1. Invisible and Ignored: Gender-Based Challenges in Drug and HIV Treatment Services in Central Asia

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Introduction

Women who use drugs remain largely invisible in society, particularly in low- and middle-income countries. This invisibility is reflected in the limited data on drug use prevalence among women. In Central Asia, the situation is similar, with harm reduction research often overlooking gender-specific issues (AFEW 2015). Although some data are available, primarily from narcological registries, they fail to capture the true number of women who use drugs. For example, in Kazakhstan, 1,498 women were registered in the drug registry in 2023, accounting for 8% of all registered individuals (Prime Minister of the Republic of Kazakhstan 2023). Additionally, women comprised 18% of those enrolled in opioid agonist treatment. However, estimates suggest there are around 22,000 women who use drugs in the country (Vorontsova 2018).

In Kyrgyzstan, there were 479 women in the drug registry in 2020 and 399 in 2025, which accounted for 6 % of all registered people. Among the clients of opioid agonist treatment, 10.5% are women (CADAP 2023; Republican Centre of Psychiatry and Narcology 2025). The estimated percentage of women who use drugs in Kyrgyzstan is 12% (3,000) of the total estimated 25,000 people who use drugs (EHRA 2019).

At the end of 2017, the number of registered drug-dependent people in Uzbekistan was 8,036, of whom less than 2% were women (Gazeta.uz 2018). In Tajikistan, 3%–4 % of people who use drugs are women (Chingin/Fedorova 2014). No data are available for Turkmenistan.

While the prevalence of drug use among women appears low, it's important to recognize that these data are likely underestimated. There are, however, more comprehensive data available on women living with HIV. In Central Asia, the HIV epidemic among women is significant. According to recent Joint United Nations Programme on HIV/AIDS (UNAIDS) data (UNAIDS 2023a, b, c, d), there are approximately 13,000 women in Kazakhstan living with HIV (which accounts for 33% of adults aged 15 and over

living with HIV), 4,700 in Kyrgyzstan (which accounts for 39% of adults aged 15 and over living with HIV), 4,800 in Tajikistan (which accounts for 34% of adults aged 15 and over living with HIV), and 27,000 in Uzbekistan (which accounts for 33% of adults aged 15 and over living with HIV).

In the case of women who use drugs and women living with HIV, it is undoubtable that gender inequality, cultural norms, and oppressive legal systems contribute to the fact that these women are not using treatment and support services. The ethnocultural status of women in society and traditionally established norms of behavior also play a role (Chingin/Fedorova 2014). This is accompanied by a lack of services focusing on women's needs – a serious concern given several reports have noted that, compared with males who inject drugs, women who inject drugs are often at greater risk through unsafe injection practices and unprotected sex (Latypov et al. 2014). Additionally, overall mortality studies of drug users registered in the narcological registers performed in Uzbekistan, Kazakhstan, and Tajikistan found that the highest excess mortality among registered people who use drugs in all three countries was substantially higher for women than men (Latypov et al. 2014).

The aim of this paper is to examine the existing barriers preventing women from using the services available to them and provide recommendations for improving both existing and new services.

The Role of the Woman

Central Asia consists of five separate countries that differ from one another in many ways. However, there are some similarities in the perception of a woman's role and obligations in society. A very strong role is played by national ideologies, which assert that men are the heads of households, the primary breadwinners, and visible in public spaces, while women's roles are largely confined to domestic duties such as child-rearing and caring for the elderly. One of the key roles that women are expected to pursue is motherhood, which was promoted by soviet propaganda as a national duty, encouraging high birth rates. This association between femininity and motherhood still persists, embedding women's roles in notions of purity, chastity, and morality (Cleuziou/Direnberge 2016). Another factor is the concept of 'shame' (*haram*), which further reinforces these gender norms, particularly in regulating women's sexuality and behaviour (Cleuziou/Direnberger 2016).

Gender norms that link women to morality, purity, and household responsibilities sometimes result in women being evaluated more harshly than males in many societies, including those in Central Asia. The idea that women who take drugs are not only going against what society considers to be a feminine standard but also failing in their roles as mothers and caregivers adds to this stigma.

Stigmatization

The literature on the social impact of stigmatization suggests that there is greater stigmatization of female drug users compared to men who use drugs (Lee/Boeri 2017). Studies consistently show that stigma negatively impacts health and contributes to health disparities found among marginalized populations (Chaudoir et al. 2013; White 2002). Social stigma towards alcohol and other drug addictions may be an obstacle to resolving problems or to even coming up with a strategy to solve the issue of addiction. Stigmatization is one of the key factors why women do not use the services available to them.

