



Drug Abuse in Central Asia

TRENDS IN TREATMENT DEMAND 2003 - 2005



**UNITED NATIONS OFFICE ON DRUGS AND
CRIME**

**TRENDS IN TREATMENT DEMAND
CENTRAL ASIA
2003 - 2005**



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The Global Assessment Programme on Drug Abuse (GAP) improves the global information base on patterns and trends in drug consumption through supporting Member States to build the systems necessary for collecting reliable data to inform policy and action; encouraging sharing of experiences and technical developments through regional partnerships; and encouraging the adoption of sound methods of collecting comparable data

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARQ	Annual Reports Questionnaire, CND
CARDIN	Central Asian Regional Drug Information Network
CDC	Centre for Disease Control and Prevention
CND	Commission on Narcotics Drugs
EMCDDA	European Monitoring Centre on Drugs and Drug Addiction
GAP	Global Assessment Programme on Drug Abuse
IDIS	Integrated Drug Information System
IDU	Injecting drug user(s)
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
MMP	Methadone Maintenance Programme
OR	Odds Ratio
PG	Pompidou Group (Council of Europe)
ROCA	UNODC - Regional Office for Central Asia
RSA	Rapid Situation Assessment
RR	Relative Risk (ratio of the disease among exposed and those who are not exposed)
SAMHSA	US - Substance Abuse and Mental Health Services Administration
STD	Sexually transmitted Diseases
TDI (P)	Treatment Demand Indicator (Protocol)
UNAIDS	Joint UN programme on AIDS
UNODC	United Nations Office on Drugs & Crime

Preface

The trafficking of opium and heroin from Afghanistan destroys everything in its path. One of the worst effects is the spread of drug abuse which is rising significantly in Central Asia. An alarming side effect is the spread of HIV/AIDS and Hepatitis C as a result of intravenous drug use.

This report on “*Drug Abuse in Central Asia – trends in Treatment Demand*” documents these problems, using evidence of drug abuse and treatment. It is part of a project initiated by the United Nations Office on Drugs and Crime to assist policy-makers and planners in Central Asia to establish effective systems to collect reliable data and monitor drug abuse and treatment trends in their countries.

One of the key indicators is the number of people seeking help for their drug problems through the health care system. This information not only improves our understanding of the nature and extent of problem drug use and its health and social consequences, but it also helps policy-makers and service-providers improve the delivery of treatment services. This is crucial for improving public health and reducing the damage caused by drugs.

Information also helps governments identify what more needs to be done to improve prevention and implement effective drug control strategies.

Central Asia is facing an HIV/AIDS epidemic. This report is designed to ring a warning bell, and also to help governments take the necessary steps to improve treatment and prevent the worsening of a problem that has major health and social consequences.



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Introduction

Information on treatment demand is generally considered to be readily available data that can be collected through limited financial effort, is of high quality and can readily form an integral part of drug abuse monitoring and information systems^{1,2}. Although treatment demand is determined by the coverage, accessibility and utilization of the available treatment services in an area, the information from treatment monitoring is nevertheless considered an important indicator of trends in prevalence and patterns of high risk drug consumption³ as well as a measure of the responses taken to address the problem. Service utilization for drug problems is therefore recommended as one of the key indicators for the global package of common core indicators for drug abuse⁴ and forms part of the annual reporting to CND by the member states through the Annual Reports Questionnaire (ARQ) Part II: Extents, Patterns and Trends of Drug Abuse.

Central Asia, with its transition after the break up of Soviet Union and its emerging drug abuse and HIV/AIDS problem, was considered by GAP as one of the regions with the need and potential to implement drug abuse monitoring systems. As treatment reporting had a long history and was already established in the regional countries as part of the Soviet legacy, treatment demand and drug related morbidity (HIV, HCV and other infections among drug users) were considered to be two indicators which could be implemented with relative ease in the region. Since 2002, GAP has been providing technical support in implementing these two indicators through the drug abuse treatment system (Narcology Centres) in selected cities in each country. These cities include Pavlodar in Kazakhstan, Bishkek and Osh in Kyrgyzstan, Tashkent in Uzbekistan, and Dushanbe and Kurgantube in Tajikistan.

The treatment reporting forms that are used by each participating city were based on the Treatment Demand Indicator Protocol developed by the Pompidou Group and later adapted by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)⁵. Each year the focal persons from the cities present their annual report at the annual review meeting of the Central Asian Regional Drug Information Network (CARDIN) which is also supported by GAP. Each city's annual report is based on information from the two indicators along with other information on drug abuse and HIV/AIDS for the city and the country.

The current report presents the analysis of 3 years of trends and patterns of drug abuse among those treated in these participating cities and therefore the progress in implementing the 'treatment demand indicator' in the region. This report comprises of analysis of the data collected on individual drug users treated in each centre as well as other related information provided by the focal persons in their annual reports.

The report is structured to present in the first section the summary of main findings for the region, the second section presents the conclusions and recommendations for action and the final section outlines trends in treatment demand by each participating city.

Summary of main findings

1. The proportion of registered drug users who received treatment during 2005 ranged from 17 percent in Pavlodar to 9 percent in Bishkek and Tashkent¹.
2. The youngest group of drug users treated was in Pavlodar (mean age 27 years), whereas in the other cities most of the drug users present similar age breakdowns (mean ages ranging between 30 to 33 years) with the majority being between 21 to 35 years old.
3. In all cities drug users appear to be socially stable as most of them had been living with their parents or families prior to their current treatment episode. The majority had completed secondary education. Most of the drug users were unemployed, but up to one third of drug users in different cities also reported supporting themselves through casual work – this was observed more in Tashkent, Osh and Dushanbe.
4. In Pavlodar and Bishkek the proportion of ethnic Russian drug users who were treated is higher than their proportion in the general population. For example, in Pavlodar ethnic Russians make up 40 percent of the general population but comprised more than half of drug users treated in 3 years. Similarly, in Bishkek 42 percent of drug users in treatment were ethnic Russians whereas they make up around 12 percent of the city's population.
5. The drug users reported in treatment were for the most part those having repeated treatment – this has ranged from two thirds in Pavlodar to more than half of the drug users treated in other cities. Referrals for treatment by family or friends, self referrals and those by doctors - mainly in Pavlodar and Tashkent - are the three main sources by which drug users have come for treatment. Osh is the city with more substantial referrals of drug users for treatment by NGOs.

¹ The reported proportion of drug users treated out of those registered were 17 percent in Pavlodar; 14 percent in Dushanbe and Osh; 9 percent in Tashkent and Bishkek.

