

DRUG POLICY AND HEALTH IN KYRGYZSTAN

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

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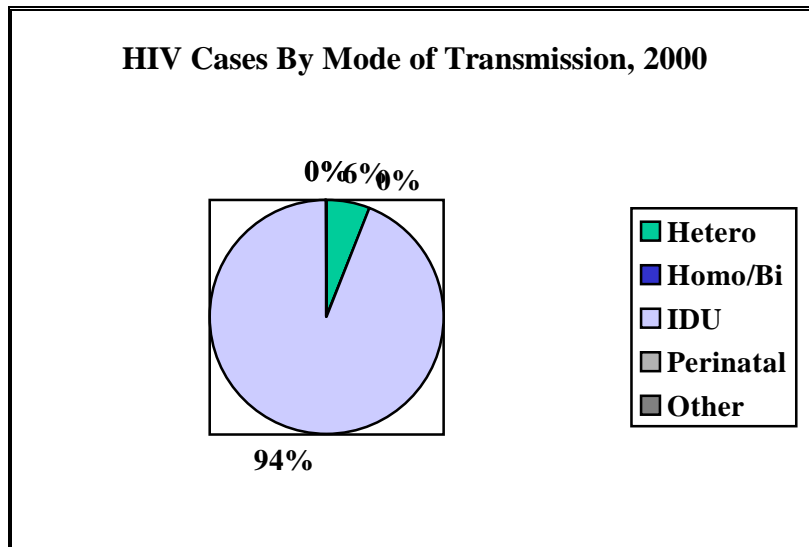
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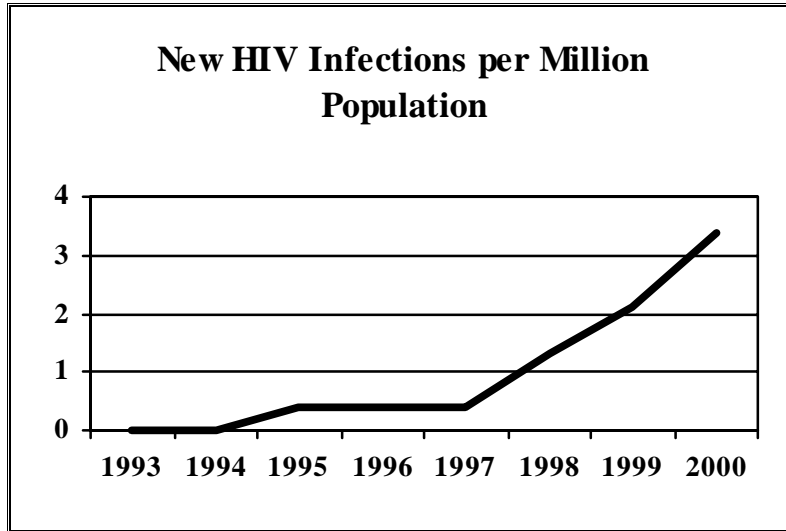
Summary

I. HIV/AIDS

While comprehensive data is lacking, health officials have expressed concern over the threat of an outbreak of AIDS after the identification of HIV among injection drug users in the southern region of Osh. A total of 25 registered cases of HIV during January and February of 2001 represent a major increase over 2000 when only 16 cases were reported for the entire year. The cumulative total of confirmed HIV cases as of February 2001 was 78. Thirty-six of those cases involve citizens of Kyrgyzstan. However, the National Project Manager for the UNDP AIDS Project, Larisa Bashmakova has stated that a recent UN assessment estimates that only 10 percent of the actual number of HIV cases in Kyrgyzstan have been detected. (2)



