

NEW PSYCHOACTIVE SUBSTANCE USE IN THE KYRGYZ REPUBLIC 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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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.

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

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ABBREVIATIONS & ACRONYMS

AIDS	Acquired immune deficiency syndrome
EHRA	Eurasian Harm Reduction Association
ESPAD	European School Survey Project on Alcohol and Other Drugs
HIV	Human immunodeficiency virus
IBBS	Integrated Biological and Behavioral Survey
LGBTQI+	Lesbian, gay, bisexual, transgender, questioning, and intersex
MSM	Men who have sex with men
NGO	Non-governmental organization
NPS	New psychoactive substances
NSP	Needle and syringe programme
OST	Opioid substitution treatment
PWID	People who inject drugs
PWUD	People who use drugs
SW	Sex worker
UNODC	United Nations Office on Drugs and Crime

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 Moldova². Results from this project will supplement scarce² 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 Kyrgyzstan. 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 coordinator and researcher for this project, Eliza Kurcevič, Senior Program Officer from EHRA.

The study in Kyrgyzstan 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.

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

COUNTRY OVERVIEW

The Kyrgyz Republic is a country in Central Asia. It shares borders with Kazakhstan, Uzbekistan, Tajikistan, and China. It gained independence from the Soviet Union in 1991 and since then has been a sovereign State with the official status of a unitary parliamentary republic. It has an estimated 6.5 million people as of 2020,³ and the population density is 34 per km².

The last study of drug use among the general population was conducted in 2002, by the United Nations Office on Drugs and Crime (UNODC). The research reported that 2.6–3.3% of the population aged 16–64 years old used drugs.⁴

According to the 2019 Global Summary of Findings of an Assessment of HIV Services Packages for Key Populations in Six Regions,⁵ the Kyrgyz Republic has an estimated 26,700 people who inject drugs (PWID). The prevalence of human immunodeficiency virus (HIV) is much higher among PWID than among other key populations: 14.3% among PWID, 11.3% among prison inmates, 6.6% among men who have sex with men (MSM), and 2% among sex workers (SWs). Opioid substitution treatment (OST) with methadone has been available in Kyrgyzstan since 2002. There are 15 OST sites providing methadone in health care institutions, and 9 in the penitentiary system.⁶ As of 2016, OST coverage was very low, covering just 6% of the estimated need.⁷ As of 2019, there were 25 needle and syringe exchange sites: 6 in the health care system, 6 run by non-governmental organizations (NGOs), and 13 in the penitentiary system.

³ <https://www.worldometers.info/world-population/kyrgyzstan-population/>

⁴ http://cadap-eu.org/upload/file/publications/situation_reports/O2_AR%202012_Kyrgyzstan_RU_www.pdf

⁵ https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf?u=637273287870000000

⁶ Data provided by the Association “Harm Reduction Network”.

⁷ https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf?u=637273287870000000



BISHKEK

1. Introduction

In Kyrgyzstan, the first cases of synthetic drugs in the drug market started to be documented in 2013. At that time, synthetic cannabinoids, better known as “spices,” and herbal products entered the drug market. For a few years these substances were not regulated by national laws and were widely used, especially among young people. Only after almost 3 years, in 2015, did Kyrgyzstan adopt a law banning synthetic drugs, including spices and other herbal smoking mixtures. As spices started slowly disappearing from the drug market, another group of drugs—synthetic cathinones, better known as “salts,” “bath salts,” and “crystals”—entered the market.

There are a number of factors that could have affected the emergence of NPS on the drug market:

- China (the main manufacturer of synthetic drugs) and Afghanistan (the main manufacturer of heroin) are in close proximity to Kyrgyzstan.
- There is no unified regional response to newly emerging drug-related challenges.
- As opioids, the most commonly used drugs in Kyrgyzstan, were slowly removed from the drug market, people who use drugs (PWUD) started to switch to NPS, as the most accessible drug.
- A whole online drug market system and hierarchy was created, which is aggressively advertised and available to anyone interested in purchasing psychoactive substances (and it is easier and cheaper to buy online than from dealers).
- Corruption is very common (Kyrgyzstan is 126th out of 198 countries in the Corruption Perception Index),⁹ and, as some respondents said, “law enforcement is regulating the drug market and what may be sold.”
- Poverty and unemployment are internal factors that affect the emergence of NPS.
- Drugs are manufactured in Kyrgyzstan, so there is no need to even move them across borders.
- The existing system for introducing and adopting national laws is not set up to enable a rapid response and to include newly emerging NPS on the list of illegal psychoactive substances.

The State cannot ensure the effective use of technical equipment to analyze and identify NPS, because of a lack of specialists.

In 2016–2017, people began to turn to narcology centers because of mental and behavioral disorders caused by use of NPS (both synthetic cathinones and synthetic cannabinoids). NPS became an issue of concern in Kyrgyzstan, because they were unknown substances, with little information on their toxicity or their effect on people’s health. They created—and are still creating—considerable difficulties related to clinical and laboratory diagnostics, as well as to the medical examination and treatment of patients. Both synthetic cathinones and synthetic cannabinoids received lots of attention from young people, because they were easily accessible, the price was affordable, and the route of administration (mainly smoking or snorting) was acceptable to those who had never used any psychoactive substances before. Thus, narcology centers and private rehabilitation centers were flooded by the parents of children who faced mental and behavioral disorders caused by the use of NPS.

There are almost no data on NPS use, health risks and consequences, overdoses, and intoxications in Kyrgyzstan. However, anecdotal data from the community of PWUD, SW, LGBTQI+ and MSM show that NPS is a challenging issue and needs a rapid response, mostly from the health and social perspective, but also from law enforcement.

This report provides a general overview of drug use and trafficking (including NPS) in Kyrgyzstan, as well as of the risks and consequences of NPS use. It also reviews what responses to the consumption of NPS exist, and the needs of NPS users (that should be developed) in the area of harm reduction and treatment. The document concludes with recommendations for decision-makers and specialists in the field for ways to improve responses to emerging NPS challenges.

⁹ <https://www.transparency.org/en/cpi#>



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

Most of the documents which regulate NPS use and trafficking in the Kyrgyz Republic do not mention NPS. This term is mostly used in the work of health specialists. In the laws and policies, they are mostly described as “*analogues of narcotic drugs and psychotropic substances.*” The official definition is: “*the analogues of narcotic drugs, psychotropic substances—substances of synthetic or natural origin prohibited for circulation in the Kyrgyz Republic, not included in the lists of drugs, psychotropic substances and their precursors to be controlled in the Kyrgyz Republic, the chemical structure and properties of which are similar to the chemical structure and properties of narcotic drugs and psychotropic substances, the psychoactive effect of which they reproduce.*”⁹

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 Kyrgyz Republic (dated February 2, 2017, No. 19)¹⁰

Chapter 38 of the Criminal Code is called “*Crimes in the sphere of trafficking of narcotic drugs, psychotropic substances, their analogues and precursors.*” It regulates possession of large and very large quantities, and supply (trafficking) of psychoactive substances.

Possession of a large quantity is a criminal offense punishable by:

- a fine of 1,200–1,400 basic units (EUR 1,508–1,759) for minors or imprisonment for between 1.5 and 2.5 years and a fine of 400–600 basic units (EUR 503–754); or
- a fine of 2,600–3,000 basic units (EUR 3,276–3,770) for other individuals or imprisonment for between 2.5 and 5 years and a fine of EUR 1,257–1,759.

Possession of a very large quantity is a criminal offence punishable by:

- imprisonment for between 2.5 and 4 years and a fine of 600–800 basic units (EUR 754–1,005) for minors; or
- imprisonment for between 5 and 7.5 years and a fine of EUR 1,759–2,262 for other individuals.

In accordance with Article 351 (1) of the Criminal Code of the Kyrgyz Republic, failure to execute a court decision that has entered into legal force shall be punishable by a fine for misconduct or, in the case of replacing other types of punishments for misconduct with a fine or a sentence to deprivation of the right to engage in certain activities, the person shall be punishable by imprisonment of category I (for minors, up to 1.5 years; for other individuals, up to 2.5 years).

According to paragraph 5 of Article 68 of the Criminal Code of the Kyrgyz Republic, in case of non-payment within a month by a person of a fine designated as the main type of punishment, the amount of the fine is doubled. In case of further evasion of the fine for more than 2 months, the court shall replace the fine with imprisonment for the time period stipulated by the relevant article of the Special Part of the Criminal Code according to which the person is found guilty. If the sanction of the relevant article (part of the article) of the Special Part of this Code does not provide imprisonment as a sanction, the court shall replace the penalty with imprisonment of category I.

⁹ <http://cbd.minjust.gov.kg/act/view/ru-ru/74>

¹⁰ <http://www.kzbdp.gov.rs/test/wp-content/uploads/2019/04/Januar2015StrategijaDroge-1.pdf>

“

...failure to execute a court decision that has entered into legal force shall be punishable by a fine for misconduct or, in the case of replacing other types of punishments for misconduct with a fine or a sentence to deprivation of the right to engage in certain activities, the person shall be punishable by imprisonment of category I (for minors, up to 1.5 years; for other individuals, up to 2.5 years).

”

Supply of drugs is a criminal offense punishable by:

- a fine of EUR 754–1,508 and imprisonment for a period of between 2–4 and 6–8 years for minors; or
- a fine of EUR 1,759–3,267 and imprisonment for a period of between 5–7.5 and 10–12.5 years for other individuals.

2.2

Code of Misconduct of the Kyrgyz Republic (dated February 1, 2017, No. 18)¹¹

Chapter 24 of the Code of Misconduct of the Kyrgyz Republic is called “*Misconduct in the sphere of turnover of narcotic drugs, psychotropic substances, their analogues or precursors.*”

According to article 123, the illicit manufacture of narcotic drugs or psychotropic substances, their analogues, and precursors without the purpose to sell it in small quantities is an administrative offense punishable by a fine:

- of 150–250 basic units (EUR 188–314) for minors; or
- of 300–600 basic units (EUR 377–754) and restriction of freedom for 3–6 months for other individuals.

¹¹ <http://cbd.minjust.gov.kg/act/view/ru-ru/111529?cl=ru-ru>

¹² <http://cbd.minjust.gov.kg/act/view/ru-ru/111565?cl=ru-ru>

¹³ <http://cbd.minjust.gov.kg/act/view/ru-ru/74>

¹⁴ <http://cbd.minjust.gov.kg/act/view/ru-ru/58704>

2.3

Code of Violations of the Kyrgyz Republic, dated April 13, 2017, No. 58¹²

Consumption of drugs in public places (such as in streets, sports stadiums, squares, on public transport) or appearance in public places when intoxicated is an administrative offense. According to article 81 of the Code, individuals may be punished by a fine of 55 basic units (EUR 69), while legal entities may be punished by a fine of 170 basic units (EUR 213).

2.4

Law of the Kyrgyz Republic, dated May 22, 1998, No. 66 “On Narcotic drugs, Psychotropic Substances, and Precursors”¹³

This law defines analogues of narcotic drugs and psychotropic substances. It regulates public relations in the field of trafficking of narcotic drugs, psychotropic substances, and precursors; establishes the responsibility for and the system of measures to be taken against illicit trafficking and abuse; and determines the rights and obligations of legal entities and citizens in connection with the application of this law. More precisely, it establishes strict control procedures for the development, production, processing, export, transit, transportation, transfer, acquisition, storage, distribution, sale, destruction, use for medical, scientific and educational purposes, expert activities, and forensic studies of narcotic drugs, psychotropic substances, and precursors.

2.5

Government of the Kyrgyz Republic Decree, dated November 9, 2007, No. 543 “On Narcotic Drugs, Psychotropic Substances and Precursors to be Controlled in the Kyrgyz Republic”¹⁴

This document consists of eight Annexes, which are reviewed below:

- **Annex 1** of the decree is on “Criteria classifying substances as narcotic drugs, psychotropic substances, or precursors.” There are three criteria for classifying substances as narcotic drugs or psychotropic substances: medical, social, and legal. And to define precursors,

two criteria are used: technological and legal.

● **Annex 2** of the decree is “National lists of narcotic drugs, psychotropic substances, and their precursors to be controlled in the Kyrgyz Republic.” It consists of: four lists of narcotic drugs, four lists of psychotropic substances, a list of precursors, and a list of substances included in the limited list of substances subject to special international and national control. Most NPS are included on the list of psychotropic substances No. 1, “*psychotropic substances prohibited for human consumption, not subject to inclusion in the State Register of medicines approved for use in the Kyrgyz Republic, and the circulation of which in the Kyrgyz Republic is prohibited.*” This list consists of 120 substances, including cathinones, NBOMe, JWH, Alpha-PVP, mephedrone, etc.

● **Annex 3** of the decree defines a list of plants containing narcotic drugs, psychotropic substances, and precursors, the sowing and cultivation of which are prohibited on the territory of the Kyrgyz Republic.

● **Annex 4** of the decree defines quantities and is named “Quantities of narcotic drugs, psychotropic substances, and their analogues, the illegal traffic of which entails liability in accordance with the Code of Misconduct and Criminal Code of the Kyrgyz Republic.” It also defines punishable amounts of NPS, which are included on the list. **Table 1** shows examples of some of the quantities of NPS for which administrative or criminal liability can be imposed.

● **Annex 6** of the decree explains how quantities of narcotic drugs, psychotropic substances, and drug-containing plants for which trafficking entails administrative or criminal liability are defined in Kyrgyzstan:

“A small quantity of narcotic drugs and psychotropic substances should be 1 (one) daily dose. A large quantity of narcotic drugs and psychotropic substances should be from more than 1 (one) daily dose to 30 (thirty) daily doses inclusive. A very large quantity of narcotic drugs and psychotropic substances should be more than 30 (thirty) daily doses and higher (*).*

**For dosage forms of narcotic drugs and psychotropic substances, excluding the coefficient in terms of the current narcotic drug or psychotropic substance, with the exception of tablets and suppositories.”*

● **Annex 7** of the decree defines amounts of precursors.

● **Annex 8** defines quantities of plants containing narcotic drugs, psychotropic substances, and their precursors.

2.6

Anti-drug program of the Government of the Kyrgyz Republic (dated January 27, 2014, No. 54)¹⁵

The anti-drug program focuses on reducing drug trafficking, reducing drug use resulting in negative consequences for the person and their environment, and ensuring the availability of medicinal narcotic drugs and psychotropic substances, based on health care needs.

