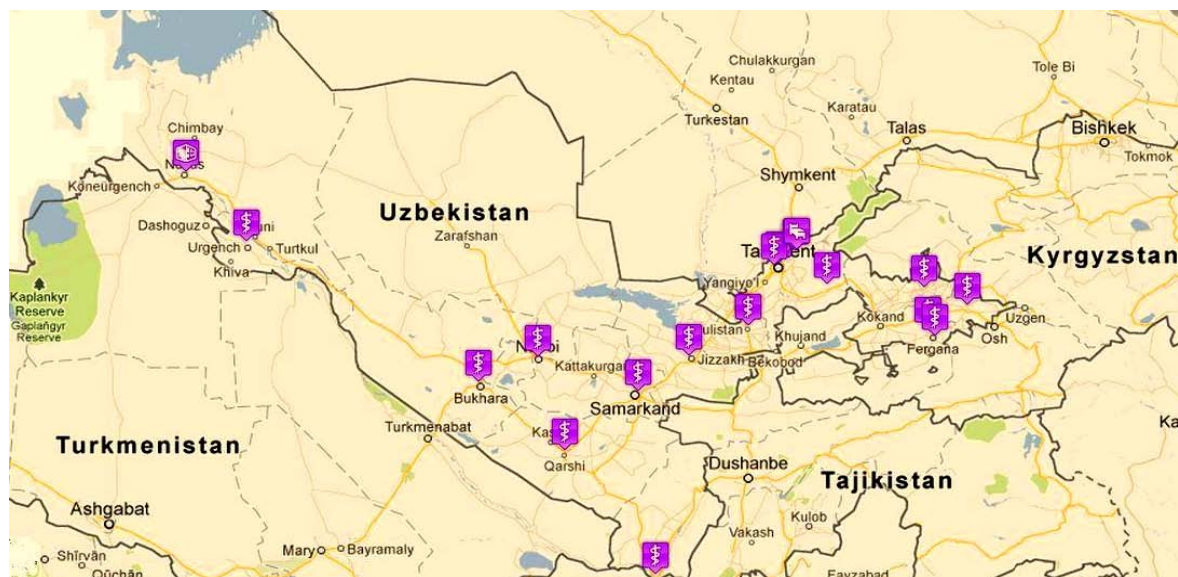
5.3. Treatment system

5.3.1. Organisation

A network of specialised narcology facilities is functioning in the republic. It includes the Republican Narcology Centre, 16 narcology dispensaries, (13 of them have inpatient units), 3 narcology inpatient clinics, and 11 narcology units within mental hospitals. 174 narcology rooms are established in central outpatient clinics. 34 adolescent rooms are functioning. There are 1812 beds for the treatment of drug addicts in the Republic (Ministry of Health of the Republic of Uzbekistan, 2012a).

Drug treatment services to the population are also provided by private clinics. According to the data of the Licensing Department of the Ministry of Health, since 2001 up to the present, 18 private clinics have obtained licenses for the provision of drug treatment services.

Map 5-1. Location of narcology dispensaries



The chair of narcology and adolescent psychopathology of the Tashkent Institute for the Improvement of Doctors (TashIDI) has served as the chief institution of the specialised narcology service since 2010. It performs the methodological management of the drug services.

Both voluntary treatment (carried out with the patient’s consent) and compulsory treatment (on the basis of a judicial decision on a person who avoids voluntary treatment and continues to use drugs without a prescription from a doctor and infringes the rights of other persons) are applied to drug users.

Voluntary treatment includes outpatient assistance, inpatient treatment, and day hospital services.

Compulsory treatment is carried out in the specialised units of narcology dispensaries as a result of a court decision.

5.3.2. Variety

Currently the drug services to drug addicts include the following types of treatment:

1. detoxification at inpatient and outpatient level in all narcology facilities;
2. in order to expand the narcology services the rehabilitation has undergone further development. Programmes of outpatient and inpatient rehabilitation are provided in number of regions of the republic.

The Ministry of Health continues work on the organisation of medical and social rehabilitation units, the introduction of outpatient and inpatient rehabilitation programmes, and special methods of psychotherapy in all the structural subdivisions of the narcology service.

The programmes of medical and social rehabilitation introduced into narcology facilities use the following psychotherapeutic methods:

- manipulative psychotherapy;
- motivational interviewing;
- group rational psychotherapy, information groups, group training (communicative, sensitive, assertive, creative, stress resistance, body-oriented, anti-relapse) art therapy, continual psychotherapy auto-training, holotropic breathing, transactional analysis, gestalt therapy, cult therapy, emotional stress therapy, family psychotherapy, and psychodiagnostic testing. Work with fellow-addicts is carried out.

Rehabilitation programmes accept every patient who applies for help and who has an established diagnosis of addiction to drugs and other psychoactive substances with various levels of potential for rehabilitation. Thus, for the patients with medium rehabilitation potential they use components of the rehabilitation programme which help them to reach more or less continuous remission and rehabilitation of personal status. And for the patients with low rehabilitation potential they use harm reduction and minimisation of negative consequences (the first step of the programme).

The criteria for the admission of patients addicted to psychoactive substances to the programme of medical and social rehabilitation are as follows:

- preliminary receiving of detoxification therapy course;
- presence of the client's motivation to withdrawal from chemical dependency;
- absence of contagious infections in patients (a diagnosis of HIV/AIDS is not a barrier to participation in the programme);
- absence of conditions requiring emergency therapeutic interventions.

Programmes of medical and social rehabilitation include psychotherapeutic and psychological units, environmental therapy, employment therapy, and work with the family.

Starting in 2006, a pilot project on the use of substitution treatment with methadone and buprenorphine was carried out under the auspices of the Tashkent city drug dispensary. The project finished in 2009, and now substitution treatment is not used in Uzbekistan.

5.3.3. Staff

The total number of narcology doctors in 2011 was 368 (379 in 2010). The staffing level of the narcology service with narcologists was 87.5% (88.7% in 2010), including physical persons – 67.3% (69.2% in 2010).

For the purpose of staff preparation, 106 doctors underwent training at the Tashkent Institute for the Improvement of Doctors, 21 in a primary specialisation, 37 in psychotherapy and rehabilitation, and 48 in advanced education in narcology.

In 2011, the number of social workers working in the narcology facilities increased from 11 to 29.

Approximately 200 narcology doctors from the regional dispensaries and district narcology rooms were introduced to screening methods for estimating the needs of drug addicts, methods of motivation, and cognitive-behavioural therapy within the framework of the UNODC project “Treatnet II”.

Training seminars to improve the knowledge of the narcologists of narcology departments (45 people) in the field of the development of modern narcology were run with the technical support of the OSCE project “Cooperation in combating the illicit trafficking and distribution of drugs”.

A collection of regulatory legal documents regulating the activity of the narcology service of the Republic of Uzbekistan, numbering 495 copies and costing more than €4000, was prepared with the financial support of the OSCE as methodological assistance to the doctors of the narcology service of the Republic and distributed among them.

Within the framework of the DAMOS Component of the EU Programme CADAP-5 training in the methodological bases of problem drug use, drug-related mortality, and infectious diseases was conducted for the specialists of the narcology service and staff members of the Chair of Narcology of the Tashkent Institute for the Improvement of Doctors and Tashkent Medical Academy (TMA), Institute of Health and Medical Statistics, and AIDS Centre.

Staff members of the medical service of the Chief Department for the Serving of Penalties of the Ministry of Internal Affairs took part in a regional conference on “Intervention for drug-addicted inmates in the prisons of Central Asia and the European Union” which was conducted within the framework of the TREAT Component of the EU Programme CADAP-5. The specialists shared their experiences in the field of the treatment of inmates addicted to psychoactive substances.

5.3.4. Quality control

The legal basis regulating the supervision of the quality of the drug services provided in the republic is represented by the following regulatory acts (Ministry of Health of the Republic of Uzbekistan, 2011d):

- The Law of the Republic of Uzbekistan “On the protection of the health of citizens”, dated August 29, 1996, ensures the guaranteeing of civil rights to health protection from the side of the state and protection against discrimination in the event of any disease, including drug addiction. It lays down the principle of the availability of medical assistance for all sections of the population, ensures the right to informed consent to medical intervention and the use only of those therapeutic methods, medical technologies, and medicaments approved for use. Local state authorities are entrusted with supervising the quality of the medical and social assistance provided by the healthcare institutions.
- The Law On Drugs and Psychotropic Substances, dated August 19, 1999, guarantees the provision of drug treatment free of charge to drug addicts in the state treatment and prevention facilities, which includes examination, consulting, diagnostics, treatment,

and medical and social rehabilitation. Patients who have voluntarily applied for assistance are provided with anonymous treatment. It allows methods and means which are not prohibited by the Ministry of Health of the Republic of Uzbekistan to be used for the treatment of drug addiction and toxicomania.

- The law on compulsory treatment of patients with chronic alcoholism, drug addiction, or toxicomania, dated December 9, 1992, established compulsory treatment only by judicial decision on patients with a drug addiction who infringe public order and create a threat to the safety of other people.
- The Resolution of the Cabinet of Ministers of the Republic of Uzbekistan on the approval of the regulation on specialised treatment and prevention facilities for the compulsory treatment of patients with chronic alcoholism or drug addiction, dated May 1, 1993, fixes the maximum duration of compulsory treatment (up to 1.5 years) and the procedure for determining the duration of compulsory treatment or the compulsory imposition of labour therapy.
- Joint order of the Ministry of Internal Affairs and Ministry of Health No. 326/599 “On the approval of Guidelines for the procedure for organising the preventive work of the law enforcement and health protection bodies with persons abusing alcohol or drugs and direction to compulsory treatment of patients with chronic alcoholism or drug addiction” (December 1994). The guidelines determine the order in which joint activities on the identification, re-education, and treatment of persons abusing drugs should be carried out. The responsibility for the introduction of advanced forms of treatment is entrusted to the chief doctors of narcology facilities. The indicators according to which the quality of joint work is estimated are described.
- Joint order of the Ministry of Internal Affairs and Ministry of Health No. 600/327 “On the provision of continuity between specialised treatment and prevention facilities, narcology facilities of health protection bodies, and internal affairs bodies on the carrying out of compulsory treatment of patients with chronic alcoholism or drug addiction” (December 1994) defines the necessity for dynamic observation and maintenance treatment of drug addicts identified in the course of the carrying out of drug examinations, as well as persons who have received compulsory treatment. It determines the contraindications to compulsory treatment in the specialised treatment preventive facilities and imposes the obligation on the specialised treatment preventive facilities to carry out the evaluation of the effectiveness of compulsory treatment according to follow-up data received from narcology dispensaries. It proves the necessity to perform annual joint inspections of the effectiveness of the interaction between the health protection bodies and internal affairs bodies on issues related to the early detection and active observation and treatment of drug addicts.
- Order of the Ministry of Health No. 39 “On the measures for the further improvement of narcological assistance to the population of the republic”, dated January 28, 1998, approves the regulation on narcology dispensaries and the district narcologist and their main tasks and functions, and the performance of annual analysis of effective treatment

and preventive assistance on the basis of the statistical processing of officially approved registration documents.

- Order of the Ministry of Health No. 278 “On the procedure for the registration and follow-up of persons permitting the misuse of drugs and psychoactive substances and patients with drug addiction and toxicomania” dated July 15, 2005, determines the duration of dispensary registration and intervals at which patients and persons in the group of preventive registration should be examined.
- Order of the Ministry of Health No. 433, dated October 12, 2006, sets the standards for the diagnosis, treatment, and medical and social rehabilitation of patients with drug addiction. The standards describe diagnostic procedures, laboratory studies, and methods of treatment, depending on the stage of the disease and the type of psychoactive substance. Standards and medical and social rehabilitation include the stages of the treatment and rehabilitation process, criteria for the evaluation of the effectiveness of rehabilitation work and indications for outpatient and inpatient medical and social rehabilitation, as well as the requirements imposed on the specialists working in the programme of medical and social rehabilitation. To monitor the effectiveness of the programme of medical and social rehabilitation, the annexes to the Standards contain a questionnaire that was developed. The questionnaire includes such information about the patient as their age, gender, and level of rehabilitation potential. It includes data on the conditions under which rehabilitation was carried out, its duration, and the stages that were completed, a list of medical services, the types of therapy used, directions and methods of psychotherapy, and data on the duration of remission after completion of the programme.
- Order of the Ministry of Health No. 310, dated November 17, 2011, approves new “Standards for the diagnosis, treatment, and medical and social rehabilitation of patients with addictions”.
- Order of the Ministry of Health No. 29, dated January 20, 2011, included work on the motivation of patients to cease drug consumption and to apply to a narcological facility for inclusion into the list of standard services of the “trust centres”.
- Order of the Ministry of Health No. 232, dated August 1, 2011, “On increasing the effectiveness of the work of the “trust points” was developed.
- Order of the Ministry of Health No. 403 “On the improvement of narcological assistance to the population”, dated September 8, 2008, regulates the organisation of medical and social rehabilitation units in all narcology dispensaries which have inpatient units, as well as in narcology clinics and the introduction of outpatient rehabilitation programmes for drug addicts in specialised treatment and prevention facilities for compulsory treatment. It also introduces psychotherapists, clinical psychologists and social workers into the staff. It approves the guidelines on the evaluation of the effectiveness of the activity of narcology facilities and the form of their annual reports on medical and social rehabilitation.

