

DRUG POLICY AND HEALTH IN TURKMENISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

19 April 2002

Policy Indicators

**HIV EPIDEMIC STATUS:
MAIN TRANSMISSION MODE:
DRUG POLICY CONDITIONS:
LAW ENFORCEMENT PRACTICES:
INTERVENTION LEVEL:**

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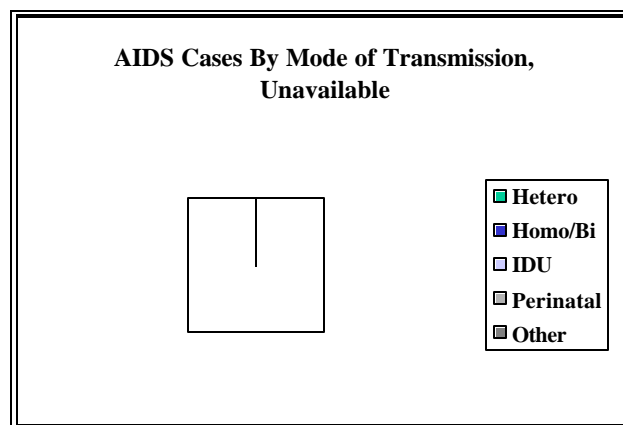
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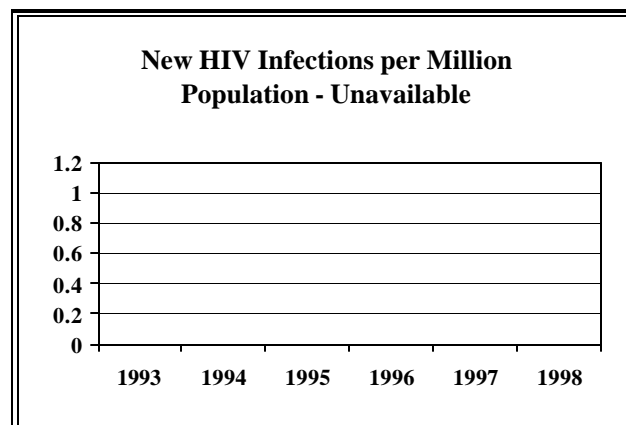
Summary

I. HIV/AIDS

Summary: Data on the incidence and prevalence of HIV/AIDS in Turkmenistan are unavailable at this time. Information on the primary modes of transmission for HIV are currently unavailable as well. The estimated prevalence of HIV/AIDS at the end of 1999 was less than 100 cases for adults (age 15-49), women and children (age 0-14). The estimated adult prevalence rate for HIV/AIDS was 0.01 at the end of 1999. The number of deaths due to HIV/AIDS was also less than 100 at the end of 1999. (1)

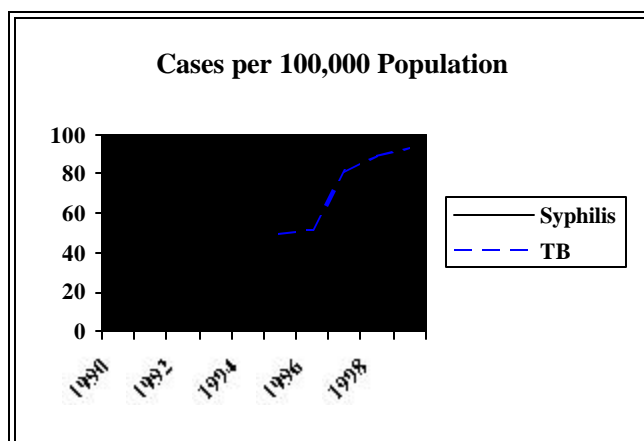


Source:http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Turkmenistan_en.pdf(1)



Source: Data from The European Centre for the Epidemiological Monitoring of AIDS (9)

II. OTHER INFECTIOUS DISEASES



Sources: (3,8)

The incidence of syphilis increased from 25 cases per 100,000 population in 1996 to 59 cases per 100,000 population in 1997. (3) The estimated incidence of tuberculosis (TB) in 1999 was 50 - 99 per 100,000 population. The estimated incidence of TB in HIV positive individuals was less than 0.1 per 100,000 population in 1999. (7)

III. INJECTION DRUG USE

Drug Use. Government officials and non-government organizations believe that domestic drug abuse is steadily increasing. The primary drugs of choice are opium, marijuana and the precursor drug acetic anhydride. The Turkmenistan Ministry of health estimates that approximately 6 to 7 percent of the population use drugs. However, unofficial estimates put the number of drug users closer to 8 to 9 percent. (4)

Risk Behavior.

