

Part 2

NGO-Led Interventions: Case Studies and Outcomes

8. The Role of the Non-Governmental, Non-Profit Organisation Republican Information and Educational Center “INTILISH” in Addressing Issues of Drug Dependence and HIV and Tuberculosis Prevention

Introduction

Drug addiction continues to pose a significant challenge in Uzbekistan, with profound health, social, and economic consequences. The complexities associated with drug addiction, such as increased health issues, criminal activity, and reduced social and labor productivity, call for comprehensive and multifaceted intervention strategies. In this context, civil society organizations (CSOs) have become vital contributors, offering innovative and effective solutions that complement governmental efforts. This paper focuses on the crucial role of CSOs in drug prevention, harm reduction, and the mitigation of infectious diseases among key populations, with a particular emphasis on the non-governmental, non-profit organization, the Republican Information and Educational Center (RIEC) ‘INTILISH.’ Through an in-depth analysis of INTILISH’s activities and achievements, we explore the impact of community-driven initiatives on the prevention and treatment of drug addiction. By highlighting successful practices and providing concrete examples, this chapter underscores the importance of integrating civil society efforts into national and international frameworks for combating drug addiction and its associated consequences. The chapter covers INTILISH’s primary, secondary, and tertiary prevention strategies, integrated health services, community engagement, capacity building, and training activities, showcasing its significant contributions

to addressing drug dependence and preventing HIV and tuberculosis (TB) in Uzbekistan.

The Context of Drug Addiction and Infectious Diseases in Uzbekistan

The problem of drug addiction and its consequences is currently quite acute in Uzbekistan. The main problematic consequences of involvement in injecting drug use and new psychoactive substances (NPS) include increasing health problems, criminalisation, and decreased social and labour adaptation (Koshkina et al 2005). These consequences equally pose an ever-increasing threat to both the individual drug user and society as a whole.

For the individual, this threat is reflected in a vicious circle whereby the criminalised lifestyle associated with drug use itself is progressively compounded by deteriorating health and the growing need for medical and medication assistance, which is difficult enough in the face of loss of social ties and work activity but continues to be vital, eventually leading to increased criminalisation.

For society, the growing threat is naturally manifested as follows: the criminalisation of a rather large group of people is reflected in increased costs for the maintenance of law enforcement agencies (Abdukarimova 2019).¹ High demand for medical and medication assistance is reflected in increased costs for the maintenance of public health authorities. A decrease in social and labour adaptation results in the loss of possible contributions to the growth of the country's economic welfare and the moral development of the younger generation. Thus, the second vicious circle is outlined, whereby the problem of drug addiction leads to a decrease in contributions to the development of the country's economy but requires an increase in economic costs to solve itself, and deficiencies in the development of the younger generation aggravate the development of the economy for many years to come.

As a result, the country is facing a problem that progressively threatens the security of society as a whole. But, like any other

1 Uzbekistan News Today: Uzbekistan and modern drug addiction, how to fight?
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problem, this problem also has its solutions. The main principle of the response to the problem of drug addiction is the integrated approach of its four main solutions. The solutions are reduction of drug supply, and the primary, secondary, and tertiary prevention of drug addiction (Sheremetieva et al. 2019).

The World Health Organization (WHO) recognises three types of disease prevention: primary, secondary, and tertiary. The term “primary prevention” refers to the prevention of risk factors in a healthy population, “secondary prevention” refers to the prevention of disease development in the presence of risk factors, and “tertiary prevention” refers to the prevention of disease progression to avoid disability and premature death.

Primary prevention according to WHO recommendations consists of “health promotion” and “specific protection”. Health promotion activities involve lifestyle changes. Disease prevention and a state of general well-being can increase our life expectancy. Such activities do not target specific diseases or conditions but rather promote health and well-being at the most general level. On the other hand, specific protection is also important to promote health and prevent a number of diseases.

Secondary prevention aims at preventing disability, the goal of tertiary prevention is to maximise the remaining capabilities and functional abilities of the disabled patient’s body.

Tertiary prevention is aimed at reducing the damage caused by diseases and is based on psychological, physical, and social rehabilitation. The goals of tertiary prevention include preventing pain and damage to organs and systems, limiting the progression and development of the complications of diseases, and restoring the health and functional abilities of patients affected by the disease.

The World Health Organization has approved the term “preventive measures”—it is the most important component of the health-care system aimed at promoting medical and social activity and motivation for a healthy lifestyle among the general population.

The goal of the Drug Supply Reduction Programme (Declaration, 1998) are to prevent the importation of illicit drugs into the country; to prevent the production, storage, transportation, and distribution of illicit drugs within the country; to ensure strict control over the importation of authorised drugs into the country; and to ensure

strict control over the production, storage, transportation, distribution, and use of authorised drugs within the country. The achieving of the goal is ensured by joint efforts on the part of lawmaking bodies, all state law enforcement agencies, and the healthcare system.

