

# NEW PSYCHOACTIVE SUBSTANCE USE IN THE REPUBLIC OF KAZAKHSTAN RESEARCH RESULTS



School of Law, Swansea University  
& Eurasian Harm Reduction Association, 2020



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## **Contributions**

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EHRA is a nonprofit public membership-based organization uniting and supporting 303 harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website: <https://harmreductioneurasia.org/>

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The author of this report is Eliza Kurcevič. The Principal Investigator for the overall project is Dr. Rick Lines. Editor: Jon Stacey.

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## **Disclosure**

The views and opinion of the author presented in this report may not represent the views and opinions of the School of Law, Swansea University and the Global Challenges Research Fund.

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<sup>1</sup> <https://www.ukri.org/research/global-challenges-research-fund/>

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# ABBREVIATIONS & ACRONYMS

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>EHRA</b>	Eurasian Harm Reduction Association
<b>HIV</b>	Human immunodeficiency virus
<b>MSM</b>	Men who have sex with men
<b>NGO</b>	Non-governmental organization
<b>NPS</b>	New psychoactive substances
<b>OST</b>	Opioid substitution treatment
<b>PWID</b>	People who inject drugs
<b>PWUD</b>	People who use drugs
<b>STI</b>	Sexually transmitted infection
<b>SW</b>	Sex worker

# SUMMARY

The project “*New Psychoactive Substance Use in Kazakhstan, Kyrgyzstan, Georgia, and Serbia*” was undertaken to generate a more accurate picture of the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia, and Serbia, and to assess harm reduction and law enforcement responses to the emerging issues related to use of NPS. In 2019, similar research was conducted in Belarus and Moldova<sup>2</sup>. Results from this project will supplement scarce<sup>2</sup> international data on the use of NPS in these countries, present a more accurate picture of their use, and provide information to national civil society organizations (CSOs) for political advocacy.

The present report provides research results from Kazakhstan. The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and funded by the Global Challenges Research Fund. The Principal Investigator for the overall project was Dr. Rick Lines of the Swansea University School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. This report was prepared by the consultant researcher for this project, Eliza Kurcevič, Senior Program Officer at EHRA.

The study in Kazakhstan was implemented in three stages:

- Stage 1**
  - Desk research to collect data from the literature. Data sources included official reports, mass media, peer-reviewed publications and literature not indexed in medical databases, Internet reports, and documents from national government and regional/international organizations.
  - Preparation of questionnaires for target respondents: individuals from relevant professional organizations/state bodies, based on the desk research, and people who use drugs.
- Stage 2**
  - Structured interviews and focus groups with key respondents.
- Stage 3**
  - Analysis of all material collected, and preparation of recommendations for further action.

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<sup>2</sup> <https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/>

# COUNTRY OVERVIEW

The Republic of Kazakhstan borders Russia, China, Kyrgyzstan, Uzbekistan, Turkmenistan, and the Caspian Sea. It is the 9<sup>th</sup> largest country and the largest landlocked country in the world. Kazakhstan is officially a democratic and constitutional republic; however, it is also known for its authoritarian governance and numerous human rights violations.<sup>3</sup> It has an estimated 18.7 million people as of 2020,<sup>4</sup> and the population density is 7 per km<sup>2</sup>.

According to the most recent study, conducted in 2001, 1.7% of the population used drugs.<sup>5</sup> In 2019, there were an estimated 94,600 people who inject drugs (PWID).<sup>6</sup> Among key populations aged 15–49 years, the prevalence of human immunodeficiency virus (HIV) is highest among PWID (7.9%), compared to 1.4% among sex workers (SWs) and 6.5% among men who have sex with men (MSM).<sup>7</sup> Opioid substitution treatment (OST) with methadone exists in 10 cities in Kazakhstan; however, the coverage is very low. At the end of 2019, there were 296 patients on OST, which is 0.3% of the estimated number of individuals with opioid use disorder.<sup>8</sup> OST is not available in prisons, and if a person is hospitalized, OST is stopped, because hospitals do not have permission to keep methadone and administer it to patients (even though they are receiving official treatment). In 2019, the provision of preventive combined services for key populations was carried out through 131 stationary trust points and 31 friendly cabinets. They are available in all 17 regions of the Republic of Kazakhstan. Also, to ensure mobility of the services, there are 23 mobile trust points that periodically travel to places with the highest number of members of key populations. A total of 453 outreach workers work with key populations (296 work with the key PWID target group).<sup>9</sup>

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<sup>3</sup> <https://www.hrw.org/world-report/2020/country-chapters/kazakhstan>

<sup>4</sup> <https://www.worldometers.info/world-population/kazakhstan-population/>

<sup>5</sup> RSPC MSPDA. 2004. *Multi-level study of the problems of drug addiction in the Republic of Kazakhstan in 2001–2003*. Pavlodar: Republican Scientific and Practical Center for Medical and Social Problems of Drug Addiction.

<sup>6</sup> <http://www.kncdiz.kz/files/00007836.pdf>

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.



**NUR-SULTAN**

# 1. Introduction

New psychoactive substances (NPS) are not a new issue in Kazakhstan, because they appeared somewhere in 2009 or 2010. In 2011, the first 27 NPS (mainly synthetic cannabinoids) were included on the list of narcotic drugs, psychotropic substances, and precursors subject to control in the Republic of Kazakhstan. Compared to other countries in the region, Kazakhstan's situation regarding NPS use is one of the most alarming. There is not a great deal of comprehensive data on NPS use in Kazakhstan, but data collected from national and regional reports show increasing use and trafficking of NPS in the country. For comparison, if in 2014 Kazakhstan reported 1 NPS, so in 2015 this number increased to 21, and in 2016 to 38.<sup>10</sup> Most of the reported substances are synthetic cathinones, followed by a group of synthetic cannabinoids. Most of the respondents who took part in the study reported that the NPS market started with synthetic cannabinoids (so-called "spices" or "smoking mixtures"). These substances are still used by the younger generation (because of the easy and not stigmatized administration route: smoking). People with living experience stated that most of them shifted to synthetic cathinones as soon as they appeared on the drug market.

There are numerous reasons why Kazakhstan appeared at the center of the NPS market. First, it borders China and Russia, which manufacture a large proportion of NPS, and they are trafficked to or through Kazakhstan. Second, NPS became easily accessible through the Internet. The Internet drug market represents a major challenge for law enforcement to control and seize drugs. Every day the number of new websites and channels on Telegram or WhatsApp is growing and attracting more people. Furthermore, people who use drugs (PWUD) started using NPS because the opioid market almost disappeared and left people without any other choices, except to start using NPS. Most of the respondents from the community of PWUD said that they would never have started using NPS if opiates had been available on the market. Some other reasons for the widespread use of NPS include tempting prices, the fact that NPS cannot be detected during medical check-ups, and among youth it is also related to curiosity, experimentation, and the simple route of administration (usually via smoking, inhaling).

Existing anecdotal data from the community of PWUD shows that NPS is a growing issue, which needs rapid health, social, and law enforcement responses. However, it is hard to evaluate the overall situation and prevalence of NPS use in Kazakhstan, as limited research has been conducted on the topic, particularly on the risks and consequences related to NPS use.

Thus, this report provides a general overview of drug use and trafficking (including NPS) in Kazakhstan, as well as of the risks and consequences related to NPS use. It also reviews responses to the consumption of NPS and the needs of NPS users (regarding services that should be developed) in the area of harm reduction and treatment of NPS users. Finally, the document provides recommendations for decision makers and specialists in the field on how to improve responses to emerging NPS challenges.

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<sup>10</sup> [https://www.unodc.org/documents/scientific/Central\\_Asia\\_November\\_2017\\_FINAL.pdf](https://www.unodc.org/documents/scientific/Central_Asia_November_2017_FINAL.pdf)



## 2. The legal framework for the consumption, possession, and trafficking of psychoactive substances (including NPS) in the Republic of Kazakhstan

Most of the documents which regulate NPS use and trafficking in the Republic of Kazakhstan do not mention NPS. This term is mostly used in the work of health specialists. In laws and policies, it is mostly described as “*analogues of narcotic drugs and psychotropic substances*”. The official definition of NPS is: “*the analogues of narcotic drugs and psychotropic substances are substances of synthetic or natural origin, having the chemical structure and properties which are similar in their structure and properties to the substances listed in Tables I, II, III, causing a stimulating, depressive or hallucinogenic state, dangerous for public health when abused, and are not approved as narcotic drugs or psychotropic substances by this Law and the UN international conventions*”.<sup>11</sup>

The main documents that regulate consumption, possession, and trafficking of psychoactive substances (including NPS that have been identified and included in the list of narcotic drugs, psychotropic substances, and their precursors and thus subject to state control) are as follows:

### 2.1

#### **Criminal Code of the Republic of Kazakhstan (dated July 3, 2014, No. 226-V)**<sup>12</sup>

Chapter 11 of the Criminal Code is called “Criminal offences against population health and morality”. It regulates consumption, possession, and supply (trafficking) of psychoactive substances. According to Art. 296 (1) of the Criminal Code, consumption of psychoactive substances in a public place can be punished by a fine of up to 80 monthly fine units (EUR493), the same amount of correctional labor, community service for up to 80 hours, or arrest for up to 20 days.

Possession of psychoactive substances without intent to distribute them (Art. 296, parts 2, 3, and 4 of the Criminal Code) is a criminal offense and is punished depending on the amount involved:

- Possession of small quantities is punishable by a fine of up to 160 monthly fine units (EUR859), the same amount of correctional labor, community service for up to 160 hours, or arrest for up to 40 days.

- Possession of large quantities is punishable by a fine of up to 200 monthly fine units (EUR1,074), the same amount of correctional labor, community service for up to 200 hours, or arrest for up to 50 days.
- Possession of extremely large quantities is punishable by imprisonment for a term of 3–7 years.

Supply or any activity related to supply is a criminal offense (Art. 297 of the Criminal Code) and is punished depending on the amount involved:

- Supply of small amounts is punishable by imprisonment for a term of 5–10 years with confiscation of property.
- Supply of large amounts is punishable by imprisonment for a term of 6–12 years with confiscation of property.
- Supply of extremely large amounts is punishable by imprisonment for a term of 10–15 years with confiscation of property.

With the appearance of NPS on the drug market and their wide promotion on the Internet as well as in public spaces, the Criminal Code was amended at the end of 2019 with Art. 299-1: “*Propaganda or non-authorized advertising of narcotic drugs, psychotropic substances or their analogs and precursors*”. As a basic penalty (under Part 1), it implies a sentence of up to 3 years in prison, or up to 3–6 years in prison if there are further qualifying circumstances (involving any of the following: committed by a

<sup>11</sup> [https://online.zakon.kz/document/?doc\\_id=1009806#pos=36;-54](https://online.zakon.kz/document/?doc_id=1009806#pos=36;-54)

<sup>12</sup> <http://adilet.zan.kz/rus/docs/K1400000226>

group of people acting in concert, or repeatedly, on the premises of educational organizations and in busy public places, using mass media or digital information resources, or by someone acting in the capacity of an authorized official). According to law enforcement representatives and decision makers, this law was introduced to respond to advertisements (posters, stickers, stencils on walls) for NPS in public places, as well as promotion of NPS on the Internet. However, this law is considered controversial because it was introduced at the same time as Russia introduced its propaganda law, which indirectly targets the awareness-raising work of harm reduction organizations on psychoactive substances.<sup>13</sup> Experts think that the propaganda law in Kazakhstan should not affect the work of non-governmental organizations (NGOs) in the harm reduction field; however, there are risks that the existing law may restrict public discussion on the liberalization of drug policy.

## 2.2

### **Law of the Republic of Kazakhstan No. 279-I of July 10, 1998 “On Narcotic drugs, Psychotropic Substances, Their Analogues and Precursors and Countermeasures against Their Illicit Trafficking and Abuse”<sup>14</sup>**

This law regulates the legal framework of state policy in the field of illicit trafficking of narcotic drugs, psychotropic substances, their analogues, and precursors. It consists of two main parts: 1) how the State regulates and organizes activities related to drug trafficking, as well as responses to illegal trafficking and drug use; and 2) provision of health care services to people with substance use disorder.

## 2.3

### **List of narcotic drugs, psychotropic substances, and precursors subject to control in the Republic of Kazakhstan; the summary table on the classification of narcotic drugs, psychotropic substances, their**

### **analogues, and precursors found in illicit trafficking of small, large, and extremely large amounts; the list of substituents of hydrogen atoms, halogens, and (or) hydroxyl groups in the structural formulas of narcotic drugs and psychotropic substances (Decree of the Government of the Republic of Kazakhstan dated July 5, 2019, No. 470)<sup>15</sup>**

The list of narcotic drugs, psychotropic substances, and precursors is divided into four tables:

- narcotic drugs and psychotropic substances whose use for medical purposes is banned;
- narcotic drugs and psychotropic substances that can be used for medical purposes and are under strict control;
- narcotic drugs and psychotropic substances that can be used for medical purposes and are under control; and
- precursors (chemical and plant-based substances frequently used in the illegal manufacture of drugs and psychotropic substances) that are under control.

Most NPS are regulated under the first table. They include a large group of synthetic cannabinoids (JWH, UR-144, AM-2201, etc.) and some of the synthetic cathinones (alpha-PVP, methylone, etc.).

The summary table on the classification of narcotic drugs, psychotropic substances, their analogues, and precursors defines the amounts for criminal responsibility. There are three amounts defined: small, large, and extremely large. According to the summary table, the amounts of synthetic drugs are determined in a mixture, which eliminates the need for chemical separation of active narcotic components from neutral excipients.

The list of substituents of hydrogen atoms, halogens, and (or) hydroxyl groups in the structural formulas of narcotic drugs and psychotropic substances allows prohibition of quickly emerging NPS that were not previously included in a national list of illegal drugs.

