

PROBLEMS OF ORGANIZING THE NARCOLOGY SERVICE IN UZBEKISTAN

J.Makhmatkulov

PhD.Karshi State University

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Annotation: The article shows the expansion of the drug treatment service network over the years of independence, the problems of organizing the drug treatment service and measures aimed at developing this service.

Key words: Drug addiction, narcotic substance, drug treatment service, mental state, noise syndrome.

Addiction is the development of a group of serious diseases associated with the strong physical and mental dependence of the human body on drugs. It causes a profound change in the human personality and mental state, as well as serious damage to the functioning of the internal organs of the body. The main thing that motivates people to use drugs is their desire to repeatedly experience the subjectively pleasurable experiences that drugs evoke¹. A person addicted to drugs, voluntarily or involuntarily, feels an extremely strong need to raise their mood and improve their emotional state. The purpose of drug use in the first place is to escape, even temporarily, the torment of feelings that bother him - fatigue and dissatisfaction with life.

New substances were constantly added to the group of narcotic drugs, and from the middle of the 19th century, the use of narcotic substances became widespread. The development of addiction is mainly observed in three stages.

The first stage is characterized by the emergence of a mental addiction to drugs, the loss of protective processes, an increase in addiction to drugs, and their regular intake while preserving their physiological effects.

The second stage is observed with the appearance of physical addiction to the drug, insurmountable addiction to the drug, the development of tolerance to it, changes in the effects of the drug, and the appearance of personality changes.

The third stage is when the tolerance to drugs decreases, their effect reaches only the level of stimulation, therefore, the characteristics of the inability to live without drugs are observed in patients. In addition, the xumor syndrome (i.e., lomka) is characterized by aggravation and prolongation, and the emergence of mental and social consequences².

Drug addiction has been known for a long time, especially after the Second World War, it spread widely in Asian, European and American countries. In the world today, drug addiction and its treatment have become one of the serious problems of all countries. More than 4 percent of the world's population has this disease, and more than 200 million people have this disease. Therefore, state programs for the establishment and expansion of drug addiction treatment networks have been developed and put into practice in each country. In particular, in Uzbekistan, a number of measures have been determined in this regard, and importance has been paid to improving the narcology service year after year.

One of the most difficult tasks in health care is the fight against drug addiction, which is one of the most deplorable social diseases. Current socio-economic conditions, living and cultural level of the population in a particular country have a strong influence on the origin and spread

¹Тўляганова К. “Заҳри котил– инсон умрининг кушандаси” // O'zbekistonda sog'liqni saqlash, 2011 йил 24 июнь.

² Соатова И. “Гиёҳванд моддаларни татиб кўрманг” // O'zbekistonda sog'liqni saqlash, 2015 йил 26 июнь.

of social diseases. According to experts, 49-53 percent of human health depends on living conditions. Tuberculosis, skin-genital, ringworm, and mental-nervous diseases have arisen due to poor social conditions³.

The Soviet state tried to do certain things in this regard. On July 12, 1980, the decision of the Central Committee of the CPSU and the Council of Ministers of the USSR "On improving mental and drug-related services to the population in the future" was adopted. On June 25, 1980, the Central Committee of the Central Committee of the Republic of Uzbekistan and the USSR Council of Ministers adopted the decision "On measures to improve services for mental and nervous diseases to the population of the republic" based on the government's decision. Certain works were carried out on the basis of these documents.

Order No. 572 of the Ministry of Health of the Republic of Uzbekistan of November 4, 1992, No. 326/599 of the Ministry of Health of the Republic of Uzbekistan and the Ministry of Internal Affairs of December 27-28, 1994 "On taking patients suffering from chronic alcoholism, drug addiction and intoxication under dispensary control and sending them to compulsory treatment" " and other regulatory documents, drug treatment facilities operated. The aforementioned Law stipulates that drug addiction patients must be treated in special treatment facilities within the system of the Ministry of Health of the republic.