TABLE 1

Quantities of NPS that represent an administrative or criminal offense

NPS	QUANTITIES IN GRAMMES		
	Small (up to and including)	Large (from-to, including)	Very large (from)
Cathinone	1.5	1.5-45	45
2C-C-NBOMe	0.05	0.05-1.5	1.5
JWH-175	0.1	0.1-3	3
Alpha-PVP (α -PVP)	1	1-30	30
Fentanyl	0.001	0.001-0.03	0.03
Carfentanyl	0.00045	0.00045-0.0135	0.0135

¹⁵ <http://cbd.minjust.gov.kg/act/view/ru-ru/96036>

One of the parts of the program includes harm reduction. The objectives of this part are:

- implementation of international standards in the field of harm reduction;
- ensuring the accessibility of a comprehensive package of services for people in need in the civilian sector, as well in closed settings (prisons, isolation, colonies, etc.);
- improving the system of professional training and continuous postgraduate education of specialists (doctors, social workers, teachers, law enforcement officials);
- development and implementation of information and educational programs to educate the population about the goals and objectives of harm reduction, including with the participation of the media; and
- creation of conditions for the effective implementation of harm reduction programs by the family, the State, and civil society

The program also states a list of priorities for harm reduction programs:

- the provision of sterile needles, syringes, and condoms;
- the provision of basic medical care and specialist consultations;
- the provision of information on safe injecting, sexual behavior, HIV infection, and viral hepatitis;
- increasing the role of the community of PWUD and their relatives in harm reduction programs; and
- training for staff of harm reduction programs;

As a separate task, the prevention of opioid overdose mortality is included.



3

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

There are not many documents in the Kyrgyz Republic that regulate how the right to health of PWUD and other affected key populations should be ensured and implemented in the country. However, there are two documents that, in the broad sense, regulate public health and the protection of the mental health of the Kyrgyz population. Currently, there is only a clinical protocol for mental and behavioral disorders due to the use of NPS by children and adolescents. A clinical protocol for adults is being developed.

3.1

Law of the Kyrgyz Republic on Public Health (dated July 24, 2009, No. 248)¹⁶

This document is a general one aiming to improve public health by increasing access to public health services and promoting the protection and strengthening of the nation's health. The main objectives of this law are: protection of public health; promotion of healthy lifestyles among citizens of the Kyrgyz Republic; and prevention of infectious and noncommunicable diseases. There is no direct mention of psychoactive substances, but most of the activities are related to health promotion, which is closely related to use of psychoactive substances and the rights of PWUD to access health services.

3.2

Program of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021 (dated December 30, 2017, No. 852)¹⁷

The aim of this program is to minimize the spread of HIV. It sets ambitious goals:

- to reduce, by 2021, the number of new cases of HIV infection, especially among key population groups, by 50% compared to 2015;
- to ensure that 90% of people living with HIV are aware of their HIV status;
- to cover 90% of people living with HIV with antiretroviral therapy (ART) and achieve suppression of viral load in 90% of people receiving ART by 2021;

- to reduce the level of stigma and discrimination to zero in government organizations that provide HIV-related services to key populations and people living with HIV; and
- to ensure coordination and sustainable financing of the HIV response by gradually increasing the share of government funding for HIV prevention and treatment programs to 50% by 2021.

3.3

Program of the Government of the Kyrgyz Republic for the protection of mental health of the population of the Kyrgyz Republic for 2018-2030 (dated March 1, 2018, No. 119)¹⁸

Anecdotal data show that a large proportion of patients have dual diagnoses: mental and behavioral disorders due to use of psychoactive substances (F10-F19), together with other mental and behavioral disorders included in the classification (F00-F99).

The program defines the goals and objectives of the development of the mental health system until 2030. The purpose of the program is to strengthen mental health; prevent mental health disorders; provide affordable medical care and develop a system of responsive, comprehensive mental health services at the local level; accelerate recovery and respect

¹⁶ <http://cbd.minjust.gov.kg/act/view/ru-ru/202630?cl=ru-ru>

¹⁷ <http://cbd.minjust.gov.kg/act/view/ru-ru/11590>

¹⁸ <http://cbd.minjust.gov.kg/act/view/ru-ru/11840>

for human rights; and reduce the mortality, morbidity, and disability of people with mental disorders. The use of psychoactive substances is mentioned as one of the factors that cause the development and growth of mental disorders. NPS are not specifically mentioned in the program; however, most of the specialists working in the field agree that mental health issues caused by the use of NPS are closely linked. Anecdotal data show that a large proportion of patients have dual diagnoses: mental and behavioral disorders due to use of psychoactive substances (F10–F19), together with other mental and behavioral disorders included in the classification (F00–F99).

3.4 Clinical protocol for mental and behavioral disorders due to the use of NPS by children and adolescents: diagnostics, treatment, and prevention¹⁹

There is no clinical protocol for the treatment of adults with NPS use disorder (it is planned to be developed by the end of 2020); however, there is a protocol for the treatment of children and adolescents. It was developed in 2017, when health specialists started to observe an increasing number of young people using smoking mixtures. The purpose of the protocol is to improve the methods of diagnosis and timely detection of the use of NPS by adolescents and children, to prevent the use of NPS, and to treat the consequences.

This protocol classifies NPS in five categories:

- Phenethylamines (such as PMMA, 2C-I, 2C-D, 4-MA, MDDM, TMA-2)
- Tryptamines (such as 4-HODET, 5MeO-DMT, AMT, 5-MeO-DALT)
- Piperazines (such as mCPP, BZP, Vanoxerine)
- Cathinones (such as mephedrone, methylone, MDPV, 4-FMC, bk-MDMA)
- Synthetic cannabinoids (such as JWH203, JWH-251, RCS-4, Spice).

The main examination method for establishing a diagnosis is clinical and psychopathological. An explanation is given of how to diagnose

the clinical picture. For example, the intense attraction to synthetic cannabinoids is recorded by emotional reactions, facial animation, and vegetative manifestations with the corresponding topic of conversation. The development of the first psychotic disorder suggests the presence of a syndrome of dependence on synthetic cannabinoids. With the development of the expressed phenomena of the psycho-organic syndrome, patients are unable to hide their consumption of NPS.



The purpose of the protocol is to improve the methods of diagnosis and timely detection of the use of NPS by adolescents and children, to prevent the use of NPS, and to treat the consequences.



Differential diagnosis is carried out with a number of diseases and conditions:

- Cardiovascular and neurological diseases
- Acute intoxication, addiction syndrome, withdrawal while using other types of psychoactive substances: cannabinoids, hallucinogens, stimulants, opiates
- Panic attacks
- Endogenous psychoses
- Organic amnesic syndrome, organic delusional disorder, personality disorder, and behavior of organic origin.



Cardiovascular diseases



Personality disorder



Panic attacks

¹⁹ <https://bit.ly/3ki4DUG>



4. Analysis of desk research results on the use of NPS and its related risks in the Kyrgyz Republic

4.1

Drug use among the general population

The last national epidemiological study on drug use among the general population was conducted 18 years ago, in 2002, by the UNODC. The study revealed that between 2.62% and 3.27% of the total Kyrgyz population aged 16–64 years used drugs. The study also revealed that approximately 1.77% of the population aged 16–64 years was using injecting drugs.²⁰

4.2

Estimated number of PWID

The latest data on the prevalence of injecting drug use were collected in 2016–2017, when a regular round of the Integrated Biological and Behavioral Survey (IBBS) was conducted. The survey was conducted with PWID in five locations. There were an estimated 26,700 PWID,²¹ of which around 15% were women. The average age of respondents was 39. Estimated numbers of PWID by age are presented in Table 2.

TABLE 2

Estimated numbers of PWID by age, 2013 and 2016

AGE CATEGORY	% IN 2016	% IN 2013
18-19	0.2%	0.8%
20-24	3.9%	5.6%
25-29	8.9%	10.5%
30-34	16.9%	24.0%
35-39	20.4%	20.9%
40 and above	49.6%	38.2%

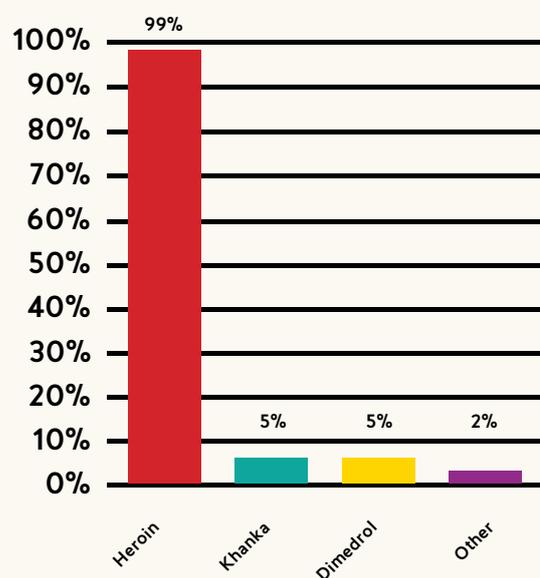
The shortest experience of injecting drugs was 2 months, and the longest was 50 years. The average experience of using drugs was 11 years. Approximately 67% of PWID had 8 or more years of experience of injecting drug use. The most commonly used drug was heroin (used by 99.3% of PWID). Compared to 2013, the use of heroin had increased by 13%.

Figure 1 presents the drugs most commonly used by PWID.

Nearly a quarter (23%) of respondents use drugs once or several times per day, while 29% use once every 2–3 days, and 47% use once or less in a week.

FIGURE 1

Drugs most commonly used by PWID



²⁰ http://cadap-eu.org/upload/file/publications/situation_reports/02_AR%202012_Kyrgyzstan_RU_www.pdf

²¹ http://www.afew.kg/upload/files/Narrative_methods_results_KG_SE_03_01_2018.pdf

4.3

PWUD registered in the Narcological Register

According to the law in Kyrgyzstan, people who have developed mental and behavioral disorders due to the use of psychoactive substances (according to the ICD-10 classification) are included in the Narcological Register. As there is no separate classification for NPS, they are included in the main classifications by type—for example, mental and behavioral disorders caused by the use of:

- methamphetamine are classified under F15 (use of other stimulants);
- spices are classified under F12 (use of cannabinoids); and
- mephedrone/Alpha-PVP is classified under F15 (use of other stimulants).

In its response to the official letter sent by the study team, the Republican Narcology Center replied that there is an increasing number of people with mental and behavioral disorders due to the use of NPS, and a need to include NPS on data collection forms. However, it is “a very complicated task, which is being undertaken by the central electronic health system and the national statistics unit.”²²

As for data, at the beginning of 2020 there were 8,448 people registered in the Narcological Register. **Figure 2** shows the distribution of people who are registered in the Narcological Register by the administration route of the substance.

Table 3 shows the distribution of people who are registered in the Narcological Register by the category of substance.

FIGURE 2

Distribution of people registered in the Narcological Register by administration route of substance (absolute numbers and percentage of total)

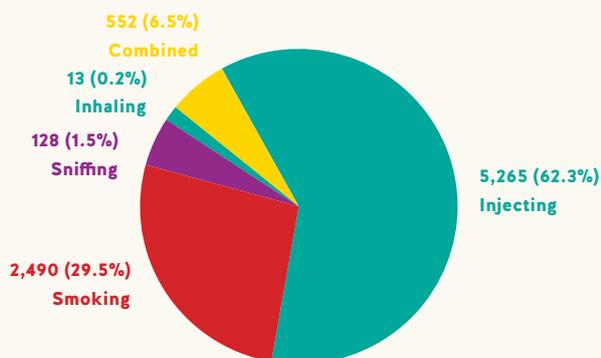


TABLE 3

Distribution of people registered in the Narcological Register by category of substance (absolute numbers and percentage of total)

	ABSOLUTE NUMBER	%	
Group of opiates	In total	5,268	62.4%
	Including heroin	4,782	56.6%
Group of cannabis	2,499	29.6%	
Volatiles	128	1.5%	
Stimulants	1	0.01%	
Sedatives	-	-	
Combination of substances	552	6.5%	
TOTAL	8,448	100%	

²² From an official letter from the Republican Narcology Center.

4.4

Drug use among young people

In 2017, based on the European School Survey Project on Alcohol and Other Drugs (ESPAD), a survey of substance use and behavioral addiction among pupils in the Kyrgyz Republic was conducted.²³

It revealed that 2.2% of students (3.3% of boys and 1.2% of girls) aged 15–16 had used marijuana or hashish at least once in their life.

Inhalants were the most commonly used psychoactive substance, with a lifetime prevalence of 5.8% (7.6% among boys and 4.1% among girls). Synthetic substances are also becoming more accessible and popular, as can be seen in **Figure 3**. They include GHB, methamphetamine, spices, and an unknown substance, “Relevin”, which was reported by 0.4% of respondents. The report states that lifetime prevalence of NPS use varies from 0.3% to 0.5%.

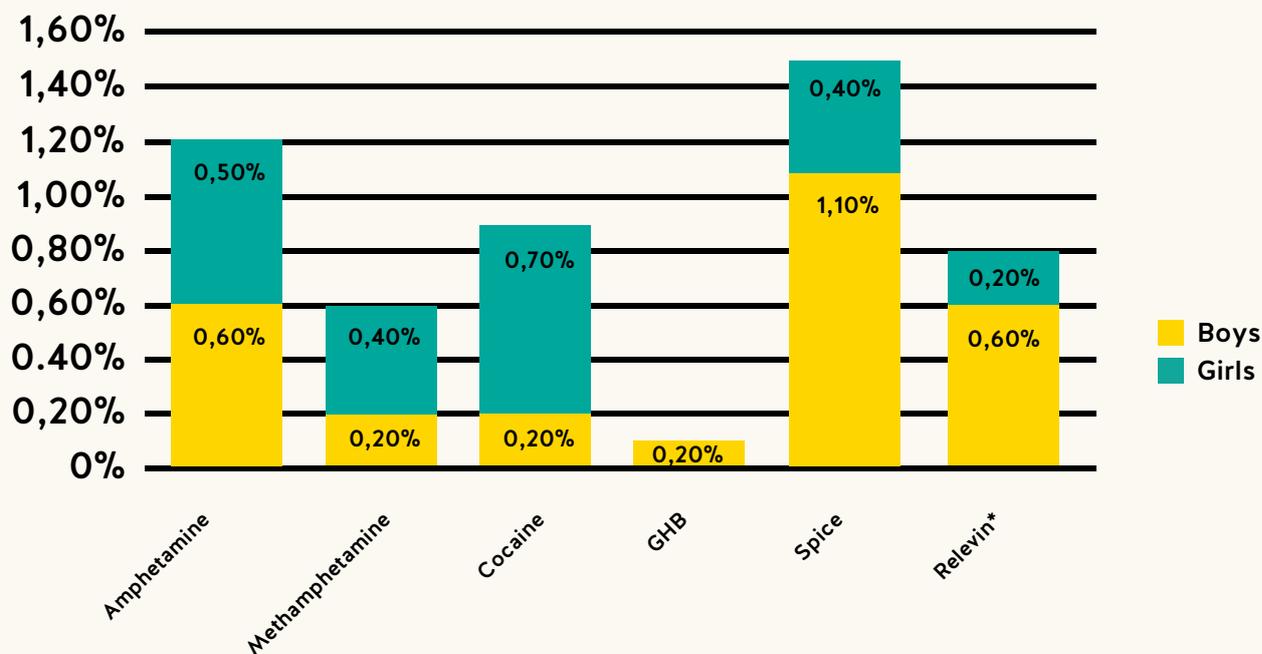
The study also analyzed age at first use of psychoactive substances. A third (31.2%) of students who had ever used cannabis did so before 13 years of age. It is more common for boys to start using cannabis at an early age: 1.2% had tried it before 13 years old, compared with 0.4% of girls.