Social Attitudes.

IV. LAW AND LAW ENFORCEMENT PRACTICES

Summary: The Turkmenistan criminal code allows for the death penalty in certain drug trafficking cases. However, a 1999 presidential moratorium on capital punishment remains in force. (4)

Law on the Books

Criminal code allows for death penalty in certain drug trafficking cases
It is illegal to import methadone

Actual practice

A 1999 presidential moratorium on capital punishment remains in effect. (4)
Methadone is unavailable

Methadone is unavailable in Turkmenistan and it is illegal to import. (12)

V. PUBLIC HEALTH INTERVENTIONS

Harm Reduction Programs Generally. In September 2000, the government permitted the implementation of a UNODCCP/UNAIDS project for the prevention of drug abuse, AIDS and other sexually transmitted diseases among Turkmenistan youth. The project calls for a drug abuse assessment of five to six Turkmenistan cities over a one to two month period. (4)

Drug Treatment. The Turkmenistan Ministry of health operates six drug treatment clinics that are located in the capital city of Ashgabat and in each of its five provinces. Drug addicts may receive treatment at these clinics without revealing their identity. All clinic visits are kept confidential. (4)

VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The CPI for Turkmenistan is currently unavailable.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development, including: a long and healthy life, knowledge and a decent standard of living. In 1999, Turkmenistan ranked 96 of the 174 countries measured. (1)

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI Index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI Index is 40.8 for Turkmenistan. (11)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Unemployment figures are currently unavailable for Turkmenistan.

The Gross Domestic product (GDP) is the total of all economic activities in one country, regardless of who owns the productive assets. The GDP for Turkmenistan is \$3,240 M USD (1999). The average annual growth of the economy from 1990 to 1000 was -6.8%. (11)

DRUG POLICY AND HEALTH IN TURKMENISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

Full Report

I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions and economic and social indicators. It concludes that Turkmenistan is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

II. HIV/AIDS

Accurate and complete data on HIV in Turkmenistan are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (>age13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

Overall Data. At this time, the European Centre for the Epidemiological Monitoring of HIV/AIDS does not have data on HIV/AIDS in Turkmenistan. The estimated prevalence of HIV/AIDS at the end of 1999 was less than 100 cases for adults (age 15-49), women and children (age 0-14). The estimated adult prevalence rate for HIV/AIDS was 0.01 per 100,000 population at the end of 1999. The number of deaths due to HIV/AIDS was also less than 100 at the end of 1999. (1) The incidence of AIDS for the year 2001 was 4 at the end of February. (2)

Data from The European Centre for the Epidemiological Monitoring of AIDS is unavailable at this time. (9)

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993						-	-	-	-	-	-	-
1994						-	-	-	-	-	-	-
1995						-	-	-	-	-	-	-
1996												
1997												
1998												
1999		-	-	-		-	-	-	-	-	-	-
2000	-	-	-	-	-	-	-	-	-	-	-	-

Regional Distribution.

Stigma and Social Attitudes towards HIV/AIDS.

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

The incidence of syphilis increased from 25 cases per 100,000 population in 1996 to 59 cases per 100,000 population in 1997. (3) The reported incidence for TB in 1999 was 93.3 per 100,000 population with estimates ranging from 50 - 99 per 100,000 population. The estimated incidence of TB in HIV positive individuals was less than 0.1 per 100,000 population in 1999. (7)

Data from(8)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	-	-	-	-
1994	-	-	-	-	-	-
1995	2,009	49.3	-	-	-	-
1996	2,149	51.7	25	-	-	-
1997	3,438	81.2	59	-	-	-
1998	3,839	88.9	-	-	-	-
1999	4,092	93.3	-	-	-	-
2000	-	-	-	-	-	-

IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in Section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

Trends in Drug Use. Government officials and non-government organizations believe that domestic drug abuse is steadily increasing. The primary drugs of choice are opium, marijuana and the precursor drug acetic anhydride. The Turkmenistan Ministry of Health estimates that approximately 6 to 7 percent of the population use drugs. However, unofficial estimates put the number of drug users closer to 8 to 9 percent. (4)

Risk Behavior.