Thanks to this very necessary and effective programme, substantial amounts of narcotic substances are withdrawn from illicit trafficking. However, for objective reasons, there are no examples of 100 % effectiveness of such programmes in the global practice. The effectiveness of the supply reduction programme increases dramatically as a result of the civic engagement of the population.

The essence of primary prevention (Ministry of Justice 2020) is to provide conditions to prevent people who have never used drugs from becoming involved in drug use. This goal can be achieved through the systematic, methodical, and continuous implementation of activities that increase resistance to involvement in drug use and create a wide range of alternative employment opportunities targeted at different population groups.

The general population is at risk of becoming involved in drug use, but for a variety of reasons, this risk is greatly increased for some groups, making them especially vulnerable to the problem (Bogomolov et al. 2014). Among the main groups vulnerable to involvement in drug use are young people, labour migrants, and people providing sexual services (UNAIDS 2019; Bagreeva /Kutsev 2023; Baral et al. 2012).

The main service offered by primary prevention programmes is the provision of information about drug addiction and its consequences. The effectiveness of prevention programmes is greatly enhanced by the provision of psychologist services and flexible services adapted to each specific situation and group of people to help them solve their most common social problems.

Primary prevention programmes for children follow special approaches to informing them about drug addiction, which allow them to understand in detail the sometimes hidden inner aspirations that indirectly lead to drug use and to learn to find healthy ways to realise their aspirations. The effectiveness of informing young people increases in proportion to the range of alternative employment services on offer and the freedom of accessing them. Examples include free sports and optional classes for the development of professional and creative skills, popular cultural events, etc.

In order to analyse primary prevention programmes objectively, it is necessary to take into account the fact that in no country in the world do these programmes give 100 % results (UNAIDS 2019). There is always a certain percentage of drug users who have been enrolled in prevention programmes but who, for various reasons, still become involved with drugs. This percentage can be reduced by improving the quality of prevention services provided and the commitment of those organising and providing those services (UNAIDS 2019).

Another solution to the problem of drug abuse is tertiary prevention, the essence of which is to create conditions that enable drug users to abstain from drug use and to maintain this state of abstinence for as long as possible. The target group of tertiary prevention is people who already use drugs.

The main types of services in this case are the provision of medical assistance in the form of medication and/or non-medication detoxification and treatment of a variety of somatic diseases; psychological assistance aimed at restoring the skills of self-analysis; interaction with the surrounding world; formation of leisure culture and prevention of relapses; social assistance, represented by services for solving a variety of social and legal problems, including restoration of old or acquisition of new labour skills and workplace. The list of services of tertiary prevention of drug addiction is very wide, from consultations with a large number of specialized doctors and non-medical specialists (such as social and outreach workers, peer consultants, psychologists, lawyers) and provision of material assistance in various forms to courses for in-demand professional skills, numerous options for psychological support, etc.

When analysing the overall effectiveness of tertiary prevention of drug addiction, it should be taken into account that to date there are no known drug treatment and rehabilitation programmes that provide lifelong resistance to relapse in all clients of the programme (UNAIDS 2019). To provide a brief overview, the situation is as follows: some drug addicts demand treatment and rehabilitation services, some complete a full course of rehabilitation measures, some manage to abstain from drug use for a long time, and some of the latter abstain for life. Thus, a significant proportion of drug addicts return to drug use many times during their lives or never stop drug use altogether. This outcome is not evidence of the ineffectiveness of

drug treatment and rehabilitation programmes, nor is it a stigmatising characteristic of a certain group of people. It does, however, show the real danger of the disease.

By definition, drug addiction is a chronic and incurable disease. Also, in most cases of drug addiction, through no conscious fault of the person but rather due to objective mental and physical features, it becomes extremely difficult or impossible to achieve a stable remission. Therefore, it is seen as incorrect to use the expressions “to cure a drug addict” or “former drug addict”. More appropriate phrases are “to provide medical and/or psychological and/or social assistance to an addict” and “recovering addict” (Shaidukova 2022).

Providing a full range of services, increasing the level of training and professionalism of the staff implementing these services, and ensuring financial and geographical accessibility of services for the target group can increase the percentage of long-term and sustainable remission among drug addicts.

Although it goes against the logical sequence, secondary drug prevention should be considered after primary and tertiary prevention. On the one hand, there consequences of drug use, creating an increasing threat to the security of society (Bogomolov 2014). On the other hand, there is objective, incomplete effectiveness of drug supply reduction programmes, as well as primary and tertiary drug prevention programmes, which explains the constant presence of drugs circulation and a significant number of people who use drugs. Secondary prevention of drug addiction is aimed at solving this situation.

