



**SYSTEMATISATION REPORT OF THE
REGIONAL SEMINAR ON HOW TO
BUILD AND STRENGTHEN BALANCED
AND EVIDENCE-BASED DRUG POLICIES**

DELIVERABLE 3



Disclaimer

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Executive summary

This report systematises the work and discussions carried out at the *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies*, held in Astana, Kazakhstan, in the context of Outcome 1 of the European Union's CADAP 7 Programme, as well as in the analysis of some determinants of the drug phenomenon in Central Asia that the Episteme Social team has been analysing during the year 2023. The Regional Seminar brought together delegations from the countries of the Central Asian region and experts from the European Union, addressing complex drug-related challenges in the region, while promoting the exchange of experiences, the adoption of evidence-based drug policies and cooperation at regional and international level.

The Regional Seminar represents a significant step in the search for effective and sustainable drug policies in Central Asia, based on scientific evidence and dialogue between various actors involved in the complex drug phenomenon. The analysis of the concerns raised at the Regional Seminar highlights the need to implement sustainable responses to the drug-related situation in Central Asia.

Beyond this, the report delves into a number of issues whose analysis undoubtedly provides valuable insights into the drug policy framework in the region. To begin with, it is important to understand the implications of Central Asia's geo-strategic position. Afghanistan, the world's leading opium producer, is a state bordering the region, and this places Central Asia at the centre of one of the main routes for illicit drug production and trafficking. This troubled southern country, for its part, has undergone a remarkable transition in its drug production model in recent years. The Taliban's ban on opium cultivation in 2021 may be driving a shift towards methamphetamine production and trafficking, motivated by economic and logistical advantages over opium. This transition in Afghanistan's drug market may present significant security, development and international counternarcotics challenges. Moreover, it opens up a horizon in which the countries of the region could see a surge of amphetamines hitting the region's streets over the next few years, with the significant public health impacts that this could have.

On the other hand, the drug market in Central Asia is undergoing a process of diversification, with the recent introduction of synthetic substances and New Psychoactive Substances (NPS) throughout the region in addition to traditional drugs such as heroin. Several factors explain the entry of NPS into the region. Among these factors are the increased availability of new unregulated precursor chemicals, but also and above all the widespread use of the internet among the population, which allows access to a large repertoire of products and distributors, as well as their promotion among the population in various ways, including codes and links in public areas, as well as their marketing on social networks.

However, what the introduction of New Psychoactive Substances (NPS) in Central Asia indicates is that there is a significant shift in the patterns of use and profile of users in the region. These new patterns of use are characterised by a gradual shift away from highly problematic substances, such as heroin, towards more entertainment and leisure-oriented use. It is important to note that this new pattern of use in Central Asia is not so new in the countries of the European Union, where it has been developing extensively since at least the 1990s.

In this context, the region is witnessing the emergence of two models of drug use, each with its own characteristics and distinctive drug user profiles. On the one hand, an escapist model, characterised by a search for escape from reality through the use of sedative and analgesic substances, such as heroin; this is the traditional model seen so far in Central Asian countries. On the other hand, a recreational model, which is characterised by the use of mainly synthetic substances (especially stimulants or psychedelics), and which tends to occur predominantly among young, middle and upper-middle class people seeking pleasure and entertainment.

The advent of this new model of recreational drug use is developing in the region as a result of its incorporation into global consumer societies, in a global capitalist market increasingly interconnected by the internet and social networks. The extension of the middle and upper classes in these countries and their connection with what is happening in the rest of the world would therefore be the main reason why this model is now developing in this region, just as it has been developing previously in other regions of the planet, as

happened in Europe in the 1990s. Moreover, there is anecdotal evidence that Russia's war in Ukraine has had as one of its many unintended consequences the consolidation of the recreational model of drug use in Central Asia. As a result of the conflict in Ukraine, the region has received a notable influx of young Russians seeking to avoid compulsory military service in the Ukrainian conflict. These young people are mostly urbanites, pacifists and avowedly opposed to the war their country has started. Also, linked to their high socio-economic profile and high internet literacy, we also find an urbanite profile typical of large Russian cities, where the recreational model of drug use is already largely normalised.

In the Central Asian region, there are other specific issues related to the drug phenomenon that require special attention. Hidden populations are found in the region who, due to their status as drug users, face discrimination and stigmatisation, creating significant barriers to accessing care services. These populations remain beyond the reach of support services and represent a complex aspect of the drug phenomenon in the region.

Non-medical use of medicines, also known as drug abuse, also emerges as a common problem in the region. It refers to the use of psychoactive drugs for recreational or enhancement purposes, often without a prescription. This practice poses public health and safety challenges. In the region, the pharmaceutical industry operates without adequate oversight in many cases, which has led to the availability of medicines without prescription, contributing to their misuse.

Another major problem in the region is the spread of HIV and hepatitis C, which is largely related to injecting drug use. Unsafe practices such as needle sharing lead to a significant increase in the risk of infection with both diseases. In addition, stigma and discrimination towards drug users hinder the prevention and treatment of these diseases, limiting their access to health services, education and employment.

A comprehensive analysis of the factors influencing the drug scene in Central Asia provides an insight into the complexity of this multifaceted phenomenon. Throughout the work, the underlying dynamics affecting the trafficking, consumption and production of narcotic substances in the region have been unravelled. By considering various aspects, influential trends in the current situation have been identified. The identified and

interconnected dimensions make the drug phenomenon in Central Asia a highly relevant issue that requires careful attention and effective strategies to address it.

Ultimately, the recommendations derived from the analysis are the product of in-depth reflection on how to address the challenges posed by the drug phenomenon in Central Asia. They have been developed with the aim of providing guidance to the countries of the region in implementing effective measures that can address both the commonalities and the specific challenges they face in the drug field. These recommendations represent a holistic approach to tackling the complex phenomenon affecting the Central Asian region.

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AGO	Attorney General's Office
ATS	Amphetamine Type Stimulant
BOMCA	Border Management Programme in Central Asia
CADAP	Central Asian Drug Action Programme
CITCO	Centre for Intelligence against Terrorism and Organised Crime
DCA	Drug Control Activities
DCPDU	Drug Control and Prevention of Drug Use
EC	European Commission
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EWS	Early Warning System
FILAPP	International and Ibero-American Foundation for Administration and Public Policies
HA	Hectare
HIV	Human Immunodeficiency Virus
KG	Kilogram
ME	Ministry of Education
MFA	Ministry of Foreign Affairs
MHSPP	Ministry of Health and Social Protection Population
MH	Ministry of Healthcare
MHMI	Ministry of Healthcare and Medical Industry
MHE	Ministry of Higher Education
MY	Ministry of Interior
MIA	Ministry of Internal Affairs
MJ	Ministry of Justice
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substances
RSPCMH	Republican Scientific and Practical Centre for Mental Health

SICAD	Service for Intervention in Addictive Behaviours and Dependencies
UNODC	United Nations Office on Drugs and Crime
US	United States

1. Introduction

In the context of Outcome 1 on Drug Policy of the CADAP 7 Programme, Deliverable 3 is presented, which responds to the *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies* held in Astana, Kazakhstan. This Systematisation Report is part of the technical implementation of a regional meeting designed to foster dialogue and exchange of good practices in the field of drug policy in the Central Asian region.

It is relevant to underline that, previously, in the framework of Deliverable 2 corresponding to Outcome 1 of the CADAP 7 Programme, the results were presented from a predominantly national approach. These results were derived from an exhaustive literature review, as well as from fieldwork covering various geographical regions. However, it is essential to recognise that, in this report, the perspective is broadened, as it delves into an analysis at the regional level. Through this approach, it aims to identify common patterns and trends that span multiple countries in the region, allowing for a better understanding of the overall dynamics of the drug phenomenon in Central Asia.

In this sense, the structure of this Report is based on a number of key elements that emerged during the Regional Seminar on the subject, as well as on the in-depth analysis of the factors influencing the drug phenomenon in the Central Asian region. In the following sections, we will explore these aspects in detail and examine how they impact on the overall drug dynamics in Central Asia, thus providing a more comprehensive and detailed picture of the drug situation in the region.

As this report draws to a close, it offers a series of conclusions and recommendations derived from the analysis and synthesis of the contents and discussions during the Regional Seminar. This document represents a significant step forward in the search for more effective and equitable drug policies in Central Asia, based on evidence and dialogue between the various actors involved in this complex phenomenon.

2. Regional seminar on how to build drug policies based on scientific evidence

2.1 Meeting of delegations in the heart of the steppe

The *Regional Seminar on how to build and strengthen balanced and evidence-based drug policies* (hereafter referred to as the Regional Seminar), under Outcome 1 of the CADAP 7 Programme, was a landmark event that took place in Astana, Kazakhstan, on 28-29 September 2023. This meeting was actively attended by delegations from each of the Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. It also counted on the presence and experience of experts from the European Union (CITCO, EMCDDA and SICAD), as well as the collaboration and participation of workers from the International and Ibero-American Foundation for Public Administration and Policies (FIIAPP) and the CADAP Programme itself in its seventh phase.

The event was carried out under the coordination of the Episteme Social team, the organisation leading Outcome 1 of the CADAP 7 Programme. The relevance of this seminar lies in its focus on building and strengthening balanced policies related to drug control and management, based on scientific evidence. This approach seeks to comprehensively address the complex challenges posed by the drug phenomenon in the Central Asian region.

During the two days of intense activity, participants had the valuable opportunity to immerse themselves in an environment conducive to the in-depth exchange of knowledge, experiences and multidisciplinary perspectives in the field of drug policy. This event provided a space for open dialogue between experts, government representatives, international organisations and civil society. The diversity of approaches and the richness of the discussion encouraged critical reflection and the collective construction of more effective and appropriate strategies to address the complex and multifaceted drug phenomenon in the Central Asian region.

In this context, not only current policies and their effects were addressed, but also future perspectives and innovative solutions that could have a substantial impact in the region. Evidence-based approaches were put on the table and the importance of

international cooperation and the integration of multiple actors to develop and implement more effective policies was highlighted. The need to address the drug phenomenon from a comprehensive perspective, considering not only public health implications, but also social, economic and human rights aspects, was also underlined.

In this collaborative spirit, participants explored prevention, treatment, rehabilitation and harm reduction strategies, integrating the latest technological and scientific advances in the field. All this with the aim of creating balanced and effective policies that take into account both the protection of society and the respect and safeguarding of the fundamental rights of individuals affected by drug use.

2.2 Objectives of the Regional Seminar

The Regional Seminar aimed to comprehensively address the challenges associated with the drug problem in the Central Asian region. The objectives of the Regional Seminar are presented below:

1. **Facilitating the exchange of experiences.** The aim was to establish an enabling space for Central Asian countries to share their experiences in formulating, implementing and evaluating drug policies. This exchange allowed to understand the specific challenges faced by each country and to learn from successful strategies and obstacles overcome in managing the drug phenomenon.
2. **Promoting evidence-based knowledge.** The importance of basing drug policies on sound scientific evidence and data was emphasised. This implies the use of rigorous research, studies and analysis to inform policy decisions and to ensure that the strategies adopted are effective and efficient in achieving their objectives.
3. **Exploring balanced approaches.** The adoption of balanced approaches to drug policymaking was advocated, integrating prevention, treatment, rehabilitation and harm reduction measures. This balance seeks to ensure that policies are effective in addressing both drug supply and demand, as well as protecting human rights and promoting the health and well-being of communities.
4. **Identify good practices and lessons learned.** The identification and sharing of good practices and lessons learned in the implementation of drug policies was

encouraged. This process allows for recognising successful strategies, assessing their replicability in different contexts and learning from mistakes to improve future interventions.

5. **Strengthening regional and international cooperation.** Collaboration and coordination between Central Asian countries and the European Union, as well as with other nations and international organisations, was encouraged. This cooperation fosters a more effective and coordinated approach to tackling the drug phenomenon, allowing for the sharing of resources, experiences and successful strategies.
6. **Promote a comprehensive and multidisciplinary approach.** This approach considers not only public health and security aspects, but also economic, social and human rights factors, ensuring a holistic and effective intervention.
7. **Stimulate civil society participation.** A call was made to actively involve civil society in the formulation and evaluation of drug policies. The inclusion of civil society ensures a diverse representation of voices and perspectives, which enriches decision-making and increases the legitimacy and acceptance of the policies implemented.
8. **Building capacity and knowledge.** It aimed to strengthen the capacities and knowledge of professionals, specialists and authorities involved in the formulation and implementation of drug policies. This involves providing training, access to up-to-date information and fostering continuous learning to improve the quality of interventions and adapt to the changing dynamics of the drug phenomenon.
9. **Develop joint recommendations and strategies.** The aim was to establish joint recommendations and strategies to guide the formulation and implementation of more effective drug policies. These recommendations should be adapted to the specific reality of each Central Asian country, considering its particularities and challenges, and should be aligned with international standards to ensure the quality and effectiveness of policies.
10. **Generate synergies for monitoring and evaluation.** The need to create synergies to establish mechanisms for monitoring and evaluation of drug policies in the region was emphasised. These mechanisms make it possible to monitor implementation, measure the impact of policies and adjust them according to the results obtained, thus guaranteeing effective and evidence-based management.

2.3 Institutions represented at the Seminar

The 28th and 29th of September 2023 marked an important milestone in Central Asia, specifically in the city of Astana, where the Regional Seminar under Outcome 1 of the CADAP 7 Programme was held. In this city, leaders, decision-makers, and representatives of international and non-governmental organisations from the Central Asian region gathered to share ideas and reflect on how to address the challenges posed by narcotic substances in the Central Asian region.

The event was attended by numerous delegations from the different countries of Central Asia, which allowed for an enriching and productive dialogue to address the consequences of the drug phenomenon, based on scientific evidence, in each of the countries of the Central Asian region. Table 1 lists the institutions that took part in the Regional Seminar in Astana, Kazakhstan.

Table 1. Attendees at the Regional Seminar on how to build drug policies based on scientific evidence

	Institution
European Union	Delegation of the EU to Kyrgyzstan
	FIIAPP
Republic of Kazakhstan	Ministry of Internal Affairs
	Ministry of Justice
	Attorney General's Office
	Public Fund «СоңKZ»
Republic of Kyrgyzstan	Ministry of Interior
	Ministry of Justice

	Ministry of Health
	NGO «AFew»
Republic of Tajikistan	Ministry of Internal Affairs
	Ministry of Health and Social Protection Population
	Drug Control and Prevention of Drug Use
	Public Association «SpinPlus»
Republic of Turkmenistan	Ministry of Interior
	Ministry of Healthcare and Medical Industry
	Ministry of Education
	«Makhtumkuli» Youth Organisation»
Republic of Uzbekistan	Ministry of Internal Affairs
	Drug Control Activities
	Republican Scientific and Practical Medical Centre of Mental Health
	Public Charitable Foundation «Mahalla»
	US Embassy in Astana

During the event, leading European experts in the field of drug policy were honoured to participate and enrich the discussions with their valuable insights. The organisations to which the distinguished guests belong are listed in Table 2:

Table 2. European experts attending the Regional Seminar on how to build drug policies based on scientific evidence

	Institution
European Union	CADAP 7
	EMCDDA
	CITCO
	SICAD

These experts made presentations in different sessions of the Regional Seminar, addressing key issues in the fields of health, education, supply control and the role of civil society in the context of drugs. The detailed presentations can be found in the Annex of this Systematisation Report.

In this sense, the successful development of the Regional Seminar was possible thanks to the synergic collaboration between the Episteme Social team and the FIIAPP. The initiative was enriched by the joint expertise and dedication of both organisations, achieving a space for dialogue and fruitful exchange to address this challenging issue at the regional level.

