



UNITED NATIONS  
*Office on Drugs and Crime*  
Regional Office for Central Asia

THE PARIS PACT INITIATIVE  
A partnership to counter traffic in  
and consumption of Afghan opiates

# Illicit Drug Trends in Central Asia



April 2008



## Acknowledgments

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The Paris Pact is an international partnership to combat traffic in and abuse of Afghan opiates. At the first Ministerial Conference on Drug Routes from Central Asia to Europe, held in Paris in May 2003, more than 50 countries and international organizations agreed to join forces in order to limit the flow of opiates from Afghanistan to and through all countries along the smuggling routes. At the second Ministerial Conference on Drug Trafficking Routes from Afghanistan held in Moscow in June 2006 partners reiterated the need for enhanced and coordinated counter narcotics action to reduce opiates trafficking, consumption and related health problems in the region. UNODC is leading the follow-up to these Ministerial Conferences through the Paris Pact Initiative, a project that facilitates periodical consultations at the expert and policy level and also aims to strengthen data collection and analytical capacities in and around Afghanistan. This project also provides partners with the use of a secure, automated internet-based tool for the coordination of technical assistance in the field of counter narcotics (ADAM - [www.paris-pact.net](http://www.paris-pact.net)).

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This report is not an official document of the United Nations and it has not been formally edited. The boundaries, names and designations used in this publication do not imply official endorsement or acceptance by the United Nations.

## Acronyms

The following abbreviations have been used in this report:

DRC	Drug Related Crime
FARC	Revolutionary Armed Forces of Colombia
GBAO	Gorno-Badakhshan Autonomous Oblast
GHB	Gamma-Hydroxybutyric Acid
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDU	Injecting Drug User
LSD	Lysergic Acid Diethylamide
OSCE	Organization for Security and Co-operation in Europe
RDU	Registered Drug User
RSS	Republican Subordinated Regions
THC	Tetrahydrocannabinol
UNODC ROCA	United Nations Office on Drugs and Crime Regional Office for Central Asia

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## Summary

**Opium cultivation and production** in Central Asia is minimal, with over 99 percent of opiates in the region originating from Afghanistan. There are no known production facilities for converting opium into heroin located in Central Asia. Consequently, all opiates transiting Central Asia are either processed in Afghanistan or will remain as opium until processed elsewhere.

**Opiate seizures** in Central Asia are concentrated in Tajikistan, where the majority of drugs are assumed to cross the border from Afghanistan following the “northern route” towards their primary markets in the Russian Federation and Europe.

Over the past decade, Central Asia’s aggregate opiate seizure trend has been fairly flat with average seizure volumes of just under 10,000 kg. The dynamics of opiate seizures in the region appear to follow a cyclical trend: from 1996 to 2003 heroin accounted for a steadily growing proportion of opiate seizures, however, post 2003 the proportion of opium seizures has been steadily increasing.

**Drug trafficking** is a principal concern for Central Asia, given its link to opiate use, injecting drug use, HIV/AIDS, and drug-related crime. There are several major trafficking routes through the region making use of the improved road and rail links. However, traffickers also move off the main roadways and make use of the maze of trails through the mountains and across “green borders” to avoid detection. UNODC estimates indicate the scope of opiate trafficking in the region is both significantly higher than the volume seized (total seizures amount to less than 4 percent of estimated opiate flows in heroin equivalence) and increasing annually (12 percent increase in 2006) due to copious supply from Afghanistan

It is difficult to quantify the extent to which **organized crime** is embedded in drug trafficking in Central Asia given the lack of data available. Most Central Asian law enforcement agencies have focused on catching low-level traffickers or individuals with quantities associated with personal use in their possession, rather than investigating and interdicting high-value targets.

Trafficking through Central Asia is generally characterized as relatively unstructured, comprised mainly of small traffickers working in ethnically-homogenous groups. Small amounts of drugs are thought to be bought and sold multiple times, with trade usually controlled by the dominant ethnic group of the country being transited. Recent signs, however, indicate that this may be changing with organized criminal groups playing an increasing, albeit still marginal, role in trafficking.

**Drug related crime** volumes in Central Asia have followed an inverted-U pattern: increasing between 1993 and 2000, then decreasing through 2005. It is difficult to explain this post 2000 trend given the increasing opiate production in Afghanistan since 2001 and the increasing volume of opiates thought to be trafficked through the region.

Central Asia’s borders with China and Afghanistan may be particularly vulnerable to **precursor trafficking**. A significant portion of border officials have no precursor training and lack sufficient knowledge for their detection. Threat perceptions among the border service are oriented toward incoming traffic exclusively, neglecting precursors which may be exiting the region. Most worryingly, intense inspections of both incoming and outgoing cargo are rare.

Concomitant with the rise of drug trafficking in Central Asia has been the rise of **drug abuse** rates. The wide availability of cheap heroin has changed patterns of abuse from the use of 'traditional' narcotics, such as smoking opium and marijuana, to intravenous use of heroin and to a lesser extent opium.

While high opiate use rates generally occur along drug trafficking routes, high rates of opiates use are not found uniformly along these routes. Rather, the locations with high rates of opiate use tend to be urban locations used as centralization points for storing, repackaging and redistributing of opiates.

Looking at the trend of newly registered drug users, there has been a marked difference in the 1996-2001 period and the 2002-2006 period, with the volume of newly registered drug users per annum significantly lower in the latter. This may suggest that while drug use is still increasing annually, it is not increasing at as fast a rate as seen in the 1996-2001 period.

Although current rates of **HIV/AIDS** in Central Asia are low, they have been increasing rapidly over the last decade at an average rate of 48 percent per annum. The continued expansion of HIV in the region is primarily attributable to: 1) the spread of opiate use; 2) the high proportion of injecting drug use among the opiate user community; and 3) unsafe injection practices such as sharing needles.

It is widely known that small-scale **cannabis cultivation** and large areas of wild cannabis growth are present throughout Central Asia. Cannabis is produced primarily for local consumption, with a lesser portion trafficked to markets in Europe and the Russian Federation. When produced for local consumption, short supply routes hamper interdiction efforts. On the whole, cannabis seizure volumes have varied significantly from year to year with a slight increasing trend visible since 1998.

**Synthetic drug** use has not been widespread in Central Asia primarily due to economic factors. In general, synthetic drugs are more expensive and are used by the affluent or middle class. It is not unlikely that synthetic drug use will become more common as economic conditions in the region improve. Central Asia has the capacity to produce methamphetamines from the copious amounts of wild growing Ephedra in the region. Likewise, the large licit chemical industry in nearby China could be tapped to produce synthetic drugs. Inhalant use is also a growing concern, particularly as inhalant use among young people is more prevalent than cannabis.

A chain of causation can be seen between drug trafficking, opiate use, and HIV in Central Asia. Central Asia's location on drug trafficking routes from Afghanistan results in wide availability and lower opiate prices, encouraging abuse. Injecting drug use coupled with unsafe injecting practices in turn contributes to higher rates of HIV and has produced a concentrated HIV epidemic among the IDU community. As many of these IDU engage in other risk practices such as unprotected sex, the potential exists for a generalized HIV epidemic as seen in the Russian Federation and the Ukraine.

## Heroin/Opium

### Production

Opium cultivation and production in Central Asia is minimal, with over 99 percent of opiates in the region originating from Afghanistan. Central Asia forms the “northern route” linking Afghan opiates with the lucrative markets in Europe, the Russian Federation, and increasingly China. Generally, opium production in Central Asia varies inversely with the availability of opium poppy from Afghanistan. Accordingly, while cultivation is not a significant problem currently, any success in reducing the opium supply in Afghanistan may be met with an increase in supply from Central Asia, particularly if the region becomes unstable.

The last UNODC study of opium poppy cultivation in Central Asia (1999) suggested that opium cultivation occurs in small quantities primarily in mountainous pastures, with a lesser amount found in small house gardens mainly for personal use. The potential opium production volume was assessed as equivalent to 40.6 kg per hectare. Given the 2006 regional total of 2.22 hectares of reported cultivation, this is equivalent to a potential output of 90 kg of opium, a minute fraction of the amount produced in Afghanistan.

There are no known production facilities for processing opium into heroin in Central Asia. Consequently, all opiates transiting Central Asia are either processed in Afghanistan or will remain as opium, at least until processed elsewhere. Similarly, the concentration of production in Afghanistan combined with its lack of domestic sources of precursor chemicals means that Central Asia may also serve as a conduit for illicit precursor chemicals entering Afghanistan to facilitate heroin processing.

**KAZAKHSTAN:** As in other Central Asian countries, opium cultivation in Kazakhstan is relatively insignificant. The last UNODC survey conducted in 1999 found that 18,676.5 m<sup>2</sup> were under illicit cultivation, the vast majority of which was reported in Southern Kazakhstan (18,324.0 m<sup>2</sup>). The majority (84 percent) of cultivation was in remote, mountainous areas. In 2007, Kazakhstan officially reported a substantially lower 0.07 ha of opium poppy cultivation and no production facilities for converting opium into heroin.

**KYRGYZSTAN:** As evidenced in the 1999 UNODC survey, Kyrgyzstan had the lowest level of opium poppy cultivation of the three Central Asian states surveyed at 0.08 ha. Cultivation reported in the 1999 study occurred primarily in Chui oblast (267.4 m<sup>2</sup>). All the poppy plots were located in house gardens with the largest single cultivation plot measuring only 203 m<sup>2</sup> in size. The majority of cultivation was reportedly for personal use rather than for distribution. In 2006, Kyrgyzstan did not report any illicit cultivation of opium poppy or any production facilities.

**TAJIKISTAN:** Cultivation reported in the 1999 UNODC survey occurred primarily in Leninabad (8700 m<sup>2</sup>), and RSS (8108 m<sup>2</sup>). Out of the total 1.73 ha of illicit cultivation, more than 86 percent was located in mountainous pastures. In 2006, Tajikistan reported 1.01 ha of illicit opium cultivation. No production facilities were reported.



**TURKMENISTAN:** Turkmenistan does not report any illicit cultivation of opium poppy or production facilities.

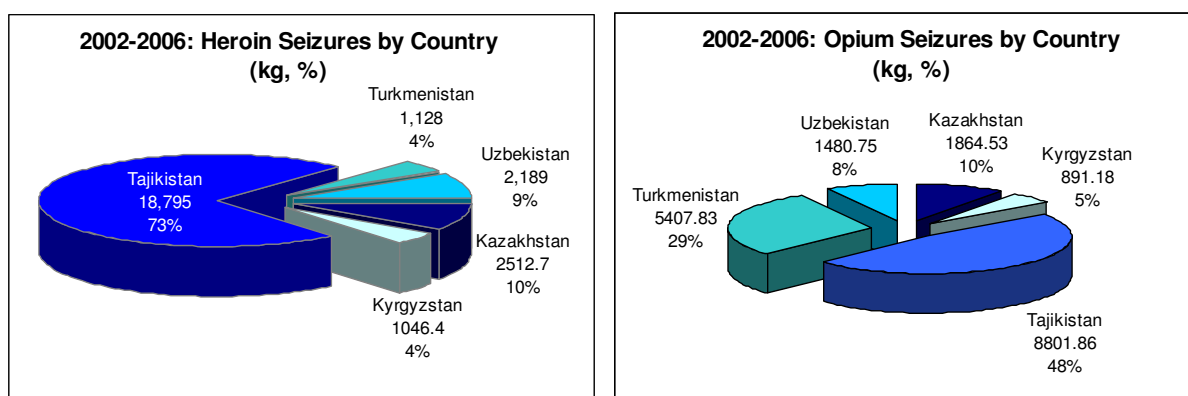
**UZBEKISTAN:** In 2006, Uzbekistan officially reported 1.44 ha of illicit opium cultivation and no opium production facilities.

### Eradication

As there is not a significant volume of opium cultivated in Central Asia, eradication efforts have been limited. While no data on cultivation or eradication is available for Turkmenistan, data from the other Central Asian countries for 2006 shows an eradication rate of 100 percent of areas of illicit cultivation detected, with the majority being eradicated as part of large-scale eradication operations such as operation “Black Poppy”. The total areas eradicated included 1.14 ha in Uzbekistan, 1.01 ha in Tajikistan and 0.07 ha in Kazakhstan. Kyrgyzstan did not report any cultivation or eradication in 2006.

### Seizures

Data on drug seizures in Central Asia must be interpreted cautiously; they reflect not only the volume of drugs present in each country but also the effort devoted to their seizure by national law enforcement agencies and their respective governments. Conventionally, opiate seizures in Central Asia have been concentrated in Tajikistan, where the majority of drugs are assumed to cross the border from Afghanistan following the “northern route” towards the Russian Federation and Europe. Between 1996 and 2006, Tajikistan effected 48 percent of total opium seizures and 73 percent of heroin seizures. Khatlon province on Tajikistan’s border with Afghanistan consistently registers the highest volume of heroin seizures further emphasizing Tajikistan’s salience as the gateway to the “northern route”.



**Figure 1: Heroin and opium seizures in Central Asia by country, 2002-2006**

UNODC estimated that in 2006, 118 metric tons of heroin were smuggled through Central Asia via the “northern route”. Of the estimated amount smuggled, only a fraction (3.1 percent or 3,651.2 kg) was seized in Central Asia. Of this amount, Kazakh law enforcement agencies seized 554.7 kg, Kyrgyz law enforcement agencies seized 260.8 kg, Turkmen law enforcement agencies seized 201.1 kg and Uzbek law enforcement agencies seized 537.1 kg. Tajik authorities, however, seized almost 4 times the amount of other Central Asian countries at 2,097.5 kg.

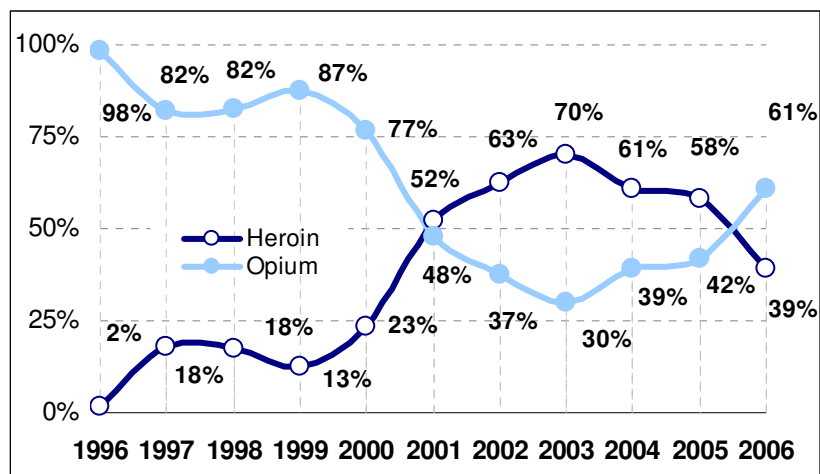


Figure 2: Ratio of heroin to opium seizures in Central Asia, 1996-2006

In 2006, most opiate seizures were in the form of opium rather than heroin. The dynamics of opiate seizures in the region appears to follow a cyclical trend: from 1996 to 2003 heroin accounted for a steadily growing proportion of seizures (from >1 percent to 70 percent), however, post 2003 the proportion of opium seizures has been steadily increasing (from 30 percent in 2003 to 61 percent in 2006). Of the 5,740.8 kg of opium seized in the region in 2006, Turkmen authorities seized the majority at 2,655.7 kg, followed by Tajik authorities (1,386.8 kg), Uzbek authorities (759.3 kg), Kazakh authorities (636.8 kg) and Kyrgyz authorities (302.3 kg).

Over the past decade, the aggregate opiate seizure trend has been fairly flat. Average seizure volumes have been 9,632 kg with a high of 13,984.0 kg in 2000 and a low of 6,100.2 kg in 1998. Interestingly, the 2006 total of 9,393.9 kg is remarkably close to the 1996 figure of 9,155.2 kg. All countries reported a drop in opiate seizures in 2001, following the Taliban-imposed opium ban in Afghanistan. However, the subsequent rise in opium production and estimated increase in the opiate trafficking volume has not resulted in consistently higher opiate seizures in Central Asia. UNODC estimates suggest that the scope of opiate trafficking in the region is both significantly higher than the volume seized (total seizures amount to less than 4 percent of estimated opiate flows in heroin equivalence) and increasing annually (12 percent in 2006) due to copious supply from Afghanistan.

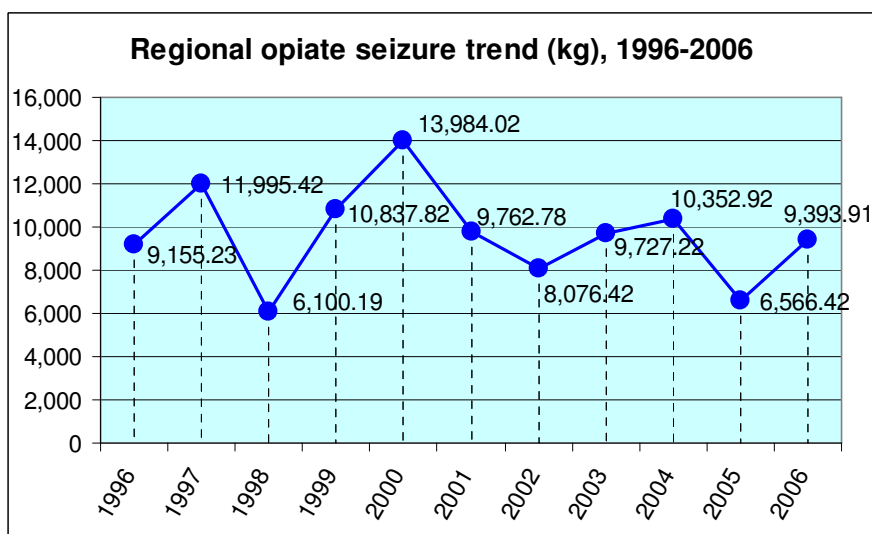


Figure 3: Opiate seizures trend (kg), 1996-2006

Additionally, anecdotal evidence indicates that the number of large seizures is on the rise in Central Asia. This suggests that traffickers are increasingly organized and well financed to be able to buy and move volumes in excess of 100 kg.

**KAZAKHSTAN:** In 2006, Kazakhstan law enforcement agencies seized 554.7 kg of heroin and 636.8 kg of opium, equal to 13 percent of total opiates seized in the region. The largest heroin seizure volumes were in Southern Kazakhstan (151.1 kg), Western Kazakhstan (133.8 kg) and Almaty city (89.0 kg). The largest opium seizure volumes were in Almaty city (330.7 kg), Pavlodar (108.3 kg), and Eastern Kazakhstan (56.7 kg). Large opiates seizures are conspicuously absent from Zhambyl oblast as it is contiguous with oblasts with high seizures, particularly Southern Kazakhstan oblast, and it is located on the main transport corridor between Bishkek and Almaty. Geographically, it is worth noting that there is not a regional concentration of seizures, which indicates that opiates transiting the country are bound for markets as far apart as London and Beijing and utilizing the maze of possible transit corridors through the country.