Supervision of the quality of the medical assistance provided to drug users is carried out by the Ministry of Health, Ministry of Health of the Republic of Karakalpakstan, regional departments of health, and the Tashkent city department of health. Non-governmental organisations are not involved in the process of the supervision of the quality of medical services.

Supervision of the quality of treatment assistance provided to drug users in all regions of the republic is performed annually in accordance with the work plans of the chief department of treatment and prevention assistance of the Ministry of Health, Ministry of Health of the Republic of Karakalpakstan, regional departments of health, and chief narcologists of the republics and regions.

The quality of treatment services is supervised by qualified narcology specialists who go to the regions, by means of direct acquaintance with the organisation of the treatment and rehabilitation process, the condition of the material and technical basis, staffing levels, and the provision of medicaments and medical equipment, as well as intensive study of primary medical documentation (case records, patients' medical records, etc.), statistical reporting, reflecting on the indicators of the effectiveness of treatment, interviews and examinations of patients for checking on the adequacy of a selected range of treatment activities and their conformity with approved standards of diagnostics, treatment, and medical and social rehabilitation. The results of the studies performed are reflected in their report, which is submitted to the superior agency which sent the specialists to this facility.

The quality of treatment services to drug addicts in the district narcology rooms is evaluated according to the same principle by the chief narcologists and qualified specialists of the regions.

The results of the evaluation of the quality of treatment services are discussed annually in the Treatment Council of the Ministry of Health, boards and treatment councils of the Ministry of Health of the Republic of Karakalpakstan, regional health departments, and the Tashkent city health department.

Alongside this, a new system of score-based evaluation (using a 4-point scale) of the effectiveness of the activity of the narcological and rehabilitation institutions of the republic was introduced in 2008.

In accordance with the approved guidelines, an evaluation of the effectiveness of all the main types of activity at all levels of the organisational structure of the narcology service, starting with district rooms and finishing with the Republican Narcology Centre, is performed annually.

To determine the overall assessment of the effectiveness of the narcology service of the region, an assessment of the effectiveness of the assistance provided to every patient registered in the dispensary, with an account of their medical and social indicators, is carried out preliminarily.

Medical indicators include the effectiveness of early identification, treatment, medical and social rehabilitation, and the prevention of complications resulting from drug addiction. Social indicators include assessment of their level of labour and family adaptation and the prevention of anti-social behaviour.

Further, the effectiveness of the activity of each doctor and outpatient and inpatient service of each narcology dispensary, as well as specialised treatment preventive facilities, is evaluated. In cases of anonymous treatment, a score estimate of its effectiveness is carried out on the basis of interviews with patients and their relatives. A total estimate of the effectiveness of the narcology services of the district, city, region, and republic is calculated.

To understand the principle of this system, let us assess the effectiveness of outpatient assistance to patients with drug addiction and toxicomania – the aspect of the effectiveness of secondary prevention (prevention of the development of addiction in patients who are in the group of preventive registration):

- stopping use of PAS – 1 score;
- continuation of episodic use of PAS – 2 scores;
- transfer from episodic to regular use of PAS without development of addiction – 3 scores;
- development (within reporting year) of addiction to PAS – 4 scores.

The district narcologist determines the corresponding score for each person from the prevention registration group. The scores that are obtained are summed up, and the total score for all the persons on prevention registration is created. The sum of the scores is divided by the number of persons in the registered group; if the result of the division is:

- <1 score – the effectiveness is considered as high;
- >1 < 2 scores – medium effectiveness;
- 2 scores – low effectiveness;
- 4 scores – zero effectiveness.

5.3.5. Approaches and new developments

A study for the evaluation of new methods of treatment of heroin addiction with the use of antagonists of opioid drugs, such as naloxone and naltrexone, was conducted within the framework of the implementation of the UNODC Project GLO/71 “Treatment II – Treatment of drug addiction and its consequences for health” under the auspices of the Tashkent City Narcology Dispensary (TCND) (Ministry of Health of the Republic of Uzbekistan, 2011e).

The medicine naloxone was used for detoxification, and naltrexone was used for the anti-relapse treatment of the patients.

The Ministry of Health conducted a comparative analysis of the results of detoxification carried out using naloxone in combination with clonidine, which showed a reduction in the period of the blocking of heroin withdrawal syndrome (5.0 ± 0.9 days) in comparison with a control group (7.1 ± 1.3 days) of patients. This fact provides evidence of the more effective blocking of opium withdrawal symptoms with the use of naloxone.

Naltrexone was prescribed to 40 patients with heroin addiction as an anti-relapse treatment in accordance with treatment algorithms.

The results show that out of 37 drug addicts 20 patients (54%) are in a state of therapeutic remission, of whom 14 patients (37.8%) continue to attend the outpatient rehabilitation programme. Meanwhile, remission with a duration of up to 3 months is observed in 11 patients (29.7%), and with a duration from 3 to 6 months in 9 patients (24.3%).

It is necessary to continue this study to gain reliable results on the effectiveness of anti-relapse therapy with “naltrexone”.

Under the auspices of the Tashkent city narcology dispensary a model of narcological assistance was introduced into practice that is based on a holistic approach to the satisfaction of the needs of drug-addicted patients in terms of medical, psychological, and social services, which should ensure an improvement in the quality and effectiveness of therapeutic activities, expansion of the list of services, and an increase in the accessibility of treatment and prevention programmes for drug users. The composite elements of this model are detoxification, medical blocking of post-abstinence disorders, inpatient and outpatient rehabilitation, and anti-relapse treatment. Interventions are implemented in strict sequence, with a gradual transfer of the patient from the inpatient to outpatient phase of treatment. The final aim is the psychological adaptation of the patient to a life without drugs and their reintegration into society.

The working group of the Treatnet Project developed a programme for the outpatient medical and social rehabilitation of drug addicts, which is implemented in the day hospital.

50 drug addicts (100% of the planned number of patients) completed outpatient rehabilitation.

In addition, the project work group developed a programme of inpatient medical and social rehabilitation, which is implemented in the inpatient unit of the TCND.

This rehabilitation programme was completed by 22 drug addicts (44% of the planned number of patients).

Permanent monitoring of the services provided uses registration formats developed for the quantity and content of the service provided. A quarterly report is created on inpatient and outpatient medical and social rehabilitation. A questionnaire was created to evaluate the level of satisfaction of patients with the services provided in inpatient and outpatient conditions.

In addition, methodological recommendations on the “Development of programmes for the medical and social rehabilitation of drug addicts”, “Use of the “Addiction Severity Index” for determining drug addicts’ needs for social assistance”, “Provision of social assistance to drug addicts”, and “Development of individual plans for the provision of narcological assistance to drug addicts” were developed and approved by the Ministry of Health and printed (200 copies of each).

The introduction of the methodological recommendations that have been developed into the practice of the narcological institutions of the Republic has started.

The Ministry of Health conducted a presentation of a holistic model of narcological assistance, tested under the auspices of the TCND for chief narcologists and the heads of the organisational and methodological units of regional narcology dispensaries.

In addition, 30 narcologists, psychiatrists, and psychotherapists of the penal system of the Ministry of Internal Affairs were introduced to the basics of the holistic model of narcological assistance by means of conducting seminars with the participation of master trainers of the medical service of the Ministry of Internal Affairs (trained within the framework of the training component of the project).

The chair of narcology and adolescent psychotherapy of the Tashkent Institute for the Improvement of Doctors is conducting scientific research on the topic: "Epidemiology, clinics, and the treatment of addictions to psychoactive substances".

In 2011 the development of the thesis topic "Opium addiction complicated with alcohol abuse" was completed. In its comparative section 100 patients with complicated opium addiction and 50 patients without complications were studied. It was revealed that opium addiction complicated by alcohol abuse is more often formed against a background of previous alcoholism and represents an absolutely new condition which has its own clinical profile. At the initial stage of the development of polydrug addiction, addiction to alcohol can remain, with the episodic consumption of opiates within a longer or shorter period of time. Transition to the regular consumption of opiates quickly leads to the development of clinical symptoms of opioid addiction.

The possibility of combined, alternating, and periodical consumption of opiates and alcohol was established. The course of polydrug addiction is characterised by malignancy; it is accompanied by incremental intellectual deterioration, which combines the properties of a "drug-addicted" personality and the impairment of cognitive functions that characterises the last stages of alcoholism. Pathological changes cover all mnemonic processes, including the fixation, retention, and reproduction of information that is received.

Alcohol addiction integrated with primarily formed signs of opium addiction is characterised by rapid development and an extremely negative course. The domination of its clinical symptoms in the picture of polydrug addiction is possible during a period of more or less continuous withdrawal from opiates when the primary substance consumed is alcohol.

The possibility of the occurrence of complicated opiate addiction is significantly higher in persons with an inherited predisposition towards alcohol who started consuming alcohol at an early (under 15 years old) adolescent age with the subsequent development of alcoholism before they first consumed opiates. Other biological, social, and psychological factors preceding drug addiction do not have a significant impact on the complication of opiate addiction with alcoholism. The results of the study have been published in the form of a Ph.D. thesis (Ergashev, 2011).

Work on the thesis "Anti-relapse training in the system of the prevention of opium (heroin) addiction" continued. 106 patients with an opium addiction were examined. It was revealed that in the organisation of the behaviour of patients who relapse into opium (heroin) addiction,

the main role is played by their need for their own comfort, with a reduction of interest in social values and the feelings of other people. During the satisfaction of their needs most patients are prone to use behavioural models which include a tendency towards risk, self-destruction, or aggression which provokes conflict situations. In tough situations such patients can show helpless behaviour. These properties hinder the full adaptation of patients in the period of therapeutic remission, strongly reducing its duration, and in tough situations they promote a return to drug consumption as an easy way to attain a comfortable condition.

The study shows that the factors promoting relapses into opiate addiction can be represented by the biological mechanisms of the disease itself, and by individual psychological or environmental impacts. The actualisation of a pathological addiction to opiates as a manifestation of a dependence syndrome at the biological level and individual psychological factors (affective disorders, insomnia, etc.), which, for ease of study, could be united into the group of endogenous impacts, more often lead to the occurrence of early (after up to 6 months of remission) relapses into opiate addiction. A significant role in this process is played by the intensity and evidence of the clinical components of pathological addiction, as well as the individual features of the patients.

The relationship between the resumption of the use of narcotics and external (exogenous) impacts established more favourable conditions for the formation of steady (more than 6 months) therapeutic remissions. Here negative external impacts take on some specific meaning as trigger mechanisms for the realisation of clinically less demanding options of pathological addiction to opiates, as well as promoting change in the opinion of the patient. The data underline the necessity for the differentiated selection of anti-relapse activities, with account being taken of factors that are significant for the occurrence of a relapse into addiction.

The level of motivation to change behaviour and attitudes towards psychotherapy were studied in patients with a relapse into heroin addiction. A programme of anti-relapse training was developed. The results have been published in the form of articles, a thesis, and methodological recommendations (Muzaffarova, 2011).

5.4. Drug addicts applying for treatment

Registration of all cases/persons applying for specialised medical assistance to the narcology facilities is carried out in the republic (for more details, please see the section “Drug registration system”, page 12).

In 2011 the number of patients treated in the narcology facilities of the republic was 4816 (in 2010 it was 5805). The number of patients treated in inpatient clinics – 70.3% (78.1% in 2010) – decreased, and the number of patients treated in outpatient conditions increased – 27.1% (19.4% in 2010).

The low percentage of patients treated in outpatient conditions is explained by the fact that users of opiates prevail among drug users in the Republic of Uzbekistan. As the purpose of treatment is the discontinuation of drug use, therapeutic intervention in most cases requires the blocking of acute symptoms of opiate abstinence syndrome, which are the indicators for hospitalisation. Only persons in an early stage of opiate addiction and users of cannabinoids are able to receive full treatment in outpatient conditions.

3123 or 92.2% of the patients treated in inpatient conditions had heroin addiction.

It should be noted that the rate of patients who applied voluntarily for drug assistance was 87.7% (88.1% in 2010).

