

8. Social Work with Women Who Use Drugs in Central Asia

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Background

According to the International Federation of Social Workers (IFSW) (2014), social work is a practice-based profession and an academic discipline that “engages people and structures to address life challenges and enhance wellbeing” (IFSW 2014). Women are a group whose well-being is negatively affected in many ways due to unequal treatment on both a personal and a structural level. Even though social work differs tremendously around the world, according to this global definition, social work has a clear mandate to address the many challenges associated with the inequalities faced by women. In addition to the disadvantages experienced by women in general, there are some groups that are particularly disadvantaged, such as women who use drugs. For this particularly disadvantaged group, social work frequently serves as the initial and, in certain cases, sole point of interaction (Natale et al. 2010). In many instances, social workers are the only professionals that offer support to women who use drugs, are in the position to provide services that recognize their specific needs, and have a clear mandate to address the inequalities on a structural level. Central Asia is a region where women who use drugs are disadvantaged in many ways and where social work is still in its infancy. Therefore, this raises the question of how social work in Central Asia (Kazakhstan, Kyrgyzstan, Turkmenistan, Uzbekistan, and Tajikistan) works with women who use drugs.

Women in Central Asia

Since the collapse of the Soviet Union, the countries of Central Asia have simultaneously transitioned to a democratic system of governance as well as a market-based economic system (Omelicheva 2015). According to Joshi and Childress (2017), these changes have led to shifts in cultural norms the emergence of a dynamic civil society, the restructuring of the public health and social sectors, and legal and policy reforms.

After these countries gained independence, women and men in this region faced new pressures, with the economic collapse and the restructuring of the economic, political, and social sectors. Women suffered additional challenges as their social safety net was rapidly crumbling or being actively dismantled. While some women stopped working due to a lack of childcare support and protection for working mothers, others stopped having children. The downsizing of the public sector and the prioritization of hiring men in the newly emerging private sector led to higher unemployment among previously employed women. Women seeking alternative income opportunities found it difficult to finance their entrepreneurial activities as they did not own land, a car, or other assets suitable as collateral for loans. Instead, women became of the largest demographic group working as shuttle traders, a business that requires only small amounts of capital. Moreover, women were more willing than men to take lower-paying service sector jobs (United States Agency 2010). In addition to this development caused by the collapse of the Soviet Union, there are competing socio-political models of 'womanhood', which, according to the United States Agency (2010), contain patriarchal elements. While in the Soviet period, state-supported daycare centers, medical care, and other social services helped employed women maintain their homes and families, today these services are less available and more expensive, and working women must juggle responsibilities at both the workplace and at home (United States Agency 2010). According to the Global Gender Gap Index, which annually benchmarks the current state and evolution of gender parity across the dimensions of Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment, Eurasia and Central Asia ranks fourth out of the eight regions on the overall Gender Gap Index (World Economic Forum 2023). Based on this index, it will take 167 years for the Eurasia and Central Asia region to reach gender parity if they continue at the current rate of progress (World Economic Forum 2023). In a study conducted by Joshi and Childress (2017) in Kazakhstan, Kyrgyzstan, and Tajikistan, women were asked whether they approved of a husband beating his wife if she goes out without telling him, neglects their children, argues, refuses to have sex, or burns food. The prevalence of intimate partner violence acceptance for at least one of the five reasons varied from 12,3% in Kazakhstan to 45,3% in Kyrgyzstan and 74,5% in Tajikistan.

Women Who Use Drugs

Overall, women in Central Asia – even if it should be pointed out that there are, of course, far-reaching differences between the various countries of the region – are thus exposed to gender-specific role attributions and injustices. These inequalities between men and women within the general population become even more apparent within specific groups, such as people who use drugs.

“Women who inject drugs experience a ‘double jeopardy’ because of institutionalized stigmas for being born female and also for using drugs” (El-Bassel et al. 2013).