<sup>13</sup> <https://harmreductioneurasia.org/a-review-of-propaganda/>

<sup>14</sup> [https://online.zakon.kz/document/?doc\\_id=1009806#pos=36;-54](https://online.zakon.kz/document/?doc_id=1009806#pos=36;-54)

<sup>15</sup> <http://adilet.zan.kz/rus/docs/P1900000470>

3

### **3. The legal framework for the medical treatment of PWUD (including NPS users) in the Republic of Kazakhstan**

There are a number of documents that regulate how the right to health of PWUD and other affected key populations should be safeguarded in Kazakhstan. It includes laws, standards, and clinical protocols. However, there is no strategy or action plan on issues related to psychoactive substances. The last program to address drug use and trafficking was approved in 2012 and expired in 2015. The state health development program “Densaulyk”<sup>16</sup> expired in 2019.

#### **3.1**

##### **Code of the Republic of Kazakhstan “On the health of people and the health care system” (dated September 18, 2009)<sup>17</sup>**

The Code stipulates public regulations in the field of health care to implement the constitutional right of citizens to health. Chapter 21 of the Code regulates provision of medical and social assistance to patients with alcoholism, drug addiction, and toxicomania. It includes information on how voluntary and compulsory treatment should be organized, and states the rights of patients. Art. 134 “*Register and observation of people who have alcohol and drug use disorder, or toxicomania*” is about registering PWUD. It states that if a person is recognized as having substance use disorder, he/she will be included in the health institution (usually the narcology or psychiatric) register.

#### **3.2**

##### **The “Health Development Program for 2020–2025” (approved by the Government of the Republic of Kazakhstan dated December 26, 2019, No. 982)<sup>18</sup>**

The program does not include anything about treatment or prevention of substance use disorder. It only mentions overdose prevention among adolescents and young people.

#### **3.3**

##### **The standard of organization of psychiatric care in the Republic of Kazakhstan (Order of the Minister of Health and Social Development of the Republic of Kazakhstan dated February 8, 2016, No. 95 (Registered in the Ministry of Justice of the Republic of Kazakhstan on March 5, 2016, No. 13404)<sup>19</sup>**

This standard sets out general requirements and principles for providing health and social assistance services in the field of mental health for the population. It describes the organization of medical-social assistance in the field of mental health in the form of outpatient/polyclinic care, inpatient care, hospital replacement care (day hospitals), and emergency medical care, and the organization of mental health care for suicidal behavior. Two annexes supplement the standards:

- **Annex 1:** Diagnoses of mental and behavioral disorders under ICD-10, which are within the competence of primary health care physicians
- **Annex 2:** Dynamic observation groups for people with mental and behavioral disorders.

<sup>16</sup> <http://adilet.zan.kz/rus/docs/U1600000176>

<sup>17</sup> [https://online.zakon.kz/document/?doc\\_id=30479065#pos=5;-106](https://online.zakon.kz/document/?doc_id=30479065#pos=5;-106)

<sup>18</sup> [https://tengrinews.kz/zakon/pravitelstvo\\_respubliki\\_kazahstan\\_premier\\_ministr\\_rk/zdravoohranenie/id-P1900000982/](https://tengrinews.kz/zakon/pravitelstvo_respubliki_kazahstan_premier_ministr_rk/zdravoohranenie/id-P1900000982/)

<sup>19</sup> <http://adilet.zan.kz/rus/docs/V1600013404>

### 3.4

#### **Law of the Republic of Kazakhstan No. 2184 of April 7, 1995 “On the compulsory treatment of patients with alcoholism, drug addiction and toxicomania”<sup>20</sup>**

Article 1 of this Law states that substance use disorder is a social danger to citizens. It affects the “*health of citizens and the country’s gene pool, and contributes to the growth of crime*”. The Law allows compulsory inpatient treatment to be applied to those who refuse voluntary treatment. Those who are subject to compulsory treatment are also included in labor for the period of treatment. Moreover, the Law regulates who should be treated for alcoholism, drug addiction, and toxicomania, where and how. It also defines mechanisms for addressing any human rights violations (the National Preventive Mechanism).

### 3.5

#### **Clinical protocol for the diagnosis and treatment of mental and behavioral disorders caused by the use of new psychoactive substances (dated from December 14, 2017, Protocol No. 35)<sup>21</sup>**

Clinical protocols have been developed for the treatment of mental and behavioral disorders caused by the use of opiates and cannabinoids. A separate clinical protocol was introduced in 2017 for the treatment of use of NPS. It includes classification, diagnosis, differential diagnosis, treatment with medicine, outpatient treatment, inpatient treatment, and hospitalization. However, interviews with doctors, narcologists, and psychiatrists in Kazakhstan revealed that not all of them were aware of the protocol.

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### 3.6

#### **“On amendments to the Order of the Minister of Health of the Republic of Kazakhstan No. 228 of March 9, 2004 “On approval of the regulations on trust points for people who inject drugs”<sup>22</sup>**

This regulates how trust points should work, what drug use equipment may be distributed, and who works there, and it states work standards for the trust points.

<sup>20</sup>[https://online.zakon.kz/Document/?doc\\_id=1003575](https://online.zakon.kz/Document/?doc_id=1003575)

<sup>21</sup><https://bit.ly/3acRzv2>

<sup>22</sup>[https://online.zakon.kz/Document/?doc\\_id=30361273#pos=0;0](https://online.zakon.kz/Document/?doc_id=30361273#pos=0;0)



## 4. Analysis of desk research results on the use of NPS and their related risks in the Republic of Kazakhstan

### 4.1

#### Drug use among the population

The most recent national epidemiological study on drug use among the population of Kazakhstan was conducted 19 years ago, in 2001, by the Republican Scientific and Practical Center for Medical and Social Problems of Drug Addiction.<sup>23</sup> The study revealed that 1.7% of the total population used drugs. The study also estimated the number of persons with various substance use disorders among those who use drugs: 81.3% of them had cannabinoids use disorder; 31.6% of them had opiate use disorder; and 15.5% other substance use disorder.

### 4.2

#### Estimated number of injecting drug users

The latest data on the prevalence of injecting drug use can be found in the “Country progress report – Kazakhstan for 2019”<sup>24</sup> presented in 2020 by the Kazakh Scientific Center for Dermatology and Infectious Diseases. There were an estimated 94,600 PWID in 2019, which is a decrease from the estimated 120,500 PWID<sup>25</sup> in 2018. This represents 1% of the population aged over 15 years old. Only 14.8% of these estimated 120,500 PWID were registered in the Narcological Register. The average age of PWID is 34.5 years; 83.2% are men, and 16.8% women.

Another report, which was prepared by the Republican Center for the Prevention and Control of AIDS (2016), revealed that the most frequently used injecting drugs (in the previous 12 months) in Kazakhstan were: heroin (83.6%), poppy (13%), desomorphine—so-called “crocodile”—(2.5%), other types (0.5%), and “khanka” (0.3%). This is one of the first reports in which NPS—desomorphine—are mentioned.

<sup>23</sup> RSPC MSPDA. 2004. Multi-level study of the problems of drug addiction in the Republic of Kazakhstan in 2001–2003. Pavlodar: Republican Scientific and Practical Center for Medical and Social Problems of Drug Addiction.

<sup>24</sup> <http://www.kncdiz.kz/files/00007836.pdf>

### 4.3

#### PWUD registered in the Narcological Register

According to the statistical compilation “Narcological assistance to the population of the Republic of Kazakhstan in 2017–2018,”<sup>27</sup> at the end of December 2018 there were 22,869 PWUD registered in the Narcological Register. Of these, 14,769 are PWID, accounting for 64.9% of all registered PWUD. Compared with previous years, the number of registered users has decreased. However, some of our respondents shared the view that the lower number could be related to a changing drug scene. People are starting to use NPS but are not seeking medical help, which makes the number of PWUD registered in the Narcological Register decrease. In addition, a lot of cases related to the use of NPS are referred to psychiatric care services, which means that people might be registered in the Psychiatric Register instead of in the Narcological Register. In her study, M.V. Prilutskaya<sup>28</sup> noted that the general rate of application for drug treatment among NPS users is very small—only 1% of all NPS users. This might be related to the absence of an official system to collect information on NPS cases in health care institutions.

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<sup>25</sup> <https://bit.ly/2PVpaAe>

<sup>26</sup> [https://www.unaids.org/sites/default/files/country/documents/KAZ\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/KAZ_2019_countryreport.pdf)

<sup>27</sup> <https://mentalcenter.kz/ru/index.php/pages/plany-i-otchet/otchet-o-deyatelnosti-tsentra>

<sup>28</sup> <https://bit.ly/3adih6P>

As will be explained later, cases of patients with NPS use disorders are registered under F12, F15, or F19 classifications of mental and behavioral disorders, and there is no separate classification for NPS use. If a person has synthetic cannabinoids use disorder, he/she is diagnosed with F12 (mental and behavioral disorders due to use of cannabinoids); in case of synthetic cathinones, F15 (mental and behavioral disorders due to use of other stimulants, including caffeine). And if it is consumption of both synthetic cathinones and cannabinoids, or other substances, then the diagnosis is F19 (mental and behavioral disorders due to multiple drug use and use of other psychoactive substances). Another reason for the decrease in the number of registered PWUD, identified in the “2018 National Report on the Drug Situation in the Republic of Kazakhstan,”<sup>29</sup> is that more people were removed from the Narcological Register than added to it the previous year.

Comparing 2017 with 2018, there is an increase in the number of patients with mental and behavioral disorders caused by the use of stimulants, hallucinogens, and combined use and which are under dispensary and prophylactic observation:

SUBSTANCES	2017	2018
Sedatives and soporifics	0.2%	0.1%
Cannabinoids	47.0%	41.2%
Other stimulants (including caffeine)	0.22%	0.8%
Opioids	63.5%	53.5%
Hallucinogens	0%	0.01%
Combined use	25.6%	25.8%

#### 4.4

### Drug use among young people

According to a study conducted in 2012,<sup>30</sup> the lifetime prevalence of drug use among adolescents and young people in Kazakhstan is approximately 16.3% (±1.1%). The table below shows the breakdown by sex and age.

Indicator	Lifetime prevalence of drug use
<b>Total (n=4,000)</b>	16.1% (±1.1%)
<b>Men (n=1,731)</b>	22.6% (±2%)
<b>Women (n=2,269)</b>	11.1% (±1.3%)
<b>16 years old (n=1,415)</b>	15.8% (±1.9%)
<b>19 years old (n=1,824)</b>	15.1% (±1.6%)
<b>22 years old (n=761)</b>	19.1% (±2.8%)

The most commonly used substances are: cannabis (11.2%), inhalants (5.4%), ecstasy (2.3%), tranquilizers and sedatives (1.5%), amphetamines (1%), and other substances. This study did not include any NPS.

Data from the Narcological Register<sup>31</sup> for 2017 show an increasing number of people under 18 who use stimulants (0% in 2016 and 1.9% in 2017), volatile organic compounds (32% in 2016 and 48.7% in 2017), and opioids (2.1% in 2016 and 3.2% in 2017). The same data also show a considerable increase in injecting consumption among people under 18: in 2016 it was 5.6%, and in 2017 it was 11.5%.

The number of PWID aged under 18 increased from 18 persons in 2017 to 37 persons in 2018. The proportion of minors among all patients registered with a diagnosis of F11, F13, F15, F16, or F19 also increased in 2018: from 0.07% in 2017 to 0.3% in 2018.<sup>32</sup>

The number of children hospitalized with mental and behavioral disorders caused by the use of psychoactive substances also increased between 2017 and 2018:

HOSPITALIZED CHILDREN UNDER 14 YEARS OLD		HOSPITALIZED CHILDREN BETWEEN 15 AND 17 YEARS	
2017	2018	2017	2018
7	9	11	31

<sup>29</sup> [http://cadap-eu.org/upload/file/AR\\_Kazakhstan\\_2018\\_08-online\\_final.pdf](http://cadap-eu.org/upload/file/AR_Kazakhstan_2018_08-online_final.pdf)

<sup>30</sup> <https://oppl.ru/up/files/vmme/2014/vmme-2-2014.pdf>

<sup>31</sup> [http://cadap-eu.org/upload/file/AR\\_Kazakhstan\\_2018\\_08-online\\_final.pdf](http://cadap-eu.org/upload/file/AR_Kazakhstan_2018_08-online_final.pdf)

<sup>32</sup> <https://mentalcenter.kz/ru/index.php/pages/plany-i-otchetny/otchjot-o-deyatelnosti-tsentra>

Interviewees and focus group participants also unanimously expressed the opinion that one of the most relevant issues regarding NPS use is that more young people are starting to use them. This is related to easy access, affordable prices, and widespread advertising of NPS on the streets and on the Internet.

#### 4.5

#### **HIV among key populations: PWID, SWs, and MSM**

According to the “Country progress report – Kazakhstan for 2019,”<sup>33</sup> there are an estimated 31,378 people living with HIV in Kazakhstan. Around 82% of them (25,753 people) are aware of their HIV status. Among key populations aged 15–49 years, the prevalence of HIV is highest among PWID (7.9%), compared to 1.4% among SWs and 6.5% among MSM. In 2019, most new HIV cases were through heterosexual transmission (57.2%), followed by parenteral (32.6%) and homosexual transmission (5.5%).

The “Country progress report” also noted a more negative trend in the drug situation in Kazakhstan starting in 2014, as new synthetic drugs entered the market. Because of the appearance of NPS, parenteral transmission of new HIV cases increased between 2018 and 2019. It should be added that participants in the interviews and focus groups also noticed that, with the appearance of NPS, the number of HIV cases started to increase. This was due to shared injecting equipment and unprotected sex.

In 2019, 49 new cases of HIV were registered among adolescents (aged 10–19 years), and 999 cases among young women (15–49).



Because of the appearance of NPS, parenteral transmission of new HIV cases increased between 2018 and 2019. It should be added that participants in the interviews and focus groups also noticed that, with the appearance of NPS, the number of HIV cases started to increase. This was due to shared injecting equipment and unprotected sex.



