

Central Asia Synthetic Drugs Situation Assessment

A Report from the UNODC Global SMART Programme

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GENERAL ABBREVIATIONS

ANF	Afghanistan Anti-Narcotics Force
AOTP	Afghan Opiate Trade Project
ARQ	Annual Report Questionnaire
CARICC	Central Asian Regional Information and Coordination Centre
CNPA	Counter Narcotic Police of Afghanistan
DAINAP	Drug Abuse Information Network for Asia and the Pacific
DMP	Drugs Monitoring Platform
EWA	Early Warning Advisory
NDSB	Narcotics Division, Security Bureau
PCU	Precursor Control Unit
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

CHEMICAL ABBREVIATIONS

2C-H	2,5-Dimethoxyphenethylamine
4-MEC	4-Methylethcathinone
<i>alpha</i> -PVP	<i>alpha</i> -pyrrolidinovalerophenone
AB-	N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-
CHMINACA	indazole-3-carboxamide
AM-2201	(1-(5-fluoropentyl)-1 <i>H</i> -indol-3-yl)(naphthalen-1-yl)methanone
ATS	Amphetamine-type stimulants
BZP	1-Benzylpiperazine or 1-(phenylmethyl)-piperazine
EAM-2201	(1-(5-Fluoropentyl)-1H-indol-3-yl)(4-ethyl-1-naphthalenyl)- methanone
HU-210	3-(1,1'-Dimethylheptyl)-6aR,7,10,10aR-tetrahydro-1-hydroxy-6,6- dimethyl-6 <i>H</i> -dibenzo[b,d]pyran-9-methanol
JWH-018	Naphthalen-1-yl(1-pentyl-1 <i>H</i> -indol-3-yl)methanone
JWH-122	(4-Methyl-1-naphthalenyl)(1-pentyl-1 <i>H</i> -indol-3-yl)-methanone
JWH-175	3-(1-Naphthalenylmethyl)-1-pentyl-1 <i>H</i> -indole
LSD	(+)-Lysergide
mCPP	1-(3-chlorophenyl)piperazine
MDMA	3,4-Methylenedioxymethamphetamine
MDPV	3,4-Methylenedioxypropylvalerone or 1-(3,4-Methylenedioxyphenyl)-2-(1-pyrrolidinyl) pentan-1-one
Mephedrone	4-Methylmethcathinone or 2-methylamino-1-(4-methylphenyl)propan-1-one
Methylone	2-methylamino-1-(3,4-methylenedioxyphenyl)propan-1-one
NPS	New Psychoactive Substances
Pentedrone	1-Phenyl-2-methylaminopentan-1-one, alpha- methylaminovalerophenone
TFMPP	1-(3-Trifluoromethylphenyl)piperazine
UR-144	(1-Pentyl-1H-indol-3-yl)(2, 2,3,3- tetramethylcyclopropyl)methanone
XLR-11	(1-(5-Fluoropentyl)-1H-indol-3-yl)(2,2,3,3- tetramethylcyclopropyl)-methanone

EXPLANATORY NOTES

The following notes describe certain terms, regional designations, data sources and timeframes used in this document.

Amphetamine-type stimulants (ATS) – Amphetamine-type stimulants (ATS) are a group of substances comprised of synthetic stimulants, including amphetamine, methamphetamine, methcathinone, and ecstasy-type substances (e.g. MDMA and its analogues).

Amphetamines – In some sections of this report amphetamine and methamphetamine are also referred to as amphetamines.

Central Asia – For the purposes of this report, Central Asia refers to Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

Data timeframes – The statistical seizure data for Afghanistan in this report was provided by the Counter Narcotics Police of Afghanistan (CNPA) in accordance with the Hijri years of the official Afghan calendar. Based on the official calendar of Afghanistan, March 2011/March 2012 is 1390 in Hijri years, March 2012/March 2013 is 1391 in Hijri years, March 2013/March 2014 is 1392 in Hijri years, and March 2014/March 2015 is 1393 in Hijri years.

Ecstasy – Tablets which are marketed to contain MDMA or other ecstasy-group substance, but may actually contain a variety of other substances, are referred to as “ecstasy”.

Methamphetamine – Methamphetamine is generally available in two main presentations: tablet and crystalline form. Methamphetamine tablets are typically of low purity and, in addition to methamphetamine, may contain a variety of other substances. Crystalline methamphetamine is usually of a much higher purity than the tablet form.

New psychoactive substances (NPS) – NPS are substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat. In this context, the term ‘new’ does not necessarily refer to new inventions but to substances that have been recently become available.

EXECUTIVE SUMMARY

The analysis presented in this report suggests that synthetic drugs, including amphetamine-type stimulants (ATS) and new psychoactive substances (NPS), are a comparatively small but dynamic feature of the drug market in Central Asia which shows a number of interesting developments concerning these substance groups.

Based on available information for the Central Asian region, “ecstasy” appears to be the most prevalent ATS featuring in use and trafficking data and there have been some sporadic reports of methamphetamine trafficking and manufacture over the years. Moreover, the emergence of a growing number of NPS has been reported by almost every country in the region. Trafficking information suggests that the region is linked to the international trafficking of both ATS and NPS.

However, the available data for this region is not comprehensive and might not offer enough information to gauge the true extent of the synthetic drug market. As the detection and identification of synthetic drugs, particularly of a growing range of NPS emerging worldwide, can be challenging, the limited and uneven availability of information on synthetic drugs in the region might also reflect differences in analytical capabilities and drug control priorities. Given that the region borders countries with some very dynamic markets for synthetic drugs, such a context could also stimulate a growing spread for synthetic drugs in Central Asia in the future.

In recent years, countries in the region have taken steps that included legislative measures and the development of forensic capabilities to address the emergence of NPS. These efforts were mainly reactive and differed considerably in scope and timing. Thus, legal instruments as well as capacities to detect and identify synthetic drugs and NPS have remained uneven across the region and may have the unintended consequence of creating loopholes that could be exploited by traffickers.

In this context, a regional approach could be a way to prevent diverging legal landscapes and diverse detection capabilities in Central Asia. Strengthening regional and international cooperation and information exchange mechanisms has been a useful means in other regions and should also be considered when developing a comprehensive response to synthetic drugs and NPS in the region. Given the dynamic nature of the NPS market and the potentially serious health implications of their use, it seems to be particularly important to share information on the emergence of NPS close to the event, e.g. in the form of a regional early warning mechanism, which, currently, does not exist.

INTRODUCTION

This report analyses recent trends and developments of the synthetic drugs market in Central Asia, comprising both amphetamine-type stimulants (ATS) and new psychoactive substances (NPS). Whereas ATS have been a feature of drug markets in Central Asia for some years, NPS have also recently emerged in the region. Production, use and seizure data presented in this report points to a relatively small market for synthetic drugs in the region as opposed to that for cannabis, opium or heroin.

Prior to focussing on the Central Asian region, this report first provides a contextual analysis of the synthetic drug situation in neighbouring countries. Central Asia borders countries such as the Russian Federation, China and the Islamic Republic of Iran which have some large and/or very dynamic markets for synthetic drugs. Situating the Central Asian synthetic drug market within a wider regional perspective provides some relevant background, particularly for understanding trafficking patterns of ATS and NPS in Central Asia.

On the whole, data and information on synthetic drugs in Central Asia remain scarce. This hampers any in-depth analysis of the synthetic drug situation in the region. Thus, the key aim of this report is to provide a very broad overview of the trends and developments in the Central Asian synthetic drugs market and to highlight important areas for further research. Data and information presented in this report are primarily drawn from reports to UNODC provided in responses to the annual report questionnaire (ARQ) and the questionnaire on NPS.

1. REGIONAL CONTEXT: OVERVIEW OF SYNTHETIC DRUG MARKETS IN THE RUSSIAN FEDERATION, CHINA AND SOUTH-WEST ASIA

This chapter provides an initial overview of the recent trends of synthetic drug markets in countries and regions neighbouring Central Asia. Insights into the situation of countries bordering Central Asia will assist to better understand the dynamics within the Central Asian region. The main countries that will be addressed in this chapter include the Russian Federation, China and countries in South-West Asia which consist of the Islamic Republic of Iran, Afghanistan and Pakistan.

