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CURRENT SITUATION OF DATA COLLECTION AND DRUG EARLY WARNING SYSTEM IN KAZAKHSTAN



2023

CADAP 7

Result 2

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 Kazakhstan



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Acronyms

CADAP	Central Asian Drug Action Programme
CARICC	Coordination Centre for Combating illicit trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors
DCDTDC	Department for Combatting Drug Trafficking and Drug Control
DRID	Drug– related infectious diseases
DRD	Drug– related deaths
EHRA	Eurasian Harm Reduction Association
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
GPO	General Prosecutor’s Office
INCB	International Narcotic Control Board
IDC	Interdepartmental Commission on the Affairs of Minors and Protection of their Rights
MIA	Ministry of Internal Affairs
MHSD	Ministry of Healthcare and Social Development
MoH	Ministry of Healthcare
MLSP	Ministry of Labour and Social Protection
NCCHP	National Coordination Council on Health Protection under the Government of the Republic of Kazakhstan
NPS	New Psychoactive Substances
NSP	Needle and Syringe Programme
PWID	People Who Inject Drugs
RSPC MSPDA	Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse
RC AIDS	Republican AIDS Centre
SES	Sentinel epidemiological surveillance
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
WHO	World Health Organisation
WPDI	Within Prison Drug Injection (WPDI)

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1. Introduction

The Republic of Kazakhstan is a central Asian country with a population of over 19 million inhabitants. It is a presidential republic, administratively consisting of 20 territorial units: 17 regions and 3 cities of republican significance. With a territory of 2,724,900 km², the country is ninth in the world in terms of area. In the north and west, the republic shares its borders with Russia: 7.591 km (the longest uninterrupted land border in the world), in the east with China: 1.783 km, in the south with Kyrgyzstan: 1.242 km, Uzbekistan: 2.351 km and Turkmenistan: 426 km. The total length of the land borders is 13.200 km.

Kazakhstan is a transit country for Afghan opiates destined for Russia, wild cannabis and ephedra grow in the south of the country. Kazakhstan lies on one of the two main heroin routes from Afghanistan into Russia. Some of this supply continues onward to Europe.

In accordance with its Constitution, Kazakhstan upholds the principles of democracy, secularism, legality, and social welfare, and recognizes human life, rights, and freedoms as the paramount values of the nation. The President of the Republic of Kazakhstan serves as the head of state and chief official, responsible for establishing key domestic and foreign policies and representing Kazakhstan both domestically and abroad. The government holds executive authority and oversees the administrative system, while legislative duties are carried out by the Parliament, consisting of two chambers, namely, the Senate and the Mazhilis (consisting of ninety-eight deputies elected in accordance with the procedure established by the constitutional law under the mixed electoral system), operating continuously.¹

Kazakhstan has exhibited a resolute dedication to fostering regional stability through active engagement in international and regional partnerships. Notably, in 1998, the Parliament ratified all three United Nations Conventions (1961, 1971, and 1988) related to drug control, establishing appropriate mechanisms for incorporating the country's strategies into the international framework for countering illegal drug trafficking.

The government demonstrates its support for international and regional organisations, including the Conference on Interaction and Confidence-Building Measures in Asia, the Economic Cooperation Organisation, the Shanghai Cooperation Organisation, the United Nations Office on Drugs and Crime, the Commonwealth of Independent States, the Collective Security Treaty Organisation, and the European Union Programmes.

Since 2003, Kazakhstan has implemented the Central Asia Drug Control Programme (CADAP), representing the EU's longstanding commitment to supporting its Central Asian partners in strengthening their national drug demand reduction plans and developing integrated and balanced drug policies. The Department for Combating Drug-Related Crime, which operates under the Ministry of Interior of the Republic of Kazakhstan, serves as the primary partner for CADAP 7, further evidencing the country's long-term partnership with its Central Asian counterparts.

¹ <https://www.gov.kz/article/19305?lang=en>

2. Legal and institutional framework

Coordination of drug policy

The main partners of CADAP 7 in Kazakhstan are the following:

- The Department for Combatting Drug Trafficking and Drug Control under the Ministry of Internal Affairs.
- The Ministry of Healthcare and Social Development.

The Department for Combating Drug Trafficking and Drug Control serves as the state coordinating body responsible for drug control policies in Kazakhstan. In 2017, the Ministry of Healthcare and Social Development was bifurcated into two ministries, namely, the Ministry of Healthcare (MoH) and the Ministry of Labour and Social Protection. The Prime Minister of the Republic of Kazakhstan has directed government entities to respond adequately to changes in the drug situation by implementing urgent measures to enhance countermeasures against drug abuse and drug trafficking.

In Kazakhstan, the Ministry of Internal Affairs, through the Department for Combating Drug Crime, acts as the coordinating agency for drug control, monitors drug abuse, and formulates national drug policies. To improve the quality of government work, the Prime Minister of Kazakhstan established an Interdepartmental Headquarters as a standing interdepartmental working body under the Ministry of Internal Affairs in 2011. The headquarters coordinates the Interagency Counternarcotic Committee facilitating coordination of drug policy activities. The committee comprises representatives from 12 ministries and agencies involved in drug prevention and drug policy implementation, collaborating with international organisations, non-governmental organisations, and public associations working towards countering drug abuse and trafficking. The committee convenes three to four times annually.

The National Coordination Council on Health Protection under the Government of the Republic of Kazakhstan works towards preventing and treating substance abuse. Additionally, the Interdepartmental Commission on the Affairs of Minors and Protection of their Rights was established in 2007, with a focus on crime prevention, homelessness, neglect of minors, development of the juvenile justice system, prevention of violence and abuse against children, and activities of school police inspectors.

The General Prosecutor's Office executes a range of practical measures aimed at combating drug-related crime. The primary focus is on modern detection and suppression of drug supply, production, and distribution channels, particularly synthetic drugs.

The Republican State Enterprise "Centre for Forensic Examinations of the Ministry of Justice of the Republic of Kazakhstan" is a legal entity with the primary aim of conducting forensic examinations of criminal and civil cases, as well as administrative offenses. In addition to this, the Centre also carries out research activities to improve its forensic examination practices. The Centre's core objective is to apply specialised scientific knowledge to guarantee that the forensic examination of criminal and civil cases is executed accurately.