-
6. In all the cities, the major treatment demand was for Opioid use, primarily Heroin. Most of the Opioid users were reportedly daily users and were mainly injecting them. It is also worth noting that all the female drug users in treatment were Opioid users. The mean age at first ever use of Heroin ranged between 24 to 26 years except in Pavlodar where it was reported as 21 years. Similar mean age of first time use of Opium or Khanka² has been reported.
 7. The lag period between first use of Heroin and first treatment demand ranged between 4 years in Bishkek to 6 years in Pavlodar. The mean period that had elapsed since the last treatment episode for those drug users with repeated treatment ranged between 12 months in Pavlodar to 17 months in Tashkent. In the US, between 1992 and 1995, a lag period of 5.6 years was reported among persons using Heroin for the first time⁶. In Europe between 5 to 10 years' lag period from first use and first demand for treatment for Opiates has been reported⁷.
 8. Smaller proportions of drug users have been reported in treatment with Cannabis and Inhalant use problems in the cities especially Pavlodar, Bishkek and Tashkent.
 9. Hashish or Anasha³ is also one of the substances reported to be used as the first ever drug used as well as a secondary drug by substantial number of drug users. The mean age at first cannabis use ranged between 16 and 19 years. For those drug users who had used Hashish as their first drug, there was an average of 5 years' lag period reported between their first use of Cannabis and graduating to Opioids use. Cannabis users have reported a longer lag period between initiating hashish use and seeking treatment for the first time which ranged between 7 years in Tashkent to 14 years in Osh.
 10. All the Inhalant users treated in Pavlodar, Tashkent and Bishkek were young adolescents. The mean age at first use of inhalants was reported as 13 years in Pavlodar and Bishkek and 15 years in Tashkent. The shortest lag period of around 1.7 years was reported between first use of inhalants and seeking

² Khanka is the local homemade concoction obtained by boiling opium straw

³ The local term for Hashish

treatment for the first time. Moreover, most of the inhalant users in these cities were in treatment for the first time.

11. Between two thirds of drug users in Dushanbe to almost all drug users in Pavlodar had injected drugs, i.e., injected at least once in their lifetime. In all the cities, most of the injectors had initiated their injecting career at or around the same time as their first use of Opioids - either Heroin or Opium/Khanka. Smaller proportions of drug users reported currently injecting drugs or ever sharing needles and syringes. Yet smaller proportions reported currently sharing their drug injecting paraphernalia. In this context, the impact of “harm reduction programmes and interventions” among IDU in cities such as Pavlodar, Osh and Bishkek needs to be explored further. In other cities, this however may also be due to the way data on sharing injecting equipment is obtained from the clients e.g., in Tashkent and Dushanbe, where this was recorded as “not known’ for more than half of the injectors.
12. The highest proportion of drug users in treatment who were tested and found HIV positive were reported in Tashkent (21 percent) followed by Pavlodar (12 percent) and then Osh (11 percent). In Bishkek only 9 (1.6 percent) and in Dushanbe only 2 HIV positive cases were reported in treatment. The pattern of HIV prevalence among IDU is similar to the Central Asian Sentinel Surveillance data for 2005 which reports HIV prevalence among IDU in Tashkent as 19.5 percent, 17.9 percent in Dushanbe, Pavlodar as 10.4 percent, Osh as 13.6 percent, and in Bishkek 2.4 percent⁸.
13. The treatment data reports highest proportion of Hepatitis C (HCV) cases among drug users in Pavlodar (78 percent in 2005), followed by Bishkek (50 percent in 2005) and Osh (30 percent in 2005). In Tashkent the HCV test results for the majority were unknown, while in Dushanbe only 3 cases of Hepatitis C were found among drug users in treatment. Somewhat similar levels of Hepatitis C prevalence among injecting drug users in the community are reported through sentinel surveillance data on HCV among IDU in Pavlodar which reports 66.8 percent HCV prevalence among IDU⁹. Similarly, the sentinel surveillance data for Kyrgyzstan reports HCV prevalence of 60.6 percent among IDU in Bishkek and 45 percent in Osh¹⁰. Finally, although the information in Tashkent on HCV prevalence among majority of drug users in

treated is unknown, the Sentinel Surveillance data reports around 58 percent HCV prevalence among IDU in the city¹¹.

14. As one would expect, injecting drug users who were injecting Opioids - primarily Heroin - and had shared their injecting paraphernalia were more likely to be infected with HIV and HCV. Additionally, those injectors who were younger than 30 years and had repeated treatment, and by implications a longer drug use history, were more likely to be infected with Hepatitis C.

Recommendations for future action

1. Considering that most of the drug users in treatment were those who have had repeated treatment, there is a need to develop and strengthen treatment systems that provide a continuum of care, especially interventions for relapse prevention and after care of drug users in different settings⁴. Furthermore, based on clients' needs it is imperative to institute drug substitution and maintenance programmes at a wider scale in the countries where this is still being piloted.
2. Given that out of all cities, in Pavlodar a maximum of 17 percent of drug users registered in 2005 received treatment with even lesser proportions of drug users registered being treated in other cities, there is a need to improve the capacity of drug treatment services to offer more client oriented services. One important aspect in this regard is the need to consider the establishment and expansion of more community based treatment referral networks and outreach services for motivational interviewing and counselling of drug users.
3. Since a substantial number of drug users reported using Heroin or Opium as their first drug, and most Opioid users also reported initiating their drug use by injecting, this has important implications for targeting drug abuse and HIV/AIDS prevention messages to young people in the region. Similarly, community outreach programmes targeting drug users should focus on messages for prevention of initiating injecting drug use e.g., "breaking the cycle" of old injectors initiating new drug users into injecting drug use, and the UNODC prevention of injecting drug use campaign for 2005⁵.
4. Given the significant increase in the reported number of Hepatitis C cases among drug users treated in Pavlodar, Bishkek, and to a lesser extent in Osh, it is important to monitor this trend among the treated drug users in the other

⁴ See for instance, UNODC toolkit on "Drug Abuse treatment and rehabilitation: A practical Planning and Implementation Guide". http://www.unodc.org/pdf/report_2003-07-17_1.pdf

⁵ "Think before you start; before you shoot; before you share. Taking drugs can lead to HIV/AIDS".

cities where this is not currently reported. Since the infectiousness of HCV is reportedly higher than HIV, prevention of HCV infections among IDU in community settings would require a higher degree of behavioural change and outreach interventions. Similarly, higher prevalence of Hepatitis C infections among IDU would also lead to a larger health burden resulting from treatment and care of injecting drug users with end stage diseases resulting from Hepatitis C.

5. With regard to the treatment demand indicator itself, the three years of its implementation in the selected cities in Central Asia has revealed the quality of comparable information on characteristics and extent of drug use and even HIV/AIDS among injecting drug users that can be gathered through treatment reporting in a relatively simple format. It has also adequately demonstrated the value of detailed analysis and presentation of information such as treatment demand, as an important tool in developing evidence based policies and programmes at the city, national and regional levels as compared to mere reporting of aggregate data or number of people treated for drug abuse related problems.
6. This however necessitates further supporting implementation of the treatment demand indicator in the current cities, as well as advocating for and looking at opportunities for its wider implementation nationally. The “treatment demand indicator” also presents the potential for its use in monitoring of drug abuse patterns and trends in other treatment services and interventions such as service delivery outlets for substitution and maintenance as well as for needles and syringe exchange programmes.
7. For the cities where Treatment Demand Indicator is being implemented currently, there is a need to further look at areas of improvement in the quality of data collected, to reduce the quantity of missing or “unknown information”. Similarly, there is a need to look at other methodological issues such as client coding - constructing it in a manner that would allow elimination of double counting. Most importantly, it is imperative to further train key personnel in areas of improved data management and its descriptive analysis using advanced programmes.

Trends in treatment Demand in selected cities

1. Pavlodar

Pavlodar is the large industrial centre of northern Kazakhstan with a population of 300,000 inhabitants in the city and over 700,000 in the Oblast⁶. The ethnic distribution of the population stands at 43 percent Kazakhs, 40 percent Russians, and the remaining Ukrainians, Germans, Tatars, etc. The information on drug abusers treated in Pavlodar has been provided by the Republican Scientific-Practical Centre of Medico-social problems on drug abuse and the Regional Narcological Dispensary.

