Drogenkonsum in Geschichte und Gesellschaft
Drug Use in History and Society

| 9

Jarkyn Shadymanova [Ed.]

NGO Involvement in Drug Treatment and Infectious Disease Prevention in Central Asia and China

Nomos

Drogenkonsum in Geschichte und Gesellschaft
Drug Use in History and Society

Herausgegeben von | Edited by
Prof. Dr. Heino Stöver
Dr. Ingo Ilja Michels

Band | Volume 9

Jarkyn Shadymanova [Ed.]

NGO Involvement in Drug Treatment and Infectious Disease Prevention in Central Asia and China

Nomos

Gefördert vom DAAD aus Mitteln des Bundesministeriums für Wirtschaftliche Zusammenarbeit und Entwicklung (BMZ).

Funded by the DAAD with funds from the Federal Ministry for Economic Cooperation and Development (BMZ).

The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available on the Internet at http://dnb.d-nb.de

1st Edition 2025

Published by
Nomos Verlagsgesellschaft mbH & Co. KG
Waldseestraße 3–5 | 76530 Baden-Baden
www.nomos.de

Production of the printed version:
Nomos Verlagsgesellschaft mbH & Co. KG
Waldseestraße 3–5 | 76530 Baden-Baden

ISBN 978-3-7560-1519-1 (Print)
ISBN 978-3-7489-4325-9 (ePDF)

DOI https://doi.org/10.5771/9783748943259

Online Version
Nomos eLibrary

Table of Contents

1 Foreword

The legacy of the Soviet tradition of medicalisation of such social issues as alcohol and drug dependence is still preserved in the current drug policies and treatment practices across the states of Central Asia. The "zero-tolerance" approach to drug *use* translated into the "zero-tolerance" approach to drug *users*, aimed to protect society from the vice of addiction rather than to provide care and treatment to the affected people. This is reflected in the criminalisation of drug consumption, strict state regulation of treatment facilities and protocols, and restricted use of harm reduction methods. However, the systemic transformation that followed the collapse of the Soviet Union allowed for gradual (albeit still limited) expansion of actors in the field, development of more locally specific (culturally anchored) practices, and the introduction of international standards.

It is important to note that a lot of the change that has taken place in various institutional fields since 1991, including drug policy, aimed to ensure the political survival of Central Asian authoritarian regimes. At the same time, the economic burden of post-Soviet reforms prevented isolationism and allowed for foreign support and influence, which was especially consequential for developing more comprehensive procedures for statistical monitoring, sharing best practices, and establishing modern programmes for professional training. In addition, the combined effect of increased demand for prevention and treatment and bottom-up social mobilisation engendered non-governmental and non-profit engagement in the field of drug use prevention and treatment. NGOs built advocacy networks that promote the rights of drug users and fight to decrease the access threshold by reducing state control over treatments. They also became essential for cross-sectoral cooperation in service provision and the overall evolution of social work and community work across the region.

Against this background, it merits scholarly and practitioners' attention to look beyond the remnants of the Soviet policies and understand the current conditions of practices for drug treatment and prevention in Kazakhstan, Kyrgyzstan, and Uzbekistan. While

focusing on the role of NGOs in general and specific organisations in particular in each country, this book provides a detailed account of variation in legal frameworks, organisational tools, resource accumulation patterns, and communication strategies in the field. It also places the Central Asian experience in the international context by including studies on China and Germany and reflecting on similarities and differences between the local policies and practices and the global actors whose influence is significant in the region. As such, this publication can make an important contribution to the continued exchange of innovative (national) practices and rejection of obsolete approaches.

This volume may also be of special interest to those who study developments in community work, self-help organising, and volunteering as central tenets of civil society development in authoritarian regimes. Drug users and people with diseases related to drug use are subject to marginalisation and stigmatisation by the general public and professionals alike, and protection of their human rights is an uphill battle in countries where liberal norms and values are trampled on. NGOs working with these population groups are faced with the additional challenge of creating public awareness but also overcoming prejudice and building institutional trust. Withstanding the authoritarian coercion, restriction, and sometimes direct (extra)legal persecution, they find themselves on the frontline of the struggle for social justice and inclusion, leveraging professional expertise, transnational ties, and embeddedness in local communities against the precarity of civil society vis-à-vis the state. Their work can serve as an example and inspiration for human rights defenders across the world.

Zhanna Kravchenko
School of Social Sciences, Södertörn University, Stockholm, Sweden

Introduction

Jarkyn Shadymanova

1. NGOs in Action – Combating Drug Addiction and Infectious Diseases across Central Asia and China

The study of non-governmental organisations (NGOs) in drug treatment and HIV prevention is important, particularly in regions like Central Asia and China. These areas face unique and complex challenges that make the role of NGOs indispensable in addressing public health crises. Understanding the contributions and methodologies of these organisations provides valuable insights into effective strategies and interventions that can be replicated and adapted worldwide.

In this introduction, I will outline the purpose of this publication. First, I will address the significant challenges posed by drug use and the spread of infectious diseases such as HIV/AIDS, hepatitis C, and tuberculosis (TB) in China and Central Asia. Next, I will explore the crucial role that NGOs play in tackling these interrelated issues. Finally, I will provide an overview of the books chapters and discuss its overall contribution to the ongoing debate.

In this volume, the term "non-governmental organisation" (NGO) is used broadly to encompass all forms of organised civil society organisations. NGOs, formed by citizens, aim to provide services or advocate for public policy improvements. They include community organisations, self-help groups, patient associations, foundations, and international NGOs, each representing different facets of civil society action.

Central Asia and China present distinct socio-political and cultural landscapes that influence the effectiveness of drug treatment and HIV prevention programmes. In Central Asia (CA), the intersection of political instability, economic challenges, and social stigma creates a multifaceted problem that requires innovative and flexible solutions. NGOs often step into the gap left by insuffi-

cient governmental programmes, providing crucial services such as harm reduction, education, and community support. In China, rapid modernisation and urbanisation have led to new patterns of drug use and a public health crisis. The Chinese government's collaboration with NGOs has allowed for the introduction of cutting-edge technologies and therapies, such as artificial intelligence and digital health platforms, which are transforming the landscape of addiction treatment and HIV prevention.

Globally, the response to HIV/AIDS relies heavily on the active participation of NGOs and civil society. In China, however, the government has traditionally been the primary provider of health and social services, limiting the role of NGOs compared to other countries (Kaufman 2011). Despite this, China has gradually opened the door for NGO participation in its response to HIV/AIDS, initially due to donor pressure and later due to official recognition of the crucial role these groups play in controlling the epidemic. Since the 1990s, Chinese AIDS-service NGOs have made significant contributions in areas such as access to medication, support for treatment compliance, outreach to marginalised groups, and efforts to reduce stigma (Kaufman 2020).

In March 2006, China's State Council announced the AIDS Prevention and Control Regulations, marking the country's first official legislation targeting HIV/AIDS control. This legislation, along with the Five-Year Action Plan to Control HIV/AIDS (2006–2010), represented a significant milestone in China's evolving response to the epidemic, which had begun over 20 years earlier with the identification of the first HIV case (Sheng/Cao 2008). The development of these measures was a complex process, involving early missteps, extensive domestic and international education, trial-and-error learning, debates, and scientific research. Initially, the government's approach focused on preventing the virus from entering the country, enforcing policies that restricted entry for HIV-positive individuals and criminalised behaviours such as drug use and homosexuality. However, as the epidemic spread, particularly among high-risk groups like injecting drug users (IDUs), former plasma donors (FPDs), and sex workers, the government adopted a more proactive and pragmatic stance.

In the early 2000s, China introduced comprehensive policies, including the "Four Frees and One Care" policy (Wu et. al 2007),

which provided free antiretroviral drugs, voluntary counselling and testing, and support for affected families. Nationwide campaigns were launched to improve blood safety, expand methadone maintenance treatment, and establish needle exchange programmes. Education and public awareness efforts were also ramped up, with initiatives like sex education in schools and condom promotion. Despite these advancements, challenges such as the stigma associated with HIV/AIDS and the need for consistent policy implementation at local levels persist. Overall, China's response has evolved into a committed effort to control the epidemic through prevention, treatment, and education, while addressing the needs of vulnerable populations (Wu et.al 2007).

However, the recent decline in donor funding, coupled with new government policies aiming to exert greater control over NGOs and their funding, threatens the survival and effectiveness of these organisations (Kaufman 2020). This development poses a significant challenge to the future of HIV/AIDS prevention, treatment, and care in China. Despite these challenges, China's AIDS response over the past 20 years has evolved from denial to becoming a global example, thanks to strong national leadership, evidence-based policies, and the involvement of NGOs. However, the shrinking political space for NGOs could undermine future progress in controlling the epidemic (Kaufman 2020).

NGOs in CA and China have pioneered various innovative approaches to combat drug addiction and prevent HIV. From the implementation of digital therapies and neuromodulation in China to grassroots community engagement and legislative advocacy in Central Asia, these organisations showcase a wide array of strategies tailored to local contexts. Studying these interventions provides a blueprint for addressing similar challenges in other parts of the world.

One of the most significant impacts of NGOs is their ability to build resilience within communities. By fostering self-organisation among people who use drugs, as seen in Germany and replicated in various forms in Central Asia, NGOs empower individuals to take charge of their recovery and advocate for their rights (UNODC 2022). This community-driven approach not only enhances the effectiveness of treatment programmes but also ensures their sustainability.

Central Asia and China are crucial regions for international efforts to tackle illicit drug trafficking and its related problems, such as dependence on illegal opioids, infectious diseases, and the rise of synthetic cannabinoids and stimulants, particularly methamphetamines in China. The "Northern Route" for heroin, morphine, and opium trafficking towards Russia and Europe makes CA vulnerable to both drug trafficking and local consumption (EMCDDA 2015). Countries like Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan face high drug dependence rates and infectious diseases like HIV/AIDS and hepatitis among injecting drug users.

The effectiveness of harm reduction services in CA is hampered by a conservative legislative environment, which negatively impacts key populations, including those living with HIV/AIDS and people who inject drugs (Shadymanova/Musaeva 2022). To enhance these efforts, several concerns need addressing in future studies. Firstly, there is a significant lack of structural preventive measures, such as outpatient counselling, assistance services, and outreach programmes, which are currently sparse and primarily provided by NGOs of former drug users. Secondly, social work in the region is underdeveloped, especially in supporting drug-dependent individuals (Esimova et al. 2022).

International donors have positively influenced drug policy, treatment, and the prevention of infectious diseases in the region over the past decade. This has led to the adoption of modern harm reduction approaches by local NGOs, fostering social and professional initiatives aimed at encouraging local governments to adopt more humane drug policies. The "Bishkek Resolution" by the Central Asian Drug Action Programme (CADAP) project highlights the importance of collaboration among NGOs, community-based organisations, government agencies, and international donors in advancing social work with drug users (Stöver/Michels 2022).

Despite progress, hepatitis C (HCV) remains a significant issue, with prevalence rates among injecting drug users ranging from 60 % to 80 % in the CA region, yet treatment options are scarce and unaffordable (Stöver/Michels 2022). A key tool in harm reduction is the "trust point" or "friendly cabinet" model, which provides services like clean needles, condoms, and initial counselling, while also playing a crucial role in building trust within affected communities. These cab-

inets, located in AIDS centres and other medical facilities across CA, offer confidential and anonymous services, including HIV testing and prevention counselling (Bakirova 2022). Through peer-to-peer outreach, NGOs in Kazakhstan and Kyrgyzstan provide essential services like safe behaviour education, harm reduction programmes, and overdose prevention to key populations, highlighting the critical role NGOs play in the region's harm reduction efforts (EHRA 2018).

Despite a recent decline in substance use due to effective prevention, treatment, and harm reduction measures, these regions still face significant challenges. Both CA and China support the United Nation's (UN) comprehensive approach to drug policy, emphasising prevention, treatment, education, after-care, rehabilitation, and social reintegration, as outlined in various UN declarations. While modern treatment standards exist, they lack institutionalisation and need further scaling-up. NGOs, vital to sustainable drug policies, remain weak and undersupported in these regions.

The insights gained from studying NGOs in Central Asia and China have far-reaching implications for global health policy and practice. Policymakers can draw lessons from the successes and challenges faced by these organisations, leading to more informed and effective drug treatment and HIV prevention strategies. Additionally, public health professionals and researchers can benefit from the wealth of knowledge generated by these studies, paving the way for new innovations and improvements in the field.

The importance of studying NGOs in drug treatment and HIV prevention cannot be overstated. The unique experiences and innovative approaches documented in Central Asia and China offer invaluable lessons for tackling these critical public health issues globally. By understanding and supporting the work of NGOs, we can foster more resilient communities and develop more effective, inclusive, and sustainable health interventions.

In addressing drug addiction and infectious diseases, NGOs have played a crucial yet often underappreciated role. Their dedicated efforts, innovative strategies, and commitment have significantly impacted lives and communities globally. This book examines the essential roles that NGOs play in this ongoing challenge, offering a clear and informative analysis of their contributions.

The countries covered in this book—China, Germany, Kazakhstan, Kyrgyzstan, and Uzbekistan—face unique and pressing

challenges in dealing with drug addiction and infectious diseases. Central Asia, with its complex socio-political landscape and varying levels of governmental support, presents a particularly tough environment for NGOs. In these regions, the resilience and adaptability of NGOs are particularly evident. Across China, Kyrgyzstan, and Uzbekistan, the role of NGOs is not only significant but also indispensable.

The challenges in these regions are complex and varied. NGOs face legislative barriers, societal stigma against drug users, resource shortages, and the persistent threat of infectious diseases such as HIV and tuberculosis. Often working in areas where public health systems are inadequate or overburdened, NGOs must overcome these obstacles to deliver crucial services, highlighting the extraordinary and vital nature of their efforts.

This book offers a unique window into the diverse strategies and practices of NGOs. Each chapter presents a distinctive perspective, from the implementation of cutting-edge digital therapies in China to grassroots community engagement in Kyrgyzstan. These chapters collectively offer a comprehensive understanding of the varied approaches NGOs employ to address drug addiction and infectious diseases.

Ulla Pape's chapter on drug policy highlights the strategic role NGOs have played in shaping and influencing policy at national and international levels. Ingo Ilja Michels' focus on self-organisation among drug users in Germany provides insights into empowering communities from within, fostering resilience and self-reliance.

In the rapidly evolving field of addiction treatment, Tianzhen Chen and Hang Su's exploration of artificial intelligence and digital therapies opens up new avenues for innovative interventions. Their work underscores the potential for technology to revolutionise traditional approaches to addiction treatment.

Nazgul Eshankulova and Jarkyn Shadymanova bring to light the challenges and achievements of legislative collaboration in Central Asia. Their chapter provides a nuanced understanding of how NGOs can work within complex political frameworks to achieve their goals. Analysis is also given to the impact of the Law "On Foreign Agents" adopted in 2024.

Kazakhstan's fight against addiction and infectious diseases is described by Kuralay Muhambetova, Medet Kudabekov, and Nurlan

Baigabylov. Their insights emphasise the pivotal role NGOs play in both understanding and combating these pervasive issues.

Guzalkhon Zakhidova's focus on Uzbekistan reveals the crucial support NGOs provide in HIV prevention, drug treatment, and helping vulnerable populations. Her work illustrates the vital safety net these organisations create for those most in need.

In the second part of the book, "NGO-Led Interventions: Inspiring Case Studies", compelling case studies highlight the diverse and innovative approaches NGOs employ to combat drug addiction, control infectious diseases, and engage with communities.

In Kyrgyzstan, the story of the public foundation "Door" is told by Vyacheslav Goncharov and Ksenia Kiss. Their grassroots efforts in combating tuberculosis showcase the power of community engagement in addressing public health crises.

Natalya Shuskaya and Chinara Imankulova present the pioneering web-based outreach initiatives of Aids Foundation East-West (AFEW) in Kyrgyzstan, targeting users of new psychoactive substances. Their case study reveals the transformative potential of technology in prevention and outreach.

In Uzbekistan, Tatyana Nikitina and Elena Devyatova explore the multifaceted efforts of the NGO "INTILISH" in fighting drug addiction and preventing HIV and TB. Their narrative underscores the comprehensive approach required to tackle these interlinked challenges.

The WINGS intervention in Kyrgyzstan, presented by Danil Nikitin, Alla Bessonova, Louisa Gilbert, Tina Jiwatram-Negron, and Assel Terlikbayeva, highlights an important initiative aimed at preventing gender-based violence. Their work illustrates the broader social impact of addiction interventions.

Yulia Alekshina's exploration of alternative TB treatment methods in Kyrgyzstan rounds out this section. Her examination of NGO-driven innovations in treatment delivery underscores the adaptability and ingenuity of these organisations in improving public health outcomes.

This book invites you to embark on a journey through the inspiring and transformative world of NGO-led interventions. Through these compelling stories and in-depth analyses, you will gain a deeper understanding of the indispensable role NGOs play in re-

sponse to drug use and infectious diseases, and the profound impact they have on individuals and communities worldwide.

The insights and lessons presented in this book have implications far beyond the countries discussed. They offer valuable lessons for global public health, highlighting the importance of community engagement, innovative thinking, and resilient strategies. The experiences of these NGOs provide a blueprint for tackling similar issues in other parts of the world, demonstrating that despite the challenges, significant progress can be made.

This book serves as a vital resource for understanding the crucial role NGOs play in combating drug addiction and infectious diseases. By highlighting innovative strategies, community-driven initiatives, and technological advancements, it provides a comprehensive overview of effective interventions across diverse regions. The detailed case studies and expert analyses presented within these pages offer valuable insights into the challenges and successes faced by NGOs, making this book an useful tool for policymakers, public health professionals, and researchers.

For students and academics in fields such as public health, social work, and international development, this book offers a rich source of knowledge and real-world examples that can inform both study and practice. NGOs and community organisations will find inspiration and practical guidance to enhance their own interventions and advocacy efforts. Policymakers and government officials can gain a deeper understanding of the critical support NGOs provide, facilitating better collaboration and more effective policy formulation.

Moreover, this book is helpful for anyone interested in global health issues, social justice, and community empowerment. It shines a light on the tireless efforts of NGOs and underscores the importance of their work, encouraging greater support and recognition for these essential organisations.

Acknowledgments

I extend our heartfelt gratitude to the dedicated NGO workers, researchers, and community leaders whose tireless efforts and invaluable insights made this book possible. Special thanks to our con-

tributing authors for their expertise, dedication, and commitment to sharing these vital stories. Your contributions have provided a profound understanding of the critical roles NGOs play in combating drug addiction and infectious diseases. I would like to thank the SOLID project for making this book possible, particularly the project leaders Heino Stöver and Ingo Ilya Michels. I would also like to express my special gratitude to Ulla Pape for her ideas, constant review of the book, and endless support; without you, this book would not have been produced.

Additionally, I am thankful to Katarzyna Kowalczyk and Meryem Grabski for organising the publication series, Ayzhan Baidavletova for translation assistance, Maya Sharsheeva for referencing assistance and Amy Koerner for editing the book. I would like to thank my mother and my family for their constant support during the work on this book.

We—the contributors of this publication—also extend our thanks to the communities who welcomed us and shared their experiences, enriching this work with their resilience and hope. Your work continues to inspire and transform lives globally, and for that, we are deeply grateful.

Literature:

Kaufman, Joan (2020): Civil society involvement in National HIV/AIDS programs. In: HIV/AIDS in China, pp. 427–440. DOI: 10.1007/978-981-13-8518-6_22.

Kaufman, Joan (2011): HIV, sex work, and civil society in China. In: Journal of Infectious Diseases 204, Supplement 5, pp. S1218-S1222. DOI: 10.1093/infdis/jir538.

Stöver, Heino/Ingo, Ilja Michels (2022): Development of social work in prevention and treatment of HIV/AIDS and HCV in Central Asia. In: Drugs, Habits and Social Policy 23, No. 2, pp. 156–169. DOI: 10.1108/DHS-09-2021-0046.

Sheng, Lei/Wu-Kui, Cao (2008): HIV/AIDS epidemiology and prevention in China. In: Chinese Medical Journal 121, No. 13, pp 1230–1236.

Wu, Zunyou/Sullivan, Sheena G./Wang, Yu et al. (2007): Evolution of China's response to HIV/AIDS. In: The Lancet 369, No. 9562. pp. 679–690. DOI: 10.1016/S0140-6736(07)60315-8.

The United Nations Office on Drugs and Crime (UNODC) (2022): Programme for Central Asia 2022–2025. www.unodc.org/roca/uploads/docu-

ments/UNODC_Programme-2022-2025/Signed_UNODC_Programme_EN_02.12.21.pdf.
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2015): Perspectives on drugs: opioid trafficking routes from Asia to Europe. www.euda.europa.eu/publications/pods/opioid-trafficking-routes_en.
United Nations Office on Drugs and Crime (2018): Afghan Opiate Trafficking along the Northern Route Vienna: United Nations Office on Drugs and Crime.
Eurasian Harm Reduction Association (EHRA) (2018): Drug Laws. Eurasian Harm Reduction Association. https://harmreductioneurasia.org/countries-and-territories/kyrgyzstan
Shadymanova, Jarkyn / Musaeva, Nurgul (2022): 1.2. Kyrgyzstan: History of drug addiction and treatment in Kyrgyzstan. In: Drug Treatment, Culture and Social Policy in Central Asia and China. Nomos Verlagsgesellschaft mbH & Co. KG, pp. 32-45. DOI: 10.5771/9783748931027-32.
Ingo, Ilja Michels / Heino, Stöver (eds.) (2022): Drug Treatment, Culture and Social Policy in Central Asia and China. In: Drug Use in History and Society 3, pp. 142. DOI: 10.5771/9783748931027.
Bakirova, Zhyldyz (2022): Psychosocial aspects of prevention and treatment of people with addiction in the Kyrgyz Republic. In: Drug Cultures and Policy in Germany, Central Asia and China 4, Ingo, Ilja Michels / Heino, Stöver / Deimel, Daniel (eds.). Nomos Verlagsgesellschaft mbH & Co. KG. DOI: 10.5771/9783748914037.
Yessimova, Dinara et al. (2022): Overview of Social Work in Kazakhstan. In: Drug Cultures and Policy in Germany, Central Asia and China 4, Ingo, Ilja Michels / Heino, Stöver / Deimel, Daniel (eds.). Nomos Verlagsgesellschaft mbH & Co. KG. DOI: 10.5771/9783748914037.

Part 1
The Role of NGOs in Drug Addiction and Infectious Disease Control

Ulla Pape

2. The Role of NGOs in Drug Prevention, Drug Treatment, and Drug Policy

Introduction

Drug policy is a controversial topic that affects every country in the world. Societies need to find ways to deal with drug use, strengthen prevention efforts, and offer treatment to people with substance use disorders. Traditionally, civil society—consisting of a multitude of civic organisations and voluntary associations—has played an important role in drug prevention, drug treatment, and drug policy. In many parts of the world, non-governmental organisations (NGOs), as the most prominent actors within civil society, have developed drug prevention and treatment services and engaged in public debate on how to formulate and implement drug policies.

This chapter studies the development of NGOs in drug prevention, drug treatment, and drug policy. The aim is to give an overview of the ways in which NGOs have been working in this difficult policy field, what functions they fulfil in the development of drug policies and services for people who use drugs, and what they have achieved in addressing drug use and its societal consequences.

The chapter is structured as follows. First, a short introduction to the main concepts of civil society and NGOs is provided. Special attention is paid to the development of welfare partnerships and other forms of cooperation between the state and civil society in the social sphere. We then turn to the field of drug policy and discuss the ways in which NGOs participate in the response to the complex issues of drug use. In particular, we will consider the functions of advocacy, service delivery, and community building. To illustrate their activities, we will take examples from NGOs working in drug policy in different country contexts. Building on this, we will discuss the question of how these examples can be applied to the con-

text of Central Asia. The chapter concludes with a summary of the strengths and weaknesses of NGO engagement in the field of drug prevention, drug treatment, and drug policy.

Background: What Is Civil Society?

The concept of civil society is as popular as it is difficult to define. In the various academic disciplines, civil society is interpreted very differently. In political practice, too, there are very different and often opposing interpretations and expectations of civil society. This makes it difficult to understand what constitutes civil society and civil society organisations. The aim of this chapter is to analyse the development and functions of civil society organisations in the field of drug policy on the basis of empirical studies.

There are many different approaches to defining the concept of civil society. A good overview of the different traditions in the international discussion about civil society is provided by Michael Edwards (2019), who divides the various theoretical considerations into three perspectives: (1) civil society as associational life, (2) civil society as the good society, and (3) civil society as the public sphere. The first perspective refers to the organisational elements of civil society. The second perspective that Edwards identifies is that of civil society as a "good society". This refers to the fact that the concept of civil society has a normative dimension. It refers to civic ideals that can be seen as the basis for a functioning democracy.

The third perspective on civil society emphasises the role of democratic procedures that shape the process of social communication and policy formation. According to Edwards, the concept of the public sphere is closely linked to that of civil society. The public sphere can be understood as an autonomous space in which citizens discuss public affairs and develop democratic ideas and innovations. The public sphere encompasses all forms of communication and debate within a society, including the media, political education, and NGOs that bring social interests into the political decision-making process.

To define the civil society sphere, it is important to distinguish it from the market and from the family or private sphere. As a forum for social debate, the term "civil society" not only refers to organisations but also includes civic norms and values, the culture of socially

exchanging opinions, and the different forms of collective action that exist in society. At the core of the definition is the idea that civil society creates a place for collective action in relation to common interests, purposes, and values.

Comparative research on civil society in Europe focuses on organisations as important actors in civil society. Frequently, it is not civil society in general but rather NGOs that are at the centre of comparative research. The NGO sector can be understood as a social space beyond the market, state, and the private sphere (Salamon/Sokolowski 2016).

The Johns Hopkins Comparative Non-profit Sector Project was ground-breaking in civil society research. This international project was started in 1991 and developed a structural definition of the non-profit and non-governmental sector based on five basic criteria. All NGOs are characterised by the fact that they are non-governmental, as well as charitable and private, which means that they are independent of state structures and do not distribute profits among their members (Salamon et al. 2003, pp. 7–8). In addition, NGOs have an independent organisational structure and are self-governing and voluntary in their membership (Salamon et al. 2003, pp. 7–8). This structural definition of the non-profit and non-governmental sector as a group of organisations that meet these clearly defined characteristics allows scholars to conduct comparative research into NGOs and assess their economic, societal, and social significance. By defining the term on the basis of this set of criteria, the Johns Hopkins Comparative Non-profit Sector Project has contributed significantly to the further development of comparative civil society research.

It is important to understand that civil society is broader than NGOs. Civil society research also includes the study of informal organisations and voluntary activities outside of formal NGOs. This distinction is essential, as citizens in many developing countries often organise at the community level and do not set up formal NGOs, which normally carries a higher administrative burden. In some countries, the regulations for founding and managing an NGO are non-transparent and cumbersome, so some groups prefer to work on an informal basis. This chapter therefore takes a broad perspective on civil society actors, including not only NGOs but also community associations and self-help initiatives.

The Development of NGOs in the Field of Drug Policy

This section discusses the development of civil society in the field of drug policy. In many countries, social sector organisations constitute a particularly relevant part of civil society activities. In such cases, citizens have established NGOs to help each other and to address common problems. In Germany, for example, about 70 % of NGOs are active in the social sector (Zimmer et al. 2009). Many of these organisations have a long tradition. Some of Germany's most well-known welfare associations, such as Caritas, Diakonie, and Arbeiterwohlfahrt, date back to the late 19th century. These organisations were set up to assist the state in dealing with social policy issues, including poverty, education, and healthcare.

Welfare associations have raised private funds to address public issues. Due to their active engagement with social issues, they have been able to gain an important position in the emerging welfare state. The privileged position of NGOs in Germany, France, and other countries in Central Europe is also known as welfare partnership (Archambault et al. 2014). A welfare partnership can be defined as a prolonged cooperation between state institutions and NGOs in the social sphere. In a welfare partnership, NGOs serve as intermediaries between citizens and the government (Zimmer/Priller 2023). In many European countries, NGOs have played an important role in addressing social needs and developing social policies.

The drug policy field is home to many NGOs that stand up for the rights of those affected by drug use. In many countries of Europe, NGOs and initiative groups have been set up to deal with the social problems of drug use. Many of these NGOs offer drug use prevention services and design information campaigns. They are also active in the field of harm reduction. Many NGOs were founded by people who use drugs (PWUD) with the aim to provide mutual support and influence drug policies. The voice of these organisations has been particularly important in advocating for a humane approach to drug policies (Askew et al. 2022).

The development of NGOs in the drug policy field can be illustrated using the example of a local NGO in the city of Frankfurt in Germany: the "Integrative Drogenhilfe" (IDH). This organisation emerged from a student initiative that was set up as a response to

the drug crisis in the late 1980s. During these years, heroin became widely available on the European drug markets, and the number of injecting drug users (IDUs) rose exponentially. The drug crisis especially affected big cities in Europe, such as Frankfurt, Berlin, Amsterdam, and Zurich. In Frankfurt, the drug situation worsened dramatically. The city saw the emergence of an open drug scene, with many PWUD living on the streets and in public parks. Particularly worrying was the sharp increase in lethal overdoses. The number of deadly overdoses increased from 31 in 1885 to more than 1,000 in 1991 (Stöver 2013). Many of these deaths occurred in public places.

The city administration was under pressure to address the situation. The NGO IDH was one of the local initiatives that were set up in the city to improve social services for IDUs and address the most pressing needs. The NGO focused on the development of low-threshold services for IDUs. In 1988, the city administration initiated weekly meetings, the so-called Monday talks. The idea behind these talks was to involve all stakeholders in the development of drug policies. In 1990s, representatives from numerous European cities came together in Frankfurt for a joint conference on drug policies. At this conference, the Frankfurt Resolution was adopted (Frankfurt Resolution 1990). This model of a humane and pragmatic approach to drug policy became known as the Frankfurt Way (Stöver 2013).

The NGO IDH played an important role in this policy shift. The organisation started by offering direct services to PWUD in the open drug scene. In 1989, the NGO set up a drop-in centre, where PWUD could access a broad range of medical and psychosocial services. In 1992, the founding of Eastside as the largest drug aid centre followed. In 1994, four drug consumption rooms were opened in Frankfurt. With the help of these services, it was possible to strengthen the support capacities for PWUD and reduce the number of overdoses.

Today, the NGO IDH is the largest drug aid organisation in the city of Frankfurt.[1] It provides social and medical services for people with drug use disorders and unites different institutions and

1 Integrative Drogenhilfe Frankfurt. www.idh-frankfurt.de, 7. 5. 2024.

projects under one roof. In addition to harm reduction services, IDH also has other programmes that focus on housing and social rehabilitation for PWUD and other key populations. In the city of Frankfurt, IDH is known as a pioneer in the development of alternative concepts and low-threshold services. The NGO also conducts policy studies. An important focus of its research is the development of drug use and the needs of vulnerable populations groups. For more than twenty years, IDH has been researching and promoting integrative methods and approaches in drug therapy and self-help.

The example of IDH highlights many issues that are characteristic of the engagement of NGOs in the drug policy field. In many countries, such as in Central Europe, newly emerging drug problems have led to the rethinking of drug policy (Kenis et al. 2018). We can see that each change intended to improve services requires civic initiative. Without public pressure, decision makers are seldom inclined to address social issues, especially if they concern marginalised population groups. In Frankfurt, citizens have raised awareness among decision makers and advocated for policy improvements. The second important contribution of NGOs is the development of new professional services in the field of drug support. The example of IDH shows that NGOs are capable of introducing innovative approaches to drug support services. Finally, we can learn from the Frankfurt case study that the cooperation of many stakeholders is necessary for addressing the issues of drug use and drug addiction. When many organisations—from both the public and NGO sectors—come together, it is possible to strengthen the joint response. In the next paragraph, we will focus in on the specific functions that NGOs can play as policy actors.

Functions of NGOs in Drug Prevention, Drug Treatment, and Drug Policy

NGOs fulfil important functions in drug prevention, drug treatment, and drug policy. We deliberately described this area in such a broad manner to indicate that organisations can engage in different activities and play various roles in the drug policy field. There are a number of theoretical approaches that shed light on what NGOs do and what functions they fulfil in a broader policy context. Kramer

(1981) identified four main functions of NGOs in the social sphere. In addition to their role as service providers, NGOs serve as vanguards (by experimenting with and demonstrating social innovations), value guardians (by fostering citizen participation), and advocates (by criticising government policies, holding institutions accountable, and pressuring the state to extend, improve, or establish necessary services) (Kramer 1981, p. 9). For the analysis of the function of NGOs in the drug policy field, we will focus on advocacy, service delivery, and community building. This section explains in detail how drug aid NGOs work in these areas.

Advocacy

Advocacy is an important activity for NGOs. It can be understood as "any attempt to influence the decisions of an institutional elite on behalf of a collective interest" (Jenkins 1987, p. 297). In the social sphere, NGOs have traditionally played an important role in advocating for the rights of socially disadvantaged and marginalised groups. They have focused their efforts on providing a voice for those who are unable to speak with their own. NGOs have also advocated on important social issues, such as human rights and poverty reduction, and thereby guaranteed that welfare policies become inclusive and responsive, a view that is shared in many recent studies (Almog-Bar/Schmid 2014; Kimberlin 2010).

An extensive body of literature on various aspects of NGO advocacy has emerged, including studies on policy coalitions (Sabatier 1988), transnational advocacy networks (Keck/Sikkink 1998), and the role of NGOs as policy entrepreneurs (for an overview, see Almog-Bar/Schmid 2014). These studies all point to the political role of NGOs in representing rights, voicing interests, asserting public control, improving public policies, and lobbying governmental actors for social and political change.

Researchers identified different advocacy strategies that NGOs use to achieve their goals. Mosley (2011) distinguishes between insider and outsider advocacy. Insider strategies are carried out with policymakers directly and include activities such as lobbying, providing testimony, engaging with decision makers, and sitting on policy committees. By contrast, outsider strategies are mainly directed

towards exposing public policy shortcomings and creating pressure for policy change by organising social action, protests, and media campaigns. Organisations choose those advocacy strategies that best suit their organisational, political, and institutional contexts. The success of NGO advocacy depends both on the opportunities and on their organisational capacities, including knowledge, skills and expertise, access to decision makers, and reputation.

In the drug policy field, NGO advocacy is primarily directed towards improving the life situation of those affected by drug use. This includes people with drug use disorders, their family and social environments, people in rehabilitation, former drug users, and those who are at risk for developing substance use disorders. Drug aid NGOs develop advocacy strategies to draw attention to the problems of these target groups and to develop and institutionally anchor concrete offers of help. As welfare organisations, NGOs in the drug policy field "have historically played an important role in advocating on behalf of the vulnerable populations that they serve" (Mosley 2012, p. 841). The advocacy activities of these organisations are therefore closely linked to their social mission and their core activity as service providers.

Drug policy NGOs play an active role in advocating for better drug policies in Europe. They act as experts and make recommendations to government agencies. In recent years, these NGOs have been recognised for their knowledge, experience, and skills. In 2013, there were 218 NGOs that engage in drug policy advocacy in Europe (European Monitoring Centre for Drugs and Drug Addiction/EMCDDA 2013). The profile and relevance of these organisations has increased as the number of formal mechanisms through which policymakers can be accessed in European countries has grown (EMCDDA 2013). In 2013, the majority of drug policy organisations (69 %) operated on a national basis, less than one fifth (17 %) had a local or regional remit, and over one tenth (14 %) had a European or international remit (EMCDDA 2013).

Within the drug policy field, one can distinguish between peer advocacy (linked to rights-based agendas), professional advocacy (seeking to improve the conditions for professional service providers), and policy advocacy (focusing on policy and legislative changes) (EMCDDA 2013). The tools for advocacy include awareness-raising activities, lobbying, information campaigns, demon-

strations, and legal advocacy (EMCDDA 2013). In 2013, the primary objectives of the organisations were practice development, with 26 % of NGOs advocating use reduction and 39 % advocating harm reduction approaches (EMCDDA 2013).

When comparing the drug policy organisations in Europe, it is noticeable that they can be divided into two large groups with competing agendas. Within the NGO community, there is a "prevention group", which mostly focuses on drug prevention and treatment, and by and large supports the current prohibition policies, and a "harm reduction group", which regards the goal of a drug-free world as unrealistic, argues that prohibition policies have negative effects, and advocates for a drug policy reform (Aakrann 2016). An NGO's basic orientation is closely linked to their advocacy work. Organisations in the first group are primarily committed to improving prevention efforts and protecting young people in particular, while harm reduction NGOs advocate a change in drug policy, such as the legalisation of cannabis, as well as better access to life-saving services for people with drug use disorders.

Many harm reduction NGOs have adopted a human-rights approach (Barrett et al. 2020). This means that the organisations frame health as a human right and are committed to ensuring that all people have access to essential healthcare services. A human rights-based approach to drug policy also entails the review of existing drug laws and policies (Barrett et al. 2020). Harm reduction NGOs argue that prohibitionist policies have caused human rights violations, particularly regarding PWUD and other vulnerable groups (Custódio 2015). Organisations strive to make recommendations on how a humane drug policy could be designed. In these efforts, the cooperation between NGOs, government agencies, and international organisations is essential.

Service Delivery

Next to advocacy, NGOs play a vital role in providing services for people with substance use disorders. The range of services in the drug policy field is very broad, as the needs of clients vary widely. What all the NGOs in service delivery have in common is that they provide direct assistance to those affected by drug use disorders.

Most service providers work at the local level and are organised in overarching umbrella organisations that are responsible for information exchange and professional development.

Social services in the drug policy field include the work of local counselling organisations and centres that provide counselling and advice on addiction problems such as alcohol, nicotine, or illicit substances or addictive behaviours, for example gambling. Addiction counselling centres are first-line healthcare institutions that offer low-threshold services for the general population. The NGOs can refer clients to outpatient or inpatient drug treatment. The counsellors are specialists in social work, addiction medicine, psychology, or social pedagogy, and support people with drug use disorders and their relatives. In Europe, most countries have a network of local counselling centres that are mostly organised as NGOs. In addition to counselling, drug service NGOs engage in prevention activities, for example at schools or local youth clubs. A study from Sweden has shown that many NGOs have developed alcohol and drug prevention programmes for children or adolescents (Eriksson et al. 2011). In some cases, state agencies have recognised the characteristics of faith-based NGOs by emphasising their social service delivery and by framing religious leaders as health educators (Kaufman 2021).

A different branch of NGOs is engaged in service delivery for people who are affected by illicit drug use. Organisations such as before mentioned IDH in the city of Frankfurt offer social and medical services that are generally known under the term "harm reduction." Harm reduction can be defined as "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use" (National Harm Reduction Coalition n.d.). Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at", and addressing conditions of use along with the use itself.

As we have seen in the example of Frankfurt, harm reduction services consist of drug consumption rooms for safer use, needle exchange programmes, and opioid agonist maintenance treatment, also known as substitution treatment. Harm reduction services aim at reducing both the harm directly associated with drug use and the harm resulting from drug-related infections, such as HIV, TB, and hepatitis C. As a consequence, harm reduction NGOs also offer prevention programmes and general health information for people

with drug use disorders. A recent study from Ghana has shown that NGOs play significant roles by complementing governments' efforts in the provision of care for vulnerable groups in resource-poor environments (Asante et al. 2021). A study from Zimbabwe explored the partnership between government agencies and international NGOs in delivering HIV/AIDS healthcare services (Magocha et al. 2023). Especially in the field of HIV prevention, NGOs have become critical service providers (Kelly et al. 2006). These experiences can also be helpful examples for NGOs in Central Asia.

In practice, service delivery and advocacy often go hand in hand. Often, drug service NGOs provide direct services in collaboration with government agencies such as hospitals and other healthcare institutions. Based on their capacity as service providers, the NGOs can improve the quality of services and access to key populations. Their function as service providers thus allows them to develop advocacy messages for policy improvements. In Denmark, civil society activism resulted in the introduction of drug consumption facilities in 2012 (Houborg/Frank 2014). In Sweden, NGOs have developed consultation mechanisms (meetings, project dialogues, competence strengthening, etc.) to develop a trustful partnership between practitioners, national agencies, and researchers (Eriksson et al. 2011). This link with policymaking is particularly strong in countries where there is good cooperation between the state and civil society, often known as a welfare partnership.

Community Building

The third function of NGOs in the drug policy field is community building. This function refers to the self-organisation and empowerment of those population groups that are directly affected by drug use and its social consequences. Many NGOs in the drug policy field were established by (former) drug users and/or family members and other contacts. These organisations are known as self-help initiatives as their main goal consists of providing mutual assistance and support.

In contrast to welfare NGOs, which mainly focus on services for the general public, community groups are formed by people to deal with problems that directly affect them. Self-help initiatives strive to

overcome stigma and social exclusion. In their practical work, they deal with issues such as access to antiretroviral therapy, treatment adherence, or drug rehabilitation programmes. Some of the self-help NGOs also provide legal advice and support to their members. This relates to issues such as housing, kindergarten or school admittance for HIV-positive children, or interruptions in the supply of antiretroviral drugs.

Many community organisations evolved as a response to HIV/AIDS. In Germany the epidemic was a catalyst for the self-organisation of drug users and other affected population groups. In the 1980s, when HIV-infection was still barely understood and not treatable, the first NGOs emerged to combat the dramatic consequences of HIV/AIDS, especially the high mortality rate among homosexual men, who were the most important target group in this early period. Because of this necessity, the epidemic had an empowering effect on the gay community. First prevention programmes and information campaigns were set up by NGOs, such as the German AIDS-Help that was established in 1983.[2]

Since 1989, the German AIDS-Help has supported the self-organisation process of drug users by financing meetings of drug users in methadone treatment, which was first allowed in 1987 as a result of increasing HIV infections among injecting drug users. Participation in methadone treatment was the basis for self-help activities within this group. In 1990, German AIDS-Help hired a coordinator for the first support groups of drug users in Germany, called JES (as an acronym for junkies, ex-users, and substitutes). Step by step, a nationwide network of support groups was established under the umbrella AIDS-service organisations in Germany. These groups are linked by a common identity and their focus on advocating for the human rights of people who use drugs.

It was the AIDS crisis that led to a revision of Germany's drug policy that, up to the mid-1980s, was solely focused on abstinence. But due to the rise of HIV infections among PWUD, a shift to a more pragmatic and harm reduction-oriented drug policy occurred. Opioid substitution treatment that for a long time had been a controversial topic was introduced in the mid-1980s. Due to these harm

2 Deutsche Aidshilfe. www.aidshilfe.de, 16. 5. 2024.

reduction programmes, it was possible to significantly reduce HIV infections among people who use drugs (Michels/Stöver 2012).

Case Studies of Drug Service NGOs in Europe

NGOs have gained diverse experience in the drug policy field by engaging in advocacy, service delivery, and community building. Typically, these organisations have emerged at the local level. Like the NGO IDH in the city of Frankfurt, they were created in response to specific problems and aim to improve local support services for people with drug use disorders and other vulnerable groups. Later, at a second stage of development, a general exchange and networking process began: many of the local initiatives, counselling centres, and projects joined together to form umbrella organisations at national or European level.

In Germany, the umbrella organisation Akzept is an example of a nation-wide advocacy NGO that works in the drug policy field.[3] The NGO was founded in Bremen in 1990. It is an interdisciplinary association of practitioners and researchers, professionals, social workers, doctors, lawyers, and people and associations committed to drug policy. In 2024, Akzept had about 55 institutional and more than 140 individual members. The NGO is not funded institutionally by the German government but receives funding for health policy projects from the Federal Ministry of Health. Akzept advocates a pragmatic drug policy and the protection of the human rights of all drug users.

Another well-known umbrella organisation is the Vienna NGO Committee on Drugs and Crime (VNGOC) that was established in 1983 to influence international drug policy.[4] It has played the main role in the strengthening of interaction between NGOs and the UN system by providing a link to the Vienna-based UN agencies involved in setting drug policy: the UN Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INCB), and the United Nations Office on Drugs and Crime (UNODC).

3 Akzept e. V. www.akzept.eu, 8. 5. 2024.

4 VNGOC. vngoc.org, 8. 5. 2024.

A well-known network in drug prevention is the World Federation Against Drugs (WFAD), constituted by 148 NGOs that are engaged in the drug field and promote restrictive drug policies.[5] The WFAD was founded in 2009, and its central office is located in Sweden. The members of WFAD share a Christian world view and see illicit drugs as a development problem in poor countries that is "threatening the existence of stable families, communities, and government institutions throughout the world" (WFAD n.d.). Drug use prevention is seen as the main solution to the problems of illicit drug use (Aakrann 2016).

A counterpoint to WFAD is the umbrella organisation International Drug Policy Consortium (IDPC) that follows a harm reduction agenda.[6] IDPC was established in 2006 and is constituted by 148 reform-oriented organisations from all over the world. Contrary to the prevention-oriented organisations, this harm reduction group regards the idea of a drug-free world as unrealistic and claims that prohibition in itself has massive negative effects (Aakrann 2016). Unlike the WFAD, most of the IDPC members are newly established and mainly seated in the United States and Western Europe. The global network advocates for drug policies that advance social justice and human rights.

Discussion and Conclusions

This chapter examined the roles of NGOs in the drug policy field in Europe and addressed the following questions: what functions do NGOs fulfil for the development of drug policies and services for people who use drugs, and what they have achieved in addressing the issue of drug use and its societal consequences? The study found that citizens have set up a variety of different initiatives to respond to issues of drug use and its social consequences. They have established organisations and initiatives to improve services and promote policy changes.

When comparing the experiences of European NGOs in the drug policy field, one can observe many commonalities. Most of the

5 WFAD. wfad.se, 8.5.2024.

6 IDPC. idpc.net, 8.5.2024.

NGOs are practice-oriented and based in local communities. They have been set up by citizens to deal with local problems and provide direct services to different target groups. In the sphere of advocacy, NGOs have formulated recommendations for policymakers, while in service delivery, they have developed assistance programmes for people with drug use disorders.

NGOs fulfil multiple functions in the drug policy field, most importantly advocacy, service delivery, and community building. These functions are interrelated, which means that NGOs can deliver advocacy messages through their practical work. They can also show examples from service delivery to make their advocacy messages more convincing to policy makers. Collaboration with state agencies and networking are important elements in the development of drug policy NGOs, as we can see from the example of local NGO IDH in the he city of Frankfurt. Because of multiagency cooperation—facilitated by the pragmatic approach of decision makers in the municipality—the organisation has been able to build a broad network and offer a wide range of services for people with drug use disorders in the municipality.

From the analysis we can gain insights into the possibilities for the development of NGOs in the drug policy field in Central Asia and China. First of all, we can conclude that the community link is essential for the work of NGOs—and for civil society in general. Many NGO activists are themselves affected by drug use and joined together in initiatives as a form of self-help and self-organisation. The activists therefore have both special experience of and special access to the policy field. A similar development can be observed in Central Asia and China, where self-help and community building also plays an important role in the drug policy field. In particular, initiatives by (former) drug users as well as their friends and relatives have been influential in developing services and addressing the important issue of stigma and discrimination.

Furthermore, the experiences of European NGOs show that the organisations underwent a professionalisation process. In the first phase of their development, most initiatives developed direct services on a voluntary basis, making use of improvisation and civic engagements. In the course of their development, the NGOs professionalised their services. Umbrella organisations, such as Akzept in Germany, are important for networking and information exchange.

These professionalised umbrella organisations are in the position to formulate policy proposals and thereby assist in the improvement of responses to drug use and associated issues. These experiences can be used in the development of civil society support programmes in Central Asia and China.

The analysis of European NGOs also highlights problems among different players. It shows that the NGO community is divided along ideological lines regarding the best way to address the issue of drug use. Whereas prevention organisations largely support prohibition policies and emphasise the relevance of drug use prevention, harm reduction organisations follow a more pragmatic approach to drug policies and seek to reform the current prohibition system by introducing services that reduce the harm associated with drug use. For Central Asia and China, it is important to make use of the potential of NGOs, while at the same time preserving the pluralism of different approaches.

In Europe, NGOs make an important contribution to the drug policy field, by both providing direct services and improving policy approaches. They are important players as they bring experience and knowledge to the table. Moreover, NGOs can apply their experiences as community organisations to bring services closer to clients and make them more accessible and responsive. These important experiences can help to optimise the potential of civil society in the drug policy field and thus also represent a wealth of experience for Central Asia and China.

Bibliography

Aakrann, Marie (2016): Initiators of drug policy-reform or watchdogs of the prohibitionist regime? The role of NGOs in the 2016 UNGASS, Master's thesis at the Department of Political Science. Oslo: University of Oslo.

Almog-Bar, Michal/Schmid, Hillel (2014): Advocacy activities of nonprofit human service organizations. In: Nonprofit and Voluntary Sector Quarterly 43(1), pp. 11–35. DOI: 10.1177/0899764013483212.

Archambault, Edith/Priller, Eckhard, Zimmer/Annette (2014): European civil societies compared: typically German–typically French? In: Voluntas: International Journal of Voluntary and Nonprofit Organizations 25, No. 2, pp. 514–537. DOI: 10.1007/s11266-013-9349-6.

Asante, Kwaku Oppong / Asiama-Sampong, Emmanuella / Appiah, Richard (2021): A qualitative exploration of the role of NGOs in the recovery support for persons with substance use disorders in a low-income African setting. In: Substance Abuse Treatment, Prevention and Policy 16, pp. 1–10.

Askew, Rebecca / Griffiths, Ben / Bone, Melissa (2022): The importance of people who use drugs within drug policy reform debates: Findings from the UK Drug Policy Voices online survey. In: International Journal of Drug Policy 105, 103711.

Barrett, Damon / Hannah, Julie / Lines, Rick (2020): What Does it Mean to Adopt a Human Rights-Based Approach to Drug Policy? In: Health and Human Rights 22(1), pp. 355–358.

Custódio, Rafael (2015): NGOs and Drug Policy. In: International Journal on Human Rights 12, No. 21, pp. 1A–4A.

Edwards, Michael (2019): Civil Society. 4th ed., Cambridge: Polity Press.

Eriksson, Charli / Geidne, Susanna / Larsson, Madelene / Pettersson, Camilla (2011): A Research Strategy Case Study of Alcohol and Drug Prevention by Non-Governmental Organizations in Sweden 2003–2009. In: Substance Abuse Treatment, Prevention, and Policy 6, pp. 1–21.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2013): Drug policy advocacy organisations in Europe. www.emcdda.europa.eu/publications/emcdda-papers/advocacy_en, 8. 5. 2024.

Frankfurt Resolution (1990). www.idh-frankfurt.de/images/verein/frankfurter_resolution.pdf, 15. 5. 2024.

Houborg, Esben / Frank, Vibeke, Asmussen (2014): Drug consumption rooms and the role of politics and governance in policy processes. In: International Journal of Drug Policy 25(5), pp. 972–977. DOI: 10.1016/j.drugpo.2014.01.008.

Jenkins, J. Craig (1987): Nonprofit organizations and policy advocacy. In: The nonprofit sector: A research handbook, Powell, W. / Walter (ed.). Yale University Press, pp. 296–320.

Kaufman, Nicole (2021): Governing Through Partnerships: Neoconservative Governance and State Reliance on Religious NGOs in Drug Policy. In: Critical Criminology 29(1), pp. 589–611. DOI: 10.1007/s10612-020-09492-7.

Keck, Margaret E. / Sikkink, Kathryn A. (1998): Activists beyond borders: Advocacy networks in international politics. Cornell University Press.

Kelly, J. A. / Somlai, A. / M. / Benotsch, E. G. / Amirkhanian, Yu. / Fernandez, M. I. / Stevenson, L. Y. / Sitzler, C. A. / McAuliffe, T. / L. / Brown, K. D. / Opgenorth, K. M. (2006): Programmes, resources, and needs of HIV-prevention nongovernmental organizations (NGOs) in Africa, Central Eastern Europe and Central Asia, Latin America and the Caribbean. In: AIDS Care 18(1), pp. 12–21. DOI: 10.1080/09540120500101757.

Kenis, Patrick / Maas, Flip / Sobiech, Robert (eds.) (2018): Institutional Responses to Drug Demand in Central Europe. 1st ed., Boca Raton, FL: Routledge.

Kimberlin, Sara E. (2010): Advocacy by Nonprofits: Roles and Practices of Core Advocacy Organizations and Direct Service Agencies. In: Journal of Policy Practice 9(3–4), pp. 164–182. DOI: 10.1080/15588742.2010.487249.