Each Governmental agency is directly engaged in the implementation of the county's counter-narcotic policy according to the strategic plans of the agency. At regional level, these tasks are implemented through Territorial Development Programmes.

Drug strategy and action plans

Pursuant to Decree No. 922, issued on February 1, 2010 by the President of the Republic of Kazakhstan, titled "On Strategic Development Plan of the Republic of Kazakhstan until 2020," the Government of

Kazakhstan authorized a sectoral drug policy programme for the period of 2012-2016. In 2015, due to modifications made to the State Planning System of Kazakhstan, the programme was suspended by the Government of Kazakhstan, in compliance with Decree No. 1136 dated December 30, 2015.

The primary strategic measures for anti-drug activities carried out by all government organisations are included in the National Security Strategy for 2016-2020, which has a classified status. The majority of the indicators transferred are oriented towards diminishing drug supply. Furthermore, the indicators and measures established by the programme on the side of prevention and treatment have been integrated into the Densauyk State Health Development Programme for 2016-2020, as well as into the strategic plans of relevant government organisations and territorial development programmes.

The Ministry of Internal Affairs, in collaboration with relevant state bodies, has developed and ratified the comprehensive Roadmap for 2021-2023. This strategic plan encompasses five distinct sections, incorporating a total of 32 measures. These measures are designed to effectively counteract the inflow of foreign-manufactured narcotics, control their distribution and local production, enhance the treatment and rehabilitation processes for individuals struggling with substance abuse, optimise the statistical documentation pertaining to these efforts, strengthen the material and technical resources of internal affairs entities, reinforce healthcare provisions, streamline forensic examinations and fortify border checkpoints, among other objectives.

Another notable advancement in drug strategy development occurred in July 2023 when the Comprehensive Plan to Combat Drug Addiction and Drug Trafficking for the period 2023-2025 was endorsed by a government decree. This plan is a part of the broader effort aimed at fulfilling the objectives set forth in presidential strategy "Equal State. One Nation. Secured Society" from September 2022, which within its fifth chapter underscores the concerning issue of synthetic drugs. The Comprehensive Plan outlines a range of targeted measures counteracting drug trafficking including addressing the issue of hemp cultivation in the Shu Valley.

Legal framework

The Law of the Republic of Kazakhstan "On narcotic substances, psychotropic substances, their analogues and precursors and countermeasures against their illicit trafficking and abuse" is the primary legal document that regulates the state policy in the field of drug trafficking and establishes measures to counter their trafficking.

Since January 2015, the revised Criminal Code and Criminal Procedure Code of the Republic of Kazakhstan have been in effect. Criminalisation of trafficking in the analogues of drugs and psychotropic substances has been included in these laws, and punishments for drug trafficking related crimes have become much more severe in recent years.

The Republic of Kazakhstan put into effect a new Criminal Procedure Code in January 2018. The updated Code introduced changes to further modernize the procedural bases of law enforcement activities, such as strengthening the guarantees of the rights of process participants, the speed of judicial proceedings, and the expansion of judicial control. Regardless of the amount, the sale of narcotic drugs or psychotropic substances is a criminal offense. Drug use in itself is not criminally punishable in Kazakhstan, it is a misdemeanour and incurs a fine or an administrative arrest of up to 45 days.

In the legal system of Kazakhstan, administrative liability is imposed for various offenses, such as the failure to take adequate measures to eradicate wild-growing cannabis, the failure to prevent the sale and use of illicit drugs, the dissemination of propaganda and unauthorized advertising of controlled substances, and the violation of licensing regulations.

In Kazakhstan, the legal system includes measures for compulsory treatment of individuals suffering from psychoactive substance dependence. Pursuant to the "Code on Public Health and Health Care System," mandatory medical intervention is authorized by court order for individuals who commit crimes or require treatment for alcoholism, drug addiction, or toxicomania and have not opted for voluntary treatment. Additionally, the government's Decree No. 2015, issued on December 4, 2009, "On Approval of the List of Medical Psychiatric Contraindications for the Implementation of Certain Types of Professional Activities, as well as Work Associated with a Source of Increased Danger," prohibits individuals who engage in active psychoactive substance consumption from performing any hazardous work, including vehicle operation. However, individuals in remission may perform some types of work, including driving vehicles.

The Commercial Code, which came into effect on January 1, 2016, prohibits individuals and small businesses from engaging in activities related to the trafficking of narcotic drugs, psychotropic substances, and precursors without legal authorisation.

In compliance with Decree No. 814 of the Minister of Health of the Republic of Kazakhstan dated December 2, 2009, a registration system has been implemented for individuals with substance use disorders (so called *uchyot*). The system comprises two types of narcological registration: dispensary and preventive. Dispensary registration applies to people with substance use disorders, while preventive registration is conducted for people who use drugs (PWUD) without diagnosed substance use disorder.

3. Drug situation overview key indicators

Prevalence and patterns of drug use among the general population

Based on data from a 2001 national study conducted by the Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse (RSPC MSPDA), drug use among individuals aged 7-55 years old was found to be 1.7% of the total population. Of these individuals, 31.6% were dependent on opioids, primarily heroin, 81.3% on cannabinoids, and 15.5% on other drugs. One in ten respondents reported using drugs at least once in their lifetime, the specific types of substances used were however not specified in the study.^{2,3}

The majority of drug users identified in the 2001 national study conducted by the Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse (RSPC MSPDA) were aged 17-45 years (69.8%), unemployed with irregular work and low income (92.6%), and had completed secondary education (68.1%). It should be noted, however, that the study is now twenty-two years old and no recent epidemiological studies have been conducted to determine the current prevalence of drug use among the population of the country.

Youth

In 2006, a survey similar to the European School Survey Project on Alcohol and Other Drugs (ESPAD) was conducted among 14-15-year-olds in Kazakhstan with the assistance of the Regional Representative of the United Nations Office on Drugs and Crime (UNODC). The results showed a lifetime prevalence of drug use of 4.8% among this group, with 2.7% reporting cannabis use within the previous 12 months and 0.1% reporting heroin injection.^{4,5}

In 2012, the RSPC MSPDA conducted a household survey among young people aged 16, 19, and 22 using a stratified sampling method based on the population register and ESPAD-like questionnaires. As depicted in Table 1⁶ the survey revealed that 16.1% of the young people had used narcotic substances at least once in their lifetime, with 7% reporting drug use within the last 12 months and 4% reporting drug use within the past 30 days. The most frequently used drugs among this group were cannabis (11.2%), inhalants (5.4%), stimulants (2.3%), and sedatives (1.5%), with 0.9% reporting opiate use. The greatest prevalence was found among males and those aged 22.⁷

² Regional Report on the Drug Situation in Central Asia, 2013

³ 2018 National Report on Drug Situation in the Republic of Kazakhstan. ResAd, Prague, 2019

⁴ O.V. Lavrentyev, The National School of Studies on Alcohol and Drugs in the Republic of Kazakhstan (Pavlodar: RSPC MSPDA, 2007).