The target group of secondary prevention is active drug users. The goal of the programme is to provide conditions for reducing criminalisation and preserving the health, social, and labour readaptation of drug users. This goal is achieved in a comprehensive manner. Reduction of criminalisation is ensured through the implementation of a substitution therapy programme, which makes the drug user's lifestyle no longer illegal and eliminates the need for illegal actions to be taken to fund the purchasing of drugs. Health preservation is made possible through the provision of sterile syringes, condoms, and medical care by a surgeon, infectious disease specialist, and dermatovenerologist. Social and labour adaptation is carried out by providing psychological support, as well as the services of a lawyer and a social worker.

In this way, secondary drug prevention programmes focus on a segment of the population that has not been reached—or has not been effectively reached—by primary prevention, create favourable conditions for referring motivated clients to tertiary prevention programmes, re-engage returning clients of tertiary prevention programmes after unsuccessful attempts to stop using drugs, and provide clients with services that simultaneously address both individual and societal challenges.

People working in secondary and tertiary prevention programmes often hear the parents of drug addicts say things like, “we were prepared for a lot of things but never imagined that our family would face this problem.” This sentiment is expressed by people of completely different ages, social statuses, and nationalities. This common thought, which occasionally enters the mind of every parent, is the result of an active unwillingness to let their own child be touched by such a serious danger. But in many families, this problem does arise.

In order to fully understand drug addiction and the methods of counteracting it, it is extremely important to look at the situation from the perspective of “it is not the person who is the problem, but the person in the problem.”

The civil sector plays an important role in preventing drug use, assisting drug addicts and their social rehabilitation, and preventing the spread of infectious diseases. Civil sector organisations and communities can offer innovative drug prevention programmes, educate young people and the public, and provide psychological and legal support to drug addicts and their loved ones.

One of the ways to combat drug use through the civil sector is through the establishment of drug treatment centres. At these centres, specialists provide counselling, rehabilitation programmes, psychotherapy, and liaison with family members of drug addicts. Such centres can be organised either by voluntary organisations or with government support.

Educational campaigns and activities are another effective method of combating drug use involving the civil sector. Organisations can organise lectures, seminars, trainings, and conferences for a wide audience to raise awareness of the drug problem and provide information on the harms of drug use and possible solutions to the problem,

Drug harm reduction programmes are the first step and provide an opportunity to reach out to people who use drugs and who have never, and would never, go to healthcare facilities or seek help anywhere due to the fear of being identified as drug users. Community-based organisations can play an essential role when it comes to public health by helping people cope with addictions and improving their quality of life. Such organisations and programmes provide support and assistance to people who are addicted to drugs, alcohol, and other substances and help them reduce the harm caused by their use of these substances.

To address the problems of alcoholism and drug addiction, it is necessary to make more active use of the potential of civil society, namely the potential of non-profit organisations and the self-organisation of citizens. Civil society is a dynamic form of ensuring adequate interaction between political institutions and a complexly structured society, representing a set of private and public interests or an interconnected set of socio-political institutions. Civil society institutions take on the role of an intermediary between the target audience of social policy and public authorities.

In accordance with the Law of the Republic of Uzbekistan "On Non-Governmental Non-Commercial Organizations" dated April 14, 1999, a non-governmental non-commercial organization is a self-governing entity created voluntarily by individuals and/or legal entities. Such an organization does not pursue the extraction of income (profit) as the main goal of its activities and does not distribute any income (profit) received among its participants (members).

A non-governmental and non-commercial organization is established to protect the rights and legitimate interests of individuals and legal entities, uphold other democratic values, achieve social, cultural, and educational goals, satisfy spiritual and other non-material needs, engage in charitable activities, and serve other socially useful purposes.

Non-governmental non-commercial organizations can be created in the form of a public association, public fund, institution, or in another form provided for by legislative acts. In accordance with PP 107 of March 23, 2005, civil society institutions — including citizens' self-government bodies (mahallas), political parties, movements, trade unions, public associations, foundations, and non-

governmental non-commercial organizations (NCOs) — form the foundation of civil society and define its essence. These institutions are tasked with promoting the growth of civic activism, national self-awareness, political culture, and the high spirituality of society members. They are also responsible for fostering a sense of self-worth, independent thinking, and the desire to realize their potential, encouraging individuals to build their futures with their own hands. Their activities cover several important areas. Firstly, they provide harm reduction and street outreach services to help reduce the negative consequences of addiction. They also provide counselling and important information to those in need. Equally important is their work in the field of rehabilitation, where they offer both outpatient and inpatient programmes aimed at supporting the recovery of addicts.