Russian Federation: Rising NPS seizures and extensive ATS manufacture

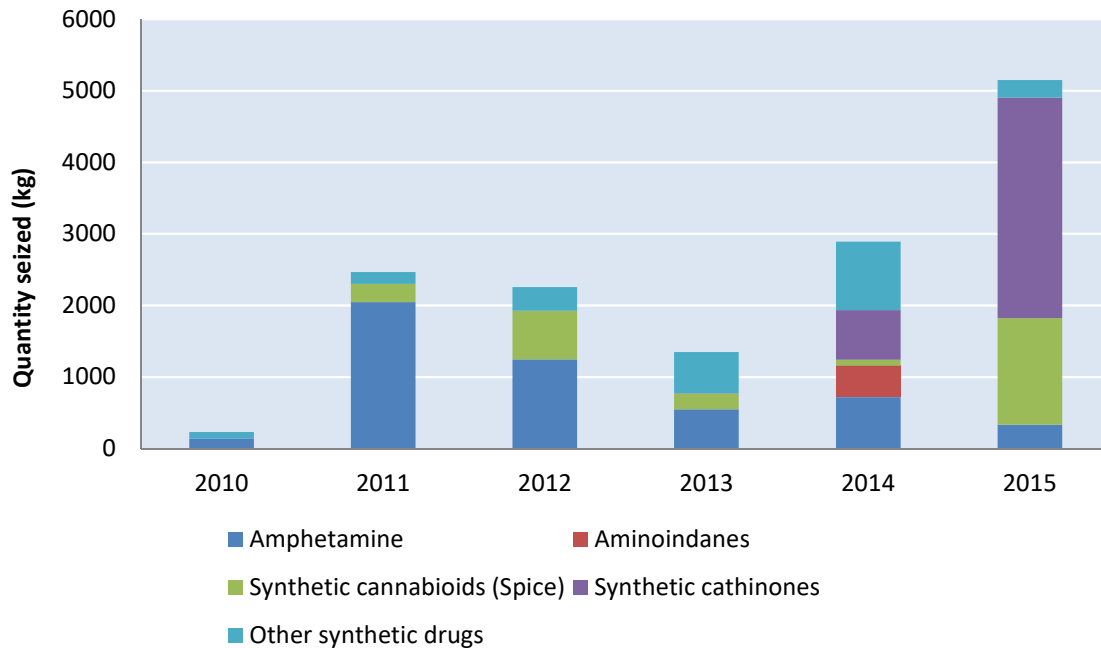
Seizure data for the Russian Federation points to the availability of a diverse range of synthetic drugs. Although there has been a downward trend for amphetamine seizures in the country, recent NPS seizures have significantly increased. Based on the available information, it is not clear whether the rise in NPS seizures is the result of national legislation and efforts to control NPS or whether it is indicative of a shift in the market in which new NPS are replacing ATS.

In 2015, amphetamine seizures in the Russian Federation decreased to 0.3 tons, following a peak of 2 tons in 2011. In contrast, the country reported an increasing amount of NPS seizures between 2011 and 2015. For instance, synthetic cannabinoid seizures have increased from 0.3 tons in 2011 to 0.8 tons in 2012 and to 1.5 tons in 2015. The synthetic cannabinoid JWH-018¹ accounted for 20 per cent of all synthetic cannabinoid seizures in the country between 2011 and 2015. Synthetic cathinone seizures in Russian Federation also rose significantly from 0.007 tons in 2013 to 0.7 tons in 2014 and to 3.1 tons in 2015. The synthetic cathinone mephedrone² accounted for almost all synthetic cathinone seizures in the country. Another 0.4 tons of aminoindanes were reported to have been seized in 2014.

¹ JWH-018 is a synthetic cannabinoid that has been under international control since 2015.

² Mephedrone is a synthetic cathinone that has been under international control since 2015.

Figure 1: ATS and NPS seizures reported in the Russian Federation (2010-2015)



Source: UNODC, responses to annual report questionnaire, 2010-2015.

Various other changes and developments in the demand and supply of NPS market could also potentially be contributing factors to this development. Overall, more information would be needed to better understand the dynamics of the NPS market.

In recent years, the manufacture of various synthetic drugs was also reported in the Russian Federation. Between 2011 and 2015, the country reported to have dismantled 159 amphetamine laboratories, 7 methamphetamine laboratories and one MDMA laboratory.³ With regard to NPS production, two laboratories manufacturing the synthetic cathinone *alpha*-PVP⁴, one manufacturing the synthetic cathinone mephedrone and another manufacturing the synthetic cannabinoid AM-2201⁵ were reported to have been dismantled in the country in 2015.

China: A growing methamphetamine market and NPS production

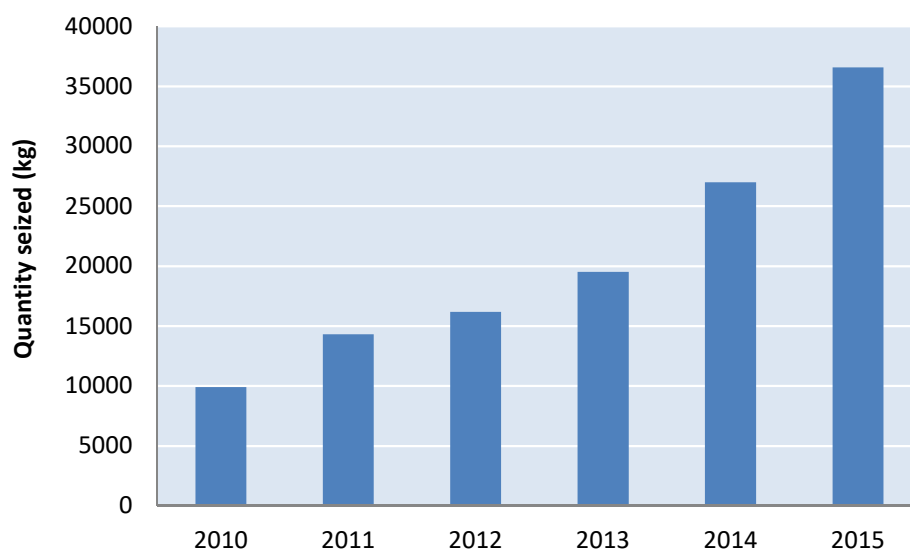
³ UNODC, responses to annual report questionnaire, 2010-2015.

⁴ *Alpha*-PVP is a synthetic cathinone that has been under international control since 2016.

⁵ AM-2201 is a synthetic cannabinoid that has been under international control since 2015.

There is a large and growing market for synthetic drugs in China, particularly for methamphetamine.⁶ For instance, since 2010, methamphetamine seizures in China have annually increased from almost 10 tons to 37 tons in 2015.

Figure 2: Methamphetamine seizures reported in China (2010-2015)



Source: UNODC, responses to annual report questionnaire, 2010-2015.

As in other East and South-East Asian countries, methamphetamine is available on illegal drug markets in China in two main forms: methamphetamine tablets and crystalline methamphetamine. In 2015, experts in China perceived a large increase of both crystalline methamphetamine and methamphetamine tablet use.⁷ In that same year, national experts generally considered methamphetamine to be the most used drug in both China and Macao (China).⁸ More particularly, in Hong Kong, China, the number of registered crystalline methamphetamine users increased by about 18 per cent from 1,863 registrants in 2013 to 2,195 registrants in 2015.⁹

With regard to ketamine¹⁰, seizures in the country have quadrupled from about 5 tons in 2010 to 20 tons in 2015.¹¹ Experts in China have perceived an increase of ketamine use in the country each year between 2011 and 2014, followed by a period of perceived stable use

⁶ For more information on the synthetic drug market in China and the wider East and South-East Asian region see UNODC, *The Challenge of Synthetic Drugs in East and South-East Asia and Oceania*, Vienna, May 2015.

