



Drug Consumption in Central Asia with a Focus on Uzbekistan in the Mirror of the Region's History

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Authors' contributions

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Central Asian countries as Uzbekistan have a long history of opium consumption. In recent years, the use of opium and other drugs became epidemic. The article investigates the history of drug consumption with an emphasis on opium in the region of present-day Uzbekistan.

Objectives: The paper investigates how patterns of drug consumption reflect religious, historical and political influences and are also shaped by the availability of a drug.

Methods: A search of ancient literature in the Karlsruher Virtueller Katalog, in the Tashkent National Library, Leipzig University Library, German National Library, and private sources of the authors were used for the review. Search criteria were Central Asia, Uzbekistan, drugs, opium, alcohol, cannabis. For modern sources, the search engine MEDLINE was used. Additionally, in-depth interviews were conducted in Uzbekistan from September 2010 February 2011 and further interviews to update the data were carried out in October and November 2011. In total, 50 interviews with people IDs (injecting drugs) were conducted in the Uzbek cities of Tashkent and Urganch.

Results: A tradition of moderate consumption of drugs survived and still plays a role in justifying current drug consumption among drug addicts. Such moderate consumption occurred in the past, especially among old people who used opium for pain relief and physical activation.

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Conclusion: Under certain circumstances moderate drug consumption can endure in a society, especially when it is linked to a particular group and stays under control. Also, with regard to prevention measures such traditions have to be taken into consideration.

Keywords: Opium; drug addiction; history; Uzbekistan; Central Asia.

1. INTRODUCTION

Opium is one of the oldest medicinal plants. Presumably, it was already planted in Asia Minor (i.e. Anatolia) in Homer's time around 800 BC [1]. In his 'The Canon of Medicine' [2] which was written in five volumes, Abu Ali Ibn Sina (c980 near Bukhara in present-day Uzbekistan; died 1037 Hamadan, Persia) recommended the use of opium as a medicine for toothache, asthma, bloody expectoration, coughing and other maladies. It is supposed that opium was spread by Islamic conquests because it gave warriors power and courage. The prohibition of wine consumption (the traditional "drug" in ancient world) in Islamic societies led to a rise in opium consumption. The state of Uzbekistan is relatively young and made up of different historical regions such as the former khanates of Khwarezm and Bukhara. Before independence in 1991, Uzbekistan had been a "Soviet republic" of the Soviet Union since 1924. Before that the region belonged to Russia and consisted of so-called Russian Turkestan and vassal states of Bukhara and Khiva.

Of the 50 interviewed people IDs, 82% were male and 18% female. The mean age was 33.5 years and the median 33 years. The youngest subject was 23 and the oldest was 60. Of the 50 participants, only 6 (12%) responded to questions about knowledge of "traditions" in drug consumption behaviour. These persons mainly came from Khwarezm region.

2. METHODS

This paper is based on the data collected by M. Turaeva as a doctoral research on HIV and drug abuse in Uzbekistan. Field research was conducted in two phases in Uzbekistan from September 2010 to February 2011 and also in October and November 2011. Our data is based on semi-structured and structured interviews, expert interviews, autobiographical methods, participant observation and group discussions. The subjects were mostly outpatients of two hospitals, one in the capital (the biggest in the country) and the other in the Khorezm region. Several additional people IDs were recruited apart from the narcology centers.

The total number of people IDs, both female and male was 50. 42 people IDs were recruited from Narcology centers and 8 people IDs were recruited to face to face talks outside of the Narcology centers. Additional 17 interviews were conducted with people non-IDs, including family members, medical specialists and state officials. Of the 50 people IDs informants, 41 were male (82%) and 9 female (18%). Inclusion criteria were male and female over 18 years old and injection of drugs in the six months prior to the interview. Exclusion criteria were people younger than 18 years old who use drugs. Also excluded are people who abuse only alcohol and people did not inject drugs. Most subjects were Uzbek (68%) and several were Russian (18%). Data collected in interviews was verified and complemented by observation of participants and by police officers and other state officials. An interpretative hermeneutic approach was used to analyze the data, synthesizing all the information from interview

transcripts, field notes, local newspapers and other documents as well as data from photographs and from audio and video recordings of life-cycle events.

3. ETHICAL ISSUES

The purpose of the research was explained to the directors and other medical doctors of the narcology centers. The first author established good working relations with all of these colleagues. The main research purpose was explained to each participant before the interviews, whether the people IDs were in the narcology centers of Tashkent and Urganch, or had been recruited outside of such clinics. Oral informed consent was obtained from all research participants before interviews. Research participants were remunerated by both non-monetary and monetary incentives. Monetary incentives were provided for those who would participate only for cash. These were people IDs recruited apart from clinics. Non-monetary incentives included invitations for dinners, drinks in cafes and other small presents. The first author also served as an information source for participants on health issues and provided them with informational booklets from the Urganch AIDS clinic, and TB centers. Pseudonyms are used for all research participants.