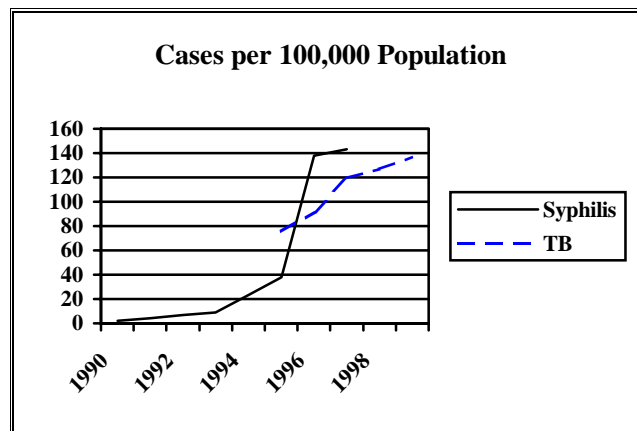
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II. OTHER INFECTIOUS DISEASES

Although rising poverty and the breakdown of health services play a significant role. Medical experts maintain that deteriorating conditions in the overcrowded prison system constitutes the leading contributory factor in the rising tuberculosis (TB) epidemic in Kyrgyzstan. Officials estimate that approximately 3,000 of the 20,000 prisoners are infected with TB.



Sources: (3)(4)

III. INJECTION DRUG USE

Drug use. Although there have been no official estimates of drug use, it is widely believed that drug abuse is increasing among all ethnic groups in Kyrgyzstan. (1)

Risk behavior. Drug addicts have often been among blood donors in the past, which may threaten the Kyrgyzstan's blood supply. (5)

Social attitudes. No information was available.

IV. LAW AND LAW ENFORCEMENT PRACTICES

The Kyrgyzstan Constitution provides for a number of basic rights to healthcare, social support, legal counsel, presumption of innocence in criminal matters. There is also a provision for compensation when Constitutional rights are breached. There are specific regulations providing HIV patients with treatment and social services. (16)

Law on the Books

Methadone treatment is legal.

Medical care and social services are guaranteed to people with HIV.

HIV testing is voluntary and provided in state owned facilities.

There is criminal punishment for knowing exposing others to HIV.

Actual practice

Methadone is unavailable.

There are no hospitals which provide treatment for drug addiction.

V. PUBLIC HEALTH INTERVENTIONS

Harm reduction Programs. There are three project supported by OSI IHRD program. Main Department of Harm Reduction is a project for prisoners, including IDUs, provides counseling on safe behavior, confidential HIV testing and develop peer educators. NGO Socium provides basic medical care and assistance from narcologists, psychologist and lawyers to an estimated 500 clients per month. Osh Narcology Dispensary provide a variety of harm reductions services. (15)

Drug Treatment. There are no hospitals that provide treatment for drug addiction. There is some evidence that NGOs may provide limited services (15)

HIV Preventions Activities. The Kyrgyzstan State Drug Control Commission has produced a series of infomercials regarding drug addiction and has aired them on local television stations. This was accomplished through a coordinated effort with the Ministry of Internal Affairs. However, there are no hospitals in Kyrgyzstan currently offering drug treatment.

(1)

VI. ECONOMIC AND SOCIAL INDICATORS

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. 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, Kyrgyzstan ranked 97th out of the 174 countries measured. (6)

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 Kyrgyzstan was 40.5 (1997). (14)

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of the labor force and unemployment differ by country. The estimated unemployment rate in Kyrgyzstan in 1998 was 6.0%. (7)

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 an average decline of GDP from 1990 – 1999 of - 5.7% during this period. (14)

DRUG POLICY AND HEALTH IN KYRGYZSTAN

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 Kyrgyzstan 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 Kyrgyzstan 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 reported prevalence of HIV/AIDS in adults (age 15-49) and children (age 0-14) was believed to be less than 100 cases at the end of 1999, with a cumulative total of 37 reported cases of HIV as of December 31, 1999. A total of sixteen registered cases of HIV were reported in 2000 resulting in a cumulative total of 53 registered cases of HIV through December 2000. Just over half of these cases were transmitted through injecting drug use. An additional 25 cases were reported during January and February of 2001 resulting in a cumulative total of 78 confirmed cases of HIV as of February 28, 2001. (2)(6)(9)

