CADAP 7

Result 2

Service Technical Assistance Services for the improvement of data collection and analysis systems and the implementation of a Drug Early Warning System in Central Asian Countries

Current situation of data collection and drug early warning system in Turkmenistan

prepared by

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(revised in August 2023 after comments from CADAP national coordinator)

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Acronyms

ARQ	Annual Report Questionnaire
CADAP	Central Asian Drug Action Programme
CARICC	Coordination Centre for Combating illicit trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors
CCP	Container Control Programme
DIC MIA	Department for International Cooperation
DCID	Department for Combating Illegal Drugs
EWS	Early Warning System
EU	European Union
HIC	Health Information Centre
MIA	Ministry of Internal Affairs of Turkmenistan
MOHMI	Ministry of Health and Medical Industry of Turkmenistan
OSCE	Organisation for Security and Cooperation in Europe
PWID	People Who Inject Drugs
SBS	State Border Service of Turkmenistan.
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organisation

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1. Introduction

Turkmenistan is located in the southwestern part of Central Asia and shares borders with the Republic of Kazakhstan to the north, the Republic of Uzbekistan to the northeast and east, Afghanistan to the southeast, the Islamic Republic of Iran to the south, and the Caspian Sea to the west. The country has a geographical area of 491.21 thousand square kilometres and is home to a population of 6.2 million people (as of 2017) consisting of over 100 nationalities.

Turkmenistan is a Presidential Republic and has been recognized as a permanently neutral state by the UN General Assembly. The country has established diplomatic relations with 152 countries, including a bilateral tie with the Republic of Trinidad and Tobago as of June 21, 2023, and its political structure is formed in accordance with the Constitution adopted on May 18, 1992, and subsequently revised on January 21, 2023.

The state budget of Turkmenistan allocates the majority (75-80%) of its funds towards social services, including healthcare, education, cultural systems, housing, communal economy, wages, pensions, state grants, scholarships, and other related services. [1]

Turkmenistan collaborates with various international organisations, such as WHO, UNODC, UNICEF, UNHCR, etc., and is a beneficiary country of many programmes and projects implemented by the United Nations, the European Union, the Organisation for Security and Cooperation in Europe, the Commonwealth of Independent States, the Organisation of Islamic Cooperation, the Non-Aligned Movement, and the World Health Organisation. [2]The country is also a Member State of the Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances, and Their Precursors (CARICC) Agreement.

In terms of drug demand and supply reduction, Turkmenistan has participated in various projects such as the UNODC-World Customs Organisation (WCO) Container Control Programme (CCP), which aims to enhance the capacity of customs and other law enforcement authorities to detect, intercept, and deter the trafficking of illicit goods. In 2018, the Asset Recovery Inter-Agency Network of West and Central Asia was established and launched by countries in the region. Additionally, six interagency mobile teams were set up in Uzbekistan and two Port Control Units, in Kazakhstan and Turkmenistan, respectively. [3]

Turkmenistan has also participated in previous phases of the Central Asia Drug Action Programme (CADAP) project.

2. Legal and institutional framework

Drug policy and its coordination

All activities related to the coordination of drug actions in the country are approved at a high government level, even by the President of the country. The State Coordination Commission to combat drug dependence was established in 2004. According to the CADAP 6 project report, Turkmenistan developed a National Plan against Drugs for 2016-2020.

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[1] https://www.mfa.gov.tm/index.php/en/articles/2
[2] https://www.mfa.gov.tm/en/articles/3
[3] https://www.unodc.org/documents/AnnualReport/Annual-Report_2018.pdf

The appointed Focal Point for CADAP7 project sits at the Health Information Centre, within the Ministry of Health and Medical Industry of Turkmenistan.

There is a newly formed Department of Drug Control, which has been actively participating in the activities of CADAP. The Department of Treatment is a partner for the current phase of the project and coordinates the work of narcological clinics, narcological centres, the newly opened rehabilitation centre, as well as the training of narcologists by the Turkmen State Medical University named after Myrat Garryev.

Legal and institutional framework

In 1996, Turkmenistan ratified the Single Convention on Narcotic Drugs of 1961 and signed its accession to the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Drug policy is considered a key issue within the mandate of high-level state authorities.

The main stakeholders in Turkmenistan are as follows:

- Ministry of Internal Affairs of Turkmenistan
    - Department for International Cooperation
    - Department for Combating Illegal Drugs

- Ministry of Health and Medical Industry of Turkmenistan
    - Health Information Centre

- State Border Service of Turkmenistan

3. Drug situation and overview of key indicators

Turkmenistan holds a strategic geopolitical position at the intersection of the Northern and Balkan routes. According to the Global Initiative Against Transnational Organized Crime, Turkmenistan does not appear to be a major heroin trafficking hub, but it does act as a transit point for narcotics smuggled from Afghanistan into Turkey, Russia, and the European markets. There have been seizures of narcotics along Turkmenistan's border with Afghanistan and Iran. There is little evidence to support the existence of a significant cocaine market in Turkmenistan, and similarly, the extent of the synthetic drugs market is fairly limited in the country. [4]

Data related to drugs is scarce, with almost no information on drug use among the general population and vulnerable population groups. Some data is available on drug seizures and drug-related offenses, as well as people in treatment. Additionally, data on people living with HIV in Turkmenistan is limited. A number of foreign media reports give an indication of the type of substances available in the country.