In the survey, 3.2% of students believed that it would be easy for them to purchase cannabis, followed by spices (2.7%), amphetamines (1.7%), and ecstasy and methamphetamine (1.3%).

An interesting observation was made on the prevalence of psychoactive substance use among friends in comparison with self-reporting. Self-reporting of cannabis use was 2.2%, while the prevalence of cannabis use among friends was 5.0%; self-reporting of inhalants was 5.8%, compared to 8.6% among friends; and self-reporting of ecstasy was 0.4%, compared to 2.4% among friends.

FIGURE 3

Lifetime prevalence of synthetic substance use, 2017



²³ http://cadap-eu.org/upload/file/publications/surveys_and_monitoring/espad_kg_2017_full.pdf

4.5

HIV among key populations: PWID, SW, and MSM

As of June 2020, there are 10,010 people living with HIV in Kyrgyzstan,²⁴ of whom 37% are PWID. Compared with other key populations of age 15–49, HIV prevalence is highest among PWID: 14.3% among PWID, 11.3% among prison inmates, 6.6% among MSM, and 2% among SW.²⁵ Approximately 15.7% of MSM are aware of their HIV status, as are 29.4% of SW, 38.6% of PWID, and 64.6% of prison inmates.²⁶

In 2019, most new cases of HIV were through heterosexual transmission (65.4%), followed by parenteral (12.3%) and homosexual transmission (4.4%). In the first 5 months of 2020, heterosexual transmission fell to 61.3%, and parenteral to 8.3%, while the proportion of homosexual transmission rose to 6.0% of all new cases.²⁷

Of the 788 new cases of HIV in 2019, 451 were men (57%), and 337 women (43%). In the first 5 months of 2020, there were 178 new cases among men and 137 among women. Most people living with HIV are aged 30–39, followed by 20–29 and 40–49 years old.

There has also been a decrease in coverage of HIV testing services among key populations, as shown in **Table 4**.

TABLE 4

Number of people from key populations tested for HIV, 2018–2020

YEAR	PWID	SW	MSM
2018	31,427	4,778	11,993
2019	21,618	3,497	9,181
2020 (January-May)	4,821	1,127	2,450

²⁴ <https://harmreductioneurasia.org/wp-content/uploads/2020/07/01.06.2020.pdf>

²⁵ https://www.theglobalfund.org/media/9753/core_hivservicesfor-keypopulationsixregions_review_en.pdf?u=637273287870000000

²⁶ Ibid.

²⁷ Ibid.

4.6

Harm reduction services for key populations

According to 2019 data provided by the Harm Reduction Network, there were 25 needle and syringe exchange programs (NSPs) in the Kyrgyz Republic (see **Table 5**).

Thus, NGO-based NSPs serve the most clients—almost double the number served by government programs. However, women represent a higher proportion of users of health system-based NSPs (15.4% of all clients) than of users of NGO-based programs (11.1% of all clients).

The six organizations providing NSPs in Kyrgyzstan are: Ulukman Daryger (Karakol), ZiOM (Talas), Rans plus (Bishkek and Chui region), Parents against drugs (Osh), and Healthy generation (Zhalal Abal).

OST services are provided in health institutions and in the penitentiary system. In total there are 24 OST sites: 15 in the civil sector and 9 in the penitentiary system. A total of 1,043 people were receiving OST in 2019, of which 84 were women (8%).

4.7

Overdoses and poisoning

The Bishkek Research Center on Traumatology and Orthopedics answered an official letter sent by the study team and shared data related to poisoning with psychoactive substances in 2018 and 2019 in Bishkek (see **Table 6**).

The official letter states that, during the last few years there is seen a decrease in cases of poisoning from the substances in Bishkek: “the decrease in the number of patients with poisoning from narcotic drugs can be explained by the provision of pre-hospital antidote therapy, as well as people directly appealing to the narcology center (in case of intoxication or overdose).”

As for data on overdoses, the Emergency Medicine Center in Bishkek shared data from 2018 and 2019 on overdoses (see **Table 7**).

There are no accurate data on the overall number of overdoses or intoxications due to the use of psychoactive substances in Kyrgyzstan in 2019 or 2020.

TABLE 5**Users of NSPs in the Kyrgyz Republic, 2019**

	Number of NSPs	Total number of services users as of June 30, 2019	Men (number and % of total)	Women (number and % of total)
In the public health system (government)	6	4,741	4,013 (84.6%)	728 (15.4%)
In the NGO sector	6	11,094	9,858 (88.9%)	1,236 (11.1%)
In the penitentiary system	13	1,530	1,526 (99.7%)	4 (0.3%)

TABLE 6**Cases of poisoning, Bishkek, 2018-2019**

TYPES OF POISONING	2018	2019
Total	1,139	1,167
Poisoning with narcotic drugs	3 (spices)	7 (spices)
Poisoning with opiates	5	2
Poisoning with cannabis	-	1

TABLE 7**Overdoses in Bishkek, 2018-2019**

	2018	2019
Total registered number of drug overdoses	10	11
Number of total overdoses	-	1

4.8

Drug offenses

The Prosecutor General's Office of Kyrgyzstan answered the study team's letter and shared information regarding drug crimes and misdemeanors in 2019 and at the beginning of 2020. In 2019, a total of 999 crimes and 255 misdemeanors related to drugs were registered in the territory of the Kyrgyz Republic.

These 999 crimes involved the seizure of 19,282.45 kg of narcotic substances in the country. The largest seizures included: 14,324 kg of cannabis plants, 1,140.7 kg of marijuana, 169 kg of hashish, and 53 kg of heroin. They also included 5.24 kg of synthetic drugs (which were not named). The quantity of synthetic drugs looks rather insignificant in comparison with the other drugs seized; however, this is misleading, because the potency of synthetic drugs could be greater than that of traditional drugs.

The law enforcement representative also noted in an interview: *"But I want to tell you, compared with the background of tens of tons of cannabis, marijuana, hundreds of kilograms of hashish, heroin, this [NPS] naturally does not constitute such a visible share in terms of weight. And this is just very deceptive, why? Because you understand how I already gave an example with fentanyl, right? 12 grams of fentanyl is an annual quota for a whole country... for 6 million population. [...] That is, neither the population, nor the management system, nor the managers understand yet that one drug should not be compared to another drug. Those 12 grams of fentanyl are practically, if counted in terms of morphine, kilograms of morphine. Therefore, when you look at these data, do not be fooled..."* (KGZ-I-03).

The 255 misdemeanors involved the seizure of 125 kg of narcotic substances in the Kyrgyz Republic. The largest seizures included: 121 kg of marijuana, 1 kg of cannabis plants, 0.35 g of hashish, and 0.000439 g of synthetic psychotropic substances, which were not named.

In 2019, 528 people were accused of possession without intent to distribute; 418 of possession with intent to distribute; 246 of possession without intent to distribute according to Art. 123 of the Code of Misconduct; 16 of drug cultivation; 11 of drug trafficking; 9 of drug cultivation according to Art. 124 of the Code of Misconduct; and 3 of inciting a person to use drugs.

In the first 3 months of 2020, 341 drug-related crimes and 66 misdemeanors were recorded. Most of the people (183) were accused of possession without intent to distribute; 140 of possession with intent to distribute drugs; and 66 of possession without intent to distribute under the Code of Misconduct.

In 2018, more than 20 online shops for illegal substances were identified and banned. At the same time, 20.461 kg of synthetic drugs and NPS were withdrawn from illegal websites.²⁸

4.9

Media

The topic of NPS is not very popular or well developed in Kyrgyzstan. Most of the articles have scary and mysterious headlines; however, in terms of content there is almost nothing meaningful or useful. Articles state that new drugs have appeared in the market and that they are dangerous to people, but there is no information about the exact dangers, how to minimize risks and consequences, and how to help someone who is using NPS (if they need it).

Most of the articles also state that NPS are becoming more and more popular, especially among young people, but there are no supporting data to prove it.

Articles written on the basis of interviews contain more information on the health consequences of NPS use, but at the same time they demonize people who are using NPS and allow themselves to convey certain prejudices, in some cases stating them as facts: *"There is no guarantee that the drug addict will not rush at someone with a knife," "There is another important point: a person using "salts" quickly becomes stupid."*²⁹

²⁸ <https://mvd.gov.kg/index.php/rus/mass-media/all-news/item/9229-oleg-zapolskij-narkosituatsiya-v-strane-stabilna>

²⁹ <https://ru.sputnik.kg/columnists/20190428/1044145641/Ego-podmeshivayut-v-edu-i-sigarety--vrachi-KR-byut-trevogu-iz-za-novogo-nar-kotika.html>

YEAR	NAME OF THE ARTICLE
2013	Synthetic drugs are more common in Kyrgyzstan
2015	Psychotropic substances and synthetic drugs banned in Kyrgyzstan
2018	“Chinese salt” – a new drug threatens the country
2018	Drug dealers implement a new drug distribution scheme in Kyrgyzstan
2018	New types of drugs: the emergence and spread is difficult to track
2018	Buy spice in Bishkek: ads on the sale of synthetic drugs reappeared in the capital
2018	Spice instead of heroin: Kyrgyzstan is not coping with the flow of new drugs
2018	Every third student in the Kyrgyz Republic is a potential drug addict
2019	Synthetic drugs: a new type of threat for the entire region – Prosecutor General of the Kyrgyz Republic”
2019	Quiet Kyrgyz transit. How the fight against drugs came to nothing
2019	New drugs. How to understand when a child is addicted to spice or ecstasy
2019	It is mixed in food and cigarettes – Kyrgyz doctors are sounding the alarm because of a new drug
2019	In Bishkek, banners posted with drug ads
2019	New drug
2019	Transition from heroin to synthetic drugs discussed in Kyrgyzstan
2019	New drug “mowing down” youth – what is known about synthetic killer
2019	Ministry of Internal Affairs: On the Internet, drugs are mainly sold by scammers



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 six structured interviews with a narcology doctor, a psychiatrist, a peer consultant at a rehabilitation center, and representatives of the NGO Plus Center (Osh), the Harm Reduction Network (Bishkek), and the law enforcement sector. Furthermore, online focus groups with 20 respondents from the communities of PWUD, SW, MSM, and LGBTQI+ were organized.

Since the research was done during the COVID-19 pandemic, we were unable to conduct face-to-face interviews and focus groups with research participants. Thus, most of the interviews and focus groups were done remotely (via Zoom or Skype).

The approach used in Stage 2 was designed to guarantee a high level of participation of all important stakeholders; therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. To ensure voluntary participation, before interviews were conducted, respondents signed informed consent forms. Stage 2 was conducted between April 24 and May 29, 2020. All interviews and focus groups were conducted in Russian language.

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 and needs of NPS users
- Local responses to reduce demand for NPS
- Treatment for NPS users.

5.2

NPS names

In Kyrgyzstan there are a few ways to refer to NPS. The first way to define NPS is by its **form**: salt (slang name: “solyaga” or “solyara”), crystals, flour, sugar. Another way is to call it by its **chemical name**: mephedrone (or meph for short), Alpha-PVP. This is not very common, and only a few respondents knew these names. One of the most common ways to refer to NPS is by using **slang**, such as: SK (meaning salts), speed, cosmos, blue stone, snowy flour, Rahat, high, take-off, Chinese salts, bath salts. And probably the most common way is to name NPS is by their **color**:

“One man ran into the office and began to get out of his notebook a whole rainbow made from bags. Red powder, white, blue, yellow, lemon color. Six kinds of assortment. I asked how to distinguish them? He said that these are all salts. Then I asked, ‘What is

the difference?’ Six salts, six colors. He said that blue is called blue and is liked by men. Women love red more. A white is used by ‘mzhory’ (‘golden youth’) who have money. It is more expensive if you don’t know the price; he says, he would take a blue one. He explained which colors are best. He doesn’t like the red one; it seems to him that it is generally strong, but he likes the blue one, and the women love the red one. The white is used by ‘mzhory’, and yellow is used by everybody, when there is nothing else. At that time, most of them were choosing by the color. Then later I asked something, and he says it’s salt. I say that salts are different—Alpha-PVP and others. He says this is Alpha-PVP” (KGZ-I-05).

Respondents from the medical and law enforcement institutions categorize NPS by classes: synthetic cathinones, synthetic cannabinoids, piperazines, synthetic stimulants.

Usually people are not aware of what exactly they are buying. One of the respondents said that only the names are different, but the drugs are the same: *“SK, salt, speed, crystals, flour. In fact, it’s all the same thing, just the names are different. Both crystals and salts, it’s all one and the same”* (KGZ-FG1-06).

As in Kazakhstan, in Kyrgyzstan NPS are advertised on the walls of houses, in the streets, and people call it “SS”: *“When it’s advertised on the walls, it’s written in English. There is a rocket painted with the words “Speed and smoke.” So it’s called ‘SS’* (KGZ-FG2-03).

One of the most unusual names—or maybe more greetings—is “220”: *“We rastas have 420. Those who use salts have 220. They wish each other 220, so that everything goes well [in their trip]”* (KGZ-FG3-04).

Lots of respondents from the community of PWUD, LGBTQI+, and SW mentioned psychoactive substances such as LSD, acid, “lizer,” MDMA, ecstasy, and mushrooms. The reason for mentioning these substances as NPS was because they just started to appear on the Kyrgyz drug market, and for the general population they are new, synthetic substances, which are mostly coming from Europe. However, in this study, we do not include these substances as NPS, because they do not meet the definition of NPS according to the laws and policies in Kyrgyzstan.

Almost all respondents from the key populations mentioned pharmaceutical substances they use that have similar effects to NPS if used in large quantities. These are Trigan-D, Cyclomed (eye drops), and Lyrica (Pregabalin). However, again, these substances are not analyzed in the study for the same reason.

