

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 Uzbekistan

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May 2023

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

Table of Contents

Acronyms	1
List of Tables	2
List of Graphs	2
1. Introduction	3
2. Background of Drug Information System	3
Legal and institutional framework	3
Strategy and Action Plans	3
Legal framework	4
Drug policy	5
3. Drug information systems	7
4. Drug situation overview	8
5. Overview of key indicators	9
Prevalence and patterns of drug use among the general population	9
Youth	9
Narcology register	9
Prevalence and patterns of high-risk drug use	12
Drug-related infectious diseases and harm reduction	12
Drug-related deaths and mortality of PWUD	14
Demand for drug treatment	15
Drug-related emergencies	16
Drug-related crime	17
Drug seizures	18
6. NPS and EWS	19
7. Available information sources on drug situation in Uzbekistan	20
Drug-related infectious diseases	20
Sentinel Epidemiological Surveillance (SES)	20
Drug-related infectious Diseases	20
8. Strong and weak points of Drug Information System in Uzbekistan	22
Strong points	22
Weak points	22
9. Recommendations	22
10. References	24

Acronyms

CADAP	Central Asian Drug Action Programme
CARICC	Coordination Centre for Combating illicit trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors
CBFM	Central Bureau of Forensic Medicine of the Ministry of Health
ESPAD	European School Survey Project on Alcohol and Other Drugs
EWS	Early Warning System
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPO	General Prosecutor's Office
MOH	Ministry of Health
MPE	Ministry of Public Education
MIA	Ministry of Internal Affairs
MOI	Ministry of Interior
MHSSE	Ministry of Higher and Secondary Special Education
NCDC	The National Information and Analytical Centre on Drug Control
NPS	New Psychoactive Substances
OSCE	Organisation for Security and Cooperation in Europe
OST	Opioid Substitution Treatment
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RAC	Republican AIDS centre
SSS	State Security Service
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

List of Tables

Table 1. Crude mortality rate among PWUD vs SMR among the general population..... 15
Table 2. Drug-related crime comparison 2020-2021 17

List of Graphs

Graph 1. Number of PWUD recorded in narcological register (disaggregated by sex) 11
Graph 2. No. of PWID among PWUD (disaggregated by gender)..... 12
Graph 3. HIV prevalence among PWID (in %) – disaggregated by gender 13
Graph 4. Drug seizures in 2020 (in Kgs) **Error! Bookmark not defined.**
Graph 5. Drug seizures in 2021 (in Kgs) **Error! Bookmark not defined.**

1. Introduction

The Republic of Uzbekistan covers an area of 448.9 thousand sq. km. According to the State Committee of the Republic of Uzbekistan on statistics, as of January 1, 2023 the population of the Republic was 36,024,900 people. The territory in the north and north-east of the Republic of Uzbekistan borders with Kazakhstan, in the east and south-east with Kyrgyzstan and Tajikistan, in the west with Turkmenistan and in the south with Afghanistan. The total length of the country border is 7,090.12 km.

The Republic of Uzbekistan's executive power lies with its government, which ensures effective functioning of the economy, social and cultural development, and the execution of laws and decisions, including those issued by the President. The current foreign policy of Uzbekistan is formulated with consideration of the dynamic changes taking place in the world and the region, as well as the extensive reforms underway within the country.

The primary objective of Uzbekistan's foreign policy is to fortify the state's independence and sovereignty, augment its standing and influence in the international arena, attain developed democratic status, and create a security, stability, and good neighbourliness perimeter around Uzbekistan.

Among others, Uzbekistan cooperates with the EU member states. The key areas of cooperation with European countries are: development of trade, investment and financial cooperation, transfer of high technologies, partnership in science, education, ecology, health and culture, as well as strengthening the regional security.¹

In the drugs field, Uzbekistan has established cooperation with many international organisations such as UNODC and WHO, Organisation for Security and Cooperation in Europe (OSCE) and is a member of the U.S.-supported Central Asian Regional Information and Coordination Centre (CARICC). The Republic of Uzbekistan pays special attention to strengthening regional and international cooperation in the field of counter-narcotics and actively participates in the activities of the Paris Pact Initiative of the United Nations Office on Drugs and Crime (UNODC). A legal framework for bilateral cooperation with the countries of Central and South Asia, Europe and America, as well as multilateral cooperation in the format of the SCO, CARICC, CIS, etc. has been created and is widely used. Uzbekistan has actively participated in the previous phases of the CADAP Programme, the main partner for CADAP 7 being the National Information and Analytical Centre on Drug Control (NCDC) of the Republic of Uzbekistan.

2. Background of Drug Information System

Legal and institutional framework

The drug policy in Uzbekistan is rooted in a foundation of international treaties. The country is a party to various significant treaties, including the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Furthermore, Uzbekistan is also a signatory of other critical conventions, such as the Convention Against Transnational Organized Crime (9 December 2003) and the Convention Against Corruption (29 July 2008).

Strategy and Action Plans

The Action Plan of complex measures on combating drug abuse and illicit trafficking for the years 2021-2025 was endorsed on 27.04.2021 by the State Committee on Drug Control that is chaired by the Prime

¹ <https://www.gov.uz/en/pages/population>

Minister of Uzbekistan. The document contains activities with deadlines, responsible institutions and expected results. The six directions of the Action Plan are as follows:

1. Organisational measures to combat drug abuse and drug trafficking
2. Improving the fight against illicit trafficking in narcotic drugs, psychotropic substances and precursors
3. Medical and social aspects of combating drug abuse
4. Improving the drug prevention system and promoting the fight against drugs
5. Service in the field of control of narcotic drugs, psychotropic substances and precursors and narcology improving regulatory legislation
6. Improving international cooperation in the fight against drug trafficking and abuse

Legal framework

The legal framework regulating drug policy in Uzbekistan comprises a range of laws and decrees signed by the cabinet of ministers, along with bylaws such as Ministerial orders and resolutions under the purview of different ministries such as the Ministry of Health, the Ministry of Public Education, the Ministry of Internal Affairs, as well as the General Prosecutor's Office and the State Security Service. Of particular significance is the Criminal Code of the Republic of Uzbekistan, which is enshrined in the Constitution and largely adheres to international legal norms. This Code stipulates and governs various drug-related crimes and corresponding sanctions, including but not limited to illicit trafficking in narcotic drugs or psychotropic substances, cultivation of plants containing narcotic drugs or psychotropic substances, illegal possession of narcotic drugs, their analogues or psychotropic substances, illegal manufacture, acquisition, storage, transportation or transfer for the purpose of sale, as well as the sale of narcotic drugs, their analogues or psychotropic substances in small quantities.²

In addition to the aforementioned legal framework, other pertinent laws in Uzbekistan include the Criminal Procedure Code (enacted on 01.04.1997), which prescribes the process for criminal proceedings and is obligatory for all legal bodies involved in courts, prosecution, investigation, inquiry, and advocacy; and the Code on Administrative Responsibility, which establishes the definition of administrative offenses, the corresponding penalties, and which official body is authorized to enforce penalties against individuals who have committed administrative offenses. This code also outlines the procedural steps for applying administrative penalties.³

The Law on Narcotic Drugs and Psychotropic Substances (endorsed on 19.08.1999 r. № 813-I)⁴ regulates activities related to trafficking in narcotic drugs, psychotropic substances and precursors, conditions for the implementation of certain types of activities related to trafficking, use of narcotic drugs, psychotropic substances and precursors, and counteraction of illegal trafficking in all these substances. Furthermore, in January 2021, the Law of the Republic of Uzbekistan "On the Prevention and Treatment of Narcological Diseases" came into effect, which governs the provision of narcological care. This law outlines the responsibilities of ministries, agencies, and citizen self-governing bodies in preventing and providing narcological care, as well as the rights and obligations of people with drug addiction, and of medical workers.