A significant problem for women who use drugs is the denial of medical services. For instance, essential healthcare services like emergency care or visits to a general practitioner may be refused to them because doctors are unwilling to engage with dependent patients. Another issue is the breach of confidentiality, as healthcare workers may neglect requirements for keeping the medical data of opioid agonist therapy (OAT) patients confidential (Alliance for Public Health 2021). When discussing structural stigma, we have to also acknowledge structural sexism, which refers to the ingrained beliefs, policies, and practices within society or organisations that are based on sex and gender, resulting in inequality and unfair treatment (Kelley/Gilbert 2023).

Gendered Legal Barriers and Human Rights Violations in Health Access

Punitive laws and existing inequalities result in women and adolescents further struggling to access HIV and HR treatment, care and support. In their 2023 assessment, Eurasian Women's Network on AIDS (EWNA 2023) highlighted some of the key gender-based problems in the region:

- Restrictions for women who use drugs preventing them from accessing shelters when they experience violence (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan).
- Punitive regulations regarding sex work (Tajikistan and Uzbekistan).
- Restrictions preventing adoption and guardianship for people who use drugs (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan).
- Restrictions of parental rights for people who use drugs (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan).
- Laws criminalizing the possession of drugs for personal use (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan).
- Lack of services acknowledging women's needs.
- Insufficient psychological support for women.

A significant concern of women who use or could use the services available to them revolves around the potential loss of child custody. This can affect their motivation for seeking treatment, given that children are a primary reason for undergoing treatment for many women. This is fueled by the belief shared by some that mothers with HIV pose a health risk to their children or that they are incapable of providing proper care.

The human rights of women are frequently violated by the law enforcement system. Reports of police interference and harassment are widespread. Typically, individuals who use drugs frequently experience arbitrary arrests and unjust persecution by law enforcement officials. In countries where opioid agonist therapy is available, such as Kyrgyzstan, drug dispensing points have become a 'hunting ground' for the police. Officers apprehend patients with prescribed methadone (multi-day dose) and arrest them, even if they present documents confirming the legality of their medication. Moreover, patients may be arrested even before they visit opioid agonist treatment sites, as seen in Tajikistan (Alliance for Public Health 2021).

Gender-Based Violence

Across the region, women suffer from gender-based violence, and within the context of the HIV response, women consistently experience marginalization and criminalization, as well as stigma and discrimination (EWNA 2023). Women from key populations, including women living with HIV, are the group most vulnerable to violence (Bessonova et al. 2024). Women

who exchange sex and use drugs (WESUD) are also at higher risk for HIV infection and partner violence (Witte et al. 2023).

There are certain problems in the healthcare system that affect the situation with gender-based violence, for example in Kazakhstan more than 55% of medical workers indicated the lack of private examination rooms, 50% of medical personnel use only local examination instead of a full examination, more than 78% of medical workers do not involve a psychologist in their work when faced with cases of gender-based violence, and a third of medical workers do not register cases of gender-based violence as acts of violence, despite the presence of the necessary codes in the International Classification of Diseases ICD-10 (United Nations Population Fund (UNFPA) 2017). Instead, cases of gender-based violence are recorded as ordinary injuries, and 95% of health workers do not use the World Health Organization (WHO) clinical survey on gender-based violence.

What also contributes to violence is the high level of corruption in the healthcare system and among law enforcement agencies, educational institutions, and service providers. Women become victims of corrupt mechanisms more often than men, especially when applying for social payments and benefits or when applying for a job, because they cannot pay a bribe (AFEW 2015).

Services for Women

In their study on the involvement of women who use drugs in improving the quality of and access to harm reduction services, AFEW (2015) found that women using services in two major cities in Kyrgyzstan (Bishkek and Osh) were least satisfied with government-run services, such as methadone treatment programs. A key issue highlighted was the lack of flexibility, exemplified by the requirement to visit the clinic daily to receive methadone. The lack of flexibility in harm reduction services poses challenges for women, as daily clinic visits can conflict with caregiving responsibilities. Only 25% of women using these services in Bishkek and 15% in Osh were fully satisfied with these services. In contrast, satisfaction levels were higher with syringe exchange programs, where 80% of women using services in Bishkek and 45% in Osh reported being completely satisfied. The highest satisfaction was observed with non-governmental organizations (NGOs) specifically focused on working with women, with 90% of women using services in Bishkek and 40% in Osh expressing complete satisfaction. This

disparity is unsurprising, as in general government services often fail to address the specific needs of women.