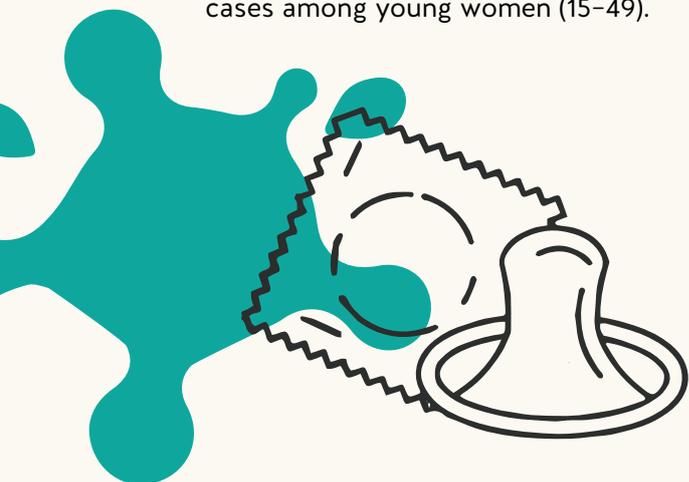
#### 4.6

#### **Harm reduction services for key populations**

In 2019, the provision of combined prevention services for key populations was carried out through 131 stationary trust points and 31 friendly cabinets in all 17 regions of the Republic of Kazakhstan. Also, to ensure mobility of the services, there are 23 mobile trust points that periodically travel to places with the highest number of members of key populations. A total of 453 outreach workers work with key populations. All these facilities provide harm reduction services, distributing condoms and lubricants, conducting educational-informational sessions on HIV infection, sexually transmitted infections (STIs), viral hepatitis, and tuberculosis issues, and accompanying clients to medico-social services.

As mentioned in the “Country progress report,” one of the main ways to implement prevention programs is through outreach work: 58% of PWID, 72% of MSM, and 43% of SWs are reached through outreach workers. According to the report, three services—needles and syringes, condoms, and info-educational activities—covered 52% of PWID in 2019. In total, 11,274,877 syringes and 4,518,315 condoms were distributed, and 37,414 PWID were tested for HIV.

In 2019, there were an estimated 21,450 SWs. Two services—condom distribution and info-educational activities—covered 83% of them. A total of 6,489,679 condoms were distributed,



<sup>33</sup> <http://www.kncdiz.kz/files/00007836.pdf>

and 14,965 sex workers were tested for HIV. One of the hardest-to-reach groups is the MSM community; in Kazakhstan there is a considerable need to extend HIV prevention and treatment services for MSM, because in the last few years the number of new HIV cases among MSM as a proportion of all new HIV cases increased by seven times: from 1.8% in 2011 to 11.8% in 2019. There were an estimated 62,000 MSM in 2019. Two services—condom distribution and info-educational activities—covered only 12% of MSM. In total, 1,527,601 condoms and 729,152 lubricants were distributed, and 4,856 MSM were tested for HIV.

One of the key actors providing prevention programs for key populations are NGOs. They are distributing condoms, syringes, lubricants, and disinfectants at the trust points and friendly cabinets, as well as through outreach workers. They are also responsible for referral to HIV testing, social and psychological support for people living with HIV, implementation of preventive programs in prisons, and a number of other activities.

In 2019, there were 53 NGOs, including international NGOs, working on issues related to HIV in 14 of the 17 regions of Kazakhstan. As part of social contracting, 15 NGOs in 12 regions received state social contracts. A total of 29 NGOs worked with key populations, of which five NGOs in five regions received state social contracts.

#### 4.7

### Overdoses

According to the “2018 National Report on the Drug Situation in the Republic of Kazakhstan,”<sup>34</sup> cases of poisoning by psychoactive substances decreased by 30% between 2013 and 2017. Most overdoses happen due to the use of opioids—more precisely, heroin. However, the risk of death for PWUD is calculated as 3.6 times higher than for the general population. The latest available data on overdoses are from 2018: there were 688 intoxications caused by the use of psychoactive substances, of which 136 were fatal overdoses.

The registration of naloxone in Kazakhstan expired in June 2018; therefore, there are no more supplies of it. A representative of the Karaganda ambulance service said that they do not have it in ambulances any more, as it is no longer registered.



...the risk of death for PWUD is calculated as 3.6 times higher than for the general population.



#### 4.8

### Drug violations

In 2019, 7,346 new criminal offenses related to drugs were registered<sup>35</sup> in the Republic of Kazakhstan:

- 5,023 of them related to Art. 296 of the Criminal Code, “Illegal circulation of narcotic drugs, psychotropic substances, their analogues, or precursors without purpose to distribute it”; and
- 1,370 of them related to Art. 297 of the Criminal Code, “Illegal manufacture, processing, purchase, storage, transportation, transfer, or sale of narcotic drugs, psychotropic substances, or their analogues with purpose to distribute it”.

Section 4.9 provides information about psychoactive substances involved in the crimes and misdemeanors.

During the monitoring of the information, the Ministry of Internal Affairs, together with the Ministry of Information and Public Development, identified and blocked about 450 websites that were selling drugs, restricted access to more than 300 online resources promoting drugs, and removed from public spaces about 100 graffiti’s with electronic links to online stores that are selling drugs.<sup>36</sup>

<sup>34</sup> [http://cadap-eu.org/upload/file/AR\\_Kazakhstan\\_2018\\_08-online\\_final.pdf](http://cadap-eu.org/upload/file/AR_Kazakhstan_2018_08-online_final.pdf)

<sup>35</sup> Annex No. 2 to the report.

<sup>36</sup> <https://kazpravda.kz/news/obshchestvo/askar-mamin-podrob-no-rasskazal-o-borbe-s-narkomaniei-v-kazahstane>

#### 4.9

### The NPS market in Kazakhstan

Kazakhstan has seen an increase in the NPS market since 2014. Compared to other Central Asia countries, Kazakhstan has the highest number of reported NPS, as can be seen in **Figure 1**.<sup>37</sup>

As shown in **Figure 2**, according to data for 2013–2016, most of the reported NPS in Kazakhstan are synthetic cathinones (24), synthetic cannabinoids (15) and phenethylamines (3), tryptamines (1), and other substances (1).

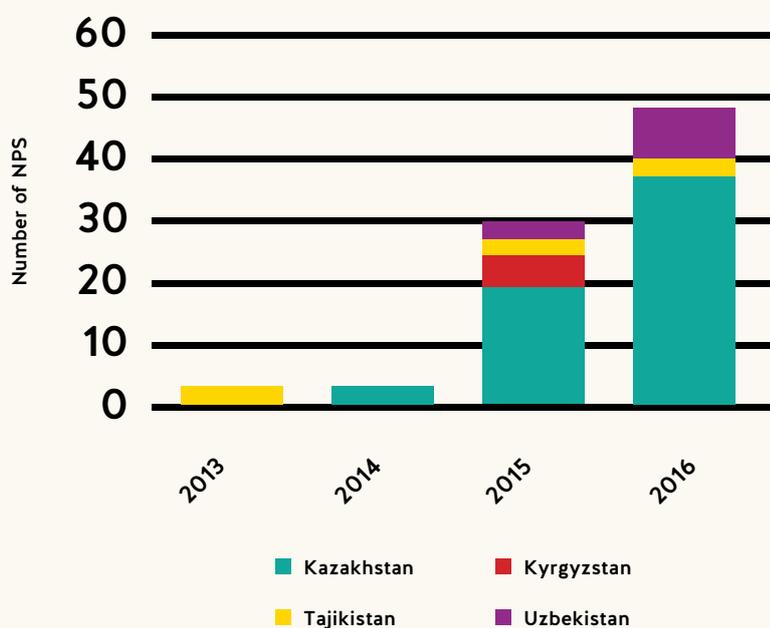
The most commonly seized NPS were synthetic cathinones: alpha-PVP and methylone; and synthetic cannabinoids: UR-144, AM-2201, AB-CHMINACA, EAM-2201, and XLR-11.

**Figure 3** shows the reported seizures of NPS in Kazakhstan in 2014 and 2015.

In 2019, a total of 24,469 kg of narcotic drugs, psychotropic or toxic substances, and their precursors were seized in the Republic of Kazakhstan (Annex No. 1 to the report). The largest seizures included: 708 kg of hashish, “*anasha*,” 1,151 kg of heroin; 9,690 kg of cannabis; 36 kg of poppy straws; 12,777 kg of cannabis plants; and 76 kg of cannabis resin. Seizures of NPS included: 0.5 kg of alpha-PVP; 3.7 kg of 2-(pyrrolidin-1-yl)-1-phenylpentan-1-one(α-pyrrolidinovalerophenone, α-PVP); and 2.7 kg of synthetic cannabinoids.

**FIGURE 1**

**Number of NPS in selected Central Asian countries, 2013–2016**

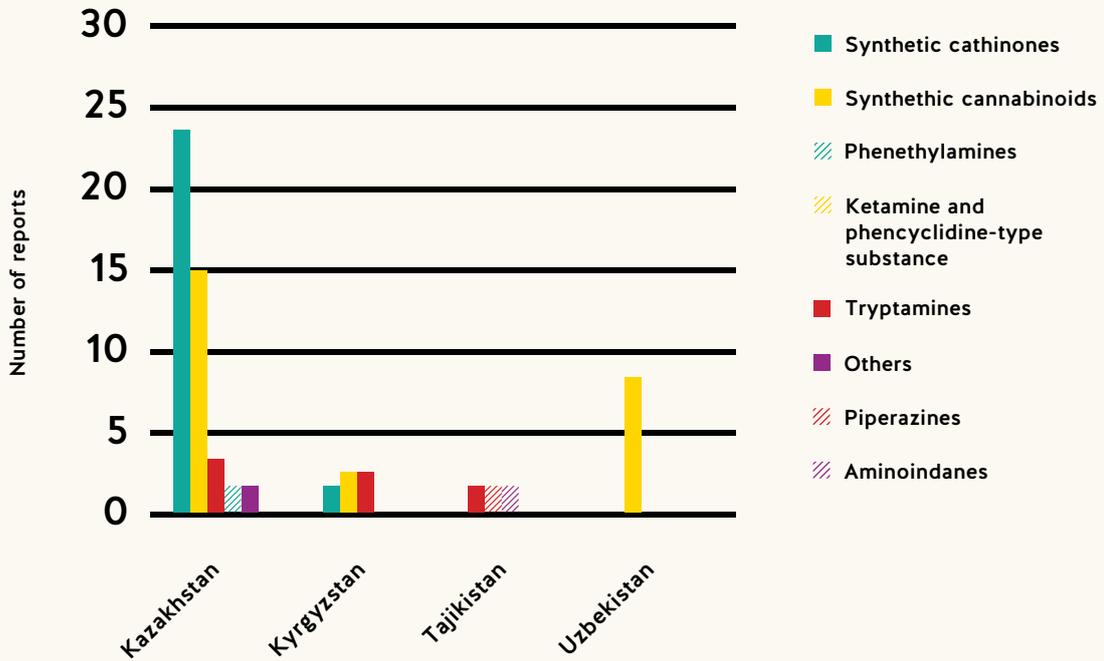


Source: UNODC, Early Warning Advisory (EWA)

<sup>37</sup> [https://www.unodc.org/documents/scientific/Central\\_Asia\\_November\\_2017\\_FINAL.pdf](https://www.unodc.org/documents/scientific/Central_Asia_November_2017_FINAL.pdf)

**FIGURE 2**

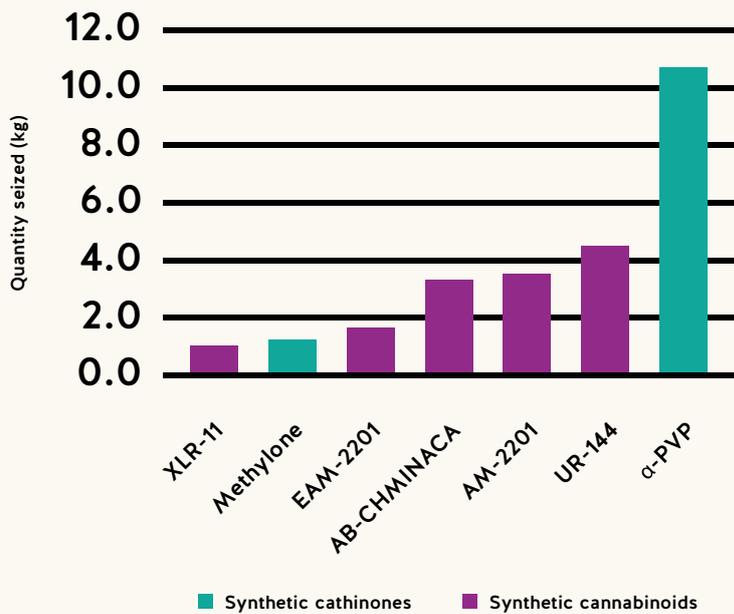
**Types of NPS reported in selected Central Asian countries**



Source: UNODC, Early Warning Advisory on NPS (EWA)

**FIGURE 3**

**Reported seizures of NPS in Kazakhstan, 2014 and 2015**



Source: UNODC, responses to the NPS questionnaire, 2014 and 2015. Note: Alpha-PVP, AM-2201, methylone and XLR-11 are under international control in Schedule II of the Convention on Psychotropic Substances of 1971.

#### 4.10

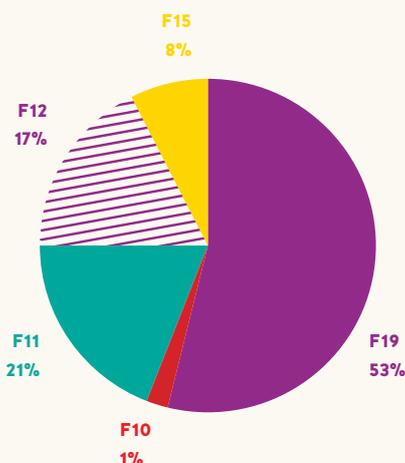
### Pilot assessment of NPS use among patients receiving inpatient treatment in the Republic of Kazakhstan

The results presented below are taken from the study “Clinical and epidemiological assessment of mental and behavioral disorders caused by the use of new psychoactive substances in the Republic of Kazakhstan,”<sup>38</sup> conducted by M.V. Prilutskaya in 2015–2017. This study is the only comprehensive study in Kazakhstan which focused on NPS use and the risks associated with it among patients receiving inpatient treatment.

The lifetime use of NPS among those who received inpatient treatment was 1.02% in 2016 and 1.81% in 2017. Half (53%) of patients with experience of use of NPS had mono-dependence (usually of opiates or cannabinoids); 21% of NPS patients were diagnosed with mental and behavioral disorder due to the use of opioids; 17% due to the use of cannabinoids; 8% due to the use of stimulants; and 1% due to the use of alcohol. The clinical diagnoses of the patients with experience of NPS use are shown in **Figure 4**.