Data from Turkmenistan was not included in the CADPAP 5 project report, as active participation of the country started in the last few months of the project. During CADAP 6, Turkmen experts and government representatives actively participated in the trainings and regional events. Nevertheless, obtaining

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[4] 2021 OCINDEX.NET/COUNTRY/TURKMENISTAN.
https://ocindex.net/assets/downloads/english/ocindex_profile_turkmenistan.pdf

additional data, which could give more information on the drug-related situation in the country, remained a challenge. In CADAP 7, Turkmenistan expressed its priority as the need to develop the core curriculum on drug use prevention in line with the Turkmen cultural and political context. The lack of data on drug use together of some indicators of gender inequality, gender-based violence and vulnerability call for sensitisation of various target groups on aspects of human rights and human dignity. For example, in 2019, 48.58% of women aged 15-49 years, agreed with the statement that a husband is justified in hitting or beating his wife for specific reasons.[5] In addition, women drug users and women partners of drug users are at high risk for family violence, HIV transition, denied access to healthcare, especially to reproductive and sexual health services.[6]

Drug use among the general population and high-risk drug use

There is no data available from any population surveys or estimations on the size of the high-risk drug use (HRDU) population.

Treatment

The data on drug use in the Paris Pact Fact Sheet 2022 dates back to 2006 and indicates that the number of people who use drugs (PWUD) recorded by narcological dispensaries was 33,697, with the majority (93%) being heroin users. Among all PWUD in dispensaries, 25% were people who inject drugs (PWID).

The latest data on persons treated for substance use disorders (SUD) is from 2007 and indicates a sharp reduction in numbers from 2006 (28,720) to 2007 (17,774). According to UNODC data, 1,602 PWUD were treated in 2016. [7]

The "Doverie" centres (the "Trust" centres) offer services to vulnerable groups and people with SUD. Opioid agonist therapy is not available in the country.

Drug related infectious diseases

By the end of 2011, Turkmen authorities had reported a cumulative total of just two HIV cases, one male and one female, to the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC), one of whom developed AIDS and died. Six public health facilities offer HIV testing and counselling services. The at-risk population group is thought to be people who inject drugs, due to the country's proximity to Afghanistan and the opiates that are transported through Central Asia. [8]

As of 2023, no data on HIV infection among people who inject drugs, nor for any other population group, is available in UNAIDS reports. However, some data indicate that stigma and discrimination towards vulnerable groups are an issue in Turkmenistan as 83.7 % of women aged 15-49 report discriminatory attitudes towards people living with HIV. [9] In the UNODC ARQ tables, the prevalence of Hepatitis C (HCV) among people who inject drugs in Turkmenistan was 0.002, and 1.3 for Hepatitis B (active

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[5] https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf

[6] Central Asian Gender and Sexuality Advocacy Network. UPR submission on Turkmenistan, October 2012. Available at: Microsoft Word - CAGSAN_UPR16_UZB_E_main.docx (ohchr.org)

[7] https://dataunodc.un.org/content/country-list

[8] Key Facts On HIV Epidemic In Turkmenistan And Progress In 2011. Available at https://www.euro.who.int/__data/assets/pdf_file/0009/188766/Turkmenistan-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf

[9] https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf

infection) based on the 2007 data and an official government estimate, with no methodology reported.[10]

Drug-related deaths and mortality of drug users

There is no data available from population statistics (mortality registers) or studies on mortality.

Drug related offenses

According to CARICC, in Turkmenistan (based on data for 9 months), there were 425 drug-related offenses in 2021 (347 in 2020), indicating a decrease from 2015 when 723 drug-related criminal cases were initiated. [11]

Drug seizures

Based on CARICC data reported by the Paris Pact, opium is the major drug seized in Turkmenistan.

Table 1. Total drug seizures[12]

Drug	2015	2016	2017[a]	2019[a]	2020[a]
Heroin (kg)	0.71	0.95	0.01	0.033	-
Opium (kg)	243.28	293.42	243.7	110.5	92.8
Hashish (kg)	0.008	5.38	0.016	0.190	-
Marijuana (kg)	15.32	19.86	5.5	2.5	9.1
Psychotropic substances	n/a	523 tablets	n/a	479 tablets, 6 ampoules 8.7 gr	887 tablets 16 ampoules

[a] refers to the first nine months in the given year (Jan-Sep)

Prices

Wholesale and retail prices are reported for opium and marijuana, but they are not available for heroin (due to unknown purity). In the period of 2012-2016, the wholesale prices for opium in USD per kg showed an increasing trend, rising from 33,000 to 52,600 in 2013 to 72,500-98,000 in 2016. [13] The same increasing trend is observed in herbal cannabis (marijuana) with wholesale prices of 19,120-30,350 USD per kg in 2016.