² <https://lex.uz/docs/111457#171670>

³ <https://lex.uz/docs/97661>

⁴ <https://lex.uz/docs/86028>

At the second tier of Uzbekistan's drug policy regulatory framework are the decrees and resolutions of the Cabinet of Ministers, which are required to conform to the principles and regulations set forth in national codes and laws.

Additionally, ministerial orders and resolutions issued by entities such as the Ministry of Health, Ministry of Public Education, and law enforcement agencies such as the Ministry of Internal Affairs, General Prosecutor's Office, and State Security Service are also part of the regulatory framework. For instance, Order № 1494 outlines the procedures for the registration and follow-up of non-medical users of narcotic drugs or psychotropic substances, as well as patients who have experienced drug intoxication (so called narcological register – uchyot). This order provides guidelines to health authorities for identifying, examining, and registering individuals who use drugs or psychotropic substances.

On May 16, 2022, Decree No. 244 "On additional measures to further enhance the provision of drug treatment to the population" was approved by the President of the Republic of Uzbekistan. This decree outlines various actions aimed at enhancing the prevention, diagnosis, and treatment of narcological diseases. It also emphasizes the need to strengthen the material and technical infrastructure and bolster the human resources within the narcological service, with the goal of improving the overall efficiency of narcological institutions. Additionally, the Programme of Measures for the further Development of the Narcological Service of the Republic of Uzbekistan for the period of 2022-2026 was defined and officially approved.

A further Decree (No. 176) was endorsed on June 27, 2022 by the Ministry of Health to set standards and clinical protocols incorporating international practices, aimed at diagnosing, treating and medically and socially rehabilitating drug users. Revised staffing standards for treatment facilities were also approved.

Drug policy

The coordination of actions against illicit trafficking in narcotic drugs, psychotropic substances and precursors is carried out by bodies as defined by the Law on narcotic drugs and psychotropic substances.

The main coordination body is the State Committee on Drug Control consisting of selected ministers and other representatives of state institutions such as Ministry of Internal Affairs, State Security Service, State Customs Committee, National Information-Analytical Center on Drug Control, Prosecutor General's Office, Ministry of Justice that is chaired by the Prime Minister of Uzbekistan.

The main executive body in the drug field is the National Information-Analytical Centre on Drug Control (NCDC). The NCDC plays a key role at coordinating drug demand reduction interventions – prevention, harm reduction and treatment.

NCDC is accountable for coordinating the creation of a strategy and determining the primary objectives for executing the state's drug control policy in the Republic of Uzbekistan. This also involves the gathering and compiling of a data bank, analysing the information, and providing relevant drug control updates, both locally and internationally, to interested ministries, departments, and organisations, all within the established protocol. The Director of NCDC is designated by the President of the Republic of Uzbekistan, with the recommendation of the Chairman of the State Commission for Drug Control (the Prime Minister). The entity serves as an interdepartmental organisation responsible for harmonizing efforts to combat drug trafficking and establishing efficacious measures at both the national and regional levels.

Historically, more emphasis has been placed into law enforcement and prohibition of drug markets than on public health and harm reduction.⁵

Among the main stakeholders in Uzbekistan are:

- the National Information-Analytical Centre on Drug Control (NCDC);
- the Ministry of Interior;
- the Ministry of Health and National Centre for Combating HIV/AIDS;
- the Ministry of Higher and Secondary Special Education;
- the Ministry of Public Education.

The drug policy and drug situation in Uzbekistan is influenced by several important factors. One such factor is the prevailing emphasis on law enforcement and the prohibition of the drug market, which is given greater priority than public health and harm reduction measures. This has led to a substantial level of social and formal control over drug use in the country^{6,7} as is evident from the existence of narcological registration system inherited from Soviet times known as uchyot. This register is used to preventively register people who use drugs without displaying signs of dependence, as well as to register people who are dependent on drugs for dispensary care and is basis of number of restrictions in people's private and professional lives.

The use of narcotic substances or possession of drug paraphernalia (such as syringes, disinfectants, and other equipment) is not considered a criminal offense in Uzbekistan. However, the illegal production, acquisition, possession, transportation, or mailing of drugs in "small" quantities without the intention to sell is deemed an administrative offense. Despite this, instances of policing and harassment by the police do occur, such as searching for injection sites or conducting drug tests.

In certain circumstances, the police, investigative authorities, and courts can order an individual to undergo testing if there are sufficient grounds to believe that the person is drug-dependent, intoxicated, has used drugs, or possesses drugs, among other factors. Registration under the drug dependency registry imposes various restrictions on individuals' rights and subjects them to discrimination, even if they have abstained from drug use for extended periods. These limitations may include the denial of a driver's license, restrictions on certain job opportunities, the risk of losing custody of children, and denied access to higher education. Furthermore, individuals on the registry may be required to submit a statement from the registry to register their marriage.

The registration system also poses a threat to patient confidentiality. For instance, neighbourhood committees (mahallah) have access to a copy of the registry list and collaborate with the police and narcology authorities to monitor registered individuals, exert influence over families and those registered, and attempt to control their behaviour. Additionally, there have been reports of corruption associated with dispensary registration, including instances of bribes being paid to avoid registration or

⁵ CADAP 6 - Component "Drug Policy". Assessment Reports on the State of Play of Drug Policy Making in Central Asia. Utrecht: Trimbos Institute; 2017. Available from: <https://assets.trimbos.nl/docs/438fe9f3-47f5-4b6e-938f-b869a47da0dd.pdf>

⁶ CADAP 6 - Component "Drug Policy", 2017

⁷ Latypov, A., Grund, J.-P., El-Bassel, N., Platt, L., Stöver, H. & Strathdee, S. 2014. Illicit drugs in Central Asia: What we know, what we don't know, And What We Need To Know. International Journal Of Drug Policy, 25, 1155-1162

to be removed from the registry altogether.^{8,9} The shame and fear of registration and of police, distrust in the treatment system, fear of lack of confidentiality leads to avoidance of the service, which results to lower utilisation of counselling and treatment services and treatment coverage, general underestimation of drug users, especially of problem (injecting) users.^{10,11}

The absence of non-custodial alternatives within the region and the lack of evidence-based addiction treatment modalities in correctional facilities represents another issue. The dearth of non-custodial alternatives makes it difficult to provide effective alternatives to incarceration for individuals struggling with addiction, which may in turn exacerbate the drug problem.^{12,13}

A significant number of individuals incarcerated in the region have a history of drug use, and drug injection is prevalent within prisons. Sharing needles is a common practice, with many prisoners reporting instances of lending, renting, or selling their used needles to others for injection purposes. Another common practice in prison is getting tattoos, with approximately one-fifth of the prison population in Central Asia having received tattoos while incarcerated, often using previously used needles. Furthermore, condom usage during sexual activities in prisons is rare.¹⁴

Research also indicates that gender issues and stigma are present, which further complicates the situation particularly for female PWUD in Uzbekistan and Central Asia. These women face a host of challenges, including discrimination, low social status, victimisation, and violence by partners, community, and the society.^{15,16}

3. Drug information systems

The National Information-Analytical Centre on Drug Control is the primary actor in the drug information system. The centre gathers data from the Ministry of Health and the Drug Enforcement Services. The Ministry of Health of the Republic of Karakalpakstan, the Regional and Tashkent City health departments collect the data reported to the Ministry of Health from the district/tuman (city) medical unions. Meanwhile, the Drug Enforcement Services receive information from the regional/viloyat level or Tashkent city level, which is submitted by the district/tuman (city) level. The data at the community/Makhalla level are collected by police offices and border crossing points.