**FIGURE 4**

#### Clinical diagnoses of patients with experience of NPS use



Prevalence of NPS use disorder among all people with substance use disorder was 3.91% in 2016 and 8.23% in 2017. According to the study, Almaty and the North Kazakhstan region had the highest number of people with experience of the use of NPS or NPS use disorder. In Almaty, one in every three hospitalized patients demonstrated symptoms of NPS use disorder. In the North Kazakhstan region, there were 75 hospitalized patients with NPS use disorder for every 100.

The research also revealed that only 1% of those in need are applying for narcological help in regard to NPS use. In most cases, this reluctance is related to a fear of being included in the Narcological Register.

The research also analyzed commonly used NPS, routes of administration, combinations with other drugs, frequency of use, risks, and consequences related to the use of NPS.

Of the 576 patients who took part in the study, 400 patients (70.5% of the total) used synthetic cannabinoids; 289 patients (51%) used synthetic cathinones; 128 patients (22.6%) combined use of both synthetic cannabinoids and cathinones; and only 11 patients (1.9%) used other types of NPS (mainly hallucinogens). A total of 235 patients (58.8%) out of the 400 who used synthetic cannabinoids developed synthetic cannabinoids use disorder, and 203 patients (70.2%) out of the 289 who used synthetic cathinones developed synthetic cathinones use disorder.

Most of the synthetic cannabinoids are smoked either with a cigarette or through a handmade device made from a plastic bottle and called “*bambas*” or “*bullbulator*.” This is something like a bong, but handmade. Synthetic cathinones are usually injected, inhaled, or, more rarely, smoked. **Figure 5** shows the routes of administration of NPS.

<sup>38</sup> <https://bit.ly/3adih6P>

As mentioned above, most NPS users combine NPS with other traditional psychoactive substances. **Figure 6** shows how synthetic cannabinoids and cathinones are usually combined.

Another important aspect of the study was an analysis of the prevalence of NPS use during the last month. The majority (84.9%) of all patients registered as NPS users had used NPS in the previous 30 days. Three quarters (76.7%) of patients who were registered as “spice” users had used synthetic cannabinoids, while 84.2% of all patients registered as synthetic cathinone users had used synthetic cathinones in the previous 30 days.

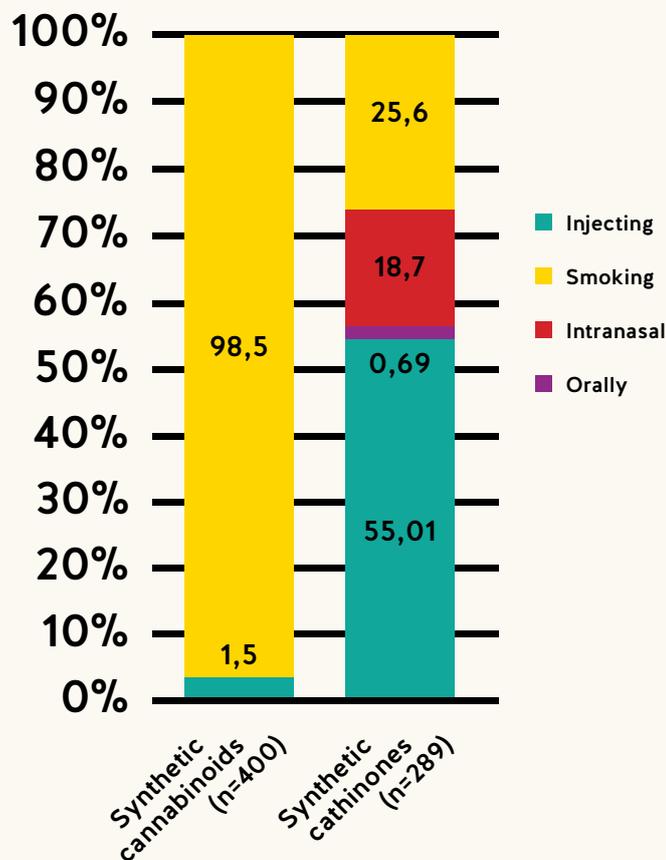
The study also revealed that a higher proportion of synthetic cannabinoid users have a long

history of regular drug use (more than a year) than synthetic cathinone users. However, there is a higher proportion of synthetic cathinone users who have been using it for more than 3 months (see **Figure 7**).

The research also focused on the risks related to the use of NPS. Psychotic complications—one of the main risks—were registered among 38.2% of registered NPS patients. In 4.1% of NPS patients there was a lack of anamnestic information to identify if they had psychotic complications. As shown in **Figure 8**, prevalence of psychotic complications was higher among those who used both synthetic cannabinoids and cathinones (48.1%) than among those who used only synthetic cannabinoids (39.9%) or synthetic cathinones (27.2%).

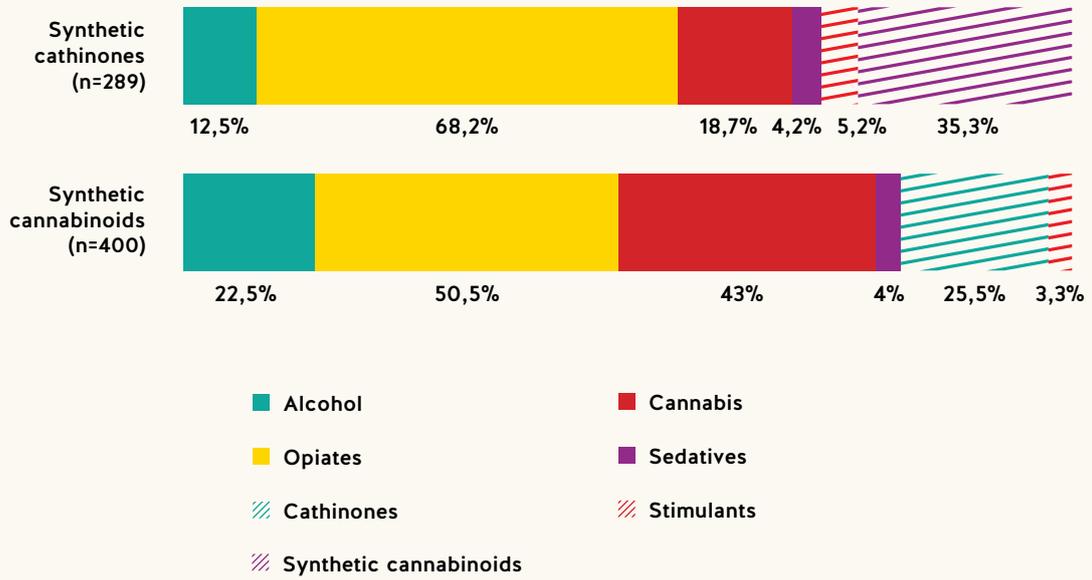
**FIGURE 5**

**Routes of administration of NPS**



**FIGURE 6**

**Combination of NPS with traditional psychoactive substances**



**FIGURE 7**

**Duration of regular use of NPS**

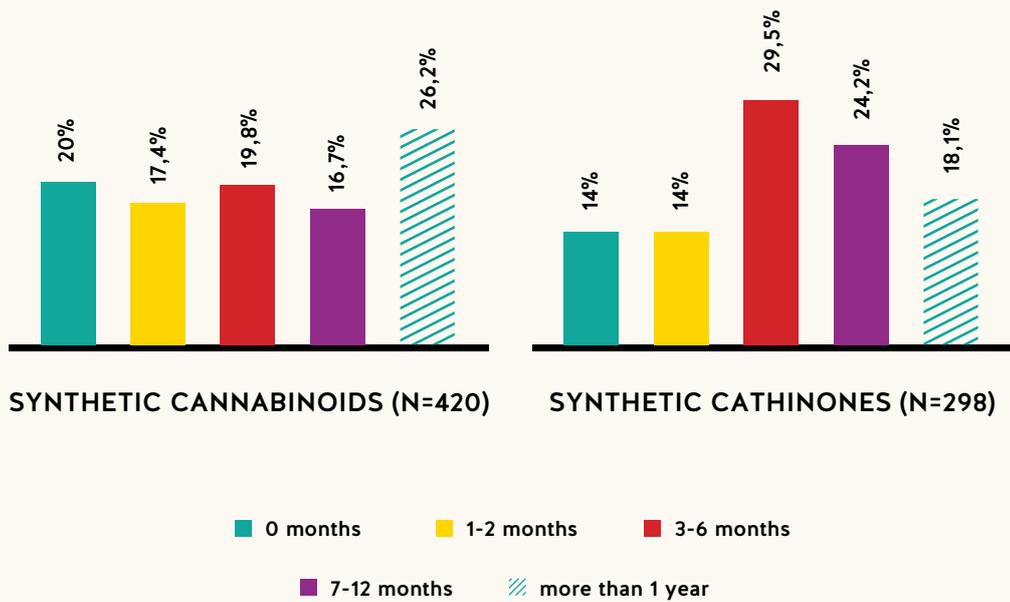
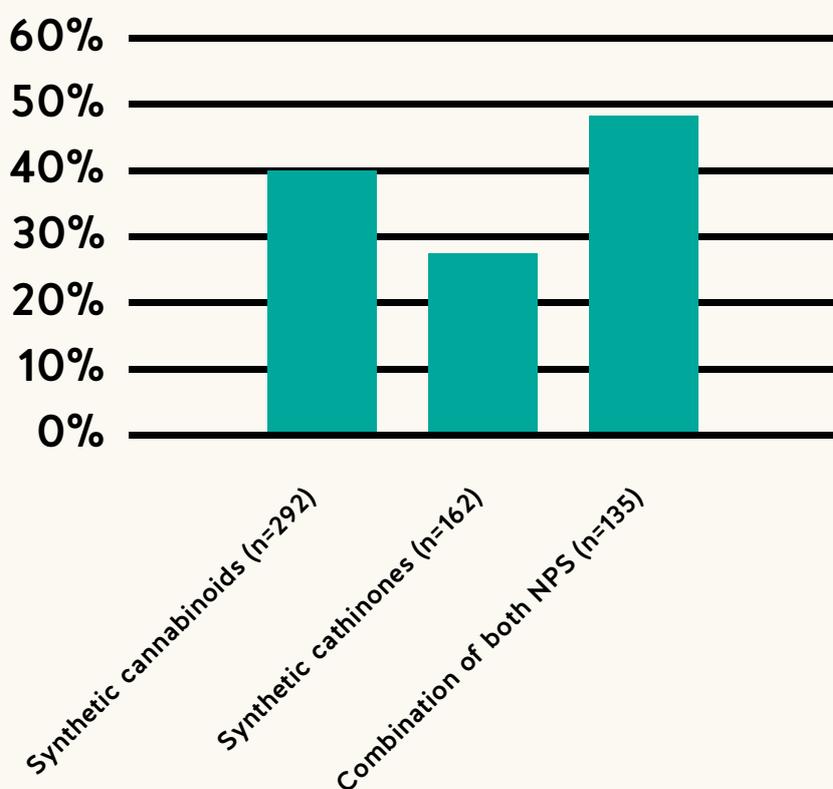


FIGURE 8

Psychotic complications provoked by the use of NPS



The study revealed that the use of synthetic cannabinoids increases the risk of psychosis by 1.51 times, while a combination of multiple NPS increases the risk of psychosis by 1.74% times. Each additional day of use of NPS during a month increases the chances of psychosis by 4-5%. Younger people had a greater risk of experiencing psychotic complications than older people.

The study also showed that more NPS (47.7%) are purchased through the Internet than through any other means. Usually the buyers are young people who use the electronic wallet system

and “zakladki” (hidden packages). Slightly fewer NPS users (45.5%) buy drugs through their acquaintances, and 7.0% (mostly PWID) buy them through dealers.



The study revealed that the use of synthetic cannabinoids increases the risk of psychosis by 1.51 times, while a combination of multiple NPS increases the risk of psychosis by 1.74% times.



#### 4.11

### **Community-based study “If Harm Reduction Programs Working in Kazakhstan Correspond to the Needs of People Who Use Synthetic Psychoactive Substances”<sup>39</sup>**

The aim of this project was to understand if NPS users can access harm reduction services, and if existing programs correspond to their needs. A total of 91 respondents took part in the study: 34 women and 57 men. The average age of respondents was 38–39 years old.

The most commonly used psychoactive substances were found to be: opiates (67% of respondents), alcohol (50.5%), cannabis (47.3%), tropicamides (40.7%), synthetic stimulants (salts, speed, mephedrone) (29.7%), barbiturates (6.6%), and amphetamines (1.1%).

The study revealed that 40% of people who use opioids combined them with stimulants, which shows the necessity of OST programs for poly-drug users.

The study analyzed the risk behavior of respondents and concluded the following:

- 65.9% of respondents practiced safe sex after using psychoactive substances, while 35.6% of them did not use condoms;
- 83.5% of PWUD used drugs by injecting them, 59.3% by smoking, and only 4.4% by snorting. Stimulants are used 12–15 times per day; and
- 37% of respondents preferred to use psychoactive substances alone, which increases the risk of not receiving help in case of overdose or intoxication.

The study also collected information on the need for different types of drug use equipment to ensure safer use: 92% of respondents said that syringes are needed; 81.8% alcohol wipes; 69.3% cooking equipment (cooker); 52.3% sterile water for injections; 18.2% tin foil; 15.9% straws for snorting; 5.6% insulin needles; and 1.1% pipes for smoking.

#### 4.12

### **Media**

The subject of psychoactive substances is quite popular in Kazakhstan and well covered by the media. NPS started receiving a lot of attention from journalists in 2013, and now most of the articles on drugs are either about trafficking of all psychoactive substances or the use/trafficking of NPS. Most articles can be divided into the following categories: 1) demonization of NPS through personal stories about the health risks; 2) combating illicit drug trafficking; and 3) local responses to advertisements for drugs in public places.

The first articles, which appeared in 2013–2014, mainly focused on warnings that such drugs were entering the drug market. In 2016–2018, most articles were about the dangers, risks and consequences related to the use of NPS. And articles from 2019–2020 are mostly about law enforcement responses to NPS.