4. LIMITATIONS OF THE STUDY

Representativeness of the sample size and the gender and age balance are the main limitation factors of the study. The number of women in this study is quite small, perhaps because women IDs are discriminated against more than men - not only by family members but also by society, police and medical staff. That's why most of female IDs do not seek medical care at all. Thus, in both narcology centers there were few female patients and they were less willing to be interviewed. As a result, our data do not provide a basis for describing gender differences in drug consumption as related to history and tradition. An additional limitation is the small size of the total sample.

5. DRUG CONSUMPTION IN ANCIENT SCRIPTS

Early reports from the region of what is now called Uzbekistan derive from Pliny the Elder [3]. In his famous encyclopaedic work *Naturalis Historia* (history of nature) he mentioned a tribe called Choresmians [4] which lived in the Oxus (Amudarja) delta. This tribal name refers to historical region Khwarezm which today is part of Uzbekistan, Turkmenistan and Iran. In the 19th century, Austro- Hungarian orientalist Àrmin Vámbéry (aka Hermann Bamberger) (1832-1913) courageously travelled to Central Asia dressed as an Arabian. According to his findings, the name Uzbekistan derived from the people of the Oezbeks, a Turk- Mongolian people of the Blue Horde who lived between the Volga River and Lake Aral. Rotteck classified them as a Tartar tribe [5]. Oezbek was the name of their khan (leader). Around the year 1500 AD he converted his people to Islam but local saints such as Chodscha Ahmed Jesewi retained their influence and his poems were as important as the Koran. At the same time, Ivan IV Vasilyevich, the Terrible, liberated Russian territory from Mongolian conquerors. That military pressure made the Oezbeks move to the Khwarezm region and beyond. Thereupon battles followed and the Uzbeks conquered many cities in Central Asia.

In regard to drug abuse, Vámbéry pointed out that early drug abuse was mainly of ardent spirits [5]. Under Mongolian power, consumption of ardent spirits reached the "acme of harmfulness" [6]. Although alcohol abuse played a prominent role, opium consumption was

also present, but to a lower degree. Vámbéry mentioned a “by opium infatuated Pir Memmed Chan” [3] the grandson of warlord Timur (1336-1405).

Many decades later the heyday of opium consumption began unintentionally. Under Emir Maasum’s (died in 1802) 18 year reign, Bukhara suffered from a fanatical interpretation of the Koran. His son and successor, Emir Said (enthronement in 1803), forced the region of Bukhara to “religion and morality.” People who drank wine or smoke tobacco were punished corporally for a first offense and sentenced to death for a second offense. Also the sexes were strictly separated in public. Although wine and tobacco were forbidden, opium was not. Therefore, it replaced the old drugs and became widespread.

Satiric poet Avazmuhammada ibn Hodji Muhammada Nozili Hudjandi (1790-1876) who was born in present-day Tajikistan and lived in Kokand (presently one of the cities of Uzbekistan) wrote about the consumption of the opium poppy in the form of the *kuknor* drink, a narcotic drink made out of poppy straws. He also wrote about the smoking of *anasha* (marihuana) [7].

6. UNDER RUSSIAN HEGEMONY – FROM THE END OF THE 19th CENTURY UNTIL 1922

According to Semenov-Tian'-Shanskiy [8], the poppy was one of the important agricultural cultivated plants in Turkestan. From poppy seed people got oil and moreover, they extracted opium from poppy heads whereas the rest was used for the narcotic beverage *kuknor*. Cannabis also had a long tradition of use in Russia and the Soviet Union for making ropes, rope cables, hardwearing fabrics, sails and other items. Cannabis plants are indigenous to Central Asia.

Opium consumption and the smoking of hashish were widespread in Turkestan [9]. Drinking the narcotic *kuknor* beverage was common, as was putting a small piece of opium under one’s tongue before drinking tea, so that the opium slowly dissolved in the mouth. The city of Bukhara played a prominent role in distributing small opium pills to other regions. The main reason for drinking narcotic opium beverages [10] was to fight boredom. It had even become fashionable and widespread among Russian colonists [8].

Smoking hashish, drinking *kuknor* (in gambling houses, teahouses, and brothels especially) and entertainment with *bachas* (dancing young boys) were the main ways in which local men relaxed [11].

Harmful effects of *kuknor* drinking and *anasha* smoking were first published in 1894 in the newspaper “Turkestan Tuzemskoy gazette” [12]. The article was written by local military physicians at the behest of General Mikhail Chernyayev (1828-1898) who was responsible for the conquest of Central Asia under Tsar Alexander II.