Kramer, Ralph M. (1981): Voluntary Agencies in the Welfare State. Berkeley: University of California Press.

Magocha, Blessing/Molope, Mokgadi/Palamuleni, Martin E./Saruchera, Munyaradzi (2023): The Interface between the State and NGOs in Delivering Health Services in Zimbabwe—A Case of the MSF ART Programme. In: International Journal of Environmental Research and Public Health 20(23), 7137. DOI: 10.3390/ijerph20237137.

Michels, Ingo Ilja/Stöver, Heino (2012): Harm Reduction—From a Conceptual Framework to Practical Experience: The Example of Germany. In: Substance Use & Misuse 47(8–9), pp. 910–922. DOI: 10.3109/10826084.2012.663281.

Mosley, Jennifer E. (2011): Institutionalization, Privatization, and Political Opportunity: What Tactical Choices Reveal About the Policy Advocacy of Human Service Nonprofits. In: Nonprofit and Voluntary Sector Quarterly 40, No. 3, pp. 435–457.

Mosley, Jennifer E. (2012): Keeping the Lights On: How Government Funding Concerns Drive the Advocacy Agendas of Nonprofit Homeless Service Providers. In: Journal of Public Administration Research and Theory 22, No. 4, pp. 841–866.

National Harm Reduction Coalition (n.d.): Principles of harm reduction. www.harmreduction.org/about-us/principles-of-harm-reduction, 8. 5. 2024.

Sabatier, Paul A. (1988): An advocacy coalition framework of policy change and the role of policy-oriented learning therein. In: Policy Sciences 21, No. 2–3, pp. 129–168.

Salamon, Lester M./Sokolowski, Wojciech S./List, Regina (2003): Global Civil Society: An Overview. Baltimore, MD: The John Hopkins University.

Salamon, Lester M./Sokolowski, Wojciech, S. (2016): Beyond Nonprofits: Reconceptualizing the Third Sector. In: Voluntas 27(4), pp. 1515–1545.

Stöver, Heino Johann (2013): Multi-Agency Approach to Drug Policy on a Local Level – "The Frankfurt Way". www.opensocietyfoundations.org/publications/policing-drug-trade-frankfurt-way, 25. 4. 2024.

Zimmer, Annette/Appel, Anja/Dittrich, Claudia/Lange, Chris/Sittermann, B./Stallmann, Freja/Kendall, Jeremy (2009): Germany: On the Social Policy Centrality of the Free Welfare Associations. In: Handbook on Third Sector Policy in Europe. Edward Elgar Publishing.

Zimmer, Annette/Priller, Eckhard (2023): Germany – Still a Welfare Partnership Country? In: Nonprofit Policy Forum 14(4), pp. 345–361. DOI: 10.1515/npf-2022-0043.

Ingo Ilja Michels

3. The Role of an NGO Self-Organisation of Drug Users in Germany

Dedicated to Celia Bernecker-Welle and Werner Hermann[1]

Introduction

Addiction self-help is a very important aspect of help for addicted people, and low-threshold offers of emergency help in particular offer a helping hand to people who often find themselves in a desperate life situation. Self-help has long since emerged in the health-care system as a component of social and health-related support systems, which were essentially conceived as accompanying support to medical treatments and, with regard to the problem of addiction, as support systems for maintaining abstinence and surviving thet long-term negative effects of substance use disorders.

In Germany, the self-organisation of drug users took place with substantial support from the German AIDS Help (Deutsche AIDS-Hilfe DAH) organisation, a nationwide network of groups primarily from the gay community that advocate for HIV prevention and against the discrimination of people with HIV and AIDS. This public health approach also received government support because the substantial importance of self-help for health prevention and treatment success, especially among marginalised groups, is widely recognised in the professional world, in accordance with the World Health Organisation (WHO) principles on the role of self-help in the health sector (Kickbusch 1983).

1 Both had been members of self-help groups of drug users, both on methadone treatment, and both died from AIDS (Cecilia Bernecker-Welle1957-1993; Werner Hermann 1942–1997). Werner Hermann was coordinator of JES self-organisation under the umbrella of Deutsche AIDS-Hilfe (DAH); Cecilia Bernecker-Well worked with the Munich AIDS service organisation.

The History of Non-Governmental support for prevention and treatment of drug use disorders

The history of the role of non-governmental organisations in the prevention and treatment of substance-related problems (especially those related to alcohol and opioids) in Germany is closely linked to the development of HIV infections among drug-using people in the mid-1980s. Because the government was facing a rapid increase of HIV infections, the decision was made to financially support the self-help of those affected by the epidemic and to include them in state programmes. This had already been the case before, but now there was a clear understanding that the state could only gain access to this group and prevent the spread of HIV/AIDS to the general population by involving those affected and their representatives in preventive activities. The example of the commitment of the gay community, which has grown stronger in Germany with the support of scientists and well-known artists and political representatives, also led to this insight. The role of civil society and NGOs plays a central role in a democratic social structure not only in Germany but throughout Europe. This is expressed not least in the EU Parliament resolution of 2008.

In April 2008, the European Parliament passed a resolution on the Green Paper on the role of civil society in drugs policy in the European Union (European Parliament 2009). In this resolution, the European Parliament "acknowledges the fundamental role of civil society in supporting the development, definition, implementation, evaluation and monitoring of drugs policies, in terms of information exchange and best practice, scientifically tested and documented in the actual application of drugs policies. […] insists on a strengthening of the role played by civil society in developing a drugs policy embodying a European approach and stresses the importance of setting up the Civil Society Forum on Drugs as a first step towards the more practical and constructive involvement of European civil society associations in EU activities relating to policies to prevent drug use and combat drugs."

The EU Commission has set up a drug policy advisory board, the so-called "horizontal drugs group", with monthly meetings of government representatives from the areas of home affairs and health

to develop drug policy guidelines. The EU Parliament has also set up a "Civil Society Forum on Drugs" which includes representatives from addiction and drug-specific non-governmental organisations. The European Parliament is of the opinion that the Civil Society Forum on Drugs should be inclusive rather than exclusive, representing a wide spectrum and variety of views, not to create an assembly intended to voice various ideologies but rather to engage in a dialogue on European drug policy, holding of an annual conference and cooperates with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It calls on the Member States, where possible, to extend provisions concerning state funding to services provided by civil professional organisations and stresses how important it is for society to set aside funding to support voluntary organisations and parents' associations committed "to combating drug abuse, particularly among young people".

This resolution is an important step for the involvement of civil society organisations in the decision-making process surrounding the implementation of European drug policy.

A wide range of civil society organisations (CSOs) such as drug-user groups, non-governmental/third sector organisations, and networks of existing organisations, seek to shape the development of drugs policy at both national and international levels. However, their capacity to do so is shaped by the contexts in which they operate nationally and internationally. Civil society involvement (CSI) in policy decision-making and implementation is acknowledged as an important aspect of representative democracy (O'Gorman/Schatz 2020).

In the field of drug policy, a diverse range of civil society stakeholders bring a variety of experience, knowledge, and perspectives to the drug policy debate based on peer, professional, and public policy expertise (see also: Council of Europe 2009; O'Gorman et al. 2014; Greer et al. 2017).

Non-state political actors are increasingly forced to engage in discourse now more clear. under predetermined premises. "The actions of NGOs (and thus also of movement organizations) is supported by legitimacy charging of "dialogical procedures" and "formal organization" is framed and co-determined. NGOs are both producers and product of the generation of these new hegemonic conceptions legitimate forms of practice and protest" (Stickler 2005, p. 376). Non-

governmental organisations are involved in dialogic processes that make spontaneous and emotionally driven action difficult.

The inclusion of NGOs in political decision-making processes legitimises political action, especially in the area of development cooperation, which is based on the constitutional foundations of a humane society that should also be available to people in non-democratic structures. Friedrich Kitschelt (former State Secretary in the German Federal Ministry for Economic Cooperation and Development)[2] formulated the principles of German development cooperation fundamentally through the constitution: "This is the idea of Article 1 of our Basic Law: "Human dignity is inviolable." Everyone has the right to a life in dignity – whether they were born in Germany or somewhere else in the world. Everyone counts, no one should simply be left behind. Secondly, this is linked to the idea of subsidiarity, i.e. the belief in the responsibility and abilities of each individual or, for example, the family. For development policy, this means creating space for private initiative. […] This results in an indispensable role for civil society, business and churches in the development process of our partners. This does not mean that the state and state development cooperation can or want to shirk responsibility. Rather, it means "helping people to help themselves." Thirdly, subsidiarity is complemented by solidarity, i.e. human cohesion. […] Since its founding, the Federal Ministry for Economic Cooperation and Development has worked with development non-governmental organizations (NGOs). […] On the other hand, NGOs are also critical […]. They observe and comment on state policy and economic activity, draw attention to deficits, bring into play the needs of socially and politically disadvantaged groups, advocate for the interests of society as a whole and future-oriented ("advocacy") and formulate alternative policy proposals" (Kitschelt 2017).

These principles also apply to health and drug policy in Germany, especially against the background of the UNGASS resolution from 2016. It is always the form of contemplation that makes a glass appear half-full or half-empty. For the one, the UNGASS

2 The Ministry is actually financing the DAAD project SOLID (social work on the prevention and treatment of drug addiction, with the main focus on the role of NGOs) as part of the implementation of the Sustainable Development Goals (SDGs). See: www.solid-exceed.org

(UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM) General Assembly from 19th to 21st April 2016 in New York was a bitter disappointment, whilst for others it was a big step forward. UNGASS launched a final declaration, which had already been negotiated at the UN Commission on Narcotic Drugs (CND) in Vienna: "We reaffirm our commitment to promote the health, well-being of the individual and the well-being of all people, families, communities and society as a whole, and to facilitate a healthy lifestyle through effective, comprehensive demand-reduction research based on scientific knowledge." "Drug dependency must be seen as a complex, multifactorial health disorder characterized by a chronic and recurrent nature with social causes and consequences that can be prevented and treated, including through effective medical treatment based on scientific evidence, aftercare, treatment and rehabilitation programs, including community-based programs" (UNGASS). It is new that a "drug treatment" of this kind, which in this instance refers to opioid substitution treatment, is part of a document supported by all Member States, but with the restriction that this should be "in accordance with national legislation", which leaves the back door open, not to implement this effective measure.

In many statements, mainly from countries in Latin America, such as Columbia and Uruguay, but also from Canada, some European countries such as the Czech Republic, Greece, the Netherlands, and Portugal, or statements by Kofi Anan, Secretary General of the UN, the end of the "war on drugs" has been called for. The focus of drug policy must be on prevention and treatment, not on prosecution (which is meant by "war on drugs"). What are the future challenges for international drug policy and what is the German perspective in this regard?

Germany and its European partners have been content with the UNGASS outcome document, although it does not meet all expectations especially from civil society. That said, it has a guiding character that can be used in the years to come to help facilitate progress in international drug policy. Germany particularly supports the chapter on alternative development and related socio-economic issues. Incorporating a comprehensive and free-standing chapter on the broad range of development interventions in the framework of drug policies has been a priority for both Germany and the EU. The

principles of shared responsibility and a balanced approach require a sound set of development policies in order to address the root causes underlying the global drug problem in a sustainable fashion (Michels 2016).

The AIDS Crisis in Germany as a Catalyst for the Development of the Self-organisation of Drug-User Groups

The birth of the self-help network JES (Junkies, Formers, Substitute users) in 1989—as well as the development of the philosophy of harm reduction (Michels/Stöver 2012)—was due to the fact that in the mid-1980s, the number of HIV infections among injecting heroin users in Germany increased substantially. The AIDS crisis created threat scenarios, as sexuality and drugs are always dealt with within the framework of non-rational discourse. Sexuality and drug use are often denounced as uncontrollable that lead to careless behavior that causes infections with sexually transmitted diseases. Instead of focusing on education and harm-reducing measures such as the distribution of condoms and sterile syringes, drug use is also often viewed as an instinct-driven behaviour that increases the risk of infection.By the end of the 1980, it was clear that this crisis could only be overcome if the main groups affected in Germany—gay men and drug users—were not included in prevention measures. This meant that socially marginalised lifestyles shall be taken into account and not simply sexuality or drug use behavior, so that this mihght be the basis of successful prevention strategies.

Mobilising Self-Help Resources

In 1986, three years after the founding of the network German AIDS Help (DAH), the drug and penal system department of DAH was also set up, at a time when the self-help aspect of interventions in drug scenes had been thought of but not yet implemented. In those years, there were structural and ideological obstacles to successful prevention (which is still the case today). Since the spread of this life-threatening infection in this group could not be contained with-

out the distribution of sterile injection equipment, political action had to be taken. However, the legalisation of the administration of injections was only achieved with the change in the Narcotics Act in September 1992. In 1989, the DAH began to specifically promote the process of self-organisation among people who use drugs. Meetings and seminars were primarily used to mobilise self-help resources, one of which, held in Hamburg in 1989, led to the founding of JES. In 1990, Werner Hermann was hired by the DAH. He was an expert in the area of drug self-help who knew from first-hand experience (he was a drug user himself, now in Methadone treatment) about injecting drug use, as well as about the everyday threat posed by HIV and AIDS.

The Model of AIDS Self-Help

When it comes to healthcare, self-help has long been part of the social and health-related help system in Germany, but it was essentially seen as support for medical treatment or—in the area of addiction—to maintain abstinence. However, the self-help of affected drug users in the context of HIV/AIDS was understood differently. The role model here was the commitment of gay men in the context of assistance for people living with HIV (PLWH). This was not just about participation in the tasks of established health services, but above all about leading a self-determined life with HIV and AIDS, by promoting subcultural social structures, the acceptance of all lifestyles, avoidance of moralising messages in prevention work (especially with regard to safe sex in view of sexual wishes and desires), psychosocial and everyday practical support for infected and sick people to preserve autonomy and human dignity, and support for a humane dying process. In Germany, this policy also helped with the development of the hospice movement.

AIDS self-help always saw and continues to see itself as emancipatory and, in this sense, also exerted an influence on the healthcare system—it reduced the reliance on medicine and the dominance of medicial approaches and helped in the development of innovative approaches to counselling, support, and care, passing it on to actors in other healthcare fields. Nevertheless, due to public funding, self-help has always been integrated into bureaucratic structures and

processes. However, the AIDS help movement opposed the instrumentalisation by state control bodies and did not allow them to intervene into the areas of gay lifestyle and gay identity.

In 1989, the social scientist Horst Bossong identified five types of drug self-help:

1. ritualised, less risky forms of drug use (ritualised drug use includes phases of reflection on pleasure-oriented consumption, rather than simply seeking to prevent withdrawal symptoms);
2. limiting your own drug consumption with self-initiated forms of quitting consumption (self-initiated reduced consumption, rather than merely unsuccessfully attempting to simply stop consumption due to pressure to abstain);
3. self-managing housing projects of the release groups (self help groups named "realease") as counterproposals to the institutionalised therapeutic facilities; (in therapeutic communities, dependency relationships can be extended, which can make it difficult for individuals to act independently and stand on one's own feet again);
4. self-help programmes to stabilise abstinence (e.g. Narcotics Anonymous) as a supplement to the professional help system (in which self-desired abstinence is supported in groups);
5. mancipatory and autonomous self-organisation (such as Synanon, which is the major residential self-help organization (SHO) for drug dependent individuals in Germany) or identity-forming self-organisation (e.g. the drug user associations in the Netherlands, which called themselves "Junkiebond" or later JES in Germany), also with commitment to addiction- and drug policy.

As Bossong worked as the drug policy commissioner of the city of Hamburg, he had influence on the development of the drug help system in this city. It was decided that professional institutions had to better document their activities and systematise the training of their employees. The organisations of those affected were also given a greater voice in the development of political and professional decisions. However, this claim cannot always be implemented as originally propagated, either because the political will for a comprehensive reform of drug policy is not sufficient to defuse the fundamental criminalisation of the consumption of psychoactive substances

that have been declared illegal (such as opiates or stimulants) or because financial resources have become increasingly limited in recent years. The United Nations' policy of prohibiting these substances has largely continued, although the demand for respect for human rights for people who use drugs is increasing and a number of countries have taken steps towards decriminalisation, such as Portugal (Rego et al. 2021).

Against this backdrop, AIDS-specific self-help represents the culmination of a development in which awareness of the disease has been increasingly linked to the commitment to improve health policy. Werner Hermann[3] summarised this as follows: *"Despite all the difficulties associated with the AIDS crisis among intravenous drug users, despite all the suffering, despite illness and death – what is the central consequence for health policy? I think that it is the opening of health services to self-help and to the recognition of the skills of those affected to a degree that is unprecedented in the history of medicine. And that is why this opens up incredible possibilities for a reorientation of the somatically oriented medical system towards a holistic health policy . . . "* .

Werner Hermann was convinced that the drug- and AIDS self-help network would lead to a paradigm shift in the professional drug-help system and enable it to perceive a drug-free life as equal to a life with drugs and acceptance-oriented healthcare and to create appropriate offers for drug users who did not want to submit to the abstinence requirement.. The drug self-organisation JES (for junkies, ex-users, and substitute users), which did not exclude people who were still using drugs) and was then supported by many drug services and AIDS help organisations.

3 Werner Hermann was the first drug self-help organisation coordinator employed by the German AIDS Help organisation; he was a former Heroin user and was later in a methadone program and he was therefore no longer prosecuted because he did no longer use Heroin from the black market but the opioid Methadone in a medical treatment. However, he did not advocate abstinence for people who consumed illegal drugs.

JES Guiding Principles

HIV prevention alone, through the distribution of sterile injection equipment, the establishment of drug consumption rooms, substitution treatment, and diamorphine-supported treatment is not enough. It must instead be linked to a commitment against exclusion and marginalisation of people using illegal psychoactive substances and to the advocacy of the rights and dignity of people who use drugs., of which the acquisition and possession of which is not permitted.. The founding document of "Junkies, Ex-Users and Substitutes" expresses the philosophy of drug self-help in the following words (JES 1989):

> *For a decent life with drugs …*
>
> *… is our guiding principle: We want to create social conditions under which people can live humanely, even with drugs: without the threat of criminal prosecution, without exclusion and permanent disadvantage.*
>
> *… is the lowest common denominator, binding for all groups in the JES network and the basis of our joint work.*
>
> *… should not be misunderstood as an invitation to consume drugs. We know full well that living with drugs under current social conditions is often associated with illegality, discrimination and health risks. We also respect the right of every individual to choose whether or not to use drugs. We are therefore far from idealizing and propagating drug use.*
>
> *… however, for us, it means supporting drug users by working towards appropriate framework conditions, by imparting knowledge and encouraging them to develop skills and competencies in order to avoid self-destructive drug use (safer use). In this sense, our work is always work on the development, stabilization and transmission of a drug culture that is oriented towards use with self-imposed rules. Such rules are intended to enable a lifestyle that does not harm anyone, but rather enables independence, self-respect and joy in life* (Barsch 2018).

The Contagious Nature of Self-Help

Today, JES is a stable network. There are JES activists who meet with like-minded people There had been also international meetings with drug user groups from England, the Netherlands, Australia, and Eastern Europe, supported by the Deutsche AIDS Hilfe. Drug self-help is contagious: all over the world, whether in Iran, India,

Ukraine, China, Indonesia, Thailand, or Malaysia, such approaches are emerging in the epicentres of HIV disease and intravenous drug use. At international conferences on the topic of harm reduction, spaces are provided for self-help meetings and activists have been invited to be speakers and discussion partners. The importance of self-help is being recognised. Overall, civil society and non-governmental organisations and representatives of self-organisations of drug users are playing a greater role in defining the objectives of drug policy in Europe, even if their influence is still small. The slogan "No decision about us without us", which plays an important role at conferences on the HIV/AIDS problem in particular, is still relatively unknown outside of this sphere but should be included in the into international drug policy in which those involved should be heard.

Conclusions

The support of an active self-help movement of (active and substituted) drug users by professional AIDS and drug assistance facilities and their committed employees was an important activity for the inclusion of people affected by HIV/AIDS, not only to improve their (survival) situation but also to point out the socio-political situation of these people who have been and continue to be criminalised and discriminated against and to change the current legal obstructive laws and measures. This policy was adopted by the gay community, especially in Germany and other European countries. Help was largely provided by social workers, who define their work not only in the professional counselling setting, but also as a drugs- and socio-political task.

References

Barsch, G. (2018): Rider on the storm. Magazin HIV.

Bossong, H. (1987): Die freundliche Kolonialisierung. Sozialarbeit zwischen System und Lebenswelt. Bielefeld.

Council of Europe (2009): Civil participation in the decision-making process: The code of good practice. Strasbourg: Council of Europe.

European Parliament (2009): The role of civil society in drugs policy in the European Union. In: Official Journal of the European Union C 259 E/22, 29.10.2009.

Greer, Scott L./Wismar, Matthias/Kosinska, Monika (2017): What is civil society and what can it do for health? In: Greer SL./Wismar M./Pastorino G. et al. (eds.): Civil society and health: Contributions and potential [Internet].

JES (2009): Für ein menschenwürdiges Leben mit Drogen 20 Jahre JES-Netzwerk. Gründungsdokument. Hier: 11 Ideale, Ziele und Strukturen des bundesweiten JES-Netzwerks Marco Jesse.

JES Bundesverband. Über JES by JES Bundesverband e. V. (jes-bundesverband.de).

Hatch, Stephen/Kickbusch, Ilona (eds.) (1983): Self-help and help in Europe. New Approaches in Health Care. Copenhagen: WHO Regional Office.

Kitschel, F. (2017): Die Rolle der Nichtregierungsorganisationen in der Globalisierungsdebatte. In: ifo Schnelldienst 70.

Michels, I.I. (2009): Aide-toi, le ciel t'aidera – hilf dir selbst, und der Himmel wird dir helfen. In: Für ein menschenwürdiges Leben mit Drogen 20 Jahre JES-Netzwerk. Berlin, p. 29.

Michels, Ingo Ilja/Stöver, Heino Johann (2012): Harm Reduction—From a Conceptual Framework to Practical Experience: The Example of Germany. In: Substance Use & Misuse 47(8–9), pp. 910–922. DOI: 10.3109/10826084.2012.663281.

Michels, I.I. (2016): Der Weg zu einer gesundheits- und menschenrechtsbezogenen Drogenpolitik. In: Suchttherapie 17(03), pp. 99–101. DOI: 10.1055/s-0036-1585477.

O'Gorman, Aileen/Quigley, Eoghan/Zobel, Frank/Moore, Kerr (2014): Peer, professional, and public: An analysis of the drugs policy advocacy community in Europe. In: International Journal of Drug Policy 25, No. 5, pp. 1001–1008. www.doi.org/10.1016/j.drugpo.2014.04.020.

O'Gorman, Aileen/Schatz, Eberhard (2020): Civil Society Involvement in Harm Reduction Drug Policy: Reflections on the Past, Expectations for the Future. In: Research Square. www.doi.org/10.21203/rs.3.rs-57927/v1.

Rego, Ximene/Oliveira, Maria Joao/Lameira, Catarina/Cruz, Olga S. (2021): 20 years of Portuguese drug policy – developments, challenges and the quest for human rights. In: Substance Abuse Treatment, Prevention, and Policy 16, No. 59. www.doi.org/10.1186/s13011-021-00394-7.

Stickler, A. (2005): Nichtregierungsorganisationen, soziale Bewegungen und Global Governance: Eine kritische Bestandsaufnahme. (Global Studies). Bielefeld: transcript Verlag. www.doi.org/10.14361/9783839404072.

Tianzhen Chen, Hang Su

4. Artificial Intelligence, Digital Therapies, and Neuromodulation in the Field of Addiction and Social Work

With the rapid advancement of artificial intelligence (AI) technology, its applications in healthcare and social work have become increasingly widespread, encompassing even the realm of addiction treatment. This chapter sets out to explore how AI, digital therapies, and neuromodulation techniques can provide personalised and efficient treatment plans for individuals struggling with addiction, and to analyse their practical applications within social work and the transformative effects they bring about. It will also delve into the value these developments hold for enhancing the work of non-governmental organisations (NGOs).

In the first section, we will introduce AI's role in identifying and diagnosing addiction, including the use of data analysis to predict addictive behaviours and relapse risks. Following this, we will examine how digital therapies serve as non-pharmacological interventions, leveraging smart devices and software programmes to deliver psychological interventions such as cognitive behavioural therapy (CBT), thereby assisting patients in improving their self-management skills. Furthermore, we will discuss the application of neuromodulation technologies like transcranial magnetic stimulation (TMS), transcranial electric stimulation (TES), and deep brain stimulation (DBS) in addiction therapy. These methodologies show potential in altering neural pathways associated with addiction by modulating brain activity.

The chapter will also analyse how these technologies intertwine with social work, presenting relevant case studies on how they facilitate and enhance the accessibility of treatments and the extent to which patients adhere to them. Social workers can employ AI tools for risk assessments, resource matching, and tailoring individualised intervention plans, while the implementation of digi-

tal therapies and neuromodulation technologies furnishes patients with more adaptable and diverse therapeutic alternatives. Through this exploration, our aim is to furnish professionals with a profound comprehension of the application of AI, digital therapies, and neuromodulation technologies in addiction treatment and social work, guiding future research avenues and practical implementations.

The Role of Artificial Intelligence (AI) in Assisting Addiction Assessment

Clinical diagnosis and assessment of mental disorders, including addiction, primarily rely on the patient's medical history and the physician's interview evaluation according to the international classification of diseases-11 (ICD-11) diagnostic guidelines. However, there are limitations to this approach, such as patients concealing their medical history and subjectivity on the part of the physician. How to objectively assess the pathological abnormalities of addicted patients is the most critical scientific issue for improving the accuracy of diagnosis and assessment and precise intervention in the field of addiction. Chronic drug abuse leads to abnormalities in brain function and structure, manifesting as sensitivities to drug-related cues, attentional bias, increased impulsivity, and decreased inhibitory function, resulting in the vicious cycle of drug use, withdrawal, and relapse.

There are a multitude of objective indicator studies targeting the pathological manifestations of addiction mentioned above. For instance, using drug-related cue stimuli combined with changes in neurophysiological signals can be used for the objective assessment of psychological craving in addicts. Franken et al.(2008) found that the late positive potential in the right central frontal region of the brain of cocaine addicts is significantly correlated with the level of craving. Meta-analysis has found that heart rate changes in marijuana abusers are related to drug cue responses, while our research group previously found that psychological craving in heroin addicts is related to changes in skin conductance, electromyography, and electroencephalography. Ahn et al. (2016) used impulsivity scale assessments and behavioural indicators reflecting the level of impulse inhibition for relapse prediction, employing the least abso-

lute shrinkage and selection operator (LASSO) regression algorithm for classification and achieving an area under the receiver operating characteristic curve of 0.917 in the test sample. Suchting et al. (2019) screened multiple emotional characteristics of cocaine addicts through a generalised additive model, identifying several effective factors for predicting relapse within the next 30 days. Symons and colleagues (2020) at the University of Queensland, Australia compared the accuracy of predicting the relapse risk of alcohol addicts based on medical history characteristics and found that the machine learning model's prediction accuracy (63.06 %) was significantly higher than the physician's clinical evaluation (56.36 %).

Recent studies have shown that through machine learning algorithms for the analysis of multimodal electrophysiological signals, the prediction accuracy of the psychological craving level in addicts can reach 87 %. Single-modal recognition technology has limitations in accuracy and clinical application, and multimodal fusion technology can significantly improve model recognition efficiency. For example, Li et al.(2017) applied stacked autoencoders and long short-term memory-based recurrent neural network models for emotional recognition of mixed physiological signals such as electroencephalography, achieving an accuracy rate of 79.26 %. Shawky et al. (2018) used a 3D convolutional neural network algorithm, improving the accuracy of EEG signal emotional recognition to over 85 %.

The process of addiction includes various pathological manifestations, and a deep understanding of the pathological characteristics behind the information helps to improve the accuracy and precision of diagnosis and treatment. Most of the current multimodal signal integration research comes from existing public databases. Due to the lack of public databases in the field of addiction, there is still a lack of research on the connection between multimodal signals and pathological characteristics of addiction, as well as the application of corresponding deep algorithms. By combining multiple international addiction cohort clinical databases and using multimodal information such as facial expressions, speech, eye movement, electroencephalography, and skin conductance, the accuracy of diagnosis and assessment of addicts can be improved. Furthermore, combining information from voice and image and integrating linguistic text, facial attributes, eye movement, motion, electrophysiology, and

background information with natural language interactive information is expected to provide a more accurate assessment model, representing the development trend and research frontier in this field.

The Application of Digital Therapeutics in Addiction Treatment

Psychotherapy is an evidence-based treatment widely employed for individuals with substance use disorders (SUDs). Recommended psychological interventions for such disorders include motivational interviewing, cognitive behavioural therapy, problem-solving skills, and mindfulness, administered in settings ranging from hospitals to communities and primary care facilities and as pivotal support tools in non-governmental organisation activities. In practice, various behavioural approaches are often combined. Motivational interviewing is commonly used to engage patients in treatment, while cognitive and behavioural methods address dysfunctional cognitions and skill deficits. Therapy can be delivered on an individual or group basis, with the twelve-step programme being the most widely recognised group intervention. Alcoholics Anonymous (AA), for instance, welcomes all who wish to quit drinking, maintaining anonymity among members who share experiences, strengths, and hope to achieve and support sobriety. Motivational enhancement therapy utilises motivational interviewing (MI) to enhance treatment adherence and motivation in patients. Cognitive behavioural therapy encompasses a range of interventions grounded in social learning theory and stress coping theories. From a CBT perspective, substance dependence is a learned behaviour that can be altered through cognitive and behavioural skill acquisition. CBT therapists initially enhance patients' motivation to quit or reduce drug use, subsequently aiding them in identifying high-risk situations for relapse, understanding its consequences, and discussing strategies to manage behaviours related to substance use, thereby preventing relapse and enhancing social skills and stress management. Mindfulness-based therapies are simple and practical and facilitate self-awareness and acceptance in individuals with alcohol use disorder, enabling timely recognition and regulation of negative emotions during the recovery process.

However, psychotherapy is hindered by high professional requirements, costly services, high turnover rates among professionals, and an imbalance between supply and demand for traditional psychotherapy, making it difficult for patients to access specialised care. Patients also confront high levels of stigma, forced abstinence, and scheduling challenges in conventional substance use disorder treatments. Global mental health surveys reveal that only 7.1 % of individuals with SUDs receive even minimal adequate treatment. The Covid-19 pandemic has exacerbated this issue by increasing demand for substances and further obstructing access to care. Integrating information technology into psychotherapy to develop novel treatments for those with substance dependencies could be a crucial solution to this quandary. Researchers have identified dissemination barriers for many evidence-based mental health and substance use disorder treatments, limiting their reach to a broader patient population. For instance, Marsch et al. (2014) found that less than 10 % of individuals with SUDs receive specialised treatment.

Given the limited resources, providing personalised treatment to every patient is unfeasible. AI has introduced numerous new possibilities for delivering mental health services. Digital human-assisted intelligent rehabilitation can enhance the accessibility of targeted and comprehensive treatments. IT significantly contributes to overall health management, making it more autonomous, convenient, and personalised. Many digital interventions developed for mental health, particularly those addressing anxiety and depression, have yielded positive research outcomes and are gaining traction in the tech market.

Interventions based on information technology are emerging as a new approach for self-management and treatment among individuals with SUDs. Over the past decade, a growing body of research has acknowledged the efficacy of technologically mediated interventions for SUDs, offering patients more treatment alternatives. Building upon psychosocial interventions and medication management, researchers in 2016 developed a new computer-delivered behavioural platform called "Take Control", aimed at reducing therapist bias and the costs of conducting clinical trials, while achieving patient retention rates, medication adherence, and placebo responses comparable to those of therapist-delivered platforms. Our research team from the Shanghai Mental Health Center also devel-

oped a community-managed addiction rehabilitation electronic system (CAREs), designed to assist social workers in better managing and serving individuals recovering from substance addiction, which demonstrates high levels of sustained patient usage and acceptability among social workers.

Common digital interventions for SUDs, including alcohol use disorder, involve personalised normative feedback (PNF), brief interventions, and CBT-based interventions. PNF tailors feedback according to an individual's substance use patterns. While extensively studied among young substance users, current evidence does not yet support PNF's long-term efficacy for substance dependency. Brief interventions lasting 15–30 minutes target patients' motivation with personalised advice. A meta-analysis of brief interventions in emergency care settings suggests that brief, non-face-to-face interventions are more effective than traditional ones in reducing alcohol and other substance use. Evidence indicates that low-intensity digital interventions can lead to slight reductions in alcohol consumption among dependent drinkers, with effects persisting for up to six months post-intervention, though there is a dearth of research on the long-term clinical impact of digital interventions on alcohol use disorders. Higher frequency and intensity of interventions correlate with better treatment outcomes for alcohol use disorders.

Internet-based CBT enables patients to access, read, and download online materials by regularly logging onto a web-based therapy platform, mirroring modules of traditional CBT. Kiluk and Devore (2016) randomly assigned 69 patients recruited from outpatient clinics to one of three conditions: (i) treatment as usual (TAU); (ii) TAU plus computerised CBT for alcohol use (TAU + CBT4CBT); or (iii) CBT4CBT plus brief weekly clinical monitoring. Results showed significantly higher treatment completion rates, longer periods of alcohol abstinence, and lower costs for those receiving TAU plus computerised CBT compared to those only receiving TAU. A systematic review concluded that digital CBT effectively reduces relapse rates among individuals with SUDs. Ongoing use of online technologies and smartphone applications following treatment may also have a lasting impact on patients' recovery.

In addition to enhancing intervention effectiveness, web-based mobile interventions enable patients to participate in online addiction treatment services via the internet allowing them to selectively

engage with therapeutic modules or browse social forums. This extends the treatment setting from conventional healthcare institutions to everyday environments, thereby improving service accessibility. For instance, in the United States, only 20 % of individuals diagnosed with alcohol use disorder (AUD) seek treatment at medical facilities; however, further investigation reveals that mild AUD patients demonstrate a favourable receptiveness to online interventions and maintain relatively high completion rates. Web-based interventions prove as efficacious for most mild AUD cases as therapist-delivered treatments in person. These interventions have shown good therapeutic outcomes among alcohol, cannabis, and stimulant users but have had little effect on opioid users. Past research indicates that psychological treatment alone for opioid users, without accompanying medication, can yield adverse effects, necessitating medication-assisted treatments such as methadone, buprenorphine, or naltrexone for this population.

Meta-analyses of adult populations find that brief, web-based interventions for alcohol are more effective for male problem drinkers, and participants aged 55 and above are more likely to adopt low-risk drinking recommendations post-intervention compared to younger individuals. Web-based interventions offer high flexibility and autonomy, enabling users to engage in treatment at their convenience. However, navigating online therapeutic modules can be challenging for some users, with studies indicating lower usability ratings for web-based interventions compared to apps, suggesting limitations in user acceptance.

It is noteworthy that systematic reviews of digital interventions for SUDs indicate that single-dimensional interventions serve as useful adjuncts but are insufficient to fully address patients' recovery needs. Comprehensive interventions are deemed most effective in substance use disorder rehabilitation, particularly when healthcare professionals, social workers, and government personnel collaborate. Despite considering the components and specific implementation strategies of comprehensive interventions, it remains unclear which interventions play pivotal roles in patients' recovery. Meanwhile, providing personalised services to every individual seeking treatment for substance disorders is a key focus for future research.

The Application of Neuromodulation Technology in Addiction Treatment

Neuromodulation techniques, as an emerging therapeutic approach, are demonstrating significant potential in the field of addiction treatment. By directly or indirectly regulating the activity of neural networks in the brain, these techniques can influence circuits associated with addiction. Currently, commonly employed neuromodulation methods include TMS, TES, and DBS. TMS alters the excitability of the cerebral cortex through magnetic fields and has been utilised to reduce cravings and the frequency of certain addictive behaviours. DBS, involving the direct stimulation of specific brain regions via implanted electrodes, shows promise in ameliorating symptoms in patients with drug addiction. TES, as a non-invasive method, has preliminary studies suggesting its positive impact on nicotine addiction and depressive symptoms. With a growing body of research, the clinical evidence base for neuromodulation techniques is expanding, with contributions from research teams across different countries. Although substantial gaps remain before their widespread application in the clinical treatment of addictive disorders, existing evidence points to the potential of neuromodulation technologies in intervening on multiple core pathologic features of addiction disorders.

Craving is one of the core symptoms of addictive diseases, reflecting patients' strong desire for addictive substances or behaviours, and is an important influencing factor leading to relapse behaviour. From the current application research in the field of addiction, psychological craving or drug cue-induced craving are the main observation indicators of various studies. Existing evidence suggests to some extent that various neuromodulations have reduced psychological craving or drug cue-induced craving in addicts to varying degrees. In terms of repetitive TMS, existing systematic review analyses show that multiple high-frequency stimulation interventions on the left dorsolateral prefrontal cortex have a reducing effect on psychological craving in SUDs. Here, there is the most and the clearest evidence for nicotine use disorders, followed by alcohol use disorders. Other SUDs have more limited evidence and only an initial indicative effect. Notably, a large-scale multicentre study found that

the application of high-frequency stimulation using the H4 deep TMS stimulation coil, which is used for stimulate the bilateral insula cortex and prefrontal cortex, significantly reduced the craving levels among individuals with nicotine use disorders, and this stimulation plan has been approved by the U.S. Food and Drug Administration for smoking cessation. Other TMS intervention parameters lack sufficient evidence of improving craving levels among individuals with various SUDs.

In addition, several review analyses suggest that there is an association between the total number of pulses in repetitive TMS and the change in craving. In terms of transcranial electrical stimulation, existing systematic reviews suggest that interventions using transcranial direct current stimulation targeting the dorsolateral prefrontal cortex generally have the effect of reducing the craving level of SUDs, especially with right anodal dorsolateral prefrontal cortex stimulation, but there is still considerable heterogeneity between different studies, mainly reflected in the following aspects: (1) inconsistencies in conclusions between studies on various substances such as cocaine, tobacco, alcohol, and marijuana—comparatively, although there are few studies on methamphetamine use disorders, the evidence is more consistent (four out of five studies showed significance); (2) inconsistencies in conclusions for left anodal dorsolateral prefrontal cortex stimulation. Other TES strategies, such as transcranial alternating current stimulation and temporal interference stimulation, cannot be concluded due to the very limited number of studies that exist. DBS research is currently mainly based on case reports, all targeting the nucleus accumbens for stimulation, with one study combining stimulation of the nucleus accumbens and the anterior limb of the internal capsule. The longest study period lasted four years. All case reports and one small sample (N=12) randomised controlled study have reported a decrease in the patient's craving level after intervention, initially indicating that DBS intervention has the potential to improve the craving of patients with refractory SUDs.

A small number of studies also suggest that neuromodulation can reduce relapse behaviours (relapse to smoking or drinking), but the evidence is limited. In the field of TMS research, existing reviews show that high-frequency parameter stimulation of the left dorsolateral prefrontal cortex can reduce tobacco use in nicotine use dis-

orders, with relatively strong consistency among studies. Research on alcohol use disorders suggests that repetitive TMS has the potential to reduce craving levels, but the evidence is limited; studies on illegal drugs such as methamphetamine and cocaine cannot draw clear conclusions due to a lack of research. The tES technology has shown effects on reducing alcohol and tobacco use in case studies, but there are significant differences in research settings between different studies (intervention plans, number of interventions, intensity of intervention, etc.), and more research is needed to confirm the conclusions. In the research on illegal drugs, there is a significant lack of studies and no clear conclusions can be drawn. In terms of DBS research, existing case reports and limited randomised controlled clinical studies suggest that interventions targeting the nucleus accumbens have positive clinical effects, such as reducing substance use and increasing the proportion of abstinence time, with some studies showing the longest abstinence time continuing for as long as four years. Due to the current small sample size, further research is needed to verify the therapeutic value of DBS.

Conclusion

This chapter comprehensively discusses the applications and potential of AI technology, digital therapies, and neuromodulation techniques in the fields of addiction treatment and social work. With the rapid evolution of technology, these cutting-edge tools offer new perspectives and methodologies for addiction treatment, significantly impacting social work practices. Firstly, AI's role in addiction treatment is increasingly prominent. Leveraging big data analytics, pattern recognition, and machine learning, AI facilitates early identification of addictive behaviours and risk prediction, thereby supporting personalised treatment decisions. AI algorithms not only enhance diagnostic accuracy but also optimise treatment plans, fostering precision medicine. Moreover, AI-assisted digital therapies, such as mobile health applications and online cognitive behavioural therapies provide flexible and accessible treatment options for individuals with addiction, especially showcasing their unique benefits during the Covid-19 pandemic. Digital therapies, as emerging treatment modalities, combine AI technologies with traditional psy-

chotherapy, employing gamification, virtual reality, and other interactive methods to enhance treatment engagement and appeal. They play a pivotal role in delivering psychological education, emotion regulation skills, and social support, thereby improving self-management capabilities and quality of life for individuals battling addiction. By modulating brain activity, neuromodulation technologies, including TMS, DBS, and TES, influence craving and relapse behaviours in individuals with addiction. Research indicates their potential in reducing cravings, minimising relapses, and improving the mental health symptoms associated with addiction. DBS has demonstrated positive clinical outcomes in treating refractory addiction cases, although further studies are necessary to confirm its long-term efficacy and safety.

Within social work, the implementation of AI and digital therapies has not only enhanced service efficiency but also expanded service reach. Social workers can employ AI tools for risk assessments, resource allocation, and the development of tailored intervention plans. Digital therapies equip social workers with innovative means to support clients' mental health and behavioural changes. Nonetheless, the adoption of these technologies also poses challenges related to ethics, privacy protection, and data security, necessitating a collaborative effort between social work professionals and technology developers to ensure responsible use.

In summary, AI, digital therapies, and neuromodulation techniques exhibit great potential in addiction treatment and social work. Future research should concentrate on the integrated application of these technologies, exploring optimal practice models and addressing the accompanying ethical and legal issues. Through interdisciplinary collaboration, we can better harness these technologies to deliver more effective and empathetic care to individuals with addiction, while also driving innovation and development in social work services.

Reference

Ahn, Woo-Young, Ramesh, Divya, Moeller, Frederick/Gerard, Vassileva, Jasmin (2016): Utility of Machine-Learning Approaches to Identify Behavioral Markers for Substance Use Disorders: Impulsivity Dimensions as Predictors of Current Cocaine Dependence. In: Frontiers in Psychiatry 7(11). DOI: 10.3389/fpsyt.2016.00034.

Anderson, Rodney/J., Frye, Mark/A., Abulseoud, Osama/A., Lee, Kendall/H., McGillivray, Jane/A., Berk, Michael, Tye, Susannah/J. (2012): Deep brain stimulation for treatment-resistant depression: Efficacy, safety and mechanisms of action. In: Neuroscience & Biobehavioral Reviews 36, No. 8, pp. 1920–33.

Cao, Pengpeng, Li, Yuhao, An, Bei, Ye, Lanxian, Xu, Zheng (2023): Efficacy and safety of repetitive transcranial magnetic stimulation combined with antidepressants in children and adolescents with depression: A systematic review and meta-analysis. In: Journal of Affective Disorders 336, pp. 25–34.

Chan, Yi-Hsun, Chang, Hu-Ming, Lu, Mong-Liang, Goh, Kah/Kheng (2024): Targeting cravings in substance addiction with transcranial direct current stimulation: insights from a meta-analysis of sham-controlled trials. In: Psychiatry Research 331, 115621.

Chen, Tianzhen, Su, Hang, Li, Ruihua, Jiang, Haifeng, Li, Xiaotong et al. (2020): The exploration of optimized protocol for repetitive transcranial magnetic stimulation in the treatment of methamphetamine use disorder: A randomized sham-controlled study. In: EBioMedicine 60, 103027.

Cohen, Emily, Feinn, Richard, Arias, Albert, Kranzler, Henry/R. (2007): Alcohol treatment utilization: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. In: Drug and Alcohol Dependence 86, No. 2–3, pp. 214–221.

Coriale, Giovanna, Fiorentino, Daniela, De Rosa, Francesca, Solombrino, Simona, Scalese, Bruna et al. (2018): Treatment of alcohol use disorder from a psychological point of view. In: Rivista di Psichiatria 53, No. 3, pp. 141–148.

Degenhardt, Louisa, Glantz, Meyer/D., Evans-Lacko, Sara, Sadikova, Ekaterina, Sampson, Nancy et al. (2017): Estimating treatment coverage for people with substance use disorders: an analysis of data from the World Mental Health Surveys. In: World Psychiatry 16(3), pp. 299–307. DOI: 10.1002/wps.20457.

Devin, Eric/G., Ryan, Megan/L., Falk, Daniel/E., Fertig, Joanne/B., Litten, Raye/Z. (2016): An Exploratory Evaluation of Take Control: a Novel Computer-Delivered Behavioral Platform for Placebo-Controlled Pharmacotherapy Trials for Alcohol Use Disorder. In: Contemp Clin Trials 50, pp. 178–185. DOI: 10.1016/j.cct.2016.08.006.

Dong, Guangheng, Wang, Lingxiao, Du, Xiaoxia, Potenza, Marc/N. (2017): Gaming Increases Craving to Gaming-Related Stimuli in Individuals With

Internet Gaming Disorder. In: Biological Psychiatry: Cognitive Neuroscience and Neuroimaging 2, No. 5, pp. 404–412.

Ekhtiari, Hamed, Tavakoli, Hosna, Addolorato, Giovanni, Baeken, Chris, Bonci, Antonello (2019): Transcranial Electrical and Magnetic Stimulation (tES and TMS) for Addiction Medicine: A Consensus Paper on the Present State of the Science and the Road Ahead. In: Neuroscience & Biobehavioral Reviews 104(5). DOI: 10.1016/j.neubiorev.2019.06.007.

Franken, Ingmar, Dietvorst, Roeland, Hesselmans, Mirjam, Franzek, Ernst, Wetering, Ben, et al. (2008): Cocaine craving is associated with electrophysiological brain responses to cocaine-related stimuli. In: Addiction Biology 13, pp. 386–92. DOI: 10.1111/j.1369-1600.2008.00100.x

Fregni, Felipe, El-Hagrassy, Mirret/M., Pacheco-Barrios, Kevin, Carvalho, Sandra, Leite, Jorge (2021): Evidence-Based Guidelines and Secondary Meta-Analysis for the Use of Transcranial Direct Current Stimulation in Neurological and Psychiatric Disorders. In: Int J Neuropsychopharmacol 24(4), pp. 256–313. DOI: 10.1093/ijnp/pyaa051.

Karaszewska, Dominika, Cleintuar, Patrick, Oudijn, Marloes, Lok, Anja, van Elburg, Annemarie et al. (2022): Efficacy and safety of deep brain stimulation for treatment-refractory anorexia nervosa: a systematic review and meta-analysis. In: Transl Psychiatry 12(1). DOI: 10.1038/s41398-022-02102-w.

Kiluk, Brian, Devore, Kathleen, Buck, Matthew, Nich, Charla, Frankforter, Tami, et al. (2016). Randomized Trial of Computerized Cognitive Behavioral Therapy for Alcohol Use Disorders: Efficacy as a Virtual Stand-Alone and Treatment Add-On Compared with Standard Outpatient Treatment. In: Alcoholism-clinical And Experimental Research, 40, pp. 1991–2000. DOI: 10.1111/acer.13162

Kim, Hodam, Ha, Jihyeon Chang, Won-Du, Park, Wanjoo, Kim, Laehyun, Im, Chang-Hwan (2018): Detection of Craving for Gaming in Adolescents with Internet Gaming Disorder Using Multimodal Biosignals. In: Sensors (Basel) 18(1). DOI: 10.3390/s18010102.

Knox, Justin, Hasin, Deborah/S., Larson, Farren R./R., Kranzler, Henry/R. (2019): Prevention, screening, and treatment for heavy drinking and alcohol use disorder. In: Lancet Psychiatry 6, No. 12, pp. 1054–1067.

Lecomte, Tania, Potvin, S., Corbière, Marc, Guay, Stéphane, Samson, Crystal et al. (2020): Mobile Apps for Mental Health Issues: Meta-Review of Meta-Analyses. In: JMIR Mhealth Uhealth 8(5). DOI: 10.2196/17458.

Lefaucheur, Jean-Pascal, Aleman, André, Baeken, Chris, Benninger, David/H., Brunelin, Jérôme et al. (2020): Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS): An update (2014–2018). In: Clin Neurophysiol 131(2), pp. 474–528. DOI: 10.1016/j.clinph.2019.11.002.

Li, Hua-liang, Qian, Zhi-hong, Tian, Hong-liang. (2017) Research on indoor localization algorithm based on kernel principal component analysis. In:

Journal of Communication, 38(1), pp. 158–167. DOI: 10.11959/j.issn.1000-436x.2017018

López-Pelayo, Hugo, Aubin, Henri-Jean, Drummond, Colin, Dom, Geert, Pascual, Francisco et al. (2020): "The post-COVID era": challenges in the treatment of substance use disorder (SUD) after the pandemic. In: BMC Med 18(1). DOI: 10.1186/s12916-020-01693-9.

Marsch, Lisa/A., Carroll, Kathleen/M., Kiluk, Brian/D. (2014): Technology-based interventions for the treatment and recovery management of substance use disorders: a JSAT special issue. In: Journal of Substance Abuse Treatment 46(1). DOI:10.1016/j.jsat.2013.08.010.

McRae-Clark, Aimee/Louise, Carter, Rickey/E., Price, Kimber, Baker, Nathaniel/L., Thomas, Suzanne et al. (2011): Stress- and cue-elicited craving and reactivity in marijuana-dependent individuals. In: Psychopharmacology 218(1), pp. 49–58. DOI: 10.1007/s00213-011-2376-3.

Mehta, Dhvani/D., Praecht, Angela, Ward, Heather/B., Sanches, Marcos, Sorkhou, Maryam et al. (2024): A systematic review and meta-analysis of neuromodulation therapies for substance use disorders. In: Neuropsychopharmacology 49, pp. 649–680.

Norberg, Melissa/M., Kavanagh, David/J., Olivier, Jake, Lyras, Stephanie (2016): Craving cannabis: a meta-analysis of self-report and psychophysiological cue-reactivity studies. In: Addiction 111(11), pp. 1923–1934. DOI: 10.1111/add.13472.

Riper, Heleen, Hoogendoorn, Adriaan, Cuijpers, Pim, Karyotaki, Eirini, Boumparis, Nikolaos et al. (2018): Effectiveness and treatment moderators of internet interventions for adult problem drinking: An individual patient data meta-analysis of 19 randomised controlled trials. In: PLOS Medicine 15(12). DOI: 10.1371/journal.pmed.1002714.

Rossi, Simone, Antal, Andrea, Bestmann, Sven, Bikson, Marom, Brewer, Carmen et al. (2021): Safety and recommendations for TMS use in healthy subjects and patient populations, with updates on training, ethical and regulatory issues: Expert Guidelines. In: Clin Neurophysiol 132(1), pp. 269–306. DOI: 10.1016/j.clinph.2020.10.003.

Rosson, Stella, de Filippis, Renato, Croatto, Giovanni, Collantoni, Enrico, Pallottino, Simone et al. (2022): Brain stimulation and other biological non-pharmacological interventions in mental disorders: An umbrella review. In: Neuroscience & Biobehavioral Reviews 139(2). DOI: 10.1016/j.neubiorev.2022.104743.

Schmidt, Christiane/Sybille, Schulte, Bernd, Ha-Na, Seo, Kuhn, Silke, O'Donnell, Amy et al. (2016): Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. In: Addiction 111(5), pp. 783–94. DOI: 10.1111/add.13263.

Shawky, Elham, El-Khoribi, Reda, Shoman, Mahmoud Ahmed Ismail Wahby, Mohamed A. (2018). EEG-Based Emotion Recognition using 3D Convolutional Neural Networks. In: International Journal of Advanced Computer Science and Applications, 9, pp. 329. DOI: 10.14569/IJACSA.2018.090843.

Song, Sensen, Zilverstand, Anna, Gui, Wenjun, Pan, Xuefei, Zhou, Xiaolin (2022): Reducing craving and consumption in individuals with drug addiction, obesity or overeating through neuromodulation intervention: a systematic review and meta-analysis of its follow-up effects. In: Addiction 117(5), pp. 1242–1255. DOI: 10.1111/add.15686.

