

Measuring Risky Drinking: Results of the ISSUP Kazakhstan & Greece Joint AUDIT Survey

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National Context and Epidemiological Overview



*Kazakhstan is the 9th largest country in the world!
It covers over 2.7 million square kilometers,
making it the largest landlocked country globally.*

Kazakhstan is a transcontinental country, with the Ural River serving as a symbolic boundary between Europe and Asia.

Log in

Language

ISSUP

INTERNATIONAL SOCIETY OF SUBSTANCE USE PROFESSIONALS

KAZAKHSTAN chapter

ISSUP Kazakhstan

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Drug policy

- The Government Programme to Combat Drug Abuse and Drug Trafficking was completed in 2011 and has the primary aim to reduce the negative consequences of the distribution of psychoactive substances.
- The programme includes development and improvement of the system of monitoring, coordination and international cooperation in the field of drug use, drug treatment and rehabilitation.

FEB 2025

POPULATION ESSENTIALS

DEMOGRAPHICS AND OTHER KEY INDICATORS

KAZAKHSTAN

<div>TOTAL POPULATION</div> <div></div> <div>20.7 MILLION</div>	<div>FEMALE POPULATION</div> <div></div> <div>51.3%</div>	<div>MALE POPULATION</div> <div></div> <div>48.7%</div>	<div>YEAR-ON-YEAR CHANGE IN TOTAL POPULATION</div> <div></div> <div>+1.3% +257 THOUSAND</div>	<div>MEDIAN AGE OF THE POPULATION</div> <div></div> <div>29.7</div>
<div>URBAN POPULATION</div> <div></div> <div>58.5%</div>	<div>POPULATION DENSITY (PEOPLE PER KM²)</div> <div></div> <div>7.7</div>	<div>OVERALL LITERACY (ADULTS AGED 15+)</div> <div></div> <div>99.8%</div>	<div>FEMALE LITERACY (ADULTS AGED 15+)</div> <div></div> <div>99.8%</div>	<div>MALE LITERACY (ADULTS AGED 15+)</div> <div></div> <div>99.9%</div>

17

SOURCES: KEPHOS ANALYSIS; UNITED NATIONS; LOCAL GOVERNMENT AUTHORITIES; WORLD BANK; UNESCO; CIA WORLD FACTBOOK; OUR WORLD IN DATA; INDEXMUNDI; KNOEJIA. ALL VALUES REFLECT THE LATEST AVAILABLE DATA, BUT VALUES MAY NOT ALL BE FROM THE SAME PERIOD.

we are social

Meltwater

Total alcohol per capita (>= 15 years of age) consumption (litres of pure alcohol)

Total amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol. (SDG 3.5.2)



