



**UNODC**

United Nations Office on Drugs and Crime

# Compendium

## Drug Related Statistics



2009

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## Compendium of Drug Related Statistics. 2009

The Compendium was prepared by the Coordination and Analysis Unit of the UNODC Regional Office for Central Asia supported by the Paris-Pact Initiative project. The Compendium is compiled from official statistics of Central Asian law enforcement agencies, UN data and other findings of international organizations.

**UNODC ROCA**  
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**THE PARIS-PACT INITIATIVE**  
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## Acknowledgements

This compendium was produced by the Coordination and Analysis Unit (CAU) of the UNODC Regional Office for Central Asia and benefited from the work and expertise of UNODC ROCA sub-office staff in Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan.

We would like to acknowledge the support of the Governments of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan for facilitating the preparation of this publication. We also would like to thank the following organizations and individuals for their dedication and contributions:

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### THE KYRGYZ REPUBLIC

#### **Staff of the law enforcement agencies including**

Almaz Garifullin

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### **THE REPUBLIC OF TAJIKISTAN**

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### **THE REPUBLIC OF UZBEKISTAN**

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We express our gratitude to Mr. Siyar Ramazanov and Ms. Olga Muravleva for advice during preparation of this publication.

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## Contents

2008 Highlights .....	7
Drug Trafficking.....	8
Drug Smuggling through the Central Asia Countries .....	10
Drug Seizures and Trafficking Routes in the Central Asia Countries .....	11
Drug Prices .....	18
Drug Abuse.....	22
Assessment of Problem Drug Use in Central Asia.....	24
Treatment Demand in Central Asia Cities.....	25
HIV/AIDS.....	28
Drug-Related Crime.....	31
References .....	36

## 2008 Highlights

1. Strong demand for heroin in the CIS and Western Europe has had an effect on the growth of drug trafficking through Central Asian countries.
2. Well-developed cross-border transportation and porous borders have made Central Asia one of the most attractive routes (the “Northern Route”) for the smuggling of Afghan drugs.
3. UNODC estimates suggest that some 121 tons of heroin and 293 tons of opium transited through Central Asia in 2008.
4. The year 2008 is characterized by strengthened countermeasures against drug trafficking taken by law enforcement agencies in Central Asia.
5. With the overall increase in drug trafficking, seizures in Kazakhstan and Uzbekistan rose sharply in 2008.
6. 5.3 tons of heroin (60% more than in 2007) and 4.5 tons of opium (28% less than in 2007) were seized in Central Asia in 2008.
7. Large volumes of drugs are delivered in containers by road and rail transport disguised as agricultural produce.
8. Cannabis group drugs (marijuana and hashish) comprise the largest portion of the total volume of trafficked drugs; however, the share of opiates is increasing.
9. In addition to heroin and opium, the drug market in Central Asia is expanding with cannabis originating in Afghanistan as well as cocaine and ecstasy coming from Europe and the Russian Federation.
10. According to UNODC estimates, in 2007 in Central Asia the estimated number of people who used opiates at least once in the past year was 340,000; for cannabis, the range is from 1.89 to 2.02 million people.
11. In 2008, there were over 63,000 registered heroin and opium-dependent patients and over 18,000 people dependent on the cannabis group of drugs.
12. In Central Asia, most drug users are heroin dependent (63% of registered drug users in 2008); with fewer users dependent on cannabis (21%), opium (12%) and other drugs (4%).
13. Some 70% of registered drug users in the Central Asian countries in 2008 were injecting drug users.
14. Although the HIV/AIDS epidemic in the region is mainly concentrated among injecting drug users, epidemiological data suggests that the epidemic has spread beyond risk groups and has started to affect the public at large through heterosexual transmission.
15. In 2008, 6,664 newly registered persons with HIV/AIDS were officially identified. HIV/AIDS is spread predominantly among male injecting drug users of the most productive age – 20 to 49 years.
16. The total number of officially registered HIV cases in Central Asia has increased 19-fold: from 1,641 cases in 2000 to 30,993 cases in late 2008. Along with the growing number of HIV cases, there is an increase in the number of people living with HIV/AIDS.

## Drug Trafficking

In 1991-2008, trafficking in and seizures of Afghan opiates increased significantly in Central Asia as a result of large-scale opium cultivation and heroin manufacturing in Afghanistan. At the same time, the situation in the region is characterized by strengthened countermeasures against drug trafficking taken by law enforcement agencies. According to UNODC data, the Central Asian countries were listed among the top 20 opium seizing countries in 2007. In terms of global heroin seizures, Tajikistan ranked 7<sup>th</sup>; Kazakhstan – 19<sup>th</sup>; and Uzbekistan – 21<sup>st</sup>.<sup>1</sup>

The data on opiate seizures in the region in 1997-2008 demonstrates that the largest annual opiate seizure - 14 tons - was effected in 2000, with a dramatic decrease evident by 2005<sup>2</sup> - 6.5 tons. Despite increasing opiate smuggling through Central Asia, seizures levels have remained roughly at the level of 10 tons per year in the past 8 years (except 2002 and 2005).

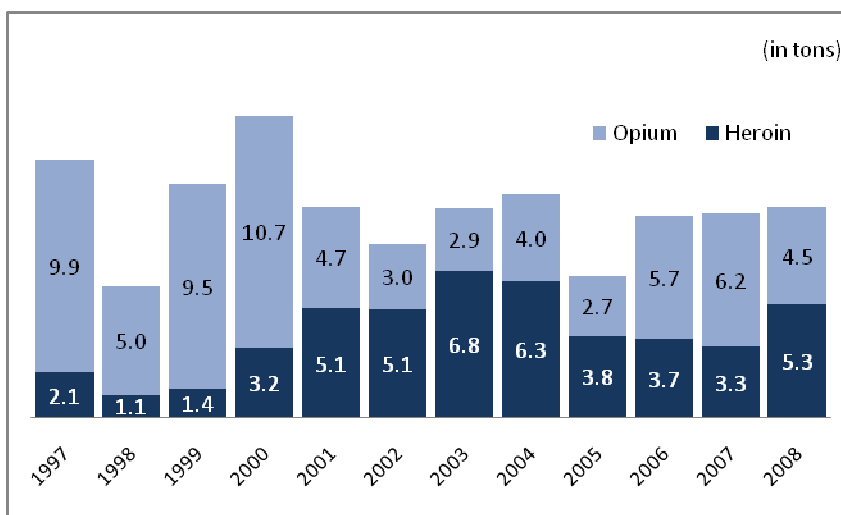


Chart 1. Opiate seizures in Central Asia, 1997-2008

In terms of the heroin/opium ratio, the share of opium seized in Central Asia before the year 2000 accounted for 70% of total opiate seizures. Starting 2001, Afghanistan saw the rapid development of processing of raw opium into heroin and its delivery to consumer countries, which led to a dramatic increase in heroin seizures in Central Asia over 2001-2005. However, this rate decreased somewhat in 2006-2007.

This decrease might be associated with various factors: efforts made by the international community to interdict precursor trafficking to Afghanistan; a shift in opium production towards the southern Afghan provinces; certain success achieved by law enforcement agencies in Afghanistan in dismantling

<sup>1</sup> World Drug Report 2008. UNODC

<sup>2</sup> Before 2005, some 50% of opiates were seized by Russian border guards. The Federal Border Service of the Federal Security Service of Russia transferred the state border to the State Border Protection Committee of Tajikistan in 2005.

clandestine heroin laboratories;<sup>3</sup> and a considerable increase in prices of acetic anhydride and other precursors in Afghanistan and consequent deterioration of heroin quality<sup>4</sup>.

Extra-large consignments of opium in 2008 were seized in Tajikistan (400 kg); Turkmenistan (200 kg); and Uzbekistan (155 kg, 190 kg). Record-breaking heroin seizures in Kazakhstan (537 kg), Tajikistan (100 kg twice), Uzbekistan (133 kg and 568 kg), and Russia (330 kg) suggests that demand for heroin in the CIS and Europe is still strong.

## Heroin

In 2008, heroin seizures in Central Asia increased by 60% and amounted to 5.3 tons. Before 2007, single seizures of heroin over 100 kg mainly occurred in Tajikistan, while in 2007-2008 law enforcement and security agencies of Kazakhstan and Uzbekistan seized several extra-large consignments of heroin. As a result of these successful operations, heroin seizures in Kazakhstan in 2008 amounted to 1,639 kg and, for the first time, were equivalent to the level of seizures in Tajikistan (1,636 kg). In Uzbekistan, 1,472 kg of heroin was seized in 2008 (28% of all heroin seized in the region). Kyrgyzstan and Turkmenistan seized 6% (299 kg) and 4% (245 kg) of all heroin seizures respectively.

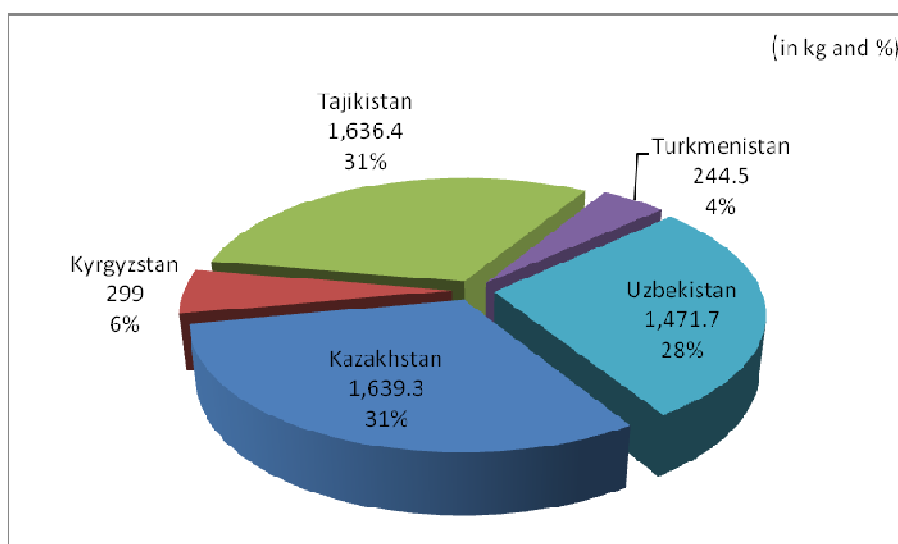


Chart 2. Heroin seizures in Central Asia, 2008

<sup>3</sup> In 2008, the DCA staff carried out 48 joint operations with Afghanistan and dismantled 8 drug laboratories in Afghanistan provinces bordering on Tajikistan.

<sup>4</sup> This view was expressed by several representatives of law enforcement agencies at working meetings of experts of the UNODC Regional Office for Central Asia in five Central Asian countries and Russia in 2006-2007.

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## Drug Smuggling through the Central Asia Countries

Drugs trafficked from Afghanistan through Central Asia are mainly destined for markets in Russia and the CIS and partly transited to Europe.

UNODC estimates that some 121 tons of heroin and 293 tons of opium crossed Central Asia's borders in 2008. Using the UNODC method to assessing global drug interception rates, one can determine that the heroin interception rate (without regard to average purity) was 4%, and the opium interception rate was 1% in Central Asia.

The main transport routes have not changed considerably over the past decade. From Afghanistan, drugs enter neighboring Tajikistan, Turkmenistan and Uzbekistan to be further transported to Kazakhstan, the Russian Federation and Western Europe. CARICC data indicates that in 2008 a new drug supply route through Central Asia was identified: Afghanistan-Iran-Turkmenistan-the CIS countries-Europe. Recently, UNODC experts have been evaluating possible heroin trafficking routes from Afghanistan to China through Central Asia.