Su, Hang, Chen, Tianzhen, Jiang, Haifeng, Zhong, Na, Du, Jiang et al. (2020): Intermittent theta burst transcranial magnetic stimulation for methamphetamine addiction: A randomized clinical trial. In: Eur Neuropsychopharmacol 31, pp. 158–161. DOI: 10.1016/j.euroneuro.2019.12.114.

Suchting, Robert, Vincent, Jessica/N., Lane, Scott/D., Green, Charles/E., Schmitz, Joy/M., Wardle, Margaret.C. (2019): Using a data science approach to predict cocaine use frequency from depressive symptoms. In: Drug Alcohol Depend 194, pp. 310–317. DOI: 10.1016/j.drugalcdep.2018.10.029.

Sundström, Christopher, Blankers, Matthijs, Khadjesari, Zarnie (2017): Computer-Based Interventions for Problematic Alcohol Use: a Review of Systematic Reviews. In: International Journal of Behavioral Medicine 24, No. 5, pp. 646–658. DOI: 10.1007/s12529-016-9601-8.

Symons, Martyn, Feeney, Gerald/F./X., Gallagher, Marcus/R., Young, Ross/McD, Connor, Jason/P. (2020): Predicting alcohol dependence treatment outcomes: a prospective comparative study of clinical psychologists versus 'trained' machine learning models. In: Addiction 115(11), pp. 2164–2175. DOI: 10.1111/add.15038.

Tikka, Sai/Krishna, Siddiqui, M./Aleem, Garg, Shobit, Pattojoshi, Amrit, Gautam, Manaswi (2023): Clinical Practice Guidelines for the Therapeutic Use of Repetitive Transcranial Magnetic Stimulation in Neuropsychiatric Disorders. In: Indian J Psychiatry 65(2), pp. 270–288. DOI: 10.4103/indianjpsychiatry.indianjpsychiatry_492_22.

Tsai, Tsung-Yu, Wang, Tzu-Yun, Liu, Yu/Chia, Lee, Po-Wei, Chang, Wei/Hung et al. (2021): Add-on repetitive transcranial magnetic stimulation in patients with opioid use disorder undergoing methadone maintenance therapy. In: Am J Drug Alcohol Abuse 47(3), pp. 330–343. DOI: 10.1080/00952990.2020.1849247.

Wessell, Ryan, Edwards, Carla (2010): Biological and psychological interventions: Trends in substance use disorders intervention research. In: Addictive Behaviors 35(12), pp. 1083–8. DOI: 10.1016/j.addbeh.2010.07.009.

Xu, Xiaomin, Chen, Shujuan, Chen, Junning, Chen, Zhikang, Fu, Liming et al. (2021a): Feasibility and Preliminary Efficacy of a Community-Based Addiction Rehabilitation Electronic System in Substance Use Disorder: Pilot Randomized Controlled Trial. In: JMIR Mhealth Uhealth 9, No. 4. DOI: 10.2196/21087.

Xu, Xiaomin, Ding, Xinni, Chen, Liyu, Chen, Tianzhen, Su, Hang et al. (2021b): The transcranial direct current stimulation over prefrontal cortex combined with the cognitive training reduced the cue-induced craving in female individuals with methamphetamine use disorder: A randomized

controlled trial. In: Journal of Psychiatric Research 134(3), pp. 102–110. DOI: 10.1016/j.jpsychires.2020.12.056.

Zangen, Abraham, Moshe, Hagar, Martinez, Diana, Barnea-Ygael, Noam, Vapnik, Tanya et al. (2021): Repetitive transcranial magnetic stimulation for smoking cessation: a pivotal multicenter double-blind randomized controlled trial. In: World Psychiatry 20, No. 3, pp. 397–404. DOI: 10.1002/wps.20905.

Zhang, Jack/J./Q., Fong, Kenneth/N./K., Ouyang, Rang-Ge, Siu, Andrew, M./H., Kranz Georg/S. et al. (2019): Effects of repetitive transcranial magnetic stimulation (rTMS) on craving and substance consumption in patients with substance dependence: a systematic review and meta-analysis. In: Addiction 114, No. 12, pp. 2137–2149. DOI: 10.1111/add.14753.

Nazgul Eshankulova, Jarkyn Shadymanova

5. Interaction between Legislation and Local Elites: A Strategic Partnership to Improve the Effectiveness of NGOs in Preventing Drug Abuse and Infectious Diseases in Central Asia

Introduction

One of the most serious public health problems in Central Asia is the growth of infectious diseases, especially tuberculosis (TB) and HIV/AIDS. These diseases have a significant, devastating impact on public health and can easily cross national borders, requiring coordinated efforts at the regional level for their effective control and prevention. Socio-economic conditions in Central Asian countries, including high levels of poverty, inadequate access to health services, and inefficient health systems, contribute to the spread of these infections. Additional factors such as labour migration, poor veterinary control, and Human immunodeficiency virus (HIV) also play a key role in the increase in TB cases.

From 1990 to 2024, the number of TB cases in Central Asian countries increased twofold or more. This is due to worsening socio-economic conditions, with poorer areas and younger age groups being most affected. Cross-border activities, including labour migration and trade, contribute to the spread of tuberculosis and HIV infection. HIV remains a major public health problem in the region. According to the United Nations Program on HIV/AIDS (UNAIDS), by early 2020, there were about 38 million people living with HIV worldwide, of whom 1.7 million were newly infected in 2019 (Mamady et al. 2021). The countries of Eastern Europe and Central Asia show one of the highest rates of HIV epidemic spread.

In such a complex epidemiological situation, non-governmental organisations (NGOs) play an important role in the prevention and treatment of infectious diseases. NGOs are uniquely positioned to work with vulnerable populations and provide services that governmental structures often cannot fully provide. However, effective functioning of NGOs requires close cooperation with government structures, stakeholders and local elites to ensure stable funding, access to necessary resources, and legal protection.

This chapter examines the state of NGO legislation in Central Asian countries and the role of local elites in supporting and cooperating with NGOs to increase their effectiveness in combating drug abuse and infectious diseases. The analysis of existing legislation in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan identifies key problems and barriers faced by NGOs, as well as possible ways to overcome them. Special attention is paid to the issue of interaction between legislative bodies and NGOs, as well as strategic partnerships aimed at improving public health and sustainable development in the region.

Public Health Challenges in Central Asia

In Central Asia, one of the most threatening public health problems is the growth of infectious diseases. Tuberculosis and HIV/AIDS are two major threats to Central Asia and to most regions of the former Soviet Union. These diseases have a devastating impact and easily cross borders, making a coordinated regional approach to combating them necessary, especially in the face of the rapidly deteriorating epidemiological situation in the region.

In the Kyrgyz Republic, HIV/AIDS represents a particular public health challenge. As of 1st January 2020, 9,148 cases of HIV infection were officially registered in the Republic, which is 143.2 cases per 100,000 population. The increasing number of people infected with HIV increases the likelihood of transmission through various routes, including sexual transmission, through blood during intravenous drug administration, blood transfusion, and blood products, through parenteral interventions, and from an infected mother to a

foetus. As the epidemic develops,[1] the number of people unable to work and in need of treatment and social rehabilitation increases.

Between September and October 2023, the United Nations Office on Drugs and Crime (UNODC) successfully organised a series of national round tables to launch the second phase of the project entitled the "Regional Network of Youth Organizations and Youth Champions for Change in Central Asia for a Drug-Free, Healthy, Safe and Environmentally Protected Society". The project is a joint project of the UNODC Regional Office in Central Asia and the Prevention, Treatment and Rehabilitation Section of UNODC Headquarters. More than 120 young leaders and representatives of national and international organisations involved in drug use prevention among youth participated in round tables held in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. Young leaders of the UNODC Regional Youth Network presented their drug use prevention activities for the period 2021–2022 in each Central Asian country and presented the Network's Charter and vision.

During the discussions, UNODC staff provided an overview of the objectives, activities, and expected results of the second phase of the project for the next two years. National organisations from each Central Asian country also had the opportunity to present an overview of their national priorities, policies, and work carried out in the field of drug use prevention.

In analysing the status and development of the HIV epidemic in Central Asia, general trends can be identified for most countries in the region. The exception is Turkmenistan, where the presence of HIV infection is not officially recognised and there are no statistics on the epidemic (Bryanceva, 2004). However, the absence of official data does not mean that there is no problem. According to unofficial reports there is indeed an epidemic in Turkmenistan, but no measures are being taken to combat it. For example, according to the organisation Turkmen Initiative for Human Rights in Vienna, 68 cases of HIV were detected in Turkmenbashi city in 2010. 123

1 Empowering Youth Leaders in Central Asia for Successful Evidence-Based Drug Prevention. www.newscentralasia.net/tag/%d0%bc%d0%be%d0%bb%d0%be%d0%b4%d0%b5%d0%b6/

cases of HIV among Turkmen citizens have also been registered in Russia and Kazakhstan, although the migration of Turkmen citizens to these countries is small. About 150 residents of Turkmenistan are receiving antiretroviral therapy in Russia.[2] These data indicate the seriousness of the HIV situation in the country.

Public Health and NGO Legislation in Central Asia

Kazakhstan

The Republic of Kazakhstan has a broad regulatory framework governing various aspects of healthcare and prevention of infectious diseases, including HIV/AIDS. There are currently a number of regulations governing the activities of NGOs in the country, including registration requirements, financial reporting, and oversight mechanisms, given their role in the treatment and prevention of drug abuse and infectious diseases.

The main orders cover several key areas in public health and social welfare.

Order 108 plays a crucial role in identifying diseases that significantly impact public health. By defining these socially significant diseases, the order ensures that state bodies and medical institutions focus their resources and efforts on controlling and mitigating conditions that pose the greatest risk to the population. This prioritisation is essential for effective public health management and resource allocation.

Order 128 demonstrates the government's commitment to keeping healthcare regulations up to date. By amending existing regulations, the order aims to address the evolving needs of the healthcare system and ensure that policies remain relevant and effective. This adaptability is vital for maintaining a responsive and efficient healthcare system that can meet contemporary challenges.

2 Брянцева Дарья А в Туркмении СПИДа нет… https://www.dw.com/ru/%D0%B0-%D0%B2-%D1%82%D1%83%D1%80%D0%BA%D0%BC%D0%B5%D0%BD%D0%B8%D0%B8-%D1%81%D0%BF%D0%B8%D0%B4%D0%B0-%D0%BD%D0%B5%D1%82/a-1253165

Order 137 focuses on HIV prevention, underscoring the importance of proactive measures in controlling the spread of HIV. By establishing clear procedures for awareness campaigns and medical examinations, the order aims to reduce new infections and promote early detection. This comprehensive approach is crucial for managing a disease that has significant public health implications.

Order 162 highlights the importance of identifying and controlling infectious and parasitic diseases that pose a danger to others. By listing these diseases, the order ensures that they receive special attention for prevention and control measures. This is essential for protecting public health and preventing outbreaks that could have widespread consequences.

Order 175 standardises medical record-keeping, which is fundamental for accurate monitoring and analysis of public health data. Consistent and reliable health records enable better tracking of health trends, identification of emerging issues, and formulation of effective public health strategies.

Orders 204 and 211 both address HIV screening, with a focus on confidentiality and accessibility. Order 204 promotes voluntary anonymous and confidential screening, encouraging more individuals to get tested without fear of stigma or discrimination. Order 211 mandates confidential screening in certain cases, ensuring that individuals who may be at risk are tested, while maintaining their privacy. Together, these orders aim to increase the rate of HIV detection and reduce the spread of the virus through timely interventions.

Decree 286 on compulsory social insurance ensures that the population has access to necessary medical services. By regulating health insurance, the decree helps to remove financial barriers to healthcare, promoting equitable access and improving overall health outcomes. This is a critical component of a robust healthcare system that supports the well-being of all citizens.

These orders collectively address various aspects of public health and social welfare, from disease prioritisation and regulation updates to specific measures for HIV prevention and medical record-keeping. They reflect a comprehensive approach to health management that aims to protect and improve the health of the population through targeted interventions, regulatory adjustments, and enhanced access to healthcare services.

Clinical and sanitation protocols include essential guidelines to ensure consistent and high-quality medical care. Protocol 60, a clinical protocol for diagnosis and treatment, outlines standards and recommendations for diagnosing and treating various diseases, including infectious ones, thereby maintaining uniformity in medical care.

In addition, the Code of the Republic of Kazakhstan, dated 7th July 2020 (Order #360 – VI), introduces several key approvals. These include sanitary rules for organizing and conducting sanitary-epidemic and sanitary-preventive measures to prevent infectious diseases, and sanitary and epidemiological requirements for healthcare facilities. The Code also sets forth rules for examining temporary disability and issuing related certificates, establishes provisions for the citizens, oralmans[3], foreigners, and stateless persons residing in Kazakhstan to receive guaranteed free medical care, and identifies a list of socially significant diseases and those posing a threat to others.

Sanitary rules:

The regulations governing public health measures address various critical aspects of disease prevention and control. The sanitary rules for organising and conducting sanitary and anti-epidemic measures are essential for preventing and controlling outbreaks of particularly dangerous infectious diseases such as plagues and cholera. These measures ensure that there are well-defined procedures in place to quickly and effectively respond to potential threats, minimising the risk of widespread infection.

The rules on mandatory confidential medical screening for HIV infection stipulate that HIV screening must be conducted in certain clinical and epidemiologic situations, while maintaining the confidentiality of the data. This approach ensures that individuals at risk are identified and treated promptly, which is crucial for controlling the spread of HIV and protecting public health. Sanitary and epidemiological requirements for disinfection, disinsection, and der-

3 Oralman is a term used by Kazakh authorities to describe ethnic Kazakhs who have re-immigrated to Kazakhstan since the country gained independence from the Soviet Union in 1991.

atisation are critical components of infectious disease prevention. By regulating these pest control measures, the regulations help to minimise the risk of disease transmission from vectors such as insects and rodents, thereby safeguarding public health. Finally, the regulations for conducting mandatory medical examinations establish procedures for regular medical check-ups. These examinations play a vital role in the early detection and prevention of diseases, allowing for timely medical interventions that can improve health outcomes and reduce the burden on the healthcare system. Collectively, these regulations reflect a comprehensive approach to public health management, emphasising the importance of preventive measures, early detection, and confidentiality. By addressing various aspects of infectious disease prevention and control, they help to create a safer and healthier environment for the population.

HIV prevention measures in Kazakhstan encompass a comprehensive approach to ensure effective prevention, treatment, and management of HIV/AIDS. Health care organisations are required to include a minimal list of mandatory activities in their HIV prevention plans. These activities ensure that health facilities implement effective strategies to combat the spread of HIV. The standards of public health services outline the necessary provisions for delivering medical services, including those related to HIV prevention and treatment. This ensures that the population has access to high-quality care that meets defined standards, promoting better health outcomes. Access to voluntary, anonymous, and confidential medical examination and counselling is provided free of charge to citizens, oralmans, foreigners, and stateless persons. This approach facilitates greater coverage of HIV testing and counselling, helping to identify and support individuals living with HIV while maintaining their privacy. Specialised centres for the prevention and control of AIDS) operate under specific regulations that govern their activities. These centres play a crucial role in providing targeted prevention, treatment, and support services for those affected by HIV/AIDS. To prevent mother-to-child transmission of HIV, regulations include measures to be taken during pregnancy, childbirth, and breastfeeding. These measures aim to reduce the risk of HIV transmission from mothers to their children, thereby protecting the health of both. Accurate recording and monitoring of infectious, parasitic, occupational diseases and poisonings are ensured through regula-

tions for registration and record-keeping. This is a vital part of epidemiologic control, enabling effective tracking and management of disease cases. Standards for collecting and maintaining administrative data from public health entities are defined to help in planning and implementing health programmes. By ensuring consistent and accurate data collection, these forms aid in monitoring the health status of the population and improving public health interventions.

Overall, these measures reflect a multifaceted strategy to address HIV/AIDS, emphasising prevention, treatment, confidentiality, and accurate data management. This approach aims to reduce the incidence of HIV, improve health outcomes, and provide comprehensive support to those affected by the virus. These normative documents form the basis for effective management of the healthcare system in Kazakhstan and contribute to improving the prevention and treatment of infectious diseases, including HIV/AIDS.

The measures taken by the state are effective in maintaining the current situation. At the end of 2018, it was estimated that 84.1% of the patients knew their HIV status and the prevalence of infection among the population was 0.1%, mainly among key vulnerable groups. [4]

The government funds prevention programmes, which include the procurement and distribution of syringes, condoms, and information materials, as well as paying outreach workers. Treatment programmes include procurement of antiretroviral therapy (ART) and drugs to treat opportunistic infections. Diagnostic activities are also financed, including the purchase of test kits and organisation of HIV testing.

The Kazakh Scientific Center for Dermatology and Infectious Diseases estimates that in 2019, government funding accounted for 92% of the total resources allocated to HIV. There are 17 NGOs providing HIV services in the country, which work in close cooperation with government centres and participate in projects of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

The functioning of NGOs is an important element in the development of a democratic society, as they unite the population around common interests and contribute to the formation of new beliefs

4 Global AIDS Monitoring (2019): Country Progress Report – Kazakhstan.

and values. Service NGOs provide social services for their target groups and are more mobile and aware of the needs of the population than state structures. In recent years, Kazakhstan has introduced a number of mechanisms of financial interaction with NGOs, which facilitated an increase in the amount of budget funding. In 2019, NGOs received USD 27.4 million through local budgets and USD 2.9 million in state grants.[5]

From 2020, the government plans to introduce a new concept of civil society development for the next five years, providing for the transfer of state functions to improve the quality of services provided by NGOs. To assess the readiness of NGOs for social contracting, interviews and online surveys were conducted with leaders of organisations working in the field of HIV.

The results of the surveys showed that the majority of NGOs work in several directions at the same time. Half of the organisations have sufficient information about the mechanisms of financial partnership with the state, and 55 % have already tried to provide services at the expense of budget funds through the mechanisms of state social contracts (SSC) or grants.

Most NGOs consider government grants to be the most appropriate funding model, noting fewer bureaucratic procedures and opportunities for institutional development. Other organisations prefer SSC because of its simplicity and the possibility to cover a large geographical area. It is important to provide NGOs with information on all available funding mechanisms to help them decide whether to participate.

Most NGOs consider themselves ready for a financial partnership with the state, although there are concerns about issues related to personnel monitoring and evaluation systems. Some objective barriers, such as insufficient work experience or lack of information about NGOs in the database, may prevent them from obtaining a SSCs or grant.

5 www . researchgate . net / publication / 335668517 _ Finansirovanie _ gosudarstvennogo _ socialnogo _ zakaza _ mestnymi _ ispolnitelnymi _ organami _ v _ Kazahstane _ tendencii _ i _ dinamika _ Analiticeskaa _ zapiska _ Grazdanskogo _ Alansa _ Kazahstana / fulltext / 5d92404d92851c33e94b2de3 / Finansirovanie-gosudarstvennogo-socialnogo-zakaza-mestnymi-ispolnitelnymi-organami-v-Kazahstane-tendencii-i-dinamika-Analiticeskaa-zapiska-Grazdanskogo-Alansa-Kazahstana.pdf

Kyrgyzstan

In recent decades, Central Asian countries, including the Kyrgyz Republic, have faced serious public health challenges related to the growth of infectious diseases, especially tuberculosis and HIV/AIDS. In response to these challenges, the governments of the region and NGOs have developed and implemented many strategies and programmes aimed at reducing the negative consequences of drug use and preventing the spread of infections among the population. One of the key elements of these strategies is the principle of harm reduction, which includes a wide range of interventions aimed at reducing the negative health consequences of drug use, both for individuals and for society as a whole.

The Association of Harm Reduction Programs "Partnership Network" (Partnership Network), founded in 2004, is one of the leading organisations in the Kyrgyz Republic actively working in the field of harm reduction. The Association's activities cover several strategic directions, including expanding access to prevention and treatment of HIV, tuberculosis, and hepatitis C, protecting the rights of target groups, and promoting the interests of NGOs working with vulnerable groups, as well as developing intersectoral cooperation. The Association is engaged in advocacy for harm reduction programmes, outreach activities, client counselling, working with target groups, conducting research and training seminars to build the capacity of its members, and monitoring government programmes.

Harm reduction programmes are also actively implemented in Kyrgyzstan's penitentiary system. Initiatives aimed at helping prisoners include rehabilitation models, needle and syringe exchange programmes, methadone substitution therapy programmes, and preparing inmates for release and social adaptation. These measures contribute to harm reduction and help drug-dependent prisoners integrate into society upon release.

Key Interventions and Programmes

Harm reduction includes specific measures such as proactive engagement of people who inject drugs, provision of sterile injection equipment and disinfection materials to prevent transmission

of infections through shared syringes and needles, and access to substitution therapy. Since 1996, Kyrgyzstan has successfully implemented syringe exchange programmes in prisons, which has significantly reduced the spread of HIV/AIDS and other infectious diseases among prisoners.

Since 2000, the harm reduction strategy has become a priority in the fight against drug abuse and drug trafficking in Kyrgyzstan, as well as an important part of government policy to prevent the spread of HIV/AIDS among injecting drug users. The non-governmental sector, supported by international organisations, has been active in distributing sterile equipment and information carrying out information work with clients and their families. However, some NGOs have encountered financial difficulties and have been forced to cease their activities.

According to a 2012 Kyrgyz Republic government report, harm reduction programmes are implemented through five local NGOs, underscoring the need for sustainable funding to support these important initiatives. These organisations provide a minimal package of services; including medical supplies, HIV testing, outreach components, counselling, and social support. Thus, these programmes not only seek to reduce harm, but also provide comprehensive services for injecting drug users.

Harm reduction programmes in Kyrgyzstan also include access to medical services and HIV treatment, which is a key aspect of a comprehensive approach to supporting the health of this population. Such measures confirm the importance of these programmes in the overall context of the fight against drugs and HIV/AIDS and underscore the need for continued financial support for these initiatives in the future.

Harm Reduction Programmes in the Prison System

Since 2005, the Global Fund has been financing ART for HIV-positive prisoners in Kyrgyzstan. Trained medical staff administer ART immediately after HIV diagnosis. Monthly consultations with the Republican AIDS Center ensure systematic monitoring and testing of patients with HIV. The needle exchange programme (NEP), available in prisons since 2013, has significantly reduced the spread of

HIV/AIDS and other infections by engaging drug users in prevention programmes and raising their awareness of HIV transmission and the risks associated with drug use.

Key programme outcomes include stabilising levels of HIV/AIDS and other infections, engaging injecting drug users in prevention and support programmes, providing comprehensive HIV/AIDS prevention services, improving identification and support for HIV-positive prisoners, increasing awareness and safety among prisoners, and reducing drug use and related social and legal consequences.

Harm reduction programmes in the penitentiary system of Kyrgyzstan also include training for staff of syringe exchange points. A special training manual called "Harm Reduction in Prisons" has been developed for this purpose (Stover/Shadymanova 2023). The training consists of three modules covering HIV/AIDS, prevention programmes, and harm reduction strategies. Non-medical staff are also trained to raise awareness and support harm reduction programmes. The primary objectives are to raise awareness about medical problems related to drug use, enhance the knowledge and skills of correctional staff, and foster a positive attitude towards harm reduction measures. Additionally, the training aims to support the dissemination of health information and the implementation of risk reduction measures within correctional institutions (Stover/Shadymanova 2023). Since 2010, NEP in Kyrgyzstan's penal institutions has been funded by the Global Fund, which covers the purchase of medical supplies such as syringes, needles, condoms, educational materials, alcohol wipes, and HIV rapid tests. This funding also provides additional incentives for medical personnel working within the NEP. However, in 2020, the Global Fund's financial support was terminated, and the programme is now funded by the Kyrgyz state budget. This shift necessitates exploring alternative ways to sustain the NEP, such as installing syringe and needle machines that do not require additional staffing, similar to models used in Germany. Despite this transition, the programme continues to receive support from NGOs like AIDS Foundation East West (AFEW) Kyrgyzstan, Atlantis, and the CRSA, with ongoing funding from the Global Fund for the syringe exchange programme (SEP) in Kyrgyzstan (Deryabina/El-Sadr 2017).

The Role of NGOs in Addressing Drug Dependence

Non-governmental organisations in Kyrgyzstan play a key role in combating drug dependence, conducting prevention activities, and providing harm reduction services. Supported by government agencies and international partners, NGOs implement a wide range of programmes aimed at improving the health and social well-being of vulnerable groups. In 2011, the joint efforts of governmental organisations and NGOs, with the support of international partners, resulted in mass events aimed at raising awareness among adolescents and youth about the negative consequences of psychoactive substance (PAS) use. These activities included information tours under the slogan "HIV: Act Responsibly", including the "Safety Route", a photo exhibition "Killer Drug", and the "Dance for Life" campaign. These activities were aimed not only at informing young people, but also at developing life skills and promoting healthy lifestyles.

Some of the active NGOs include the "Partner Network" and the Public Association "SOCIUM". These organisations, as well as a number of others, provide important harm reduction services, including needle exchange, methadone substitution therapy, outreach, specialist consultations, medical assistance, and an expanded package of services including social and psychological counselling.

Challenges and Need for Support

In Kyrgyzstan, NGOs fulfil important roles, from providing direct services to advocacy and policy development. This analysis is important for highlighting the critical and often undervalued role of NGOs in the fight against drug dependence in Kyrgyzstan and in the broader Central Asian context. Their work is indispensable in mitigating the health and social consequences of drug dependence, emphasising the need for continued financial support and integration of their services into national health strategies.

Despite this, Freedom House, in its 2020 Freedom Ranking identified the Republic of Kyrgyzstan as a leader in freedom within the region (ECOM 2020). Positively, there has been notable progress in the development of new political parties and leaders, the establishment of connections and cooperation between certain political

forces and the public sector, and the inclusion of human rights, gender equality, and non-discrimination against marginalized groups on the national agenda.

Some laws in the Kyrgyz Republic explicitly enshrine the concept of non-discrimination and prohibit discriminatory practices on certain grounds. For instance, gender discrimination is prohibited in family and labor relations. Additionally, while some legal acts do not specifically use the term "discrimination," they emphasize the principle of equality, particularly in access to healthcare, medical and social support, and the right to education (ECOM 2020).

However, the Kyrgyz Republic does not have a comprehensive legislative act that explicitly prohibits discrimination, nor do normative documents specifically ban discrimination based on sexual orientation and gender identity (SOGI). In some instances, these grounds might be considered under broader categories due to the open-ended nature of certain legal provisions, such as those in Article 16 of the Constitution of the Kyrgyz Republic and other laws like Article 61 of the Law "On Health Protection in the Kyrgyz Republic" and Article 4 of the Law "On Peaceful Assemblies."

To more fully address the issue of discrimination, it is essential to examine attitudes towards People Living with HIV (PLHIV). The Law "On HIV/AIDS in the Kyrgyz Republic" includes a clear definition of "discrimination" and seeks to prevent discrimination and stigmatization of PLHIV and LGBT persons, protecting their legitimate rights and freedoms. However, according to the List of Diseases, individuals living with HIV are prohibited from adopting children or becoming guardians or foster parents (ECOM, 2020).

The Kyrgyz Republic has criminalized the transmission of HIV through Article 149 of the Criminal Code, which holds individuals accountable if they put another person at risk of infection with HIV or actually transmit the virus, including through negligence. Notably, liability is waived in cases where the individual at risk was informed about the disease and voluntarily agreed to the actions that created the risk.

While Kyrgyz criminal law does not have a specific definition of hate crimes, it does recognize aggravating circumstances for crimes motivated by racial, ethnic, national, religious, or interregional enmity. Additionally, the Criminal Code contains a progressive provision that establishes liability for "violation of human equality,"

covering both direct and indirect restrictions of rights or the establishment of privileges based on sex, race, nationality, language, disability, ethnicity, religion, age, political or other beliefs, education, origin, property, or other status, especially when such actions cause significant harm through negligence.

The Law on NGOs regulates social relations arising in connection with the establishment, activities, reorganisation, and liquidation of non-profit organisations, including foreign non-profit organisations, operating in the Kyrgyz Republic. In April 2024, the President of Kyrgyzstan signed a package of amendments to the Law "On NGOs". According to the amendments proposed by the deputy of the Parliament Nadira Narmatova, "politically oriented NGOs financed from abroad will receive the status of foreign representatives. They will be included in a special register of the Ministry of Justice" (Hvan, 2024).

According to the amendments provided in the document, non-profit organisations receiving funds from foreign sources and participating in political activities must be included in the register of foreign representatives. The parliament's website notes that the bill was developed to ensure the transparency and publicity of non-profit organisations' activities. This includes granting access to financial and business information from state statistical bodies, tax authorities, and other state oversight and control bodies, as well as credit and other financial organisations; sending their representatives to participate in events held by the non-profit organisation; and conducting audits to ensure compliance with the non-profit organisation's activities, including the expenditure of funds.

NGO participants believe the law on "foreign representatives" will have negative consequences for the development of Kyrgyzstan as a whole. Since Kyrgyzstan is still a developing country, the culture of supporting non-profit organisations from internal sources has not yet formed: mainly, support comes from international organisations, and an integral part of sustainable development in the modern world includes not only legislative, executive, and judicial powers but also independent media and organisations that address various issues, including speaking about existing problems in the country.

The changes to the Law "On NGOs" in Kyrgyzstan could significantly affect the work of NGOs that support drug users and people living with HIV, especially if they receive foreign funding and their activities can be interpreted as political.

NGOs receiving funds from abroad and involved in political activities will have to register in the Register of Foreign Representatives. This will require additional reporting and transparency of financial activities, which can increase the administrative burden on NGOs. The definition of political activity includes almost any public activity, which can endanger the work of NGOs dealing with social issues if their activities are interpreted as political. Conducting surveys, public speeches, and criticism of the authorities' actions can be classified as political activities, complicating the implementation of assistance programmes.

Restrictions on foreign funding may lead to a decrease in financial support, which is especially critical for NGOs working with drug users and people living with HIV, as local sources of funding are not yet sufficiently developed. This can lead to programme cuts, reduced quality of services, and decreased coverage of target groups.

Restricting NGO activities may lead to a worsening of the situation with drug use and the spread of HIV in the country, as many assistance and prevention programmes are funded by international organisations. A lack of support and resources can affect public health and social stability in the long term.

Tajikistan

The Republic of Tajikistan is declared as a sovereign, democratic, legal, secular, and unitary state. It is officially proclaimed that the country strives to ensure a decent life and free development of every person, following international human rights standards.

A significant issue is the lack of reliable statistics demonstrating the actual application of international norms and national human rights guarantees. The data used in this context are mainly based on information from civil society organisations and international structures, highlighting the lack of state statistics and the neglect of human rights and freedoms. The total population of Tajikistan is estimated at 8.7 million, but accurate data on the number of LGBT people and PLHIV is missing or unreliable. This may indicate attempts to conceal the problem.

Despite the stated secular and democratic nature of the state, the majority of the population is Muslim, which increases the influence

of religious leaders on public discourse on human rights. The U.S. Department of State, in its annual report on religious freedoms, notes serious restrictions on religious freedom for both minority and majority religious groups in Tajikistan groups. These restrictions include the registration of religious organisations, dress code regulations, and assembly permits for believers.

Tajikistan remains a patriarchal society with high levels of religiosity, unlike Kazakhstan and Kyrgyzstan. This results in young people and other groups being unable to freely choose and declare their lifestyle if it differs from the traditional and majority-approved lifestyle. The combination of high levels of corruption and violence by law enforcement agencies creates threats to the LGBT community, including the disclosure of their status and intimidation.

Tajikistan joined the UN's "Political Declaration on HIV and AIDS" in 2016, committing to eliminate HIV-related stigma and discrimination by 2020. However, the implementation of these commitments remains superficial. Discrimination against PLHIV is legally prohibited, but having HIV status is a barrier to medical education in several specialities. Additionally, "infection with human immunodeficiency virus" is still criminalised, despite recommendations to decriminalise HIV transmission. Tajikistan's Criminal Code imposes severe penalties for HIV 'exposure' and transmission under Article 125, with sentences of up to 10 years in severe cases. Marginalised groups, including sex workers and LGBT individuals, face disproportionate impacts from these laws. Free legal aid for PLHIV is possible only if they meet certain criteria, and the criteria need to be specified to understand the limitations.

The Law on Public Associations requires mandatory registration of NGOs, and even registered NGOs can be closed down for minor violations. They are required to disclose information on funding from foreign sources, which remain the main sources of funds for the civil sector. In 2019, legislative changes were introduced requiring NGOs to publish financial statements, which restricts their activities and increases control by the authorities. Control over lawyers has also been tightened, making it harder for marginalised groups, including LGBT people, to access legal aid. The high level of stigmatisation and homophobia in society, along with the persecution of human rights defenders, complicates the struggle for human rights in Tajikistan.

In summary, Tajikistan's official declarations of democratic and human rights commitments are undermined by practices that repress civil, political, and personal rights. Reliable statistics are scarce, religious influence is strong, and the legal framework often perpetuates discrimination. The regulatory environment for NGOs and legal professionals further restricts the ability to advocate for and protect human rights, particularly for marginalised groups such as the LGBT community and PLHIV.

Uzbekistan

Uzbekistan is experiencing a concentrated HIV epidemic. As of July 1, 2021, the Republican AIDS Center reported that 44,756 people were living with HIV in the country. During the first six months of 2021, 1,665 new HIV cases were detected. According to UNAIDS estimates, the total number of people living with HIV in Uzbekistan is around 58,000 [52,000-69,000], with 34.5 % being women, 58.5 % men, and 7 % children under 14 years old. Among new HIV infections in the first six months of 2021, 72.7 % of cases were related to sexual transmission, 8.8 % to parenteral transmission, 1.5 % to household parenteral transmission, and 2.3 % to injection drug use. In 6.1 % of cases, the source of infection could not be identified (Moroz 2022).

The legal framework in Uzbekistan, particularly Article 113 of the Criminal Code, addresses criminal liability for the spread of venereal diseases and HIV/AIDS. This article outlines various penalties based on the severity and circumstances of the offense, including fines, community service, corrective labour, restriction of freedom, and imprisonment (Volgina et al. 2021). The law differentiates between merely endangering another person and actually infecting them, with significantly harsher penalties for actual infection and aggravated circumstances, such as offenses against multiple people or minors. Specifically, knowingly placing another person at risk of contracting a venereal disease can result in penalties such as fines, community service, or corrective labour. Infecting another person while being aware of having the disease incurs stricter penalties, including higher fines, longer community service, corrective labour, restriction of freedom, or imprisonment. Article 113 places special

emphasis on HIV/AIDS, imposing even harsher penalties for knowingly endangering or infecting someone with HIV/AIDS (Volgina et al. 2021). This underscores the severe public health implications and stigma associated with the disease. Furthermore, the law addresses professional negligence, holding healthcare professionals and others in positions of trust accountable if their failure to adhere to safety protocols results in the transmission of HIV/AIDS.

According to Moroz (2022), an inquiry to the Center for Legal Statistics and Operational Accounting Information of the Ministry of Internal Affairs of the Republic of Uzbekistan (2021) reveals trends in criminal cases related to Article 113 of the Criminal Code. In 2020, there were 131 cases, and in the first nine months of 2021, there were 100 cases, indicating a high incidence rate. By the end of 2021, a total of 141 crimes were recorded, with 97 involving men and 44 involving women. Sentencing in 2021 included restriction of freedom for 32 individuals, imprisonment for 19, and conditional sentences for three. In the first five months of 2022, 76 registered crimes were reported (Moroz 2022), with 45 involving men and 31 involving women. Sentences during this period included restriction of freedom for seven individuals, imprisonment for four, conditional sentences for two, and corrective labor for one. These statistics highlight the persistent nature of such crimes and the varying penalties imposed.

Despite these legal frameworks, the Labor Code does not explicitly prohibit discrimination on the basis of health, although it does mention a prohibition of discrimination on the basis of "other circumstances unrelated to the business qualities of employees and the results of their work". Uzbekistan's Law on Combating the Spread of Disease Caused by Human Immunodeficiency Virus (HIV) provides that people with HIV cannot be dismissed, nor can they be refused use of employment or educational institutions (except for certain types of educational institutions). The Law "On Protection of Citizens" Health' also guarantees protection from discrimination, regardless of the presence of diseases. However, there is direct discrimination against people with HIV in Uzbekistan, who are required to disclose information about their sexual partners to state authorities under Article 57 of the Code of Administrative Offenses, which prohibits concealment of the source of infection.

NGOs play a significant role in providing services to injecting drug users, persons who provide intimate services for remuneration, and people with HIV/AIDS. The State Program to Combat the Spread of HIV Infection in Uzbekistan, approved by Presidential Decree No. 3493, provides for the active involvement of civil society in HIV activities. The programme includes training of civil society organisations in HIV prevention methods and active participation of representatives of religious denominations in information work to promote morality, prevent risky behaviour, and promote tolerant attitudes towards people affected by HIV.

The INTILISH Information and Education Center supports government and NGO programmes in the field of public health and social development, organises educational and social services, and conducts scientific research to develop effective methods of treatment and prevention of drug addiction and HIV/AIDS, as well as social adaptation of people who have stopped using drugs. The Center also develops and implements educational programmes to increase the employment of youth and adolescents.

ISHONCH VA HAYOT is an NGO that unites people with HIV and specialists, helps to improve the psychosocial status and quality of life of PLHIV, combats stigma, and fosters a tolerant attitude of society towards people with HIV, involving them in decision-making processes and encouraging their active participation in overcoming the HIV epidemic in Uzbekistan.

The Uzbek Cancer Society focuses on palliative and hospice care, legal assistance for people with HIV, information and education on HIV/AIDS, and the creation of laboratories for research on opportunistic infections in the context of HIV/AIDS. Since 2013, multidisciplinary teams (MDTs) have been in operation, the work of which was initiated jointly with the Anti-Cancer Society and AIDS Centers. MDTs provide socio-psychological support during inclusion in the dispensary programme and initiation of antiretroviral therapy, as well as address social and domestic issues. MDTs serve as a link between AIDS service organisations and healthcare institutions.

Overall, the engagement of civil society and NGOs in Uzbekistan's fight against HIV/AIDS is crucial. These organisations play a key role in prevention, treatment, and social support, highlighting the importance of their continued involvement and the need for reliable data to support and enhance their efforts.

While Uzbekistan has made strides in creating legal frameworks to combat the spread of HIV/AIDS, there are still significant gaps and challenges, particularly regarding discrimination and the need for more comprehensive support and prevention strategies. By addressing these issues through legislative amendments, enhanced education and prevention efforts, and fostering cooperation among state authorities, local elites, and NGOs, Uzbekistan can build a more effective and humane response to the HIV epidemic.

The Role of Local Elites in Supporting and Cooperating with NGOs

The Uzbek Cancer Society focuses on palliative and hospice care, legal assistance to people with HIV, information and education on HIV/AIDS, and the creation of laboratories for research on opportunistic infections in the context of HIV/AIDS. Since 2013, multidisciplinary teams (MDTs) have been operating, the work of which was initiated jointly with the Anti-Cancer.

In January 2021, the Law on the Prevention and Treatment of Narcological Diseases came into force in Uzbekistan, regulating relations in the field of drug treatment. It defines the powers of ministries, departments, and citizens' self-governance bodies in the prevention and provision of drug treatment, as well as the rights and obligations of persons suffering from drug-related diseases and healthcare workers.

In Kazakhstan, the fight against the HIV epidemic is led by authorised government bodies and representatives of the political elite, using budgetary resources and funding from international organisations such as the Global Fund. The state continues to fulfil its commitments to respond to the epidemic, as confirmed by the results of global monitoring of the epidemic in 2019. The development strategy of the Kazakh Scientific Center for Dermatology and Infectious Diseases (KSCDIZ) for 2017–2021 included strengthening the capacity of HIV service organisations and developing a mechanism for obtaining a State Social Order (SSO) for NGOs.

In June 2019, the Republican Center for Health Development presented a draft programme to improve public health for 2020–2025, which was approved by the government in December 2019. The programme includes measures to prevent HIV infection among the population, which reduces the risks of lack of funding. The

main document declaring the intentions of the political elite was the roadmap for the implementation of HIV prevention measures for 2017–2020, drawn up in accordance with the World Health Organization (WHO) and United Nations Programme on HIV/AIDS (UNAIDS) strategy.

In Kyrgyzstan, despite regular reports to the UN and reports under the Universal Periodic Review, the authorities have not adopted the recommendations on anti-discrimination actions and SOGI policy as binding. Local activists note that the tasks and activities in the national inter-agency action plan are described in general terms, making it difficult to monitor their implementation.

At the national level, the issues of gender equality and combating domestic violence are actively discussed by civil society. It is important to note the development of partnerships between human rights organisations of different directions.

An important aspect of maintaining the gains made in the fight against HIV and tuberculosis is to ensure the sustainability of services. Central Asian countries pay special attention to social and health priorities in the structure of the state budget. Funding for services through state social contracting mechanisms is increasing, and NGOs are receiving state support and participating in shaping state priorities.

There are a number of systemic problems at the levels of priority setting, regulation, budgeting, and service delivery. Elimination of these problems will allow the countries of the region to make significant progress in ensuring the sustainability of funding for HIV and TB services and become leaders among Eastern Europe and Central Asia Constituency (EECA) countries.

Conclusion

To improve the situation, it is necessary to amend the legislation in the four Central Asian countries discussed in this chapter to expand the list of protected characteristics, including HIV status, sexual orientation, and gender identity. Simplifying the procedures for the registration and regulation of NGOs and guaranteeing their access to funding from national and local budgets on an equal footing with state institutions will allow NGOs to participate more effectively in

the implementation of programmes for the prevention and treatment of infectious diseases.

Reducing HIV-related stigma and discrimination is crucial. This can be achieved through educational campaigns aimed at promoting a better understanding of people with HIV-positive status and incorporating stigma reduction measures into national HIV/AIDS programmes. Reducing stigma will improve access to prevention, testing, and treatment services, thereby helping to curb the spread of HIV.

Preventing HIV infection among injecting drug users requires a comprehensive approach. Health and social welfare policies should address the needs of this group by providing access to harm reduction programmes such as needle exchange and substitution therapy. Policymakers and public health leaders need proper training to make informed decisions that benefit public health and well-being.

Efforts should also focus on harmonising the work of NGOs and legislators in preventing and treating drug abuse and infectious diseases among vulnerable groups in Central Asia. Specific measures and recommendations include improving legislation, stimulating partnerships, and enhancing the conditions for effective work of NGOs.

Key areas of attention in the Central Asia region include:

- **Long-Term Destigmatisation Efforts**: It is vital to work on forming an adequate perception of people with HIV-positive status and reducing stigma and discrimination. This will protect people living with HIV and their environment and help reduce the spread of HIV infection by improving access to a full range of services, including prevention, testing, counselling, care, and treatment.
- **Comprehensive Public Health and Social Policies**: Preventing HIV infection among injecting drug users is both a public health and a social issue. Policymakers, public health managers, and law enforcement officials should receive the necessary training to make decisions that benefit public health and well-being.
- **Training and Education**: Media professionals, educators, and health and social service workers should be trained to conduct

educational campaigns and provide accurate information on health issues.
– **Investment in Research**: Increased investment in scientific research, building national research capacity in HIV/AIDS, and addressing biomedical, legal, social, cultural, and behavioural aspects will help develop more effective treatment and prevention methods.

To enhance the effectiveness of NGOs in Central Asia, it is essential to support scientific research in HIV/AIDS, covering not only biomedical aspects but also legal, social, cultural, and behavioural dimensions. This will enable the creation of evidence-based treatment and prevention methods and the development of national research capacity.

NGOs are critical in providing services to injecting drug users, sex workers, and people living with HIV/AIDS. Programmes supported by these organisations, such as those run by the INTILISH Information and Education Center and Ishonch va Khayot, are pivotal in improving the psychosocial status and quality of life for affected individuals, combating stigma, and fostering tolerance. By involving affected communities in decision-making processes and programme implementations, these NGOs enhance the effectiveness of the national response to the HIV epidemic.

The Uzbek Cancer Society's MDTs exemplify effective collaboration between NGOs and health institutions, providing socio-psychological support and addressing social and domestic issues related to HIV treatment. Such collaborative models should be expanded and supported to ensure comprehensive care for individuals with HIV/AIDS.

In Kazakhstan, the strategy for fighting the HIV epidemic involves strengthening the capacity of HIV-service organisations and developing mechanisms for SSOs for NGOs. The development strategy of the Kazakh Scientific Center for Dermatology and Infectious Diseases (KSCDIZ) for 2017–2021 included significant steps to integrate NGOs into the national response to HIV, demonstrating the positive impact of legislative support and funding for non-governmental initiatives.

The role of political elites in legislating and addressing drug addiction problems cannot be overstated. Elites have the power to

shape public policy and allocate resources towards effective harm reduction and treatment programmes. By advocating for evidence-based policies and removing legal barriers that hinder the work of NGOs, political leaders can significantly contribute to the reduction of drug-related harm. Ensuring that policies are inclusive and address the needs of vulnerable populations, including injecting drug users, will enhance the overall public health response and improve societal outcomes.

A significant challenge faced by NGOs in Kyrgyzstan is the implementation of "foreign agent" laws, which require organisations receiving foreign funding and engaging in what is broadly defined as political activity to register as foreign agents. This designation often carries a stigma and imposes additional administrative burdens, making it difficult for NGOs to operate effectively. These laws can undermine the ability of NGOs to secure funding and support, limit their activities, and discourage collaboration with international partners. To foster a more supportive environment for NGOs, it is essential to revisit these laws and create a framework that ensures transparency without hindering the vital work of civil society organisations.

In conclusion, the interaction between legislation, local elites, and NGOs represents a strategic partnership that contributes to public health improvement and sustainable development in the region. Only through joint efforts by the state, local elites, and NGOs can effective prevention and treatment of drug abuse and infectious diseases among vulnerable groups be ensured. Continuous efforts to improve the legal and regulatory framework, stimulate partnerships, and enhance the conditions for effective NGO work in Central Asia are vital for achieving these goals. By fostering an environment of cooperation and support, Central Asian countries can build a robust public health infrastructure capable of addressing current and future challenges.

References

Center for Legal Statistics and Operational-Accounting Information of the Ministry of Internal Affairs of the Republic of Uzbekistan [No. 7/9–3192, 18 October 2021].

Central Asian region information bulletin on drug-related situation for 2021. Tashkent: Baktria press, pp. 68.
Criminal Code of the Republic of Uzbekistan, Article 113.
Deryabina, Anna / Wafaa M. El-Sadr (2017): Uptake of needle and syringe program services in the Kyrgyz Republic: key barriers and facilitators. In: Drug and Alcohol Dependence 179, pp. 180–186.
Diakite, Mamady / Kante, Ansoumane / Sayon, Keita / Fatimata, Ouendouno / Soumana, Camara et al. (2021): Contribution of ARV Treatment in the Correction of Anemia in People Living with HIV during the First Semester in the Hematology Department of Conakry University Hospital. In: World Journal of AIDS 11, pp. 143–151. www.doi.org/10.4236/wja.2021.114011.
ECOM (2020): Analysis of Kazakhstan's national legislation related to SOGI and HIV. https://ecom.ngo/resource/files/2021/05/legislative-analysis-related-to-sogi-and-hiv-in-kazakhstan.pdf
ECOM (2020): Analysis of national legislation of Kyrgyzstan related to SOGI and HIV. www.ecom.ngo/wp-content/uploads/2021/03/ECOM_Kyrgyzstan-Legislative-Analysis_2020_RUS.pdf.
ECOM (2020): Legislative analysis related to SOGI and HIV in Kyrgyzstan. Eurasian Coalition on Health, Rights, Gender and Sexual Diversity. Tallinn, pp. 16.
ECOM (2020): Summary of HIV among MSM and transpeople in Central Asian countries. www.ecom.ngo/wp-content/uploads/2020/04/Central_Asia_ru.pdf.
Eurasian Women's Network on AIDS/Women's Network of Key Communities (2021): Alternative report on the implementation of the CEDAW Convention by the Kyrgyz Republic in relation to women living with HIV.
Freedom House (2020): Annual Freedom Ranking.
Hvan, Ekaterina (2024): An analogue of the law "on foreign agents" has been adopted in the Kyrgyz Republic. What does it threaten NGOs with?. https://www.dw.com/ru/analog-zakona-ob-inoagentah-prinat-v-kyrgyzstane-cem-eto-grozit-nko/a-68526959?maca=ru-Whatsapp-sharing
Labrys Website: www.labrys.kg.
Law of the Kyrgyz Republic: "On Education", Article 3.
List of diseases, in the presence of which a person may not be an adoptive parent, guardian (custodian) and foster parent, approved by the Resolution of the Government of the Kyrgyz Republic on October 27, 2015, N733.
Ministry of Justice KR: Constitution of the Kyrgyz Republic, Article 16.
Ministry of Justice KR: Constitution of the Kyrgyz Republic, Article 24.
Ministry of Justice KR: Criminal Code of the Kyrgyz Republic, Article 149.
Ministry of Justice KR: Family Code of the Kyrgyz Republic, Articles 3 and 32.
Ministry of Justice KR: Labor Code of the Kyrgyz Republic, Articles 2 and 9.
Ministry of Justice KR: Law of the Kyrgyz Republic: "On Health Protection in the Kyrgyz Republic", Article 61.
Ministry of Justice RK: Constitution of the Republic of Kazakhstan. www.akorda.kz/ru/official_documents/constitution.

Moroz, Svetlana (2022): Analysis of the legal environment in Georgia, the Republic of Belarus, the Kyrgyz Republic and the Republic of Uzbekistan in the context of criminalization of people living with HIV.

News Central Asia (2023): Empowering youth leaders in Central Asia for successful evidence-based drug prevention. www.newscentralasia.net/tag/%d0%bc%d0%be%d0%bb%d0%be%d0%b4%d0%b5%d0%b6/.

Stöver, Heino/Shadymanova, Jarkyn (2023): 12 Syringe Exchange Points in the Penitentiary System of Kyrgyzstan. Social Work and Health in Prisons. Nomos: Verlagsgesellschaft mbH & Co.

Volgina, Sasha / Lungu, Andrey / Moroz, Svetlana / Sidorenko, Natalia (2021): Supporting people living with HIV affected by the criminalization of HIV infection in the EECA region. Practical manual for paralegals. www.network.org.ua/wp-content/uploads/2021/07/Praktycheskoe-posobye-dlya-parayurystov.pdf.

UNODC. Analytical review of human rights legislation in the context of HIV/AIDS. https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/19–04568_HIV_Prevention_Guide_ebook.pdf

www.elgezit.kg/2020/07/24/gomofobiya-shantazh-vymogatelstvo-chast-povsednevnoj-zhizni-lgbt-lyudej-v-kyrgyzstane-intervyu-s-liliej-ten/

www.currenttime.tv/a/kyrgyzstan-money-otkuda-dengi/30470591.html

Indigo Website. https://www.frontlinedefenders.org/en/organization/kyrgyz-indigo

DW Bryanceva Darya And there is no AIDS in Turkmenistan… https://www.dw.com/ru/%D0%B0-%D0%B2-%D1%82%D1%83%D1%80%D0%BA%D0%BC%D0%B5%D0%BD%D0%B8%D0%B8-%D1%81%D0%BF%D0%B8%D0%B4%D0%B0-%D0%BD%D0%B5%D1%82/a-1253165

Kuralay Mukhambetova, Medet Kudabekov, Nurlan Baigabylov

6. Understanding of Drug Addiction and the Role of NGOs in the Treatment and Control of Infectious Diseases

Introduction

The main goal that the authors pursued when writing this chapter was to form a basic system of knowledge and understanding of the nature of addiction to psychoactive substances, of which drug addiction is a special case.

This chapter defines the basic concepts that reveal the phenomenon of drug use. It should be noted that drug addiction is a special case of addiction to psychoactive substances classified as drugs according to international and national legislation. At the same time, the terms "drug addiction" and "addict" are outdated and have a stigmatising meaning. But importantly, they are most often used to define opioid addiction, i.e. addiction to natural opiates, semi-synthetic opioids, or synthetic opioids. According to international standards, the more accurate definition is "substance use disorder" International Classification of Diseases 11th Revision (ICD-11). Psychoactive substances directly activate the brain's reward system, which usually induces feelings of pleasure.

The authors reveal the social, psychological, economic, and medical factors that influence the initiation of illegal drug use, as well as familiarise the reader with the medical and social consequences of illegal drug use and, in particular, opioids. They also analyse the role of NGOs in the prevention and treatment of substance addiction and its consequences.