**Map 1: Heroin seizures by provinces in Kazakhstan, 2006**

In most provinces, the volume of opiate seizures has been erratic from year to year. Heroin seizures, for example, decreased markedly in North Kazakhstan (79 percent) and Eastern Kazakhstan (94 percent) while increasing by over 5,000 percent in Western Kazakhstan. Similarly, opium seizures have varied markedly with Southern Kazakhstan recording a 78 percent decrease and Pavlodar recording an increase of over 200 percent. This trend may be partially explained by the frequency of large volume seizures.

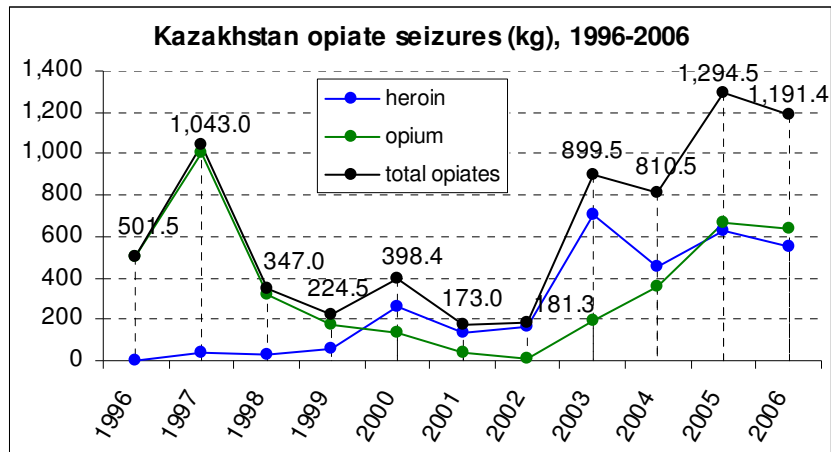


Figure 4: Opiate seizure trend in Kazakhstan (kg), 1996-2006

Over the past decade, a very loose pattern differentiates the seizure trend between the Taliban and post-Taliban period. Between 1996 and 2000 opiate seizures remained fairly consistent, hovering near 367.9 kg annually (omitting the outlier in 1997). 2001 saw record low opiate seizures at 173 kg, followed by consistently rising seizures averaging 875.4 kg from 2002 to 2006 (an average annual increase of 88 percent).

**KYRGYZSTAN:** Since 1999, the volume of heroin seizures in Kyrgyzstan has increased roughly tenfold although it still has the second smallest overall volume of heroin seizures in the region. In 2006, the largest volumes of heroin seizures were in Osh oblast (84.01 kg), followed by Bishkek city (54.29 kg) and Osh city (47.12 kg). Likewise opium seizures occurred mainly in Bishkek city (153.93 kg), Osh city (67.76 kg) and Osh oblast (59.9 kg). Geographically, this seizure pattern reflects the location of a major drug trafficking route with drugs entering from Tajikistan in the south and exiting toward Kazakhstan in the north. Furthermore, the geographic distribution of seizures reflects the higher level of opiates typically found in major cities used as centres for repackaging, distribution, and onward trafficking.



Map 2: Heroin seizures by provinces in Kyrgyzstan, 2006

Osh city is thought to be one of Central Asia's drug capital, serving as a jumping off point for drugs trafficked through Tajikistan to transit westward to Uzbekistan and, via Bishkek, northward to Kazakhstan. In 2006, Osh city accounted for 22 percent of total opium seizures and 18 percent of total heroin seizures. Given the vast amounts of opiates believed to transit the country and Osh city in particular, seizure statistics remain relatively low.

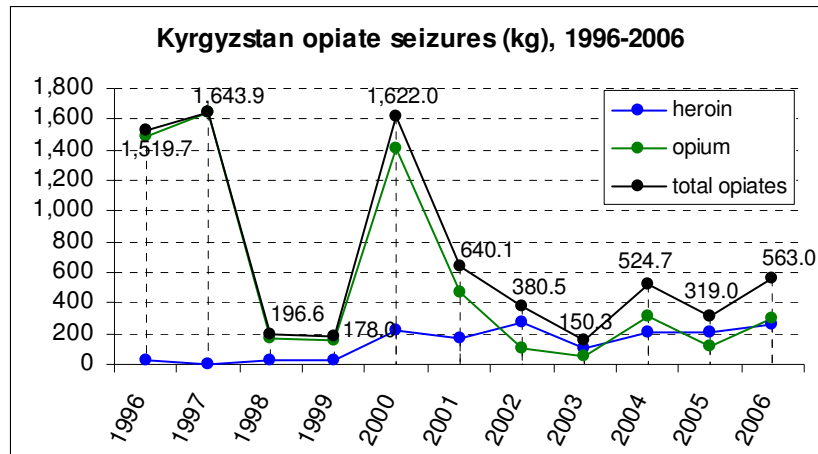
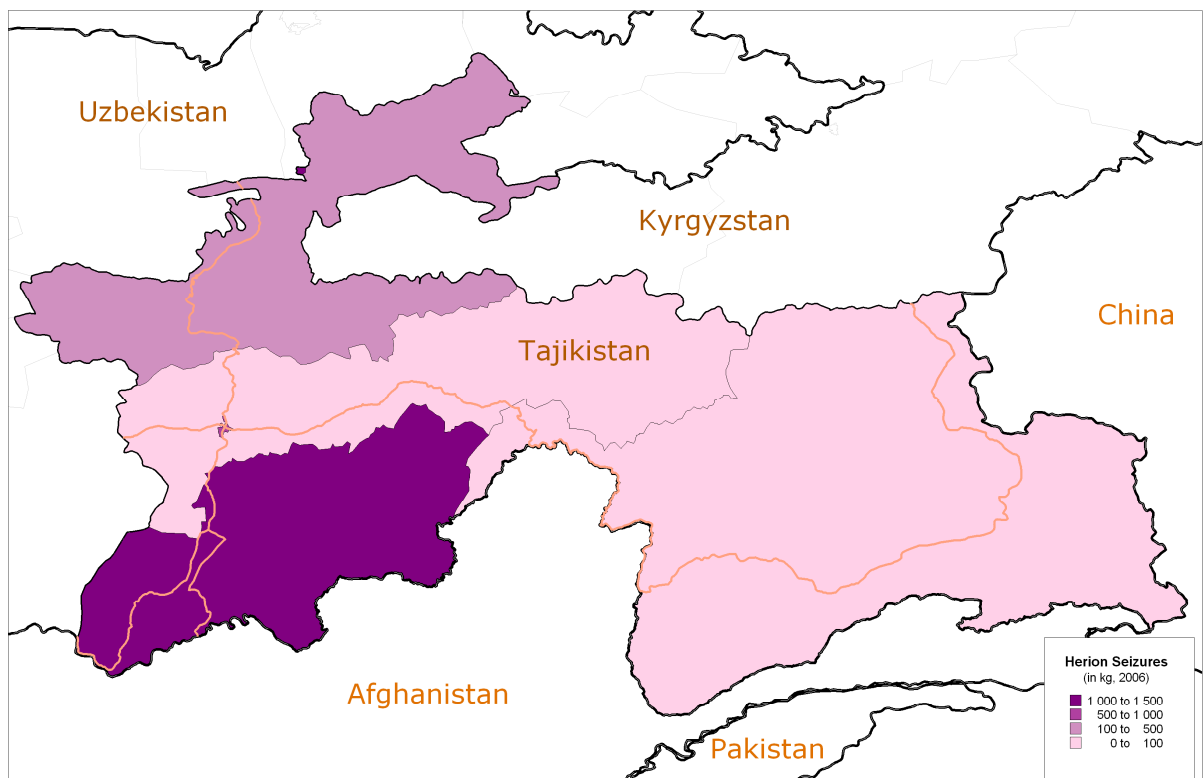


Figure 5: Opiate seizure trend in Kyrgyzstan (kg), 1996-2006

**TAJIKISTAN:** Drug seizures reported in Tajikistan confirm this country's status as the gateway for drugs entering Central Asia from Afghanistan. Approximately 60 percent of all Afghan opiates entering Tajikistan cross the plains surrounding the Afghan-Tajik border in Western Tajikistan, namely Khamdoni, Nizhni Pyanj, Shurabad district and Parhar. A secondary route is through Pyanj at the westernmost part of the Tajik-Afghan border. Once in Tajikistan, most drugs pass through Dushanbe, a centre for repacking, distribution, and onward trafficking.



Map 3: Heroin seizures by provinces in Tajikistan, 2006

Most heroin seizures in 2006 occurred in the southern oblast of Khantlon (1,021.79 kg), followed by Dushanbe city (562.3 kg), and the northern oblast of Sogd (392.44 kg). A similar pattern occurs with opium seizures which in 2006 were concentrated primarily in Khantlon (785.55 kg), Sogd (315.68 kg) and Dushanbe city (189.52 kg).

While opiate seizures have remained at over one ton since 1996, the ratio of heroin to opium seizures and the total volume of seizures have been sporadic, ranging from 1,461.89 kg in 1998 to 7,903.33 kg just three years later. Between 1996 and 2006 the average yearly change in seizure volumes was +/- 49 percent.

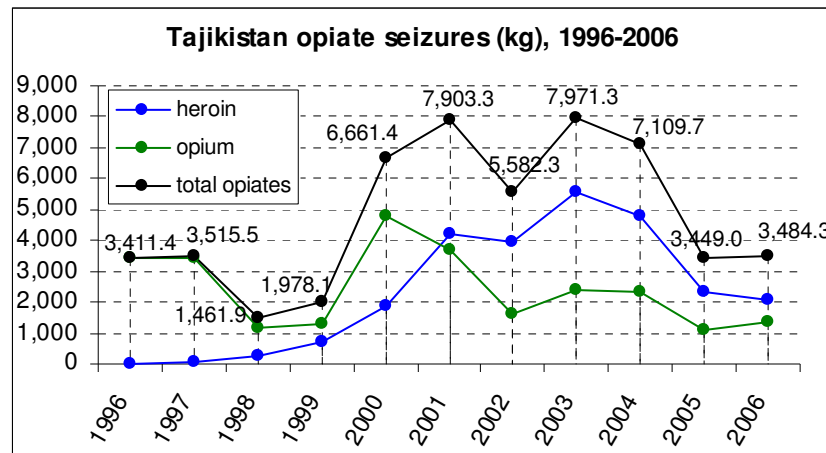


Figure 6: Opiate seizure trend in Tajikistan (kg), 1996-2006

Interestingly, some large variations of opium seizures have been observed at the sub-national level. Dushanbe city and the Republican Subordinated Regions (RSS) witnessed substantial drops in recorded seizures in 2006, while Khatlon, Gorno-Badakhshan (99 percent) and Sogd (53 percent) saw large increases. Data on seizures by oblast are not available from before 2005, making it difficult to know if this is a linear, cyclical or other trend in trafficking or law enforcement activities.

Khatlon reported not only the largest volume of seizures, but also the largest increase in seizures (203 percent). It is worth noting that the volume of heroin seizures has remained fairly constant, with this increase being caused by increasing opium seizures.

**TURKMENISTAN:** Geographically, Turkmenistan sits on the border between the “northern route” and the “eastern route” through Iran which is estimated to carry 53 percent of all opiates trafficked out of Afghanistan. A handful of seizures have been recorded on the Turkmen-Iranian border with attempts to move drugs in both directions. This seems to indicate that traffickers are increasingly moving between the northern and eastern trafficking routes. In 2006, Turkmenistan officially reported two smuggling cases destined for Iran attempting to cross the Turkmen border.

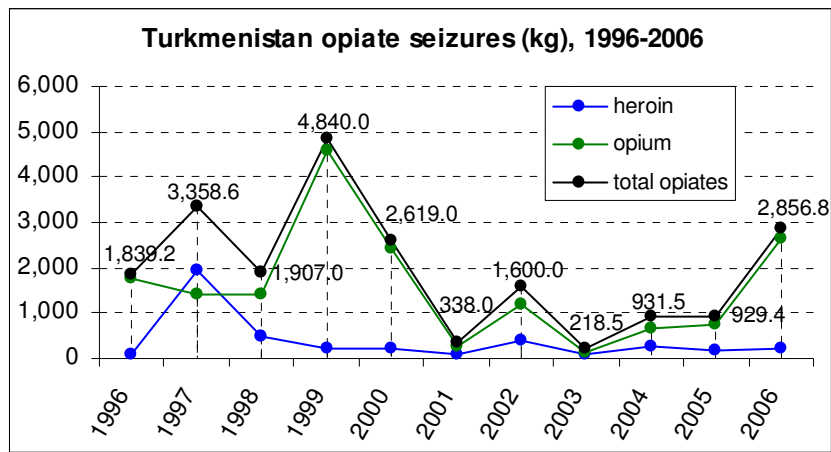


Figure 7: Opiate seizure trend in Turkmenistan (kg), 1996-2006

Turkmenistan does not report seizures by province making detailed analysis difficult. At the national level, opiate seizures have been somewhat sporadic from year to year. Opium seizures between 1996 and 2006 have varied from a high of 4600 kg in 1999 to a low of 267 kg just three years later. The near quadrupling of opium seizures between 2005 and 2006 – making Turkmenistan the regional leader in opium seizures at 2655.7 kg – is further evidence of this erratic trend. Heroin seizures have on the whole remained consistently low over the 1996-2006 period.

**UZBEKISTAN:** The vast majority of seizures since 1999 have occurred on Uzbekistan's eastern border with Tajikistan. Surkhandarya's borders with Afghanistan as well as its proximity to the Tajik-Afghan border are reflected in the largest seizures of heroin (294.64 kg) and opium (493.36 kg) in the country, equivalent to 44 percent of total seizures. Other areas with significant levels of opium seizures are Tashkent city (68.9 kg) and Karakalpakstan (65.92 kg). Heroin seizures are significant in Tashkent city (45.48 kg) and Tashkent oblast (44.58kg).



Map 4: Heroin seizures by provinces in Uzbekistan, 2006

Before the closing of the Uzbek-Afghan border in 1998, many seizures also took place at the land and railroad crossings in southern Uzbekistan covering the area of Termez city on the Amudarya River. The reopened border with Afghanistan (2002) is heavily-guarded at the Termez Hayraton checkpoint; however, given the large volume of licit trade which crosses this checkpoint, it is likely that high levels of contraband and drug smuggling may also occur.

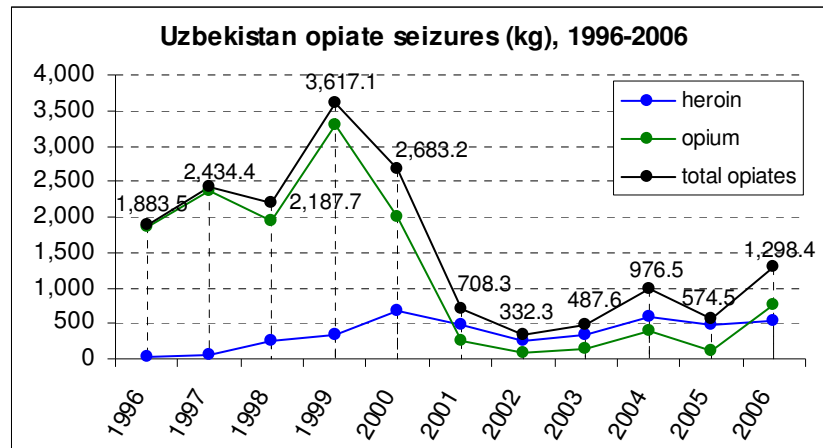


Figure 8: Opiate seizure trend in Uzbekistan (kg), 1996-2006

There is a marked difference in total opiate seizure in Uzbekistan in the Taliban and post-Taliban eras. Seizure volumes dropped significantly in 2001 (74 percent), the steepest fall in the region. It is interesting to note that opiate seizures have remained fairly low post-2001.

## Abuse

Concomitant with the rise of drug trafficking in Central Asia has been the rise of drug abuse rates. Prior to the beginning of large-scale drug trafficking in the 1990s, the use of 'traditional' narcotics, such as smoking opium and marijuana was predominant. The easy availability of cheap heroin has changed the pattern of abuse and led to growing intravenous use of heroin and to a lesser extent opium, creating serious problems with HIV/AIDS due to unsafe injecting practices.



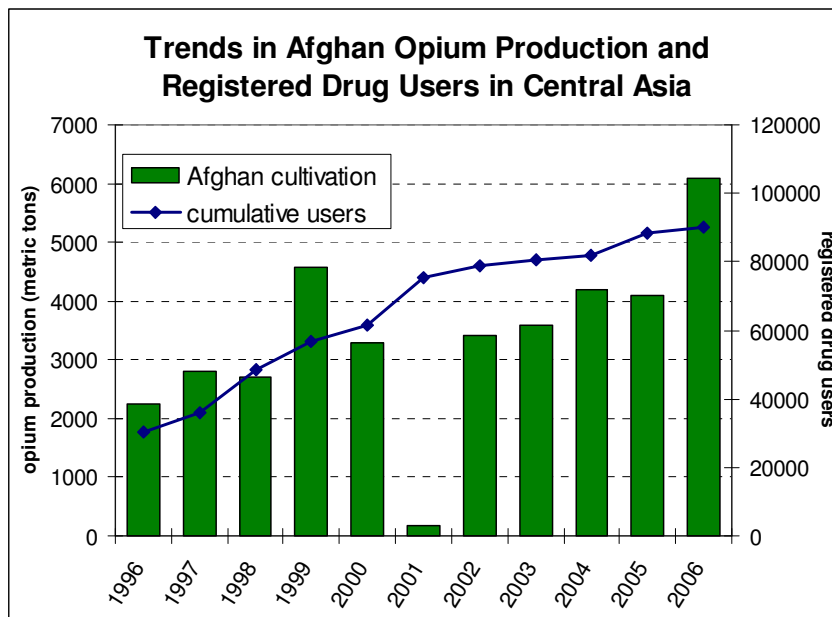
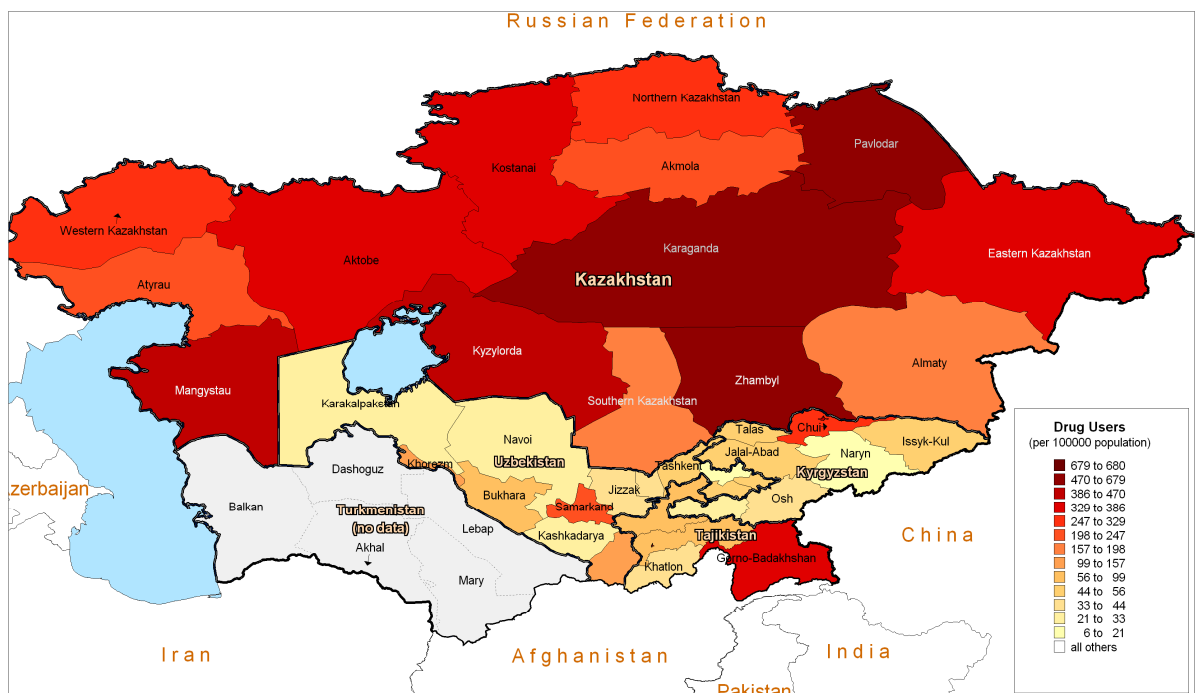


Figure 9: Trends in Afghan opium production and registered drug users in Central Asia, 1996-2006

While high opiate use prevalence generally occurs along drug trafficking routes, high rates of opiates use are not found uniformly along drug trafficking routes. Rather, the locations with high rates of opiate use tend to be urban and those that are used as centralization points for storage, repackaging and redistribution of opiates. Given that evidence suggests that heroin is bought and sold multiple times before it reaches its destination in the Russian Federation or Europe, the potential for a spill over effect of increased demand stemming from low prices and wide availability is likely.