⁷ According to expert perceptions of the use of drugs reflected in the Drug Abuse Information Network for Asia and the Pacific (DAINAP).

⁸ According to expert perceptions of the use of drugs reflected in the Drug Abuse Information Network for Asia and the Pacific (DAINAP).

⁹ Narcotics Division, Security Bureau (NDSB), “Newly/previously reported drug abusers by age group by common type of drugs abused (T3)”, available at http://www.nd.gov.hk/en/statistics_list.htm

¹⁰ For the purpose of this report, NPS includes ketamine which differs from other NPS in that it is widely used in human and veterinary medicine, while most NPS have little or no history of medical use.

¹¹ UNODC, responses to annual report questionnaire, 2010-2015.

in 2015.¹² Over the years, ketamine manufacture has also been reported in China with 81 ketamine laboratories dismantled in 2012, rising to 118 ketamine laboratories in 2013 and another 89 laboratories in 2014.¹³ Hong Kong, China, also reported to have dismantled a ketamine laboratory in 2012, whereas the number of registered ketamine users had declined by about 33 per cent from 2,930 registrants in 2013 to 1,974 registrants in 2015.¹⁴

In addition to ketamine, the synthetic drug market in China has also been characterised by a wide variety of other substances. In 2013, China reported to have dismantled a laboratory that was primarily synthesizing the synthetic cathinones 4-MEC¹⁵, methylone¹⁶ and the synthetic cannabinoid JWH-018.¹⁷ According to Chinese law enforcement authorities, most NPS manufactured in the country are not intended for the domestic market but rather for trafficking to other countries, mainly by international mail.¹⁸

South-West Asia: Wide-spread availability of methamphetamine and increasing amphetamine seizures

For many years, the synthetic drug market in South-West Asia predominantly consisted of methamphetamine. Although methamphetamine has traditionally been of key concern in the Islamic Republic of Iran, with reports of growing methamphetamine manufacture, seizures and use, there has recently been a decrease in seizures and number of dismantled methamphetamine laboratories reported in the country. Alongside this development, ATS appears to have spread to Pakistan where large amounts of amphetamine have been seized. So far, it remains unclear whether amphetamine seizures in Pakistan are due to an emerging amphetamine market in the region or the result of an expansion in amphetamine trafficking transiting South-West Asia.

Between 2010 and 2015, methamphetamine seizures in South-West Asia accounted for around 86 per cent of all ATS seized in the region, with amphetamine seizures making up the remaining 6 per cent. With the exception of 2015, methamphetamine seizures reported in the Islamic Republic of Iran have annually made up the majority of ATS seized in South-West Asia, increasing from about 1.4 tons in 2010 to a peak of 3.9 tons in 2011 and dropping to 2.1 tons by 2015.

¹² According to expert perceptions of the use of drugs reflected in the Drug Abuse Information Network for Asia and the Pacific (DAINAP).

¹³ UNODC, responses to annual report questionnaire, 2012-2014.

¹⁴ UNODC, responses to annual report questionnaire, 2012; Narcotics Division, Security Bureau (NDSB), “Newly/previously reported drug abusers by age group by common type of drugs abused (T3)”, available at http://www.nd.gov.hk/en/statistics_list.htm

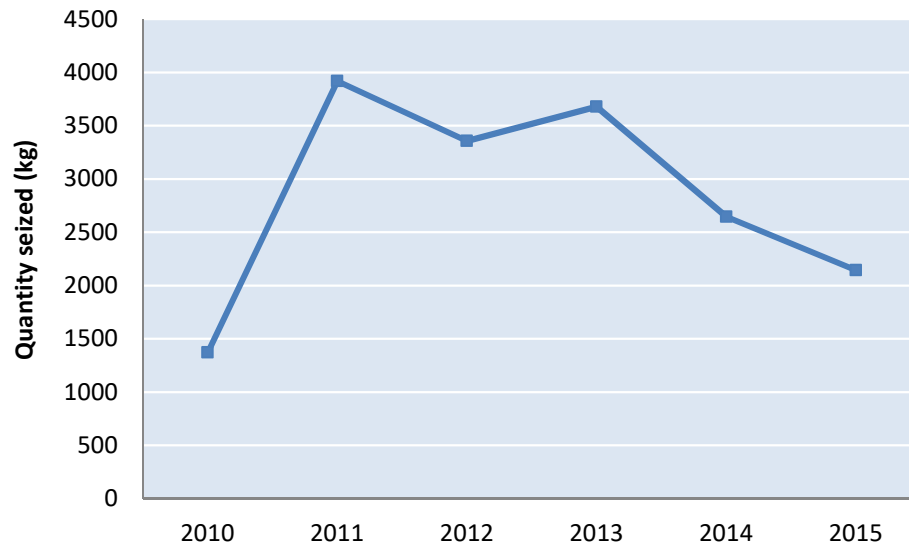
¹⁵ 4-MEC is a synthetic cathinone that has been under international control since 2017.

¹⁶ Methylone is a synthetic cathinone that has been under international control since 2015.

¹⁷ UNODC NPS questionnaire for China, 2014.

¹⁸ National Narcotics Control Commission of China. *2015 China Drug Situation Report*, 2016; National Narcotics Control Commission of China. *2014 China Drug Situation Report*, 2015; UNODC NPS questionnaire for China, 2014.

Figure 3: Methamphetamine seizures reported in the Islamic Republic of Iran (2010-2015)



Source: UNODC, responses to annual report questionnaire, 2010-2015.

Over the years, methamphetamine manufacture has also been reported in the Islamic Republic of Iran with 214 methamphetamine laboratories dismantled in 2012, rising to 445 methamphetamine laboratories in 2013 and decreasing to 340 laboratories in 2014 and 216 in 2016.¹⁹ Experts in the country perceived a large increase of methamphetamine use in the country in 2013.²⁰

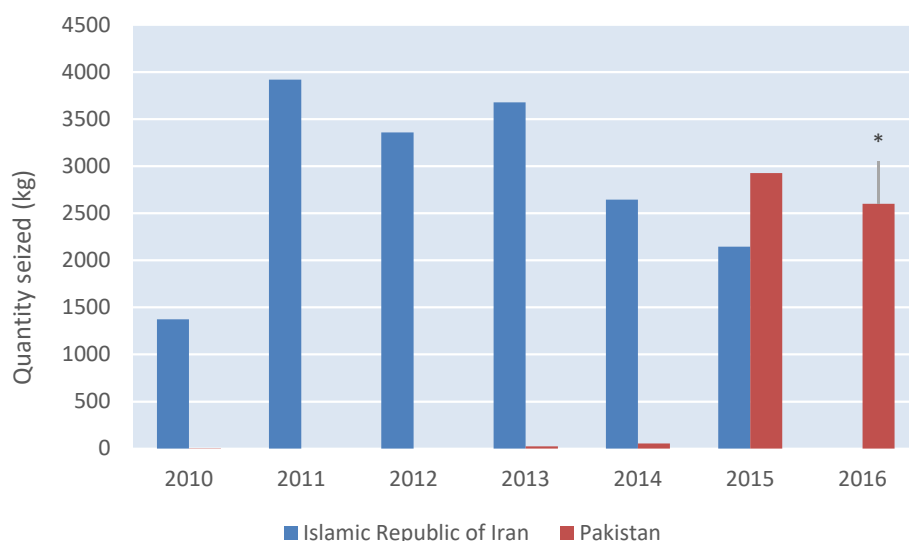
Overall, ATS seizures reported in Pakistan in 2015 exceeded the amount reported to have been seized in the Islamic Republic of Iran for that same year. Particularly amphetamine and methamphetamine seizures in Pakistan have significantly increased in recent years. Between 2013 and 2016, the Anti-Narcotics Force (ANF) in Pakistan reported an increase of methamphetamine seizures from about 0.02 tons to more than 0.1 tons (preliminary figure).²¹ The ANF also reported an increase of amphetamine seizures from less than 0.02 tons in both 2013 and 2014 to about 2.9 tons in 2015 and 2.6 tons (preliminary figure) in 2016.