The language used by the media is changing slightly. A few years ago the articles tended to use the word “narkoman” (a harsh word to describe PWUD), whereas now most articles commonly use words such as “drug addict” or “addict.” The language is still stigmatizing, but it is improving gradually.

Unfortunately, articles do not contain any educational information on how to minimize risks related to the use of NPS, or what to do in case of an overdose. Most of the articles include personal “success stories” and demonize drug use.



<sup>39</sup> Annex No. 3 to the report.

YEAR	TITLE OF THE ARTICLE
2013	<a href="#">Designer drugs come to Kazakhstan</a>
2014	<a href="#">New types of drugs come to Kazakhstan from China</a>
2014	<a href="#">The number of legal drug users is growing in Kazakhstan</a>
2014	<a href="#">Be careful! Spice and smoking mixtures cause instant addiction</a>
2014	<a href="#">Spice popularity in Kazakhstan is growing dangerously</a>
2017	<a href="#">Distributors of new drug analogues go unpunished in Kazakhstan</a>
2018	<a href="#">You can't even try—how the fight against “synthetics” is conducted in the Akmola region</a>
2018	<a href="#">Dangerous “synthetics”: why spice, speed, and salt are worse than heroin</a>
2018	<a href="#">In Karaganda, volunteers paint over advertisements of drugs on the walls of houses</a>
2019	<a href="#">Kostanay students paint over drug advertising</a>
2019	<a href="#">32 Telegram chats on the sale of drugs revealed in Kazakhstan</a>
2019	<a href="#">Spices, salts, “speed.” How Akmola drug police is fighting synthetics</a>
2019	<a href="#">Synthetic drugs: “madness” and “spook” in the Karaganda region</a>
2019	<a href="#">How easy it is to buy synthetic drugs in Kazakhstan and how the police are fighting it</a>
2019	<a href="#">What are synthetic drugs, how do they fit into culture, and how do you understand that a loved one needs help?</a>
2019	<a href="#">In Nur-Sultan a laboratory for the production of “synthetics” is liquidated</a>
2019	<a href="#">East Kazakhstan police revealed the sale of new types of synthetic drugs</a>
2019	<a href="#">Synthetic drugs flooded the streets of Kazakhstan cities</a>
2019	<a href="#">Seven months on “speed.” Revelations of a drug addict</a>
2020	<a href="#">There are more addicts. What is stopping us defeat “synthetics” in Kazakhstan</a>
2020	<a href="#">Someone's trouble, someone's profit. How to stop the spread of synthetic drugs?</a>
2020	<a href="#">Committee of National Security announces growing production and marketing of synthetic drugs in Almaty</a>
2020	<a href="#">Synthetic drug online store revealed in Petropavlovsk</a>
2020	<a href="#">Drug courier with a batch of “synthetics” arrested in Almaty</a>
2020	<a href="#">Turgumbaev: Drug-addicted youth in Kazakhstan switched to “synthetics”</a>
2020	<a href="#">The first arrests for graffiti with drug advertising conducted by police in Kazakhstan</a>



## 5. Structured interviews with specialists working in medical institutions and organizations providing harm reduction services for PWUD and focus groups with PWUD (including NPS users)

### 5.1

#### The sample

Stage 2 of the research involved gathering data and additional information to fill in gaps identified in the desk study (Stage 1) through 15 structured interviews with health-sector representatives, including a psychologist, a doctor-narcologist, representatives from the Center for Mental Health in Almaty, the AIDS center in Temirtau, the regional AIDS center in Karaganda, the addiction treatment center “Free people” in Almaty, Narcology in Karaganda, the ambulance service in Karaganda, the Probation Service in Temirtau, and harm reduction service providers, and activists from organizations and initiative groups: Kazakhstan Harm Reduction Network, Kazakhstan Union of People living with HIV, Umit, Trust, Revenge, and Amelya. Furthermore, interviews and focus groups with 40 respondents were organized with outreach workers and PWUD community representatives, including people who use NPS. The approach used in Stage 2 was designed to guarantee a high level of participation of all important parties; therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. Representatives from law enforcement institutions did not agree to take part in the research. To ensure voluntary participation, before interviews were conducted, respondents signed informed consent forms. Stage 2 was conducted from February 3 to February 10, 2020. All interviews and focus groups were conducted in Russian. Key topics explored in the interviews and focus groups included the following:

- NPS names
- Relevance of NPS use in Kazakhstan
- Motives for NPS use
- People who use NPS
- Routes of administration of NPS
- Combination of NPS with other psychoactive substances
- Ways to purchase NPS
- NPS prices
- Dosage and effects of NPS
- Risks and consequences related to NPS use
- Overdoses and responses to them
- Harm reduction services for and needs of NPS users
- Local responses to lower the demand for NPS
- Treatment for NPS users.

### 5.2

#### NPS names

During the interviews and focus groups, two different understandings of NPS emerged. When asked what NPS they knew, all health-sector representatives mentioned synthetic cannabinoids and synthetic cathinones. Some of them said “stimulants”—meaning synthetic cathinones.

On the other hand, focus groups participants from the community of PWUD (including NPS users) mentioned slang names for NPS, commonly used in the Telegram channels or other Internet platforms where they buy psychoactive substances:

**For synthetic cathinones:** salts, bath salts, SK, skorost (speed), red dragon, ruby, muka

(flour), watermelon, crystals, alpha-PVP, and mephedrone, meow, 4-MMC, or meph.

As one respondent explained: *“The name ‘crystals’ is because at some point they were brought in packages of bath salts and fertilizers for indoor plants”* (F1-01). They are also sold in the form/shape of crystals or powder.

Moreover, lots of crystal substances are named after their color: raspberry, blue, green crystal.

**For synthetic cannabinoids, the following substances were mentioned:** JWH or Dzhivik, spices, chamomile, St. John’s wort, aqua, and Shiza (a word for schizophrenia, for getting crazy). One of the respondents said that synthetic cannabinoids are a thing of the past: *“After speed came onto the drug scene, JWH disappeared. It still exists on the dark web, but it’s not as popular as speed”* (F1-03).

A few respondents also listed MDMA, LSD and mushrooms as NPS, because they never existed on the drug market before but can now be bought through the Dark Net. These substances do not meet the definition of NPS according to the laws and policies in Kazakhstan; therefore, this study will not include them as NPS. Interview participants also noted that each time they buy NPS they do not know exactly what they are taking. The substance might be the same as they bought before, but its name might have changed. Or the opposite might apply: the name is the same as they bought before, but the composition might have changed, and the effect might be different. As a result, consumers never really know what they are taking.

### 5.3

#### **Relevance of NPS use in Kazakhstan**

Existing epidemiological data and other studies do not show a significant increase in the use of NPS in the country. However, there are almost no data on NPS use, and existing data are very fragmented and not systematic. During the interviews and focus groups, we wanted to discover whether NPS are an important issue in Kazakhstan; if they are, then why are

they important, and what demonstrates their importance?

None of the study participants said that it is not an important issue. All respondents in the interviews and focus groups agreed that the use of NPS is a significant issue in Kazakhstan and mentioned the following points, which to their mind shows the relevance of the topic:

- Young people who never used any drugs before are starting to use NPS; thus, the group of users is getting younger:

*“It’s very hard to identify age groups. From 12 to 50 and above if we are speaking in general. Each age group has their own methods and ways to use NPS: 15-year-olds are using in clubs, while 30 years and older are using in their flats”* (F1-01).

*“Young people from 14 years are starting to use NPS, which are so dangerous for their life”* (I-01).

*“I have neighbors of a young age, and they are starting to ask about drug use, even though earlier they never used drugs. Also young mothers are starting to get interested with NPS, try it, use it...”* (F2-04).

*“A problem exists, because young people experiment with it, starting to use, and then fast dependence develops after first uses”* (I-13).

*“NPS use is a very relevant issue, because lots of young people start to use synthetic drugs. [...] If earlier we had an increase in heroin addiction, so now we have a wave of synthetics”* (I-14).

- Some of the respondents expressed their concern that young people are starting to use NPS because of the simple route of administration:

*“Mainly it’s prevailing among youth, who earlier had a fear of needles and injections, but these substances they can snort or smoke”* (I-08).

*“Young people are not interested in injecting drugs, but synthetics are universal, so they can snort, smoke it”* (I-12).

- Most NPS users are at much higher risk of infection with HIV or other STIs, such as syphilis, chlamydia, etc., and there are lots of

**Interview participants also noted that each time they buy NPS they do not know exactly what they are taking. The substance might be the same as they bought before, but its name might have changed. Or the opposite might apply: the name is the same as they bought before, but the composition might have changed, and the effect might be different. As a result, consumers never really know what they are taking.**

cases in the community of people becoming infected with STIs by practising unsafe sex while being on NPS:

*“However, many [NPS users] have an increased libido, which leads to risks of HIV infection. The statistics on syphilis infection increased” (F1-03).*

*“We cannot forbid their use, but also we cannot impart a culture of consumption, because they do not realize the risks, have group sex, and ignore the use of condoms” (F1-01).*

*“The topic of chemsex is very relevant because one grows from the other. And the overwhelming majority of those who became infected [with HIV] are young people. Speaking roughly of all who contracted it last year, about 70% are people aged 25–45 years old, many of them. We keep statistics on sexual partners and shared use of psychoactive substances. And those who use drugs infect others through sexual and injection routes, and this is very common, even though we warn of criminal liability” (I-16).*

Some of the respondents said that existing treatment programs are not effective: after treatment, people relapse. Answers from professionals also show a lack of knowledge and understanding of how serious the problem is:

*“One guy’s mom was crying and asking for help, because the services provided by the narcology department were not effective, and her son was released from treatment and went back to his old circle of friends: he took out the window and sold it for drugs” (F1-02).*

*“Doctors-narcologists don’t know what to do and how to treat this group of people” (I-01).*

*“The country lacks treatment and programs aimed at people who use new psychoactive substances” (I-02).*

*“...there is no support for NPS users. There is psychological dependence [on NPS], but here nobody treats it” (F4-01).*

*“The number of people appealing to Narcology is decreasing, because this type of drugs [NPS] does not cause physical*

*withdrawal... from synthetics withdrawal is not so severe—just insomnia and depression, disturbing sleep, mental disorders. With this condition they mainly receive treatment on an outpatient basis—that is, they turn to us, we write out a prescription, and they buy medicine from the pharmacy” (I-14).*

NPS are very well advertised in public places and easily accessible on the Internet. In most of the cities in Kazakhstan, buildings are painted with stencils that have links to the Telegram channels where NPS are sold: *“It is already 3–4 years since the drug scene in Kazakhstan changed and NPS became more accessible. It is easy to order them, pay through the electronic wallet, and not leave home to receive the drugs” (I-08).*

*“I’m working with young people, and they say that if at least once you went through the link where NPS are advertised, then constantly you receive lots of advertisements on your phone to buy drugs, as well as to work as a “zakladchik” (courier)” (I-08).*

*“...lots of advertisements you can see on the houses, buildings, through social networks” (I-15).*



**NPS are very well advertised in public places and easily accessible on the Internet. In most of the cities in Kazakhstan, buildings are painted with stencils that have links to the Telegram channels where NPS are sold.**



People who use NPS on a daily basis face lots of mental health issues, including paranoia and aggression, which put themselves and their relatives in danger:

*“I know a person who cut his own throat; another one killed his grandmother. Both were in a state of psychosis” (I-03).*

*“Earlier it was clear what to expect from us, because we were not attacking people, we were not aggressive [when using opioids]; but with NPS, we don’t know the consequences of using them—it’s scary, each person is*

*affected differently, the moral compass is erased. A person deteriorates very quickly” (F1-02).*

*“Consequences also develop very quickly, mental disorders, a person is dangerous for himself, impaired perception, pseudo-suicides” (I-13).*

- Furthermore, to strengthen or lessen the effect of NPS, people are experimenting with different substances and use them in combination, which is very risky and can have serious consequences for their health: *“Substances are mixed: salts with acetylated opium; Tropicamide is added everywhere to strengthen the effect. We have pharmacies where Tramadol and Tropicamide can be bought without a doctor’s prescription” (I-05).*

As can be seen, there are a number of issues which are alarming and which need a rapid and effective response. All the above-mentioned concerns will be discussed further in the next sections of this report.

#### **5.4**

##### **Reasons for NPS use**

There are various reasons why people start to use NPS and why they continue to use them after trying them:

- Heroin and other traditional drugs are disappearing from the drug market, so people are replacing them with NPS: *“If there were heroin here, I would not even touch speed and would not use these substances [NPS]; I don’t understand these substances. But there is always an urge to do something, to top up [with a substance]; I will drink methadone, and there is always a need for something else, and the most accessible is speed. I’m using it and feel so bad; it’s a horrible condition, and afterwards I regret using it, but I still continue to do so” (F2-02).*  
*“Khanka disappeared, and salts appeared. Everybody started to use it, and it greatly affects the psyche. I am personally an opponent of synthetics. I would eradicate synthetics, but I use them myself” (F3-06).*

- For teenagers it is mostly about curiosity—an interest in trying something new; for people with lived experience it is a *“lifestyle, thinking, behavior. People want a new condition [feeling, state of mind]” (I-04)* or *“new feelings, experiences which differ from poppy or heroin” (I-11).*

- One of the reasons is using old myths as a pretext to try drugs: *“In the 1990s, only those who were injecting drugs were counted as drug users, and those who were smoking were not counting themselves as drug users” (F1-02).* Now, young people use this cliché as a pretext to use drugs. They are *“just smoking,”* and smoking drugs *“won’t make you a drug user.”*

- NPS are easy to access and purchase, without live contact—through an electronic wallet (for payment) and *“zakladki,”* the hidden packages system.

- One OST patient mentioned that they use NPS because medical tests do not identify most NPS in the urine.

- Young people want to be like their peers: *“Mainly it’s not the “golden youth,” but those young people who want to be similar to them, and in the end it results in crime and other negative issues” (I-03).*

- Advertisements for NPS are everywhere. They are well advertised through stencils on buildings, Internet terminals, etc.

- Among the MSM community, stimulant types of NPS are used to relax during sex (chemsex).