Substance use disorders differentially affect women and men worldwide (Fonseca et al. 2021). According to the World Drug Report provided by the United Nations Office on Drugs and Crime (UNODC) (2023), there are more men than women injecting drugs. However, Fonseca et al. (2021) state that there is increasing substance use in females and the gender gap may be narrowing. Even though there are more men injecting drugs, women who inject drugs are 1.2 times more likely than men to be living with HIV (UNODC 2023). This is even though HIV rates among drug users are already high. In 2022, compared with adults in the general population, HIV prevalence was seven times higher among people who inject drugs (The Joint United Nations Programme on HIV/AIDS [UNAIDS] 2023). Furthermore, women who inject drugs are likely to have an intimate male partner who initiated them into drug use (UNODC 2023). Therefore, the reasons for drug initiation and use are different for men and women (Fonseca et al. 2021). Women are more likely to be exposed to a higher risk for sexual transmissions of infections, both through sex work and through their increased vulnerability to abuse from law enforcement officers and intimate partners, as well as through being the victim of physical assault or rape (UNODC 2023). Only one in five people with drug use disorders receives drug treatment. Women are most affected by the barriers to accessing treatment (UNODC 2023). According to the World Drug Report (UNODC 2023), in addition to the family expectations and responsibilities that they face, women experience further barriers to accessing treatment, including an increased fear of legal sanctions, increased social stigma, lack of childcare, and fear of losing custody of their children while in treatment.

Women who use psychoactive substances face stigma and discrimination both in society as a whole and among their close circle (Harm Reduction

Network Association 2022). Furthermore, women who use drugs are often also part of certain other groups, such as sex workers, that face more severe vulnerabilities, including high levels of stigma and discrimination (UNODC 2023). Even though women tend to progress faster to drug use disorders than men, they continue to be underrepresented in drug treatment. When it comes to the use of amphetamine-type stimulants, this gap is particularly high. While almost one in two users of amphetamine-type stimulants is a woman, only one in four people in treatment is female (UNODC 2023). Even though more men than women die of drug overdose, the excess mortality risk in women who use drugs is typically higher than in men (UNODC 2023). Females also suffer from more severe medical problems related to drug use. Psychiatric comorbidity, mainly depression and post-traumatic stress disorder, are more frequent in females than in males (Fonseca et al. 2021).

Women and Drugs in Central Asia: The Special Case of Women Living with HIV

In Central Asia there has been a decrease in injecting drug use (Stöver/Michels 2022). Although the prevalence of HIV has decreased among injecting drug users in Central Asia and China due to implemented harm reduction strategies, such as needle/syringe programs and opioid substitution treatment, since 2010 the numbers of new HIV infections have continued to rise in Eastern Europe and Central Asia (a 49% increase) (UNAIDS 2023). In 2019 the region was far from reaching the 90-90-90 targets: 70% of people living with HIV knew their status, 44% of those who had been diagnosed were receiving antiretroviral therapy (ART), and 41% of those receiving treatment were virally suppressed (UNAIDS 2021). According to the UNAIDS (2023), this deficit situation can be attributed mainly to a lack of prevention services for people from marginalized and key populations, such as women. According to the Eurasian Women's Network on AIDS (2023), gender inequalities are a key driver of the HIV epidemic and influence the vulnerability and marginalization of women and girls around the world. The percentage of women compared to men living with HIV differs greatly from country to country. In Eastern European and Central Asian countries, the percentage of women living with HIV is higher than 35%, with 36% in Kyrgyzstan, 42% in Moldova, 40% in Kazakhstan, 41% in

Tajikistan, 43,9% in Belarus, 45,4% in Uzbekistan, and 45,5% in Ukraine (Eurasian Women's Network on AIDS 2023).

According to the Eurasian Women's Network on AIDS (2023), women in Central Asia experience gender-based violence, and when it comes to the HIV response, they continue to be marginalized, criminalized, and subjected to stigma and discrimination. A study conducted in Eastern Europe and Central Asia found that 52% of women in this region had experienced violence after being diagnosed with HIV (Godunova et al. 2019). 68,5% of the women living with HIV indicated having experienced economic violence. 24,4% were forbidden from seeking medical, social, and other support services, while 29,5% stated that they had been forbidden to work. 28% of the women living with HIV experienced sexual violence, of which 19,2% associated the sexual abuse with their HIV status. 71% of the women who took part in the study who had faced physical violence did not seek assistance, and 60,5% of respondents who suffered sexual violence did not seek assistance. According to this study, 42% of women living with HIV indicated having experience of using drugs, and 19,2% had experience of being in prison (Godunova et al. 2019). 51,2% of the respondents were living in poverty (Godunova et al. 2019). According to Godunova et al. (2019), gender stereotypes and HIV-related self-stigmatization contribute to the fact that women living with HIV can remain in situations where they face violence for many years.