A total of 1,074 drug users were treated in the drug treatment facilities in Pavlodar over the last three years. However, the annual number of treated drug users has been decreasing from 2003 when it was reported as 386, then 362 in 2004 and 326 in the year 2005. Comparing this with the drug users registered in Pavlodar, in 2005 the drug users treated comprised 17 percent of those registered while these were around 25 percent in 2003 and 2004.

Social and demographic profile

The mean age of drug users treated was 27 years, which was also the same for Opioid users, whereas a younger population was treated for Inhalants (15 years) and Cannabis use (22 years) in Pavlodar. Almost 70 percent of the drug users in treatment were between 21 to 30 years old. A similar age breakdown is observed for the 3 years of treatment demand. Most of the drug users seeking treatment were male (90%). Among the female drug users almost all had been in treatment for Opioid use. Almost half of the drug users had been living with their parents, while one third had been living with their families, and a small proportion (5 percent) had been living alone prior to their current treatment. Among the inhalant users one third were reported to have lived in “other arrangements”⁷ prior to their current treatment episode.

⁶ A region or province.

⁷ Shelters, children centres, etc.

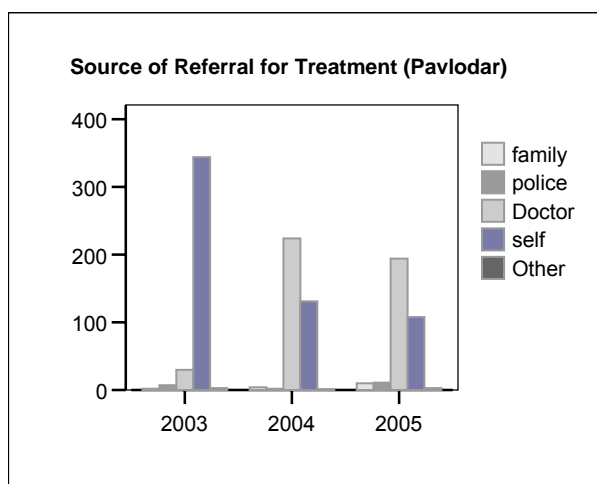
Two thirds of drug users had secondary (between 6 – 10 years) education, while 16 percent had higher and around 6 percent primary or less education – these were mostly Inhalant users. Similarly, 66 percent of the drug users were reportedly unemployed, while 14 percent reported casual work and 11 percent were regularly employed. More than half of the drug users reported in treatment were ethnic Russians, one third were Kazakhs and the remaining from different ethnic groups such as Tatars, Ukrainians, Germans, etc.

The two main districts in Pavlodar from where drug users were treated in the 3 years are Severniy (one third) and Ujniy (around one quarter). The other districts from where smaller proportions (5 percent or less) of drug users were treated include Khmigorodki, Dachniy, Usolskiy and Vostochniy. Apart from Severniy and Ujniy, Vostochniy is also the district from where a significant proportion of Inhalant users were treated for their drug problems. This however does not necessarily mean that drug use is more prevalent in these areas and could also be due to easier accessibility of treatment services in Pavlodar to residents of these areas.

Treatment detail

The section on treatment details asks two questions on treatment history. The first one is whether the person is a new or old client at the reporting centre, while the second asks if the client had previously been treated at any other location. Based on the responses to these questions, data was computed for those reportedly receiving “treatment for the first time”. Almost one third of the clients in any given year have been those drug dependent persons who were receiving treatment for the first time, while the remaining had repeated treatment episodes.

Naturally, those drug users who were treated for the first time were younger (mean age 26) than those having multiple treatment (mean age 27 years). In 2003 as a source of referral, most of the drug users (≥ 90 percent) had come for treatment on their own (self referral) whereas in 2004 and 2005 this has changed considerably with almost

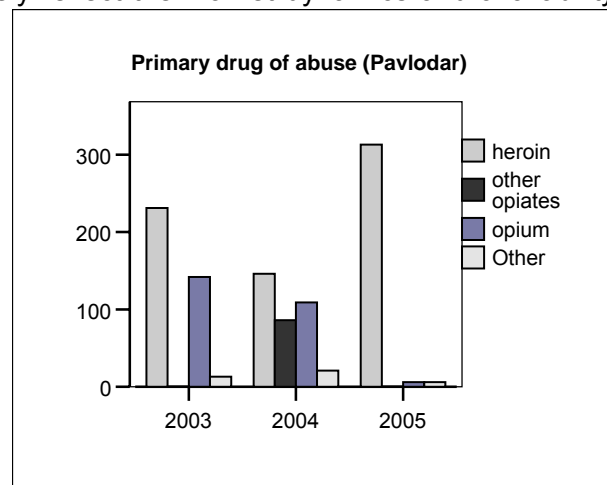


one third of the clients being self referrals and around 60 percent being referred by the Physicians. This change in source of referral may somehow reflect the changed treatment policy in 2004, which stipulated that “drug users referred for treatment by a physician would be treated free of charge”¹². There was no significant difference in the source of referral between those who were treated for the first time or had repeated treatment.

Drug use

In Pavlodar, the overwhelming majority (96 percent) of drug users were treated for Opioid dependence (Heroin 65 percent and Opium or Khanka⁸ - 24 percent). Although this may not entirely reflect the market dynamics and availability

of Heroin or other Opiates in the local market, in 2003 almost 60 percent of the drug users treated had been using Heroin and 38 percent Opium/Khanka as their primary drug, in 2004 there was a mix of Heroin (40 percent), Khanka (30 percent) and Other Opiate users (24 percent - primarily Morphine), whereas in 2005 almost all the drug



users were treated for Heroin dependence. A very small proportion (around 8 percent) of drug users in Pavlodar was reportedly using a secondary drug, which was mainly Hashish.

Opioid

The mean age of first time Opioid⁹ use was around 21 years. Almost all the Opioid users were primarily injecting these substances regularly (>98 percent) - either daily (75 percent) or between 2 to 6 days a week. Most of the females reported in treatment were also dependent on Opioids. More than one third of all clients had used Opium or Khanka, while 14 percent reported using Heroin as their first drug. The lag period, i.e., the intervening period between initiation of drug use and when the person sought treatment for the first time was also computed. The reported mean lag period among those seeking treatment for the first time, for all Opioids was

⁸ Khanka is the local homemade concoction obtained by boiling opium straw.

⁹ Either Heroin or Opium

around 6 years. The mean period that had elapsed since the last treatment episode for those having repeated treatment, was reported to be around twelve months for Heroin users, 9 months for Opium users and 5 months for Other Opiate users.

Cannabis

The reported mean age of first ever use of Cannabis was around 16 years. For the majority of drug users in treatment (40 percent), this was also the first substance they had used. All the Cannabis users were smoking, with a frequency of use ranging between daily and two to six days a week (one third each). The mean lag period between initiating Cannabis use and seeking treatment for the first time was reported as 8.6 years. The mean period that had elapsed since the last treatment episode for Cannabis users was reported as 20 months.