World Health Organization

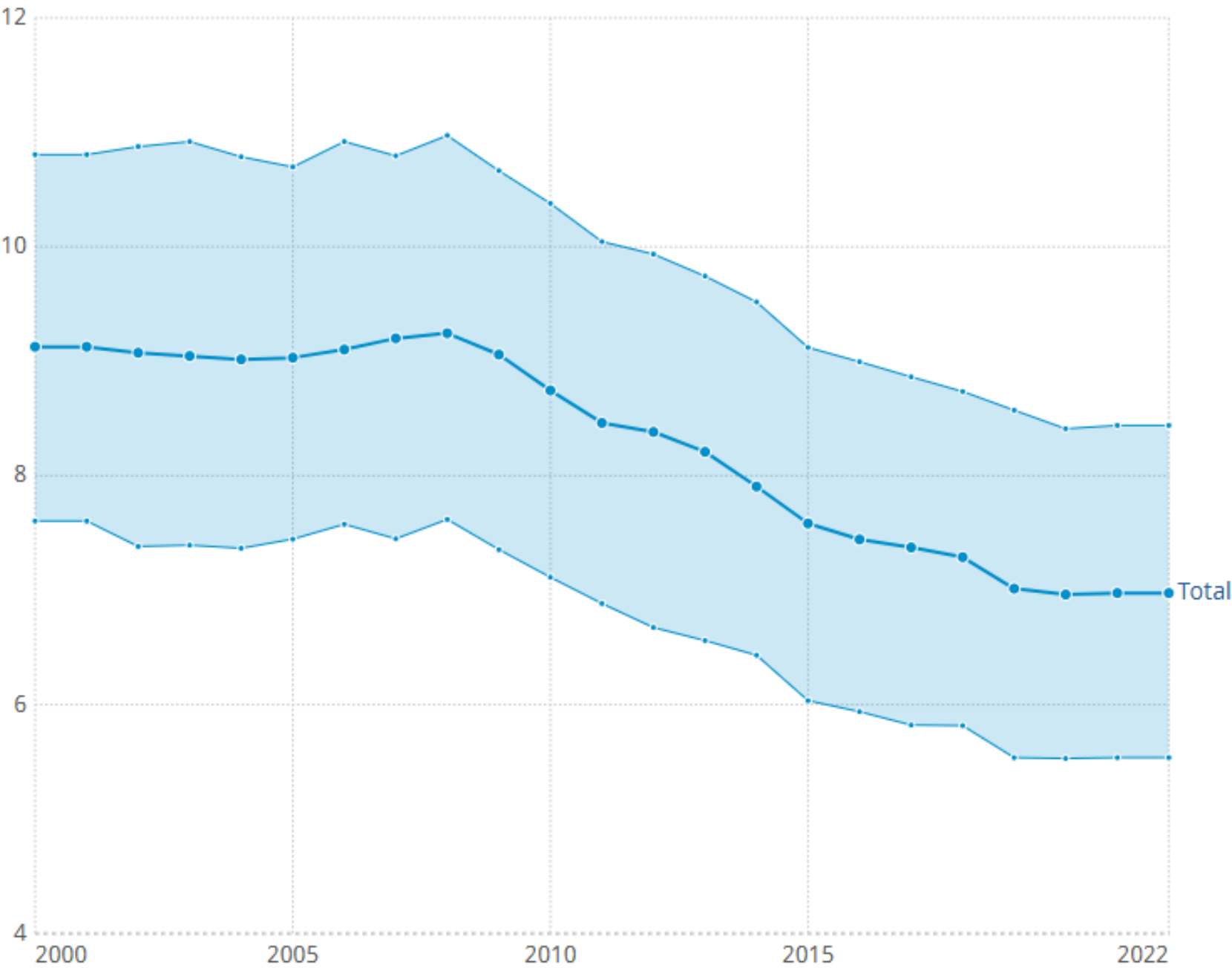
Data

Total

Country Greece

Year 2022

Greece, Total
2000 – 2022



Countries
2022

Country	litres, 2022
Somalia	0
Yemen	0
Bangladesh	0
Show 121 more	
Bahamas	6.9
Greece	7
Dominica	7
Show 59 more	
Latvia	14.7
Georgia	15.5
Romania	17.1

Total alcohol per capita (>= 15 years of age) consumption (litres of pure alcohol)

Total amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol. (SDG 3.5.2)