Map 5: Prevalence of registered drug users per 100,000 population, 2006

In 2006, there were 90,082 registered drug users in Central Asia, excluding Turkmenistan for which there is no data available. Of this figure, 70 percent (63,296) were opiate users

comprised of 76 percent (47,827) heroin users and 24 percent (15,469) opium users. Worryingly, 70 percent of registered drug users<sup>1</sup> and 91 percent of opiate users<sup>2</sup> were reported as injecting drug users. In contrast, UNODC estimates that the full scope of opiate use in the region is likely much larger: 280,000 users of which 220,000 are injecting drug users.

	Heroin		Opium		Injecting Drug Users		Total registered drug users
	Absolute	Percentage	Absolute	Percentage	Absolute	Percentage	
Kazakhstan	25,461	47%	9,984	18%	38,821	71%	54,411
Kyrgyzstan	2,694	34%	2,186	28%	5,388	69%	7,842
Tajikistan	6,335	81%	669	9%	4,694	60%	7,865
Uzbekistan	13,337	67%	2,599	13%	9,133	46%	19,964

**Table 1: Heroin and opium user among registered drug users in absolute numbers and percentages, 2006**

Looking at the trend of newly registered drug user, it is interesting to note that there has been a marked difference during the periods of 1996-2001 period and the 2002-2006 period, with the percentage of newly registered drug users significantly less per annum in the latter. This may suggest that while drug use is increasing annually, it is not increasing at as fast a rate as seen in the 1996-2001 period. Conversely, this pattern may also suggest that a larger portion of drug users were registered in the 1996-2001 period, pointing to variations in registration efforts by governments in the region.

**KAZAKHSTAN:** Drug abuse is more widespread and growing faster in Kazakhstan than in any other Central Asian state. The prevalence of registered drug users in 2006 stands at 355 per 100,000 people, more than 200 percent higher than any other state in the region. In comparison, UNODC estimates that 1.02 percent of the adult population use opiates. The number of newly registered drug users increased 20 percent in 2006, now standing at 70 per 100,000 people.

Opium is the principle drug abused in Kazakhstan accounting for 47 percent of all registered drug users and 72 percent of all opiate users. In general, heroin is thought to be more harmful than opium given its link to injecting drug use. However, in Kazakhstan drug users commonly ingest raw opium intravenously by creating an opium solution, for example, a “compote” mixed with ephedrine. Occasionally the blood of one person (the “drug leader”) is mixed with the opium preparation and is then injected by multiple people, leading to an increased risk of spreading HIV and other infectious diseases.

Sub-nationally, drug abuse is most prevalent in the city of Almaty (8,839 registered users), and the oblasts of Karaganda (6,632), Zhambyl (5,251) and Eastern Kazakhstan (4,735). These areas with high drug abuse rates are located along popular and well-established opiate trafficking routes, consistent with the assumption that drug demand is created along the supply chain to the Russian Federation and Europe.

<sup>1</sup> Excluding those with dependence on solvents

<sup>2</sup> There are 58,035 registered injecting drug users in Central Asia. This is equal to 91 percent of registered opiate users; however, this figure is somewhat inflated given that persons registered as ephedrine injectors or poly-drug injectors are counted in injecting drug users.

The highest increases in registered drug abusers in recent years have been reported in Atyrau and Mangystau oblasts where some of the highest rates of heroin abuse amongst drug abusers are reported. It is peculiar that the number of registered drug abusers declined in Southern Kazakhstan, also on a major drug route.

The profile of the average Kazakh drug abuser is an unemployed, urban dweller. The majority of registered drug abusers were between 18 and 30 years of age (54 percent) with a large secondary portion over 30 years of age (38 percent). The primary drug used is heroin (47 percent) followed by opium (18 percent).

The prevalence of risk practices amongst IDUs in Kazakhstan is extremely high. In a 2005 survey of IDUs, over 15 percent of those surveyed reported not using a condom during their last sexual encounter with an irregular partner, 10 percent reported using common syringes during the last month and over 90 percent reported having practiced unsafe sex or injecting practices.

**KYRGYZSTAN:** The vast majority of Kyrgyz opiate abusers are located along what is believed to be the major drug trafficking routes through the country which enter Kyrgyzstan in Osh and transit Jalal-Abad and Chui oblasts en route to Uzbekistan and Kazakhstan. Conversely, drug abuse tends to be low in regions isolated from the major transportation network and drug trafficking routes, such as Naryn and Issyk-kul.

In Kyrgyzstan there were 5,387 registered injecting drug users in 2006, the majority of whom are located in the urban centres of Bishkek (2,742) and Osh city (1,061). The Kyrgyz capital, Bishkek, located on a major drug trafficking route in the northern Chui oblast, is reported to have the single largest population of registered drug users in the country. In 2006 there were 381 registered drug users per 100,000 people, of which almost one quarter were heroin users and 41 percent were opium users. In Bishkek, UNODC estimates that 1.6 percent of the total adult population (15 – 64 years) or approximately 6,000 persons are regular opiate users. The estimated opiate use prevalence in Bishkek is among the highest of any location in the region. Alarmingly, all were injecting opiates.

Osh oblast is central to many of the drug trafficking routes through Central Asia due to its proximity to the Ferghana Valley, Kazakhstan and Tajikistan's eastern Gorno Badakhshan Autonomous Region. In 2005, 36 people per 100,000 population were registered as drug users; out of these more than a quarter were registered as heroin users and 11 percent as opium users. It is estimated that 0.2 percent of the adult population, or around 2,000 people, in the Osh oblast are regular opiate users. Of these, 96 percent administer the drug through injection. However, within the oblast, almost half of the estimated opiate users are in Osh City which has an estimated prevalence of 0.8 percent opiate users. In contrast to Bishkek where only a quarter of registered drug users have been registered as heroin users, in Osh City, the proportion of heroin users is more than 85 percent. Contrary to common perceptions that places associated with drug trafficking would also have high prevalence of drug use, noticeable exceptions are observed in the region, as for example in the Osh (excluding Osh city) and the Jalal-Abad oblasts. These are located on what are believed to be major heroin trafficking routes but have reportedly low prevalence rates of opiate use. The same holds true for the corresponding regions of Namangan and Andijon in Uzbekistan.

The majority of registered drug users (93 percent in 2005) were male. Unlike in Tajikistan and Uzbekistan, where the most frequently used opiate is heroin, in Kyrgyzstan the total number of registered heroin and opium users are similar, with the majority of opium users concentrated in the northern Chui oblast and Bishkek City. As in Tajikistan and Uzbekistan, injecting is the most frequently used method of administering opiates (approximately 96 percent). In contrast to the total number of registered drug users, UNODC estimates that 0.8 percent of the total adult population between 15 - 64 years of age, equating approximately 26,000 people, are dependent on opiates.

**TAJIKISTAN:** 81 percent of Tajikistan's 7,865 drug abusers use heroin. Injecting is the most frequently used means of administering opiates. There are about 119.1 drug users per 100,000 people, almost a third of the numbers observed in Kazakhstan. However, prevalence of heroin use among drug abusers is significantly greater in Tajikistan than in any other Central Asian state. Heroin is the overwhelming drug of choice in all regions in the country ranging from 61 percent of all registered drug users in Khatlon to 93 percent of all registered drug users in Sogd.

Compared to the registered number of drug users, UNODC estimates that more than 0.5 percent of the total adult population between 15 – 64 years of age, corresponding to about 20,000 people, regularly use opiates. This is the lowest rate in all of Central Asia.

The majority of registered drug users are located in the capital, Dushanbe, which records five times the average prevalence and the highest prevalence in Central Asia.<sup>3</sup> In 2006 there were 679 registered drug users per 100,000 people, 84 percent of whom used heroin, and 56 percent were injecting drug users. In contrast to Dushanbe, there were only 750 registered drug users in the remaining Republican Subordinated Regions (RSS) or 49 drug users per 100,000 people. The RSS has the lowest injecting drug use prevalence at 33 percent of all registered drug users.

Gorno-Badakhshan Autonomous Oblast (GBAO), located in eastern Tajikistan, is a sparsely populated, remote and mountainous region. The majority of the population lives very close to the Afghan border or to the Pamir Highway, which connects Tajikistan to Osh, Kyrgyzstan. GBAO has the highest rate of opiate use among the adult population outside Dushanbe. Estimated opiate use prevalence is 0.5 percent or 600 users. The number of registered drug abusers up to December 2005 was 480 per 100,000 people with the majority (70 percent) using heroin. GBAO has the smallest proportion of injecting drug users in Tajikistan among the total population regularly using opiates (72 percent).

Sogd Oblast is Tajikistan's northernmost oblast which straddles known drug transportation routes connecting Dushanbe with Uzbekistan i.e., Samarkand, Tashkent and the Ferghana Valley. The major population centres are Khujand and to a lesser extent Chkalovsk. The estimated prevalence of opiate users among the adult population of Sogd aged 15 – 64 years is 0.3 percent, or an estimated 2,600 persons, with more than 90 percent administering opiates by injecting. Heroin is the most commonly used opiate. As of December 2005, 65 per 100,000 people had registered in Sogd as drug users, with more than 90 percent using heroin.

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<sup>3</sup> Prevalence rates could only be calculated for countries which provided HIV and population data by oblast, excluding Kazakhstan and Turkmenistan.

Khatlon Oblast in the south of Tajikistan is the most populated region comprising almost a third of Tajikistan's population. Notably, the city of Kurgan-Tyube is located on the major road and railway links between Tajikistan, Uzbekistan, Turkmenistan and Afghanistan. In Kurgan-Tyube, the rate of registered drug users was 604 per 100,000 people contrasting with 165 per 100,000 in Kulyab. An estimated 60 percent of drugs entering Tajikistan from Afghanistan are trafficked through this region. Despite this, opiate use prevalence in Khatlon is estimated at only 0.2 percent of the adult population (15 – 64 years), or around 1,700 people. Heroin was the main opiate used, with almost 90 percent of users injecting.

**TURKMENISTAN:** Statistics on drug abuse and crime in Turkmenistan are not available. This lack of information has a considerable impact on the possibilities to analyze drug and crime trends inside the country. In turn, this lack of data renders effective support to drug control and crime reduction efforts increasingly difficult.

Sharing a long border with Afghanistan on the crossroads between the northern and western trafficking routes has resulted in an influx of large amounts of opiates, mostly as transit but also likely affecting local demand. This influx coupled with a deteriorating social and economic situation have predisposed the population to problematic drug use. As with drug supply, information collected on drug demand is patchy at best. Turkmenistan does not provide data with any regularity, and has not participated in the UNODC 2000 Rapid Situation Assessment on drug abuse or submitted any information for the purposes of the survey.

In the past few years, the drug abuse situation in Turkmenistan has deteriorated. Estimated drug abuse rates rose from 13.2 in 1995 to 52.7 out of 100,000 people in 1998 – a four-fold increase over just four years. Official statistics show that, by the end of 1999, there were around 13,000 registered drug users in Turkmenistan, as compared to ca. 8,000 at the end of 1998. Thus, the dynamics of drug abuse morbidity were dramatic in the late 1990s when information was last collected. Seeing the dynamics of abuse across the region, it is likely that there has been a similar continued increase.

According to information from the late 1990s, 95 percent of all drug users are male. The peak age of drug use is between 31 and 35 years (19 percent). However, drug use is becoming increasingly common among young people, as well as among the female population. A trend of particular concern is that of the general number of drug addicts, an estimated 15 percent are injecting drug users, although official data puts the figure at only 5 percent. Compared to other countries of the region, this is a rather low figure. One reason for this may be that, by regional standards, Turkmenistan has a higher share of opium as opposed to heroin transiting. However, it must also be noted that the estimate refers to the late 1990s, when drug abuse in Central Asia only started unfolding.

**UZBEKISTAN:** In Uzbekistan, 19,574 drug users (74 per 100,000 people), were registered with the national authorities in 2005. Of these, 95 percent were male and two thirds were between 20 to 40 years old. The majority of drug users registered are opiate users – primarily heroin users (64 percent) and who administer the drug by injecting (>85 percent). In contrast to the cumulative number of registered drug users, UNODC estimates that as many as 130,000 people or 0.8 percent of the total adult population (15 – 64 years) are dependent on opiates. Notably, injecting as the method of administering opiates in Uzbekistan is lower (61 percent) than in Kyrgyzstan (96 percent) and Tajikistan (75 percent).

The drug abuse problem in Uzbekistan tends to be concentrated in the capital, the southern oblast of Surkhandarya (bordering Afghanistan and Tajikistan), and to some extent in the south-eastern oblasts of Kashkadarya, Samarkand and Jizzak (bordering Tajikistan). By December 2005, the largest single urban population of registered drug users, and highest estimated prevalence of regular opiate users (adult population aged 15 – 64 years), was in the capital, Tashkent. This is consistent with a wider regional trend encompassing Kyrgyzstan and Tajikistan where high prevalence of drug use is estimated in the capital cities. In Tashkent city, there were 166 registered drug users per 100,000 people in 2005, of which up to two thirds were registered as heroin users and the majority (81 percent) reported injecting. Similarly, UNODC estimates that in Tashkent city 1.2 percent of the adult population or 16,000 people were dependent on opiates.

Tashkent oblast (a separate administrative unit from Tashkent city) has significantly fewer registered drug users (43 people per 100,000 people) than Tashkent city. UNODC estimates also indicate a significantly lower prevalence of 0.4 percent or a total of 6,000 opiate users in the oblast, two thirds of whom inject.

Samarkand oblast has a population of around 3 million - the largest in Uzbekistan. It borders Tajikistan's Sogd oblast and is connected to Tajikistan's capital Dushanbe, to Afghanistan, Turkmenistan and the rest of Uzbekistan by a variety of major road and rail routes. In December 2005, there were 197 drug users registered per 100,000 people in Samarkand oblast. Out of these, 59 percent were registered as heroin users. However, UNODC estimates that around 25,000 or 1.5 percent of the adult population are regular opiate users. Both the opiate prevalence estimates and the number of drug users registered for Samarkand are the highest in Uzbekistan, while the proportion of injectors (38 percent) is the lowest for any oblast in Uzbekistan.

Surkhandarya is the southernmost oblast bordering Afghanistan, Tajikistan's Khatlon oblast and Turkmenistan. The biggest urban centre in Surkhandarya is Termez, which is less than 100 kilometres from Mazar-I-Sharif in Balkh, Afghanistan. By the end of 2005, there were 103 drug users per 100,000 people registered in Surkhandarya, of which 93 percent were heroin users. UNODC estimates the prevalence of opiate users as 0.8 percent or around 9,000 opiate users in Surkhandarya oblast with 69 percent injecting.

It is generally thought that localities with high rates of heroin use typically correlate with drug trafficking routes, for instance Surkhandarya with an estimated prevalence of 0.8 percent. There are, however, exceptions in the region. Andijon, Bukhara and Tashkent oblasts (excluding the city of Tashkent) and Namangan are located on the major opiate trafficking thoroughfares, and yet have relatively low prevalence rates of opiate uses. This also holds true for neighbouring Osh and Jalal-Abad oblasts in Kyrgyzstan where estimated opiate prevalence is 0.2 and 0.5 percent respectively. As stated above, locations with high rates of opiate use tend to be urban and are used as centralization points for storage and redistribution of opiates.

## Cannabis

### Production

While it is widely known that small-scale cannabis cultivation and large areas of wild cannabis growth are present throughout Central Asia, there is little data available on cannabis cultivation. In general, this disinterest is a reflection of the effort of Central Asian governments and the international community to prioritize the detection of opiates, a significantly more harmful category of drug.

**KAZAKHSTAN:** Kazakhstan is Central Asia's largest producer of cannabis, accounting for 97 percent of the cannabis sold in Central Asia. Data collected from the last UNODC survey conducted in 1999 indicates that cannabis cultivation and wild growth was present in Zhambyl (49,680.2 ha), Eastern Kazakhstan (10,993.1 ha), Western Kazakhstan (8598.3 ha), Almaty (2410.3 ha) and Atyrau (365.7 ha). Zhambyl was noted for producing cannabis with a higher THC which is preferred by traffickers.

Cannabis is thought to grow wild throughout southern Kazakhstan with the largest single location being in the Chu Valley. Officially, the Kazakh government reports 0.23 hectares of wild growth and 0.36 hectares of illicit cannabis cultivation in 2006. However, a 2007 UNODC mission to the Chu valley indicates that wild growth and cultivation was well above the 128,000 ha officially reported. Furthermore, over half of the cannabis is being harvested. Illicit cultivation is noted in Kiziklarda and Shimkent in 2007.