⁸ Turaeva, M. 2019. Unpublished Dissertation. "HIV/AIDS and Drug Abuse in post-Soviet Central Asia: Soviet style of biopolitics and health regimes ". PhD, Bielefeld University, Germany

⁹ UNODC & Canadian HIV/AIDS Legal Network 2010. Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform.

¹⁰ Latypov, A., Grund, J.-P., El-Bassel, N., Platt, L., Stöver, H. & Strathdee, S. 2014. Illicit drugs in Central Asia: What we know, what we don't know, And What We Need To Know. *International Journal Of Drug Policy*, 25, 1155-1162

¹¹ Saadat, V. M. 2016. Hiv Risks, Testing, And Treatment In The Former Soviet Union: Challenges And Future Directions In Research And Methodology. *Central Asian Journal Of Global Health*, 4, 225-225.

¹² Altice, F. L., Azbel, L., Stone, J., Brooks-Pollock, E., Smyrnov, P., Dvoriak, S., Taxman, F. S., El-Bassel, N., Martin, N. K., Booth, R., Stöver, H., Dolan, K. & Vickerman, P. 2016. The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia. *Lancet (London, England)*, 388, 1228-1248.

¹³ UNODC & Canadian HIV/AIDS Legal Network 2010. Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform.

¹⁴ *ibid*

¹⁵ *ibid*

¹⁶ Turaeva, M. 2019. Unpublished Dissertation. "HIV/AIDS and Drug Abuse in post-Soviet Central Asia: Soviet style of biopolitics and health regimes ". PhD, Bielefeld University, Germany.

4. Drug situation overview

Uzbekistan is located on the "Northern Route," which is a major path for smuggling heroin and opiates to the Russian Federation and beyond, into the European Union. This trafficking occurs in both directions, which can have a significant impact on the drug landscape in the region, including Uzbekistan.

Although Uzbekistan is not a major source of drug production, it plays a role as a transit country for Afghan opium and heroin, which are destined for Russia and the European Union. Besides a sustained trend has been observed involving the influx of synthetic drugs and controlled pharmaceuticals into Uzbekistan, originating from Kazakhstan, Russia and Ukraine. The country has experienced a surge in seizures of various substances, including hashish, poppy straw, marijuana, new psychoactive substances (NPS), and synthetic drugs, during the first half of 2020, this upward seizure trend continued into 2022¹⁷

Recent data indicate that there has been a shift in drug use patterns, with a reduction in the use of heroin and traditional opiates, a decrease in injecting drug use, and an increase in cannabinoid abuse and use of synthetic drugs, especially synthetic cannabinoids and cathinones (mephedrone). Furthermore, there has been a rise in the use of psychoactive medicines in conjunction with other drugs. It is essential to remember that alcohol addiction is more prevalent than illicit drug addiction.

A number of indicators have shown a declining trend, including the number of registered and treated PWUD, HIV incidence and prevalence among PWUD, drug overdoses, and drug seizures of heroin and other opiates. However, other data reveal an increasing trend or disproportionately higher levels, such as the number of PWUD who frequent low-threshold facilities (trust points), the number of distributed syringes, or the increasing number of PWUD seeking private addiction treatment. This suggests the existence of a treatment gap (or, put differently, an unaccounted segment of the PWUD population evading contact with narcological services due to the registration system) that is likely prevalent in Uzbekistan. However, recent data from 2022 show an increasing trend in registered drug users and increasing proportion of young adults in the narcological registration.

An analysis of drug-related crimes reveals that drugs primarily enter Uzbekistan from neighbouring countries, such as Afghanistan, Tajikistan, and Kyrgyzstan.¹⁸ Uzbekistan's law enforcement agencies have in place a number of preventive and operational strategies aimed at identifying and eradicating major distribution of narcotics and transit channels. Counter-narcotics efforts however were weakened in 2020 due to high rates of COVID-19 infection among law enforcement agencies and the need to enforce COVID-related lockdown measures.¹⁹ Despite these challenges, the enforcement agencies of the republic succeeded in identifying 8,681 (compared to 7,142) crimes in 2022 (21.5% increase from 2021) related to the illegal circulation of illicit drugs and medicines²⁰. Among them, there is an increasing trend in crimes related to trafficking in potent pharmaceuticals, which has been established as a distinct crime offence in Uzbekistan,

According to current data, there is evidence of an increase in the distribution and usage of synthetic cannabinoids. In 2021, 181 drug-related crimes associated with synthetic cannabinoids were registered, compared to 95 in 2020. This upward trend persisted into 2022, with a total of 326 documented crimes.

¹⁷ <https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf>

¹⁸ 07102022-093616_014-Drug situation NCDC (EN+RU)_20.06.22.pdf

¹⁹ <https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf>

²⁰ National Drug Report, 2022, National Centre for Drug Control of the Republic of Uzbekistan

Dealers have been exploiting more sophisticated means and online platforms (in particular Telegram) to promote and market these drugs more frequently.

5. Overview of key indicators

Prevalence and patterns of drug use among the general population

Surprisingly to date, there has been no cross-sectional survey conducted in Uzbekistan focusing on the prevalence of drug use among the general population. However, a survey is planned as part of the Action Plan for Complex Measures to Combat Drug Abuse and Illicit Trafficking for the years 2021-2025, with the Nationwide Movement "Yuksalish" being responsible for its implementation. Additionally, the United States Department of State Bureau of International Narcotics and Law Enforcement Affairs has provided funds to the UNODC to conduct a new prevalence study on drug use in Uzbekistan.²¹

Youth

The last nationwide study on drug use among young people (9th grade students in secondary schools) in the Republic of Uzbekistan was conducted in 2006 with the support of UNODC using the ESPAD methodology. The study interviewed a randomly selected sample of 5,851 children born in 1990 from 100 secondary schools, and the results showed a low lifetime prevalence of drug use (0.5%) for cannabis and inhalants.²²

Data regarding drug use in other subpopulations remains unavailable in Uzbekistan. For instance, substance use is known to be more prevalent in nightlife settings compared to the general population; however, no study has been conducted in the country to date to examine drug use specifically within this context.

Narcology register

The narcology register ("uchyot") is established to provide dispensary registration and preventive supervision of PWUD, and its implementation is based on the Law Republic of Uzbekistan "On the Prevention and Treatment of Narcological Diseases" and guided by the Instruction approved by Order No. 272 of the Ministry of Health on July 3, 2015, "On the improvement of narcological assistance to the population of the Republic of Uzbekistan."

The normative document specifies that individuals who have engaged in non-medical use of psychoactive substances can voluntarily seek or be referred by judicial investigative bodies for a medical examination at a narcological institution within the state health system. If drug dependence is diagnosed, the individual is subject to dispensary registration and dynamic supervision in the outpatient drug treatment units. The diagnosis can be made in both outpatient and inpatient settings, but only by narcologists following a thorough examination. If an individual disputes a diagnosis of drug dependence, they can file a complaint with higher health authorities or the court. The medical advisory committee of each drug treatment institution makes the decision on whether to include someone in (or exclude from) the dispensary registration.