- NPS prices are relatively cheap, compared to traditional drugs.

## 5.5

### People who use NPS

The aim of this question was to understand who is using NPS. Is it mostly people with lived/living experiences (people with problematic drug use), or is it a new group of people who started to use drugs occasionally (i.e. people with non-problematic drug use)?

Participants in the focus groups and interviews agreed that both of these groups use NPS; however, the two groups usually differ by their age and route of administration of NPS, and they do not interact with each other:

*“These are two different groups. There are people who earlier were using only Tramadol and have now started to use speed. A lot of people quit using injecting drugs and now are using speed. Lots of activists from the community of PWUD who are also clients of harm reduction programs started to use synthetics, including injecting drug use. And there are also new people who are starting drug use from the smoking mixtures” (I-01).*

*“It depends on the age category: from 12 to 30 they are sniffing and smoking, but mostly smoking. Those who are 30, as well as former opiate users, they started to use synthetics because there is no opium. They are mostly injecting, and I call them IV [intravenous] users. But more young people also are starting to use intravenously” (I-02).*

“

**As can be seen, both experienced and new users are consuming NPS. Young people who never used any drugs before are starting to use them when they become part of the “zakladki” system, when they become “zakladchiki” (couriers). Some of the online drug shops are paying these people with drugs, not money.**

”

*“Mostly it’s a new user of the psychoactive substances: a younger group who were not using heroin or poppies. They like to mix drugs” (I-03).*

*“At our OST site there are people who are on the methadone program, so they take methadone, then Dimedrol, and afterwards are topping up with salt.” (I-04).*

*“I think there are two different groups: experienced opiate users—and most of them don’t like NPS, but some of them start to use it. And then we have a new group of people— young people who are part of system where drugs are sold, so they can buy them and get them easily” (I-06).*

*“More students started to use. There is not so many of us old people left. Now I have lots of acquaintances who are up to 30 years old” (F2-06)*

As can be seen, both experienced and new users are consuming NPS. Young people who never used any drugs before are starting to use them when they become part of the “zakladki” system, when they become “zakladchiki” (couriers). Some of the online drug shops are paying these people with drugs, not money.

## 5.6

### Routes of administration of NPS

The most common way to use NPS is either by smoking or injecting. As was mentioned above, the route of administration of NPS also depends on the age of users and their experience with psychoactive substances.

Smoking and snorting are common among younger people and those who do not have much experience with psychoactive substances.

These routes of administration are simpler and do not need any additional preparation (such as cooking). Also, most of them do not need any special equipment to use the substances. However, some of the respondents said that young people are starting by snorting or smoking drugs, and then after 3–4 months they start to use them intravenously because of increased tolerance.

Among experienced and older users, the most common routes of administration are smoking and intravenous use.

As no drug equipment for smoking is distributed, most NPS are smoked through tin foil, a bulb, or a pen.



## 5.7

### Combination of NPS with other psychoactive substances and drugs

There was not a single respondent in the focus group who did not mention different combinations of drugs. The combination of different drugs is becoming a serious issue; the desk research also found that there has been an increase in cases of combined drug use.

Drugs are combined for various reasons: from stimulating to suppressing the effect of the drug. Respondents mentioned the following combinations:

- Cannabis and JWH
- Methadone and Dimedrol, topped up with salts
- Speed and Tropicamide
- Speed and Dimedrol, with Tropicamides and Pিপলphen added on top
- Poppies and speed
- SK (speed) and heroin
- Speed and opioids, topped up with Tropicamides, beer, Dimedrol, and marijuana. The slang term used among PWUD for this type of user is “Trogladit” (troglodyte/caveman).
- Hashish and speed
- Speed and alcohol.

## 5.8

### Ways to purchase NPS

Participants in the focus groups and interviews mentioned a few ways that people purchase drugs. The most common way to buy drugs in Kazakhstan is through the Telegram or WhatsApp channels, using an electronic wallet, KIWI, to make payments. First of all, a person needs to know a link to the Dark Net or have access to the secret messenger on Telegram or WhatsApp, or any other similar platform. To get a link/QR Code is very easy, because advertisements for them are simply everywhere:

*“Hydra and Telegram channels, advertisements on the walls in the streets...” (F1-04).*

*“Advertisements, stencils on the walls. In the terminals we have mef codes, where you*

*are typing code and a website with prices appears. So you need just to choose what you want, to pay, to name a place for a “zakladka” [a hidden package], and take it” (I-01).*

After a person enters the link or scans the QR Code, he/she receives access to the group where all “goods” are listed with names, amounts, and prices. Some of the Telegram channels have names with a number—for example, “Kaif09” (“High09”), “Mafia09”. The number identifies the region; in this case, “09” means Karaganda region. Some channels have up to 6,000 subscribers.

One of the interviewers shared their experience on how such a channel works and the key actors involved in the distribution of the psychoactive substance ordered.

*“Administrators put up price lists. There are separate chats where you report finding a “zakladka” [hidden package]. You write the administrator a personal message; the administrator directs you to the operator; the operator processes the information received and gives you a bank account number. Then you have a certain time (i.e. 5 minutes) to make a payment and send a picture of the payment to the operator. As soon it’s done, the operator sends you an address and location of the “zakladka.” Then you go, take it, and report on it. Also, there is a code word “ne naxod” (not found), which means that the “zakladka” was not found. In that case equal-shop (“ravnyj magazin”) will help find it, if you couldn’t find it. “Prikopper” and “zakladchik” are terms for “miner” and “courier”—a person who hides “zakladka.” “Collector” is a term for a person who is searching for debtors or cheats. In the chat room there is an attraction, such as roulette. You need to invite five people to the group, and when a big group of people is gathered, the operator plays roulette with those who agree to be included in the game. Randomly or not, the roulette program selects two people who can receive a “zakladka” for free. “Antishvyr” is a supervisory body/channel which checks/monitors online shops and their conformity to quality, and gives links to places where complaints can be made*

*if something did not go well. "Toptun" is a person who gets the "zakladka" for you, and he/she receives part of the drug as a reward (not everyone wants to go and get the "zakladka" for various reasons, such as fear of being arrested, paranoia and other issues, so that's why there are "toptuns"). In this case, everything is based on trust, and nobody takes responsibility. And there are also "shkurohody", who blow up other people's "zakladki" [in other words, they steal other people's hidden packages] (I-02).*

This description shows that buying drugs online can sometimes be very tricky and includes a number of different actors playing an important role in the process. In the best-case scenario, there can be four or five actors, including: the person ordering drugs --> administrator --> operator --> prikopper--> person ordering drugs (or toptun). And in the worst-case scenario, up to eight actors might be included: person ordering drugs --> administrator--> operator--> prikopper--> toptun--> shkurohody--> equal shop--> collector.

Some of the respondents shared their opinion and insights on "shkurohody," saying that these people usually know the standard places where packages are hidden and try to find them in any way possible:

*"Those who are long-term users of NPS become manic, and it seems to them that "zakladki" are everywhere: they are digging holes; we had one person who dismantled the wall in the building entrance, raised paving stones while looking for "zakladka" (I-01).*

Usually substances are packed in insulating tape or plastic and hidden in parks or other public places, or attached with magnets where possible.

Furthermore, to make purchasing more attractive and to involve more people, besides the roulette, which was mentioned above, bonuses are also added to purchases of NPS: *"I know a shop where they are selling Alpha-PVP and salts, and as a bonus they add "Dzhivik" [JWH]" (I-04).*

Despite the ease of buying NPS, respondents mentioned that there are lots of fake websites/

channels where people order substances, pay for them, and do not receive anything. There is also a risk related to "fake stores," which are run by law enforcement bodies.

Another way to buy psychoactive substances is face to face, through dealers, or even face to face but without real contact with a person:

*"Now, as we've got a new law on advertising drugs, people are coming back to the old way— buying face to face. It's even possible to buy in liquid form, and they bring it to my home, calling through the intercom. I don't go downstairs, just throw money through the window, and they put the substance in the agreed place next to my home. So I just go down and get it. I'm contacting only my people, whom I trust, and I know they won't set me up" (I-03).*

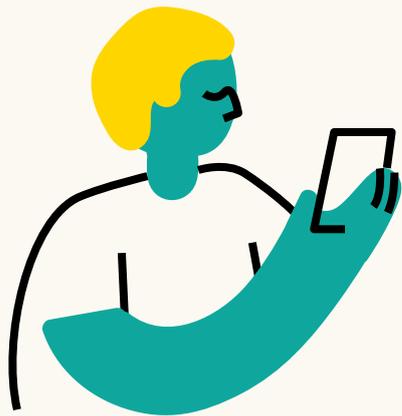
*"Old opiate users are buying direct. After that they are dividing the substance up and selling 0.1 g for 2,000 tenge. So, for example, he uses a bit himself and then makes three doses for selling" (I-04).*

But, as with online shops/platforms, there were also some risks mentioned about buying face to face:

*"It's hard to trust somebody and buy direct from a person you don't know, because lots of people add to the "highs" different substances (blue cleaning powder with bleach is sold as blue speed). There was a case when a girl died from this substance and a guy was pumped out. People say that it's better to smoke and not inject this substance. In the bots they note which substance is for smoking; and if there is no information, it means it can also be injected. Some substances smell like bleach, but some don't have a smell at all" (F2-10).*

And the last way to acquire drugs, but without money, is to provide sex services in exchange for NPS:

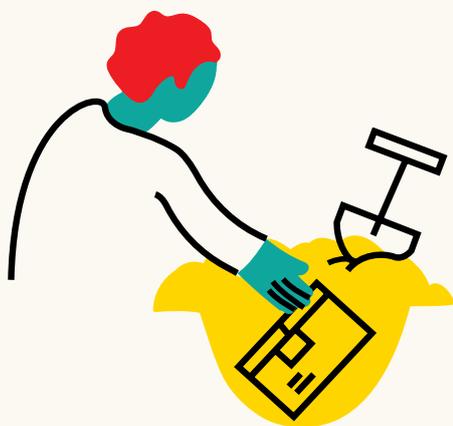
*"In the chats it's also very popular to suggest to women to smoke SK [speed] in return for sex, and lots of people use it. They just write in the chat that he/she wants sex and has a substance, and they PM the person. There are lots of girls who are providing sexual services for the drugs" (I-02).*



**PERSON ORDERING  
THE DRUGS**



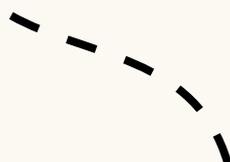
**ADMINISTRATOR**



**PRIKOPPER/  
ZAKLADCHIK**



**OPERATOR**



**PERSON ORDERING  
DRUGS (OR TOPTUN)**

## 5.9

### NPS prices

Prices of NPS differ by channel/shop depending on recommendations that the shop/channel has and how long they have been working in this field. Shops with more experience and positive recommendations usually have higher prices. Lots of bots are also adding bonuses—such as an additional amount of the substance the buyer is purchasing. Some online shops are selling combinations of a few drugs, which works as a motivation for the purchaser to buy more and different substances the next time. Also, if a person buys a larger amount, then it costs less per unit. Some NPS prices are as follows:<sup>40</sup>

- speed mixed with sweet tea;
- salts or speed with medications such as Dimedrol (Diphenhydramine), Somnol, Cyclomed;
- salts with tropicamide (injecting users);
- salts with Lyrica (Pregabalin) (snorting users);
- salts with hashish (smoking users);
- spices with alcohol;
- salts with spices or cannabis; and
- flour and blue crystal with red crystal, topped up with alcohol and Lyrica (Pregabalin) at the end.

**Prices of NPS differ by channel/shop depending on recommendations that the shop/channel has and how long they have been working in this field.**

Some participants in the focus group mentioned other prices:

*“A cap [line] is the length of the filter of a “Parliament” cigarette, for example. And it costs 2,000–3,000 tenge (EUR4.38 – EUR6.57)...” (F2-07).*

*“...are sold in caps [lines] for 1,500–2,000 tenge (EUR3.28–EUR4.38)” (F1-04).*

<sup>40</sup> Prices in euros are given according to the currency exchange rate on June 14, 2020.

Some packets of the substances have notes saying that the drug is only for sniffing, or only for smoking. If there is no such note, it means that it can also be injected.

Another common practice among NPS users is to buy a larger amount of the substance than they will use, divide it into smaller portions, and sell it for a higher price, to earn money and to buy more drugs.

**As seen above, the schemes to attract new clients or keep old ones are similar to those used by supermarkets: different promotions and lotteries. Even the delivery of drugs is almost the same as having food delivered to a person’s home.**

To motivate people to buy more drugs and show their appreciation, administrators of the channels sometimes reward top buyers:

*“Top buyers receive gifts from dealers for free, which are delivered at night as a bonus or motivation. Afterwards, the receivers report to the chat room that everything was cool, fast, and good quality” (I-02).*

As seen above, the schemes to attract new clients or keep old ones are similar to those used by supermarkets: different promotions and lotteries. Even the delivery of drugs is almost the same as having food delivered to a person’s home. The only difference is that you receive a message telling you the location of your drugs.

## 5.10

### Dosage and effect of NPS

The most common answer regarding daily dosage was that a person uses NPS until it is finished and then goes and buys some more. Respondents also mentioned fast-growing tolerance.

*“Dosage per day is five times or more, until you have none left. If it is finished, you are going to find more. You can smoke a cap two times. And in 1 g there is approx. five to seven caps” (F1-02).*

*“If you inject, then each 30–40 minutes you need to do a new injection, or each 20 minutes if you smoke it” (F1-01).*

*“Dosage is different: you can start off the first morning with 0.1 g of speed, and the next morning you will start with 0.5 g of it” (I-04).*

*“Dosage is different; you will smoke and inject as much as you have” (F4-06).*

Respondents who use NPS stated that the effects of NPS use are that you feel a need to use more of the substance and that the euphoria does not last very long:

*“Just recently I bought some Imodium tablets for the stomach; they have opium and bring a certain effect, and they are taken during withdrawal. The effect of mephedrone is not as big as heroin. If you make a mix, it will last longer; in other cases it’s a bit more than 15 minutes, and then I feel a great need to use more. I want more; my tolerance is growing, and even more than with heroin” (I-03).*

*“You can feel high for 2–3 minutes. But as a rule, the more you use, the less the high you experience” (I-05).*

*“I don’t know what my tolerance to it is, but I can assure you that there is no physical high; however, in your head, there is always a wish to use more” (F2-08).*

Health specialists were asked if it is possible to develop NPS use disorder from one use of NPS, and there was no precise answer:

*“No, it depends on dosage, the condition of the body, and the mood. If he is configured to catch a high, then he will receive it; if not configured, then there may be an overdose or a shortage. If a person receives a large dosage the first time, then it is likely that he will develop not a physical but a mental dependence—i.e. a pathological desire.”*

## 5.11

### Risks and consequences related to NPS use

The respondents shared a long list of risks and consequences related to the use of NPS. We selected the most common ones. Most of the risks mentioned are related to mental disorders and cardiovascular diseases.

