

# **DRUG POLICY AND HEALTH IN KAZAKHSTAN**

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

*24 January 2002*

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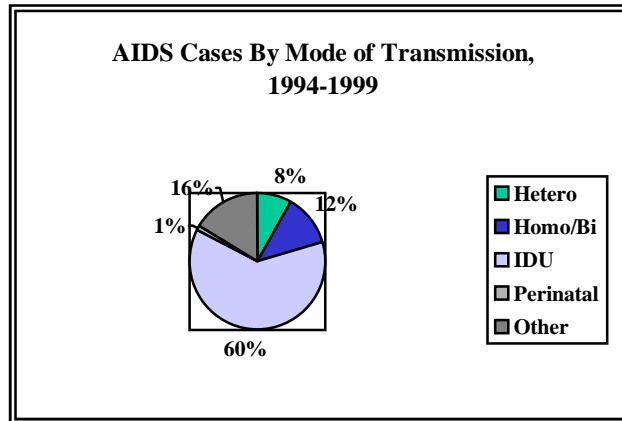
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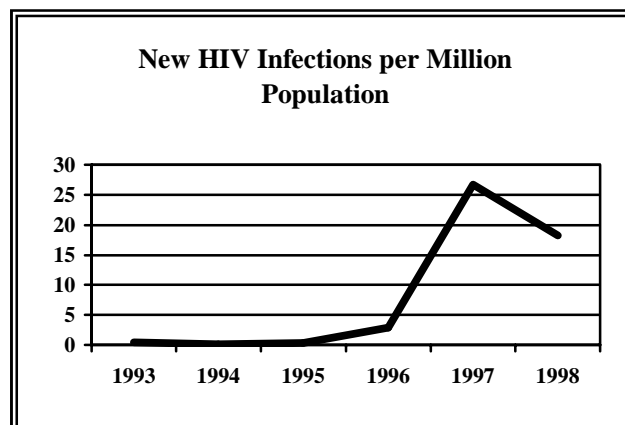
## Summary

### I. HIV/AIDS

Although data are incomplete, Kazakhstan is apparently experiencing a dramatic but locally concentrated increase in HIV cases, with the majority attributable directly or indirectly to injection drug use. The epicenter of the epidemic is the town of Temirtau, Karaganda Oblast.



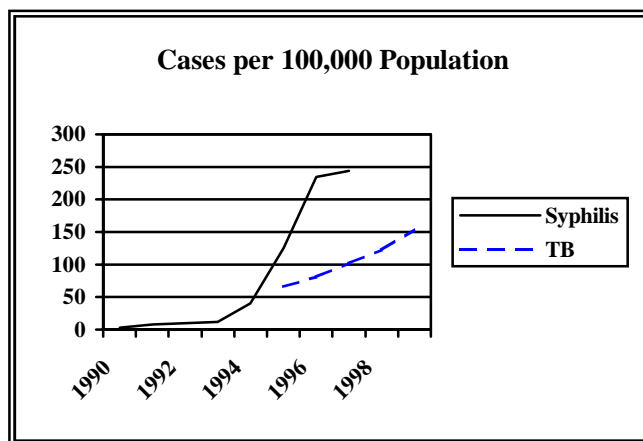
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Source: The European Center for the Epidemiological Monitoring of AIDS (11)

Misinformation and stigma concerning HIV are reportedly high. One source reports that suicide is a significant cause of death among people with HIV/AIDS. (6)

## II. OTHER INFECTIOUS DISEASES



Sources: (12) (13)

Trend data on Hepatitis are not available, but eighty-five percent of all drug users in the Karaganda Oblast are estimated to be infected with Hepatitis C. (9)

## III. INJECTION DRUG USE

**Drug Use.** Drug use is increasing, particularly among women. A study commissioned by the United Nations Office of Drug Control and Crime Prevention (UNODCCP) estimated that at least 170,000 Kazakhs regularly use drugs, with two thirds using opium or heroin. The majority of the users are young people under 35. One of the main drivers of the increase has been the permeability of borders and the country's proximity to Afghanistan, the regions largest drug producer. (6) The effect on supply of the U.S. war with Afghanistan is not yet known, though UNODCCP reports substantial increases in exports from Afghanistan since September 11, 2001. (1)