Large volumes of drugs are delivered in containers by road and rail transport disguised as agricultural produce. In such trafficking arrangements, the role of ethnic groups controlling the transportation of vegetables and fruits is increasing. Members of organized criminal groups involved in drug trafficking include persons of various nationalities including nationals of Central Asia region.

According to the Federal Drug Control Service of the Russian Federation, the share of Central Asian nationals in the overall number of persons arrested for drug trafficking in 2008 was 55%. However, the total number of Central Asia nationals arrested in Russia has been decreasing over the past five years. In 2008, this rate had decreased by 20% compared to 2004. The number of citizens of Tajikistan arrested for smuggling drugs into Russia has also been decreasing, but they still dominate among citizens of other Central Asian countries. The number of citizens of Uzbekistan arrested has increased over the past five years. Nationals of other Central Asian countries are involved in drug smuggling to a lesser extent.<sup>5</sup>

Number of nationals of Central Asian countries arrested for drug trafficking in the Russian Federation.

Nationality	2004	2005	2006	2007	2008
Tajikistan	465	413	417	408	320
Uzbekistan	64	109	91	107	119
Kazakhstan	82	63	79	64	54
Kyrgyzstan	50	46	45	31	40
Turkmenistan	6	4	3	9	6
<b>Total</b>	<b>667</b>	<b>635</b>	<b>635</b>	<b>619</b>	<b>539</b>

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<sup>5</sup> Information and illustrative materials on countering illicit drug trafficking in the Russian Federation in 2008.

## Drug Seizures and Trafficking Routes in the Central Asia Countries

The data submitted to UNODC by law enforcement agencies of the Central Asia region are essential for understanding of the drug situation in each country.

**Kazakhstan.** The map below shows heroin seizures<sup>6</sup> effected by the Ministry of the Interior of the Republic of Kazakhstan in the first half of 2007 and throughout 2008. The bulk of seizures were registered in Almaty, Southern Kazakhstan and Zhambyl provinces along the Kazakh-Uzbek and Kazakh-Kyrgyz borders.

Drugs from Uzbekistan and Kyrgyzstan are transported through Almaty, Southern Kazakhstan and Zhambyl provinces to Karaganda and Eastern-Kazakhstan provinces. It should be stressed that large seizures near Karaganda combined with the relatively low heroin prices (see “Drug Prices” Section) may indicate that one of the major transshipment points is in Karaganda province<sup>7</sup>. From Karaganda, drugs are transported to the north (through Akmola and Kostanai and Northern-Kazakhstan provinces) and north-east of the country (to Pavlodar province), and then onward to the Russian Federation. In Western Kazakhstan, less than 1 kg of heroin was seized in a total of three areas, pointing to some transit of drugs from northern Uzbekistan and Turkmenistan into Kazakhstan.



Map 1. Heroin seized by the Ministry of the Interior of Kazakhstan, the first half of 2007 and 2008

<sup>6</sup> Starting 100 g and over.

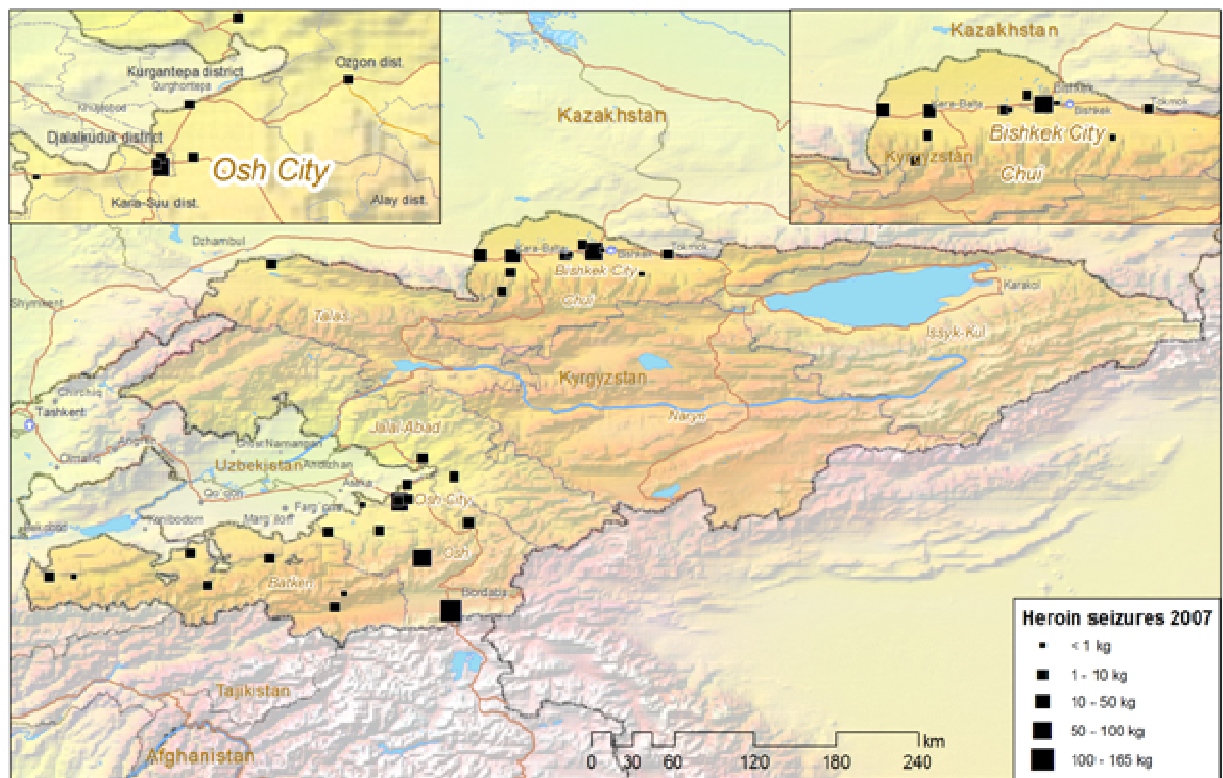
<sup>7</sup> According to the National Security Committee of the Republic of Kazakhstan, in 2008 as a result of joint operations with securities of foreign countries the Central Asian Makhmudkhodjaev's drug community, major drug transshipment point in Karaganda city and trafficking channels to a number of Russian cities were suppressed.

As a result of extra-large consignments of heroin seized at Kayrak checkpoint in Kostanai province (537 kg), Karaganda province (177 kg), and Almaty province (120 kg), major trafficking channels to the Russian Federation and Western Europe were suppressed and criminal groups arrested.

According to estimates of the Government of Kazakhstan, 30% of heroin trafficked through Kazakhstan is absorbed in the country for internal consumption, and 70% is transported to the Russian Federation. Kazakh experts estimate that some 80% of heroin is transported by road and 20% by rail.<sup>8</sup>

**Kyrgyzstan.** Data of law enforcement agencies of Kyrgyz Republic for 2007 (presented in the map below) shows that large consignment seizures (over 100 kg) are concentrated on the south along the Kyrgyz-Tajik border. The map clearly traces two routes of heroin trafficking from Tajikistan to Kyrgyzstan:

1. Khorugh (Tajikistan)-Murgab (Tajikistan)-Osh (Kyrgyzstan) located on the route “Khorugh-Osh” adjacent to mountain massifs in Gorno-Badakhshan region of Tajikistan. The largest seizures of heroin were made on this route.
2. Khujand (Tajikistan)-Batken (Kyrgyzstan)-Osh (Kyrgyzstan). Seizures registered in the south of Kyrgyzstan were made on highways and adjacent areas of Sughd region in Tajikistan through Batken region of Kyrgyzstan and in Osh city.



Map 2. Heroin seized by law enforcement agencies of the Kyrgyz Republic, 2007

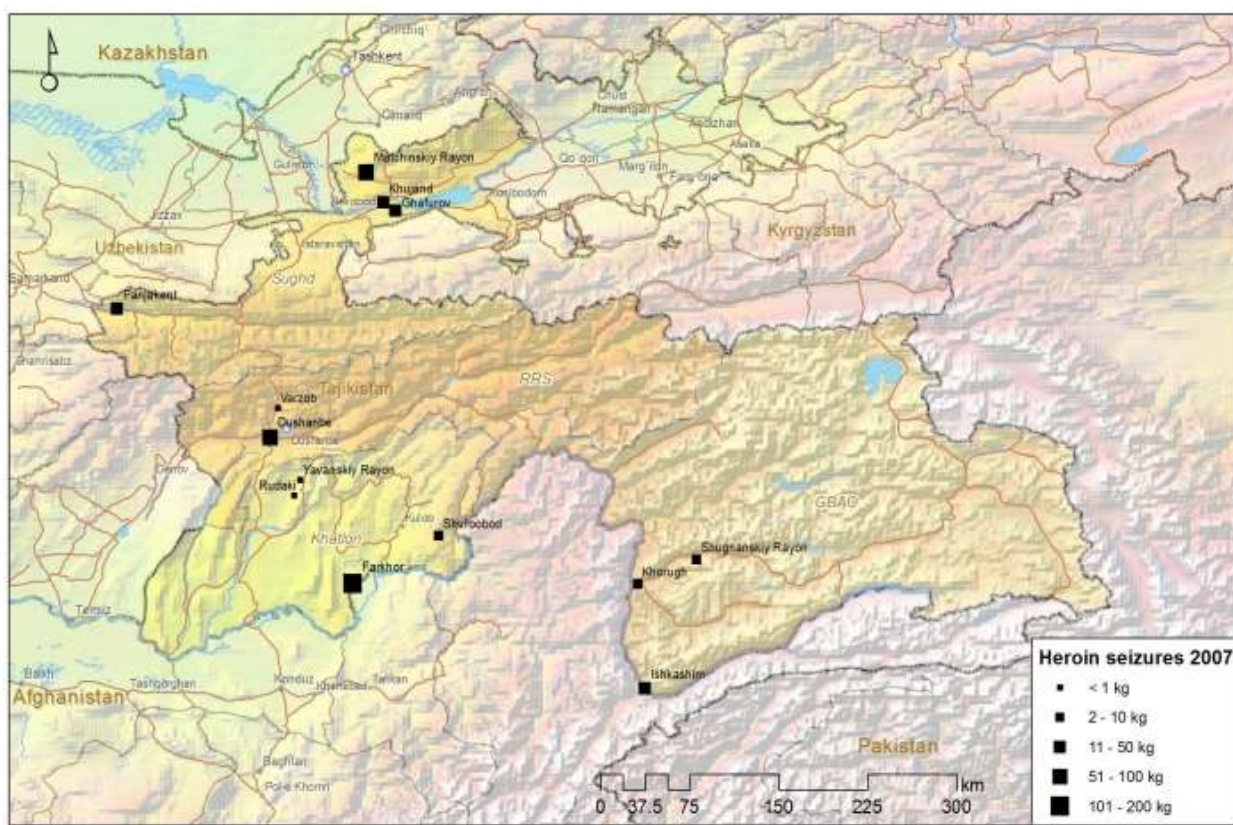
In northern Kyrgyzstan, heroin seizures were made in Chui province and are concentrated around Bishkek which makes it possible to trace drug trafficking routes to Kazakhstan.

<sup>8</sup> UN Annual Reports Questionnaire for 2008, Kazakhstan.

According to official estimates, 30% of heroin trafficked through Kyrgyzstan is destined for internal consumption, 10% for Kazakhstan and the rest, 60%, is transported to the Russian Federation. Kyrgyz experts estimate that heroin is transported to other countries by road.<sup>9</sup>

**Tajikistan.** As shown on the map, seizures made in 2007 by the Drug Control Agency under the President of the Republic of Tajikistan make it possible to identify possible drug trafficking routes from Afghanistan to Tajikistan and further. Places of seizures along the Tajik-Afghan border point to the following main crossing points: Farkhor (200 kg), Ishkashim (up to 50 kg), Shuroobod (less than 10 kg), Shugnan (Khorugh, less than 10 kg). Seizures along Hamadoni, Pyandj and Darvaz would likely have been present given more data on seizures registered by other law enforcement agencies in Tajikistan. Drugs entering Tajikistan are transported to Samarkand<sup>10</sup>, Surkhandarya and Tashkent<sup>11</sup> provinces in Uzbekistan.