⁵ https://www.emcdda.europa.eu/publications/country-overviews/kazakhstan-2014_en#gps

⁶ E.B. Baykenov, Report on the results of the study of the risks of involvement in chemical and non-chemical addictions among children and young people of the Republic of Kazakhstan (2013).

⁷ E.B. Baykenov, Report on the results of the study of the risks of involvement in chemical and non-chemical addictions among children and young people of the Republic of Kazakhstan (2013).

Table 1. RSPC MSPDA Survey - 2012

Prevalence Drug Use	Percentage
Lifetime drug use	16.1%
Drug use in the last 12 months	7%
Drug use in the past 30 days	4%
Most frequently used drugs	
– Cannabis	11.2%
– Inhalants	5.4%
– Stimulants	2.3%
– Sedatives	1.5%
– Opiates	0.9%

In 2018, the Youth Survey on Drug Use and Health⁸ was conducted in Kazakhstan using the ESPAD methodology as a collaborative effort between the Republican Scientific and Practical Centre of Mental Health in Almaty, UNICEF, and the UNODC. The survey included 10,222 13-18-year-olds from urban schools, and after data cleaning, 9,111 were included in the final dataset. The results indicated that between 3.1% and 11.6% of young people had used drugs (excluding alcohol and tobacco) during their lifetime, with between 1.7% and 6.4% estimated to have used drugs within the past 12 months. The most commonly used substances among young people were inhalants, with a reported prevalence ranging from 0.7% to 3.85% in the past 12 months. Cannabis was also frequently used, with a reported prevalence ranging from 0.8% to 2.27% in the past 12 months. These two drugs were the only ones with a self-reported lifetime prevalence exceeding 1%.

The surveys among youth are valuable source of information among youth, but due to differences in age group it is not possible to make strong conclusions about trend. While data indicate tendency towards a higher prevalence of use in males and with increasing age the small numbers of users prevent testing these differences with relevant precision.

Table 2. Youth Survey on Drug Use and Health – 2018 (among youth aged 13-18)⁹

Prevalence Drug Use	Prevalence Range (%)
Lifetime drug use	3.1% - 11.6%
Drug use in the past 12 months	1.7% - 6.4%
Most frequently used substances	
– Inhalants	0.7% - 3.85%
– Cannabis	0.8% - 2.27%

⁸ UNODC Research and Trend Analysis Branch. Youth Survey on Drug Use and Health in Kazakhstan 2018, UNODC, 2019. Available at <https://storages.medelement.com/uploads/co/92401378980547/documents/e1e3f45017fc71dd5bf6baf975de5cce.pdf>

⁹ ibid

Narcological register

The primary means of assessing drug use in the general population in Kazakhstan is through the use of a narcological register.

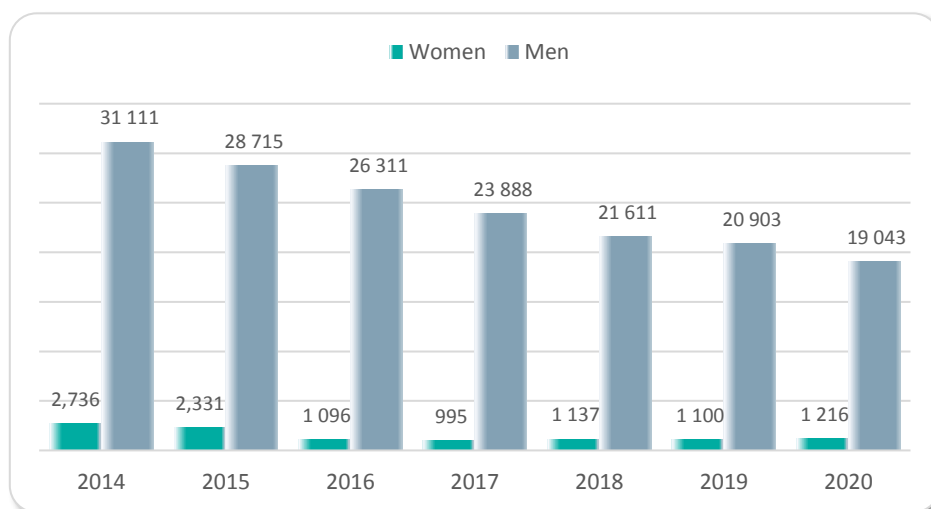
The register contains information on active drug users or those in early remission and was last updated in 2018. These users are usually on the register because they have undergone state-organised drug treatment after being directed there by the police or medical services. The registry serves as a means of control (e.g. preventing drug users from obtaining a driving license or certain jobs) and users therefore try to avoid registration. One of the methods used to avoid registration is to undergo private treatment anonymously. As a result, the registry captures only a portion of individuals with drug problems, as some choose alternative routes to seek treatment and remain anonymous.¹⁰ Due to the fact that the registry only represents individuals who have undergone state-organised drug treatment, it is limited in its ability to capture the true extent of drug use in the population. Individuals often avoid registration due to potential repercussions, such as the loss of certain privileges or job opportunities, so they prefer undergoing private treatment on an anonymous basis.

The substance use disorder registration system in Kazakhstan operates under the authority of Decree No. 814 issued by the Minister of Health on December 2, 2009. The system comprises two types of narcological registration, namely preventive and dispensary. Preventive observation is offered to individuals who voluntarily seek medical treatment or are referred to treatment by a public association, medical institution, or law enforcement agency, and whose substance consumption does not exhibit clinical disease symptoms (risk group). Residential dispensary registration and medical monitoring in outpatient drug treatment facilities are provided for individuals with mental and behavioural disorders resulting from substance use, diagnosed by a narcologist or forensic expert. Upon completing treatment, adhering to treatment requirements, and achieving stable, objectively verified remission, patients with addictive substance-induced mental and behavioural disorders (excluding alcohol) are placed under residential prevention registration for five years. The preventive observation period for individuals who consume psychoactive substances for non-medical purposes but do not have developed dependency is one year. Persons in the risk group receive medical treatment mainly on an outpatient basis. Removal from dispensary registration is governed by defined criteria that include but are not limited to continued abstinence, change of permanent residence, imprisonment exceeding one year, and death.