2.4 Main issues emerging

During the seminar, the current dynamics related to the drug phenomenon in the Central Asian region were explored in depth, considering its impact on society, public health, economy and security. It also examined in detail the policy and strategic approaches used in different countries, allowing for a valuable exchange of experiences and best practices. The following are the central issues addressed during the first day of the Regional Seminar, providing a comprehensive overview of the topics discussed, which were the subject of analysis and debate. The range of interventions and interest centred around issues such as intervention models, targeted interventions for specific populations, prevention of disease

and death, and the complex relationship between drugs, health, criminality and data confidentiality.

1. Considerations on intervention models

- **Detection of changing drug use dynamics**, especially with stimulant use in the Central Asian region.
- **Lack of sustainable interventions and responses to drug abuse in countries.** Emphasis is placed on the importance of implementing effective access controls on new drugs and medicines that are abused.
- **Implementation of harm reduction in the context of drug use prevention.** It is emphasised that harm reduction is considered a social component and is linked to infection prevention.
- **Analysis of the methodology used to identify drug-related needs and concerns in the Portugal model**, including support for educational prevention programmes. A precise understanding of needs is sought in order to address them effectively.
- **Analysis of interventions for drug users in Portugal**, ranging from treatment and therapeutic centres to harm reduction programmes. The importance of providing effective treatment options is highlighted.

2. Targeted interventions for specific populations

- **Discussion on the challenges of prevention to avoid harmful drug use, particularly among young people.** Mention is made of ongoing efforts to prevent the use of specific drugs, such as club drugs.
- **Interest in specialised programmes for children and adolescents**, including specific centres and evidence-based approaches for this demographic group. It seeks to effectively address the unique needs of young people in relation to drug use.
- **Reflections on how to ensure quality of treatment in private clinics and how these institutions are licensed by the state.** Quality in the provision of treatment services is critical to ensure positive outcomes.

- **Discussion of prevention and harm reduction programmes within the prison environment**, including methadone use and needle exchange programmes. The aim is to effectively address drug use and risks in prisons.

3. Prevention of death and disease

- **Recognition of hepatitis C as a significant problem in the region.** The availability of hepatitis C treatment programmes is limited, and the main funding for care comes from the state.
- **Emphasis on the importance of reducing overdoses.** It is recognised that this is a sensitive issue that is linked to law enforcement authorities.

4. Considerations on the relationship between drugs, health, confidentiality and criminality

- **Analysis of the advantages of the Portuguese model of decriminalisation of drug use.** It was noted that the model emerged as a consequence of a pragmatic attitude of politicians, especially after the end of the colonial war and the arrival of soldiers with drug-taking habits.
- **Consideration of health as an integral concept encompassing mental health**, especially for people who use drugs. The importance of addressing mental health in the context of drug use patterns is highlighted.
- **Emphasis on the need to address the negative and discriminatory perceptions often experienced by people who use drugs that hinder their access to health services.** Urgent need to improve access to health services for people who use drugs.
- **Importance of confidentiality of information in the healthcare system** and how it is managed to ensure data protection and patient privacy.

3. Drug policies in Central Asia, a regional analysis

Central Asia is heir to a long and rich cultural tradition that over the centuries and millennia has been coloured by a myriad of products, colours and perfumes of all kinds, transported by caravans of traders and financed by explorers and traders from all corners of the world. It is precisely this unique geographical context of Central Asia that also today places the region in a highly relevant position in terms of illicit drug production and trafficking. Since the disintegration of the Soviet Union in the 1990s, Central Asia has faced substantial challenges related to drug trafficking, domestic consumption and the insecurity that accompanies this phenomenon. The region comprises five independent republics: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Geographically, it is strategically positioned between Russia to the north, China to the east, Iran and Afghanistan to the south, and the Caspian Sea to the west. This unique location places Central Asia at a geopolitical crossroads of great significance, being a hotspot for the trafficking and production of illicit drugs.

Over the years, the region has experienced a complex intersection between drug flows, economics, security and international relations. The illicit drug economy has had a significant impact on the stability and socio-economic development of Central Asian countries. Drug production and trafficking have fuelled corruption, financed criminal groups, challenging governance at various levels. In addition, local communities face a constant struggle with domestic drug use and the associated consequences, including health problems, family breakdown and drug-related crime. In this complex landscape, drug policy analysis, reflection and collaboration have become essential to address these multidimensional challenges and seek solutions that incorporate a public health and human rights approach.

The drug phenomenon in Central Asia cannot be separated from its socio-economic and political context. Poverty, lack of job opportunities and corruption are crucial factors that feed the chain of drug trafficking and consumption in the region. Armed conflicts and institutional fragility also contribute to the spread of this phenomenon, generating a vicious circle that is difficult to break. Drug policies in these countries have traditionally oscillated between punitive approaches, focused on repression and eradication of drug production, and

other approaches more oriented towards tackling the underlying causes, such as prevention of consumption, treatment of addiction and rehabilitation of those affected. However, the complexity of this phenomenon demands a balanced and evidence-based approach that addresses the structural causes behind it.

In this context, regional and international collaboration emerges as a key pillar. Given the transnational nature of drug trafficking and its implications, no single country can address this challenge alone. Cooperation among Central Asian countries, as well as with international actors and specialised organisations, becomes essential to promote coordinated policies, share best practices and resources, and work together to mitigate the impacts of the drug phenomenon in the region. This collaborative approach must be rooted in mutual understanding, trust and long-term commitment to move towards sustainable solutions that benefit local communities and promote a healthier and safer future for the entire region.

Central Asia's preoccupation with the complex phenomenon of drug use and trafficking has also attracted international attention for years. The regional findings analysed by Episteme Social within the framework of the CADAP 7 Programme¹ reveal an intricate connection between the geography, economics, politics and social dynamics that influence the proliferation and impact of drugs in this area. In this section of the report, the key aspects that have contributed to the complex dynamics of the drug phenomenon in the Central Asian region are analysed in detail, exploring factors such as strategic location, changing patterns of drug use in the region, as well as the conflict between Russia and Ukraine, among other influential aspects.

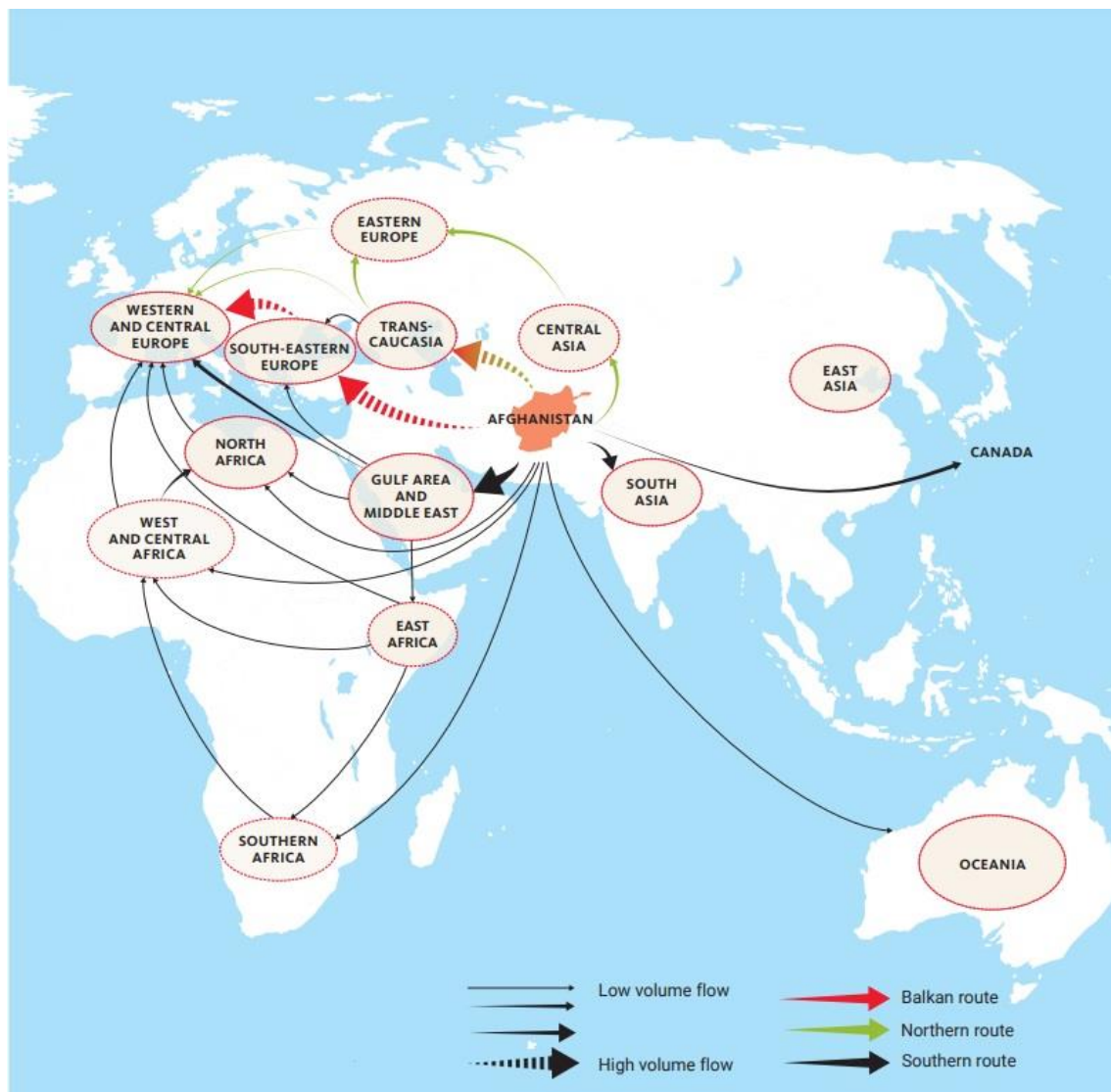
3.1 Geographical situation of Central Asia

The drug phenomenon in Central Asia is deeply rooted in its geographical location. The proximity to Afghanistan, the world's largest opium producer, has made the region a key route for drug trafficking to international markets. Afghanistan, the country's neighbour to the south, is an epicentre of opium and heroin production, substances that are in significant

¹ For more detailed information by country, see «Central Asia's National Drug Policy Dialogues Systematization Report», prepared by Episteme Social in the framework of CADAP 7, September 2023.

demand in different parts of the world. Drug trafficking routes, originating in Afghanistan via the Balkan route, the Northern route and the Southern route (UNODC, 2021), reach countries and regions such as Russia, Europe and China, among others, as depicted in Figure 1.

Figure 1. Main heroin trafficking flows as described by reported seizures (2015-2019)



Source: UNODC, 2021

This complex and strategic geography has created substantial challenges for Central Asian countries in tackling drug trafficking and consumption. Drug trafficking routes, often inaccessible due to mountainous topography and vast borders, present a considerable challenge to law enforcement and control efforts. In addition, drug trafficking networks are highly sophisticated and continuously adapt to punitive strategies.

Kazakhstan has been an important transit point for Afghan opiates and cannabis resin to Russia and Western Europe via the so-called Northern route (Vorobyeva, 2023). This role is due to its strategic location and has involved Kurdish criminal organisations based in Turkey, which have coordinated drug trafficking from Afghanistan through Central Asia to the global north, as can be seen in Figure 2.

Figure 2. Flows of Afghan opiates to Western Europe via Kazakhstan, Russia and Belarus



Source: Global Initiative against Transnational Organised Crime, 2023

Also noteworthy are the drug routes from Afghanistan through Tajikistan, where Tajik drug trafficking networks have played an important role in the wholesale trafficking of opiates in Central Asia (Vorobyeva, 2023). These routes cross mountainous terrain and vast borders, posing challenges for authorities. Figure 3 shows the flow of Afghan opiates into Russia via Tajikistan.

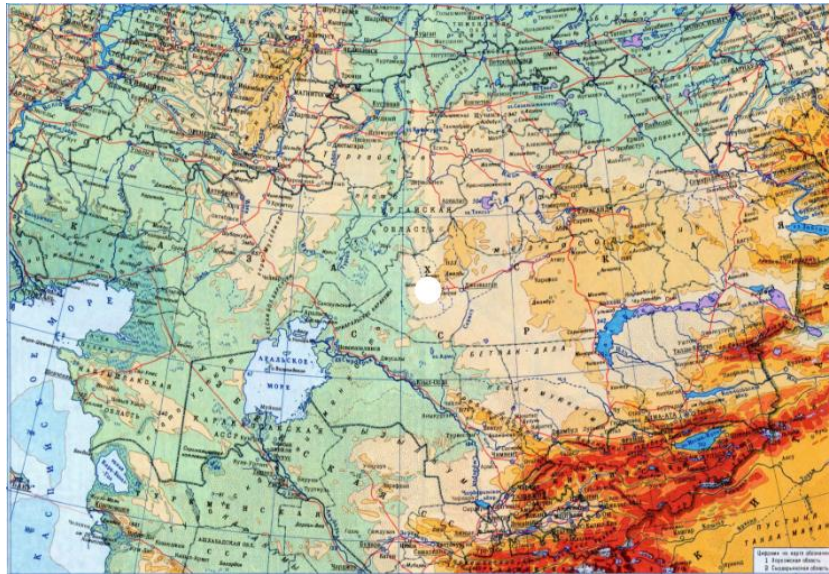
Figure 3. Flows of Afghan opiates to Russia via Tajikistan



Source: Global Initiative against Transnational Organised Crime, 2023

The complex drug trafficking routes discussed above are made even more difficult to control due to the mountainous topography and vast borders that characterise the Central Asian region, as seen in Figure 4. Imposing mountain ranges such as the Pamir, Hindu Kush and Tian Shan, which traverse much of the region, provide convenient safe havens and routes for drug traffickers. The rugged and often inaccessible terrain makes surveillance and control a constant challenge for law enforcement authorities. Extensive borders, many of which are porous and difficult to patrol, further contribute to the difficulty of controlling these trafficking routes.

Figure 4. Physical map of Central Asia



Source: World Atlas of Education, 1974

In this sense, the economies of Central Asian countries are deeply affected by the entrenched presence of the illicit drug economy. Drug trafficking and production not only represent a serious public health and security problem, but also have a detrimental impact on the economic and political stability of the region. The profits generated by the illicit drug trade are not limited to criminal activities, but can infiltrate the formal economy and, in some cases, even the financial system. This infiltration undermines the integrity of state institutions, compromising public confidence and the effectiveness of government mechanisms.

Moreover, the relationship between the economy and drug trafficking goes beyond corruption and the financing of criminal groups. It extends to the erosion of legitimate economic structures and the distortion of economic incentives. The economic attractiveness of the drug economy, which often offers significantly higher incomes than legal economic options, perpetuates a pernicious cycle that hinders the eradication of this phenomenon in the region.

3.2 Transition in the production model linked to drugs in Afghanistan

Traditional model based on opium cultivation

Afghanistan, located in the heart of Asia, has witnessed a tumultuous and complex history in recent decades. To understand the current situation in the country, it is essential to examine its recent history and the political, social and economic dynamics that have shaped it. From the Soviet invasion in the 1980s to the Taliban takeover in 2021, Afghanistan has faced a number of significant challenges.

During the Cold War, Afghanistan became a key battleground between the superpowers, with the Soviet Union invading the country in 1979 to support the Afghan socialist government against insurgents backed by the US and other Western powers. The resulting war devastated the country and left deep wounds in its social and political fabric (UNOCD, 2022). After the Soviet withdrawal in 1989, Afghanistan was plunged into civil war and a power struggle between various armed groups.