Drugs exiting Sughd oblast in Tajikistan are transported through Batken province to Osh province in Kyrgyzstan. A portion of these drugs then move west to Uzbekistan. From Gorno-Badakhshan Autonomous province (Tajikistan) heroin is trafficked to Osh province of Kyrgyzstan.



Map 3. Heroin seized by the Drug Control Agency of the Republic of Tajikistan, 2007

Estimates of Tajik law enforcement agencies suggest that 5% of heroin transported through Tajikistan is absorbed and consumed in the country, 80% goes to the Russian Federation, and 15% to other CIS countries.<sup>12</sup>

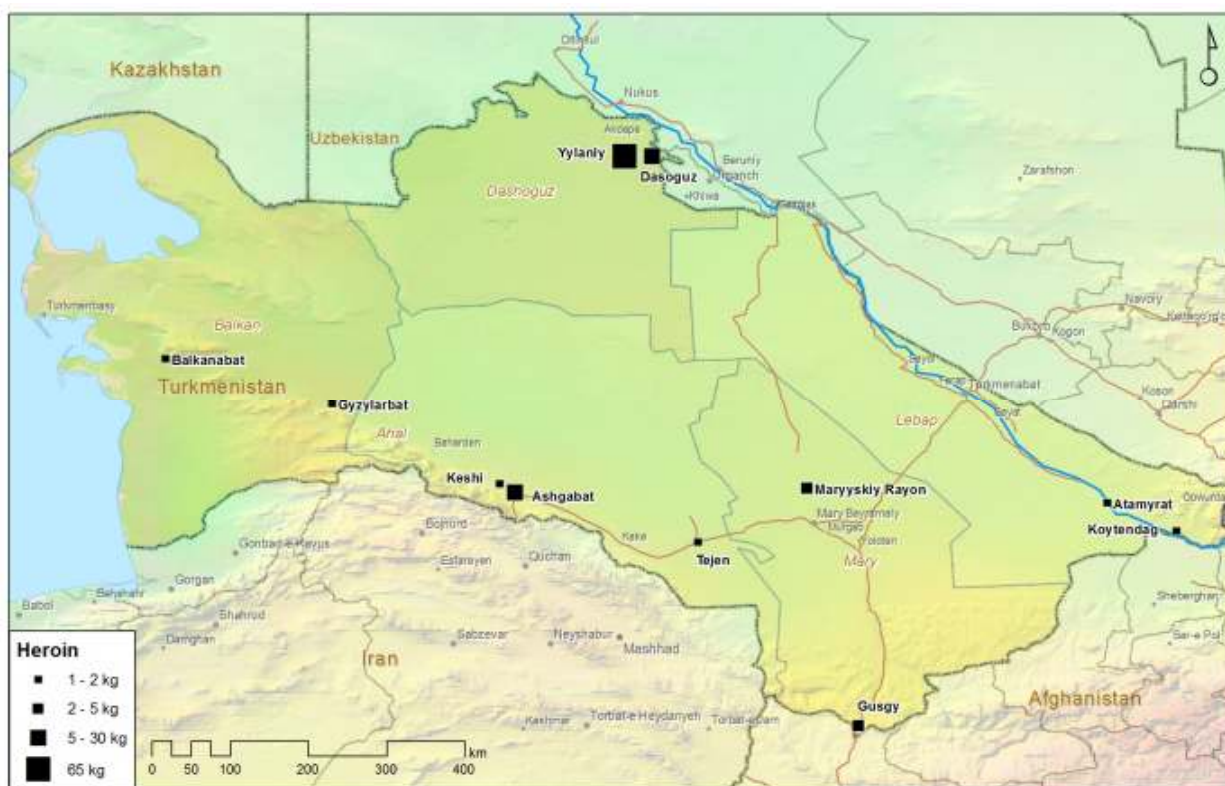
<sup>9</sup> UN Annual Reports Questionnaire for 2007, Kyrgyzstan

<sup>10</sup> In this direction the DCA has seized 44 kg in Tajikistan.

<sup>11</sup> 100 kg was seized in Matchi district and by 20 kg in B. Gafurov district and Khujand city

<sup>12</sup> UN Annual Reports Questionnaire for 2007, Tajikistan

**Turkmenistan.** Law enforcement agencies in Turkmenistan report an increase in drug smuggling into the country across its borders with Afghanistan, Iran and Uzbekistan. For example, on the border with Uzbekistan, in Dashoguz province, two large heroin seizures, 50 kg and 25 kg, were made in 2008.



Map 4. Heroin seizures in Turkmenistan, the first half of 2008

**Uzbekistan.** Opium and heroin enter Uzbekistan through the south (Surkhandarya province), south-east (Syrdarya and Samarkand provinces) and north-east (Tashkent province, Ferghana Valley) regions bordering Tajikistan, and directly from Afghanistan (along the Amudarya River).<sup>13</sup> The map of Uzbekistan below shows heroin seizures over 1 kg made in the country in 2007.

Estimates by Uzbek law enforcement agencies indicate that 5% of heroin trafficked through Uzbekistan is absorbed in the country, 80% is transported to the Russian Federation, and 15% transported to other CIS countries.<sup>14</sup>

Experts of law enforcement agencies in Uzbekistan estimate that 54.4% of heroin is transported by animal-powered transport or on foot; 42.3% of heroin is transported by road; 7.8% by rail; 4% by air; and 1.5% by sea.

<sup>13</sup> Information on Drug Situation in the Republic of Uzbekistan in 2007. Report of the National Center on Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan.

<sup>14</sup> UN Annual Reports Questionnaire for 2007, Uzbekistan



Map 5. Heroin seizures in the Republic of Uzbekistan, 2007

### Opium

In 2008, law enforcement agencies in Central Asia seized 4.5 tons of opium which is 28% less than the total amount seized in 2007. In terms of opium seizures in the region, Tajikistan seized the largest portion (39%), followed by Turkmenistan (34%) Uzbekistan (24%), Kyrgyzstan (3%) and Kazakhstan (0.4%).

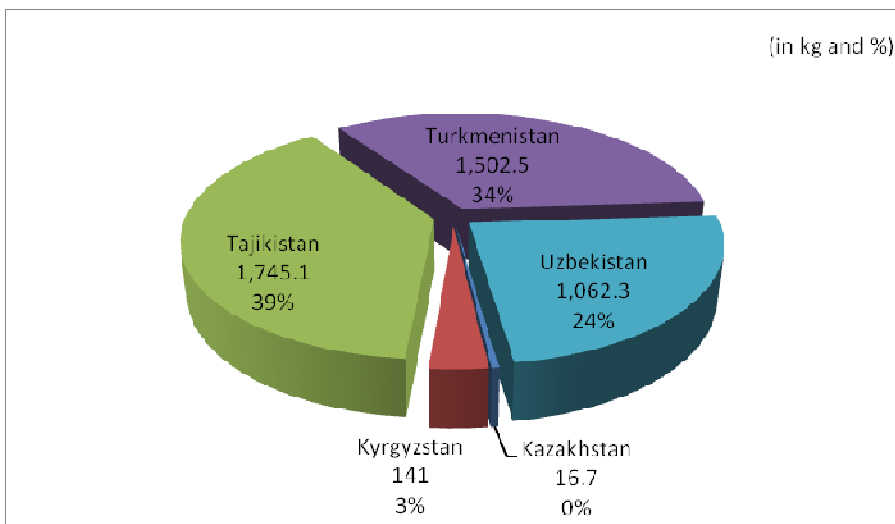


Chart 3. Opium seizures in Central Asian countries, 2008

The map shows places opium seizures were effected in Central Asia in 2004-2007. It can be seen that routes for opium trafficking from Afghanistan to Tajikistan, Turkmenistan and Uzbekistan are the same as those used for heroin.



Map 6. Opium seizures in Central Asian countries, 2004-2007

### Marijuana and hashish

Marijuana seizures in Central Asia are increasing steadily. In 2008, 34 tons of marijuana was seized, which accounts for nearly three-quarters of the total volume of drugs seized (71%). The dominance of cannabis group drugs in regional seizures is due to vast areas of wild-growing cannabis in Kazakhstan and Kyrgyzstan. In 2008, these countries seized 26 tons and 5 tons of marijuana respectively. The other 4 tons were seized in Tajikistan, Turkmenistan and Uzbekistan.

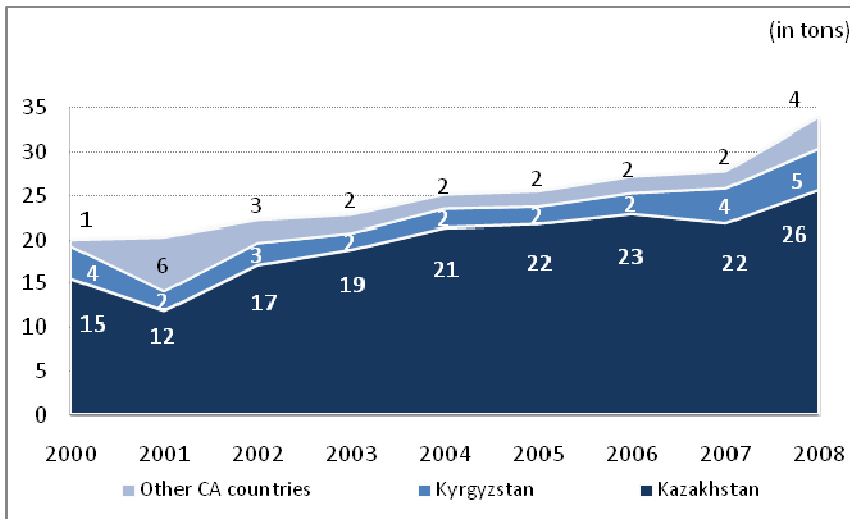


Chart 4. Marijuana seizures in Central Asian countries, 2000-2008

From 2003 to 2007, the total volume of marijuana seized in Tajikistan, Turkmenistan and Uzbekistan remained stable at roughly 2 tons per year. Starting in 2008, there has been a dramatic increase in marijuana<sup>15</sup> seizures in Tajikistan (129%<sup>16</sup>) and a lesser increase in Uzbekistan (19%).

Over the past five years (2004-2008), hashish seizures in Central Asia increased 2.5-fold. The growth of seizures in the region of both marijuana (22%), and hashish (27%) in 2008 is most likely a reflection of steady levels of marijuana/hashish production in Kazakhstan and Kyrgyzstan as well as the market expansion of cannabis group drugs trafficked from Afghanistan (marijuana, hashish, and hash oil)<sup>17</sup>.

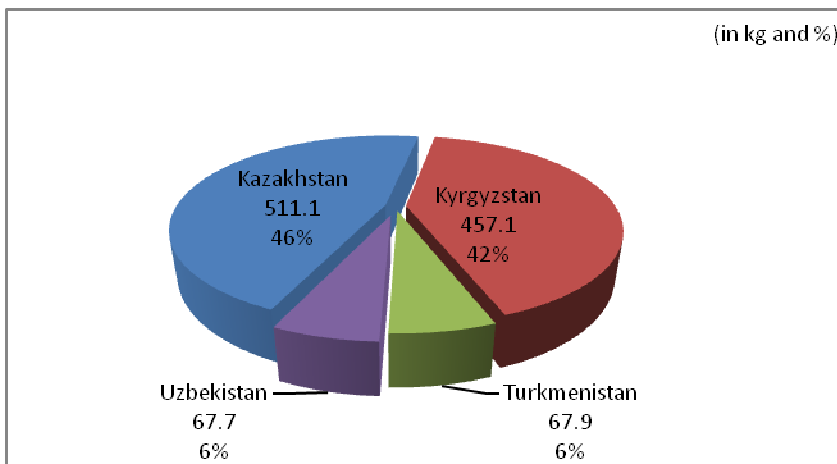


Chart 5. Hashish seizures in Central Asian countries, 2008

Volumes of imported synthetic drugs (ecstasy, LSD, etc.) from European countries and Russia to Central Asia are also increasing. Kazakhstan reports the most frequent seizures of synthetic drugs. In 2007, law enforcement agencies of Kazakhstan seized 792 ecstasy tablets, while 3,743 tablets were seized in 2008

<sup>15</sup> Mainly originating from Afghanistan.