¹⁹ UNODC, responses to annual report questionnaire, 2012-2016.

²⁰ UNODC, responses to annual report questionnaire, 2013.

²¹ UNODC, responses to annual report questionnaire, 2009-2014; Anti-Narcotics Force (ANF), “National Seizure Data”, Pakistan, available at http://anf.gov.pk/national_seizure_data.php; UNODC Afghan Opiate Trade Project (AOTP), Paris Pact Initiative, “Drugs Monitoring Platform” (DMP).

Figure 4: ATS seizures reported in the Islamic Republic of Iran and in Pakistan (2010-2016)



Source: UNODC, responses to annual report questionnaire, 2010-2015; Anti-Narcotics Force (ANF), "National Seizure Data", Pakistan, available at http://anf.gov.pk/national_seizure_data.php; Afghan Opiate Trade Project (AOTP), UNODC; Paris Pact Initiative, Drugs Monitoring Platform (DMP), retrieved 24 November 2016. * Note: The seizure data available for Pakistan for 2016 is a preliminary figure and ATS seizure data for the Islamic Republic of Iran was not available at the time of writing this report.

Recently, information has also emerged on methamphetamine trafficking and use in Afghanistan. In 2016, law enforcement agencies, health providers and treatment centres in certain parts of Afghanistan reported of a perceived increase in synthetic drug use.²² While the overall annual quantities of methamphetamine seizures in Afghanistan have remained below 16 kg, the number of methamphetamine seizure reports in Afghanistan have increased from only 2 cases in March 2011/March 2012 (1390 in Hijri years²³) to 153 cases in March 2014/March 2015 (1393 in Hijri years).²⁴ There are indications that methamphetamine seized in Afghanistan might to some extent have been manufactured domestically. In 2013, the manufacture of methamphetamine was confirmed in Nimroz province, in Afghanistan.²⁵ However, there continue to be some significant gaps in the information and data relating to synthetic drugs in Afghanistan and overall treatment figures and prevalence of methamphetamine use among the general population is not well understood.²⁶

²² Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Balkh province, March 2016; Based on information provided by the Precursor Control Unit (PCU) of the Counter Narcotics Police of Afghanistan (CNPA), January 2016.

²³ This seizure data for Afghanistan was provided by the Counter Narcotics Police of Afghanistan (CNPA) in accordance with the Hijri years of the official Afghan calendar.

²⁴ Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), January-March 2016.

²⁵ Counter Narcotics Police of Afghanistan (CNPA), confirmed by the UNODC Office in Afghanistan.

²⁶ For more information on the synthetic drug market in Afghanistan and the wider South-West region see UNODC, *Afghanistan Synthetic Drugs Situation Assessment*, Vienna, January 2017.

2. SYNTHETIC DRUGS IN CENTRAL ASIA

The first chapter of this report demonstrates that Central Asia borders countries with some very dynamic markets for synthetic drugs. In the Russian Federation there is extensive synthetic drug manufacture and seizures for various NPS have recently increased. Alongside a large and growing market for methamphetamine in China, NPS are also being manufactured in the country for onward trafficking to international markets. Within the South-West Asian region methamphetamine mainly features in the drug markets of Afghanistan and the Islamic Republic of Iran, while amphetamine seizures have recently picked up in Pakistan.

By taking the regional context into account, developments in the Central Asian synthetic drug market might be better understood. For several years, ATS has been trafficked to and from the Central Asian region and some of its neighbouring countries. More recently, there have also been reports of international NPS trafficking expanding to Central Asia. Generally, the geographical proximity to large and growing synthetic drug markets could affect or expand the market for these substances in Central Asia. Although the evidence remains sketchy, this chapter will explore the international connections and linkages with neighbouring countries and the Central Asian region based on available data and information.

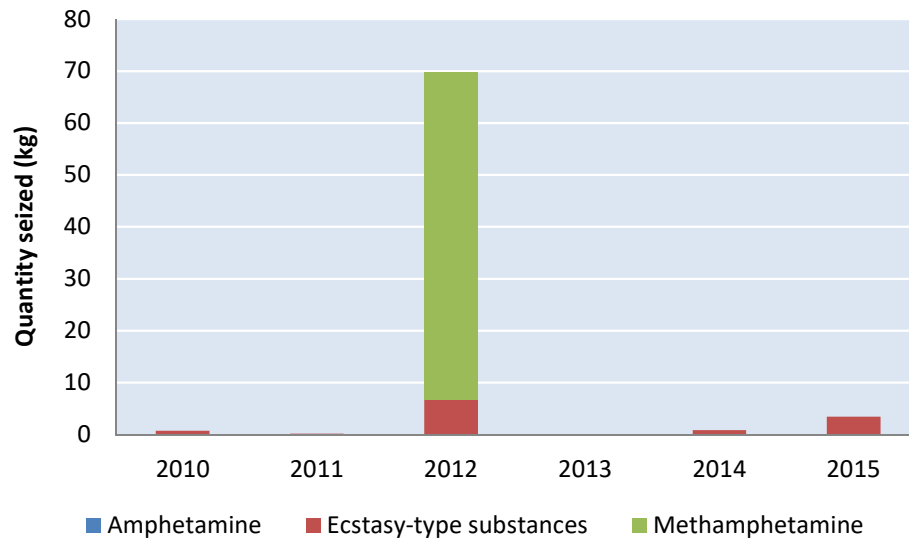
Overall, this chapter presents an analysis of information and data available on synthetic drugs with the aim of tackling some key questions: To what extent do synthetic drugs feature in drug manufacturing, use and trafficking data in Central Asian countries? Has there been an emergence of NPS in the region? Are there indications that synthetic drugs are becoming a problem in relation to other drugs in the region? Is the Central Asian region linked to international trafficking flows of synthetic drugs?

On the whole, data on synthetic drugs in Central Asia remains limited. In fact, for some countries synthetic drugs are hardly reflected at all in any drug-related data. Thus, there continue to be some significant analytical gaps in the information relating to synthetic drugs in Central Asia.

ATS seizures and manufacture

Generally, ATS seizures in Central Asia have remained at relatively low levels, especially when compared to other drugs, such as cannabis and opiates, which have a more dominant presence in the region. Within the ATS market, “ecstasy” seems to be the synthetic drug that has been most frequently trafficked in the region over the years. Over the period 2010 and 2015, ATS seizures in Central Asia were only reported in Kazakhstan (totalling less than 1 kg) and in Tajikistan (with a total of 75 kg). Over this period, Kyrgyzstan, Turkmenistan and Uzbekistan did not report any ATS seizures.

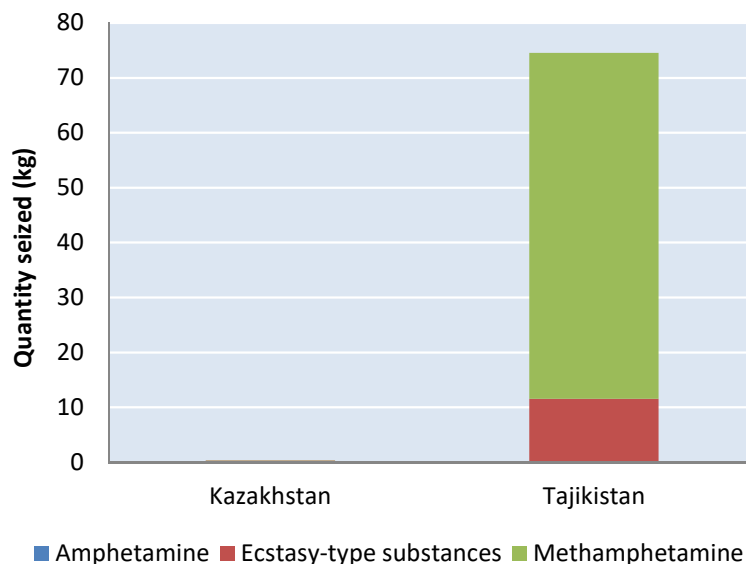
Figure 5: ATS seizures reported in Central Asia, by substance (2010-2015)



Source: UNODC, responses to annual report questionnaire, 2010-2015.