Social assistance is also an important aspect of their work. This includes providing shelters, safe houses, material assistance, and clothing, as well as access to various types of support. Legal and juridical assistance, along with advocacy, helps to protect the rights and legitimate interests of addicts and their families.

Non-commercial organisations (NCOs) have significant resources and potential. They generate innovative ideas and proposals that complement the efforts of public organisations. Through international cooperation and the development of horizontal ties, they facilitate the exchange of experience and best practices. NGOs form proposals to improve the regulatory framework and the work of state structures, demonstrating flexibility and responsiveness in responding to changes and realising urgent short-term tasks.

The professionalism of NCO specialists often exceeds the level of government officials, which allows for effective training and retraining of both specialists and recovering patients. NCOs also facilitate the realisation of constructive social initiatives and provide effective civilian control regarding compliance with the regulatory rules in the sphere of alcohol and drug trafficking. They provide differentiated, targeted assistance in accordance with the requirements of those in need and organise cultural, leisure, and recreational activities.

In addition, NCOs actively promote healthy lifestyles and increase the level of civic responsibility among the general population. They provide accessible, “low-threshold” assistance and organ-

ise the most important areas of drug and alcohol abuse prevention, such as telephone helplines, family counselling, psychological assistance, and outreach work. NCOs initiate and support the establishment of self-help groups and family clubs and play an important role in organising both outpatient and inpatient rehabilitation programmes.

Intersectoral partnerships and cooperation with local authorities, especially municipal ones, allow NCOs to provide comprehensive assistance of a social, material, and psychological nature. They are also engaged in advocacy and protection of the rights of addicts and their relatives, replacing the functions of social workers, working with the families of patients, and helping street and homeless children from families with drug problems.

One of the key objectives of NGOs is to reduce the extent to which an individual's immediate environment encourages alcohol or substance abuse. They recruit volunteers to help addicts and organise street work, as well as engage former patients to motivate and counsel addicts. Under the auspices of NCOs, institutions known as "Halfway House", therapeutic communities and communes for recovering patients, are established. NCOs also evaluate the effectiveness of prevention activities and decentralise funding sources. In this way, NCOs make a huge contribution to the fight against addiction, supporting people on the road to recovery and improving public health and wellbeing.

Non-governmental organisations (NGOs) that implement harm reduction programmes also play an important role both in fighting addictions and reducing the harmful effects of drugs and alcohol on society, as well as minimising the spread of infectious diseases in this group. They help people find health and social adaptations that give them the opportunity to live a full life despite their addiction problems. It is important to support and develop such programmes to make the world a healthier and safer place for all its inhabitants (ISPI RAN 2010).

Within the framework of "harm reduction among drug users" programmes, INTILISH employs various strategies that have helped over the years to preserve the health and quality of life of this vulnerable population.

Overview of the Organisation

INTILISH—translated from the Uzbek language—is one of the leading public organisations in Uzbekistan, which strives to improve the lives of those people who, due to various circumstances, have found themselves at the edge of society. The main goal of the INTILISH is to improve the quality of life of the population and its vulnerable groups by preserving health, improving cultural and educational levels, and supporting social adaptation. Vulnerable groups include, but are not limited to, people at risk of or affected by infectious, endemic, psychiatric, drug addiction, and any other diseases, people in difficult life situations, and people in prison.

Over the years, INTILISH has had a significant impact on the lives of many of its beneficiaries, including those involved in drug use.

The history of this organisation began back in 2003, when a group of volunteers headed by their leader, gynaecologist Nikitina Tatiana, was engaged in helping women from vulnerable groups.

The goal of this group was to create an organisation that could help and support people who were in very difficult circumstances related to their lifestyles, regardless of society’s general attitude towards them, which believed at the time that people were “to blame” for their problems.

In global practice, much attention is paid to prevention programmes among people who use psychoactive substances; there are many organisations that carry out an array of prevention activities through various specialised programmes that offer assistance to injecting drug users, aimed both at the reduction of harm from drug use and at the rehabilitation of drug-dependent people on the basis of various public organisations. In the early 2000s, the areas of work that were prioritised by INTILISH at that time were new and among the general population, often caused great surprise, in some cases bewilderment, and in some cases absolute incomprehension and aggression. The INTILISH team was actively engaged in the implementation of harm reduction programmes among drug users, which included employing methods that were new at that time for preventing the spread of HIV among the population group most vulnerable to HIV infection—injecting drug users.