<sup>16</sup> Most seizures of the cannabis group were made in districts of Khatlon and Gorno-Badakhshan regions bordering on Afghanistan.

<sup>17</sup> Land allocated to cannabis cultivation in Afghanistan increased from 50,000 ha in 2006, 70,000 ha in 2007.

– almost a 4-fold increase. The ecstasy market is present throughout the region; this drug is transported from Kazakhstan to other Central Asian countries. Although the data of law enforcement agencies in those countries suggest that in 2008 seizures of ecstasy tablets were reported as isolated cases only and were not systematic, larger seizures have already reported in early 2009. For example, in April 2009 staff of the Drug Control Agency in Kyrgyzstan suppressed an ecstasy supply channel and seized 400 tablets.

## Drug Prices

**Heroin and opium.** Relatively high purity and low purity heroin is available on the regional drug market. As a rule, cost depends on both quality and distance from border crossings and trafficking routes.

Table 1. Average wholesale prices for heroin and opium in Central Asia, 2005-2009

	Year-month	Min. price	Max. price		Year-month	Min. price	Max. price
<b>Kazakhstan</b>							
Heroin	2005-10	4,000	40,000	Opium	2005	1,500	12,000
	2006	6,000	40,000		2006	2,000	12,000
	2007-03	6,000	40,000		2007-03	1,500	12,000
	2008	5,000	40,000		2008	800	15,000
	2009-02	5,000	40,000		2009-02	800	15,000
<b>Kyrgyzstan</b>							
Heroin	2005	4,000	8,000	Opium	2005	700	1,500
	2006	4,000	8,000		2006	1,000	1,500
	2007-03	4,000	8,000		2007-03	900	1,700
	2008	4,000	9,000		2008-05	900	1,700
	2009-02	4,000	9,000		2009-02	1,000	1,700
High purity heroin ("dudi")	2005	6,000	12,000				
	2006	6,000	12,000				
	2007	6,000	12,000				
	2008	8,000	12,000				
	2009-02	8,000	12,000				
<b>Tajikistan</b>							
Low purity heroin	2005	1,200	2,500	Opium	2005	100	600
	2006	1,000	2,700		2006	200	800
	2007-10	1,000	2,700		2007-10	200	800
	2008	1,500	4,500		2008	200	1,000
	2009-01	1,500	4,500		2009-01	200	1,000
High purity heroin	2005	4,000	7,000				
	2006	3,000	5,000				
	2007	2,800	6,000				
	2008	3,000	8,000				
	2009-01	3,000	8,000				
<b>Turkmenistan</b>							
Heroin	2005	-	-	Opium	2005	-	-
	2006	20,000	25,000		2006	3,000	3,500
	2007	17,500	32,000		2007	3,000	3,500
<b>Uzbekistan</b>							
Heroin	2005	15,000	35,000	Opium	2005	2,500	7,000
	2006	7,000	25,000		2006	800	4,000
	2007	8,000	25,000		2007	800	3,000

	Year-month	Min. price	Max. price		Year-month	Min. price	Max. price
	2008	10,000	22,000		2008	1,500	2,500
	2009-02	12,000	22,000		2009-02	1,500	2,500

Among the Central Asian countries, only in Tajikistan and Kyrgyzstan did law enforcement agencies specify prices of high purity heroin. In 2008 the price of “white” heroin<sup>18</sup> in Tajikistan ranged from \$3,000 per kg (in Khatlon province bordering Afghanistan) to \$8,000 per kg (in Sughd province bordering Kyrgyzstan and Uzbekistan).

Compared to 2005, heroin prices have continued to increase. In Kyrgyzstan the price of high purity heroin<sup>19</sup> ranged from \$8,000 per kg in the south to \$12,000 per kg on the border with Kazakhstan in February 2009. Both countries report rising prices in the last year. The price of low-purity heroin was \$1,500-\$4,500 per kg in Tajikistan and \$4,000-\$9,000 per kg in Kyrgyzstan.

In Kazakhstan the maximum price for heroin has remained steady over the last five years at \$40,000 per kg; the minimum price has ranged between \$4,000 and \$6,000 in the same period. In Uzbekistan the maximum price decreased from \$35,000 in 2005 to \$22,000 in 2008 where it remained for February 2009. The minimum price for heroin fluctuated between \$7,000 and \$15,000 in 2005-2008; amounting to \$12,000 in February 2009.<sup>20</sup>

The map below shows average wholesale prices<sup>21</sup> by regions of each Central Asia country.<sup>22</sup>

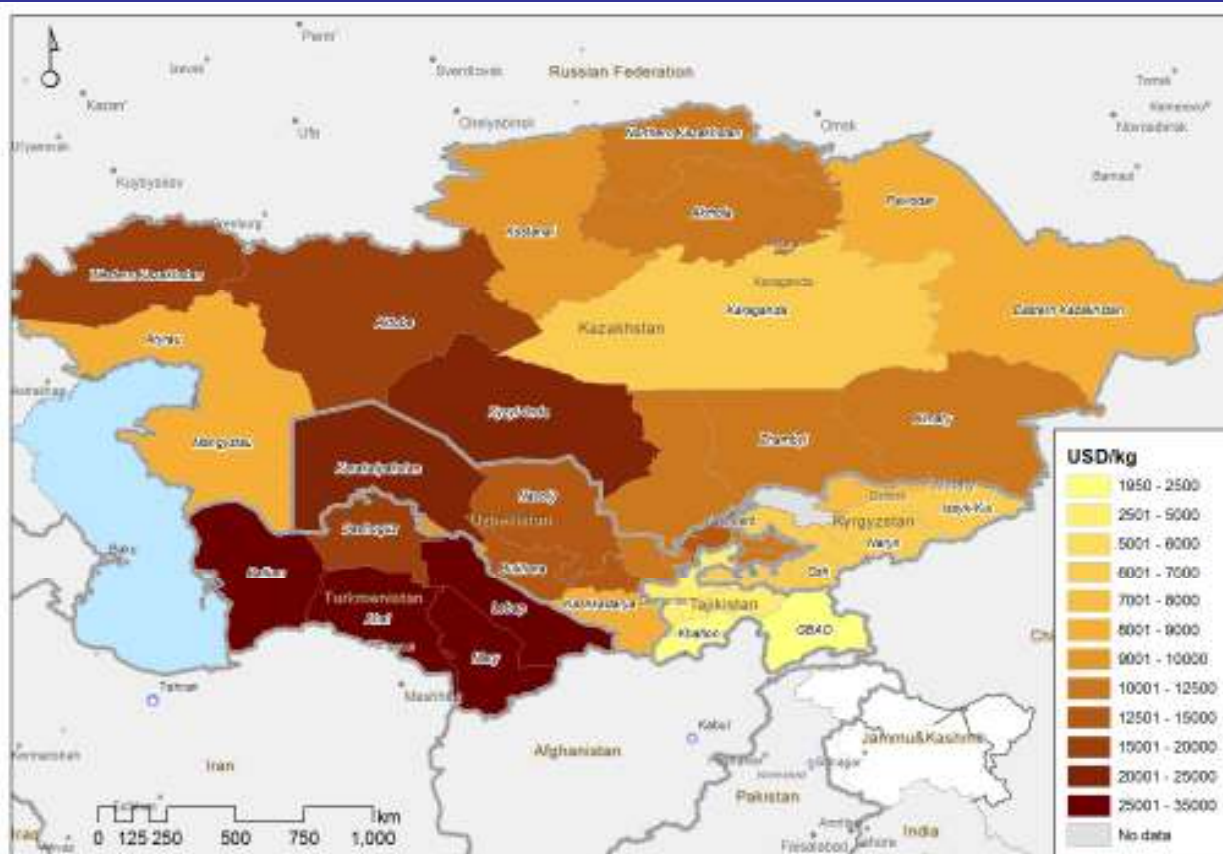
<sup>18</sup> According to the DCA of Tajikistan, the purity level of “white” heroin seized in Tajikistan is rarely above 70% (interview with the DCA representatives, 2007).

<sup>19</sup> Purity level over 70%

<sup>20</sup> Kazakhstan, Uzbekistan and Turkmenistan do not distinguish between heroin prices depending on purity level.

<sup>21</sup> For regions of Kazakhstan and Uzbekistan, the average wholesale price of heroin was calculated as the arithmetic mean of the minimum and maximum heroin prices. Calculations of the average heroin price in regions of Kyrgyzstan and Tajikistan made use of minimum and maximum prices of high and low purity heroin.

<sup>22</sup> Heroin prices by regions were presented by law enforcement agencies of Kazakhstan, Kyrgyzstan and Tajikistan for 2008, Turkmenistan for 2006 and Uzbekistan for 2007.



Map 7. Average wholesale price of heroin in Central Asia, 2008

In Tajikistan, the cheapest heroin is available in the border provinces of Khatlon and Gorno-Badakhshan. The price of heroin in Districts of Republican Subordination and Sughd oblast of Tajikistan is higher.

In Kyrgyzstan, heroin prices are lower than in Uzbekistan but higher than in Tajikistan. However, heroin price in the country goes up in Chui province en route to Kazakhstan.

In Uzbekistan, the lowest prices are observed in Surkhandarya province bordering Afghanistan and Tajikistan, and Kashkadarya province which is believed to be a key drug transshipment point. Based on the fact that heroin price in Khorezm province is lower than in Bukhara, Navoi and Samarkand provinces, one can assume that Khorezm province is most likely a point for heroin transshipment to Dashoguz province in Turkmenistan. From Kashkadarya province heroin is transported to Tashkent province and Tashkent city through Samarkand, Djizak and Syrdarya provinces. The prices in Djizak and Syrdarya provinces are lower due to possible inflows of drugs from Sughd province in Tajikistan.

Average wholesale prices in the Ferghana Valley in Uzbekistan do not exceed heroin prices in Djizak and Syrdarya provinces. Price analysis also suggests that heroin prices in the Ferghana Valley were lower than in border areas in Kyrgyzstan. This confirms the assumption of law enforcement agencies of Kyrgyzstan concerning the flow of drugs from Sughd province (Tajikistan) to Osh province (Kyrgyzstan) via Ferghana province (Uzbekistan).

In Turkmenistan, heroin prices have long been among the highest in the region<sup>23</sup>. The map indicates that it is likely that some drugs enter the country (Dashoguz province) from Uzbekistan (through Khorezm province).

In Kazakhstan. As stated above, in 2008 Karaganda province reported the lowest heroin price, possibly due to the fact that this region has transshipment points for heroin en route to the north and east of the country. Wholesale prices of heroin in Southern-Kazakhstan, Zhambyl and Almaty province and Almaty city were higher than in Pavlodar and Eastern-Kazakhstan province. Heroin prices were high in Kyzyl-Orda, Aktyubinsk and Western-Kazakhstan province. Low heroin prices in Atyrau and Mangystau province in 2008 are not representative as in previous years heroin price there reached \$40,000 per kg.