²¹ International Narcotics Control Strategy Report, United States Department of State Bureau of International Narcotics and Law Enforcement Affairs, 2021

²² UNODC Country overview 2018

Dispensary registration is carried out at the drug user's place of residence, through the local drug treatment institution. Dispensary registration is terminated for the following reasons:

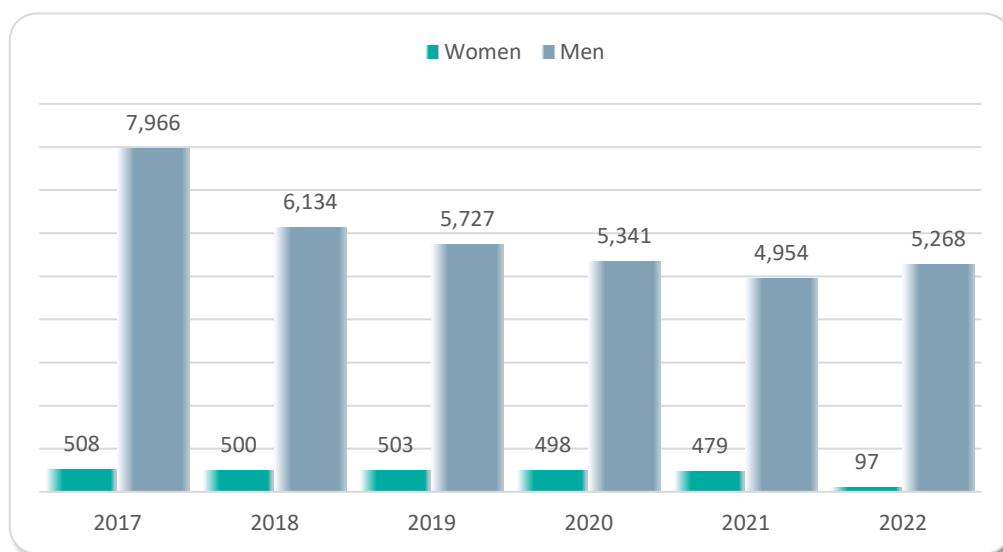
- The person has achieved stable remission, which means three years of complete abstinence from all psychoactive substances, including alcohol.
- The person has changed residence and left the area served by the drug treatment institution.
- The person has been sentenced to imprisonment for a term exceeding one year.
- The person has passed away.

The medical advisory committee and drug treatment facility where the patient is observed make the decision to remove someone from dispensary registration in connection with stable remission. In cases where PWUD use drugs without clinical signs of dependence, they are subject to prophylactic observation.

Enacted in January 2021, the Law Republic of Uzbekistan "On the Prevention and Treatment of Narcological Diseases" introduced a set of amendments aimed at enhancing the framework for narcological care, encompassing amendments that confer law enforcement the authority to initiate mandatory drug addiction treatment referrals. This prerogative complements existing pathways facilitated through petitions originating from treatment centres and family members. Furthermore, the legislation introduces state assurances encompassing drug addiction diagnosis, counselling, and rehabilitation, spanning both outpatient and inpatient contexts. Clinical evaluations requisite for compulsory treatment take place primarily within specialised drug treatment dispensaries and suitable medical establishments. These modifications aspire to diversify the spectrum of entities authorized to instigate mandatory treatment referrals.

The number of individuals registered in the dispensary and prophylactic registers for non-medical use of psychoactive substances in the republic decreased from 8,179 in 2017 to 5,035 in 2021. However as depicted in Graph 1 in 2022, the number of registered individuals increased by 330 (totalling 5,365). The proportion of women in the total number of PWUD increased to 1.8% (1.5%). Within the registered drug user population, the percentage of those with a first-time diagnosis of drug addiction rose to 84.3% in 2022, compared to 80.7% the previous year. Notably, a substantial increase was observed among individuals aged 20 to 30, with a 1.7-fold rise, reaching 72.5% (as opposed to 33.9% in 2021). Furthermore, in the preventive registration group, the percentage of individuals in the young age range (20-39 years) is 50.5%. This represents a 15.3% increase over the number of individuals in this age group within the dispensary registration group, which may be considered an indicator of improved early detection of drug users.

Graph 1. Number of PWUD recorded in narcological register (disaggregated by sex)



The long-term trend showed a decrease in the number of registered persons, with a simultaneous increase in the number of PWUD dependent on cannabinoids, and a decrease in the number of opioid users, mainly heroin users. The number of registered people who inject drugs (PWID) also declined from 878 in 2017 to 350 in 2020.²³ However recently this downward trend has changed and in 2021 this figure increased to 359 and in 2022 to 403, reflecting an upward trend.²⁴

The preventive registration of people who use drugs without signs of dependence and registration of people dependent on drugs for dispensary care imposes a variety of limitations of rights and discriminating against those registered, even after extended periods of abstinence from drug use. These restrictions include denial of a driver's license, limited job opportunities, risk of losing custody of children, denied access to higher education, and the requirement to submit a statement from the register to register a marriage. Moreover, the neighbourhood (mahhallah) committees also have access to the list of registered persons, which raises concerns regarding patient confidentiality, and there have been reports of corruption related to dispensary registration and bribes paid to avoid registration or discharge from the register. The registration system poses significant barriers to accessing narcological care, as the fear of registration and police surveillance, distrust in the treatment system, and concerns about confidentiality lead to avoidance of the service. As a result, there is lower utilisation of counselling and treatment services, general underestimation of PWUD, and an increase in risky behaviours such as unsafe drug use, injection into hidden parts of the body, unsafe sex, and other health risks.^{25,26,27}

²³ ibid

²⁴ The National Drug Report 2022,

²⁵ Turaeva, M. 2019. Unpublished Dissertation. "HIV/Aids And Drug Abuse In Post-Soviet Central Asia: Soviet Style of Biopolitics and Health Regimes ". PhD, Bielefeld University, Germany

²⁶ Saadat, V. M. 2016. HIV Risks, Testing, And Treatment In The Former Soviet Union: Challenges And Future Directions In Research And Methodology. *Central Asian Journal Of Global Health*, 4, 225-225.

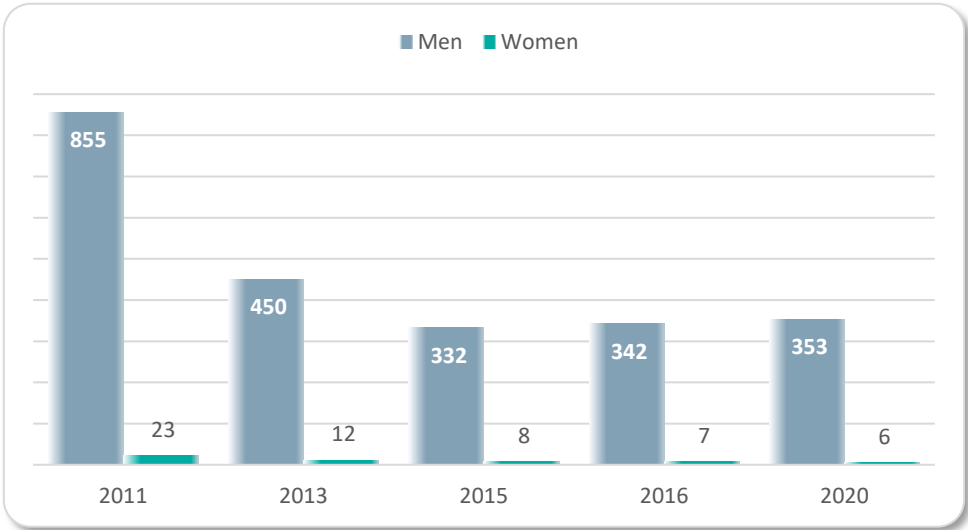
²⁷ Rosenkranz, M., Kerimi, N., Takenova, M., Impinen, A., Mamyrov, M., Degkwitz, P., Zurhold, H. & Martens, M.-S. 2016. Assessment Of Health Services For People Who Use Drugs In Central Asia: Findings Of A Quantitative Survey In Kazakhstan And Kyrgyzstan. *Harm Reduction Journal*, 13, 3-3.