World Health Organization

Data

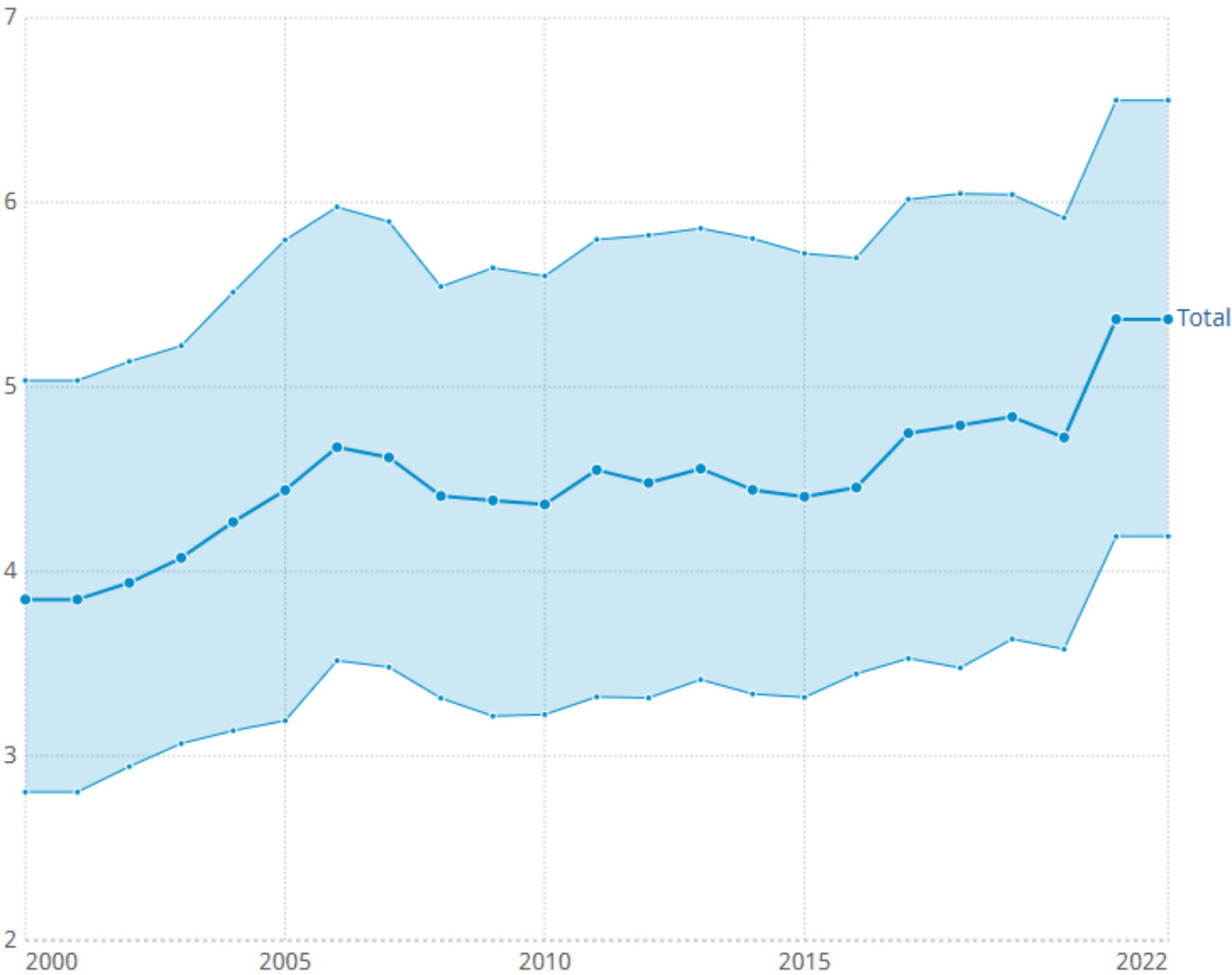
Total

Country Kazakhstan

Year 2022

Kazakhstan, Total

2000 – 2022



Countries

2022

Country	litres, 2022
Somalia	0
Yemen	0
Bangladesh	0
Show 97 more	
Guyana	5.3
Kazakhstan	5.4
Cambodia	5.4
Show 83 more	
Latvia	14.7
Georgia	15.5
Romania	17.1

STUDY PROTOCOL

Open Access

Feasibility of alcohol screening and brief intervention in primary health care in Kazakhstan: study protocol of a pilot cluster randomised trial

Bernd Schulte^{1*}, Amy O'Donnell², Harald Lahusen¹, Christina Lindemann¹, Mariya Prilutskaya³, Oleg Yussopov⁴, Zhanar Kaliyeva⁵, Marcus-Sebastian Martens¹ and Uwe Verthein¹

Abstract

Background: Identifying and addressing heavy drinking represents a major public health priority worldwide. Whilst the majority of alcohol screening and brief intervention (ASBI) research has been conducted in western, high-income countries, evidence is growing that ASBI can also impact positively on heavy drinkers in low- and middle-income country populations. This mixed methods study aims to assess the feasibility of conducting a fully randomised controlled trial of the effectiveness of ASBI in primary care in Kazakhstan and explore the feasibility and acceptability of implementing ASBI in this setting from patients' and physicians' perspectives.

Methods: Six primary health care units in the region of Pavlodar will be cluster randomised to either an intervention (WHO manualised 5 min alcohol brief intervention plus alcohol leaflet) or control group (simple feedback plus alcohol leaflet). Primary feasibility measures will be rates of participation at baseline and retention of eligible patients at the 3-month follow-up point. Patient/physician questionnaires and physician focus groups will assess additional dimensions of feasibility, as well as acceptability, according to the RE-AIM framework: Reach (rates of eligible patients screened/received advice); Effectiveness (change in AUDIT-C score); Adoption (rate/representativeness of participating physicians); Implementation (quality of ASBI/barriers and facilitators to delivery); and Maintenance (potential sustainability of intervention).

Discussion: This is the first trial of the feasibility and acceptability of ASBI in Kazakhstan. As the planning and assessment of implementation determinants is based on the RE-AIM framework, the project outcomes will be relevant for the future development, tailoring and implementation of ASBI in Kazakhstan.

Trial registration: DRKS, [DRKS00015882](https://www.drks.org/DRKS00015882), Registered 17 December 2018.

Keywords: Alcohol, Screening, Brief intervention, Primary health care, Implementation processes



Alcohol Screening and Brief Intervention in Primary Health Care in Kazakhstan—Results of a Cluster Randomised Pilot Study

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¹Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Center for Interdisciplinary Addiction Research, University of Hamburg, Hamburg, Germany, ²Pavlodar Branch of Semei State Medical University, Pavlodar, Kazakhstan, ³Monitoring Center on Alcohol and Drugs, Pavlodar, Kazakhstan, ⁴Sanjar Dzhamalovich Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan

Objective: The aim of this pilot trial was to assess the feasibility of ASBI in primary health care units (PHCUs) in Kazakhstan.

Methods: A two-arm cluster randomised trial in five PHCUs based on the RE-AIM framework for implementation studies was carried out. Patients with AUDIT-C scores ≥ 4 for females and ≥ 5 for males received a brief face-to-face intervention delivered by a trained physician plus information leaflet (intervention group, IG) or simple feedback including a leaflet (control group, CG).

Results: Among 7327 patients eligible for alcohol screening according to the inclusion criteria 1148 patients were screened (15.7%, IG: 11.5%, CG: 27.3%). 12.3% (N = 141) were tested AUDIT-C positive (IG: 9.9%, CG: 15.1%). Out of 112 physicians invited, 48 took part in the ASBI training, 31 finally participated in the study, 21 in the IG (2 PHCUs), 10 in the CG (3 PHCUs). The majority of physicians did not have difficulties in performing the intervention.

Conclusion: ASBI is feasible and can be implemented into PHC settings in Kazakhstan. However, the implementation depends on the willingness and interest of the PHCU and the physicians.