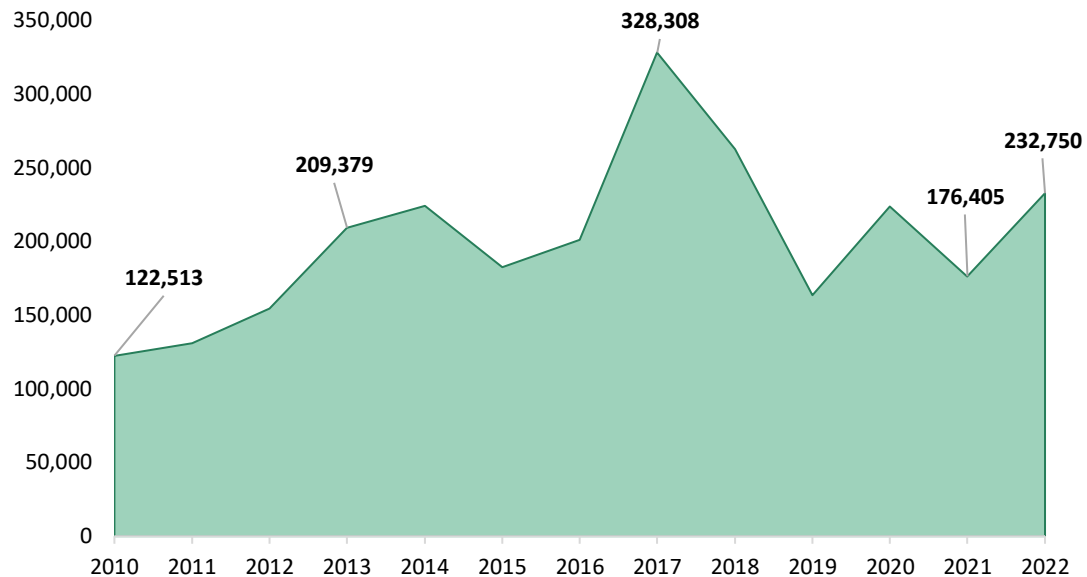
In 1996, the Taliban, an Islamic fundamentalist movement, took control of much of Afghanistan and established a regime known for its strict interpretation of Islamic law (Sharia). During their rule, the Taliban banned opium cultivation in an effort to show their commitment against drug trafficking, which was deeply rooted in the country and provided significant income to various actors, including insurgent groups and warlords (UNOCD, 2022).

However, following the US-led invasion in 2001 in response to the 9/11 attacks, the Taliban were overthrown and a new government was established in Afghanistan with the promise of bringing stability and democracy to the country. In the years that followed, international forces fought insurgent groups, most notably the Taliban, while trying to promote economic and social development in Afghanistan.

Despite these efforts, opium production and trafficking persisted and became an important source of funding for various armed groups and corrupt elements in the country

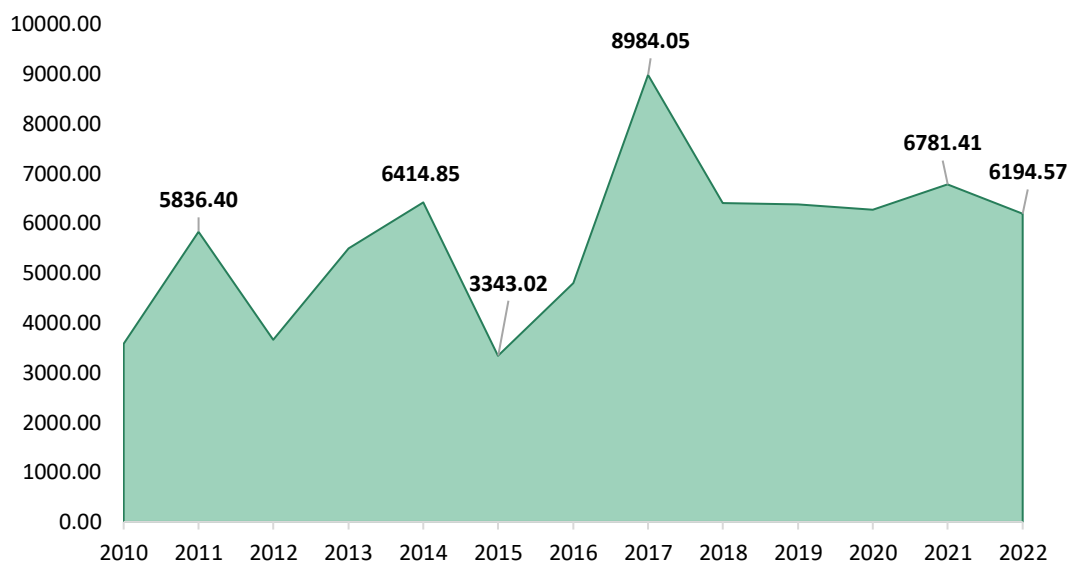
(UNOCD, 2022). Opium was extensively cultivated in Afghanistan, as shown in Graphic1 and 2, due to its favourable climate and high international demand for heroin.

Graphic 1. Area under opium poppy cultivation (ha) by year in Afghanistan (2010-2022)



Source: UNODC, 2023

Graphic 2. Opium production (tons) by year in Afghanistan (2010-2022)



Source: UNODC, 2023

In 2021, the Taliban regained control of Afghanistan, marking a turning point in the country's situation. Surprisingly, on their return to power, the Taliban announced a ban on opium cultivation, a move that was seen as a strategic move to gain international legitimacy and divert attention from their historical association with the drug trade. Although it is

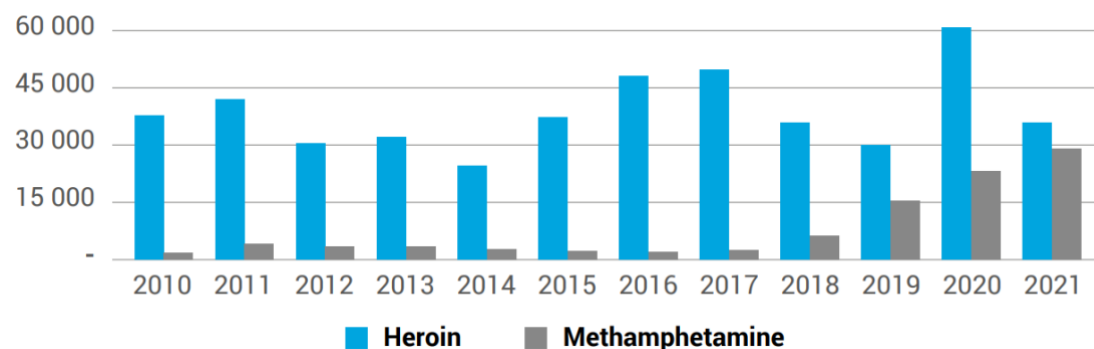
difficult to fully assess the effectiveness of this ban, UNODC (2022, p. 21) states that «those who lose income from opium production may turn to other illicit activities, such as methamphetamine manufacture, unless they are banned just as effectively».

Hypothetically, however, eliminating opium and heroin from Afghanistan would imply tensions in supplying European markets with heroin. Faced with heroin shortages, drug traffickers will look for alternatives to supply them, and the most plausible alternative has proven to be fentanyl (Episteme Social, 2022). Due to its higher psychoactive effect, ease of production and transportation compared to heroin, there is always the possibility that fentanyl could become an attractive alternative for traffickers, which could pose an even greater risk to public health in the region.

Emerging model based on methamphetamine production

In recent years, Afghanistan has undergone a transformation in its illicit drug economy, marked by a significant shift in the production model. This shift is closely linked to the decline in opium cultivated land, driven by the Taliban's 2021 ban on cultivation. This ban may underlie the substantial shift towards methamphetamine production in Afghanistan, showing a new dynamic in the Afghan drug market. Graphic3 shows the dynamics of the shift in the production model associated with Afghanistan's illicit drug economy. There is evidence of an increase in methamphetamine seizures in neighbouring nations, while heroin seizures in these neighbouring countries are declining.

Graphic 3. Heroin and methamphetamine seizures (kg) in Afghanistan and neighbouring countries (2010 - 2021)



Source: UNODC, 2023

The transition from opium production to methamphetamine manufacture highlights the remarkable adaptability of groups involved in drug trafficking in Afghanistan. This highlights the complexity of addressing this challenge in a nation affected by violence, economic scarcity and political instability. The current situation in Afghanistan poses significant challenges for the international community in terms of security, development and counter-narcotics, and requires multifaceted and coordinated approaches to address these issues effectively.

The shift in Afghanistan's drug market towards methamphetamine production has marked a new dynamic in the country's illicit economy. Methamphetamines offer a cheaper and more efficient production process compared to opium cultivation and processing, as shown in Figure 5. This shift has been driven by several factors, including the growing demand for methamphetamines at the regional and international level, as well as the economic and logistical advantages offered by methamphetamine production.

Figure 5. Labour supply for drugs of natural and synthetic origin

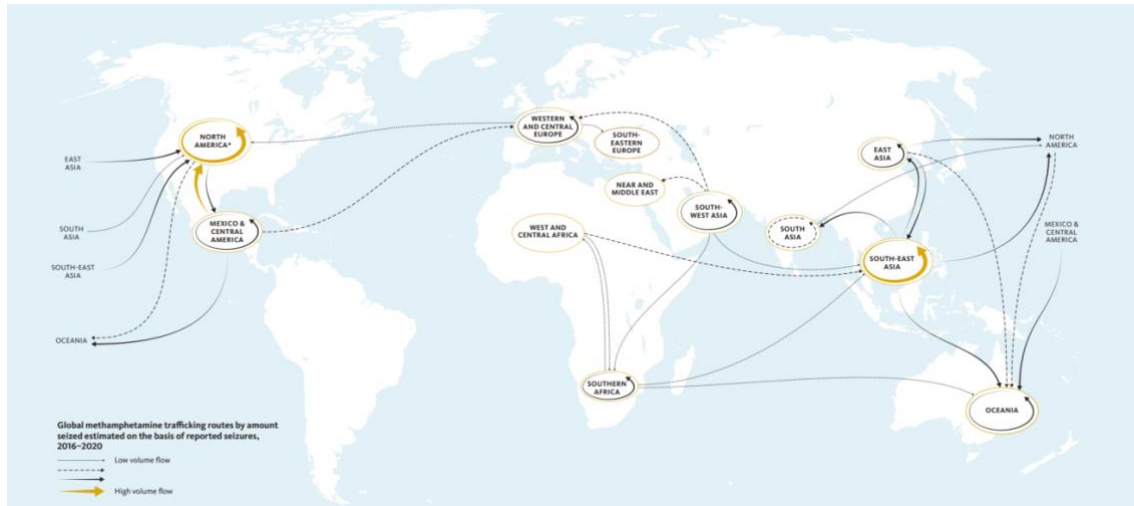


Source: UNODC, 2023

Methamphetamine production requires easily accessible and relatively inexpensive chemical ingredients, allowing producers to adapt quickly to this new illicit economy. In addition, methamphetamines are easier to transport and conceal compared to opium-derived drugs, which reduces the risk of confiscation and allows them to be distributed

more effectively on a global scale. Figure 6 shows the main global methamphetamine trafficking routes by quantity seized in the period from 2016 to 2020.

Figure 6. Global methamphetamine trafficking routes by amount seized estimated on the basis of reported seizures (2016–2020)



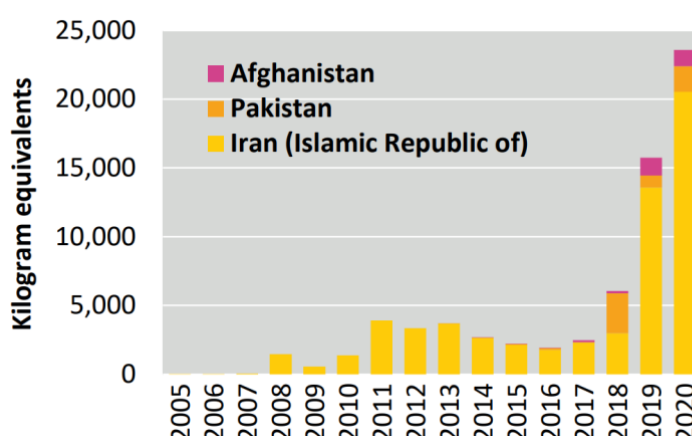
Source: UNODC, 2022b

Afghanistan's role in the new international meth market

Increase in methamphetamine production and trafficking

According to the UNODC report (2022b), there has been an increase in methamphetamine production and trafficking in Southwest Asia, particularly in Afghanistan. Authorities in the Islamic Republic of Iran reported in 2019 that Afghan smugglers had captured a large share of the Iranian methamphetamine market and were using Iran as a transit country to reach markets beyond its borders. Approximately 90 per cent of methamphetamine seizures made in the Islamic Republic of Iran in 2019 were reported to be of Afghan origin. The situation was similar in neighbouring Pakistan, where authorities reported that Afghanistan was the most frequently detected country of departure for methamphetamine seized in 2020. Graphic4 shows the quantities of methamphetamine seized in South-West Asia over the period 2005–2020.

Graphic 4. Quantities of methamphetamine seized in South-West Asia (2005-2020)

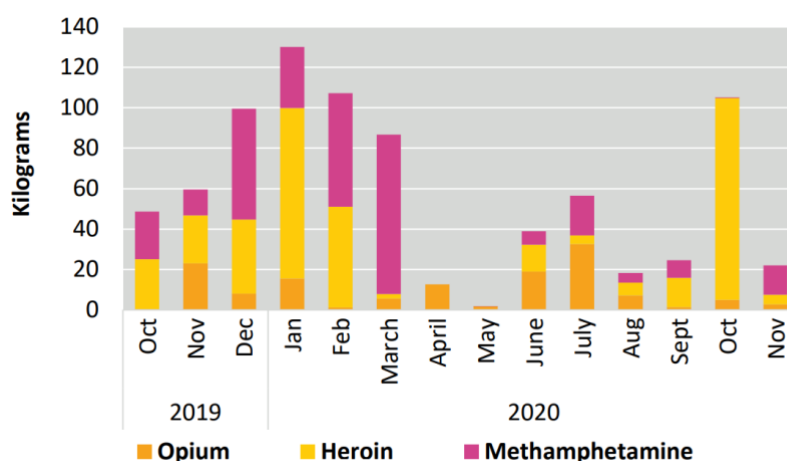


Source: UNODC, 2022b

The first seizures of methamphetamine manufactured in Afghanistan were reported in 2012, and reports of rapid growth in domestic manufacture and seizures soon followed. By 2016, seizure data suggested that methamphetamine was increasingly being used to supply markets in neighbouring countries, especially those in the Islamic Republic of Iran near Afghanistan's western border, as manufacture was also concentrated in that area of the country. Trafficking of Afghan-manufactured methamphetamine continued to expand throughout the region and beyond, and in the period 2019-2021, more than 10 countries, including countries in Asia, Europe and Africa, reported seizures of Afghan-origin methamphetamine. In addition, countries as far afield as Oceania also reported seizures of methamphetamine shipments sent from countries in Southwest Asia, which were likely transit areas for Afghan methamphetamine.

In some parts of Afghanistan, methamphetamine seizures exceeded opium and heroin seizures in several months in 2019 and 2020, as shown in Graphic5. Seizure data also suggest that methamphetamine trafficking is taking place alongside opiate trafficking, as methamphetamine seizures were made alongside heroin in Kandahar and Nangarhar, indicating that methamphetamine trafficking benefits from the existence of well-established heroin trafficking networks operating inside and outside Afghanistan (UNODC, 2022b).