**Risk Behavior Information.** A rapid assessment by UNAIDS in 1998 was conducted in the country's two largest cities, Almaty and Shymkent. It found that 80% of both male and female IDUs shared syringes or solutions. A significant proportion of IDU women earned the money for purchasing drugs by prostitution. (6) There have also been reports of the practice of adding blood to drugs during preparation. Drug overdose appears to be a significant problem, with as many as 4,000 annual cases. (9)

**Social Attitudes.** Social attitudes towards drug use and drug users are reportedly negative, with widespread support for repressive measures. At the same time, the population is resigned to people's use of alcohol and illicit drugs to relieve pain and suffering and as a mechanism for coping. (9)

**IV. LAW AND LAW ENFORCEMENT PRACTICES**

Drug use is treated as a criminal matter. Users are subject to arrest, compulsory detoxification and imprisonment. Though access to syringes is not legally prohibited, a climate of fear may discourage IDUs from obtaining syringes, HIV education or other forms of assistance to reduce the spread of disease and other harms of drug use.

Information on the state of the criminal justice system is not available.

**Law on the Books**

- Methadone treatment is not prohibited
- Syringe purchase and possession, as well as SEPs, are not prohibited
- Prohibitions on drug possession have reportedly been eased
- Suspected drug users may be arrested and taken to narcological dispensaries for compulsory drug testing

**Actual practice**

- Methadone treatment is practically unavailable
- Two-thirds of the 80-90 thousand people currently in prison are there on drug charges
- Many IDUs are reportedly afraid that treatment providers will identify them to police
- Police are reported to commonly use the threat of compulsory testing to obtain bribes

**V. PUBLIC HEALTH INTERVENTIONS**

**Harm Reduction Programs Generally.** The government takes no position on and provides no funding for harm reduction programs. Drug use and HIV initiatives depend upon the international donor community, primarily UNAIDS and the Open Society Institute. Harm reduction programs in the region reach about 5% of drug users. A project covering 18 prisons includes needle exchange and distribution of condoms. (9)

**Drug Treatment.** Drug treatment other than detoxification is expensive and difficult to obtain. There is no organization consisting of and led by drug users. Most of the government’s HIV/AIDS funding is devoted to testing. There has been no significant government effort to prevent the spread of HIV among IDUs.

**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. In 2001 Kazakhstan was ranked 71 of 91 countries, with a score of 2.7 of a possible 10.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. In 1999 Kazakhstan ranked 76 of the 174 countries measured.

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 for the most recent reported year for Kazakhstan was 35.4 in 1996.

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. Kazakhstan's unemployment rate saw a sharp rise from 1996 at 4.1% to 13.7% in 1998.

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. There has been a precipitous decline in GDP in Kazakhstan during the past decade. In 1990 the GDP was \$40,304 Million (US) and in 1999 it declined to \$15,842. The average annual growth of the economy from 1990 to 1999 was -5.9%.

# DRUG POLICY AND HEALTH IN KAZAKHSTAN

*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 Kazakhstan 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 Kazakhstan 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 (age >13) 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.** The government reported 1,403 new cases of AIDS between January 2000 and February 2001, (5) with an estimated 2500 - 4500 adults and children living with HIV/AIDS at the end of 1999. (8) The actual numbers of cases is believed to be ten times higher (6) Of 815 reported cases of HIV/AIDS in 1998, 86% were injection drug users (IDU's) (8). Eighty percent of registered people with HIV are males. (6)

**Data from The European Center for the Epidemiological Monitoring of AIDS (11)**

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	1	0.1	6	0.4	-	-	-	-	-	-	-	-
1994	0	0.0	2	0.1	-	-	-	-	-	-	-	-
1995	3	0.2	5	0.3	-	-	-	-	-	-	-	-
1996	3	0.2	48	2.9	3	1	0	38	0	5	1	1
1997	8	0.5	437	26.7	0	0	6	389	1	28	0	0
1998	9	0.6	288	18.3	1	0	7	270	0	12	0	0
1999	1	-	-	-	0	-	0	-	0	-	-	0
2000	-	-	-	-	-	-	-	-	-	-	-	-