Drug Traffic Information. Turkmenistan is not considered a significant producer or source country for illegal drugs or precursor chemicals. However, primarily due to its rugged and remote border with Afghanistan and Iran, Turkmenistan remains a crucial route for the trafficking of morphine base and heroin to Turkey and opium and heroin to Russia and European markets. In addition, it is believed that Turkmenistan provides precursor chemicals such as acetic anhydride to heroin laboratories in

Afghanistan. According to government officials, the quantity of drugs and precursor chemicals intercepted along the Afghan border, as well as the total number of drug seizures, has decreased significantly compared to recent years. This is believed to be due to the increased concentration of Turkmenistan law enforcement efforts along its borders. However, with the bulk of Turkmenistan law enforcement resources and manpower directed at stopping the flow of drugs from Afghanistan, the border with Uzbekistan remains exposed to increased passage by drug smugglers. (4)

Social Attitudes Towards Drug Users.

Drug Overdoses.

V. LAWS AND LAW ENFORCEMENT PRACTICES

A. Drug Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is signatory.

Syringe access/Needle Exchange Program – Law.

Syringe Access/Needle Exchange Programs – Practices.

Drug Possession Law.

Drug possession Law – Practices.

Drug Treatment Law.

Compulsory Treatment – Practices.

Drug Trafficking Law. The Turkmenistan criminal code allows for the death penalty in certain drug trafficking cases. A 1999 Presidential moratorium on capital punishment remains in effect. (4)

Drug treatment Regulation.

Drug treatment regulation – Practices. Methadone is not available and it is prohibited to import into Turkmenistan. (12)

Criminal Justice System – Law. Article 21 of the Constitution provides that a person may not be deprived of rights or be “sentenced or subject to punishment” except as

provided by law. State agencies retain the right to “temporarily” detain persons when laws are not precisely specified. (13)

Criminal Justice System – Practices. The number of individuals convicted of drug-related crimes increased by 1,000 in 1998. Approximately 700 people were sentenced to death by firing squad in 1998, with as many as 90 percent of them convicted of drug-dealing. One third of the crimes committed in Turkmenistan in 1998 were drug-related. (6)

International Drug Conventions Signed. The country is a party to the following international drug agreements.

- ? 1988 UN Drug Control Convention (1996)
- ? 1972 Protocol (1996)
- ? 1971 UN Convention on Psychotropic Substances (1996)
- ? 1961 Single Convention on Drug Abuse (1996)
- ? Participant in the UN Six Plus Two Narcotics Initiative
- ? Signed agreements on counter-narcotics cooperation with its Central Asian neighbors
- ? *Has not* signed the Regional Action Plan it helped to draft. (4)

B. Public Health and Human Rights Law

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the right to health care, privacy, reportability and anti-discrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

Right to Health Care/ Right to HIV Treatment – Law. Article 33 of the Constitution provides for the right to “protection of health.” This includes the provision of health services for free at a network of “State public health institutions.” Fee for service medical care is permitted as prescribed by law. (13)

Right to Health Care/ Right to HIV Treatment – Practice.

Reportability of HIV, AIDS, HCV, HBV – Law and Practice.

HIV Testing – Law and Practice. Regulations on HIV/AIDS testing in Turkmenistan, section 2, indicates the categories of persons subject to HIV testing, including the following: donors of blood, blood products, plasma and other biological fluids and tissues on the occasion of each donation; citizens of Turkmenistan traveling abroad, in the event that the country of destination requires a certificate of performance of a test for HIV infection; persons displaying certain clinical signs; persons suspected of or diagnosed as having certain diseases and pathological conditions; aliens and stateless persons seeking medical advice, in accordance with clinical indications; infants born to HIV-infected parents, at birth and 15 months thereafter; and medical workers accidentally

exposed to direct contact with body fluids, within two months of such contact. Section 7 lays down, *inter alia*, that testing may only be performed in State medical establishments. (11)

Anti-Discrimination Provisions Based on HIV or Drug Use – Law and Practice. Section 4 requires annual sentinel surveillance to be carried out on certain high-risk groups including drug-dependent persons, "promiscuous" persons, patients suffering from sexually transmitted diseases, etc. (11)

Privacy Law and Practice. Under section 5, all surveillance, with the exception of sentinel surveillance, is to be conducted with pre and post-test counseling, on a voluntary, anonymous, and confidential basis. Section 9 imposes the requirement of confidentiality with regard to HIV testing and its results. Section 10 requires health care establishments to inform the persons tested, in writing, of the need for preventive measures and their responsibility towards other persons. (11)

Criminal Penalties for Exposing/Transmitting HIV.