Drug users have an increased risk of contracting HIV, hepatitis, and tuberculosis as they often share syringes. In the case of these

diseases, a person is faced with many additional problems that he or she is often unable to comprehend, let alone solve in the best possible way. Among people who use drugs, due to the prejudices prevalent in this group and their careless attitude towards their health, the detection of HIV and TB can be much more difficult. People in this group, either in an altered state of consciousness or in search of money or drugs, either believe that HIV testing or X-Ray is a waste of time or they do not think about it at all. This group is the most difficult to identify; they are capricious and often aggressive about treatment, with low adherence rates, making it very difficult to maintain adherence to antiretroviral therapy (ART) and treatment for TB. Often, even the presence of open TB is not noteworthy for this group, and people in this population do not want to start treatment, often referring to having “more important things” to do (Ministry of Health 2018; Skochilov 2005; Reshetnikova 2013) and being, in this case, a source of increased risk when it comes to spreading the disease both within their community and throughout the general population. Also, drug users may not recognise the symptoms of the disease when they are in an altered state of consciousness. It is extremely difficult for health services to access this population (MH UZ 2018).

Those who have HIV when they are released from penitentiary institutions fall under the category of people at high risk of contracting tuberculosis, due to their maladaptation when leaving these institutions. Most often, these people do not have access to the primary services; do not have jobs and lack of network. In some cases, this group remains at risk of developing TB after release from prison, especially if they are not taking ART or do not adhere to it. After passing the first TB screening, TB issues become irrelevant for people released from penitentiary institutions, and they may never seek medical services in the future. Failing to pay attention to their health like this may lead to late diagnosis and late initiation of TB treatment.

Prevention Strategies Implemented by INTILISH

The first harm reduction programmes were launched in Uzbekistan in 2000 years (Chingin/Fedorova 2014). UNAIDS and UN-ODC provided funding to establish the first three drop-in clinics in Tashkent, which initiated needle exchange in the country.

The first INTILISH project to prevent the spread of HIV among addicts was launched in 2005 and was called “Harm Reduction from Drug Addiction”, funded by the Swiss Ministry of Health.²

The project also included training activities on harm reduction programmes through outreach work for medical professionals from the Narcology Service and AIDS Centers, as well as for representatives of other non-profit organisations. In addition to a syringe exchange programme, the project also established a drop-in centre for people with addictions and organised activities for drug users themselves to participate in theatrical productions.

The rehabilitation process INTILISH offered practice named social theatre where main ideas were therapeutic and intentional incorporation of processes such as life storytelling to promote personal growth, increase self-esteem, instil more socially acceptable behaviours, improve functioning, and reinforce proactive choices in a safe and flexible environment where clients can develop a responding model of successful behaviour in a difficult and hopeless situation. Social theatre promotes an environment in which addicted clients can openly express emotions, explore a drug-free future, develop communication skills, make personal connections, and be honest with themselves and others without being negatively treated by others (Nuzhodova 2018). Projects were implemented to prevent the spread of HIV among inmates in penal institutions.

In 2008, in partnership with the Central Asian Regional HIV/AIDS Program (CARHAP), the joint project offices “Health-2” and “Strengthening Women’s and Children’s Health” were in their second year of forming their own contribution to the develop-

2 Agreement between the Government of the Republic of Uzbekistan and the Swiss Federal Council for the implementation of a project on preventing the spread of narcotic drugs and reducing their harm in Uzbekistan. Bern, February 2003.

ment of secondary prevention programmes^{3,4} (harm reduction programmes from non-medical drug use—HRP) in the Republic of Uzbekistan, systematically implementing a four-phase project entitled “Improving the effectiveness of harm reduction programs through the development of human resources in each oblast of the Republic of Uzbekistan”.

As the first stage of the project, round tables were held in all regions of the country with representatives of the involved government agencies to ensure a multisectoral approach in the implementation of harm reduction programmes for non-medical drug use. In the second stage of the project, basic three-day trainings entitled “Outreach Work in HRP” were conducted in all regions of the country. Taking into account the principles of a multisectoral approach, the target group of these trainings included assistants of trust rooms⁵, narcologists, and dermatovenerologists. Based on the results of the second stage of the project, the six most successful participants from each region of the country were selected to participate in the third stage, which involved four six-day trainings entitled “Harm Reduction Program Management”. Based on the results of these trainings, the most successful participants were selected, totalling 36 people, for whom the fourth stage of the programme was implemented in the form of two six-day trainings on the development of coaching skills. To date, the selected candidates have demonstrated sufficient knowledge and skills to successfully implement the HRP. The purpose of the fourth-stage trainings is to provide all regions of the country with staff who have the necessary knowledge and skills to implement the process of training and re-training HRP staff in the form of educational activities and on-site mentoring, which is one of the most important aspects of the HRP in the context of the high turnover of staff of secondary prevention programmes.