With the exception of 2012, ATS seizures in Central Asia have remained below 4 kg and have primarily consisted of “ecstasy”. Between 2010 and 2015, “ecstasy” seizures in the region have annually been reported in Tajikistan, as well as in Kazakhstan as of 2012. However, in 2012, a relatively large amount of methamphetamine was reported to have been seized in Tajikistan consisting of 63 kg. The relatively large methamphetamine seizure reported in Tajikistan in 2012 presents an outlier that could be an isolated case and does not portray a clear indication of a possibly large undetected methamphetamine market.

Figure 6: Central Asian countries reporting ATS seizures, by country (2010-2015)



Source: UNODC, responses to annual report questionnaire, 2010-2015.

Data on illicit drug manufacture indicates that synthetic drug manufacture has not been reported in Central Asian countries for a number of years. In Kazakhstan, a methamphetamine laboratory was dismantled in 2008, while prior to that a methcathinone laboratory was dismantled in Kyrgyzstan in 2007.²⁷ However, no ATS laboratories have been discovered in Central Asia since then.

ATS use

Presently, insufficient data are available to determine the extent of synthetic drug use in Central Asia. In Kazakhstan, there are some indications of ATS use among students. The results of a drug use survey among students aged 16 to 24 in 2012 show a lifetime prevalence of “ecstasy” use at 2.3 per cent and a lifetime use of amphetamines (which only includes amphetamine and methamphetamine) at 1.0 per cent, both of which are higher than that of cocaine use at 0.8 per cent, but below cannabis use at 11.2 per cent.²⁸ In addition, the survey results for that year recorded a lifetime prevalence of tranquilisers and sedative use below that of “ecstasy” use, at 2.1 per cent.²⁹ Later, in 2015, expert perception in Kazakhstan identified the level of ATS use in the country to be lower than that of opioids, cannabis, and sedatives and tranquilizers, but higher than the level of LSD and cocaine use.³⁰

In other parts of Central Asia there are also some indications of relatively low levels of ATS use. For instance, in 2014, expert perception in Tajikistan identified the level of amphetamine use to be lower than that of heroin, opium and cannabis use.³¹ Furthermore, a study analysing the socio-economic impact of drug use among 3,008 drug users in Dushanbe, in Tajikistan, found that 2 per cent of drug users reported “ecstasy” as the first type of drug consumed, whereas 62 per cent reported heroin to be the first drug consumed, followed by opium at 21 per cent and hashish at 15 per cent.³²

In 2012, expert perception in Kyrgyzstan identified the level of amphetamine use to be to be lower than that of opioids, cannabis, hallucinogens, solvents and inhalants, and sedatives and tranquilizers, but higher than the level of cocaine use.³³ Further information on synthetic drug use in Turkmenistan and in Uzbekistan were not available at the time of writing this report.

On the whole, data and information on synthetic drug use in Central Asia is limited so that the extent of the ATS market in the region remains unclear. Unlike some of its neighbouring countries, such as China or other countries in South-West Asia, the Central Asian region has not experienced a significant increase in synthetic drug use. So far, there have been no reports of significant shifts in the number of drug treatment admissions in

²⁷ UNODC, responses to annual report questionnaire, 2007 and 2008.

²⁸ UNODC, response to annual report questionnaire, 2012.

²⁹ UNODC, response to annual report questionnaire, 2012.

³⁰ UNODC, response to annual report questionnaire, 2015.

³¹ UNODC, response to annual report questionnaire, 2014.

³² Drug control Agency of the Republic of Tajikistan, UNODC, *Socio-Economic Impacts of Drug Use on users and their Families in Dushanbe City (Pilot Study)*, Dushanbe, 2015.

³³ UNODC, response to annual report questionnaire, 2012.

Central Asia, nor have there been reports of methamphetamine use among opiate users, as has recently been the case in the Islamic Republic of Iran and Afghanistan.³⁴

ATS trafficking to and from Central Asia

There are recent reports of ATS trafficking to and from various countries in Central Asia. In particular, some trafficking reports suggest that the region might be a transit point for trafficked ATS. For instance, according to the authorities in Tajikistan, all methamphetamine seized in the country in 2012 was perceived to have originated from the Islamic Republic of Iran and was intended for onward trafficking to Kazakhstan and ultimately destined for Malaysia.³⁵ Authorities in Tajikistan also perceived all “ecstasy” that had been seized in the country in 2012 to have transited Afghanistan.³⁶ However, there is no recent information available as to where seized “ecstasy” was manufactured and whether Tajikistan was intended to be the final destination.

There have also been several reports of ATS being trafficked between the Russian Federation and Central Asian countries. In both 2014 and 2015, the Russian Federation reported to have seized amphetamine, “ecstasy” and methamphetamine that authorities perceived was destined for Kazakhstan.³⁷ In addition, in 2015, the Russian Federation reported to have seized “ecstasy” that was destined for Tajikistan.³⁸ Previously, in 2011, the Russian Federation also reported to have seized 0.1 kg of amphetamine that was perceived to have departed from Kazakhstan and another seizure of less than 1 gram of amphetamine that Russian authorities perceived to be intended for onward trafficking to Uzbekistan.³⁹ For each of these ATS trafficking reports involving the Russian Federation and Central Asian countries, the country of manufacture is unknown.

In addition, recent seizure reports indicate that ATS are being trafficked from Europe to Central Asia. In 2014, Tajikistan reported a seizure of 0.3 kg of “ecstasy” that was perceived to have been trafficked from Europe.⁴⁰ In 2013, Kazakhstan reported to have seized 63 tablets of “ecstasy” that authorities perceived to have been trafficked from Germany by mail.⁴¹ Earlier in 2010, Germany also reported to have seized methamphetamine that national authorities perceived to be destined for onward trafficking to Kazakhstan.⁴²

³⁴ UNODC, *Afghanistan Synthetic Drugs Situation Assessment*, Vienna, January 2017.

³⁵ UNODC, response to annual report questionnaire, 2012; Based on data provided in a direct communication with the Central Asian Regional Information and Coordination Centre (CARICC), September 2015.

³⁶ UNODC, response to annual report questionnaire, 2012.

³⁷ UNODC, response to annual report questionnaire, 2014 and 2015.

³⁸ UNODC, response to annual report questionnaire, 2015.

³⁹ UNODC, individual drug seizure report, 2011.

⁴⁰ Based on data provided in a direct communication with the Central Asian Regional Information and Coordination Centre (CARICC), September 2015.

⁴¹ Based on data provided in a direct communication with the Central Asian Regional Information and Coordination Centre (CARICC), September 2015

⁴² UNODC, response to annual report questionnaire, 2010.

Within the Central Asian region, Tajikistan seized methamphetamine in 2012 which authorities perceived to have transited Uzbekistan.⁴³ However, the final destination and country of manufacture for this seized methamphetamine is unknown.

So far, ATS trafficking reports involving Central Asian countries and the Russian Federation or Europe do not portray a clear trend or flow of trafficking and consist of low quantities. Thus, it remains unclear whether the Central Asian region is a significant transit region or merely involves sporadic cases for ATS trafficked to and from the Russian Federation. More information is needed to construct an in-depth analysis of ATS trafficking patterns between the Russian Federation and Central Asia.