The full range of services needed by women is only available at women's centers. At needle and syringe exchange points (NSPs) and opioid agonist treatment centers, there is limited assistance, which does not cover all needs and requirements. The problem is that women's centers are funded exclusively by external, donor organizations on a short-term basis. Thus, there is no sustainability, which is also a barrier to long-term planning and institutionalization.

Some of the other needs mentioned by women in the AFEW study that were not covered in the services provided included material assistance in the form of food, detergents, and medicines, as well as childcare, which would help women to undergo treatment and find and maintain a job. These needs indicted the importance of collaboration with additional services.

What was also missed was access to psychological services, as this was not provided by every service.

Insufficient Psychological Support

Despite significant rates of mental and substance use disorders in the Central Europe Eastern Asia (CEECA) region, there has been a lack of attention paid to the implementation of quality, contemporary mental healthcare services outcomes (Hook/Bogdanov 2021).

A study aimed at assessing the frequency of anxiety and depression among women living with HIV in Kazakhstan (Mishkin et al. 2021) found that among the 410 women living with HIV that were surveyed in Kazakhstan, 15.1% experienced clinically significant anxiety, 12.7% met the criteria for major depression, and 8.5% suffered from both conditions. Overall, nearly one in five participants reported symptoms of either anxiety, depression, or both. Despite the high rates of anxiety and depression, access to psychiatric care was notably limited, with only 4.1% of the women reporting a diagnosis of depression or anxiety by a psychiatrist, and none reported using approved psychiatric medications. This highlights a significant gap in mental health services for women living with HIV in Kazakhstan, pointing to the need for integrated care models that address both HIV and mental health. These conclusions can potentially be generalized to other Central Asian countries.

Physical Health

The effects of psychoactive substances on the body can be severe. Psychoactive chemicals can cause notably different physical reactions in women than men, and women are more vulnerable to certain associated health problems. Moreover, physiological effects, health problems, and gynecological medical demands are associated with substance addiction in women (Peters et al. 2003). Menstrual abnormalities, such as amenorrhea or an irregular menstrual cycle, are experienced by women who use heroin or methadone, for instance (SAMHSA 2015). In the previously cited AFEW (2015) study, the most in-demand medical service among women who use drugs was gynecological consultation and ultrasound examination. Another effect of heroin usage is deficiencies in sexual desire and performance (Llanes et al. 2019).

The literature indicates that women experience heightened symptoms in reaction to many psychoactive substances compared to men. Compared to males, they reported heightened symptoms related to the skin, gastrointestinal system, nose and throat, neurological system, and heart. Women with a history of drug use who experience increased physical discomfort, insomnia, irritability, anxiety, and depression during menopause may face a heightened risk of relapse (Shaw et al. 2022).

These health needs are often times neglected, and healthcare specialists do not have enough knowledge about the problems of women who use drugs and women living with HIV. There is a lack of services focusing on women's sexual and reproductive health. Developing the skills of addiction medicine experts is necessary if they are to provide services that are sensitive to the needs of women and to promote women-focused addiction treatment research and policy.

The Economic Situation

Poverty and a low level of education create significant barriers for women seeking help from services designed for those who use drugs. Women living in poverty often face a lack of access to resources, including transportation and healthcare, which can make it difficult to reach and utilize these services. This is why it is so important to provide comprehensive help focusing on different life areas. In the AFEW study among the participants using services in two main cities in Kyrgyzstan (Bishkek and Osh), wom-

en with only primary, secondary or no education accounted for 69% of respondents, and only 20% had permanent jobs. At the time of the survey in 2015, the majority of women had unstable temporary earnings/jobs.

The results of this study emphasized that women need a wide range of social services to help them with issues such as obtaining documents, education, housing and income, assistance with family and parenting tasks, psychological support, and safety and trust in service providers. Unfortunately, obtaining such a range of services within the existing legal and institutional framework was impossible.

In a study by Witte et al. (2023) with women who exchange sex and use drugs in Kazakhstan, 354 Kazakh women have undergone an intervention that combined HIV risk reduction (HIVRR) activities with microfinance (MF) components, which included:

- Financial literacy training (FLT): sessions designed to improve participants' financial management skills.
- Vocational training: training in skills such as hairdressing, sewing, or manicuring to provide alternative income opportunities.
- Matched savings program: participants were encouraged to save money, which was matched to help them accumulate assets for small business development or further vocational training.