Prevalence and patterns of high-risk drug use

Problem drug use in Uzbekistan has been defined as injecting drug use. Estimation by the Republican AIDS Centre in 2011 found that the number of PWID had decreased to 49,000 ²⁸. While regular repeated bio-behavioural survey on risk behaviour and transmissible infections such as HIV and hepatitis (EpidNadzor) is regularly conducted in Uzbekistan, there is no regular estimation of the number of people who inject drugs (PWID) and no official publication of such data due to a lack of national consensus.

Treatment data shows a decrease in the number of PWID among PWUD from 2011 to 2013, with a relatively stable trend from 2015 to 2020. The number of injecting drug users increased in 2021 to 403 individuals.

Graph 2. No. of PWID among PWUD²⁹ (disaggregated by gender – 2011-2020)



Drug-related infectious diseases and harm reduction

According to UNAIDS and to the National Centre for Drug Control of the Republic of Uzbekistan³⁰, in Uzbekistan in 2020, the number of people living with HIV was 58,600, compared to 55,700 in 2021 and 47,672 in 2022. From 2016 to 2019, the male-to-female ratio was approximately 55:45 (+2)³¹. Safe injecting practices was reported by 85.1% which reflects an increase from 2011 (80.4%) and 2013 (33.9%).³²

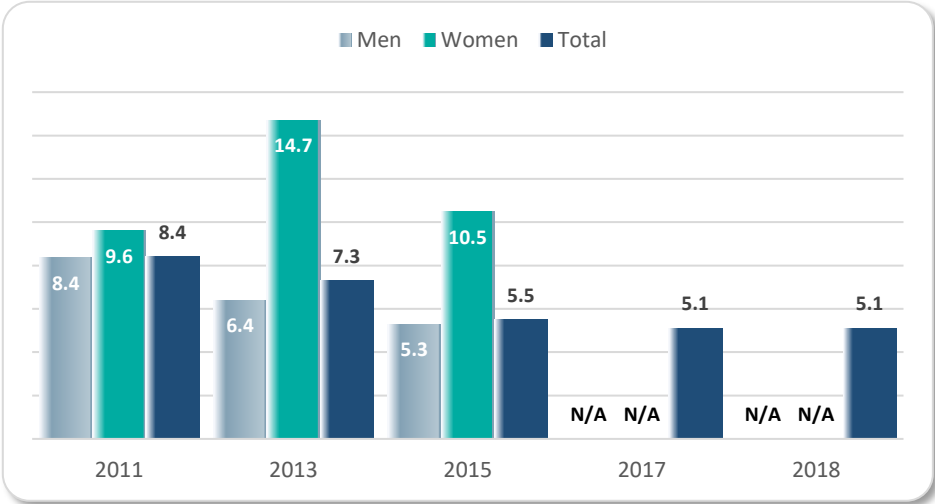
The number of new cases of HIV infection among people who inject drugs (PWID) in Uzbekistan has declined from 1,158 in 2008 (9.7%) to 71 in 2021. The percentage of HIV cases among PWID in the total number of new HIV cases has also decreased from 34.0% in 2008 to 2.6% in 2021.³³

According to the Sentinel Epidemiological Surveillance (SES) conducted in 2017, the prevalence of HIV in 2017 among injecting drug users was 5.1% (compared to 5.6% in 2015), HCV was 12% (compared to

²⁸ National Information and Analytical Centre for Drug Control of the Republic of Uzbekistan. Country Review on Drug Situation, Uzbekistan, 2018. CADAP 6, 2019
²⁹ Paris Pact Fact Sheet 2022 - Uzbekistan
³⁰ National Drug Report 2022
³¹ ibid
³² <https://kpatlas.unaids.org/dashboard>
³³ data from Country overview of Drug Situation 2018 and CA regional report 2021

15.7%), and syphilis was 3.1% (compared to 2.4%)³⁴. The SES data indicates a decrease in the prevalence of the observed infections among IDUs. Further data indicates that in 2018 the HIV prevalence among PWID remained stable at 5.1%, which is similar to the rate in 2017 but lower than the rate in 2011 (8.4%)³⁵. Data disaggregated by gender is only available for 2011, 2013, and 2015, as depicted in Graph 3 below³⁶. Throughout these three years, the prevalence of HIV among female drug users consistently exceeds that among males, with rates more than twice as high as males in 2013 and 2015.

Graph 3. HIV prevalence among PWID (in %) – disaggregated by gender



Regarding risk behaviour among people who inject drugs (PWID), the available data are derived from the bio-behavioural survey EpidNadzor 2013. Findings from the survey revealed an escalation in specific risk behaviours among PWID in 2013, including sharing injection equipment and paraphernalia, using blood for dose preparation, and employing pre-filled syringes, among others. However, according to UNAIDS data from 2015, 85.1% of PWID reported practicing safe injection practices.³⁷

In March 2018, a retrospective case-control study was conducted within the framework of CADAP-6, focusing on changes in HIV-related risk behaviour among registered opioid users in Tashkent. The study took place at the Tashkent City Narcological Dispensary and targeted opioid users who were registered between 2000 and 2017 and under the supervision of narcologists prior to the study. The complete sample consisted of 102 opioid users, with the main group comprising 52 drug-dependent individuals (48 men and 4 women) who were HIV-positive during the study. A comparison group of 50 individuals (48 men and 2 women) was randomly selected from HIV-negative opioid users who were under the supervision of the Tashkent City Narcological Dispensary.

The study revealed that the majority of HIV-positive patients began using opioids, primarily heroin, before 2000 through injection and initially engaged in risky injection practices such as sharing needles and paraphernalia. Since 2005-2010, the injection practices of people who inject drugs have shifted

³⁴ Country overview of Drug Situation 2018
³⁵ Paris Pact Fact Sheet 2022 - Uzbekistan
³⁶ Data collected from the Paris Fact Sheet, March 2022, Uzbekistan and from <https://kpatlas.unaids.org/dashboard>, UNAIDS, Key Population Atlas,
³⁷ Ministry of Health. Analysis of triangulation data on HIV in Uzbekistan (in Russian). Tashkent: MoH, HIV/AIDS service, 2015.

towards safer practices and less risky behaviours. Further research is needed to identify the factors that have positively influenced the behavioural changes of opioid users.³⁸

HIV prevention programmes for vulnerable groups in the population are being implemented through "trust points," which provide free and anonymous access to assistance for members of the target group. These trust points offer information and education services, counselling, needle and syringe exchange, individual protection methods, disinfectants, and referrals to medical or psychological assistance, including narcologists, obstetricians and gynaecologists, dermatologists, venereologists, general practitioners, and psychologists as needed. The number of trust points between 2008 and 2017 ranged from 239 in 2008 to 172 in 2017.³⁹

Drug-related deaths and mortality of PWUD

The Central Bureau of Forensic Medicine of the Ministry of Health in Uzbekistan is responsible for collecting data on drug-related deaths in the country, using death registrations that identify drugs present in body fluids or tissues. This institution tracks the mortality rate associated with drug use and has observed a long-term decline in the number of drug-related deaths in Uzbekistan.⁴⁰

The observed decrease in drug-related deaths may be indicative of a favourable epidemiological situation in the drug scene, namely, a reduction in high-risk use of opiates in recent years (as discussed in preceding sections). However, it is possible that the decrease may also reflect limitations in the capacity of the forensic medicine and toxicology system to identify non-opiate drug overdoses, including those involving central stimulants, new psychoactive substances, and psychoactive medications.

