

10. Analysis of Harm Reduction Programmes in HIV/AIDS Prevention in Kyrgyzstan: Experience, Problems, and Prospects

Tynchtyk Estebeu uulu

Introduction

HIV/AIDS remains one of the most serious global threats to human health. This has a huge impact on the socio-economic development and demographic situation in different countries around the world. In recent decades, countries and international organisations have been actively working on the development and implementation of harm reduction programmes in the field of HIV prevention. Kyrgyzstan is no exception.

Kyrgyzstan emerged as one of the Central Asian countries most severely affected by the HIV epidemic. In this regard, the country is actively implementing measures and strategies aimed at preventing the spread of HIV-infection and improving public health. Harm reduction programmes are an important component of this strategy. They are a set of measures aimed at reducing the risk of HIV transmission among the most vulnerable population groups, such as people who inject drugs (PWID).

PWID are one of the most vulnerable population groups among those at risk of HIV-infection. They often face social isolation, stigmatisation, and the lack of access to health services. Despite the difficulties associated with this group, Kyrgyzstan is making active efforts to develop and implement harm reduction programmes for PWID. The purpose of these programmes is to prevent the spread of HIV among PWID.

Studying harm reduction programmes among PWID is not only relevant for Kyrgyzstan. It is also important for the global community in the context of the overall efforts to combat the HIV epidemic. Harm reduction programmes embody a comprehensive approach, which includes sociological, medical, and social components. An important aspect of this work is the use of sociological methods and theories. They provide a deeper understanding of the social processes associated with the spread of HIV/AIDS and the implementation of relevant programmes.

Discussion

Harm reduction is an approach or strategy aimed at reducing the negative effects of drug use, rather than eradicating drug use (Hilton et al. 2001, p. 358). In other words, harm reduction approaches focus on reducing the negative effects of certain behavioural practices, instead of banning them altogether. In terms of drug use, the main idea is the recognition that drug use cannot be completely eradicated. A more realistic and effective approach would be to reduce the harmful effects of drug use.

According to the theory of social innovation, harm reduction programmes are good examples of social innovations in the field of HIV prevention. Social innovation refers to innovative activities and services. These are often implemented by organisations or groups that are motivated to meet the identified needs of the community or population (Yang et al. 2020, p. 69). In other words, harm reduction programmes are designed to reduce the risk of transmission of HIV and other infections through intravenous drug use.

In Kyrgyzstan, examples of measures related to harm reduction theory and social innovation theory are methadone maintenance treatment (MMT) and syringe/needle exchange points (SEPs).

MMT has been implemented in Kyrgyzstan since 2002. This treatment, which uses methadone hydrochloride, is aimed at PWID. MMT is a carefully researched and scientifically based medical intervention used to treat opioid addiction (AIDS Foundation East West [AFEW] Kyrgyzstan 2019, p. 20). Based on current research (World Health Organization [WHO] 2015) in the field of treatment and prevention of opioid dependence, it can be argued that the combination of MMT and psychological support is an effective method to reduce the illegal use of psychoactive substances. Moreover, an effective harm reduction strategy also leads to a reduction in criminal behaviour and an improvement in the social adaptation of clients (AFEW Kyrgyzstan 2019, p. 20).

It is often the case that people suffering from drug use commit crimes in order to obtain resources to purchase psychoactive substances. However, MMT combined with psychological support solves this and other problems for clients. First, it reduces the motivation to commit crimes, as clients gain access to methadone. Second, it helps clients to reintegrate into society and rebuild family and other social relations. Third, consultations with psychologists and therapists help clients to develop strategies to deal with

stress, solve problems related to addiction, and improve their psychological and emotional well-being.

Sustainable financing is crucial for HIV control and ensuring public participation (Yang et al. 2020, p. 73). MMT was introduced in Kyrgyzstan in 2002 with the financial support of the Soros Foundation-Kyrgyzstan and the United Nations Development Programme (UNDP). Furthermore, since 2005, methadone sites have been funded by the Global Fund (AFEW Kyrgyzstan 2019, p. 21). On the one hand, an important aspect of the implementation of harm reduction programmes is cooperation with international organisations and foundations to maintain the level of funding and exchange best practices. On the other hand, it is also important for the country to work on strengthening national health and social care systems. Kyrgyzstan should strive to develop its own internal sources of financing for harm reduction programmes.

