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Country overview: Kazakhstan

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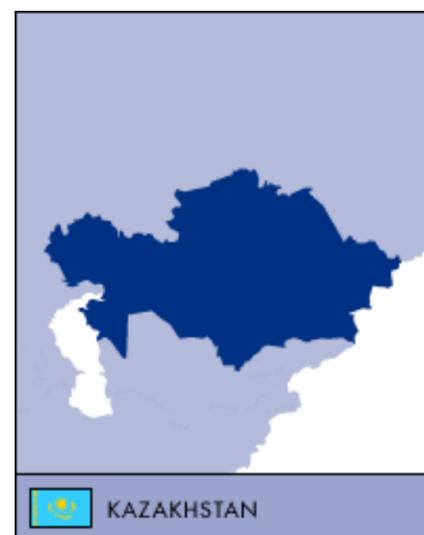
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This summary was prepared within the framework of the Central Asia Drug Action Programme — Phase 5 (CADAP 5) in the Component DAMOS (Drug Epidemiology Database Collection and Development). The content of this summary does not necessarily reflect the official opinion of the European Union, nor the official opinion of the Republic of Kazakhstan, and should be seen as the product of CADAP 5. Further information on drug situation in the Republic of Kazakhstan available on the website of the [Monitoring Centre on Alcohol and Drugs](#).

Key figures

	Year	Kazakhstan	Source
Surface area (km ²)	2011	2 724 900	Agency of the Republic of Kazakhstan on Statistics
Population	2011	16 675 000	Agency of the Republic of Kazakhstan on Statistics
GDP per capita	2011	8 685	Agency of the Republic of Kazakhstan on Statistics
Inequality of income distribution (Gini coefficient)	2011	0.289	Agency of the Republic of Kazakhstan on Statistics
Unemployment rate	2011	5.4 %	Agency of the Republic of Kazakhstan on Statistics
Prison population rate (per 100 000 population)	2011	260.4	Committee of penal system of the Ministry of Interior of the Republic of Kazakhstan
Population below poverty line	2011	5.3 %	Agency of the Republic of Kazakhstan on Statistics

Drug use among the general population and young people

The latest study of the prevalence of drug abuse among the general population on a nationwide scale was conducted in 2001 by the Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse (RSPC MSPDA).

According to the data obtained in that study, the number of people dependent on drugs in the Republic of Kazakhstan was 1.7 % of the total population. Of these, 31.6 % were dependent on opioids (mainly heroin addiction), 81.3 % were dependent on cannabis and 15.5 % were dependent on other drugs. In total, 10 % of respondents had used drugs at least once in their lifetime (RSPC MSPDA, 2004).

In 2006 the United Nations Office on Drugs and Crime (UNODC) in Central Asia, with the assistance of the Regional Representative of UNODC, carried out a national school survey on alcohol and drugs in six regions. The European School Survey Project on Alcohol and Other Drugs (ESPAD) questionnaire, adapted to local conditions, was used, and the age range of the respondents was changed from 15–16 years (which is applied in ESPAD) to 14–15 years, because of the nature of school education in the countries of Central Asia (Lavrentyev, 2007).

The study found that 4.8 % of respondents had used drugs at least once in their lifetime, 2.7 % had used marijuana in the past 12 months and 0.1 % had used heroin by injecting.

In view of the fact that the above study was conducted a number of years ago, currently there are no epidemiological studies that reflect the actual situation associated with drug use among the population.

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Prevention

Key measures for the prevention of drug use are identified in the Resolution of the Government of the Republic of Kazakhstan No. 784, dated 27 May 2009, 'On the programme of drug addiction and drug trafficking in the Republic of Kazakhstan for 2009–11'. In addition, each region approved regional programmes to combat drug abuse and drug trafficking. The performance of these programmes is reviewed annually. Regional programmes, like the national programme, are the basic instruments in the field of drug prevention and drug use among different population groups.