Inhalants and Ephedron¹⁰

The reported mean age of first time use of Inhalants was around 13 years. The inhalant users were mostly sniffing the substances with a reported frequency of once or less than once per week for the majority (44 percent), followed by one third who were daily users and the remaining using inhalants between two to six days a week. The mean lag period between initiating inhalant use and its first treatment demand was reported as 1.3 years in Pavlodar. Similarly, the time elapsed since the last treatment for inhalants' use was reported as 8 months.

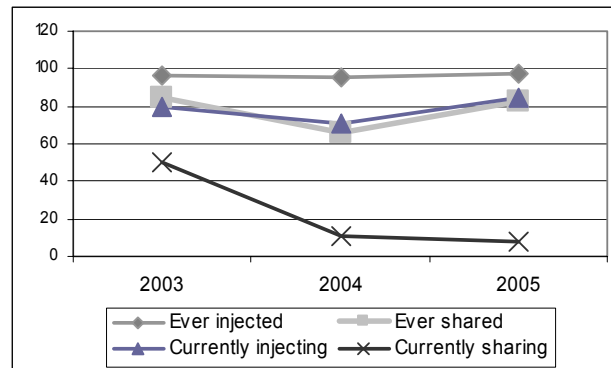
The mean age of first use of Ephedron was reported as 18 years in Pavlodar. Most of the Ephedron users (75 percent) were injecting and the remaining using it orally. The reported frequency of use for the majority was daily (75 percent) and between two to six days a week for the rest. The lag period between the first use of Ephedron and seeking treatment for the first time was reported to be 1.5 years. On the other hand, Ephedron users treated in Pavlodar were reported with the longest mean interval of 35 months since their last treatment episode.

Injecting drug use

Almost all the drug abusers in treatment had ever injected drugs (>96 percent), while lesser proportion (80 percent) had ever shared their drug injecting paraphernalia. A stable trend of those reporting ever injecting and sharing has been

¹⁰ Ephedrine based locally prepared drug.

observed for the 3 years of review. The mean age at first injecting experience was reported as 21 years, which means that most of the drug users either initiated their primary drug use by injecting or shifted to injecting shortly thereafter. Drug users who had repeated treatment were more likely to have reported ever injected (RR 1.73; CI 1.16 – 2.58). Similarly, more than two thirds of the clients were reportedly current injectors, i.e., having injected in the previous 30 days prior to treatment. The



proportion of current injectors in treatment was reported highest (85 percent) in 2005. A significant reduction in current sharing among injectors has been observed over the 3 years in Pavlodar where the proportion of current injectors who were also currently sharing was reported highest (50 percent) in 2003, dropping down to 11 percent in 2004 and 8 percent in 2005. There is a need to further explore and determine the causality of this changing trend of fewer injecting drug users in treatment currently sharing their injecting paraphernalia in Pavlodar.

HIV, Hepatitis C, TB and STD

In 2004 and 2005, among the treated drug users who were tested for HIV (n = 702) up to twelve percent were found HIV positive, whereas in 2003 the proportion of HIV positive drug abusers in treatment was 5 percent. In 2004 and 2005 a higher proportion of problem drug users was in contact with and referred for treatment by a physician. This may partly explain the increase in the proportions of HIV positive drug users who were treated in these two years. During the three years under study, those having repeated treatment, had ever injected and shared their injecting paraphernalia were at a higher risk of being HIV positive.

Correlates of HIV & HCV infection in Pavlodar		
	HIV (RR & CI)	HCV (RR & CI)
Opioid user	1.01 (0.98 – 1.05)	*1.08 (1.05 – 1.12)
Old (repeat) clients	*1.20 (1.06 – 1.35)	*1.33 (1.2 – 1.48)
Female	1.28 (0.731 – 2.24)	1.01 (0.97 – 1.06)
Young	1.10 (1.00 – 1.20)	1.06 (0.99 – 1.15)
Ever injected	*1.04 (1.02 – 1.05)	*1.104 (1.06– 1.14)
Ever shared	*1.22 (1.15 – 1.28)	*1.12 (1.02 – 1.23)
	* significant at p <0.05)	

In contrast with HIV, almost sixty percent of the drug users in treatment were reported as HCV positive – this proportion was significantly higher in 2005 when more than two thirds of the clients were reported having HCV. Similar to HIV infected clients, Opioid users who had ever injected and shared their injecting paraphernalia, and had repeated treatment were at a greater risk of having HCV. Around 2 percent (16 clients) of the clients in treatment were reported as having Tuberculosis – as with the other infections – a higher proportion of Tuberculosis patients were reportedly treated in 2005. Older drug abusers (> 30 years old) were found more likely to have Tuberculosis (RR 2.35; CI 1.42 – 3.90). Similarly, two percent of the drug users in treatment were reported as having other sexually transmitted diseases, mostly syphilis.

2. Bishkek

Bishkek, the capital city of Kyrgyzstan, has a population of around 800,000 equalling 16 percent of the country's total population. However given the amount of internal migration to major urban centres, the current population of Bishkek is estimated to be over a million.

Drug treatment services in Bishkek are provided by the Republican Narcological Centre, through NGO and privately run drug treatment facilities. The Republican Narcology Centre in Bishkek is the first drug treatment facility to have offered methadone maintenance programme to drug users in the region. In the previous three years 630 individuals have been treated in the Narcology Centre in Bishkek (152 in 2003, 206 in 2004 and 277 in 2005). The numbers of drug users treated in 2005 comprise of around 9 percent of the total registered in Bishkek during 2005.

Social and demographic profile

The mean age of drug users seeking treatment is reported as 30 years (range 11 to 59 years). The mean ages of clients treated for different drugs vary, reported as being around 14 years for inhalant users, 28 for Hashish users, 30 for Heroin users and around 35 years for Opium or Khanka users. Almost two thirds of the drug users in treatment were between 21 to 35 years old. There is no significant difference in the age distribution in the 3 years, except for those who are less than 15 years old. The proportion of drug users less than 15 years of age increased from less than one

percent in 2003 to around three percent in 2005. This is mainly due to an increase in the number of treated inhalant users who are generally young adolescents.

The vast majority of drug users treated were male (92 percent), with no significant difference in gender distribution in the past 3 years. Most of the drug users had been living either with their families, i.e., spouse and children (45 percent) or with their parents (40 percent). Smaller proportions of drug users had lived with their relatives (6 percent) or alone (5 percent) prior to their current treatment. Noticeably more than a quarter of inhalant users had lived in “other arrangements”¹¹ prior to their current treatment. More than two thirds of the drug users had secondary or special secondary education, while up to 14 percent had higher than secondary education. The majority of drug users (60 percent) in treatment were reportedly unemployed, while 17 percent supported themselves through casual work and 16 percent were regularly employed.