Opium. In December 2008, the opium price in Tajikistan ranged from \$200 to \$1,000 per kg; in Kazakhstan from \$800 to \$15,000; in Kyrgyzstan – \$900-\$1,700; and in Uzbekistan - \$1,500-\$2,500.

Marijuana. In Kyrgyzstan marijuana price ranged from \$100 to \$300 per kg; in Kazakhstan from \$100 to \$1,500; in Tajikistan from \$50 to \$950; and in Uzbekistan from \$1,500-\$2,500.

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<sup>23</sup> Most likely, calculation of wholesale price of heroin (per kg) is based on heroin retail price (per gram) since law enforcement agencies state that Afghan opiates are not trafficked to other countries through Turkmenistan. Source: meetings of UNODC experts with law enforcement agencies of Turkmenistan in November 2007.

## Drug Abuse

Problem drug use in Central Asia, as in the other countries neighboring Afghanistan, is one of the highest in the world. UNODC estimates suggest that in 2007 in Central Asia the estimated number of people who used opiates at least once in the past year was 340,000; for cannabis, the range is from 1.89 to 2.02 million people.<sup>24</sup>

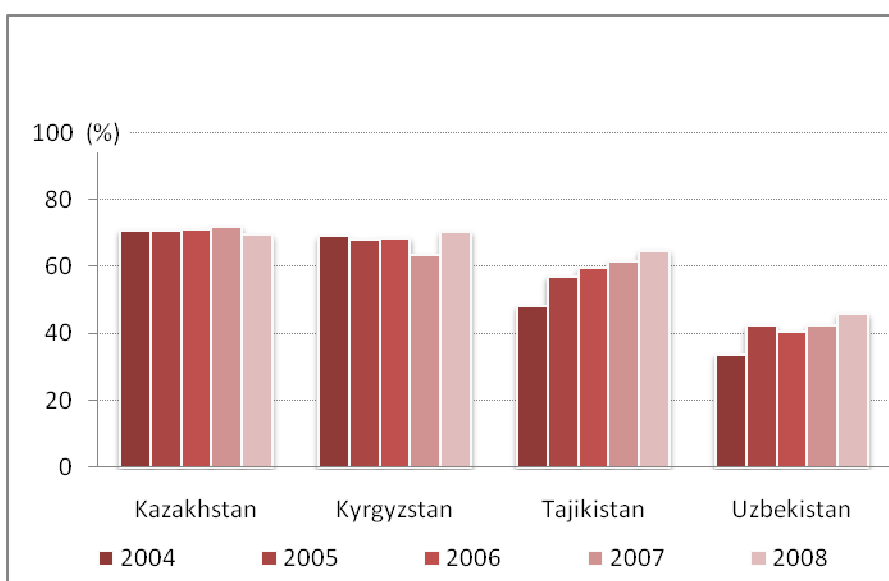
Analysis of statistical data on registered drug users in Central Asia shows that over 92,000 persons had been registered at dispensaries in 2008, compared to a total of 67,000 registered drug users in 2000 – an increase of 37%.

The rate of registered drug users per 100,000 population in 2008 was 352 in Kazakhstan; 172 in Kyrgyzstan; 122 in Tajikistan;<sup>25</sup> and 79 in Uzbekistan.

**Table 2. Cumulative number of drug users registered at dispensaries in Central Asia, 2008**

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	Total
Drug users registered at dispensaries, cumulative	54,669	9,314	8,372	20,320	<b>92,675</b>
Rate of registered drug users (per 100,000 population)	352	172	122	79	-
<i>Including:</i>					
Females (%)	9	7	5	5	<b>7</b>
Injecting drug users (%)	70	71	65	46	<b>64</b>

The proportion of women among the total drug users registered was 7% in 2008. The largest share of women was observed in Kazakhstan (9%), followed by Kyrgyzstan (7%); in Tajikistan and Uzbekistan this proportion did not exceed 5%.



**Chart 6. Share of injecting drug users among registered drug users in Central Asia, 2004-2008**

<sup>24</sup> World Drug Report 2009.

<sup>25</sup> This section makes use of data of the National Monitoring and Drug Prevention Center under the Ministry of Health of the Republic of Tajikistan.

On average, 64% of drug users registered at dispensaries in Central Asia in 2008 were injecting drug users (IDUs). By country, IDUs as a percent of total registered drug users varies as follows: 71% in Kyrgyzstan; 70% in Kazakhstan; 65% in Tajikistan; and 46% in Uzbekistan.

Analysis of substances used by registered drug users in 2008 demonstrates the predominance of heroin followed by cannabis group drugs (marijuana and hashish), opium and other psychotropic substances.

**Table 3. Drug use patterns in Central Asian countries, 2008**

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	Total
Number of drug users (officially registered), excl. solvent users	47,509	9,057	8,365	20,111	<b>85,042</b>
<i>including</i>					
Heroin (%)	60	47	82	71	<b>63</b>
Opium (%)	11	19	9	10	<b>12</b>
Cannabis (%)	25	25	7	17	<b>21</b>
Others (%)	4	9	2	2	<b>4</b>

Heroin. In Central Asia, 75% drug users registered were opioid users, out of which 63% were heroin and 12% opium users. Cannabis users accounted for 21%, and those using other drugs and multiple drugs – 4%.

In Tajikistan, heroin users accounted for 82% of the total number of drug users registered in 2008; in Uzbekistan – 71%; in Kazakhstan – 60%; and in Kyrgyzstan – 47%. These figures show a steady increase in the proportion of heroin addicts in Kazakhstan, Kyrgyzstan and Uzbekistan from 2004 to 2008. Tajikistan has the highest proportion of registered heroin users; this proportion increased gradually from 2004 to 2006, but has remained stable since then.

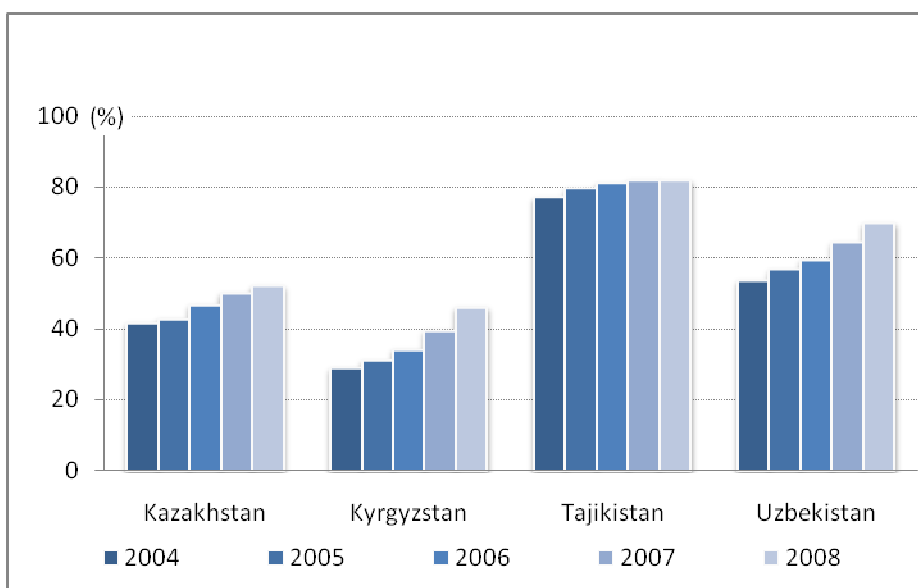


Chart 7. Share of heroin users among registered drug users in Central Asia, 2004-2008

**Opium.** Opium users accounted for 19% of the total number of registered drug users in Kyrgyzstan; 11% in Kazakhstan; 10% in Uzbekistan; and 9% in Tajikistan in 2008.

**Cannabinoids.** The highest proportion of cannabis users was registered in Kazakhstan and Kyrgyzstan (25% of the total number of drug users registered at dispensaries in 2008). This is associated with vast areas of wild cannabis cultivation in both countries. In Uzbekistan, 17% of registered drug users were cannabis users while in Tajikistan 7% of registered drug users were cannabis users. Multiple drug use is not uncommon among drug users - in Kazakhstan the proportion of poly-drug users among those registered was 9%; in Kyrgyzstan – 8%; and in Tajikistan – 4%.

## Assessment of Problem Drug Use in Central Asia

With a view to obtain more complete information on the problem drug use patterns and trends in Central Asian countries, the UNODC Regional Office carried out a survey of problem drug use in 2006. This survey defined problem drug users as persons regularly using opioids (namely, heroin, opium and other opiates) in the past 12 months, as well as in the past 30 days. The survey was conducted in six cities of the Republic of Kazakhstan (Almaty, Astana, Karaganda, Kostanai, Pavlodar and Shymkent), in four provinces of the Kyrgyz Republic (Bishkek, Chiu, Jalal-Abad and Osh provinces), in four regions of the Republic of Tajikistan (Dushanbe city, Khatlon, Sughd, and Gorno-Badakhshan Autonomous provinces), and in five regions of the Republic of Uzbekistan (Tashkent city and Andijan, Bukhara, Samarkand, and Surkhandarya provinces).

The estimates generated in the assessment suggest that annual prevalence of opioid use among the adult population in Central Asia varies from 0.6% in Tajikistan to 1.02% in Kazakhstan. In absolute numbers, the largest number of opiate users was observed in Uzbekistan (131,000) followed by Kazakhstan (100,000), Kyrgyzstan (26,000), and Tajikistan (23,000). The majority of opioid users in Uzbekistan were male; however there was a substantial proportion of female users, especially in Kazakhstan. The age of opioid users ranged from a mean age of 28 to 32 years; the youngest average age of opioid users was in Kazakhstan. It should be mentioned that the earliest age of initiation of drug use was also observed in Kazakhstan (the mean age of onset was 16.4 years). Most frequently, the first

drug used was cannabis or hashish. A great number of opioid users reported that heroin was currently their primary drug of abuse, and most of them used multiple drugs. Injecting was the predominant way of using opiates (ranging from 68% in Tajikistan to 100% in Kazakhstan).

**Table 4. UNODC Assessment of Problem Drug Use in Central Asian countries, 2006**

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
Estimated number of opioid users	103,000	26,000	23,000	131,000
Prevalence (% of population aged 15-64)	1.02	0.8	0.6	0.8
Estimated number of IDUs	100,000	25,000	17,000	80,000
Prevalence of IDU (% of population aged 15-64)	0.90	0.76	0.50	0.49
Characteristics of drug users:				
Females (%)	22.6	13.7	5.1	14.1
Mean age (years)	27.5	31.8	30.8	30.6
Mean age of initiation of drug use (years)	16.4	17.5	19.0	19.0
Drugs used (%):				
Heroin	83	100	91	88
Opium	47	55	19	30
Cannabis	83	86	61	44
Methamphetamine	69	19	9	3
Injecting (%):				
lifetime	97.6	98.8	74.8	67.8
past 12 months	99	97	90	90

## Treatment Demand in Central Asia Cities

Since 2002 the UNODC Regional Office for Central Asia has been providing technical assistance to national counterparts to introduce treatment demand indicator in substance abuse treatment facilities in several cities in each country in the region. In 2007, the greatest treatment demand was in Astana (224 per 100,000 population); followed by Dushanbe (133 per 100,000) and Pavlodar (105 per 100,000). The youngest group of drug users seeking treatment was in Pavlodar (mean age was 29 years), while in other cities the mean age ranged between 30 to 37 years. The greatest number of drug users seeking treatment for the first time was registered in Tajikistan (Khujand and Kurgan Tyube) and Kyrgyzstan (Bishkek and Osh). Males prevailed among treated drug users (from 99% in Bukhara to 82% in Shymkent). Most drug users in treatment had completed secondary education, and many of them were unemployed. The majority of drug users seeking treatment were those using heroin as their primary drug of abuse. Drug use patterns varied by city and country – over 80% of heroin users in Kazakhstan and Kyrgyzstan were injecting drug users, while in Tajikistan the rate of such drug users ranged from 46% in Kurgan Tyube to 93% in Khujand.