The republican narcology center, regional narcology dispensaries, narcology departments of psychiatric hospitals, narcology rooms at central polyclinics, narcology rooms in psychoneurological dispensaries provide help to people suffering from drug addiction.⁴

During the years of independence, the narcology service network was expanded. In 1995, about 1,200 places were allocated for the treatment of drug-related diseases, by 1999, 1,400, 1,600 in 2002, and more than 1,800 in 2004. But in the following years, it can be seen that the places of this type of treatment have remained unchanged. In 2014, there were more than 1,800 treatment places in the narcology service. Comparing this number to every 10,000 population, it was 0.5 in 1995, 0.6 in 2013, and 0.5 in 2014. But there is no increase in the number of narcologists in these years. For example, the number of narcologists in Uzbekistan in 1995 was more than 1,200, and by 2004, it remained unchanged⁵. As a result, the rate of narcologist per 10,000 population decreased. In 1995, it was 0.5 per 10,000 inhabitants, and in 2007, it was 0.1.

According to the information of the Ministry of Health of the Republic, in 1996, 6,578 people, and in 1997, 7,612 people suffering from drug addiction were in the dispensary reports. 41.6 percent of people suffering from drug addiction lived in villages. 8.8% of addicts were women. In 1997, 125 teenagers were under observation at the dispensary with drug addiction and 22 teenagers with drug addiction. But the above figures do not reflect the actual situation. Because those who are not on the account of drug dispensaries, who secretly consume drugs, are not included in these lists.

The situation was especially difficult in Khorezm region in this regard. In 1995-1998, 340-400 drug-related crimes were registered in one province. In 1999-2000, 15 people died from drugs in the region. Places for treatment of drug addicts were also allocated in the districts. For example, 20 treatment places were allocated to Hazorasp District Central Hospital and 6

³ Всемирная организация здравоохранения (история, проблемы, перспективы). Под. ред. Д. Д. Венедиктова. – М.: Медицина, 1975. – С. 118–120.

⁴ Тожиев С. “Татиб кўришдан аввал, оқибатини ўйла” // O'zbekistonda sog'liqni saqlash, 2014 йил 27 июнь.

⁵ Ўзбекистон Республикаси статистик тўплами 2004.– Тошкент, 2005.– Б.148– 152.

to Pitnak City Hospital. "More than half of the crimes committed in the region are crimes related to drug addiction and property theft. The data show that drug-related crimes are particularly prevalent in Drujba, Bogot, Hazorasp districts, and Urganch. The cases of transportation and consumption of narcotics are increasing. One cannot look at it indifferently," says the First President of the Republic of Uzbekistan I.A. Karimov⁶.

In general, by the end of 1998, there were 71,915 chronic alcoholics (40 minors) in the republic's drug dispensaries, 13,786 (4 minors) in Tashkent, 6,979 (4 minors) Samarkand, 6,546 Tashkent region, 6,501 Fergana (8 minors) 5,867 persons (6 minors), and 5,537 persons in Jizzakh.

In 1998, there were 9,814 drug addicts (35 minors), of which 2,410 (8 minors) in Samarkand region, 1,278 (5 minors) in Tashkent, 853 (4 minors) in Fergana, 829 (1 minor) Surkhandarya minors), 606 persons in Kashkadarya, 489 persons (6 minors) in Khorezm⁷.

In Uzbekistan, as of January 1, 1999, 21,098 people, and on January 1, 2000, 22,851 people were registered in medical institutions for drug use. The number of drug addicts on the list has been increasing year by year.

In the first quarter of 1999, a total of 5,924 people were considered drug addicts in Uzbekistan, including 981 in Tashkent, 699 in Samarkand, 532 in Tashkent region, 475 in Fergana, 439 in Andijan, 435 in Kashkadarya, and 425 in Navoi. Sometimes the information about persons listed in the narcological dispensary of the Ministry of Health with chronic alcohol and drug addiction differed from the information in the internal affairs offices. By the end of 1998, there were 71,915 chronic alcoholics and 9,814 (35 minors) drug addicts in drug dispensaries. Most of them were accounted for by Tashkent city and Samarkand region.

Narcologists of the world say that it is difficult to talk about complete recovery when there are cases of drug addiction. A person who has given up using such substances, if he tries them again, will have to go through many painful treatment stages. Symptoms of this chronic disease can disappear only if the consumption of substances containing narcotics is completely abandoned⁸.

One of the types of drug addiction is drug addiction, when smoking cannabis, there is an increased perception of existence, acceleration of thinking, and an increase in lustful characteristics. Illusions (a small stream looks like a big river, slow sounds seem to be roaring), depersonalizations (denial of one's body parts) occur.