Key words: psychoactive substances, drug addiction, addiction to psychoactive substances, treatment of drug addiction, outreach work, NGOs.

Definition of Key Terms

As Mashal Khan (Khan 2022) writes, "the terms "drug addiction", "abuse", and "addiction" are too sparse and vague to be useful for systematic diagnosis."[1] The specific characteristics of the feelings induced vary greatly depending on the drug. These drugs fall into ten different groups that have different pharmacological mechanisms: 1) alcohol, 2) caffeine, 3) cannabis and synthetic cannabinoids, 4) hallucinogens, 5) inhalants, 6) opioids, 7) sedatives, sleeping pills and tranquilisers, 8) psychostimulants, 9) tobacco, and 10) others (e.g. anabolic steroids).[2]

The term "narcotic" is more of a legal and colloquial term (Khan 2022). It originally referred to drugs that induce anaesthesia (insensitivity or stupor), particularly opioid drugs (e.g. opium and opium derivatives).

Psychoactive substance uses disorders include a pathological pattern of behaviour in which patients continue to use a substance despite experiencing significant problems related to its use.

ICD-11 defines psychoactive substance use disorders or addictive behaviour as "mental and behavioural disorders that result from the use of predominantly psychoactive substances, including drugs, or specific repetitive rewarding and reinforcing behaviours."[3]

Psychoactive substance uses disorders include (1) single episodes of psychoactive substance use with harmful consequences, (2) psychoactive substance use disorders (harmful substance use and substance addiction), and (3) psychoactive substance-related disorders such as intoxication, withdrawal, and psychoactive substance-induced mental disorders, sexual dysfunction, and sleep-wake disorders (ICD-11 2021).

All drugs included in the classification have different effects, and there are different disorders associated with their use. The addic-

1 Khan, Mashal (2022): Psychoactive substance use disorders. MSD handbook. Professional version.

2 Khan, Mashad (2022): An overview of psychoactive substance use. MSD handbook. Professional version.

3 ICD-11 (2021): Chapter 06. Mental and behavioral disorders and disorders of neuropsychiatric development. Statistical classification. Moscow: "KDU", "University Book", p. 432. DOI: 10.31453/kdu.ru.91304.0143.

tion induced is influenced by factors such as route of administration; the rate at which the drug crosses the blood–brain barrier and stimulates the reward system's conductive pathways; the time of onset of effect; and the ability to induce tolerance and/or withdrawal syndrome (Khan 2022). In addition, both the use and discontinuation of narcotic/substance abuse can cause psychological, behavioural, and physiological changes such as intoxication and withdrawal (Khan 2022; ICD-11 2021). Substance abuse can also lead to psychiatric disorders (e.g. depression, psychosis, anxiety, or neurocognitive disorders).

From a clinical approach to substance use disorders, illicit drug use, although a controversial issue due to its illegality, does not always lead to substance use disorders. Recreational drug use, although socially condemned, is not a new phenomenon and has existed in one form or another for centuries. People use drugs for a variety of reasons: to improve or elevate mood, as part of religious ceremonies, to achieve spiritual enlightenment, and to enhance performance.

Some people who use psychoactive substances tend to use drugs episodically at relatively low doses that preclude clinical toxicity and the development of tolerance and physical addiction. Many recreational drugs (e.g. crude opium, alcohol, marijuana, caffeine, hallucinogenic mushrooms, and coca leaves) are "natural" (i.e. close to plant origin); they contain a mixture of relatively low concentrations of psychoactive compounds and no isolated psychoactive compounds.

Individuals with a substance use disorder typically progress from experimentation to occasional use and then to addiction. This progression is complex and only partially understood. The process depends on the interaction between three elements: the drugs, the user, and the conditions.

The drugs in the aforementioned ten classes vary in their likelihood of triggering a substance use disorder. This likelihood is called the propensity for addiction. Substances that are legal and/or readily available (e.g. alcohol, tobacco) are used initially and thus increase the risk of the individual developing an addiction. In addition, as the perception of risk in the use of a particular substance decreases, there may be subsequent experimentation and/or recreational use of the drug, increasing susceptibility to substance abuse. Variations in risk perception are influenced by many factors, includ-

ing conclusions regarding medical and psychiatric complications from use and social consequences.

Patients may be prescribed opioids during treatment for somatic conditions or after surgical or dental procedures. A significant proportion of these drugs remain unused but may remain at home, posing a potential risk to children, adolescents, and adults who wish to use them for non-medical purposes. Consequently increased emphasis has recently been placed on the need to prescribe opioid medications in smaller quantities that are more appropriate to the likely duration and severity of pain; on promoting the safe storage of remaining medications; and on prescription return practices (Khan 2022).

Users

When it comes to users, factors of interest include their psychological characteristics, circumstances, and specific disorders. Psychological characteristics are clearly not a strong factor, although individuals with low self-control (impulsivity) or high risk-taking and novelty-seeking tendencies may have an increased risk of developing a substance use disorder. The dependent personality type has been described by various behavioural scientists, but there is little scientific evidence to support the concept.

A number of circumstances and co-occurring disorders appear to increase risk. For example, individuals who are sad, emotionally depressed, or socially alienated may perceive these feelings as a result of temporarily discontinuing a drug; this can lead to increased use and sometimes to the development of a psychoactive substance (PAS) use disorder.

Patients with other, unrelated psychiatric disorders have an increased risk of developing a substance abuse disorder. Patients with chronic pain (e.g. back pain, pain caused by sickle cell anaemia, neuropathic pain, fibromyalgia) often take opioids for symptom relief; many subsequently develop a substance use disorder. Nevertheless, in many of these patients, non-opioid medications and other therapies may be adequate to relieve pain and suffering.

Addiction is likely a polyetiological disorder. There are a number of genetic and epigenetic factors that influence the progression of

addiction. Research regarding specific genetic abnormalities is substance specific.

Environment

Cultural and social factors play an important role in the initiation and maintenance (or relapse) of substance use. Observing family members (e.g. parents, older siblings) and peers who use substances increases the risk that individuals will initiate substance use. Adolescents are particularly influenced by their peers. People who are trying to stop using a substance face additional challenges if they are surrounded by other people who are also using the substance.

Physicians themselves may unintentionally promote the use of surfactants by prescribing them to patients for pain or stress. Many social factors, including the media, instil in patients that medications should be used to alleviate all distress.

The diagnosis of substance use disorders is based on the identification of a pathological pattern of behaviour in which patients continue to use a substance despite experiencing significant problems related to its use. The most recent revision of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5-TR) provides eleven criteria divided into four categories (Khan 2022). Individuals who meet two or more of these criteria within a twelve-month period are considered to have a psychoactive substance use disorder.

Inadequate monitoring of use

1. The person takes the substance in larger quantities or for a longer period of time than originally intended.
2. The person wishes to stop or reduce the use of the substance.
3. The person spends a significant amount of time acquiring, using, or recovering from the effects of substance use.
4. The person has a strong desire (craving) to use the substance.
5. Social impairment.
6. The person is not fulfilling basic role obligations at work, school, or home.

7. The person continues to use the substance even though it is causing (or exacerbating) social or interpersonal problems.
8. The person misses or diminishes important social, occupational, or recreational activities because of substance use.

Risky use

1. The person uses the substance in physically dangerous situations (e.g. driving or dangerous social circumstances).
2. The person continues to use the substance despite realising that it is exacerbating a medical or psychological problem.

Pharmacological symptoms

1. Tolerance: the individual needs to gradually increase the dose of the drug to produce intoxication or pleasure effects, or the effects of the current dose diminish over time.
2. Withdrawal syndrome: unexpected physical effects occur, after discontinuation of the drug or when its effects are neutralised by a specific antagonist.

Severity of substance use disorder is determined by the number of symptoms:

– Mild: 2 to 3 criteria
– Moderate: 4 to 5 criteria
– Serious: $\geq$ 6 criteria

Thus, addiction to psychoactive drugs (i.e. substances that alter brain function) is a multifactorial disorder that often has a chronic course with frequent relapses. The development of addiction syndrome is the result of a complex interaction between many social, psychological, and biological factors. Thus, addiction syndrome is a chronic, relapsing biopsychosocial health disorder (Keremi/Mukhambetova 2014).[4] In this case, the consumption of some PAS

4 Keremi, N./Mukhambetova, K. (2014): Socio-medical and legal aspects of prevention of HIV infection and drug use among drug users and in prison settings. Training manual. Astana: UNODC Program Office, p. 42.

or class of PAS becomes a much higher priority for a given individual than other aspects of his or her life that were more important in the past.

The central descriptive characteristic of the addiction syndrome is a strong desire to take a given PAS, even if the person is aware of the harmful consequences of this intake for his or her health and social functioning. In the process of addiction formation, psychophysiological processes relevant to directing motivation and achieving satisfaction, learning and memory, and controlling behaviour are altered.

Addiction syndrome develops as a result of repetitive substance use. PAS addiction is often the result of unhealthy social environments in which children and adolescents live, especially those from dysfunctional families. Experimentation with or long-term use of PAS is the result of a long chain of unfavourable conditions, such as parental emotional neglect and child abuse, lack of communication within the family, broken attachments, rejection at school, social isolation and illness during the mother's pregnancy and early child development, and brain injury during childbirth, among others. In such situations, individuals turn to PAS is an attempt to protect themselves from chronic stress or to obtain at least temporary psychological comfort or a feeling of strength and self-confidence.

Other things being equal, the genetic factors of an individual determine the nature and severity of the psychopharmacological effect of a particular PAS (pleasant sensations or not, strong action or weak, etc.), as well as the speed of development of the addiction syndrome and, to a greater or lesser extent, the severity of the consequences.

Two components of addiction are clinically described (Keremi/Mukhambetova 2014): 1) psychological (mental) addiction is manifested in the loss of the ability to control the consumption of a given psychoactive substance, i.e. its consumption continues despite the obvious negative medical and social consequences caused by its intake; 2) physiological (physical) addiction is characterised by an increased tolerance to increasingly large doses of a psychoactive substance (development of tolerance) and the development of withdrawal syndrome when stopping the intake of this substance.

Tolerance refers to a state of adaptation to narcotic or other psychoactive substances characterised by a reduced response to the ad-

ministration of the same amount of the drug when a higher dose of the drug is required to achieve the same effect. After a certain period of time after the beginning of systematic drug use, the initial dose ceases to have the desired effect, and the patient is forced to increase the dose. In the future, this dose becomes insufficient and the need to increase it even further arises. Tolerance increases, which is accompanied by suppression of the body's defence reactions (disappearance of vomiting, coughing, etc.). Increased tolerance can be manifested by both an increase in single doses and an increase in the frequency of taking the PAS.

Withdrawal syndrome (or abstinence syndrome) is a painful condition that develops in long-term and regular users of a PAS when they stop or reduce their intake. Health disorders specific to each pharmacological group of surfactants develop.

Another important feature of PAS addiction is the very rapid recovery of tolerance and withdrawal when the substance (or a pharmacologically similar substance) is resumed, even when the person has been abstinent for a long time (months or years).

It should be noted that, in addition to the typical PAS addiction states described above, there are many variants in which one or another of its components is absent, such as a situation in which tolerance to cannabis (marijuana, hashish) develops and there is a clear desire to repeat its use, but there are no or very weak clinical signs of withdrawal; or in cases of long-term medical use of PAS (e.g. analgesic opioids), the withdrawal syndrome may be pronounced, but patients do not have psychological addiction, i.e. an irresistible craving or urge to take these drugs and appropriate drug-seeking behaviour.

Drug addiction is a particular case of addiction to psychoactive substances classified as drugs according to international and national legislation (Keremi/Mukhambetova 2014). The term narcomania itself and its derivative—narcoman—are considered outdated as they have a negative meaning; however, these terms are still used in Russian-language literature. One such case is opiate addiction, i.e. addiction to natural opiates (derived from the opium poppy), semi-synthetic opioids, or synthetic opioids (i.e. substances similar to natural opiates).

Heroin (semi-synthetic opioid) addiction is the most typical variant of opioid addiction in the former Soviet Union. Addiction ini-

tially formed by ingestion of raw opium (containing a number of opiate alkaloids), a single opiate (e.g. morphine), or an opioid (e.g. heroin) is characterised by the development of cross-tolerance to any of the opioids (natural or synthetic) and cross-addiction. Thus, the physiological reactions that characterise opioid addiction are universal with the ingestion and withdrawal of any of the opioids. This is due to the fact that all of these substances interact with the same specific brain receptors and, accordingly, their administration leads to similar psychophysiological effects (e.g. an analgesic effect or a reduction of the cough reflex).

The nature of the course of addiction syndrome as a disease, namely the severity of clinical manifestations and the range and severity of medical and social problems, depends on the interaction of social, psychological, and biological factors. In general, the more unfavourable the social atmosphere in which a young person lives for a long time, the lower the person's well-being, the less psychological support they receive from the environment, and the worse his or her health, especially mental health, is, the more unfavourable the course of drug addiction.

The social problems that arise for drug users that are listed below, including conflict with the law, are mainly problems associated with the need to maintain drug use. As previously mentioned, some problems entail other problems, often more serious and dangerous to health.

Classification of Drugs

A psychoactive substance is a substance that, when consumed, alters mental processes such as thinking and emotions (WHO Dictionary of Alcohol, Drugs and Other Psychoactive Drugs 1994, 1996). PAS is the most general term for a whole class of substances used legally and illegally. There are different criteria for classifying PAS, such as according to their origin:

– natural, such as natural plant products (e.g. opium resin/raw opium, cannabis resin/hashish and marijuana (the leaves of the top of the plant and the inflorescences of hemp), "magic" mushrooms, Mexican mescal cactus) and natural plant com-

ponents obtained by isolating them from whole raw materials (e.g. morphine and codeine from raw opium; cocaine from coca leaves; nicotine from tobacco leaves; caffeine from coffee beans; tea from tea bush leaves), as well as substances obtained from the digestion of organic products (alcohol);
- semi-synthetic, obtained by special chemical processing of whole raw materials, such as heroin (diacetylmorphine), hydromorphine, codeine, and oxycodone;
- synthetic, derived from the synthesis of new chemical products, such as phenobarbital, seduxen, elenium, methadone, buprenorphine, amphetamine, ecstasy, ketamine, and many others.

PAS are also classified on the basis of chemical similarity and according to their psychopharmacological effects. In a simplified form, we can talk about the following categories of psychoactive substances (see Table 1 for examples of the most common PAS).

From a legal perspective, the production, storage, circulation, and consumption of PAS can be legal or illegal. In turn, the production, storage, circulation, and consumption of PAS may (1) not be regulated in any way by law (e.g. betel and khat in South-East Asia and the Middle East), or (2) legal production, storage, and circulation is regulated but consumption is not (e.g. coffee and tea), or (3) all of these components are regulated through a more or less strict control system (e.g. opioids, psychotropic drugs, alcohol), and finally (4) for certain PAS, there is a system of complete prohibition of their production, storage, circulation and consumption (for example, in relation to heroin and cannabinoids in the CIS countries; an exception is made only for the use of these substances for scientific purposes).

This form of regulation of the production, storage, circulation, and consumption of PAS—through mandatory legislation—is formal (official) control. Violations of this type of regulation (or total prohibition) are sanctioned by administrative or criminal penalties.

Along with formal control, there is also informal control (regulation) of the production, storage, circulation, and consumption of PAS (especially their distribution and consumption), manifested in the form of traditions and rules concerning certain PAS in a given

Table 1: Categories of psychoactive substances

Origin of PAS	Main psychopharmacological effects		
	Sedatives, sleeping pills, and anxiolytics	**Stimulants**	**Hallucinogens**
Natural	Alcohol, opioids (raw opium, morphine, etc.), cannabinoids (hashish, marijuana)*	Cocaine, caffeine, nicotine, ephedrine, cannabinoids (hashish, marijuana),* betel, khat, tea	Lysergic acid diethylamide (LSD), "magic" mushrooms (psilocybin) and fly mushrooms (bufotenin), cactus mescal (mescaline), herbal (atropine and hyoscine), volatile inhalants (gasoline, acetone), cannabinoids (hashish, marijuana)*
Semi-synthetic	Opioids (heroin, etc.)	Ephedrone (methylcathinone)	Atropine-like mixtures
Synthetic	Benzodiazepines (seduxen, elenium, etc.), neuroleptics (aminazine, etc.), barbiturates (luminal, etc.), phencyclidine,* methadone, buprenorphine	Amphetamine and amphetamine-like synthetics (MDA, MDMA, etc.), phencyclidine*	Phencyclidine,* atropine-like (antiparkinsonian agents like cyclodol), volatile solvents (toluene, trichloroethane, butane)

* Psychopharmacological effects of cannabinoids, phencyclidine, and atropine-like drugs depend on many factors and may vary (Keremi / Mukhambetova 2014).

society and in the society's attitude towards people involved in any of these stages.

In the process of interpenetration of cultures and intensification of communication, there is a certain levelling of the peculiarities of a particular society's attitude to a particular PAS and even inversion of this attitude. For example, polar attitudes towards alcohol in Christian (generally positive) and Muslim (generally negative) cultures are now rare—alcohol is legally consumed in almost all countries (except for a few countries that strictly adhere to Sharia

law). However, almost all cultures condemn excessive alcohol consumption (drunkenness), although the definition of "excessiveness" may differ.

A very different transformation of formal (law) and informal (societal attitudes) regulation can be observed with regard to tobacco smoking—more and more countries are adopting legislation limiting the availability (prices), age, and places allowed for cigarette sales and smoking; at the same time, due to widespread awareness of the negative health effects of tobacco, societal attitudes towards smoking are becoming increasingly negative.

It should be noted that the principle of strict control over production, storage, circulation, and consumption (or complete prohibition of the entire cycle) is the basis for the division of PAS into narcotic, psychotropic, and other PAS. Generally, substances classified as narcotic drugs are more strictly controlled than psychotropic drugs and other psychoactive substances.

As a rule, drugs such as neuroleptics, tranquilizers, and antiparkinsonian medications are classified as psychotropics. The drug category contains drugs proper (e.g. morphine, codeine) and other substances (e.g. raw opium, crack cocaine) that are not authorised for medical use. Other PAS include a variety of substances (from coffee and tea to volatile solvents and tobacco) that are regulated much more leniently, most often through a system of taxes and prices. Formally, the classificati of substances as narcotics or psychotropic drugs is done by entering them into special tables that are part of international and national legislation regulating the legal circulation of PAS (Keremy/Mukhambetova 2014).

Thus, the use of controlled PAS and, in particular, narcotics, can be legal (e.g. a doctor prescribing opioid analgesics to reduce pain after surgery or to relieve pain in cancer patients) and illegal when the drug is taken in violation of the rules governing its trafficking, such as taking heroin, a substance that is strictly prohibited in almost all countries, morphine obtained illegally and consumed without a doctor's prescription, or tranquillizers (e.g. sedoxen). In the latter case, the non-medical use of a narcotic or psychotropic drug is also referred to.

Factors Contributing to Drug Addiction

The phenomenon of PAS consumption has long history. Thus, the first references to the use of opium preparations date back to 50-40 centuries BC (six to seven thousand years ago); alcohol: 35-20 centuries BC (four to five and a half thousand years ago); coffee: the 10th century AD; and tobacco (in Europe): the 15th century AD. These and other PAS began to be used by people as they discovered useful properties, including the ability to cause desired psycho-emotional changes (sedation or stimulation, euphoria or a feeling of power, an analgesic effect, etc.).

Initially, these PAS were used as medicines (especially opium), for recreational purposes (festivals, receptions, etc.) or for utilitarian purposes. Advances in technology have led to increasingly "pure" PAS with ever higher concentrations of active ingredients. Thus, their psychoactive effects have increased significantly: compare the amount of wine drunk by the ancient Greeks during festivities (which they still diluted with water) and the amount of hard liquor—vodka, cognac—needed to intoxicate a person, or the potency of raw opium and heroin.

In addition, advances in technology have made it possible to produce incomparably larger quantities of these naturally purified, semi-synthetic (heroin) or fully synthetic PAS (e.g. tranquilizers used in medicine). While in ancient times alcohol was available mainly to the upper social strata and opium was used almost exclusively as a medicine (as an analgesic, tranquilizer, antidepressant, sleeping pill, etc.) by the wealthy, the possibility of industrial production of any PAS made it possible to produce large quantities of it at affordable prices (e.g. alcohol, coffee, tobacco, and opium derivatives such as promedol, morphine, etc.). Consequently, many more people have had the opportunity to consume PAS as medicines, for recreation, or as food.

Many PAS became a profitable commodity, and their turnover became subject to the same economic laws that apply to other goods (including the laws under which overt or covert advertising works). The availability of other PAS, mainly drugs, has become regulated through an international system of stricter control over their trafficking, including control of consumption situations. The development of transportation, commercial, and cultural (in the broad sense of the

word) links has not only increased the availability of PAS physically and led to familiarity with new PAS, but has also contributed to the demand for particular PAS. Thus, PAS availability and demand are the most important macrosocial factors determining the prevalence of PAS use among the population or its specific groups.

The main factors influencing the initiation of illicit substance use are discussed below.

Economic macrosocial factors, such as the employment rate of the population or groups of the population, hence the ability to earn and maintain a decent living for themselves and their families, the availability of social guarantees (e.g. free education, healthcare) and access to social assistance, and the state of peace or war, have an indirect impact on the availability of and demand for illicit PAS. For example, unemployment can encourage people to become involved in small-scale drug dealing: in the 1990s and early 2000s, in many Central Asian countries, women were used as couriers to transport small quantities of drugs to earn money in the face of high unemployment, and sometimes teenagers and even children were used to deliver small doses of drugs.

Lack of sufficient income is as much a risk factor for PAS use or abuse as a monotonous and boring job or lack of opportunities for professional development. As a rule, alcohol and drug use increases in conditions of social tension, not to mention war.

One of the social risk factors for drug use may be internal migration, especially rural–urban migration, if it creates a sense of loss of roots, leads to the destruction of traditional family values and ties and the loss of the social structure present in the native village, involves a process of difficult adaptation to the local culture, or causes a sense of alienation.

The influence of a person's immediate social environment, which in Russian-language literature is referred to as the microsocial environment and in English-language literature as the local community, i.e. the local infrastructure and people who live close to the child and then the adolescent and young adult, especially family, teachers, friends, and, in general, peers is a critical factor in shaping attitudes towards PAS use.

Geographically, this may be a neighbourhood, a few streets, or a group of houses, including a school and other infrastructure. This microsocial environment, through a system of traditions, customs,

and approaches to the upbringing and education of children, adolescents, and young people, shapes their value orientations and social attitudes (what is important and what is unimportant; what is good and what is bad; what to be proud of and what to be ashamed of; how to act in certain situations, etc.).

The state of the infrastructure of the place where a person lives is very important; it reflects the level of social development of the area and the well-being of its residents. The infrastructure of a particular neighbourhood may be poorly developed, e.g. the quality of housing is poor, the housing is cramped, the surroundings are not well maintained, and there are mountains of garbage; schools are poorly equipped, there are not enough teachers, and there are no places for extracurricular activities for children and adolescents, or these services are very expensive and inaccessible to the majority of the population; children spend most of their time without adult supervision and without structured activities. In such places, the risk of initiation to tobacco, alcohol, and drugs is higher than in places of residence with a strong infrastructure, good organisation of upbringing, education, and leisure activities for children and adolescents, cohesion, and a positive emotional atmosphere.

In the modern world, children, youth, and adults are involved in virtual social networks, and their influence becomes very noticeable in the formation of lifestyle and system of human relations (formation of self-esteem, attributing oneself to some social group and accepting its values). These systems (the actual social network and the virtual network), among the general influences on personality formation, determine the acceptability of the consumption of certain PAS; the same factors determine who (only men and/or women too), at what age, in what situations, and in what quantity can take a certain psychoactive drug.

Finally, a person's individual biopsychological characteristics (somehow a product of macro- and microsocial factors) also determine which PAS are consumed (or not consumed) and with what consequences. Biological factors include genetic (endogenous) factors and so-called exogenous factors (brain injuries, diseases, including those suffered by the mother and foetus during pregnancy or birth trauma, the effects of severe stress, etc.)—anything that pathologically changes the functioning of the organism and, first of all, of the brain.

These individual factors, which determine the peculiarities of neuro-biochemical and psychophysiological processes of the human organism, manifest themselves, among other things, in the peculiarities of temperament and other characteristics of the individual (e.g. propensity to panic attacks, anxiety, depression, low pain threshold, etc.). In turn, these features determine the effect in an individual of taking a particular PAS and, accordingly, the repetition of its intake or refusal of it. It should be noted that all of these characteristics alone do not mean that an individual will necessarily start taking PAS. Rather, when given a choice of several PAS, he or she will choose the one that is most available and that has the best effect.

The formed attitude to the intake of a particular PAS and its actual intake may change over the course of an individual's life and depend on the dynamic interplay of macrosocial, microsocial, and biopsychological factors, such as physical inaccessibility of a PAS or, on the contrary, a decrease in its prices, a change in the "fashion" for its intake, awareness of the negative consequences of its intake, disapproval of its intake by significant people or, on the contrary, encouragement of PAS intake, severe stress and the desire to find relief through PAS intake, etc.

In general terms, we can talk about the most typical situations, relationships, and character and personality traits that increase the likelihood of an individual becoming involved in the abuse of legal or illegal PAS.

The most important categories related to the assessment of factors affecting drug use are the categories of risk and vulnerability to HIV infection. Risk refers to the high probability of acquiring HIV infection as a result of unsafe behaviours, including injecting drug use (International AIDS Society 2010). Vulnerabilit*y* is a set of factors that make a person powerless in the face of life's challenges, including "the ability to avoid the risk of HIV infection".[5]

Factors that make people vulnerable include a lack of knowledge about HIV or lack of skills to avoid risky behaviours; inability to access condoms, clean needles, or other means of protection; gender

5 International AIDS Society/NIDA (2010): Prevention and treatment of HIV/AIDS in drug users: a global perspective, p. 82.

or material inequalities; and discrimination and stigma that keep people from changing risky behaviours.

These factors, individually or together, if prevalent in a community, create collective vulnerability. Vulnerability does not depend on how high HIV prevalence is. If HIV vulnerability is high, it is likely that individuals or the community will be more at risk of HIV infection when HIV prevalence increases in that setting.

Psychological and Physiological Consequences of Drug Addiction

The consequences of consuming a psychoactive drug depend on its chemical nature, the purity of the PAS (concentration of active ingredients and the presence of adulterants), the dose taken, the frequency of intake, the method of introduction into the body, the health status of the person, and the social situation in which the intake of this PAS occurs. The health and social consequences of illicit injecting opioid use are summarised below (Keremi / Mukhambetova 2014).

Health disorders associated with drug use

Acute health disorders:

- overdoses,
- allergic reactions,
- trivial infections (abscesses, phlebitis).

Chronic health disorders:

- addiction syndrome,
- viral hepatitis B and C,
- HIV infection,
- tuberculosis,
- Sexually transmitted infections (STIs),
- mental disorders, including depression,
- chronic septic processes,
- phlebitis and sclerosis of veins.

Social consequences of drug use

- financial hardship,
- job loss,
- problems in the family: divorce, neglect of children's upbringing, domestic violence, psychological trauma in children, drug use by children, deprivation of parental rights, abandonment of a child.

Conflict with the law (administrative or criminal punishment): arrest, imprisonment

Many consequences of drug use are interrelated. For example, fear of discrimination causes many Injecting drug users IDUs with HIV infection to hide the fact that they use drugs from HIV care providers and other health workers. This increases the risk of diagnostic errors and drug–drug interactions between prescribed antiretrovirals and illegal drugs. Often, financial problems lead drug users, especially women, to engage in sex work to earn money (and buy drugs), putting themselves at additional risk of violence and STIs, including HIV infection.

Lack of money to buy drugs, especially if drug users are unemployed, may push individuals to commit crimes, most often theft. Drug users can also be arrested and convicted of drug trafficking (possession and distribution) when they sell small quantities of drugs in their community. The imprisonment of a drug user may increase the risk of contracting blood-borne diseases, STIs, or tuberculosis if the prison does not provide effective prevention and treatment. Physical and sexual abuse is not uncommon in prison, and inmates of IDUs suffer from depression and anxiety disorders and suicide.

Financial difficulties, employment problems, emotional changes typical for drug users, and, in case of chronic drug use, loss of previous life goals lead to the aforementioned problems in the family. In addition to the family, the immediate environment, one way or another, is affected by the problems of the drug user (borrowing money from friends and neighbours without repaying debts, the family asking for help in cases of scandals, etc.). In the vast majority

of cases, the above consequences are observed in persons with drug addiction.

It is clear that the whole society also bears a certain economic burden associated with the consequences of drug use. These are, first of all, the high costs of treating HIV infection, hepatitis B and C, and multi-resistant tuberculosis, not uncommon among IDUs with HIV, as well as other health disorders. Costs are also associated with the need to provide social assistance to families of IDUs left without breadwinners; significant costs are associated with criminal prosecution, court proceedings, and detention of IDUs in penitentiary institutions.

As mentioned above, the consequences of illegal drug use negatively affect not only the life of the drug user (DU), but also the life of his/her family, other people in the immediate environment, and society as a whole. Part of the impact depends on the chemical nature of the drug, on its purity and the way it is administered, and more specifically on the behaviour of the drug user, while another part depends on the attitude of society towards drug use and drug users themselves, as well as on the legislation related to drug control and regulating the provision of health and social services for drug users.

The problem of stigmatisation and discrimination is one of those issues that requires special attention from the public, legislative bodies, and state authorities. Thus, studies show that there is still a high level of stigma and discrimination in healthcare and in Primary health care (PHC) organisations, as well as in receiving sexual and reproductive health services. According to the Central Asian Association of People Living with HIV (PLHIV), discrimination against women who use drugs, women living with HIV, sex workers, and women in prisons is institutionalised. This discrimination leads to the criminalisation of marginalised groups of women, the violence and cruelty they face in state institutions, violation of parental and reproductive rights, disclosure of HIV status, and the access of women who use drugs to opioid substitution therapy.[6] Self-stigmatisation is also high.

6 Central Asian Association of PLHIV (2022): People Living with HIV Stigma Index 2.0. Report on the results of the study, p. 44.

Discrimination follows stigma and is "the unfair or biased treatment of an individual on the basis of their real or perceived status. Discrimination occurs when some kind of exclusion is made against a person, resulting in unfair or biased treatment based on their membership or perceived membership in a particular group."[7] Stigma and discrimination violate basic human rights and can manifest themselves at various levels, including political, economic, social, psychological, and institutional. Prejudice and stigmatisation often encourage people to do something or not to do something that excludes another person from receiving services or infringes on their rights.

Approaches have now been developed to mitigate the consequences of drug use in ways that improve the health and social status of the Drug user and his/her family and economically benefit society as a whole. The non-governmental sector plays a major role in the implementation of prevention and treatment of drug addiction, as well as interventions related to the consequences of PAS use.

Treatment of Drug Addiction and the Role of NGOs

Drug addiction is a preventable and treatable disease, and there are effective ways to prevent and treat it. The best results are achieved when there is an integrated, multidisciplinary approach with a variety of pharmacological and psychosocial interventions to address the different needs of patients. The same skilled, systematic, evidence-based approach should be provided for the treatment of drug addiction as is used for the treatment of other chronic diseases that were considered untreatable decades ago.

Psychoactive substance addiction treatment is "any structured intervention with the prescription of medication or the use of psychosocial techniques aimed at reducing the use of an illegal drug or abstinence from taking it with the goal of improving the patient's health" (European Monitoring Center for Drugs and Drug Addiction (EMCDDA) 2002).[8]

7 UNAIDS (2021): HIV, Stigma and Discrimination. In: Human Rights Fact Sheet Series, No. 7.

8 Cited in EMCDDA (2008): Report on the quality of drug addiction treatment organizations in Europe.

The ultimate goal of drug addiction treatment is to stop illegal drug use, to improve the patient's physical and mental health, and to fully integrate the patient socially, i.e. they fulfil a useful, fulfilling role in the family, workplace, and community. It is well known that even after a very long period of abstinence from PAS, the signs of addiction (tolerance, withdrawal, and strong craving for the substance) return very quickly. This is why we speak of recovery, remission, stabilisation of the patient's condition, but not of recovery from addiction. There are also spontaneous remissions, which largely depend on social factors that influence a person's behaviour.

There is a significant group of people with addiction, especially opioid addiction, who never reach the goal of complete cessation of use of this group of drugs; their condition can, however, be stabilised through years of maintenance treatment with opioid agonists. With successful treatment, their functioning becomes virtually indistinguishable from that of non-dependent individuals.

There are two main approaches to the treatment of drug addiction: 1) psychosocial interventions, where improvement in the patient's condition (behavioural change) is expected as a result of the application of certain psychological techniques, but without the use of medications; 2) pharmacological treatment, aimed at the alleviation of withdrawal symptoms, treatment of comorbid health disorders, and continuation of maintenance therapy with medications.

Currently, the most commonly used approach is pharmacological treatment with psychosocial support, which means a combination of specific pharmacological and psychosocial interventions that are delivered with the aim of both reducing illicit drug use and opioid-related harms and improving quality of life. It should be noted that many psychosocial techniques and interventions are available, while there are few effective pharmacological treatments for drug addiction.[9]

Effective treatment results in the patient regaining control over his or her own behaviour, i.e. blocking compulsive drug-seeking behaviour. His or her response to "normal reward stimuli" is improved, interpersonal relationships are restored, and quality of life is improved.

9 WHO (2010): Guidelines for the pharmacological treatment of opioid addiction with psychosocial support.

As stated in the International Standards for the Treatment of Substance Use Disorders (WHO/UNODC 2020), "there is no single treatment modality that can work for everyone without exception. The response must be comprehensive and tailored to meet the needs of individuals. Wherever possible, appropriately coordinated and diverse services, including mental health, psychological and emotional support, social and other support services (including assistance with housing, training or employment and legal aid where necessary), and other specialized health care services (e.g. for HIV, HCV, TB and other co-morbidities) should be involved in treatment implementation".[10]

The International Standards for the Treatment of Substance Use Disorders (WHO, UNODC, 2020) indicate[11] that the treatment system for substance use disorders should be organised hierarchically, from informal community-based care (outreach, self-help groups, informal support from family and friends) to long-term residential services.

One of the key factors in the success of rehabilitation work is managing to solve the social problems of drug users when they're in the first stages. The results of recent studies show that the system of comprehensive psychosocial rehabilitation is based on the principle of multidisciplinary, whereby a doctor, psychiatrist, and drug addict, along with a medical psychologist, psychotherapist, social work specialist, and social worker, work together, which significantly expands both the range of assistance offered to a patient with addiction and the individual's knowledge and skills

The most common model is that of a coordinated integrated network that includes various components of the local health and social care system. Low-threshold entry-level services (such as outreach and support centres) with defined referral mechanisms for clinical drug treatment and accompanying social care are an important element of such a network. In this way, partnerships are made not only

10 VOZ, UNP UNITED NATIONS (2020): International Standards for the Treatment of Substance Use Disorders: revised edition to reflect field trials, p. 22.

11 Raspopova N.I./Jamantayeva M.Sh./Marhabayeva R.A. (2019): The role of social and personality factors in the genesis of addictive disorders. In: Bulletin of KazNMU, No. 1. www.cyberleninka.ru/article/n/rol-sotsialnyh-i-lichnostnyh-faktorov-v-geneze-addiktivnyh-rasstroystv, 5. 4. 2024.

between different public health and social protection services, but also with other stakeholders: NGOs (including those providing outreach services, training, selected follow-up activities); police (participation in screening, referral to treatment); the criminal justice system (including provision of treatment as an alternative to conviction and punishment, as well as provision of treatment for drug use disorders); and other stakeholders.

In Kazakhstan, drug addiction treatment and subsequent rehabilitation is integrated with the mental healthcare system. Treatment is provided in various forms: inpatient treatment for detoxification, medical and social rehabilitation, therapeutic communities, inpatient treatment for detoxification; medical and social rehabilitation; therapeutic communities; inpatient substitution treatment, including day hospitals for maintenance and relapse treatment; outpatient treatment for maintenance and relapse treatment; and opioid substitution therapy (available in 13 cities). Drug addiction treatment is provided by specialised state organisations within the guaranteed volume of free medical care (GFMC),[12] and there are also private practitioners' services.

According to state official statistics, as of 1st January 2024, 108,722 people in Kazakhstan were under dynamic observation with a diagnosis of "mental behavioural disorders" due to PAS use, including 18,329 with addiction to narcotic drugs and psychotropic substances (Central Communications Service under the President of the Republic of Kazakhstan, 2024). Of these drug addicts, 91 % (16,817 people) are men, 9 % (1,512 people) are women, and 15 % (2,734 people) are young people between 18 and 29 years of age. By type of substance used, 33.2 % (6,080 people) are dependent on opioids, 35.4 % (6,488 people) are dependent on cannabinoids, and 4.3 % (798 people) are dependent on synthetic drugs (Central Communications Service under the President of the Republic of Kazakhstan 2024).

The non-governmental sector plays a crucial role as a partner to the state in various areas. In the Comprehensive Plan to Combat

12 According to the data of the Central Communications Service under the President of the Republic of Kazakhstan, is conducted in outpatient conditions in 77 primary mental health centers, in 205 mental health rooms deployed at district hospitals, in 20 hospitals, and at one republican scientific-practical centre. www.ortcom.kz/ru/ekspertnoe-obsuzhdenie/1708410665

Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2023–2025, NGOs are set to be involved in several key initiatives. These include countering drug advertising and promotion on the Internet by distributing graffiti and other information about drug-related websites, with the support of NGOs, bloggers, IT specialists (including hackers), volunteers, and other public members. Additionally, the plan outlines the creation of a localized model to combat drug addiction, tailored to regional specifics, involving NGOs, local government, active citizens, media, and others. The plan also emphasizes the importance of providing informational support for anti-drug activities conducted by state bodies and NGOs, particularly focusing on the issue of drug addiction among young people, with relevant content being posted on the website www.eljastary.kz.[13]

In Kazakhstan (Law of the Republic of Kazakhstan on Public Associations 1996), the right to freedom of association is one of the most important constitutional rights of man and citizen, the realisation of which meets the interests of society and is protected by the state (Law of the Republic of Kazakhstan on Public Associations 1996).

A non-profit organisation is a legal entity that does not have as its main purpose the extraction of income and does not distribute the net income received among its participants (Law of the Republic of Kazakhstan on Non-Profit Organizations 2001).

Kazakhstan has an information database formed to ensure transparency of the activities of non-governmental organisations and to inform the public about them, as well as for use in the placement of the state social order, the state order for the implementation of strategic partnerships, grants, and prizes (Law of the Republic of Kazakhstan "On the State Social Order, Grants and Prizes for Non-Governmental Organizations" 2005).

The web portal www.infonpo.gov.kz (NGO Database 2024) was created to provide information on non-governmental organisations in electronic form. Information is provided by non-governmental organisations annually until 31st March of the year following the re-

13 Comprehensive Plan to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2023–2025. Approved by Resolution of the Government of the Republic of Kazakhstan [No. 508, 29 June 2023].

porting period. Non-governmental organisations provide information on their activities, indicating information for the reporting period and information on projects implemented in the current year.

A non-governmental organisation is understood as a non-profit organisation (except for political parties, trade unions, and religious associations) established by citizens and/or non-governmental legal entities on a voluntary basis to achieve common goals in accordance with the legislation of the Republic of Kazakhstan. A non-governmental organisation is also understood as a representative office and a branch (a separate subdivision) of a foreign or international non-profit organisation operating in the territory of the Republic of Kazakhstan.

In general, the analysis of available information and our own experience of working in projects allows us to say that the range of services provided by NGOs is quite wide, including work in educational institutions on primary prevention of drug addiction, the organisation of explanatory activities and the provision of information, social support for drug addicts who have undergone treatment, participation in the National Preventive Mechanism (NPM), and work in prisons on HIV prevention.

An important component of the civil sector's work in the field of drug addiction treatment and rehabilitation is peer outreach work. International experts recommend it as an extremely effective method of working with IDUs, since drug user communities (as well as PLHIV) are very closed groups: they are outside or in conflict with the law, are subject to discrimination and condemnation, and are therefore forced to lead a closed lifestyle.

Outreach is effective in identifying interconnected groups of people who use drugs, recruiting them to use services provided by harm reduction programmes, establishing trusting relationships between programme staff and people who use drugs, and distributing sterile injecting equipment and educational materials. These programmes can also advise people in need to seek drug addiction treatment and healthcare (including HIV testing and counselling) and offer social assistance (including legal support).

Outreach work is used to implement prevention programmes among IDUs in particular to disseminate knowledge and tools to prevent HIV infection, STIs, and diseases related to injecting drug use: clean needles and syringes, antiseptic solutions, bandages,

medications (including for overdose prevention and elimination), condoms, informational and educational materials (newspapers, leaflets, booklets), and so on.

The outreach implementer or outreach worker directly distributes HIV/STI prevention commodities to drug users. Through the outreach worker, drug users get access to the services of specialists such as doctors, psychologists, and lawyers. Most outreach projects employ either drug users themselves or people who have used drugs in the past.[14]

Outreach is a very effective tool for HIV prevention activities such as needle and syringe exchange programmes (NSPs), condom programmes, and targeted information, education, and communication (IEC) programmes targeting IDUs. In addition, outreach can provide referrals to injecting drug users for treatment such as opioid or maintenance substitution therapy (OST or MST) and antiretroviral therapy (ART).

The contribution of the Public Foundation (PF) "Aman-Saulyk" in the treatment of drug addiction for patients of OST/PST programmes during the Covid-19 pandemic is very illustrative. Patients in the OST program are part of vulnerable population groups, with many being unemployed and in need of assistance. This issue became especially pressing during the COVID-19 pandemic (Zhanazarov 2021). The Public Foundation 'Aman-Saulyk,' with grant support from the Soros Foundation-Kazakhstan, implemented a project titled 'Supporting Patients of the OST/PST Program During the COVID-19 Pandemic.[15] from June 2020 to March 2021. The objective of the project was to provide assistance to patients of the OST/PST programme in the form of personal protective equipment (PPE, i.e. disposable medical masks and personal antiseptics), money for transportation costs, food kits, and hygiene products. This entire amount of assistance was provided to

14 NGO Manager's Handbook (2004): Part IV. Collection of materials on organization of outreach work and consulting in harm reduction programs implemented by NGOs. Poltava, p. 8.

15 Zhanazarov S. (2021): Case study on ensuring access to medical services for vulnerable groups of population during the pandemic. In: Civil society and non-governmental organizations in the Republic of Kazakhstan. Almaty: Agt Depo studio, pp. 63–66.

the participants of the programme at OST/PST sites in the Mental Health Centers of Aktobe, Almaty, Atyrau, Karaganda, Kostanai, Kyzylorda, Pavlodar, Semey, Taraz, Ust-Kamenogorsk, Uralsk, and Ekibastuz. From June 2020 to March 2021 the number of patients in the MHT programme in these cities increased from 286 to 319 (Zhanazarov 2021).

NGOs often become participants in large-scale research on the institutional framework for the realization of the rights of vulnerable groups and implement programmes to advocate for the rights of vulnerable groups, especially when it comes to gender issues. For example, Lubov Chubukova, one of the coordinators of the Kazakhstan Union of People Living with HIV, one of the largest NGOs in the country, participated in the Soros Foundation-Kazakhstan's New Generation of Human Rights Defenders fellowship project "The right of drug dependent women to freedom from torture and ill-treatment during pregnancy and childbirth" in 2016–2018.[16]

In 2017, she was part of a team of activists who in 2017 began writing Kazakhstan's first ever thematic report on the implementation of the UN Convention on the Elimination of All Forms of Discrimination against Women in the field of HIV infection. Chubukova's research focused on the state's responsibilities towards pregnant women who use drugs: "Drug use is associated with a higher risk of violence – from a partner, the police, other people. Therefore, the risks of such pregnancies are also high. I managed to interview 34 women in one month. The largest percentage of them decided to terminate the pregnancy, 25 percent did it on the recommendation of a doctor. Percentages of 20 are miscarriages and frozen pregnancies. The number of cases that ended in childbirth is 15 percent." The analysis of the legal framework, case studies, interviews, and focus groups led to the conclusion that there is stigmatisation and discrimination of pregnant women who use or have used drugs by medical personnel, a lack of medical protocols on the provision of care and treatment to women who use or have used drugs during

16 Radio Azzatyk: Interview with Chubukova L. "Drug addicts and pregnancy is a topic nobody needs." www.rus.azattyq.org/a/drug-addicts-and-pregnancy-in-kazakhstan-for-the-international-day-against-violence-against-women/29617300.html, 25.11.2018.

pregnancy and childbirth, and a lack of necessary competencies among doctors to manage such cases of pregnancy.

Statistics on NGOs operating in the Republic of Kazakhstan show 22,240 registered NGOs, including 5,856 organisations that submitted timely reports for 2021 (NGO Database 2024), which have formed into stable groups for various purposes: social, cultural, scientific, educational, charitable, and managerial purposes; protection of the rights and legitimate interests of citizens and organisations; resolution of disputes and conflicts; meeting the spiritual and other needs of citizens; protection of citizens' health; and protection of the environment,

Table 2: Funding of NGOs in Kazakhstan for 2024

Funding	Number of NGOs	Number of donors	Number of projects	Amount in tenge /euro in thousands	Share of funding in %
Government	192 (55.33 %)	266 (59.91 %)	386 (55.30)	6 016 796 / 12 279	57.51 %
Kazakhstan commercial	18 (5.19 %)	30 (6.76 %)	41 (5.87 %)	781 709 / 1 595	7.47 %
Kazakhstan non-profit	48 (13.83 %)	58 (13.06 %)	75 (10.74 %)	1 510 389 / 3 082	14.44 %
Foreign commercial	3 (0.86 %)	3 (0.68 %)	3 (0.43 %)	1 432 200 / 2 000	19.56 %
Foreign non-profit	26 (7.49 %)	48 (10.81 %)	77 (11.03 %)	2 046 032 / 4 175	0.01 %
Self-funding	60 (17.29 %)	39 (8.78 %)	116 16.62 %)	105 309 / 214 000	1.01 %

More than 1,500 NGOs that receive state funding are registered on the official websites of the Non-profit Joint Stock Company (NJSC) "Centre for Support of Civic Initiatives". The mission of this NJSC is to assist NGOs in the implementation of social projects of the state.

According to the data of the NAO "Center for Support of Civic Initiatives" for 2017–2021, there are a total of 308 projects, of which 84 (27.3 %) are aimed at promoting the development of civil society, 55 (17.8 %) are aimed at promoting support for youth policy and children's initiatives, 54 (17.5 %) are aimed at promoting the protection of rights and legitimate interests of citizens and organisations, 16 (5.2 %) are aimed at promoting the achievement of goals in the field of education, science, information, physical education, and sports, and eight (2.5 %) are aimed at promoting health protection and healthy lifestyles (cisc.kz 2021). There are no projects on social support of people who inject drugs. The NGO Database reports that between 2020 and 2022, a total of 3,794 projects were carried out across different sectors. These initiatives involved 311 NGOs and were supported by 432 donors. In total, 698 projects were tracked, with a combined budget of 10,461,671,123.36 KTZ.

As of 1st April 2024, 698 projects worth 10 billion 462 million tenge (21 million 350 thousand euros) were implemented in the register of projects of branches and representative offices of NGOs. At the same time, 55.3 % (386) of the projects are financed by the state to the value of 6 billion 16 million tenge (12 million 279 thousand euros), which is 57.5 % of the total amount of funding.

In 2006, there were 62 non-profit public organisations working in the field of HIV/AIDS prevention in the country, of which 36 worked with vulnerable groups and only three worked with people living with HIV/AIDS (Aimagambetova, Tokpanova, Musina & Abdrakhmanov 2012).

In the register of NGO projects dealing with HIV infection, 56 projects were identified in the following areas (2020):

- Protection of citizens' health, promotion of healthy lifestyle (28);
- Support of socially vulnerable population (21);
- Provision of assistance to a person (family) in a difficult life situation (4);
- Other socially significant directions not contradicting the legislation of the Republic of Kazakhstan (3).

International non-profit organizations provide 60.5 % of the grants for HIV prevention projects. These organizations include the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the United Nations Population Fund (UNFPA); the United Nations Development Programme in Kazakhstan; the United Nations Office on Drugs and Crime; the United States Agency for International Development (USAID); the International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University in Central Asia; and several others. In addition, there is a practice in Kazakhstan of providing a state social order. This is a form of implementation of social programs and projects aimed at solving problems in the social sphere at the expense of the state budget. The executors of the state social order are non-governmental organizations (Law of the Republic of Kazakhstan "On State Social Order, Grants and Awards for Non-Governmental Organizations" 2005).

Realisation of the state social order, provision of state grants, and awarding of prizes are carried out in the following spheres:

1) achievement of goals in the field of education, science, information, physical culture, and sports,
2) protection of citizens' health and promotion of healthy lifestyles,
3) environmental protection,
4) support of youth policy and children's initiatives,
5) assistance in solving family, demographic, and gender issues,
6) support for socially vulnerable segments of the population,

7) assistance for orphans and children from single-parent and large families,
8) assistance in ensuring labour employment of the population,
9) protection of the rights and legitimate interests of citizens and organisations,
10) development of culture and art,
11) protection of historical and cultural heritage,
12) strengthening social harmony and national unity,
13) assisting probation services in providing social and legal assistance to persons on their books,
14) conducting public monitoring of the quality of public services,
15) promoting the development of civil society, including increasing the effectiveness of non-governmental organisations,
16) development and support of volunteer initiatives.

The realisation of the state social order is also carried out in the areas of:

1) providing assistance to a person (family) in a difficult life situation,
2) formation of responsible treatment of animals, including support of animal shelters,
3) preservation and reproduction of Kazakh dog breeds,
4) in other socially significant areas, not contradicting the legislation of the Republic of Kazakhstan.

Analysis of the official Public Procurement Portal of the Republic of Kazakhstan Joint Stock Company (JSC) "Center of Electronic Finance Ministry of Finance of the Republic of Kazakhstan" (Register of lots, 2024) showed that the procurement of state social order was found for 30,444 records, of which 4,349 were for 2023, 3,324 were for 2022, and 3,235 were for 2021. Each record includes the name of the announcement, lot description, amount, procurement method, and lot status.

In addition, the searching of state social orders aimed at social work with PLHIV and prevention of HIV infection showed that in 2021 there were two purchases of services ordered by the regional AIDS prevention and control centres, and in 2022 there were four.

Analysis of the technical specifications of the procured services within the framework of the state social order showed the main directions to be:

- achievement of UNAIDS goals by 2030: 90 % of people living with HIV will know their status and 90 % of people knowing their status will be in therapy,
- improving the level of adherence to Antiretroviral therapy (ARV),
- provision of social assistance to HIV-positive children and adolescents for schooling,
- provision of assistance to children and their parents and guardians in disclosing their status,
- prevention of HIV infection in key groups populations, in particular among PWID.

Conclusion

Treatment of drug addiction is a complex task that requires a comprehensive approach. Effective therapy should include pharmacological methods aimed at reducing withdrawal symptoms and maintenance therapy, as well as psychosocial interventions aimed at changing the patient's behaviour and improving his or her psychoemotional state. The ultimate goal of treatment is not only to stop illegal drug use, but also to fully integrate the patient into society, restore interpersonal relationships, and improve quality of life.

Kazakhstan currently has a fairly developed system of treatment and rehabilitation of drug addicts, integrated with the system of psychiatric care. Treatment is provided both in state institutions and by private organisations and includes various forms of assistance, from inpatient treatment to outpatient support. An important part of the treatment system, especially for patients addicted to opioids, is opioid or maintenance substitution therapy, which is implemented in 13 cities of the Republic.

Non-governmental organisations play an important role in the prevention and treatment of drug addiction, especially when it comes to outreach work, advocacy, and large-scale research on drug addiction. Active involvement of NGOs in anti-drug activities at the state level is envisaged by the Comprehensive Plan to Combat Drug Addiction and Drug Business in the Republic of Kazakhstan for 2023–2025.

Thus, successful treatment of drug addiction is possible only through close cooperation between governmental structures and

non-governmental organisations, application of scientifically based treatment methods, and a comprehensive approach to the rehabilitation of patients.