As mentioned above, in the context of the withdrawal of donors from the country, there is a need to convey to government officials the importance of supporting harm reduction programmes financed by the state budget. In this regard, the non-governmental organisation (NGO) 'Socium' is an active advocate for the sustainability of programmes for PWID and other vulnerable groups. It also works to mobilise and involve representatives of key communities in the development, implementation, and management of harm reduction programmes at the country level (Eurasian Harm Reduction Association [EHRA] 2017).

In Kyrgyzstan, MMT clients can undergo treatment with methadone both in the civil sector and in the prison system. They can switch from one type of treatment to another (Ivasiy et al. 2022) in case of imprisonment or release from prison.

MMT is used only in the medical institutions of the Ministry of Health of Kyrgyzstan – Republican Center of Psychiatry and Narcology (RCPN) and the State Penitentiary Service (SPS) (see Table 1).

Overall, from 2016 to 2020, the number of MMT sites decreased from 29 to 24. A significant decrease can be observed in the civil sector – RCPN (see Table 1). During the specified period, a number of MMT sites were combined, resulting in five fewer sites in total.

As of 1st October 2023, 24 MMT sites are still functioning in Kyrgyzstan (Republican Center of Psychiatry and Narcology [RCPN] 2023). 15 sites of these sites are in the civil sector and nine are located in the country's prison system.

Table 1: *The number of RCPN and SPS methadone sites in Kyrgyzstan in 2016–2020 (EHRA 2021)*

	2016	2017	2018	2019	2020
RCPN	20	19	15	15	15
SPS	9	10	9	9	9
Number of MMT sites – total	29	29	24	24	24

Despite the fact that MMT is carried out only by the state, it is important to note the role of NGOs in the field of HIV prevention. Over time, a powerful coalition of NGOs has been established in Kyrgyzstan. These NGOs have promoted, advocated, and implemented harm reduction programmes. MMT works effectively in the country, thanks to the strong coalition of NGOs. For example, the NGO ‘Socium’ was one of the first NGOs to implement and develop harm reduction programmes in Kyrgyzstan. This NGO has extensive experience in providing HIV prevention services to PWID (EHRA 2017).

The operation of SEPs is a structural component of Kyrgyzstan’s harm reduction strategy. At the SEPs, prevention work is carried out among PWID. The main purpose of the SEPs is to prevent the spread of HIV infection and other infections transmitted by injection and sexually among PWID. Another goal of the SEPs is to involve key population groups in medical and social assistance programmes (AFEW Kyrgyzstan 2019, p. 19).

As in the case of MMT, the tasks of SEPs are related not only to the prevention of HIV infection but also to the provision of medical and social assistance to clients. First, SEPs deal with the exchange/distribution of used syringes/needles for sterile ones. Second, SEPs provide PWID with information on HIV infection prevention, including ways to minimise the health risks associated with substance use. Third, SEPs refer clients to medical and social services, providing specialist advice. Fourth, SEPs conduct pre-test and post-test counselling and organise access to testing for HIV and other infections (RCPN 2014).

SEPs in Kyrgyzstan operate in the RCPN, the SPS, and NGOs. However, it is worth noting that the number of SEPs has been decreasing every year (see Table 2).

Table 2: *The number of SEPs in the RCPN, SPS, and NGOs in Kyrgyzstan in 2016–2020 (EHRA 2021)*

	2016	2017	2018	2019	2020
RCPN	11	11	6	6	6
SPS	13	13	12	11	11
NGOs	12	12	11	8	7
Number of SEPs – total	36	36	29	25	24

According to the statistics, the total number of SEPs in Kyrgyzstan decreased from 36 in 2016 to 24 in 2020. A significant decrease in SEPs can be observed in the RCPN and NGOs. During the specified period, the number of SEPs decreased by five units in both of these sectors. In the SPS, the number of SEPs decreased by two units, or from 13 in 2016 to 11 in 2020. The reason for the decline is due to a decrease in funding from the Global Fund (EHRA 2021, p. 25).

Since the introduction of harm reduction programmes, NGOs have been engaged in the implementation of SEPs with the support of various donors (Global Fund, Soros Foundation, UNDP, etc.) (EHRA 2021, p. 18).

There is a SEP in the city of Osh, in NGO ‘Roditeli protiv narkotikov’ (‘Parents against drugs’). In addition to issuing syringes and needles, the NGO conducts rapid HIV testing on saliva, provides social support services to clients, and distributes condoms and information materials. Clients can also get advice on HIV and safe behaviour (Osh Silk Road Provider 2024).