OASIS
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@KGZ_SPEED

5.3

Relevance of NPS use in Kyrgyzstan

From the data collected and available on NPS use in Kyrgyzstan it may appear that NPS are not a particularly important issue (because there is so little information on the topic); however, responses from the interviews and focus groups show that there several issues of concern that need urgent responses from health institutions, law enforcement, and local NGOs.

In Kyrgyzstan it takes a long time to approve NPS and include them on the list of illegal substances. It is a very intricate system, which means that new substances emerging on the drug market cannot be included on the list immediately. Therefore, for a certain period of time, these substances remain legal and bear no criminal responsibility in the country: *“And these psychoactive substances are simply not under control. That is, they are not included on the lists of narcotic drugs and psychotropic substances. But the fact that they are not included in the lists, and are not classified, does not mean that there are no signs of them”* (KGZ-I-03).

The young age of NPS users is another alarming issue, revealing that more and more young people are starting to use NPS—in some cases, even with their family members:

“The age category of patients worries me because it is mainly 16 to 30–32 years old—the most reproductive age” (KGZ-I-02).

“The problem is that 90% of NPS consumers are young people aged 14 to 24” (KGZ-I-01).

“Well, of course, the problem exists. Young people are very keen on this. That is because they have troubles at home, problems with parents, conflicts. Because of these psychoactive substances, there are also conflicts with the police. This situation does not lead to anything good at all” (KGZ-FG3-02).

“There are no age limits. All ages fall under this [use of NPS]. Couples. I even know one family, which is using together with their

children. Because the children are teenagers, 14–15 years old, they understand. And so that they would not tell their grandparents [about drug use], the whole family are now snorting” (KGZ-FG3-04)

From the perspective of harm reduction service providers and outreach workers, it seems that NPS users are a more closed and harder-to-reach group than other users of psychoactive substances. This becomes a barrier to providing services, to making a first contact, and building trust with them: *“We [opiate users] were meeting. We generally were gathering. And now, this is all anonymous, and there is no special access to this group. They sit there in their apartments; they stop going out while using salts. They talk a little; they have their own circle of friends. Therefore, it is very relevant. There are no other drugs. Now when you meet a drug user, he says that he wants heroin; he does not want buprenorphine or methadone. Therefore, there is no other access [to heroin], so people start to use salts. Of course, it is very accessible”* (KGZ-FG1-01).

Kyrgyzstan is considered a conservative country. Drug use is considered immoral and “shameful” for the whole family. Even though parents suspect their children of using drugs, they try to hide it, and sometimes ignore it. People are afraid to ask for help from narcology centers because anyone diagnosed with substance use disorder is immediately included in the Narcological Register for 2 years. There is anonymous treatment, but it is expensive and not affordable for all people:

“Another problem is that we are in Kyrgyzstan, and many parents (we have had it for centuries) are embarrassed and hide the fact that something is wrong with their child. And this is also a very big barrier to helping the child in time” (KGZ-FG1-05).

“Another problem is that they turn up late for drug treatment. At the initial stage, when they are just starting to consume, they hide their use from their parents and relatives. They are treated at the stage of development of addiction to NPS. Addiction develops, and parents notice a change in the behavior of

the child, unreasonable financial expenses. Statistics are compiled according to cases of applying for drug treatment, but many parents, because of our mentality, try not to go to a narcology dispensary. They contact private clinics. In Osh, there are private narcological clinics, or they [parents] are going to doctors they know. They [children] receive treatment anonymously, so as not to be registered in the Narcological Register” (KGZ-I-01).

Furthermore, NPS are also becoming popular because of their extensive and aggressive “marketing.” Different means of promotion are involved in selling NPS: starting from the signs on the walls, to recruiting young people as couriers to deliver drugs or as “advertising agents” by leaving signs and posters around the city. It is easy to purchase them online, through Telegram channels:

“And now, it is easy to buy them, through Telegram. You throw money and go pick them up in any area. Almost near the house, if you are a regular customer; they can even leave the drugs under the balcony” (KGZ-FG3-04).

“This is a public problem, but no one talks about it. You walk around the city, and on every wall, on every fence, there are advertisements for these shops. Anyone could be interested and try them. No one is safe from this” (KGZ-FG3-02).

“I was interested, because payment was made in substances. [...] They said (it’s work) not for a courier, it’s more for an advertising agent; they said that I should walk in crowded places, near schools, write advertising for the store. For schoolchildren, students, and young people to see it. They are directed at young people” (KGZ-FG3-02).

While speaking with respondents from the LGBTQI+ and SW communities we found that there is still a huge stigma inside the community regarding drug use, which is why it is very hard to evaluate the overall situation in a community with NPS use. People inside their communities try not to speak about drug use, to avoid being excluded or shamed inside the community:

“I would not be able to answer this question, because we in the gay community do not tell people that we use drugs. This is the same as talking about sex work. The topic is taboo, and there are people who do not accept other people. For this reason, we try not to talk about these things. Quietly, no one knows, no one hears us” (KGZ-I-02).

Another very concrete issue mentioned by most of the respondents was a lack of knowledge and competencies in supporting those who are using NPS. At both the institutional and the NGO level, specialists lack knowledge on how to treat and help those who have NPS use disorder:

“From 2015 we started to raise this issue very seriously, because patients appeared with incomprehensible symptoms, different than any other familiar narcotic drugs. Most of the patients couldn’t say what exactly they had taken” (KGZ-I-02).

“Of course, I think this is relevant and there are a lot of problems with new drugs, why? Because, first, it turns out that no one knows what to do about it. Nobody knows how to work, how to rehabilitate, how to treat. In short, there are a lot of problems in this respect” (KGZ-FG1-05).

“... many people do not know how to deal with these new substances. If a person overdosed from heroin or from khanka, we already knew what to do, how to bring a person round. So now there are a few people who know this, as we were told about injecting drugs, naloxone, and so on, the various manipulations to carry out with people to bring him/her around. Now, few people can explain what to do with a person if he overdoses from salt or whatever else” (KGZ-FG1-02).

“NPS are much more risky and scary, because people—in particular, doctors, medical workers—do not know what to do with NPS users” (KGZ-I-06).

Furthermore, NPS are also becoming popular because of their extensive and aggressive “marketing.” Different means of promotion are involved in selling NPS: starting from the signs on the walls, to recruiting young people as couriers to deliver drugs or as “advertising agents” by leaving signs and posters around the city.

It is no secret that the risks, consequences, dosage, responses, etc. of most NPS are not well researched (some of these substances are not researched at all). However, different sources show that NPS are dangerous to people's health, and most of the respondents were aware of this. It is dangerous to use them, both because there is no evidence-based information on the use of such substances and because overdoses and intoxications are showing their potency:

"Why are these drugs dangerous? Because they are synthetic substances, their chemical structure actively affects all cognitive processes in the brain. It is memory, attention, coordination, movements, feasibility of life" (KGZ-I-02).

"These substances are dangerous also because it's not always easy to predict the dosage needed for a person" (KGZ-I-02).

"For example, I checked for Alpha-PVP. It is sold on the Internet as an aquarium cleaner. At GBP 500 per bag or per jar. Actually, it's directly written that this is an aquarium cleaner. It is clear that knowledgeable people understand that GBP 500 for a jar of some incomprehensible consistency that cleans the aquarium is some kind of outrage. And therefore, only people who know what this powder is about buy it. Therefore, [...] all this hype of horror and everything was created due to an information vacuum. And the information vacuum was created due to the fact that a very large number of seemingly unidentified substances poured onto the market. Yes, and it is impossible, for example, to distinguish two white powders from each other. How do you distinguish them?" (KGZ-I-03).

"But with regards to physical health, these synthetic psychoactive substances take people out of the general population much faster. Because it very much affects a person's psyche. There is not much time to save a person's life. I mean, we lose young people, who are our nation's gene pool. And it is insulting and annoying that it is easily

accessible and affordable. From 14 years old, we are seeing, let us say, in all these rehabilitation centers, those who are now in narcology, who are private. We hardly see any opioid addicts..." (KGZ-FG3-01).

"The problem with the use of NPS is that the psyche and nervous system suffer very quickly. I believe that the country's gene pool is slowly being destroyed" (KGZ-I-04).

As the research was conducted during the COVID-19 pandemic, one of the respondents representing a law enforcement agency shared concerns regarding the possibility of a developing and growing NPS market in the country because of closed borders: *"We felt that the border was closing very quickly. The country is in a vacuum. The flow of heroin, currently in the Kyrgyz Republic, is becoming more problematic. What am I afraid of? What risks do I see with closing borders? It is local production. What risks do I see in this situation? I see two risks. The first risk is our own production, and it scares me. Because at present, I think that Kyrgyzstan is located on sufficient territory that could make some NPS or drugs; it is not so difficult, in fact. [...] The second is the importation of narcotic drugs of a very high degree of purification, or such things as fentanyl. Why fentanyl? Kyrgyzstan has an annual quota for fentanyl of 12 grams. From 12 grams of fentanyl, 120,000 ampoules are made for medical purposes. What is it, to smuggle 120,000 ampoules? It's a small truck. And what is it to transport 12 grams of fentanyl? These are two different logistical tasks. Therefore, what am I afraid of? I'm afraid that local production will open up here; they will start making drugs. And, second, I'm afraid of fentanyl. Why am I afraid of fentanyl? Probably for the same reasons as in the USA and Europe. They are now making titanic efforts to combat fentanyl" (KGZ-I-03).*

There are, therefore, a number of issues that are alarming and that need a fast and effective response to the challenges arising. They will be discussed further in the next sections of this report.

5.4

Motives for NPS use

There are various reasons why people start use NPS: financial, social, emotional, and psychological. As some of the respondents mentioned, we live in a fast-moving world, and to keep up with the world, people may start to use drugs:

“Speaking about users of salts, it [salt] accelerates a person. And young people, you know, being teenagers, they have maximalism, they want to move somewhere, do something, get laid. The most interesting thing is life itself. I’m analysing why these drugs are so popular now. Because life itself, it is, first, not stable, constantly changing, and a person must be on time. Everyone wants to be successful; this means not sleeping for 3 days, preparing for exams, or having time to do some work quickly and getting paid for it, so you need to be constantly on the move. This, in my opinion, also stimulates guys. Why? Because life itself dictates that everyone should be accelerated” (KGZ-FG1-05).

“If the economy develops in a negative way, with stagnation, then depressants should be expected [in the drug market]. Again, this is my personal point of view; I do not impose it on anyone. I believe that we should expect a wave of use of depressants, including heroin and so on. If the economy grows sharply, and it will be necessary to work day and night to save money, then the stimulants will go too, and having so many ephedra, I think we can get another surge” (KGZ-I-03).

As for experienced PWUD, they are starting to use NPS because of a disappearing market for traditional substances, such as heroin, anasha, and khanka. And if a person has substance use disorder, there is a chance that they will use any drug they can find:

“... For me personally, it would be better if there were heroin. Let everyone smoke anasha and be happy, right? Joyful, no one would be bothered. But unfortunately, this is not yet possible in our country, and given that we are people who use drugs, we want to get high...” (KGZ-FG1-05).

Respondents also shared some thoughts regarding why young people are starting to use NPS:

- It is affordable.
- It is very easy to purchase.
- It can be bought anonymously, without the need to meet people, because you are picking up a hidden package, and no contact is made with anyone.
- Young people do not have any experience of using traditional drugs and so do not know the “high” of those substances: *“Young people use NPS, and they just don’t know the feeling of other “highs”. They know this one, and they like it. And we don’t like it.” (KGZ-FG3-01).*
- Because of boredom or the search for new experiences: *“Students from the regions often live in the capital on their own: free life, hanging out, trying NPS” (KGZ-I-06).*
- Because of the sensations during sexual intercourse and increased libido: *“... Sex under new drugs gives new sensations. Under the new drugs, there is a great desire to have sex, and it doesn’t matter with whom or where. NPS consumers do not use condoms when having sex while on new drugs; the partner becomes unimportant” (KGZ-I-04).*

MSM and SW community representatives specified some other motives, which are more applicable to their communities:

- They use it for the work purposes: *“And the specifics of the MSM community, gay community, trans girls, they use it for work. Under these substances, a person becomes more relaxed, does not sleep for a long time. This allows them, as the girls say, to communicate more nicely with customers. For a long time, they do not sleep and take more customers to earn money. I can also say what I used when I worked at sex work: mephedrone, for the purpose of work” (KGZ-FG4-03).*
- For stress relief, relaxation, and self-acceptance, which is very hard in Kyrgyz society: *“If we are talking about marijuana, synthetic or natural, it is all about sex, of course; it is the removal of internal stress, homophobia, or whatever. This is probably about the socialization of sexual orientation and gender identity. With the rejection of*

society and a high level of homophobia of the patriarchy and all that garbage. There are people who get high, and there are people who try to drown out stress and some kind of internal problems” (KGZ-FG4-02).

● Part of the cultural identity of the community: “Also, sex workers all know each other, and there are girls who are visible and more authoritative, and for some girls use [of drugs] is fashionable, prestigious. It means that she has money. There is such a concept, too, and some girls begin to use without understanding what and where and why” (KGZ-FG4-03).

● To forget their complexes and imperfection: “I also heard from many girls that you can’t sleep for a long time. You can serve customers and don’t eat for a long time. That is, you are losing weight. These complexes, completeness and the rest, many, many complexes, they solve using drugs” (KGZ-FG4-03).

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)?

Most of the respondents expressed the view that NPS users are mainly young people, in the last grades at school. And only a very small proportion of the users are experienced users who choose to use NPS mainly because of the lack of availability of traditional drugs:

“... Old drug users, there are essentially very few of us. And among them there are those who try or use [salts]. But most are young people. These are students; these are schoolchildren from the last classes. More youth. There are a lot of new ones, as I understand it. What is bad is that they are all closed; there is no access to them like there was access to our users, because there were self-help groups. There were rehab centers, syringe exchange, methadone. And it was possible to find these people there, to communicate with them somehow, to work

with them. These people are all closed, each going their own way” (KGZ-FG1-05).

“Of my acquaintances, those who are using these substances, at most they smoked hashish. Salt can also be smoked. They did not use heroin before, but immediately began to smoke salt. Hashish has become difficult to find, especially pure. And salt can be smoked; can be used intravenously” (KGZ-FG1-06).

“Of the old people who became salt users, I noticed that most of them are those coming out of prison... And there is such a movement, as it was before. They have such crippling pain. Here they all come, like an older version. ... Here they all smoke. And, of course, young people. My daughter says that a girl two years older than her cooks mephedrone at home” (KGZ-FG1-04).