According to official statistics, the number of PWUD registered under narcological organisations was 20,259 in 2020, with a total of 2,490 newly registered cases. As depicted in Graph 1 below, the data shows a decline in the figure compared to previous years. In 2020, there was a total of 2,490 newly registered individuals due to substance use, indicating a downward trend from 2016 to 2020.

¹⁰ Tomáš Záborský and Viktor Mravčík (Eds.), The 2019 Regional Report on the Drug Situation in Central Asia [Региональный обзор о наркоситуации в Центральной Азии 2019] (Bishkek/ Prague: CADAP 6/ResAd)

Graph 1. No. of PWUD registered under narcological organisations registration (disaggregated by gender)^{11,12}



In recent years, there has been a noteworthy trend where the number of people removed from the register has surpassed the number of those newly registered. This phenomenon may offer an indication of the decline of number of PWUD in the country.

Prevalence and patterns of problem drug use

For many years, injecting drug use has been the primary form of problematic drug use in the Republic of Kazakhstan. Compared to other Central Asia countries, the highest prevalence of current injecting drug use was found in Kazakhstan in 2016 (0.7% of the population aged 15-64 years old).¹³ The Republican AIDS Centre publishes biennial estimates of the number of people who inject drugs (PWID) and also assesses the number of injecting PWUD among commercial sex workers and men who have sex with men. The estimated number of PWID in 2019 was 94,600, which represents a decreasing trend from 2011, when the estimated number was 116,840. The RC AIDS reported to UNAIDS that the number of PWID was estimated to be 85,300 in 2021.¹⁴

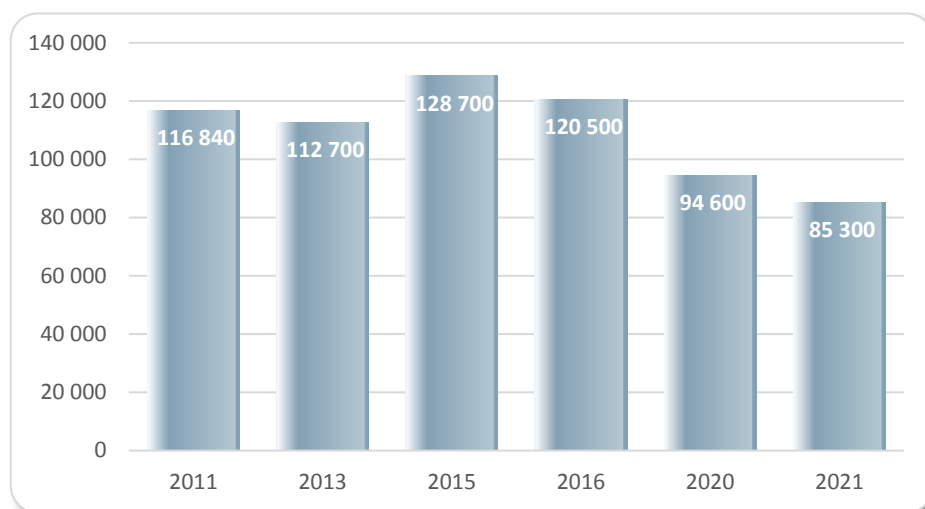
¹¹ Paris Pact Fact Sheet, UNODC, Updated March 2022

¹² 2018 National Report on Drug situation in the Republic of Kazakhstan, Yussopov Oleg, Kazakov Vladimir, Prilutskaya Mariya, Kisina Marzhan, Zhumataeva Gulnar, (Public Foundation “Monitoring Center on Alcohol and Drugs” <http://www.mcadkz.org>)

¹³ Tomáš Záborský and Viktor Mravčík (Eds.), The 2019 Regional Report on the Drug Situation in Central Asia [Региональный обзор о наркоситуации в Центральной Азии 2019] (Bishkek/ Prague: CADAP 6/ResAd)

¹⁴ UNAIDS. Key Population Atlas. Available at: <https://kpatlas.unaids.org/dashboard>

Graph 2. No. of PWID among PWUD¹⁵



In order to improve the national epidemiological surveillance system and to enhance the quality of estimates among key groups, the protocols for conducting an epidemiological surveillance of HIV prevalence and the "Estimation of the number of vulnerable groups" were developed in 2013. These documents were developed in accordance with modern international recommendations for assessing vulnerable populations. Since 2014, the estimated number of PWID has been recorded using an improved methodology that is in line with methodological recommendations approved by the Republican AIDS Centre. The main method used to estimate the number of PWID is the multiplier method (coefficient). In 2014, a sentinel epidemiological surveillance (SES) was conducted among PWID in all sentinel sites of the country using the new methodology. Since then, the estimation of the number of PWID has been conducted once every two years, aligning it with the implementation of the SES, which includes both the preparatory stage and the formative part of the estimation study.

Drug-related infectious diseases and harm reduction

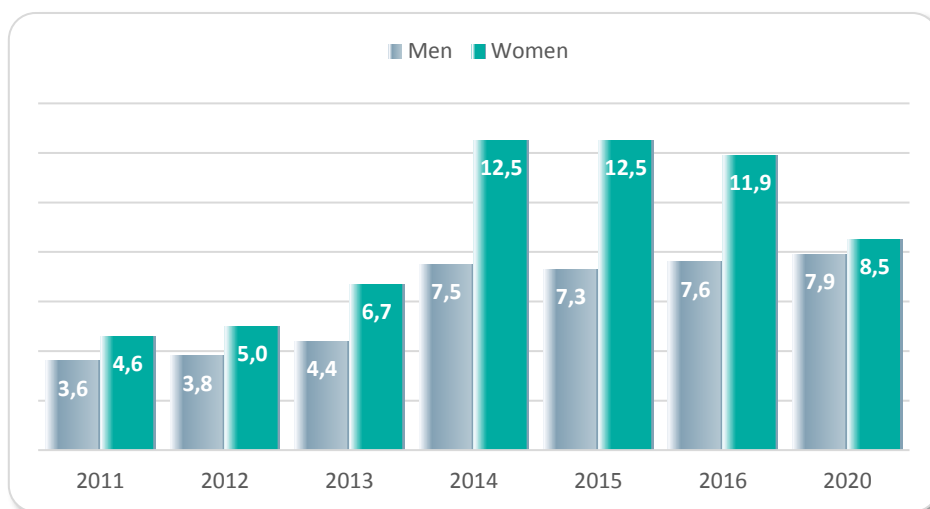
The current state of the HIV epidemic in Kazakhstan suggests that it is concentrated, affecting certain high-risk populations who are more susceptible to HIV infection. The overall prevalence of HIV among the general population aged 15-49 years in Kazakhstan does not exceed 0.2%, but among key populations such as people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), and prisoners, the prevalence is considerably higher. Notably, the prevalence of HIV and hepatitis C infections in Kazakhstan is predominantly driven by injecting drug use.