3 Needs Assessment Report for the Central Asian Harm Reduction Training and Information Center (2)—Table of Contents, p. 1. 1 (uchebana5.ru)

4 More than 50,000 people supported under the Central Asia Regional HIV/AIDS Program (CARHAP)—Soros Foundation-Kyrgyzstan (soros.kg)

5 Institutions that carry out preventive and anti-epidemic measures to reduce the spread of HIV infection among high-risk population groups are established at AIDS centers, multidisciplinary clinics, territorial medical associations, and family clinics.

Integrated Health Services and Community Engagement

From 2010 to 2013, INTILISH implemented the the Global Fund to Fight AIDS TB and Malaria (GFATM) project (INTILISH 2013) on harm reduction together with regional NGOs in 14 regions of the Republic of Uzbekistan. In this project, INTILISH organised the implementation of the outreach component and performed methodological, coordinating, and administrative functions to achieve the goals and objectives of this project for 220 trust rooms throughout the territory of the Republic of Uzbekistan. The range of services they offered included the provision of information, needle exchange, condom distribution, and referrals. A large number of field trainings were conducted for each region on harm reduction issues, and a large number of community representatives were mobilised and involved in the project to provide peer counselling and increase the effectiveness of project activities.

The participation of the NGO RIEC “INTILISH” in the project implementation significantly strengthened the capacity of trust rooms by supporting outreach work. “A comparative analysis of coverage in the two models of trust room intervention showed that outreach work increased the coverage at least twice, if not 20 times compared to the coverage of trust rooms without outreach work” (APMG MARPs 2013).

“INTILISH” has experience in participating in the development of service quality management tools for harm reduction programmes with CARHAP from 2005 to 2007, and many years of experience in assessing service quality in harm reduction programmes.

In 2013, the organisation reregistered at the republican level and now has branches in all 14 regions of the Republic of Uzbekistan.

Within the framework of the ongoing project “Supporting HIV prevention programs among key populations”, INTILISH proposed activities to manage the quality of services, and since 2018, an analysis of client satisfaction and needs has been conducted. The approach used by “INTILISH” is based on an assessment of the main aspects of service quality (availability, accessibility, analysis of quality/quantity of prevention tools, interaction between clients and providers of VCT and fluorography services, and continuity of service delivery) and the involvement of the community in the assessment. In addition,

the drug situation in the region is analysed and needs for additional services are studied. The level of knowledge of beneficiaries (project clients) on basic HIV/AIDS issues is also studied.

Within the framework of this project, the organisation has developed educational modules on 14 key harm reduction topics, and through webinars on a monthly basis, staff members of drop-in centres, other -profit organisations, and AIDS Centres are involved in the training. As part of these events, infectious disease doctors and narcologists give lectures and classes to raise awareness on various aspects of harm reduction and basic concepts of drug dependence. They also talk about opportunities for and methods of drug treatment, self-defence skills, healthy lifestyles, and measures to reduce the harm caused by drug use (overdose prevention, vein problems, injection safety, etc.).

Capacity Building and Training

Training on an ongoing basis creates a platform for developing high standards of job performance, increases programme staff's understanding of the importance of their work, and increases their understanding of their role in quality service delivery.

The implementation of this project made it possible to develop and implement mechanisms, approaches, and solutions to one of the priority problems in the sphere of counteracting the spread of HIV infection among injecting drug users, namely, raising the awareness of staff providing services to reduce the spread of HIV among Injecting drug users (IDUs). In implementing the sub-project, methodological assistance was provided in developing and providing information on effective preventive measures to reduce the spread of HIV infection and harm reduction among IDUs. Preventive work in this area continued during the Covid-19 epidemic.

The project created platforms for the thematic training of specialists and discussion of HIV prevention issues and drug use among injecting drug users, thus contributing to the improvement of HIV/AIDS, Sexually transmitted infections (STI), and hepatitis prevention mechanisms among this population group.

The drug situation is changing and becoming increasingly narrow: psychostimulants like alpha-PVP, mephedrone, and other new

psychoactive substances (NPS) are gaining popularity. These substances are both sold and bought through the internet and various messengers.

In 2019, INTILISH implemented the project “Social support of TB patients and raising awareness on TB issues in the penal system”. The project was implemented in accordance with the National Anti-Tuberculosis Program of the Republic of Uzbekistan, in accordance with the agreements reached on the basis of the Memorandum between the Ministry of Internal Affairs, the Ministry of Health, and NGO RIEC “INTILISH”.