References

Aimagambetova, I.B./Tokpanova, A.S./Musina, S./Abdrakhmanov, E. (2012): On The Role of Nongovernmental Organizations in The Prevention of HIV Infection in the Penitentiary System. In: Bulletin of the Medical Center of the Administration of Affairs of the President of the Republic of Kazakhstan, No. 2, p. 24.

Central Asian Association of PLHIV (2022): People Living with HIV Stigma Index 2.0. Report on the results of the study.

Center for Electronic Finance of the Ministry of Finance of the Republic of Kazakhstan (2024): Register of lots. www.goszakup.gov.kz/ru/search/lots?filter%5Bname%5D=&filter%5Bnumber%5D=&filter%5Bnumber_anno%5D=&filter%5Benstru%5D=&filter%5Bmethod%5D%5B%5D=52&filter%5Bcustomer%5D=&filter%5Bamount_from%5D=&filter%5Bamount_to%5D=&filter%5Btrade_type%5D=s&filter%5Bm, 3.04.2024.

ICD-11 (2021): Chapter 06. Mental and behavioral disorders and disorders of neuropsychic development. Statistical classification. Moscow: "KDU", "Universitetskaya kniga". DOI: 10.31453/kdu.ru.91304.0143.

International AIDS Society/NIDA (2010): International AIDS Society Prevention and Treatment of HIV/AIDS in Drug Users: A Global Perspective.

Keremi N./Mukhambetova K. (2014): Socio-medical and legal aspects of prevention of HIV infection and drug use among drug users and in prisons. Training manual. Astana: UNODC Program Office.

Khan Mashad (2022). An overview of substance use. MSD handbook. Professional version.

Khan, Mashad (2022): Substance use disorders. MSD Handbook. Professional version.

Ministry of Justice of RK: Law of the Republic of Kazakhstan on Public Associations. [31 May 1996]. www.adilet.zan.kz/rus/docs/Z960000003_, 28. 03. 2024.

Ministry of Justice of RK: Law of the Republic of Kazakhstan "On non-profit organizations" 16 January 2001. www.adilet.zan.kz/rus/docs/Z010000142_, 28. 03. 2024.

Ministry of Justice of RK: Law of the Republic of Kazakhstan "On the State Social Order, Grants and Prizes for Non-Governmental Organizations." 12 April 2005. www.adilet.zan.kz/rus/docs/Z050000036_, 28. 3. 2024.

Ministry of Justice of RK: Comprehensive Plan to Combat Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2023–2025. Ap-

proved by the Resolution of the Government of the Republic of Kazakhstan [No. 508, 29 June 2023]. www.adilet.zan.kz/rus/docs/P2300000508.
NGO Database: Civil Society Committee of the Ministry of Information and Culture. www.infonpo.gov.kz/web/guest/glavnaa-stranica, 28. 04. 2024.
NGO Manager's Handbook (2004): Part IV. Collection of materials on organizing outreach work and conducting counselling in harm reduction programs implemented by NGOs. Poltava.
Raspopova N.I./Jamantayeva M.Sh./Marhabayeva R.A. (2019): The role of social and personal factors in the genesis of addictive disorders. In: Bulletin of KazNMU, No. 1.
UNAIDS (2021): HIV, stigma and discrimination. In: Human Rights Fact Sheet Series, No. 7.
VOZ/UNP UNITED NATIONS (2020): International standards for the treatment of substance use disorders: revised edition to reflect field trials.
WHO (2010): Guidelines for the pharmacologic treatment of opioid addiction with psychosocial co-management.
Zhanazarov, S. (2021): Case study on ensuring access to medical services for vulnerable groups during the pandemic. In: Civil society and non-governmental organizations in the Republic of Kazakhstan. Almaty: Agt Depo studio.

Guzalkhon Zakhidova

7. NGO Engagement in HIV Prevention, Drug Treatment, and Support for Vulnerable Populations in Uzbekistan

Introduction

Over the last 24 years, Uzbekistan has witnessed a growing emphasis on the role of non-governmental organisations (NGOs) in addressing critical issues such as HIV prevention, drug treatment, and support for vulnerable populations. Despite significant challenges, NGOs play a vital role in advocating for policy reforms, providing essential services, and fostering community empowerment to combat HIV/AIDS and support those in need, advancing HIV prevention and support initiatives in Uzbekistan.

Navigating Legal Reforms for NGO Engagement

Recent resolutions and regulations aimed at facilitating NGO engagement have shown promise in improving the operating environment for NGOs. However, advocacy efforts by NGOs, such as collective appeals to amend or repeal restrictive legislation, highlight the ongoing need for legal reforms and policy changes to enhance NGO effectiveness. Despite challenges, NGOs continue to make a tangible impact through their HIV prevention, drug treatment, and support programmes, reaching thousands of individuals and communities across Uzbekistan.

A crucial decree entitled "On measures to radically enhance the role of civil society institutions in the process of democratic renewal

of the country"[1] was issued by President Shavkat Mirziyoyev in May 2018. This directive made clear how critical it is to increase civil society organisations' participation in furthering the nation's democratic reforms. The recognition that public funding was insufficient to sufficiently support the ambitious undertakings carried out by civil society organisations was at the heart of the decree. Therefore, the decree sought to create particular public funds that would be financed locally in order to increase support for NGOs and other civil society organisations, starting in 2019. Even though these public funds are officially recognised and established throughout the nation, they face substantial operating challenges. Interestingly, the allotted money is still not being used as of July 2024.

Despite the laws on NGOs, which state that the introduction of new proposals and innovations in public administration can be achieved through joint decisions, the final decision-making remains the prerogative of the government. Citizens, NGOs, and other organisations are not sufficiently involved in this process.

As per the legislation encompassing "On NGOs" and "On public associations",[2] NGOs are legally entitled to obtain grants and financial support from foreign donors. However, due to the constrained financial resources allocated by the state, various restrictions persist concerning the utilisation of foreign funding for NGO activities. Previously, 2013 press release from the Uzbekistan Ministry of Justice highlighted that the utilisation of funds and assets acquired by NGOs from foreign states and international and foreign organisations is permitted without hindrance, provided these receipts of funds and assets are reported to the registration authority before funds are transferred to the NGO.[3] Even though this commission was not officially documented, it functioned in practice.

1 Decree of the President of the Republic of Uzbekistan, dated 4.5.2018. No. UP-5430, "On measures to radically enhance the role of civil society institutions in the process of democratic renewal of the country." www.lex.uz/docs/3721651

2 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 4.10.2023. No. 527, "Nodavlat notijorat tashkilotlari tomonidan ijtimoiy foydali dasturlar va loyihalar amalga oshirilishida ijtimoiy sheriklik xamda xalqaro hamkorlikni yanada qo'llab-quvvatlash chora-tadbirlari to'g'risida". www.lex.uz/ru/pdfs/6627539

3 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, "On measures to implement the Resolution of the President of the Republic of Uzbek-

Both of these following resolutions, the Resolution of the Cabinet of Ministers (No. 858)[4] of 9th October 2019 "On approval of the regulations on the procedure for approval of receipt by Non-Governmental Non-Profit organisations with the registering authority from foreign states, international and foreign organizations, citizens of foreign states or by their receiving funds and property from other persons" and the Resolution of the Cabinet of Ministers (No. 328)[5] of 13th June 2022 "On the procedure for the interaction of NGOs with government agencies when implementing international grant projects" have become invalid on 5th October 2023. Before the cancellation of the latest resolution No. 328 of 13th June 2022 the initiative group of NGOs (activists and leaders) made a collective appeal to cancel Resolution No. 328 of 13th June 2022 due to the fact that it contradicts national legislation and international standards ensuring the freedom of activity of NGOs. Following a meeting between the initiative group and the leadership of the Ministry of Justice, a mutual decision was made to finalise this resolution, taking into account the proposals of representatives of civil society. On 4th October 2023, the Government of Uzbekistan adopted a resolution (No. 527)[6] regarding the social partnership of NGOs with government agencies as part of the implementation of projects financed by international grants: "On measures to further strengthen social

istan", dated 12.12.2013. No. PP-2085 "On additional measures to assist the development of civil society institutions". www.lex.uz/docs/2468216

4 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 9.10.2019. No. 858 "On approval of the regulations on the procedure for approval of receipt by Non-Governmental Non-Profit organisations with the registering authority from foreign states, international and foreign organizations, citizens of foreign states or by their receiving funds and property from other persons." www.lex.uz/ru/docs/4546607

5 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 13.06.2022. No. 328, "On the procedure for the interaction of NGOs with government agencies when implementing international grant projects". www.lex.uz/ru/docs/6063168#::text=328%2Dсон%2013.06.2022.,при%20реализации%20международных%20грантовых%20проектов

6 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 4.10.2023. No. 527, "On measures to further support social partnership and international cooperation in the implementation by non-governmental non-profit organizations of socially useful programs and projects". www.lex.uz/ru/pdfs/6627539

partnership and international cooperation in the implementation of socially significant programs and projects or non-governmental non-profit organizations." No. 527 of October 4, 2023. However, an analysis of comments from representatives of NGOs on the portal for discussing draft regulatory legal acts shows that the draft resolution requires improvement. Experts from the International Center for Not-for-Profit Law (ICNL) came to a similar conclusion, identifying a number of conceptual problems that raise reasonable concerns about Uzbekistan's compliance with international standards and national legislation. We hope that the Ministry of Justice will take into account these constructive proposals and recommendations when further editing the draft resolution of the Cabinet of Ministers.[7]

To this resolution, Appendix No. 527 dated 4th October 2023[8] was approved, the "Regulations on the procedure for coordinating the receipt of funds and property by non-state commercial organizations from external sources and the procedure for implementing projects in the territory of the Republic of Uzbekistan financed from external sources."

The new procedure to some extent simplifies the procedure for receiving funds and property from external sources and cooperation between NGOs and government agencies when implementing international grant projects.

The ICNL welcomed the adoption of the resolution, noting that it was the result of a successful advocacy campaign by Uzbek NGOs and "the first success of its kind in the last 25 years in the history of Uzbekistan". The expert organisation noted that the government and the Ministry of Justice held active consultations with NGOs.

7 Yusupov, Dilmurad (2023): Has the procedure for NGOs working with international grants become simpler? www.gazeta.uz/ru/2023/10/27/ngos/

8 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 4.10.2023. No. 527, "On measures to further support social partnership and international cooperation in the implementation by non-governmental non-profit organizations of socially useful programs and projects", Appendix 1 to the resolution Cabinet of Ministers, dated 4.10.2023. No. 527, "Regulations on the procedure for coordinating the receipt of funds and property by non-state commercial organizations from external sources and the procedure for implementing projects on the territory of the Republic of Uzbekistan financed from external sources". www.lex.uz/ru/pdfs/6627539

The draft resolution was published for public discussion, and the Ministry of Justice organised several meetings with representatives of NGOs. As a result of these consultations, a number of important recommendations from civil society were reflected in the resolution.[9]

HIV Statistics in Uzbekistan

Based on the Joint United Nations Programme on HIV/AIDS (UNAIDS)[10] data for 2023, about 59,000 people with HIV live in Uzbekistan.

Various news channels in Uzbekistan report other figures: 48,000 people with HIV according to the Republican HIV Center; only 45,000 know their status, 55 % are men and 45 % are women.[11] Thus, in the author's opinion, figures in news channels that are from official sources are underestimated or data from UNAIDS sources are underestimated.

Mainly among key populations at higher risk of HIV infection – 29 %, among labour migrants – 28 %. Age is between 25 and 49 years. (75 %). More than 70 % of all are on antiretroviral therapy. The rate of sexual transmission of HIV has been increasing in recent years.

According to operative data of the Republican AIDS Center for 2021, 3,289 (2,817) new cases of HIV infection were detected in the country. Thus, in 2021, compared to 2020 (the number is given in brackets), 472 more HIV- infected people were identified, of which 71 (87) or 2.6 % (3.1 %) were among injecting drug users. A total of 45,296 (43,606) people living with HIV were registered, of whom 7.26 % (6.46 %) were HIV positive drug users.[12]

9 Yusupov, Dilmurad (2023): Has the procedure for NGOs working with international grants become simpler? www.gazeta.uz/ru/2023/10/27/ngos/

10 UNAIDS (2023): Country Uzbekistan. www.unaids.org/en/regionscountries/countries/uzbekistan

11 V Uzbekistane u boleye chem 48 tysyach chtelovek diagnostirovan VICH (2023). www.kun.uz/ru/news/2023/06/08/v-uzbekistane-u-boleye-chem-48-tysyach-chelovek-diagnostirovan-vich

12 Information bulletin on the drug-related situation for 2021. The Central Asian region. The national-analytical center on drug control under the cabinet of

NGO Initiatives and Outreach

Since its establishment in 2003, the NGO "Ishonch va Hayot" has rendered assistance and support to over 35,000 people living with HIV (PLHIV) in Uzbekistan. Its aid encompasses crisis counselling, social support, and guidance on navigating life with HIV infection. Additionally, efforts by the "Istiqbolli Avlod" Information and Educational Center, alongside several regional NGOs, focus on mitigating HIV risk, particularly among vulnerable communities, by bolstering outreach initiatives. Outreach workers have disseminated information to 16,920 individuals from key vulnerable groups, such as sex workers and men who have sex with men (MSM), covering topics such as HIV/AIDS and sexually transmitted infections (STIs), as well as promoting healthy lifestyles and behavioural changes to reduce risks. Moreover, 115 individuals from these key vulnerable groups received HIV testing, diagnosis, and registration in 2022.

The Republican NGO Ishonch va Hayot has sufficient potential to carry out activities in the field of social support and non-medical care for HIV infection, tuberculosis, viral hepatitis, and chemical dependency. This NGO has implemented a number of socially significant projects of UNAIDS, United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Uzbekistan, the Public Fund for the Support of NGOs and other civil society institutions under the Oliy Majlis of the Republic of Uzbekistan, and many other international organisations and donors.

Ishonch va Hayot has implemented projects aimed at increasing access for people living with HIV to treatment, care, and support services through a system of multidisciplinary approach and social support, with the financial support of the GFATM in 2004–2014, as well as through the project of the Public Fund for the Support of Non-Governmental Non-Commercial Organizations and Other Civil Society Institutions under the Oliy Majlis of the Republic of Uzbekistan "Dialogue, in the name of Mercy!" Ishonch va Hayot held events aimed at raising awareness of the district

---

ministers of the Republic of Uzbekistan. UNODC. www.ncdc.uz/uploads/image/07102022-093616_014-Drug%20situation%20NCDC%20(EN+RU)_20.06.22.pdf

"khokimiyat"[13] of Tashkent city on issues of prevention and raising the level of knowledge about HIV/AIDS, overcoming stigma and discrimination. Based on the results of the events/meetings of Ishonch va Hayot, a Resolution with proposals was prepared in the "khokimiyat" of Tashkent city. In 2018, with the support of the AIDS Foundation East and West (AFEW) International Foundation, Ishonch va Hayot formed the initiative group "Women Living with HIV" and launched the registration process for NGOs focused on women.

Ishonch va Hayot has implemented the project: "Strengthening the capacity of the community of PLHIV and PLHIV with tuberculosis (TB) to support and expand anti-tuberculosis care for patients, focused on human needs and awareness regarding Covid-19 in the city of Tashkent." (2019–2021). They organised a programme whose goal is to draw public attention to problems caused by discrimination against women and girls, including women living with HIV (2020), developed a tolerant attitude and support for activities aimed at eliminating cases of discrimination against women and girls living with HIV, which is expressed in the form of legal and economic barriers that prevent women from equal access to health services, social security, education, the labour market, and employment.

Ishonch va Hayot with the support of the AFEW (2020) developed the National Guidelines for Assisted Rapid Testing with the aim of developing and improving the quality of rapid testing and HIV prevention services among key groups and supporting people already affected by HIV. In the same year, the organisation, with the support of the Global Network of People Living with HIV (GNP+), implemented the project: "Providing legal support to PLHIV accused of using Article 113 of the Criminal Code of the Republic of Uzbekistan: "Knowingly becoming infected or being exposed to the risk of becoming infected with HIV.""[14]

13 "khokimiyat" (uzbek language) – mayor's office in city or in district.

14 Article 113. Spread of sexually transmitted disease or HIV/AIDS infection. *(name of Article 113 as amended by the Law of the Republic of Uzbekistan of May 24, 2010 № ZRU-248 – SZ RU, 2010, № 21, Art. 161). www.lex.uz/docs/111457*

NGOs Working with PLHIV in Uzbekistan

There are currently 11,303 registered NGOs in Uzbekistan.[15] Of these, the following NGOs work with vulnerable segments of the population such as HIV-infected people: Ishonch va Hayot (since 2003), Istiqbolli Avlod (since 2001), the Republican Information and Educational Center "Intilish" (since 2001), and the Anti-Cancer Society of Uzbekistan.

Republican NGO in the Form of a Public Association in Support of People Living with HIV/AIDS and Their Loved Ones Ishonch va Hayot ("Faith and Life")[16]

The mission of the organisation is to provide unifying and comprehensive support to PLHIV, especially affected population groups (SPA) and their loved ones, improving the quality and dignity of their lives, fighting against stigma and discrimination, and actively participating in overcoming the development and spread of HIV/AIDS. The NGO Ishonch va Hayot was registered 20 years ago and has since provided assistance and support to more than 35,000 PLHIV and their loved ones in Uzbekistan, in the form of crisis counselling, social support, and support on issues related to living with HIV infection, such as when they are adapting to the diagnosis; when it comes to complying with the antiretroviral therapy (ART) regimen; by providing care and support at home during the terminal stages of HIV infection (the AIDS stage); by expanding the access for PLHIV (including women have given birth to children) to treatment, to prevention and care; by providing support through peer counselling; by finding healthcare specialists who can help; by offering referrals to specialised institutions; and by providing social support and support in all areas of life.

The Republican NGO Ishonch va Hayot annually organises and hosts events dedicated to International AIDS Day (1st December),

15 Ministry of Justice of the Republic of Uzbekistan. Portal of non-profit non-governmental organizations of the Republic of Uzbekistan. www.e-ngo.uz/?lang=ru, 29.11.2023.

16 Ishonch va Hayot: PLWH. www.plwh.uz, 29.11.2023.

World Tuberculosis Day (24th March), World AIDS Day of Remembrance (the third Sunday of May), and International Day against Drug Abuse and Illicit Drugs drug trafficking (26th June).

The Republican Social Information Center Istiqbolli Avlod[17] (Established in 2001)

The Istiqbolli Avlod Information and Educational Center, along with several regional NGOs, is working to diminish the risk of HIV infection among vulnerable populations in Uzbekistan by bolstering outreach efforts. It receives financial support from the Office of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as the Republican Center for the Fight against AIDS, to achieve the 95-95-95 goal and enhance the Stop-TB partnership in the country. These 95-95-95 goals are: 95 % of PLHIV will know their HIV status; 95 % of people who know their status will be on treatment; 95 % of people on treatment will have suppressed viral loads.

The objectives of Istiqbolli Avlod include objectives include amplifying and broadening outreach initiatives targeting vulnerable groups to mitigate the risk of HIV infection. The Global Fund Sub-Project focuses on introducing innovative approaches and services for HIV/AIDS and STI prevention among key populations through outreach programmes. These efforts also include promoting healthy lifestyles and altering risky behaviours by offering free counselling, testing for HIV/STIs, and TB screening across eleven regions of Uzbekistan.

Beneficiaries of these initiatives primarily include key vulnerable population groups such as sex workers and MSM. In 2022, the outcomes included providing information to 16,920 individuals from these groups, conducting testing and diagnosis for 115 individuals, distributing 16,906 informational materials, conducting 79,834 mini sessions on various topics, and facilitating tuberculosis screening for 5,760 members of vulnerable groups.

17 Istiqbolli Avlod. Republican Social and Information Center. www.istiqbolli-avlod.uz/project#aids

The Republican Information and Educational Center Intilish[18] (Established in 2001)

The organisation promotes the following: the implementation of government programmes; the implementation of the programmes of NGOs and associations (both foreign and international) that focus on improving the cultural and educational level of the population and certain key groups, preventing drug addiction, and preventing the spread of HIV/AIDS and tuberculosis; the social adaptation of people who have stopped using drugs; and psychosocial support for PLHIV in prisons, released PLHIV, and other key groups.

The Republican Information and Educational Center Intilish is an NGO operating in all 14 administrative territories of the Republic of Uzbekistan in the field of public health and social protection. The NGO Intilish provides support with the implementation of programmes on twelve topics. The NGO has an educational programme for executive leaders, outreach workers, and volunteers, which is conducted in the form of monthly webinars in two languages (Russian and Uzbek). It also leads the work within harm reduction programme, preparing methodological materials on topics such as ART, voluntary counselling and testing (VCT), outreach to key populations (mainly people who inject drugs (PWID), overdose, safe injections, STIs, hepatitis, and tuberculosis.)

The NGO Intilish project has been working with PWID for a long time and has successfully integrated this work into medical institutions. However, the majority of clients are regular participants in the programme; only 1.9 % seek help once during the year. Research shows that current coverage of PWID mainly depends on old programme clients, including former prisoners who were previously registered with drug treatment services.[19]

18 Intilish. www.intilish.uz.

19 World Health Organization. Regional office for Europe (2023): Comprehensive review of the HIV program in Uzbekistan. Mission report.

The Stigmatisation and Discrimination of PLHIV and MSM

48 countries still have travel restrictions for people living with HIV.[20] In 25 of the 36 countries with current data, more than 50 % of people aged 15 to 49 years have discriminatory attitudes towards people living with HIV.[21] 40 % of people living with HIV report being forced to undergo certain medical procedures. Representatives of key populations face high levels of stigma, discrimination, and violence.[22]

People perceive HIV-infected people as a threat to their personal safety, treat them with hostility, and seek to protect themselves in a variety of ways, including through outright discrimination and even isolation.

Vulnerable segments of society include those infected with HIV and those who engage in risky behaviour, such as sex workers who use injecting drugs, as well as men who have sex with men.

Article 113 of the Criminal Code[23] in Uzbekistan penalises the intentional transmission of HIV/AIDS with up to eight years in prison. This article would constitute a serious barrier for HIV prevention if HIV/AIDS was to be criminalised in Uzbekistan. This law has been used to target and prosecute people living with HIV, even when there is no evidence of intentional transmission. Sexual work is subject to administrative sanctions.

Sex between men may remain illegal in Uzbekistan, despite past promises by authorities to repeal the discriminatory law. This follows from the draft of the new Criminal Code of the Republic, published by the Prosecutor General's Office for public discussion. In Uzbekistan, consensual sex between men is currently punishable by one to three years in prison under Article 120 of the Criminal Code. Over five years (2016–2020), 44 people were prosecuted in Uzbek-

20 Ibid.

21 UNAIDS DATA (2020): www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

22 UNAIDS (2020): Global AIDS epidemic report. "Ne upustit' moment". www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_ru.pdf

23 Criminal code of the Republic of Uzbekistan, Article 113. Spread of sexually transmitted diseases or HIV infection / AIDS. www.lex.uz/acts/111457

istan on charges of sodomy, according to Qalampir.uz. Harassment of men who have sex with men makes it difficult to provide care to people living with HIV.

Each year, the NGO Ishonch va Hayot celebrates the "Zero Discrimination day" on 1st March, adopted in the United Nations (UN) calendar at the initiative of UNAIDS. The NGO's message for 2020 was "End discrimination against women and girls". In order to combat stigma and against people affected by HIV and increase public awareness of HIV prevention and treatment, Ishonch va Hayet developed the Zero Discrimination Information Campaign, designed to promote tolerant attitudes towards people living with HIV and the progressive experience of Uzbekistan. The objectives of the campaign were: developing a tolerant attitude towards PLHIV, reducing cases of stigma and discrimination against people living with HIV; raising awareness among the general population, with an emphasis on young people, about HIV infection and medical advances in the prevention and treatment of HIV infection; informing people about services to support PLHIV and help families have healthy children in Uzbekistan; and establishing sustainable social partnerships and cooperations with key ministries and departments in matters of protecting the health of women living with HIV in Uzbekistan, in order to identify and understand the key needs of women and girls affected by socially significant diseases, including HIV.[24]

Collaborative Partnerships and Future Directions

Law of the Republic of Uzbekistan on social partnership was adopted by the Legislative Chamber on 18th June 2014. The purpose of this law is to regulate social relations, which indicate cooperation and partnership between NGOs, government agencies, international organisations, and local communities.[25]

24 ZERO DISCRIMINATION. PLWH – Ishonch va Hayot. www.google.com/url?sa=i&url=https%3A%2F%2Fplwh.uz%2Fen%2F&psig=AOvVaw1mkk3H6gVG8Ln0xTrl8YTO&ust=1711173089912000&source=images&cd=vfe&opi=89978449&ved=0CAcQrpoMahcKEwiwurOym4eFAxUAAAAAHQAAAAAQBA

25 LRU-376-сон (2014): On social partnership. www.google.com/url?sa=i&url=https%3A%2F%2Flex.uz%2Fru%2Fdocs%2F6819510%3FON-

In order to promote the further development of democratic transformations in the country and the participation in this of non-governmental, non-profit organisations and other civil society institutions, a public fund is being created under the Oliy Majlis of the Republic of Uzbekistan to support non-governmental, non-profit organisations and other civil society institutions (hereinafter referred to as the Public Fund under the Oliy Majlis).

The Public Fund under the Oliy Majlis accumulates funds received from the State Budget of the Republic of Uzbekistan and other sources not prohibited by law and organises their distribution for the implementation of programmes aimed at stimulating the development and supporting the activities of non-governmental, non-profit organisations and other civil society institutions and their participation in solving social, economic, and humanitarian issues. By fostering dialogue, sharing best practices, and leveraging resources, stakeholders can amplify the impact of HIV prevention, drug treatment, and support programmes in Uzbekistan.[26]

The national economy of Uzbekistan plays a crucial role in funding the HIV response, covering approximately 72 % of the AIDS budget in 2018. A projected investment of USD 36.6 million was outlined for the period spanning 2019–2022, as per Presidential Decree PP-3800.[27] While these funds predominantly support medical care, treatment, and programme management initiatives, significant attention is also directed towards holistic development efforts, including enhancing hospital infrastructures and broadening laboratory networks.

In Uzbekistan, various international organisations and government initiatives collaborate to combat HIV/AIDS, with significant contributions from the Global Fund. The Global Fund's core grant focuses on the HIV and Tuberculosis (TB) Joint Grant, a joint initia-

---

DATE % 3D01 . 01 . 2015 & psig = AOvVaw3iY2lZNOQhxxWt2DgPMcTk & ust = 1711189160904000 & source = images & cd = vfe & opi = 89978449 & ved = 0CAcQrpoMahcKEwjQ6dbC0oeFAxUAAAAAHQAAAAAQBA

26 Ibid.

27 Resolution of the President of the Republic of Uzbekistan, dated 22. 06. 2018. No. PP-3800, "On additional measures to counter the spread of the disease caused by the human immunodeficiency virus and the prevention of nosocomial infections". www.lex.uz/docs/3791786, 29. 11. 2023.

tive aimed at strengthening the country's HIV response, improving TB treatment, and addressing drug-resistant tuberculosis.[28] This grant, totalling up to USD 44.1 million throughout 2021 to 2024, supports Uzbekistan's efforts to deliver an impactful, efficient, and sustainable HIV and TB response. Aligned with the national HIV strategy, the grant primarily focuses on providing prevention services to key populations, as well as quality antiretroviral therapy, care, and support for HIV. For TB, the grant emphasises diagnostics and treatment of drug-resistant TB, counselling, psychosocial support, treatment monitoring, and strengthening laboratory systems.[29]

Additionally, UNAIDS, a coalition of ten UN organisations, plays a vital role in the fight against HIV/AIDS globally. UNAIDS has established a country office in Uzbekistan and is supporting a programme of additional measures to combat the spread of HIV infection for 2018–2022, with an estimated budget of about USD 50 million.[30]

The UNAIDS Secretariat supports activities for the implementation of the Program of Assistance to Eastern Europe and Central Asia (EECA) Countries, focusing on prevention, control, and surveillance of HIV/AIDS and other infectious diseases. Global surveillance of HIV/AIDS and STIs is a joint effort of the World Health Organization (WHO) and UNAIDS, along with other international institutions and partners.[31]

The United Nations Office on Drugs and Crime (UNODC) provides crucial support to the Government of Uzbekistan by promot-

28 The Global Fund (2022). www.data.theglobalfund.org/location/UZB/overview

29 Ibid.

30 Sputnik Uzbekistan. Fighting HIV: UNAIDS office opened in Uzbekistan. www.google.com/url?sa=i&url=https%3A%2F%2Fuz.sputniknews.ru%2F20191206%2FBorba-s-VICh-V-Uzbekistane-otkrylos-predstavitelstvo-YuNEYDS-12954539.html&psig=AOvVaw3QQpsJu0VoqHVXnU3I_8It&ust=1711340751696000&source=images&cd=vfe&opi=89978449&ved=0CAcQrpoMahcKEwiInOWeh4yFAxUAAAAAHQAAAAAQBA

31 WHO/UNAIDS: The pre-surveillance assessment Guidelines for planning serosurveillance of HIV, prevalence of sexually transmitted infections and the behavioral components of second-generation surveillance of HIV. www.iris.who.int/bitstream/handle/10665/43364/9241593741_eng.pdf?sequence=1&isAllowed=y

ing modern international approaches and standards in HIV prevention and treatment. UNODC ensures access to necessary medical care for people who use drugs through evidence-based programmes, respecting human rights, and reducing stigma and discrimination. The Ministry of Health of Uzbekistan hosted a national conference entitled "Modern Approaches to HIV Diagnosis, Prevention, and Treatment", with technical support from UNODC and other UN agencies. Approximately two hundred specialists, experts, and representatives from government bodies, NGOs, and international organisations attended the conference. Its objective was to exchange experiences and contemporary methods regarding HIV diagnosis, prevention, and treatment, aligning with the UN's strategy to end the HIV/AIDS epidemic by 2030.[32]

UNODC's Regional Office for Central Asia presented global approaches and standards for HIV prevention, treatment, and care for PWID, emphasising comprehensive, evidence-based programmes, human rights, and the reduction of stigma and discrimination. Additionally, UNODC facilitated a session on the role of NGOs in implementing HIV prevention programmes, including harm reduction initiatives for PWID. Participants from Uzbekistan, Kazakhstan, Russia, and Tajikistan examined HIV, drug use, gender, and human rights issues, addressing challenges and priorities. The session underscored the necessity for enhanced coordination and cooperation among service providers, NGOs, and international organisations to deliver higher-quality services for PWID in the country.[33]

United Nations International Children's Emergency Fund (UNICEF), another international organisation, focuses on strengthening the capacity of the health system in Uzbekistan to prevent mother-to-child transmission of HIV (PMTCT) and provide pedi-

32 UNODC Regional Office for Central Asia. UNODC Supports Implementation of Modern Approaches to HIV Diagnosis, Prevention and Treatment. www.unodc.org/roca/en/news/unodc-supports-implementation-of-modern-approaches-to-hiv-diagnosis-prevention-and-treatment.html

33 UNODC Regional Office for Central Asia (2024). www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.unodc.org/centralasia/en/news/unodc-supports-implementation-of-modern-approaches-to-hiv-diagnosis-prevention-and-treatment.html&ved=2ahUKEwjV9e3Bs7WGAxVvLRAIHS8uIasQFnoECBAQAQ&usg=AOvVaw30Haq4zVMI1QYmGqLgljz5

atric and psychosocial care to HIV-positive children. Moreover, Doctors Without Borders (DWB) collaborates closely with the Ministry of Health at the Tashkent City AIDS Center, providing technical assistance for specific HIV treatments. DWB operates a mobile laboratory in partnership with the Republican AIDS Center in Tashkent and its neighbouring areas. This laboratory, housed in a custom-equipped bus, offers quick testing for HIV, hepatitis C, and syphilis. The team also provides crucial information on treatment options and facilitates specialist referrals for individuals facing barriers to accessing diagnosis and care. Additionally, DWB collaborates with the Tashkent AIDS Center to provide diagnosis and treatment for individuals living in vulnerable situations who are affected by HIV and coinfections.[34]

In Uzbekistan, a new strategy is being developed and approved by the country's president, which emphasises the importance of ensuring access to prevention measures, treatment services, and support for people living with HIV. In addition, a network of HIV/AIDS centres across the country provides widespread access to care and resources to treat the disease. With centres located in both major cities and rural areas, people in every part of the country can access health services. Coordination between AIDS centres and primary healthcare facilities facilitates drug dispensing and increases access to care.

The NGO Ishonch va Hayot, in collaboration with the AIDS centre in Uzbekistan, gave a series of speeches and lectures about people living with HIV from a first-person perspective. Directly infected members of NGOs spoke about problems relating to discrimination and stigma among the population and even among doctors. The NGO is currently working in this direction; there are multidisciplinary teams that, in addition to treatment, provide psychosocial support. There are also self-help and support groups available.[35]

34 Doctors Without Borders, Uzbekistan (2020). www.doctorswithoutborders.org/what-we-do/where-we-work/uzbekistan

35 Kollazh: "YA zhivu s VICH uzhe 16 let v Uzbekistane". www.life4me.plus/ru/blog/vich-5015/

Challenge in NGO Operation and Advocacy

Despite the country's best efforts, stigma and discrimination persist in many healthcare settings, including in the criminalisation of affected communities. Outreach efforts are critical to increasing demand for services in communities and ensuring access for the most vulnerable populations. Through the joint efforts of international organisations, government initiatives, and local communities, Uzbekistan continues to fight HIV/AIDS, striving for a healthier future for all its citizens.

NGO face numerous obstacles in their operation and advocacy efforts, including limited funding, legal constraints, and societal stigma. Despite legislative provisions, accessing financial support from foreign donors remains challenging, hindering the scale and effectiveness of NGO-led initiatives. Additionally, legal barriers and discriminatory attitudes towards vulnerable populations, such as PLHIV and MSM, pose significant challenges to HIV prevention and support efforts.

The challenges faced by HIV-infected individuals often revolve around stigma during employment placement. In cases involving sexual minorities, issues arise due to laws that persecute same-sex relationships. Frequently, infected individuals delay testing and starting therapy due to fear of legal repercussions, further complicating matters. These issues pose a challenge for outreach and social workers who engage with newly identified HIV-positive individuals. Additionally, the work conducted by outreach workers contributes to HIV testing among vulnerable populations, such as sex workers and sexual minorities.

People dependent on psychoactive substances are not always able to get help from public organisations or NGOs. This is due to stigmatisation and condemnation in society. Often, individuals with HIV can join a support group for drug addicts at NGOs supporting HIV-infected people. There are challenges regarding harm reduction programmes.[36] Substitution therapy is not endorsed in the

36 Latypov, A./Otiashvili, D./Aizberg, O./Boltaev, A. (2010): Opioid substitution therapy in Central Asia: towards harm reduction. www.leahn.org/wp-content/uploads/2013/08/%D0%9E%D0%BF%D0%B8%D0%BE%D0%B8%D0%

country, and the distribution of syringes to individuals who inject drugs is insufficient.

Conclusion

A comprehensive examination of Uzbekistan's legal framework and social landscape surrounding NGOs, social partnership, and the fight against HIV/AIDS provides a multifaceted picture of both progress and challenges. The legal structures governing NGOs and social partnership show a clear intention to promote cooperation between civil society and the government to address socio-economic issues, including HIV prevention. However, practical implementation faces hurdles, as illustrated by bureaucratic obstacles to NGO registration and the complex process of obtaining grants, particularly from foreign donors.

The chapter presents the critical views of experts and activists, highlighting key concerns. Issues such as a lack of funding and limitations in government support schemes hamper the effectiveness of NGOs and affect their ability to provide comprehensive services to vulnerable populations, including those affected by HIV/AIDS. Stigma remains a major barrier, affecting marginalised groups such as men who have sex with men and sex workers, preventing them from accessing essential treatment and prevention services. The legal environment, including laws that criminalise certain behaviours, contributes to a climate of fear and discrimination that hampers efforts to respond effectively to HIV/AIDS.

Despite these challenges, NGOs remain key actors in HIV prevention efforts, playing a pivotal role in advocacy, programme development, and support services. Their collaboration with government agencies demonstrates promising advances in intersectoral partnerships for HIV prevention and support. Overall, this

B4%D0%BD%D0%B0%D1%8F-%D0%B7%D0%B0%D0%BC%D0%B5%D1%81%D1%82%D0%B8%D1%82%D0%B5%D0%BB%D1%8C%D0%BD%D0%B0%D1%8F-%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F-%D0%B2-%D0%A6%D0%B5%D0%BD%D1%82%D1%80%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B8%CC%86-%D0%90%D0%B7%D0%B8%D0%B8.pdf

chapter provides a nuanced understanding of the complex landscape surrounding NGOs, social partnership, and the fight against HIV/AIDS in Uzbekistan. It highlights the need for streamlined bureaucratic processes, increased financial support, legal reforms to combat stigma, and an enabling environment for NGOs to operate effectively and drive impactful change in HIV prevention and care.

References

Criminal code of the Republic of Uzbekistan. Article 113. Spread of sexually transmitted diseases or HIV infection/AIDS. www.lex.uz/acts/111457.

Decree of the President of the Republic of Uzbekistan (2018): On measures to radically enhance the role of civil society institutions in the process of democratic renewal of the country [No. UP-5430, 4 May 2018]. www.lex.uz/docs/3721651.

Intilish. www.intilish.uz.

Istiqbolli Avlod. Republican Social and Information Center, Uzbekistan. www.istiqbolliavlod.uz/project#aids, 29.11.2023.

Kollazh: "YA zhivu s VICH uzhe 16 let v Uzbekistane". www.life4me.plus/ru/blog/vich-5015.

Latypov, Alisher/Otiashvili, David/Aizberg, Oleg/Boltaev, Azizbek (2010): Opioid substitution therapy in Central Asia: Towards diverse and effective treatment options for drug dependence. www.leahn.org/wp-content/uploads/2013/08/%D0%9E%D0%BF%D0%B8%D0%BE%D0%B8%D0%B4%D0%BD%D0%B0%D1%8F-%D0%B7%D0%B0%D0%BC%D0%B5%D1%81%D1%82%D0%B8%D1%82%D0%B5%D0%BB%D1%8C%D0%BD%D0%B0%D1%8F-%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F-%D0%B2-%D0%A6%D0%B5%D0%BD%D1%82%D1%80%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B8%CC%86-%D0%90%D0%B7%D0%B8%D0%B8.pdf

Law of the Republic of Uzbekistan: On social partnership [No. LRU-376, 25 September 2014]. www.google.com/url?sa=i&url=https%3A%2F%2Flex.uz%2Fru%2Fdocs%2F6819510%3FONDATE%3D01.01.2015&psig=AOvVaw3iY2lZNOQhxxWt2DgPMcTk&ust=1711189160904000&source=images&cd=vfe&opi=89978449&ved=0CAcQrpoMahcKEwjQ6dbC0oeFAxUAAAAAHQAAAAAQBA.

Ministry of Justice of the Republic of Uzbekistan. Portal of non-profit non-governmental organizations of the Republic of Uzbekistan. www.e-ngo.uz/?lang=ru, 29.11.2023.

Nurullaeva, Gulziyra (2020): Doctors Without Borders. Uzbekistan. www.doctorswithoutborders.org/what-we-do/where-we-work/uzbekistan.

PLWH [–] Ishonch va Hayot. www.plwh.uz, 29.112023.

PLWH [–] Ishonch va Hayot. Zero Discrimination. www.google.com/url?sa=i&url=https%3A%2F%2Fplwh.uz%2Fen%2F&psig=AOvVaw1mkk3H6gVG8Ln0xTrl8YTO&ust=1711173089912000&source=images&cd=vfe&opi=89978449&ved=0CAcQrpoMahcKEwiwurOym4eFAxUAAAAAHQAAAAAQBA

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan (2023): Nodavlat notijorat tashkilotlari tomonidan ijtimoiy foydali dasturlar va loyihalar amalga oshirilishida ijtimoiy sheriklik xamda xalqaro hamkorlikni yanada qo'llab-quvvatlash chora-tadbirlari to'g"risida [No. 527, 4 October 2023]. www.lex.uz/ru/pdfs/6627539.

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan: "On measures to implement the Resolution of the President of the Republic of Uzbekistan" [No. PP-2085, 12 December 2013], "On additional measures to assist the development of civil society institutions."

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan: "On approval of the regulations on the procedure for approval of receipt by Non-Governmental Non-Profit organisations with the registering authority from foreign states, international and foreign organizations, citizens of foreign states or by their receiving funds and property from other persons" [No. 858, 9 October 2019]. www.lex.uz/ru/docs/4546607.

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan: "On the procedure for the interaction of NGOs with government agencies when implementing international grant projects" [No. 328, 13 June 2022]. www.lex.uz/ru/docs/6063168#::text=328%2Dсон%2013.06.2022.,при%20реализации%20международных%20грантовых%20проектов

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan: "On measures to further support social partnership and international cooperation in the implementation by non-governmental non-profit organizations of socially useful programs and projects" [No. 527, 4 October 2023]. Appendix 1 to the resolution Cabinet of Ministers: "Position on the procedure for coordinating the receipt of funds and property by non-state commercial organizations from external sources and the procedure for implementing projects on the territory of the Republic of Uzbekistan financed from external sources." www.lex.uz/ru/pdfs/6627539.

Resolution of the President of the Republic of Uzbekistan (2018): "On additional measures to counter the spread of the disease caused by the human immunodeficiency virus and the prevention of nosocomial infections" [No. PP-3800, 22 June 2018]. www.lex.uz/docs/3791786, 29.11.2023.

Sputnik Uzbekistan: Fighting HIV: UNAIDS office opened in Uzbekistan. www.google.com/url?sa=i&url=https%3A%2F%2Fuz.sputniknews.ru%2F20191206%2FBorba-s-VICh-V-Uzbekistane-otkrylos-predstavitelstvo-YuNEYDS-12954539.html&psig=AOvVaw3QQpsJu0VoqHVXnU3I_8It&ust=1711340751696000&source=images&cd=vfe&opi=89978449&ved=0CAcQrpoMahcKEwiInOWeh4yFAxUAAAAAHQAAAAAQBA

The Global Fund (2022). www.data.theglobalfund.org/location/UZB/overview.
UNAIDS DATA (2020). www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf.
UNAIDS: Global AIDS epidemic report (2020): "Ne upustit" moment". www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_ru.pdf.
UNAIDS (2023): Country Uzbekistan. www.unaids.org/en/regionscountries/countries/uzbekistan.
UN. UNODC Regional Office for Central Asia: UNODC Supports Implementation of Modern Approaches to HIV Diagnosis, Prevention and Treatment. www.unodc.org/roca/en/news/unodc-supports-implementation-of-modern-approaches-to-hiv-diagnosis-prevention-and-treatment.html.
UNODC (2022): The Central Asian region. Information bulletin on drug-related situation for 2021. www.ncdc.uz/uploads/image/07102022-093616_014-Drug%20situation%20NCDC%20(EN+RU)_20.06.22.pdf.
UZBEKISTAN TB Dashboard – Stop TB. www.stoptb.org/static_pages/UZB_Dashboard.html.
V Uzbekistane u boleye chem 48 tysyach chtelovek diagnostirovan VICH. www.kun.uz/ru/news/2023/06/08/v-uzbekistane-u-boleye-chem-48-tysyach-chelovek-diagnostirovan-vich, 8.06.2023.
WHO/UNAIDS: The pre-surveillance assessment. Guidelines for planning serosurveillance of HIV, prevalence of sexually transmitted infections and the behavioral components of second generation surveillance of HIV. www.iris.who.int/bitstream/handle/10665/43364/9241593741_eng.pdf?sequence=1&isAllowed=y.
WHO. Regional office for Europe (2023): Comprehensive review of the HIV program in Uzbekistan. Mission report.
Yusupov, Dilmurad (2023): Has the procedure for NGOs working with international grants become simpler? www.gazeta.uz/ru/2023/10/27/ngos.

Part 2
NGO-Led Interventions: Case Studies and Outcomes

Tatyana Nikitina, Elena Devyatova

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? www.nuz.uz

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 healthcare 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 follow: 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 UNODC 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 rooms[5], 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 retraining 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 subproject, 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 subproject—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.

List of references used

Abdukarimova, Nazira (2019): Place and role of law enforcement agencies in the fight against drug abuse. In: International Journal of Experimental Education, No. 3.

APMG MARPs (2013): Study Report Uzbekistan.

Bagreeva, Elena / Kutsev, Vladimir (2023): Illegal migration as a factor in the spread of narcotic drugs. In: Security Issues, No. 2. DOI: 10.25136/2409-7543.2023. 2. 43456. EDN: LQIZKP. www.nbpublish.com/library_read_article.php?id=43456.

Baral, Stefan / Beyrer, Chris / Muessig, Kathryn / Poteat, Tonia / Wirtz, Andrea L. et al. (2012): Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. In: The Lancet Infectious Diseases 12, No. 7, pp. 538–549. DOI: 10.1016/S1473-3099(12)70066-X.

Bogomolov, A. V. / Klimentenok, G.G. (2014): Narcotization of the population as a threat to national security of the state. In: Young Scientist, No. 3(62). www.moluch.ru/archive/62/9419.

Chingin, Alex / Fedorova, Olga (2014): Drug Situation and Drug Policy, Pompidou Group of the Council of Europe Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. pp. 38.

Declaration on the Guiding Principles of Drug Demand Reduction: resolution adopted by the General Assembly S-20/3 of June 10, 1998.

INTILISH (2013): CARTING-Organizations Providing Medical and Social Assistance in Uzbekistan. www.med.uz/upload/iblock/b78/b7845621c9a1e5988a3265a08cabf17e.pdf.

ISPI RAN (2010): The role of civil society institutions in the strategy of innovative development and improving the quality of social environment, pp. 224.

Koshkina, Eugenia / Kirzhanova, Valentina / Vyshinsky Konstantin / Rhodes, Tim / Platt, Lucy (2005): Medico-social consequences of injecting drug use and possible ways to prevent them.

Ministry of Health UZ (2018): Methodological Recommendations "Development of a Model Interagency Program on HIV Prevention among Key Populations." Moscow, p. 25.

Ministry of Justice (2020): Law of the Republic of Uzbekistan from 27. 10. 2020 N ZRU-644 "On prevention and treatment of drug addiction diseases" adopted by the Legislative Chamber on 22. 07. 2020, approved by the Senate on 11. 09. 2020.

Needs Assessment Report for the Central Asian Harm Reduction Training and Information Center. www.uchebana5.ru/cont/3602665.html.

NGO RIEC INTILISH (2022): USAID END TB UZBEKISTAN PROJECT. FINAL REPORT: March 23, 2020 – June 22, 2023. www.dec.usaid.gov/dec/GetDoc.axd?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMj

M2NDBmY2Uy&rID=NjIxMzUx&pID=NTYw&attchmnt=True&uSesDM=False&rIdx=MzM3NjM2&rCFU=.
Nuzhdova, M./Gorshenina, E. A. (2018): Theatre scaffolding in the organization of drug abuse and drug crime prevention among students of professional educational organizations. In: Education and Upbringing, No. 2(17), pp. 69–72. www.moluch.ru/th/4/archive/88/3265.
Reshetnikova, Antonina (2013): Problems of social rehabilitation of persons released from places of deprivation of liberty. In: Social Education, No. 2.
Shaidukova, L. K. (2022): Drug addiction: etiopathogenesis, clinic, treatment, rehabilitation textbook. Kazan State Medical University of the Ministry of Health of the Russian Federation. Kazan: Kazan State Medical University, pp. 96.
Sheremetieva, Elena/Pozdeeva, Marina (2019): Primary prevention in the theoretical study. Materials of the X International Student Scientific Conference "Student Scientific Forum".
Skochilov, Roman (2005): Sociological analysis of HIV/AIDS prevention (on the example of injecting drug users in St. Petersburg). Abstract of the dissertation for the degree of Doctor of Social Sciences. St. Petersburg.

Danil Nikitin, Alla Bessonova, Louisa Gilbert,
Tina Jiwatram-Negron, Assel Terlikbayeva

9. WINGS in Kyrgyzstan: An Intervention for Gender-Based Violence Prevention

Introduction

When we began piloting the Women Initiating New Goals of Safety (WINGS) intervention in 2013, designed for tackling gender-based and intimate partner violence among women who use drugs (and later expanded to include women engaged in sex trading), in Kyrgyzstan, there were only two community-based non-government organisations (NGOs) involved in the project. We are the Global Research Institute (GLORI Foundation), the Kyrgyz-based not-for-profit NGO who, at that time, worked in collaboration with the above-mentioned community-based NGOs Asteria and Podruga, with investigative and adaptation guidance from Dr Louisa Gilbert, Dr Timothy Hunt, and Dr Tina Jiwatram-Negron of the Columbia University Social Intervention Group and financial support from Open Society Foundations and Soros Foundation Kyrgyzstan. As of 2024, there are 14 NGOs utilising this intervention as a part of their daily practice and proudly referring to themselves as WINGed NGOs.

WINGS is an evidence-based screening, brief intervention, and referral to treatment (SBIRT) model consisting of one to two individual sessions focusing on raising awareness of and screening for different types of intimate partner violence (IPV) and other gender-based violence (GBV), safety planning, enhancing the motivation and social support to address violence, goal setting to reduce violence, and linkage to GBV and medical services. This chapter presents a case study from the GLORI Foundation's successful ten-year experience of designing, implementing, and disseminating the WINGS intervention in collaboration with the network of NGOs

and renowned researchers. It focuses on explaining the factors that drive the successful implementation of the intervention. It looks deeper into the benefits of collaboration between NGOs and government agencies within a joint "No Violence Coalition" (NOVIC) and the critical role of community leaders and champions in both NGO and government sectors in promoting an accessible and welcoming service framework for the extremely vulnerable group of women who use drugs and those engaged in sex trading.

Throughout the chapter we explore the role of the WINGS intervention in preventing violence and reducing the harms associated with substance misuse, including comorbid conditions, traumas, stigma, and discrimination. The authors have made every effort to cite data and text sources.

Background

Gender-based violence remains a serious public health and social threat in the Kyrgyz Republic, contributing to a host of negative physical and mental health consequences for women and their children (UN Women 2013; Kudryavtseva 2023). As highlighted in the reports of Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), despite recent gender-sensitive legislation and measures in Kyrgyzstan aimed at overcoming GBV, there remains a high level of tolerance towards and acceptance of violence against women, particularly against women who use drugs and are engaged in sex work (CEDAW 2015). There is a critical need for structural and community-level interventions to redress GBV among these key affected populations of women.

During the Covid-19 pandemic and in the post-pandemic period, Kyrgyzstan, like many other countries, has faced an increase in cases of IPV and a challenge in providing services to victims of GBV and IPV (UN Women 2020). Representatives of the courts, local communities, the prosecutor's office, the Ministry of Internal Affairs, probation authorities, healthcare, social security and migration, the penal service, and crisis centres are actively involved in solving this problem.

The Kyrgyz Republic defines itself as a democracy and aims to develop its policies on the basis of democratic values, the respect

for and the protection of human rights, and gender equality. The Kyrgyz Republic has ratified more than 30 international conventions on human rights. Among them are UN conventions directly relating to women rights, such as the above-mentioned Convention on the Elimination of All Forms of Discrimination against Women. The Kyrgyz Republic has also acceded to the Optional Protocol to the CEDAW, which provides the possibility of submitting individual complaints of the violation of women's rights, including in the international legal system.

In recent years, the Kyrgyz Republic has made significant efforts to eliminate violence against women and girls, paying particular attention to IPV or what is frequently referred to as "domestic violence". Today, the main law in this area is the Law of the Kyrgyz Republic "On protection from domestic violence" (Ministry of Justice 2017). In accordance with the procedure for providing assistance to survivors of domestic violence, legal, social, medical, and psychological assistance is provided by the government and assigned stakeholders. Survivors of domestic violence seek help from territorial authorities (such as internal affairs and social development authorities), local authorities, health authorities, and crisis centres that provide assistance to women.

Also, in order to implement the Law of the Kyrgyz Republic "On the protection from family violence" and the resolution of the Kyrgyz Republic "On the procedure for the implementation of protection from family violence" dated 1st August 2019, was developed and approved by a joint order of the Ministry of Labour, Social Security and Migration of the Kyrgyz Republic and the State Agency for Civil Service and Local Self-Government under the Cabinet of Ministers of the Kyrgyz Republic's "Guidelines for local authorities on protection from family violence in the Kyrgyz Republic" (Ministry of Justice 2019). However, in 2013 when the GLORI Foundation collaborated with the community-based NGOs Asteria and Podruga to launch WINGS, there were no sustainable and evidence-based mechanisms in place for changing behavioural stereotypes and promoting zero tolerance for violence norms among government agencies, local communities, and social networks of survivors.