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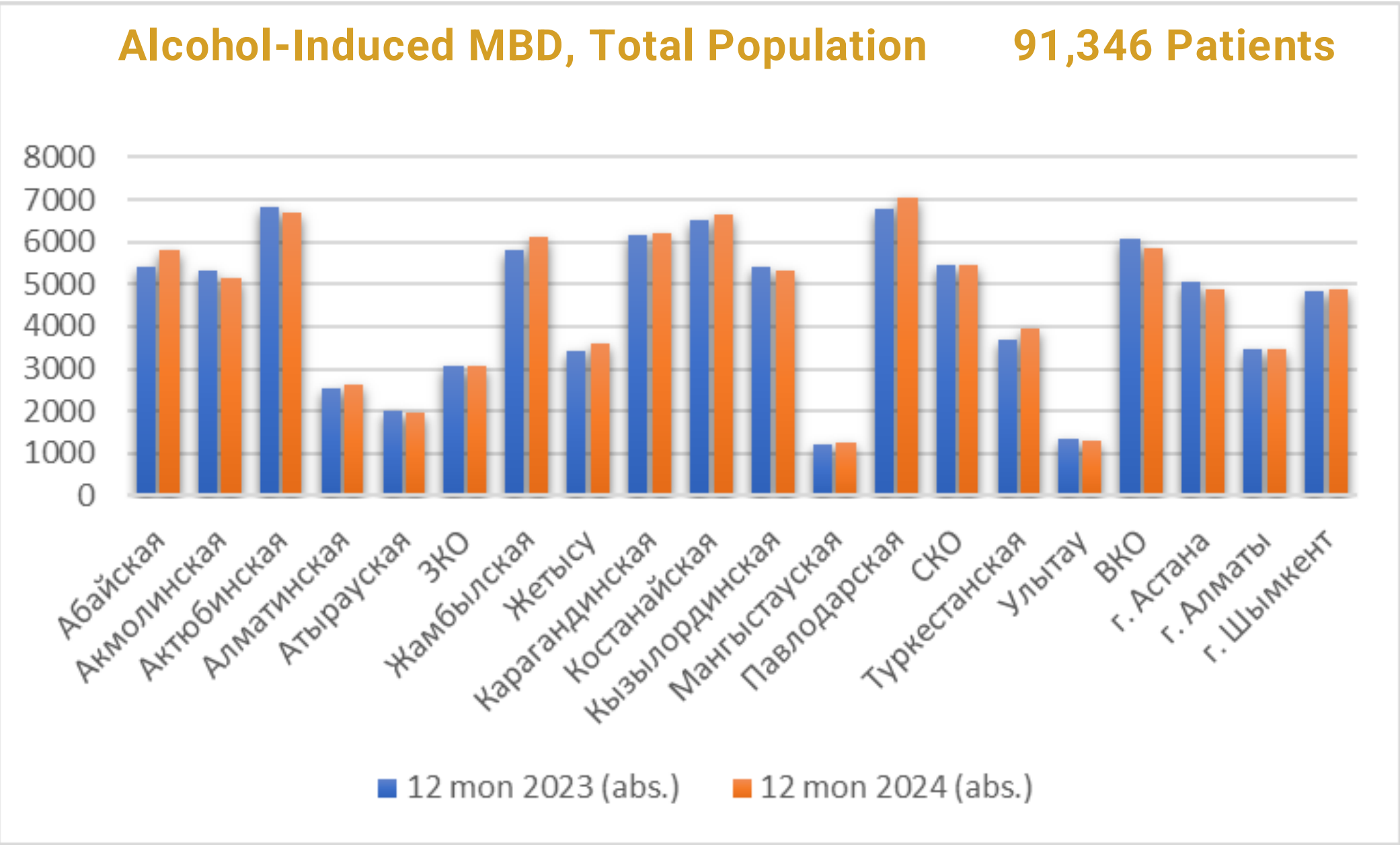
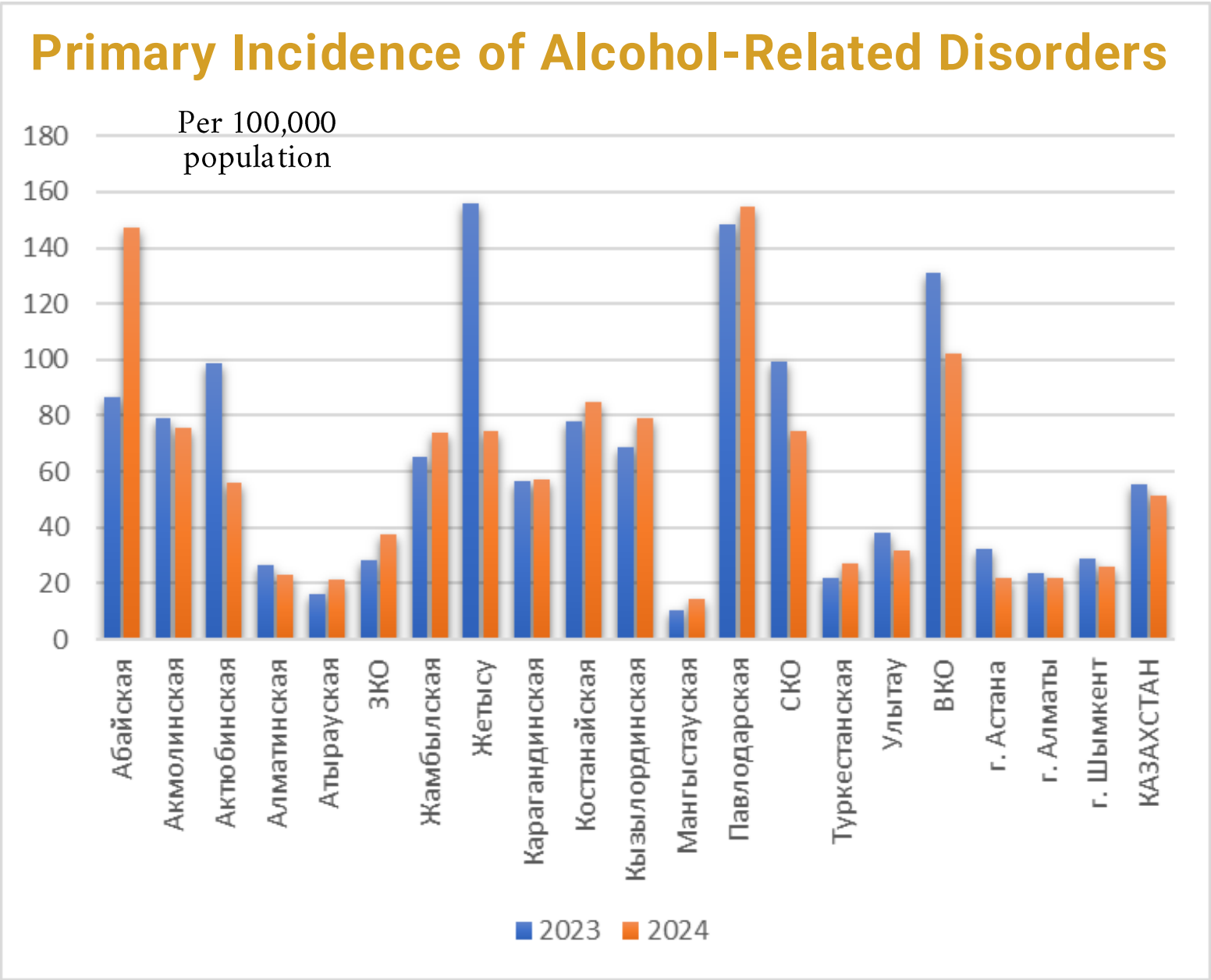
Uwe Verthein