Two-thirds of drug users in Tashkent and 47% in Khorezm injected drugs. In terms of co-morbidity, the greatest number of HIV-infected drug users seeking treatment was registered in Tashkent (16%); followed by Bukhara (Uzbekistan) and Shymkent (Kazakhstan) (14% each). The highest percentage of patients with hepatitis C was observed in the cities of Pavlodar (Kazakhstan) and Tokmok (Kyrgyzstan) (71% and 59% respectively). In Tokmok and Osh (Kyrgyzstan) up to 10% of drug users in treatment had TB.

**Table 5. Demand for treatment in Central Asia cities, 2007**

	Kazakhstan				Kyrgyzstan		
	Almaty	Astana	Pavlo-dar	Shymkent	Bishkek	Osh	Tokm ok
Treated drug users, total	293	770	326	186	537	206	58
per 100,000 population	24.71	224.33	105.26	49.78	67.91	82.24	77.33
Males (%)	91	88	83	82	88	96	93
Females (%)	9	12	17	18	12	4	7
Mean age	33	30	29	34	32	34	37
Newly registered drug users (%)	57	26	37	33	56	57	14
Secondary education (%)	68	86	80	82	85	83	95
Unemployed (%)	78	84	89	90	72	67	60
Heroin: Primary drug of abuse (%)	93	96	93	94	93	99.5	100
Primary drug of abuse:							
age of onset	24	22	21	28	26	27	30
Ever injected a drug (%)	85	98	99	99	93	98	100
Ever shared a syringe (%)	21	24	28	51	63	45	97
HIV (%)	4	2	10	14	3	13	3
Hepatitis C (%)	8	49	71	11	34	22	59
Tuberculosis (%)	3	2	2	1	4	9	10

	Tajikistan				Uzbekistan		
	Dushanbe	Kurgan Tyube	Kulyab	Khujand	Tashkent	Bukhara	Khorezm
Treated drug users, total	862	56	24	60	1219	71	523
per 100,000 population	133.35	89.92	29.54	41.44	56.95	4.65	35.97
Males (%)	96	96	96	88	93	99	94
Females (%)	4	4	4	45	7	1	6
Mean age	33	35	33	31	34	35	36
Newly registered drug users (%)	38	86	54	93	43	59	61
Secondary education (%)	80	96	38	83	89	75	79
Unemployed (%)	96	50	21	28	35	35	81
Heroin: Primary drug of abuse (%)	92	77	96	100	96	99	100
Primary drug of abuse:							
age of onset	27	32	26	28	26	29	32
Ever injected a drug (%)	69	46	54	93	78	69	47
Ever shared a syringe (%)	18	9	46	30	18	24	13
HIV (%)	2	0	8	7	16	14	3
Hepatitis C (%)	1	0	4	0	53	1	0.4
Tuberculosis (%)	4	0	0	0	1	1	1

Regarding injecting drug use trends in the main cities of Kazakhstan, Kyrgyzstan and Uzbekistan (Pavlodar, Bishkek, and Tashkent), for which data on treatment demand for the past 4 years is available,

the number of drug users who have ever injected drug or shared a syringe or needle, or were HIV infected is reported to be increasing. In Pavlodar the number of drug users who have ever shared a syringe or needle is reported to be decreasing (likely due to the fact that over 64% treated drug users did not answered this question).

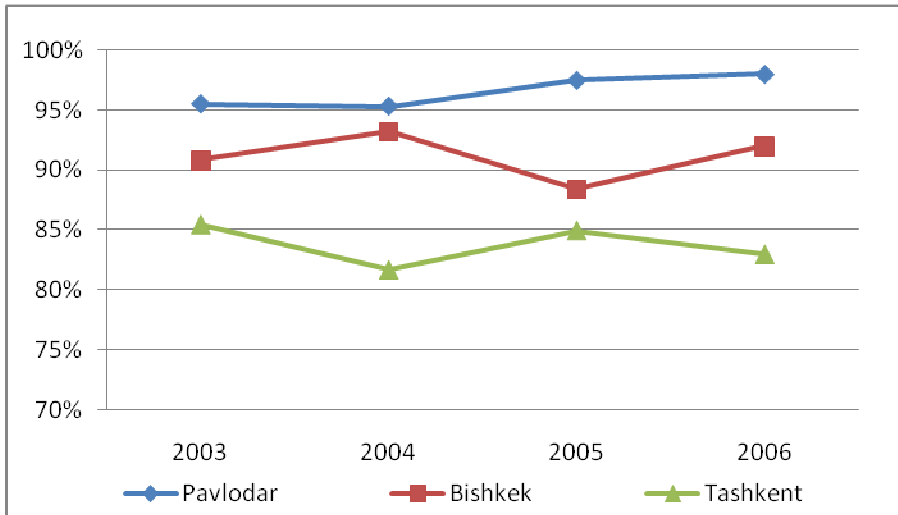


Chart 8. Persons who have ever injected drugs, 2003-2006 (% of treated drug users who answered "yes")

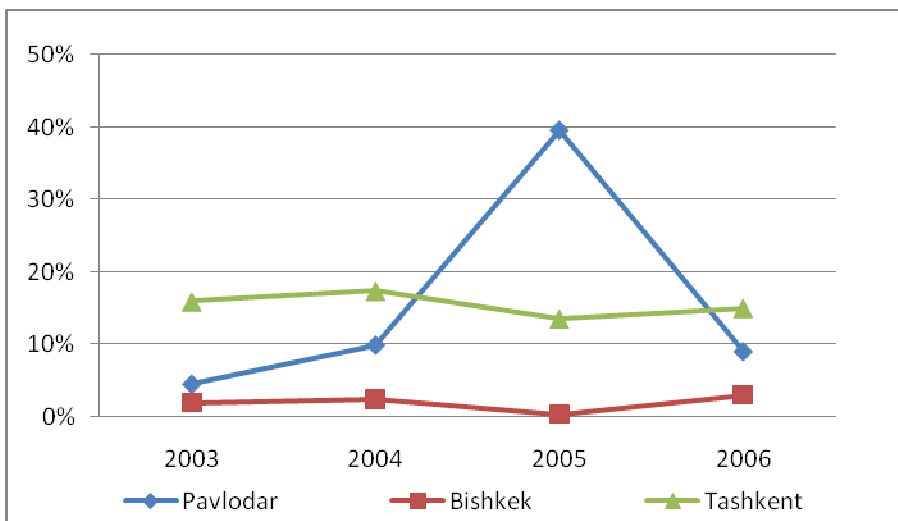


Chart 9. Share of HIV-positive persons among treated drug users, 2003-2006

It should be noted that the number of registered drug users and those in treatment represent only the tip of the iceberg; in other words, they are those who were arrested by law enforcement agencies or sought treatment, while the estimates gives a broader picture of unregistered drug users. That is why it is important to have information on drug use and patterns from different sources to have a complete picture of the drug abuse situation in a country. Such information will be useful for decision makers and specialists involved in program planning, and will make it possible to make informed decisions to improve the quality, access and relevance of drug use and HIV/AIDS prevention, treatment and care programs for drug users.

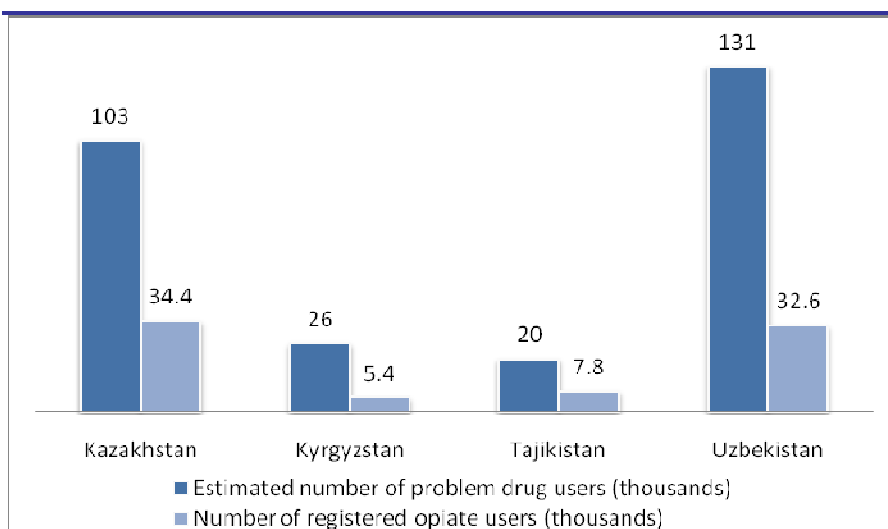


Chart 10. Problem drug use and registered drug users, 2006

## HIV/AIDS

The HIV epidemic in Central Asia continues to grow, although it is mainly concentrated among injecting drug users. Epidemiological data suggests that the epidemic is spreading beyond risk groups and has started to affect the public at large through heterosexual transmission.

In 2000, only 524 HIV cases were detected in the Central Asian countries, while in 2008 the number of registered HIV cases was 6,664 – an 11-fold increase.

Table 6. New HIV cases registered, 2000-2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Kazakhstan	347	1,175	735	740	699	964	1,745	1,979	2,335
Kyrgyzstan	16	149	160	132	161	171	244	434	552
Tajikistan	7	34	32	42	198	189	204	339	373
Uzbekistan	154	549	981	1,836	2,016	2,198	2,205	3,169	3,404
<b>Total</b>	<b>524</b>	<b>1,907</b>	<b>1,908</b>	<b>2,750</b>	<b>3,074</b>	<b>3,522</b>	<b>4,398</b>	<b>5,921</b>	<b>6,664</b>

Although the largest absolute number of new HIV cases was observed in Uzbekistan, the highest HIV incidence<sup>26</sup> in 2008 was in Kazakhstan (15.1), followed by Uzbekistan (12.5), Kyrgyzstan (10.2) and Tajikistan (5.5).

Table 7. New HIV cases registered, 2008.

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
New HIV cases	2,335	552	373	3,404
HIV incidence	15.1	10.2	5.5	12.5
<i>including</i>				
Females (%)	29	33	20	40
Pregnant (%)	11	n/a	3	9

<sup>26</sup> Calculation is based on formula:  $HIV\ incidence = \frac{Number\ of\ new\ cases * 100,000}{(Population\ in\ the\ year\ under\ review - total\ number\ of\ HIV\ cases\ in\ the\ previous\ year)}$

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
Injecting (%)	60	55	n/a	34
Sexual contact (%)	30	n/a	n/a	24
Hospital infection, blood transfusion (%)	0.5	n/a	n/a	15
Mother to child (%)	1.8	n/a	n/a	3.6
Unknown (%)	7.7	n/a	n/a	23
0-14 years (%)	3	n/a	2	18
15-19 years (%)	2	n/a	0	1
20-29 years (%)	41	n/a	30	32
30-39 years (%)	39	n/a	49	33
40-49 years (%)	14	n/a	17	12
50-59 years (%)	3	n/a	2	3
Over 60 years (%)	0	n/a	0	1
Prisoners (%)	31	15	37	15

HIV is spread predominantly through injecting drug user (from 34% to 60% by country), primarily among males (from 60% to 80%) of the most productive age group (20 to 49 years). HIV has also been registered among children under 15. Available Sentinel Surveillance data suggests that among the registered HIV cases, the mode of HIV transmission has not been identified in 23% of cases in Uzbekistan and 8% cases in Kazakhstan in 2008. Although it is not clear, these unknown cases may fall under either injecting drug use or sexual transmission.

The proportion of women with HIV is increasing annually. This is seen in an increase in the number of HIV infections among women acquired through heterosexual contact, among pregnant women and passed through them to their children (vertical transmission).