**KYRGYZSTAN:** Cannabis surveys conducted by UNODC in 1998 and 1999 suggest that wild growth and cultivation occurred in Yssyk-Kul (2,444.2 ha), followed by Jalal-Abad (333.5 ha), Talas (93.9 ha), Chui (87.4 ha) and Osh oblast (15.8 ha). In addition, Issyk-Kul and Jalal-Abad were noted for producing cannabis with a higher THC which is preferred by traffickers. In 2004, the OSCE estimated that cannabis was growing on 6,000 ha. In 2006, Kyrgyzstan reports 537.5 ha of wild cannabis growth and no illicit cultivation.

**TAJIKISTAN:** Cannabis surveys conducted by UNODC in 1998 and 1999 suggest that cannabis production is a relatively minor problem in Tajikistan. Of a total of 3.2 ha, the majority (95 percent) was in Leninbad. Wild cannabis in Tajikistan was noted to have a very low THC content and was rarely harvested by traffickers. Most cultivation consisted of only a few plants for personal use by the grower. In 2006, Tajikistan reports 30.95 hectares of wild growth and 1.24 hectares of illicit cannabis cultivation.

**TURMENISTAN:** There is no data available on cannabis cultivation or wild growth in Turkmenistan.

**UZBEKISTAN:** Uzbekistan reports 0.4 hectares of wild growth and 1.44 hectares of illicit cultivation in 2006. In 2006, 621 people were convicted of planting narcotic plants. However, without details on whether these convictions were for a few plants or several acres, it is difficult to draw any conclusions on the scale of illicit cultivation in Uzbekistan.

## Eradication

Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan all report cannabis eradication: 0.59 ha in Kazakhstan, 537.5 ha in Kyrgyzstan, 32.19 ha in Tajikistan, and 1.84 ha in Uzbekistan. This is equal to an eradication rate of 100 percent of the areas of wild growth and illicit cultivation reported in 2006, although there is reason to doubt this level of success. There is no available data on eradication in Turkmenistan.

## Seizures

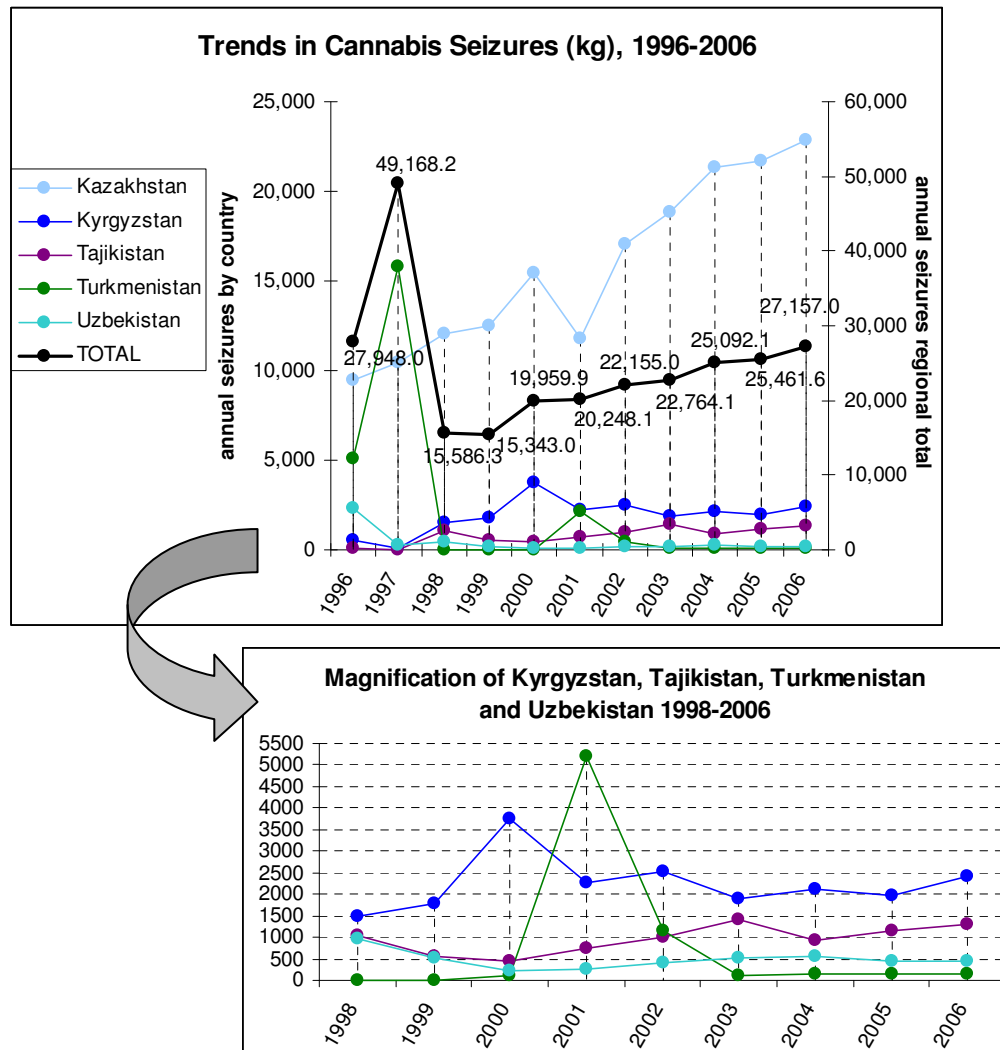


Figure 10: Trends in cannabis seizures, 1996-2006

Cannabis is produced primarily for local consumption, with a small portion trafficked to markets in Europe and the Russian Federation. When produced for local consumption, short supply routes hamper seizure efforts as most cannabis is produced and consumed locally. On the whole, cannabis seizure patterns have been increasing steadily since 1998; however, this underlying growth trend is primarily a reflection of increasing seizures in Kazakhstan.



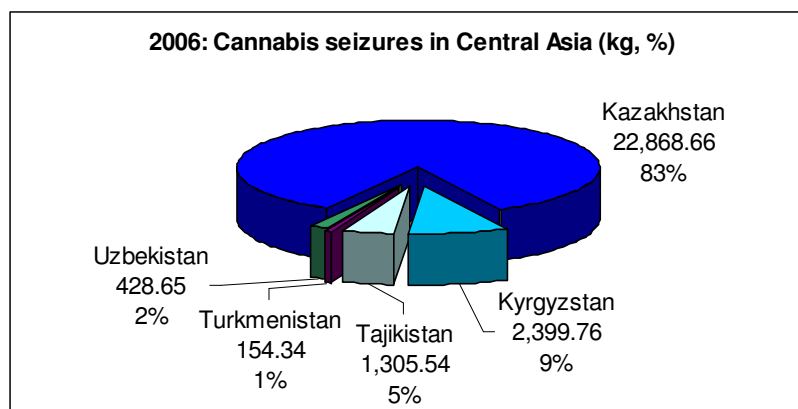


Figure 11: Cannabis seizures in Central Asia by country, 2006

**KAZAKHSTAN:** Kazakhstan annually leads other countries in the region in cannabis seizures. In 2006, Kazakh law enforcement agencies seized over 22 tons (22,868.7 kg), equivalent to 84 percent of total cannabis seizures in Central Asia. This follows a trend of steadily increasing cannabis seizures between 1996 and 2006 (with the exception of 2001), with an average increase of 10 percent per annum. It is also noteworthy that seizure increases have tended to flatten out in recent years: 2005 recorded only a 3 percent increase and 2006 reported a 1 percent increase.

The exact location of the majority of seizures is not recorded. One-third of total seizures are reported as being seized in areas that fall under the “other” category, likely on the borders or in prisons. Of the identified locations, the largest volume of seizures are recorded in Karaganda (1,686.4 kg) followed by Pavlodar (1,289.7 kg). Interestingly, both of these areas reported large increases in 2006 (126 percent and 163 percent respectively). Given that overall seizures only increased marginally in 2006, it means that seizures in other locations were declining.



Map 6: Cannabis seizures in Kazakhstan by province, 2006

**KYRGYZSTAN:** In 2006, law enforcement agencies in the Kyrgyz Republic seized over 2 tons (2,399.8 kg) of cannabis. While this figure represents a 21 percent increase from 2005, it is more accurately seen as part of a wider trend of fluctuating volumes of cannabis seizures between 1996 and 2006. Cannabis seizures peaked in 2000 at 3,748.2 kg, and bottomed out 1997 at 110.2 kg, just three years earlier.

The majority of seizures in 2006 took place in Chui (1,160.4 kg) and Issyk-kul (620.1 kg), together accounting for 74 percent of total cannabis seizures. For Issyk-kul, this represents a six-fold increase over the volume seized in 2005. Osh oblast, which had recorded the second highest volume of cannabis seizures in 2005, saw a significant 72 percent decrease.

**TAJIKISTAN:** In 2006, law enforcement agencies in Tajikistan seized 1,305.5 kg of cannabis. Seizures in Tajikistan have fluctuated over the last decade, although not to the extremes seen in Kyrgyzstan and Uzbekistan. Cannabis seizures peaked in 2003 at 1,434.9 kg and bottomed out in 1996 at 86.0 kg. Given that cannabis seizure have been increasing for the past 3 years and that the 2006 seizure volume is only 8 percent lower than Tajikistan's recorded high in 2003, cannabis seizures may be following the rising trend seen in Kazakhstan. In 2006, the vast majority of seizures (86 percent) took place in Khatlon (1,117.1 kg).

**TURKMENISTAN:** Cannabis seizures in Turkmenistan have been increasing in volume since 2002 with 154.3 kg seized in 2006. However, seizures in the late 90s ranged between 79 and 245 times this volume. Given the dearth of information from Turkmenistan, it is difficult to speculate on the reasons underlying this seizure pattern.

**UZBEKISTAN:** Uzbekistan has the second lowest volume of cannabis seizures in Central Asia after Turkmenistan. Cannabis seizures have been declining since 2003 with 428.7 kg seized in 2006. This is significantly less than the 1996 figure of 5,544.0 kg. Much like other states in the region, cannabis seizures in Uzbekistan do not display a discernable pattern.

Sub-nationally, the primary locations for cannabis seizures were Tashkent oblast (81.35 kg), Tashkent city (79.2 kg), and Samarkand (67.3 kg). While these three locations also recorded the highest seizure volumes in 2005, they have all witnessed declining volumes in 2006 of 42 percent, 41 percent, and 126 percent respectively.

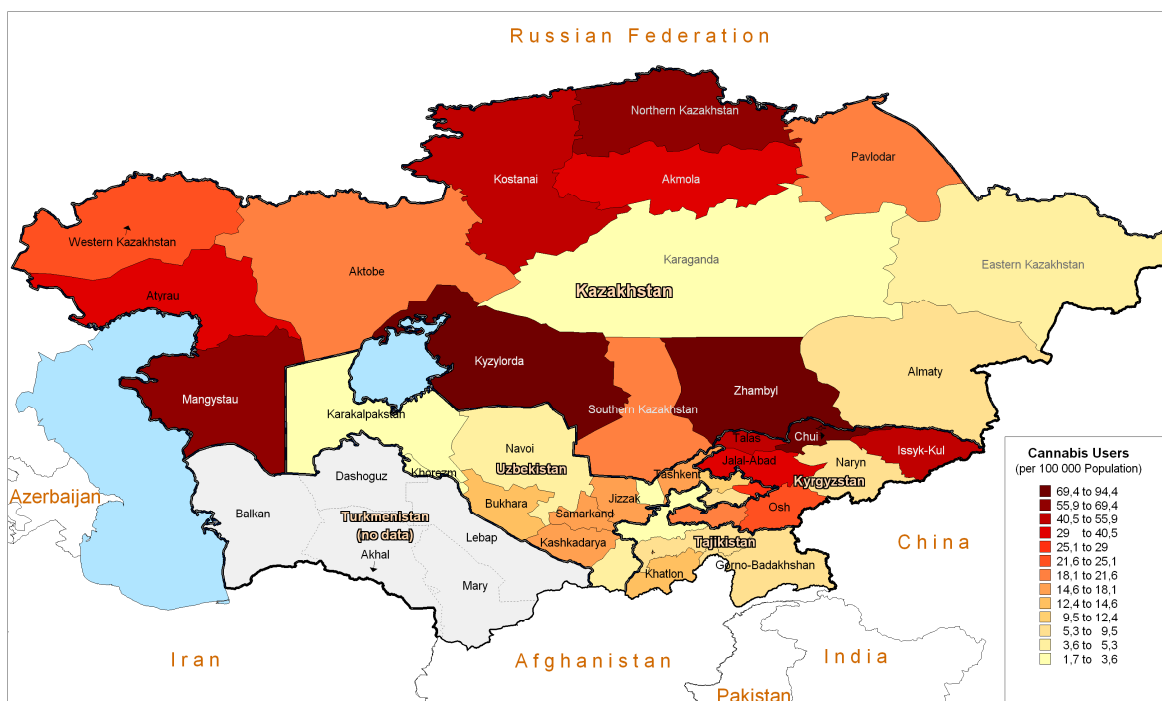
## **Abuse**

There is very little information on cannabis use in Central Asia, particularly occasional use. Without extensive study or government statistics, it is difficult to estimate the prevalence of occasional and/or problem users. However, government officials and representatives from international organizations in the region have acknowledged that cannabis is widely used, though not perceived to be a major problem. Cannabis users make up 19 percent of total registered drug users.

Data on cannabis use among youth indicates that use is very minimal with Tajikistan reporting the lowest lifetime use<sup>4</sup> at 0.5 percent of youth and Kyrgyzstan reporting the highest lifetime use at 11.7 percent of youth. There was a marked gender difference with more boys than girls reportedly using cannabis and, in all countries except Kazakhstan, cannabis use was more prevalent than opiate use but less prevalent than inhalant use.

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<sup>4</sup> "Lifetime use" refers to the percent of youth who have used a given drug in their lifetime. This is contrasted with use "in the past 12 months" and use "in the past 30 days".



Map 7: Prevalence of registered cannabis users per 100,000 population, 2006

	registered cannabis users			total registered drug users (RDUs)
	cumulative total	percent of all RDUs	prevalence per 100,000 population	
Kazakhstan	11108	20%	72.5	54411
Kyrgyzstan	2155	27%	41.0	7842
Tajikistan	533	7%	8.0	7865
Uzbekistan	3091	15%	11.5	19964

Table 2: Cannabis use among registered drug users, 2006

	annual prevalence	year of estimate
Kazakhstan	4.2	2000
Kyrgyzstan	6.4	2001
Tajikistan	3.3	1998
Turkmenistan	0.3	1998
Uzbekistan	4.2	2003

Table 3: Estimated annual prevalence of cannabis use as a percentage of the adult population (15-64 years of age)

	lifetime use		use in the past 12 months		use in the past 30 days	
	boys	Girls	boys	girls	boys	girls
Kazakhstan	16.8	7.0	11.3	4.5	7.4	2.6
Kyrgyzstan	8.0	1.7	4.2	1.1	2.6	0.7
Tajikistan	0.8	0.2	3.2	0.6	2.1	0.6
Uzbekistan	0.7	0.4	0.4	0.1	0.2	0.1

Table 4: Percentage of students age 16 who reported using cannabis by frequency

**KAZAKHSTAN:** UNODC estimates conducted in 2000 place annual cannabis use prevalence at 4.2 percent of the adult population. In comparison, UNODC estimates in 2006 suggest that 1.02 percent of the adult population use opiates.

Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” indicates that 16.8 percent of boys and 7 percent of girls have used cannabis in their lifetime, the highest prevalence of the three countries surveyed. The percentage of young people who had used cannabis ten times or more in their lifetime was 4.9 percent for boys and 1.5 percent for girls. Within the past 30 days, 7.4 percent of boys and 2.6 percent of girls reported using cannabis.

**KYRGYZSTAN:** UNODC estimates from 2001 place annual cannabis use prevalence at 6.2 percent of the adult population, the highest in Central Asia. In comparison, UNODC estimates in 2006 suggest that 0.9 percent of the adult population use opiates.

Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” indicates 8 percent of boys and 1.3 percent of girls have used cannabis in their lifetime. The percentage of young people who had used cannabis ten times or more in their lifetime was 1.9 percent for boys and 0.4 percent for girls. Within the past 30 days, 2.6 percent of boys and 0.7 percent of girls reported using cannabis. This indicates that cannabis use is minimal among youth in Kyrgyzstan, with lifetime use prevalence lower than inhalant use.

**TAJIKISTAN:** UNODC estimates from 2000 place annual cannabis use prevalence at 3.3 percent of the adult population. In comparison, UNODC estimates in 2006 suggest that 0.5 percent of the adult population use opiates.

Tajikistan records the lowest prevalence of cannabis use among youth. Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” indicate that lifetime use of cannabis was limited to 0.8 percent of boys and 0.2 percent of girls. The percentage who had used cannabis ten times or more in their lifetime was 0 for both genders.

**TURKMENISTAN:** UNODC estimates from 1998 place annual cannabis use prevalence at 0.3 percent of the adult population, significantly lower than the rest of Central Asia. Due to the lack of official data from the government of Turkmenistan or additional independent studies, it is difficult to assess the accuracy of this figure or determine if it has changed since 1998.

**UZBEKISTAN:** UNODC estimates from 2000 place annual cannabis use prevalence at 4.2 percent of the adult population. In comparison, UNODC estimates in 2006 suggest that 0.8 percent of the adult population use opiates.

Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” indicate that 0.7 percent of boys and 0.4 percent of girls have used cannabis in their lifetime. The percentage of young people who had used cannabis ten times or more in their lifetime was 0.1 percent for boys and 0 percent for girls. This indicates that cannabis use is minimal among youth in Uzbekistan, with lifetime use prevalence lower than inhalant use.

## Synthetic Drugs and Inhalants

Synthetic drug use is not widespread in Central Asia primarily due to economic factors. In general, synthetic drugs are more expensive and are used by the affluent or middle class often linked to raves and night clubs. Indeed, as economic conditions have improved in the Russian Federation in recent years, the demand for synthetic drugs has increased exponentially. As other trends related to drug use and HIV in Central Asia have begun to parallel those of the Russia Federation, it is not unlikely that synthetic drug use will become more common as economic conditions in the region improve.