The results of this study demonstrated that integrating economic empowerment strategies like microfinance with HIV risk reduction interventions can be effective in reducing certain forms of violence against WESUD, though the effects may vary depending on the type of violence and the relationship context.

Country-Specific Overview: Kazakhstan

Kazakhstan ranks 65th among the world's countries in terms of gender equality issues. In recent years, Kazakhstan has made significant strides in advancing gender equality and protecting vulnerable populations. Kazakhstan has been a leader in Central Asia in promoting gender equality and combating violence and discrimination against women, including those living with HIV. Despite progress, issues remain, particularly in ensuring access to services in crisis centers for women from key population groups (UNDP 2022). In 2021, the country became an official member of two global coalitions aimed at combating gender-based violence and promoting

economic justice and legal reforms. Legislative advancements include the introduction of a mandatory 30% quota for women and youth on electoral party lists and in the distribution of deputy mandates, as well as the legal cancellation of restrictions on women's employment in certain jobs. Additionally, 31 family support centers have been established across the country regions, and women's entrepreneurship development centers have been opened nationwide. The country has also strengthened its laws and penalties related to violence against children, reflecting a broader commitment to social justice and the protection of human rights (UNDP 2022). The 2020 Code of the Republic of Kazakhstan on Public Health and the Healthcare System guarantees the right of people living with HIV to adopt children. However, some by-laws continue to create barriers for people living with HIV in realizing their right to adopt children.

Despite these efforts, women from key populations, such as those living with HIV, face significant barriers in accessing services. This includes difficulties in receiving support from crisis centers intended for victims of domestic or other forms of violence.

Women living with HIV in Kazakhstan often face high levels of stigma, both from the general population and within healthcare settings. This stigma can prevent them from seeking the care they need, further exacerbating their vulnerability. This stigma is compounded by discrimination in healthcare facilities, where confidentiality concerns and the risk of disclosure prevent women from seeking necessary care outside specialized centers. The specific needs of women in certain situations, such as those in prisons, are not adequately addressed. There is a lack of research and disaggregated data on the conditions and needs of female prisoners living with HIV, which indicates a gap in policy and service provision for this group (Deryabina et al. 2011; Cordingley et al. 2023).

There is insufficient coordination and a lack of a comprehensive communication strategy that integrates gender equality issues with the HIV response. This gap affects the ability to collect and analyses strategic information, which is crucial for shaping social policy that effectively addresses the intersection of gender, public health, and human rights.

Women, particularly those from marginalized groups, face economic and social vulnerabilities that can make them more susceptible to HIV. These vulnerabilities include limited economic independence, lack of access to education, and limited opportunities for employment (UNAIDS 2019).

Country-Specific Overview: Kyrgyzstan

As in many other countries of Central Asia, in the Republic of Kyrgyzstan women are exposed to various forms of gender-based violence from their partners, those close to them, and the police. They also experience stigma and discrimination from healthcare providers in medical institutions (EHRA 2019). These challenges stem from a combination of social stigma, legal discrimination, and limited access to essential services, all of which are further intensified by the country's deeply ingrained gender inequalities (CADAP 2013).

Women who use drugs in Kyrgyzstan are subjected to severe societal stigma. This stigma is compounded by prevailing gender norms that harshly judge women for behaviors deemed to deviate from traditional roles. As a result, these women are often marginalized, both within their communities and by society at large, leading to social isolation and exclusion. The stigma extends to healthcare settings, where women who use drugs are frequently treated with disdain or outright discrimination. This can discourage them from seeking medical help, exacerbating health issues that could otherwise be managed or treated. The stigma also affects their access to services like contraception, prenatal care, and mental health support, all of which are critical to their well-being (Matyushina-Ocheret 2020).

Access to healthcare for women who use drugs is severely limited. The already CADAP quoted report on Women and addictions in Kyrgyzstan highlights that harm reduction services, such as methadone treatment, are often inaccessible to women, either due to discriminatory practices within these programs or because of the presence of law enforcement around treatment centers, which deters women from attending.

The lack of gender-sensitive healthcare services means that women who use drugs do not receive the specific care they need. This includes services for sexual and reproductive health, mental health support, and treatment for co-occurring conditions such as HIV/AIDS and tuberculosis. The healthcare system's failure to address these needs leaves many women without the care necessary to maintain their health and well-being (CADAP 2013; Matyushina-Ocheret 2020).