The Eurasian Harm Reduction Association (EHRA) notes that NGO-run SEPs reached 2.5 times more clients than government-based SEPs. Also, based on the feedback received from the clients, the range of services was wider in NGO-run SEPs compared to government service providers and clients were more satisfied. Clients reported that NGO approach was more holistic and less stigmatising (EHRA 2021, p. 25).

The EHRA additionally notes that in 2021, following the results of the country-by-country discussion of the agreement with the Global Fund for 2021–2023, the SEPs in Kyrgyzstan were implemented only in five NGOs. It is important to note a significant reduction in the number of NGOs that are involved in the implementation of programmes for PWID. Perhaps this is due to the quality of reporting required by donor organisations and the fact that NGOs are often focused mainly on the provision of services, rather

than on the preparation of project documents, applications, and reports (EHRA 2021, p. 55).

Thus, harm reduction programmes provide an important foundation for combating the spread of HIV/AIDS in Kyrgyzstan and contribute to improving public health. Harm reduction programmes such as MMT and SEPs reduce the risk of HIV transmission. They provide access to testing and treatment services and help reduce stigma and discrimination. It is also important to note that the effectiveness of harm reduction programmes is closely related to sociological aspects, sociocultural factors, and interaction with society.

It is noted that adequate methadone coverage in areas where the HIV epidemic is concentrated among PWID is the most effective HIV control strategy, as well as the most cost-effective (Ivasiy et al. 2022). PWID are most vulnerable to HIV transmission due to the exchange of injecting supplies and low awareness of prevention methods.

According to the theory of social differentiation and discrimination, society differentiates and discriminates against people based on drug addiction. They may be stigmatised and alienated in society. This leads to poor health and well-being among PWID (Couto E Cruz et al. 2020). Moreover, access to healthcare and harm reduction programmes can often be limited due to discrimination by healthcare professionals.

In Kyrgyzstan, the following sociocultural factors influence the spread of HIV/AIDS among PWID. First, the low level of education about HIV/AIDS affects the ability of key groups to make informed decisions and comply with preventive measures. Second, social stigma and discrimination create barriers to access to services and information, as well as discourage those in need from seeking help. Third, low income leads to limited access to medical care and preventive measures.

Consequently, the population group most at risk of HIV transmission is PWID. Moreover, sociocultural factors have a significant impact on the spread of HIV/AIDS in Kyrgyzstan. Differentiation, stigmatisation, and discrimination can create barriers to access to harm reduction services and educational programmes.

Next, we will look at how harm reduction programmes in Kyrgyzstan affect the spread of HIV in the country. The effectiveness of MMT and SEPs will be evaluated using official statistics on the spread of HIV. When it comes to HIV prevention in Kyrgyzstan, harm reduction programmes are crucial for combating the spread of HIV infection and improving the health of vulnerable population groups. As official statistics show, over the

past 15 years – from 2008 to 2022 – Kyrgyzstan has managed to significantly reduce the parenteral (when injecting drugs) pathway of HIV transmission (see Figure 1).

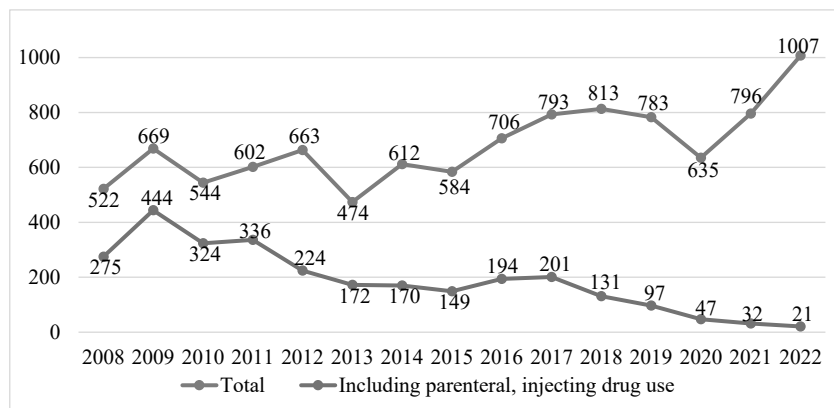


Figure 1: Ways of HIV transmission in the Kyrgyz Republic in 2008–2022 (people) – total cases and parenteral (injecting drug use) cases (AIDS Center Kyrgyzstan 2023)

In 2009, 444 cases of parenteral transmission of HIV infection were detected, which is a record high within the last 15 years. At the same time, the share of the parenteral route of transmission through injecting drug use amounted to 66.4% of all HIV transmission cases – 444 of 669 cases. By 2017, the share of the parenteral route of HIV transmission was reduced to 25.3% or 201 of 793 cases. Since 2018, a sharp decrease in the proportion of HIV transmission through injecting drug use can be seen, going from 16.1% (131 cases) in 2018 to 2.1% (21 cases) in 2022.