	Ephedra	Hallucinogens	Sedatives	Solvents & Tranquilizers	Polydrugs	Other
Kazakhstan	0	0	0	0	0	7857
Kyrgyzstan	8	0	11	80	708	0
Tajikistan	0	0	0	55	0	243
Uzbekistan	0	9	81	178	243	29

**Table 5: Synthetic drug use among registered drug users, 2006**<sup>5</sup>

Unlike plant-based drugs, the production of synthetic drugs starts with readily available chemicals, combined in small, easily concealed laboratories. This makes an assessment of the location, extent and evolution of the production of synthetic drugs extremely difficult. Central Asia has the potential to be a major source of synthetic drugs, given its copious supply of Ephedra. Ephedra – a genus of plant containing ephedrine, a precursor of methamphetamine – grows wild in many parts of Central Asia. The latest available survey of Ephedra growth in Central Asia (UNODC 1998) observed wild growth on 138,117 ha (88,299 ha in Kazakhstan, 46,433 ha in Kyrgyzstan, and 3,484 ha in Tajikistan<sup>6</sup>) although total growth figures was estimated to be significantly higher. Likewise, the large licit chemical industry in nearby China could be tapped into to produce synthetic drugs for the Central Asia market, as has happened for the American and South African markets.

	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
any drug use	87.6	95.1	99.3	99.3
synthetic drug use:				
amphetamine	99.8	99.6	100	99.9
LSD	99.7	99.5	100	99.9
crack	99.7	99.6	99.9	99.9
ecstasy	98.5	99.3	99.9	99.9
GHB	99.8	99.7	100	99.9
inhalants	91.5	94.6	97.9	99.2
steroids	99.5	99.5	100	99.9

**Table 6: Percentage of students age 16 who reported never using drugs in their lifetime**

It is difficult to quantify the extent of synthetic drug use in Central Asia given the dearth of statistical information available regarding number of addicts, frequency of use, price and availability. Inhalant use is a growing regional concern among youth. For Kyrgyzstan, Tajikistan, and Uzbekistan, inhalant use among young people was more prevalent than cannabis and inhalant use among youth is reported to be increasing in the region.

<sup>5</sup> The generic categories “other” and “poly-drug” may or may not include synthetic drug use.

<sup>6</sup> Kazakhstan and Turkmenistan were not covered by the survey.

	Kazakhstan		Kyrgyzstan		Tajikistan		Uzbekistan	
	boys	Girls	boys	girls	boys	girls	boys	girls
Used once or more in the past 12 months:								
inhalants	2.4	2.0	2.4	1.7	8.4	4.2	0.4	0.3
ecstasy	2.3	0.7	0.1	0	0	0	0	0
steroids	0.1	0	0.2	0.1	0	0	0	0
Used once or more in the past month:								
inhalants	1.3	1.1	1.6	1.1	2.1	3.6	0.3	0.2

**Table 7: Percentage of students who reported synthetic drug use within the past 12 months and 30 days**

**KAZAKHSTAN:** Law enforcement circles in Kazakhstan are seriously concerned about the expansion of the synthetic drug market. In 2005, the Committee for National Security seized more than 36,000 ecstasy pills, all of which were produced outside the country. Given Kazakhstan’s proximity to the Russian Federation where synthetic drug use is much more prevalent, it is thought that synthetic drugs might travel to Kazakhstan through the Russian Federation.

Kazakhstan is the only country in Central Asia to report Ephedra seizures. In 2006, the reported seizure volume was very low at 3.81 kg; however, the seizure of over 800 kg just four years earlier suggests that Kazakhstan might be used or has the potential to be used as a source of synthetic drug precursors.

Kazakhstan does not report synthetic drug use as a category of registered drug users. However, of 7,857 registered drug users categorized as “other”, it is likely that some are synthetic drug users. Despite the suspected increase in non-opiate narcotics, heroin, because of significant supply and the addictive nature of the drug, still remains the drug of choice in Kazakhstan.

Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” suggest that, while drug use is still very limited, Kazakhstan has the highest level of drug use (12.4 percent) and the highest level of synthetic drug use (2 percent) among young people in Central Asia. For lifetime use, the most frequent drug used was inhalants (8.5 percent), ecstasy (1.5 percent), and anabolic steroids (0.5 percent). There was a gender disparity with boys accounting for more use in all categories. Within the last 12 months, 2.4 percent of boys and 2 percent of girls reported using inhalants while 2.3 percent of boys and 0.7 percent of girls reported using ecstasy. No other synthetic drugs reported use above 0.2 percent.

**KYRGYZSTAN:** A substantial amount of wild growing Ephedra can be found in Kyrgyzstan. The most recent UNODC survey (1998) observed wild growing Ephedra on 46,433 ha. Similarly, OSCE estimates for 2004 indicate that Ephedra was growing in 55,000 ha. In 2006, Kyrgyzstan seized 233.8 kg of drugs classified as “other”, possibly synthetic drugs or inhalants. Among registered drug users 8 are reportedly Ephedra addicts, 11 are sedative addicts, 80 are solvent and tranquilizer addicts, and 708 are poly-drug addicts, possibly including synthetic drugs and inhalants.

Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” suggest that synthetic drug use is not common among youth in Kyrgyzstan. Lifetime drug use was limited to 4.9 percent of students with 1.3 percent using 10 times or more. The most frequent drug used was inhalants (5.4 percent), followed by cannabis, ecstasy (0.7 percent) and anabolic steroids (0.5 percent). Within the past 12 months, 2.4 percent of boys and 1.7 percent of girls had used inhalants.

**TAJIKISTAN:** Among registered drug users in Tajikistan, 55 are reportedly solvent addicts, and 243 are reported as “other”, possibly including synthetic drug addicts.

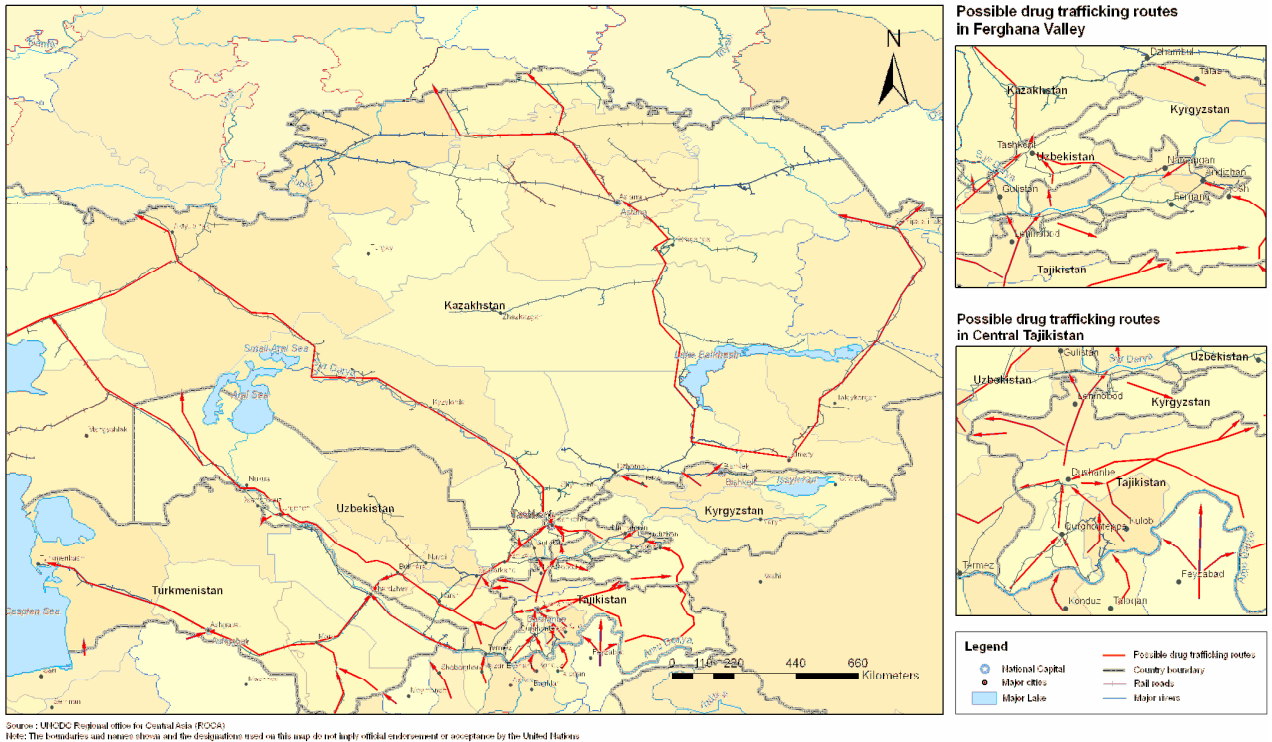
Results of the 2006 school survey “Lifetime use of alcohol, tobacco, and other substances” suggest that general and synthetic drug use was nearly non-existent among young people in Tajikistan (0.7 percent and 0.01 percent respectively). For lifetime use, the most frequent synthetic drugs used were inhalants (2.1 percent) with no other synthetic drug having greater than 0.1 percent reported use. Within the last 12 months, 6.1 percent of boys and 3.2 percent of girls reported using inhalants. Synthetic drug use among young people, while not common, is limited to the use of inhalants and is more common than cannabis use.

**TURKMENISTAN:** The government of Turkmenistan does not report any synthetic drug use or inhalant use in the country.

**UZBEKISTAN:** In 2006, the Uzbek State Customs Committee bodies registered 116 cases of trafficking of psychotropic substances and precursors, up from 96 cases in 2005. This included 134,671 tablets, 203 ampoules, and 61.2 g of psychotropic substances. Of the registered drug users in Uzbekistan, 178 are reported as solvent and tranquilizer addicts, 81 are reported as sedative addicts, 9 are reported hallucinogen addicts, and 272 are reported as poly-drug users or “other”, possibly including synthetic drug addicts.

General drug use, synthetic drug use and inhalant use is nearly non-existent among young people in Uzbekistan (0.7 percent, 0.2 percent, and 0.8 percent respectively). As in Kyrgyzstan and Tajikistan, the lifetime use of inhalants was greater than the use of cannabis, although both figures were insignificant in Uzbekistan. Uzbekistan has the lowest rate of inhalant use of the four Central Asian countries surveyed. Within the past 12 months, 0.4 percent of boys and 0.3 of girls used inhalants.

## Major Drug and Precursor Trafficking Routes



**Map 11: Drug trafficking routes through Central Asia**

Generating an accurate picture of the nature of drug trafficking organizations including their trade routes is difficult due to their clandestine nature and the imperfect, fragmentary evidence available. Owing to the concentration of world opiate production in Afghanistan (93 percent of world supply), opiates traffick principally moves along three routes: the “southern route” through Pakistan, the “western route” through Iran and the “northern route” through Central Asia. As previously noted, over 99 percent of opiates transiting Central Asia are of Afghan origin and destined for the lucrative markets in Europe, the Russian Federation, and increasingly China. While drug abuse rates are generally higher along trafficking routes, the supply of drug trafficked in the region does not appear to respond significantly to localized demand.

Opiate trafficking has manifold social and political effects. Corruption is the most prevalent of these, and while it provides temporary shelter from poverty and insecurity, the net effect is the creation of shadow economies and greater insecurity for the population at large in the longer term. Moreover, the tolerance of crime and corruption also threatens the country’s development and transition to a market economy. The “dirty” money accumulated through smuggling creates a vicious circle that distorts the country’s economy by pushing it into a criminal or semi-criminal direction.

In addition to the trafficking of drugs, the trafficking of precursor chemicals is of growing regional concern. Transforming raw opium into heroin requires the early addition of a significant amount of precursor chemicals. Crucially, Afghanistan does not produce these chemicals domestically. Thus large volumes of illicit precursor chemicals required for the conversion of opium must be



smuggled in from other countries. In addition, because Central Asia has no known production facilities, all heroin trafficked along the “northern route” must be processed within Afghanistan.

<b>Major drug routes from Tajikistan</b>	
Route 1	Dushanbe - Saryasia (Uzbekistan) – Bukhara (Uzbekistan) – Tashkent – Shymkent – Taraz- Almaty – Balkhash - Karaganda- Astana – Kokshetau – Petropavlovsk – Russia
Route 2	Dushanbe - Saryasia (Uzbekistan) – Bukhara (Uzbekistan) – Tashavuz (Turkmenistan) – Kungrad (Uzbekistan) – Beineu – Opornaya – Makat – Atyrau – Ganyushkino – Russia
Route 3	Dushanbe – Chorjou (Turkmenistan) – Bekdash – Janaozen – Beineu – Opornaya – Makat – Atyrau – Ganyushkino – Russia
<b>Major drug routes from Kyrgyzstan</b>	
Route 1	Bishkek – Korday – Almaty – Ayaguz – Georgievka – Ust-Kamenogorsk – Russia
Route 2	Bishkek – Almaty – Saryshagan – Balkhash – Karaganda – Astana – Kokshetau – Petropavlovsk – Russia
Route 3	Bishkek – Taraz – Shymkent – Kyzylorda – Aktobe – Uralsk – Russia
Route 4	Bishkek – Chu – Almaty – Semipalatinks – Novosibirsk (Russia)
<b>Major drug routes from Uzbekistan</b>	
Route 1	Tashkent – Saryagash – Shymkent – Taraz – Almaty – Taldykurgan – Ayaguz – Georgievka – Ust-Kamenorogorski – Russia
Route 2	Tashkent – Saryagash – Shymkent – Taraz – Shu – Birlik – Balkhash – Karaganda – Pavlodar - Russia
Route 3	Nukus – Beineu – Opornaya – Makat – Atyrau – Ganyushkino – Russia

**Table 8: Drug trafficking routes through Central Asia toward Russia**

Source: The Committee on Countering Drug Business of the Interior Ministry of the Republic of Kazakhstan

Results of 2006 assessment missions to Central Asia’s borders with China and Afghanistan suggested that a significant portion of border officials had no precursor training and lacked sufficient knowledge for their detection. Threat perceptions among the border service are oriented toward incoming traffic exclusively, neglecting precursors which may be exiting the region. Central Asian law enforcement officials do not consider the detection of precursor smuggling an operational priority. Most worryingly, the assessments indicate that intense inspections of both incoming and outgoing cargo are rare.

However, precursor trafficking is more easily interdicted than drug trafficking. Precursors are of considerably lesser value by weight than heroin or other drugs and, given the large amounts of

precursors needed in opium processing, they are believed to be shipped in large volumes. Consequently, precursor trafficking cannot take advantage of the many mountainous green borders and must instead make use of established road and railways to ship large volumes of chemicals.



**Map 8: Precursor trafficking routes through Central Asia, 2006**

**KAZAKHSTAN:** Kazakhstan lies directly transverse several main drug routes linking Central Asia to the Russian Federation and Europe. Indeed, all drugs smuggled via the “northern route” must transit Kazakh territory unless they are shipped by air or across the Caspian Sea. The numerous major road and railway links across the Kazakh-Russian border, as well as its length (6,800 km) and topography make anti-trafficking efforts difficult. Nevertheless, Kazakhstan, due to its significant financial resources, is probably the best equipped of all Central Asian states to tackle the trafficking threat.

There are three main drug routes passing through Kazakhstan from Tajikistan. The first starts in Dushanbe, crosses over into Saryasa district in Uzbekistan’s southernmost province of Sukhandarya and continues to Bukhara before reaching Tashkent and crossing the Uzbek-Kazakh border. From Shymkent (Southern Kazakhstan) the drugs flow eastward via the city of Taraz toward Almaty. From there, shipments move towards Karaganda, reaching Astana, then Kokshetau and lastly Petropavlovsk before arriving on Russian territory. The second route mimics the first one until it reaches Bukhara. It then crosses into Tashavuz (Turkmenistan) before coming back into Uzbekistan at Kungrad. From here, drugs are shipped via rail through Beineu (on the border with Kazakhstan) and continuing north crossing into the Russian Federation. The third route also starts in Dushanbe but crosses into Chorjou (Turkmenistan) from Bukhara via Bekdash railway crossing and continuing north through Atyrau and into the Russian Federation.

There are also three routes transversing Kazakhstan from Kyrgyzstan. The first route starts in Bishkek before crossing the border into Korday (Kazakhstan) towards Almaty and onward to Ayaguz via Georgievka and Ust-Kamenogorsk into the Russian Federation. From Bishkek, the second route passes through Almaty then onwards through Saryshagan to Petropavlovsk before reaching the Russian Federation. The third route runs westward from Bishkek into Taraz via Symkent-Kyzylorda and Uralsk into the Russian Federation.

From Uzbekistan, two routes move opiates into Saryagash followed by Shymkent and Taraz. From there, one route proceeds through the Shu valley into Karaganda before exiting the country via Pavlodar. The second branch of this route proceeds east into Taldykugan then moving to Georgievka and Ust-Kamenogorski before crossing into the Russian Federation. The third route from Uzbekistan begins in capital of Karakalpakstan, Nukus, moving into Beineu and Makat before reaching Atyrau and exiting the country through the small village of Ganyushkino.

In addition to those mentioned above, trafficking from Turkmenistan across the border north into Kazakhstan is also likely. This route provides access to north and western Kazakhstan and facilitates onward trafficking to areas such as Orenburg in the Russian Federation which has large numbers of drug users. Authorities have effected only minor seizures in oblasts neighbouring Turkmenistan – Atyrau and Mangystau – but a large volume of seizures is recorded in Western Kazakhstan, presumably of drugs leaving the country. More generally, the vulnerability of Kazakhstan's westerns regions to trafficking should be acknowledged, because of its integration with the extra-regional transport infrastructure leftover from the Soviet period.

Railways linking Kazakhstan and the Russian Federation are considered important trafficking channels for drugs trafficking. It is estimated that most illegal shipments entering Kazakhstan by train cross at the border points of Arys and Biney on the borders with Uzbekistan and Turkmenistan respectively. Drug trafficking using vehicles enters the country mostly across the borders in Shymkent, Zhambyl and Almaty provinces. Significant exit points on the Kazakh-Russian border include Astrakhan, Orenburg, Chelyabinsk, Omsk, and Novosibirsk.

**KYRGYZSTAN:** Despite the attention and assistance of the international community, the volume of heroin and opium seizures in Kyrgyzstan are not increasing significantly. Although much of the opiate traffic from Tajikistan is believed to transit Kyrgyzstan, Kyrgyz authorities intercepted only 16 percent of the volume claimed by their Tajik counterparts in 2006.

Two main drug routes traverse Kyrgyzstan. Osh City, located in the Ferghana valley, is at the confluence both of these routes as well as several minor routes. One of these flows over the Pamir Mountains from Tajikistan's eastern Gorno-Badakhshan oblast, while another route comes from Khujand in Tajikistan's northwest. From Osh city drugs are mainly trafficked north toward Bishkek or west through Uzbekistan. This importance of Osh city, Bishkek City and Chui oblast cannot be overstated given the reported high levels of HIV, registered drug users, and drug related crime.



**Figure 12: Section of the Kyrgyz–Uzbek border, 2007**

The Osh-Sarytash-Irkeshtam road is becoming a critical transportation link between China and Central Asia. At the same time, an increasing number of traffickers are caught using this road to enter Xinjiang. Given that Issyk-kul recorded the highest level of seizures and the second highest volume of drug related crime per capita, an important drug route may be emerging in the area, possibly also connecting to western China. As trade and transportation links between Kyrgyzstan and China are improved, increases in both licit and illicit traffic are likely.