Fig. 1. The 1868 painting “The opium eaters” by Vasily Vereshchagin (1842-1904), taken from: State museum of fine arts of Uzbek socialist soviet Republic. Isdatelstwo Sovetskij Chodoschnik, Moscow 1968, p47.

7. DRUG ABUSE IN THE 20TH CENTURY AND UNTIL TODAY

During Stalin’s Great Terror, repression of people who use drugs led the majority of drug consumers going underground and avoiding contact with drug treatment institutions [13]. In 1936, the Soviets claimed that ‘social’ illnesses such as drug addiction were eliminated from Soviet citizens’ lives [14]. This was politically motivated and aimed at showcasing the effectiveness of “sanitary and enlightenment activities, conditions of the new *by* [everyday life, a.a.] in kolkhozes, and *kul’turnost’* [cultural interests and cultured behavior, a.a.] of kolkhoz workers” [15]. Publications on drug abuse described such social illness as occurring in the West and especially in capitalist USA. In the 1930’s, diagnoses of “psychopathy” and “narcomania” decreased in the Soviet Union. Because both diseases were taken to result from social problems and because the Soviet Union was taken to have solved all social problems, these diseases had to decrease there [16]. Nevertheless, in the mid-eighties the topic of narcotic drugs in the USSR re-emerged in publications.

The local habit of drinking *kuknor* was tolerated by the Soviet government because it was practised only by old and retired people, so that it was “socially controlled” and did not spread to younger people (interviews with retired people including police officers). It was socially accepted as letting them “enjoy” their old age. Old people who consumed *kuknor* were called *bangi*. District police were well informed about those retirees who cultivated opium poppies in their gardens. This had been tolerated only for private consumption as a ‘medicine’ for diseases of ageing but not for selling. These *bangi* were respected to a high degree within the society because they were old, experienced, wise and equivalent to mullahs, who are invited to one’s home for their blessing. People also used to say “give us a *bangi*’s age” because people who consumed opium were believed to live longer and to be healthier and to be more active physically. One of the person injecting drugs said that his grandfather, who was a *bangi*, drank his ‘*kuknor* beverage’ and then worked in the field.

“People specially organized a party to invite bangi, in order to get their blessings, since their sayings become true. They (=old persons consuming opium, a.a.) drink their tea (=kuknor tea, a.a.) three times daily and thus could be very active and work...while feeling light.” (Edgor, male, age 39, 2011).

Kuknor not only gave them euphoria (*kayip*) but also power for work and helped to cope with age related health problems. Small amounts of opium were given even to little children who had diarrhoea, tooth ache or did not sleep at night in order to calm them down. The latter practise survived especially in remote areas where it was difficult to reach a physician. In the Soviet period, district police was well informed but tolerated the cultivation of small amounts of the poppy for older people in their gardens for their personal consumption but not for selling (Kazakboy, male, age 72, 2011):

“They only cultivated (opium poppy, a.a.) as much as they needed.”

Another retired woman (Jahangul, 63 years old, 2010) remembered that in Soviet time opium and cannabis were growing “almost everywhere” at the field borders but most of the people weren’t aware of it. Narcomania spread because medical institutions, storehouses, and chemistry-pharmaceutical enterprises were not provided with adequate security facilities [17], so that narcotics were easily stolen by workers or health professionals [17,18]. Narcotics were also stolen from fields which were tilled for medical or scientific needs [19]. In the Soviet Union, 58.26% of all registered people who use drugs used a home-made brew from the poppy [11]. In 1985, the annual number of people diagnosed with narcomania for the first time was 8.999, whereas in 1987, it had risen to 20.079 [11]. In 1989 in Karakalpakistan (an autonomous republic of Uzbekistan) the number of young people who were drug addicts was 1.190 of 1.2 million inhabitants [17].

In 1986 46.000 “chronic drug addicts” were officially registered in the Soviet Union (total population 225.000. 000 inhabitants), and in 1987 the number rose to 53.000 [11,20]. But 2.000 of them were teenagers [11]. Another factor influencing drug use in the Soviet Union was the war in Afghanistan (1979-1989). Many Soviet soldiers got drugs there to replace alcohol which was less available and more expensive there [21] and they continued using opium after their return home. One piece of soap could be exchanged for 1 gram of opium (Nikita, male, age 60, 2011). Nikita and Rustam (male, age 50, 2011) said that they had slowly switched from drinking ardent spirits to smoking opium and later to injection of opium. Furthermore they combined the injections of opium with acetic anhydride – which was used in industry and is also a basis of heroin. They did this because of an increase in the price of opium, which led them to economize by adding another substance.