#### ● Hallucinations and aggression:

*“I had a girl who said that when she came home, she started hallucinating and saw an ugly turtle in her baby. She wanted to kill her; it is good that she was not alone at home at that time and did not do this” (I-08).*

*“We have a case of a man who raped and killed his mother when being affected by speed. And he was normal before, and nobody would say that he could do such a thing. He used heroin before, then served time in prison, was released and began to use speed, and at the time of hallucinations killed his mother. He saw something in her” (F2-09).*

#### ● Schizophrenia

#### ● Paranoia: “Fear of being persecuted” (F2-05)

Some of the respondents shared the view that mental disorders depend on the person’s readiness and preparation for the “trip”: *“It’s very important in what mood the person enters the trip: if there is anxiety and nervousness, in your trip you will experience big anxiety, mania of being persecuted, horrible visualizations, nervousness, schizophrenia” (I-05).*

Another factor that respondents think can affect whether a person will have paranoia or not is what role he/she will play in the trip: *“... people are dividing themselves into hunters and victims, and depending on it their condition is aggressive or paranoid (running away)” (F1-02).*

A few of the respondents mentioned that it is important to catch the right “wave” of inhaling and exhaling NPS, to avoid a bad trip or paranoia related to it: *“All people say*

that you need to catch the right “wave” [while smoking] and to align your breath” (I-08).

● Psychosis, panic attacks:

“One friend was renovating a flat. He used SK, after which he took up the floor in the whole house looking for “zakladka.” This state also applies when people are in withdrawal. My friend was admitted to the hospital, and she spent the first two weeks there looking for “zakladki” during the withdrawal” (I-04).

“People become manic and see “zakladki” everywhere; they dig holes. We had a man who dismantled the wall in the building entrance” (I-01).

● Suicidal behavior, including parasuicide:

“My neighbor jumped from the fourth floor but fortunately stayed alive. Afterwards he explained that he imagined that the police had come to his flat” (F1-01).

● Aggression

● Disorientation

● Insomnia, sleep loss (due to long marathons of using NPS): “I was on a marathon for 11 days and worked, fell asleep while driving to work” (F3-10). “A marathon is for 2 weeks or longer” (F1-01).

● Encephalopathy (infringement of impulses in the nervous system)

● Impaired brain function: “The danger is that if a person tries a drug, for example, at age 15, he will remain at the same level of development for almost his whole life. The central nervous system suffers mainly, then all organs suffer, and this is, respectively, the respiratory system, skin, gastrointestinal tract, genitourinary system, and weight is reduced” (I-14).

● Loss of weight, because of a lack of appetite

● Dehydration

● Eczema on the body

● Abscesses

● Respiratory depression (hypoventilation)

● Heart problems (heart attack)

● Stroke

● Lung damage

● Dystrophy

● Shortness of breath (dyspnea)

● Sputum becomes like glue, and it is easy to choke while coughing

● Thickening blood (blood clots)

● Fungal infections

● Overdoses

● Intoxication

● Tuberculosis

● Hepatitis

● High chance of sexual or parenteral HIV transmission (people are practicing sex or chemsex without condoms or lubricants). Karaganda AIDS center representative: “Due to the fact that very frequent injections prevail among people using NPS, a person may use non-sterile syringes and have a greater chance of contracting an infection. Some of the new people we are registering now have a route of infection when using salts mainly. For example, if we compare 2019, we have a parenteral drug use of 35.7%; the rest goes to sexual transmission, hetero 57%, homo 4%. Figures regarding homosexual contacts are growing with a trend towards a young population of 25–29 years old” (I-17).

NPS use and risky sexual behaviors are also seen among sex workers: “Yes, it is very noticeable, and it becomes very dangerous in terms of the spread of HIV. And now they are ready to provide services without a condom, since the drugs are becoming expensive. They can simply provide services for a dose and simply work out their dose. Again, many people themselves admit clients without condoms because NPS increase libido, which lowers the safety threshold and fear of getting an STI” (I-01).

**“Due to the fact that very frequent injections prevail among people using NPS, a person may use non-sterile syringes and have a greater chance of contracting an infection. Some of the new people we are registering now have a route of infection when using salts mainly. For example, if we compare 2019, we have a parenteral drug use of 35.7%; the rest goes to sexual transmission, hetero 57%, homo 4%. Figures regarding homosexual contacts are growing with a trend towards a young population of 25-29 years old” (I-17).**

### 5.12

#### Overdoses and responses to them

Most of the respondents from the community of PWUD did not know what the symptoms of NPS overdose are and said that there is a lack of information about it in Kazakhstan. Respondents said that the symptoms definitely differ from overdose caused by opioids. Most of the symptoms mentioned are of a mental and behavioral nature or somatovegetative and neurological:

MENTAL & BEHAVIORAL SYMPTOMS	SOMATOVEGETATIVE & NEUROLOGICAL SYMPTOMS
Fear Suicide Infringement of perception (hallucinations) Panic attacks Paranoia Psychosis Aggression Depersonalization	Spinal protrusion Tachycardia Dyspnea Convulsive, involuntary twitches and severe cramps Changes in facial expressions Vomiting Bruxism (teeth grinding) or clenching Fever Loss of consciousness Legs and arms ache

As for responses to overdoses from NPS, respondents said that usually nobody turns to psychiatric help, even though that would be useful, because at least some sort of prescription medicine would help the anxiety. The reason why people do not turn to psychiatric or narcology departments are the psychiatric and narcology registers. Also, in the health care sector there is still a great deal of stigma and a lack of empathy towards PWUD. If the ambulance is called, then it takes the NPS user straight to the psychiatric unit. Unfortunately, there is also no community response to the overdoses/intoxication caused by NPS. This is because nobody knows about NPS overdose symptoms or knows what practices are used in other countries. Thus, each person has their own way to help someone who overdoses or is intoxicated:

*“It is important to find a person who can communicate with the person who is overdosing. It is possible to give some weak*

*alcohol. We do not always have “Lyrica” (Pregabalin) with us” (F1-03).*

*“It is necessary to reassure a person, [give them] Valocordin, light alcohol helps some people, but it is not compatible with all substances, and it causes aggression” (I-02).*

*“To calm them down, speak to the person, give them something to eat, and water to drink. A shower also may help” (I-02).*

*“If person loses consciousness, and you call an ambulance, it’s better not to say that the person used substances, because the ambulance will send data to the police, and if doing a call through the cell phone, then it’s directly connected with the police. So it’s better to say that the person has issues with their heart. It will be safer and faster” (F1-02). “There are recommendations that while using [NPS], there should be silence and less light—most probably because of different reactions—and our guys also ask for silence and loneliness” (I-08).*

*“It is important to include medicine which lowers anxiety, and to take A, B, C, E group vitamins, as well as magnesium and calcium” (I-02).*

*“When it seems to me that I’m having an overdose, my blood pressure drops drastically, I can’t raise my eyes, and I have convulsive, involuntary twitches and cramps, which can pull me off the couch. I have an anticonvulsant drug. Tropicamide also helps me, relaxes muscles; I mix it with Somnolom intravenously in a vial of 10 ml of tropicamide, so I make two cubes and take two tablets of Somnolom, an hour passe,s and I inject again until the Tropicamide ends” (I-03).*

As seen from the respondents’ answers, there are lots of other drugs/medicines involved in reducing the effects of NPS or responding to overdose or intoxication. Other respondents also mentioned Aminazin (Chlorpromazin), Valerian, Corvalol, and Ameprozol. To dilute blood, an injection with water is used.

Emergency unit representatives described how they respond to overdoses caused by NPS: *“If there is a call to help people with symptoms of poisoning, consumption, then we take measures and act depending on what symptoms people have. If a mental disorder is due to the fact that his condition is a danger to himself and others, then he will be hospitalized forcibly in a neuropsychiatric dispensary. Substances can also cause poisoning, so then we will hospitalize him in a poison center. If necessary, then we will include the police. There is also a psychiatric team”* (I-20).

*“Honestly, before when there were opiates, then there were more [overdoses]; now it has become much less, because there are other substances... We have certain problems, and we solve them by the means that we have. It is good that now there are fewer cases of overdose, but those cases when people use synthetics are purely treatment of symptoms, resuscitation, supportive ventilation, and anticonvulsant therapy. Everything is on a case-by-case basis. Of course, sometimes we have limited information and judge by certain circumstances”* (I-20).

### 5.13

#### **Treatment for NPS users**

There are three types of treatment for psychoactive substances in the Republic of Kazakhstan:

- inpatient treatment;
- inpatient replacement treatment; and
- outpatient treatment (including harm reduction programs).

As was mentioned in section 4.3., most of the patients are diagnosed with mental or behavioral disorders caused by the use of opioids, cannabinoids, combined substance use, and stimulants. The prevalence of NPS use disorder among all people with substance use disorder was 3.9% in 2016 and 8.2% in 2017.

During the interviews, doctors-narcologists explained that, in practice, health specialists are using the ICD-10 classification system to make narcological diagnoses. This means that

if a person has a synthetic cannabinoids use disorder, the diagnosis will be F12; synthetic cathinones use disorder will go under F15; and combined use will fall under F19:

*“We are classifying it according the ICD-10 international classification. Speed is amphetamines, stimulants; spices are cannabinoids...”* (I-13).



**This means that if a person has a synthetic cannabinoids use disorder, the diagnosis will be F12; synthetic cathinones use disorder will go under F15; and combined use will fall under F19.**



At the end of 2017, a clinical protocol for the diagnosis and treatment of mental and behavioral disorders caused by the use of NPS was developed. Most of the activists and representatives of the community of PWUD had never heard of such a protocol. Some of the narcologists also failed to mention it in the interviews. However, a few doctors-narcologists know about it and use it in practice:

*“Treatment is according to the protocol: detoxification, psychotropic pills, work with psychologists, referral to the Republican Center in Pavlodar. For us it’s hard, and for the patient, not all can work with a psychologist; it should be learned. The worst is that it is in their heads: they always say that all the time they are thinking about using drugs”* (I-13).

*“In any case, the first stage is detox and psychotherapy. Until the ICD classification is not approved, we cannot introduce anything. And what we are developing now is the standard of treatment... There is a clinical protocol [for NPS]; the only issue is that if there are symptoms of amphetamine dependence, then we treat according to the standard of treatment for amphetamine use; if we determine cannabinoids, then according to the standards of treatment of cannabinoids”* (I-14).

*“The first stage is symptomatic: if there is insomnia, we prescribe drugs that restore sleep. Then, we prescribe tranquilizers to relieve irritants, and in parallel, antidepressants, drugs that relieve depression. In a state of depression, they can attempt suicide and be a danger to themselves and others. Thus, the medical stage, in parallel with psychotherapy, and after the completion of these courses, we send the patient for rehabilitation for one month” (I-14).*

Sometimes dual disorders can be identified—for example, substance use disorder and paranoia or schizophrenia. In those kinds of cases, treatment depends on which of the diagnoses prevails the most:

*“If, for example, an exacerbation of schizophrenia occurs due to addiction, then we send him to a psychiatric clinic and put him in the register there and treat him. If there is an addiction at the time of treatment, we invite narcologists, and they prescribe treatment, and we treat him together. A person with schizophrenia can stay registered all his life. If he does not use our drugs, then he will have exacerbation, hallucinations, agitation, aggression... If a person who consumes NPS has signs of schizophrenia, then he will be registered with a psychiatrist. But, in essence, a person will be put in the register, according to the diagnosis which prevails in terms of symptoms” (I-14).*

*“Here if two diseases emerge, we treat them in parallel. If schizophrenia prevails, we send him to psychiatry, and if schizophrenia is in remission, but he has withdrawal from NPS, then we treat him here [in Narcology]. But if the use of NPS provokes schizophrenia, then he will be in psychiatry, and there will be work with a psychologist...” (I-13).*

Another very sensitive issue is access to OST while using NPS. As different data show, lots of patients have an F19 diagnosis (multiple drug use). Some of the respondents said that they are using both opioids and NPS, but they cannot be included in the OST program because the program is only for opioids users.

*“Only a person who is using opiates [can access OST]; it’s one of the points to accept a person into the program, according to the protocol of treatment. It all depends on the medical history: if he was at our hospital many times on speed, then no. If there is a combination of poppy in the morning and evening, and during the day there is speed, then no, it does not fit the criterion” (I-13).*

*“According to the 95 standard we can take only F11—only those who are on opiates. [If they are] on synthetics, no. But we are considering people if they have polydrug use...” (I-14).*



**Sometimes dual disorders can be identified—for example, substance use disorder and paranoia or schizophrenia. In those kinds of cases, treatment depends on which of the diagnoses prevails the most.**



### **5.14**

#### **Harm reduction services for NPS users and the need for new approaches**

Most of the harm reduction services in the Republic of Kazakhstan focus on opiate users, even though the drug scene is changing: the opioids market is slowly disappearing, and each year fewer people are registered with opioid use disorder, while NPS are entering the drug market. Respondents were asked if there are any services that specifically focus on NPS users, and if so, what the services are.