Violence against women who use drugs is a pervasive issue in Kyrgyzstan. They are exposed to physical, sexual, and emotional abuse from intimate partners, law enforcement officials, and even healthcare providers. In their report on women and addiction in Kyrgyzstan CADAP in 2013 indicates that women are often subjected to police harassment, including

being targeted for arrest or coerced into providing sexual favors in exchange for leniency. 80% of women who use drugs have experienced violence either from law enforcement or intimate partners. This rate is significantly higher than among the general population, where such violence is reported at a lower rate (CADAP 2013).

Discrimination is institutionalized, with women who use drugs facing barriers to accessing justice. They are often criminalized under laws that penalize drug possession, even for personal use, leading to incarceration or other legal penalties that further entrench their marginalization. This legal environment fosters a cycle of violence and exploitation, as women are left with few resources or avenues for protection. The legal framework in Kyrgyzstan is particularly punitive towards women who use drugs. The criminalization of drug possession, even in small amounts for personal use, means that these women are often caught in a cycle of arrest, incarceration, and social exclusion. This approach not only fails to address the root causes of drug use but also exacerbates the social and health problems faced by these women (Matyushina-Ocheret 2020).

Furthermore, there is a lack of legal protection for women who use drugs. Laws that should protect women against gender-based violence and discrimination are either inadequately enforced or do not address the specific needs of women who use drugs. This legal neglect leaves these women without recourse in situations of abuse and exploitation.

Economic instability is another significant challenge. In CADAP's report, 90.4% of women reported that they did not have enough money to buy food in the past 90 days. It is also important to acknowledge that there are virtually no mechanisms in place to encourage businesses to increase employment opportunities for vulnerable people.

Country-Specific Overview: Tajikistan

A study conducted in Tajikistan (King et al. 2016) provided a detailed examination of how deeply ingrained gender norms and roles in Tajikistan influenced HIV risk behaviors and access to services among key populations and incarcerated individuals. The research highlights how men's dominance in sexual relationships often results in women having little to no power to negotiate safer sex practices, such as condom use. For many men, the idea of using condoms is seen as unnecessary or even as a threat to their masculinity, which further diminishes women's ability to protect

themselves from HIV. Women who attempt to negotiate condom use often face violence or accusations of infidelity, reinforcing their vulnerability.

The study also reveals that gender norms significantly restrict access to HIV testing. Women living with HIV encounter additional barriers due to stigma, which not only labels them as immoral but also discourages them from seeking testing or disclosing their status. Although men may have more freedom to seek testing for themselves or their wives, women face substantial difficulties in convincing their male partners to get tested, particularly when those men return from migrant work abroad. For many women, the only time they are tested for HIV is during pregnancy, often when it is too late to benefit from early intervention. The study highlights that counselling services are limited, particularly if a woman is diagnosed during labor, and delays in receiving test results further complicate timely access to treatment.

The legal framework of Tajikistan explicitly punishes people living with HIV. Article 125 of the Tajikistani Criminal Code states that it is illegal to give someone the virus or to put them at risk of getting it. According to this article, law enforcement agencies file criminal charges against individuals who are HIV positive simply because they pose a risk of HIV transmission or are HIV positive (even if the person has an undetected viral load and is not transmitting the virus). Article 162 of the Health Code gives doctors the right to disclose the status of HIV-infected patients at the request of the investigating authorities and does not contain any justification for this (UNAIDS 2022).

The prevalence of gender-based violence is another critical issue. Intimate partner violence is widespread and socially accepted in Tajikistan, with many women believing that their husbands have the right to beat them. This violence often escalates when women try to negotiate safer sex practices or disclose their HIV status. The fear of violence not only increases the risk of HIV transmission but also serves as a significant barrier to accessing HIV services. Police violence is also a serious concern for female sex workers, who are often dehumanized and subjected to abuse, further marginalizing them and limiting their ability to seek help (King et al. 2016).

The study highlights the double stigma faced by women who inject drugs, who are not only marginalized because of their drug use but also harshly judged for violating traditional gender norms. These women are often shunned by society and treated poorly by healthcare providers, making it even harder for them to access harm reduction services.

A significant issue identified in the study is the lack of women-centered spaces within Tajikistan's HIV response. For example, services for female sex workers are often housed in facilities primarily designed for people who inject drugs, where male users have priority. This lack of dedicated spaces makes it difficult for women to access the services they need in a safe and supportive environment. The study also notes that women who inject drugs are a particularly hidden population, making it difficult for outreach services to reach them. The scarcity of female outreach workers and the absence of tailored harm reduction services exacerbate this issue, leaving many women without the support they need.