Based on data from the Main Bureau of Forensic Medicine, there have been no recorded cases of drug overdose-related deaths in Uzbekistan during the past three years. The total number of drug users removed from the dispensary record has decreased from 1,663 in 2020 to 1,509 in 2021, and 1,297 in 2022. Of them, the number of drug users removed from dispensary registration in narcological institutions in 2022 due to death decreased to 88 (111 in 2021) people, i.e. 1.6% (2.2%) of the total number of registered users.

An analysis utilizing indirect standardisation and subsequent calculation of the Standardized Mortality Ratio (SMR) was performed to examine the overall mortality of PWUD in Uzbekistan. SMR compares the mortality rate of specific group (here the registered PWUD) with that of the general population and represents the measure of the excess of mortality in the specific group. As depicted in Table 1⁴¹ crude mortality rates per 1,000 registered PWUD in Uzbekistan were found to be alarmingly high, reaching 17.8 and 29.3 per 1,000 in 2009 and 2010, respectively. The total SMR for the studied period was 6.4 (95% CI: 5.9–7.0) and 6.8 (95% CI: 6.3–7.4), indicating 6-7 higher risk of death for PWUD than for the general population.

³⁸ Tursunhodzhaeva L, Baimirova L, Popova E. Current trends of changing behaviour patterns in the opioid users representing risk of acquiring HIV/AIDS (Uzbekistan): ResAd and CADAP 6; 2019.

³⁹ National Information and Analytical Centre for Drug Control of the Republic of Uzbekistan. Country Review on Drug Situation, Uzbekistan, 2018. CADAP 6, 2019.

⁴⁰ *ibid*

⁴¹ Mravcik V, Zabransky T, Talu A, Jasaitis E, Gafarova N, Musabekova Z, et al. Mortality of registered drug users in Central Asia. *Int J Drug Policy*. 2014;25(6):1215-20.

Table 1. Crude mortality rate among PWUD vs SMR among the general population

Year	Crude Mortality Rate per 1,000 Registered PWUD	Standardized Mortality Rate (SMR)
2009	17.8	6.4 (95% CI: 5.9–7.0)
2010	29.3	6.8 (95% CI: 6.3–7.4)

Notably, both the crude mortality rates and SMR for female registered PWUD were substantially higher than those of males, indicating the significant vulnerability of female PWUD in Central Asia. The highest SMR for both genders in Uzbekistan was observed in the 30-39 age group.⁴²

Through the support of the United States, the forensic chemical laboratories of the Ministry of Internal Affairs and Ministry of Justice obtained international ISO accreditation in September of 2020. This significant achievement is expected to enhance the quality control measures for drug testing, as well as facilitate the accurate estimation of the quantity and variety of illegal drugs.⁴³ (Mravcik et al., 2014)

Demand for drug treatment

In Uzbekistan, the Law on Prevention and Treatment of Narcological Illnesses outlines the fundamental principles for drug treatment of individuals with drug addiction. The law mandates the state to provide emergency medical care for acute poisoning from psychoactive substances and acute mental health disorders (psychosis) related to substance use. It also calls for the provision of diagnosis, treatment, psychological counselling, rehabilitation, and social assistance for addiction treatment in outpatient and inpatient settings.

As drug addiction is considered a socially significant disease, treatment is available for free at state healthcare facilities, in accordance with government regulations. International organisations such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), UNODC, UNDP, and EU-funded projects (EU-ACT, CADAP) also fund treatment and harm reduction services. Private addiction treatment facilities are available, but they are not included in the guaranteed scope of services and patients are required to pay for them privately.⁴⁴ Opioid substitution treatment (OST) was introduced in Uzbekistan in 2004 but was discontinued in 2009. At present, OST is not available in the country.⁴⁵

Medical facilities under the Ministry of Health routinely collect statistical data on narcological registration and addiction treatment. This data is then submitted semi-annually to the Chief Narcologist of the Ministry of Health, starting from district level (uzb.: tuman) up to region level (uzb.: viloyat). The data is supplied in a specific statistical form containing the following information:

- The number of new cases of substance abuse disorders registered
- The number of patients under dispensary supervision and prophylactic register, including the number of those who were removed from the register due to recovery or death

⁴² Mravcik V, Zabransky T, Talu A, Jasaitis E, Gafarova N, Musabekova Z, et al. Mortality of registered drug users in Central Asia. *Int J Drug Policy*. 2014;25(6):1215-20.

⁴³ <https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf>

⁴⁴ UNODC, Canadian HIV/AIDS Legal Network. Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform. 2010.

⁴⁵ Michels I, Keizer B, Trautmann F, Stöver H, Robelló E. Improvement of Treatment of Drug use Disorders in Central Asia the contribution of the EU Central Asia Drug Action Programme (CADAP). *J Addict Med Ther*. 2017;5(1)(1):1025

- The number and demographic groups of patients receiving inpatient narcological care
- The number of patients under dispensary supervision who achieved remission of 1) up to 12 months, 2) 12-24 months, and 3) more than 24 months
- The number of patients who experienced toxic psychosis
- The number of patients who received compulsory treatment
- The number of patients who were moved from the prophylactic register to dispensary supervision
- The number and usage rates of daytime beds (ambulatory inpatient care)
- The number of people who underwent narcological expert examination to determine if they have narcological illnesses.

All data is disaggregated according to the patient's gender, age groups, and according to the ICD-10 based on the group of chemical substance they are dependent on.

In 2020, the number of persons who received drug addiction treatment was 1,886 (4% female), which reflects a decrease from the period between 2016 and 2019 when there were over 2,141 people, out of whom, 1,494 received outpatient treatment and 392 received inpatient treatment.⁴⁶ In 2021, there was a noticeable increase in the number of individuals requiring specialised therapeutic interventions within the network of narcological establishments in the Republic. Specifically, the figure rose from 2,621 individuals in 2021 to 2,711 in 2022. The substantial majority of them (2,247 people, i.e. 82.9%) underwent treatment within inpatient facilities, while the remaining 464 individuals (17.1%) received outpatient care.

Among those who received inpatient treatment, 40.5% exhibited consumption patterns involving synthetic compounds, including psychoactive pharmaceuticals. A significant majority (53.1%) of these individuals underwent treatment at the Republican Scientific and Practical Medical Centre of Narcology. The subsequent prevalent demographic exhibited cannabinoid dependence at 17.8%, followed by polysubstance use at 16.8%, and heroin consumption at 15.5%.

Drug-related emergencies

During the year 2021, a total of 995 individuals received specialised medical attention from the toxicology departments of the Republican Scientific Centre for Emergency Medical Care in response to acute poisonings caused by psychoactive substances. Among the cases of poisoning, only 4 were related to drug use (specifically, opiates), while the rest were attributed to the consumption of medicaments with psychoactive effects. Of these, 4 cases were associated with tramadol, 11 with pregabalin and gabapentin, and 2 with tropicamide.⁴⁷

In 2022, the toxicology department administered specialized medical treatment to a total of 882 individuals due to incidents involving psychoactive substances. Out of these cases, 5 were attributed to narcotic substances (opiates), while the remainder were connected to the consumption of medicines with psychoactive properties.⁴⁸

⁴⁶ UNODC. Paris Pact Fact sheet. Republic of Uzbekistan 2022

⁴⁷ UNODC. The Central Asian Region Information Bulletin on Drug-Related Situation For 2021.