Data from The European Centre for the Epidemiological Monitoring of AIDS (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	0	0.0	0	0.0	-	-	-	-	-	-	-	-
1994	0	0.0	0	0.0	-	-	-	-	-	-	-	-
1995	0	0.0	2	0.4	-	-	-	-	-	-	-	-
1996	0	0.0	2	0.4	0	0	1	0	0	0	1	0
1997	0	0.0	2	0.4	0	0	1	0	1	0	0	0
1998	0	0.0	6	1.3	0	0	1	0	2	0	0	0
1999	0	0.0	10	2.1	0	0	8	0	2	0	0	0
2000	0	0.0	16	3.4	0	0	15	0	1	0	0	0
Cum. Total	0	0.0	53		0	0	28	0	21	0	1	0

Regional distribution. Health officials have expressed concern over the threat of an outbreak of AIDS after the identification of five more cases of HIV among injection drug users in the southern region of Osh. The head of the Epidemiology Department of the Kyrgyz Ministry of Health, Nurbolot Ishembayev, stated that according to government standards, "five cases at the same time and in the same place...are considered the start of an outbreak". The national project manager for the UNDP AIDS Project, Larisa Bashmakova, has thus far declined to categorize the new cases as an outbreak. However, Bashmakova has stated that a recent UN assessment estimated that only 10 percent of the actual cases of HIV in Kyrgyzstan have been detected. The first registered case of HIV in Osh was in 1996.

(2)

Stigma and Social Attitude Towards HIV/AIDS.

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. The use of non-sterile injection equipment or practices are a risk factor not only for HIV, but also for 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.

Summary of situation. Although rising poverty and the breakdown of health services play a significant role. Medical experts maintain that deteriorating conditions in the overcrowded prison system constitutes the leading contributory factor in the rising tuberculosis (TB) epidemic in Kyrgyzstan. Officials estimate that approximately 3,000 of the 20,000 prisoners are infected with TB. With an estimated 15% of inmates infected with TB, prisoners released back into the community are contributing to the spread of TB in dramatic fashion. The Director of the Kyrgyz TB Research Institute, Avtandil Alisherov, has stated that prisons are the primary source of TB infection. More than 50%

of the 1,160 people who have died from TB in Kyrgyzstan in 2000 were infected while in prison. The official incidence of TB in 2000 was 121 cases per 100,000 population, three times greater than neighboring Tajikistan. However, Alisherov states that the real incidence is likely closer to 200 per 100,000 population.

Of the 33 prisons in Kyrgyzstan, only 4 contain TB hospitals. With only 5 cents (US) budgeted for food per inmate per day, prison administrators are unable to properly feed the inmates. Undernourished prisoners are vulnerable to TB infection and more likely to develop active disease once infected. When given anti-TB drugs, the inmates often collapse, as their bodies are too weak to handle the medicine, thus rendering it ineffective. Currently, the larger prisons in Kyrgyzstan experience one to two inmate deaths per day. Two to three prison staff members die each year of TB. (10)

Data from (2)(12)

Year	TB		Syphillis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/100,000	Rate/100,000	#	#	#
1993	-	-	9	-	-	-
1994	-	-	23	-	-	-
1995	3380	75.8	38	-	-	-
1996	4093	91.6	138	-	-	-
1997	5346	119.3	143	-	-	-
1998	5706	126.9	-	13,744	-	56
1999	6376	136.6	-	-	-	-
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. While there are no official estimates of drug use in Kyrgyzstan, drug abuse appears to be on the rise among all ethnic groups. The primary drugs of concern include heroin, opium, marijuana, opium straw, hashish and opium poppies. (1)

Risk Behavior. No information available.