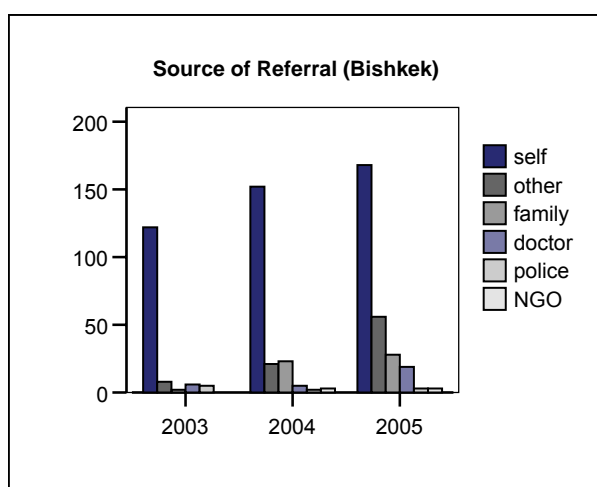
The main ethnic groups who were reported in treatment were ethnic Russian (42 percent), Kyrgyz (30 percent), Uzbek and Uigur (4 percent each), while smaller numbers belonged to other ethnic groups living in Bishkek. More than two thirds of inhalant users were also ethnic Russians. Since 2003 the proportion of ethnic Kyrgyz in treatment has increased noticeably from 22 to 32 percent, while that of ethnic Russians has decreased from 44 to 41 percent in 2005. The main districts in Bishkek from where drug users sought treatment in the 3 years include Pervomyskiy (12 percent), Leninsky (13 percent), Oktyabirskiy (19 percent), Sverdiovskiy (22 percent) districts and Chuiskaya Oblast (23 percent). The inhalant users however had primarily come from the Pervomyskiy (41 percent) and Leninskiy districts (30 percent).

Treatment details

In 2004 and 2005 more than half of drug users in treatment were “new clients”, meaning they had never been treated before for their drug problems. The proportion of new clients in 2003 was reported as mere 13 percent of all treatment demand. This increase in number of new clients in treatment could be attributed to the “methadone maintenance programme” initiated in Bishkek around the same time. Most of the drug users (> 70 percent) in Bishkek had come for treatment by

¹¹ The other arrangements include children’s centres and special shelters for homeless children.

“themselves”, while an increasing proportion have been referred through “other sources”. Most of these other referral sources include the Outpatient Department of the Narcology Centre and few from Military Hospital, Courts, etc.



Drug use

In Bishkek, the large majority of drug users (≥ 95 percent) were treated for Opioid dependence – mainly Heroin. The proportion of Heroin dependent clients has increased from 70 percent in 2003 to 89 percent in 2005. This may partly be due to the Narcology Centre’s Methadone Maintenance Programme (MMP) admitting clients meeting a certain criteria. Nevertheless, there is a marked decrease in treatment demand since 2003 for Cannabis use from 7 to 2 percent and for Opium or Khanka use from 18 to 2 percent in 2005. However, there is also a marked increase in the treatment demand for Inhalant use which has increased from around 2 percent in 2003 to 7 percent in 2005. More than half of the drug users also reported use of secondary drugs, which were primarily Opium or Khanka (48 percent) and Hashish (39 percent).

Opioids

The mean age of first use of Heroin and Opium or Khanka was reported around 25 and 24 years respectively. Except for one case¹², almost all the females seeking treatment were Opioid users. As the preferred method, the majority of Opioid users (>95 percent) had been injecting these drugs. More than half of the drug users had also used Opioids, either Heroin or Opium as their first drug. The majority of Opioid users (>90 percent) had been using their drugs on a daily basis, while only 8 percent reported not using Opioids in the 30 days prior to treatment. The mean lag period between first use of Heroin and seeking treatment for the first time was

¹² Admitted for inhalant use.

reported to be around 4 years, while a longer mean lag period of 10 years was reported for Opium or Khanka use in Bishkek. For those Opioid users who had been previously treated, the mean period that had elapsed since their last treatment episode was reported to be around 14 months.

Cannabis

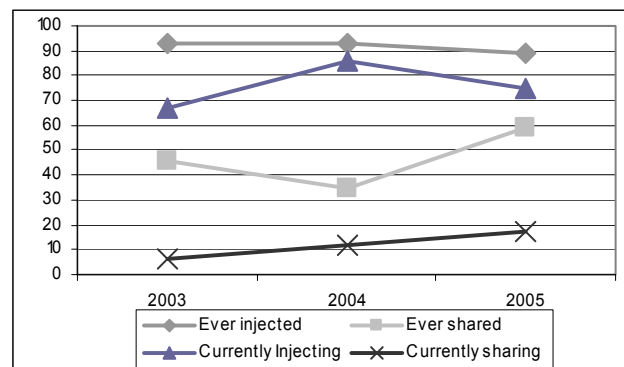
For more than a third of drug users, Cannabis (hashish) was the first drug they had ever used, while many drug users (> 39 percent) reported using Cannabis as their secondary drug. The reported mean age of first ever use of Cannabis is around 17 years. More than half of the Cannabis users were smoking it daily, while for the rest, the reported frequency of use in the 30 days prior to treatment ranged between 2 to 6 times a week to once per week. The mean lag period between first use of Cannabis and seeking treatment for the first time was around 10 years.

Inhalants

The youngest drug users treated were reported as those using inhalants or volatile substances. The mean age of first time use of an inhalant was reported as 13 years. More than two thirds of inhalant users were daily users, while the remaining used the substances between 2 to 6 times a week. All inhalant users were sniffing the substance. The shortest lag period of 1.6 years between first inhalant use and seeking treatment was reported for these clients.

Injecting drug use

The majority of drug users in treatment (>90 percent) reported that they had injected drugs. The mean age at initiating injecting drugs was reported to be around 24 years, i.e., around the same time most of the drug users reported initiating Heroin or Opium use. Drug users who were older than 30 years and those who had repeated treatment were more likely to report having ever injected (RR 2.16, CI 1.30 – 3.60 & RR 1.83, CI 1.24 – 2.69 respectively). However the proportion of those



who had ever injected dropped in 2005 -from 93 percent in 2003 to 88 percent in 2005. The proportion of IDU reporting ever sharing their injecting paraphernalia has

increased significantly from 46 percent in 2003 to 59 percent in 2005. Two thirds of drug users were reported as currently injecting, i.e., injecting in the 30 days prior to their treatment, and 15 percent among the current injectors were reported as currently sharing their injecting paraphernalia. During the three years, while there has not been a substantial change among the proportion of current injectors in treatment, the proportion of injectors reporting currently sharing their paraphernalia has increased significantly from 8 percent in 2003 to around 20 percent in 2005. These reported changes in injecting behaviours need to be further looked at in relation to the impact of “harm reduction and methadone maintenance programmes” that have been implemented in Bishkek during the past few years.

HIV, Hepatitis C, Tuberculosis and STD

Since 2003, only 9 drug users (1.6 percent) in treatment were reported as HIV positive, while the remaining were reportedly HIV negative. Nevertheless, by the beginning of 2006 in Kyrgyzstan 826 cases of HIV had been registered nationally, out of those 639 (77 percent) were IDU¹³. On the other hand, the proportion of HCV among drug users in treatment has risen significantly from around 7 percent in 2003 to more than 50 percent in 2005.

Correlates of HCV infection in Bishkek (RR & CI)	
Opioid user	*1.13 (1.08 – 1.17)
New clients	1.01 (.83 – 1.25)
Female	1.25 (0.71 – 2.217)
Older	1.02 (0.85 – 1.24)
Ever injected	*1.11 (1.06 – 1.15)
Ever shared	*1.25 (1.04 - 1.52)
	* Significant at p<0.05

More than half of those drug users who were tested for HCV reportedly did not have the infection. With regard to reported Tuberculosis and STI, only 5 cases of Tuberculosis and 3 of STD among treated drug users were reported in the last 3 years. Since only 9 HIV cases have been reported, no correlates for HIV infection were calculated among these cases. For Hepatitis C, Opioid users who had ever injected and ever shared their injecting paraphernalia were more likely to be infected with the virus.