In total, during the implementation of the Action Plan Programme for 2009–11, more than 23 000 measures were organised, aimed at the primary prevention of drug abuse among young people and with a total coverage of over 1 million people.

Events under the slogans 'Sport against drugs' and 'Tourism against drugs' are systematically held in schools. According to the Ministry of Tourism and Sports, particular attention is paid to the development of youth sports as alternatives to drug and alcohol use among young people. About 30 % of population and about 20 % of schoolchildren attend sports facilities each year (Committee on the Protection of Children's Rights of the Ministry of Education and Science of the Republic of Kazakhstan, 2011).

The Republican Centre for Healthy Lifestyles, which has branches in all the regions of Kazakhstan, plays an active role in the prevention of drug addiction and other diseases. It supports 17 youth health centres in the country, which provide comprehensive medical and psychosocial services, taking a friendly, accessible approach towards young people. For those with a drug problem, the services also include consultation, assistance and support (Committee on the Protection of Children's Rights of the Ministry of Education and Science of the Republic of Kazakhstan, 2011).

Educational institutions still remain the major social institutions where most of the preventive measures take place. In 2011, with the support of the United Nations Office on Drugs and Crime (UNODC), an evaluation of preventive programmes in educational institutions took place in the country for the first time (Espenova et al., 2011).

In 2010 a new school subject – 'Self-knowledge and the moral and spiritual development of the individual' – was introduced, initially in pre-school education and then in higher education institutions. This programme is now routine, and is carried out throughout the school year in each school. Some of the programme's interactive sessions are devoted to the prevention of drug use and the development of life skills.

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Problem drug use

In accordance with the international definition, problem drug use (PDU) in the Republic of Kazakhstan is attributed primarily to injecting drug use.

There are no reliable data on the use of cocaine, amphetamines and methamphetamines among the population of Kazakhstan. It should be noted that the high cost of these drugs in the country significantly limits their availability; most of the substances seized were attributed to the cities of Astana and Almaty.

Recently, problems related to the emergence of desomorphine in the country have become apparent. Desomorphine is a home-made product that is manufactured from available codeine medications. Additionally, in 2011 there were reports in some regions of Kazakhstan indicating the abuse of tropicamide by drug users.

Within the territory of the Republic of Kazakhstan the number of injecting drug users (IDUs) is estimated on the basis of the methodological recommendations of the National Centre for the Prevention and Control of AIDS for 2004, 'Rapid estimation of the number of vulnerable groups (injecting drug users, sex workers, and men who have sex with men)'. The methodology has remained unchanged since 2004 (Republican AIDS Centre, 2012a).

At the end of 2011, the estimated number of people who had injected drugs in the previous 12 months was 123 640 (in 2010 the figure was 119 100). The proportion of IDUs in the population aged 15 and older was 1 % (Republican AIDS Centre, 2012a).

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Treatment demand

In 2011 there were 4 361 demands for inpatient care stemming from drug dependence, including 2 972 people who were seeking drug treatment for the first time in their life. The treatment demand indicator data collection covered 77.8 % (3 393 people) of all the clients who were treated in public hospitals, of whom 32.1 % (1 091 people) sought treatment for the first time in their life (RSPC MSPDA, 2012).

In the past three years, the number of patients treated in state drug dispensaries has tended to decrease. At the same time, the number of people applying for drug treatment for the first time has shown an increasing tendency.

For most cases, treatment is related to mental and behavioural disorders caused by the consumption of opioids (F11 in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), 1994), and the combined consumption of psychoactive substances (F19 in ICD-10, 1994). Opioids have been the most problematic drug among patients treated since 1999. In 2011 opioids were the primary drug for 87.74 % of all the drug-dependent clients who were treated (RSPC MSPDA, 2012).

According to the demographic characteristics, the majority of patients treated in 2011 were male (89.9 %). The average age of patients was 34.1 years. Some 54.5 % lived with their families (with parents or with a partner/children) and 0.1 % were homeless. Many of the patients (69.4 %) were unemployed.