New HIV cases detected in prison settings show that the highest proportion of HIV-infections in 2008 was reported in Tajikistan – 37%; in Kazakhstan – 31%; in Kyrgyzstan and Uzbekistan –15%.

Since 2000, the total number of officially registered HIV cases in Central Asia has increased 19-fold: from 1,641 cases in 2000 to 30,993 cases in late 2008 with the corresponding burden of disease including providing treatment and care to people living with HIV. The highest proportion of people living with HIV per 100,000 people is in Kazakhstan (71) and the lowest in Tajikistan (19).

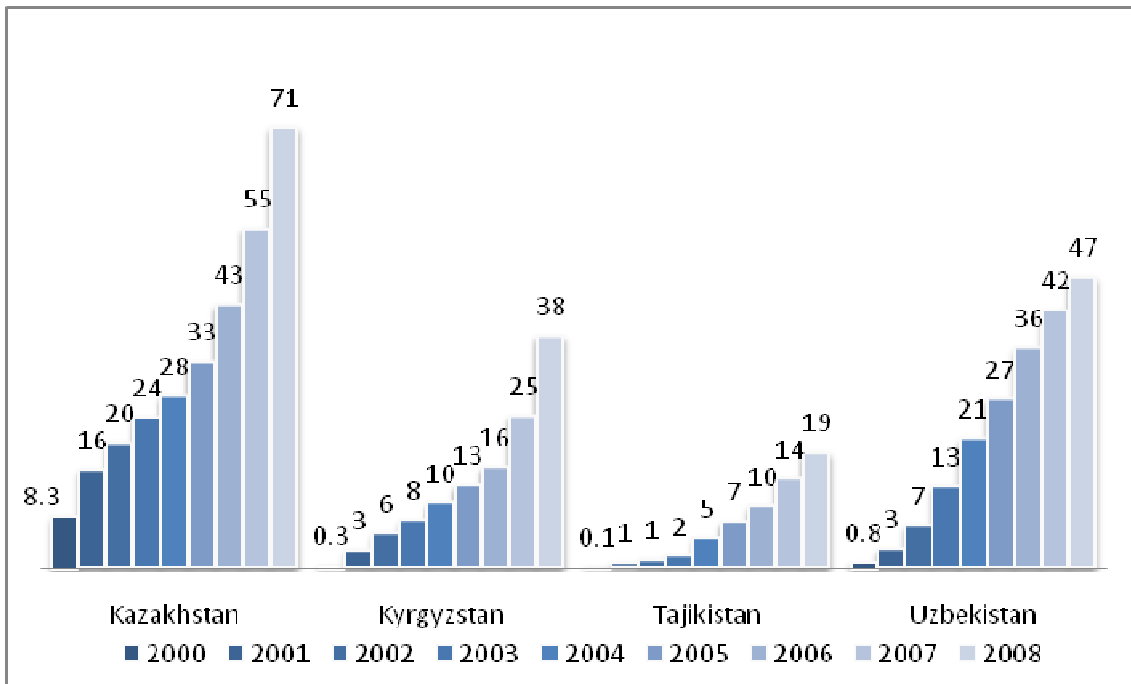


Chart 11. PLWHA per 100,000 people in Central Asian countries, 2000-2008

Parenteral transmission of HIV in case of injecting drug use is the most common. On average, some 60% of all HIV cases in the region are attributable to injecting drug use. By country, the cases of HIV attributed to injecting drug use is 70% in Kazakhstan, 67% in Kyrgyzstan, 55% in Tajikistan and 47% in Uzbekistan.

Between 22% and 26% of all HIV-positive persons were infected as a result of unprotected sex. The rate of HIV transmission as a result of contaminated blood transfusion and medical procedures in hospitals was 5.6% in Kyrgyzstan and slightly over 1% in Kazakhstan and Tajikistan. Although there is no information on Uzbekistan, high rates of new HIV cases due to contaminated blood transfusions and other medical procedures were reported in 2008 (15%) - the highest rate among the Central Asia countries.

The share of HIV-positive women in Central Asian countries accounted for some 23% of the total number of HIV positive people in 2008. The proportion of pregnant women was around 6%. By country, the highest rate of pregnant women, 8%, was registered in Kazakhstan, followed by Uzbekistan – 7%, and Tajikistan – 2.3%. To date, Sentinel Surveillance data on HIV among pregnant women in Kyrgyzstan has not been published.

The highest percentage of HIV positive persons is seen among the 20 to 49 age group.

The share of HIV-positive persons registered in prisons accounted for 29% of total registered HIV cases in Kazakhstan; 26% in Kyrgyzstan; and 17% in Uzbekistan in 2008. Analysis of the data obtained under UNODC projects suggests that Tajikistan has the largest share (over 40%).

Table 8. Cumulative number of HIV cases registered in Central Asian countries, 2008

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
HIV cases, Cumulative	11,709	2,031	1,422	15,831

PLWH (per 100,000 population)	71	38	19	47
<i>including</i>				
Females (%)	27	24	19	24
Pregnant (%)	8	-	2.3	7
Injecting (%)	70	67	55	47
Sexual contact (%)	22	25	26	22
Hospital infection, blood transfusion (%)	1.2	5.6	1.1	-
Mother to child (%)	1.0	2.0	0.8	1.5
Unknown (%)	6.1	0.2	17.2	n/a
0-14 years (%)	3	>4	1.7	n/a
15-19 years (%)	6	n/a	1.6	n/a
20-29 years (%)	47	n/a	34.7	n/a
30-39 years (%)	31	n/a	47.9	n/a
40-49 years (%)	11	n/a	12.9	n/a
50-59 years (%)	2	n/a	1.1	n/a
Over 60 years (%)	0	n/a	0.1	n/a
Prisoners (%)	29	26	n/a	17

The preceding official data include only those who have been registered by the national HIV case identification or registration system. UNAIDS estimates indicate that in 2007 in Central Asia there were 42,200 (22,400 – 104,700) people living with HIV. Of them, 12,000 lived in Kazakhstan; 4,200 in Kyrgyzstan; 10,000 in Tajikistan; and 16,000 in Uzbekistan.<sup>27</sup>

## Drug-Related Crime

The share of drug-related crime in the Central Asian countries averaged 8% of total crime in 2008. By country, the rate is as follows: 11% in Uzbekistan; 8% in Kazakhstan; and 6% in Kyrgyzstan and Tajikistan.

**Table 9. Number of drug-related crimes, 2005-2008**

	2004	2005	2006	2007	2008	as % to 2004
Kazakhstan	9,748	9,741	10,423	10,502	10,065	3%
Kyrgyzstan	3,090	2,565	2,437	1,996	1,905	-38%
Tajikistan	864	763	726	775	687	-20%
Uzbekistan	8,538	8,367	8,834	9,435	10,200	19%
<b>Total</b>	<b>22,240</b>	<b>21,436</b>	<b>22,420</b>	<b>22,708</b>	<b>22,857</b>	<b>3%</b>

The total number of drug-related crime registered in Central Asia increased by 3% over the last 5 years, from 22,420 cases in 2004 to 22,857 cases in 2008. Increases were reported in Uzbekistan (19%) and Kazakhstan (3%) while decreases were reported in Kyrgyzstan (38%) and Tajikistan (20%). Identifying reasons for the increase/decrease in the number of drug-related crime requires special and detailed analysis of the crime situation and legal framework and is beyond the scope of this report.

<sup>27</sup> 2008 Report on the global AIDS epidemic, UNAIDS

In terms of the drug-related crime rate per 100,000 population, Kazakhstan had the highest crime rate; over the past 5 years, it fluctuated around 65. In Kyrgyzstan, this rate decreased from 60 in 2004 to 35 in 2008. Tajikistan also observed a decrease in the rate of drug-related crime (from 13 in 2004 to 10 in 2008), and the country's rate is the lowest in the region. Over the past five years, the drug-related crime rate in Uzbekistan increased modestly from 33 in 2004 to 38 in 2008.

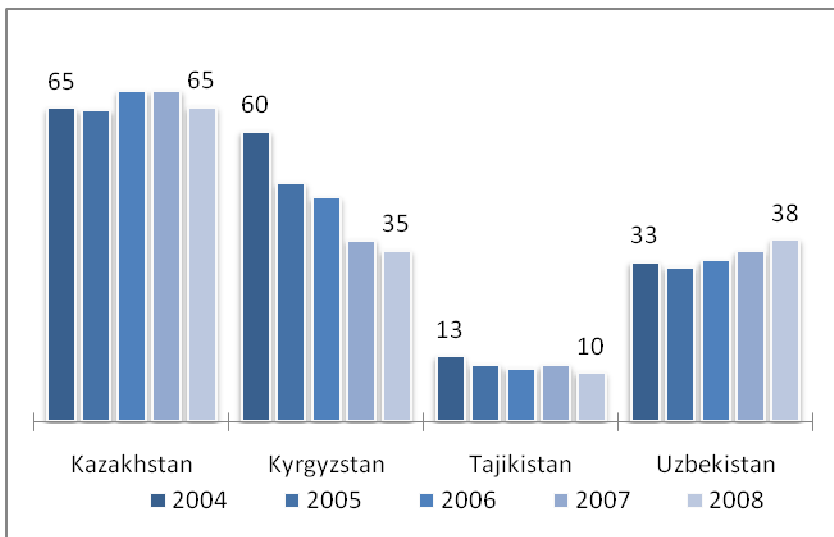
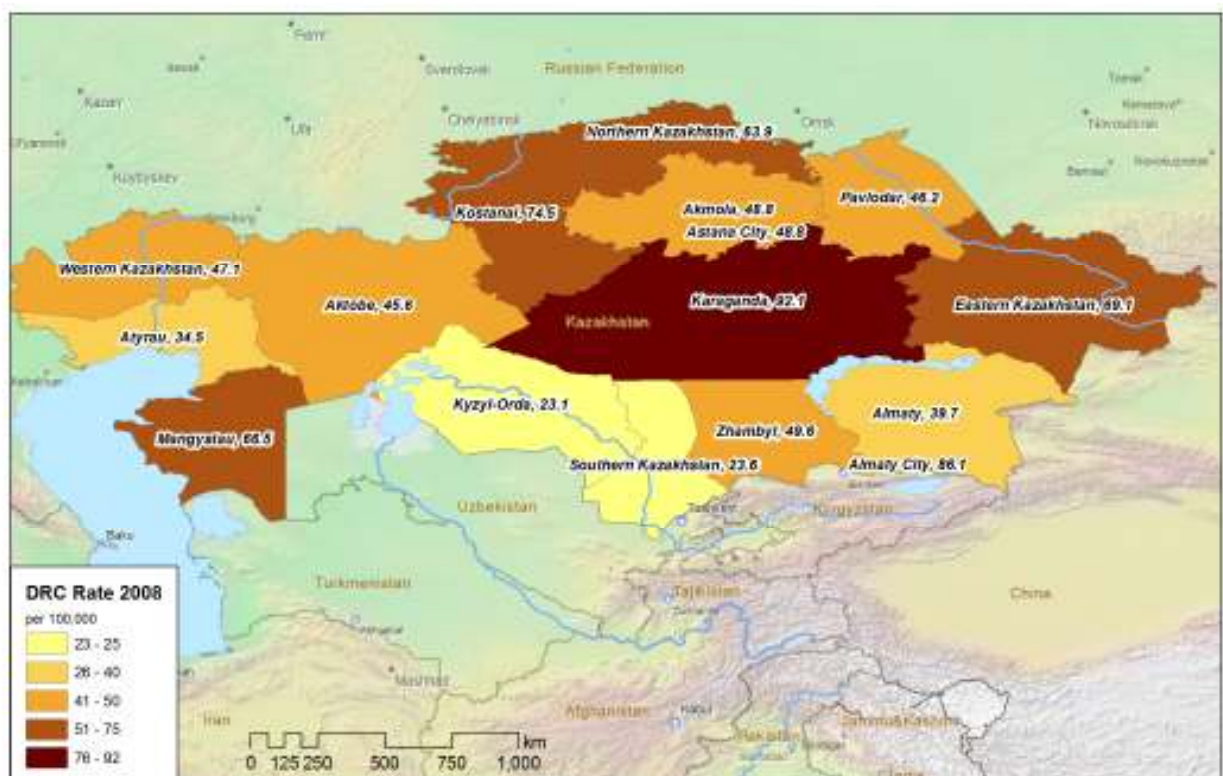