Emergence of NPS

NPS are substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term “new” does not necessarily refer to new inventions but to substances that have recently become available. Having initially been reported by countries in Europe and in North America, the emergence of NPS is a phenomenon that has been reported by an increasing number of countries since 2009.⁴⁴ By 2017, NPS have become a truly global issue, with over 100 countries and territories in all regions having reported the emergence of such substances.⁴⁵

Recently, all countries in Central Asia, with the exception of Turkmenistan, have reported the emergence of NPS to UNODC, with Tajikistan being the first country in the region to report the emergence of an NPS in 2013.⁴⁶ Between 2013 and 2016, a total of 58 NPS have been reported by Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Of these NPS, more than 43 per cent consisted of synthetic cathinones, followed by synthetic cannabinoids accounting for a 38 per cent share, and phenethylamines making up a 10 per cent share. Ketamine and phencyclidine-type substances, tryptamines, piperazines, aminoindanes and other NPS were each only reported once by countries in the region.

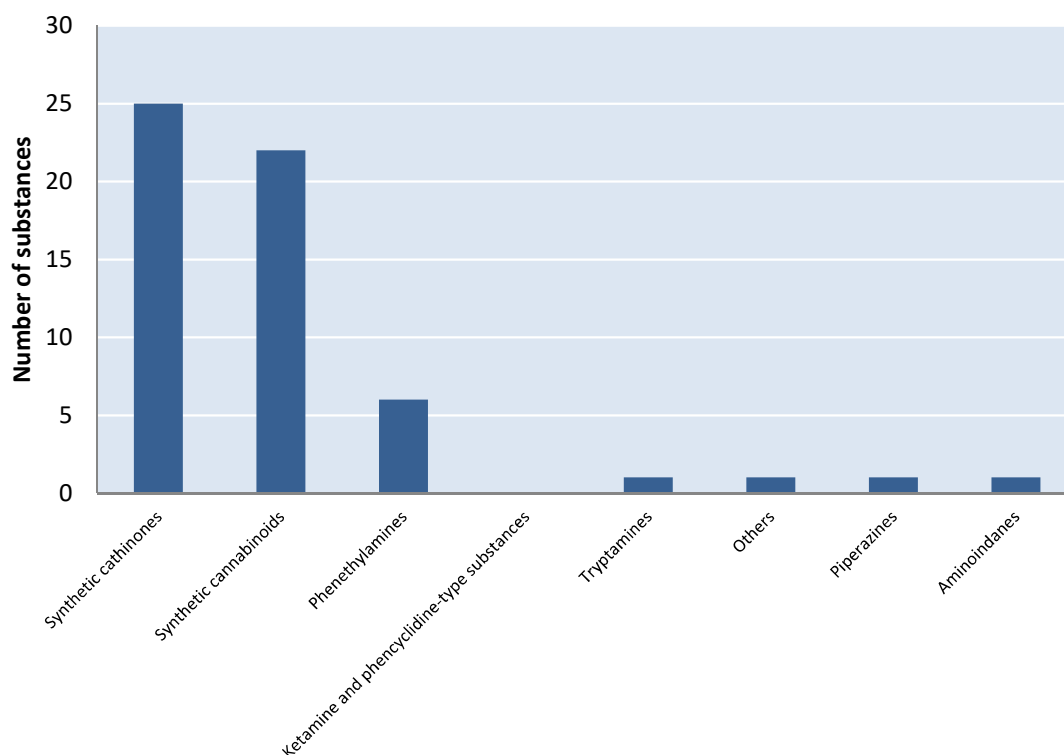
⁴³ UNODC, response to annual report questionnaire, 2012.

⁴⁴ UNODC, Early Warning Advisory (EWA).

⁴⁵ UNODC, Early Warning Advisory (EWA).

⁴⁶ UNODC, Early Warning Advisory (EWA).

Figure 7: Number of different NPS reported by Central Asian countries to UNODC, by substance group (2013-2016)



Source: UNODC, Early Warning Advisory on NPS (EWA).

Over the years, the number of NPS reported in Central Asian countries has significantly increased. Whereas only one NPS was reported in the Central Asian region with a report from Tajikistan in 2013 and another from Kazakhstan in 2014, the number of NPS reported in Central Asia has risen to 31 in 2015 and to 48 in 2016. This increase is primarily attributable to the growing number of NPS reported in Kazakhstan which has annually risen from one NPS in 2014, to 21 NPS in 2015 and 38 NPS in 2016. In Uzbekistan, the number of reported NPS has also increased from 3 NPS in 2015 to 8 NPS in 2016, while there have been no further NPS reported in Kyrgyzstan since 2015, when the country reported the emergence of 5 NPS. In Tajikistan, the number of reported NPS have annually remained at two or less since 2013.

Figure 8: Number of different NPS reported in Central Asia (2013-2016)

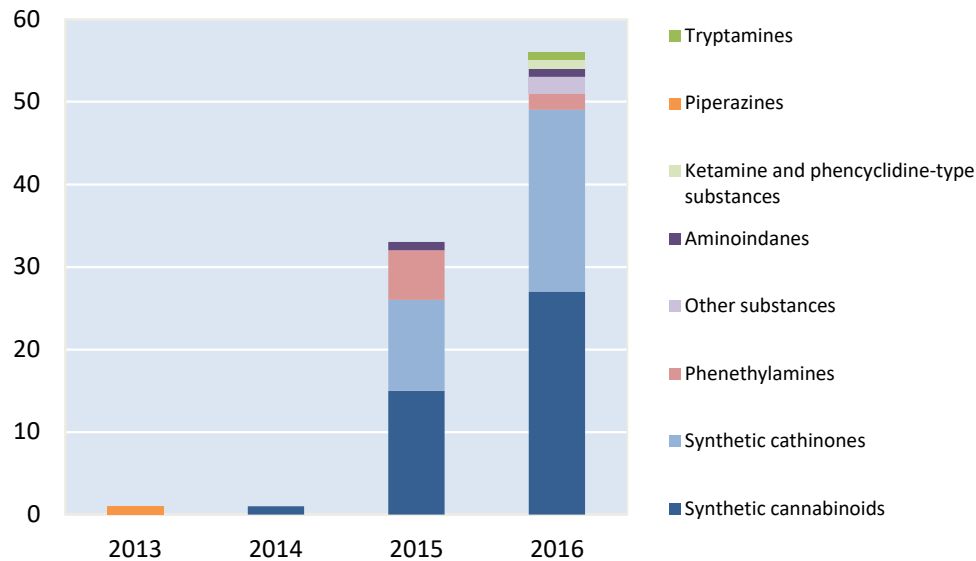
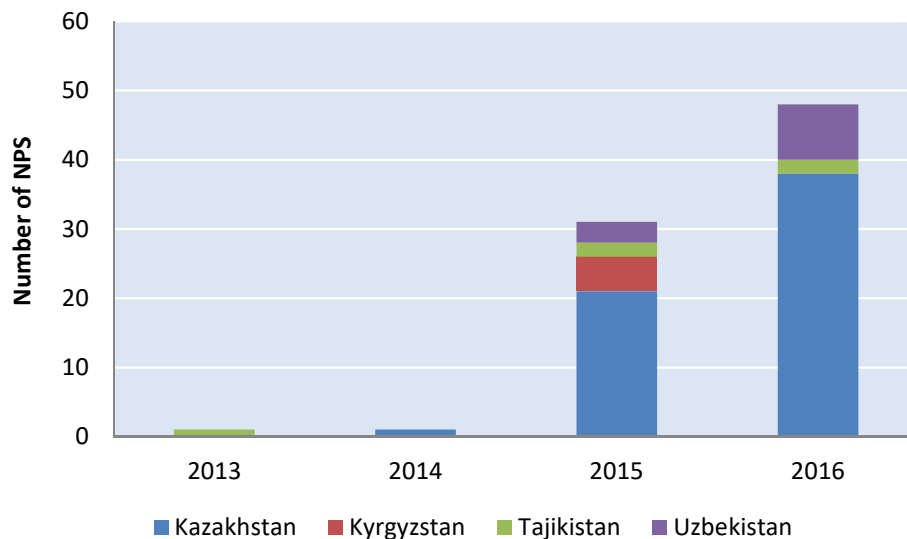