Among patients who received drug treatment before 2011, a total of 50 % had experienced between two and five previous episodes of drug treatment in state drug dispensaries. The average number of hospitalisations among individuals who had been treated previously was 4.1 times.

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Drug-related infectious diseases

In 2011 a total of 17 763 people in Kazakhstan were human immunodeficiency virus (HIV) positive, of which 63.4 % (11 265 people) were injecting drug users for whom that was their main route of infection. In recent years the proportion of cases for which injecting drug use was the route of infection among newly diagnosed cases of HIV has been decreasing, while the proportion of cases of sexual transmission is increasing (Republican AIDS Centre, 2012a).

According to a repeated sentinel bio-behavioural surveillance survey (BBS), the prevalence of HIV infection among injecting drug users was 3.8 % in 2011. An increase in the prevalence of HIV infection in IDUs from 2010 (2.8 %) can be observed (1.4 fold) (Republican AIDS Centre, 2012a).

In 2011 the prevalence of hepatitis C virus (HCV) among IDUs was 61.3 % (in 2010 it was 58.7 %). Over a period of 7 years, the national prevalence rate of HCV was around 60 % on average. The prevalence of HCV was higher in people aged 25 and older (63.4 %) than among those aged under 25 (43.6 %) (Republican AIDS Centre, 2012a).

The prevalence of syphilis among IDUs in 2011 was 10.9 %. Over five years the prevalence of syphilis in IDUs was within the range 8.2–11.5 % (Republican AIDS Centre, 2012a).

Drug-related deaths

In the Republic of Kazakhstan a forensic medical examination is carried out in accordance with the law for all deaths related to poisoning, including overdoses on narcotics and psychotropic substances.

The rate of overdoses on drugs and psychotropic substances per 1 000 inhabitants fell more than two times from 2007 (0.14) to 2011 (0.06). The proportion of the total number of poisonings with narcotic drugs and psychotropic substances who were classed as young people increased from 4.8 % in 2007 to 11.9 % in 2011. During this period, the proportion of women among the total number of overdoses on narcotic drugs and psychotropic substances also increased, from 23.1 % to 47.2 % (RSPC MSPDA, 2012).

A comparison was made between the overall mortality rate in the population of the Republic of Kazakhstan in 2011 and the mortality rate among drug users (except alcohol and tobacco), and the relative risk of death in the population of drug users as compared with mortality in the general population was calculated (standardised mortality ratio – SMR).

The SMR for men who use drugs was 2.3 (95% CI: 2.1–2.5) and for women it was 6.8 (95% CI: 5.3–8.7). The total SMR, including men and women who use drugs, was 2.4 (95% CI: 2.3–2.6).

Treatment responses

The main providers of addiction treatment in the country are drug treatment clinics, which cover about 90 % of all cases of treatment. The availability of a budget for outpatient treatment in some regions of the country (especially in rural areas) may be limited by the lack of primary healthcare (PHC) and a lack of professionals working in addiction treatment. Moreover, budgetary limitations on inpatient treatment result in low accessibility of treatment for people from remote areas and villages.

In the public sector, hospital treatment of patients with drug and alcohol addiction is provided by 22 drug treatment clinics, five psychiatric hospitals and nine addiction clinics for compulsory drug treatment (RSPC MSPDA, 2012).

Treatment in therapeutic communities with public support is carried out by two organisations: the Centre for the Socio-Psychological Rehabilitation of Drug Addicts of the Committee on Narcotics and Drug Control of the Ministry of the Interior of Kazakhstan, which has 30 beds (located in the village of Razdolnoe, Akmola region); and the Department of Social Rehabilitation of the RSPC MSPDA clinic, which has 40 beds (located in the village of Michurino, Pavlodar region).

Outpatient drug treatment in 2011 was provided in cities by the dispensary departments of urban and regional drug treatment clinics (22 organisations), in small towns by the dispensary departments of psychiatric dispensaries (five companies) and in rural areas by 176 drug advisory places in PHC organisations (RSPC MSPDA, 2012).