“Most of the people who use it are young people” (KGZ-FG1-02).

“Most are young and teenagers, from 14 to 20, a big wave of teenagers, schoolchildren. But there are also those who used previously” (KGZ-FG3-04).

“I know that there are such users who earlier used opiates and safely transferred to amphetamines. The changes occurred due to the lack of access to heroin and the ease of purchasing NPS. Through the online store, you transfer money and take drugs using the “zakladka” [hidden package]. Heroin can only be bought through the police” (KGZ-I-04).

“If you talk in percentage terms, the main part is new consumers: 80% are young people, and 20% are those consumers who want to try something new. Our consumers [of opioids] are switching to alcohol. Of the old [opioid] consumers, somewhere around 20% switched to salt” (KGZ-I-06).

Among young people there is also a culture of using and sharing information about NPS (where to get them, which NPS are the best, how to use them, etc.) in a group. This group is called “marathon gang,” because people are

using salts for several days in a row (there are cases even of 14 days of use in a row, without sleeping or eating), which exhausts the person's body and psyche:

"Basically, our customers are young people, from 15 to 30 years old. Talking with clients, I hear information that everyone has friends, 20-30 people; in slang they call them 'marathon gang.' They keep in constant contact with each other, find out where, what is happening, where it is better to buy NPS. When NPS users do not have money to buy drugs, several people gather and look for 'zakladka' [hidden packages]. They are called 'kladoiskateli' ['treasure hunters'] or 'seagulls.' They find 'klady' [hidden packages], rent an apartment, and go on a marathon for 5-6 days. They know where to search, and they are so economical" (KGZ-I-04).

"Young people mostly use NPS in groups. Those consumers who are already overtaken by paranoia prefer single use of drugs, because they think they are being chased, eavesdropped, etc." (KGZ-I-04).

5.6

Routes of administration of NPS

The most common way to use NPS in Kyrgyzstan is smoking and snorting, especially among young people. Young people are afraid of injections, so they prefer to use NPS, as there is no need to inject them. Young people also swallow it, by wrapping substances into paper, so-called "bombs":

"Usually smoke them through the bulb" (KGZ-FG1-06).

"Tin foil, bulbs, smoking pipes. Through cigarettes. We were smoking through the antenna" (KGZ-FG1-06).

"It happens that you sit in the computer club and smell 'salts', because somebody is smoking there" (KGZ-FG2-03).

People smoke substances mainly through bulbs and pipettes, which they buy from pharmacies. To avoid burning their hand, the end of the pipette is wrapped in paper. Sometimes people

use water pipes. Tin foil is also used: people buy "Alionka" chocolate, which is wrapped in foil, and they smoke the substance and eat the chocolate (so there is even a double benefit).

Some respondents mentioned injecting, which is more common among experienced PWUD. The intravenous route is common among those who have experience with opiate use.

A respondent from the SW community said that sometimes substances are used rectally by rubbing them into the rectal walls.

A few respondents also shared their views on risks related to changes in the ways to use drugs. While starting with smoking, people may use other routes of administration later:

"I have no evidence, but I have vague doubts that a person will stick all his life to this coltsfoot, sprinkled with some muck. I think that this person's problems will only accumulate, because he smoked once, smoked twice, got a brain injury, and for some reason I don't see any happy ending, you know, that he will come out from. Most likely he will need some kind of pain medication from a headache, and so on and so forth, and here comes the syringe, our dear syringe..." (KGZ-I-03).

"In my experience, I can say that two factors influence the transition from smoking to injecting. First, it needs less. I saw it. I snorted a line, and I took half of it when I injected it, and it had more effect than I know I would have [when snorting]. For me it was a decisive argument. And the second is the wave. With heroin, you snort or smoke, you do not experience it, even if you inject into the muscle. But those who felt this wave from the vein, they will not stop injecting into the vein until the veins disappear. And I asked an NPS user precisely this question. 'Is there a wave with it?' asked the person who used heroin, who knows what I'm asking. He says 'yes'. I asked the question: 'Do you need less substance?' He says 'yes'. That's it, as with heroin. Everything. If these two factors exist, then I also think 100% that for all these people it is a matter of time, where and when, before they all switch to injecting" (KGZ-I-05).

5.7

Combination of NPS with other psychoactive substances and other drugs

The combination of NPS with other psychoactive substances in Kyrgyzstan is not very common. NPS users are mostly using NPS with pharmaceutical drugs, such as “Lyrica” (Pregabalin). People combine drugs because they want to achieve the best effect of the drug they are using, or they want to reduce any unpleasant effects and dysphoria. The respondents mentioned only a few combinations:

- speed mixed with sweet tea;
- salts or speed with medications such as Dimedrol (Diphenhydramine), Somnol, Cycloled;
- 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.

Only one recommendation of not mixing drugs was mentioned: not to mix salts with MDMA or with acid (LSD).

5.8

Ways to purchase NPS

While most of the traditional drugs are still purchased through dealers or “from hands,” as it is called, NPS are mainly sold through the Internet: on Telegram, WhatsApp channels and, more rarely through the Darknet:

“It is possible to buy through applications, through a QIWI wallet. Through e-wallets. You can purchase from the card. You ask, and they tell you the prices. You order it, transfer money, show them the check, send the photo. As they confirm, they send you the address, accurate geodata. You go along, pick up, do a photo report to them, and that’s it, you are at home. They thank you and wish you a good ‘high’” (KGZ-FG1-06).

“It’s very easy. Each person who uses drugs has a QIWI wallet where he puts money. You put money into your QIWI wallet. Those who use know the shops in Telegram. Those who have already used it are one step up and have shops on their phones. And someone who is just starting [to use drugs] is buying from somebody who is twice as expensive. So you put money into your QIWI wallet and write, ‘Salam, bro!’ We all say this, which means: ‘What do you have for today?’ And then he gives a link for today’s ‘menu.’ There is red crystal, blue crystal, snowy flour. The price is for 0.4 of this, for 0.5 of this. So it depends on how much money you have. Let’s say I want 0.5 of blue crystal. Then he gives you a price of 2,200 in rubles and details of the phone in which he has a QIWI wallet. And you pay 2,200. Then you choose somewhere where it’s comfortable for you to pick it up—Lenin, October...Pervomansky area, let’s say—then he sends you a message that next to house number 54 there is a tree, under the tree there is a stone, and there is a hidden package. I went along, lifted a stone, got it, and went” (KGZ-FG3-04).

Buying NPS online is the most popular way of acquiring psychoactive substances; however, there are some risks, such as not getting what you ordered, because somebody already found it and took it, or because you bought it from a fake store, or even being arrested by the police while picking up the hidden package:

“I know such a store where law enforcement agencies themselves are involved. You transfer money, they confirm everything, you go to get the hidden package, and they catch you there. There are fake ones, there are those who work with the police, there are different cases. And a very big risk, every time you go to get the hidden package, you think that they can catch you. You don’t know who it is, with whom, through whom” (KGZ-FG1-06).

“There are fake stores. Each [real] store has its fake store. Let’s take the ‘Rahat’ store: it has 1,000 fakes. To get in touch directly with ‘Rahat’, I was thrown out maybe five times. And the first time when I was getting [drugs]

from ‘Good store’ (it has the best quality of drugs), it cost 2,500 som [EUR28] for 0.5 g, and I paid, and they threw me out and deleted [the account]’ (KGZ-FG3-04).

“We have ‘shkurohody’: those who earlier worked as couriers... They keep an eye out for hidden packages. They know that there is a hidden package. I also did the same. I took [somebody’s hidden package] and went. But if you can’t find your ‘zakladka’ [hidden package], you write ‘ne naxod’ [can’t find], and they reply ‘perezaklad’ [meaning that they give you new coordinates to pick up the hidden package]” (KGZ-FG3-04).

To motivate more people to purchase NPS, administrators of the Telegram channels are organizing different entertainments, where they distribute drugs for free or add some drug equipment as a bonus:

“There is a shop, not sure if it exists now. But when you buy more than 1 gram, they give you a glass pipe as a gift” (KGZ-FG1-06).

“... You can also play something like a quiz, where you don’t even need money; it’s like roulette. They distribute [drugs] for free” (KGZ-FG2-01).

“They distribute like this: 4-5 times for free, so people get used to it [the drug]. Later they are selling it” (KGZ-FG2-04).

“It happens that no one buys. And they just take a couple of addresses and drop them into the general chat, so people can start using drugs. It happens when no one is buying them [drugs]. In principle, no one buys there. But as a result, people begin to consume; people specifically ‘sit’ on drugs, and then, after several months, they use them” (KGZ-FG2-05).

Some of the respondents mentioned that clients of these Telegram channels that sell NPS are arranged in a hierarchy according to the frequency and quantity of drugs they buy:

“And there is also a certain hierarchy of purchase. That is, if you start to use, you buy

through someone else. If you are an ‘average’ client, you communicate with sellers through bots. And if you are a consumer with authority, then you deal directly with the seller, with the administrator. And there are discounts. I already had such a good discount there. That is, I am writing to him: ‘Salaam, I do not have 400 rubles. I’ll give it to you tomorrow.’ He is: ‘ok’ and sends off the hidden package to you. The next day you give him the money. All inclusive. It all depends on what step [level] you are on, and it depends on how much you use” (KGZ-FG3-04).



To motivate more people to purchase NPS, administrators of the Telegram channels are organizing different entertainments, where they distribute drugs for free or add some drug equipment as a bonus.



Buying NPS from a dealer is not very common in Kyrgyzstan; however, among the SW and LGBTQI+ communities the most common way to purchase drugs is from dealers or through their clients.

There are also huts where people can buy and use drugs, if they do not have enough money to buy from the Internet: “You have 100 som [EUR1.15]. The person goes [to a hut] and pours out the substance for 100 som, he quickly smokes it, and runs off to look for another 100 som. There are such huts, so terrible, there is generally darkness and horror. It’s terrible there... One tube is going around. Everything is skewed there... There are old prisoners... Very gloomy. But I was stuck there about a day and a half. And this hut didn’t seem so ugly to me. You smoke, and everything seems fine. After 10 minutes it let go, everything became too dark—time to go home. And here they pour [the drugs] again. You won’t get out of there. Approximately 15 to 20 people gather there. They go into this hut, and then you see they begin to undress. Walking around in their underpants ...” (KGZ-FG1-04).

There was even a case of an advertisement for drugs appearing in the streets of Bishkek on an official billboard. It had a QR code and the name of a website where it is possible to buy NPS. Furthermore, this advertisement invited people to take a picture next to it and share it with friends, and one lucky person could win an iPhone.

To encourage more people to buy drugs online, it is necessary to promote them. As most of the respondents mentioned, throughout the city, there are signs on the walls with the channel names. There was even a case of an advertisement for drugs appearing in the streets of Bishkek on an official billboard. It had a QR code and the name of a website where it is possible to buy NPS. Furthermore, this advertisement invited people to take a picture next to it and share it with friends, and one lucky person could win an iPhone.³⁰ Participants in the focus groups said that young people are recruited to work for the NPS sellers as advertisers or couriers who are hiding packages. Usually this work is paid in drugs, sometimes in cash. This is another reason why more and more young people are starting to use NPS:

“They give you advertising flyers, and you go and hang them up ... on garages, porches. You hang up 10 adverts, take photos, and send them to them. And they give you a package of 0.3 g because you went out and spread the information” (KGZ-FG2-05).

“The more signs you hang up, the more [drugs] you will get. That’s the situation in Osh” (KGZ-FG2-01).

“We had a case where the son of our employee was recruited to work as a ‘skladmen’ [courier]. Young people work and distribute NPS based on the ‘zakladki’ [hidden packages] principle. They make the payment for drugs from their phone or from their computer. They promise a salary of 50,000 som [EUR573] per week for the work of the courier, which is a lot for Osh. Such a payment is beneficial, because you need to keep a secret, get a separate phone, rent an apartment, ensure you’re moving” (KGZ-I-06).

Given that people know what these QR codes or signs on the walls mean, the only conclusion is that the promotion of these channels and websites works quite well. Furthermore, none of the respondents mentioned any response to the advertisements (unlike in Kazakhstan, where at least these advertisements are being painted over, and where people who leave them on their walls are considered responsible for them).

5.9 NPS prices

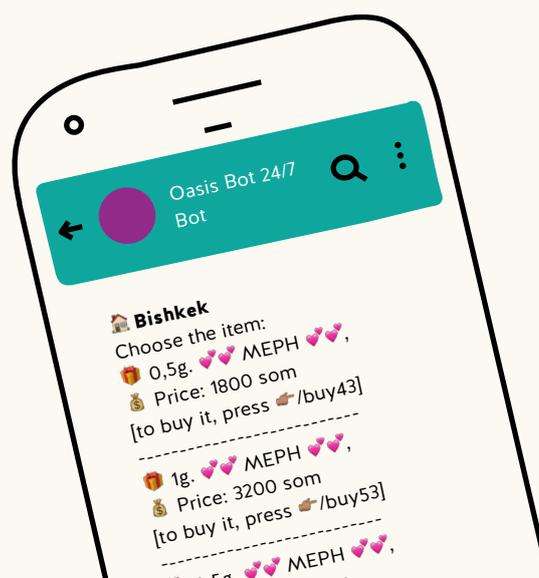
The prices of NPS depend on the shop where the drugs are bought. If it is a new shop searching for clients, it usually has promotions and special offers to attract new people:

“In different shops, different prices. There are cases of shops opening and giving lower prices. If a gram costs 3,500 som [EUR 40], they can sell it for 2,000 som [EUR 23] to attract more people. But in most cases we were talking 0.3–0.5 g for 2,200 rubles, which is 2,500 som [EUR 28 Eur]. 1 g costs 3,500 som [EUR 40] or 3,800 som [EUR 43]” (KGZ-FG1-06).

Respondents did not distinguish between substances and their prices. Most of the respondents in Bishkek said that, on average, 1 g of any NPS costs 3,200 som [EUR 38]. In Osh it costs a little bit less—2,800 som [EUR 32].

As the study was conducted during the COVID-19 pandemic, the respondents shared changes in the prices of NPS in online shops. The pandemic has had an impact on both the prices and the availability of NPS:

³⁰ https://www.vb.kg/doc/383410_v_bishkeke_razmestili_ban-neriy_s_reklamoy_narkotikov.html



“Due to the quarantine only ‘Mangusha’ was selling. Only 0.2 g, and only crystals. ‘Rahi’ has 0.4 g and 1 g. Others have 0.5 g and 1 g. 0.5 g cost 2,200 rubles [EUR 27]; when there was no emergency situation, 1 g was 3,300 rubles [EUR 40]. It was better to get a gram. Flour was 1,900 rubles [EUR 23] for 0.5 g. Flour is cheaper than crystals: 200–300 rubles [EUR 2.50–3.70] difference ... Now, 0.2 g (for me that’s one line) costs 1,800 rubles [EUR 22]” (KGZ-FG3-04).