3. Osh

Osh is the main city in Kyrgyzstan’s south-western region bordering Uzbekistan. The city has a population of 250,000 with the majority of population being ethnic Uzbek. Drug abuse treatment services in Osh are mainly provided by the regional Narcology Centre. As treatment reporting under the programme had started in 2004, the treatment demand data for Osh covers only 2 years, i.e., 2004

and 2005. In the two years of treatment reporting, a total of 276 drug users were treated - 118 in 2004 and 158 in 2005. Drug users who were treated in 2005 comprise around 14 percent of those registered during the year.

Social and demographic profile

The majority i.e., 97, percent of drug users in treatment were male. Within the two years period the numbers of female drug users treated were more in 2004, i.e., 11 in 2004 as compared to 8 in 2005). The mean age of drug users seeking treatment was around 32 years – a slightly older population was treated in 2005 than in 2004.

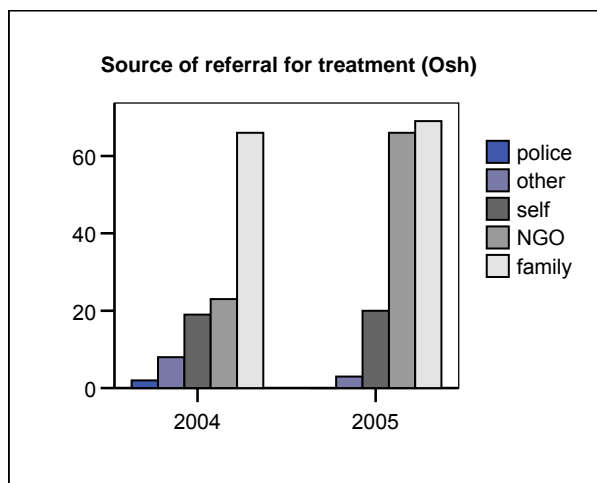
Of the three main drugs for which people were treated, the older drug users were Hashish users (mean age 35 years), followed by Heroin users (32 years) and the youngest drug users being Opium or Khanka users (mean age 28 years). Overall, more than 80 percent of the drug users were between 21 to 40 years old, with almost one third being 26 to 30 years old. More than half of the drug users had been living with their parents while more than one third reported living with their families. A smaller proportion (3 percent) of drug users was living alone. The majority of drug users had completed secondary or specialized secondary education (>85 percent). Also, the majority of clients in treatment were reportedly unemployed (64 percent) while almost one quarter reported supporting themselves with casual work. The majority of drug users (62 percent) treated in Osh were ethnic Uzbeks, while smaller proportions of ethnic Kyrgyz and Russians were also treated (13 percent each).

The four main districts from where clients have come for treatment in 2004 and 2005 are Manas-Ata (13 percent), Suleyman-too (12 percent), Kurmanjan-datka (10 percent) and Turan (10 percent), while smaller proportions of clients came for treatment from Kerme-too (6 percent), Alimbek-datka (6 percent), Rostuk (5 percent), etc. This, however, does not necessarily mean that drug use is more prevalent in these areas it could also be due to greater accessibility of the treatment service in Osh to residents of these areas.

Treatment details

More than half of the drug users treated were “new clients” i.e., they had neither been treated previously at another location nor in the current treatment facility. For both years the main sources of referral for treatment were family (49

percent), self referral (14 percent), and through NGO referrals - especially in 2005. In Osh only Heroin users had previously been treated. For these the mean period that had elapsed since their last treatment episode was reported to be around 15 months.



Drug use

Most of drug users were treated for Heroin dependence (97 percent), while a smaller proportion of drug users was also treated for Hashish (3 percent) and Opium use (>1 percent). A similar trend of treatment demand is observed for the two years of reporting.

Opioids

The reported mean age at first use of Heroin was 26 years, while a lesser mean age of 21 years was reported for Opium or Khanka users. Most of the Heroin and some of the Opium users had been injecting as their preferred mode of administering the drug. Smaller proportions of Heroin users were also smoking (4 percent), while some of the Opium users were taking it orally. As for the frequency of use in the past 30 days prior to treatment, most of the Heroin and Opium users had been using these substances on a daily basis. Moreover, almost one third of Heroin users also reported using Opium as their secondary drug. A quarter of drug users also reported using either Heroin or Opium as their first drug. The mean lag period between first use of Heroin and seeking treatment for the first time is reported as 4.7 years, whereas a longer mean lag period of 7 years was reported for Opium users. For those Heroin users who had repeated treatment, a mean period of 15 months had elapsed since their last treatment.

Cannabis

Whereas only 3 percent of drug users were treated for Cannabis as their primary drug of abuse, more than two third of the clients reported using Cannabis as their secondary drug as well as the first substance they had ever used. The reported mean age at first use of Cannabis was around 18 years, with all Cannabis users smoking regularly i.e., between once a week to daily use during the 30 days prior to treatment. Although there have not been a substantial proportion of Cannabis users in treatment the mean lag period between the first use of Cannabis and seeking treatment is around 14 years.

Injecting drug use

With regard to injecting, more than 90 percent of drug users in any year reported ever injecting - primarily Heroin - and two thirds also reported to have (ever) shared their needles and syringes. Comparing the two years, there is a significant decrease from 86 to 60 percent in the proportion of drug users reporting ever sharing their needles and/or syringes. Similarly, more than 80 percent were reported as current injectors, i.e., they had been injecting 30 days prior to treatment, with almost half of these current injectors also reported currently sharing their injecting paraphernalia. Those Opioid users who had repeated treatment were more likely to be injectors than those seeking treatment for the first time, (RR 1.42, CI 1.06 – 1.89 & RR 9.88, CI 1.45 – 67.09) whereas there was no significant correlation between the ages of clients and injecting drug use.

HIV, Hepatitis C, TB and STD

Overall, around 11 percent of the drug users in treatment were HIV positive. Those Opioid users who had ever injected were more at risk of having HIV. For Hepatitis C infections, more than a quarter of drug users (27 percent) were reported as having Hepatitis C. Similarly, Opioid users who had ever injected were more at risk of having HCV infection. With regard to Tuberculosis, 5 percent of the drug users were reported as being infected. Drug users who had ever shared their drug injecting paraphernalia were more likely to be reported with Tuberculosis (RR 1.34, CI 1.13 – 1.58). Finally around 6 percent of drug users were reported as having different sexually transmitted diseases. Again, the reported STD cases were significantly higher in 2005.

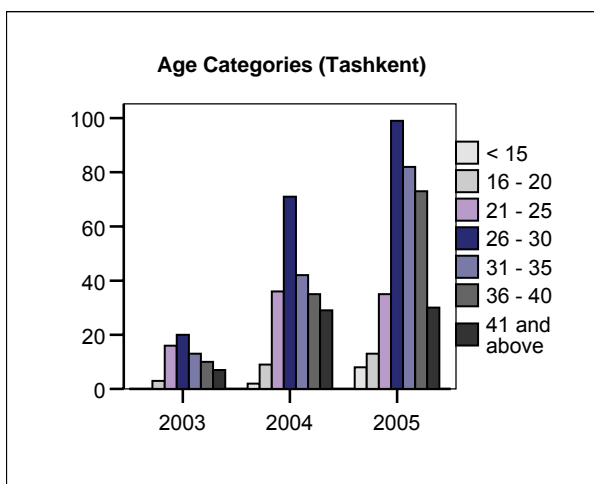
4. Tashkent

The population of Tashkent is around 2.3 million people with the majority comprising of ethnic Uzbeks (60 percent). The other major ethnic groups in Tashkent are Russians, Tajiks, Kazakhs, and Tatars. Drug treatment services in Tashkent are provided through the outpatient and inpatient departments of the City Narcology Dispensary. Additional drug treatment services are provided through the two psychiatric hospitals (city and republican), the Republican Narcology Centre, and some private clinics.