Criminalization of Prostitution – Law and Practice.

Criminalization of Homosexuality – Law and Practice.

Status of International Human Right Conventions. Turkmenistan's acceptance of the major international human rights instruments is as follows.

- ? International Covenant on Economic, Social & Cultural (CESCR) – **signed May 1, 1997**
- ? International Covenant on Civil & Political Rights (CCPR) – **signed May 1, 1997**
- ? International Covenant on Civil & Political Rights, Optional Protocol (CCPR-OP1) – **signed May 1, 1997**
- ? Civil & Political Rights, Optional Protocol (CCPR-OP2-DP) - **signed January 11, 2000**
- ? Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed May 1, 1997**
- ? Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed June 25, 1999**
- ? Convention on the Rights of the Child (CRC) – **signed June 29, 1994**
- ? International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **signed September 29, 1994**

(2)

VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment and HIV prevention programs.

A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

A harm reduction program for commercial sex workers has been operating in Ashgabat, Blakenbad and Turmenbasy since 2000 funded by OSI. The NGO operating this program is Annageldy. The program provides to as many as 500 commercial sex workers including health education, training and social services. Other program details were not available. (14)

Government Position.

Needle Exchange Programs.

B. Drug Treatment Programs/Availability

The Turkmenistan Ministry of health operates six drug treatment clinics which are located in the capital city of Ashgabat and each of its five provinces. Drug addicts may receive treatment at these clinics without revealing their identity. All clinic visits are kept confidential. (4) **[Do we know any more about what kind of treatment is offered? Detox, in/out patient, methadone??]**

Substitution Therapies. Methadone is unavailable. (12)

C. Public Health Measures to Prevent HIV and other Significant Diseases

Government Efforts/Attitudes. In September, 2000, the government permitted the implementation of a UNODCCP/UNAIDS project for the prevention of drug abuse, AIDS and other sexually transmitted diseases among Turkmenistan youth. The project calls for a drug abuse assessment of five to six Turkmenistan cities over a one to two month period. (4)

Programmatic Details: unavailable

1996:

1997:

1998:

1999:

2000:

VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Turkmenistan:

Perceived corruption in government is measured by the Transparency Corruption perception Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The CPI for Turkmenistan is unavailable at this time.

Perceptions Index (CPI)

- ? Country Rank:
- ? 2001 CPI Score:
- ? Surveys Used:
- ? Standard Deviation:
- ? High-Low Range:

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI Index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus, GINI Index of zero equals perfect equality while an index of 100 implies perfect inequality.

- ? GINI Index: **40.8** (11)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development, including, a long and healthy life, knowledge and a decent standard of living.

- ? Human Development Index Rank (HDI) in 1999: **96/174** (1)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- ? Unemployment rate: unavailable

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC', which is defined as "currently highly-

vulnerable" to a rating of "AAA", which is defined as an "extremely strong" capacity to meet its financial commitments.

- ? Local Currency: unavailable
- ? Long-Term Rating:
- ? Outlook:
- ? Short-Term Rating:
- ? Foreign Currency:
- ? Long-Term rating:
- ? Outlook:
- ? Short-Term Rating:

The Social Indicators of Poverty represent the health status of individuals in different socioeconomic groups within countries for the last survey year. Social Indicators of Poverty are currently unavailable for Turkmenistan at this time.

- ? Infant Mortality Rate:
 - Poorest Quintile:
 - Richest Quintile:
- ? Child Immunization Rate:
 - Poorest Quintile:
 - Richest Quintile:
- ? Prevalence of Child Malnutrition:
 - Poorest Quintile:
 - Richest Quintile:
- ? Low Mother's Body Mass Index:
 - Poorest Quintile:
 - Richest Quintile:
- ? Total Fertility Rate:
 - Poorest Quintile:
 - Richest Quintile:

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty.

- ? Population Below the Poverty Line, (BPL): **58% (2000 est.)** (10)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets.

Gross Domestic Product per Capita (PPP US\$): Unavailable

Gross Domestic Product - Average Annual Growth **-6.8% (1990-1999)** (11)

Gross Domestic Product in \$ USD Millions: \$ 3,204 M USD (1999) (11)

VIII. RESOURCES

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