Table 5-4. Proportions of patients who received inpatient treatment once and for the second time in 2005-2011

Year	Received treatment once in reporting year (%)		Received treatment for the second time in reporting year (%)		Total	
	quantity	%	quantity	%	quantity	%
2005	2887	61.6	1799	38.4	4686	100
2006	2949	52.9	2624	47.1	5573	100
2007	2687	48.2	2885	51.8	5572	100
2008	2645	54.1	2244	45.9	4889	100
2009	2621	57.1	1973	42.9	4594	100
2010	2667	58.8	1866	41.2	4533	100
2011	1994	58.9	1390	41.1	3384	100

In 2011 Some reduction in the number of applications for anonymous treatment occurred – 2581 (2649 in 2010).

Table 5-5. Persons treated in the state narcology treatment institutions in 2011

Type	Women				Men				Total			
	Number of patients aged < 20	Number of patients aged 20-39	Number of patients aged 40+	Total number of patients	Number of patients aged < 20	Number of patients aged 20-39	Number of patients aged 40+	Total number of patients	Number of patients aged < 20	Number of patients aged 20-39	Number of patients aged 40+	Total number of patients
Heroin	1	166	35	202	11	2793	1005	3809	12	2959	1040	4011
Other opiates		3	2	5		122	68	190		125	70	195
Cannabis group		1	2	3	1	275	45	321	1	276	47	324
Inhalants		1		1	12	7		19	12	8		20
Other		2	7	9	2	59	196	257	2	61	203	266
Total	1	173	46	220	26	3256	1314	4596	27	3429	1360	4816

Users of amphetamines, ecstasy, and cocaine are not registered among the persons treated.

Table 5-6. Persons who received inpatient treatment within the period 2005-2011

Year	Received treatment for the first time in their life					All treated				
	Opiates	Including heroin	Cannabis group	Other	Total	Opiates	Including heroin	Cannabis group	Other	Total
2005	1725	-	50	64	1839	4387	-	187	112	4686
2006	1262	-	34	17	1313	5289	-	191	93	5573
2007	1239	-	30	12	1281	5307	-	193	72	5572
2008	673	-	109	274	1056	4659	-	203	27	4889
2009	1130 ¹¹	908	68	25	1223	4389	3282	161	44	4594
2010	979	943	86	30	1095	4325	4279	146	62	4533
2011	777	749	77	45	899	3170	3123	116	98	3384

¹¹ Until 2009 data on heroin users were not extracted.

Figure 5-5. Persons who received inpatient treatment within the period 2005-2011

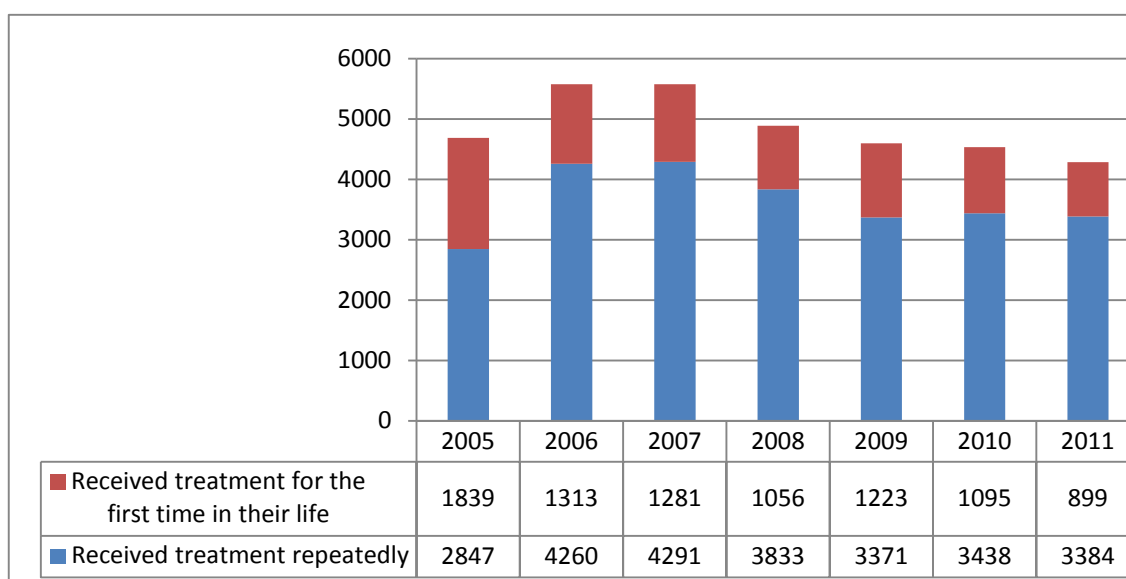
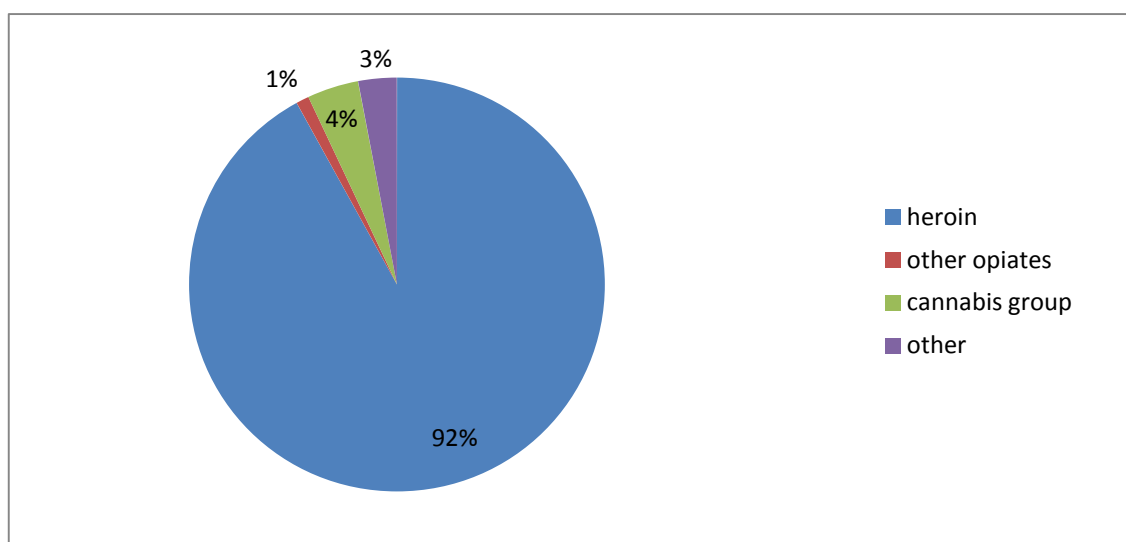


Figure 5-6. Persons who received inpatient treatment in 2011 by types of drugs



595 (692 in 2010) drug addicts received compulsory treatment in 2011.

Analysis of the length of long-term remission in drug addicts provides evidence on the positive dynamics of direct indicators of the effectiveness of treatment. As of the end of the reporting year the aggregate number of drug addicts who had stopped using psychoactive substances was 9996 (9573 in 2010) or 54.9% (50.5% in 2010) of the number of registered patients (Ministry of Health of the Republic of Uzbekistan, 2012a).

6. INTERRELATION BETWEEN HEALTH AND CONSEQUENCES OF DRUG ADDICTION

6.1. Introduction

Drug use poses serious risks to the health and even to the life of people. This section provides, first of all, information on the prevalence of infectious diseases among drug users, as well as on mortality among them. The sources of data are the Ministry of Health (Institute of Health and Medical Statistics, Narcology Service, Republican AIDS Centre, Chief Forensic Medicine Office, and others).

The data collection is made on the basis of approved reporting formats, as well as on the results of studies carried out, particularly a sentinel epidemiological survey.

6.2. Drug-related infectious diseases

The Republican Centre to Fight AIDS carries out individualised registration of patients with HIV/AIDS.

In 2011 3584 new cases of HIV infection were identified (3795 in 2010), out of which 465 (600) were among injecting drug users (Ministry of Health of the Republic of Uzbekistan, 2012a).

Among the registered people living with HIV, 21,542 (18,758 in 2010), the number of HIV-positive drug users decreased to 6258 (6804) or 29.0% (36.3%).

Table 6-7. Number of new cases of HIV infection within the period 2001-2011

Year	Number of cases identified	Injecting drug users out of them	Percentage of injecting drug users (%)
2001	549	443	80.7
2002	981	596	60.8
2003	1836	1009	55.0
2004	2016	1080	53.6
2005	2198	1168	53.1
2006	2205	1309	59.4
2007	3169	1699	53.6
2008	3404	1158	34.0
2009	4016	577	14.4
2010	3795	600	15.8
2011	3584	465	12.9

Sentinel epidemiologic surveillance (SES) has been carried out in Uzbekistan in recent years to assess the epidemiological situation in drug-related infectious diseases among defined subpopulations and contribute to description of epidemiological situation in population in general. SES is repeated cross-sectional study on HIV prevalence in selected groups of the population and at selected locations. The frequency with which the surveillance is carried out is not more than once in two years (Ministry of Health of the Republic of Uzbekistan, 2012b).

The purpose of SES with respect to HIV infection is the systematic and regular collection of information aimed at studying the dynamics and factors involved in the dissemination of HIV infection in combination with the monitoring of behavioural models of behavioural risk groups

(IDUs, commercial sex workers, men having sex with men, etc.) and among the general population for the development and introduction of preventive programmes and effective measures to monitor their implementation.

The methodological approaches of SES are based on the use of a representative sample of separate groups of the population and are less expensive in comparison with a study in the population at large. In the course of SES it is necessary to use a standard definition of a case, a standard study report, which is made under standard conditions within the whole period of the carrying out of the SES and in all the selected locations so as to ensure the compatibility of data.

The design of the sampling is respondent-driven sampling (RDS). The calculation of the sample size is determined separately for each sentinel location, depending on the estimate of HIV prevalence among IDUs, the size of the admissible error, and the number of IDUs, using the Epi-Info 2007 computer software, version 3.4.3.

The data obtained were processed using the RDSAT 5.6 program to obtain a weighted population estimates, and the Epi-Info 2007 programme, version 3.4.3, was used for analysis.

SES does not cancel, but rather supplements known types of surveillance, such as the existing national reporting system, unlinked anonymous and other forms of surveillance. For the purposes of SES the definition of a case of HIV infection is based on the following laboratory criteria: positive result of biomaterials study in the screening test for HIV antibodies with a subsequent confirmation of positive results in expert test systems. Whole blood, blood serum, and dry blood can serve as biomaterials.

According to the data of the sentinel surveillance carried out in 2011 in all administrative territories of the republic, among 5600 IDU respondents (persons who had received services in the trust centres) the proportion of men was 4974 (88.8%) and that of women 626 (11.2%). It should be noted that the regions where sentinel surveillance was carried out were selected by the Republican AIDS Centre using random sampling.

Table 6-8. Data of sentinel epidemiological survey on the prevalence of HIV, hepatitis C, and syphilis among IDUs within the period 2005-2011

infection	year	number of IDUs tested	% infected
HIV	2005	1956	17
	2007	3743	12.9
	2009	4098	10.9
	2011	5600	8.5
Hepatitis C	2005	1956	53.7
	2007	3743	35.5
	2009	4098	28.5
	2011	5600	20.9
Syphilis	2005	1956	15.6
	2007	3743	9.3
	2009	4098	8.3
	2011	5600	4.9

As Table 6-8 shows, the general prevalence of observed infections has decreased.

In 2011 a detailed analysis of a number of basic variables was conducted in order to explain or interpret general trends. According to the respondents, 7% of them took part in the previous round(s) of SES in 2007 (in 2005 SES was only conducted in 4 regions), 24% in 2009, and 17% in 2011; this shows that new (not tested before) groups of the population are included into the survey, and thus supports the assumption of the reliability and representativeness of the sample. A more or less clear decreasing trend is observed in all subgroups defined by categories of various variables. Within several years a higher level was observed in the subgroups with an expected higher risk of infection – older drug users with longer experience of drug use, who were tested several times and who have developed health and social problems. The results also provide evidence of the continuing trend to a reduction in the level of serological prevalence observed in general in the whole sample; there is a decreasing trend among young people injecting drugs for a short period of time (scant experience of drug use by injecting), and the participants tested for the first time show a reduction in the transmission of infections (prevalence rate). The decreasing trend is less obvious among older drug users who have longer experience of drug use; see Table 6-9.