During the three reporting years a total of 633 drug users were treated in the drug treatment facilities in Tashkent. The number of drug users treated has been increasing each year with 69 treated cases in 2003, to 224 in 2004 and 340 in the year 2005. This is mainly due to the fact that drug treatment services have been better organized in the city during the last 2 – 3 years. For the year 2005 the number of drug users treated roughly makes up to 9 percent of those who had been registered during the year¹⁴.

Social and Demographic Profile

Overall, the majority of drug users (88 percent) reported in treatment were males, while 12 percent were females. The mean age of drug users treated was 31 years while the majority of the clients were between 26 to 40 years (>80 percent). The youngest drug users in treatment were inhalant users (mean age 17 years), followed by Hashish users (mean age 31 years), then Heroin users (mean age 32) and the oldest being Opium or Khanka users (mean age 34 years).



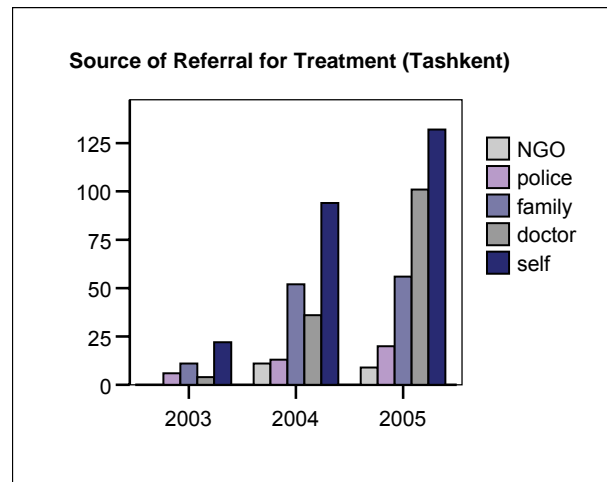
Most of drug users had been living with their families (48 percent) or parents (37 percent). Two third of the drug users had completed secondary or special secondary education. Smaller proportions also had higher education. More than half of drug users in treatment were reported as unemployed, while one third had been

supporting themselves through casual work and the remaining were regularly employed.

Almost half of the drug users were ethnic Uzbek, a quarter were Russians and smaller proportions were ethnic Tatar, Korean and from other ethnic groups residing in Tashkent. Substantial proportion of clients had come in treatment from the Akmal-Ikramov (18 percent), Chilanzar (11 percent) and Sergeli (10 percent) districts in Tashkent. Smaller proportions of drug users from other districts such as Shaykhantaur, Yunusabad, Sabir Rakhimov, Mirzo Ulugbek, Mirabad, Khamza, Yakkasary and Bektemir were also treated in the past three years.

Treatment detail

In any given year more than half of the drug users treated had repeated treatment episodes, i.e., had been previously treated either at the same centre or elsewhere. In the three years of review, most of the clients had been self referred for treatment (44 percent). Additionally, in 2004 almost one quarter of drug users had been referred by their families and / or friend, and in 2005 almost one third of the drug users had been referred for treatment by a doctor.



Drug use

Most of the treatment demand in three years has been for Opioid use (mostly Heroin – 88 percent). Smaller proportion of drug users also sought treatment for Hashish use (5 percent)) and for Inhalants use (4 percent). The same pattern of treatment demand is observed for the three years under study. Besides these substances, three cases were reported of Benzodiazepines use, two of Barbiturates use (2003/2004) and one each for LSD (2004) and Cocaine use (2005). Almost one quarter of drug users also reported use of a secondary substance, which was Opium or Khanka for more than half, and Hashish for more than one third of such drug users.

Opioids

The reported mean age of first time Heroin and Opium use was 26 years. Most Heroin and Opium users have reported injecting as their preferred method of use of these substances. Smaller proportions of Heroin users have been sniffing (8 percent) or smoking (4 percent) it. Among the Opium users almost a quarter also reported using it orally. More than half of the clients had used Heroin, while 20 percent reported using Opium or Khanka as their first substance. More than two thirds of Heroin users reported using it daily, while about 15 percent had not used Heroin in the month preceding their treatment. Similarly, among the Opium users about one quarter reported daily use of Opium, whereas two thirds had not used it in the past 30 days. The mean lag period between initiation of drug use and seeking treatment for the first time was reported to be around 5 years for Heroin and 6 years for Opium users. For those drug users who had repeated treatment, the mean period that had elapsed since their last treatment was around 17 months for Heroin users and 28 months for Opium users.

Cannabis

The mean age of first time Hashish use was around 19 years. Around 18 percent of drug users in treatment reported using Hashish as their first drug, while more than a third reported currently using it as their secondary drug. More than half of Cannabis users had been using it on a daily basis while a quarter had not used Hashish in the 30 days prior to their treatment. Smoking was the preferred method of using Hashish. The mean lag period between first use of Hashish and seeking treatment was reported as 7 years. For those Cannabis users who had repeated treatment, 34 months had elapsed since their last treatment episode.

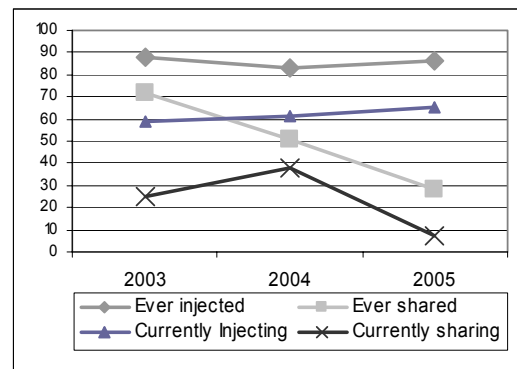
Inhalants

The mean age of first use of Inhalants was reported as 15 years with males more likely to be using inhalants. The majority of inhalant users were either using it daily (60 percent) or between 2 to 6 days a week in the month prior to their treatment. The mean lag period of around 1.7 years was reported for those inhalant users who were seeking treatment for the first time, while the mean time that had elapsed since the last treatment for those who had multiple treatments was around 5 months.

Injecting drug use

Injecting is reported as the most prevalent method of drug use by the clients, with 85 percent of the drug users reported ever injecting drugs - primarily Opioids. The mean age of initiating injecting was around 26 years – implying that most drug users began their drug use by injecting. While there was no significant relationship between the age of drug users and ever injecting, those drug users who had had repeated treatment were more likely to have ever injected (RR 1.55, CI 1.19 – 2.02).