Graphic 5. Methamphetamine, heroin and opium seizures in the Province of Kabul (October 2019–November 2020)



Source: UNODC, 2022b

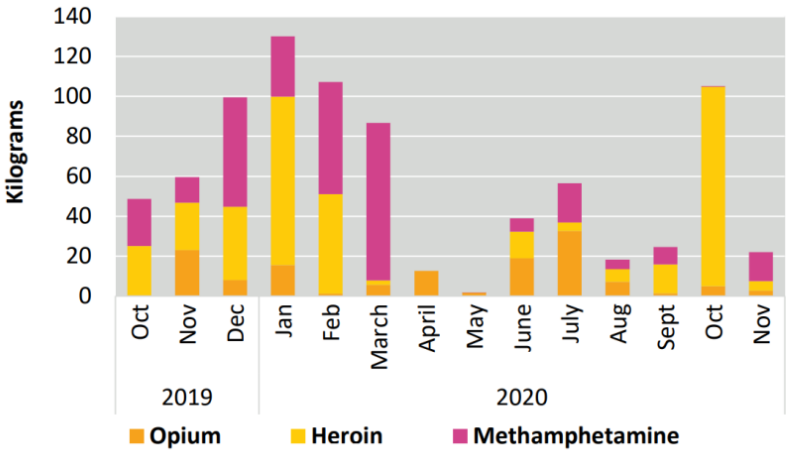
Increase in methamphetamine use in Southwest Asia

According to the UNODC Report (2022b), methamphetamine use has been increasing in Afghanistan, possibly due to the emergence of methamphetamine manufacture and trafficking in the country in recent years. In 2015, a national survey on drug use in Afghanistan based on biological samples suggested that methamphetamine use was relatively low (SGU Global, 2015). Amphetamine-type stimulants (ATS) were detected in biological samples from individuals in approximately 2% of sampled households and in less than 1% of the sampled population. Information based on people in treatment for drug use highlights a gradual expansion of methamphetamine use in the country over the last decade.

In 2012, about 8% of all people registered with drug treatment services in four provinces were in treatment for methamphetamine use. Most of the registrations for methamphetamine use were in the north-eastern and south-western provinces of Afghanistan. In recent years, a significant number of people in treatment were reported to have used crystal methamphetamine concurrently with heroin, a pattern of use observed in most regions with established opioid use. In 2018, a substantial proportion of adolescents (aged 15-18) reported amphetamine use in Afghanistan; 1.3% of adolescents reported

methamphetamine use, less than 1% had used amphetamines and 1.8% had used «Tablet K²» in the past year, as seen in Graphic6.

Graphic 6. Use of ATS among adolescents in Afghanistan (2018)



Source: UNODC, 2022b

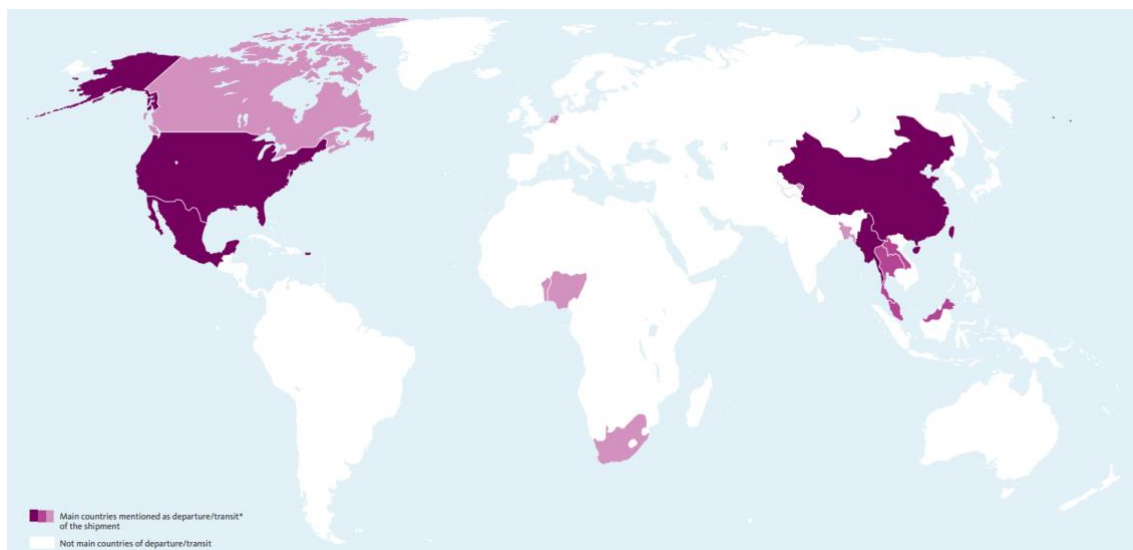
Traditional methamphetamine markets

UNODC's World Drug Report 2022 provides a detailed overview of traditional methamphetamine markets worldwide, with a focus on several key regions. An analysis of the findings and market trends according to the document is presented below.

Methamphetamine trafficking remains predominantly intra-regional, with a particular focus on the regions of East and South-East Asia, as well as North America. These regions are also home to the main source or transit countries for methamphetamine, as shown in Figure 7.

² According to UNODC (2022a) «Tablet K»is the term used in Afghanistan to describe a form of synthetic pills that share similarities in appearance with «ecstasy»tablets.

Figure 7. Main departure or transit countries of methamphetamine shipments as described in reported seizures (2015-2017)



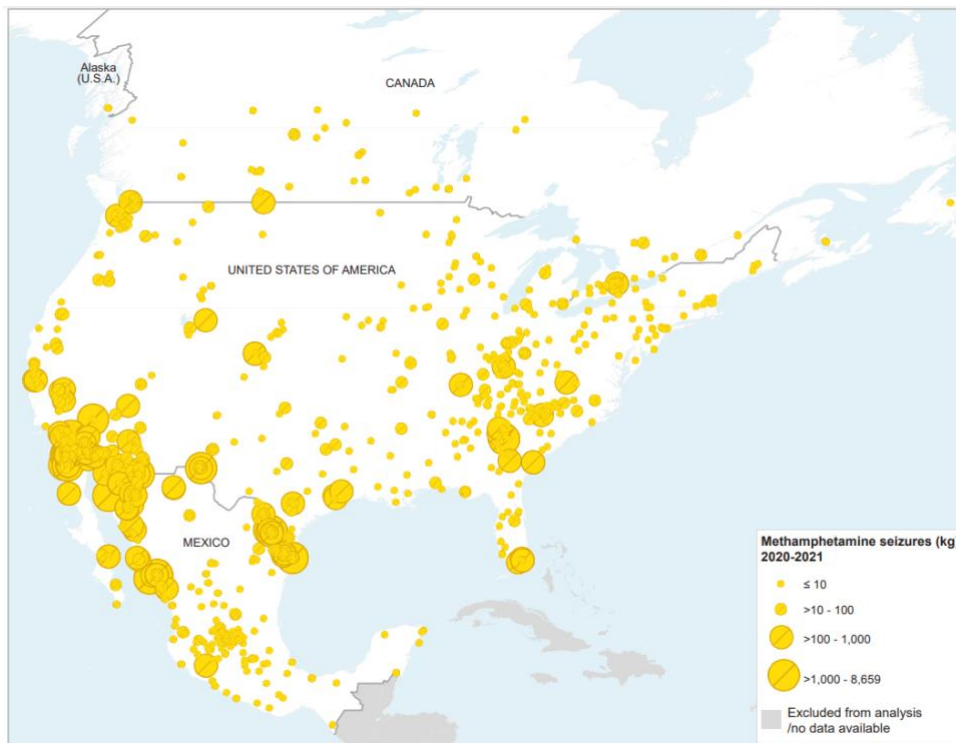
Source: UNODC, 2022b

North America: Trends in methamphetamine markets

According to the World Drug Report (2022b), most of the methamphetamine manufactured in North America, especially in Mexico, is destined for consumption in the subregion, mainly in the United States. Some methamphetamine is also exported to markets in East Asia, South-East Asia, Oceania and, to a lesser extent, Europe, according to data on the origin and outlets of methamphetamine reported for the period 2016-2020.

Quantities of methamphetamine seized in North America reached an all-time high in 2020, suggesting that there has been no significant decrease in drug trafficking activities or change in trafficking patterns in the region during the period 2020-2021 compared to 2018-2019. In addition, methamphetamine seizures have spread across the United States, moving away from the traditional concentration in the Southwest of the country, as shown in Figure 8.

Figure 8. Significant individual methamphetamine seizures in North America (2020-2021)



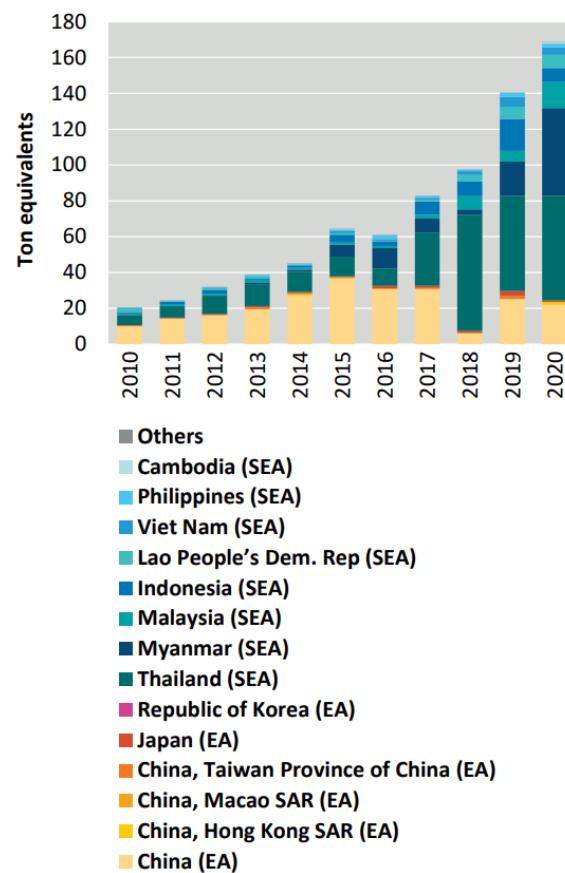
Source: UNODC, 2022b

East and Southeast Asia

A significant shift in the importance of China in methamphetamine trafficking should be noted here. In the period 2018-2020, China, including Hong Kong, Macao and Taiwan, was mentioned by Member States only nine times as a methamphetamine source or transit country. This marked a notable decrease from the 46 mentions in the period 2015-2017 (UNODC, 2022b, p. 53). The decline, according to the Report, is attributed to law enforcement measures on methamphetamine manufacture and trafficking in the country.

On the other hand, the South-East Asia region has witnessed a rapid increase in methamphetamine seizures in 2020, with a 30% increase compared to the previous year. Myanmar and Malaysia recorded the largest increases in absolute terms of seizures, as shown in Graphic 7. This increase in methamphetamine trafficking in the region does not appear to have been affected by the COVID-19 pandemic, as seizure data indicate an expansion of trafficking activities.

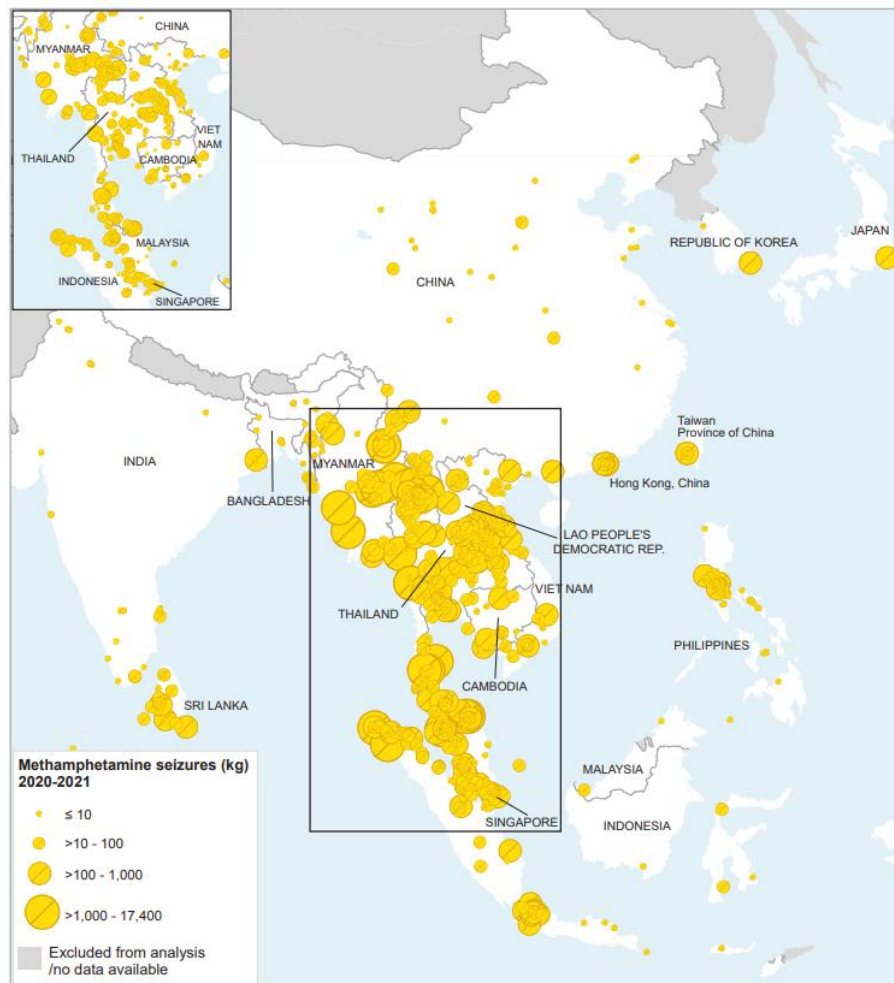
Graphic 7. Seizures of methamphetamines in East and South-East Asia (2010-2020)



Source: UNODC, 2022b

In contrast, East Asia experienced an 18% decline in methamphetamine seizures in 2020, compared to the previous year, and a 36% decline from its peak in 2015. This decline, according to UNODC (2022b), was entirely due to reductions in China, where methamphetamine manufacture, trafficking and use appear to have declined in recent years, as is the case in Japan and the Republic of Korea, which also reported declines in 2020. Significant individual methamphetamine seizures in East and South-East Asia and South Asia can be seen below in Figure 9.

Figure 9. Significant individual methamphetamine seizures in East and South-East Asia and in South Asia (2020-2021)



Source: UNODC, 2022b

According to UNODC (2022b, p. 61), quantitative and qualitative information based on population survey data in Thailand and other countries in the region suggests an increase in methamphetamine use in most countries in the region in the last decade, up to 2019. In Thailand, for example, the number of people using methamphetamine increased by 50 per cent between 2016 and 2019.

Emerging methamphetamine markets

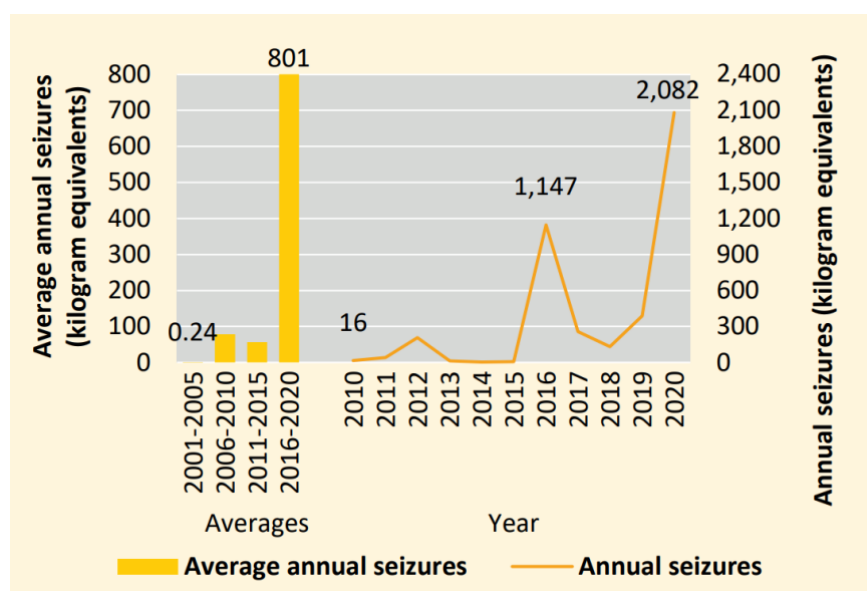
Increase in methamphetamine use and trafficking in the Near and Middle East

According to the UNODC Report (2022b), although the use of stimulant substances in the Near and Middle East continues to be characterised by high use and trafficking of

«captagon», recent years have seen an increase in methamphetamine use and trafficking in the region.