As was explained in the previous section, people who have no money to purchase drugs—“skurohody”—are searching for hidden packages in places where these packages can usually be hidden:

“There are people who don’t have money to buy [drugs]. They are walking around old places: ‘shkura’, ‘shkurohody’, yes. They simply look, and sometimes they find and find a lot” (KGZ-FG1-06).

“They [‘shkurohody’] are sitting and waiting for the ‘kladmen’ [courier] to come. They [couriers] are walking along with small bags and very quickly hide ‘zakladki’ [hidden packages]. And these types—evil bastards—are sitting and waiting. When the ‘miner’ [courier] has left, they are going to dig and collect...” (KGZ-FG1-04).

There is also a possibility of ordering NPS with delivery to your home, but it costs extra:

“In Kyrgyzstan, girls say you can buy 0.5 g and 1 g [of mephedrone] through the hidden packages system. 1 g costs 3,000–4,000 som [EUR 34–45]. ... If you are getting it through dealers, then its 1,000 som [EUR 11] more, plus 1,000 som [EUR 11] for delivery. So on average it’s 5,000 som [EUR 57] for 1 gram” (KGZ-FG4-03).

5.10

Dosage and effects of NPS

In this section we wanted to understand what the effect is of taking NPS and in what dosages people are using them. None of the respondents could say what the daily dosage

of NPS is. Most of them agreed that NPS are used until there are none left, because people feel the desire to use more and more, until they are finished. If there is a larger amount of the substance, people can use it for 5–10 days or even longer without sleeping or resting. But they will use it without any breaks, until it is gone:

“I know a case when four people took 3 grams of flour and smoked it for 1.5 days. Without any breaks: smoke, then for a minute they chat... There is a desire to use it, until it is finished. There is such a strong pull” (KGZ-FG1-06).

“Three of us took 2 grams, and until it was finished we didn’t stop using it. That’s the point of this substance: we used it, sat there for 40 minutes, an hour, took a look at each other, and understood that we needed more” (KGZ-FG1-02).

“The condition is that as long as you have it, you will inject it. In any case, while it is in your pocket or sitting next to you, you’ll be injecting...” (KGZ-FG2-01).

“There is no such a thing as dosage with NPS” (KGZ-FG1-02).

“We divided 0.3 g between two persons, for one cube” (KGZ-FG2-01).

“A kilogram (joking)... However much you get, everything will be consumed. ... As long as it exists, you will not stop. It’s scary in that regard” (KGZ-FG3-02).

“

The condition is that as long as you have it, you will inject it. In any case, while it is in your pocket or sitting next to you, you’ll be injecting...

”

“You see, they get half a gram. You smoke some, and after 5 minutes you smoke some again, and after 5 minutes you smoke some again. And here you are sitting with this little piece of gold like a fool. Until it ends. Then, when it starts to end, or when it is over, you start [to think] where else to get it. That is, if you get a kilogram, you will smoke a kilogram. And it will last 10 days, 5 days. Personally, I had this, my 14-day marathon record, without sleep, without anything. And I did it until it ended. In the end, I just swallowed sleeping pills to just knock me out. It was very scary...” (KGZ-FG3-02).

“It’s very difficult to keep track of how much you took... It’s not the case that you are alone. Someone is there. Someone has blue crystal, someone has green, flour, and that’s it. Someone is sitting with this pipette, someone with foil, someone with a pipe in their hands, and that’s all. While you are using, while you have it, you can stay awake. My record, I did not sleep for 10 days. On the 10th day, my brain turned off” (KGZ-FG3-04).

“While I sat with them for 40 minutes... At first they smoked, just smoked. Then, ‘Let’s have a shot? Do you have your own syringe?’—‘I do.’—‘Me too.’ Here they got their belongings. It’s about 20 minutes probably, all this happened. One went there to inject, another to other place. As soon as he used it all up, he lit a cigarette and again began to unfold. In 40 minutes they smoked and injected twice. With heroin, it’s three times a day. I would now inject myself and forget for half a day, and in 40 minutes they used everything; they just have time to fold it, unfold it. They began to tell me about the features. One says: ‘I take it for one use, inject, and then throw everything away. In order not to have it near me, because I know that I immediately want to top up, and it’s extremely important for me to extend this length for an hour, because then I will repeat it every hour. If I can manage only for half an hour, then there will be intervals of half an hour.’ Once, he said, he took it and used

it all: ‘Every 10 minutes I injected all night.’ Therefore, it sits in his brain. It’s important to maintain a period of time between use, and the more the better” (KGZ-1-05).

“If taking it nasally, usually one person buys 1 gram, enough for a day. And snorting once an hour through the nose. If intravenously, once every 2 hours, but the effect occurs immediately. ... Each has its own dosage, and each time the dose increases” (KGZ-FG4-03).

While there is no defined dosage, the effect of NPS is similar: it is a quick and short-lasting euphoria, accelerating movements and body. If using it in a high dosage and more frequently, a more negative state of mind can appear, with anxiety, hallucinations, paranoia, etc.:

“It turns out that the point is when you use it, you really don’t really understand right away, and you want to try it again. You begin to communicate more, you become more mobile, so active. Smoke, smoke, smoke. If a gram of heroin can be injected two times, then NPS can be smoked at once. And when it ends, you start ‘hunting.’ You want to find it in the whole apartment. You can search all night, pick through it all. The state is like you’ve been running in a three-day marathon. Then hallucinations begin. You start to think negatively. That’s for me personally. I know people who smoke, and then for 2 hours they stare near the window or through the peephole, as if someone might come. They are anxious. Constantly someone is ‘chasing’ them; they ‘hide’ from someone. It’s different for everyone. I think they are anxious because they betray people—that is, they have something to fear, and under the influence of salts the anxiety becomes stronger” (KGZ-FG1-06).

“I can compare, you know, two different states. This is when I used heroin and opiates, and salt. This is the exact opposite state. If you injected heroin, then you just want to hang somewhere, listen to music. I don’t want to move; you just get high, and you don’t want anything. And when you use salt, it’s the opposite kind of energy. This energy rushing and rushing, so you feel the

need to use more. And there is some kind of movement, but in general this is all happening actively. Therefore, it happens that a person does not sleep for 2–3 days. If it ends, he immediately thinks about where to go to get more. There is no time to stop, to rest, to eat. These are two opposite states, I would say” (KGZ-FG1-02).

“Euphoria lasts for 15–20 minutes” (KGZ-FG2-06).

“At first it’s a high. It accelerates you; you become active. I want to communicate. You cannot concentrate on one thing. You need to be everywhere. But, over time, this high ceases to be a high. You are starting your kind of paranoia, thoughts, something to get scared about. You become somehow completely renounced by the world. You don’t communicate with people; you don’t need anything but this thing. At first it’s a high, and then it gets scary. You lose yourself. I don’t know how else to say it” (KGZ-FG3-02).

“You only need to take a line, and I am God! The whole world belongs to me! And sex is something... I’ve had no fears yet...” (KGZ-FG3-04).

5.11

Risks and consequences related to NPS use

Participants in the focus groups shared a long list of risks and consequences from their lived experiences or those of their acquaintances, related to the use of NPS. We selected the most frequently mentioned ones:

- Frequent injections and shared equipment, related to the risk of HIV transmission: “They can sit and inject around 10 times per night... Let’s say per day, you can inject yourself two times [with heroin]; this will be enough. And new substances ... they can be injected every hour... The use of these substances leads to hunting to have sex and leads to [HIV] transmission” (KGZ-FG1-02).

“And people can use the same syringe. There are at least three or five people who inject [with the same syringe], because they do not understand anything under the influence of this substance. They can inject with the same syringe” (KGZ-FG2-04).

- Lack of appetite and weight loss
- Infectious diseases (as a result of sharing injecting equipment and unprotected sex)
- Physical and psychological exhaustion: “Psychological problems begin, and you can’t get out of this gloomy state at all. I know one girl, she just sobs, just sobs stupidly. She stopped for a week with salts; she is so thin... she definitely has depression” (KGZ-FG1-04).

“A man ‘dries up’ in front of his own eyes. Completely. He loses so much weight. Skin becomes dry; it almost peels off. I had it. Under the eyes are such bruises that you look like a panda. You have such black circles around your eyes, you can’t hide it with anything...” (KGZ-FG3-04).
- Psychosis: “They begin to get scared, they run away, it seems to them visually. Why are they doing suicidal things to themselves? Because fear begins inside. When they come to their senses, they begin to see all these pictures, which are really scary. Even when a person returns to consciousness, for some time he still has hallucinations” (KGZ-I-02).
- Paranoid disorders
- Depression: “The state of depression is very dangerous and can push a person to suicide” (KGZ-FG1-05).
- Heart attack and stroke
- Suicidal thoughts and actions, as a result of psychosis and paranoia: “Suicide must be added to the risks. I see there is no physical withdrawal, which there was when using opioids. But here are twice the chances of psychological issues.

The case which happened in our house: a balanced man, he was caught right at the moment, he did want to open the door. They broke the door down, ran in, and saw a picture of him lying on the bed and making a cut from ear to ear with a knife... already a pool of blood. When he began to explain, at that moment he felt some goose bumps or bugs under his skin [which he wanted to remove]. An adequate, normal person who does not have any mental disorders takes a knife and cuts his throat. His goal is not to kill himself, but to get some bugs out of there. If we would've opened the doors 20 minutes later, we would have thought that a person had committed suicide. And he did not have this goal, which is the difference in cases of suicide. I saw the second one. He used it [NPS] in the evening, and in the morning his whole face was scratched; all of it was covered with sores. He was so itchy. We also scratched [on heroin], but not to the point where everything was cut, scratched" (KGZ-I-05).

● Becoming closed-minded and isolated from family, relatives, and society was also mentioned as a risk, because it is hard to reach and motivate such people at least to start using harm reduction services

● High-risk sexual behavior: *"From the point of view of danger, the mucous membrane is dried up, and the condom can break, it turns out. First, it is chaotic sex, and second is the susceptibility to infection with sexually transmitted infections. Also, during sex, the permissible sexual boundaries may be violated. You may have negotiated with a partner, but during the euphoria you do not comply with these agreements"* (KGZ-FG4-01).

Respondents also shared harm reduction measures that they try to apply while using NPS, to minimize the risks. These rules can be applied to any drug a person uses, but more specifically to NPS: *"First, you need to determine with whom you will use, to choose the environment. If hallucinations or something of this kind begin, you should immediately stop using. Then the effect will begin to decline, and you will be freed. You need to drink liquid all the time and force yourself to eat. If another person starts hallucinating, you need to agree with him, support him, calm him down, ask how to help. Do not say that he has glitches. To support him, to ask where he is comfortable, to create comfortable conditions for this person. You also need to carefully study the drugs that you are using: duration of exposure, how long euphoria lasts, when it is releasing, the dosage. There are drugs that should be used at a certain*



time, after 2 hours. You need to set an alarm, so that you should take drugs in 2 hours. During sex, before sex, you need to discuss what is allowed, what is not. You need to know your drug tolerance; if the partner says let's have more, you need to refuse..." (KGZ-FG4-03).

Another significant group of risks mentioned by the participants in focus groups are risks related to the law enforcement responses to drug use, and the rules of prison subculture:

"To be stopped by the police. When you are going to pick up a hidden package. ... I was left without friends, without relatives, without any support for three years of consumption" (KGZ-FG3-04).

“

First, it is chaotic sex, and second is the susceptibility to infection with sexually transmitted infections. Also, during sex, the permissible sexual boundaries may be violated.

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"Imagine that a person is on a marathon, and now, let's say, they are incarcerating him. ... The risk is that you can make some staff member crazy there, and who knows what caste you will get put in. If you were rude to someone because of your psychosis, you are done. There are such people, that for one word they will make your life in prison unbearable, and you will find yourself somewhere among the reptiles or even lower. This is very problematic" (KGZ-FG1-05).

"At the end of 2019, 'thief's' order appeared in regard to NPS. He passed, and everyone began to tell each other that the 'thief' had forbidden it and would beat anybody who uses it. Why did it happen like this? A ban on NPS has appeared in prisons. On the phone, there was a thief's order everywhere, that the NPS is banned; whoever gets caught using will get into trouble. Salts and mephedrone were in the zone; they were used. We

understand how in prisons men who have sex with men are treated. So, two decent men, related to the criminal world, were caught having sex with each other. They were hiding it. When they started to investigate, it was realized that the salt was to blame, having such a risk, and this is indicative of prison subculture. Salts were immediately banned and are now tightly regulated. Those who now use salt are in a very unenviable position. Because both in freedom and in places of deprivation of liberty, the pressure on them will be very strong. This prohibition comes from a 'thief in law.' Before the New Year, I saw the frightened eyes of those who use NPS who have learned about this ban. For them, now the fear of going to prison has doubled, or even tripled" (KGZ-I-05).

Interviewers from the medical institutions and law enforcement reviewed and shared their views on the risks and consequences related to the use of NPS from different angles. They mentioned medical, social, and legal risks related to the use of NPS:

"Risks can be divided into two large groups. Medical: that is a deterioration in the state of health of a young person, even death. Risks are associated mainly with withdrawal symptoms. When a person has the opportunity, he acquires drugs, uses, then for some reason he does not get such an opportunity, and withdrawal syndrome begins. For everyone, it proceeds differently, for someone in a mild form, for someone in an average, for someone in a severe form. Severe withdrawal symptoms cause both physical and psychological complications. There is a complete undermining of health. If a person can cope physiologically, when there is a psychological change in the body, this can lead to suicide. There are still social risks, problems in the family, problems with relatives. Legal risks, problems with the law: use can lead to crime, like any drug addiction" (KGZ-I-01).

So, two decent men, related to the **criminal world, were caught having sex with each other. They were hiding it. When they started to investigate, it was realized that the salt was to blame, having such **a risk**, and this is indicative of prison subculture. Salts were immediately banned and are now tightly regulated. Those who now use salt are in a very unenviable position.**

“First of all, the brain and psyche suffers greatly. A person is brought to us, we recover him, but there is degradation in the face. NPS consumers don’t understand that there is a problem; they don’t see themselves, they don’t hear others, they don’t have physical breakdown, and the brain suffers. Someone who turns to us again is different from the person who came to us for the first time. There is deterioration in the human condition” (KGZ-I-04).