Table 6-9. SES data on prevalence of HIV, hepatitis C and syphilis among IDUs within the period 2007-2011

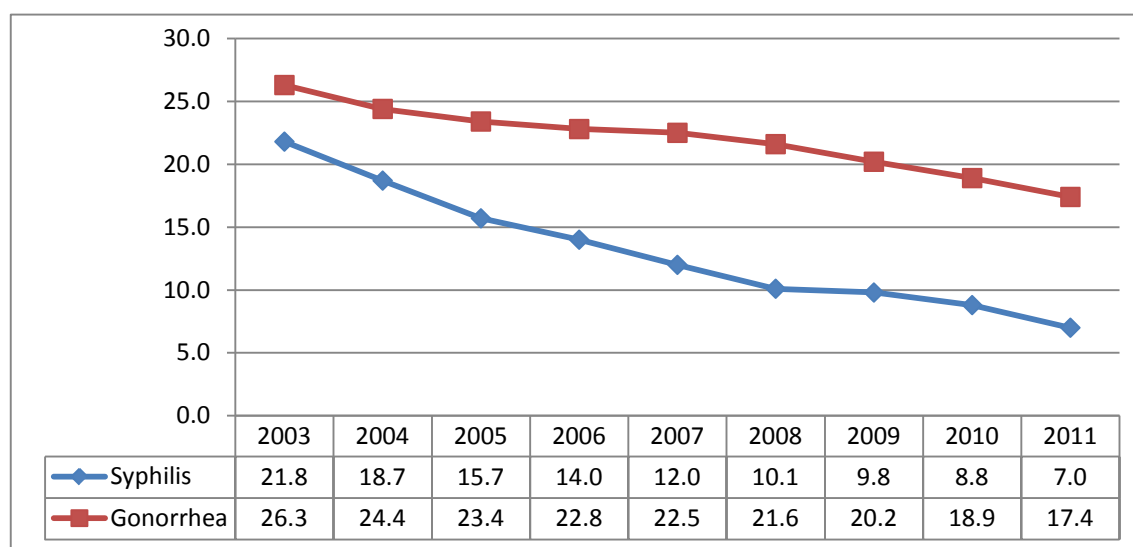
Indicator	HIV			VHC			Syphilis		
	2007	2009	2011	2007	2009	2011	2007	2009	2011
Gender									
Men	12.5	11.1	8.3	36.2	28.6	19.8	8.3	6.9	4.5
Women	15.6	10.3	9.6	30.9	27.9	13.5	15.8	16.4	8.0
Age									
IDUs aged <25	11.2	7.2	5.6	22.7	19.8	8.2	8.2	6.4	2.5
IDUs aged 25-34	14.1	8.6	6.6	35.7	23.5	13.5	9.4	6.7	3.8
IDUs aged >34	12.2	14.0	10.2	38.0	35.1	20.4	9.4	10.0	5.8
Number of years since first experience of injecting a drug									
<2 years since the first injection (new IDUs)	10.0	6.4	6.1	24.1	19.1	10.8	7.6	5.1	4.6
Used drugs by injecting for from 2 to <5 years	10.5	8.9	5.3	29.9	22.6	12.8	8.7	7.1	4.8
From 5 to <10 years since the first injection	14.4	12.6	9.4	40.4	30.8	17.1	10.0	8.7	4.6
10 or more years since the first injection	19.1	15.7	17.7	53.8	43.0	29.2	11.4	11.9	6.2
Primary drug									
Heroin	14.5	12.5	9.1	36.8	30.8	16.8	9.4	8.2	4.9
Other opioids	2.2	1.2	3.1	30.7	16.0	13.5	8.4	5.3	2.5
Not opioids	7.6	0.8	7.1	35.9	18.3	18.0	8.7	7.1	5.5
Narcological register									
Registered	19.2	16.8	11.3	44.0	35.6	21.5	11.9	8.5	5.7
Not registered	9.7	7.7	7.3	32.1	24.9	13.9	8.4	8.2	4.6
Prison									
Have been in prison	18.1	15.5	12.7	48.7	38.1	24.5	10.7	8.8	6.6
Have not been in prison	10.9	8.9	6.8	30.2	24.6	13.5	8.8	8.0	4.4
Included into previous SES study									
Included into previous study (-ies)	20.1	14.2	12.7	39.4	32.7	19.7	13.4	10.3	6.7
Not included into previous study (-ies)	12.2	9.9	7.6	35.3	27.2	15.5	8.9	7.5	4.6

6.3. Other drug-related diseases

6.3.1. Sexually transmitted diseases – syphilis and gonorrhea

According to the data of the Institute of Health and Medical Statistics of the Ministry of Health of the Republic of Uzbekistan, within the period 2003-2011 a reduction in the indicators of morbidity with sexually transmitted diseases was observed, including syphilis, by 3.1 times, and gonorrhea, almost by 1.5 times, among the general population. According to the SES data, the same trend is observed among injecting drug users. Thus, if in 2005 the percentage of those infected was 15.6%, in 2011 it was equal to 4.9%.

Figure 6-7. STD morbidity (all cases) per 100 thousand members of the population



6.3.2. Overdosing and drug intoxication without lethal outcome

The provision of emergency aid to persons suffering from drug overdoses is carried out in the toxicology units of the Republican Scientific Centre of Emergency Medical Aid (RSCEMA) and its subdivisions. The analysis has shown a reduction in the number of persons who applied for medical assistance with heavy drug intoxication.

Table 6-10. Data on incidence of acute intoxication with drugs for 2005-2011, provided by RSCEMA and its subdivisions

Indicators	2005	2006	2007	2008	2009	2010	2011
Total number of persons who applied	44	58	65	48	40	33	29
Outpatients	1	2	5	2	2	0	7
Hospitalised	43	56	60	46	38	33	22
Out of these:							
Acute intoxication with drugs	37	48	54	42	34	28	17
Acute combined intoxication with drugs and alcohol	2	5	4	2	2	2	2
Chronic drug addiction, abstinence syndrome	4	3	2	2	2	3	3
Deceased	2	3	3	1	1	3	3

In 2011 no targeted research aimed at the detection of other diseases related to the misuse of psychoactive substances was carried out.

6.4. Drug-related deaths and mortality of drug addicts

The source of data is the registration of a deceased person, where the cause of death was in drugs detected in the liquids/tissue of his body.

According to the guidelines and rules adopted by the order of the Ministry of Health of the Republic of Uzbekistan No. 551, from 1992, all cases of violent death or with a suspicion of violent death should be investigated in one of the 15 forensic medicine offices. The institution responsible for the collection of data within the country is the Chief Forensic Medicine Office of the Ministry of Health of the Republic of Uzbekistan, which carries out monitoring of levels of mortality directly related to drug use. Data containing information on age, gender, and territorial quality are submitted once per half-year to the Monitoring Centre of the Ministry of Health.

According to the data of the Chief Forensic Medicine Office of the Ministry of Health, the number of deaths related to overdoses on drugs in 2011 was 37 (38 in 2010) or 0.13 per 100 thousand members of the population. The reason for 73% of the deadly overdose cases was the use of drugs in the opiate group. It should be noted that within the last 5 years there have not been any changes in the system of forensic medical examination of the republic with regard to the registration of the deceased and methods used to detect drugs in the fluids and tissues of the body, which could influence the trends (Ministry of Health of the Republic of Uzbekistan, 2012a).

Table 6-11. Cases of death caused by drug overdoses within the period 2005-2011

Year	Overdoses on opiates	Other overdoses	Total number of overdoses
2005	200	1	201
2006	191	0	191
2007	113	16	129
2008	44	16	60
2009	47	7	54
2010	37	1	38
2011	27	10	37

The number of patients with a drug addiction removed from dispensary registration in the narcology facilities as a result of their death in 2011 is 532 (574 in 2010), which represented 2.9% of the total number of registered drug addicts as of the end of 2011 or 1.9 per 100 thousand members of the general population.

Table 6-12. General mortality among registered (dispensary registration) drug addicts within the period 2005-2011

year (by the end of year)	Number of registered drug addicts	Number of deaths			Mortality (%)
		overdoses	other	total	
2005	19,868	78	365	443	2.2
2006	19,964	73	419	492	2.5
2007	20,100	52	485	537	2.7
2008	20,302	38	404	442	2.2
2009	19,737	43	506	549	2.8
2010	19,134	25	549	574	3.0
2011	18,387	16	516	532	2.9

The analysis of mortality rate among drug users removed from dispensary registration because of death¹² in 2010 in comparison with mortality among the general population revealed that the general mortality among drug users is approximately 6.8 times higher (6.4 in 2009) than mortality among the population of the same age and gender (standardised mortality ratio – SMR). The highest excess of mortality, at 11.9 (13.4 in 2009) times the figure for the same age group of the general population, are registered in the age group of drug users aged 35 to 39 years old.

In terms of gender, the SMR is higher among women (a lower level of mortality was usually noted among women in the general population) in the sample of drug users with dispensary registration than among men. The highest SMR, of 46.0 (43.3 in 2009), was registered in female drug users in the age group aged 25-29 years old, which provides evidence of a significant risk of death.

Table 6-13. Indicator of mortality among registered patients with drug addiction and toxicomania (dispensary registration) in 2010

Age	Number of cases of death in 2009	Number registered as of the end of 2009	Actual mortality (%)	Expected mortality ¹³ (%)	Indirect standardised mortality ¹⁴ (‰)	Standardised mortality ratio (SMR) ¹⁵	95% CI ¹⁶ for SMR
10-14	0	9	0	1.5	0.0	0.0	0-278.1
15-19	0	222	0	0.6	0.0	0.0	0-29.3
20-24	8	1540	5.2	0.9	4.4	5.5	2.4-10.9
25-29	32	3171	10.1	1.4	8.2	7.2	5.0-10.2
30-34	89	4194	21.2	2.0	16.6	10.8	8.7-13.3
35-39	127	4201	30.2	2.5	23.8	11.9	9.9-14.2
40-64	258	5657	45.6	8.5	36.7	5.4	4.8-6.1
65+	46	140	328.6	65.7	311.9	5.0	3.7-6.7
Total	560	19134	29.3	4.3	33.5	6.8	6.3-7.4

¹² The present analysis does not have the structure of a detailed mortality study based on the observation of all the individuals in the sample.

¹³ This indicator shows the mortality among the general population, i.e. what the mortality rate among drug users would be if they had the same mortality rate as that among the general population.

¹⁴ Indirect standardisation corrects the crude mortality indicator, fixed in the sample of drug users according to the age mortality indicator in the standard population – in this case in the general population of the republic.

¹⁵ The standardised mortality ratio (SMR) indicates how many times the mortality rate in the sample of drug users exceeds the mortality rate among the general population of the same age and gender (i.e. it shows how many times higher the mortality rate is than among the general population; equivalent to the term “relative risk”).

¹⁶ A 95% confidence interval (CI) indicates the range within which any value is fixed with a 95% probability.

Table 6-14. Mortality indicators among registered patients with drug addiction and toxicomania (dispensary registration) in 2010 categorised by gender

Age	Number registered		Actual mortality (‰)		Standardised mortality ratio (SMR)		95% CI for SMR	
	M	F	M	F	M	F	M	F
0-14	9	0	0.0	0.0	0.0	0.0	0-278.1	0
15-19	201	21	0.0	0.0	0.0	0.0	0-31.3	0-455.7
20-24	1474	66	4.7	15.2	5.0	23.9	2.0-10.3	0.3-132.8
25-29	3044	127	8.9	39.4	6.3	46.0	4.1-9.1	14.8-107.4
30-34	4028	166	20.9	30.1	10.4	28.1	8.3-12.9	9.0-65.5
35-39	4019	182	30.4	27.5	11.7	19.5	9.8-14.0	6.3-45.5
40-64	5399	258	46.1	34.9	5.3	6.8	4.7-6.1	3.1-13.0
65+	118	22	279.7	590.9	4.2	10.0	2.9-5.9	5.3-17.2
Total	18,292	842	28.5	45.1	6.6	11.9	6.1-7.2	8.4-16.3

7. RESPONSE TO INTERRELATION BETWEEN HEALTH AND CONSEQUENCES OF DRUG USE

7.1. Introduction

Harm reduction programmes are implemented in the republic as response measures aimed at the minimisation of the consequences of drug use. The main work in this area is carried out by the trust centres, acting under the auspices of treatment and prevention institutions.

7.2. Drug misuse harm reduction

The Ministry of Health has implemented the following main harm reduction strategies:

- syringe and needle exchange programmes;
- consulting and informed education;
- directing to doctors for medical assistance.

With the support of the Government and donor organisations, 235 trust centres for injecting drug users are working under the auspices of treatment and prevention facilities all over the country. These centres implement informational and educational programmes, syringe and needle exchange programmes, and condom distribution. More than 150 trust centres are equipped with furniture and 100 rooms are equipped with air conditioners, 114 rooms are equipped with computers, and all trust centres are provided with consumable materials (syringes, condoms, etc.).

31 friendly rooms (for the provision of services to members of vulnerable groups) have also been established for the treatment of sexually transmitted diseases (STDs), which apply international best practices in the management of their patients.