Globally, about 35 % of women suffer from physical, sexual and psychological violence by a sexual partner or another person (Garcia-Moreno et al. 2013). Women who use drugs and women who

engage in sex trading remain the most vulnerable to violence (Rychkova 2013; 2017). Violence against these groups is systemic and perpetrated by individuals and some government agencies' staff, including police, whose primary mission is intended to be the protection of their rights and providing them with services regardless of their background, behavioural specifics, and other factors (Global Research Institute 2017).

High levels of stigmatisation against sex workers and people who use drugs results in illegal actions being taken against them, including unauthorised detention and physical and sexual violence (CEDAW 2015; Pinkham et al., 2008). These issues have been raised repeatedly at the national and international levels, including in national and alternative reports on the execution of CEDAW and human rights. Insufficient action or the inaction of society, law enforcement agencies, and the courts have been observed in cases of domestic violence (Human Rights Watch 2015). Women who use drugs, female sex workers, and lesbian, bi-sexual, and transgender (LBT) women are groups that do not share the same protections and opportunities or tools for the realisation of their rights as all other citizens.

There were cases when state structures, in particular law enforcement authorities, medical institutions, and individual groups of citizens acted based on religious and/or "traditional values". In fact, women who use drugs, female sex workers, and LBT women get discriminated against because they were women and because they represent the highly stigmatised group exposed to censure (CEDAW 2015). For women who inject drugs, gender discrimination is associated with the stigma linked to injecting drug use. The combination of these factors could push women to practise behaviours that increase their risk of HIV infection. There is also a greater likelihood that women who use drugs turn to providing sexual services in exchange for shelter, food, and care, which then increases their risk for violence by intimate partners. These women also may encounter resistance trying to insist that their sexual partners use condoms, which increases their risk of HIV and other sexually transmitted infections (STI) acquisition (Pinkham et al. 2008).

High levels of stigma and discrimination are expressed through violence both by the state (structural violence) and by individual citizens. According to the 2012 national survey, 68 % of sex workers

reported that they had experienced violence from law enforcement staff (Global Research Institute 2017). In 2014, the Kyrgyz parliament issued a statement regarding the need for the criminalisation of sex workers. Almost 50 % of women who use drugs experienced violence from police and 80 % experienced violence from intimate partners during the twelve months between 2013–2014 (Global Research Institute 2017). In general, public intolerance for the aforementioned groups and tolerance for violence perpetrators encourage further violence. The inability to obtain justice causes serious restrictions for people who consider HIV prevention and developing safe behaviours to be a priority, aimed at increasing security and/or improving access to medical services associated with venereal and sexual/reproductive health (CEDAW 2015).

Stigma and discrimination, as well as self-stigmatisation, hamper access to HIV services because individuals fear the disclosure of their status and being excluded from society. Therefore, representatives of key populations, as well as people living with HIV/AIDS (PLWHA), are deprived of the support from their social network and demonstrate low commitment to treatment and prevention programmes (Saki et al. 2015). All these factors have contributed to the spread of HIV infection in the Kyrgyz Republic. They have also encouraged in-country community leaders and heads of women-servicing and HIV-servicing NGOs to start exploring solutions, and WINGS was one of them.

The Developmental Trajectory of WINGS: Past and Present

WINGS of Hope (2013)

The project name "WINGS of Hope" was proposed by participants of the program. Early on, in 2013, a focus group was held in the south of Kyrgyzstan with sex workers from a Karasu sauna, and this is where the idea for the name emerged. The English acronym "WINGS", echoing the word "wings", stands for Women Initiating New Goals for Safety. "WINGS of Hope" is translated in Russian as "*Krylya nadejdy*", and this Russian equivalent was retained because, among other things, our team was also dealing with finding a name

that would not make any reference to gender-based violence. This was important in terms of the safety and well-being of project participants and staff members.

The key components of the WINGS model include: a short psycho-educational phase in which women learn about the different types of gender-based violence and their impact; a screening process to identify whether the participant is at risk of or is experiencing gender-based violence; an intervention aimed at motivating the participant and improving their emotional state, as well as developing their safety plan; and referral to appropriate service-providers, alongside setting goals for the immediate future and providing them with the opportunity for HIV testing, with gender-specific counselling. This approach is called SBIRT, which stands for screening, brief intervention, and referral to treatment (Gilbert et al. 2016). All components are equally important and require great attention. They are also presented in a specific sequence to maximise support and results. The first component focuses on education, through which a participant, during the individual sessions with our facilitators, is introduced to definitions and receives an overview of violence and its types, how they are different from each other, and how they may impact health and well-being, including that of children. This key element is followed by screening participants. This unique screening helps to identify different types and patterns of IPV and GBV that women who use drugs in Kyrgyzstan are likely to experience. While raising women's awareness of violence and how it may lead them to use drugs to cope with physical and emotional pain, facilitators engage them in a discussion of the terms, concepts, and vocabulary that they agree to use throughout the intervention sessions. This approach has been proven to have an impact on achieving positive results.

While piloting the intervention session, we found it looks like a ladder. Every rung of the ladder is unique and has its own place and purpose. For example, the goals set by one woman will not work for another. One participant decides that the solution to the problem would be to attend a self-defence course, another turns more to religion, while others start looking for affordable drug treatment courses and job opportunities in order to have a sustainable income. For many, the priority is to restore relationships with family members and friends that had lost in the course of everyday problems

or during incarceration. We also found that none of the participants indicated that they wish "to leave things as they are". All participants expressed a desire for change in their life with respect to their relationship and/or other areas of their life.

The same applies to the safety plan. It is not just another step in the process; this is one of the cornerstones on which everything rests. Preparation and thorough plan development help to ensure that a participant knows where and whom to call in case of danger, where to hide in case of violence, and how to behave and what to do to prevent violence or minimise its impact on herself and her loved ones. Safety planning is essential— more than 70 % of women who participated in the project had children, increasing the potential impact of the violence. In addition, most of the women (89 %) reported experiencing some form of economic abuse (Jiwatram-Negrón et al. 2018), exacerbating their economic vulnerability as well.

The next critical step in the WINGS model is to provide women with a unique scope of services that may increase their safety and their personal and social stability and connections. Considering their history of abuse, women who have experienced IPV or GBV have specific and more complex needs, especially those with histories of sex work. Findings suggest that GBV risks shift over time with active engagement in sex work (Jiwatram-Negrón et al. 2023), emphasising the importance not only of safety planning, but also of getting women connected to care in a timely fashion.

Women who benefitted from WINGS reported a significant decrease in violence of all types, including gender-based violence, intimate partner violence, severe and less severe forms of physical and sexual violence, verbal abuse, and psychological abuse, compared with data collected at the baseline assessment (Gilbert et al. 2017). Participants demonstrated awareness of the risks of violence, significant reductions in substance use, improved skills in creating a safe environment for the provision of sexual services, and higher rates of referral to organisations that assist victims of gender-based violence (Gilbert et al., 2017). These findings suggest that after participating in the project, women's quality of life improves significantly and their confidence in NGO providers is strengthened.

The WINGS of Hope or *Krylya nadejdy* project, piloted by the Global Research Institute in 2013 with Osh-based NGO Podruga and the Asteria NGO in Bishkek, with generous support from the Soros

Foundation-Kyrgyzstan and the Open Society Foundations, was the beginning of what is now a well-sustained, manualised intervention used by government agencies and NGOs in Kyrgyzstan and beyond. By 2016, the network of WINGed NGOs had expanded and included the NGOs Positive Dialogue, Plus Center, Sotsium, and Chance. Altogether, 213 women who use drugs and/or engage in sex trading/work were supported through the project and network of NGOs between 2013 and 2016, and this work has only continued since then.

The renowned researchers from the Columbia University Social Intervention Group—Drs Gilbert, Hunt, and Jiwatram-Negron—were involved in the adaptation of the intervention based on SBIRT principles. They dedicated a lot of time, effort, and expertise to designing and conducting multiple trainings, supervision, and set-up work and maintaining the unique monitoring and evaluation framework.

WINGS SUNFLOWER (2019)

In 2019, the GLORI Foundation analysed the most recent UN CEDAW recommendations, and collaboratively—alongside six non-government crisis centers and the Association of Crisis Centers of the Kyrgyz Republic—decided to apply the project funded by the United Nations Development Program (UNDP) aimed at the integration of the intervention model on the prevention of gender-based violence in crisis center activities in the Kyrgyz Republic. These six crisis centers were Ak Jurok (in the town of Osh), Ayalzat and Meerman (in the town of Karakol), Tendesh (in the town of Naryn), and Sezim and Chance (in the town of Bishkek). The project team collaborated with its partners in South Korea, who helped with adapting and applying specific components of the SUNFLOWER framework in Kyrgyzstan.

South Korea has a one-stop service model for GBV survivors, known as the Sunflower Center (United Nations Development Program 2019). Sunflower Centers are housed in hospitals and provide integrated support, including medical, counselling, legal, and police-investigation services. As of November 2018, there were 38 Sunflower Centers across the country. The Centers apply the one-stop service approach and are administered by the Ministry of Gen-

der Equality and Family, in collaboration with local governments, hospitals, and the police. Sunflower Centers are fully funded by the government in Korea. The Sunflower Centers also provide targeted support for underage victims and persons with disabilities.

The six non-government crisis centers in Kyrgyzstan were trained to work implementing the unique, client-oriented methodological framework that builds on both the WINGS SBIRT model and the SUNFLOWER framework. The key achievement was our attempt to provide multi-disciplinary services to GBV and IPV survivors in a single location. In the first year, the project provided services to more than 100 women vulnerable to violence (United Nations Development Program 2020). During the project, the non-government Crisis Centers successfully partnered with the Ministry of Internal Affairs and the Ministry of Labour and Social Development and focused their efforts on capacity development for preventing and identifying cases of violence, promoting gender equality, ensuring stronger and more effective measures to provide services to beneficiaries, protecting their rights, and preventing secondary victimisation. The GLORI Foundation and the Association of Crisis Centers of the Kyrgyz Republic worked together on disseminating the WINGS SUNFLOWER findings and experience, both in Kyrgyzstan and internationally (Columbia U 2020).

Rural WINGS (2023)

In 2023, the non-government Chance Crisis Center, together with the NGO Protecting the Dignity of Vulnerable Populations, applied to the British Emergency Aid to Russia and the Republics (BEARR) Trust for a grant for the dissemination of the WINGS intervention methodology to the rural provinces of Chui Region in Kyrgyzstan and were awarded the grant. This project, supported by the BEARR Trust Small Grants Scheme, was carried out collaboratively with the GLORI Foundation, engaged to manage the monitoring and evaluation (M&E) scope.

It was a great opportunity to adapt and bring this evidence-based GBV-prevention methodology to vulnerable communities living in rural areas with extremely limited access to the resources more or less available to city residents. In these territories, there are neither

Figure 1 Team of Rural WINGS at Belovodskoe Village, 2023

crisis centers nor enough trained psychologists; however, there is a wide network of municipal social protection agencies whose employees could use their skills and resources to help women in violent situations.

The project covered the Moskovsky district in Chu Region, the population of which is more than 100,000. In the current conditions, when state social security services are in need of external support, the issue of providing effective assistance to women and girls affected by gender-based and family violence is acute. Niyazbek Egemkulovich Kozuev, the Head of the Moskovsky district, supported the implementers' efforts and gave all the support the project needed. His team ensured the attendance of government and municipal employees from agencies and social services directly engaged in assisting persons seeking help in cases of violence, provided convenient premises, and created the necessary conditions for the effective conduct of the training and supervision meetings (Chance Crisis Center 2024).

Figure 2 (from left to right) Asel Akmatova, Danil Nikitin, Niyazbek Kozuev and Ryskan Moldakunova, 2023

WINGS and Harm Reduction

Recent research has documented strong associations between experiencing GBV and drug overdose among women with drug addiction (Gilbert et al. 2022). Fear of discrimination and further violence often inhibits women from calling the police or seeking emergency care during violent or overdose incidents, which serves to reinforce their risks of exposure to both violence and overdose. To tackle these issues in Kyrgyzstan, we integrated overdose (OD) prevention training into the WINGS model. While arranging the linkage to care, the facilitators trained in the WINGS methodology make sure to consider referrals to available narcological services, as well as to supply the project beneficiaries with available medication.

The OD prevention training includes an overview of the causes of overdose, how to recognise the symptoms of OD, and ways to respond when naloxone is and is not available. This training course is optional and should be applied with WINGS participants who may be at risk of an overdose or have someone in their social network

who may be at risk. The OD module was developed by Dr Timothy Hunt at the Columbia University Social Intervention Group and builds on guidelines and materials designed by the NGO Attika Harm Reduction team, led by Sergei Bessonov, whose efforts we very much appreciated.

Due to a lack of standardised surveillance data from medical records and death certificates, it is difficult to estimate the number of overdose patients and the number of fatal overdoses in Kyrgyzstan, but it is a matter of fact that overdose is the leading cause of death among people who inject drugs in Kyrgyzstan and many other countries. 46 % of the project participants reported having experienced an overdose at least once, and 6 % had experienced an overdose within the past three months. About 32 % of the project participants stated that they were able access naloxone through NGOs. The respondents interviewed as part of the M&E effort (n=213) also cumulatively knew approximately 465 people who had experienced an overdose in the past three months. According to their estimates, out of these 465 people, at least 208 persons (44.7 %) had died from their overdose.

One of the biggest challenges with the treatment of overdose patients in Kyrgyzstan is the lack of appropriate medical facilities and qualified toxicologists. Often, people are embarrassed or fearful about seeking help as well. Therefore, it was important to design a training focusing at developing the skills necessary to minimise the overdose risk and to know what to do if a friend, partner, or family member is experiencing an overdose. As a part of the OD training, the beneficiaries were introduced to medications that can help in the immediate response to an overdose while getting emergency help.

Since exposure to violence increases the likelihood of and triggers drug misuse and OD, the WINGS SBIRT model, with integrated OD prevention training component, is efficient in managing OD episodes and GBV among women who use drugs (WWUD). These integrated approaches have translational potential with scope of adoption, adaptation, and scaling-up.

WINGS and the No Violence Coalition

The No Violence Coalition (NOVIC) was created in 2013 as a community-advisory working group (CAWG) that included all partner organisations involved in implementing the WINGS of Hope project. The mission of the coalition was to collaboratively manage the adaptation of the WINGS intervention and analysis of community-specific, structural, political, and organisational factors that had to be considered while exploring applicable solutions to the issue of GBV. The CAWG also focused on designing and managing collaborative advocacy activities. This informal coalition united agencies and individuals involved in anti-GBV movements and campaigns and committed to collaboratively develop solutions for protecting WWUD and women engaged in sex trading from GBV, especially the type associated with violence practiced by the law enforcement officers.

The network approach to redressing GBV, which was a key outcome of the WINGS of Hope project, is primarily important when implementers are tasked with creating an environment focused on the beneficiaries' safety and well-being. Beneficiaries are different in terms of their service needs and expectations, and a network of NGOs would manage this issue more easily than a stand-alone agency working independently. After the coalition was created, it increased the project's capacity because female participants had the chance to keep benefitting from the project services through a partner NGO in another town or region. The staff at all partner NGOs were properly trained in providing high-quality services.

Coalition networking is important also from the point of view of the organisations involved. There is a risk that a stand-alone agency would miss the resources required to provide the whole spectrum of services specific to a particular woman and her case, so referral to a partner NGO would seem to be a feasible temporary solution. Also, it is easier for the networked NGOs to survive administrative and political pressure as they provide each other with important political, moral, financial, and professional support. The NOVIC CAWG has 35 members, including the leadership and front-line staff of the WINGed community-based NGOs, mass media representatives and journalists, academics, officers from the Ombudsman office, the Ministry of Internal Affairs, the Ministry of Labor and Social

Development, and the Ministry of Health, and international donors. NOVIC utilises a properly equipped online communication platform, and its members collaboratively write grants and implement collaborative advocacy campaigns that result in the scaling-up of the WINGS model.

WINGS Network Development

The number of agencies trained in the WINGS methodology in Kyrgyzstan increased from two in 2013 to as many as 14 in 2022. The methodology is integrated into their daily services.

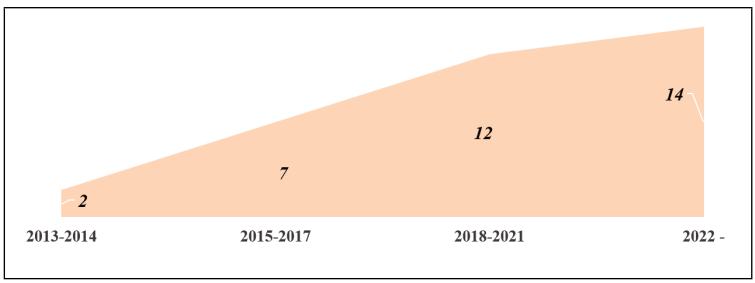

Figure 3 Number of agencies trained in WINGS methodology, by year

Of the 14 WINGed agencies, four are advocacy and policy-making agencies with sufficient research capacity and ten are frontline agencies that provide immediate services to survivors of violence or those at risk of violence. Of the 14 agencies, six are members of the Kyrgyz Crisis Centers Association. Most of the agencies are community-based grassroots NGOs, and three of them manage shelters. The estimated number of women who have benefitted from WINGS-specific services through these agencies is more than 1,000.

Each of the 14 agencies is equipped to be a WINGS Resource Center (WRC), meaning that they have access to the WINGS-specific intervention methodology and "train-of-trainers" (ToT) resources and databases. There are seven WRCs in the Kyrgyz capital of Bishkek and Chu region, four in the second largest town of Osh, two in the town of Karakol, and one in the town of Naryn.

Figure 4 Network of agencies in Kyrgyzstan trained in WINGS methodology

At each of the 14 (WRCs), staff members are trained to facilitate individual face-to-face and online sessions that include the following components:

- raising awareness of IPV and GBV,
- screening for different types of IPV and GBV,
- increasing individuals' motivation to address GBV,
- enhancing social support to address violence,
- safety planning,
- goal setting to reduce or prevent violence,
- identifying GBV-related service needs and referrals,
- increasing individuals' motivation to address HIV, voluntary gender-specific rapid HIV testing, and optional overdose prevention training.

The interventions are available in Kyrgyz and Russian. Depending on a woman's needs, the intervention components are adapted to women who use drugs, women who engage in sex work, women living with HIV/AIDS, and women who misuse potentially addictive medications and alcohol. Sessions are also supplemented by testing for HIV, HCV, and Covid-19, depending on the context and the support available.

In addition to the WINGS intervention methodology, the staff members in each of the 14 WINGS Resource Centers (WRC) are trained and can perform ToT activities in WINGS-spe-

cific bioethics, WINGS-specific monitoring and evaluation, and WINGS-specific case management.

An online resource centre is available in English, Russian, and Kyrgyz (GLORI 2017), which includes the following downloadable materials:

- the guide to the WINGS methodology in multiple languages,
- resources from national and international seminars and conferences,
- presentations,
- video and media materials,
- mass media publications and articles from academic journals.

International Collaboration

The WINGS intervention was originally designed and evaluated in the US by Dr Louisa Gilbert and her colleagues at the Columbia University Social Intervention Group with women who use drugs, and later successfully adapted and implemented in Kyrgyzstan, India, Georgia, and Ukraine. With methodological support from Kyrgyz NGOs, a similar project is now being piloted in Kazakhstan.

Colleagues at the Almaty-based Center of Scientific and Practical Initiatives use a computerised version of this intervention, which allows a woman to independently go through all the stages. Women can access the information with a smartphone or computer. In the computerised version, they have interactive avatars, but there is no physical engagement of a facilitator; everything is designed for independent work. The WINGS methodology has been translated into eight languages and is currently being widely used in six countries serving women from marginalised communities.

Future Directions

IPV and GBV are especially high among labour migrants/in families with labour migrants. It is therefore important to engage the border regions, where there are many labour migrants. It is important to engage the Talas, Jalal Abad, and Batken regions that share a border with Kazakhstan, Uzbekistan, and Tajikistan, regions that are

not currently covered by WINGS. At present, migrant-specific GBV interventions are not available. If developed and piloted in Kyrgyzstan, it would be beneficial to the communities impacted by issues specific to internal and external migrants in both sending and receiving countries.

Due to high IPV and GBV rates among young people and adolescents engaged in chem sex and other NPS issues, it is important to support the adaptation of the WINGS model to the needs of users of synthetic and novel psychoactive substances and stimulants (SNPSS), currently being carried out by community-based grassroots NGOs that are often underfunded.

We will continue to work with donors to try to identify available funding to continue the project or with the government to integrate these types of services into regular care. There are many competing needs, particularly in a resource-strained country such as Kyrgyzstan, but we strongly believe in the need for such a programme for a greatly underserviced population. We understand, however, that the interests and priorities of the donors are changeable and their support mostly depends on the state of the world economy and political situation, as well as many other factors.

Conclusion

This project has been and continues to be a critical endeavour as it not only expands society's knowledge and awareness of the problem of gender-based violence but also strengthens community capacity to support individuals who are experiencing violence or are at risk of violence. Furthermore, it represents a long-standing collaboration between civil society organisations, a leading research university, and an NGO that is working to bridge the gap between the two other groups (Daniel Wolfe 2018).

One of the women who participated in WINGS of Hope through the Osh-based Positive Dialogue NGO shared the following self-written verses:

Why came I into this world?
Who pulled me by my wrist?
Dark spirit reigns over all,
And people act like beasts …

The WINGS model, in its different modalities and adapted to the needs of particular groups of beneficiaries, seeks to address these moments of hopelessness and harm through rigorous training and support and has translational potential with scope of adoption, adaptation, and scaling-up.

Acknowledgement

At different points, WINGS in Kyrgyzstan was funded by the International Harm Reduction Development Program at Open Society Foundations, the Public Health Program at the Soros Foundation Kyrgyzstan, the UNDP in the Kyrgyz Republic, the Alliance for Public Health, and the BEARR Trust. The GLORI Foundation would like to express its appreciation to these international agencies for providing financial support for this project.

We would like to offer special thanks to the international experts who shared their rich practical experience in the field of gender-based violence, drug use, harm reduction, and HIV, and provided technical assistance in building national capacity, training, and supervision while conducting the research components and analysing the collected data. Dr Louisa Gilbert, PhD, Professor of Social Work at Columbia University, Co-Director of the Social Intervention Group (SIG) and Global Health Research Center of Central Asia (GHRCCA), who developed the WINGS model, has provided valuable scientific, technical, and practical assistance at all stages of project implementation. Dr Timothy Hunt, PhD, Director of Training and Capacity Building for Columbia University School at SIG and GHRCCA, made major contributions to the intervention development, the capacity building of the project, and further supervision of its implementation. Dr Tina Jiwatram-Negron, PhD, the Assistant Professor of Social Work at Arizona State University, provided major contributions as regards intervention development, analysis of the data, and writing for scientific publications and offered significant support regarding the coordination of the research component of the project.

Mr Sergei Bessonov, the Project Coordinator at Attika NGO, collaborated with us on developing the overdose prevention materials

that we integrated as supplemental parts of the adapted intervention.

The implementation of the project would have been impossible without the participation of and partnerships with local NGOs: the public foundation Asteria, NGO Sotsium, crisis centre Chance, public foundation Podruga, public foundation Plus Center, NGO Positive Dialogue and Protection of the Dignity of Vulnerable Populations, community-based organisations and crisis centres Ak Jurok, Sezim, Ayalzat, Meerman, and Tendesh. Each of them helped with the implementation of the project, taking into consideration the local context and the issues of key affected populations of women in the Kyrgyz Republic. The partners' empathy towards and commitment to helping these women has been instrumental to the success of the project, and we very much appreciate their commitment to providing excellent services to women who need their help.

The project received significant help from Ms Tolkun Tyulekova, the former Head of the Crisis Centers Association; Dr Tatyana Galako, President for the Kyrgyz Psychiatry Association, Chair of the Department of Psychiatry, Psychotherapy and Narcology at Kyrgyz State Medical Academy; and Dr Aida Parpieva who runs the Institute for Personality and Mental Health. Many thanks to Gulsara Alieva, PhD, Natalia Shumskaya, PhD, Tatiana Tomina, and police officers Tolkun Ergeshov and Gairat Rahmanov, whose advice and personal involvement made it possible to integrate police trainings in the WINGS framework.

We would like to express appreciation to Ms Umutai Dauletova and Ms Bermet Ubaidillaeva at the UNDP in the Kyrgyz Republic, and Ms Maria Plotko at the Eurasian Harm Reduction Association (EHRA) for the phenomenal support and for providing the opportunity to run and disseminate the WINGS framework. We are very grateful to the high-ranked officers at the Ministry of Labor and Social Development of the Kyrgyz Republic and Ms Sonheong Jang of the UNDP Seoul Policy Center for their support and commitment to helping us.

We are grateful to all project beneficiaries for their responsiveness and valuable input in the monitoring and evaluation stages that helped us adjust the WINGS model and make it as safe and effective as possible. Without their commitment and desire to help, the results achieved would have been impossible.

References

Chance Crisis Center (2024): Project Report: WINGS helps combat domestic violence in rural areas of Kyrgyzstan. The BEARR Trust. www.bearr.org/2024/03/15/project-report-chance-crisis-center-bishkek-kyrgyzstan-with-partner-csos.

Columbia University Social Intervention Group (2020): WINGS Adapted Globally to Reduce Violence Against Women. www.sig.columbia.edu/news/wings-adapted-globally-reduce-violence-against-women.

Garcia-Moreno, G./Palitto, C. (2013): Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO. www.who.int/reproductivehealth/publications/violence/9789241564625/en.

Gilbert, Louisa/Jiwatram-Negron, Tina/Nikitin, Danil/Rychkova, Olga/McCrimmon, Tara et. al (2016): Feasibility and preliminary effects of a screening, brief intervention and referral to treatment model to address gender-based violence among women who use drugs in Kyrgyzstan: Project WINGS (Women Initiating New Goals of Safety). DOI: 10.1111/dar.12437.

Global Research Institute (2017): Survey on sex workers' rights observation by Shah Aiym Network and Tais Plus NGO. www.glori.kg/en/consolidated_report.

Global Research Institute (2017): WINGS of Hope Consolidated Report. www.glori.kg/en/consolidated_report.

Global Research Institute (2017): WINGS Online Resource Center. www.glori.kg/en/resource-center.

Human Rights Watch (2015): "Call us when he tries to kill you": Reaction of the state to domestic violence in Kyrgyzstan. www.hrw.org/report/2015/10/28/call-me-when-he-tries-kill-you/state-response-domestic-violence-kyrgyzstan.

Jiwatram-Negrón, Tina/Hunt, Timothy/Nikitin, Danil/Rychkova, Olga/Ermolaeva, Irena et al. (2018): An exploratory study of economic abuse among substance-involved women in Kyrgyzstan, Central Asia. In: Journal of Substance Use 23, No. 4, pp. 358–365. DOI: 10.1080/14659891.2017.1421272.

Jiwatram-Negron, Tina/Peitzmeier, Sarah/Meinhart, Melissa/Vasiliou, Natalia/Nikitin, Danil/Gilbert, Louisa (2023): Associations between transactional sex and intimate and non-intimate partner violence: findings from project WINGS of Hope. In: Journal of Family Violence 38, pp. 161–173. DOI: 10.1007/s10896-021-00353-7.

Jiwatram-Negron, Tina/Meinhart, Melissa/Ward, Malorie/Michalopoulos, Lynn/Zhan, Qihao et. al (2024): Associations between different forms of intimate partner violence and posttraumatic stress among women who use drugs and alcohol in Kyrgyzstan. DOI: 10.1002/jts.23017.

Joint Submission for the 60th Session of the Convention on the Elimination of Discrimination against Women (CEDAW) (2014): Alternative Report on the Situation of Women who Use Drugs, Sex Workers, and Lesbians, Bisexual Women, and Transgender People. Switzerland Geneva. www.tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FNGO%2FKGZ%2F19256&Lang=en.

Kudryavtseva, Tatiana (2023): Recommended measures to eliminate gander-based violence. www.24.kg/obschestvo/281237_vkyirgyizstane_predstavlenyi_rekomendatsii_popredotvrascheniyu_gendernogo_nasiliya.

Ministry of Justice of the Kyrgyz Republic (2017): Law "On protection from domestic violence". www.cbd.minjust.gov.kg/111570/edition/1006725/ru.

Ministry of Justice of the Kyrgyz Republic (2019): Decree "Guidelines for local authorities on protection from family violence in the Kyrgyz Republic". www.cbd.minjust.gov.kg/14713/edition/960930/ru.

Pinkham, Sophie/Malinowska-Sempruch, Kasia (2008): Women, Harm Reduction and HIV. In: Reproductive Health Matters 16, No. 31, pp. 168–181. www.jstor.org/stable/25475377.

Rychkova, Olga (2013): When There Is No Safe Place to Go. Open Society Foundation. www.opensocietyfoundations.org/voices/when-there-no-safe-place-go.

Rychkova, Olga (2017): A Blind Spot in the Movement Against Gender-Based Violence. Open Society Foundation. www.opensocietyfoundations.org/voices/blind-spot-movement-against-gender-based-violence?utm_source=news&utm_medium=email&utm_campaign=news_120917&utm_content=Fou7K-JXzMbo_kbL0Cl8F3TBaXYXZDzX--Y4P8PiFZ8.

Saki, Mandana/Mohammad, Sima/Kermanshahi, Khan/Mohammadi, Eesa/Mohraz, Minoo (2015): Perception of Patients With HIV/AIDS From Stigma and Discrimination. In: Iran Red Crescent Med J 17, No. 6, e23638. DOI: 10.5812/ircmj.23638v2.

United Nations Development Programs (2019): Sunflower Center Resource Book. www.undp.org/policy-centre/seoul/publications/sunflower-center-resource-book_.

United Nations Development Programs (2020): An overview of the experience of introducing the WINGS SUNFLOWER model into the work of crisis centers in Kyrgyzstan. www.undp.org/ru/kyrgyzstan/press-releases/ob-opyte-vnedreniya-modeli-wings-sunflower-v-rabotu-krizisnykh-centrov-kyrgyzstana.

UN Women (2013): Ending violence against women. www.eca.unwomen.org/en/where-we-are/kyrgyzstan/ending-violence-against-women.

UN Women (2020): Pandemic-related domestic violence exacerbates women's vulnerability in Kyrgyzstan. www.eca.unwomen.org/ru/news/stories/2020/8/in-kyrgyzstan-pandemic-related-domestic-violence-increases-vulnerabilities.

Wolfe, Daniel (2018): Harm Reduction Development Program, Open Society Foundations. WINGS-specific address. www.youtube.com/watch?v=Rx-UykqPdSjk.

Natalya Shumskaya, Chinara Imankulova

10. Implementing Web-Based Outreach When Working with People Who Are New Psychoactive Substance Users: AFEW Kyrgyzstan Approach

Introduction

New psychoactive substances (NPS)[1] are marketed as "legal drugs", "herbal drugs", "bath salts", and "chemical reagents". For the sake of terminological clarity, UN Office on Crime and Drugs (UNODC uses the term "new psychoactive substances (NPS)", defined as "substances of abuse, either in pure form or in preparation, which are not controlled under the 1961 Convention as amended by the 1972 Protocol or the 1971 Convention, but which may pose a threat to public health". The word "new" in the title indicates not so much the novelty of such substances—some were synthesised 40 years ago—as their recent appearance on the market.

The use of NPS is often accompanied by health problems. In general, NPS can cause a wide range of side effects, including seizures, anxiety, aggression, acute psychosis, and potential addiction. It is not uncommon for NPS users to be hospitalised with severe poisoning.

According to the World Drug Report 2022,[2] between 2009 and 2021, 134 countries reported a total of 1,127 types of new psychoactive substances to the UNODC UN Office on Crime and Drugs, with more being added to the list all the time. NPS constitute a very volatile category of substances that is difficult to control using traditional methods. This is the first World Drug Report for the post-

1 www.unodc.org/centralasia/en/news/unodc-and-partners-discuss-situation-with-new-psychoactive-substances-in-kyrgyzstan-ru.html

2 World-drug-report-2022

pandemic period. The post-pandemic world remains in crisis, facing multiple conflicts, and worldwide drug problems further complicate the picture. Cocaine production is at an all-time high, and seizures of amphetamine and methamphetamine have skyrocketed. Markets for these drugs are expanding into new and more vulnerable regions.

Illicit drug markets are undergoing rapid and, in some regions, radical changes, including the gradual dominance of synthetic drugs. The manufacture of synthetic drugs is inexpensive, simple, and quick. Because it uses a wide range of precursors rather than geographically specific drug crops, the sources of supply of synthetic drugs can be relocated closer to consumer markets and seizures can be quickly replenished, negating the efforts of drug law enforcement.[3]

According to the report,[4] about 284 million people aged 15–64 used drugs worldwide in 2020, an increase of 26 % over the previous decade. Young people are using more drugs, with rates of use now higher in many countries than in the previous generation. Despite this, treatment for NPS dependence is still out of reach for most, and women are even more vulnerable. Women account for more than 40 % of non-medical users of pharmaceutical preparations, nearly half of amphetamine-type stimulant (ATS) users, but only one fifth of those in treatment for ATS use. Globally, the report estimates that 11.2 million people worldwide inject drugs. About half of that number were living with hepatitis C; 1.4 million were living with HIV; and 1.2 million were living with HIV/hepatitis C.[5]

In the Kyrgyz Republic, the first cases of synthetic drug use started to be recorded in 2013.[6] At that time, synthetic cannabinoids—smoking mixtures known as "spice"—appeared on the market and their use was widespread, especially among young people. It wasn't until 2015 that Kyrgyzstan adopted a law banning the use of synthetic drugs, including spice and other smoking mixtures. But the emergence of new synthetic drugs such as "salts", "bath salts",

3 www.unodc.org/res/WDR-2023/WDR23_SPI_Russian.pdf
4 World-drug-report-2022
5 World-drug-report-2022
6 www.unodc.org/centralasia/en/news/unodc-and-partners-discuss-situation-with-new-psychoactive-substances-in-kyrgyzstan-ru.html

and "crystals" requires their inclusion in the list of illegal substances. In 2014, more than 400 NPS were identified, and in 2020, more than 800 NPVs have already been identified.

In 2016–2017, people started going to drug treatment centres with complaints of mental and behavioural disorders caused by the use of these synthetic drugs.[7] The emergence of synthetic drugs became a concern in Kyrgyzstan because they were new psychoactive substances and there was little information about their toxicity and impact on human health. These substances created—and still create—significant difficulties related to clinical and laboratory diagnosis, as well as medical examination and treatment of patients.

Synthetic drugs have gained widespread popularity among young people because of their availability, cheapness, and a method of administration (mainly smoking or snorting) that is suitable for those who have never before been psychoactive substance users. As a result, parents of children with mental and behavioural disorders caused by NPS use began to turn to drug treatment clinics and private rehabilitation centres.[8]

Today, pharmacy drugs, which are sold over the counter nationwide, have added to the drug addiction problems. The term "pharmacy drug addiction" is no longer new in Kyrgyzstan. The variety of drugs has increased significantly over the past two years. These include synthetic opioids, benzodiazepines, and painkillers. Most of them do not contain narcotic substances, but nevertheless they affect brain receptors in the same way as opioids or antidepressants, cause euphoria, and, as a consequence, also cause addiction.

Description of the Organisation AFEW

The public foundation (PF) AFEW is the successor of the branch of the international non-governmental organisation AIDS Foundation East-West responsible for HIV prevention among key populations and has been working in the country since 2005. In that time, the

7 www.harmreductioneurasia.org/wp-content/uploads/2020/09/2020_08_20_EHRA_NPS-Report_Kyrgyzstan_RUS-1.pdf

8 www.harmreductioneurasia.org/wp-content/uploads/2020/09/2020_08_20_EHRA_NPS-Report_Kyrgyzstan_RUS-1.pdf

organisation has implemented more than 50 projects aimed at prevention, the detection of new cases, increasing adherence to HIV and tuberculosis treatment, and harm reduction from substance use among key populations, such as people living with HIV and tuberculosis. In addition, the PF AFEW implements projects among vulnerable groups such as adolescents, youth, and women to empower them for a healthy future. The organisation pays special attention to the introduction of new directions for the detection of new cases of HIV and tuberculosis. In the field of tuberculosis, a project for detection has been implemented in private health facilities in the country. In the field of HIV, a pilot project entitled "Web Outreach" is currently being implemented.

"Traditional" outreach in harm reduction is defined as "a systematic approach to providing services to people who use drugs (PWUD) and their sexual partners in the most convenient conditions for them". The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) defines outreach as "activities aimed at establishing contact with PWUD clients in places they are familiar with—on the street, at home, in clubs".

The field of internet technology (IT) has its own definition of outreach. This is one of the directions in internet marketing, which "implies an agreement personally with the owner of the site or blogger for the purpose of placing banner advertising, mentions of the company or brand, distribution of recommendations and reviews of the company".

Web Outreach' Pilot Project objectives: to provide services to people who use NPS through piloting a web-based outreach model, motivating them to self-test for HIV, and, if positive, to become a bridge between the NPS user and the AIDS centre (cascade of HIV services); to improve the healthcare system through the introduction of quality, friendly care and access to harm reduction programmes for NPS users as part of the training for healthcare providers; to combat stigma among health/social workers towards NPS users through the provision of HIV prevention and treatment services; to improve the healthcare system through the provision of HIV prevention and treatment services for NPS users.

Web Outreach Tools:

1) Websites
2) Messengers (chat rooms, channels, groups, private messaging), social networks
3) Specialised forums in the open and "shadow" segments of the internet
4) Smartphone applications, including dating apps
5) Email newsletters
6) Chatbots (on websites, messengers)
7) Beneficiaries can receive information about the project via the Telegram bot and Telegram channel, as well as via web outreach workers. Web outreach workers are trained people who act as "advertising engines" for HIV prevention services, and it is up to them to access the group and advertise the services.
8) In addition, information about the work of the project is disseminated by administrators posting on various internet sites (chat rooms, forums, marketplaces), i.e. places where psychostimulants are distributed. Here the data for communication (nicknames and/or phone numbers) with outreach workers are distributed. In the Telegram bot, it is possible to order a harm reduction package through web-based outreach workers that contains an HIV self-test. In addition to providing harm reduction packages, web-based outreach workers also provide HIV prevention information services, refer people to available services, and connect users of psychostimulants with an addiction specialist.

Web Outreach Principles[9]

Digital security. This is a set of measures aimed at protecting the confidentiality, integrity, and availability of information from virus attacks and unauthorised interference.

Web-based outreach is recommended to be done from a phone and/or computer protected by a strong password. If possible, it is

9 UNODC (2021): Recommendations on Web-based Outreach for People who Use Drugs.

recommended to use two-factor authentication. The same applies for logging into an account created for web outreach or a personal account (if used for this purpose).

It is not recommended to use fingerprint or face access to smartphones. It is not recommended to install programs from unofficial app stores on cell phones. It is not recommended to connect to open Wi-Fi networks (i.e. networks that do not have a password) without using a VPN (OpenVPN, Cloak, or other). Traffic over open wireless networks can be easily intercepted.

If sensitive materials (such as access passwords, financial and administrative materials, and third-party personal data) related to work for the organisation are stored on a personal computer, these files should be stored in a password-protected and encrypted folder.

Respecting the right of PWUD to maintain their privacy. Web-based outreach implies that there are certain boundaries in the interaction between the outreach worker and the beneficiary that should not be crossed. These may be questions regarding marital status, financial status, presence of chronic illnesses, and many others not directly related to the topic of conversation/counselling. That said, if the outreach worker feels that having the answers to such questions will help them provide a better service to the beneficiary, he or she may ask permission to ask them.

Non-judgmental attitude. During the conversation/consultation, the web outreach worker may learn information that has the potential to elicit a vivid emotional response or evaluative attitude toward the beneficiary, such as that the beneficiary is violent towards his/her partner/children, is a drug dealer, does not inform his/her sexual partners about his/her positive HIV status, is wanted by police, etc. In this case, it is important that the web outreach worker continues to focus on the topic of the current conversation/counselling session. If the information received leads the outreach worker to assume that there is a threat to the life/health of other people, as well as to the beneficiary, it can be discussed with the project manager/supervisor to develop a plan for taking further action.

Adherence to Network etiquette involves an agreement between the web outreach worker and the beneficiary to follow a set of rules to achieve the greatest possible comfort and benefit from the communication. These may include, among other things, agreements on

whether it is better to use voice or written messages, how to set up notifications when a message is received, and at what times it is acceptable to request and conduct counselling. It is also important to understand that, depending on the beneficiary's life situation, these arrangements may be cancelled or changed. For example, a request for counselling may come after hours.

Encouraging positive changes in the client's life. During the conversation/counselling session, the web outreach worker may hear the beneficiary talk about changes in his or her life that are proving or have proven valuable to him or her, such as reducing the dose of a substance, switching from one substance to another, reducing the frequency of use, or going through detoxification. For the web outreach worker, these changes may seem minor, but at such times it is important that the web outreach worker encourages the beneficiary and remembers that for them, these changes may have been the result of hard, persistent work.

The "Do No Harm" Principle. Web-based outreach workers have different sets of competencies, levels of training, and life experiences, including their own experiences of living with HIV and drug dependence. All of these can affect and even harm their online communication with beneficiaries. For example, some web outreach workers may adopt an overly directive style of communication, some may be overly familiar, and others may abuse specific slang, including prison jargon. It is important to pay attention to these points during supervision/monitoring of outreach workers. The role of supervisor/monitor can be performed by the project manager, observing the consultations of outreach workers "from the outside". If any issues are identified, training sessions can be organised to correct the identified mistakes.

Teamwork. Both "traditional" and web-based outreach relies on teamwork. Beneficiaries turn to web outreach workers with a wide range of questions that an individual staff member may not have the answer to. In such cases, the request can be forwarded to colleagues. In addition, teamwork involves regular meetings to discuss current work issues, trends in the drug scene, adaptation of services, feedback received, etc. In order to prevent emotional and professional problems, web-based outreach workers should have regular meetings. In order to prevent emotional and professional burnout among staff, it is advisable to conduct supervisions.

Results of the Web Outreach Project in Kyrgyzstan in 2023

During the twelve months of the project implementation, 1,781 people who use NPS received counselling, of whom only 6 % inject NPS, while the rest use by swallowing, smoking, or sniffing. 75 % of the participants were male and 25 % were female. 31 % were aged 18–25, 25 % were aged 26–30, 26 % were aged 31–35, and 18 % were over 35. As for the geographical coverage, 57 % were in Bishkek, 27 % in Osh, and 16 % in Chui oblast. 37 % were contacted initially online, the rest were attracted through visits to places where NPS users congregate (apartments, parks, parties) and through recruitment.

100 % of project clients were tested for HIV. As a result of the test results, three new cases of HIV were detected, as well as one case where the client had been previously tested (and entered into the database of the Republican Center for Control of Hemocontact Hepatitis and HIV), but for some reason did not know that he was HIV positive. All four people were put on dispensary registration in AIDS centres and started receiving antiretroviral therapy. In addition, two more positive results were obtained from self-tests for

Table 1: NPS used by clients (one client can use more than one NPS)

NPS usage	%
DMT	6 %
Methadone	7 %
LSD	15 %
Heroin	8 %
MDA/MDMA	21 %
Amphetamines/Methamphetamine	29 %
Spices	51 %
Alpha PVP	56 %
Mephedrone	62 %

NPS types:
MDMA—methylenedioxymethamphetamine (ecstasy)
MDA—3,4-methylenedioxymethamphetamine
DMT—dimethyltryptamine (psychedelic, hallucinogen)
LSD—lysergic acid diethylamide (psychedelic, hallucinogen)

HIV, but they did not contact web outreach workers to get a confirmatory HIV test. Work to find them is ongoing.

General information from the client survey.

Classification of NPS by Their Effects on the Human Nervous System

a. Stimulants are a class of substances that act on the central nervous system and increase activity, attention, and energy, causing excitement. They work mainly through increased activation of natural stimulatory conductive pathways in the brain, particularly enhanced function of norepinephrine, adrenaline, and dopamine, which are responsible for the sympathetic nervous system's response to stress, the metabolic correlates of aggression and fear, and the reinforcement mechanisms of the motivational system.
b. Empathogens or entactogens are a class of psychoactive drugs that induce experiences of emotional unity, oneness, kinship, and emotional openness, i.e. empathy or sympathy, as observed and described in particular in experiments with 3,4-methylenedioxymethamphetamine (MDMA, MDA). Empathogens are referred to as either "hug drugs" or "intimacy drugs".
c. Psychedelics are chemicals, hallucinogens, that can be used to alter the state of consciousness in order to have a psychedelic experience. The individual sees hallucinations—bright, colourful images, hears sounds, experiences certain smells, and even feels the touch of non-existent characters. Psychedelics transport a person into another world that only they see and feel.
d. Synthetic cannabinoids is the term associated with artificial or chemical substances used in place of marijuana. Many would prefer to call these cannabinoids "fake weed" or simply call them by their street alias, "spice".

Table 2: Effects experienced by clients when using NPVs

Effects of NPS	%
Euphoria	86.3 %
Sexual activity	68.2 %
Hyperactivity	52.4 %
Fear	35.6 %
Panic	37.9 %
Muscle spasms	29.6 %
Paranoia	34.5 %
Inhibited reaction	38.9 %

Safe Behaviour in Relation to HIV. Safe HIV behaviours reduce the risk of acquiring or spreading the virus, thereby protecting both individuals and communities. Practising safe sex, using sterile needles, and avoiding contact with contaminated body fluids are key preventive measures. By prioritising safe behaviours, we can break the cycle of HIV transmission and promote health and well-being for all.

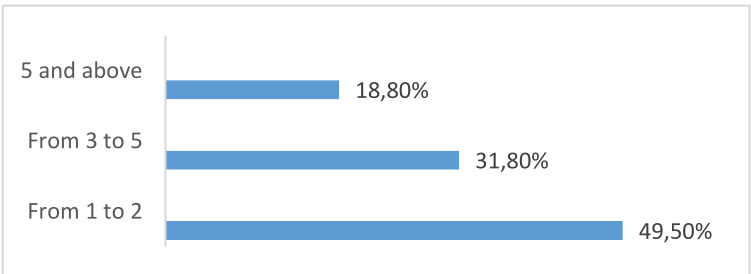

Figure 1: Number of sexual partners in the last 30 days

According to the assessment results, 49 % of all clients had one to two casual sexual partners at the time of joining the project.

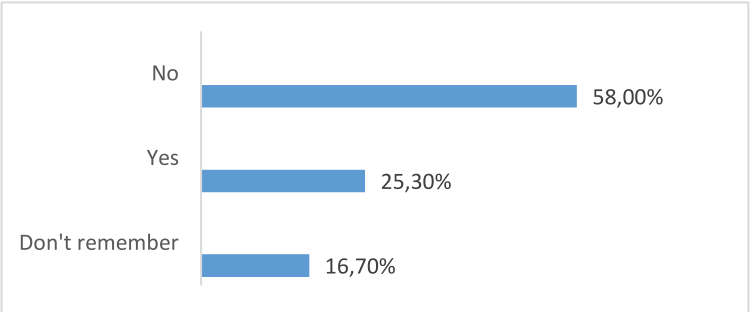

Figure 2: Condom use at last sexual intercourse

This survey shows that 58 % of clients did not use condoms during their last sexual intercourse. Overall, 55 % of men and 52 % of women reported this behaviour. Additionally, 68 % of respondents indicated an increase in sexual activity as a result of using NPS.

The refusal to use condoms significantly increases the risk of spreading the human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). According to our data, 58 % of instances where condoms were not used could contribute to a higher likelihood of transmitting these infections.

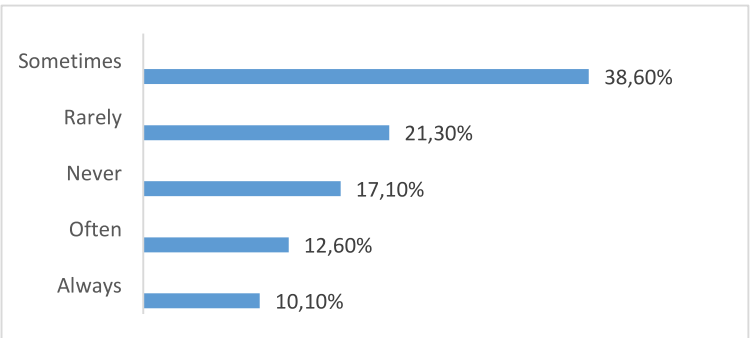

Figure 3: Frequency of condom use with last ten sexual contacts

The figure also shows that 77 % of clients typically do not use a condom (those responding with “never”, “rarely”, or “sometimes”).

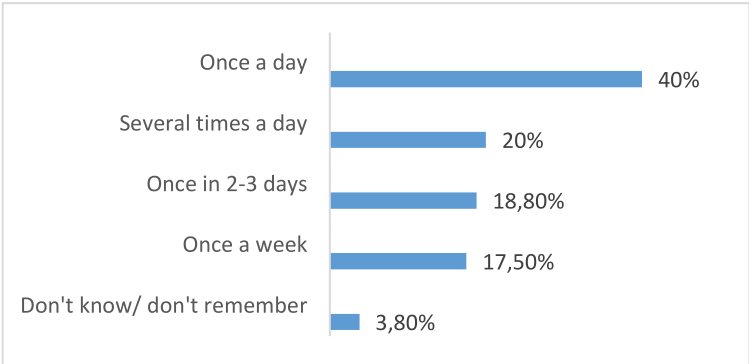

Figure 4: Injecting drug use in the last 30 days (responses from injecting drug users only—6 % of total coverage)

The frequency of NPS injection is directly related to the risk of HIV transmission, particularly when a shared syringe is used. The figure shows that 60 % of clients inject NPS at least once a day.

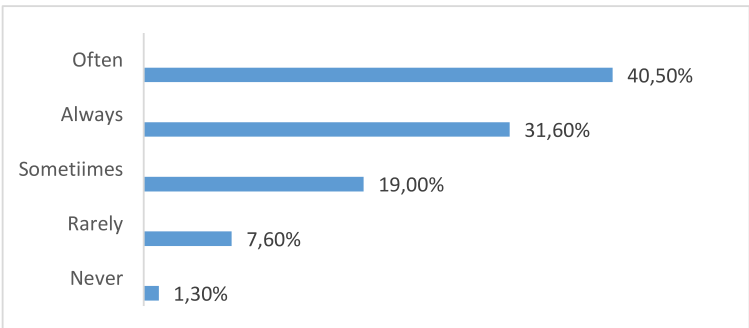

Figure 5: Frequency of using sterile syringes for injecting drug use

Among people who inject drugs (PWID), approximately 30 % do not use sterile syringes, increasing the risk of spreading HIV and other blood-borne infections such as hepatitis B and C. The introduction of infected blood into the body through a used syringe can result in the development of serious diseases. It can also cause abscesses, infections, and other complications related to injections.

Success stories of clients who received project services

My name is Mikhail (name changed), I am 29 years old. I was born and grew up in the Russian Federation. A long time ago I came to Kyrgyzstan, here I lost my documents and remained without documents, without a job.

I use drugs. I started with heroin, then moved on to alpha PVP, mephedrone, sometimes I use amphetamine. I used to inject drugs as I got used to them. But lately I stopped.

Since I had no documents and no job, I lived in a shelter for a while. Around the same time, a friend started to tell me that there is a project where they give condoms and test for HIV. I was a person who had a lot of promiscuous sexual contacts and also used drugs. That's how I met Sergei, the project outreach worker. He came to my shelter, we talked, and he tested me for HIV.

When Sergei tested me, I did not think that I would be positive.

When I found out about the result, I was confused, I did not believe it. Sergei consulted me for a long time, explaining that this result was not conclusive yet, and I should be tested again at the AIDS centre. Here I was very worried, because I had no documents. Sergei promised to accompany me and help me with the testing. He kept his promise.

At the same time, I had a lot of questions, I had a lot of doubts. I felt like a completely healthy person, as nothing bothered me. I then started reading. I read a lot about HIV, I also started reading about viral hepatitis. I asked Sergei if I didn't understand something. And that's how I started to realise that I had to get tested.