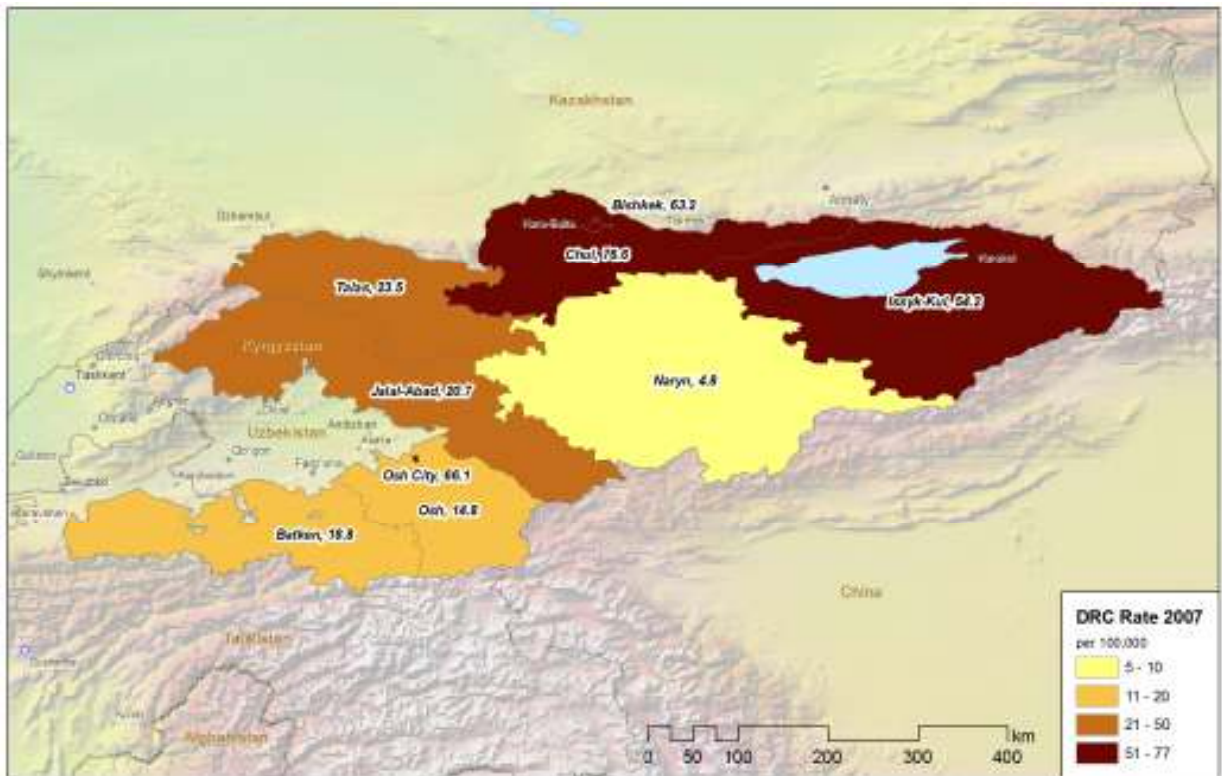
Chart 12. Drug-related crime trends in Central Asian countries, 2000-2008

The map of Kazakhstan shows the drug-related crime rate by province. In 2008, the highest crime rate was registered in Karaganda (92), which can indirectly confirm that a major transshipment points is located in Karaganda province. Crime rate above the national level (65), can be observed in Almaty city (86), Kostanai (75), Eastern-Kazakhstan (69) and Mangystau (67) provinces.



Map 8. Drug-related crime rate in Kazakhstan, 2008

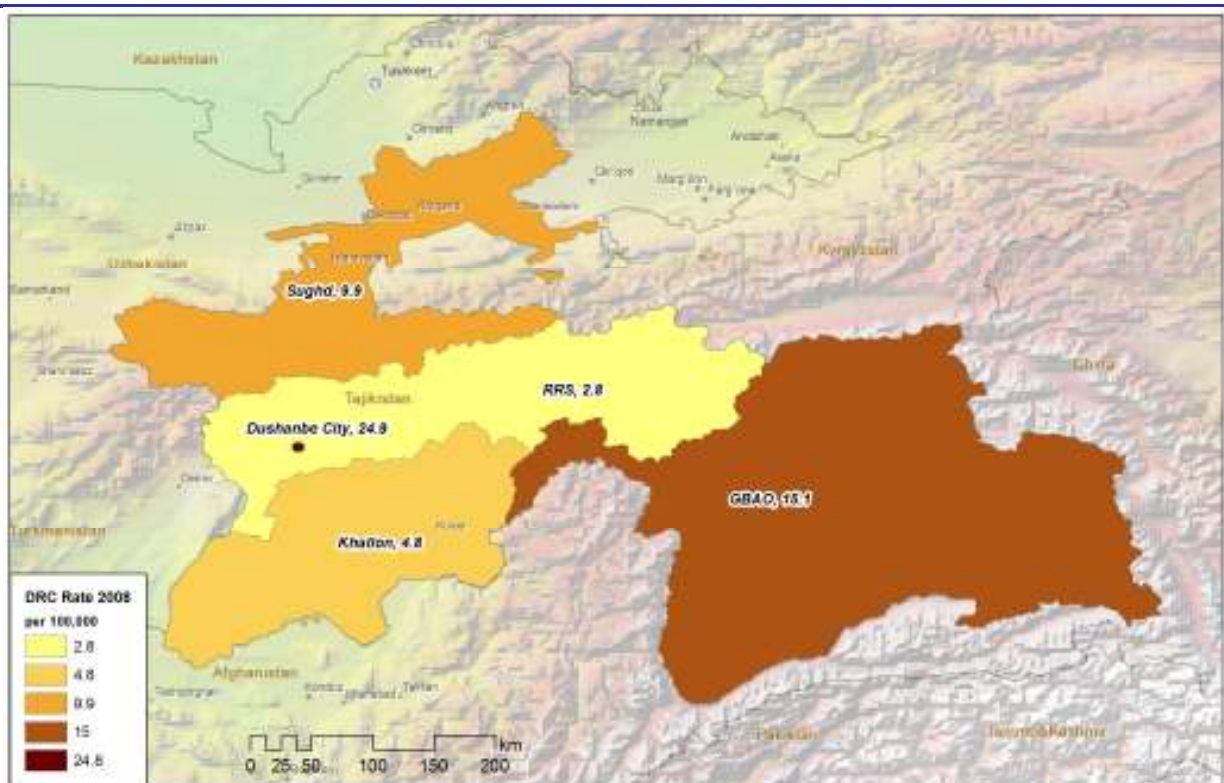
The map of Kyrgyzstan (below) shows that the highest drug-related crime rate was registered in Chui province (77), followed by Osh city (66), and Bishkek city (63), and Issyk-Kul province (54). The other areas report crime rate below the national level (35).



Map 9. Drug-related crime rate in Kyrgyzstan, 2007

Although the largest share of registered drug-related crime in Tajikistan in 2008 was in Sughd region (32%) and Dushanbe (26%), the drug-related crime rate per 100,000 population<sup>28</sup> was higher in Dushanbe (almost 25) and Gorno-Badakhshan province (15). This rate in Sughd province is also high and remains as high as the national rate. In Khatlon province the crime rate was around 5; in Republican Regions Subordination the rate was 3.

<sup>28</sup> The crime rate was assessed using the total number of registered crimes and the share of drug-related crime in the regions of Tajikistan.



Map 10. Drug-related crime rate in Tajikistan, 2008

Among the drug crimes registered in Central Asia in 2008, crimes with intent to sell (48%) and crimes without intent to sell (41%) are predominant. Smuggling-related crimes accounted for only 3% and illicit cultivation accounted for slightly more than 5%. Compared to 2007, the number of crimes with and without the intent to sell increased by 6% and 2% respectively.

In Kazakhstan, Tajikistan, and Uzbekistan every other crime was committed with the intent to sell, while in Kyrgyzstan one in three crimes was committed with the intent to sell. Every other crime was committed without intent to sell in Kazakhstan and Kyrgyzstan; one in three crimes was committed without intent to sell in Tajikistan; and one in four was committed without intent to sell in Uzbekistan.

Compared to 2007, the total number of registered drug-related crimes increased by 8% in Uzbekistan. In Tajikistan, the number of drug-related crimes decreased by 11%; in Kyrgyzstan – decreased by 5%; and in Kazakhstan – by 4%.

Table 10. Drug-related crime in Central Asian countries, 2008

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	Total
Registered, total	10,065	1,905	687	10,200	<b>22,857</b>
% of previous year	-4	-5	-11	8.1	<b>-3.0</b>
<i>including</i>					
Crimes with intent to sell (%)	48	29	59	57	<b>48.1</b>
Crimes without intent to sell (%)	46	58	36	25	<b>41.1</b>
Smuggling (%)	4	4	2	3	<b>3</b>

Illicit cultivation (%)	1	-	2	13	<b>5.4</b>
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The share of smuggling-related crimes was less than 5% of total drug related crime in each country of the region in 2008. The number of smuggling cases increased by 12% in Uzbekistan, whereas it decreased in all other countries: by 7% in Kazakhstan; and by 20% in Kyrgyzstan compared to 2007. (complete data on Tajikistan is not available)

In Central Asia, over 15,000 people having committed drug-related crimes were identified in 2008. Recently, the growth trend has been reported in the number of women involved in drug trafficking. In 2008, the share of women among the arrested accounted for 13% in the region. The largest share of women was reported in Uzbekistan (15% of the total) and in Kazakhstan (11%). Their share in Kyrgyzstan and Tajikistan was less than 10%.

Among those arrested for drug-related crimes, the largest portion were persons who were not employed or engaged in formal education.

A primary trend in drug trafficking has become an increase in the share of well-organized, extensive groups aiming to control not only smuggling but sale as well. Individual entrepreneurs and smaller groups united by family ties or kinship have become fewer in number.

Criminal ethnic groups play an important role at certain stages of drug traffic, particularly, at the stage of smuggling drugs across the borders of the Central Asian countries and the organization of wholesale trade.

**Table 7. Persons committed drug related crimes and convicted in Central Asian countries, 2008**

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	Total
Persons committed drug-related crimes	7,583	1,170	767	5,609	<b>15,129</b>
<i>including</i>					
Females (%)	11	8	7	15	<b>13</b>
Convicted	7,089	1,234	870	n/a	<b>n/a</b>
Females (%)	11	7	5.4	> 10	<b>n/a</b>

In Kazakhstan, around 7,000 persons were convicted of drug-related crimes; in Kyrgyzstan – over 1,000 persons; in Tajikistan – 870 persons; and in Uzbekistan – over 5,000 persons in 2008. Data on convictions for drug-related crimes in 2008 suggest that some 7,000 persons were convicted in Kazakhstan; 1,234 persons Kyrgyzstan; and 870 persons in Tajikistan. The share of women among convicts in 2008 accounted for 10% in Uzbekistan, 11% in Kazakhstan, 7% in Kyrgyzstan, 5% in Tajikistan.

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