**Regional Distribution.** The epidemic is not evenly spread across the country. The majority of reported case have occurred in Temirtau, a factory town of 150,000 with 3,000 IDU's (6) The number of HIV-positive individuals in northern Kazakhstan's Pavlodar Region has increased 200 % since the beginning of 2001. Half of Pavlodar's 364 infected residents are IDUs. Three thousand of the region's 300,000 residents use drugs. Based upon estimations that the region's number of HIV positive individuals may reach 1400 in 2002, the center of AIDS Prevention is planning to open a medical center focused on treating drug problems. (17) During the first six months of 2001, a total of 31 HIV positive people were reported in Kazakhstan's Aktyubinsk region, with 3 additional infected individuals identified in August. All of these 34 individuals are IDUs. (18)

**Stigma and Social Attitudes towards HIV/AIDS.** One investigator reported:

“More than 90 % of the young population of the country (UNAIDS, 1999) are informed about existence of the STIs, mainly syphilis and gonorrhoea. In the opinion of 95 % of the respondents, unprotected sex (without a condom) results in a high risk of the STI infection. It is of special importance that half of the surveyed students believe that the risk also exists in sharing plates and glasses, towels and the toilet with an STI-infected person. Thus, the erroneous opinion that the STIs are transferred not only through sexual contact is widely spread. As a matter of fact, girls are more susceptible to this error and are afraid of imaginary dangers more than young men. The consequence of such delusions is that, as compared with men, only 41 % of the surveyed women would agree to look after an HIV-infected relative at home, while among the men the corresponding figure is 64 %. The high level of stigmatization of the HIV-infected and their relatives is reflected in actual cases. In Pavlodar, a mother of a convicted HIV-infected woman could not find people to look after her child even for pay. Suicide has become the leading mortality cause among the HIV-infected people.” (6)

### 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.

Kazakhstan appears to be in the midst of seriously growing epidemics of TB and syphilis.

Data from (12) (13)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	12	-	-	-
1994	-	-	40	-	-	-
1995	11,095	66	125	-	-	-
1996	13,559	80.6	235	-	-	-
1997	17,060	101.4	244	-	-	-
1998	20,623	122.4	-	34,844	-	170
1999	24,979	153.5	-	-	-	-
2000	-	-	-	-	-	-

Ninety percent of HIV infected individuals and 85% of all drug users in the Karaganda Oblast are infected with Hepatitis C. (9) Incarceration appears to be an important source of TB.

### 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.

Drug use is increasing, particularly among women. A study commissioned by the UN OODCP estimated that at least 170,000 Kazakhs regularly use drugs, with two thirds using opium or heroin.

**Trends in Drug Use.** There has been an overall increase in drug use. Injection drug use is approximately five times higher in men than in women, although in women it is increasing faster. (6) The majority of drug users are age 35 and under. Marijuana and heroin are the most often abused substances. The drug of choice in the north is opium, in the south heroin, and cannabis in the Chui Valley. Many users are switching from smoking to injecting, primarily because it is illegal to possess, but not use, drugs. Use of synthetic drugs (e.g., Ecstasy) along with LSD and ephedrine is on the rise especially in nightclubs. Youths are also inhaling “Tolol,” a toxic chemical similar to glue sniffing but more dangerous. (1) (6) (9)

**Risk Behavior.** IDUs in Kazakhstan are engaging in high-risk injection behavior, for reasons including lack of basic information about the disease threat. A 2000 paper for the UN reported:

The express analysis of the situation (UNAIDS, 1998) in the two largest cities of Kazakhstan -- Almaty and Shymkent -- has shown that among injection drug users (IDUs) the behavior connected with the HIV infection risk is widely spread: 80 % of the studied IDU group practiced sharing syringes or solutions. The behavior of the men and women in this case was identical. Gender differences were revealed to the full extent when the analysis of the sources of means for the purchase of drugs was carried out. A significant part of the IDU women earned the money for purchasing drugs by prostitution, which sharply increases the probability of the HIV going beyond the limits of the IDU population group. (6)