A Kazakhstan pilot study found that among adults aged 15+, about half displayed heavy episodic drinking behaviours in 2016

National Statistics and Treatment System Overview

Kazakhstan maintains a **national registry** for individuals with alcohol or drug dependence. It ensures access to free medical services, including treatment and follow-up.

However, fear of registration often discourages people from seeking help, due to concerns about stigma, confidentiality, and potential social consequences.



WHO/MSD/MSB/01.6a
Original: English
Distribution: General

Thomas F. Babor
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AUDIT

The Alcohol Use Disorders
Identification Test

Guidelines for Use in Primary Care

Second Edition

World Health Organization
Department of Mental Health and Substance Dependence



Research Methodology

- *Objective: to assess the prevalence of hazardous and harmful drinking using the AUDIT questionnaire.*
- *Sample: adults aged 18+ from diverse regions and socio-demographic backgrounds.*
- *Instrument: online full AUDIT.*
- *Collaboration ISSUP Kazakhstan & ISSUP Greece:*

cultural adaptation of the questionnaire

ethics committee approval

Оценка употребления алкоголя среди взрослого населения Казахстана

В I U ↺ ✕

Республикалық психикалық денсаулық ғылыми-практикалық орталығы ISSUP (International Society of Substance Use Professionals) (Психикаға белсенді әсер ететін заттарды тұтыну салдарынан туындаған бұзылулардың алдын алу мен емдеу саласында жұмыс істейтін кәсіби мамандардың халықаралық қоғамы) Қазақстан Республикасының кәмелетке толған тұрғындарының алкогольді тұтынуын бағалау бойынша әлеуметтік сауалнама жүргізеді.

Бұл сауалнама ерікті және жасырын болып табылады, сауалнаманы толтыруға 5-10 минут уақыт жұмсалады.

Сіз ұсынатын мәліметтер зерттеу үшін өте маңызды, олар толтырған адамның жеке басын сәйкестендірместен тек жауаптарға талдау жасау үшін ғана қолданылады. Ақпарат Деректерді қорғау жөніндегі Еуропа кеңсесінің Жалпы регламентінің ережелеріне сәйкес өңделеді (GDPR)

<https://gdpr-info.eu/>

Республиканский научно-практический центр психического здоровья в рамках совместного исследования с ISSUP (International Society of Substance Use Professionals) (Международное общество профессионалов, работающих в сфере профилактики и лечения расстройств вследствие употребления психоактивных веществ) проводит опрос по оценке употребления алкоголя совершеннолетним населением Республики Казахстан.

Данный опрос является добровольным и анонимным, заполнение опросника занимает около 5-10 минут.

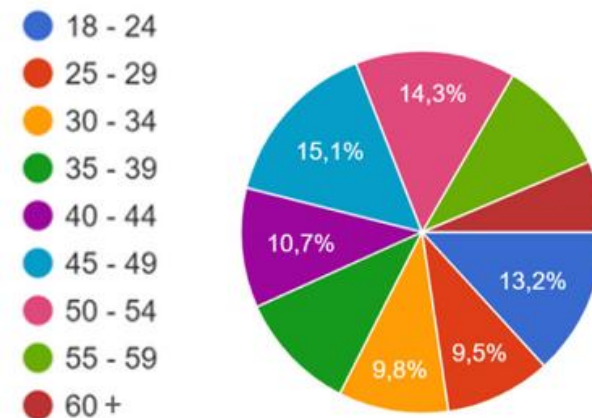
Предоставляемые Вами сведения очень важны для исследования и будут использованы только для анализа ответов, без идентификации заполнявшего лица. Информация будет обрабатываться в соответствии с положениями Общего регламента Европейского Союза по защите данных (GDPR)