Economic dependence on men is another critical factor that limits women's ability to access HIV services or leave abusive relationships. Many women in the study reported being financially dependent on their male partners, which reinforces societal norms that expect women to be caretakers of the home rather than active participants in the workforce. The study underscores the importance of building women's capacity and providing income-generating activities as a way to empower them to take control of their health and access services. However, women living with HIV are often not prioritized in government grants and other support programs, highlighting a significant gap in the current HIV response.

Country-Specific Overview: Uzbekistan

In Uzbekistan, the majority of clients in harm reduction and drug dependence treatment programs are men. Current services lack specialized provisions for women and do not offer separate facilities or designated times to address their needs. The societal perception of women who use drugs is shaped by traditional views on gender roles, further exacerbated by negative attitudes towards drug users. This widespread stigma intensifies their vulnerability, putting their health and lives at greater risk (EHRA 2018).

People living with HIV also face high levels of stigma (UNAIDS 2023d). In one of the studies reported by UNAIDS, 76% of women aged 15–49 claimed they would refuse to buy vegetables from a vendor living with HIV and would not allow children with HIV to attend school with other children. This prejudice is largely driven by a lack of knowledge, as only 14% of women in this age group have comprehensive information about HIV (UNAIDS 2023d).

With regards to violence underreporting is still a major problem despite the government's dedication to the fight against gender-based violence and its legislative initiatives. Early and planned marriages are a common practice that further limits women's autonomy by denying many of them access to complete sexual education, as well as limiting their economic and educational prospects. Open dialogue on reproductive health and prevention is frequently impeded by cultural norms, especially in family and school contexts (UNAIDS 2023d).

Examples of Organizations and Initiatives Targeting Women in Central Asia

EWNA—the Eurasian Women's Network on AIDS

The Eurasian Women's Network on AIDS was created to make political declarations on combating HIV/AIDS and human rights a reality for women in the Eastern Europe and Central Asia region. These rights are related to access to health services, including reproductive health, the eradication of violence against women, and the right to be involved in the political and public discussions on which our lives and health depend.

In the summer of 2013, a coalition of women activists from Russia, Kazakhstan, Ukraine, Georgia, and Tajikistan came together to initiate the formation of a regional association for women affected by HIV. Six months later, representatives from Moldova, Armenia, Uzbekistan, Kyrgyzstan, Estonia, and Belarus joined their efforts. In 2013, the founding meeting of the organization was held in Tbilisi, Georgia, with women leaders from eleven countries across the EECA region in attendance. The EWNA was legally registered in Tbilisi in 2015, and over time it has become a powerful regional women's public movement, placing women's leadership at the center of the HIV response in the EECA region.

The Public Foundation Revanche

Opened in 2018, Revanche, an NGO based in Almaty, Kazakhstan, provides help to many marginalized groups, such as people who have left prisons, people who use drugs, people living with HIV, people with socially significant diseases (HIV, tuberculosis, hepatitis), children from orphanages, sex workers, and women who cannot go to a crisis center. Among the services

Revanche provides is HIV testing, medical and psychological services, social work and legal help, and psychosocial education.

Special attention is paid to women, especially those released from the colonies (a place where prisoners are sent to live far away from the rest of society, in a distant area.), to help them to start a new life. Revanche uses a 'peer-to peer' model in which the consultants have their own lived experience of the issue; for example, women who have been living with HIV for many years counsel women who have only recently learnt about their diagnosis.

As a part of its activities, the organization put on a performance consisting of monologues from the lives of people living with HIV, ex-prisoners, and women survivors of violence. The creative initiative grew into the idea of creating a social theatre aimed at preventing HIV, drug use, and other social problems.

Women's Centers in Kyrgyzstan (Asteria Public Foundation and the Public Foundation Podruga)

Women's centers are specialized social services aimed at providing a comprehensive package of social services for women, whose staff members are from the community of women who use drugs, formerly incarcerated women, and women living with HIV.

Asteria Public Foundation

Asteria Public Foundation was founded in 2006 by a group of women with a history of substance use. Asteria is a community-based organization that provides social services and psychological support to women who use drugs, sex workers, formerly incarcerated people, and women living with HIV, as well as their partners and relatives.