In general, in 2008–2022, new HIV cases among PWID and the route of HIV transmission through injecting drug use both significantly decreased in Kyrgyzstan (see Figure 2).

Due to the measures taken in the country, there has been a significant decrease in the number of cases of HIV transmission through injection routes (Kyrgyz Republic Ministry of Justice 2022). This significant reduction in HIV transmission over the past 15 years among PWID indicates that harm reduction programmes in the country are being implemented effectively. This indicates shows the positive impact these programmes have on reducing the incidence of HIV. Data analysis confirms that successful harm

reduction programmes in Kyrgyzstan have a positive impact on the target audience, which indicates the important role they play in HIV prevention.

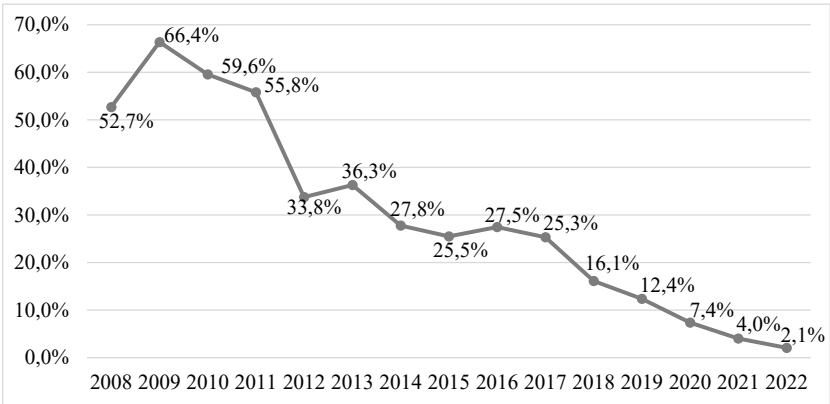


Figure 2: The share of HIV transmission through injecting drug use in the Kyrgyz Republic in 2008–2022 out of the total cases (%) (AIDS Center Kyrgyzstan 2023)

Harm reduction programmes also contribute to an increase in the number of PWID who seek out HIV testing and counselling. Statistics show that the level of rapid HIV testing among PWID has been quite high over the past five years. In 2018, 31,427 tests were conducted among PWID; in 2019, 21,618 tests; in 2020, 14,631 tests; in 2021, 18,953 tests; and in 2022, 16,507 tests (AIDS Center Kyrgyzstan 2023). Rapid HIV testing can be carried out in NGOs. In general, there are more than 30 NGOs in Kyrgyzstan where clients can take rapid HIV saliva testing (Republican Center for Control of Bloodborne Viral Hepatitis and Human Immunodeficiency Virus of the Ministry of Health of the Kyrgyz Republic 2024).

Thus, harm reduction programmes in Kyrgyzstan are effective tools in combating the spread of HIV/AIDS. An analysis of the effectiveness of harm reduction programmes shows that they have the potential to reduce the spread of HIV/AIDS and improve the health of vulnerable population groups. Despite the positive results, challenges and problems remain. In order to achieve even greater success in HIV prevention in the country, the remaining challenges and problems must be addressed and the programmes must be improved further still.

Despite the outstanding achievements in harm reduction among prisoners, there are a number of prisons that are not yet involved in harm reduction programmes. Moreover, temporary detention facilities of law enforcement agencies also do not have a system for providing important services such as MMT and antiretroviral therapy (Kyrgyz Republic Ministry of Justice 2022).

It is noted that for those who take methadone in the civil sector and end up in prison, treatment may be suspended if they are placed in prisons where there is no methadone (Ivasiy et al. 2022). When it comes to harm reduction programmes, it is important to ensure the uninterrupted receipt of MMT services. In this regard, it is necessary to ensure access to methadone for patients who are either released from prison or incarcerated in prison.

The theory of stigmatisation in the context of drug use shows that stigmatisation can come from various sources, including drug users themselves, their family members, medical professionals, and law enforcement officials (Romanyuk 2018). In other words, these different groups can contribute to the formation of negative stereotypes and bias against drug users.

It is noted that in Kyrgyzstan, people who participate in MMT face negative attitudes and stigmatisation from medical workers, prisoners and family members (Liberman et al. 2022). Other authors note that in Kyrgyzstan, PWID face a huge number of obstacles, both in prison and after release in society. The main issues are stigmatisation, poor job prospects, limited access to medical care, punitive drug policy, and harassment by law enforcement agencies (Bachiredy et al. 2022).