The following answers were given:

*“There are needle and syringe sites, alcohol wipes, friendly cabinets at the AIDS center, where you can get all for free. But it’s not easy for everyone to get to this remote site; that’s why it’s easier for people to buy” (F1-01).*

*“No such services exist. We have only syringes and alcohol wipes. We do not even have sterile water or spoons for cooking, no pipes or tin foil for smoking” (I-01).*

*“Our harm reduction services are very primitive: only a needle and syringe program, which is paid for by the Global Fund and the government” (I-02).*

*“We don’t have anything for NPS users. Lots of information is on Russian channels. I know one magazine called Therapist, and each day there is new information. (I-05).*

*“Harm reduction programs are focused on opioid users... From 2019 in each polyclinic there will be a mental health room, where a narcologist/psychologist will be, and people with addiction problems can come and get a service without being put in the Narcology Register... Now it is being implemented in a few cities of the Republic, but soon it will be everywhere. Because of low information content, people don’t know about it” (I-06).*  
*“We are distributing syringes and condoms–outreach work” (F3-01).*

*“We have a big grant from the Global Fund, and each NGO in our area has separate categories of people: PWUD, people living with HIV, MSM, SW, etc. We do have as employees peer advisers and a voluntary group. Needles and syringes, informational-educational materials, condoms, lubricants–all this is bought from the budget, and a certain effect is achieved. We have stationary and mobile trust points. We go to places where we can interact with key groups; we send psychologists, lawyers, social workers, and peer advisers” (I-16).*

Another question was to identify the needs of NPS users, and what is missing from existing services, and how they can be improved. Some of the respondents said that there is a need for more and different drug paraphernalia in the harm reduction programs, because the route of administration of NPS is different, and the frequency of use is higher:

*“...I’m giving away 100 syringes per week for a person, and it’s not enough” (F1-03)*

*“There is even no sterile water [in the harm reduction services]. That is why sometimes we are taking water from puddles, and that is why we have abscesses” (I-04).*

Other drug use equipment mentioned among the respondents’ answers were: personal pipes for smoking, filters, sterile water, tin foil, cookers, insulin syringes, pipettes (for smoking), vitamins A, B, C, and E, magnesium, absorbable ointments, and bandages. It is important to mention that clients of harm reduction services who are not actively involved in the PWUD community did not mention anything about drug paraphernalia, except 5 ml syringes. There are two reasons for this: 1) they are not aware that such drug paraphernalia is available in other countries; or 2) they know about it but think that it is unrealistic to expect to receive it in Kazakhstan because of its harsh laws, which are mostly intended to persecute PWUD and not to ensure their health and well-being.

Most of the NPS users have long marathons of using NPS, sometimes up to 2 weeks without sleeping or eating. NPS use develops mental disorders, such as depression, paranoia, and psychosis. When actively using, people do not apply to doctors for prescription medicines. The only service they might possibly use is low-threshold harm reduction services, such as needle and syringe programs. On this subject, most of the respondents expressed the need to have easier access to antidepressants and sleeping pills: *“I think that there should be drugs which relieve depression, but now access to them is strict: you can get them with a prescription from a doctor” (F1-01).*

Most of the respondents agreed that there is considerable need to have safer spaces and competent and compassionate professionals who will be able to support NPS users and build trust with them:

*“Support centers are needed where a paranoid person could come to sleep, to relax, to check their HIV status, to get peer advice, to wash their clothes, to tidy up. All people experiencing withdrawal syndromes*

*differently, and an individual approach is needed for each person” (F1-02).*

*“Nobody will go to a psychologist if they’re not from a community-based organization. It is important that the psychologist is competent and knows the problem from the inside” (I-05).*

*“NGOs need peer psychologists who have been through all the stages of the life of a drug user, and who would always be accessible and could help” (F4-07).*

*“Community-based drop-in centers are needed, with specialists and specialized services” (I-02).*

*“We need safe consumption rooms. For a long time I’m monitoring it in other countries, where people can come and safely consume, consume a new substance, to check it under the supervision of health specialists” (I-01).*

*“It is important to have various trained consultants. Those outreach workers who we have now were trained under the harm reduction programs for opiate users” (I-02).*

*“We don’t have services for women’s sexual and reproductive health. There are friendly cabinets only for the MSM and SW communities” (I-02).*

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**The last issue is the Narcological Register, which deters people from asking for medical help: “Basically, people are afraid of the register and try not to come to us; there is a paid anonymous branch” (I-14).**

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Some of the respondents mentioned needs related to policy changes. Regarding overdose prevention and response, respondents said that they usually do not call an ambulance because a number of institutions are automatically

involved in the call. A very similar situation is found with other helplines: *“All helplines are directly connected to government institutions, and it’s unrealistic to call them” (F1-01).* People are worried to ask for help, because of fear of being persecuted.

Another issue is related to pharmacies, where people usually get injecting equipment: *“There should be night pharmacies, where it would be possible to get syringes. In some pharmacies syringes are not sold at night. They even put up a sign saying they don’t have any syringes or pipettes” (I-03).*

Former or current opiate users also use NPS when it is not possible to get opioids, and it seems that the opioids market is slowly disappearing. However, according to the treatment protocols and standards, a person who is using opioids and NPS cannot receive OST treatment. This is a significant gap in the national policy, because combined drug use (usually opioids mixed with any other drug) is an important issue.

The last issue is the Narcological Register, which deters people from asking for medical help: *“Basically, people are afraid of the register and try not to come to us; there is a paid anonymous branch” (I-14).*

All the respondents think that there is lack of knowledge, information, and training on NPS-related issues and that educational-informational materials can help people develop a better understanding about possible risks and consequences, learn about responses to overdoses, and acquire overall information about NPS. The respondents also agree that this information/training should not only be for PWUD, but also for other key actors, such as law enforcement officers and family members of PWUD. Furthermore, most PWUD do not know about their rights and existing drug laws, which makes them more vulnerable:

*“The right awareness is needed: posters, leaflets” (I-02).*

*“We need memos about overdoses for users and their loved ones, legal information. The police should also be trained to recognize symptoms of overdose, to help a person in time” (I-03).*

*“No, we don’t know about laws and rights. Such information is very much needed. Because when you know, then you are protected” (F4-9).*

*“...information on risk reduction. And we are more hyped on HIV and hepatitis; however, nobody speaks about the culture of consumption, what to do in case of overdose” (I-08).*

*“In my opinion, the elimination of illiteracy is needed in relation to society as a whole, and this can only be done by drawing up a program together, not only by one ministry—for example, to identify experts who could summarize all this beautifully and correctly in Russian and Kazakh... People in society react to substances as they do to scary pictures on packs of cigarettes: they turn away or justify themselves—a kind of narcophobia. And they adopt the law on advertising drugs off the top of their own head, and not based on the needs of society; they interpret it in their own way” (I-18).*

### **5.15**

#### **Local responses to reduce demand for NPS**

Civil society organizations are organizing local activities, in cooperation with law enforcement and local municipalities, to respond to the NPS phenomenon in Kazakhstan. Most of them are awareness-raising activities or activities directed at indirectly lowering demand for NPS (painting over advertisements for channels that sell NPS):

*“We did it last year together with the police in the framework of World AIDS Day. We were painting [walls] together. But now it’s been 2 years since such an activity has counted as an act of vandalism [under Criminal Code Art. 294]. And if we do it, then anyone can call the police and tell them that we are breaking the law [regardless of what we are writing or even if we are painting over advertisements]. So if we want to do such an activity, we need to have a representative from law enforcement with us” (I-08).*

*“Together with the Department of Education we are organizing meetings for parents of schoolchildren; UNODC and youth centers are participating with us in the parents’ meetings and providing basic information. We speak about risks; we are also going to colleges. And the most important: we have youth raids once a month, where we paint over the advertisements for drugs” (I-19).*

*“Criminal liability starts at 14 years old, and most teenagers are not consciously taking part in such activities [working as “zakladchiki”/couriers]. We are going to colleges and telling them not to do such work...” (I-08).*

*“In all cities and regions, an interdepartmental commission is being created, consisting of the civil sector and representatives of state and medical structures that solve various issues, including drug prevention. In the framework of the last meeting, there were suggestions to create leaflets about NPS” (I-09).*

*“Most people didn’t know what we were painting over, that they were advertisements for drugs. We published our raids on Instagram, and people reacted positively. We left our number on Instagram and asked people to send a message or call if they saw advertisements. And we were going out and painting over them. We are also organizing activities and flash mobs with young people for “City without drugs”” (I-09).*

# CONCLUSIONS & RECOMMENDATIONS

NPS first started to appear on the drug market in Kazakhstan a decade ago. There are numerous reasons why Kazakhstan appeared at the center of the NPS drug market:

- It borders China and Russia, which are manufacturing a large proportion of NPS, and they are trafficked to or through Kazakhstan.
  - NPS became easily accessible through the Internet. The number of new websites and channels on Telegram or WhatsApp is growing every day and making NPS more attractive to people. Advertisements for these channels are everywhere in public places.
  - PWUD started to use NPS because the opioids market shrank and left people without any other choices, except to start using NPS.
  - NPS are offered at affordable prices and with tempting promotions/bonuses.
  - NPS cannot be detected during medical check-ups.
  - For young people, NPS use is also related to curiosity and the simple methods of consumption (usually by smoking or inhaling).
- Over the course of 10 years, NPS have become one of the most discussed topics, but at the same time, there is a lack of response to the emerging challenges.
- Kazakhstan does not have any strategy, action plan, or program in effect which would address drug use and drug-trafficking issues. There is no consolidated document which would identify an action plan and the main elements of a response to emerging drug challenges in the country. It is necessary to develop such a strategic document together with civil society organizations to ensure an effective response to long-standing challenges and newly emerging phenomena.
  - The most recent survey on drug use among the general population was conducted almost 20 years ago. Even though NPS have been in the country for the last 10 years, no epidemiological research has been conducted among the general population or among PWUD to evaluate the scale of NPS use among these groups. There are no reliable data on NPS morbidity and mortality rates, nor on the estimated number of people who need treatment for NPS use. There is a significant need for reliable data in Kazakhstan to evaluate the current drug situation in the country, as these data serve as evidence with which to create national policies and strategies.
  - Anecdotal data show that more young people are starting to use drugs, including NPS. The drug market in Kazakhstan is replenished with club drugs coming from Europe. The drug scene in nightlife settings has not been explored; thus, research into drug use among nightclub visitors should be conducted to evaluate upcoming challenges and plan responses to them.
  - Use of the Dark Net & Telegram/WhatsApp channels is increasing because of their aggressive practices—such as advertising online and in public places and creating games such as roulette to entice more people to use drugs, saying that it is a “legal high.” Law enforcement institutions should pay more attention to it and develop a system which would effectively respond to Internet sources which are selling drugs.
  - Coverage of key affected populations with harm reduction services is not good

enough and should be improved to meet international standards. Furthermore, special attention should be paid to hard-to-reach groups—more precisely, the MSM community and people who use NPS. These two groups are not well covered, and there is lack of specific services for these key populations.

- Outreach workers are key to the delivery of preventive programs. They can reach hard-to-reach groups and provide much-needed services and information. Currently outreach workers are trained to provide services for opiate users, sex workers and the MSM community, but the drug scene is changing, and outreach workers who can reach NPS users are needed. NPS users are considered a hard-to-reach group because of the mental health issues they develop from using NPS (paranoia, psychosis, schizophrenia, etc.). Therefore, it is also important to train outreach workers to communicate and build trust with them.
- Most PWUD, including NPS users, do not apply for treatment because of the narcological register. This is a Soviet instrument, in which people with substance use disorder are listed; it means that certain activities, such as driving a car, working in certain jobs, getting into university (for some studies), etc., are prohibited. This register is a violation of human rights and must be removed from national laws.
- There are higher chances of sexual and parenteral HIV transmission among NPS users, because people are practicing chemsex and sex without condoms and lubricants, and sharing injecting equipment. It is important to ensure that enough needles and syringes, condoms, and lubricants are distributed to key populations. It is also necessary to educate and inform people about the risks and consequences of the use of NPS and the culture of drug use itself.
- Most NPS users use drugs in combination with other psychoactive substances, without knowing the possible effects or risks. It is necessary to develop a substance combination table, which would include NPS and combinations with other drugs.
- Neither members of the PWUD community nor harm reduction service providers are aware of the symptoms of overdose. There is no informational material on it in Kazakhstan; thus, there is considerable need for it to save people's lives if they overdose. A community-led response should be developed and applied in cases of overdose from NPS.
- In practice, while making a narcological diagnosis, specialists at health services are using the ICD-10 classification system. This means that if person has a synthetic cannabinoids use disorder, the diagnosis will be F12; synthetic cathinones use disorder will go under F15; and combined use will fall under F19. This classification has a huge gap, because there is no separate classification for use of NPS, and there are no comprehensive data on how many people are registered in the Narcological Register with NPS use disorder.
- Different data show that lots of patients are diagnosed with F19 (multiple drug use). Some of the respondents said that they are using both opioids and NPS; however, they cannot be included in the OST program, because the program is only for opioids users (only for those classed as category F11). Policy changes must be made to ensure that people with opioids use disorder and other substance use disorder (including NPS) can access OST.
- Most of the existing harm reduction services in the Republic of Kazakhstan focus on opiate users, even though the drug scene is changing: the opioids market is slowly disappearing, and each year fewer people are registered with opioid use disorder. The programs are outdated and need to be adapted to the changing drug scene and to the needs of PWUD:
  - More and different drug paraphernalia, such as: personal pipes for smoking, filters, sterile water, tin foil, cookers, insulin syringes, pipettes (for smoking), vitamins A, B, C, and E, magnesium, absorbable ointments, bandages, and 5 ml syringes
  - Easier access to antidepressants, sleeping pills, and other medicines

needed to reduce anxiety, depression, psychosis, etc.

- Safer spaces (such as drop-in centers, support centers, day and night shelters) and competent and compassionate community-based professionals (such as psychologists), who will be able to support NPS users and build trust with them

- More educational-informational materials and training on NPS are needed to develop a better understanding of the possible risks and consequences, to inform people about responses to overdoses, and provide overall information about NPS. Information on people's rights and current drug laws is needed for PWUD. This information/training should not just be for PWUD, but also other key actors, such as law enforcement professionals and family members of PWUD.

- Respondents mentioned that in cases of overdose, people are not keen on calling the ambulance or other helplines, because multiple institutions (such as law enforcement) become involved. Fear of being persecuted stops people from asking for help. This issue requires a change in policy to ensure confidentiality when receiving first aid.