During 2019, social support services were provided to 120 tuberculosis patients in penal colonies in Tashkent city, as well as Tashkent and Bukhara regions, and awareness of tuberculosis was raised among 500 inmates in these colonies. Partnerships were established with the Ministry of Internal Affairs of the Republic of Uzbekistan (MIA), the Main Department of Corrections, and the Ministry of Health of the Republic of Uzbekistan (MoHRU), and a trilateral Memorandum of Cooperation was signed. Partnership relations were established with the staff of three penal colonies (numbers 21, 23, and 20) in Tashkent city and Tashkent and Bukhara regions and mechanisms of interaction with direct partners of the sub-project—namely, these three penal colonies—were defined. Consultative Councils were organised and held to discuss the results of the subproject achievements, attended by representatives of the General Directorate for the Execution of Punishment/Ministry of Internal Affairs (GDEP/MIA), MoHRU, and the Republican DOTS Center. The following types of services were provided in penal colonies as part of social support services: group and individual consultations on social, legal, and psychological issues facing TB patients in order to prepare them for release from penal facilities and support their adherence to TB treatment; support upon release from penal facilities until registration in the territorial TB dispensary at the place of residence; assistance in solving the social, legal, and psychological issues of TB patients and the provision of support to TB patients in the territorial TB dispensary at the place of residence.

The main range of legal support issues included consultations on the following issues: clarification of articles of the Criminal Code; registration of pensions; search for relatives and friends, including restoration of communication with them; restoration of a lost pass-

port; obtaining preferential housing; registration of disability; registration of documents for housing by will or inheritance; preparation and sending of applications, petitions, complaints in criminal cases, or court verdicts; restoration of parental rights and obtaining custody of children; and registration of divorce.

The work of psychologists was aimed at creating optimal conditions for preserving the psychological health of people on IDUs and increasing adherence to TB treatment.

Prolonged treatment and being in penal institutions can cause aggressive, hostile behaviour and internal feelings of dissatisfaction in TB patients, which can lead to low self-esteem, thus affecting their level of adherence to treatment, as patients focus more on the disease itself rather than on the treatment process to cure the disease. In this regard, the objectives of the subproject psychologists' work were defined as follows: providing timely psychological support to TB patients in IDUs, including support to improve adherence to treatment; determination of the level of aggressiveness, self-esteem, and general psychological state of tuberculosis patients and the possibility of this influencing the formation of adherence to treatment; creating image of healthy lifestyle through art therapy classes and classes to increase adherence to treatment.

Analysing the issue of the effectiveness of psychological support measures in the three regions, we can conclude the following changes that occurred among the participants in the process of undergoing psychological support:

- Awareness of TB as a disease and its treatment increased.
- Adherence to TB treatment increased.
- Self-esteem and self-confidence of class participants increased.
- Stamps and clamps decreased among participants; participants partially got rid of internal conflicts and complexes.
- The level of readiness for an active life position increased for successful social adaptation upon release from places of confinement.
- Participants gained skills to utilise mechanisms to help control their emotional state.
- Skills for recognising and being able to analyse their feelings and the feelings of others emerged.
- While receiving psychological support, the participants decided how they see their life in the future.

- The internal attitudes of many participants were transformed; they went from not believing in recovery and seeing treatment as futile to believing it is possible to cure TB and for them to be healthy in the future

Main goals of the projects were::

- To work with the subproject contingent, professionally trained staff who are able to establish friendly relationships are needed; to achieve this, additional funds are required.
- Ensuring continuity of treatment is key to the success of TB prevention and control programmes in prisons and after release.
- Within this process, measures to ensure continuity of treatment can be significantly strengthened through the participation of the staff of community organisations, who help to prepare the convicted person for release three to six months before the end of their detention.
- Visiting prisoners in the penal system and following up with them upon release is important to ensure adherence to and completion of treatment. Social support provided by the staff of community organisations is important to identify, in a friendly manner, any problems affecting the medication and to have a significant impact on the full completion of treatment.

Together with the UNODC, in 2021 the NGO RIEC “INTILISH” implemented a pilot project entitled “Web Outreach”, applying new approaches to establish contact with users of new psychoactive substances (NPS). Young people who use these substances were genuinely perplexed as to why they were classified as drug users, saying things such as “it’s not heroin or injections”. Drug users are not always aware of their problems, underestimate the risk of using new psychoactive substances, and do not think that regular use is harmful to their health. Such attitudes lead to difficulties in perceiving information and understanding the riskiness of their behaviour and in this case, a competent initiative for contact may come from the project staff.

The aim of the project was to support the piloting of the developed referral model to improve outreach to people who use new psychoactive substances through social media, specific messenger groups, and platforms that are well known and popular among this

group in order to engage them in HIV and Antiretroviral therapy (ARV) and other health promotion issues.