<https://gdpr-info.eu/>

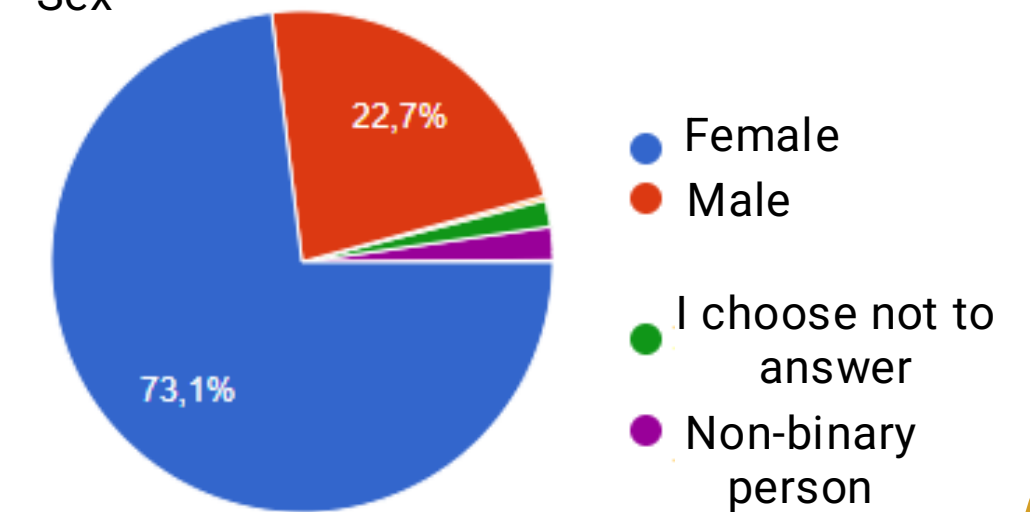
**Data Based on 1,871
Completed AUDIT Forms**

Participant Demographics: sex, age, education level, employment status, region of residence.