The main tasks and functions of the trust centres include:

- training in skills promoting individual protection against HIV infection and sexually transmitted diseases and the provision of means of protection;
- the provision of the availability of medical assistance, and consulting on HIV/AIDS;
- work on the prevention of HIV/drug addiction;
- exchange of syringes and needles, distribution of condoms and sanitisers;
- provision of consultations with the narcologist, venerologist, psychologist and other specialists;
- preparation of volunteers for educational work among injecting drug users on the “peer to peer” principle.

The functioning of the trust centres is carried out in close cooperation with the AIDS Centres and narcological and dermatovenerological dispensaries.

In the trust centres injecting drug users can receive anonymous examination, pre-test and post-test consultation, and psychological support.

In 2011 IDUs made 203.6 thousand applications to the Trust centres. More than 11 thousand informational and educational publications (more than 7.2 thousand booklets and sets of instructions and 3.8 thousand brochures) and more than 2.3 million condoms were distributed through the trust centres. More than 2.6 million disposable syringes were distributed to IDUs (the percentage of syringes returned for the republic in general was 69.8%).

Applicants were provided with anonymous pre- and post-test consulting, and sessions on HIV and STD prevention, the consequences of drug addiction etc. were carried out. The applicants were directed to specialists (narcologists, obstetrician-gynaecologists, dermatovenerologists, therapists, psychologists etc.) more than 105.9 thousand times.

Table 7-15. Data of the trust centres for the period 2001-2011

Year	Number of trust centres	Number of applications of drug users	Number of applications of IDUs	Number of single-use syringes distributed	Number of syringes returned	Number of condoms distributed
2001	114	8195	492	13,320	8019	76,600
2002	199	18,624	1490	68,328	42,158	72,022
2003	227	22,908	1833	325,896	198,539	157,999
2004	217	16,964	1187	331,126	198,344	572,802
2005	221	106,225	9560	216,762	132,442	530,786
2006	222	124,724	20,816	735,668	458,156	858,247
2007	239	248,068	25,046	2,388,003	1,565,068	1,743,787
2008	239	310,617	33,684	3,002,823	2,035,615	2,054,353
2009	235	269,102	29,366	1,455,325	959,364	1,354,574
2010	235	219,730	24,677	1,805,769	1,215,969	1,847,124
2011	235	203,697	24,528	2,601,516	1,816,405	2,365,936

Twenty-four-hour consultancy support for the population was provided in all regions of the republic using “hot lines”, which registered 3160 (2847 in 2010) calls.

7.2.1. Standards and evaluation

No evaluation survey on the effectiveness and quality of activities carried out in the field of drug harm reduction in the republic was carried out.

General requirements concerning the standard of services implemented in the comprehensive harm reduction programmes, or primary narcology assistance, are: their wide variety, availability,¹⁷ and safety. The requirement related to the availability of the provision of services for tertiary prevention is provided by the estimated number of primary narcology assistance sites (inpatient centres, street projects, mobile centres) providing the required volume of targeted assistance. The requirement related to the safety of the provision of services for tertiary prevention (anonymity, protection of drug users in their contacts with law enforcement bodies) is provided by targeted legislative acts, departmental orders, and the corresponding activity of the personnel of the primary narcology services network.

¹⁷ Availability – sufficient volume of services provided, availability for free, closeness to the place of residence, absence of any requirements or limitations on its provision, etc.

In 2011 two-day training seminars on HIV prevention among IDUs were organised for the assistants of the trust rooms and for outreach workers from September 16 to October 20, 2011 for the provision of methodological and practical assistance to the specialists of trust centres, improvement of the accounting system, and reporting on their activity, as well as for training of newly recruited assistants and outreach workers in the trust centres. 35 specialists took part in the seminar in every region.

The agenda of the two-day seminar included introducing the participants to the decree on improving the activity of the trust centres and to new forms of registration and reporting documentation, discussing the interaction system between the key participants in the implementation of the programme for HIV prevention among IDUs and staff members of specialised institutions, training the participants in the skills of making and maintaining contacts with injecting drug users, and motivating the participants to use new experience and information in their professional activity.

Within the framework of a grant provided by the ninth round of the continuous financing mechanism of the Global Fund to Fight AIDS, Tuberculosis, and Malaria financial support is provided to one assistant and three outreach workers in 114 trust centres, depending on the epidemiological situation and number of injecting drug users in the regions of the republic.

Within the framework of this project, personal computers were procured and installed in 114 trust centres for the daily monitoring and establishment of an electronic database on services provided to injecting drug users. Regional specialists on the monitoring and evaluation of the activity of trust centres were trained in the special MIS (Monitoring Information System) program for adding data to the electronic database.

8. SOCIAL INTERRELATION AND SOCIAL REINTEGRATION

8.1. Introduction

Drug users constantly meet serious problems in social life (family relations, study, work). Moreover, a close interrelation has been observed between illegal drug use, offences, and criminality. The participation of drug users in criminal activities brings social losses to society.

This section provides data based on the results of studies, as well as data from the Ministry of Health and Ministry of Labour and Social Protection of the Population.

8.2. Social problems

The outcomes of the independent study of the estimated prevalence of problem drug use (injecting drug use) in Uzbekistan, carried out in 2006 within the framework of the UNODC project AD/RER/H36, revealed a range of problems related to drug use, especially heroin use. Particularly, drug users (respondents) noted problems with the law – 77%, the family – 60.8%, and study or work – 23.9% (see bibliography No. 8). (Ministry of Health of the Republic of Uzbekistan, 2007).

According to the results of sentinel epidemiological surveillance, out of 1956 IDUs examined in 2005, 37.7% had families, and out of those examined in 2007 and in 2009 the figure was 42% and in 2011 44.1%. Employed IDUs in 2005 – 52.3%, in 2007 – 53%, in 2009 only 39%, and in 2011 – 56.9%. In 2005 12%, in 2007 7%, in 2009 15%, and in 2011 13.7% of the IDUs who were examined had no income (Ministry of Health of the Republic of Uzbekistan, 2012b).

Table 8-16. Social characteristics of IDUs according to sentinel surveillance data for 2005-2011

Indicator	2005	2007	2009	2011
IDUs examined	1956	3743	4098	5600
Marital status – married	37.7%	42%	42%	44.1%
Employment status – employed	52.3%	53%	39%	56.9%
Have no income	12%	7%	15%	13.7%

8.3. Social reintegration

The Ministry of Labour and Social Protection of the Population, jointly with the Ministry of Health and Ministry of Internal Affairs, developed and approved a list of activities for the employment of citizens registered with the narcology dispensaries who had undergone rehabilitation and wished to work, on May 12 2006. Amendments were made to this list in 2009.

This list provides for:

- joint organisation and carrying out of interviews with registered persons on their employability, analysis of the conditions of their employment, and determination of the attitude of employed persons to their employment;
- organisation of work on explanation of the procedure and prospects of employment among persons applying to the trust centres;
- provision of drug dispensaries and trust centres with data on available vacancies (except for types of activities for which the legislation sets limitations for drug-addicted persons) in the organisations;
- directing persons who have undergone rehabilitation and wish to work to the bodies providing employment in their place of residence, providing them with assistance in employment, and in case of the absence of such an opportunity, paying them unemployment benefit, involvement in paid public works, and directing them to free-of-charge education in accordance with the requirements stated in the vacancies;
- performing monthly monitoring and checking of the provision of employment to the above-mentioned category of persons etc.

In order to introduce social assistance to drug users, based on an evaluation of their actual needs and the development of individual plans for the provision of social services, the Tashkent city narcology dispensary conducted following activities:

- the premises are prepared for the estimation of the needs of the drug users on the basis of the Addiction Severity Index (ASI), and social services in outpatient conditions are planned;
- social workers surveyed 200 patients using the ASI. All the patients received specific social support in accordance with individual plans made on the basis of the actual needs of each patient;
- documents made for each patient and data are entered into a computer for the monitoring of the effectiveness of the social support provided to the drug addicts.

Work on the employment of drug addicts was carried out. Out of 3719 unemployed patients in a state of remission, 927 patients were directed by the narcological institutions to the employment centres, 341 became employed, and 10 persons underwent professional training and retraining.

Centres for the social adaptation of persons released from prisons work under the auspices of all hokimiats. Their tasks include: primary financial support, assistance in the preparation of documents, employment, medical examination and treatment, as needed, legal support in reinstatement of lost residential rights etc. This whole list of services is provided to patients with a drug addiction who are released from correctional facilities, thus supporting their social reintegration.

No independent research on post-treatment care programmes and reintegration in the field of the provision of narcological assistance was carried out.

9. DRUG-RELATED CRIMES

9.1. Introduction

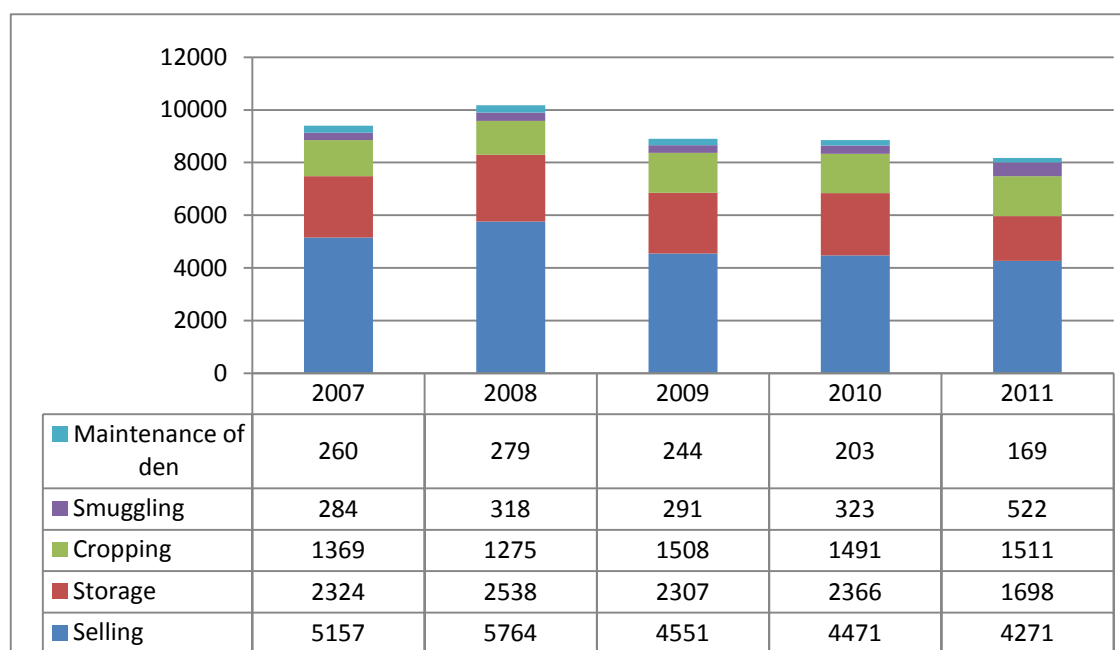
The republic performs the collection, compilation, and analysis of information and statistical data on the state of the art in the field of population involvement (including as categorised by specific groups and layers) in illicit drug trafficking, as well as monitoring of the dynamics of the commission of drug-related crimes.

The collection of information is carried out using forms of statistical reporting approved by the regulation of the State Commission of the Republic of Uzbekistan on drug control No. 9/09, dated January 9 2009, and analytical materials of the law enforcement bodies.

9.2. Crimes

The law enforcement bodies of the Republic of Uzbekistan detected 8171 drug-related crimes (8854 in 2010).