To expand the coverage of people who use NPS/stimulants with harm reduction and quality improvement services in the field of HIV prevention, timely detection, and treatment initiation, including adherence to treatment, the project planned to support the implementation of a referral model for NPS/stimulant users by developing a network of outreach counsellors and friendly doctors, expanding access through the internet and/or direct communication to engage them in HIV testing and immediate initiation of ARV therapy.

As a result of the project implementation, a friendly environment was created to engage people who use NPSPs/stimulants in HIV testing services, ART initiation, and, if necessary, treatment by other specialists by using a client-centred approach with a non-judgmental environment that takes into account clients' needs, expectations, and interests, including their right to privacy. The project also involved peer counsellors and HIV-positive people in activities aimed at preventing new HIV infections and STI prevention activities, and STI and hepatitis C prevention activities. Internet outreach included risk reduction counselling and referrals to the project for HIV testing, HIV treatment identified, and possible drug treatment for members of closed communities.

Frequent questions regarding consumption were: *Why do you think we are drug addicts (it's just pills)? What happens if we get caught? Is there free legal aid? What are the consequences of long-term use?* Medical questions regarding complications of use also arose. *What happens if I test positive for HIV? What is ART?* Also helpful were the questionnaire posts compiled by the web outreach team on the topic of "Should you get an HIV test?" which encouraged readers to pay attention to their behavioural history and the need to get an HIV test. The posts helped to increase the number of new psychoactive substance NPS users asking questions about the use of these drugs in relation to HIV. Clients were also interested in the fact that all services and treatment were free of charge. The dissemination of short videos containing information about the harms of drug use, and HIV testing was also a key aspect of the project. The videos were very useful, as they conveyed in a very short period of time information that clients did not want to read in personal messages.

These activities enhanced the capacity of local communities and health services to reach NPS/stimulant users with health and social services to achieve the project objectives.

From 2020 to 2023, INTILISH implemented the U.S. Agency for International Development (USAID) funded project “End TB in Uzbekistan” to increase access to TB diagnosis and treatment services for vulnerable populations in Tashkent city within three years. The project served over 1,000 vulnerable individuals, including ex-prisoners, migrants, drug users, and children with TB, providing 36,983 services (NGO RIEC INTILISH 2022). Key objectives included enhancing TB diagnostics and treatment, offering psychological support, and coordinating the national TB partnership. Notable achievements included 102 TB cases detected among vulnerable groups, numerous educational sessions for both adults and children, and the distribution of 24,000 informational materials. The project also organised events such as children’s drawing contests and recreational activities to support the emotional well-being of children with TB. Additionally, the initiative trained healthcare professionals and developed a web platform for TB partnerships, significantly contributing to the National Strategy to End TB in Uzbekistan.

More information about the activities of this project can be found on their homepage

Conclusion

In conclusion, a comprehensive approach to addressing drug addiction in Uzbekistan, encompassing primary, secondary, and tertiary prevention strategies alongside drug supply reduction, is essential for mitigating the health, social, and economic repercussions of drug dependence. The non-governmental, non-profit organisation Republican Information and Educational Center (RIEC) INTILISH has played a pivotal role in these efforts, offering innovative harm reduction programmes, integrated health services, and robust community engagement and advocacy.

To summarise, it should be remembered that the main principle in responding to the problem of drug addiction is the comprehensiveness of the approaches of its four main solutions. In Uzbekistan,

all four programmes to address problems related to drugs and drug addiction are currently active and constantly developing. It is possible to further increase the effectiveness of these programmes by adequately expanding the range and improving the quality of services provided. Civil society organisations like INTILISH represent and protect the rights and legitimate interests of their members, partners, and vulnerable groups in state and public bodies. These organisations implement initiatives on various aspects of public life and make proposals to state authorities, providing consulting, marketing, information, sports, and health-improvement services for vulnerable groups.

INTILISH's work highlights the significant impact that civil society organisations can have in complementing governmental efforts to combat drug addiction and its associated consequences, such as HIV and TB. By providing targeted services, building capacity among healthcare professionals, and engaging with communities, INTILISH has demonstrated successful practices that can serve as models for similar initiatives.

Despite the challenges faced, including the evolving drug landscape and the need for sustainable funding and resources, the lessons learned from INTILISH's initiatives offer valuable insights for future improvements. Continued support and expansion of such NGO-led programmes are crucial for enhancing public health, fostering social reintegration, and ultimately making the world a healthier and safer place for all its inhabitants.

To further increase the effectiveness of drug addiction programmes, it is imperative to expand the range and improve the quality of services provided. This includes representing and protecting the rights and legitimate interests of vulnerable groups, participating in policymaking, and providing consulting, marketing, information, and health-improvement services. By doing so, organisations like INTILISH can continue to make significant strides in the fight against drug addiction and its associated challenges.

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