[https://ncdc.uz/uploads/image/07102022-093616_014-Drug%20situation%20NCDC%20\(EN+RU\)_20.06.22.pdf](https://ncdc.uz/uploads/image/07102022-093616_014-Drug%20situation%20NCDC%20(EN+RU)_20.06.22.pdf)

⁴⁸ National Drug Report, 2022, National Centre for Drug Control of the Republic of Uzbekistan

Drug-related crime

Based on the analysis of the emerging drug related situation, law enforcement agencies of the Republic of Uzbekistan carried out a wide range of preventive and operational measures aimed at identifying and eliminating major channels for the transit and sale of drugs of foreign and local origin, coordinating and organising comprehensive operational and preventive measures to reduce the demand for and supply of narcotic drugs, their analogues, psychotropic and potent substances, as well as the development international cooperation in the field of combating drug trafficking with the involvement of forces and means interested organizations, departments, representatives of local authorities and the public.

The main efforts of law enforcement agencies were aimed at suppressing the activities of organized transnational drug crime according to the national data, railway and automobile infrastructure of the Republic Uzbekistan attracts the attention of criminal drug groups for the transit of drugs of Afghan origin through the territory of Republic of Uzbekistan. Criminals continue to actively attempt to illegally cross the state border in order to move large consignments of drugs to Uzbekistan from the territory of neighboring countries. At the same time, as a rule, residents of border areas who have family and business ties in neighboring states are involved in the drug business.

As a result of the implementation of organizational and practical operational preventive measures by law enforcement agencies, there was a 21.5% increase in the number of crimes uncovered in 2022 compared to 2021. In total, there were 8,681 drug-related crimes in 2022, reflecting a rise of 21.5% from the 7,142 reported in 2021 and 6,032 in 2020.

Of the total number of detected drug-related crimes in 2022, 2,513 were related to the sale of drugs, 387 to smuggling, 1,711 to the illicit cultivation of drug-containing plants, 47 to maintaining drug dens, and 3156.(Table 2) The increase in the number of other drug-related crimes is associated with the prosecution of individuals who have committed offenses related to illicit trafficking in potent substances.

It remains alarming that synthetic drugs are on the rise and abused. In 2022, almost twice as many were registered crimes - 326 (181) related to them.

Table 2. Drug-related crime comparison 2021-2022⁴⁹

Type of Drug-Related Crime	No. of crimes in 2021	No. of crimes in 2022	% Change
Sale of drugs	2,165	2,513	+16.1%
Drug smuggling	441	387	-12.2%
Illicit cultivation of drug-containing plants	1,571	1,711	+8.9%
Maintaining drug dens	53	47	+12.8%
Illegal possession without intention to sell	2,636	3,156	+19.1
Illegal trafficking of potent medicines	284	864	+204.2
Inciting consumption	33	40	+21.2
Illegal possession of drugs	11	4	-63.6

⁴⁹ UNODC. Paris Pact Fact sheet. Republic of Uzbekistan 2022 and Drug Situation Report, 2022, National Centre for Drug Control of the Republic of Uzbekistan

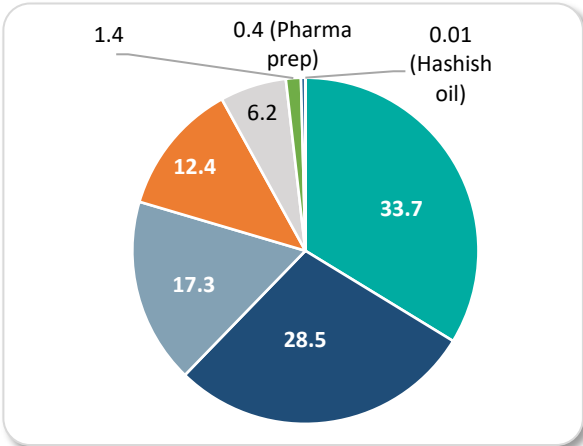
Furthermore, instances of drug smuggling perpetrated by foreign nationals persist, as evidenced by the detention of 131 (53) foreign citizens during 2021 for offenses involving the illicit trafficking of drugs, psychotropic substances, and precursors within the boundaries of the Republic of Uzbekistan in 126 (53) cases. The nationals apprehended include 55 (23) Afghan citizens, 37 (9) Tajikistani citizens, 18 (6) Kyrgyz citizens, 7 (6) Russian Federation citizens, 6 (9) Kazakhstan citizens, 2 (0) Iranian citizens, and one each from Sweden, the United Kingdom, Italy, France, the United States, Israel, and Moldova (two).⁵⁰

Drug seizures

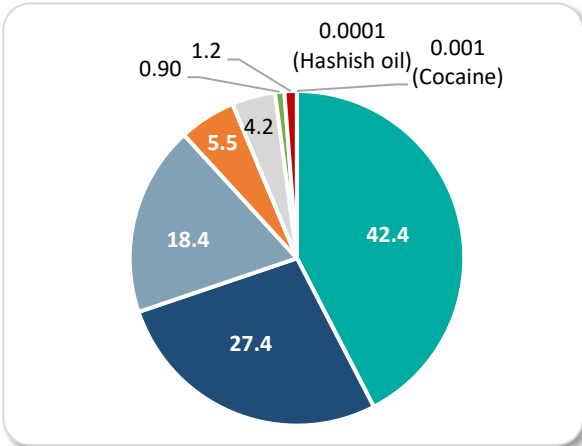
Overall in 2022 law enforcement agencies of the Republic of Uzbekistan seized 2,232.9 kilograms of narcotic substances from illicit channels, reflecting an increase of 19.8% (from 1.864,4 kg) from in comparison to the previous year⁵¹.

According to evidence from law enforcement agencies, seizures of drugs, particularly opioids such as heroin, have been increasing in recent years. The quantity of seized heroin increased from 12.43 kg in 2017 and 28.31 kg in 2020 to 102.96 kg in 2021, and further to 276.9 kg in 2022 (reflecting a 168.9% increase from 2021). In 2022, opium seizures also saw a 13% increase compared to 2021. In addition to the substantial rise in heroin seizures, the amount of hashish increased from 511.1 kg in 2021 to 636.8 kg in 2022, marking a 24.6% increase, while the quantity of seized marijuana herb decreased by 4.8% from 790.86 kg in 2021 to 753.01 kg in 2022. Notably, data from 2022 also reveal a significant surge of 88.4% in seizures of synthetic and other drugs (including MDMA, mephedrone, a-PVP, LSD, and other types of drugs), rising from 17.1 kg in 2021 to 32.2 kg in 2022.

Graph 4. Drug seizures in 2022 (in %)⁵²



Graph 5. Drug seizures in 2021 (in %)⁵³



■ Marijuana	■ Hashish	■ Opium
■ Heroin	■ Kuknar	■ Synthetic and other drugs
■ Pharmaceutical preparations	■ Hashish (cannabis) oil	■ Cocaine

⁵⁰ UNODC. Paris Pact Fact sheet. Republic of Uzbekistan 2022
⁵¹ National Drug Report, 2022, National Centre for Drug Control of the Republic of Uzbekistan
⁵² The National Drug Report 2022, Uzbekistan
⁵³ UNODC. Paris Pact Fact sheet. Republic of Uzbekistan 2022, please note that these figures cover the period Jan-Sept 2021

The wholesale and street prices of illicit drugs remained stable from 2015 to 2020, based on available data. However, information regarding the purity of these drugs is unavailable since there is no quantitative forensic analysis performed to date.

6. NPS and EWS

Evidence suggests selectivity in the distribution of new types of psychoactive substances across various regions of the country. The National Drug Report for 2022, prepared by the National Centre for Drug Control of the Republic of Uzbekistan, reveals that 71% of desomorphine abuse cases are concentrated in the Navoi region, 19.6% in Bukhara, and 8.1% in Tashkent city. Additionally, the regions of Ferghana, Samarkand, Tashkent, and the Republic of Karakalpakstan collectively account for more than 4% of these cases. Notably, all instances of synthetic cannabinoids (23 cases) and synthetic cathinones (176 cases) abuse were documented in Tashkent.