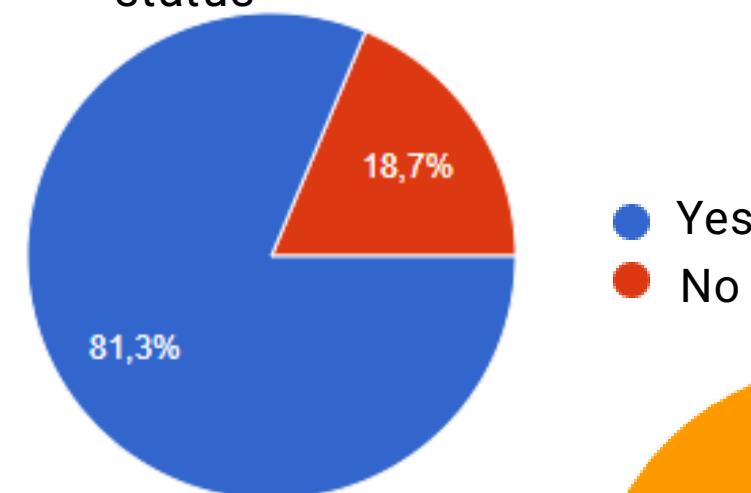
Age of respondents



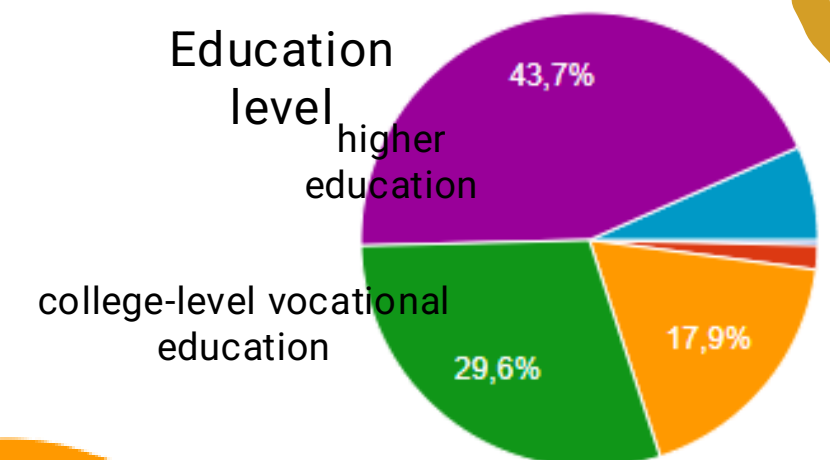
Sex



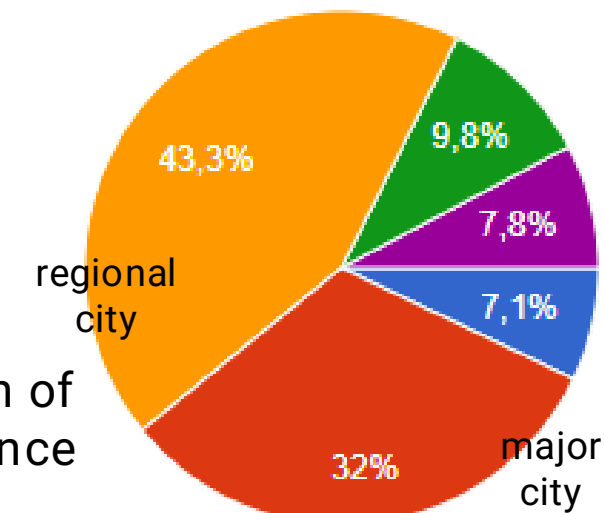
Employment status



Education level



Region of residence



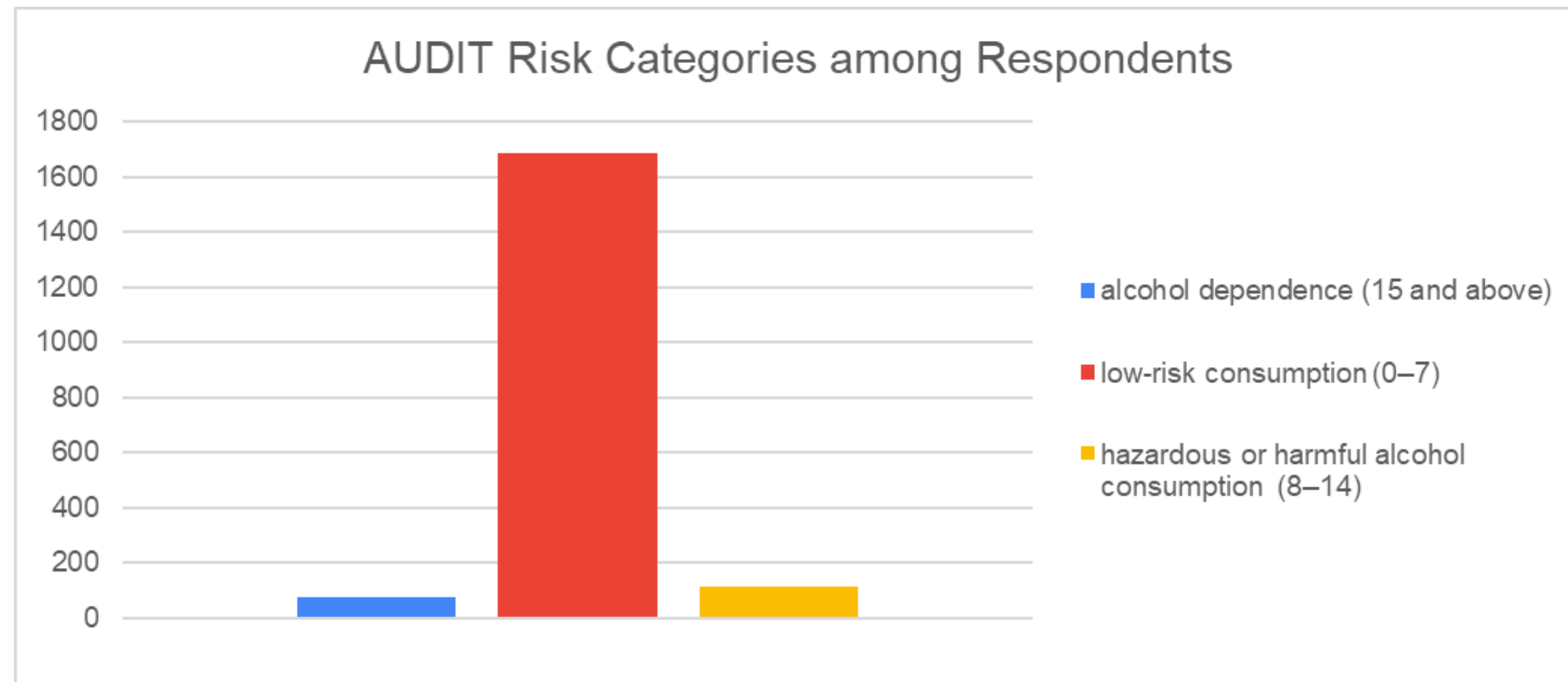
Scoring the AUDIT

The range of possible scores is from 0 to 40 where 0 indicates an abstainer who has never had any problems from alcohol.

A score of 1 to 7 suggests low-risk consumption according to World Health Organization (WHO) guidelines.

Scores from 8 to 14 suggest hazardous or harmful alcohol consumption.

Scores of 15 or more indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).



Sex and Alcohol Consumption

Variables	Correlation Coefficient	Interpretation
Sex ↔ Frequency of drinking	-0.27	Moderately strong negative correlation
Sex ↔ Alcohol units consumed	-0.28	Moderately strong negative correlation



Education and income show a weak positive correlation with the frequency of alcohol consumption, which may indicate social acceptability within these groups.

Regional, age-related, and residential differences are weakly expressed.

Correlations related to the volume of alcohol consumed (alcohol units) are generally lower than those related to frequency.

Men tend to consume alcohol more frequently and in larger quantities than women. This association is one of the strongest observed in the dataset, and it aligns with international evidence on gender differences in alcohol use.