And the tests were confirmed. The doctors talked to me, explained everything. It took me some time, but I still understood and accepted that I had to take antiretroviral therapy for HIV for the rest of my life.

This diagnosis was very difficult for me, as I was living in a shelter, I didn't work, I had no relatives here, I couldn't share it with anyone and I think only Sergei's support helped me to get out of this state.

Since I had no money, Sergei started to take me to doctors, helped me to get my lungs X-rayed, always consulted, listened, helped me.

Now I take antiretroviral therapy (ART) every day, at the same time.

I am glad that the project helped me to detect HIV at an early stage, now I am more responsible for my health and the health of my loved ones.

My name is Vladimir, I am 30 years old. I was born and grew up in Kyrgyzstan. I grew up without parents, in an orphanage. Now I work at a construction site.

My childhood was hard, I worked wherever I could. I started using drugs, most often I use mephedrone and salts. I try to quit, but I have breakdowns.

I met Olga (an outreach worker of the project) who told me about HIV and hepatitis and offered to test for HIV on the spot. Olga told me about HIV and then tested me. I had no idea that I had HIV. The test came back positive. I was shocked. Olga started to ask me if I had been tested for HIV before, if I had taken similar tests somewhere else, but I denied everything, as I did not remember being tested.

Olga immediately suggested that I go to the AIDS centre the next day to make sure of the result. I asked her for a few days. I kept thinking, I couldn't believe it, because I felt fine.

Then we went anyway. When we arrived, during the doctor's consultation before taking the test, it turned out that they had my name in some database and that I had been tested for HIV five years ago. But I didn't know anything about it, I don't even remember when I took the test, for what reason I took it. The doctors started to counsel me about HIV treatment and asked me to take some more tests. They immediately prescribed treatment and gave me pills. I remembered only the test for the amount of virus. When I took it, the results were high, the doctors and Olga told me not to skip the treatment, and I try not to skip it.

This whole situation turned so quickly that at first I did not fully realise what was happening and Olga kept calling me, consulting me, helping me to go to see doctors.

Now I live in Kara-Balta and receive treatment in Bishkek, it is a bit hard for me. Olga helps me to transfer to my place of residence so that I don't have to travel far and receive antiretroviral (ARV) drugs in Kara-Balta. I am very glad that I found out about my diagnosis now, even after five years.

Barriers to Project Implementation

The project identified several barriers that impacted project implementation. One of these barriers was the reluctance of PWUD with a positive HIV self-test to undergo a confirmatory HIV test at an AIDS centre. In the absence of offline interaction with the client, it is difficult to build a trusting relationship and bring such a client to the confirmatory HIV test, as the client may block the web outreach worker on social networks. Therefore, it is necessary to train staff in effective online communication and online motivational counselling before starting such projects with online work.

Also, one of the problems when the initial contact is online is the reluctance of clients to contact web outreach workers in the online space, due to fear of being "set up". Because of this, it is easier for web outreach workers to make initial contact in person and then work with the client online. To increase this indicator, web outreach workers began working with the administrations of online stores to interest them in joint promotions or in allowing publications in their stores.

Recommendations

Based on the results of the project, the following recommendations can be made for effective project implementation for people who use NPS.

Firstly, this group of people is at high risk of transmitting sexually transmitted infections due to increased sexual activity, as well as the risk of HIV, hepatitis B, and hepatitis C infection due to injecting NPS use. Therefore, it is necessary to inform people who use NPS about harm reduction programmes, the risks and consequences of NPS use, and modes of transmission, and provide condoms, lubricants, needles and syringes, and other prevention tools depending on the type of NPS used. These activities will help reduce the spread of HIV, hepatitis B and C, and STIs in this group and protect their sexual partners.

Secondly, it is necessary to educate healthcare providers on how to provide care to people who use NPS. At the moment, all harm reduction programmes and training of healthcare providers are

mainly focused on helping people who use opioids. However, due to the changing drug scene and the increasing number of people who use NPS, there is a need to strengthen training on NPS, NPS-related mental disorders, emergency care, etc.

Thirdly, it is necessary to continuously train the staff of non-governmental organisations that work with people who use drugs, as they are also mostly trained to work with people who use opioids, not NPS. In addition, it is necessary to select young employees who can effectively communicate with this group, as NPS users are often under 35 years of age. At the moment, most peer NGO staff are over 40 years old, which makes it difficult for them to build trusting relationships with NPS users. There is also stigma between the groups of opioid and NPS users, and a lack of knowledge of NPS and its consequences can reduce the effectiveness of counselling.

Finally, as this group is quite closed and as NPS use can lead to mental illnesses, mania of persecution, panic, fear, etc., it is necessary to develop the provision of online counselling to build trusting relationships and only later continue the work in offline mode. Provision of access to online counselling should be both in health facilities and in NGOs. For this purpose it is necessary to train staff on online trust building, the ethics of communication in online counselling, motivational counselling, and training on stigma and discrimination, which is especially important.

Conclusion

At the end of the project implementation, 68.2 % of clients stated that they were now more sexually active than before taking part in the project and more than half of them reported having more than two sexual partners. At the same time, 25 % had used condoms at the last sexual intercourse. These factors indicate a high risk of transmission of both HIV infection and other sexually transmitted diseases. 43 % could not name all routes of HIV transmission, 2 % of clients did not know about HIV at all, and 79 % did not know what post-exposure prophylaxis is, which is an effective way to prevent HIV after a risky exposure. These data show that further work is needed to educate people who use NPS about HIV infection, as they have a high risk of HIV transmission.

Due to the fact that the number of people who use NPS is growing annually and it is necessary to train medical workers on how to assist such patients, a module on prevention and treatment of people who use NPS was developed and introduced into the curriculum of the Kyrgyz State Medical Institute of Retraining and Professional Development named after S.B. Daniyarov (KSMIRPD). 50 teachers from the KSMIRPD and narcologists were trained during two sessions in Bishkek and Osh.

In order to improve the knowledge of the staff of non-governmental organisations that work with key populations, two trainings were conducted for 50 employees on web outreach and NPV.

The data from the pilot project show the importance of continuing HIV prevention work among NPS users and reducing risky behaviour. NPS users are a hidden group that requires new approaches to HIV prevention outreach work. An effective method of reaching the target group in Kyrgyzstan is a combination of online and offline counselling of NPS users.

References:

Eurasian Harm Reduction Association (EHRA) (2020): Use of New Psychoactive Substances in the Kyrgyz Republic, and Swansea University School of Law.

United Nations Office on Drugs and Crime (2022): World Drug Report.

United Nations Office on Drugs and Crime (2023): World Drug Report.

UN Office on Drugs and Crime (2021): Web Outreach for People Who Use Drugs Recommendations.

Yulia Aleshkina

11. How NGOs Help Patients with TB Treatment and Contribute to Better Treatment Outcomes: An Overview of the Experience of the Implementation of Alternative Controlled Treatment Alternatives Project

Introduction

Tuberculosis (TB) is one of the socially significant infectious diseases that attracts enormous attention worldwide. The burden of tuberculosis in the Kyrgyz Republic is constantly decreasing, as evidenced by morbidity and mortality rates. Nevertheless, Kyrgyzstan remains one of the 30 countries with a high burden of drug-resistant TB in the world and one of 18 high-priority countries in the World Health Organization (WHO) European Region.

WHO's strategy to eliminate tuberculosis by 2035 (The End TB Strategy)[1] requires the implementation of an array of biomedical, public health, and socioeconomic interventions, often beyond the health sector, as well as major advances in research and innovation to accelerate disease reduction.[2] The Strategy aims to halt the global TB epidemic by 2035, including reducing TB mortality by 95 % and TB incidence by 90 % compared to 2015. One of the four principles

1 WHO (2015): The End TB Strategy. Switzerland, Geneva: WHO Document Production Services. www.iris.who.int/bitstream/handle/10665/331326/WHO-HTM-TB-2015.19-eng.pdf?sequence=1

2 WHO (2018): WHO compendium of guidelines and standards: ensuring optimal delivery of health services to patients with tuberculosis. 2nd ed., Geneva: World Health Organization. www.iris.who.int/bitstream/handle/10665/273678/9789244514108-rus.pdf

of the Strategy is close collaboration between civil society organisations and local communities; another is the protection and respect of human rights, ethical standards, and the principle of justice.

The National Tuberculosis Program (NTP) of the Kyrgyz Republic has always taken an active position in the implementation of all WHO recommendations, actively introducing progressive methods and innovative approaches in the diagnosis and treatment of tuberculosis. Especially intensive development of the NTP has been achieved in the last seven years; with the support of international projects and programmes, a number of changes have been implemented: new diagnostic methods have been introduced, access and time for obtaining laboratory test results have been expanded, a unified information system for all TB services has been integrated, a case management approach has been applied in primary healthcare, etc. For the first time, not only public health organisations, but also private healthcare providers and non-governmental organisations have been involved in the TB problem.

In Kyrgyzstan, the history of non-governmental organisations in the implementation of TB activities began relatively recently—in 2017, although certain prerequisites for the involvement of NGOs in the provision of TB-related services have been in place for a long time. Today, there are both local and international NGOs working in the field of TB, and they can be conditionally divided into three groups:

(1) Organisations founded by communities of people with TB—"TB People" in Bishkek, "Plus Center" in Osh oblast, and "Ulukman Daryger" in Issyk-Kul oblast; these NGOs are focused on providing services primarily related to care and support for people with TB, with the patient's interests at the forefront. The main task is to ensure a patient-centred approach to service delivery and the protection of patients' rights.
(2) Organisations founded by professional societies— Kyrgyz – Netherlands community of volunteers – KG (KNCV KG), the Hospital Association, the Nurses Association, etc. The mission of these organisations is to promote innovative, strategically significant changes. Usually their interventions are related to systemic issues. These organisations can implement various

projects aimed at introducing new approaches and practices in TB diagnosis and treatment. For example, the NGO KNCV KG provided technical, advisory, and supervisory support to the national programme in introducing new regimens and drugs to treat drug-resistant TB, while the Hospital Association developed and implemented a system for transporting pathological material, assisted in the implementation of the roadmap for transition to outpatient treatment, etc.

(3) Organisations that are founded for specific purposes and may include both representatives of professional communities and people affected by TB—the Association of Legal Persons "Partner Network", established to advocate for and protect patients' rights; AIDS Foundation East-West (AFEW), which works to overcome legal barriers; Soros Foundation-Kyrgyzstan, which has implemented a legal component to provide legal aid to people affected by TB; and the National Red Crescent Society, which has a charitable function and engages health workers and community volunteers to support TB patients. These NGO activities have been divided into different components of the national program's implementation, depending on the specialty and capacity of each organization.

This chapter reviews the experience of involving non-governmental organisations in the implementation of a patient education and counselling component to increase adherence to treatment, prevent treatment dropouts among people with TB, and return those lost to follow-up to treatment. The chapter also provides an overview of the experience gained by two organisations funded under a Global Fund grant in implementing above mentioned components, the results achieved, the success stories, and the lessons learned.

Organisation Description

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) projects have been implemented in the Kyrgyz Republic since 2004, and until 2023 the assistance provided to the country to fight the three diseases amounted to more than USD 180 thousand. From 2005 to 2011, the Global Fund (GF) grants were implemented

by national partners, namely the Republican AIDS Center and the National Center for Phthisiatry. Starting from 2011, the management of the GF grant was transferred to the United Nations Development Programme (UNDP), and to date the UNDP has been the principal recipient of the grant, i.e. it receives Global Fund funds, implements activities approved in agreement with the GFATM, coordinates programme implementation, including oversight of sub-recipients, and periodically reports on progress, as well as requests for further funding. Initially, all Global Fund grant funds allocated for TB control were used for the procurement of drugs, reagents, equipment, and financial support for medical staff and patients, and services were provided only within the health system. At the same time, in the HIV component, non-governmental organisations were actively involved in various activities aimed at the prevention, detection, and treatment of HIV among vulnerable groups, as well as at supporting these groups, proving their effectiveness in achieving common goals to overcome the HIV epidemic. In 2017, under a Global Fund grant, non-governmental organisations were engaged for the first time to provide services related to supporting people with TB.

This chapter presents the experiences and results achieved by two organisations: the National Red Crescent Society and the Plus Center Community Foundation.

The National Red Crescent Society (NRCS) is the oldest non-governmental organisation in the Kyrgyz Republic, registered in 1926. Currently, the organisation implements projects in the field of healthcare, social assistance, emergency management, and organisational development. The NGO reaches more than 300,000 beneficiaries annually and operates throughout the country. NRCS started implementing the project under the Global Fund grant in August 2018. More detailed information about the organisation can be found at https://www.redcrescent.kg/ru/.

The Public Foundation "Plus Center" was registered in 2008 and carries out its work in Osh city and Osh oblast. The PF was established to help reduce the spread of infectious diseases such as HIV, tuberculosis, and hepatitis, as well as sexually transmitted infections, among the population through the implementation of harm reduction and demand reduction programmes for psychoactive substances; the promotion of healthy lifestyles; the demarginal-

isation of psychoactive substance users, homeless people, sex workers, former prisoners, and other marginalised groups; the rehabilitation of people with addictions, as well as their socialisation and readaptation; and stigma reduction. Since 2008, the Foundation has worked in the field of HIV and drug use and drug demand reduction programmes. In 2020, the project received its first GF grant for the implementation of a patient-centred approach for patients with drug-resistant TB; in 2023, the organisation also started to provide shelter services for people with TB, as well as work in the field of early TB detection among vulnerable groups.

Description of the Situation at the Beginning of the Project

Tuberculosis is a curable disease, but its treatment has its own conditions: it is a long process that involves taking a combination of anti-TB drugs (sometimes up to 20 tablets) every day. The peculiarity of tuberculosis is that the pathogen reacts very quickly to drugs, and in case of inappropriate therapy, drug resistance occurs. Therefore, the concept of directly supervised treatment (DST) under the supervision of a healthcare provider has been developed for the treatment of tuberculosis. The goal of DST is to ensure that (1) the patient does not interrupt treatment; (2) his or her condition improves; and (3) if they occur, side effects are promptly detected and managed. It is easy enough to ensure DST in hospital settings, but when a patient goes on ambulatory treatment and several factors start to combine—improvement in general health, staying off medication, lack of daily regimen, and freedom of movement—patients tend to discontinue medication.

In Kyrgyzstan, the issue of adherence to treatment has always remained acute. Up to and including 2017, when the project discussed in this section was implemented, the situation was as follows:

- Treatment success for susceptible TB (six months of treatment) was 82 %; about 600 people (10 %) interrupted treatment annually.
- Treatment success for drug-resistant TB (DR-TB) was 52 %,

treatment duration was 24 months, loss to follow-up was 250 people in the annual cohort (i.e. up to 23 % of people with DR-TB interrupted treatment), and treatment success for people with extensively drug-resistant TB was only 17 %.

– In 2017, the introduction of new treatment regimens for DR-TB (new and repurposed TB drugs, short-term treatment regimens) was piloted in the country, and programmatic implementation of new regimens across the country began in 2018. This marked a new era in TB treatment, as a proportion of patients with drug-resistant TB were able to be treated for nine, twelve, or eighteen and twenty fourth months, the new drugs were generally easier to tolerate and improvement happened faster, but treatment required careful monitoring of drug regularity, patient status, and unwanted treatment.
– More than 90 % of patients started treatment as inpatients and switched to ambulatory treatment in the third to sixth months. At the same time, there was virtually no monitoring of drug intake in primary healthcare, drugs were widely dispensed by hand, and treatment was uncontrolled.
– The healthcare system lacked support mechanisms for patients in special, difficult life situations. For example, there was no mechanism to organise home treatment for a bedridden patient; if several people in a family were on treatment, they all had to travel to and from the DST office every day, wasting time and money; persons with no fixed abode could not remain committed to treatment as they moved around the city or even the country; and there were no mechanisms for transferring patients from one healthcare facility to another.

Thus, treatment control was a priority. According to data collected during the GF/UNDP Effective HIV and TB Control project, about 20 % of patients with drug-resistant TB (DR-TB) on ambulatory treatment have one or more factors that increase the risk of treatment dropout. During the fieldwork, there were numerous instances where a patient was discharged from inpatient care having shown significant improvement, but after three to six months of ambulatory treatment, was readmitted to inpatient care with serious deterioration. In particular, the story below characterises a situation that was common at the time.

How patients died without treatment control

A 16-year-old girl, Mira (name changed), came from a family where several people had already died of TB. Mira was also diagnosed with extensively drug-resistant TB (DR-TB), but the extent of the infection was relatively limited. In 2018, the patient was enrolled for treatment at one of the regional TB centres. At that time, new drugs for the treatment of XDR-TB were already available, and the girl was prescribed an effective treatment regimen, which immediately began to bring good results. Three months after starting treatment, Mira showed significant improvement and was discharged from the hospital to ambulatory treatment in one of the remote district centres. Three months after discharge, the patient's X-ray and microscopy/seed results were presented to the regional consultation to monitor the effectiveness of the treatment: the X-ray showed a serious deterioration compared to the image taken at discharge, and later the microscopy and seeding results showed a resumption of bacterial discharge (reversion). A team of doctors went to the family medicine centre (FMC) and to the girl's home to find out the reasons for the deterioration, since at the stage of introduction of new regimens and drugs, each case of treatment with new drugs was under the control of the regional and republican DR-coordinators. After investigation, it turned out that the girl was given the medicines on hand for up to 14 days with the condition that she would take them under the supervision of her mother (a nurse in one of the institutions of the district). The medical staff of the district FMC and the TB office did not control the use of drugs. After a long discussion, the patient pulled out a bag of medication from under her mattress; it turned out that she had first partially and then completely stopped using the medication, and her mother had no influence on her decision. As a result of the interruption in therapy, the girl's condition deteriorated to such an extent that re-hospitalisation was required; Mira was connected to an oxygenator, but in the end the patient could not be saved and died of TB.

Project Model Description

In such a situation, when on the one hand it was critical to provide truly controlled treatment for people with DR-TB, especially for those who received treatment with new drugs, and on the other hand the healthcare system lacked resources to organise NCT, there was a strong need to create an alternative model of controlled treatment.

Until 2017, separate projects aimed at building adherence to treatment in TB patients Médecins Sans Frontières (MSF) and KNCV

through case management were implemented in Kyrgyzstan in pilot mode. These projects were costly, were based on continuous observation of the patient by a case manager, regular patient visits, and provision of substantial material support as an incentive, and could reach only a small number of patients. The Global Fund grant did not have such resources, and the challenge was to find an optimal model that would ensure good adherence to treatment and optimal cost. Taking into account the challenges faced, lessons learned from the GF grants, and lessons learned from other pilots, UNDP developed a model that was implemented first by the NRCS in Bishkek (August 2018-December 2022) and then in Osh and Osh oblast (January 2021-present).

The main goal of this model is to identify all TB patients at risk of treatment discontinuation in a timely manner and to conduct intensive communication with them to identify their needs and address barriers to continuing TB treatment to prevent interruptions or complete discontinuation of use of drugs. Practice has shown that the vast majority of treatment discontinuations can be prevented by improving communication between the patient and the healthcare provider responsible for treatment. The main reasons for treatment discontinuation are 1) poor tolerance of medications, adverse events that are delayed in recognition, and late treatment; (2) poor understanding of treatment steps, including reasons for prescribing a large number of medications, duration of treatment, regularity of check-ups: after improvement of the condition, patients think that they are already cured, while the duration of treatment is explained by illiteracy of doctors, clinical trials, and other myths, which leads to self-discontinuation of treatment; (3) the need for the patient to visit their doctor (Yuranova et al. 2013); and (4) the need to take care of the patient's condition (Toktogonova 2016).

As noted above, directly supervised treatment in a healthcare organisation should theoretically provide the right level of communication and promote adherence. However, the actual situation was quite different. Therefore, the task of the NGO was to organise regular communication with DR-TB patients on treatment in order to determine the degree of risk of treatment dropout and, depending on this, to build further interaction.

The model is based on a three-tiered approach to working with patients with drug-resistant TB depending on their risk of treatment

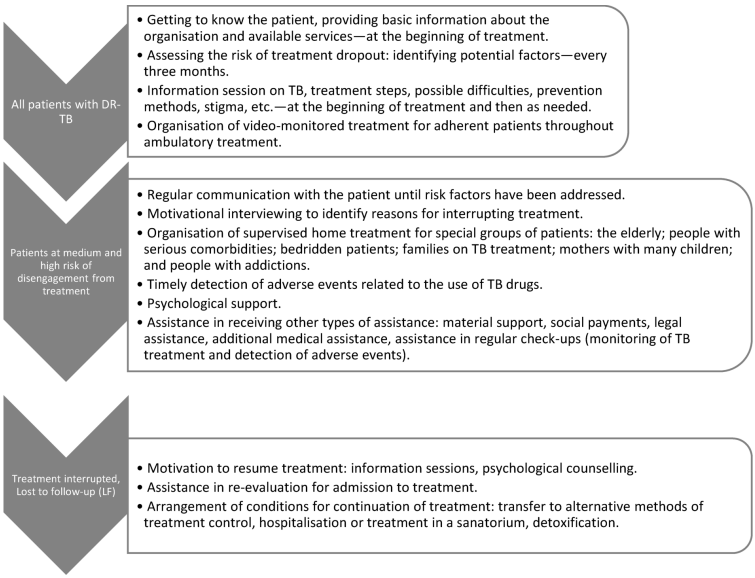

Figure 1: Service delivery model under the GF/UNDP grant

discontinuation: services are divided into basic and extended services, and a group of people with TB who have already discontinued treatment is emphasised (Figure 1).

Implementation Process

The National Red Crescent Society started to implement this model in Bishkek in August 2018. At that time, about 100–120 people with DR-TB were receiving ambulatory treatment in Bishkek city at a time. Despite the possibility to receive at the level of district FMCs, almost all patients came to the City Tuberculosis Control Center (CTCC) daily to get drugs. The project involved one project coordinator, one monitoring and evaluation (M&E) specialist, four case managers with transportation facilities, and one psychologist who was assigned an office in the CTCC building.

Project staff obtained information on DR-TB patients under treatment at the CTCC from district TB doctors and conducted a joint initial assessment of the risk of disengagement. They then met

the patients themselves, conducted a second risk assessment based on an in-depth interview, did a needs assessment, and provided a basic package of services. All patients at medium and high risk of disengagement were taken under case managers' care, i.e. they were provided with an enhanced package of services tailored to their needs.

Care of the patient meant that case managers maintained contact with the patient at least once a week through phone calls, but more often through home visits. At the patient's request, the case manager was able to organise home treatment, i.e. medication was delivered to the patient's home weekly, and medication use was monitored daily by video-controlled treatment via What's Up at a time convenient for the patient, either by direct call or by sending a video of medication use. During the What's Up call, information about the patient's well-being, occurrence of side effects, and other problems was collected from the patient. At the follow-up visit, the case manager would recalculate the remaining medication and assess the patient's overall physical condition. In case of adverse events, the case manager organised immediate communication between the attending physician and the patient, which allowed for timely identification and management of adverse events. Using the organisation's own resources, the CTCC provided humanitarian assistance to those in need. In addition, patients had the opportunity to receive legal and social assistance and help with restoring documents and receiving social benefits and pensions. Case managers transported patients in need to healthcare organisations to receive additional medical care or undergo monthly check-ups to monitor treatment.

Thus, about 100–120 people with DR-TB were under the organisation's care at one time, about 50 people received supervised treatment at home (including video-call) on a quarterly basis, and about 20 of the organisation's clients received additional assistance (social, legal, etc.).

This approach proved to be effective and successful: in Bishkek city, the loss to follow-up after six months of treatment (official terminology for treatment dropouts) decreased from 27 % per quarter to 2%–3 % and throughout the project implementation, even during the Covid-19 pandemic, did not exceed the target of 10 % (Figure 2). Treatment success among DR-TB increased from 46.5 % in the 2016 cohort to 71 % in the 2018 cohort, while the loss to follow-up in

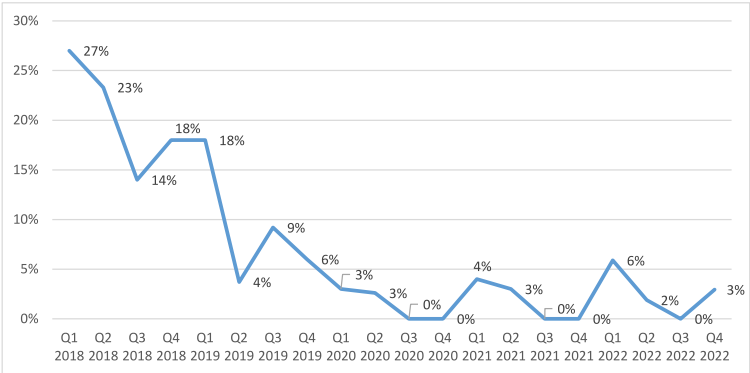

Diagram 1: Percentage of cases lost to follow-up after six months. Treatment, Bishkek city

the annual cohort after full treatment decreased from 30 % (2016) to 21 % (2018). In 2020, when the country was under a coronavirus state of emergency and the health system was fully reoriented to address the disease, the vast majority of DR-TB patients in Bishkek remained adherent and on treatment. The treatment success rate in the Bishkek 2020 cohort was 79.5 % and the loss to follow-up in the entire cohort was only 7.5 %.

A similar model was implemented by the NGO Public Foundation "Plus Center" in Osh city and Osh oblast. The project was launched in January 2021 and was marked by certain difficulties. Initially, health workers at the Primary health care (PHC) level were negatively inclined to cooperate with the NGO, and it took time to overcome distrust and establish constructive work. One of the distinctive features of the work in Osh was that among the organisation's clients were many migrant workers who work in Russia. As a rule, they are the only breadwinners in large families, and very often, as soon as there is an improvement in their condition, migrants again go to work outside the country. The existing regulatory framework of the Kyrgyz Republic and the Russian Federation does not allow the provision of remote TB treatment, so such patients, having interrupted treatment, are doomed to death in the long run. It is practically impossible to prevent their departure, and this was a serious challenge for the organisation. Despite the fact that there are no official regulations, NGO "Plus Center", together with doc-

tors, managed to organise controlled treatment in Russia for several people: Patients who had 2–3 months remaining before the end of their treatment, but who expressed a strong intention to leave for the Russian Federation before completing it, applied for treatment through community assistants. The community assistants (usually family members) received medications for 30 days every month and sent them to their clients in Russia, while the NGOs monitored the use of the medications daily by calling What's Up to find out how they were feeling and if they had any adverse events. At the end of treatment, migrants underwent X-rays at their place of residence to determine the outcome, and the result of the X-rays gave them the outcome "treatment completed". Although this approach is not yet supported by the legal framework, it has prevented eight people with DR-TB aged 18–40 years from dropping out of treatment and thus saved young lives.

The results for Osh city are also impressive: for 2022–2023, not a single DR-TB patient dropped out of treatment within the first six months. According to project data, more than 80 % of the organization's clients who were assigned an outcome successfully completed their treatment.

Review of Factors Contributing to Project Success

Factors that contributed to success include the following:

- **A recognised need for new approaches to TB treatment by the health system**: In Bishkek, good results were achieved more quickly because the management of the TB centre had a good understanding of its capacity and weaknesses, recognised the needs of patients, and was willing to cooperate. Thanks to this, from the first days it was possible to establish a constructive interaction between CTCC, NGOs, and clients of the organisations, synchronise efforts, and work towards one common goal. In Osh, a lot of effort was spent on establishing the cooperation process, which slowed down the process and delayed the first results.
- **The high commitment of NGOs to the mission, goals, and objectives of the project**: NGO staff were both health workers

and people from TB-affected communities, which influenced their commitment, despite relatively low funding (compared to earlier pilot projects).

- **Regular monitoring and evaluation of the process and outputs, flexibility in decision-making and model improvement**: During the project implementation, all processes were monitored monthly, and quarterly meetings were held with all stakeholders. Identified problems were discussed between the implementation team and decision makers, and optimal ways to solve problems were found. Decisions had to be made especially quickly under the constraints of the coronavirus, such as changing the format of service delivery, the ways of interacting with clients of the organisations, etc. For example, the model did not initially envision the widespread use of video-assisted treatment, but analysis showed its greater cost-effectiveness and efficiency, and this became a key element of the project.
- **Client-centeredness**: Initially, the project was client-centred; the NGO's goal was to create conditions in which the patient could continue treatment in acceptable conditions. The range of services varied depending on what needs became relevant at the time. One example is that initially the project did not include a detoxification service for alcohol syndrome, but there was a high demand for this service in Bishkek (one to two cases per quarter) and as a result, this service was introduced into the project. The lack of temporary residency centres (TRCs) for persons without permanent residence also posed a significant challenge for retention of certain categories of patients, resulting in the opening of a TRC in Bishkek in 2021 and in Osh in 2022.
- **Advocacy and service promotion**: Showcasing the results of NGO work at different levels helped convince national stakeholders of the importance of NGOs in providing TB treatment-related services, particularly in case management, dropout prevention, and return to treatment. In 2023, the National TB Program reported to WHO for the first time on NGO performance, and also launched a state-social commissioning: for the first time, NGOs were commissioned by the government to carry out return-to-treatment work. Convincing achievements also contributed to the adoption of separate normative documents,

in particular the National Center of Phthisiology under the Ministry of Health of the Kyrgyz Republic Order on the organisation of video-controlled treatment. A dialogue on the need to organise access to treatment for migrants was launched.

Conclusions

Non-governmental organisations are recognised as equal partners in the implementation of the WHO strategy to eliminate tuberculosis by 2035. In the Kyrgyz Republic, NGOs have only recently started to play the role of service providers, but they have already achieved results.

One of the main challenges in achieving treatment outcome targets is patient adherence to treatment. Experience shows that most of the reasons for treatment dropout are related to insufficient communication and approaches to organising treatment that are not focused on the needs of patients. In particular, the practice of DST at the outpatient level, adopted before 2017, was unfriendly, and the principle of ICH was violated almost everywhere, leading to poor results for both the healthcare system and for patients.

In 2017, for the first time, the Global Fund to Fight AIDS, Tuberculosis and Malaria grant included funds for NGOs. To implement the project, the GF grant developed a model that aimed to identify all people with TB at risk of treatment discontinuation in a timely manner and conduct intensive communication with them to identify their needs and address barriers to continuing TB treatment to prevent interruptions or complete discontinuation of use of drugs. The model included a three-tiered approach to working with patients, and included a range of services that was largely concerned with ensuring ongoing communication with the patient through alternative controlled treatment options.

The implementation of this approach has been shown to be effective and has made a significant contribution to improving treatment outcomes by reducing the proportion of cases lost to follow-up. Continuous analysis of the challenges and factors contributing to success highlighted a number of conditions that had a positive impact on the achievement of the project objectives, in particular, the high commitment on the part of NGOs to the mission, goals,

and objectives of the project. Constant focus on the needs of clients, rapid adaptation of the service delivery format and approaches to changing needs and conditions, monitoring and evaluation of the process and intermediate results, and advocacy of the NGO's work—all of this resulted in a model that effectively addresses the problems of TB patients and promotes stronger adherence to treatment.

References

Toktogonova A.A. (2016): Causes of treatment failure among patients with multidrug-resistant tuberculosis in the Kyrgyz Republic. In: Tuberculosis and pulmonary diseases 94, No. 12. www.researchgate.net/publication/318903651_CAUSES_OF_TREATMENT_DEFAULTS_IN_THOSE_SUFFERING_FROM_MULTIPLE_DRUG_RESISTANCE_TUBERCULOSIS_IN_KYRGYZSTAN_REPUBLIC/fulltext/59847cb1aca27266ad9a1cfc/CAUSES-OF-TREATMENT-DEFAULTS-IN-THOSE-SUFFERING-FROM-MULTIPLE-DRUG-RESISTANCE-TUBERCULOSIS-IN-KYRGYZSTAN-REPUBLIC.pdf, 26. 06. 2024.

Yuranova M.A./Ruzanov D.Y./Buinevich D.V. (2013): Analysis of factors influencing the formation of adherence to treatment of tuberculosis patients (literature review). www.cyberleninka.ru/article/n/analiz-faktorov-vliyayuschih-na-formirovanie-priverzhennosti-lecheniyu-bolnyh-tuberkulezom-obzor-literatury/viewer, 26. 06. 2024.

WHO (2015): The End TB Strategy. Switzerland, Geneva: WHO Document Production Services.

WHO (2018): WHO compendium of guidelines and standards: ensuring optimal delivery of health services to patients with tuberculosis. 2nd ed., Geneva: World Health Organization.

Vyacheslav Goncharov, Kesia Kiss

12. The Role of NGOs in Engaging Local Communities in Combating Tuberculosis

Introduction

According to the World Health Organization (WHO), tuberculosis (TB) remains a public health problem in Kyrgyzstan. The country is among the 30 countries in the world that have a high burden of multidrug-resistant tuberculosis (MDR-TB) and is one of 18 high TB priority countries in the WHO European Region[1].

In recent years, the Kyrgyz Republic has made significant progress in treating TB[2]. However, reports from the UN Secretary-General, the World Health Organization, TB communities, and civil society indicate that the Covid-19 has set back the progress made in the fight against TB by several years and has also negatively impacted vulnerable groups in society by creating additional barriers to accessing quality healthcare[3].

Despite the implementation of the national TB programmes, as well as important programmes and projects supported by international partners, the TB situation in the country remains challenging and requires further improvement.

In 2023, the United Nations General Assembly High-Level Meeting on Tuberculosis was held with the participation of heads of state and government. The meeting resulted in the adoption of the Political Declaration of the High-Level Meeting of the General Assembly on Tuberculosis, which reaffirmed existing commitments under the Sustainable Development Goals (SDGs) and the WHO Strategy

1 www.who.int/europe/ru/news/item/15-06-2017-tb-rep-mission-to-kyrgyzstan-6-8-june-2017/

2 www.24.kg/obschestvo/289427_tuberkulez_nepobedili_nopohvastat_kyirgyizstanu_est_chem

3 www.stoptb.org/file/15587/download

to end TB and announced new commitments. These commitments include:

- Guaranteeing adequate and sustainable funding to ensure universal access to quality TB prevention, diagnosis, and treatment services.
- Ending stigma and all forms of discrimination by eliminating discriminatory laws, policies, and programmes against people with TB, and by protecting and promoting human rights and human dignity.

Several independent studies have been conducted in Kyrgyzstan over the past five years, such as: "Assessment of socio-economic factors, including gender-specific factors, affecting the receipt of health services by TB patients in the Kyrgyz Republic", for The United States Agency for International Development (USAID) End Tuberculosis Project, 2018.

- "Assessing Factors Influencing the Health Seeking and Treatment Behavior of the Target Population for Tuberculosis", for USAID's Cure Tuberculosis Project, 2020.
- Assessment of the real causes of stigma and discrimination towards TB patients by the environment that influences the behaviour of people with TB, Public Fund (PF) "Door", 2020–2023.
- Assessing the level of stigma and discrimination towards people with TB by healthcare providers, PF "Door", 2020–2023.

Based on the political declaration supported by the country's leadership, as well as the analysis of research results, which determined the main strategy to continue working in tuberculosis reducing direction in the country.

Tuberculosis is a socially significant disease associated with many social problems, such as low living standards, unemployment, high levels of internal and external migration, etc.[4] Often people with TB are representatives of vulnerable groups. Social problems can be a serious barrier to patients' access to quality health services, as well as to their adherence to treatment. Therefore, not only medical

4 www.studfile.net/preview/6056636/page:26/

organisations but also other stakeholders should be involved in TB prevention, detection, and treatment. In this regard, it was decided to strengthen the work in two directions[5] first is the reduction of all types of stigma and discrimination, as well as other factors that create barriers to the adherence of people with TB to treatment; the second is improving interaction between the National Center for Phthisiology (NCP), regional TB centres, primary healthcare organisations, the Presidential Plenipotentiary Offices, local self-government bodies, civil organisations, local communities, and people with TB in order to provide comprehensive support to TB patients and their families.

Description of the Organisation

The public foundation "Door" was registered in 2009[6]. The main areas of work of the organisation are in the sphere of strategic communications and involvement of stakeholders in the process of implementation of socially significant tasks in society. The foundation has supported such organisations as the President's Office of the Kyrgyz Republic, the Parliament of the Kyrgyz Republic, the Prosecutor's Office of the Kyrgyz Republic such as Ministries of Energy, Ministries of Agriculture, Ministries of Education, Ministries of Ecology, Ministries of Economy, etc. As a result, strategic documents defining the main activities in the field of communication with target groups were prepared, information campaigns were conducted, and communities were mobilised to solve local problems.

The foundation has been working on reducing the burden of TB in the Kyrgyz Republic since 2017. In collaboration with USAID's "End Tuberculosis" project, PF "Door" conducted work to reduce stigma and discrimination against TB patients by their community environment. Activities were conducted in one of the project's pilot areas[7]. The main focus was on introducing new approaches to change attitudes towards TB patients and their families in the com-

5 www.cbd.minjust.gov.kg/160005/edition/1233942/ru—the

6 www.doormedia.kg

7 www.d408fef9-6491-42d3-9224-c99f414b45a.usrfiles.com/ugd/d408fe_7b92fac630894d0385d7c81a52e02ce8.docx

munities. We identified three main directions of information interaction: (1) work with TB patients' environment in communities; (2) work with religious leaders; and (3) work with educational institutions in the pilot project area. Thus, for the first time an NGO began to fulfil not only a public assistant role, providing various social services (patient care, moral support to the family, etc.), but also to act as a coordinator involving various stakeholders in the implementation of a specific task. This approach created prerequisites for further expansion of TB stakeholders in the regions of Kyrgyz Republic. It ensured a more accurate focus on the problems on the part of various state agencies and local self-government bodies and streamlined the overall reporting on the implementation of state programmes to the Government of the Kyrgyz Republic.

Taking into account the experience gained previously during the strategic planning sessions of the new Local Organizations Network (LON) USAID project "Support for TB Patients", the management of the National Center of Phthisiatry of the Kyrgyz Republic (KR) requested to involve more participants in TB activities (such as various state institutions and local self-government bodies, as well as various associations) to mobilise them to perform specific tasks within their competencies and to develop and test new state-of-the-art methods of TB control.

Based on the goals and objectives of the USAID project "Support for TB Patients", the organisational structure of the foundation was changed. [8]

Thus, in addition to coordinators and involved experts, new staff units were added who work directly on the ground in the communities. These units are each made up of 18 mentors. Their functional responsibilities include advising health workers on reducing stigmatising behaviour towards TB patients, as well as advising health workers on TB alertness (identification of signs, description of the algorithm of actions, etc.). The second group that works in the piloting regions are spokespersons, totalling 18 people. Their functional responsibilities include interaction with the leadership of local self-governance bodies (LSGs) and opinion leaders International Organization for Migration (OIMs) in the communities. In addition,

8 www.doormedia.kg/post/tuberkulez

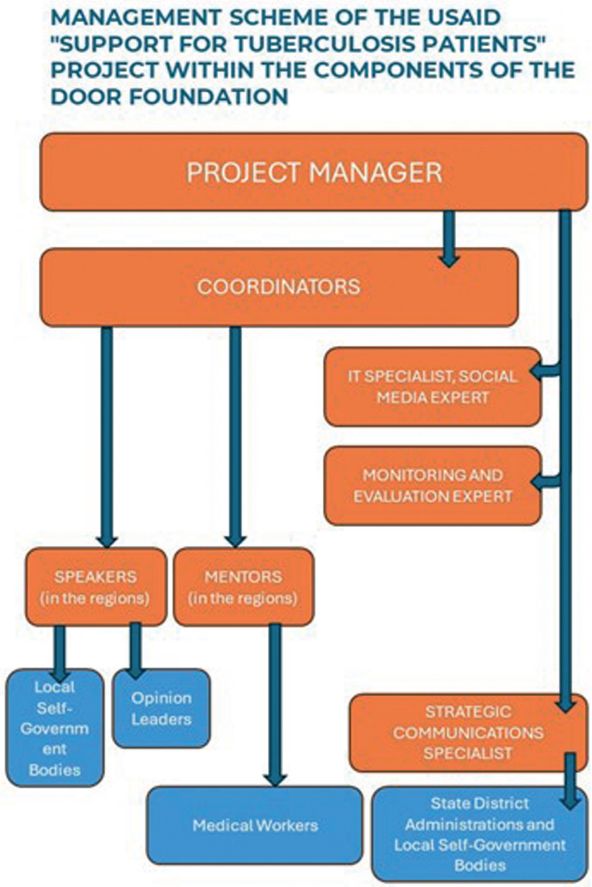

Figure 1: Management scheme of USAID "Support for TB Patients"

the spokespersons are tasked with conducting systematic information sessions and consultations on the provision of social support from the local budget. In this case, the uniformity of information provision to all stakeholders is ensured by a unified approach to conversations with target audiences, the creation of a single digital databank of relevant and verified media materials, and the availability of digital equipment for the demonstration of all necessary information. The monitoring and evaluation component has been

improved. In this case, the level of information perception by stakeholders is monitored (the sufficiency of information, adequate perception and understanding, and the quality of its interpretation are assessed).

An important stage of the foundation's work was a clear system of two-level planning: strategic planning for the year and operational planning on a monthly basis. At the end of each month, indicators are checked against the stated plans and quarterly monitoring visits are made to double-check the indicators. This in turn ensures clear control over the whole process and improves the quality of planning management and emergency adjustment of plans.

Thus, the importance of the foundation's work in the overall TB control activities in the Kyrgyz Republic can be defined as a demonstration of successful establishment of systemic support to local governments, state administrations of TB patients, and their families. The foundation has also contributed to reducing stigma and self-stigma in society.

The main difficulties that were identified during the first studies (described in the Introduction) were the lack of coordination and consequently haphazard efforts of all parties involved in TB activities.

At the level of Ayil Okmotu[9] this involved: (1) a lack of systematic provision of social support for TB patients and their families; (2) a lack of skills in handling applications and appeals for social support; (3) a lack of skills in forming a socially oriented budget within Ayil Okmotu's authority, as well as reporting mechanisms to the fiscal authorities and the Audit Chamber of the Kyrgyz Republic; (4) weak legal literacy in terms of authority and opportunities to participate in TB activities; (5) a lack of practice in discussing the formation of socially oriented budgets; (5) a lack of information about the socially oriented budget; and (6) a lack of information about the socially oriented budget.

At the level of healthcare facilities this involved: (1) insufficient coordination with state district administrations and local self-gov-

9 (Village government)—executive-administrative body under ail (village) or settlement kenesh, which manages the affairs of life support and the vital activities of the local community.

ernance bodies (i.e. a lack of general annual planning with descriptions of the specific actions of responsible persons and indicators for verification, as well as interaction on prevention, detection, and follow-up of TB patients on outpatient treatment); (2) an outdated structure of training/education of patients to transition to outpatient treatment; (3) a lack of psychological support services for patients facing difficult life situations and increased anxiety; (4) the presence of stigmatising behaviour on the part of medical staff towards TB patients; (5) poor vigilance of medical staff/non-specialists[10] upon the initial reception of patients with TB symptoms.

At the level of State District Administrations this involved: (1) TB activities not being prioritised; (2) TB activities that were often haphazard, fragmented, and limited to TB Day events on 24th March; (3) reporting on TB activities that was not systematic and did not assess stakeholder engagement to address TB challenges.

At the community level this involved: (1) the dissemination of myths about TB (these are still quite popular in communities, although public awareness of TB prevention and treatment is increasing); (2) poor legal literacy in terms of providing support to TB patients and their families at the state and local government levels; (3) disorientation in finding understandable and verified information related to TB.

Based on the identified problems, a strategy was developed to involve all stakeholders in TB activities. Specific actions were taken to unite efforts in different areas. Various innovative products were also created to automate processes related to prevention, increasing adherence to treatment, and bureaucratic issues.

The first approach involves incorporating TB-related activities into local plans and strategies related to social care and healthcare. The advantages of this approach include having activities approved by management and maintaining a common reporting schedule. However, there are also disadvantages, such as the risk of formalizing the implementation process too much; assigning random staff without the necessary skills to be responsible for implementation; and the potential omission of important points due to an overloaded common list of activities.

10 Non-specialists in medicine are only concerned with examining and treating patients in a specific area.

The second approach involves creating and adopting unique strategies at the oblast level, which provide broad coverage of the issue through a customized list of tasks tailored to the specific characteristics and needs of the region. The advantages of this approach include securing high-level support, developing an exhaustive list of tasks in action plans, the potential for integrating various services and agencies at the oblast level, and the inclusion of strategy implementation results in the PR plan of the oblast leadership. The disadvantages include the lengthy timeframe required for coordination and lobbying for adoption.

All of the actors described above, who in one way or another are involved in TB activities, exist in a general system of public administration, which changes depending on the political conjuncture. The changes of power in the highest political circles changed this system to realise certain political objectives. The current political course is aimed at strengthening the vertical of power at all levels. Below is a diagram illustrating the state of affairs in which NGO activities to reduce the burden of TB in the Kyrgyz Republic are being implemented.

All partners noted in the scheme are guided by the current legislation of the Kyrgyz Republic. The new version of the Law of the Kyrgyz Republic "On Public Health" provides for the unification of five existing laws of the Kyrgyz Republic, namely "On Public Health"[11], "On Immunoprophylaxis of Infectious Diseases"[12], "On Protection of the Population from Tuberculosis"[13], "On HIV/AIDS in the Kyrgyz Republic"[14], and "On Prevention of Iodine Deficiency Diseases"[15].

"The new law aims to improve the norms in accordance with modern public health challenges and requirements, and also takes into account international law enforcement practices. Among the main objectives of the law are prioritization of prevention, strengthening cooperation between public health actors, elimination of duplicative and contradictory norms, as well as increasing the use of

11 www.cbd.minjust.gov.kg/4–5301/edition/3727/ru
12 www.cbd.minjust.gov.kg/463/edition/816710/ru
13 www.cbd.minjust.gov.kg/73/edition/942342/ru
14 www.cbd.minjust.gov.kg/1747/edition/1091612/ru
15 www.cbd.minjust.gov.kg/445/edition/282530/ru

Figure 2: Develompmet of Regional TB Strategies with an Action Plan

STATE GOVERNANCE SYSTEM IN THE REGIONS OF THE KYRGYZ REPUBLIC

POSITION	WHO APPOINTS / DISMISSES	TO WHOM THEY REPORT
Plenipotentiary Representative of the President of the Kyrgyz Republic (Governor)	President of the Kyrgyz Republic	President and Chairman of the Cabinet of Ministers of the Kyrgyz Republic
Deputy Plenipotentiary Representative	Chairman of the Cabinet of Ministers of the Kyrgyz Republic	President and Cabinet of Ministers
Head of the Local State Administration (Akim)	President of the Kyrgyz Republic	President and Cabinet of Ministers
Deputy Akim	Chairman of the Cabinet of Ministers of the Kyrgyz Republic	President and Cabinet of Ministers
Head of Aiyl Okmotu	Akim	Akim, Local Council
Deputy Head of Aiyl Okmotu for Social Issues	Head of Aiyl Okmotu	Head of Aiyl Okmotu

SYSTEM OF INTERACTION BETWEEN LOCAL COUNCIL DEPUTIES AND THE HEAD OF AIYL OKMOTU

Responsibilities of Local Council Deputies:

1. Approval of the local budget and the report on its implementation, as well as hearing information on the progress of budget execution and the use of extra-budgetary funds.
2. Approval of programs for socio-economic development of the territory and social protection of the population, and hearing the report on the implementation of the program.
3. Hearing the report of the head of the local self-government executive body on the activities of the local self-government executive body.
4. Election of the Chairman of the Kenesh and their deputy, dismissal from office, and annulment of the Chairman's decisions that contradict the law.
5. Control over the implementation of their decisions.
6. Expression of no confidence in the head of the local self-government executive body.
7. Proposal to consider the issue of compliance with the position of the head of the local self-government executive body due to non-implementation of the budget, socio-economic development programs of the territory, social protection of the population, and other issues within their competence.

Figure 3: State Governance system in the Regions of KR

digital technologies to improve accessibility and efficiency of public health services for the population.[16]"

In providing support to TB patients and their families, state administrations and local self-government bodies are primarily guided by the articles of the Constitution of the Kyrgyz Republic, the Budget Code, the Law "On Local State Administration and Local Self-Government Bodies"[17], the Law "On the Basics of Social Services in the Kyrgyz Republic"[18], the Law "On State Social Order"[19], the Law "On the Rights and Guarantees of Persons with Disabilities", the Law "On Protection of the Population from Tuberculosis"[20], the Law "On Elderly Citizens of the Kyrgyz Republic"[21], and the Law "On Health Protection of Citizens in the Kyrgyz Republic"[22].

Involvement of Local Self-Government

Referring to the Law of the Kyrgyz Republic "On Public Health"[23]—Powers of local state administrations and local self-governments in the field of health protection of citizens, Paragraph 18—Provision of social support to persons who have fallen ill and recovered from TB, a lobbying strategy was developed to increase social support for TB patients and their families. According to PF "Door" Theory of Change, "If social support is provided at a systemic level and without barriers, stigma towards TB patients will be reduced and patients will become more committed to treatment", it was necessary to increase the number of local governments that openly support TB patients and include this in their budgets.

For this purpose, with the support of regional and district state administrations, based on the current legislation and regional

16 www.kg24.news/obschestvo/kak-novyy-zakon-o-zdravoohranenii-otrazitsya-na-grazhdanah-kyrgyzstana.html
17 www.cbd.minjust.gov.kg/112448/edition/1200696/ru
18 www.cbd.minjust.gov.kg/943/edition/1109755/ru
19 www.cbd.minjust.gov.kg/111577/edition/1268503/ru
20 www.cbd.minjust.gov.kg/111894/edition/942352/ru
21 www.cbd.minjust.gov.kg/112533/edition/1243727/kg
22 www.cbd.minjust.gov.kg/4–5260/edition/1939/ru
23 https://cbd.minjust.gov.kg/4–5301/edition/3727/ru Article 9

strategies for TB elimination, a schedule of a series of trainings for the leadership of local self-governments was drawn up. Participants of the trainings are chairpersons of territorial associations, accountants, social workers, and deputies of local Kenesh.[24] Immediately prior to the events, project speakers visited each participant and conducted an information session on "the role of the community in TB elimination". Thus, the audience was maximally prepared and involved in the process.

The trainings included topics on increasing expenditure items for social expenditures, modifications of expenditure items for emergency social support, and reporting on expenditure items to the fiscal authorities and the Chamber of Accounts of the Kyrgyz Republic, as well as an algorithm for introducing issues on social support for TB patients and their families into budget discussions. During the trainings, participants drafted programme budgets, which were then presented at the general meeting. At the same time, TB patients from socially vulnerable groups were trained on how to apply for financial assistance. A single, unified application format was developed and agreed upon with competent lawyers and law enforcement agencies. A list of documents to be attached to the application was compiled. The general lobbying scheme is presented below.

As a result of lobbying for budget changes in local communities: (1) more than 90 local government administrations increased their budgets; (2) the total cumulative change came to more than 40,000 euros; (3) more than 50 local governments introduced a new expenditure item in the budget "for TB activities" (4) more than 300 patients and their families were provided with social support both in cash and in kind; (5) twelve local government administrations committed themselves to employing patients and their families[25]; (6) a uniform approach to the design and procedure for disbursement of funds for patient TB support was created, as well as a uniform approach to reporting on funds used; (7) a mechanism for reporting

24 The Kenesh is a representative body of local self-government elected by the citizens of Kyrgyzstan for a five-year term.

25 www.tbc.kg/td

Figure 4: Methodology for Lobbying Budget Changes with a Social Orientation

to the district and regional administration on TB activity indicators was introduced[26].

Integration and Strengthening of the Role of Health Facilities in the Overall TB System

Based on the findings of the baseline study regarding stigmatising behaviour on the part of health workers towards TB patients, it was decided to train medical staff of Primary Healthcare (PHC) services on interpersonal communication with TB patients in order to reduce stigma towards people with TB. For this purpose, a special course on "Interpersonal Communication" was developed jointly with the Kyrgyz State Medical Institute for Retraining and Professional Development. Together with the oblast health coordinators, a list of health workers and a schedule of seminars was compiled. To increase the status of the training, the Institute provided the training participants with credit hours.[27] Specially trained mentors (mentors are part of the organisational structure of the Foundation) the health workers' level of perception of the training material and their ability to use the acquired skills at patient appointments. During mentoring visits, according to a pre-agreed procedure, the mentor records the presence or absence of elements of stigmatising behaviour on a checklist in the presence of the patient and healthcare provider. The data is then processed, and recommendations are made on how to improve performance. Each mentor is required to make such visits to a minimum of six health workers per month in different geographic locations. Reporting is presented to the regional health coordinators. This approach has helped to develop consistent patterns of behaviour among health workers that eliminate stigmatising behaviours towards TB patients.