Efforts conducted under the CARICC initiative confirm that New Psychoactive Substances (NPS) are being marketed through the internet and other means. For instance, a postal item at the DHL Express point near the Severny railway station in the Mirabad district of Tashkent revealed the discovery of 9,992.51 grams of the synthetic narcotic drug "mephedrone," packaged in 40 cans labelled as "SAUMAL Mare's milk" using factory-like packaging.⁵⁴

The other official sources report that the use of opium and heroin by citizens is decreasing, while the illicit sale and consumption of pharmaceuticals with psychoactive substances, opioid pain medications, and new psychoactive substances are increasing, particularly among the youth. The authorities consider countering drug trafficking as a top priority.⁵⁵

On January 4, 2022, the closed Telegram channel "Narco Patrol" was launched and a working group formed with representatives from the Main Criminal Investigation Department of the Ministry of Internal Affairs, the Centre for Cyber Security, the Academy of the Ministry of Internal Affairs, the Information and Mass Communications Agency of the Office of the President, and the Agency for Youth Affairs. In 2022, 1,499 suspicious accounts were identified, and 1,311 of them subsequently blocked. A further initiative, the operation "Black Poppy-2022" was conducted from May 1 to June 30, and from August 1 to September 30 as a further effort to prevent trafficking-related offences.

During the implementation of CADAP-6, an exercise focusing on mapping the online availability of new psychoactive substances (NPS) through online shops that target the population of Central Asian countries was performed in 2017. This research was based on the methodology of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which aimed to identify online shops offering NPS and products containing NPS in the Russian, Kazakh, Kyrgyz, Tajik, Turkmen, and Uzbek languages.⁵⁶

⁵⁴ National Drug Report, 2022, National Centre for Drug Control of the Republic of Uzbekistan

⁵⁵ <https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf>

⁵⁶ https://www.eu-cadap.org/wp-content/uploads/2023/01/2018_analytical-report-on-new-psychoactive-substances.pdf

7. Available information sources on drug situation in Uzbekistan

Name/title	Type of data (in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
General population survey on substance use	Drug use in general population			
European School Survey Project on Alcohol and Other Drugs (ESPAD)	Drug use in youth	Cross sectional survey, based on ESPAD methodology,	UNODC supported	2006
High-risk drug use prevalence estimates		The number of PWUD/PWID was estimated to 49 000	CADAP 6 report	2011
The narcology register	Number of people registered for drug use by age and gender	Number of people diagnosed with drug dependence, toxicomania, and alcoholism by year and sex, age group, substance No. of people diagnosed for the first time	MoH NCDC	annually
Drug related treatment	Patients receiving inpatient treatment by the of main drug	Number of persons receiving treatment by gender; in patient; out patient	MoH NCDC	annually
Drug-related infectious diseases	Registered no. of new HIV cases proportion of people who inject drugs among people living with HIV/AIDS		Republican AIDS Centre	
Sentinel Epidemiological Surveillance (SES)	High-risk drug use/problem drug use Drug related infectious diseases		Republican AIDS Centre	At least once every two years
Drug-related infectious Diseases	Changes of HIV-related risk behaviour	Retrospective case-control study among registered users in Tashkent implemented in 2018	Republican AIDS Centre	2018

Name/title	Type of data (in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
Data on services provided in harm reduction programmes	Number of trust points Needle and syringe programmes and number of syringes distributed Number of contacts with PWIDs			annually
Data on drug overdose – special register	Number of fatal cases of drug overdose by type of drug	Registration of deaths caused by drugs found in body fluids and/or tissues	The Central Bureau of Forensic Medicine of the Ministry of Health of Uzbekistan	annually
Mortality of PWUD	Crude mortality rates per 1,000 registered PWUD Total SMR	Analysis using indirect standardisation and subsequent computation of the Standardised Mortality Ratio (SMR) ⁵⁷ comparing the mortality in registered PWUD with that in the general population was performed	CADAP 5 analysis, published in IJDP journal	
Drug-related offences	Drug crime	Routine statistics on court hearings and convictions and prosecuted cases and persons.	NCDC Supreme Court State Security Service	annually
Drug seizures	Drug seizures	Routine statistics on number of seizures and quantity of drugs seized.	NCDC	annually
Drug prices	Drug prices	Routine statistics on drug prices from administrative and criminal proceedings.	NCDC	annually

⁵⁷ SMR shows excess of mortality for a drug user compared to a person of the same age and gender from the general population in the given country.

8. Strong and weak points of Drug Information System in Uzbekistan

Strong points

- Established cooperation with many international organisations
- Existence of the National Information-Analytical Centre on Drug Control with the mandate to monitor drug situation
- National policy support to DIS exists
- Expertise within the country on drug information systems
- A substantial number of annual reports on the drug situation have been prepared in the past.
- Collection and use of sex-disaggregated data for some indicators

Weak points

- Unbalance between availability of data from demand and supply side of the drug situation
- Inadequate information regarding substance use among the general population and youth
- Limited data available on substance use among specific population groups
- Difficulty in estimating the size of the hidden population of PWUD is one of the crucial challenges and areas of inquiry in Uzbekistan
- Inadequate data available on the patterns of use of synthetic drugs
- Lack of information on new psychoactive substances
- Infrequent publication of monitoring results on the drug situation and drug-related research in scientific journals
- Human rights and gender perspective with respect to drug use and consequences are understudied and insufficiently reflected in data collection and analysis.

9. Recommendations

- Conduct assessments of recent developments in drug information systems to identify areas for improvement in the collection, analysis, and dissemination of data related to drug use in Uzbekistan.
- Prepare an up-to-date country drug report that presents a comprehensive overview of the drug situation in Uzbekistan, including data on the prevalence of drug use, drug-related harms, and drug control measures.
- Conduct a diagnosis of the capacities, structures, and processes in Uzbekistan related to the detection of new psychoactive substances (NPS) through an early warning system (EWS).
- Design and implement Early Warning Systems (EWS) on NPS, which will enable Uzbekistan to respond rapidly to new and emerging drug threats.

- Conduct surveys using a representative sample of the adult general population and youth.
- Strengthen and develop the Electronic Information System for the Management of Narcological Services through the Republican Specialized Scientific and Practical Medical Centre of Narcology. This system will provide a platform for collecting, analysing, and sharing data on drug use and drug-related harms among patients receiving narcological services.
- Conduct a study of patterns of use and risk behaviour among users of synthetic drugs. This study aims to identify patterns of drug use and associated risks, as well as factors that contribute to the use of synthetic drugs.
- Produce and disseminate other targeted studies based on the specific needs of Uzbekistan, which may include studies on drug use among specific population groups (such as young adults in nightlife setting), drug-related harms, and drug control policies and interventions.
- Increase the capacity of Drug information system in implementation and conducting the epidemiological surveys on drug use and correlates and consequences of drug use through national seminars and educational events.
- Organize a regional workshop to facilitate the exchange of experiences and best practices related to data collection and analysis among drug control professionals in Central Asia.
- Foster participation in the preparation of regional reports and promote experience exchange with a network of professionals at the regional level and with European Union (EU) experts. This may include study visits, participation in expert meetings organized by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and other forms of collaboration.
- Place a stronger emphasis on addressing the gender dimensions of the drug problem.
- Conduct data collection and assessments to gain a deeper understanding of the existing gaps in available drug-related data, particularly concerning human rights and gender inequality.

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