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Editorial

Illicit drugs in Central Asia: What we know, what we don't know, and what we need to know

Introduction

In 2013, two special issues with focus on health and drugs in Central Asia were published in *Drug and Alcohol Dependence* and *Central Asian Survey* journals (El-Bassel, Strathdee, & El Sadr, 2013; Latypov, 2013, 2014). In this third special issue published by the *International Journal of Drug Policy*, the authors of ten research papers and commentaries seek to provide additional knowledge on a range of issues related to illicit drugs in the region, including the epidemiology of drug use and drug-related infectious diseases and other consequences, drug treatment and harm reduction programmes, the Central Asian drug markets and actors, drug economies and the state-crime nexus.

What informs these most recent papers and what questions, critical for our understanding and interpretation of on-going challenges in Central Asia, do they raise? In this editorial we highlight eleven core aspects of the intensely disquieting public health situation in Central Asia, discussed in these papers. We also point at two further, less exposed aspects – tuberculosis and the region's prison systems.

HIV, HCV, tuberculosis and sexually transmitted infections (STIs); injecting drug use, imprisonment, poverty and stigma; drug business, state corruption, criminalisation and extortion; impoverished health services and poorly educated and motivated health professionals, unable to cope with the rising tide. These are the interlocking biological and social ingredients of the region's mounting syndemic (Singer & Clair, 2003). We finally draw together this amalgam of profiteering, corruption, addiction and disease, illustrating how its vicious synergy fosters disease and seriously jeopardises the well-intended efforts to modernise the region's response to the disease burden discussed in this special issue.

Drug situation in Central Asia

The special issue offers a summary of the drug situation in four of the five post-Soviet Central Asian republics (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan) using the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)-developed system of key indicators of drug epidemiology. In their paper, Zabransky, Mravcik, Talu, and Jasaitis (2014) cover drug use in general population, problem drug use as defined in Central Asia, demand for drug treatment, drug-related infectious diseases and harm reduction services, drug-related mortality, drug markets, drug seizures and arrests, as well as drug policies adopted by Central Asian governments. While this article relies overwhelmingly on routine data, assessed and analysed within the framework of EU-funded and locally approved Central Asia Drug Action Programme "by extraction from the databases of national institutions in the field of public health and law enforcement, by formal requests for the provision of information to national authorities, and by the analysis of national grey literature and administrative working papers" (and as such might be limited to perspectives offered by these sources), it is arguably one of the few recent articles that describes the drug situation in post-Soviet Central Asia using a comprehensive and standardised approach, with some observations of trends over time. As the authors conclude, despite a need for substantial improvements in the drug situation monitoring systems in Central Asia, the evidence that the existing systems are capable of generating can be used already now for planning and developing effective national and regional policies and responses (Zabransky et al., 2014).

HIV and HCV prevalence among people who inject drugs (PWID)

One of the key trends reported by Zabransky et al. (2014) is the declining HIV and HCV prevalence among PWID in Tajikistan and Uzbekistan. According to the authors, this "represents an unprecedented development and still needs further explanation and research." Data from Kazakhstan, on the other hand, suggest a relatively low and stable HIV prevalence against the backdrop of the highest HCV seroprevalence compared to other counties. Latypov, Otiashvili, and Zule (2014) also discuss significant variations in HIV and HCV prevalence in two Tajik cities of Kulob and Khorog over a short period of time and, after examining site-specific HIV prevalence throughout Tajikistan, conclude that these variations might arise from considerable problems in quality and reliability of integrated bio-behavioural surveys (IBBSs) conducted by national authorities. Indeed, when data from alternative to IBBS sources are available for some of the Central Asian sites, as presented, for example, by El-Bassel, Gilbert, et al. (2014) and elsewhere (El-Bassel, Gilbert, et al., 2013), HIV prevalence among PWID was found to be much higher. Arguably, this implies that serious caution might be warranted when interpreting the IBBS data from the region.

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HIV counselling and testing

Globally, research shows that HIV testing and counselling is a central strategy to receiving care and treatment among HIV-infected individuals and therefore plays an important role in HIV prevention for both infected and uninfected persons. Knowing one's HIV status can promote declines in sexual and drug risk behaviours (Denison, O'Reilly, Schmid, Kennedy, & Sweat, 2008). Although HIV testing has been extensively encouraged and supported globally for PWID, many drug users in Central Asia face multiple barriers to such testing. According to official governmental reports in Central Asia for 2011, the number of PWID who had been tested in the past 12 months ranged from 29% in Uzbekistan to 65% in Kazakhstan (Terlikbayeva et al., 2013). In the Latypov et al. (2014) paper in this issue, access to HIV testing by PWID in the city of Kulob was also inadequate. A recent study on access to HIV counselling and testing in Central Asia delineated risk environments that prevent PWID from accessing HIV testing such as criminalisation of drug use and police harassment, discrimination by service providers in HIV care, location of clinics and lack of human resources (Terlikbayeva et al., 2013). In order to increase coverage of HIV testing, these barriers must be acknowledged and addressed through structural interventions.