Responding to the request of the Ministry of Health of the Kyrgyz Republic to improve the detection rate, work with health workers was strengthened to increase their alertness upon initial reception of patients with TB symptoms. For this purpose, a lecture explain-

26 www.d408fef9-6491-42d3-9224-ec99f414b45a.usrfiles.com/ugd/d408fe_fb62bb1ba9c64271a19513fc56aaeb65.docx

27 The cumulative system of "credit hours" allows the labour intensity of continuing education to be measured, summarizes "credit hours" over a five-year period, and gives the specialist the opportunity to be certified for admission to work and/or assignment of a qualification category.

ing the sequence of actions to be taken when a patient shows TB symptoms was included in the objectives of the mentoring visits. The layout of the talk was developed based on approved clinical protocols. As a result, more than two hundred people were sent for additional examination by health workers/non-specialists and one in ten was found to have TB in one form or another. For the convenience of users, all information regarding the orders of the Ministry of Health of the Kyrgyz Republic and the whole algorithm of actions has been digitised and placed in one location, namely the "Unified Communication Digital Platform TVS"[28].

Violation of doctor's prescriptions by people with TB is one of the most serious and intractable problems that lead to a decrease in the effectiveness of treatment of sensitive TB, the formation of drug resistance, and the spread of infection in the community. Despite all measures taken, the problem of early drug discontinuation in outpatient treatment remains unsolved. In this regard, it is crucial to prepare TB patients on inpatient treatment for transition to outpatient treatment. The training programme for people with TB entitled "Zheenil dem al" was developed within the framework of the project by the Deputy Director of the TB Centre. It includes 16 sessions for patients receiving inpatient treatment. In order to unify the training material, all lessons were designed as ready-made media blocks and placed in one platform[29]: In this way, the lesson can be viewed from any digital media. The main objectives of the training programme "Jehneil dem al" are as follows: (1) to help the person with TB to take on the responsibility for maintaining his/her health by following a controlled treatment regimen; (2) to provide patients with the necessary knowledge about TB, modern methods of treatment, diagnosis, and prevention of TB; (3) to provide patients with detailed training on what a healthy lifestyle looks like, on work and rest regimes, and on nutrition; (4) to facilitate the adaptation of TB patients to the outpatient phase of treatment to increase their motivation for successful completion of treatment; (5) to reduce the workload of physicians by giving them the opportunity to work with well-informed patients; (6) to familiarise patients with the mechanism of interacting with local authorities to receive social support.

28 www.tbc.kg/pmsp

29 www.tbc.kg/sp

The training programme "Zhenil dem al" was presented by the Deputy Director of the TB Centre at the ceremonial meeting of the Scientific Council of the NCF dedicated to World TB Day. Members of the Academic Council noted the importance of preparing TB patients for transition to outpatient treatment. A recommendation was made by the Academic Council of the NCP to implement an updated form of patient education. At the request of the management, the training programme was implemented in pilot hospitals, namely Naryn and Jalal-Abad regional TB control centres. The responsible staff working at the hospitals received online training on the methodology of teaching the training programme "Zhenil dem al". The public fund "Door" trained 18 medical staff of Naryn and Jalal-Abad TB centres, including the skills of using the Unified Digital Communication Platform to improve patient information. Training of staff at the pilot oblast TB control centres facilitates the continuity and interchangeability of trainers of the "Zhenil dem al". Test training of patients in the pilot hospitals was conducted, which helped to fine-tune the teaching methodology. In the Naryn and Jalal-Abad Center for Tuberculosis Control (CTC), patients were tested for adherence to four indicators, namely drug therapy, medical support, lifestyle modification, and treatment, as well as having their anxiety levels evaluated, before the start of the "Zhenil dem al" training programme and after the completion of all sessions. The test results showed that after the training, adherence to drug therapy, medical support, lifestyle modification, and treatment increased in 79.5 % of patients. Meanwhile, anxiety decreased in 85.5 % of patients who received the training. Patients were also tested weekly to assess the level of assimilation of information learned during the classes. The results of the weekly assessment of learning showed that more than 75.5 % of the patients learned the information included in the training programme perfectly (i.e. they answered 90 % or more of the questions correctly)[30].

Participants of the Training program that was defined as "Zhenil dem al" School undergo several control tests, such as the anxiety level test[31]. This test determines situational and personality anxi-

30 www.d408fef9-6491-42d3-9224-ec99f414b45a.usrfiles.com/ugd/d408fe_98939b8e1dc04702b9401c3ee72dc844.docx

31 www.tbc.kg/post/тест-тревожность

ety. An automatic response-indicator indicates to the trainer in the "Zhenil dem al" School the baseline at the initial level. After completing half of the course, the "student" takes the test again and the system responds to changes in anxiety levels. For the trainer, this is an indicator as to whether to conduct additional counselling, apply other approaches with the patient, or continue at the same pace and with the same methodology. The second test that the participants of the "Zhenil dem al" School undergo is a test to determine the degree of readiness to change their lives in accordance changes in society. The "Commitment to Treatment" test[32] is also taken twice during the whole course by the participants of the "School". The trainer, based on the results of the analysis of the automatic system, records the degree of the patient's commitment to comply with the conditions of treatment and the recommendations of the attending physician. If at the end of the "Patient School", the participant's adherence is low, a note is made in the accompanying documents for the attending physician and nurse to ensure they pay attention to the risk that this person may withdraw from treatment. The nurse and the social worker then work together to develop a communication plan for the patient and record any deviations from treatment. In this way, the Patient School also acts as an important element of local government involvement in TB control. Pilot "Patient Schools" have been approved by the heads of TB inpatient facilities. Patient School trainers have been given new functional responsibilities and a system of reporting, and an evaluation of their performance has been developed. The initiative has been reported to the heads of oblasts (Jalal-Abad and Naryn oblasts). The diagram below illustrates the mechanism of interaction between health workers and representatives of local government.

The PF DOOR actively cooperates with district administrations and advises them on the implementation of initiatives aimed at TB prevention and treatment. One such initiative is to introduce information about the BCG vaccination—and the benefits of it—in the form of interactive talks with pregnant women and young women. The structure of the talk is based on key moments in the plot of the Kyrgyz national game of alchiki[33]. Scenario presented in the inter-

32 www.tbc.kg/post/testpr

33 www.youtube.com/watch?v=o7p5VJj1dxc

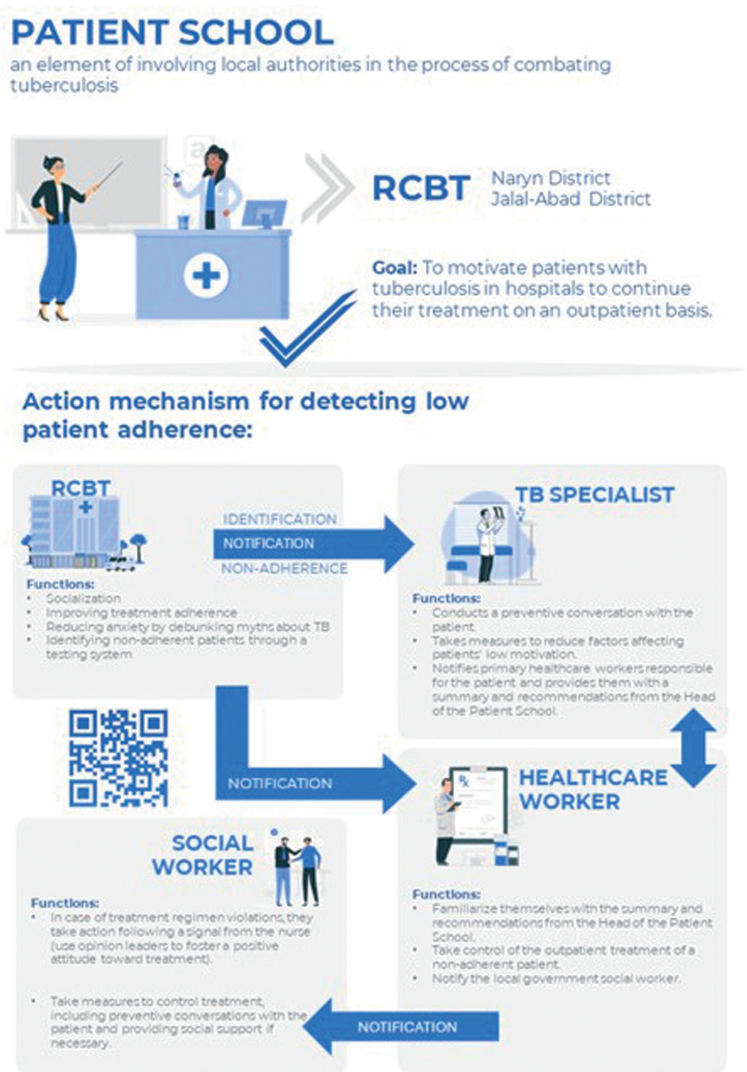

Figure 5: Patient School

active talk, for each win a woman has to answer a question and only then can she collect the prize. The need for these interviews arose after the Project received requests for support from health workers and heads of district administrations who were concerned about the increasing number of cases of parents refusing BCG vaccination for newborns. The main reason for refusals is the dissemination of misleading information about vaccination. Using elements of the national game of alchiki, as well as video materials from the Project, speakers provide participants with basic information about the BCG vaccine and answer questions about the safety of it. 95 % of the participants of these events noted that they understand the importance of TB vaccination for new-borns and do not intend to refuse vaccination in the maternity hospital. The interactive talk was implemented in the "School of Mothers" (a training course for pregnant women run by medical institutions in all municipality of the Zhumgal district of Naryn province. This initiative was announced by the deputy governor on social issues. Previously, "School of Mothers" was held only at the district level. According to the deputy akim, better informing pregnant women about BCG will help to improve vaccination rates of newborns and, as a consequence, TB prevention in children.

As a result of the Project activities, it became clear that it was necessary to provide TB patients with psychological support using information and communication technologies (ICT). This is due to the lack of qualified psychological support in all regions of the Kyrgyz Republic. The only solution to overcome this situation is to support TB patients to cope with psychological difficulties during long-term treatment using artificial intelligence that can carry out some of the functions of a psychologist. For this purpose, a self-learning digital program customised for TB patient interaction was created. The virtual psychologist was based on several principles: (1) convincing patients of the importance of taking a course of medication to cure TB; (2) the program expresses understanding and empathy, offering moral support and reassurance; (3) the program motivates patients to continue and complete treatment, emphasising positive aspects and the ultimate goal of full recovery; (4) the program provides relevant and understandable information about TB, its treatment, and the importance of following the doctor's recommendations. (The instructions and basic messages of the pro-

gram are taken from the "Knowledge Base" section of the TBC.kg website).

To realise the set objectives, experts in the field of psychology conducted several focus groups to identify the main needs of people with TB who had started treatment and need psychological support. As a result, an algorithm of interaction and a description of the positioning of the virtual psychologist were determined. Interaction consists of the following blocks: (1) Introduction: the system starts the conversation with a warm greeting and offer of help; (2) Reaction to doubts: in case the patient expresses doubts about the need to continue treatment, the system provides motivating arguments and support; (3) Tips for overcoming difficulties: the system offers practical advice and methods for solving possible difficulties in the process of treatment; (4) Fatigue from the topic: at the user's request, the system instantly switches to other topics, rather than aggressively imposing the topic of TB; (5) Ending the conversation: the system ends the communication by expressing support and reminding the patient about the availability of help at any time. When it comes to the positioning of the system, according to focus group participants, the virtual psychologist should be able to keep doctor–patient confidentiality and be tactful. The model of interaction for all stakeholders with the digital system is presented below.

The virtual psychologist was developed using advanced artificial intelligence and machine learning technologies, which allows it to not only provide qualified psychological support, but also to adapt to the individual needs of each user. An initial survey of respondents began in January 2024 to understand what beneficiaries want the virtual assistant to be like. 88 patients and 25 nurses from the four pilot areas of the project participated. 72 % of patients responded that support on the road to recovery was very important to them. 78 % of respondents said that getting advice and guidance was the most important thing for them in the chatbot. 62.5 % of respondents said that it is important for them that the chatbot adapts to their requirements and that motivation for recovery is important for them. Most noted that they expected the chatbot to be supportive and envisioned the chatbot as a middle-aged, Asian male, ready to answer any questions. All respondents admitted that they would like to be able to receive reliable information at any time based on their

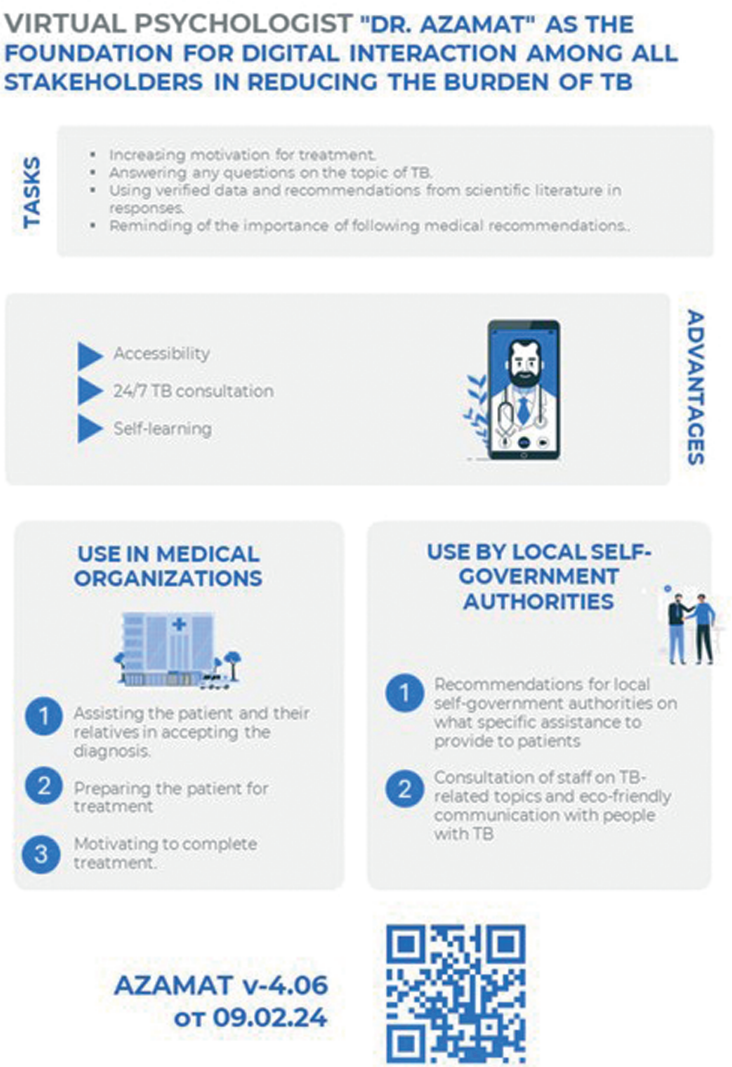

Figure 6: Virtual Psychologist

queries. Many interviewed patients lack psychological support and are glad that such an assistant can be available.

Then the beneficiaries (88 patients and 25 nurses) were invited to use the demo version of the chatbot created on the basis of the results of the first questionnaire. After using the virtual assistant, recommendations and wishes were received from volunteers, which were taken into account when finalising the chatbot. After the changes were made, 85 people from the four pilot areas (35 nurses and 50 TB patients and ex-TB patients) actively used the chatbot for five weeks. Volunteers were from different social backgrounds, living in different geographical locations, and of different genders and ages. At the end of this testing phase, 75 % of respondents said that the chatbot answered all their questions clearly and understandably. 62 % responded that what they liked most about the chatbot was that it provided advice and guidance. 93 % of people said that the chatbot provided them with a sufficient level of psychological support. 65 % of volunteers said that the chatbot helped in increasing their adherence to treatment. 86 % of respondents said they would continue to use the chatbot regularly. More than half said that they trusted the electronic system than they trusted their relatives. The experiment was supervised by qualified psychologists who recorded the moral and psychological state of the patients. At the end, an evaluation report was prepared with recommendations for the use of the virtual psychologist system for all long-term patients.

The final conclusion of the experts noted that "the peculiarity of this product is its ability to support patients and their loved ones in difficult moments, providing not only specialized advice, but also psychological support. The virtual psychologist is able to guide patients who are at risk of interrupting treatment, thus ensuring a higher probability of complete cure".

Regional and District State Administrations' Own Initiatives

The impetus for launching their own initiatives at the level of state regional and district administrations was the implementation of the strategy "Cultivating Value". The strategy itself envisages a step-by-step implementation of various initiatives at different levels. The first level is the implementation of small-scale initiatives at the community level. For example, providing ten families of TB patients with fuel for the winter. The positive impact of this action is included in the information folder for reporting to the district government administration. It is then proposed to scale up several initiatives to the district level. Together with the management of the District State Administration, an annual action plan for TB activities is developed, responsible staff are appointed, and deadlines are set.

The results of such activities were: the introduction of new approaches in the educational system (an open lesson on "TB prevention" was developed and implemented in schools on the recommendation of the Ministry of Education and Science of the Kyrgyz Republic); lectures on the importance of BCG vaccination were developed and implemented at the level of antenatal clinics (in some districts, the percentage of vaccinated children reached 97%–98 %); sputum collection points were built; collection points for poor TB patients were opened; expensive medical equipment was purchased (digital X-ray and traditional X-ray equipment).

These initiatives are reported to the regional leadership, where even more ambitious initiatives are already underway. One successful example is the mass TB screening of children at risk. At the initiative of the Presidential Plenipotentiary Mission in Naryn oblast, mass TB screening of children was conducted. This initiative was the result of coordination among stakeholders involved in TB control in the oblast. As a result of the coronavirus pandemic, the detection rate of tuberculosis has decreased worldwide, including in Kyrgyzstan. Experts predict that this could lead to a sharp increase in the number of patients in the coming years. Health workers and local authorities in Naryn Oblast have joined forces to detect new cases of TB among children and start treatment as early as possible.

Health workers provided the necessary amount of tuberculin for screening. Lists of children from the target groups were compiled. Local authorities organised the arrival of children to the district medical organisations. Parents were also sensitised about the safety of the Mantoux test and the purpose of screening. Project staff in Naryn oblast also took an active part in outreach activities.

The survey covered contact children, children from socially vulnerable families, and children of migrants. A total of 3,825 children aged four to twelve took part. The Mantoux test was positive in 174 children. After additional X-ray examinations, tuberculosis was diagnosed in seven children. These children were referred to the National Center for Phthisiology in Bishkek. Nine children were prescribed prophylactic chemotherapy based on the screening results. The Mission expressed readiness to provide additional support for the treatment of children diagnosed with TB.

According to the Naryn TB Center Director, the results achieved during the screening are very good, as in a short period of time it was possible to identify not only the children who were sick, but also the persons who were in contact with them. The implementation of the screening was also highly appreciated by the NTF. According to experts' estimates, 17 cases of tuberculosis among children were registered in Naryn oblast in 2019. In 2020, this indicator decreased. Thanks to the mass screening conducted, it was possible to improve the detection of new cases of TB among children for 2021 and return to pre-COVID indicators. This analysis by NTF specialists was sent to the Ministry of Health.

Based on the results of the successful mass screening of children for tuberculosis, USAID's project "Support for Tuberculosis Patients" was recognised with a letter of appreciation from Sabyrkul Ashimbayev, the Plenipotentiary Representative of the President in Naryn Oblast.

As a result, the staff of regional administrations gained the skill of organising and conducting large-scale events, which were carried out at the expense of their own human resources and their own budget.

Informing the Public

The main source of information is the Unified Communication Digital Platform (UCDP) www.tbc.kg. All relevant and verified information on tuberculosis is placed on the platform. The tbc.kg platform is integrated into the following resources of the Ministry of Health of the Kyrgyz Republic: the official website of the Ministry of Health of the Kyrgyz Republic, med.kg; and the e-Health Portal of the Kyrgyz Republic, i.med.kg.

The Platform provides users with the following features: (1) language selection; (2) by pointing the cursor on the map, it is possible to get up-to-date information on active TB cases in a particular area; (3) the possibility to subscribe to news. In the "Important to Know" section (which helps to reduce rumours), information is provided on the following topics: (1) basic information; (2) prevention; (3) treatment; (4) myths about TB; (5) stigma; (6) free medical services. There is also a news section, the purpose of which is to provide first-hand information on TB and to facilitate coordination among partners. The content of the news section is based on the format of Wikipedia. A system of likes and comments is implemented. There is also a section entitled "Guide". These pages are realised with the help of Google Docs, so for the user, any geographical area is already ready to be analysed based on existing data. This section provides data on: (1) medical institutions; (2) laboratories; (3) feldsher-obstetric stations; (4) NGOs working in the field of TB; (5) state institutions ready to support TB patients and their families within the framework of the current legislation. Information on the "Employment" and "Patient School" sections is described above. Social networks are represented by pages about health in the regions on Kyrgyz Republic, "kalktyn salamattygygi". In order to increase the importance of information exchange, these pages regularly collect comments from local government officials. Topics for discussion include discussion of seasonal diseases and the prevention of tuberculosis and other infectious diseases in the section "Answers from the National Center of Phthisiatry"[34]. Extended reports and films are periodically produced on the topics of economic benefits of social

34 www.tbc.kg/post/вопросы-к-нцф-каким-бывает-кашель-при-туберкулезе-легких

support for TB patients, combating stigma, and community-based social support[35].

Direct Communication with Target Audiences to Change the Attitudes/Behaviour of People in Communities

To address this issue, the mechanism of direct communication was applied for the first time. This method involved identifying opinion leaders within communities, documenting their stance on tuberculosis patients, preparing specialized informational materials, and subsequently organizing and conducting informational sessions with these opinion leaders. At the end of the information session, the level of information perception and changes in attitudes towards TB patients were assessed. This approach immediately found support from the leadership of Aiyl okmotu (the local government administration—AO). Representatives of the administrations could publicly attend the communication activies to answer questions from participants. When planning direct communication activities, consultations were held in advance for heads of local administrations on TB prevention, treatment, and support. This made it possible to strengthen the outreach component and support the structural unit of the Ministry of Health of the Kyrgyz Republic.

Youth Work

Development of a modular video on TB (focusing on stigma and discrimination) with the participation of opinion leaders (TB ambassadors) and its subsequent broadcast on local television and social media. Together with the K. Bayalinov Republican Library for Children and Youth, a modular video titled "Messages for Children with TB" was produced[36]. The children from Bishkek recorded video messages so that the young patients who are currently under-

35 https://photos . onedrive . com / share / A15A944BD2494FE!15456 ? cid = A15A944BD2494FE & resId = A15A944BD2494FE!15456 & authkey = !AFNuHHr7sDqk480&ithint=video

36 www.facebook.com/watch/?v=196523272243124&ref=sharing

going treatment in the hospital would believe in their recovery and realise that there are people who are ready to support them. In order to make the leisure time of the children in hospital more exciting, children from Bishkek, gave them gifts, along with good wishes[37]. After the modular video was published, messages from the children from Bishkek were collected and delivered to the children's ward of the Jalal-Abad Regional TB Center. Together with warm wishes, the young patients received soft toys, chess sets, drawing sets, books, balloons, and fruit. The gifts were presented by the director of the National Center for Phthisiology. The story about presenting gifts to the children in hospital was aired on Jalal-Abad TV[38].

A comic book about stigma in school has been developed for teenagers. The main idea is to show how difficult it can be for a teenager to live without the support of others.

Holding Press Conferences

Periodically in the oblasts of the Kyrgyz Republic, the PF Door organises field press conferences. The purpose of the media events is to familiarise the media with the results of the work of the project on changing the behaviour of local communities in relation to people affected by TB. The main speakers are: (1) project speakers; (2) social workers of aiyl okmotu; (3) health workers; (4) local residents; (5) the management of aiyl okmotu, etc.

Conclusion

It should be noted that the work of NGOs takes place in conditions of political turbulence in the country. Furthermore, there is the issue of the introduction of new laws. According to the OSCE Statement of 7th February 2024, new laws may have an extremely negative impact on civil society, human rights defenders, and the media in Kyrgyzstan.

37 www.facebook.com/DoorMediaKg/videos/692180986051335/

38 www.youtube.com/watch?v=snhfZrTNCxY

The main successes of the Foundation's activities include the fact that the topic of TB has become a priority in the regions of the country, in addition to important social problems being solved in the society. This was confirmed by the approval of regional anti-TB strategies by the regional leadership. Inclusion in general consolidated reports should cover not only the number of TB patients and registered patients, but also the amount of social assistance provided. Additionally, these reports should reflect participation in campaigns and support for regional initiatives, such as mass screening of children at risk for TB.

At the municipality level, there should be the development of annual TB action plans, participation in joint activities with health workers to identify individuals with TB, and follow-up with TB patients undergoing outpatient treatment. Municipalities should also be involved in discussions of social issues with the district phthisiatrist, including hearing their reports and proposals for collaboration. Additionally, they should plan for the procurement of medical equipment and ensure the inclusion of TB patients in the State Program "State Social Contract," funded from the state budget.

The municipality administration should include specific obligations in their work plans to support the employment of TB patients and provide comprehensive social support. This includes assistance with food, provision of fuel during the autumn-winter period, and help with employment. Additionally, support may involve providing construction materials for building homes, offering agricultural land leases on preferential terms for crop growing, and organizing social activities.

Notably, the participation of TB patients in festive events, something rarely done before, is an important social step. These community gatherings, often involving a hundred or more people (neighbors, acquaintances, relatives), allow for social cohesion, as joint participation in the celebration shows community support.

A gender-sensitive approach was also considered when engaging target audiences. The research conducted by PF Door highlighted a significant stigma toward women with TB. Women with TB often experience negative attitudes from their spouses and close relatives, including rudeness, aggression, frequent conflicts, and even family breakdowns, which can lead to separation from their children. A survey found that many women fear disclosing their diagnosis due to

the potential risk of losing their family. In some cases, husbands or in-laws, particularly mothers-in-law, may prevent these women from interacting with their children. Additionally, women with TB face social barriers, such as difficulties in getting married, and the negative attitudes from family and friends can lead to self-stigmatization. This often results in women interrupting their treatment. These findings emphasize the urgent need for greater awareness and social support to help reduce the stigma around TB, particularly for women.

However, the study conducted after the NGO intervention revealed the following changes in the communities: (1) the spread of false information about TB among the local communities had significantly decreased; (2) the material support of people affected by TB from local self-governments had significantly increased, which directly affects patients' adherence to treatment and contributes to changing attitudes towards people with TB in the communities; (3) almost all interviewed respondents in the group of TB patients had told their family members about their diagnosis themselves. However, in most cases, relatives, after learning about their diagnosis, were morally supportive of the patients and continue to maintain family relationships with them; (4) the number of female TB patients who reported negative attitudes towards them from their husbands and in-laws (mainly mothers-in-law) had significantly decreased. However, self-stigma is still present among female patients, which prevents them from openly discussing their well-being in relation to TB and other comorbidities in the family (according to the estimations of health workers themselves, in the future, patients' increased use of psychological support will significantly reduce self-stigma). Changes were also observed in the attitude of health workers towards TB patients: (1) the dissemination of information by health workers about TB patients' disease among acquaintances and relatives had significantly decreased (previously this point was noted as a reason for increased stigmatisation by society and higher levels of self-stigmatization among patients themselves (2) when communicating with TB patients, health workers had become more interested in the social status of the patient. This, in turn, increases trust in the health worker and increases patients' adherence to treatment; (3) based on the results of the survey in the group of TB patients, it was recorded that some subspecialists motivate them to continue and successfully complete TB treatment.

The Foundation's activities should also be viewed as a social laboratory, where the implementation of the 'Patient School' was successfully tested within inpatient TB medical institutions. Every quarter, dozens of TB patients who switch to outpatient treatment become graduates of the School. This system of patient education has proven its importance as an element of socialisation of TB patients, as well as a mechanism for integrating medical organisations and local governments into the overall activities to support patients at risk of discontinuing treatment. As a result, the Patient School case study was recommended for implementation in all regional TB inpatient medical institutions. The further implementation of the 'Patient School' at the national level will not only strengthen patient adherence to treatment but also enhance the involvement of local authorities in TB-related activities. Additionally, the introduction of artificial intelligence into the psychological support programme for TB patients is a significant advancement. The motivational and information system developed by PF Door is a unique and innovative product, representing the first of its kind in Kyrgyzstan. It is not just a technological innovation, but also a significant step in the field of public health and psychological support. The virtual psychologist has been developed using advanced artificial intelligence and machine learning technologies, which allows it to not only provide qualified psychological support, but also to adapt to the individual needs of each user. It is designed to motivate patients to continue TB treatment and achieve full recovery by reminding them of the importance of following medical recommendations. At the moment, the chatbot can maintain a conversation on various topics, becoming not just a psychologist, but also a virtual friend who can give advice on various issues, such as how the patient can better plan their day. The virtual psychologist is the result of joint work by specialists in the field of artificial intelligence and psychologists, striving to apply the latest achievements of science and technology to improve people's quality of life. It has broad development prospects. In the future, with sufficient funding, PF Door plans to expand the functionality of the virtual psychologist, including the introduction of the Kyrgyz language for communication, which will make the chatbot available to even more users in Kyrgyzstan.

The sustainability of NGO intervention in TB activities can be defined by the following points. Firstly, strategic documents such

as the "TB-free Naryn Oblast" Strategy and the "TB-free Jalal-Abad Oblast" Strategy have been adopted, which are supported by approved schedules for the implementation of activities. The adoption of these strategies at the level of state government testifies to the intention of the oblast leadership to implement TB activities with the active involvement of district administrations and LSG bodies. Secondly, oblast and district administrations, as well as LSG structures, have begun to come forward with their own initiatives aimed at TB detection, prevention, and treatment.

On the basis of the above, it should be concluded that NGOs, given the current challenges and realities, are capable of assuming the role of strategic coordinator of the ongoing processes in all regions of Kyrgyz Republic.

2 Biographies

Yulia Aleshkina graduated from the Faculty of Management and Sociology at Bishkek Humanitarian University in 1999. Since 2000, she has been working in the fields of sociology, marketing, and evaluation research. With more than 20 years of experience, Yulia has conducted research in various fields, including healthcare, social issues, sustainable development, and peacebuilding. Over the years, she has managed over 40 research projects.
Since 2007, she has been an expert in monitoring and evaluation. She has served as a consultant for the Central Asian HIV/AIDS Program (CARHAP, 2007–2011), an M&E specialist for the HIV component of the UNDP Global Fund to Fight HIV, TB, and Malaria project (2011–2013), an M&E specialist with the UN Peacebuilding Fund Secretariat to support the Joint Oversight Committee (2014–2016), an M&E specialist in the Challenge Tuberculosis Project (KNCV/USAID, 2017–2018), and an M&E specialist for the TB component of the UNDP Global Fund to Fight HIV, TB, and Malaria project (from 2018 to the present).
From 2007 to 2011, she worked as an analyst at the Center for Health Policy Analysis (CHP). Throughout her professional career, she has developed more than ten training programmes and three practical manuals on monitoring and evaluation. She has also served as a trainer on M&E for local and international organisations, implemented and optimised two data collection and processing systems, and acted as the curator of the Review Group of the Joint Oversight Committee of the UN Peacebuilding Fund, under the Office of the President of the Kyrgyz Republic.

Nurlan Baigabylov, PhD, is an associate professor at the Department of Sociology of the Eurasian National University named after L.N. Gumilyov (Kazakhstan, Astana).
In 1997 he received a bachelor's degree in History from the Shakarim University, and in 2010 he received a master's degree in Sociology from the Pavlodar State University named after S. Toraighyrov. In 2013, he graduated from the doctoral programme of the

Eurasian National University named after L.N. Gumilyov, speciality—Sociology. From 2014 to 2023 he was the head of the Department of Sociology, L.N. Gumilyov ENU.
From 2018 to 2019, he was postdoctoral researcher at the Institute of Sociology at the University of Gazi, Ankara, Turkey; 2020–2022, postdoctoral researcher at the Frankfurt University of Applied Sciences, Frankfurt am Main, Germany (DAAD); 2019 (01.06.-01.09.), visiting researcher at the Migration Center, Yıldırım Beyazıt University, Ankara, Turkey.

Alla Bessonova is a prominent coordinator of the Expert Feminist Council at ENPUD. She is recognized as a narcofeminist, activist, and co-author of scientific articles focusing on women who use drugs. As a co-founder and Chairwoman of the Board of the Women's Network of Key Communities in Kyrgyzstan, Alla has played a crucial role in advocating for women's rights and empowerment. In her current position at ENPUD, Alla coordinates the Expert Feminist Council and has significantly influenced ENPUD's tactical plan to prioritize the development of Narcofeminism as a key objective for the years 2024–2026. She is also a dedicated member of the Secretariat of the Eurasian Women's Network on AIDS. In 2024, Alla received the Judy Byrne Award, recognizing her exceptional contributions to the field. This nomination was initiated by EWNA, ENPUD, and EHRA, highlighting her dedication and impact in the region. Additionally, Alla is a master's student at the Faculty of Social Psychology at Bishkek Humanities University named after Karasaev. She is well-known as a narcofeminist in the EECA region, celebrated for her commitment to advancing women's activism. Alla strongly believes that by supporting and developing the potential of women through narcofeminism, it is possible to reform and transform the current system of prohibition. Her work continues to inspire many and drive change in the community.

Tianzhen Chen obtained his PhD degree from Shanghai Jiao Tong University School of Medicine, with Professor Min Zhao as his supervisor. Currently, he is a medical doctor at the Shanghai Mental Health Center. Since completing his PhD, Chen has focused his research on investigating comprehensive interventions for substance use disorder and related mechanisms. Over the past few years, he has been dedicated to advancing digital diagnostic frameworks for

the appraisal of addictive disorders, implementing brief therapeutic modalities, and conducting recovery follow-ups. Furthermore, he has been exploring the application of neuromodulation techniques in patients with drug use disorders.

Elena Devyatova is a doctor and programme director of the NGO RIEC "INTILISH" with 20 years of experience in the field of civil activism, including in the field of prevention and harm reduction from drug use. She received higher medical education at the Tashkent Medical Pediatric Institute. In 2003, she joined the movement to combat drug use, starting with volunteer work. Over the past ten years, she has successfully coordinated the activities of 14 branches of the NGO RIEC "INTILISH" in Uzbekistan, including providing methodological support for the implementation of drug use harm reduction programmes. She is a participant in the development of several guidelines on the organisation and management of harm reduction programmes, drug policy, and psychosocial support for people released from prison, as well as psychosocial support for key population groups with tuberculosis in Uzbekistan

Louisa Gilbert, PhD is a licensed social worker with 25 years of experience in developing, implementing, and testing multilevel interventions to address HIV/AIDS, substance abuse, trauma, partner violence, and other co-occurring issues among vulnerable communities in the USA and Central Asia. She is a professor of Social Work at Columbia University and has served as the co-director of the Social Intervention Group since 1999 and the co-director of the Global Health Research Center of Central Asia since 2007. Her specific area of research interest has concentrated on advancing a continuum of evidence-based interventions to prevent intimate partner violence among drug-involved women and women in the criminal justice system. More recently, her funded research has also focused on identifying and addressing structural and organisational barriers in harm reduction programmes to implementing evidence-based interventions in order to prevent co-occurring issues of IPV, HIV, overdose and substance misuse among people who use drugs in the U.S. and Central Asia.

Vyacheslav Goncharov holds a higher education degree in Philology and is an expert in strategic communications, with over 20 years of experience as a professional journalist. He is the author of several publications, including a journalistic investigation entitled *From Concept to Implementation*, as well as manuals for journalists, students, university lecturers, and law enforcement officers. Since 2009, Goncharov has been dedicated to implementing projects that engage state bodies and local governments in healthcare, ecology, and education at the community level. In 2017, he began focusing on the field of tuberculosis, where he has worked on providing social support for patients, reducing stigma, and combating discrimination at the local level. His efforts have resulted in increased involvement of local governments and state bodies in anti-tuberculosis activities, as evidenced by the adoption of regional and district strategies and initiatives. In pilot regions, his initiatives have led to improvements in the detection, prevention, and support of TB patients, funded by local budgets. He has also played a significant role in supporting medical organisations through local governments and administrations and has contributed to increasing the percentage of newborns covered by the BCG vaccination in areas where new behaviour change approaches have been implemented. Additionally, Goncharov has developed innovative methods for informing target audiences using ICT and introduced the "Patient School" in pilot hospitals, which has successfully identified and supported patients prone to interrupting outpatient treatment.

Nazgul Eshankulova began her career after graduating from university in 2001, when she was hired as a senior office manager and teacher at the Department of Political and Legal Disciplines at Bishkek State University.

In 2003, she entered postgraduate studies at BSU in the field of Political Science and successfully completed her studies in 2005. Between 2008 and 2012, she defended her master's thesis on the topic "The Legal Nature of the Sale and Purchase Agreement and Its Significance in Market Conditions" in the speciality of Jurisprudence at the Law Institute of the Kyrgyz National University named after J. Balasagyn, specialising in Civil Law Activity.

Currently, she is preparing to defend her dissertation for the degree of Candidate of Political Sciences, specialising in Political Sci-

ence, on the topic "Historical and Logical Explication of the Political Elite".
She is the author of several teaching toolkits, including *Political Regional Studies* (2009), *Political Anthropology* (2016), and *International Relations and World Politics* (2024), available in both Russian and Kyrgyz languages. She has also authored textbooks such as *Fundamentals of Law* (2012) and *Ukuk Tanuu* (2024), along with more than 20 scientific articles.

Chinara Imankulova is a seasoned project manager with over a decade of experience at the public fund "AFEW", coordinating projects supporting people who use drugs, prisoners, youth, and people living with HIV. Chinara has extensive experience in budgeting, having led budget development for national HIV/AIDS programmes and Global Fund proposals for Kyrgyzstan and Uzbekistan. She has also planned and assessed projects for the Asian Development Bank and the World Bank. Chinara excels at project preparation, negotiation, donor engagement, implementation monitoring, financial reporting, and report writing.

Tina Jiwatram-Negrón, PhD is an Assistant Professor at the ASU School of Social Work. She received her PhD in Social Work from Columbia University, and completed her postdoctoral training at the University of Michigan. Dr. Jiwatram-Negrón's research and teaching focuses on different intersections of gender-based violence, including HIV, HIV risk behaviors (sex work, substance use), and related trauma/mental health outcomes. She specializes in developing and testing interventions to address GBV and associated risks among socially marginalized women, both domestically and internationally, in partnership with community organizations.

Ksenia Kiss is a monitoring and evaluation expert with a higher education degree in International Journalism. Since 2014, she has served as the chief analyst at the public foundation "Door", where she manages data collection from both field and desk researchers, assesses the quality of data, and prepares final reports. Since 2016, she has been involved in planning activities for projects in the social sector, specifically healthcare and education, and in preparing long-term monitoring and evaluation plans for these projects. From 2018 onwards, Ksenia has acted as an expert in collaboration with regional specialists, overseeing the formation of requests, data col-

lection, and processing, as well as assisting sub-grantees in developing Monitoring and Evaluation plans and relevant indicators. Her role also involves receiving, studying, and evaluating reports and data from project sub-grantees and conducting impact assessments of their activities. Additionally, Ksenia is a professional trainer in monitoring and evaluation, sharing her expertise to enhance the effectiveness of project monitoring and impact analysis.

Medet Kudabekov is a senior lecturer in the Department of Sociology at L.N. Gumilyov Eurasian National University. He earned a specialist degree in Social Work in 2005 and a master's degree in Social Sciences in 2012 from the same university. He is currently a PhD student in the Department of Sociology and Social Work at L.N. Gumilyov Eurasian National University (Kazakhstan, Nur-Sultan). His main research focus is the staffing of social work within the framework of modernising the social service system.
He worked as a national expert at the Project Office "National Resource Center for Social Work" under the Ministry of Labor and Social Protection of the Republic of Kazakhstan. From 2018 to 2021, he pursued a doctorate in Sociology and has been a doctoral student in the international SOLID scholarship programme (Social Work and Strengthening NGOs in Development Cooperation for the Treatment of Drug Abuse) since 2021. His research topic is "Social Work and NGOs in the Field of Drug Abuse Treatment", in collaboration with the Frankfurt University of Applied Sciences (Germany) and L.N. Gumilyov Eurasian National University.
In 2012, he received his master's degree in Social Work and since then has been involved in various UNICEF projects focused on providing social support to families with children in difficult life situations. In 2018, he began working as a national expert on the development of labour resources for social work at the National Resource Center for Social Work under the Ministry of Labor and Social Protection of the Population of the Republic of Kazakhstan. After gaining significant experience, he recognised a critical shortage of professional personnel at the municipal level to implement proactive social work. In response, he co-founded the National Alliance of Professional Social Workers in Kazakhstan in 2018, with the goal of consolidating experts and specialists to develop a national concept for social work and enhance vocational education in Kazakhstan.

Dr Ingo Ilja Michels is currently working for the Institute of Addiction Research and as the international scientific coordinator of the SOLID Project in Central Asia and China. He is the former international coordinator of the EU Central Asia Drug Action Programme (CADAP) at the University of Applied Sciences in Frankfurt on Main, Germany. For a long time he was also the head of the Unit of Federal Drug Commissioner of the German Government at the Ministry of Health, Germany.
A sociologist and advisor for the treatment of drug dependency, Dr Michels has served as head of the Drugs and Prison projects department of the German AIDS-Hilfe in Berlin, as Drug Commissioner of the Federal State of Bremen, Germany, and as head of the Office of the Federal Drug Commissioner within the Federal Ministry of Health in Berlin, Germany.

Kuralai Mukhambetova graduated with honours in 1996 from Kazakh National University named after al-Farabi, earning a qualification as a sociologist and teacher of sociology. In 2004 she defended her dissertation for the degree of Candidate of Sociological Sciences on the topic "Social Anomie and the Formation of Value Orientations of an Individual in Kazakhstan".
Currently, she heads the Department of Sociology at L.N. Gumilyov Eurasian National University. She has extensive experience in practical sociology and teaches advanced training programmes for social workers at the Academy of Management, Security, and Social Programs at M.S. Narikbayev Kazakh State Law University. She has published more than 55 scientific papers, both independently and in collaboration, including articles, teaching aids, and textbooks, and holds six copyright certificates for her scientific works.
For many years, she has been involved in socially significant projects, including the development and implementation of international initiatives in public health, prevention of social orphanhood, and social work with drug addicts. She served as a national expert for the UN Office on Drugs and Crime and completed training in social management, planning, evaluation, and monitoring of social programmes, and the development of social projects and polymodal supervision. She has been awarded the Honorary Diploma of the APK "For a Worthy Contribution to Strengthening

the Unity of the People of Kazakhstan" (2015) and the Badge of the Kazakh Academy of Education "Teacher-Researcher" (2016).

Tatyana Nikitina, a doctor, has been the director of the NGO RIEC "INTILISH" for more than 20 years and is an expert in public health management. Tatyana has more than 20 years of experience working in tuberculosis control and being involved in HIV prevention programmes among key populations, funded by the Global Fund and other organisations in Uzbekistan and the Eastern Europe and Central Asia region. She is a member of the CCM, a member of the Regional Collaborative Committee for Rapid Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV) of WHO/Europe, and a trainer and consultant for UNODC and WHO. She is one of the authors of several guidelines on the organisation and management of harm reduction programmes, drug policy, and psychosocial support for people released from prison, as well as psychosocial support for key populations with tuberculosis in Uzbekistan.

Danil Nikitin, M.Sc. in SW has represented the Global Health Research Center of Central Asia since 2007 and has headed the Global Research Institute (GLORI Foundation) since 2011. He earned his master's degree in Social Work from Columbia in 2006. Internship with the UJA-Federation, the Open Society Institute, and the Social Intervention Group at Columbia University contributed a lot to his professional development. Prior to his graduate studies, he worked with Osh Regional Narcological Center as a programme administrator. After graduating from Columbia, Danil returned to Kyrgyzstan and as a director, principal investigator (PI), and co-investigator he led intervention research focused on GBV and HIV prevention in drug-using communities.

Ulla Pape, PhD is interim professor for Comparative Political Science at the University of Greifswald and a postdoc in the SOLID Project at the Institute of Addiction Research of the University of Applied Sciences in Frankfurt am Main. She holds a PhD in International Relations and International Organization from the University of Groningen. Before joining the SOLID project in 2022, Ulla was a research associate at the Freie Universität Berlin, the University of Bremen, the Radboud University Nijmegen, and the Higher School of Economics in Moscow. Her research interests include international health and social policy, welfare state development, and civil

society in Eastern Europe and Central Asia. Ulla has published a book entitled *The Politics of HIV/Aids in Russia* (2014) as well as several articles in international journals, such as *Europe-Asia Studies*, the *Journal of Civil Society*, the *International Journal for Sociology and Social Policy*, and *Voluntas*. Within the SOLID project, Ulla is responsible for the research on social work in prisons and social work and infectious diseases (HIV, HCV, and tuberculosis). Furthermore, she focuses on the participation of civil society actors in developing social work in Central Asia. In addition, Ulla is a member of the editorial board of *Voluntas* and an associate lecturer at the Freie Universität Berlin.

Jarkyn Shadymanova, PhD is an associate professor at Bishkek State University and the American University of Central Asia. She holds a PhD degree in Sociology. Her research interests include qualitative and quantitative research methods, social work, the sociology of deviation, sustainable consumption issues, and gender studies. She was a postdoctoral researcher at the Sociology Consumption and Household Group at Wageningen University and the Department of Anthropology at the University of Amsterdam. Jarkyn is an author and co-author of numerous articles in peer-reviewed journals and book chapters on social issues. She has received several fellowship grants, such as The Global Dialogues and Women's Empowerment in Eurasian Contexts Feminist Mentoring (WEF) Fellowship, IGS, LMH, Oxford University, 2018, and the "Gendering the Youth: Representations of Gender in Contemporary Kyrgyzstan Media" Junior Fellowship Central Asia Research and Training Initiative, OSI, 2006–2008. Her research interests focus on sociology, gender studies, and the role of NGOs in drug treatment.

Hang Su is now a postdoctoral fellow of the Shanghai Mental Health Center. Since 2011, Hang Su has been engaged in the basic and clinical research of drug dependence and substance addiction, mainly focusing on addiction medicine, psychology, epidemiology, and sociology. At present, he is doing research into the treatment of amphetamine type stimulants and opioid addiction from several aspects, such as behaviour, electrophysiology, molecular biology, neuroimaging, etc.

Natalia Shumskaia is a dedicated public health professional with 23 years of experience managing organisations and projects. She has a proven track record in management within humanitarian organisations, advocating for the rights of key populations and their access to health and social services. Natalia has a strong interest in global health, health policy, and systems, research, HIV, and tuberculosis. With a PhD in Psychological Sciences, she possesses strong interpersonal skills, a fast learning ability, and a self-motivated work ethic. Her experience includes providing direct HIV services to vulnerable groups and publishing over 40 articles, including 15 on the psychology of development and acmeology.

Assel Terlikbayeva, MD, M. S. W., MPH has been the regional director of the Global Health Research Center of Central Asia (GHRCCA) in Kazakhstan since 2007. Her research interests have focused on behavioural and biomedical interventions related to HIV, TB, STIs, drug addiction, gender-based violence, and mental health in Central Asia. Currently, she is leading three large projects in Kazakhstan focusing on linkage to HIV and opioid assisted therapy (OAT) care and improving HIV treatment outcomes among injection drug users and sex workers. She is also a site principal investigator for the adaption and implementation of WINGS intervention among women from key populations in Kazakhstan. In previous years, the GHRCCA has completed several grants awarded by the National Institute of Health (NIH) focused on HIV among injection drug users and migrants, including a grant focused on adapting a couples-based HIV risk reduction intervention for people who inject drugs. Over the past 15 years, she has implemented substance use and HIV/STI prevention and intervention studies in Kazakhstan and created strong community partnerships, established close cooperation with governmental agencies, and trained and supervised local research teams in the recruitment and retention of research participants. Dr Terlikbayeva received her MD from the Almaty Medical University in 2001, her Master of Science in Social Work from Columbia University School of Social Work in 2003, and her Master of Public Health from the University of Albany in 2024.

Guzalkhon Zakhidova is a psychotherapist with over 20 years of experience. She is currently a PhD candidate at the Frankfurt University of Applied Sciences and a freelance researcher at the Bukhara

Medical Institute. She actively participates in scientific conferences and symposiums, where she presents her scientific work or other relevant topics. Zakhidova serves as a psychotherapist at the 2nd City Psychoneurological Dispensary in Tashkent, Uzbekistan. Her research focuses on the medical and social aspects of the use of new psychoactive substances among young people in Tashkent, Republic of Uzbekistan, through qualitative analysis.

3 Glossary

AA	Alcoholics Anonymous
AFEW	Foundation East West
AI	Artificial Intelligence
AIDS	Acquired immunodeficiency syndrome
ART	antiretroviral therapy
ATS	Amphetamine-type stimulant
AUD	Alcohol Use Disorder
BCG	Bacillus Calmette-Guérin
CADAP	Central Asian Drug Action Programme
CAREs	Community-managed Addiction Rehabilitation Electronic System
CARHAP	Central Asian Regional HIV/AIDS Program
CBT	Cognitive Behavioural Therapy
GBV	Gender-Based Violence
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CND	Commission on Narcotic Drugs
CSI	Civil Society Involvement
CSOs	Civil Society Organizations
CTCC	City Tuberculosis Control Center
DBS	Deep Brain Stimulation
DR-TB	Drug-resistant tuberculosis (resistant to at least one drug)
DST	Directly supervised treatment
DU	Drug user
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FPDs	Former Plasma Donors
GDEP/MIA	General Directorate for the Execution of Punishment / Ministry of Internal Affairs
GHRCCA	Global Health Research Center of Central Asia
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV	Human Immunodeficiency virus
ICD-11	International Classification of Diseases- 11th Revision
ICNL	International Center for Not-for-Profit Law
ICT	Information and Communication Technologies
IDH	Integrative Drogenhilfe
IDUs	Injecting Drug Users
INCB	International Narcotics Control Board
IOM	International Organization for Migration
IPV	Intimate Partner Violence
IT	Internet Technology
KSCDIZ	Kazakh Scientific Center for Dermatology and Infectious Diseases
LASSO	Least Absolute Shrinkage and Selection Operator
LSGs	Leadership of Local Self-Governance Bodies
LMF	Low-rank Multimodal Fusion
M&E	Monitoring and evaluation
MDT	Multi-disciplinary teams
MDR-TB	Multidrug-Resistant Tuberculosis
MI	Motivational Interviewing
MoHoRU	Ministry of Health of the Republic of Uzbekistan
NCP	National Center for Phthisiology
NGOs	Non-Governmental Organizations
NIH	National Institute of Health
NPS	New psychoactive substances
NRCS	National Red Crescent Society
NTCP	National Tuberculosis Control Program
OAT	Opioid Assisted Therapy
PAS	Psychoactive substances
PHC	Primary healthcare
PI	Principal Inverstigator
PLHIV	People living with HIV
PNF	Personalized Normative Feedback
PWUD	People Who Use Drugs
PF	Public Foundation
RIEC	Republican Information and Education Center
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SEP	Syringe Exchange Programme
SIG	Social Intervention Group

SOGI	Sexual Orientation and Gender Identity
SNPSS	Synthetic and Novel Psychoactive Substances and Stimulants
SSC	State Social Contracts
SSO	State Social Order
STIs	Sexually Transmitted Infections
SUDs	Substance Use Disorders
TAU	Treatment as usual
TB	Tuberculosis
TMS	Transcranial Magnetic Stimulation
TES	transcranial electric stimulation
UCDP	Unified Communication Digital Platform
UNAIDS	United Nations Program on HIV/AIDS
UNCND	United Nations Commission on Narcotic Drugs
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
UNODC	Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VNGOC	Vienna NGO Committee on Drugs
WFAD	World Federation Against Drugs
WHO	World Health Organization
WINGS	Women Initiating New Goals of Safety
XDR-TB	Extensively drug-resistant tuberculosis