According to UNAIDS reporting, as reflected in Graph 3¹⁶, the number of people living with HIV in the country increased from 32,100 in 2020 to 35,100 in 2021. The prevalence of HIV among PWID in 2020 was 8.3%, with male and female rates at 7.9% and 8.5%, respectively, which indicates a decrease in HIV prevalence among female drug users. These rates are consistent with those observed in 2016 and 2018. Furthermore, the proportion of PWID reporting safe injecting practices was 64.2%, which is consistent with previous years.

¹⁵ Disaggregated data is available for 2016 only. According to the 2018 National Report on the Drug Situation in the Republic of Kazakhstan,

¹⁶ <https://kpatlas.unaids.org/dashboard>

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



One of the barriers to HIV treatment is stigma. A study conducted among people living with HIV (PLHIV) recruited from 10 regions of Kazakhstan revealed that PWID (people who inject drugs) experience the highest levels of stigma and discrimination compared to other key population groups. The study found that individuals in this group reported various negative experiences, including feeling excluded from family activities, being afraid to seek healthcare/services, avoiding healthcare/services, and facing verbal harassment, all of which were attributed to their affiliation with a drug user group.. Results also show that among those who have ever started antiretroviral therapy, the PWUD group is the group most likely to interrupt ART, and respondents who had interrupted ARVs often cited stigma-related factors as reasons for stopping ART. The same study show that the level of Internalised stigma is significantly higher among women than among men who live with HIV,¹⁷

Since 1997, Kazakhstan has implemented harm reduction programmes to effectively combat the negative consequences of drug use. The mitigation of drug-related harm is crucial for HIV prevention, with injecting drug use being the primary form of drug consumption in the country. Therefore, harm reduction remains a top priority and is implemented within the framework of government programmes. To assess the relationship between health and drug use outcomes, regional AIDS centres conduct epidemiological surveillance of HIV prevalence (SES) under the guidance of the Republican Centre on Prevention and Control of AIDS. One notable response to the consequences of injecting drug use in the country is the network of harm reduction facilities, known as 'Trust Points', which is managed and supported by the Republican AIDS Centre and is considered one of the most extensive and effective harm reduction networks.

In the Republic of Kazakhstan, free services for vulnerable population groups are provided throughout all regions of the country, with the aim of upholding the principles of voluntariness, confidentiality, and anonymity. The non-governmental sector plays an active role in the execution of prevention programmes among these vulnerable groups.

According to data from UNAIDS, HIV prevention programmes have covered 63.1% of PWID, while 132 needles per injector were distributed in 2020.¹⁸

¹⁷ Central Asian Association of People Living With HIV Stigma Index 2.Available at: [Kazakhstan-SI-2.0-Report-2022-English.pdf](https://www.stigmaindex.org/Kazakhstan-SI-2.0-Report-2022-English.pdf) (stigmaindex.org)

¹⁸ ibid

Drug-related deaths and mortality of drug users

In accordance with prevailing laws in the Republic of Kazakhstan, a forensic examination is mandated in all cases of poisonings resulting in death, including those suspected to have resulted from narcotic and psychotropic substances. The state-owned “Centre of Forensic Examination” of the Ministry of Justice conducts analyses of biological samples for the presence of narcotic substances in cases of poisoning, deaths of unknown origin, and violent deaths. However, due to differences in procedures, the mortality data provided by the Centre for Forensic Examination, civil registry offices, and narcological services monitoring narcotic substance-associated deaths may exhibit discrepancies.

The Republican Scientific-Practical Centre of Mental Health (RSPC MH) maintains records of narcotic substance-associated deaths and scrutinizes the data in conjunction with the Centre of Forensic Examination's information. Such data reveals that the majority of drug-related deaths involve opioids, with heroin being the most frequently used drug, followed by sedatives and other psychotropic medicinal substances. In 2018, the number of drug-related deaths was 136, which is more than a two-fold reduction from the 323 death cases reported in 2014.¹⁹

Drug treatment

The integration of the treatment and rehabilitation system with the mental health service system is currently underway. The coordination of this effort is led by the Republican Scientific-Practical Centre of Mental Health located in Almaty. Kazakhstan offers a relatively well-developed system of rehabilitation services, including both outpatient treatment and residential rehabilitation centres. However, the opioid substitution treatment (OST) available in the country requires further development.

Drug treatment in the Republic of Kazakhstan is characterized as a structured intervention, which may include pharmacological interventions and/or psycho-social methods that aim to reduce the consumption of illicit drugs. A significant proportion of interventions focus on abstaining from drug use. opioid substitution treatment (OST) programmes are available in 13 cities across the country and offer methadone, but buprenorphine and other maintenance drugs are currently unavailable. Treatment can be provided in various forms, including inpatient treatment for detoxification, medical and social rehabilitation, therapeutic communities, inpatient-replacement treatment such as day hospitals for maintenance and anti-relapse treatment, and outpatient treatment for maintenance and anti-relapse treatment, as well as opioid substitution therapy. Drug treatment is mainly provided by specialised government organisations free of charge, with a limited number of private sector services available. Patients undergoing inpatient treatment are recorded using registration form No. 066-1/y “Statistical health records of the patient discharged from a drug treatment organisation”, approved by order No. 907 of the Acting Minister of Health of the Republic of Kazakhstan.