**TAJIKISTAN:** Tajikistan has reported the region’s largest heroin seizures since 1999. Its regional share of heroin seizures peaked in 2003 when it accounted for 82 percent of total regional seizures. As previously noted, heroin production facilities have become increasingly concentrated within Afghanistan itself and many of these facilities, along with clandestine repository networks, are believed to be located in north-eastern Afghanistan near the Tajik border.

Approximately 50 percent of Tajik authorities’ seizures take place on the border with Afghanistan, and the majority of border seizures take place on the more secure border section in the western Khatlon oblast. Once inside Tajikistan, drugs flow through the country via several paths using the major transport infrastructure in the country. Trafficking into the least populated, least developed and very rugged eastern province of Gorno-Badakhshan follows the Pamir Highway north, crossing extreme terrain and high altitude passes en route to Sary-Tash and Osh in Kyrgyzstan. A second major route flows north over a lower section of the Pamir Highway to the Tajik capital of Dushanbe from where drugs may be transported to a variety of locations.

**TURKMENISTAN:** Turkmenistan is in a precarious location sandwiched between the western route of Afghan opiates travelling through Iran and the northern route of Afghan opiates travelling through Central Asia. Recent seizures on the Turkmen-Iranian border suggest that traffickers increasingly cross between these routes. Additionally, the country is advantageous for traffickers attempting to use its ports on the Caspian Sea to carry drugs toward Europe.

Turkmenistan has made some considerable seizures in the past, although the amount has varied significantly from year to year.

There is a crossing at each end of the 744 km Turkmen-Afghan border, most of which runs through desert. In the north is Imam-Nazar and in the south, close to Iran, is Serkhetabad. One route has the narcotics transiting through the Serhetabat border checkpoint on the Turkmen-Afghan border and onwards to Mari-Turkmenbashi and Astrahan (Russia) or Azerbaijan. As transport routes are improved and with the continuation of relative stability in western Afghanistan, the volume of traffic between these countries looks likely to increase and with it the possibilities for increased trafficking. Likewise, the modern international air terminal inaugurated in Ashgabat in October 1994 is likely to bring increases in both licit and illicit traffic.

Over one million Turkmen live in Afghanistan in the Herat, Badghis and Faryab provinces and an equal number in Iran in the Mazanderan and Khorassan provinces. Strong cross-border ethnic links often facilitate various smuggling enterprises as observed on the Tajik-Afghan border.

The main entry points into Uzbekistan is at Farap, a potential crossing point for opium and heroin moving into Turkmenistan. While seizure data for this crossing is not available, the abnormally high levels of registered drug users and drug related crime in neighbouring Khorezm (Uzbekistan) suggest that it may an important transshipment point.

Similarly, while Atyrau and Mangystau (Kazakhstan) report low drug seizures, they have seen Kazakhstan's highest increases in registered drug abusers in recent years, and report some of the highest proportions of heroin abusers among drug abusers in the country. The low population in the area argues that demand is very unlikely to be pulling drugs to the area: localized drug dealing is probably a consequence of larger quantities of drugs passing through.

**UZBEKISTAN:** Uzbekistan shares a 137 km border with Afghanistan and borders every other Central Asian state. It stretches to within 200 kilometres of both transshipment ports on the Caspian Sea (via Kazakhstan) and western China's Xinjiang province, the latter a growing consumer market for Afghan heroin.

Both the road and railway network in Uzbekistan are well-developed, facilitating the movement of both licit and illicit goods. One railway line starts in Tashkent proceeding toward Arys (Kazakhstan) and Dostyk (on the Kazakh-Chinese border), passes into China and onwards to North-East Asia. Further expansions are planned including the proposed Djalal-Abad-Kashgar railway line between Kashgar (China) and Andijon (Uzbekistan) which could potentially carry 1–2 million tons of traffic annually.





**Figure 13: Checkpoint on the Kyrgyz-Uzbek border, 2007**

Most seizures since 1999 have occurred on Uzbekistan's eastern border with Tajikistan, with drugs crossing into Surkhandarya from western Tajikistan. Surkhandarya's borders with Afghanistan as well as its proximity to the Tajik-Afghan border are reflected in the largest seizures of heroin and opium in the country: 60 percent of total opiate seizures in 2006. Before the closing of the Uzbek-Afghan border in 1998, many seizures were also made at the land and railroad crossings in southern Uzbekistan covering the area of Termez on the Amudarya River. The reopened border with Afghanistan (2002) is heavily-guarded at the Termez-Hayraton checkpoint, however the large amount of licit trade utilizing this crossing may provide cover for contraband and drug smuggling.

From Surkhandarya, drugs travel towards Tashkent City in the north and onward to Kazakhstan. The high number of drugs seizures in recent years in southern Kazakhstan along the Uzbek border also indicates that this is a major transit point. Because the oblasts of Tashkent and Surkhandarya show the highest seizures in Uzbekistan, it is likely that drug traffickers have also continued crossing the Tajik-Uzbek border near Khojand into the Tashkent oblast. Another entry point into Uzbekistan is through the Panjikent crossing from the Sogd oblast into Samarkand city.

The high number of registered opiate users (1,416) in Khorezm oblast and its border with Turkmenistan also suggests that trafficking into the country through Khorezm could be of increasing significance. High seizures are also observed in 2006 in adjacent Karakalpakstan indicating high levels of smuggling activity in this region. The high prevalence of heroin dependence and cross-border rail connections to Western Kazakhstan also points to trafficking through the area.

## **Drug Routes and Organized Crime**

It is difficult to quantify the problem of organized crime in Central Asia. Governments in the region have yet to devote substantial attention to the issue despite a growing volume of anecdotal evidence. Consequently, there is little data available on the number of organized crime groups operating in Central Asia and even less data regarding the extent to which these groups are involved in producing, trafficking or selling drugs. Most Central Asian governments have prioritized front-line interdiction focusing on transporters as well as on individuals with personal use-size quantities in their possession rather than investigating and interdicting high-value targets. Without this type of investigatory work, it is difficult to draw even a rough sketch of the number, size, and level of sophistication of organized criminal groups. However, some indicators suggest that drugs may be increasingly being moved through Central Asia by larger, more organized criminal networks.

In general, trafficking through Central Asia is still characterized as relatively unstructured, comprised mainly of small traffickers working in ethnically-homogenous groups. Small amounts of drugs are believed to be bought and sold multiple times, with trade usually controlled by the dominant ethnic group of the country being transited.

Large volume controlled deliveries carried out within and through the region have provided an early indication that organized criminal groups may be a new composite element in Central Asia's hitherto unstructured drug trade. Transporting shipments of up to 500kg of drugs involves significant financial resources beyond the reach of small traffickers. The second indicator is the flow of precursors through Central Asia. Because these chemicals must be shipped in large quantities, a level of organization and sophistication of traffickers is required to traffic them. Indeed, many of the techniques used by small scale traffickers such as swallowing, intra-cavity concealment, or pack mule transport, are simply not possible for precursor trafficking. The need to use main roads and official border crossings, in turn, necessitates networks of corrupt border guards or the capacity to make fraudulent documents. The third indicator is based on the experiences of neighbouring countries. It is questionable whether there would be a total absence of organized criminal groups in Central Asia given their known involvement in trafficking in neighbouring countries. Finally, a surge in the number of reported armed traffickers coupled with the greater difficulty of financing terrorism in the wake of 9/11 inspired reforms suggests that organized criminal groups and possibly even terrorist groups may be involved in trafficking.

The experience of Kazakhstan, the only Central Asia state for which organized crime data is available, supports this thesis. In 2005, Kazakhstan reportedly interdicted 14 organized criminal groups involved in drug trafficking: 8 in Karaganda, 4 in Eastern Kazakhstan, 1 in Southern Kazakhstan and 1 in Western Kazakhstan. While evidence from the remainder of the region is largely anecdotal, it points to the possibility that organized criminal groups are increasingly, albeit marginally, involved in opiate trafficking through Central Asia. However, it is worth noting that these groups do not resemble hierarchical organizations with a clearly defined leadership as seen, for example, with FARC, the Revolutionary Armed Forces of Colombia. Rather, evidence from Central Asia suggests the evolution of networks of organized crime groups who regularly do business. This pattern does not, however, preclude the possibility that some group or groups may become dominant and attempt to monopolize the drug trade in the region.

## Drug Related Crime

Drug related crime statistics should be viewed in relation to the goals and priorities of law enforcement agencies and their respective governments. Accordingly, the scope of drug related crime as well as the level of prioritization assigned to interdicting drug related crime is reflected in these statistics. Drug related crime statistics indicate the number of crimes registered in a given time period, but crucially, they do not indicate with any precision the nature or scope of crimes committed, the investigative or judicial capacity of states, the integrity of law enforcement officers and the judiciary, or the perceived legitimacy of their actions.

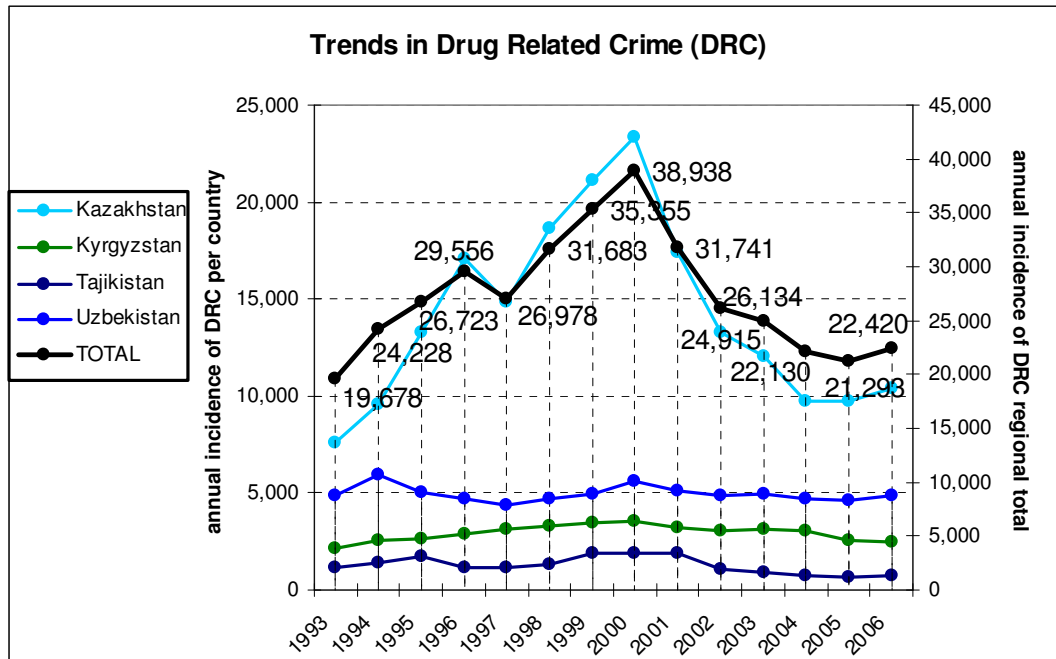
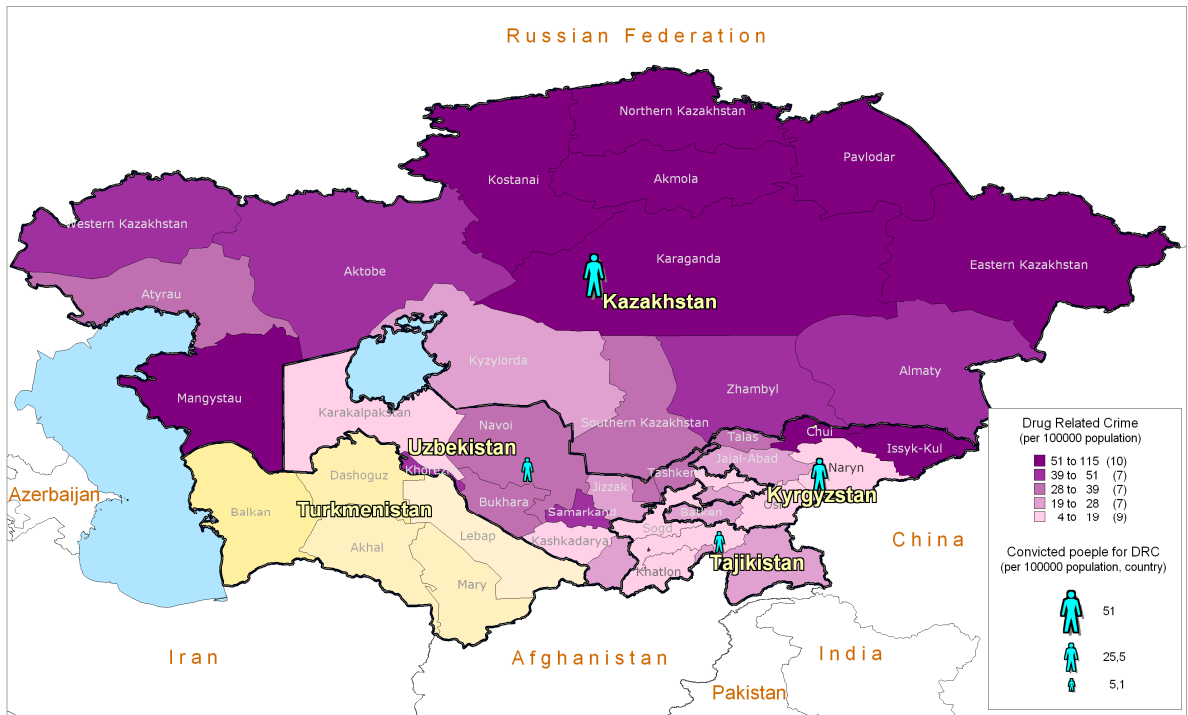


Figure 14: Aggregate drug related crime in Central Asia, 1993-2006

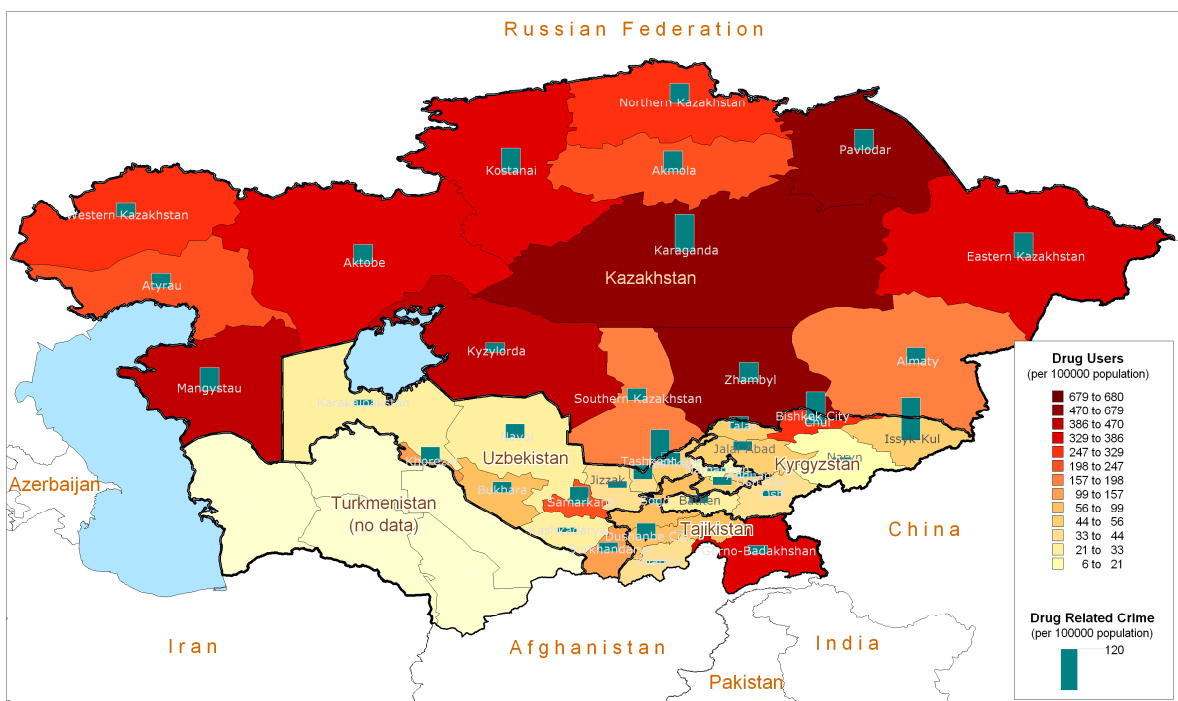
Drug related crimes refer to all those crimes registered by the authorities as being drug related. Central Asian states' criminal codes, unlike the Russian Federation's for example, classify possession of any kind of illicit substance as a criminal offence. Drug related crime figures do not refer to crimes prosecuted successfully; they can still be registered but dismissed during the investigation or prosecution of a case. Most drug related crimes are registered following the arrest of a drug user for possession of a small quantity of an illicit substance, with very few arrests of major crime figures in the mix. Partially, this is a response by law enforcement agencies to 'benchmarks' set by their superiors of the number of crimes they should be registering. Commencing criminal proceedings against an individual also opens avenues for the solicitation of bribes and is thus advantageous for corrupt law enforcement personnel. The lack of investigation and prosecution of high profile targets is a reflection of the difficulty and resources required to pursue extensive investigations and also the unwillingness on the part of Central Asian governments to concede that organized crime, including organized trafficking groups, are an increasing problem in the region. Fewer arrests of higher profile figures, which would be registered as a decline in interdictions, would nonetheless produce a more significant decline in crime in the region.





**Map 9: Prevalence of drug related crime and persons convicted for drug related crime per 100,000 population, 2006**

Central Asia as a whole has seen an increase in drug related crime between 1993 and 2000, followed by declining levels through 2005. It is difficult to explain this post 2000 trend given the rising opiate production in Afghanistan and the rising volume of opiates thought to be trafficked through the region. It is also interesting to note that most of the crimes recorded have been for distribution or storage of drugs and not for smuggling.



**Map 10: Prevalence of drug use and drug related crime per 100,000 population, 2006**

**KAZAKHSTAN:** Since 1996, Kazakhstan has reported the highest number and rate of drug related crimes per 100,000 people of any Central Asian country. At 68 drug related crimes per 100,000 people in 2006, Kazakhstan witnesses substantially more crime (66 percent more) than the regional average (41 per 100,000).