Laws and existing inequalities exacerbate the problems women and young people face in accessing HIV treatment, care, and support, as well as services related to sexual and reproductive health, mental health, and harm reduction (Eurasian Women's Network on AIDS 2023). According to a study carried out among people who inject drugs in Kyrgyzstan, women experience difficulties in obtaining quality medical care, accessing harm reduction programs, and also in obtaining social support (AIDS Foundation East-West in the Kyrgyz Republic 2019).

In addition to these far-reaching disadvantages, women have specific needs compared to men. According to the Eurasian Women's Network on AIDS (2023), for example, there is a need to provide medical and social support for mothers living with HIV who have made the decision to breast-feed, to provide access to breast milk substitutes and enable women living with HIV to continue accessing ART post-delivery.

Social Work with Women Who Use Drugs in Central Asia

There is some belief that social work did not exist in the EECCA (Eastern Europe, Caucasus and Central Asia) prior to 1991. However, according to Zaviršek (2015), considerable research shows that professional social work education was established in some countries in the region after World War I but was disrupted and closed down at the end of World War II. After 1991 social work education was established in nearly all countries of the region, with the exception of Turkmenistan.

Even though, in Central Asia, Kazakhstan offers the largest number of social work undergraduate programs, social work in this country is still in the midst of its development. Tulebayev (2021) calls social work in Kazakhstan “a relatively young profession” (Tulebayev 2021). In April 2019, the Republic of Kazakhstan officially registered a National Alliance of Professional Social Workers (IFSW 2019). The aim of the alliance is to create public awareness of the importance of social work and public respect for the profession. Furthermore, the alliance works to ensure that basic global standards, such as the development and approval of the National Code of Ethics for Social Workers, are integrated in the country. Moreover, the alliance is intended to improve the quality of social work education; to strengthen the capacity of practical services; to ensure that the needs of relevant ministries, universities and local executive bodies are considered; to retrain and advance the training of social workers; to certify social workers; and to accredit other related social service specialists (Stöver/Michels 2022).

In Kyrgyzstan, with the acquisition of independence, work began to reform the social security system and adapt it to a market economy. There was a need to develop professional social work and create a new social policy based on social protection and support for people who find themselves in difficult life situations (Matkarimov 2020). By 2000, the following areas had emerged and began to develop: social work in the healthcare sector, in the education system, in rural areas, and in the management system. In addition, social work with people with disabilities, with children and youth, with women who have been subjected to violence, with low-income families have appeared (Nurova/Aitabaeva 2014). Women who use drugs belong to the category of people who find themselves in a difficult life situation. The specificity of this target group lies in the need for simultaneous medical, social, psychological, and legal support. However, in Kyrgyzstan, the main participants involved in the provision of social services and

the prevention and treatment of drug addiction are medical institutions and non-governmental organizations (NGOs). NGOs are mainly financed by donor organizations; as a rule, these are short-term service projects, which limits long-term planning. To expand approaches to solving social problems, the 'Program of State Social Order in the Field of Health Care of the Kyrgyz Republic' and 'Standards of Services for Key Population Groups within the Framework of State Social Order in the Kyrgyz Republic' were developed, which provide a legal basis for the provision of social services to the population through grants allocated from the state budget. After the introduction of the mechanism of state social ordering, the state had the opportunity to solve social problems in an alternative way, through the provision of grants on a competitive basis to non-profit organizations (Republican AIDS Center 2020).

Although social work does exist in Central Asia – as the examples of Kazakhstan and Kyrgyzstan have shown – social work in the region is still in its infancy (Stöver/Michels 2022). According to a literature review on the development of social work and the social service workforce in the Europe and Central Asia region, there is great variation in terms of the types of social services that have been developed, how social work is defined, and the extent to which it has developed as a profession and an academic discipline (Rogers 2018).

“Across the region, a wide specter of different social work practices coexist, varying from very innovative, radical, and liberating ones for persons requiring services and support to oppressive, traditional, and narrow-minded pathology-based responses by professionals and social work institutions” (Zaviršek 2015).