In 2015, national reports began incorporating individual records of episodes of treatment for substance use disorders (dg. F11-F19). Data on the percentage of women undergoing treatment was recorded only until 2018. However, due to incomplete statistical records, this data cannot be fully relied upon to evaluate treatment demand and the characteristics of the treated population. Additionally, medical organisations' quarterly and annual reports provide statistical (non-personalised) data, which is collected and summarized by regional drug treatment clinics before being compiled at the national level.

The healthcare sector employs a range of institutions to provide drug treatment services, including narcological institutions overseen by the Ministry of Health and Social Development, those belonging to

¹⁹ Paris Pact Fact Sheet Kazakhstan 2022

the private sector, and those affiliated with the Ministry of Internal Affairs of the Republic of Kazakhstan. In 2014, the government approved new standards for drug treatment, delineating five stages of treatment:

- 1) primary prophylactic narcological assistance;
- 2) primary narcology aid involving motivational counselling, information, and guidance;
- 3) outpatient check-ups, treatment, and rehabilitation;
- 4) inpatient treatment and rehabilitation; and
- 5) maintenance therapy for relapse prevention.

While the availability of qualified drug treatment specialists is generally considered adequate, access to treatment services in rural areas remains limited due to a lack of qualified personnel. The majority of treatment cases reported in the country relate to mental and behavioural disorders resulting from the consumption of opioids and the combined use of psychoactive substances.

In 2020, the total number of individuals receiving treatment for substance use disorders (SUD) was 3,108, which marks a decrease of almost 50% compared to the 2018 figure of 6,014. Among these individuals, the majority were found to be polydrug users.

Drug use in prisons

On December 31, 2017, the penitentiary system of the Republic of Kazakhstan had a total of 3,602 individuals who were dependent on psychoactive substances, with a rate of 117.1 per 1,000 convicted persons. Among them, 1,491 were undergoing mandatory treatment for SUD, representing a rate of 48.5 per 1,000 convicted persons. The majority of individuals with SUD (82.5%) were people who inject drugs (PWID), a figure consistent with that of 2016. As of the same date, 155 women dependent on alcohol were registered, representing 9% of all persons registered with alcohol dependence, which is higher than the 6.3% recorded in 2016. Moreover, 185 women were dependent on other psychoactive substances, embodying 10% of all such individuals, an increase from the 8.3% recorded in 2016.²⁰

Table 3. Drug use in prison – with an emphasis on women (2017)²¹

	Total dependent Individuals	Total dependent women	Percentage of women
Psychoactive substances	3,602	N/A	N/A
SUD (Mandatory treatment)	1,491	N/A	N/A
SUD (PWID)	1,231	N/A	N/A
Alcohol dependence	1,722	155	9%
Other psychoactive substances	1,850	185	10%

As of December 31, 2017, the number of individuals who had been convicted under Article 296 of the Criminal Code, which pertains to the unlawful possession of drugs not intended for sale, was 1,532, representing 4.9% of the overall prison population in the country. Among these individuals, 863 (56.3%) were identified as dependent on opioids, while 45 (3%) were dependent on cannabinoids.

²⁰ Yussopov Oleg, Kazakov Vladimir, Prilutskaya Mariya, Kisina Marzhan, Zhumataeva Gulnar. 2018 National Report on Drug situation in the Republic of Kazakhstan

²¹ *ibid*

At the same date, the total number of individuals who were found guilty under Article 297 of the Criminal Code (CC) of the Republic of Kazakhstan for illicit possession of drugs with an intention to distribute was 1,906, accounting for 6% of the entire prison population. Among these individuals, 935 (49%) had a dependency on opioids, while 78 (5.1%) were dependent on cannabinoids.

Drug related crime

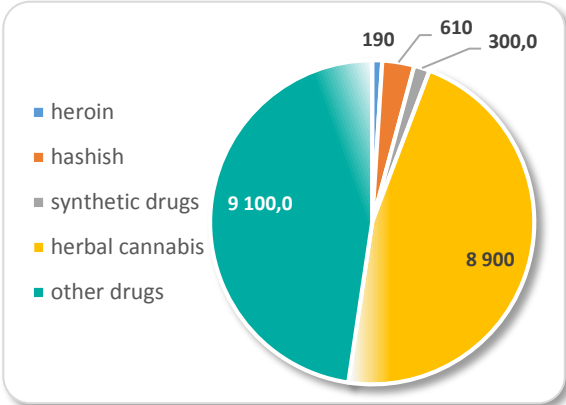
In 2021, a total of 6,850 drug-related criminal offenses were detected by law enforcement and special agencies, including 2,746 drug-related crimes, of which 1,698 involved sale and 180 involved drug smuggling. The number of registered drug crimes has shown a significant decrease since 2011, which can be attributed to the decriminalisation of drug possession. Specifically, in January 2011, Article 259 Part 1 of the Criminal Code of the Republic of Kazakhstan was revised to reclassify "illegal purchase, transportation, or storage without a purpose of selling narcotic drugs or psychotropic substances in large quantities" as an administrative offense.

In contrast, the number of detected illicit drug laboratories in Kazakhstan has increased from 20 in 2020 to 36 in 2021. The use of information technology has facilitated drug sales, but the site administrators are often located abroad and difficult to locate in the majority of cases.

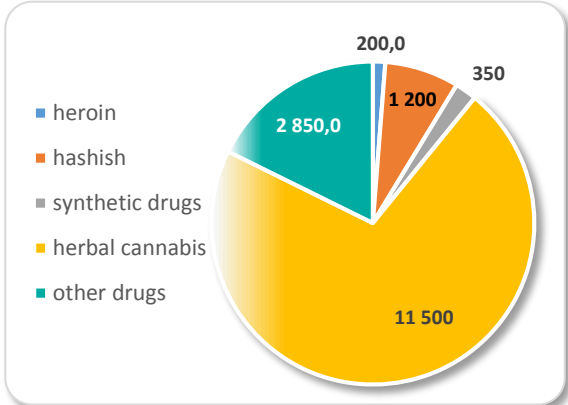
Drug seizures

In 2021, a total of 16.1 tons of illicit narcotic drugs were confiscated (compared to 19.3 tons in 2020), which included 76.6 kg of heroin (70 kg in 2020), 1 ton of hashish (584 kg in 2020), 223 kg of synthetic drugs (247.8 kg in 2020), and 11.5 tons of herbal cannabis (8.9 tons in 2020). Notably, cannabis constituted the largest proportion of the confiscated drugs. Over the years, there has been a significant decrease in the quantity of seized heroin, from 146.88 kg in 2017 to 76.58 kg in 2021. Additionally, 242 cases of narcotic plant cultivation, with a total weight of 8 tons. Wholesale prices of heroin rose to 12,000-70,000 USD per kg in 2020 from 10,000-25,000 in 2019, whereas street prices remained stable, ranging from 10-120 USD per gram. The purity of heroin remained consistent at 15-25% since 2015.²²