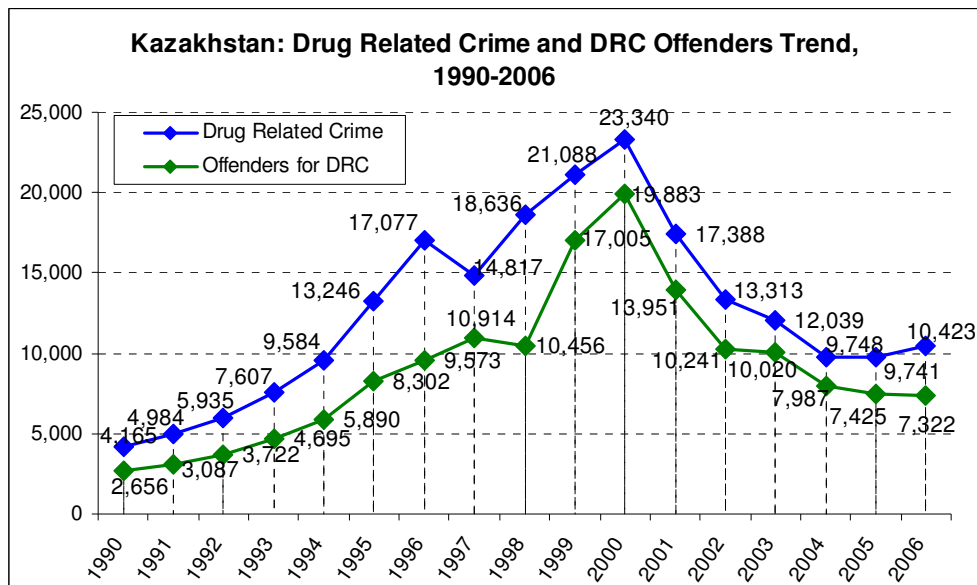


Figure 15: Kazakhstan drug related crime and drug related crime offenders trend, 1990-2006

Of 10,423 criminal cases initiated in 2006, 9,191 cases were considered before the court and 7,322 persons were convicted. Most of these involved the intent to sell (4,678) rather than smuggling charges (437). 12 percent of people convicted are women. Sub-nationally, the highest number of drug related crimes in 2006 took place in Almaty city (1,446), Karaganda (1,279), and Eastern Kazakhstan (887). These oblasts also have the first, second and fourth largest populations of registered drug users. Surprisingly, Zhambyl, which registers the highest volume of seizures, has a relatively low level of drug related crime.

**2005-2006: Main Drug Related Crimes Registered in Kazakhstan**

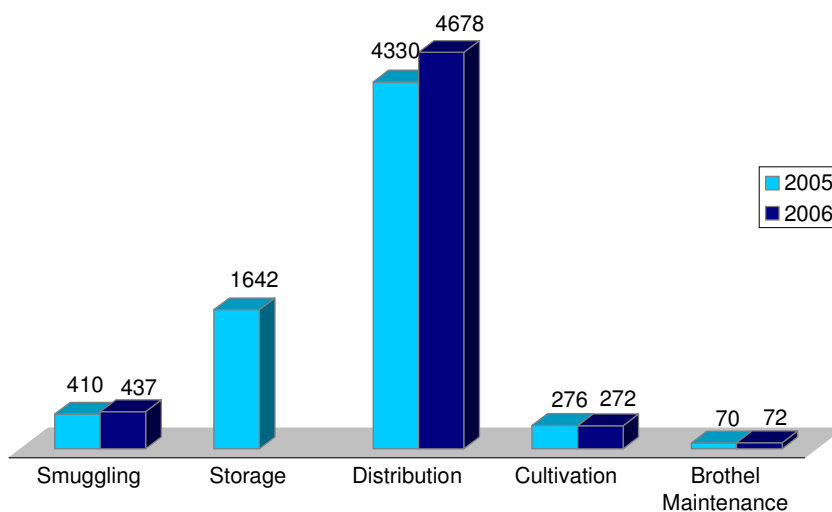


Figure 16: Drug related crime in Kazakhstan by offence, 2005-2006

Kazakhstan most clearly demonstrates the regional inverted-U trend of increasing annual drug related crime registered between 1990 and 2000 followed by decreasing annual drug related crime registered through 2005. In 1990, 4,165 drug related crimes were reported. This increased by an average of 20 percent per annum between 1991 and 2000 (peaking at 23,340 incidences), followed by a period of decline, averaging 16 percent per annum until 2005. 2006 has shown a modest 7 percent increase in drug related crime (10,423 incidences). It is difficult to know if this trend is the result of fluctuations in the amount of drugs moving through the region or if it reflects the level of prioritization assigned to drug related crime by the Kazakh government.

**KYRGYZSTAN:** In 2006, 31,392 drug related crimes were recorded in Kyrgyzstan. All sub-categories of drug related crime declined between 2005 and 2006, with the exception of smuggling. Drug related crime in Kyrgyzstan reflects the same inverted-U trend seen in other countries in Central Asia. In 2006, the recorded number of drug related crimes was 38 percent lower than its peak in 2000. However, the number of offences for the sale of drugs has steadily increased: 46 percent from 2001 to 2005.

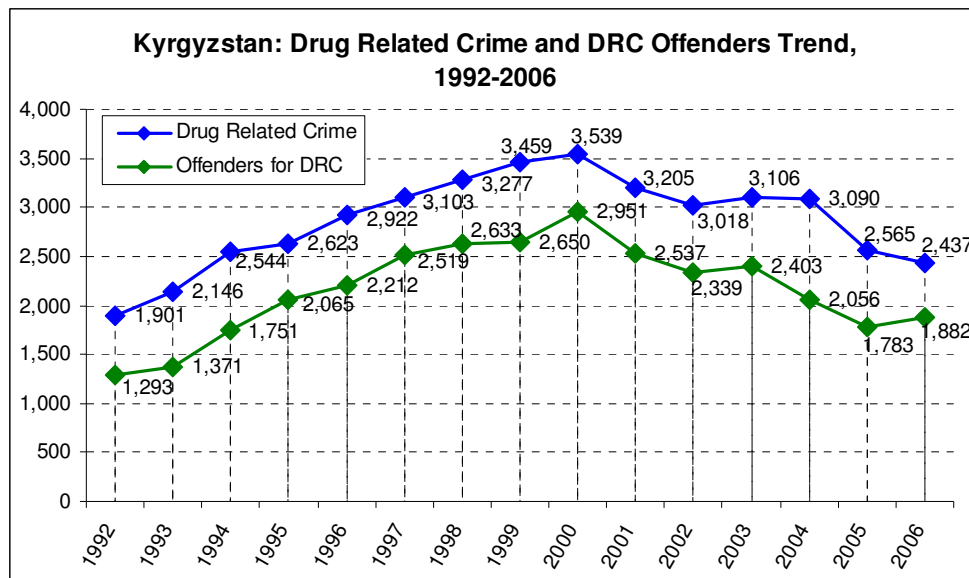
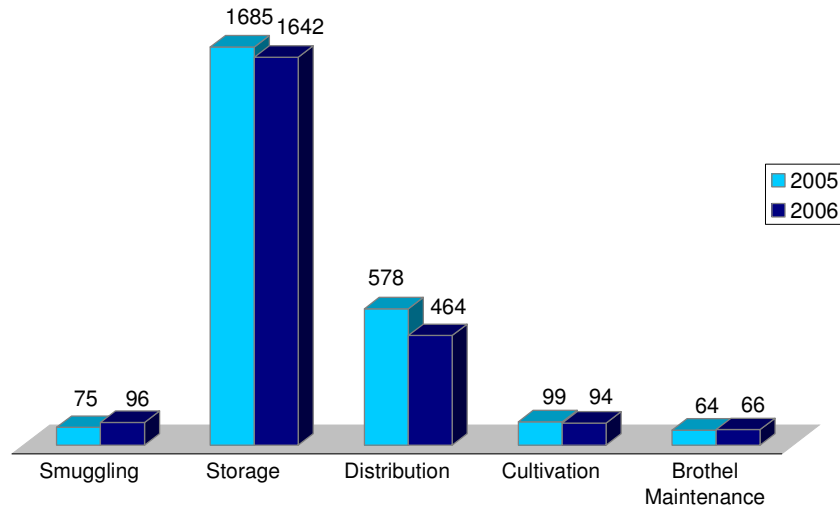


Figure 17: Kyrgyzstan drug related crime and drug related crime offenders trend, 1992-2006

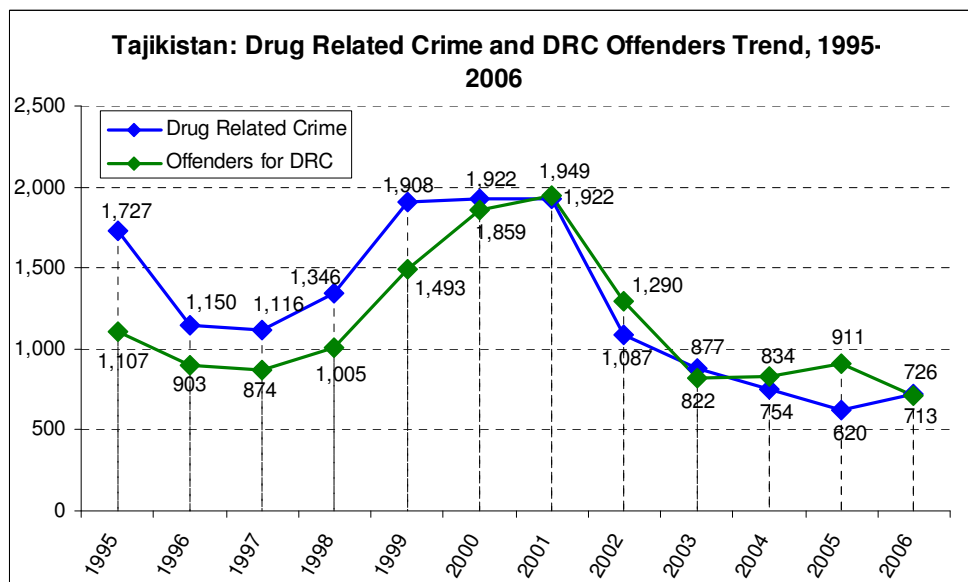
Sub-nationally, in 2005 there was a significantly greater prevalence of drug related crimes in Issyk-kul (115 per 100,000 or 506 crimes), Chui (87 per 100,000 675), Osh city (78 per 100,000 202), Bishkek city (74 per 100,000 or 605) than anywhere else in Kyrgyzstan. Issy-kul also has the highest drug related crime prevalence in Central Asia. This pattern conforms to the trend seen in Kyrgyzstan with crime, opiate seizures, and registered drug users concentrated in a few select locations.

**2005-2006: Main Drug Related Crimes Registered in Kyrgyzstan**



**Figure 18: Drug related crime in Kyrgyzstan by offence, 2005-2006**

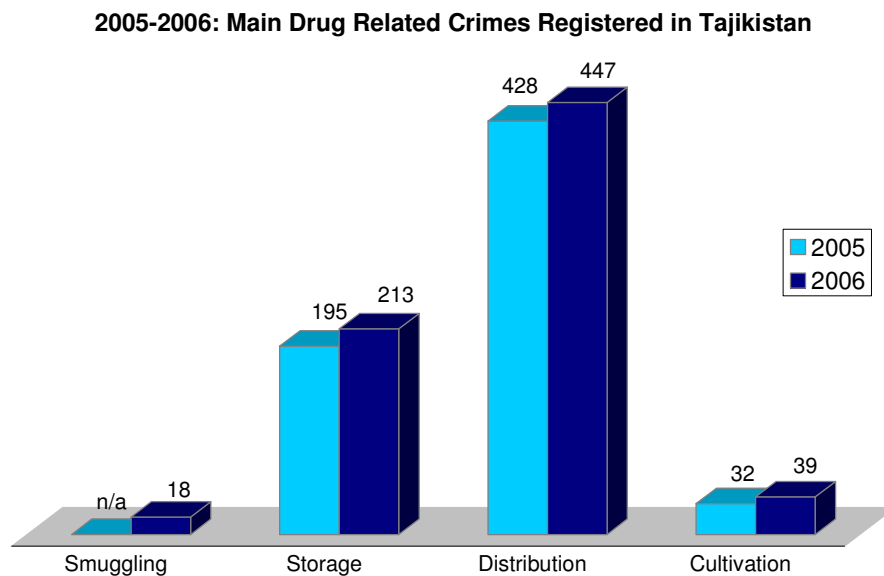
**TAJKISTAN:** Drug related crime in Tajikistan is very low. At 11 crimes per 100,000 people in 2006, the incidence of drug related crime is substantially lower than the regional average of 41 crimes per 100,000. Drug related crime has followed the general pattern observed elsewhere in the region with rising crime figures between 1996 and 2001, followed by declining figures for 2002-2005, rising again in 2006. The same pattern is loosely followed for drug related convictions. Given Tajikistan’s position as the drug gateway to Central Asia, it is peculiar that drug related crime and convictions are the lowest in Central Asia. In 2006, drug related crime increased by 17 percent. However, this figure is still the second lowest (after 2005) for the entire 1996-2006 period.



**Figure 19: Tajikistan drug related crime and drug related crime offenders trend, 1995-2006**

Sub-nationally, the highest absolute number (240) and prevalence (39 per 100,000) of drug related crime occurred in Dushanbe city. Dushanbe also has five times the national average

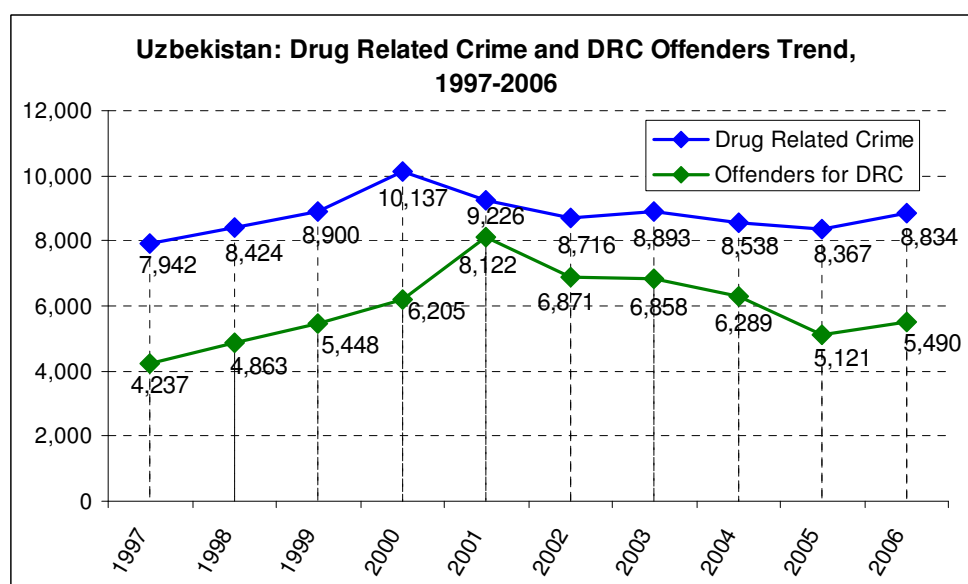
prevalence of drug users and two and a half times the national HIV prevalence. Gorno-Badakhshan registers the second highest drug-related crime prevalence, as well as substantially above average registered drug users and HIV prevalence.



**Figure 20: Drug related crime in Tajikistan by offence, 2005-2006**

**TURKMENISTAN:** Turkmenistan does not provide any statistics on drug related crime.

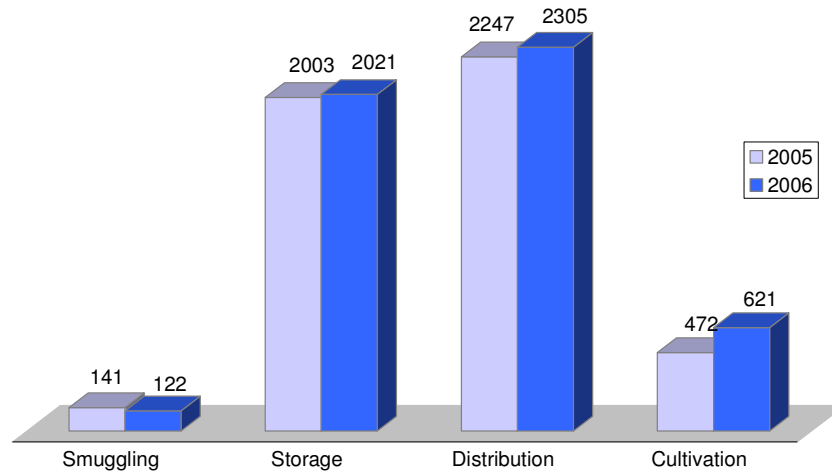
**UZBEKISTAN:** In Uzbekistan, the drug related crime trend illustrates a substantially flatter version of the inverted-U pattern observed in other Central Asian countries. Drug related crime for 2006 totalled 8,834 incidence. Of the 5,490 people convicted, the majority were convicted for selling (2,305) and only a small portion were convicted for trafficking (122). Drug related crime prevalence for Uzbekistan was 31 per 100,000, below the regional average of 41 per 100,000.



**Figure 21: Uzbekistan drug related crime and drug related crime offenders trend 1997-2006**

The majority of drug related crime occurred in Tashkent city with nearly three times the national drug related crime prevalence (86 per 100,000). Samarkand and Khorezm both reported above average drug related crime figures. These three cities also have the highest prevalence of registered drug users.

**2005-2006: Persons Convicted for DRC in Uzbekistan**



**Figure 22: Persons convicted for drug related crime in Uzbekistan by offence, 2005-2006**

## HIV/AIDS

Compared to the Russian Federation and the Ukraine, rates of HIV/AIDS in Central Asia are low; however, they have been increasing rapidly over the last decade. Of all registered HIV cases, 23 percent were newly registered in 2006. The region as a whole has reported an average increase in cumulative HIV cases of 48 percent per annum over the last decade. UNAIDS estimates the number of people infected with HIV now stands at 52,000, more than double the 19,199 officially registered cases.

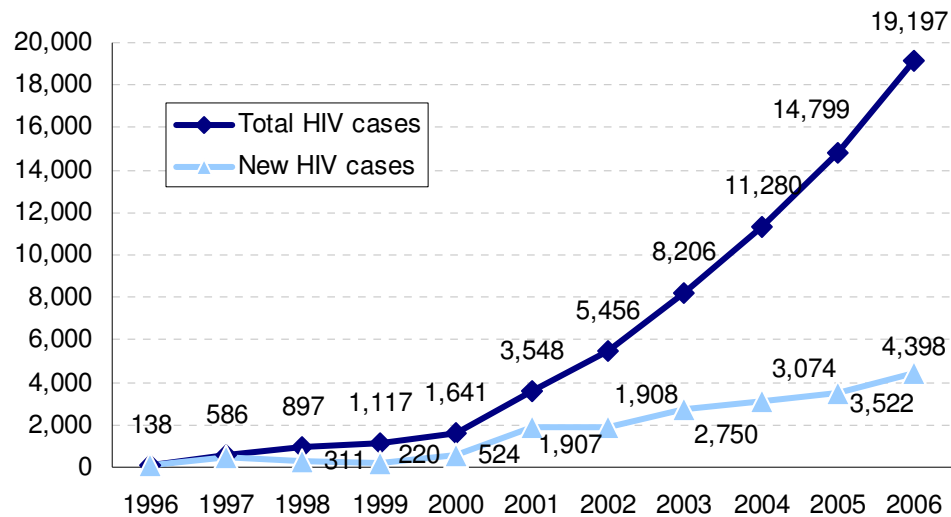


Figure 23: New and cumulative HIV cases in Central Asia (excluding Turkmenistan), 1996-2006

The continued expansion of HIV in Central Asia is primarily attributable to: 1) the spread of opiate use (estimated to be around 1 percent of the adult population), 2) the high proportion of injecting drug use among the opiate user community<sup>7</sup>, and 3) unsafe injection practices such as sharing needles.