Other risk factors reported include: Blood is often used to prepare drugs despite the risk of HIV/AIDS; at least 30% of users know nothing about HIV/AIDS and how to prevent it; 30% of the estimated commercial sex workers use illicit drugs. (9)

**Drug Traffic Information.** Kazakhstan is not a major producer of drugs, but the country is affected by drug trafficking. The country legally produces *acetic anhydride*, a heroin precursor, for export to Russia, which is said sometimes to be illegally diverted to Afghanistan. Drug traffickers utilize children and the elderly to smuggle heroin in and out of the country. Trains running through Kazakhstan are popular routes to smuggle drugs to Russia from other Asian countries, especially Burma. (1) Women are getting more involved in trafficking as a means of survival and as a consequence are using more drugs. (9)

**Social Attitudes Towards Drug Users.** Attitudes towards drug use are complex here as in other countries. It is said that a majority of people in Kazakhstan are in favor of strengthening a repressive policy towards drug consumers as well as traffickers (6), and that negative attitude toward drug users pervades society. (9) At the same time, the population is described as resigned to people's use of alcohol and illicit drugs to relieve pain and suffering and as a mechanism for coping. (9)

**Drug Overdoses.** There are estimated to be about 4,000 overdose patients annually in four of the country's largest cities. Cases of alcohol poisoning have decreased from 50% to 40% while poisoning by psychotropic drugs has increased from 1% to 15%. Antidotes for opioid overdoses, such as naloxone, are not sufficiently available to address the problem. The facilities to treat overdose patients are inadequate. In Karaganda City, one unit has 25 beds to treat 2,000 patients annually. Mortality rates have increased significantly. Once out of a coma, users are transferred to the narcology dispensary where they receive psychological counseling. Some patients remain for drug treatment, but many leave since it is not required. (9)

## 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 a signatory.

**Syringe Access/Needle Exchange Programs - Law.** No law prohibits syringe purchase or possession, or the operation of syringe exchange programs.

**Syringe Access/Needle Exchange Programs - Practices.** Possession of a syringe exposes an IDU to potential police intervention by indicating drug possession.

**Drug possession Law.** Prohibitions on drug use have reportedly been eased. (6) The City of Temirtau has started a revision of the criminal code (Article 259) to ensure that the law enforcement community focuses on supply reduction rather than arresting drug users. (9)

**Drug Possession Law-Practices.** Police generally take drug users or former drug users to the narcology dispensary (Ministry of Health) to be tested for drugs. The police and the dispensary staff often collude and tell users they must pay \$50 (US) for a negative drug test or they will have drugs planted on them by the police and be arrested. Police have to meet a monthly quota of drug-related arrests, which was much easier under Soviet rule. Police sometimes plant additional drugs on people to ensure an arrest. (9)

## **Drug treatment Law.**

### **Compulsory Treatment -Practices**

**Drug Trafficking Law.** Criminal penalties for dealing drugs are quite severe (6)

With the assistance of the UNODCCP, the Prosecutor General's Office has created the Drug Information Center (DIC) and required all agencies involved with narcotics to report to it monthly. (1)

**Drug Treatment Regulation.** The legality of opium substitution therapy, such as methadone and Buprenorphine, is unknown.

**Drug Treatment Regulation-Practices.** UNAIDS is encouraging the Ministry of Interior to support drug substitution therapy, which the Ministry will support provided that it decreases the crime rate. (9) One source reports that Methadone therapy is legal but difficult to obtain. (9)

**Criminal Justice System- Law.** The Constitution guarantees of rights to due process including rules for pre-trial detention and right to counsel. In Section II entitled the Man and Citizen under Article 16 (2), pretrial detention may be imposed for a "period of not more than 72 hours." Article 16 (3) provides for the right to legal counsel from the "moment of detainment, arrest or accusation." In addition, legal counsel will be provided free of charge under Article 13.