Of the 13 countries in the Near and Middle East that reported drug seizures to UNODC, 12 countries reported methamphetamine seizures in the last decade in this subregion, a significant increase compared to 7 countries during the first decade of this century. The largest methamphetamine seizures in the period 2016-2020 were reported by the United Arab Emirates (50% of all methamphetamines seized in the Near and Middle East), followed by Bahrain (28%), Saudi Arabia (9%), Iraq (9%), Israel (2%) and Kuwait (2%). Graphic8 shows methamphetamine seizures in the Near and Middle East.

Graphic 8. Seizures of methamphetamine in the Near and Middle East (2001-2020)



Source: UNODC, 2022b

Origin of methamphetamine in the Near and Middle East

According to the same UNODC Report (2022b), most methamphetamine seized in this sub-region has traditionally originated in East and South-East Asia, especially in Thailand and the Philippines, and to a lesser extent in Indonesia and Vietnam. In the Gulf countries, the street name for methamphetamine is often the same as in East and South-East Asia, «shabu».

Recently, however, there have been indications that countries in Southwest Asia may have been the source of methamphetamine found in the Gulf countries and the Middle

East, sometimes trafficked through Iraq to neighbouring countries. Such methamphetamine often originates in or transits through the Islamic Republic of Iran and may include some methamphetamine originating in Afghanistan.

Demand and harms associated with methamphetamine use

The UNODC Report (2022b) also notes that although there are no population-level estimates for the region, it appears that demand for methamphetamine and the harms associated with its use are on the rise. A study by Al-Hemiary, N. J., *et al.*, (2014) reviewed drug-related deaths in a major Saudi Arabian city in which they concluded that between 2016 and 2018 overdose deaths attributed to methamphetamine use had increased by 500%. Most methamphetamine overdose deaths involved the use of another drug, such as heroin. The study highlighted that methamphetamine may have found its way to amphetamine users who were seeking new experiences and may not have been aware of its adverse effects.

In Kuwait, the study by Al-Waheeb, S., *et al.*, (2021) on methamphetamine deaths found that during the period 2014-2018, analysis of the 344 drug overdose deaths found morphine in 80% of cases, followed by benzodiazepines (43%), amphetamines (23%) and methamphetamine (23%). As a trend, overdose deaths in which methamphetamine was found increased from 4.8% in 2014 to 35.6% in 2018. Although overdose deaths among women were much less common than among men, methamphetamine was found more frequently in female overdose cases than in male cases.

Methamphetamine use in Iraq

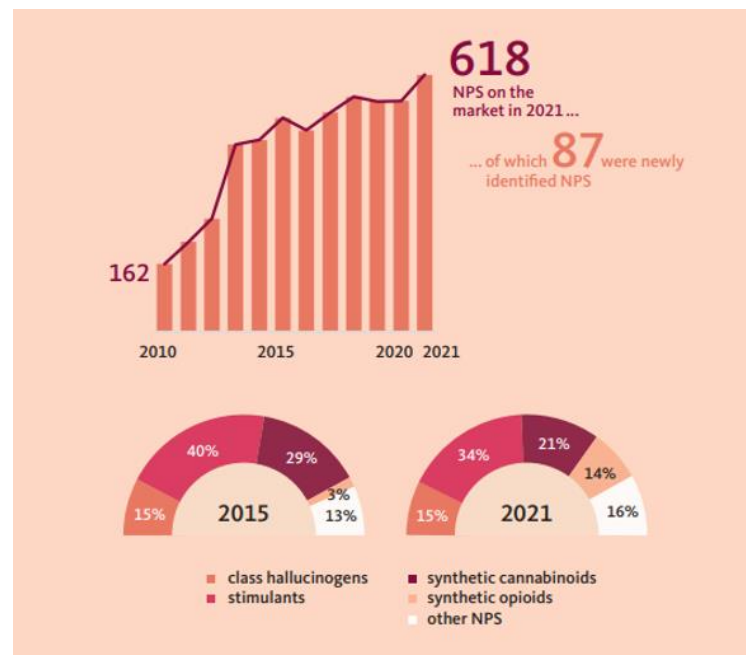
The UNODC Report (2022b) also highlights that the emergence of methamphetamine use in Iraq was reported in 2012, when, based on data from medical and psychiatric hospitals, outpatients, health centres, surveys of medical patients and inmates, and law enforcement reports, «captagon», crystal methamphetamine and tramadol were reported as the new drugs of concern among the population. Recently, it has been reported that there has been a clear increase in substance use, in particular methamphetamine and «captagon» use, among all age and gender groups, both employed and unemployed, in Iraq.

3.3 Drug market diversification in Central Asia and New Psychoactive Substances (NPS)

But beyond the well-known substances such as heroin and methamphetamine, there are other, entirely new substances that are slowly making their way into different social strata in Central Asia. In recent years, authorities have been warning of a gradual shift towards synthetic drug use in the region. While no alarm bells seem to be ringing at the moment, it is important to note that this gradual shift may be the first sign that the region is embarking on a path towards a significant transformation in drug market dynamics, which may not only affect the availability of different substances on the market, but also the patterns of use and associated risks. In the Central Asian region, this transformation is mainly driven by the proliferation of a wide variety of synthetic substances, commonly known as New Psychoactive Substances (NPS). Before we look at what the entry of these substances into the region might mean, let us take a bird's eye view of what these «new» substances we are referring to are.

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2021a), «the term «new psychoactive substances» legally refers for the purposes of the [EU] rapid alert and risk assessment system as a substance, in pure form or in a preparation, which is not covered by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychoactive Substances, but which may pose similar health or social risks to those posed by substances covered by those conventions». Figure 10 shows the NPS on the global market, together with their distribution by substance type for the years 2015 and 2021, allowing for an analysis of the evolution of this phenomenon over time.

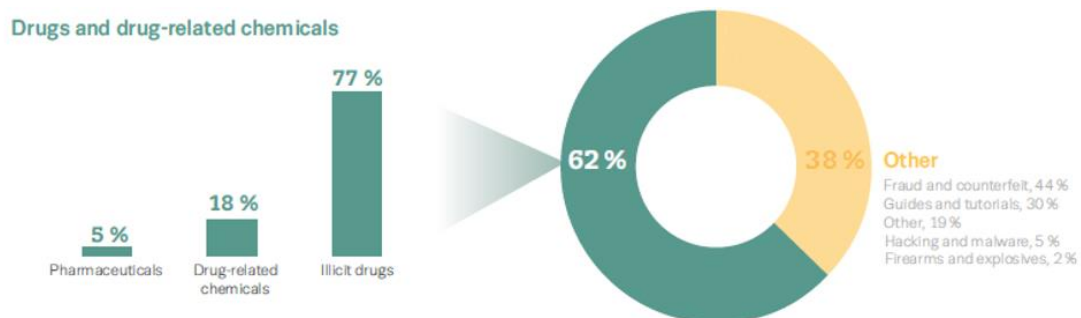
Figure 10. NPS on the global market (2015 & 2021)



Source: UNODC, 2023

Furthermore, the EMCDDA (2021a) notes that new psychoactive substances may present health and social risks comparable to those associated with controlled substances. They often belong to the same broad chemical classes as the better-known controlled substances, such as synthetic cannabinoids, opioids, benzodiazepines, stimulants and hallucinogens. However, because they have chemical differences from established drugs, the health risks can vary and, in many cases, are still unknown. These substances are available via the Darknet, social media platforms or sometimes street suppliers, and are sometimes marketed as «legal» substitutes for illegal drugs.

Figure 11. Darknet markets content

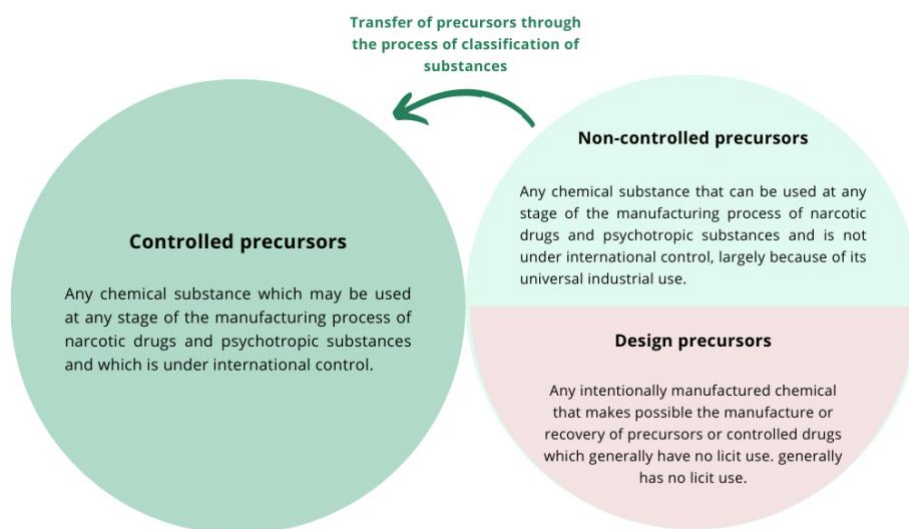


Source: UNODC, 2017

Recent years have seen a remarkable diversification in the drug market (UNODC, 2018). NPS manufacturers and traffickers have developed and marketed a wide range of new substances to adapt to ever-changing laws and regulations, as well as to circumvent potential restrictions on obtaining precursor chemicals. This strategic approach has focused on maintaining the availability of synthetic substances, even as the original precursor chemicals become more difficult to acquire.

In this regard, UNODC (2018) highlights that these changes in the drug market have led to greater diversification in the manufacturing methods used to sustain NPS production. As government control measures and controls often make it difficult to obtain traditional precursor chemicals, traffickers have sought out substitute or alternative substances that offer similar psychoactive effects to previous NPS. These alternative substances often come from different chemical families, implying the need for different precursors. The availability of these new precursors, which may not be subject to supply reduction measures, has facilitated their acquisition, posing an additional challenge for law enforcement authorities in the region.

Figure 12. Difference between controlled precursors, non-controlled precursors and designer precursors

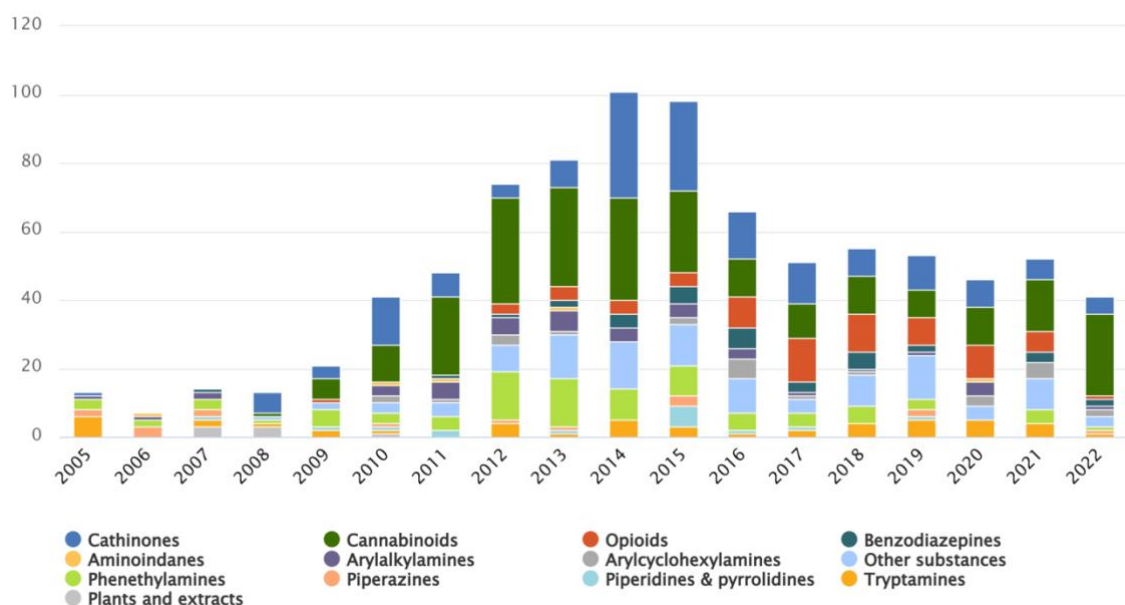


Source: UNODC, 2020

This dynamism in the drug market has also driven the continuous adaptation of manufacturing and distribution strategies to expand or modify the variety of substances offered to consumers, while maintaining psychoactive effects similar to previous substances. In some cases, substances have been used that, while not changing the colloquial name of the product, allow consumers to obtain a product that looks and feels similar to a known drug, but does not actually contain the expected psychoactive substance (UNODC, 2018). This strategy has been particularly evident in the case of ecstasy, where the composition of the drug has evolved considerably over time.

In Europe, the Early Warning System (EWS) was established as a joint approach to address the phenomenon of New Psychoactive Substances (NPS) among Member States. According to the report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2019, p. 8), this system was «first set up in 1997 under Joint Action 97/396/JHA and strengthened in 2005 by Council Decision 2005/387/JHA. Since 23 November 2018, the EWS operates under Regulation (EC) 1920/2006, which has been amended by Regulation (EU) 2017/2101». Graphic9 shows the number of NPS per category that were reported for the first time by the EWS.

Graphic 9. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category (2005-2022)



Source: EMCDDA, 2023

On the other hand, two predominant groups of people using NPS have been identified in recent years. The first group is composed of young people aged 15-30 who have no previous history of drug use. This group uses NPS occasionally, mainly in recreational settings such as clubs, parties and festivals. The second group would consist of more experienced individuals who may have used traditional drugs, mainly opioids such as heroin(EHRA, 2021).

It is also important to note that NPS are offered and sold in the Central Asian region in a variety of ways (EHRA, 2021). One very conspicuous and characteristic way in the region is by writing or painting on the walls of public areas in cities the codes and links to websites offering NPS, as exemplified in Figure 13.

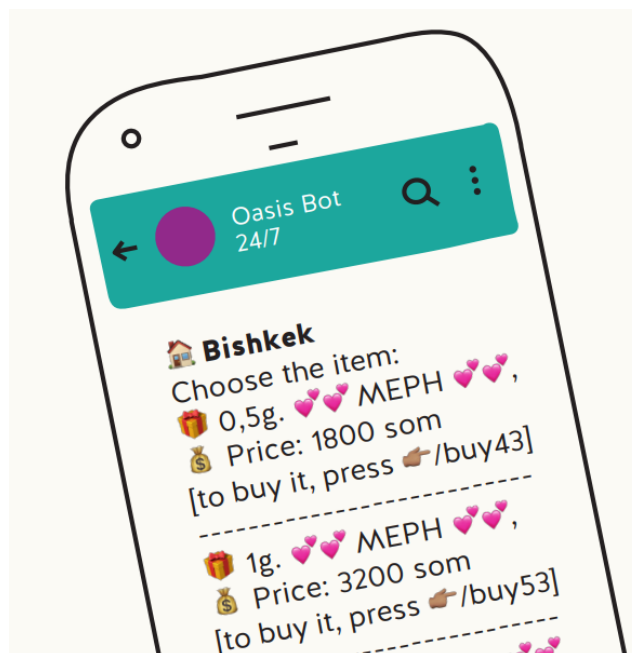
Figure 13. Graphic illustration of graffiti on walls advertising the sale of NPS in the Central Asian region



Source: EHRA, 2021

NPS are also traded on social media channels (e.g.,Telegram channels, WhatsApp groups and Viber). In these media, links to channels where NPS can be ordered through available operators are frequently communicated. People who subscribe to these social media channels often receive random notifications from shops advertising NPS, as exemplified in Figure 14.