Figure 9-8. Drug-related crimes detected in Uzbekistan in the period 2007-2011 (all types)



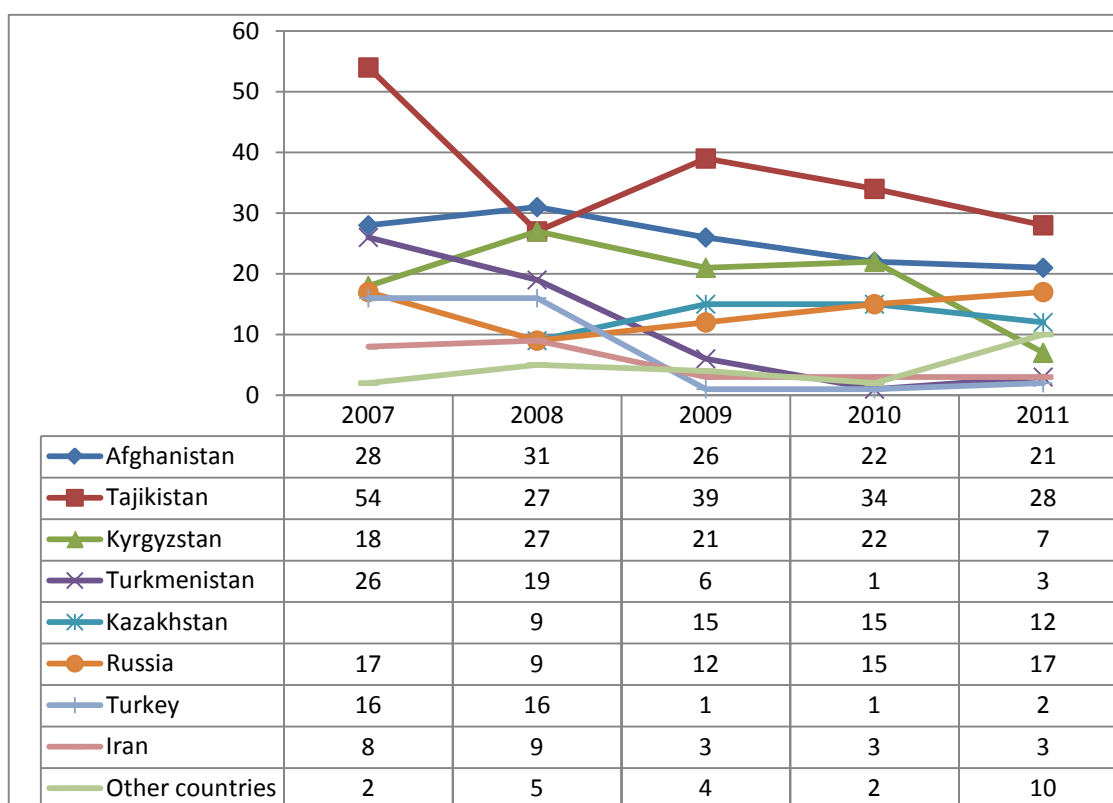
In 2011 107 (115 in 2010) foreign citizens were detained for committing crimes related to the illicit trafficking of drugs; 182.5 kg (314.6 kg in 2010) of various drugs, which makes 3.4% of the total volume of all drugs seized in the republic in 2011, were seized from them.

Table 9-17. Foreign citizens detained in Uzbekistan for committing drug-related crimes

Nationality	Persons detained		Drugs and psychotropic substances seized	
	2010	2011	2010	2011
Afghanistan	22	21	38 kg 198 gr. and 1246 tab.	89 kg 309.2 gr. and 260 tab.
Tajikistan	34	32	234 kg 727.5 gr. and 912 tab.	69 kg 615.9 gr. and 221 tab.
Kazakhstan	15	12	23 kg 374.7 gr. and 402 tab.	14 kg 844.8 gr. and 70 tab.
Kyrgyzstan	22	7	14 kg 273.5 gr. and 100 tab.	3 kg 550.2 gr. and 50 vials
Russia	15	17	110.5 gr. and 40607 tab.	4 kg 75.2 gr. and 482 tab.
Azerbaijan	-	2	-	955.6 gr.
Turkmenistan	1	3	5 tab.	79.5 gr. and 5 tab.
Turkey	1	2	3 kg 377.2 gr.	13.1 gr. and 6 tab.
Iran	3	3	2.36 gr. and 36 tab.	0.2 gr. and 38 tab.
Switzerland	-	1	-	4.7 gr.
Czech Republic	-	1	-	2.7 gr.
Spain	-	1	-	135 tab.
United Kingdom	1	1	14 tab.	30 tab.
France	1	2	44 tab.	20 tab.
Italy	-	1	-	14 tab.
Lithuania	-	1	-	10 tab.
TOTAL	115	107	314 kg 64 gr. 43,366 tab.¹⁸	182 kg 451 gr. 1,291 tab. 50 vials

¹⁸ The tablets that were seized mostly represented medicinal drugs included in the list of psychotropic substances and subject to control in the Republic of Uzbekistan.

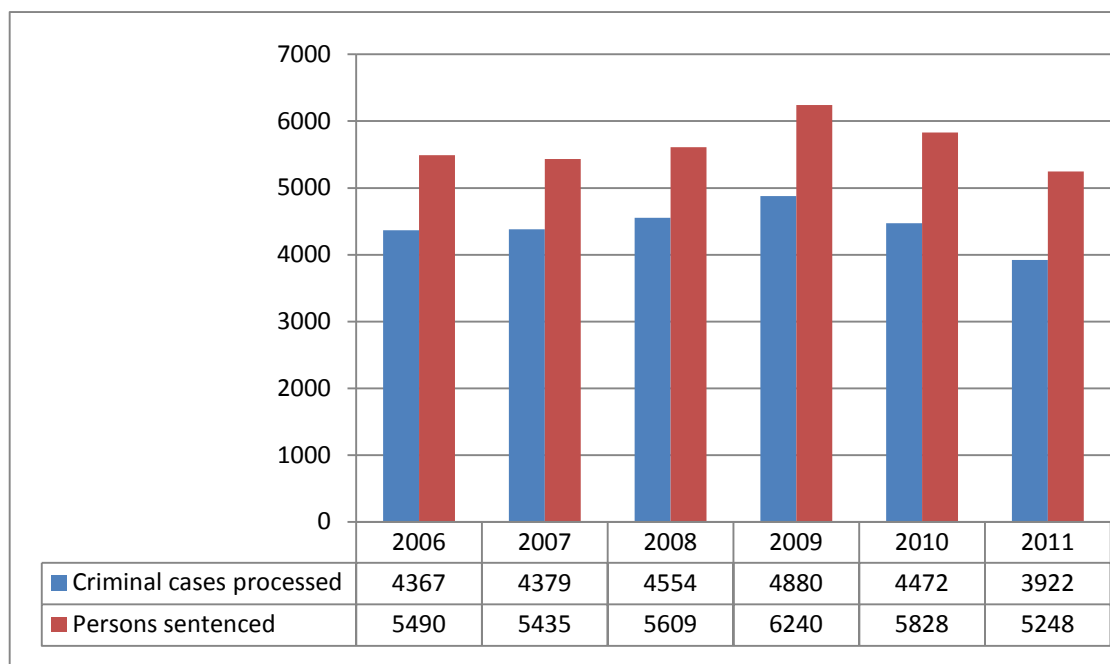
Figure 9-9. Foreign citizens detained in Uzbekistan for committing drug-related crimes



The judicial bodies of the republic examined 3922 criminal cases related to the illicit trafficking of drugs in 2011 (4472 in 2010), as a result of which 5248 persons (5828 in 2010) were subjected to criminal proceedings, out of whom 3104 (59.1%) were sentenced to deprivation of freedom, 1077 persons (20.5%) to corrective labour, and 428 persons (8.2%) to fines.

Within a 5-year period (2007-2011) the judicial bodies examined 22,207 criminal cases, as a result of which 28,360 persons were prosecuted.

Figure 9-10. Data of the judicial bodies on drug-related crimes in the Republic of Uzbekistan in the period 2007-2011



According to the data of the Ministry of Internal Affairs, out of 5331 persons who committed crimes related to the illicit trafficking of drugs, 48.3% were unemployed, and 26.5% had committed crimes previously. Persons in the 18-30-year-old age category represented 17% of the total number of persons who committed crimes (Law enforcement bodies of the Republic of Uzbekistan, 2012).

9.3. Alternatives to imprisonment for offenders with drug addiction

At present there are no mechanisms for the provision of alternatives to imprisonment for offenders with a drug addiction.

However, in accordance with the criminal law of the Republic, for committing a crime described as “Illegal production, purchase, storage and other activities involving drugs or psychotropic substances without the intention to sell”, if the volume of the substance seized is not categorised as large, the court can impose a penalty not related to deprivation of freedom, particularly in the form of a fine or corrective labour. This legal norm is equally applicable to both drug-addicted offenders and others.

9.4. Assistance to drug users in prison

In accordance with the Criminal Code of the Republic of Uzbekistan, in the event of a crime being committed by persons suffering from drug addiction or toxicomania, the court, with the availability of a medical certificate, can stipulate medical measures along with general punishment.

By this means persons sentenced to punishment not related to deprivation of freedom are subject to compulsory treatment in the medical institutions.

Persons with a drug addiction or toxicomania arrested or sentenced to deprivation of freedom are subject to treatment in the place where they are serving their sentence, and after their

release, if continuation of treatment is required, in the medical institutions in a general health care system.

The treatment of drug-addicted inmates is carried out on an inpatient basis in the medical units of specialised facilities. The main part of the inpatient treatment consists of detoxification and the elimination of withdrawal syndrome (using anxiolytics, nootropics, and vitamins), as well as the application of psychotherapeutic methods, such as: motivational interviewing, cognitive-behavioural, rational, suggestive, and group psychotherapy by means of psychological training, and labour rehabilitation.

14 narcology doctors are working in the penitentiary system of the Ministry of Internal Affairs. 23% (225) of the total number of beds in the medical units of facilities for the serving of sentences are intended for drug addicts and patients with toxicomania.

The “Atlantis” rehabilitation centre, where a 12-step programme with a duration of 5 months is implemented, during which the patients listen to more than 120 lectures, take part in 8 sessions of art therapy and individual consulting, is functioning in one of the correctional facilities of the Tashkent region. A narcologist, a social psychologist, and an education specialist (5 staff members) work with the patients. The selection of patients for inclusion in the programme is carried out on a voluntary basis.

No special large-scale independent study on the effectiveness of the treatment and educational programmes in the penitentiary facilities was carried out.

10. DRUG MARKETS

10.1. Introduction

The seizure volumes represent the most comprehensive indicator of the situation in the field of the illicit trafficking of drugs. Changes in the volume of seizures, in combination with the data on prices of drugs and the level of their purity, can show current trends in the field of drug trafficking.

Information included in the section consists of official data provided by the law enforcement bodies of the Republic of Uzbekistan (Ministry of Internal Affairs, National Security Service, State Customs Committee).

10.2. Availability and supply of drugs

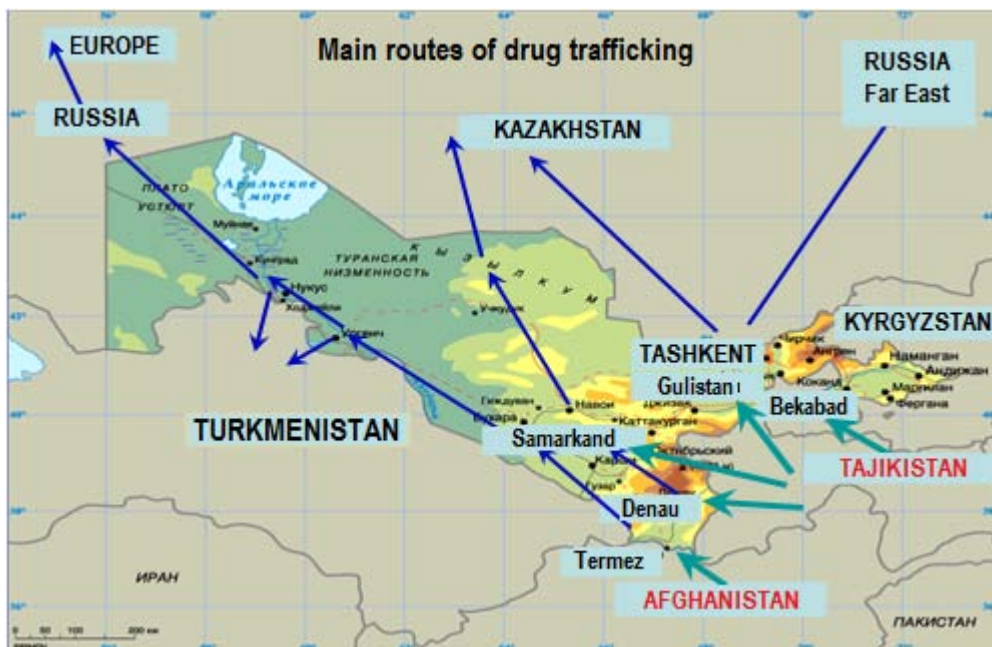
According to estimate data of the UNODC, in 2011 the scale of illicit cultivation of opium poppy in Afghanistan came to 131 thousand (123 thousand in 2010) ha. Opium production in Afghanistan increased by 61%, and came to 5800 tons (3600 in 2010), which corresponds to 82% (74% in 2010) of the total world production of opium (UNODC, 2011).