**Criminal Justice System- Practices.** . A U.S. State Department report on human rights states that:

The Criminal Code allows continued detention for up to 12 months with the approval of the General Prosecutor of the Republic. Lower-ranking prosecutors may approve interim extensions of detention. In practice police routinely hold detainees, with the sanction of a prosecutor, for weeks or even months without bringing charges, and prolonged detention is a serious problem. The General Prosecutor's office acknowledged that law enforcement authorities kept more than 7,000 persons in custody longer than legally allowed in 1998. Additionally, short (3-hour) and long (72-hour) detentions for "suspicion" are used widely.

A bail system exists, but, according to the General Prosecutor's Office, only 28 out of the 26,598 persons detained in the first 8 months of the year were released on bail. (22) A recent fact-finding tour of the country reported:

Prison officers and other personnel deny there is HIV in the prisons and oppose the introduction of needle exchange or condoms. Inmates are regularly tested for HIV but not for Hepatitis B or C. (Ref. 1) Two-thirds of the 80,000-90,000

prisoners are incarcerated for drug-related crimes. Every day 20-30 people are arrested for drug-related crimes, including possession of drugs. The police sometimes plant additional drugs on people to ensure an arrest. The government wastes precious funds on imprisoning drug users who will then have a criminal record, be introduced to other criminals, and increase the risk of HIV from sharing hard-to-come-by needles. (Ref. 3)

(9)

Many drug users are former prisoners who caught Tuberculosis in prison and frequently request treatment. Prison officials and other personnel deny there is HIV in the prisons and oppose the introduction of needle exchange or condoms. (9)

**International drug conventions signed.** The country is a party to the following international drug agreements.

- 1988 UN Drug Control Convention (1998)
- 1972 Protocol (1998)
- 1971 UN Convention on Psychotropic Drugs (1998)
- 1961 Single Convention (1998)
- Bilateral Agreements with South Korea, Russia and Pakistan on counter narcotics cooperation.
- Renewed cooperation agreements with neighboring Central Asian Countries.
- UN Convention Against Transnational Organized Crime (2000)
- Bilateral Assistance Agreement with the United States (pending)

## **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 rights to healthcare, 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 29 of the Constitution guarantees a “right to healthcare” and further qualifies that citizens have “the right to receive, free of charge, a guaranteed quantity, established by law, of medical assistance.” Medical treatment may also be provided on a “paid basis” from private hospitals and medical practitioners. International Conventions guaranteeing the right to healthcare remain unsigned.

Legislation was passed on October 5, 1994 regarding the prevention, control and treatment for AIDS. Citizens who are infected with HIV “shall have the right to supplies

and medicaments and outpatient and inpatient care in State health establishments ... expenses being covered by the health establishment at their place of residence.” (23)

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

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

**HIV Testing Provisions–Law and Practice.**

The health legislation of 1994 addressed voluntary and mandatory testing. Voluntary and confidential medical testing for AIDS is a right of all citizens and residents of Kazakhstan. Mandatory testing is required when there “exists sufficient grounds for presuming that [a person] may be infected by the human immunodeficiency virus.” (23)

Reports on testing practices conflict: One source states that HIV testing was mandatory for pregnant women, laboratory personnel and foreign residents up until the mid-nineties, but is now mandatory only for blood donors. (8) Another source reports that the president has decreed that at-risk groups, such as blood donors, sexual or drug-using partners, IDU’s, CSW’s, MSM’s, STD patients, people who travel abroad for more than three months and blood recipients are subject to compulsory HIV testing. (9)

**Anti-Discrimination Provisions based on HIV or drug use – Law and Practice.** The health legislation of 1994 prohibited discrimination based on HIV infection or AIDS. The law prohibits “dismissal, refusal of employment, ...as well as restriction on rights in the field of housing or other fields...” (23)

The actual prevalence of HIV-related discrimination in employment, housing, education, and other areas is unknown. It is unknown to what degree this legislation has been used to redress incidents of discrimination.