“The first risk is death. Risks are also associated with toxic brain damage, brain injury, impaired consciousness, confusion. All of these problems are difficult to recover from, compared to heroin addiction. Injuries, because in an unconscious state a person can harm himself. Every overdose will leave bad health effects. Behind physical risks, there are all other risks. Social risks. This is a complex addiction. From the point of view of criminalization in relation to people who use drugs, they say that we have humanity, but actually high fines are applied to the parents of people who use drugs. The parents pay the fines, but the consumer is only interested in where to get the drugs. Law enforcement officers use torture, beating a testimony out of people who use drugs. Corruption. It is unfortunate that this is happening...” (KGZ-I-06).

“The use of NPS increases the libido. The situation with HIV transmission has changed, and the sexual route of HIV transmission is growing. This can be of help to the infection itself. Young people, having heard about libido, about potency in substances, it’s led to promiscuous sexual intercourse. They do not have a way to stop, some kind of brake, and a person rushes at everything, which is horrible. There are cases of heterosexual men having sex with each other” (KGZ-I-06).

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 that there is a lack of information about it in Kyrgyzstan. Some of the respondents working in health institutions and from the community of PWUD also shared the view that overdoses from NPS are not possible:

“I have not encountered cases of overdose from NPS. Patients with withdrawal symptoms contact us. Overdoses with loss of consciousness, respiratory disorders, and cardiovascular activity, this I have not seen in my practice. Any overdose causes a respiratory depression, loss of consciousness, and a violation of the cardiovascular system. In the flesh until cardiac arrest. Hallucinations mainly occur during consumption. When withdrawal symptoms begin, I rarely saw hallucinations. If the dosage is increased, there may also be hallucinations of a different nature” (KGZ-I-01).

“Many people are not familiar with this and simply do not know what to do. Of course, it would be good to have such information, to know what to do if a person is in such a state” (KGZ-FG1-02).

“There are no overdoses [from NPS]. If you use it for a long time, you go crazy. The agony and fear are starting. You are hiding under cars, locking yourself in the wardrobe. You think that somebody is running after you. You see the other world when you are awake. I had it, and I’ve spoken with this ‘other world.’ There is no such thing as death from NPS. When agony starts and ends, suicidal thoughts can appear” (KGZ-FG3-04).

Respondents from Osh, from the community of PWUD said that they never saw or experienced overdose from NPS, and that they are not familiar with the symptoms of overdose from NPS. Furthermore, most of them said that they only know about naloxone as a means to save

the life of someone who has overdosed. However, respondents from Bishkek were able to identify some of the symptoms of overdose—mostly of a behavioral nature and neurological symptoms:

“Overdose is when you don’t sleep” (KGZ-FG1-06).

“I’ll also add, when a person is in an overdose, this will be seen by his condition, because he does not control his condition. One can even see how a person tugs with his hand or foot, it somehow happens involuntarily, and he is pulled so much that he himself is not pleased. And the overdose will be after the person injected for 2–3 days, and it is clear that he is already tired. Due to exhaustion—emotional and any other way. This is not like an overdose from drugs where he fell and he feels bad” (KGZ-FG1-02).

“Some time ago I spoke with a guy who said that he was in a condition that he couldn’t move. He wanted to move, but it was something like paralysis. He said that for half an hour he couldn’t move. I also heard that it is a condition of panic, when it’s scary. Everything seems to you, all the time, that you want to hide, run...” (KGZ-FG1-05).

“It is an overdose when you see that a person is in a panic condition...” (KGZ-FG3-03).

“From spice, I saw an overdose similar to an attack of epilepsy, foam from the mouth, cramps, loss of reality. ... With an overdose of salts, the heartbeat becomes faster; a person cannot stand still. One person described his state in a case of overdose: it seemed to him that if he stopped he would tear himself to pieces” (KGZ-I-04).

“I thought that my heart would jump out, I was just in shock. I wanted to move constantly, to do something, to complete something. Symptoms of an overdose: heart palpitations, confused consciousness, panic fears; symptoms are similar to epileptic seizures ...” (KGZ-I-06).

“Here, when talking about it, I realized that anxiety, in principle, is the consequence of an overdose. A fatal overdose is more difficult to have here; there are no fatal cases, no such obvious ones” (KGZ-I-05).

“I believe that there is a toxic overdose—given that this is a chemical substance, and toxic encephalopathy develops, which within a few days can lead to death, death of the cerebral cortex. Here the meaning is completely different, unlike heroin. And now for this period, we are treating the symptoms, which is not an option. We cannot get him out of that state” (KGZ-I-02).

The clinical protocol for adolescents and children also has a section on overdoses from NPS. Therefore, overdoses from NPS exist, and indeed very often. The most common symptoms are: increase of general slowness, consciousness is disturbed, and cardiovascular and respiratory failure develop: *“Typical clinical picture: nausea, vomiting, convulsive jerking turn into convulsions, high blood pressure, rapid heartbeat, hyperemia gives way to a sharp pallor, dizziness appears, narcolepsy may develop, with an increase in cardiovascular and respiratory failure, the risk of coma increases.”*³¹ Responses to NPS overdoses are mainly created and passed on by word of mouth among the community of PWUD. As there is a lack of information in the Russian language and overall about NPS overdoses, people experiment and try their own ways to save lives:

“...there is Xanax and Diazepam, but you can’t even buy it. If you inform people that from an overdose you can give this pill to a person and take him out of this state. You can’t even buy it; for Clonazepam you can even get a term in prison. They will incarcerate you” (KGZ-FG1-04).

³¹ <https://urlzs.com/PYVvh>

“Speech, you can immediately understand. When a person begins to accelerate too much, this is already an alarm bell that you must somehow try to calm him down. You can calm him down by putting him in a dark room, calm, put a towel on his forehead. Probably you can give him some water to drink. I don’t know. We don’t have Diazepam” (KGZ-FG1-04).

“Isolate the person, and that’s it. There is no other option. To isolate the person from everything, so that he cannot get out. At least 2 days he/she should stay at home, without smoking and using. That’s the only way: to put them behind bars, closed off, isolated...” (KGZ-FG2-05).

“Give them water to drink. Diazepam, something like that” (KGZ-FG3-03).

“When the agony begins, as far as I’ve seen, they give them either lemon water, because it should be something sour, or 50 grams of some alcohol–vodka or cognac–and a person gets better” (KGZ-FG3-04).

“Water with salt; very salty is very good” (KGZ-FG3-03).

“... In such cases [overdoses from spices], it is necessary to reassure the person, not to let him fall asleep, the first aid as with an overdose of opiates. An ambulance must be called. ... It is necessary to reassure a person, put a cold towel on his forehead. I also gave water with citric acid (for 200 ml of water, 1 tsp of citric acid) [in case of overdose from salts]” (KGZ-I-04).

“We use lemon juice. When a person falls and then begins to recede into himself, we take a lemon and simply squeeze it into their mouth” (KGZ-I-05).

In the medical institutions, people who overdose should receive help according to the “Shocks guide,” which includes a clinical protocol and clinical guidance on diagnosis and treatment of chronic heart failure.³² Another important aspect to mention is that most of the respondents mentioned calling an ambulance as one of the responses to overdose. However, usually it is not called, because there are high risks of stigma and discrimination, as well as human rights violations committed by the police:

“... Ambulance doctors are very closely connected with our police. Doctors are required to help with an overdose of drugs, but there is a risk of the police appearing and asking: ‘Where did you get it? What did you use?’, recorded on video. This footage can spread on social media, and the whole city will know. People are afraid to call an ambulance for this reason” (KGZ-I-06).



³² <http://www.med.kg/ru/medobrazovanie-i-nauka/57-kliniches-kie-rukovodstva-i-protokoly-po-nozologiyam.html>

5.13

Treatment for NPS users

In the Kyrgyz Republic there is no clinical protocol for the treatment of mental and behavioral disorders due to the use of NPS by adults. There is only one for children and adolescents. Therefore, to treat adults, other clinical protocols are applied, based on the ICD-10 classification. However, a clinical protocol to treat adults is currently being developed in the country.

Most of the respondents from the community of PWUD had not heard about treatment programs, or if they knew about them, they said that it is not possible to apply for them, because confidentiality is not guaranteed, and the person is automatically registered in the Narcology Register for 2 years. There is also an anonymous treatment option; however, it is not accessible for most PWUD, because it costs a lot of money, which PWUD cannot afford.

Doctors-narcologists (from private and state health institutions) were asked to share how patients with mental and behavioral disorder due to use of NPS are treated. For most patients, treatment is traditional: detoxification, consultations, rehabilitation:

“In our center we use a program like this: first, we motivate the person for treatment; if the person is ready, then we carry out the detoxification procedure. After detoxification, psychologists, psychotherapists, and peer consultants are involved. For the treatment of addiction to amphetamine drugs, a minimum of 3 months is required. For some people it’s 3–6 months. We had a patient who was treated for 8 months. The price of treatment in our center is \$1,000. For our country that’s quite expensive. Drugs that are bought for detoxification are ordered in Germany. The treatment system is as long as the person is on detox and needs drugs, treatment of 70,000 som (\$875). The following months, when intensive care is no longer required, the price of treatment is reduced by 50,000 som (\$625) for a month (by 20%)” (KGZ-I-04).

“There are no treatment algorithms, because NPS formulas are constantly changing. Doctors look at the state of health, heart

or changes in consciousness, and, based on the symptoms, they provide treatment. Apply detoxification. Much harder with psychological addiction” (KGZ-I-06).

“... It is very difficult to carry out differential diagnostics, because in fact we diagnose all this based on the symptoms. And when he starts telling us, ‘I smoke this, I smoke this...’ And then you start [to count] on your fingers; I had to learn all the slang...” (KGZ-I-02).

“There is no clinical protocol for the treatment of NPS dependence. Basically, the treatment takes place at the patient’s clinic, according to the symptoms and the specific condition of the patient” (KGZ-I-01).

“Yes, basically it’s detox. Standard drugs, purely symptomatic. To clear up current symptoms—for example, some kind of psychotic disorder that does not require a lot of psychiatric intervention, certain drugs. Isolation from the environment, mainly detox, vitamin therapy, without any social rehabilitation” (KGZ-I-02).

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There is no clinical protocol for the treatment of NPS dependence. Basically, the treatment takes place at the patient’s clinic, according to the symptoms and the specific condition of the patient.

-(KGZ-I-01)

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“... when a patient comes to me, and I see a pronounced psychotic disorder, I write a referral for a consultation with a psychiatrist, after all. If they return to me with a diagnosis, I myself, as a psychiatrist, have the right to treat them. In a private center, I treat these disorders myself; it is so convenient for me, because they are in isolation, constantly under control. I can prescribe psychotropic drugs, according to the clinical protocol. Because without antipsychotics—drugs that actively influence the removal of psychomotor agitation—it’s impossible. And

... somewhere within a week, they will sit still on medication. Without this, it is not possible to get them out of psychosis” (KGZ-I-02).

One of the interviewees working in a health institution compared NPS to other substances and ranked them as some of the most “difficult” drugs, given that NPS affect a person’s health and their state of mind much faster than any traditional drugs:

“If we compare the severity of various dependencies, then the first is dependence on NPS, the second is opioids, the third is dependence on cannabinoids, and the fourth is alcohol. A person can use heroin for 20 years. Therefore, I say that the most powerful harm to health is caused by NPS. The rapid development of addiction, the rapid formation of withdrawal syndrome, and physiological and psychological changes are developing very quickly. There are no statistics on repeated requests for narcological assistance when using NPS. Those patients who were treated by me did not return a second time. After release, we prescribe supportive therapy (sedatives, antidepressants, sleeping pills), conduct a monthly consultation with a narcologist at the place of residence, or we invite the person to consult us. After release, we observe and advise the patient for 2–3 months, until the addiction is completely eliminated, because a 10-day detox is not enough. Their psychological state is restored within 2–3 months” (KGZ-I-01).

The Narcological Register is a long-standing entity which creates more challenges and problems than it solves. Respondents do not trust narcology services, and they see certain risks related to the restriction of some of their rights when a person is included in the Narcological Register. This is why lots of people who would like to apply for treatment are not doing so and develop serious mental and behavioral disorders:

“I will tell you, the consequences can be that if a person goes to narcology, they will arrest him there. Again, it ends with prison. I’m telling you, it’s like a circle, no matter what a person does, everything ends only in prison or with some kind of fine” (KGZ-FG2-02).

“People are not getting treatment, because they are not aware of such programs. Also, they don’t want to be included in the Narcological Register. If you are on the register, you can’t get a driver’s license and can’t drive a car, can’t fly to another country. When you are getting a new job, sometimes they ask you for documents related to narcology and psychiatry” (KGZ-I-02).



Respondents do not trust narcology services, and they see certain risks related to the restriction of some of their rights when a person is included in the Narcological Register. This is why lots of people who would like to apply for treatment are not doing so and develop serious mental and behavioral disorders.



“We give information to law enforcement bodies and judicial authorities only on official request, so the information about our patients is anonymous and classified. When a patient turns to us, we render him a service in two ways: if he will receive treatment under his last name and first name, we explain that in this case we put the person on the registry. And the person is registered for 5 years. If the patient does not want to receive treatment under his first name and surname, then he can receive treatment anonymously. The difference between such treatments is in payment. If the patient receives treatment on account and has insurance, then payment of treatment passes through the State: with insurance 800 som [\$10]; course is 78 som. If no insurance, 2,600 som [\$33]. And if the treatment is anonymous, the patient pays a certain amount, which is fixed by the drug treatment clinic. The average cost of anonymous treatment is 700 som [\$9] per day. The course of treatment is 10–12 days” (KGZ-I-01).

Another question that this study wants to analyze is whether urine or blood tests can reveal the presence of NPS. Or how can narcology doctors identify the substance someone is using? One narcology doctor stated that there is no gas chromatography, or urine or blood checking for the identification of NPS, and that usually they receive information on the substance used from a patient or their relatives:

"... the drug dispensary cannot do this. We establish the substance that the patient used only from the words of the patient, from the words of the parents, from analysis. We do not have laboratory tests that identify which specific substance a person has consumed" (KGZ-I-01).

5.14

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

In comparison with other countries in the region, the Kyrgyz Republic offers more harm reduction services with slightly wider coverage. However, all these services focus specifically on opiate users, whose number is decreasing each year. Participants in the focus groups said that they are not aware of any specific harm reduction services for NPS users, except some small initiatives run by local NGOs, which are distributing leaflets with basic information:

"You know, unfortunately, I have not heard that there is somewhere you can go and get not just services, but some other information in the field of new psychoactive substances, that someone will give you an explanation about them, let alone provide a service..." (KGZ-FG1-02).