Graph 4. Drug seizures in 2020 (in Kgs)²³



Graph 5. Drug seizures in 2021 (in Kgs)²⁴



²² Paris Pact Fact sheet, UNODC March 2022
²³ ibid
²⁴ ibid

4. NPS and EWS

Reports indicate that the Republic of Kazakhstan has experienced seizures of NPS, including cathinone and synthetic cannabinoids, as well as NPS use among individuals with substance use disorders.

As with many other countries, the drug landscape in Kazakhstan has undergone significant changes due to the reduction in the availability of opioids and the emergence of new synthetic psychoactive substances. In recent years, there has been a noticeable increase in the availability and use of new psychoactive substances in Kazakhstan. These substances are relatively inexpensive and widely accessible. However, there is a lack of research on the prevalence and patterns of use of these substances among the population, which makes it difficult to accurately assess the situation.

The earliest documented instances of NPS in Kazakhstan can be traced back to 2009, when sporadic media reports emerged about the availability of "designer drugs and smoking mixtures" to the public. In 2010, the Ministry of Health conducted an assessment of the health risks associated with the consumption of several smoking mixtures containing tetrahydrocannabinol analogues, and approved a set of measures aimed at curbing the sale of these products. Kazakhstan became the first Central Asian country to introduce legal control measures over NPS, aligning with international classifications.

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 EMCDDA, which aimed to identify online shops offering NPS and products containing NPS in the Russian, Kazakh, Kyrgyz, Tajik, Turkmen, and Uzbek languages.²⁵

A 2021 study published by the School of Law, Swansea University in collaboration with the Eurasian Harm Reduction Association (EHRA) employed a desk review and structured interviews to gather information on the use of new psychoactive substances (NPS) in Central Asia, specifically in Kazakhstan. The study revealed that synthetic cannabinoids and synthetic cathinone were the primary NPS used in Kazakhstan²⁶. Survey respondents who use drugs reported the use of various slang terms used on social media and other online platforms to buy these substances. For example, "salts" or "stimulants" referred to synthetic cathinones, while "spice" or "JWH" referred to synthetic cannabinoids. The reasons provided for NPS use encompassed several factors: substitution of unavailable heroin and other traditional drugs, curiosity (especially among young people), the perceived ease of consumption through methods like snorting, swallowing or smoking, which is considered less harmful than injecting, their accessibility, the challenge of detecting them in blood or urine tests, peer pressure, extensive advertising, their utilisation in chemsex scenes and their comparatively lower cost. Two main categories of NPS users were identified by the respondents: the first group comprised individuals who had previously used traditional drugs and had now shifted to regular consumption of NPS, while the second group consisted of individuals who engaged in occasional and non-problematic drug use.

NPS can be acquired through various means in Kazakhstan, with Telegram and WhatsApp being the most popular channels, followed by public advertisements on city walls with codes indicating the website where NPS are available for purchase. Face-to-face transactions with street dealers are also possible. In addition, NPS are offered for "free," particularly to women, in exchange for sexual favours, with these contacts often established on popular chat sites.

²⁵ https://www.eu-cadap.org/wp-content/uploads/2023/01/2018_analytical-report-on-new-psychoactive-substances.pdf

²⁶ Eurasian Harm Reduction Association (2021). New Psychoactive Substance Use in Eastern Europe and Central Asia: Regional Report. Daan van der Gouwe. EHRA: Vilnius, Lithuania.

5. Available information sources on drug situation in Kazakhstan

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 among the general population	Cross sectional study, target population 7-55	RSPC MSPDA	Drug use among the general population
Household survey	Drug use among the youth	Data collected from youth 16, 19 and 22 old using ESPAD based questionnaire	RSPC MSPDA	2012
School survey	Drug use among the youth	ESPAD based questionnaire	RSPC MSPDA 2006 UNODC 2018	2006, 2019
Data on drug use in other sub-populations		Not available		
The narcology register		Data on number of PWUD from two types of narcological registration: preventive and dispensary disaggregated by age, type of substance, proportion of PWID		Annually
High-risk drug use prevalence estimates	Estimate on number of PWID	Estimates on number of PWID,	Republican AIDS Centre Kazakh Scientific Centre of Dermatology and Infectious Diseases (2019)	Every two years, coincides with the SES period
High risk drug use	Sentinel epidemiological surveillance	Use of harm reduction services, injecting practices, updated protocol in 2013	Republican AIDS Centre	Since 2014, every two years
DRID	Sentinel epidemiological surveillance	HIV, HCV and STI among PWID	Republican AIDS Centre	Since 2014, every two years

Name/title	Type of data(in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
DRID	Routine statistics	Number of HIV, HCV and other infectious disease	Republican AIDS Centre	Annually
DRD	Number of death cases	Data from Centre for Forensic Examination Civil registry offices on death cases by cause of death RSPC MH keeps records of the deaths associated with the use of narcotic substances and analyses the data obtained in combination with the data of the Centre of Forensic Examination.	RSPC MH	Annually
DRD	Number of death cases	narcological services that monitor deaths associated with the use of narcotic substances		Annually
Drug related treatment		Data on OST programmes, inpatient treatment (detoxification, medical and social rehabilitation, therapeutic communities), inpatient-replacement treatment (day hospitals for the maintenance and anti-relapse treatment), outpatient treatment (the maintenance and anti-relapse treatment, the opioid substitution therapy), including harm reduction programmes (low threshold programmes).		Annually
Drug related treatment	Inpatient and outpatient treatment data	Number of patients who applied for drug treatment, and the trends and models of substance use among patients is the Inpatient Electronic Health Record (IEHR) developed by the Republic Centre of Electronic Healthcare	RSPC MH	Annually