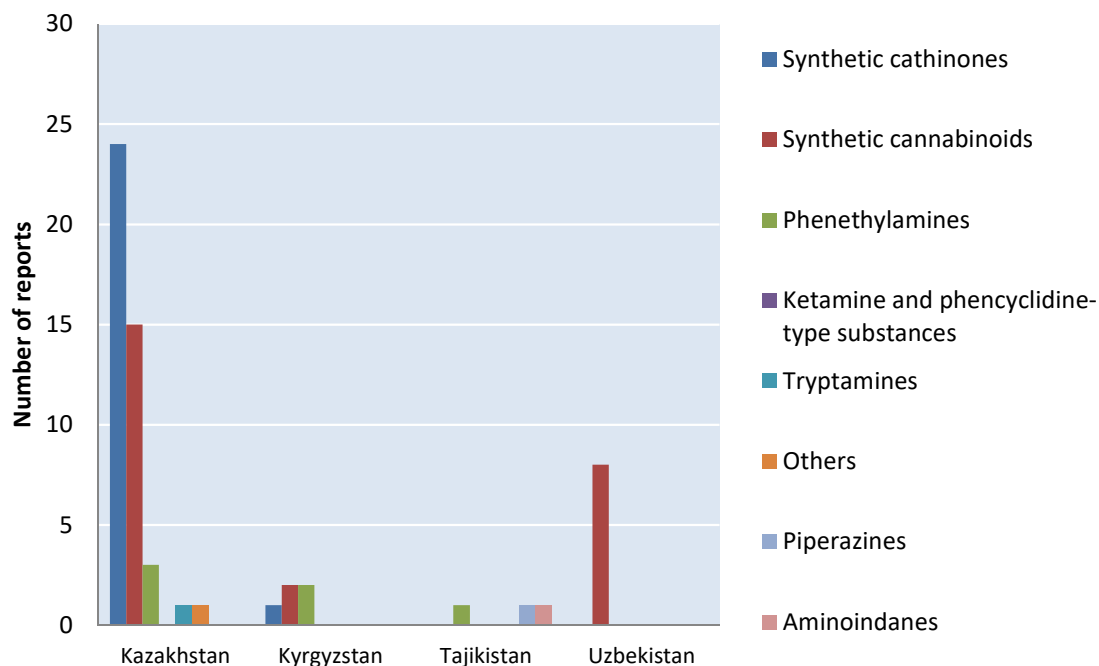
Figure 9: Number of different NPS reported in Central Asia, by country (2013-2016)



Source: UNODC, *Early Warning Advisory (EWA)*.

Overall, most NPS in Central Asia have been reported by Kazakhstan. Between 2013 and 2016, the scope of substances reported by countries in the region varied greatly. In Kazakhstan, synthetic cathinones made up the majority of NPS reported and synthetic cannabinoids made up the second largest group of NPS reported in the country. Uzbekistan reported the emergence of a number of synthetic cannabinoids. Tajikistan was the only country in the region to have reported the emergence of a piperazine and of aminoindanes. Phenethylamines were reported to have emerged in both Tajikistan and Kyrgyzstan (among other NPS).

Figure 10: Number of different NPS reported in Central Asia, by country (2013-2016)

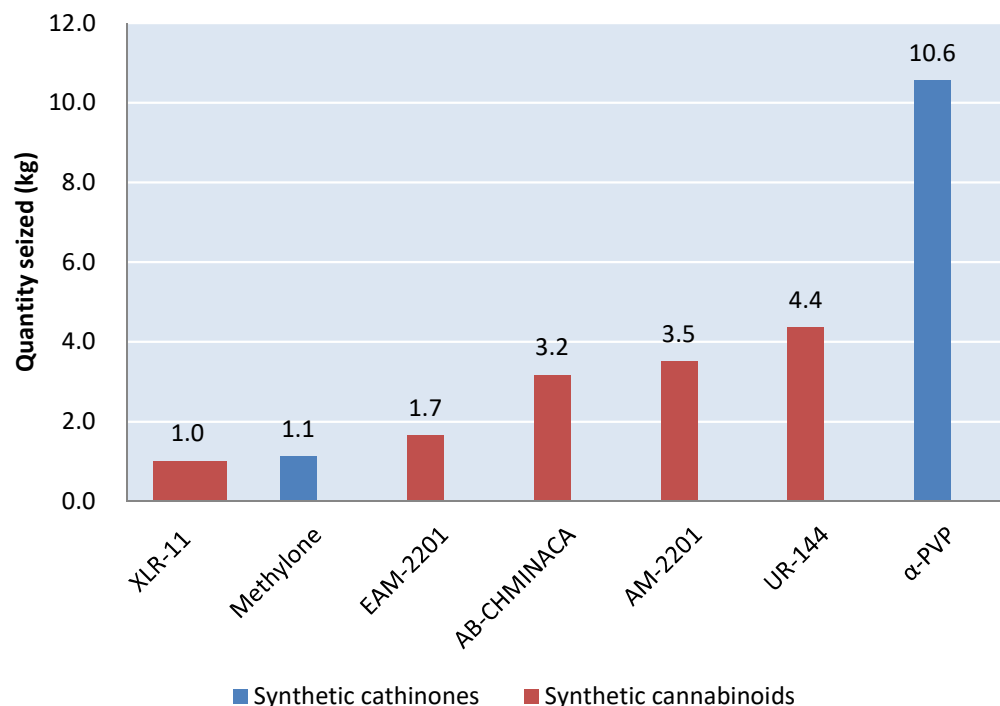


Source: UNODC, *Early Warning Advisory on NPS (EWA)*.

NPS seizures in Kazakhstan

Regarding NPS seizures, Kazakhstan is so far the only country in Central Asia for which the quantities of seized NPS are available, in addition to information on which substances were seized. In 2014 and 2015, Kazakhstan has reported several synthetic cannabinoid and synthetic cathinone seizures. Although synthetic cannabinoid seizures consisting of more than 1 kg have been reported more frequently in Kazakhstan, the synthetic cathinone seizure of 10.6 kg of *alpha*-PVP was the largest NPS seizure to have been reported in the country.

Figure 11: Significant NPS seizures 1kg ≤ reported in Kazakhstan, (2014 and 2015)



Source: UNODC, responses to the NPS questionnaire, 2014 and 2015. Note: Alpha-PVP, AM-2201, methylone and XLR-11 are under international control in Schedule II of the Convention on Psychotropic Substances of 1971.

NPS trafficking to and from Central Asia

Over the years, there have been a number of reports of NPS being trafficked to and from countries in Central Asia. Nonetheless, it is not clear whether the Central Asian region presents a significant transit region for NPS trafficked to and from the Russian Federation or whether NPS are rather trafficked on an intermittent basis and at a small scale only.

For instance, between 2013 and 2014, Kazakhstan reported 7 seizures of synthetic cannabinoids⁴⁷ that were perceived to have departed from China. Each of these NPS seizure reports involving China consisted of a quantity totalling less than 1 kg and had been trafficked by post. In addition, the Russian Federation reported of recent NPS seizures that had been trafficked to/from Kazakhstan and Uzbekistan. Whilst large amounts of NPS seizures have been annually reported in the Russian Federation, individual drug seizures frequently consist of small quantities but serve to provide more detailed information on trafficking routes and patterns. The largest of these individual NPS seizures occurred in 2015, when the Russian Federation reported to have seized 7 grams of the phenethylamine 2C-H, which was perceived to have been manufactured in Kazakhstan. Earlier, in 2012, the Russian Federation reported to have seized less than 1 gram of the synthetic cannabinoid JWH-122 that was suspected to have departed from Kazakhstan, whereas in 2011 the Russian Federation reported of another two seizures consisting of less than 1 gram

⁴⁷ These synthetic cannabinoid seizures included 6 seizures of JWH-018, which has been under international control since 2015 and one seizure of JWH-122 not under international control.

of the synthetic cathinone MDPV⁴⁸ and less than 1 gram of the synthetic cannabinoid JWH-018, both of which were perceived to have been destined for Uzbekistan.