The Foundation is a unique place where a woman can receive a comprehensive package of supportive services all at once, including temporary housing, food, medicines and hygiene products, and legal support, as well as social referrals and access to self-help groups.

Asteria also conducts advocacy activities to improve the living conditions of women substance users. The Foundation works closely with physicians, law enforcement officials, and crisis centers to reduce discrimination and stigma against people who use drugs.

The Public Foundation Podruga

The public foundation Podruga (meaning 'girlfriend') was founded in 2001 and is based in Osh, southern Kyrgyzstan. The organization provides comprehensive social, psychological, and medical support to women engaged in risky behaviors within key populations. The organization focuses on educational initiatives, promoting social rehabilitation, and supporting the adaptation of vulnerable individuals into society. Additionally, Podruga works to raise awareness among state and public institutions about the challenges faced by high-risk groups, while actively engaging in the prevention of human trafficking and addressing critical gender issues.

Programs and Projects focusing on Women

Living with Dignity, Tajikistan

The aim of the Zindagii Shoista ('Living with Dignity') Program in Tajikistan (2015–2018) was to prevent violence against women and girls (VAWG) in four rural villages. Utilizing a family-centered approach, the program worked with 80 families to transform attitudes and social norms, strengthen relationships, and empower women economically with a view to reducing VAWG. At the end of the intervention, the proportion of women experiencing violence from their husbands and in-laws had fallen by 50%. The program demonstrates that a dual approach focused on social norms change and economic empowerment can have a gender transformative impact and significantly reduce violence against women (Shoista 2018).

Wings of Hope, Kyrgyzstan

In 2019, crisis centers in the cities of Osh ('Ak Zhurok'), Bishkek ('Shans' and 'Sezim'), Karakol ('Ayalzat—Women's Initiatives Development' and 'Meerman'), and Naryn (Public Association 'Tendesh') began working on implementing a pilot project in Kyrgyzstan aimed at establishing a 'one-stop' service model for assisting women who have experienced violence. This initiative was supported by the GLORI Fund and the Crisis Centers Association (Glori 2019), with financial backing from the United Nations Development Programme (UNDP) in the Kyrgyz Republic.

The project was modelled after South Korea's 'Sunflower Centers', which have operated since 2004 and provide a comprehensive support system for women who are victims of gender-based, sexual, or domestic violence. These centers offer integrated services, including counselling, psychological, medical, and legal support, and assistance with legal investigations - all within the same facility. This approach was expected to reduce the risk of repeated violence and help women return to normal life more quickly, while also avoiding secondary victimization.

The six crisis centers involved in the project in Kyrgyzstan followed a unified methodology for providing initial counselling and support to victims. This methodology was based on the WINGS model (Women Initiating New Goals for Safety), developed by researchers at Columbia University in the United States. Key components included educational sessions on the specifics of different types of gender-based violence, assessing the risk of re-victimization, psychological support, and social reintegration, and developing safety plans and setting future goals. Women were referred to medical facilities for services that cannot be provided by the crisis centers, with services tailored to the specific needs of each woman based on the severity and nature of the violence they have experienced.

The project primarily served women with below-average income levels, who often face financial constraints. These women sought help after experiencing gender-based violence, usually at the hands of their husbands, partners, or former spouses. Psychological violence, such as insults and threats, is in general the most common form of abuse, but other forms, including isolation and economic violence, are also prevalent. Economic violence, a common tool for suppressing women, involves restricting their access to financial resources or exploiting their trust by creating debt obligations in their name.

Alongside experts and civil activists, efforts were being made to select medical institutions with experience in preventing gender-based violence or assisting victims. These institutions were adapted to offer one-stop services that meet international safety and quality standards. The goal was to create comfortable, private conditions that also facilitate effective investigative procedures. Facilities had to be equipped with Wi-Fi, audio-video equipment, and a two-way mirror, allowing for private testimony collection and remote specialist consultations. The medical institutions should have established protocols for cooperating with law enforcement and women referrals.

The evaluation of the project revealed that after the intervention, the number of young women experiencing violence from both their husbands and in-laws was reduced by 50%. Additionally, reports of physical intimate partner violence (IPV) among women over the past year decreased significantly, dropping from 45% to 16.5%, while incidents of sexual IPV fell from 29% to 4%. Women's earnings increased fourfold, and the proportion of women with any savings grew tenfold. Furthermore, there was a significant decrease in depression rates and suicidal thoughts among both women and men.