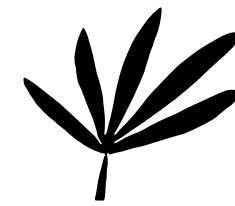


Association Between Drinking Frequency and Consequences

Variables	Correlation Coefficient	Interpretation
Frequency ↔ Difficulty stopping	0.48	Moderate positive correlation
Frequency ↔ Neglecting usual duties	0.39	Weak to moderate positive correlation
Frequency ↔ Hangover	0.44	Moderate positive correlation
Frequency ↔ Guilt feelings	0.53	Moderate to strong positive correlation
Frequency ↔ Blackouts (memory lapses)	0.50	Moderate positive correlation
Frequency ↔ Injuries	0.33	Weak positive correlation
Frequency ↔ Concern from others	0.52	Moderate positive correlation

An increase in drinking **frequency** is associated with a rise in all types of negative consequences – both psychosocial (guilt, concern from others) and behavioral (blackouts, injuries).

The strongest associations are observed with:
Feelings of guilt
Concern from others
Loss of control over drinking



Association Between ≥6 Alcohol Units and Consequences

Variables	Correlation Coefficient	Interpretation
≥6 Units ↔ Difficulty stopping	0.51	Moderate correlation
≥6 Units ↔ Neglecting usual duties	0.43	Moderate
≥6 Units ↔ Hangover	0.44	Moderate
≥6 Units ↔ Guilt feelings	0.53	Moderately strong correlation
≥6 Units ↔ Blackouts (memory lapses)	0.53	Moderately strong correlation
≥6 Units ↔ Injuries	0.34	Weak correlation
≥6 Units ↔ Concern from others	0.51	Moderate correlation

Episodes of consuming **≥6 alcohol units** are a significant predictor of both social and behavioral consequences.

The strongest associations are observed with:
Feelings of guilt
Concern from others
Memory blackouts

Where to Seek Help in Kazakhstan



Republican Scientific and Practical Centre of Mental Health (RSPCMH) – National coordinating body for addiction services– Provides evidence-based treatment and rehabilitation



Regional Mental Health Centres – Available in all region centers and major cities– Free consultations and inpatient/outpatient treatment



Primary Health Care Centres – Alcohol screening and brief interventions– Referral to specialized care when needed



Anonymous Help Lines and Online Consultations– Support for those afraid of stigma or registration– Confidential initial guidance and motivation

Key steps in alcohol screening and brief counseling

1

Ask patients about their drinking.

3

Provide options: ask if patient wants to stop drinking, cut down, seek help or continue with their present drinking pattern and come up with a plan.

2

Talk with patients in plain language about what they think is good and not so good about their drinking.

4

Close on good terms regardless of patient response.

Screening and counseling should occur in many places



Making sure it happens in routine medical practice



1. Make sure staff understands that most patients who drink too much need brief counseling but may not need specialized alcoholic treatment.



2. Involve and build support with others in the medical practice, using current guidelines.



3. Develop a plan with them to make it part of standard service.



4. Train staff on how to screen and provide brief counseling.



5. Pilot test the plan to see if it works and change it as needed.

Substance Use and the Role of Families. Results of a Cross-Country Study in Pakistan, Kazakhstan, and Ukraine

LEE, J.¹, MYSHAKIVSKA, O.², FILIMONOVA, N.³, PINCHUK, I.⁴, YACHNIK, Y.⁵, CHUMAK, S.⁴, ALTYNBEKOV, K.⁶, MUZAFAROV, R.⁶, CHERCHENKO, N.⁶, ASGHAR, S.⁷, ALI, S. A.⁸, ALYANA, S. I.⁹

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- 5 | Taras Shevchenko National University of Kyiv, University Clinic, Kyiv, Ukraine
- 6 | Republican Scientific and Practical Centre of Mental Health, Almaty, Kazakhstan
- 7 | New Life Rehab Centre, Pakistan
- 8 | Poonch Medical College Rawalakot, Department of Psychiatry and Behavioural Sciences Azad, Kashmir, Pakistan
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Citation | Lee, J., Myshakivska, O., Filimonova, N., Pinchuk, I., Yachnik, Y., Chumak, S., Altynbekov, K., Muzafarov, R., Cherchenko, N., Asghar, S., Ali, S. A., & Alyana, S. I. (2022). Substance use and the role of families. Results of a cross-country study in Pakistan, Kazakhstan, and Ukraine. *Adiktologie*, 22 (2), 68–81. <https://doi.org/10.35198/01-2022-002-0007>

BACKGROUND: In many countries families have rarely been involved in addressing treatment and interventions for family members with substance use disorders (SUDs). The aims of this study were to measure the influence of substance use on users' family members and to evaluate what and if any interventions were conducted by and with family members in the three countries of Kazakhstan, Pakistan, and Ukraine. **METHODS:** A convenience sample approach was used to identify the involvement of families in the treatment and recovery process of

relatives of a subject who used or uses substances and 1075 from subjects who use or used psychoactive substances. In total, 47% of the relatives indicated that they did not receive treatment interventions and 87% believed that treatment could be an effective option to address the use of substances. **CONCLUSIONS:** A significant majority of the relatives in Pakistan, Kazakhstan, and Ukraine did not receive any therapeutic or other support while living with a subject with an SUD. Unsurprisingly, family members often regarded the best way to treat SUDs as being to isolate

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family
intervention
Prevention
evidence-based
cohort
association

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