4. NPS and EWS

There is no information available on the country's response to new (synthetic) psychoactive substances.

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[10] UNODC ARQ Tables 4.1. Estimates if people who inject drugs, living with HIV, HCV and HBV. Available at https://www.unodc.org/unodc/en/data-and-analysis/wdr2022_annex.html
[11] https://caricc.org/index.php/en/infografics/according-to-official-data
[12] Paris Pact Country Fact Sheet, March 2022
[13] ibid

5. Available information sources on drug situation in Turkmenistan

Key indicator	Methodological information	Source	Latest available data
Drug use among the general population		N/A	N/A
Drug use in youth		N/A	N/A
Drug use in nightlife settings		N/A	N/A
High-risk drug use prevalence estimates		N/A	N/A
Bio-behavioural surveillance survey among PWID		N/A	N/A
Data on services provided in harm reduction programmes		N/A	N/A
Data on drug overdose – special register		N/A	N/A
Data on drug overdoses – general mortality statistics		N/A	N/A
Mortality cohort studies		N/A	N/A
Prevalence of HIV and HCV among PWUD		WHO Regional Office for Europe	2011
Reported incidence of HIV		UNODC ARQ	2007
Reported incidence of HCV and HBV		Officially reported data (Paris Pact Initiative)	
Aggregated data of drug treatment		N/A	N/A
Services for drug users in prisons		Officially reported data CARICC and Paris Pact Initiative	2020
Drug-related criminal offences		Officially reported data (Paris Pact Initiative)	2020
Drug seizures		N/A	N/A
Drug purity		Officially reported data (Paris Pact Initiative)	2016
Drug prices		N/A	N/A
EWS		WHO Regional Office for Europe	2011

6. Strong and weak points of Drug Information Systems in Turkmenistan

Strong points

- The government of the country recognised the importance of collaborating with other organisations and has established they have established partnerships with various international organisations such as UNODC, UNHCR, UNICEF, WHO and the European Union, among others.

- Demonstrated keen willingness and interest to collaborate in the CADAP Programme, reflecting the national commitment to address drug-related issues and their recognition of the importance of regional cooperation in drug control efforts.

- The knowledge and capacities of national experts strengthened through their participation in various workshops and trainings to enhance their competencies in addressing drug-related problems.

Weak points

- There is no clear or well-defined level of support for the development of national drug information systems and increasing their capacity. This lack of support hinders the collection, analysis, and dissemination of reliable drug-related data.

- Monitoring activities are mostly focused on drug supply, such as seizures and arrests, while less attention is given to drug demand and related issues such as treatment demand, drug use prevalence and patterns, and infectious diseases associated with drug use.

- There is almost no data reported on the prevalence and patterns of drug use among adults and youth, the demand for treatment, the estimates on the prevalence of high-risk drug use, infectious diseases, and drug-related mortality as well as gender inequality and stigma related to drug use. However, the absence of reported data does not necessarily imply that data is not being collected.

- There is no comprehensive and up-to-date overview of the drug situation available. This includes the prevalence and patterns of drug use among different population groups, the demand for treatment services, estimates on the prevalence of high-risk drug use, infectious diseases related to drug use, and drug-related mortality.

7. Recommendations

- Encourage cross-country exchange with other Central Asian nations to share experiences and advantages gained in establishing comprehensive drug information systems (DIS), which include Early Warning Systems (EWS) for new psychoactive substances. This exchange aims to enhance data collection and analysis on drug use patterns and trends.

- Support DIS stakeholders and partners by facilitating networking and participation at the country level to identify gaps in data collection systems and develop a roadmap for data collection. Additionally, assist national experts in preparing country overviews using current and routine statistics and available sources.

- Strengthen national experts' knowledge of key epidemiological indicators to obtain a comprehensive picture of drug use in Turkmenistan and the wider region. Capacity building in research methodology, planning, implementation of drug use surveys, and data analysis is necessary to achieve this objective.

- Take steps to address the problems of stigma and discrimination that affect the human rights of individuals who use drugs (PWUD), while also tackling gender inequality and other vulnerabilities.

- Assist in the development of appropriate methodologies for substance use surveys to meet the country's specific objectives, such as identifying vulnerable populations, including youth, and planning preventive interventions at every level (environmental, universal, selective, indicative). Turkmenistan has expressed an interest in developing a core curriculum on drug use prevention that considers its cultural and political context. Therefore, an analysis of drug-related behaviour, attitudes, and opinions among the target population would be beneficial.

- Conduct a thorough analysis of the legal framework, available/missing procedures, and guidelines for establishing DIS and EWS in Turkmenistan. The results of this analysis could provide a starting point for the establishment of an effective drug information system that meets the country's specific needs.

- Establish coordination structures for DIS and EWS and publish the comprehensive report on recent development of drug situation in the country.

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