As before, opiates of Afghan origin arrive in the republic from Tajikistan and directly from Afghanistan via the River Amudaria in the south to Surkhandaria region, in the south-east to the Samarkand and Syrdaria regions, and in the north-east to the Fergana valley and Tashkent region. Particularly:

- on March 16, 2011, three citizens of the Republic of Uzbekistan were detained in Samarkand region; in their vehicles 10 bags of onions were detected, in which 91 kg of heroin were hidden;
- on May 7, 2011, a citizen of Kazakhstan was detained in the town of Bakht in Syrdaria region. In the course of a search of a bag containing corn 8 plastic bottles containing 9 kg 100 gr. of heroin were detected. The drugs were intended for delivery to the territory of the Zhetysai district of South Kazakhstan region;
- on May 11, 2011 a truck was detained in the city of Tashkent. In the course of a search, 113 kg 295 gr. of opium were detected in a specially prepared hiding place in an additional fuel tank located in the refrigerated trailer and were seized. The criminals intended to deliver the drugs to the city of Novosibirsk (Russian Federation);
- on May 13, 2011 69 kg 702 gr. of heroin and 10 kg 327 gr. of raw opium were detected and seized in a production workshop in the Jambai district of Samarkand region, in a hiding place made of a plastic barrel buried in the ground,;
- on May 14, 2011 a citizen of the Republic of Uzbekistan was detained at the "Tashkent-tovarnaya" railway station. In the course of a search conducted in the sleeping compartment, 20 kg 540 gr. of heroin were detected in his bag. The drugs were intended for delivery to the town of Sol-Iletsk (Russian Federation);

- on June 2, 2011, in the Baisun district in Surkhandaria region, two citizens of Uzbekistan were detained, who intended to deliver more than 35 kg of drugs from Afghanistan (2 kg of heroin, 13 kg of opium, and 20 kg of hashish) using a vehicle;
- on June 24, 2011 an attempt to make an illicit crossing of the state border by two citizens of Tajikistan was suppressed in the Urgut district of Samarkand region,. In the course of their detention, the criminals put up armed resistance. In total more than 22 kg of opium was seized;
- on July 8, 2011, in the town of Gulistan in Syrdaria region, 72 kg 560 gr. of raw opium were detected and seized in the course of a search of an IZh vehicle;
- on July 9, 2011, 6 kg of heroin were detected by the officers of the State Customs Control at the “Amuzang” railway station in Surkhandaria region in the course of a search on a train on the route from Tajikistan to Russia;
- on October 15, 2011, in Surkhandaria region, an attempt by two citizens of Afghanistan to smuggle 19 kg 765 gr. of opium over the River Amudaria using a rubber boat was suppressed. In the course of their detention, an assault rifle with 18 cartridges and a PM pistol with 7 cartridges were seized from them;
- On November 22, 2011, two citizens of the Republic of Uzbekistan were detained in Syrdaria region during an attempt to transport 25 kg 310 gr. of raw opium. The drugs were hidden in a box containing tomatoes.

Map 10-2. Main routes of drug trafficking



An annual operation, this time called “Black Poppy 2011”, was carried out to liquidate the raw material base for drug business in the republic and increase the effectiveness of the fight against the smuggling and distribution of drugs, as well as in the form of propaganda and

preventive measures among the population for the prevention of offences related to the illicit trafficking of drugs.

In this operation more than 11 thousand law enforcement officers, 459 road patrol posts, and 395 additional covering groups were involved. Approximately 7412 members of the public were involved in the activity.

The officers of the law enforcement bodies checked more than 2.3 million objects, 1.5 million private houses, and 210.9 thousand cultivated plots.

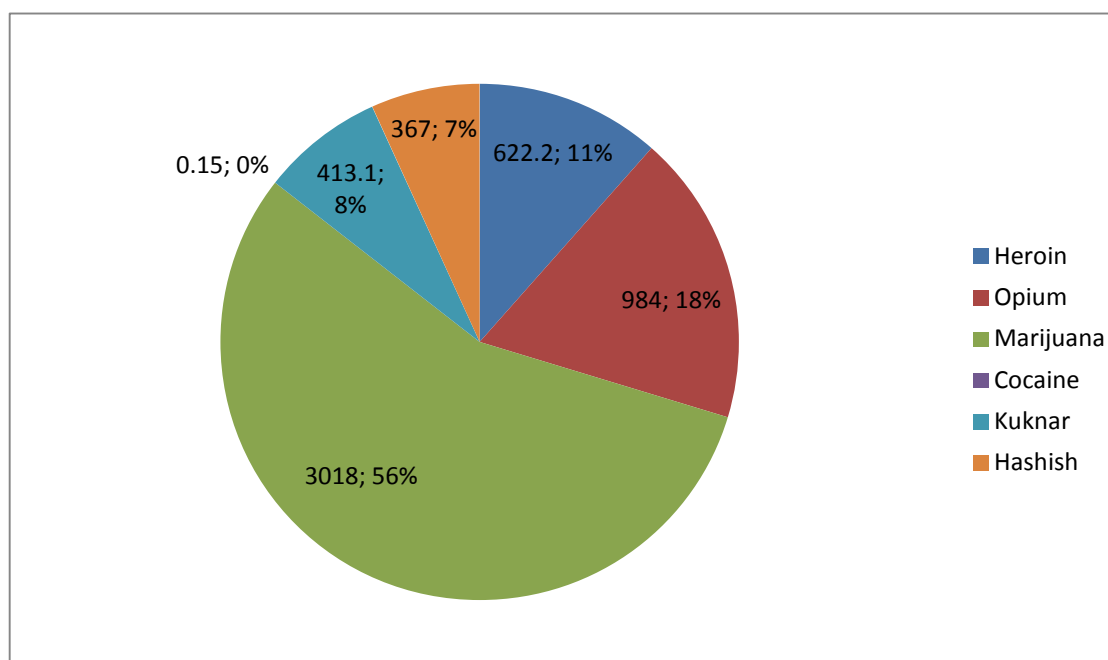
In the course of the operation 1338 (1336 in 2010) cases of the cultivation of drug-containing crops were revealed with a total area of 3 (3.7 in 2010) ha. Areas that were hard to reach for land survey were subjected to aerial checks using helicopters of the Specaviarabot Air Company belonging to the “Uzbekiston Havo Yollari” NAC.

Within the framework of the “Black Poppy” operation 3587 (3820 in 2010) drug-related crimes were brought to light and 3.1 (2.4 in 2010) tons of drugs were seized from illicit traffickers. 1261 (1231 in 2010) criminal cases were initiated (Law enforcement bodies of the Republic of Uzbekistan, 2012).

10.3. Seizures

In 2011 the law enforcement bodies seized 5 tonnes 404 kg of drugs from illicit traffickers (4 tonnes 717 kg in 2010) (Law enforcement bodies of the Republic of Uzbekistan, 2012).

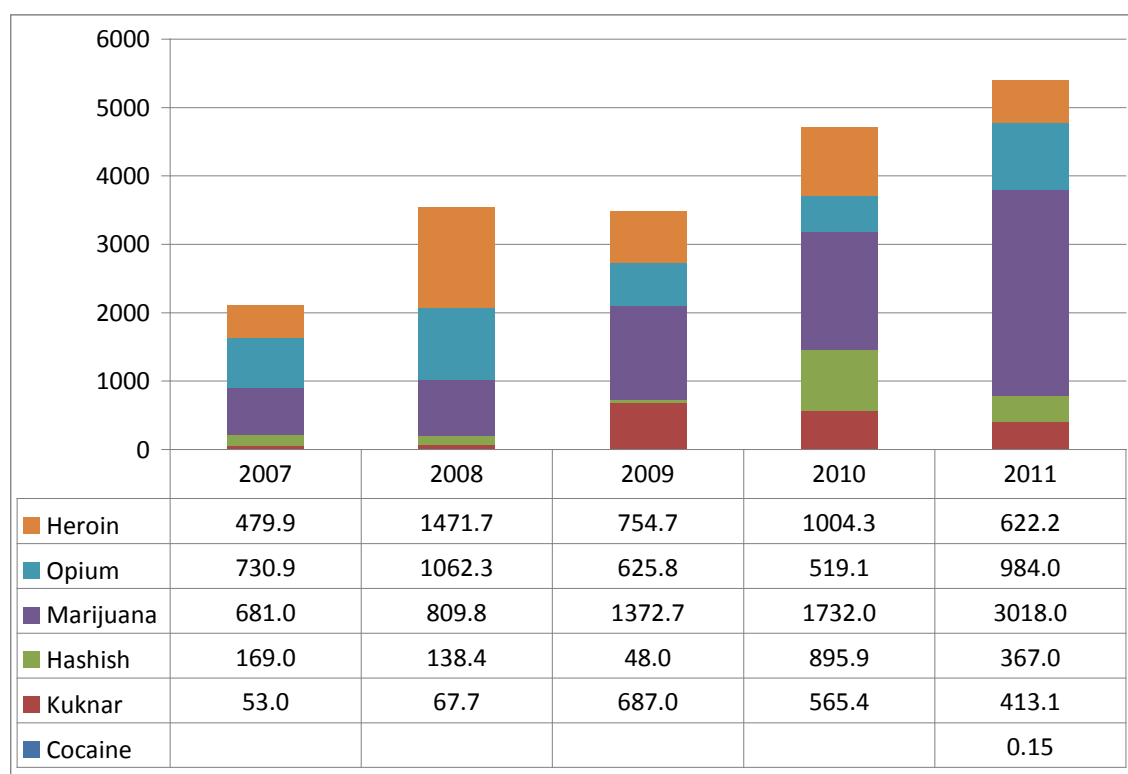
Figure 10-11. Drug seizures¹⁹ in Uzbekistan in 2011 (kg)



During a 5-year period (from 2007 to 2011) the law enforcement bodies of the Republic seized 19 tonnes 273 kg of drugs.

¹⁹ Kuknar – poppy straw (parts of mown opium poppy except seeds).

Figure 10-12. Drug seizures in Uzbekistan in 2007-2011 (kg)



10.4. Price and purity

According to the data of the law enforcement bodies of the republic, the prices for heroin and opium in illegal trafficking did not change significantly in 2011 and vary in different regions of the republic.

The main reasons for the fluctuations in drug prices remain as follows:

- the quality of the heroin produced;
- depending on the remoteness from districts bordering Afghanistan and Tajikistan in the north-west and western directions, the cost of heroin increases several times.

According to the data of the Ministry of Internal Affairs, the wholesale price of 1 kilogram of heroin varies within a range of €5700-35,700 and that of opium €1400-5700. The cost of 1 kg of marijuana is €350-2800 and that of hashish €700-5700.

The retail price of 1 gram of heroin varies within the limits of €8-35, that of opium €1-18, hashish €3-11, and marijuana €0.7-12.

The purity of drugs seized is not determined in the republic because of a lack of the necessary equipment and standardised laboratory methods.

ANNEXES

Regulatory legal acts

The legislative and regulatory-legal basis of the republic consists of the following regulatory legal documents:

1. The Law of the Republic of Uzbekistan “On the protection of the health of citizens” (1996).
2. The Law of the Republic of Uzbekistan “On drugs and psychotropic substances” (1999).
3. The Law of the Republic of Uzbekistan “On the prevention of disease caused by the Human Immunodeficiency Virus (HIV)” (1999).
4. The Law of the Republic of Uzbekistan “On compulsory treatment of patients with chronic alcoholism or drug addiction” (1992).
5. Criminal Code of the Republic of Uzbekistan (1994).
6. Criminal Procedure Code of the Republic of Uzbekistan (1994).
7. Code of the Republic of Uzbekistan on administrative responsibility (1994).
8. Regulation of the Cabinet of Ministers of the Republic of Uzbekistan No. 195, dated May 1, 1993, “On the approval of the regulation on specialised treatment preventive facilities (STPF) for the compulsory treatment of patients with chronic alcoholism or drug addiction”.
9. Order of the Ministry of Health No. 679, dated December 31, 1993, “On compulsory treatment and labour rehabilitation of patients with chronic alcoholism or drug addiction”.
10. Joint order of the Ministry of Internal Affairs of the Republic of Uzbekistan and Ministry of Health of the Republic of Uzbekistan No. 326/599, dated December 28, 1994, “On the approval of guidelines for the procedure for the organisation of the preventive work of the law enforcement and health protection bodies with persons abusing alcohol or drugs and direction to compulsory treatment of patients with chronic alcoholism or drug addiction”.
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12. Order of the Ministry of Health of the Republic of Uzbekistan No. 102, dated March 20, 1995, “On the approval of the list of diseases preventing the treatment of patients with chronic alcoholism or drug addiction in specialised treatment and preventive facilities and the regulation on special narcology units for the compulsory treatment of patients with chronic alcoholism or drug addiction with serious coexistent diseases”.
13. Regulation of the Cabinet of Ministers of the Republic of Uzbekistan No. 401, dated August 24, 1999, “On the further extension of the network of specialised treatment and preventive facilities for the treatment of patients with chronic alcoholism and drug addiction”.
14. Order of the Ministry of Health of the Republic of Uzbekistan No. 29, dated January 19, 2001, “Procedure for the medical application of drugs, psychotropic substances, and precursors”.
15. Order of the Ministry of Health of the Republic of Uzbekistan No. 278, dated May 15, 2005 “On the approval of the regulation on the procedure for the registration and dynamic

observation of persons allowing the misuse of drugs and psychoactive substances and patients with drug addiction or toxicomania”.