Figure 14. Graphical exemplification of notifications of shops advertising NPS in the Central Asian region



Source: EHRA, 2021

The accessibility and presence of NPS in the region is remarkable, with distribution and promotion often taking place in an open and unrestricted manner. This phenomenon has led to increased public awareness and concern, as NPS have become a prominent part of the psychoactive substance scene in the region, posing significant challenges in terms of regulation and control.

3.4 Changing consumption pattern and consumer profile in Central Asia

The arrival of these New Psychoactive Substances throughout the region may raise some questions: Why are they arriving, who is consuming them, what impacts can they have, and above all, how can we intervene in the face of this new reality? And, above all, how should we intervene in the face of this new reality? In Central Asia in recent years, the arrival of NPS indicates the emergence of a new and notable pattern of drug use that reflects a gradual shift from escape use to more recreational and leisure use. This shift may be underway in a significant way, characterised by a major transition from traditional use of highly problematic substances, mainly opiates such as heroin, towards more entertainment and

leisure-oriented use. It is important to note here that, while these new uses also carry risks to be considered and addressed, their impacts are often much less in terms of physical and social health, as well as being associated with less social stigma.

This change has been driven by a growing interest in more fun and pleasurable experiences, following a pattern similar to that observed in European Union countries since the 1990s and which has also begun to emerge during the first decades of the 21st century in Central Asia, especially in Kazakhstan and Kyrgyzstan.

In this sense, according to Faura *et al.* (2023), two patterns of drug use can be identified in some Central Asian countries. On the one hand, it is characterised by the use of substances that allow individuals to escape from reality, generally by obtaining sedative and analgesic effects that take them away from their daily worries and problems. In contrast, the recreational approach is characterised by the use of synthetic substances and the growing presence of a middle and upper-middle class in Central Asia that seeks to celebrate, enjoy and experience pleasure.

This phenomenon is intertwined with the emergence of nightclub culture in the Central Asian region, as well as the influence of the need to enjoy leisure in a similar way to that observed in the Western world, which is disseminated through social networks, films and other media. In this sense, whenever we talk about nightlife, we are referring not only to the fact of having fun, but also to the processes of sociability, substance use and risk taking and risk management (Faura & Garcia, 2013).

Figure 15. Different psychoactive substances in the patterns of use identified in Central Asia



Source: Pixabay

To understand the evolution of consumption patterns in Central Asia, it is essential to analyse the process of normalisation of drug use which, according to Martínez Oró (2015), is used to account for the socio-cultural process that involves greater social tolerance of drug use, diametrically opposed to the alarm derived from heroin use. In this sense, according to Romaní (2005, p. 113), there is evidence of a change in the dynamics of drug use and its connection with the notion of normality in which «drugs, in this sense, are no longer associated so much with marginality, but are immersed in social contexts categorised as «normal», and are perceived as such both by the majority of users and by many components of their primary nuclei of social relations, including some adults». This process of normalisation marks a turning point in relation to the model of compulsive heroin use that has traditionally been seen. According to Martínez Oró (2015), the specific factors that facilitate normalisation are the following:

- **Diffusion of use.** There is an increase in the diversity of substances available in the region, each responding to different chronotopes, i.e., different temporal and spatial contexts between heroin users and recreational users. This variety of substances and contexts becomes a key factor in the normalisation of use.
- **Increased accessibility to substances.** New avenues for recreational users to acquire substances are now available to them, such as the Darknet and social networks. This increased accessibility has contributed significantly to normalisation, as people find it easier to obtain the substances they want.
- **Disassociation from marginality.** In contrast to heroin users, those who choose to use recreationally are not forced to live a life on the margins of society, thanks to their normal appearance and lack of stigmatisation by society. They cannot be easily identified as drug users, which allows them to maintain a normalised identity and be perceived as competent individuals in society.
- **Less problematic consequences.** Recreational users experience less problematic health, social and economic consequences compared to heavy heroin users. This perception of less negative impact has contributed to the normalisation of recreational use, as it is perceived as less risky compared to heavy heroin users.

The evolution of drug use patterns over the last decade has been remarkable. New drug use is moving away from the problems associated with heroin, giving way to more

accepted and less problematic drug use (Martínez Oró, 2015). This shift reflects a change in social perception and understanding of psychoactive substances. As Central Asian society progresses in its shift in consumption patterns, coming into greater contact with these new substances in normalised, non-marginalised spaces, and without major impacts on people's physical, mental or social health, there is a transformation in the way people understand and deal with different drug use.

The normalisation of drug use is a process that leads to a gradual dissolution of the barriers that previously separated drug users from the mainstream of society. In a context of recreational drug use, drugs are consumed at parties, festivals and nightclubs, where the primary motivation is the pursuit of pleasure and entertainment, rather than any ideological statement.

Martínez Oró (2015) states that in the context of the European Union, drugs have already become just another consumer product, absorbed by the consumerist logic that characterises capitalist societies. This evolution gradually leads to the gradual loss of the ideological component that in the past was associated with their use, which is a crucial element for understanding the path to normalisation that can be produced in the context of these new forms of consumption.

It is important to note that in the Central Asian region, traditional patterns of consumption of escapist substances such as opium have not disappeared and may never completely disappear. In this sense, we are witnessing the convergence of two distinct consumption patterns in this geographical area. This coexistence of divergent consumption patterns underlines the imperative need to develop differentiated and specific strategies for each of the identified patterns in the region in order to effectively address the changing challenges faced by consumers in Central Asia.

Changing profile of drug users in Central Asia

New patterns of drug use are linked to a new profile of drug users in Central Asia as well. This is a significant transformation that we have already seen in other parts of the world, for example in the countries of the European Union. In particular, it is logical to see how the

use of synthetic drugs has begun to attract a different user group than the one traditionally associated with heroin, particularly young people but also people with a certain purchasing power in search of different recreational experiences.

The availability of synthetic drugs in Central Asia is not only having an impact on the number of users, but also on the way in which these substances are consumed. The nature of synthetic drugs, often designed to intensify recreational experiences, is encouraging greater experimentation among users, which has gone hand in hand with a notable shift in the demographics of users in the region. In the past, heroin might have been predominant in certain demographic groups, but today, a diversification in user profiles is observed. Young people, in particular, are showing a growing interest in synthetic drugs due to their easy availability and the appeal they offer in terms of recreational experiences. This evolution in user demographics and consumption patterns would highlight the significant influence that the availability of synthetic drugs is having on the dynamics of substance use in Central Asia.

In this sense, two types of psychoactive substance use profiles can be identified in the Central Asian region. On the one hand, linked to the traditional model of drug use, there is the profile of the opiate user, with heroin as the main substance. This profile is characterised, according to Martínez Oró (2019), «for being the most recurrent image that has taken root in the common perception of heroin users. It is often visualised as a heroin addict who is a poly-consumer, addicted, emaciated, sick, homeless and in a situation of social exclusion overcome by heroin, and is usually associated with addiction careers of [several years' duration], this being the most visible and well-known profile for assistance resources».

This profile has, to a large extent, shaped the public perception of heroin users, but it is important to recognise that heroin use is not limited to a single profile and that in the Central Asian region, as elsewhere, there are diverse realities and profiles of users with different needs and challenges.

On the other hand, recreational users «see themselves as the rest of young people and non-users, even as more «open-minded», «experimenters» and «daring», but never as

people with problems. Most of them, moreover, when they perceive certain effects and consequences of consumption as dysfunctional, decrease consumption and/or try not to go out as much»(Díaz, Pallarés and Barruti, 2000, p. 212). Among recreational users, the purpose of binges is to disconnect from routine, to enjoy with friends, in short, to engage in pleasurable activities. Only on certain occasions do consumptions represent the defining element of the party. In this sense, «the new profiles of recreational users discourage heroin use because it refers to social exclusion, drug addiction, illness and, ultimately, death»(Martínez Oró, 2015, p. 133).

The new profiles of recreational users in Central Asia represent a transformation in the perception of drug use in the region. In contrast to the stereotypes associated with heroin and its connection to marginality and chronic addiction, these recreational users see themselves as individuals who enjoy leisure and experimentation in a social context. For them, occasional use of synthetic drugs has become a form of disconnection from routine, an opportunity to enjoy themselves with friends and engage in pleasurable activities.

The choice of synthetic drugs over heroin is based on the perception that heroin is linked to social exclusion, physical deterioration and illness. This negative representation has contributed to new recreational users avoiding heroin and opting for substances that are perceived to be less harmful to their physical and social well-being.

3.5 Unintended consequences of the Russian-initiated war in Ukraine

Russia's war in Ukraine has triggered a cascade of geopolitical turbulence and significant consequences for the global economy. Since the outbreak of this conflict, energy and agricultural commodity prices have soared, triggering a series of disruptive effects in different regions of the world. Among the areas most affected by this crisis is Central Asia, which has been particularly hard hit by the conflict between Russia and Ukraine.

Data from the Central Asia Barometer (2022) survey on people's perceptions of the impact of the situation in Ukraine on their respective countries in Central Asia reveal that, in countries such as Kazakhstan and Kyrgyzstan, the majority of respondents perceive the

situation in Ukraine as having a negative impact on their countries, with percentages of 58% and 70%, respectively. Similarly, only a very small minority believe that this situation has a positive impact on their nations, with only 10% in Kazakhstan and 8% in Kyrgyzstan.

In this sense, one of the most notable effects has been the displacement of a significant number of the Russian population to the region. This influx of Russians has not, however, concentrated all socio-demographic profiles. The most common profile that has arrived in Central Asia consists of young men who have left their country to escape an eventual call-up by the Russian army to fight on the Ukrainian front. For the most part, these young men were not blue-collar workers, but are mainly educated and capable professionals, with relatively greater financial resources than the local populations of the countries where they have been settling, with a great knowledge of all that the new technologies have to offer, and fully incorporated into the capitalist and consumerist world of the more urbanised Russia. These young people are mostly pacifists and are clearly against the war that the government of their own country has launched against one of its neighbours. Not wanting to participate in the madness of war, they have decided to leave their own country and go in search of peace and opportunity, finding Central Asia an attractive destination. Given the high average profile of these young people, the massive arrival of this population in Central Asia comes with a number of opportunities for the entire region, and at the same time, their adaptation to the receiving societies is not without its challenges.

Indeed, the recent influx of young Russians to countries in the region such as Kazakhstan and Tajikistan are already having mixed effects on local perceptions, according to the Central Asia Barometer (2022). On the one hand, these young Russians often have significantly higher incomes than the local population and can contribute to economic growth; on the other hand, they can cause more inflation and lead to additional increases in the price of food, goods and rents that negatively affect the local population.

In addition, and more relevant to the issue at hand, there is anecdotal evidence that this massive influx of young Russians may also have accelerated the process of normalisation of the recreational pattern of drug use in the major cities of Central Asian countries. As discussed in section 3.4, the recreational pattern of drug use has been normalised in several

regions of the world for several decades now. Russia, and especially its major urban centres such as Moscow and St. Petersburg, have also seen the recreational consumption pattern become normalised long before Central Asia saw this pattern begin to arrive in its cities. In addition to the elements of the average profile described above to describe young Russians recently arrived in the region (middle class, with a certain purchasing power, with high knowledge of new technologies, the internet and social networks, highly connected to international consumption communities, who may have visited several of the European countries for work or tourism, and who may have social networks and friendships also at the international level), a reasonable normalisation of recreational use of synthetic drugs can also be added.

It is important to note here that the emergence of the recreational model of drug use emerges in Central Asia autonomously, several years before the outbreak of the Russian war in Ukraine and the arrival of these young expatriates. It is a change that seems to be spreading to all countries that are moving towards a consumerist capitalist economy, which motivates a series of socio-economic changes within each country. Thus, the massive arrival of young Russian urbanites in the region can in no way be blamed for the emergence of this model of consumption. However, there is anecdotal evidence that their arrival may have consolidated and stabilised this trend.

In any case, what does seem certain is that all the factors described above are contributing to the fact that Central Asian cities are increasingly showing drug use patterns that are more similar to those of other regions such as the European Union. And it is in this sense that it will become increasingly relevant that, in terms of drug policy, these regions share common experiences, reflect on what works and what does not work and, in the end, work closely together to find solutions to the new challenges shared by all.

3.6 Raising the profile of specific problems in Central Asia

Hidden populations and social stigma in the drug phenomenon

In addition to these new population profiles which are interested in recreational drug use, there are still a number of very specific populations in Central Asia, as well as in the

countries of the European Union, who combine their use of elusive drugs such as heroin with a strong component of social marginalisation and stigmatisation. These populations are hidden within the drug phenomenon, off the radar of the care services, and constitute a significant and complex aspect of the overall problem of psychoactive substance use. This phenomenon manifests itself in diverse demographics and contexts, involving people whose experiences and challenges are not always visible at first glance. Exploring this issue leads us to understand the multiple layers and dimensions that shape it, from the reasons for its concealment to the public health implications and the need to address it comprehensively.

This drug demographic phenomenon is rooted in socio-economic and cultural factors and addressing it must consider the complexity of the interaction between these elements. Social inequalities, lack of employment opportunities, inadequate education and lack of access to health care are just some of the variables that influence the involvement and visibility of these hidden drug populations. Within these hidden populations, the following subgroups can be identified; according to Episteme Social (2022):

- **Parents, with a particular focus on women.** Fear of losing custody of their children and the social stigma associated with drug use may lead them to avoid seeking help. This situation masks the seriousness of their situation and the need for intervention.
- **Ex-tutored youth.** Young people who have aged out of the care system often lack a strong support network. Their lack of stability and absence of authority figures may cause them to avoid interacting with care services, which masks their vulnerability to substance use and need for support.
- **People released from prison.** Those released from prison with a history of addiction often find themselves in a precarious situation in terms of housing and employment. Fear of re-offending and barriers to social reintegration can lead to them remaining hidden and out of reach of drug prevention and treatment services.
- **Older people.** Older people struggling with addiction are often a hidden population due to a lack of visibility and recognition of their problem. They may face stigma and a lack of support services specific to their demographic, making it difficult for them to access help.
- **Migrants.** Migrant populations often face linguistic, cultural and access barriers to health services. Fear of deportation and unfamiliarity with the local health system

can lead them to avoid seeking substance abuse assistance, which masks their need for treatment and support.

One of the key aspects of understanding these hidden populations is to recognise that the social stigma and criminalisation associated with drug use play a crucial role in their invisibility. Punitive policies and stigmatisation contribute to driving those who use drugs underground, which hinders both accurate research and the implementation of effective prevention, harm reduction and treatment strategies.

Status of non-medical use of medicines in Central Asia

Non-medical use of medicines, also known as inappropriate use or abuse of medicines, is a practice that has become common in contemporary societies. We see it in European Union countries, and we see it also in Central Asian countries. This trend poses a number of challenges for both public health and human safety, as it can have serious health consequences, ranging from addictions to unwanted side effects. In this context, it is crucial to understand the causes, consequences and strategies to address this phenomenon.

The EMCDDA (2021b) defines this phenomenon as «a broad category that refers to the use of a psychoactive medicine for self-medication, recreational or enhancement purposes, with or without a prescription, but outside accepted medical guidelines». Four key categories of medicines are highlighted as important to understand in the context of the regulation and safety of pharmaceuticals. These categories are detailed below (EMCDDA, 2021b):

- **Medicines:** medicines authorised for therapeutic use in one or more EU countries. This includes both prescription and non-prescription medicines.
- **Non-authorised medicinal products:** medicinal products authorised in one or more non-EU countries, but not authorised for use in any EU country.
- **Fake medicines:** products designed to simulate real medicines. These products may contain ingredients of poor quality or in an incorrect dosage, or other substances not indicated on the package leaflet.
- **Falsified medicines:** medicines that do not comply with intellectual property rights or infringe trademark laws.

- **Some new psychoactive substances sold as legal drug substitutes:** substances used for therapeutic purposes, but not authorised for medical use and not internationally controlled.