Implications for the design of services for women

To conclude the chapter, several recommendations are presented drawn from various reports and surveys on how to improve services for women (AFEW 2015; Matyushina-Ocheret 2020; EMCDDA 2023; Center for Justice Innovation 2023; EWNA 2023).

Collect Data

One of the major recommendations is to collect comprehensive, gender-specific data on the prevalence of drug use, HIV, violence, and other related needs. The data in these reports should be disaggregated by gender to address specific issues more effectively. It's difficult to create services and address the needs of women without knowing the provenance of the problem.

Assure Basic Standards in Women's Treatment Services

Care should be given in settings that are suitable, safe, stigma-free, and accessible to both pregnant women in particular and women in general, and other especially vulnerable groups such as people with disabilities.

Women ought to be able to choose whether to have a female key worker or take part in group sessions just for them (without the presence of men).

Trainings should be organized for health and social workers on gender-sensitive service delivery, as well as for law enforcement officers.

Be Flexible

The working hours of the services should be flexible. Women should also be able to change their appointment times to fit in with other obligations, such childcare or employment.

Provide Support for Childcare

For many women, access to therapy is severely limited by a lack of childcare. Childcare should be supported by services so that women, particularly single mothers, can attend therapy.

Improve Personnel's Ability to Handle Gender-Specific Needs

Women's services should include trauma-informed care principles. It is important to teach key personnel how to identify and handle warning indicators of sexual and domestic abuse.

Make Sure Substance Use Does Not Prevent Access to Crucial Services

Receiving essential recovery treatments shouldn't be hampered by women's use of drugs. These programs include, among other things, social housing, mental health services, and shelters for abused women. Trauma-focused therapies must be easily accessible.

Collaborate or Integrate Services

The help provided should focus on different areas: physical, mental, legal, and social. This is why cooperation between different services is highly important, as is implementing the 'one-stop-shop' model in which all services are provided in one place.

Integrate Health Services

The focus should not only be on blood-borne diseases. Other health issues are also important, such as menopause, sexual health, reproductive health,

and smoking cigarettes. It is crucial to ensure that women have access to services that provide this support.

Include Women in the Creation of Services and Promote Community-Led Harm Reduction Programs

To make sure that services appropriately fulfil the needs of women who use drugs, including former users, it is crucial to actively seek out their thoughts - they should be involved in the process of designing, monitoring, and evaluating services.

Women should be encouraged to participate in working groups at all levels in the development and amendment of legal or subordinate acts (state programs, clinical protocols, service standards, etc.).

Community-led programs are seen as crucial for building trust and linking women with essential health services in a way that reduces stigma.

Conclusion

Acknowledging women's needs when designing and offering services for women who use drugs and women living with HIV is crucial for several reasons. Women who use drugs often face unique challenges, including higher rates of trauma, domestic violence, and caregiving responsibilities, which can significantly impact their substance use and recovery experiences. Services that are specifically designed to meet these needs guarantee solutions that are more sympathetic and caring, in addition to being more successful. For example, offering childcare and establishing secure, accepting environments might facilitate a woman's ability to ask for and receive assistance. Given the fact that funding for harm reduction programs is mainly provided through limited donor funds, advocacy efforts are needed to ensure that additional gender-sensitive services are provided through public funding.

Advocacy for women-focused services goes hand in hand with supporting women using drugs and living with HIV in general, which is crucial to improving their lives. There are other areas that need reforms too. First and foremost, ending the cycle of arrests and incarcerations that exacerbates women's social and health problems requires the decriminalization of drug possession for personal use. Ensuring better access to healthcare is also

crucial, with a focus on gender-sensitive services that address the special needs of women, such as mental and reproductive healthcare and harm reduction initiatives. Legal changes are also required to shield these women from discrimination, abuse, and harassment by the police. Advocacy groups lobby for the extension of services like needle exchanges and supervised consumption locations, arguing that harm reduction is the most successful strategy. To support these activities, legislation must be changed to shift the focus from criminalization to damage reduction and public health.

To provide effective help and care, it is essential to develop programs specifically targeted towards women since women who engage in drug use encounter distinct obstacles, including systemic sexism, violence based on gender, and intersectional oppression, which greatly influence their experiences with drug use and their need for treatment. Gender-specific difficulties are typically disregarded by traditional addiction programs, resulting in gaps in care and worse outcomes for women. Healthcare professionals can deliver more effective, gender-responsive treatment that addresses the many biological, psychological, and social issues affecting women and ultimately improves their health and well-being by developing programs that are focused specifically on women.

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