It is difficult to understand the extent of the workforce deployed in each country because different definitions of social services, and social workers exist. Furthermore, the difference in the language used to describe people who work in social services also contributes to this confusion. In most countries in Central Asia, major challenges exist in terms of workforce planning, which makes it difficult to ensure the deployment of workers with the right competencies into the right positions throughout the country, as well as appropriate payment. Social workers in the region tend to be underpaid and work in challenging environments. Furthermore, nearly all countries in the region have definitions of social work anchored in legislation and offer social work education programs at bachelor's degree level as a minimum. However, in some countries the curricula require

considerable strengthening and updating. Moreover, there are workers in many countries of the region in statutory social work positions that do not have social work education or training, and one key challenge for the governments of the region is to clearly define the training required for statutory social work (Rogers 2018). Stöver and Michels (2022) state that there are outreach workers who sign up on a voluntary basis working in social work positions. In most countries, social services are delivered by both government and non-government service providers. Another problem is that there is no standard model of how social work has developed in the region and no 'best practice' or single standard to which countries should aspire (Rogers 2018).

This description of social work, a profession still in its infancy, is also reflected in the field of addiction. Zábanský and Mravčík (2019) state that there is generally a lack of social workers in the field of addiction. Social workers working with people who use drugs remain scarce because of the lack of investment in the education, training, and professional development of social workers in Central Asia. Therefore, in all Central Asian countries, social work services are struggling to meet the needs of key populations that are affected by the negative consequences of the HIV/AIDS epidemic and injecting drug use (Stöver/Michels 2022).

Although women who use drugs are exposed to specific injustices – especially women who face multiple challenges, like drug use and HIV – and have other needs than men, no literature could be found specifically reporting on social work with women who use drugs in Central Asia. In other countries around the world, there are social work services that specifically target women who use drugs and offer women-centered drug treatment services (Terplan et al. 2015). There are drug consumption rooms that solely target women (Belackova et al. 2019), shelters for women who use drugs (Beaugard et al. 2024), and substance use disorder treatment services for pregnant and postpartum women (Meinhofer et al. 2020). This underrepresentation of the topic in the social work literature in Central Asia may well be due to the fact that social work is less developed in these countries. As described earlier, social work in Central Asia is still in its infancy (Stöver/Michels 2022). Although literature is scarce, there are nevertheless social work services that specifically care for women. An example of such a service is presented below.

Case Example

In Kyrgyzstan, there are two public organizations, Asteria and Girlfriend, focused on providing a comprehensive package of social services to women who use narcotic substances. The organizations' activities are aimed at improving women's access to quality services, providing such services as temporary housing, food, hygiene supplies, and encouragement to get tested for HIV and sexually transmitted infections (STIs). The organizations' specialists advise all clients on the principle of 'equal to equal' and provide clear and reliable information on HIV/AIDS issues, reproductive health, and substitution therapy. If a woman needs medical help, the staff of these centers refer her to friendly gynecologists, narcologists, and other specialists (AIDS Foundation East-West in the Kyrgyz Republic 2019).

Discussion

As described at the beginning of this chapter, social work has the task of supporting women who use drugs on the one hand and on the other hand, is uniquely positioned to reach vulnerable populations. It is clear from the information presented in this chapter that social work in Central Asia has so far only fulfilled this task to a limited extent. Therefore, social work is faced with the following challenges when working with female drug users in Central Asia.

According to the IFSW (2014), structural barriers contribute to the perpetuation of inequalities, discrimination, exploitation, and oppression. Social work strives to liberate the oppressed and promotes both social inclusion and social cohesion. According to Sidorenko and Moroz (2022), laws that criminalize HIV, sex work, and drug use make women, especially young women, more vulnerable to violence and structural inequalities. Social work has a political obligation to address these topics. Social work in Central Asia is therefore called upon to address injustices at a political level and campaign for change.

As mentioned earlier, there are many injustices that can be traced back to gender and sometimes originate due to cultural norms. Therefore Childress et al. (2024) argue that scholars, policymakers, and service providers – in many cases social workers – must collaborate to actively dispel the widely accepted beliefs about gender, marriage, and the status of women in order to break the cycle of abuse and provide help at the individual and

community levels. Social work is therefore called upon to create programs to address and counteract the existing prejudices and stigmas that affect female drug users in particular.

Another important consideration is the offering of social work services that are aimed specifically at women who use drugs. These programs have been proven to be effective (Ashley et al. 2003). At the very least, greater consideration should be given to the specific needs of women within the existing services.

Furthermore, as social work is still developing in these countries, there may be an opportunity to include gender-related content in the curriculum for social workers.

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