16. Order of the Ministry of Health of the Republic of Uzbekistan No. 403, dated August 8, 2008, “On the improvement of narcological assistance to the population”.
17. Joint regulation of the Ministry of Health of the Republic of Uzbekistan No. 3, dated March 17, 2008 and Ministry of Internal Affairs of the Republic of Uzbekistan, No. 4, dated March 17, 2008, “On the approval of the regulation on the procedure for the transportation of drugs, psychotropic substances, and precursors on the territory of the Republic of Uzbekistan” (Ministry of Justice, dated April 16, 2008)
18. Regulation of the Cabinet of Minister of the Republic of Uzbekistan No. 6, dated January 8, 2009, “On the approval of the regulation on the procedure for reporting on activity related to the illicit trafficking of drugs, psychotropic substances, and precursors in the Republic of Uzbekistan”.
19. Joint regulation of the Ministry of Internal Affairs, Ministry of Health and Ministry of Labour and Social Protection of the Population “On the approval of the regulation on the procedure for granting permission to citizens to do work related to the illicit trafficking of drugs, psychotropic substances, and precursors” (Ministry of Justice No. 2040, dated November 16, 2009).
20. Order of the Ministry of Health No. 327, dated November 26, 2010, on the detection, registration, and treatment of adolescents using psychoactive substances.
21. Order of the Ministry of Health No. 18, dated January 17, 2011, approving the regulation on the identification, registration, examination, and medical and social rehabilitation of minors abusing psychoactive substances (Ministry of Justice No. 2215, dated April 11, 2011).
22. Order of the Ministry of Health No. 148, dated May 27, 2011, (Ministry of Justice No. 1494-1) on the amendment of the order of the Ministry of Health No. 278, dated June 15, 2005, “On the approval of the regulation on the procedure for the registration and dynamic observation of persons allowing misuse of drugs and psychoactive substances and patients with drug addiction or toxicomania”.
23. Order of the Ministry of Health No. 249, dated August 22, 2011, “On the approval of the regulation on the inpatient units of narcological facilities”.
24. Order of the Ministry of Health No. 310, dated November 14, 2011, “On approval of standards for diagnosis and treatment for provision of narcological assistance”.

Punishments for crimes involving the illicit trafficking of drugs and psychotropic substances are stipulated by the Criminal Code and the Code on Administrative Responsibility (Ministry of Justice of the Republic of Uzbekistan, 2001).

The Criminal Code stipulates responsibility for the commission of the following acts:

- Involvement of adolescents in anti-social behaviour, including the use of drugs or psychoactive substances (Art. 127).
- Neglect of official duty leading to the illicit carrying through the state or customs border of the Republic of Uzbekistan of drugs or psychotropic substances in a large quantity (Art. 207, part 3, item b).
- Smuggling of drugs or psychotropic substances (Art. 246).
- Giving permission to drive a vehicle to a person under the influence of drugs, leading to grave bodily injury or the death of a person (Art. 261);
- Cultivation of opium poppies or oil-bearing poppies, cannabis plants, or other plants containing drugs or psychotropic substances (Art. 270).

- Illicit possession of drugs or psychotropic substances obtained by means of theft or fraud (Art. 271).
- Illicit production, purchase, storage, carrying or sending for the purpose of selling, selling of drugs or psychotropic substances, and the organisation or maintenance of dens for the use or distribution of the above-mentioned substances (Art. 273).
- Involvement in the use of drugs or psychotropic substances (Art. 274).
- Infringement of the rules for the production, storage, registration, distribution, carrying, or sending of drugs or psychotropic substances (Art. 275).
- Illicit production, storage, purchase, carrying, or sending of drugs or psychotropic substances without the intention to sell them (Art. 276).

The code of administrative responsibility stipulates responsibility for the illicit production, purchase, storage, carrying, or sending without the intention to sell drugs or psychotropic substances in small quantities (Art. 56). (State Commission of the Republic of Uzbekistan on Drug Control, 2010).

Table 11-18. Extract from the list of drugs and psychotropic substances with categorisation of their quantity as a small quantity detected in illicit storing or trafficking

№	Name	size (gr.)
1.	Marijuana (dried)	1.0
2.	Hashish	0.2
3.	Opium	0.2 (20 tabs per 0.01 gr.)
4.	Acetylated opium	0.1
5.	Poppy straw (dried)	5.0
6.	Heroin	0.001
7.	Morphine	0.01 (1 vial of 1% solution)
8.	Cocaine	0.01
9.	Phentanyl	0.0002 (2 vials of 0.005% solution)
10.	Lysergide	no
11.	Methamphetamine	0.02
12.	Ephedrone	0.02
13.	Methadone	0.01
14.	Buprenorphine	0.0012
15.	Diazepam	0.06
16.	Nitrazepam	0.03
17.	Oxazepam	0.1
18.	Ephedrine	1.0

Coordination mechanisms:

The following main tasks and functions are entrusted to the State Commission (Cabinet of Ministers of the Republic of Uzbekistan., 1994):

- the integration, concentration, and coordination of the efforts of all state bodies, public organisations, labour collectives, and citizens to solve pressing tasks related to the fight against the illegal trafficking of narcotic drugs and the wide use of the political, economic, social, cultural, and educational resources of the community and state for this purpose;

- performing permanent comprehensive evaluation of the state of the art in the field the fight against illicit drug trafficking;
- development and support for implementation of a nationwide programme of drug control;
- the establishment of a common network between the National Information Analysis Centre and organisations which carry out drug controls to ensure free and unhindered information exchange with stakeholder ministries and agencies of the Republic of Uzbekistan;
- ensuring cooperation between state, public, religious and charitable organisations, institutions, and companies in work for fundraising to fund drug control programmes;
- ensuring control over the implementation by the ministries and agencies of Uzbekistan's obligations stipulated in international agreements in the field of the fight against illicit drug trafficking and drug abuse;
- participation in the development and implementation of cooperation programmes in the field of drug control on the territory of the Republic of Uzbekistan and abroad;
- participation in the activity of international organisations involved in drug control and other issues in accordance with established procedure.

The Commission consists of the heads of law enforcement agencies, the national security service, the customs services, the General Prosecutor's office, the Ministries of Justice, Health, and Education, and other state bodies involved in the field of drug control. The Commission is chaired by the Prime Minister of the Republic of Uzbekistan.

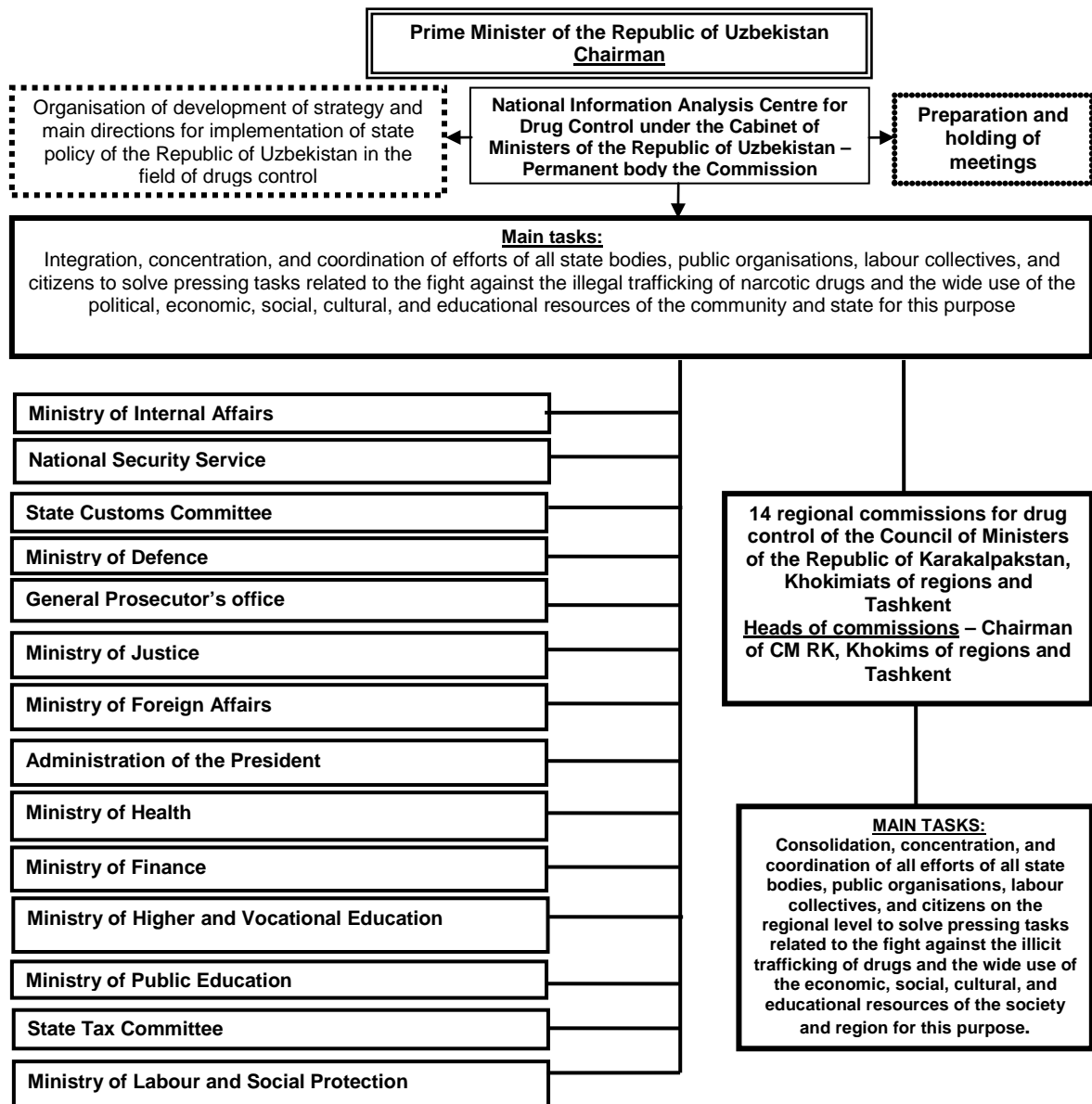
The main tasks of the National Information Analysis Centre are as follows (Cabinet of Ministers of the Republic of Uzbekistan, 1996):

- development of the strategy and implementation of the state policy of the Republic of Uzbekistan in the field of drug trafficking control and the prevention of drug abuse;
- preparation and submission of proposals for the formation of the main directions of state policy and the legal basis in the field of drug control in accordance with the established order;
- preparation of the relevant analytical materials and proposals for the Government on issues relating to the drug situation and improvement of the organisation of the fight against illicit drug trafficking both on the national and international levels;
- the collection and processing of information and formation of a database on the drug situation in the Republic of Uzbekistan, Central Asian Region, and its summarisation and analysis, as well as the provision of appropriate information to the stakeholder ministries, agencies and organisations, including international ones;
- provision of relevant methodological and practical support to the ministries, state committees, agencies, and regional commissions for drug control in the organisation of

the activity of their subordinate divisions involved in the prevention of the spread of drug abuse and the fight against illicit drug trafficking;

- preparation of reports for the UN on the implementation by the Republic of Uzbekistan of the provisions of conventions regulating international activity for drug control.

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List of abbreviations used in the text

State Commission	State Commission of the Republic of Uzbekistan for Drug Control
STD	Sexually transmitted diseases
HIV	Human Immunodeficiency Virus
WHO	World Health Organisation
CND	City narcology dispensary
DAMOS	Drug Abuse Monitoring Systems
SES	Sentinel epidemiology surveillance
STI	Sexually transmitted infections
ELISA	Enzyme-linked immunosorbent assay
CADAP	European Union Central Asia Drug Action Programme
PLH	People living with HIV/AIDS
TPF	Treatment and prevention facility
MIA	Ministry of Internal Affairs
MH	Ministry of Health
MHVE	Ministry of Higher and Vocational Education
MPE	Ministry of People's Education
NGO	Non-governmental non-commercial organisation
OSCE	Organisation for Security and Cooperation in Europe
YPM	Youth public movement
OND	Region narcology dispensary
UN	United Nations Organisation
PAS	Psychoactive substances
IDUs	Injecting drug users
RNA	Ribonucleic acid
RSCEMA	Republican Scientific Centre of Emergency Medical Aid
RUz	Republic of Uzbekistan
STPF	Specialised treatment and prevention facility
CM RK	Council of Ministers of the Republic of Karakalpakstan
AIDS	Acquired Immunodeficiency Syndrome
TashIDI	Tashkent Institute of Doctors' Improvement
UNODC	United Nations Office for Drugs and Crimes
ESPAD	European school survey project on alcohol and other drugs
HCV	Viral hepatitis C

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