So far, reports of NPS trafficked to or from Central Asian countries involved cases of low quantities rather than large shipments, and, thus, do not support the assumption of a major NPS trafficking route through the region. However, more information is needed to establish a more granular picture of the NPS trafficking situation in Central Asia.

Legislative response to NPS in Central Asia

In order to respond to the global emergence and growing spread of NPS, several of these substances have been placed under national and international control in recent years (see Annex I for more information on substances placed under international control). Countries have explored a range of legislative responses to address the problem of NPS.⁴⁹

In Central Asia, Kyrgyzstan, Tajikistan and Uzbekistan have used an individual listing approach as a legislative measure to respond to the NPS problem at the national level (see Box on “NPS legislation in Central Asia”). Information on legislative responses to NPS in Turkmenistan and in Kazakhstan were not available at the time of writing this report. However, Kazakhstan is presently in the process of developing a legislative response to the NPS situation.⁵⁰

NPS legislation in Central Asia

Countries in the Central Asian region have adopted the individual listing approach to control NPS. This approach involves a substance-by-substance control mechanism that follows the model of the International Drug Control Conventions, whereby substances are controlled once their harm has been assessed. In accordance with this model, individual substances are listed in schedules that classify them based on their medical use, relative abuse potential, and likelihood of causing dependence. Each schedule is subject to a graded system of control and restrictions.

Various other legislative and regulatory approaches have also been adopted by countries worldwide in response to NPS. Such legislative measures include: generic legislation, rapid procedures, temporary bans, specific NPS-related legislation, and a mix of other regulatory frameworks (see Annex II for further information on national legislative/regulatory approaches).

⁴⁸ MDPV is a synthetic cathinone that has been under international control since 2015.

⁴⁹ For more information on the variety of legislative responses to control NPS, see: United Nations Office on Drugs and Crime (UNODC), *Global SMART Update 2015*, vol. 14, Vienna, September 2015.

⁵⁰ Government of the Republic of Kazakhstan, “R. Zhakupov: About 90 new drugs will be added to the register of controlled substances in Kazakhstan.” 21 April 2017. Available at: <http://www.government.kz/en/novosti/1008738-r-zhakupov-about-90-new-drugs-will-be-added-to-the-register-of-controlled-substances-in-kazakhstan.html>; Organization for Security and Co-operation in Europe (OSCE), “International seminar on combating new psychoactive substances organized by OSCE in Kazakhstan.” 21 April 2017. Available at: <http://www.osce.org/programme-office-in-astana/312616>

In Kyrgyzstan, the list of controlled substances⁵¹ was amended in 2015 to include more than 100 NPS. Among these NPS placed under national control were a particularly large number of synthetic cannabinoids (e.g. HU-210, JWH-175 and other substances of the JWH series) and synthetic cathinones (e.g. pentedrone⁵² and mephedrone).⁵³

In Tajikistan, a number of NPS have also been included in the national list of controlled psychotropic substances and precursors. This legislation entered into force in 2013 and included NPS such as the piperazines, BZP and TFMPP.

In 2016, the Ministry of Justice of Uzbekistan amended the national list of narcotic drugs and psychotropic substances in order to place more than 80 NPS under national control.⁵⁴ A number of synthetic cannabinoids, including some of the AM and JWH compound series were among the NPS included in this list.

⁵¹ The full title of the legislation is the “Decree on narcotic drugs, psychotropic substances and precursors subject to control in Kyrgyzstan, № 543 of 2007”, amended by Decree № 831.

⁵² Pentedrone is a synthetic cathinone that has been under international control since 2017.

⁵³ The full list of controlled substances is available online at: http://www.customs.kg/images/stories/img/ppkr2015_831.pdf

⁵⁴ UNODC Early Warning Advisory on NPS.

3. ONGOING GAPS AND DATA LIMITATIONS

Information on seizures, manufacture and use points to the availability of synthetic drugs in Central Asia. Nevertheless, data remains limited. For instance, although there are several reports of ATS and NPS being seized in the region, the overall quantities are small. Furthermore, despite reports of synthetic drugs being trafficked to and from the Central Asian region, available trafficking data is interspersed so that it is not possible to observe clear patterns of trafficking flows. As of yet, available data and information for Central Asia does not provide a comprehensive picture of the synthetic drug situation in the region, but only offers insights into parts of the dynamics.

Analysing the NPS market in the region is particularly challenging. There is evidence that NPS have emerged in some Central Asian countries, but there is no data with which to determine the scope and extent of NPS use. In other regions of the world, countries have gathered evidence of NPS use by drawing on information provided by drug testing services, needle and syringe exchange programmes, wastewater studies, and others. The analysis of NPS use requires special instruments, with which to capture the scale and pattern of use, many of which are currently not available in Central Asia. It is very difficult to obtain useful information on NPS use trends based on traditional drug use surveys. In Central Asia, countries such as Kazakhstan and Tajikistan that have invested into means of identifying NPS have also recently discovered the emergence of such substances in their respective countries. Experiences have shown that investments into developing detection capacity yields good results in identifying NPS.

ANNEX I

Substances placed under international control, 2015-2017

Substance name	Inclusion to the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971			Year first reported in Central Asia
	Year	Schedule	Convention	
4-MEC	2017	II	1971	-
5F-APINACA		II	1971	-
Butyrfentanyl		I	1961	-
Ethylone		II	1971	2014
Ethylphenidate		II	1971	-
Methiopropamine		II	1971	-
MDMB-CHMICA		II	1971	2016
Pentedrone		II	1971	-
U-47700		I	1961	2016
XLR-11		II	1971	2015
<i>alpha</i> -PVP	2016	II	1971	2014
4,4'-DMAR		II	1971	-
Acetylfentanyl		I and IV	1961	-
Methoxetamine		II	1971	-
MT-45		I	1961	-
Phenazepam		II	1971	-
PMMA		I	1971	-
25B-NBOMe	2015	I	1971	-
25C-NBOMe		I	1971	2015
25I-NBOMe		I	1971	2015
AH-7921		I	1961	-
AM-2201		II	1971	2014
BZP		II	1971	-
JWH-018		II	1971	2014
MDPV		II	1971	2014
Mephedrone		II	1971	2016
Methylone		II	1971	2014

ANNEX II

Overview of national legislative/regulatory approaches that have been adopted by countries so far to control NPS

Individual listing system

This approach involves a substance-by-substance control mechanism that follows the model of the International Drug Control Conventions, whereby substances are controlled once their harm has been assessed. In accordance with this model, individual substances are listed in schedules that classify them based on their medical use, relative abuse potential, and likelihood of causing dependence. Each schedule is subject to a graded system of control and restrictions.

Generic legislation

This legislative approach prohibits groups and subgroups of NPS simultaneously. These controls target the core molecular, but not necessarily the psychoactive structure of the substance with legislation specifying particular variations of the structure that could fall under control.

Rapid procedures

These are systems that speed up the standard legislative procedure, in cases of urgency, required to place new substances under permanent control. In order to accelerate the process, the omission of one or more of the standard procedure or the reduction of procedural times to consider the decision by the parliamentary chamber and/or by the President, is permitted.

Temporary bans

Such bans allow administrative authorities to rapidly (in a matter of days or months) introduce controls upon NPS that pose an immediate risk or are considered to be a threat to public health, whilst risk assessments are in the process of being developed. These controls are limited in their duration (usually from 6 months to 1-2 years).

Specific NPS-related legislation

This approach focuses on preventing the manufacture and circulation of NPS, provided they are intended for use for their psychoactive effects. It does not criminalize drug use or the possession of drugs for personal use. Instead, this approach grants powers to ministries and authorities to seize individual or groups of NPS for the purpose of control.

Other regulatory frameworks

Additional legislative approaches that have been adopted by countries worldwide include measures such as general prohibition on NPS distribution, the medicines act, consumer protection laws, a full regulatory approach, etc.⁵⁵

⁵⁵ For more information on the variety of other regulatory frameworks to control NPS see: United Nations Office on Drugs and Crime (UNODC), *Global SMART Update Volume 14*, Vienna, September 2015.