Name/title	Type of data(in terms of key indicator or core data)	Methodological information	Provider (Institution name)	Periodicity
Services for drug users in prisons	Data from penitentiary system	Number of convicted persons People undergo compulsory treatment for psychoactive substance Percentage of PWID Number of persons convicted under drug related crimes under the Criminal Code	Ministry of Justice	Annually
Drug prices and purity		Whole sale and street prices Drug purity on the wholesale and street level	MIA and Ministry of Justice	Annually
Drug-related administrative offences	Drug crime	Routine statistics from administrative proceedings on prosecuted cases and persons and results of drug testing by police.	Ministry of Justice	Annually
Drug-related criminal offences	Drug crime	Routine statistics from criminal proceedings on prosecuted cases and persons.	Ministry of Justice	Annually
Sanctions for drug-related offences	Drug crime	Routine statistics on court hearings and convictions.	Ministry of Justice	Annually
Drug seizures	Drug seizures	Routine statistics on number of seizures and quantity of drugs seized.	General Prosecutor's Office	Annually

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

Strong points

- Kazakhstan has a well-established information system on the drug situation, which helps to monitor trends, patterns and characteristics of drug use.
- The country has a well-established and defined system of coordination among various government entities involved in drug policy that includes the Ministry of Interior (Mol), Ministry of Health (MoH), and narcology centres. There are recent developments in national drug strategy updating its goals and actions.
- The country has experience in conducting cross sectional surveys on drug use among youth, collating valuable information on the prevalence and patterns of drug use among young people, which can be used to inform prevention and intervention efforts.
- Kazakhstan has established the routine data collection system on drug treatment, which provides information on the number of people receiving treatment, the types of treatment provided, and the outcomes of treatment.
- Data on infectious diseases related to drug use, such as HIV/AIDS and hepatitis, is available and used to monitor the spread of these diseases and to inform prevention and treatment efforts.
- Routine data and research results on patterns of NPS use are available in Kazakhstan.
- Data on people who inject drugs (PWID) is regularly collected including information on the number of PWID, their demographics, and their drug use patterns.
- Kazakhstan participates in the exchange of data with international organisations, such as the United Nations Office on Drugs and Crime (UNODC), to keep abreast of global trends and best practices in drug policy and to share its own experiences and data.
- Kazakhstan has experts and researchers who are experienced in drug monitoring and research. This expertise is essential for the effective implementation of drug policies and programmes, as well as for the development of evidence-based interventions.
- Kazakhstan has addiction research capacities in academia and among NGOs. These capacities provide an opportunity to conduct research and generate evidence on drug use and related issues.
- The country has experience in the preparation of country reports on the drug situation providing comprehensive information on the drug problem in the country.
- Collection and use of sex-disaggregated data for some indicators.
- Some data are available on stigma of PWUD.

Weak points

- There is a gap in coordination of drug information system and in production of up-to date comprehensive report on drug situation in a country.
- There is a lack of up-to-date information on the extent and patterns of drug use among the general population, which makes it difficult to develop targeted prevention and intervention strategies to address drug use and addiction.

- While there is some data available on drug use among certain populations, such as young people, there is insufficient information on drug use in other specific groups, such as individuals who use drugs recreationally.
- The quality of completion of statistical records needs improving to better assess the demand for treatment of SUD and to understand the characteristics of the treated population.
- There is a lack of scientifically published research on drug use and addiction in the country.
- While there is some research available on problem drug use, much of it is focused on individuals who inject drugs (PWID). There is a need to expand research to include other forms of drug use and addiction.
- There is a lack of reliable data on the extent and patterns of problematic use of certain drugs, such as cocaine, amphetamines, and methamphetamines.
- Despite existence of sex disaggregated data for some indicators, there is still need for gender disaggregated data on additional indicators to allow gender-sensitive planning and evaluation of services

7. Recommendations

- Improve the utilisation of research data in public policy by creating mechanisms and platforms for translating research findings into actionable policies and strategies that can address issues related to drug abuse and addiction in the country.
- Further strengthen the collaboration between actors in the Drug Information System (DIS) and encourage communication and cooperation among key stakeholders, developing a framework that facilitates the sharing of information, data, and best practices related to drug abuse.
- Conduct a survey that captures data from a representative sample of the adult general population to obtain comprehensive information about drug use patterns and prevalence rates in the country.
- Ensure that repeated surveys are conducted among youth using the European School Survey Project on Alcohol and Other Drugs (ESPAD) methodology to monitor trends and changes in drug use patterns over time. This approach can provide valuable insights on emerging drug use trends among young people and inform the development of prevention strategies and policies.
- Undertake a thorough assessment of the latest advancements in drug information systems to identify gaps, challenges, and opportunities for improvement, as well as to ensure that the systems are up to date and meet the needs of stakeholders.
- Develop an updated country drug report that provides a comprehensive overview of the drug situation in the country, including prevalence rates, trends, patterns, and associated harms, as well as responses, interventions, and policies in place.
- Employ data triangulation techniques to analyse and integrate data from different sources and methods, such as surveys, administrative records, qualitative studies, and expert consultations, to gain a more complete and accurate understanding of drug use and related issues, as well as to identify discrepancies, inconsistencies, and areas for further investigation.
- Conduct further research on the "hidden" population of drug users who may not be visible or accessible to the health and social care systems, such as homeless people, undocumented migrants, or online communities, and explore strategies to reach out and engage with them, as well as to reduce stigma and discrimination.
- Conduct a comprehensive assessment of the capacities, structures, and processes in place in the country to detect new psychoactive substances (NPS) via an early warning system. This diagnosis should cover aspects such as the legal framework, the technical infrastructure, the human resources, and the coordination mechanisms involved in NPS detection and response.
- Foster collaboration and knowledge exchange among national, regional, and EU experts on NPS through various activities such as joint research, workshops, and participation in expert meetings. This can enhance the capacity of the country to access and utilise up-to-date information on NPS trends, harms, and responses, as well as foster the development of effective strategies and policies to prevent and address NPS use and related harms.
- Prepare scientific publications on NPS-related topics for publication in peer-reviewed journals. These publications can cover various aspects of NPS, such as their pharmacology, toxicology, epidemiology, prevention, and treatment, and provide evidence-based insights and recommendations for policy and practice.

- Provide the reliable information and analysis for successful gender mainstreaming in drug policy.
- Conduct additional research to explore gender disparities and human rights approach in response to drug use .

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