Combination HIV prevention for PWID

There is no complete and reliable data on the coverage of antiretroviral therapy (ART) among HIV-infected PWID in Central Asian republics. Many PWID have been lost to follow-up and some have not been assessed for ART eligibility (McNairy, Deryabina, Hoos, & El-Sadr, 2013). In 2010, the overall coverage of ART in Eastern Europe and Central Asia is estimated to be 35%, which is well below the global level of 60% (Donoghoe & Stengaard, 2010). Although Kazakhstan (163 needles and syringes per estimated injecting drug user (IDU)), Kyrgyzstan (187.6 needles and syringes per estimated IDU) (Zabransky et al., 2014) and Tajikistan (199 needles and syringes per estimated IDU) (Latypov et al., 2014) distribute sterile needles and syringes to PWID in numbers close to the estimated level for effective HIV prevention in this population, combination prevention for PWID including opioid substitution therapy (OST), needle and syringe programme (NSP) and ART and other essential interventions, remains rare or non-existent in Central Asia (Vickerman et al., 2014; Degenhardt et al., 2010; WHO, UNODC, & UNAIDS, 2012).

In the Vickerman et al., 2014 paper in this special issue, the authors conducted a modelling analysis to examine the potential impact on HIV incidence and prevalence of OST, NSPs and ART in three illustrative epidemic scenarios: Russia (St. Petersburg), Estonia (Tallinn) and Tajikistan (Dushanbe). For each intervention, the models considered the coverage needed for each intervention separately and in combination. One of the major findings of this paper is the possibility for lower coverage of combination prevention of OST, NSP and ART for Dushanbe compared to the other two cities with higher prevalence of HIV among PWID. To either reduce HIV incidence to less than 1% or HIV prevalence to less than 10% over 20 years, coverage of 23–34% of each of the three interventions would be sufficient for Dushanbe. However, very high coverage levels of 74–85% are generally required to achieve the same target in the higher prevalence settings, such as Tallinn and St. Petersburg (Vickerman et al., 2014), pointing to the need to take immediate action in Dushanbe (and other similar settings across Central Asia) before coverage levels become hard to achieve.

It is disturbing, however, that ART coverage for HIV-infected PWID remains low in Central Asia, despite data that demonstrate: (1) the power of combination prevention in reducing the incidence and prevalence of HIV (Degenhardt et al., 2010); (2) UNAIDS guidelines recommending that ART should be offered to PWID in combination with prevention and substance use treatment activities to maximise the potential of its success (UNAIDS, 2012); and (3) early ART treatment has been found to prevent sexual HIV transmission within serodiscordant couples in stable relationships (Cohen et al., 2011).

Advocating for OST in Central Asia

The Vickerman et al., 2014 paper also underscores the critical need for legal and policy changes to enable the development of proven-to-be-effective combination HIV prevention interventions and the importance of political will and governments' support of scaling up these prevention approaches. In Central Asia, where the majority of PWID inject opiates, this is particularly critical for OST, as coverage is below 1% (Latypov et al., 2014; Zabransky et al., 2014). Furthermore, OST programmes remain exclusively funded by international donors and are only available in three out of the five countries (Latypov, 2010; Parsons, Burrows, & Bolotbaeva, 2014). As Parsons et al. (2014) emphasise in their analysis, there are substantial negative campaigns and political attacks on OST in the region, and organised advocacy efforts are much needed. As they examine a range of proactive and reactive OST advocacy efforts and the variety of target audiences that need to be reached, one of their key conclusions is the necessity to strengthen local advocacy groups (Parsons et al., 2014).

Mortality of drug users and drug overdoses

As four papers (Kan et al., 2014; Latypov et al., 2014; Mravcik et al., 2014; Zabransky et al., 2014) in this special issue emphasise, overdose mortality appears to be significantly underestimated in Central Asia. While official data point to a decrease in reported fatal overdoses across the region, these reports are unreliable for a number of cultural, religious, policy and other reasons (Zabransky et al., 2014; Ataiants, Latypov, & Ocheret, 2011). In their study of the mortality of drug users in Central Asia, which found excess mortality in drug users registered by narcological facilities in Kazakhstan and Uzbekistan, Mravcik et al. (2014) also provide evidence that indicates a substantial underreporting of deaths in Kyrgyzstan and Tajikistan. Against this backdrop, data reported by PWID from various Central Asia cities and presented in Kan et al. (2014) and Latypov et al. (2014) paint a picture that is in stark contrast to official reports. These data suggest that large proportions of PWID experience non-fatal and/or witness fatal and non-fatal overdoses. However, both policy and programmatic responses to overdose morbidity and mortality are inadequate in Central Asia. While the Kan et al. (2014) study on pharmacy- and community-based naloxone distribution approaches in Kyrgyzstan and Tajikistan demonstrates high usage and low wastage of this short-acting opioid antagonist that reverses the effects of overdose, the availability of naloxone is very limited in Central Asia and naloxone distribution programmes are operating only through funding from international donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Females who inject drugs and non-IDU female sex partners of men who inject drugs

In recent years, a steady rise has occurred in the incidence of sexual transmission of HIV among two key populations: females who inject drugs (FWID) and non-IDU female sex partners of men who inject drugs (MWID) (UNAIDS, 2012). Despite this emerging trend, the true number of FWID and non-IDU female sex partners of

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