More than 60 percent of injectors also reported currently injecting drugs. With regard to sharing their injecting paraphernalia, more than a third reported ever sharing their needles and syringes and only 15 percent reported currently sharing their injecting paraphernalia. Overall in the three years, while there is a steady trend of those drug users who reported ever or currently injecting, there is a significant decrease in those reporting sharing of injecting paraphernalia. However this trend should be noted with caution as the information on sharing injecting paraphernalia was recorded as “not known” for more than half of the clients – suggesting that giving information on sharing needles and syringes were not desirable.



HIV, Hepatitis C, Tuberculosis and STD

With regard to HIV infection among drug users in treatment, 21 percent of those who had been tested (n=446) were reported as HIV positive. Among the overall drug users treated only 4 percent had never been tested, while 19 percent did not know their test results for HIV. There is no significant difference in the proportion of HIV among drug users in the 3 reporting years. Opioid users who had reported ever injecting and sharing their injecting paraphernalia were more likely to be HIV positive.

Correlates of HIV infection in Tashkent HIV (RR & CI)

Opioid user	*1.08 (1.03 – 1.12)
Female	1.53 (0.89 – 2.62)
Young	1.02 (0.80 – 1.29)
Ever injected	*1.16 (1.10 – 1.23)
Repeat treatment	*1.11 (1.93 – 1.32)
Ever shared	*2.27 (1.71 – 3.02)
	* significant at p <0.05

Concerning Hepatitis C, for the majority of drug users, either their testing status was unknown (60 percent) or they had never been tested for HCV (30 percent). Only 2 out of 14 drug users in 2004 and 7 out of 72 drug users in 2005 had been tested positive for HCV. However, the Sentinel Surveillance data reports around 58 percent HCV prevalence among IDU in Tashkent¹⁵. It may be noted that HCV testing is not a routine practice within the drug treatment services in Tashkent.

Similarly, only 4 percent of all drug users were reported having Tuberculosis, while for almost half of drug users their TB status was not known. Older drug users who had repeated drug treatment were more likely to be infected with Tuberculosis (RR 1.72; CI 1.44 – 2.06). Finally, only 11 drug users were reported with STD¹³, the majority reportedly did not have any STD (> 50 percent), and for one third the STD status was not known.

5. Dushanbe

Dushanbe, the capital of Tajikistan has a population of over 600,000 people which roughly makes up to one third of the country's urban population. The drug treatment services in Dushanbe are provided by the city and Republican Narcology Centres and by some NGO and private clinics.

In 2005, the only year for which treatment demand was monitored in Dushanbe, a total of 609 individuals were treated for their drug problems. Out of these only eleven were reported to be female drug users. The numbers of clients treated in Dushanbe make up to 14 percent of the drug users registered by the end of 2005.

Social and Demographic Profile

The mean age of drug users seeking treatment was 32 years (range 16 – 56 years). The majority of drug users (68 percent) were between 21 to 35 years. Almost two thirds of drug users had been living with their families while another quarter were living with their parents. Most of the drug users had up to secondary or special secondary education (87 percent), with an additional 12 percent reporting higher than secondary education. Almost two thirds of the drug users reported being

¹³ Not specified in the data

unemployed, while the remaining had done casual work (25 percent) – only 10 cases were reported as regularly employed.

Almost all the drug users in treatment were ethnic Tajiks (90 percent). In addition smaller proportions of ethnic Uzbeks (5 percent) and Russians (2 percent) were also treated in 2005. The areas of residence for more than a third of drug users were “unknown”. Nevertheless, the main districts of residence form where drug users were treated in 2005 include Sino (29 percent), Firdavsi (17 percent), Rudaki (13 percent), Shokhmansur (9 percent), etc.

Treatment detail

Most of the drug users (65 percent) had repeated treatment episodes and had been referred for treatment by their families or friends (93 percent). Only a small proportion of drug users had sought treatment on their own (7 percent). Heroin and Opium were the two main drugs for which there was treatment demand in 2005 (95 and 5 percent respectively).

Drug use

The reported mean ages for first ever use of Heroin is 27 years and for Opium or Khanka 32 years. All the female drug users were also Heroin or Opium users. Eighty percent of Heroin users were injecting, while the remaining reported either smoking or sniffing it. The majority of Opium users were using it orally (61 percent), while 38 percent were injecting. Similarly, almost all Opioid users had used these substances daily during the 30 days prior to their treatment. Heroin was also the first drug reportedly used by most of drug users (88 percent), the other substance being Opium and Hashish. The mean lag period between first use of Heroin and seeking treatment for the first time was around 4 years, while this was reported around 3 years for Opium or Khanka users. For Heroin and Opium users who had repeated treatment, the mean period that had elapsed since their last treatment was around 13 months.

Injecting drug use

Concerning injecting drugs, two thirds of the drug users were reported to have ever injected as well as currently injecting drugs. The mean age at initiating injecting drug use was 27 years, implying that most of the drug users began their Heroin use by injecting. Drug users who had multiple treatments were more likely to be reported

as ever injecting drugs (RR 1.38; CI 1.17 – 1.63). A small proportion (4 percent) of drug users were reported as ever sharing their injecting paraphernalia and only 6 drug users admitted sharing their paraphernalia in the 30 days prior to their current treatment episode. However, it is noteworthy that for more than half of the drug users the information on ever or current sharing was recorded as “not known”.

HIV, Hepatitis C, Tuberculosis and STD

In Dushanbe, only 2 drug users in treatment were reported with HIV, while the majority had reportedly tested negative. Similarly, only 3 HCV cases, one case of Tuberculosis and none with STD were reported for 2005. However, according to the Republican AIDS Centre data for 2005, out of the 171 HIV positive cases registered, 118 (69 percent) were IDU. Moreover, the Sentinel Surveillance data for Tajikistan reports 17.9 percent HIV prevalence among IDU in Dushanbe. While 12 percent HIV prevalence, and 61 percent HCV prevalence was reported among 489 active IDU enrolled for a study through different programmes in Dushanbe¹⁶.

6. Kurgantube

Kurgantube, situated in the southern part of Tajikistan is the main city of Khatlon region. It has a population of around 60,000 people. Out of the 30 drug users registered in Kurgantube 21 were treated for their drug problems in 2005.

The mean age of drug users treated was 33 years while more than half were under 35 years old. Except for one, all the drug users had come for treatment of Heroin dependence. Out of the 21, three were females who were also Heroin users. Fifteen drug users were ethnic Tajiks, while 5 were Uzbeks and one Tatar. Most of them were living with their families (13) or with parents (8). With regard to employment, 10 drug users were reported as unemployed while the other 10 had been supporting themselves through casual work. Sixteen drug users had up to secondary or specialized secondary education, while the remaining had up to primary education. All the drug users had been treated for the first time, and had come for treatment mostly by self referrals (16) or were brought by their families or friends for treatment (5).

The reported mean age for first ever use of Heroin was 30 years. Except for one Heroin user who had been smoking, the remaining were injecting it, and reportedly using daily in the preceding 30 days. Noting that all Heroin users were in

treatment for the first time, the lag period between the first use of Heroin and seeking treatment was less than 3 years. Nineteen of the 21 drug users treated had ever injected, while ten reported ever sharing their injecting paraphernalia. Out of these 10 reported currently injecting, while only 3 reported currently sharing their needles and syringes. There were no cases of HIV, HCV, TB or STD reported among these drug users in Kurgantube. However, the Republican AIDS Centre in 2005 registered 66 HIV positive cases for Kurgantube, out of which 43 were IDU¹⁷.



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