The bulk of the services available as outpatient substance abuse treatment are provided by public health organisations; the help provided by private medical surgeries accounts for about 4 % of the volume of outpatient drug treatment.

Opioid substitution treatment (OST) is provided in three cities in the country as a pilot project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. OST was first provided in the country in October 2008.

Since the start of the OST project, 249 individuals have attended it. Some 137 people dropped out of the project, of whom 29 men (21 %) finished the programme with a gradual reduction of the dose until the cessation of the drug use. Twenty-three men (31 %) left the project voluntarily. No case of death from ingestion or overdose has been identified during the period of the project.

Since 2005 the RSPC MSPDA has gathered information annually to determine the percentage of the annual remission among patients treated at the RSPC MSPDA clinic. Around 33.5 % of the patients who completed the programmes of medical and social rehabilitation at the RSPC MSPDA clinic in 2010 were in remission within a year, according to data gathered in 2011 (RSPC MSPDA, 2012).

Regional drug treatment clinics conduct annual monitoring of the proportion of patients in remission among all the patients of the dispensary who are registered as drug users. By 31 December 2011, the remission rate in the country among patients of one to two years' standing who were registered as drug users with the diagnoses F11-F16, F18, or F19 (ICD-10, 1994) was 17.2 %; among those who had been patients for more than two years it was 12.6 % (RSPC MSPDA, 2012).

Harm reduction responses

One of the largest and most effective responses to the consequences related to injecting drug use in the country is the network of harm reduction facilities called 'trust points'. The purpose of the trust points is to provide safe injecting equipment and promote safe sexual behaviour among IDUs.

In 2011 some 14 365 IDUs independently attended trust points, which is 11.6 % of the estimated number of IDUs; 79 579 IDUs received preventive services at least once. The direct coverage of prevention programmes of IDUs was 64.4 % of the estimated number of IDUs. In 2011, the systematic coverage of IDUs by prevention programmes (at least once per month) was equal to 46.6% of the estimated number of IDUs (Republican AIDS Centre, 2012b).

In 2011 some 52.7 % of the estimated number of IDUs received services through outreach workers or mobile trust points (Republican AIDS Centre, 2012b).

A total of 154 syringes per IDU (based on the estimated number of IDUs) were handed out, and 194 were distributed per IDU who attended preventive programmes (Republican AIDS Centre, 2012b).

About 65 % of the estimated number of IDUs received psychosocial counselling services; about 20 % received advice from medical professionals; and 7 % were treated in treatment institutions (Republican AIDS Centre, 2012b).

Overdose prevention in the country is limited primarily to information and educational activities among drug users. These events are run by drug treatment organisations, AIDS centres, and specialised non-governmental organisations.

Naloxone, which is the medicine often used in the prevention of overdoses among drug users, is available in healthcare facilities and has been added to the list of essential medicines in the country. Naloxone is used at ambulance stations and in emergency rooms in hospitals and intensive care units. However, it is not available in pharmacies.

Drug markets and drug-law offences

The main proportion of drug seizures in the Republic of Kazakhstan are of cannabinoids, which is due to the presence of wild cannabis in large areas country. In the past four years the volume seized from illegal drug trafficking has remained stable. In 2011 the total quantity of drugs seized was 33 tons 998 kilograms (Ministry of the Interior of Kazakhstan, 2012).

The operational data of the Anti-Narcotics Committee of the Ministry of the Interior of Kazakhstan indicates that both wholesale and retail prices for all kinds of drugs increased significantly during 2005–10; in 2011 prices remained at a similar level to 2010. The retail price of heroin ranged from KZT 2 000–15 000 (EUR 10–75) per gram; the market price of 1 gram of marijuana was KZT 500–2 000 (EUR 3–10).

