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THE ACCESS OF PEOPLE WHO INJECT DRUGS  
TO DRUG DEPENDENCE TREATMENT IN KAZAKHSTAN

Briefing paper

In 2017, the Government of Kazakhstan initiated an assessment of Opioid Maintenance Therapy (OMT) programs, the outcome of which has put these programs at the risk of extinction. Currently, only 2,69% of all injecting drug users on the outpatient register in Kazakhstan are receiving OMT, contrary to WHO's recommendations of at least 20% coverage. Kazakhstan has one of the largest populations of people who inject drugs (PWID) among the post-Soviet states -- 128.700 persons, of which 98,000 are opiate users. According to UNAIDS data, in 2016, HIV prevalence among PWID was 8,5%. Since 2010, new HIV infections have increased by 39% and AIDS-related deaths have increased by 32%.

OMT program was initiated in Kazakhstan in October 2008 under the recommendations from various international organisations, and was funded as a pilot project in three cities by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. By 2016, OMT has been expanded to the cities of Aktobe, Taraz, Kostanay, Oral, Ekibastuz, Semey, Karaganda and Öskemen, and it was available for the total of 307 patients (244 men and 63 women), which amounted to 1,6% of all injecting drug users on the outpatient register.

#### A failed attempt at consensus

Since its inception in Kazakhstan, OMT program has not received unanimous support from politicians, law enforcement, and healthcare institutions. In June 2017, the Ministry of the Interior, supported by seven members of parliament, requested immediate termination of OMT in Kazakhstan. Seeking to find a consensus between health-care and law enforcement institutions, the Prime Minister's Office soon ordered an evaluation of the OMT programs, which was started at the end of September by the establishment of the Inter-Sectoral Working Group composed of 17 members. A decision was taken to go on a field and learn about the effectiveness of opioid substitution therapy from the source, i.e. the clients of OMT. A questionnaire with 15 questions and the protocol for interviewers was developed, and 129 OMT patients in Pavlodar and Karaganda were interviewed. On 30 October 2017, the Inter-Sectoral Working Group produced a Resolution with the conclusions that OMT is effective in Kazakhstan and it should be continued with some improvements regarding the accessibility and the quality of services.

However, several members of the Working Group were not satisfied with the positive conclusions and decided to conduct an alternative research with the help of the police. The group provided its findings in a "Special Opinion", the main conclusion of which was that OMT is not effective and should be terminated, asserting that Australia, the Netherlands, Sweden, and Switzerland have stopped OMT in their countries. The findings were presented at a meeting on the 20th of December 2017, where representatives of various ministries and the Prosecutor General's Office took part. Subsequently, the Ministry of the Interior issued information about the establishment of a new commission for additional assessment of the effectiveness of OMT with the participation of the National Security Committee and Foreign Intelligence Service. As a result, the admission of new patients in the centers for methadone maintenance therapy was stopped as of January 2018.

## Massive violations of OMT patients' rights

The members of the “alternative research” group committed numerous violations of human rights, such as the right to informed consent, the right to confidentiality of medical information, and the right to dignity and non-discrimination.

According to the OMT clients questioned by the “alternative research” group<sup>1</sup>, the interviewers quite often did not present their official mandate or explained their duties, misinforming them about the true aims of their research. In some cases, the interviewers coerced patients to be interviewed or were threatened with the termination of the OMT program if they did not cooperate.

In some cities, the “alternative research” group members, accompanied by the local police, visited patients' homes late at night, demanding the access to their homes using threat and intimidation.

Not a single patient gave his/her informed consent to medical personnel to disclose information about their diagnosis to any “alternative research” group members or other government bodies. Moreover, the laws of the Republic of Kazakhstan do not permit doctors to share legally protected medical and personal information with any research groups.

The information collected from the interviewed OMT patients revealed multiple violations of the right to dignity and non-discrimination. Some patients reported that, during the interviews, the “alternative research” group members referred to them as people with weak willpower (allegedly referring to their inability to stop using methadone), provoking emotional responses from the patients. Some “alternative research” group members promoted private (commercial) drug rehabilitation centers, advising patients to stop taking methadone and to start abstinence-oriented treatment in those centers. The patients were spoken to in a disrespectful and loud tone, in some cases, they had to provide urine samples in the presence of the interviewers. In at least one case, local police officers waited for patients near the OMT site in the morning to escort them for an interview with the “alternative research” group members acting on their own initiative.

## Legal and political barriers to quality OMT

The 2014 Assessment Report by the Pompidou Group of the Council of Europe, concluded that legal and political barriers prevent the OMT to become available, accessible, acceptable, and of a good quality in Kazakhstan. The legal criteria for OMT often run contrary to WHO recommendations, which include making OMT only available to patients who failed abstinence-based treatment at least twice. OMT is not available to take home even for stable patients. Many patients have to travel very far distances every morning to receive their daily dose of OMT medications.

The police also remains a significant obstacle for the functioning of OMT. Patients complain that doctors often make available medical information about OMT clients to the police, which harasses clients demanding them to supply crime-related information. This discourages drug dependent people from seeking access to OMT.

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<sup>1</sup> Information is based on the results of interviews with OMT patients conducted from November 27, 2017 to December 1, 2017 by Dasha Matyshina, a staff member of the Eurasian Harm Reduction Association (EHRA). The additional information was collected during the visit to Kazakhstan from December 7 to December 9, 2017 by Mikhail Golichenko, a staff member of the Canadian HIV/AIDS Legal Network.

No positive changes despite expressed concerns

In May 2010, the United Nations Committee on Economic, Social and Cultural Rights (CESCR) expressed its concerns regarding the fact that only a few drug users have access to methadone as a substitute drug dependence therapy since this program of treatment was still in a pilot phase.

CESCR called on Kazakhstan to ensure that methadone as substitute drug dependence therapy was made accessible to all drug dependents (art. 12)

In 2012, the OMT program in Kazakhstan was positively assessed by the International Center for AIDS Care and Treatment Program (ICAP) of Columbia University, which recommended the scale-up of OMT throughout the country. In 2013 and 2016, UNODC researchers came to similar conclusions.

Despite the positive results of these international assessments, the OMT program was considered highly controversial by a significant group of drug dependence treatment doctors, police officers, Members of Parliament and the general public. This controversy was to a significant degree attributed to the lack of science-based information about OMT available in the Russian and Kazakh languages, as well as the lack of educational programs about OMT and human rights of people who use drugs for the police and drug dependence treatment doctors.

The government of Kazakhstan did not make OMT available, accessible, acceptable, and of a good quality. According to official data, in 2017, the coverage of OMT program was still very low (2.69%). The situation of uncertainty continues, while the time is of the essence, since the Global Fund, which is the main financial donor for harm reduction programs in Kazakhstan, may stop the funding at the end of the year.