At the same time, it is noted that the increased activity of law enforcement agencies against participants in harm reduction programmes, including MMT and SEPs, creates barriers to access to drug treatment (Kyrgyz Republic Ministry of Justice 2022).

As noted, PWID may be concerned about the stigma associated with taking methadone or feel insecure about their ability to easily access methadone (Bachiredy et al. 2022). It is important to note that Biernacki recognised that social stigma is a serious obstacle that recovering drug users must overcome if they want to stop using drugs and change their lives (Neale et al. 2011, p. 3).

Social stigma can create physical, emotional, and psychological barriers, which makes the recovery process even more difficult. For example, encountering social stigma can cause confusion and fear among drug users. This may hinder their willingness to seek help or share their concerns.

Negative societal attitudes and social isolation can increase the levels of stress, depression, and low self-esteem among drug users. Due to fear of discrimination, drug users may refuse access to treatment, harm reduction, and psychological support services. Social stigma is a serious obstacle to the recovery and rehabilitation of drug users. This understanding is an important step in the fight against drug addiction. It helps to better develop effective strategies to support this group.

Kyrgyzstan has accomplished significant achievements in harm reduction among prisoners and people facing drug addiction. Despite this, Kyrgyzstan faces serious challenges in providing access to necessary medical and supportive services. The expansion of harm reduction programmes, the elimination of stigma, and cooperation between different sectors of society are key steps to improve the situation for drug users in the country. It is necessary to strive to ensure uninterrupted access to harm reduction and drug treatment for all, regardless of their status and location. This contributes to the health and well-being of key populations.

Resolution No. 445 of the Cabinet of Ministers of the Kyrgyz Republic dated 10th August 2022 approved the Anti-drug Program of the Cabinet of Ministers of the Kyrgyz Republic for 2022–2026 in order to reduce dependence on psychoactive substances (Kyrgyz Republic Ministry of Justice 2022).

In order to reduce harm from illegal psychoactive substances in the field of harm reduction, the state set the task of continuing to expand harm reduction programmes (Kyrgyz Republic Ministry of Justice 2022), since the harm reduction strategy has shown its effectiveness in practice.

Moreover, the task is to ensure access to services aimed at reducing harm from the use of psychoactive substances in all penitentiary institutions, including temporary detention facilities, pre-trial detention facilities, and correctional institutions. Harm reduction services include counselling, provision of sterile syringes and needles, and access to MMT (Kyrgyz Republic Ministry of Justice 2022).

In the community, educating family and community members about the use and benefits of methadone can be useful to reduce the stigma associated with methadone and those involved in MMT (Lieberman et al. 2022).

Based on the analysis of harm reduction programmes in HIV prevention in Kyrgyzstan, several key perspectives and recommendations can be identified. They can contribute to improving existing programmes and planning future activities in this area.

First, harm reduction programmes should be more tailored to the specific needs and characteristics of vulnerable populations. Second, programmes should actively include elements of education and information campaigns aimed at mitigating stigma and discrimination against HIV/AIDS. Third, it is important to actively involve society and NGOs in the development and implementation of harm reduction programmes. Fourth, it is recommended to integrate harm reduction programmes into the overall health and social care system. This will help ensure more efficient use of resources and reduce barriers to access to services. Fifth, it is important to actively share experiences with other countries and regions where successful harm reduction programmes exist. A comparative analysis will identify best practices and be helpful in adapting these best practices to local conditions.

Conclusion

The analysis of harm reduction programmes in the field of HIV prevention among PWID in Kyrgyzstan underlines the importance of a sociological approach for studying and improving the effectiveness of these programmes. The study highlighted a number of key aspects that are crucial for improving the response to HIV/AIDS in Kyrgyzstan.

Harm reduction programmes – MMT and SEPs, which provide information on safe drug use – contribute to reducing the spread of HIV among PWID. Because of this, the programmes have a positive impact on public health. Furthermore, harm reduction programmes promote the social integration of PWID. They provide access to medical care and risk reduction advice, and also support community participation. This helps to reduce HIV-related stigma and discrimination.

In general, harm reduction programmes in the field of HIV prevention among PWID play an important role in maintaining health and reducing the risk of infection in Kyrgyzstan. The prospects for the development and improvement of such programmes should remain the focus of national and international efforts to combat HIV/AIDS in this vulnerable population.

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