Among the factors that lead to drug addiction, it is possible to point out such situations as a desire to get rid of negative effects, such as the lack of will characteristic of some people, as well as the inability to establish communication between people due to their own defective nature. Addicts become attached to drugs first mentally and then physically. Psychic attachment means that a person feels again the pleasant sensations and experiences that he first felt under the influence of drugs. Failure to satisfy the body's demand for one reason or another at this initial stage causes the patient's mood disorder, i.e., depression, and addiction to the drug begins to appear. At this stage, the symptoms of neurosis become visible, such as

⁶Каримов И.А. Бунёдкорлик йўлидан. – Т.: Ўзбекистон, 1996.– Б.286.

⁷Ўз МА, М-76-фонд, 1-рўйхат, 1193-иш, 91-варақ

⁸Тожиев С. “Соғлом ҳаётга қайтиш” // [O'zbekistonda sog'liqni saqlash](http://O'zbekistonda.sog'liqni.saqlash), 2014 йил 27 июнь.

quick temper, fatigue, scattered thoughts, increased sensitivity, nervous system disorders are formed⁹.

Measures were also taken to fill vacancies in the treatment-preventive institutions of the narcology service with doctors-narcologists. Efforts were also made to create appropriate conditions for young specialists graduating from medical universities to acquire a primary specialty in the field of narcology. In order to improve the professional skills and qualifications of narcologists-experts in the regions, from April 2001, the department of narcology of TashBMOI organized traveling cycles, and in order to effectively use the experience of developed countries in the further improvement of the field of narcology, from April 2001, to send young specialists to study in neighboring countries and advanced narcology clinics of the world. organizational measures were taken¹⁰.

So, drug addiction is included in the group of serious diseases worldwide. In patients suffering from this serious social disease, it was found that the central nervous system is out of order and the person's personality changes in a negative direction. In the years of independence in Uzbekistan, the material and technical base of narcology dispensaries was strengthened as a result of strict measures taken by the state to improve narcology services. In addition, mandatory placement of patients with this disease in special treatment facilities was established by law.

References:

1. Vsemirnaya organizatsiya zdavoovrancheniya (istoriya, problemi, perspektivi). Pod. red. D. D. Venediktova. – M.: Meditsina, 1975. – S. 118-120.
2. Karimov I.A. Bunyodkorlik yo'lidan. – T.: O'zbekiston, 1996.– B.286.
3. Soatova I. "Giyohvand moddalarni tatib ko'rmang" // O'zbekistonda sog'liqni saqlash, 2015 yil 26 iyun.
4. Sotsialnoye razvitiye i uroven jizni naseleniya Uzbektana 2008.Statisticheskiy sbornik.– Tashkent, 2008. – S.102.
5. Tojiyev S. "Sog'lom hayotga qaytish" // O'zbekistonda sog'liqni saqlash, 2014 yil 27 iyun.
6. Tojiyev S. "Tatib ko'rishdan avval, oqibatini o'yla" // O'zbekistonda sog'liqni saqlash, 2014 yil 27 iyun.
7. To'lyaganova K. "Zahri qotil- inson umrining kushandasi" // O'zbekistonda sog'liqni saqlash, 2011 yil 24 iyun.
8. O'z MA, M-76-fond, 1-ro'yxat, 1072-ish, 33-varaq
9. O'z MA, M-76-fond, 1-ro'yxat, 1193-ish, 91-varaq
10. O'z MA, M-76-fond, 1-ro'yxat, 1264-ish, 91-varaq
11. O'z MA, M-76-fond, 1-ro'yxat, 1484-ish, 10-varaq
12. O'z MA, M-76-fond, 1-ro'yxat, 1622-ish, 13-varaq.
13. O'z SSV IA, M-372-fond, 1-ro'yxat, 3521-ish, 90-varaq.
14. O'zbekiston Respublikasi statistik to'plami 2004.– Toshkent, 2005.– B.148– 152.
15. O'zbekistonda sog'liqni saqlash. Statistik to'plam.– Toshkent, 2015.– B.174– 175.

⁹ Тўляганова К. "Заҳри қотил– инсон умрининг кушандаси" // O'zbekistonda sog'liqni saqlash, 2011 йил 24 июнь.

¹⁰Ўз ССВ ИА,М-372-фонд, 1-рўйхат, 3521-иш, 90-варақ.