**Privacy Law and Practice.** The health legislation of 1994 creates a right to voluntary, confidential and anonymous medical testing for HIV in State health establishments. The law also requires that “Medical personnel and other persons working in the service sector who are guilty of negligence in the fulfillment on their professional duties, such as entail HIV infections of other persons, shall incur a legal liability...” (23) Information on actual privacy practices were not available.

**Criminal Penalties for Exposing/Transmitting HIV.** The health legislation of 1994 created legal liability for a person “ who is aware that he is infected [and] knowingly exposes another person to a risk of HIV infection, or infects that person...” (23)

**Criminalization of Prostitution –Law and Practice.** The city of Astana no longer practices arrest and compulsory HIV screening for sex workers (4)

**Criminalization of Homosexuality –Law and Practice.** Homosexuality is no longer a criminal offense (6)

**Status of International Human Right Conventions.** Kazakhstan’s acceptance of the major international human rights instruments is as follows.

- International Covenant on Economic, Social & Cultural Rights (ICESCR) – **unsigned**
- International Covenant on Civil & Political Rights (ICCPR) – **unsigned**
- Optional protocol to the ICCPR – **unsigned**
- Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed August 26, 1998**
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed August 26, 1998**
- Convention on the Rights of the Child (CRC) – **signed August 12, 1994**
- International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **signed August 26, 1998** (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**

**Government Position.** A consultant’s report stated:

The government has no political stance and no set policy on harm reduction. While the government understands that HIV is on the rise, they have no funding to support programs. All drug use and HIV initiatives must for the time being be supported by the international donor community. Since independence, Kazakhstan has received foreign aid for technical assistance, materials, and medicines while domestic support has dropped off. ....

Harm reduction is addressed by only two groups: UNAIDS and its co-sponsors, who work from the top down; and the Soros Foundation, which works from the bottom up. The Kazakhstan Society Against Drugs, started by the president’s son-in-law, has strong political support and is the leading NGO in the country. No NGO, however, has been established to reduce drug-related harm. “Harm reduction programs in the region reach about 5% of drug users. UNAIDS strives to provide a comprehensive approach to harm reduction, from prevention of drug use to prevention of HIV and STDs, but with a top down approach. The UN has worked on changing attitudes in the government about drug users,

commercial sex workers, and men who have sex with men, but the constant change in top officials makes progress difficult. (9)

**Needle Exchange Programs.** A number of programs, referred to as “trust points,” provide services to IDUs including needle and syringe exchange. Temirtau has six trust points that provide services, information, and syringes. Karaganda has two such trust points plus an NGO called Mother to Child for mothers of drug users. A program including needle exchange and condom distribution is also reportedly operating in 18 prisons. (9)

Harm Reduction is difficult in a country in which drug users still remember that under Soviet leadership their names were taken by health professionals and given to public security officials to record. Many drug users and commercial sex workers therefore, are reluctant to go to government medical services. Some commentators believe that provision of methadone would create an incentive for IDUs to overcome their resistance to seeking help from trust points. (9)

### **B. Drug Treatment Programs/Availability**

Drug treatment has been a low priority for the government. “The Ministry of Health provides free treatment only to TB patients and the chronically mentally ill. In spite of the increase in drug use, it has made no effort to build on the existing drug treatment centers or establish independent rehabilitation centers. (Ref. 2) ...UNAIDS is encouraging the Ministry of Interior to support drug substitution therapy, which the Ministry will support provided that it decreases the crime rate.”(9) The Ministry of Health provides detoxification treatment, but very little rehabilitation, and treatment of all kinds is not widely available. An encouraging exception is the drug treatment clinic “Teen Challenge Kazakhstan,” which includes programs for families, maintains confidentiality and protects participants from police harassment. The facility is uniquely known for its confidentiality and lack of corruption, but can serve only a small number of people. (9)

Substitution therapies are generally not available.