In recognition of the problems that inappropriate use of medicines can cause, their use has been regulated by three major drug control treaties to ensure the availability of these medicines for medical and scientific purposes, and to prevent their diversion into illicit channels (UNODC, 2011).

- **Single Convention on Narcotic Drugs of 1961**, as amended by the 1972 Protocol, which aimed to combat illicit drug use through coordinated international action.
- **Convention on Psychotropic Substances of 1971**, which established an international control system for the use of psychotropic substances.
- **United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances adopted in 1988**, which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

In Central Asia, the non-medical use of medicines, also commonly known in the region as «pharmacy drugs», is a worrying phenomenon that has been on the rise in many parts of the world, including this vast region. This geographic region faces significant challenges related to the inappropriate and unauthorised use of a wide variety of pharmaceutical substances, including analgesics, sedatives, stimulants, tranquillisers and opioids, among others. Although these drugs are designed to be administered under medical supervision to treat specific health conditions, they are being misused in the region.

The health sector situation in Central Asia presents a number of considerable challenges. Among these challenges are chronic underinvestment, a shortage of trained medical personnel and the obsolescence of medical equipment used in hospitals and clinics (Schweitzer, 2022). In addition, the high cost of treatment in medical facilities has led a significant number of residents to turn to home remedies as a more affordable alternative.

It should also be noted here that the pharmaceutical industry in the Central Asian region is composed of both public and private pharmacies, many of which operate without

adequate supervision (Schweitzer, 2022). A worrying phenomenon is the availability of a wide variety of medicines without prescription in Uzbekistan, where it is estimated that more than 901 different medicines can be purchased without a prescription. In several countries in the region, unrestricted access to and overuse of antibiotics without prescription have contributed to the rise of antimicrobial resistance. Despite some attempts at regulation, such as a ban on the sale of antibiotics in private pharmacies in Turkmenistan in 2019, the effectiveness of these policies is difficult to determine due to lack of access to reliable information and data.

However, despite efforts to control the sale of antibiotics without prescription in Uzbekistan in 2019, it appears that these attempts may be failing (Schweitzer, 2022). The widespread availability of over-the-counter medicines has become so widespread that it is even mentioned in popular tourist guides. This easy access to medicines without the supervision of a health professional not only contributes to antimicrobial resistance, but also offers an attractive alternative for those seeking an escape from illicit drugs.

Additionally, in Central Asia, all states have strict laws against drugs and drug trafficking. However, as access to illegal drugs such as marijuana and opium has decreased, users have resorted to purchasing pharmaceuticals as an alternative. Although the law prohibits this, enforcement by pharmacists is lax, and many private pharmacies allow customers to buy drugs indiscriminately. In countries such as Turkmenistan and Uzbekistan, the situation is even more worrying, with frequent warnings about the abuse of substances such as Tramadol, especially among students.

In this context, the widespread presence of counterfeit and expired medicines is also noteworthy (Schweitzer, 2022). The high costs of medicines, particularly those for the treatment of chronic diseases such as diabetes, have led to a proliferation of counterfeit drugs on the market. In Kazakhstan, it is estimated that 10-12% of all medicines are counterfeit. Authorities in Kyrgyzstan and Tajikistan have conducted frequent raids on pharmacies suspected of selling expired or counterfeit medicines, while in Uzbekistan, production warehouses for counterfeit medicines have been uncovered. However, due to the large number of unregulated public and private pharmacies, stopping these health violations is proving to be a formidable challenge.

What seems clear is that, when used inappropriately, these drugs can have serious health consequences and can lead to dependence (UNODC, 2011). These risks are in addition to the negative implications for work productivity, personal relationships and the economic stability of individuals and their families.

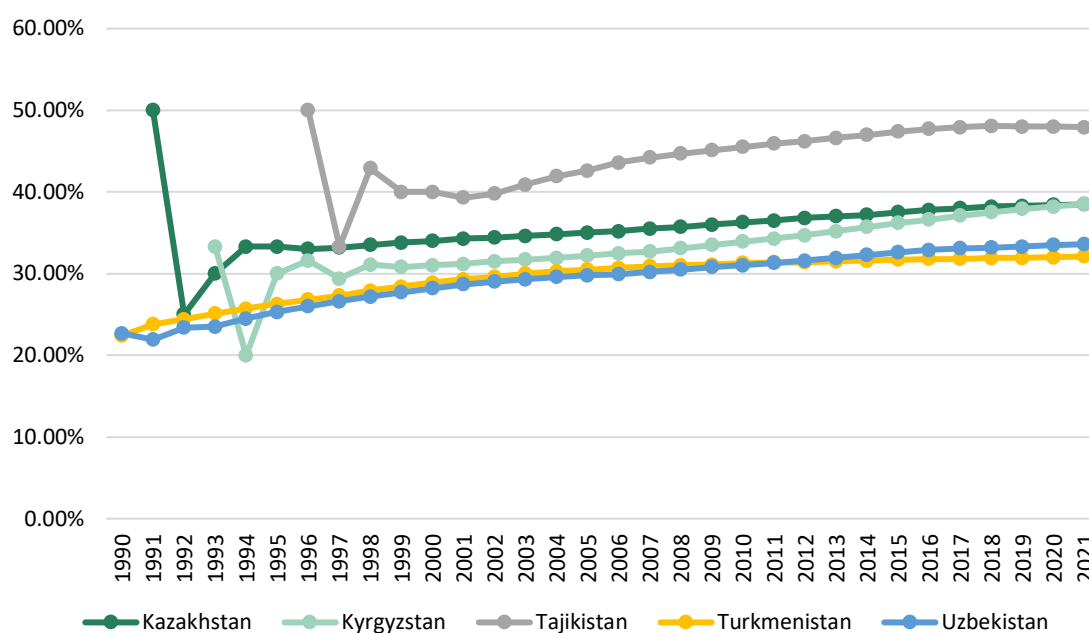
HIV and Hepatitis C infection through unsafe drug use practices in Central Asia

Human immunodeficiency virus (HIV) infection and hepatitis C are two serious problems affecting millions of people worldwide, and the Central Asian region is no exception. In this area, injecting drug use is a widespread phenomenon and is a significant route for the spread of both HIV and hepatitis C.

Drug use in Central Asia often involves unsafe practices, such as the sharing of needles and other injecting drug paraphernalia. These practices are high-risk and facilitate the transmission of infectious diseases, including HIV and hepatitis C. In addition, the link between drug use and sexual risk behaviour, such as the lack of condom use, aggravates the situation and increases the transmission of these infections. Graphic10 shows the percentage of women aged 15 years and older living with HIV in the Central Asian region. The most relevant aspects are highlighted below:

- **General trend in all countries of an increase in the percentage of adult women living with HIV over the years** from 1990 to 2021. This increase varies in magnitude from country to country.
- **The Central Asian region has experienced an increase in HIV prevalence.** In this regard, if we look at rates in adult women, for example, we see that they vary from around 20% in the early 1990s to around 30–40% in the early 2020s.
- **The data underline the importance of continuing and strengthening HIV prevention and treatment efforts** in these countries.

Graphic 10. Women's share of population ages 15+ living with HIV (%) in Central Asia (1990-2021)



Source: World Bank Data, (n.d.)

In some of the Central Asian countries, the prevalence of HIV and hepatitis C among drug users is high. Lack of access to adequate services, harm reduction programmes, HIV and hepatitis C education, as well as treatment for drug addiction, contributes to the spread of these diseases (Faura *et al.*, 2023).

People Living With HIV	2016	2017	2018	2019	2020	% change
Kazakhstan	19,113	20,841	22,712	25,753	27,498	+43.82
Kyrgyzstan	7,948	8,824	9,680	10,342	11,153	+40.32 ³
Tajikistan	6,056	7,094	7,812	8,756	9,459	+56.19
Uzbekistan	35,386	37,872	40,376	42,425	-	+19.89 ⁴

Source: Faura *et al.*, 2023

³ Percentage change between 2017 and 2021

⁴ Percentage change between 2016 and 2019

Stigmatisation and discrimination towards drug users in Central Asia represent a significant barrier in the fight against the spread of HIV and hepatitis C. Stigmatisation is defined by Goffman (1970, pp. 11-55) «as a negative attribute that establishes differences between people who have it and those who do not, generating situations of rejection and contempt for those who have it». Individuals who use drugs in Central Asian countries face this stigmatisation, which is expressed in the form of deep-seated prejudices in society, resulting in the denial of opportunities and marginalisation in various settings, including access to health services, prevention and specialised treatment. This stigmatisation contributes to a cycle of social exclusion and limits people's willingness to seek help and treatment for their addictions and associated infections.

Discrimination based on drug use also results in unequal treatment in health care systems. Drug users may experience negative attitudes from health professionals, discouraging them from seeking help. This lack of access to prevention and treatment services not only perpetuates the spread of HIV and hepatitis C, but also has a detrimental impact on the overall health and wellbeing of these people, underlining the urgent need to address stigmatisation to improve responses to these diseases.

As highlighted by Link & Phelan (2006, pp. 528-529), «the discrimination and exclusion to which drug users are subjected by being labelled as ill limits their possibilities to access fundamental rights such as health, education and work». This «sick» label imposed on drug users often marginalises them and undermines their access to medical services and opportunities that are essential for their wellbeing and reintegration into society.

3.7 Analysis of concerns arising from the Regional Seminar

In the context of the Regional Seminar organised in the framework of CADAP 7 in Astana, Kazakhstan, the understanding and assessment of the concerns raised took on fundamental relevance. This section is devoted to a synthetic analysis of the concerns that emerged from the Central Asian delegations during the regional meeting. This analysis seeks to provide a detailed perspective on the issues that were the subject of discussion and debate at the Regional Seminar, thus allowing for a better understanding of the implications and challenges raised by the parties involved in the event. It then proceeds to explore the

synthesised responses and reflections that the various EU experts formulated in response to the concerns raised during the event, which have already been presented in section 2.4 of this report.

1. Considerations on intervention models

- **Changing consumption patterns in Central Asian countries.** This was one of the main concerns of several delegations. As we have explained above, the change in drug use dynamics in the Central Asian region, particularly the increase in stimulant use, reflects a phenomenon similar to that which occurred in much of Europe in the late 1990s. This change in patterns of drug use may be influenced by a number of factors, such as drug availability, socio-economic and cultural aspects, as well as access to information. Understanding the reasons behind this change is of great importance in order to adapt prevention and treatment programmes to these new trends, ensuring that they are effective in addressing the current phenomenon in an appropriate way.
- **Sustainable responses to the consequences of the drug phenomenon.** The lack of sustainable interventions and responses to drug abuse in Central Asian countries is a significant issue. Sustainable responses involve the implementation of long-term policies and programmes that continuously and effectively address the problem of drug abuse. The absence of a sustainable approach may result in short-term solutions that do not comprehensively address the problem and do not endure over time to provide lasting results.
- **Harm and risk reduction strategies.** Harm and risk reduction strategies play an important role in preventing drug use and can be instrumental in Central Asian countries. Recognising that drug use cannot be completely avoided, this strategy focuses on minimising the risks and harms associated with drug use. Effective implementation of these strategies can contribute to the reduction of infections, social stigma and other physical and mental health harms related to drug use in the region.
- **Methodologies to identify needs and priorities.** The methodology used in Portugal to identify drug-related needs can be adapted in Central Asia, taking into account the cultural and social diversity in the region. This would allow an accurate

understanding of the specific needs of the region, including the prevalence of certain substances, consumption patterns and socio-economic factors influencing the drug problem.

- **Treatment and responses for drug users.** In a region where drug use is a significant challenge, implementing a structured approach such as the Portuguese one would be helpful. Treatment centres and therapeutic communities, as well as harm reduction programmes, could be tailored to the needs and resources of each Central Asian country.

2. Targeted interventions for specific populations

- **Challenges and efforts in prevention.** The challenges in preventing drug abuse, especially among young people in Central Asia, are complex and require multifaceted approaches. These challenges may be related to the availability and accessibility of drugs, influence of social and cultural factors, and lack of awareness of the risks associated with drug use.
- **Care for minors.** Effectively serving minors and adolescents facing drug use-related problems in Central Asia requires a holistic approach tailored to their unique needs. Efforts should be supported by ongoing research and constant evaluation, allowing for continuous adaptations and improvements to ensure the long-term relevance and effectiveness of programmes.
- **Quality and supervision in private treatment clinics.** In the search for effective treatment for those facing the consequences of drug use in the Central Asian region, public and private clinics play an important role. In the case of private clinics, ensuring high standards of quality of care and external monitoring of the treatment process are key to achieving positive and lasting results.

3. Prevention of death and disease

- **Hepatitis as a problem in the region.** The widespread occurrence of hepatitis in the Central Asian region poses a considerable challenge in terms of public health and population wellbeing. This problem encompasses both hepatitis B and hepatitis C, and its prevalence in the region can be attributed to a number of factors, such as risky drug use practices and lack of access to adequate medical care. This can negatively impact the quality and accessibility of services for people affected by the

disease, hindering their ability to receive timely and appropriate care. The harm reduction model undoubtedly provides the most effective and economical way to address the drastic reduction of infections and, with it, the spread of these tragic diseases throughout the countries of the region.

4. Considerations on the relationship between drugs, health, confidentiality and criminality

- **Positive discrimination in access to health services by people who use drugs.** Access to health services plays a critical role in the care of people who use drugs in Central Asia. Often, people who use drugs face stigma and discrimination when seeking medical care. Improving access to health services for people who use drugs is important to effectively address their medical needs and provide quality, non-judgmental care.
- **Health and mental health concerns.** Recognising the importance of addressing mental health in the context of drug use patterns is positive for comprehensive care for people who use drugs in the Central Asian region. Mental health is intrinsically related to the well-being and quality of life of individuals. In the case of people who use drugs, mental health care is of paramount importance, as they often face psychological and emotional challenges that require specialised support and treatment.
- **Information systems and confidentiality.** In Central Asia, preserving the confidentiality of health care information is a key component of any effective health care system strategy. The way in which personal data is managed and protected is closely related to successful healthcare management.

4. Conclusions

Following a comprehensive analysis of the factors influencing the complex drug phenomenon in Central Asia, detailed in the preceding section, it is possible to draw a number of key conclusions that shed light on the dynamics and challenges facing the region in relation to the trafficking, consumption and production of narcotic substances. These conclusions are based on a comprehensive assessment of the elements that make up this multifaceted problem, encompassing socio-economic, political, security and other aspects. The conclusions that emerge from the detailed analysis are presented below and provide an illuminating picture of the drug situation in Central Asia and emerge as a basis for reflection for the elaboration of future intervention strategies and policies.

- **Afghanistan's drug production model is undergoing a transition from a traditional opium market to an emerging amphetamine market.** In Afghanistan, there is a gradual transition in the drug production model. The traditional model, which is mainly based on opium cultivation, is evolving towards an emerging model centred on methamphetamine production. It is not yet clear what will happen with the announced Taliban ban on opium cultivation in the country, and thus to the existing opium and heroin distribution networks that pass through Central Asia. It is also unclear whether in the future Afghanistan will have two distinct distribution routes for amphetamines and opium, or whether these will be unified to take advantage of infrastructure and resources. Several scenarios remain open for now in this regard. What is clear, however, is that this eventual transformation in Afghanistan's drug economy could be reflected in the form of imminent significant shifts in the supply and demand for psychoactive substances across the region, which in turn could have implications for global drug market dynamics.
- **The drug market in Central Asia is undergoing a transformation with the emergence of synthetic drugs and New Psychoactive Substances (NPS).** Recent years have seen a certain diversification of the drug market in Central Asia. The introduction of New Psychoactive Substances (NPS) has widened the range of options available to users. This diversification in the drug market may indicate a constant adaptation of the actors involved in the production and distribution of psychoactive substances in

response to changing trends and consumer demands in the region. It should be noted that the emergence of the use of these new substances is not translating into an increase in drug-related problems. Treatment centres have not observed any increase in demand for their services motivated by people who are using these substances. In this sense, the concern about the detection of these new substances in the region's markets is due more to a lack of knowledge about them than to any possible alarm on the part of the treatment centres. In order to deal with this new situation, it is therefore important to understand the potential problems that may arise with the increase in the consumption of these substances, as well as to be able to rule out other individual or social problems that have generally been observed with other more traditional substances in the region, such as heroin.