According to the results of examinations conducted by the National Laboratory for the Legal and Scientific Support of State Control of Trafficking in Drugs, Psychotropic Substances and Precursors, it was found that the content of tetrahydrocannabinol in the marijuana that was seized ranged from 0.02–4.23 % (an average of 1.59 %) and in hashish from 0.51–6.73 % (an average of 3.31%). The purity of heroin varied from 1.04–39.9 % (mean 14.3 %). During preparation for sale, diphenhydramine, citramon, analgin, aspirin, paracetamol and acetylsalicylic acid had been added, while in some cases, chloramphenicol, streptocid, sugar, baking soda, and citric acid had been used as cutting agents.

In recent years the country has experienced a so-called 'pharmaceutical addiction'. In particular, desomorphine, or 'crocodile', is currently the second most popular illicit drug after heroin in the Russian Federation (taking more than a quarter of the market), and this also extends to the Republic of Kazakhstan. Eighteen types of medicines containing codeine (which is the raw substance for the preparation of desomorphine) are registered. Of the reported drugs containing codeine, seven items are under strict control and 11 are not. Since 2011 codeine medications such as Solpadein, Yunispaz, Pentalgin-P or Antispazm have only been available by prescription. This measure is due to a sharp increase in the number of cases of abuse of these drugs (Ministry of the Interior of Kazakhstan, 2012).

The registered crimes related to drug trafficking, as a proportion of the total number of registered crimes in the country, is approximately 2 %.

According to the statistics of the Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan, law enforcement authorities registered 4 360 crimes related to illicit trafficking in narcotic drugs, psychotropic substances and precursors in 2011, as compared with 8 795 in 2010, which represents a decrease of 50.4 % (Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan, 2012).

The reduction in registered drug-law offences can be attributed to the decriminalisation in January 2011 of Part 1 of Article 259 of the Criminal Code of the Republic of Kazakhstan (CC RK), 'Illegal purchase, trafficking, or storage without the purpose of selling of narcotics or psychotropic substances on a large scale', and its transfer to the category of administrative offences (p. 320, Code of Administrative Offences of the Republic of Kazakhstan).

Crime offences under Article 259 of the Criminal Code are still represented mainly by offences related to the 'Illegal manufacture, acquisition, possession, transportation, transfer, or sale of narcotic drugs or psychotropic substances'. The crimes committed under Article 259 of the Criminal Code, as a proportion of the total number of registered drug-law offences, was 92.5 % (Committee on Legal Statistics and Special Records of the General Prosecutor of the Republic of Kazakhstan, 2012).

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National drug laws

The basic document governing the legal basis of state policy in the field of narcotic drugs, psychotropic substances, and precursors and establishing measures to counter illicit trafficking is Law No. 279 of the Republic of Kazakhstan, dated 10 July 1998, 'On narcotic drugs, psychotropic substances, and precursors and measures to counter their trafficking and abuse'.

The commission of any acts (storage, distribution, etc.) associated with a large amount of a drug is the basis for prosecution.

Criminal liability for the sale of narcotic drugs or psychotropic substances is irrespective of the amount involved.

Drug abuse is not a criminal offence in Kazakhstan. In accordance with Article 336-2 of the Code of Administrative Responsibility, 'Non-medical use of drugs in public places' is an administrative offence and is punishable by a fine. The same acts repeated within a year incur a higher fine. Administrative detention is provided for a person who has been arrested twice within a year for this act.

The country has legislated measures for the compulsory treatment of drug addicts.

In order to implement the Concept of Legal Policy of the Republic of Kazakhstan (RK) to 2020 in the humanisation of criminal legislation, Law No. 393-IV of the Republic of Kazakhstan, dated 18 January 2011, 'On amendments and additions to some legislative acts of the Republic of Kazakhstan on the further humanisation of criminal legislation and strengthening the guarantees of legality in criminal proceedings' was passed.

Under this Act, Part 1 of Article 259 of the Criminal Code of the Republic of Kazakhstan (CC RK) was decriminalised. It provides criminal penalties for the illegal purchase, transportation, or storage without the purpose of selling of narcotics or psychotropic substances in large quantities. Since 2011, administrative responsibility has been stipulated for the commission of this act (Part 1-1 p. 320 Code of Administrative Offences of the Republic of Kazakhstan).