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

The government has limited resources. The Health Ministry’s overall budget in 1999 was only USD \$21 million. Because HIV is still seen as a less pressing threat than other diseases, only USD \$3 million was designated for HIV prevention. Most of this was used for HIV testing, rather than targeted prevention efforts aimed at IDUs or others at higher risk (9)

**Government Efforts/Attitudes.** A report presented in November 2000 stated:

One would like to believe that the Government of the country sufficiently realizes the gravity of the situation. Thus, for example, there exists an

authorized plan of measures directed at counteracting the AIDS/HIV spread. However, the proposed approach to the decision causes concern. The state sees the spread of AIDS/HIV, first of all, not as a social, but as a medical problem, the ways of whose resolution lie in the regulatory and administrative dimensions. The inefficiency of such an approach was already revealed in connection with the sharp growth of STI morbidity. After becoming independent, the state has never allocated any budgetary means for funding public projects in the sphere of AIDS/HIV prevention.

A positive fact is joint developing by the Government and UNAIDS of a strategic plan based on the assessment of the situation and the conducted measures. The plan is expected to result in a maximum efficiency of the subsequent actions in the sphere of prevention of the AIDS/HIV spread. Young people have been determined as one of the priority groups of this action plan. The plan was developed with the account of gender distinctions and an attempt to reduce the level of women's vulnerability. As to practical implementation of this plan at the level of state structures and public organizations, it would be a large exaggeration to speak about any positive changes and results to date.(6)

**Programmatic Details.** HIV testing has been made widely available. Anyone who wants an HIV test can obtain one anonymously. As of December 31, 1998, the rate of testing per 1,000 population was 67.4. The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, by was:

1996: **958,031**  
1997: **877,842**  
1998: **1,099,275**  
1999: **unavailable**  
2000: **unavailable**

## 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 Kazakhstan.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

- Country Rank: **71 of 91 Countries**
- 2001 CPI Score: **2.7 of a possible 10**
- Surveys Used: **3**

- Standard Deviation: **1.3**
- High-Low Range: **1.8 - 4.3**

(14)

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 the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality.

- GINI Index, 1996: **35.4**

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

- Human Development Index Rank (HDI) in 1999 – **76/174** (8)

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 (1996) - **4.1 %** (8)
- Unemployment rate (1998) - **13.7 %** (16)

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 "extremely strong" capacity to meet its financial commitments.

Kazakhstan's long-term currency ratings is BB+ which means that the government "faces major ongoing uncertainties and exposure to adverse business, financial, or economic conditions which could lead to the insurer's inadequate capacity to meet its financial commitments." The short-term currency rating is B, which means that the government faces "adverse business, financial, or economic conditions will likely impair the insurer's capacity or willingness to meet its financial commitments." The long term and short-term foreign currency rating are comparable.

Local Currency:

Long-Term rating: **BB+**  
 Outlook: **Stable**  
 Short-Term Rating: **B**

Foreign Currency:  
Long-Term rating: **BB**  
Outlook: **Stable**  
Short-Term Rating: **B**

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1995).

- Infant Mortality Rate:  
Poorest Quintile: **35/ per 1,000 live births**  
Richest Quintile: **29/ per 1,000 live births**
- Child Immunization Rate:  
Poorest Quintile: **19% of children 12-23 mo.**  
Richest Quintile: **31% of children 12-23 mo.**
- Prevalence of Child Malnutrition:  
Poorest Quintile: **11% of children under 5**  
Richest Quintile: **3% of children under 5**
- Low Mother's Body Mass Index:  
Poorest Quintile: **7.9% of women**  
Richest Quintile: **3.8% of women**
- Total Fertility Rate:  
Poorest Quintile: **3.2 births per women**  
Richest Quintile: **1.3 births per woman**

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty. In Kazakhstan 34.6% of the population has an income below the poverty line.

- Population Below the Poverty Line, (BPL), 1996: **34.6%**

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There has been a precipitous decline in GDP in Kazakhstan during the last decade with an average annual growth rate in the economy of -5.9%.

Gross Domestic Product per Capita (PPP US\$): Kazakhstan **\$4951** (1999)] (21)

Gross Domestic Product - Average Annual Growth:

1980-1990: ---  
1990-1999: **-5.9%**

Gross Domestic Product in \$ USD Millions:

1990: **40,304**  
1999: **15,842** (15)

## VIII. RESOURCES

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