Drug traffic. Kyrgyzstan is not considered a major producer of illicit narcotics. The technology and ability to produce opium dating from the Soviet era remains in place but is not currently utilized. However, it is a major transit route for drugs from Afghanistan to Russia and Western Europe. The government of Kyrgyzstan has expressed a willingness to combat illegal drugs transiting through Kyrgyzstan, but its law enforcement agencies failed to make any significant seizures or arrests in 2000. Kyrgyzstan has also made efforts to increase control over its borders with Tajikistan and Uzbekistan. The primary goal of Kyrgyzstan law enforcement is to make narcotics trafficking a priority through an increased focus on border patrol. The internal chaos found in Tajikistan has contributed to the attractiveness of Kyrgyzstan as an onward route for illegal narcotics bound from Afghanistan to Russia and Europe due to their shared, mostly unprotected border. The southern provincial city of Osh continues to be a main hub for the passing of illegal narcotics through Kyrgyzstan. (1)

Social Attitudes Towards Drug Users. No information available.

Drug Overdoses.

V. LAWS AND LAW ENFORCEMENT PRACTICES

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 and NEP - law. No information was available.

Syringe access and NEP - practices. No information was available.

Drug possession - law. No information was available.

Drug possession - law and practices. No information was available.

Drug treatment - law. No information was available.

Compulsory treatment. No information was available.

Drug trafficking - law. No information was available.

Drug trafficking law - practices. No information was available.

Drug treatment regulation and opiate replacement therapy - law. No information was available.

Drug treatment regulation and opium replacement law - practices. No information was available.

Criminal justice system - law. Article 16 section 1 provides:

Basic rights and freedoms of man shall be recognized and guaranteed...in accordance with generally recognized principles and norms of international law and inter-state treaties and agreements regarding human rights.

Article 18 requires that arrest and confinement must have a basis in law. Article 39 provides for presumption of innocence. Article 40 ensures a right to quality legal assistance and defence of “rights and freedoms guaranteed by the Constitution.” (16)

Criminal justice system - practices. No information was available.

International Drug Conventions Signed:

- 1988 UN Drug Control Convention
- 1972 Protocol
- 1971 UN Convention on Psychotropic Drugs
- 1961 Single Convention
- UN Central Asian Counternarcotics Protocol
- UN Convention Against Transnational Organized Crime and its Protocols, December, 2000
- Currently, no bilateral extradition or mutual legal assistance treaties with the United States

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 and HIV treatment, reportability of HIV/AIDS, HIV testing provisions, anti-discrimination provisions, privacy and criminal penalties associated with prostitution and homosexuality. It also lists the international human rights instruments to which the country is signatory.

Right to Health Care/HIV Treatment - Law. The Kyrgyz Republic guarantees specialized and medical services to HIV infected persons free of charge, free supply of medicaments during out and in-patient treatment as well as free travel to the place of treatment and back within the Kyrgyz Republic. The Kyrgyz Republic also guarantees

the social care of persons with HIV infection. This ensures that they receive education, training for a new profession, and employment. (12)

Right to Health Care/HIV Treatment -Practice. No information was available.

Reportability of HIV, AIDS, HCV, HBV - Law and Practice. No information was available.

HIV Testing Provisions - Law and Practice. Testing is voluntary in state-owned, communal or private health institutions and be carried out on the request or with the consent of a person tested. The state guarantees the accessibility of HIV testing anonymous testing with prior and subsequent counseling as well as safety of such testing both for the person tested and for the person carrying out the test. Donors of blood, biological fluids, organs and tissues are subject to mandatory testing. (12)

Anti-Discrimination - Law and Practice. HIV infected persons and AIDS patients have the right to humane treatment on the part of society. This means they must be treated with dignity. Their health information is kept confidential. They are entitled to compensation for damage and losses resulting from divulgement of information about their infection with HIV. They have to right to work in their chosen field except for specialties and positions fixed by a special list and they are entitled to free delivery of any type of medical care and free supply with medicines. HIV infected persons cannot be denied admission to health institutions and emergency care. The rights of HIV infected person's family members and relative cannot be restricted or violated. (12)

Privacy Generally and HIV in particular – Law and Practice. The Kyrgyz Republic guarantees the safety and confidentiality of HIV testing to persons undergoing medical examination. (12)

Criminal Penalties for Exposing/Transmitting HIV – Law and Practice. Criminal punishments shall be imposed on a person who knowingly exposes another person or several persons to the risk of HIV infection. Putting another individual in danger of contracting HIV is punishable by an arrest for a period from three to six months, or by imprisonment for a period of up to one year. Communicating HIV to another individual by an offender, who has knowledge of his/her illness, is punishable by imprisonment for a period of up to five years. (12)(13)

Criminalization of Prostitution -Law and Practice. No information was available.