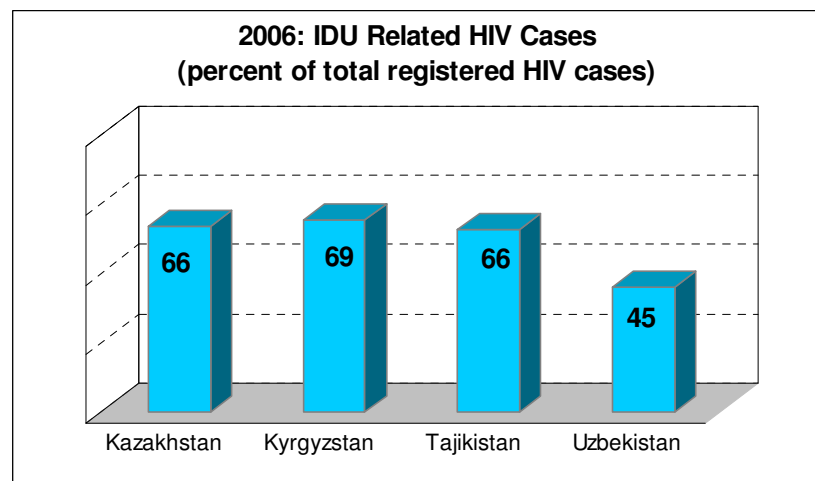


Figure 24: IDU related HIV cases as a percent of total registered HIV cases, 2006

The increased availability of opiates is a direct result of the substantial flow of opiates through the region on their way from Afghanistan to the lucrative markets in the Russian Federation,

<sup>7</sup> There are 58,035 registered injecting drug users in Central Asia. This is equal to 91 percent of registered opiate users; however, this figure is somewhat inflated given that persons registered as ephedrine injectors or poly-drug injectors are counted only in injecting drug users.

Europe and increasingly China. The scope of injecting drug use as the preferred route of transmission is determined by availability and price, as injecting is a more efficient and therefore cheaper means of administering opiates compared to smoking. Given that the sharing of needles and other injecting paraphernalia is common, injecting drug users (IDUs) are most at risk of contracting HIV.

A chain of causation can thus be observed: Central Asia's location on drug trafficking routes from Afghanistan results in more opiates flowing through the region and lower opiate prices, encouraging use. Injecting drug use coupled with unsafe injecting practices in turn contributes to higher rates of HIV and has resulted in a concentrated HIV epidemic among the IDU community. As many of these IDUs engage in other risk practices such as unprotected sex, the potential exists for a generalized HIV epidemic as seen in the Russian Federation and the Ukraine.

A note of caution must be made on the data presented here. Both officially registered HIV/AIDS cases and HIV/AIDS estimates are useful only as indications of the HIV/AIDS situation and cannot be treated as accurately representing the scope of the HIV/AIDS problem in Central Asia. Likewise, variations in statistical collection efforts may result in more or less HIV cases registered in a given year or a given country without any change in the underlying HIV trend.

**KAZAKHSTAN:** HIV figures are on the rise in Kazakhstan. In 2006, 1,745 new cases of HIV were recorded bringing the cumulative total to 7,402 cases. With an incidence rate of 11.8 per 100,000, Kazakhstan had the highest rate of new HIV cases in 2006, surpassing Uzbekistan. Kazakhstan remains the Central Asian country with the highest prevalence of HIV at 44 per 100,000, continuing a decade-long trend. In contrast with the officially registered cases, UNAIDS estimates that approximately 12,000 people are living with HIV. In 2006 the HIV situation in the country worsened, with the number of newly reported HIV cases doubling the 2005 figure. A noteworthy HIV outbreak occurred among children who received blood transfusions in Shymkent. A reported 118 children contracted HIV between mid-2006 and early 2007.

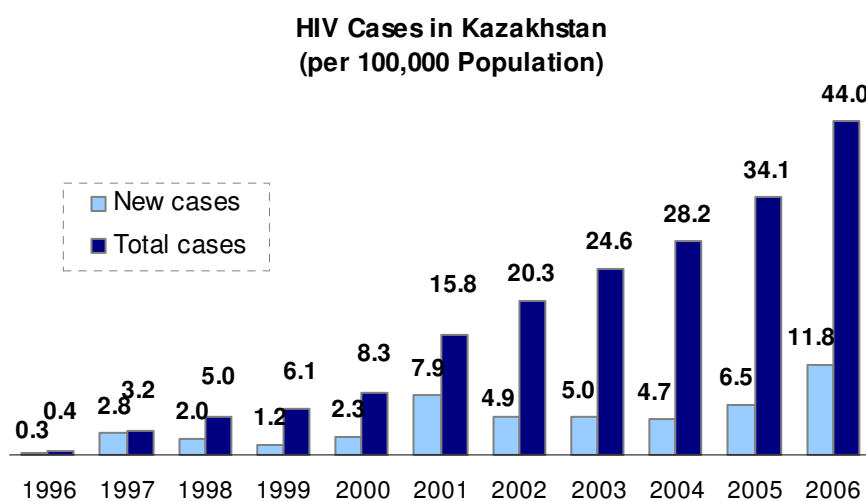


Figure 25: HIV cases in Kazakhstan (per 100,000 population), 1996-2006



Kazakhstan also has the largest number of injecting drug users (estimated to be 100,000) and the greatest IDU prevalence (estimated to be 0.9 percent of the adult population). The proportion of HIV cases attributed to IDU is 66 percent.

The majority of HIV cases are registered in Karaganda (1547) followed by Pavlodar (968), Almaty city (892), and Southern Kazakhstan (661). It is worth noting that these four locations are also among the top five locations for registered drug users (except Southern Kazakhstan which ranks 6<sup>th</sup>), for heroin seizures (except Pavlodar which ranks 6<sup>th</sup>), and drug related crime (except Pavlodar ranked 9<sup>th</sup>). The primary location for new HIV cases was Almaty city (323), comprising approximately one-third of new cases in 2005.

**KYRGYZSTAN:** The first case of HIV in Kyrgyzstan was registered in 1996. Since then, HIV rates have been increasing rapidly; between 2001 and 2006, the number of registered HIV cases increased fivefold, totalling 1,070 cumulatively reported cases. In 2006, 244 new HIV cases were registered, up from 171 in 2005. Incidence of new HIV cases per 100,000 people was 4.6 and overall HIV prevalence was 18 per 100,000 people.

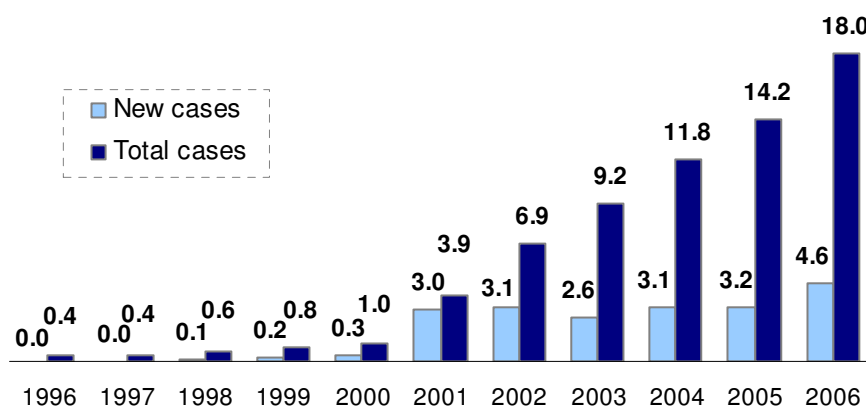


Figure 26: HIV Cases in Kyrgyzstan (per 100,000 population), 1996-2006

In comparison to the 1,070 officially registered cases of HIV in 2006, UNAIDS estimates that in Kyrgyzstan approximately 4,000 people (79 per 100,000 people) were living with HIV/AIDS in 2005. The majority of reported HIV cases were among men (83 percent), however, the proportion of women registered with HIV has increased significantly from 7 percent of the total in 2001 to 17 percent of the total HIV cases in 2005. Parenteral transmission, most commonly injecting drug use, is the predominant route of HIV infection (78 percent) in Kyrgyzstan. Approximately one quarter of the cumulative HIV cases have been reported through sexual contact and only 2 cases were reported through mother to child transmission. Among women living with HIV, the majority (66 percent) have been infected through sexual contact.

Sub-nationally, the highest prevalence rates of HIV are found in Osh city (131 per 100,000) which has 7 times the national HIV prevalence. Other key locations are found in the central drug corridor running through the country: Chui (29 per 100,000) and Bishkek city (21 per 100,000). These locations also have the highest levels of registered drug users and the highest levels of injecting drug use.

In contrast, nominal HIV prevalence rates are found in the remaining oblast. Naryn, for example, has a prevalence of only 0.72 per 100,000. This suggests that the number of registered drug users, urban locations and proximity to drug routes are likely determinates of HIV prevalence.

**TAJIKISTAN:** Tajikistan has the lowest level of reported HIV cases of all Central Asia countries with the exception of Turkmenistan. However, Tajikistan has the fastest growing HIV rate. Until 2001, only 45 HIV cases were reported in Tajikistan. By 2006, however, this number had increased nearly 16-fold to 710 reported cases – a rate of 9.9 HIV cases per 100,000 people. Tajikistan witnessed the highest HIV increase in Central Asia in 2006, with 28 percent of the total cases registered that year. More than two-thirds of the HIV cases in Tajikistan were reported within the last two years. UNAIDS estimates that there are 4,900 people living with HIV in Tajikistan.

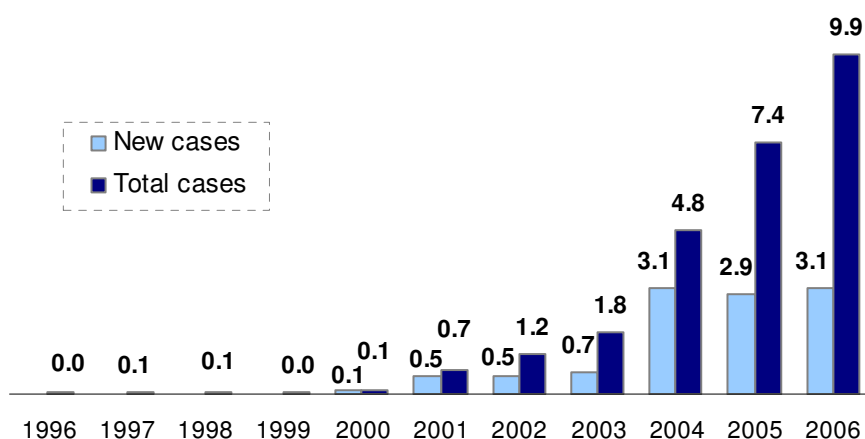


Figure 27: HIV Cases in Tajikistan (per 100,000 population), 1996-2006

In 2005, injecting drug use was the predominant route of HIV infections (69 percent), while heterosexual contacts account for 15 percent of the HIV cases registered in the country. The majority of HIV cases are among men (>85 percent) between the ages of 20 to 29 (41 percent) and 30 to 39 (48 percent). 66 percent of total HIV is attributed to injecting drug use.

As in the other capital cities of Central Asia, Dushanbe reports the highest prevalence of HIV in Tajikistan. In 2005, there were a cumulative 171 HIV cases or 28 per 100,000 people, while the incidence of reported new HIV cases in Dushanbe was 96, accounting for half of all new reported infections nationwide. The city also has the highest opiate use prevalence (1 percent) in the country. The remaining Republican Subordinated Regions reported only 23 additional HIV infections (1.6 per 100,000) in 2005.

In 2005, Gorno-Badakhshan Autonomous Oblast (GBAO) had the highest prevalence of HIV cases registered aside from Dushanbe - 28 HIV cases per 100,000 (cumulative 57 HIV cases). GBAO also had the highest incidence of new HIV (exclusive of Dushanbe city) at 3.4 per 100,000 (7 new cases). Similarly, GBAO has a higher opiate use prevalence (0.5 percent) than all other regions. The high levels of HIV reported in GBAO parallel the high levels registered drug users (354 per 100,000) and the high levels of drug related crime (22 per 100,000).

Sogd Oblast has a relatively low HIV infection prevalence of 10 per 100,000 (cumulative 189 reported infections) and an incidence of 2 cases per 100,000 (42 reported infections). In 2005, Khatlon oblast had the lowest recorded prevalence of HIV infection (3 per 100,000 or 66 cumulative infections). However, it should be noted that more than a third of these were reported in 2005 only, a significantly higher proportional incidence than in Sogd.

**TURKMENISTAN:** Information on most social and health problems such as HIV/AIDS, drug abuse, and drug related crime are not officially disclosed and are difficult to estimate. Officially, the first case of HIV in Turkmenistan was reported in 1994 and a second case was reported in 1999. Currently, Turkmenistan reports only 2 cases of HIV (0.04 incidence per 100,000 people) and no cases of AIDS. According to the 1998 UNODC estimates, prevalence of opiate use in Turkmenistan is 0.3 percent of the adult population, the significantly lower than any other state in Central Asia. Many international organizations estimate both the drug abuse and HIV/AIDS problems to be of higher magnitude than these estimates and it is very likely that HIV/AIDS has increased with increasing levels of drug use.

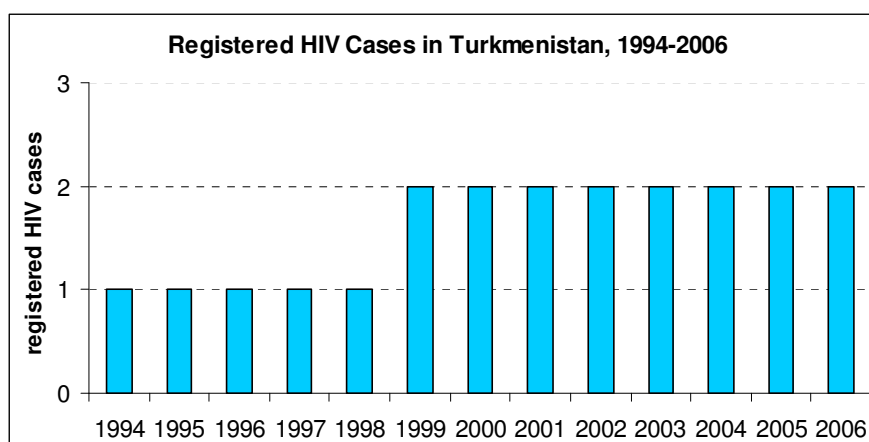
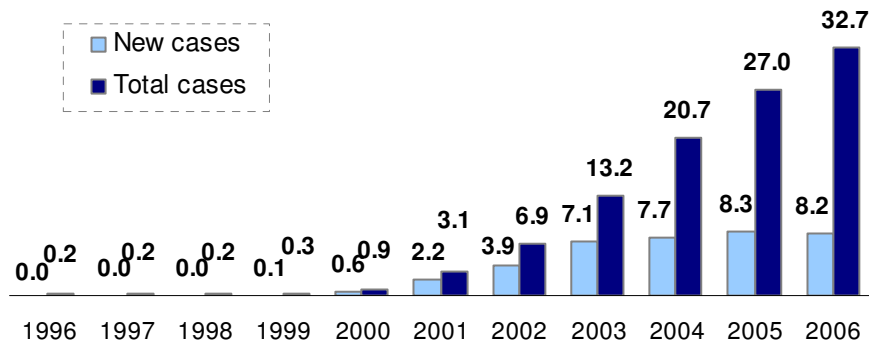


Figure 28: Cumulative number of registered HIV cases in Turkmenistan, 1994-2006

**UZBEKISTAN:** The first case of HIV in Uzbekistan was recorded in 1987 and until 1999 only 76 cases were registered in the country. Since then, the number of HIV infections recorded has increased drastically. By the end of 2006 the cumulative number of HIV infected persons registered was reported as 10,015 (HIV prevalence of 32.7 per 100,000 people). However, UNAIDS estimates that the number of people living with HIV/AIDS in Uzbekistan is 31,000, the highest estimated prevalence of HIV in Central Asia.

Uzbekistan has the lowest rates of IDU, estimated to be 0.49 percent of the adult population; however, it has the second highest prevalence of registered HIV. Given that IDU is responsible for 60 percent of cases (81 percent of known cases), this could mean that the HIV epidemic is more concentrated in Uzbekistan.



**Figure 29: HIV Cases in Uzbekistan (per 100,000 population), 1996-2006**

In 2006 alone, 2,205 new HIV cases were recorded, equal to 22 percent of all HIV cases. Of cases reported in 2005, the majority (78 percent) were males. The parenteral route (including injecting drug use) is the main route of transmission, accounting for 60 percent of HIV cases in Uzbekistan. Sexual contact is responsible for 18 percent of the cases reported; 0.5 percent, mother to child transmission; and 17 percent are reported as “unknown”.

Sub-nationally, Tashkent city reported the highest cumulative total of 3,671 HIV cases. This constituted a rate of 170 HIV cases per 100,000 people, the highest in Central Asia.<sup>8</sup> Likewise, Tashkent city reports Central Asia’s highest incidence of new HIV cases at 28 per 100,000 (698 new cases). Tashkent city also has the largest prevalence of registered drug users, the highest volume of drug related crime, and the second highest volume of seizures.

Although the prevalence of registered opiate users in Tashkent oblast is one of the lowest (0.4 percent), the cumulative number of HIV cases (1,787) and the rate of 72 HIV cases per 100,000 people are the highest for any oblast in Uzbekistan (excluding Tashkent city).

Additionally, the cumulative number of HIV cases registered in Samarkand is reported at 505 with a rate of 17 HIV cases per 100,000 people. While Samarkand oblast has one of the highest opiate use prevalence in Uzbekistan, the proportion of injecting drug users is one of the lowest (around 38 percent), possibly explaining the low levels of HIV.

In Surkhandarya the cumulative number of HIV cases was reported as 268 (14 per 100,000 people), with more than 90 percent of the HIV cases reportedly among men, significantly higher than the national proportion of 78 percent. It may be noted that Surkhandarya also has a high relative opiate use prevalence of 0.8 percent.

<sup>8</sup> Excluding Kazakhstan for which prevalence figures by province are not available.





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