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National drug strategy

In 2011 the implementation of the Government Programme to Combat Drug Abuse and Drug Trafficking for 2009–11 was completed. The aim of the programme was to block and reverse the development of socially dangerous trends in the increase in the distribution of psychoactive substances among the country's population.

A total of 30 % of the programme's activities were earmarked for the development and improvement of the system of monitoring, coordination and international cooperation. The activities were distributed as follows: 24 % for the prevention of drug use among the population; 14 % for the treatment and rehabilitation of drug addicts; and 32 % for combating drug dealing and drug trafficking. Activities to prevent the consequences/harms associated with drug use were not provided as part of the programme.

The main directions of the national drug strategy — a reduction in the demand for drugs, drug supply reduction, a reduction of consumption and harm reduction — are in line with international practices in drug policy.

On the basis of Decree No. 922 of the President of the Republic of Kazakhstan, dated 1 February 2010, 'On the strategic development plan of the Republic of Kazakhstan up to 2020', in 2012 the Government of the Republic of Kazakhstan approved a Specialised Programme to Combat Drug Abuse and Drug Trafficking in the Republic of Kazakhstan in 2012–16. The main objective of the programme is the further improvement of the system of effective government and public opposition to drug addiction and drug trafficking. The activities of the programme involve the implementation of a number of legislative initiatives that, in general, follow the direction of the previous programmes: the introduction of alternative forms of punishment, which is provided for drug addicts who have committed minor offences, and alternatives to criminal sanctions (imprisonment) in the form of compulsory treatment of drug addiction.

Additionally, on the basis of Decree No. 922 of the President of the Republic of Kazakhstan, dated 1 February 2010, 'On the strategic development plan of the Republic

of Kazakhstan to 2020', the National Programme for the Development of the Public Health of the Republic of Kazakhstan for 2011–15, 'Salamatty Kazakhstan', was developed and implemented. In 2011 about 12 % of the activities envisaged under the Salamatty Kazakhstan programme were directly aimed at the development and improvement of the prevention of drug abuse and its consequences, as well as the development of treatment for drug addicts. Of these activities, 42 % are intended to develop and improve the monitoring, coordination, and development of human resources, 33 % to prevent drug use among the population and 4 % to develop and improve the treatment and rehabilitation of drug addicts (this only includes the expansion of opioid substitution treatment), while 21 % of the events are to prevent the health effects associated with the consumption of drugs.

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Coordination mechanism in the field of drugs

In September 2011 an inter-agency committee was formed at the level of the Government of the Republic of Kazakhstan to coordinate the activities of state bodies aimed at combating drug abuse and drug trafficking. The committee was composed of representatives of 12 ministries and agencies: the Ministry of the Interior (Mol), the Agency for Fighting Economic Crimes, the National Security Committee, the Ministry of Foreign Affairs, the Ministry of Education and Science (MES), the Ministry of Culture, the Ministry of Communications and Information, the Ministry of Finance, the General Prosecutor's Office (GPO), the Ministry of Health (MoH), the Ministry of Defence and the Ministry of Tourism and Sports.

The country continues an active policy of integration and cooperation with international partners and other countries, strengthening the international legal framework in the fight against drug trafficking.

In 2011 the enforcement of the Anti-Drug Strategy of the Shanghai Cooperation Organisation (SCO) for a five-year period and the programme for its implementation were adopted (it was approved on 15 June 2011 by the decision of the Council of the Heads of States of the SCO in Astana during the SCO's anniversary summit). This strategy sets out the general direction for improving the system against illicit drug trafficking, the prevention of drug abuse and the treatment and rehabilitation of drug addicts.

Activities on a number of joint projects aimed at the improvement of the measures taken by governmental bodies to combat drug abuse and drug trafficking were performed. This type of cooperation was established with various departments of the United Nations and the European Union within the framework of the Central Asia Drug Action Programme (CADAP), the Collective Security Treaty Organization (CSTO), and the Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors (CARICC).

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