Criminalization of Homosexuality - Law and Practice. Homosexuality, lesbianism or other sexual acts committed with violence, threat of using violence or by

using the helpless condition of the victim is punishable by imprisonment for a period of three to eight years. (13)

Status of International Human Rights Conventions.

- International Covenant on Economic, Social & Cultural (CESCR) - **signed October 7, 1994**
- International Covenant on Civil & Political Rights (CCPR) - **signed October 7, 1994**
- International Covenant on Civil & Political Rights, Optional Protocol (CCPR-OP1) - **signed October 7, 1995**
- Convention on the Elimination of Discrimination Against Women (CEDAW) - **signed February 10, 1997**
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) - **signed September 5, 1997**
- Convention on the Rights of the Child (CRC) - **signed October 7, 1994**
- International Convention on the Elimination of all Forms of Racial Discrimination (CERD) - **signed September 5, 1997** (11)

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

Summary of Government Position and Activities. The Kyrgyz State Drug Control Commission has produced a series of infomercials regarding drug addiction and has aired them on local television stations. This was accomplished through a coordinated effort with the Ministry of Internal Affairs. (1)

Needle Exchange. No information was available.

B. Drug Treatment Programs/Availability

Summary of situation. Currently, there are no hospitals in Kyrgyzstan which offer drug treatment. (1)(5)

Substitution Therapies. Methadone replacement therapy is currently legal.(1)(5)

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

. **Government Efforts/Attitudes.** The Kyrgyz Republic provides that special purpose programs, activities carried out by enterprises, institutions and organizations to prevent HIV or to treat persons with HIV and provide social care to them will be financed by the republican budget devoting a separate line on such funding. State financing of HIV prevention activities is considered in order of priorities with regard to the necessity of protecting personal security of citizens and security of the public and the state. (12)

Programmatic Details: The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations by year (1996-2000) and rate of testing per 1,000 population:

1996: **178,110**

1997: **180,345**

1998: **169,741**

1999: **134,689**

2000: **151,218**

Totals/1,000 population: **32.2**

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 Kyrgyzstan.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians.

Perceptions Index (CPI)

- Country Rank: unavailable
- 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, a GINI Index of zero equals perfect equality while an index of 100 implies perfect inequality.

GINI Index: 40.5 (1997) (14)

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: 97/174 (6)

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.

- Estimated Unemployment rate (1998): 6.0% (7)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of 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:

Long-Term rating: **unavailable**

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 (1997):

Infant Mortality Rate:

Poorest Quintile: 83/1000 Live Births

Richest Quintile: 46/1000 Live Births

Child Immunization Rate:

Poorest Quintile: 69% of children 12-23 mos.

Richest Quintile: 73% of children 12-23 mos.

Prevalence of Child Malnutrition:

Poorest Quintile: 13% of children under five years.

Low Mother's Body Mass Index: Richest Quintile: 8% of children under five years.
 Poorest Quintile: 5.6% of women
 Richest Quintile: 3.7% of women

Total Fertility Rate: Poorest Quintile: 4.6 births per women
 Richest Quintile: 2.0 births per women (14)

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): 40% (14)

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.

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

Gross Domestic Product - Average Annual Growth:
 1980-1990: unavailable
 1990-1999: -5.4%

Gross Domestic Product in \$ USD Millions:
 1990: unavailable
 1999: \$1,251 in Million USD
 (14)

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