"The Harm Reduction Network printed out leaflets about different NPS. There is info about Lyrica, Tropicamides, salts" (KGZ-FG3-03).

Moreover, NGOs working in the field see a lack of meaningful involvement listening to the needs of PWUD. A long time ago services were created to meet the needs of PWUD in the drug

scene at the time, but now the drug scene has changed, and so have the target audience and their needs. However, harm reduction services have stayed the same as 10 or more years ago. Respondents believe that harm reduction services should be modified according to the changing drug scene, the challenges it brings, and the current needs of PWUD:

"... Organizations from the community are now in a very difficult situation, because I have a feeling that we've returned to the times when I started—it was more than 17 years ago—when the movement was just beginning. We are back in the same situation. That is, they are trying to push us in every way, that is, to push us aside, not to take our opinion into account; they are not interested in what is really needed for us, because this is the most important and necessary question to ask people from the community: 'What do you need?' Yes, and: 'How should we work with you? What is more important for you, are syringes more important or rehabilitation or social support?'" (KG-FG1-05).



A long time ago services were created to meet the needs of PWUD in the drug scene at the time, but now the drug scene has changed, and so have the target audience and their needs. However, harm reduction services have stayed the same as 10 or more years ago.



The most common needs identified by almost all respondents are psychological support, housing, and rehabilitation centers:

"Groups, and psychologists first of all" (KGZ-FG1-06).

"Psychiatrists are needed. Rehab centers are also needed. Very much actually. So a person after detox could go somewhere, a psychologist could work with them, and they could stay within a community. And in the rehab centers different informational

leaflets are needed. ... Express testing [for HIV] should be available, and some dispensing tools—pipes, lighters—and ointment is needed because your face is peeling off. And if somebody wants to fuck, they could use lubricant” (KGZ-FG1-04).

“Of course, helping people, this is social support, this is psychological support, this is a hostel and rehabilitation centers” (KG-FG1-05).

“People from the community can also support well, not just psychiatrists. So you go along, and no one will tell you that you are bad. You will be accepted as you are. They would listen to you, help as much as possible, refer you. You would go there at any time, in any state, and no one would turn you away” (KGZ-FG1-04).

“Peer consultants are needed, such as there are, so that they speak the same language, those who have experience in using it. Information, manuals, and booklets should be available in social networks. Helplines” (KGZ-FG4-03).

“We need psychotherapists. It’s very important” (KGZ-FG3-04).

“Psychotherapists and support groups for NPS users” (KGZ-FG3-01).

The second most commonly mentioned need was for informational and educational materials on NPS use, risks, overdoses, help, etc. Together with these materials, consumption equipment could be distributed (as an incentive): pipes, vaseline, condoms, lubricants, tin foil, etc. Respondents also think that this kind of material can reach hard-to-reach groups, such as young people who have never used traditional harm reduction services, and users who are purchasing drugs online:

“Those who are not coming to NGOs like this, they don’t know anything about these drugs. It’s hard to find them and ask them to come here, because it’s a very closed community, and they are afraid of everything” (KGZ-FG3-04).

“The main problem is insufficient information for NPS consumers. There is not enough information on prevention; these are television and schools. Telegram channels have a lot of information on how to maintain your health by using NPS. But people use the Internet sites only for the purchase of drugs. Some of our clients aged 25–30 did not know the route of HIV transmission. They do not know anything about the consequences of drug use; they do not know how to use them correctly. We had a client who used alpha-PVP by injecting, and he had six abscesses on his arm right away. With difficulty we managed to save his hand. Such health problems have occurred due to a lack of information on harm reduction” (KGZ-I-04).

“New methods of informing, infographics, chatting. Affordable treatment, training of some doctors with modern methods that will become like flagships for the rest. We in Osh have people who are interested in this and who are ready to work and contact. Arrange work with ambulance, narcologists, consultants, peer consultants” (KGZ-I-06).

“First, develop attractive material. If you want them to use your services, then give them pipes, for those who smoke—pipes that we get from Europe. People are grateful. A pipe instead of a light bulb. It is interesting. It is better to choose from a group who use—an authority. If you choose them, then 50% success is already there” (KGZ-I-05).

Some other interventions mentioned by the respondents included:

“Then online counseling and all the other things that can be done by phone. They own telephones, and if they purchase substances, everyone has telephones and the possibility to connect” (KGZ-I-05).

“And of course, a ‘gentlemen’s kit,’ as I called it. The skin on your face is peeling off, condoms, my own pipe. I need my own pipe. Vaseline is needed. It should be a small box: a gentlemen’s kit. Lighter, tin foil...” (KGZ-FG3-03).

Another idea was to map existing harm reduction services, to make a database of them, so that anyone who needs help or support can find all the relevant information on one website or app: “*You can generally make a database. Mapping services: what organizations in Kyrgyzstan are there, what services they provide so that they are available*” (KGZ-FG4-03).

5.15

Local responses to reduce demand for NPS

During the interview with the law enforcement representative, he was asked to explain how law enforcement is responding to emerging NPS in the drug market, and what action is being taken to counter NPS in the Kyrgyz Republic. The respondent mentioned that the police is tracking NPS sellers online through their financial transactions, following their trail on the Internet.

The scheme to ban NPS that emerge on the drug market looks more complex. It can be done only by the government, and requires a long and time-consuming process to approve all the necessary legislation. The respondent explained that all NPS that appear on the list already approved by the Commission on Narcotic Drugs, or on the lists of Eurasian Customs Union countries, are also suggested and included on the list of banned substances in the Kyrgyz Republic.

In the future, the country plans to develop an ECHO system, which is similar to the REITOX system³³ used by the European Union. Kyrgyzstan would also like to introduce an early warning system for the emergence of NPS.³⁴ Kyrgyzstan also has a laboratory for checking drugs for law enforcement purposes. However, it is not operating, because of a lack of specialists and because it is expensive to maintain:

“We have a wonderful laboratory in Osh, which we built, funded by UNODC. It is standing empty. Why? And because we trained two experts, gave them the opportunity to study abroad, get certificates. But they looked at the police salary and said ‘no’ and went to other sectors of the economy. The laboratory in Osh is empty. And at present, the situation is this: very highly skilled work, unfortunately, is paid inappropriately. Thus, another difficulty arose before us when we started to solve other issues. ... We will buy devices, and that’s it! And all issues are resolved. We bought the device, so what? It turned out that there is one more problem. There is a problem with consumables: they are very expensive and cost a lot of money. This is a complex problem that cannot be solved in one second. And we must develop whole project proposals and programs to solve these problems. But what is encouraging and what must be recognized, let’s say, is that it began to be realized and solved practically, and this is a fact” (KGZ-I-03).

³³ https://www.emcdda.europa.eu/about/partners/reitox_en

³⁴ https://www.emcdda.europa.eu/publications/topic-overviews/eu-early-warning-system_en

CONCLUSIONS & RECOMMENDATIONS

NPS first started to appear on the drug market in Kyrgyzstan 7–8 years ago. There are numerous factors that affected this emergence:

- China, the main manufacturer of synthetic drugs, and Afghanistan, the main manufacturer of heroin, both border Kyrgyzstan.
 - There is no unified regional response to newly emerging drug-related challenges.
 - Opioids, which were the most commonly used drugs in Kyrgyzstan, are slowly being removed from the drug market, and this makes PWUD switch to NPS, which are the most accessible drugs.
 - A whole online drug market system and hierarchy was created, which is aggressively advertised and available to anyone interested in purchasing psychoactive substances (and it is easier and cheaper to buy online than from dealers).
 - Corruption is very common (Kyrgyzstan is 126th out of 198 countries in the Corruption Perception Index),³⁵ and, as some respondents said, “law enforcement is regulating the drug market and what may be sold.”
 - Poverty and unemployment are internal factors that affect the emergence of NPS.
 - Drugs are manufactured in Kyrgyzstan, so there is no need to even move them across borders.
 - The existing system for introducing and adopting national laws is not set up to enable a rapid response and to include newly emerging NPS on the list of illegal psychoactive substances.
 - The State cannot ensure the effective operation of technical equipment to analyze and identify NPS, because of a lack of specialists.
- NPS became the center of discussion over the last few years, when patients first sought treatment, and it was clear that there was a lack of responses from the health sector, from law enforcement, and from NGOs.
- Kyrgyzstan has extremely repressive drug laws in regard to the distribution of drugs and in terms of fines. If a person cannot pay a fine in a month, the amount is doubled. If they fail to pay the fine after two months, the court replaces the fine with imprisonment. After the prison term, the person still needs to pay the fine. Fines disproportionately burden society’s most disadvantaged groups. People with drug dependence generally have low incomes and are an easy target for the police. Returning prisoners have high rates of health, mental health, and substance use problems. Alternatives to imprisonment should be developed so that they do not create more problems for a person who is already in a disadvantaged situation.
 - The Government of the Kyrgyz Republic’s anti-drug program includes harm reduction programs. Most of the priorities suggested are for opiate users though; therefore, it is important to complement the list of priorities based on the needs of PWUD and changing drug realities.
 - Currently, there is no clinical protocol for mental and behavioral disorders due to the use of NPS by adults, although one is currently being developed. It should be developed based on existing best practices—i.e. NEPTUNE Clinical Guidance.³⁶

³⁵ <https://www.transparency.org/en/cpi#>

³⁶ <http://neptune-clinical-guidance.co.uk/>

- The last 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 7–8 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, or on the estimated number of people who need treatment for NPS use either. There is considerable need for reliable data in Kyrgyzstan to evaluate the current drug situation in the country. These data serve as evidence when creating national policies and strategies.
- Anecdotal data show that more young people are starting to use drugs, including NPS (spices, GHB, and an unknown substance called “Relevin”). Young people are not only easily accessing and purchasing NPS through Telegram channels or the Dark Net, but they are also becoming “tools” for the promotion of NPS in public places. Young people are recruited as couriers and advertising agents and are paid with substances, instead of money.
- Darknet and Telegram channels are increasing because of their aggressive practices, such as online advertising, promotion in public places, and creating games such as “quizzes” to encourage more people to use drugs. Law enforcement should pay more attention to the issue and develop an effective response to Internet resources that are selling drugs.
- Most drug offenses are related to possession without intent to distribute; however, people are receiving large fines, sometimes prison terms. The State should increase its efforts to help people with treatment and social support, instead of criminalization. Thus, national laws should be reviewed, and people who commit minor drug-related misdemeanors or offenses should not be punished.
- The most common names of NPS in Kyrgyzstan are salts, crystals, flour, spices, and SK. Health care representatives use terms such as synthetic cannabinoids and synthetic cathinones.
- People start to use NPS because traditional drugs are disappearing from the drug market and being replaced with NPS; NPS are affordable and easy to purchase anonymously (with no need to meet people); and people want new experiences and new sensations during sex. MSM and SW use NPS for work purposes (to work long hours, to relax); to relieve stress and improve self-acceptance; as part of their cultural identity; and to forget complexes and imperfections.
- The most common ways to use NPS are by smoking and snorting them, especially among young people.
- NPS users are mostly using NPS with pharmaceutical drugs, such as “Lyrica” (Pregabalin), tropicamides, and Dimedrol. People combine drugs because they want to achieve the best effect of the drug used, or they want to reduce the unpleasant effects and dysphoria. However, it is risky to mix drugs without knowing how they might react with each other. It is necessary to develop a substance combination table, which would include NPS and combinations with other drugs (including pharmaceutical drugs).
- There is no definition of daily dosages of NPS. People use NPS until there is nothing left, because they feel the desire to use more and more until it is finished. If they have a larger amount of the substance, people can use it for 5–10 days or even longer—doing a “marathon,” without sleeping, resting, or eating. This greatly affects their physical and psychological health.
- NPS users are a hard-to-reach group because of the mental health issues they develop while using NPS (paranoia, psychosis, hallucinations, etc.). It is important to train outreach workers or peers 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-era instrument, in which persons with substance use disorder are listed, which means they are prohibited from certain activities, such as driving a car, working in

certain jobs, attending university (for some studies), etc. Such a register is a violation of human rights and must be removed from national laws. It is also preventing people from applying for treatment for mental and behavioral disorders due to the use of psychoactive substances.

- There are higher chances of sexual and parenteral HIV transmission among NPS users (especially among the SW and MSM communities), because people are practicing chemsex without condoms, practicing sex without condoms and lubricants, and sharing injecting equipment. It is important to ensure that needles and syringes, condoms, and lubricants are distributed to key populations. It is also necessary to educate and inform people about risks and consequences related to the use of NPS and the culture of drug use itself.
- Neither members of the PWUD community nor harm reduction service providers are aware of the symptoms of overdose from NPS. There is no informational material on it in Kyrgyzstan, thus it is very much needed to save the lives of people who overdose. A community-led response should be developed and applied in cases of overdose from NPS.
- In practice, health care specialists are using the ICD-10 classification system when making a narcological diagnosis. Thus, if a person has a synthetic cannabinoids use disorder, the diagnosis will be F12; synthetic cathinones use disorder will go under F15. This classification entails a huge gap in data collection, 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. It is important to develop a data collection tool that includes the category of NPS, to make it clear how many people apply for treatment due to the use of NPS.
- All existing harm reduction services in the Kyrgyz Republic 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:

- Housing, friendly and safe spaces (such as drop-in centers, support centers, day and night shelters), and competent and compassionate community-based professionals (psychologists, psychiatrists, peer advisors) who can support NPS users and build trust with them are needed.
- More rehabilitation centers are needed, where people can stay as long as they need.
- More different drug paraphernalia is needed, such as: personal pipes for smoking, filters, pipettes (for smoking), vaseline, lubricants, absorbable ointments.
- Easier access is needed to antidepressants, sleeping pills, and other medicines needed to reduce anxiety, depression, psychosis, etc.
- More educational-informational materials and training on NPS are needed, to gain a better understanding about possible risks and consequences of NPS use, to inform people about responses to overdoses, and to provide general information about NPS overall. Information on rights and existing drug laws is also needed for PWUD. This information/training should not only be available to PWUD, but also to other key actors, such as law enforcement officers and family members of PWUD.
- Harm reduction services should be mapped and included in a database, so that anyone who needs help or support can find all the information on one website or app.
- Respondents mentioned that in cases of overdose, people are not eager to call an ambulance, because other institutions (such as law enforcement) become involved in the case. Fear of being filmed by the police, who might share the video publicly, which means a person might be recognized, prevents people from calling an ambulance. This issue needs policy changes to ensure confidentiality when receiving first aid, and without any police intervention.