- **Central Asia is seeing the emergence of a new pattern of recreational drug use occurring in parallel to the traditional escapist consumption pattern.** Detailed analysis of the evolution of drug use patterns in Central Asia reveals a significant transformation in the region. The arrival of synthetic drugs and NPS and the shift towards more entertainment and leisure-oriented drug use mark a milestone in the perception and social acceptance of these substances, as users seek more pleasurable and fun experiences. However, it is important to note that the two identified patterns of use coexist in the region: the traditional escapist use pattern, represented mainly by opioid substances such as heroin, and the new recreational use pattern, represented mainly in Central Asia by synthetic drugs and NPS.
- **New drug user profiles emerge in Central Asia in relation to the emergence of the recreational drug use pattern.** The evolution of drug use patterns in Central Asia has given rise to a new profile of drug users that reflects a significant transformation in the region, following a trend observed in other parts of the world, such as the countries of the European Union. We now find an emerging, socially normalised population with a growing interest in synthetic drugs, attracting a user group that differs from that traditionally associated with heroin. This new profile includes young and affluent people looking for different recreational experiences.
- **Throughout the region, there remain a number of hidden populations that do not reach treatment centres due to the strong social stigma attached to drug use.** In the global drug context, including Central Asia, there remain groups of people hidden

from care services. Social stigma persists as a major factor in this phenomenon, which can have negative repercussions for those caught in the cycle of drug use. This stigmatisation can make it difficult to access health and support services, creating additional challenges in managing the drug phenomenon.

- **Non-medical use of medicines has increased significantly in Central Asia in recent years, and actions have so far failed to effectively reverse this situation.** The situation of non-medical use of medicines in Central Asia is an issue that requires careful attention. The non-medical use of pharmaceutical drugs such as analgesics, sedatives, stimulants, tranquillisers and opioids, among others, has increased significantly in the region in recent years. The practice of using medicines for recreational or non-medical purposes raises concerns about the safety and health of those who engage in such behaviours. Understanding the drivers of non-medical use of medicines is essential to effectively address this phenomenon in the Central Asian region.
- **The lack of effective harm reduction strategies is driving a significant increase in the spread of HIV and hepatitis C across the Central Asian region.** HIV and hepatitis C infection through unsafe drug use practices in Central Asia represents a significant public health risk. The spread of these infectious diseases through practices such as needle sharing poses challenges for disease prevention and control in the region. Harm management is crucial to protect the health of the population in Central Asia, and although it is widely recognised that the best strategy to curb the spread of these diseases is harm reduction in drug use, Central Asian countries seem to have not yet decided to implement it in their drug policy strategies. There are a number of proven effective actions that could be taken in this regard, which in reality would require very little investment in relation to the high social cost to society of allowing these diseases to spread unchecked. The problem for the implementation of such harm reduction policies and strategies in the different Central Asian countries is therefore not an economic one, but rather lies primarily in the strong social stigma and entrenched prejudices among the various political, technical and social actors who would be responsible for their implementation. Other global regions - such as the European Union - have also had to deal with the same prejudices, but in the face of the seriousness of the facts and the effectiveness of this strategy, they have ended up

recognising the great value of harm reduction as a privileged perspective to curb the spread of these and other diseases in society, to reduce deaths and suffering caused by drugs, to reduce the prison population, to reduce the high costs of police and prison efforts, and to gradually move towards the construction of a society in which all people can enjoy their right to social dignity and equal rights in terms of access to health services.

5. Recommendations

The recommendations presented below emerge from a thorough analysis of the key issues detailed in this Systematisation Report. These recommendations have been developed with the objective of addressing the common and particular challenges faced by the countries of the region. The recommendations that are considered applicable and beneficial to all Central Asian countries are described below, with the aim of promoting sustainable development in the region.

- **Designing differentiated responses to the two patterns of drug use in the Central Asian region.** The two patterns of drug use described above - the traditional *escapist model* and the new *recreational model* - will coexist in parallel in the different countries of the region, expressing themselves in different population profiles and manifesting themselves socially in different ways. In this sense, it will be crucial to design differentiated responses for each model. For traditional consumption based on opiates and opium derivatives, responses focus on health promotion, harm reduction and access to medical services. In the case of recreational use of synthetic substances and NPS, responses are primarily promoted through a combination of preventive strategies and risk reduction approaches. Both responses should address the underlying factors of each pattern of use, with an emphasis on education, psychological support and improved living conditions to prevent and reduce drug use in the region.
- **Strengthen HIV and hepatitis C prevention and treatment programmes.** Given the high prevalence of HIV and hepatitis C in Central Asia, it is important to focus on scaling up and strengthening prevention and treatment programmes, including ensuring access to appropriate medicines and care services. It is recommended that vaccination strategies, public education and the availability of affordable and effective treatment be promoted to address this public health challenge. It is also important to implement harm reduction strategies such as syringe provision and exchange programmes, or venipuncture rooms.
- **Providing comprehensive mental health care for people who use drugs.** Integrating mental health care into the treatment of people who use drugs is an important consideration. This approach encompasses medical care, psychological support and

social care to address the mental and emotional challenges faced by these populations. Mental health becomes an integral component of care for people who use drugs. It is important to understand that mainstream mental health facilities are often not staffed with personnel specialised in understanding the complex phenomenon of drugs. Similarly, professionals who are experts in the drug phenomenon do not necessarily have specialised knowledge in the management of mental health problems. This is why it is very important to train staff specialised in drugs and mental health, and to enable and publicise the spaces in which these professionals can attend to people who use drugs when they may need it.

- **Strongly promote harm and risk reduction strategies.** The implementation of harm reduction strategies is key to reducing the risks and harms associated with drug use. Harm reduction is used to reduce the negative consequences of drug use without necessarily requiring abstinence and recognising that those who are unable or unwilling to stop using can make positive changes to protect themselves and others. In the Central Asian country setting, the most urgently needed harm reduction interventions would be the extension of needle and syringe programmes (NSP) and opioid agonist therapy (OAT) sites to provide basic primary health care. Supervised injection sites are facilities licensed by law and supervised by medical professionals. They are designed to provide a safe, clean and stress-free environment for substance users. These sites offer sterile injecting supplies, provide information about substances, offer basic medical care, facilitate referrals to treatment programmes and have medical staff available.
- **Combat discrimination in accessing health services.** Addressing the discrimination and stigma faced by people who use drugs when seeking health care is an important issue. Social stigma may be the main reason why people who develop significant health problems due to drug use do not seek help from health services. Social stigma towards people who use drugs manifests itself in society as a whole, and professionals working in health care settings are no exception. Education and awareness-raising are therefore key to ensuring that health services are accessible and free of discrimination for this group.
- **Develop specific prevention programmes targeted at young people.** It is important to focus prevention efforts especially on young people, and to do so effectively,

adapting policies and strategies to their own needs and characteristics. These programmes should involve comprehensive education, awareness raising and the active participation of young people (e.g. through the involvement of youth associations), evolving to address changing consumption trends.

- **Implement needs and priority assessments at national and regional levels.** The adoption of the needs assessment methodology used in Portugal, adjusted to the cultural and social diversity of Central Asia, is a crucial step towards a precise understanding of the specific challenges faced by each of the countries in this region. Similarly, there are elements that manifest themselves equally and transversally throughout the region, beyond the individual country. It is therefore important to assess the needs and priorities of each country, and to do so in a way that incorporates the regional reality in order to effectively address country-specific issues within the region.
- **Ensure that people who use drugs have access to quality treatment clinics, public or private, that ensure maximum confidentiality.** Establishing quality standards, state licensing and external monitoring of private treatment clinics is important to ensure the provision of high-quality services. Continuous training and updating of treatment practices are relevant considerations. These clinics, whether public or private, must assure people who use drugs that their data is treated with the utmost confidentiality, and that it will not be shared with law enforcement agencies.
- **Develop specific care and treatment programmes for minors and adolescents.** Minors are a very specific group that can often develop drug use problems. These problems and their solutions are different for minors and adolescents. It is therefore of great importance to design and adapt programmes that integrate evidence-based approaches to address the unique needs of minors and adolescents facing complex situations related to drug use.
- **Always include a provision for ongoing evaluation in the design of all drug policy strategies implemented at the national level.** Evaluation is essential for effective drug policy making, as it helps to ensure that policies and programmes have the desired effect, provide value for money and do not have unintended negative consequences. The importance of evaluation has been recognised in all EU drug strategies and in the strategies of many Member States. Carrying out systematic and

continuous evaluations of national drug strategies and policies implemented at national level thus makes it possible to measure the effectiveness of interventions, identify areas for improvement and adjust policies in the light of the results and impacts achieved.

6. Bibliography

- Al-Hemiary, N. J., Al-Diwan, J. K., Hasson, A. L., & Rawson, R. A. (2014). Drug and alcohol use in Iraq: findings of the inaugural Iraqi Community Epidemiological Workgroup. *Substance use & misuse*, 49(13), 1759-1763. <https://doi.org/10.3109/10826084.2014.913633>.
- Al-Waheeb, S., Al-Omair, N., & Mahdi, A. (2021). Patterns of drug overdose deaths in Kuwait from 2014 to 2018. *Public health in practice*. Oxford, England. 2, 100181. <https://doi.org/10.1016/j.puhip.2021.100181>
- Central Asia Barometer Data, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, Wave 11, 2022. Available at <http://www.ca-barometer.org>
- Díaz, A., Pallarés, J., & Barruti, M., (2000). *First report 1999. Observatori de nous consums de drogues en l'àmbit juvenil*. Genus Institute. Barcelona.
- Episteme Social (2022). *Processes of empowerment and access to rights in (semi) hidden drug-dependent populations. A research oriented to the evaluation of the effectiveness of social and health resources and to the evaluation of the impact of public policies*. Barcelona: Episteme Social.
- Eurasian Harm Reduction Association (2021). *New Psychoactive Substance Use in Eastern Europe and Central Asia: Regional Report*. Daan van der Gouwe. EHRA: Vilnius, Lithuania. Available at <https://ehra-uploads.s3.eu-central-1.amazonaws.com/039f6392-5bb0-4626-a9d3-12ae28df124c.pdf>
- European Monitoring Centre for Drugs and Drug Addiction (2019). *EMCDDA operating guidelines for the European Union Early Warning System on new psychoactive substances*. Publications Office of the European Union. Luxembourg. Available at https://www.emcdda.europa.eu/publications/guidelines/operating-guidelines-for-the-european-union-early-warning-system-on-new-psychoactive-substances_en

European Monitoring Centre for Drugs and Drug Addiction (2021a). *New psychoactive substances: health and social responses*. Available at https://www.emcdda.europa.eu/publications/mini-guides/new-psychoactive-substances-health-and-social-responses_en

European Monitoring Centre for Drugs and Drug Addiction (2021b). *Non-medical use of medicines: health and social responses*. https://www.emcdda.europa.eu/publications/mini-guides/non-medical-use-of-medicines-health-and-social-responses_es

European Monitoring Centre for Drugs and Drug Addiction (2023). *European Drug Report 2023: Trends and Developments*. Available at https://www.emcdda.europa.eu/publications/european-drug-report/2023_en

Faura, R. & Garcia, N. (2013). Nightlife and risk reduction. In Martínez Oró, D. P, Pallarés, J. (eds.). *Of risks and pleasures. Manual to understand drugs*. Lleida: Milenio. DOI 10.13140/RG.2.1.2782.5120

Faura, R., Cáceres, R., & Martínez-Oró, D.P. (2023). *Central Asia's National Drug Policy Dialogues Systematisation Report. Technical implementation of National Dialogue meetings on Drug Policy at the national level in Central Asia*. CADAP 7.

Goffman, E. (1970). *Stigma: the deteriorated identity* (10th ed., pp. 11-55). Buenos Aires: Amorrortu. Available at <https://sociologiaycultura.files.wordpress.com/2014/02/goffman-estigma.pdf>

Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet* (London, England), 367(9509), 528-529. [https://doi.org/10.1016/S0140-6736\(06\)68184-1](https://doi.org/10.1016/S0140-6736(06)68184-1)

Martínez Oró, D. P, Pallarés, J. (2013). *Of risks and pleasures. Manual to understand drugs*. Lleida: Milenio. DOI 10.13140/RG.2.1.2782.5120

Martínez Oró, D. P. (2015). *Without crossing the line. La normalización de los consumos de drogas*. Bellaterra: Barcelona. DOI: 10.13140/RG.2.1.2803.2480

- Martínez Oró, D. P. (2019). *Opioids in Spain. Neither heroin spike nor American-style opioid crisis*. Barcelona: Episteme.
- European Monitoring Centre for Drugs and Drug Addiction (2022). *Recreational environments and drugs: health and social responses*. Retrieved from https://www.emcdda.europa.eu/publications/mini-guides/recreational-settings-and-drugs-health-and-social-responses_es
- Romaní, O. (2005). «La normalización del cannabis desde una perspectiva global. Percepciones sociales y políticas públicas», *Eguzkilore*, 19, pp. 107-120.
- Schewitzer, R. (2022). *Central Asia's Dangerous Pharmaceutical Industry*. The Diplomat. Available at <https://thediplomat.com/2022/12/central-asias-dangerous-pharmaceutical-industry/>
- Sharifli, Y., Chia-Lin, K., & Derbishova, B. (2022). Russia's War in Ukraine and Its Impact on Central Asia. *The Diplomat*. Retrieved from <https://thediplomat.com/2022/10/russias-war-in-ukraine-and-its-impact-on-central-asia>
- United Nations Office on Drugs and Crime (2011). *The non-medical use of prescription drugs. Policy direction issues*. Available at <https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>
- United Nations Office on Drugs and Crime (2017). *World Drug Report 2017*. Available at https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf
- United Nations Office on Drugs and Crime (2018). *Understanding the synthetic drug market: the NPS factor*. Global SMART, volume 19. Available at https://www.unodc.org/documents/scientific/Global_SMART_Update_Vol.19_Sp.pdf
- United Nations Office on Drugs and Crime (2020). *Expansion of the synthetic drug market: Implications for precursor control*. Global SMART, volume 23. Available at https://www.unodc.org/documents/scientific/Global_SMART_23_ES.pdf

United Nations Office on Drugs and Crime (2021). *World Drug Report 2021*. Available at <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>

United Nations Office on Drugs and Crime (2022a). *Afghanistan's 'tablet K' - a forensic insight into an emerging synthetic drug market*. Global SMART, volume 26. Available at https://www.unodc.org/documents/scientific/GlobalSMART_26_E.pdf

United Nations Office on Drugs and Crime (2022b). *World Drug Report 2022*. Available at <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html>

United Nations Office on Drugs and Crime (2023). *World Drug Report 2023*. Retrieved from <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>

Vorobyeva, Y. (2023). Crossroads: Kazakhstan's changing illicit drug economy. The Global Initiative Against Transnational Organized Crime. Available at <https://globalinitiative.net/wp-content/uploads/2023/10/Yulia-Vorobyeva-Crossroads-Kazakhstans-changing-illicit-drug-economy-GI-TOC-October-2023.pdf>

World Bank Data (2023). Women's share of population ages 15+ living with HIV (%) in Central Asia (1990-2021). Retrieved from <https://data.worldbank.org/indicator/SH.DYN.AIDS.FE.ZS?end=2021&locations=KZ-TM-KG-UZ-TJ&start=1990&view=chart&year=2021>



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DELIVERABLE 3