After 1986 when consumption of opium had already spread from aged people to the general population, anti-drug campaigns were initiated by the Soviet government. The public image of a *bangi* (a person who consumes opium) shifted from a respectable social status to a negative labelling and stereotype which was expressed in the Russian language by the word “*narkoman*” (a drug addict) which also means having a criminal background. Therefore, the word *bangi* was replaced by *narkoman*.

In 1991, after the collapse of the Soviet Union, Uzbekistan became an independent state. Governmental expenditures for health, education, social welfare and pensions declined dramatically. Only a few people could keep their former life style and a new rich “high society” emerged. Many people wanted to pretend to be accepted or to belong to that upper class – even by imitating risky behaviour such as drug consumption. Smoking of opium was

accepted as a sort of recreation for rich people. Other reasons for rapid spread of opium use in the young generation of the 1990's were its easy and cheap availability. One gram of opium cost 40 som (Uzbek currency). In those times it was even cheaper than vodka which cost 45 som. Cultivated poppy crop areas and opium production had been expanded rapidly in Uzbekistan from 1991 to 1999 [22]. Many young people fell into drug abuse, joined the underground economy and engaged in commercial sex and criminal activities. The latter activities helped to sustain their drug addiction. Then, a country wide net of so-called narcology centres and a system of strict registration of drug addicts was established by the Uzbek government. Although Uzbekistan is not a significant producer of illegal narcotics, in 2011 over 11.000 Uzbek law enforcement officers carried out an annual countrywide eradication campaign but eliminated only 2.59 hectares of illicit crops [23].

8. DISCUSSION

Interviews with IDs revealed both justifications from a traditional point of view and different cultural habits of drug consumption in present-day Uzbekistan. As regards the first point, IDs reported about traditional private use of opium in small quantities and tribute to aged opium consumers. Beyond this, opium had always been cheap. Sometimes it replaced abuse of ardent spirits or had been combined with other substances to enhance the effects. Moreover, cultural aspects have been playing an important role until today. These are as follows:

1. At beginning of the 1990's opium consumption became so fashionable and widespread in the Khwarezm region that it had even been served to guests at a wedding party. Nowadays vodka plays a similar role in parties.
"If one celebrated the wedding and did not serve opium people would criticise the wedding and leave it. It is like nowadays when vodka is not served people would also criticise the wedding...Of course opium was not given too openly. He who distributed opium would, for example, already have known that I consume it. He kept opium in a small plastic bag, took a small piece of it on a knife's tip and distributed it." (Nodir, male, 38, 2011).
2. Many IDs and other older people referred to works of Abu Ali Ibn Sina (1). They justified their drug intake with the fact that such an outstanding scientist recommended opium for "mild" sicknesses, certainly in reduced dosages. This justification could be explained by the psychological concepts of cognitive dissonance and consonance. Discomfort is caused by the incongruent cognitions of drug use as pleasurable but harmful and this dissonance is removed by recourse to history and tradition which treat drug use as not harmful.
3. He who can afford to smoke *kora dori* (opium) and, furthermore, is able to invite other guests for smoking opium was considered a rich and wealthy person. In the Khwarezm region, *kora dori* is a name for opium. It could be translated as "black medicament". This reflects the history when opium was expensive and mainly used by upper society. Such status made it easier to use opium in student parties to show the higher class status of the students.
"Formerly, in each community there were only 6 to 7 old bangi (i.e. opium smokers, a.a.) When they went to a wedding party they were the most respected people and took a seat in a separate room. Dinner and drinks were served to them apart from the other guests. When drug addiction became widespread all such habits disappeared." (Rashid, male, 39, 2011)

With regard to student parties he and another client uttered: *"In parties it was necessary to have opium; no party would be without opium."* (Rustam, male, 50, 2011).

"Smoking of opium was used for folksiness." (Muhamad, male, 43, 2010).

4. People believed that he who consumes opium lives longer and healthier, and will be more active in old age.

9. CONCLUSION

Opium consumption has a long tradition in present day Uzbekistan. In ancient times wine played a prominent role, but tightening of Islamic rules led to a ban of alcoholic beverages. They had been replaced by opium. At first, because of its expense, opium was mainly used by upper society – a fact which still influences views of drug consumers who regard opium consumption as a feature of high society. Within recent decades there is a shift of drug using patterns: drinking opium - smoking opium - injecting opium/heroin - combinations of both heroin and pharmaceutical remedies. Until recently the risks of opium consumption have been downplayed because moderate opium consumption among elderly people had been associated with the experience and wisdom of the elderly. Societal reasoning on the matter reflects a psychological phenomenon called cognitive consonance a desire for drugs conflicts with knowledge of the harm from drugs, and this conflict is settled by tradition which goes against the supposition of harm. Many people still have such "traditions" in mind. History also shows that drug consumption can easily switch from one drug to another depending on social, political or religious circumstances.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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