

# PROTOCOL OF COLLABORATION BETWEEN PRISON STAFF AND CIVIL SOCIETY TARGETING PEOPLE WITH DRUG USE DISORDERS IN PRISON SETTINGS

2025

# **Protocol of collaboration between prison staff and civil society targeting people with drug use disorders in prison settings**

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## Acronyms

|        |  |
|--------|--|
| AIDS   | Acquired immunodeficiency syndrome             |
| ART    | Antiretroviral treatment                       |
| CA     | Central Asia                                   |
| CADAP  | Central Asia Drug Action Programme             |
| CCM    | Country Coordinating Mechanism                 |
| CSO    | Civil Society Organisation                     |
| EECA   | Eastern European and Central Asian Countries   |
| GONGO  | Government-Organised NGO                       |
| ICNL   | International Centre for Not-for-Profit Law    |
| MAT    | Medication-assisted Treatment                  |
| MDTs   | Multidisciplinary teams                        |
| MMT    | Methadone Maintenance Treatment                |
| MSM    | Men who have sex with men                      |
| NPS    | New Psychoactive Substances                    |
| NSP    | Needle and Syringe Programme                   |
| NGO    | Non-Governmental Organisation                  |
| OAT    | Opioid agonist therapy                         |
| OAMT   | Opioid agonist maintenance therapy             |
| OST    | Opioid Substitution Treatment                  |
| PLHIV  | People living with HIV                         |
| PWID   | People who inject drugs                        |
| STI    | Sexually transmitted infection                 |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS |
| UNDOC  | United Nations Office on Drugs and Crime       |
| WHO    | World Health Organisation                      |

# 1. Introduction

This document presents the Protocol of Collaboration between prison staff and civil society regarding people who use drugs in prison. This final report has been developed for Lot 2 “Protocol of collaboration between prison administration/staff and civil society for the treatment and social reintegration of people in prison with disorders due to the use of psychoactive substances”, Result 4 “Treatment” in the framework of the seventh phase of the **Central Asia Drug Action Programme** (CADAP 7).

The Prison Protocol is based on empirical research, conducted in Central Asia between July 2023 and January 2025. Two rounds of round tables have been organised during this period: The first took place in Central Asia in September 2023 and the second one in March 2024. The round table in Dushanbe was held on 17 January 2025 after it was not possible to organise a discussion in Tajikistan earlier.

The Prison Protocol has two objectives. The first one is to provide an analysis of existing drug treatment services in the prison context and of current forms of collaboration between prison administrations and civil society organisations (CSOs) in the five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The second objective is to provide a guideline for the collaboration between prison administration/prison staff and civil society for the treatment and social reintegration of people with drug use disorders in the penitentiary system and after release. The protocol itself consists of an analysis of existing barriers and facilitators in the collaboration between prison administrations and civil society organisation, a presentation of best practices and a checklist for future projects in the prison context.

The Prison Protocol specifically focuses on the treatment and social reintegration of people in prison and the role of civil society in providing these services. Special attention will be paid to the situation of the so-called “clean zones” in Central Asia. The protocol provides a guideline for developing future projects between prison administrations and CSOs in Central Asia.

The text is structured as follows: First, the objectives of Lot 2 “Prison Protocol” are outlined. Second, an overview of the data collection between July 2023 and January 2025 is provided. The third part includes a detailed overview of the methods for data collection and analysis. This is followed by the main section of the Prison Protocol that is divided into two parts: (1) the empirical analysis of the existing modes of cooperation between prison administrations and civil society organisations, and (2) the Prison Protocol that consists of a summary analysis, a presentation of best practices and a guideline for future projects and collaborations in the prison context in Central Asia.

The Prison Protocol concludes with recommendations, both to the governments of Central Asia, the European Union and other international actors and donors as well as to civil society organisations in the region.

## 2. Objectives for Lot 2: Prison Protocol

Lot 2 aims to design and elaborate a **Protocol of collaboration** between prison staff and civil society for the treatment and social reintegration of people in prison with disorders due to the use of psychoactive substances.

1. Carry out an evaluation/diagnosis on the situation of protocols or similar instruments of collaboration (if they exist) aimed at the treatment and social reintegration of the prison and ex-prisoner population with disorders due to the use of psychoactive substances. Likewise, the situation of the so-called “clean zones” will be included, among other similar measures in the countries of Central Asia, which will require an evaluation mission in the field, identifying the key actors and focal points for the formation of working groups, in coordination with the programme in the different countries of the region.
2. Direct and carry out the technical execution of a first meeting of the working groups Workshop in each of the Central Asian countries where it is possible to develop it, with the participation of the focal points of the governments of Asia and the key actors identified for the elaboration of: i) a Concept Note of Protocol of collaboration between prison staff and civil society for the treatment of population of prisons with substance use disorders, based on gender and human rights approaches and adapted to the context and priorities identified for each of the Central Asian countries.
3. Lead and carry out the technical implementation of a second meeting of the working groups in each of the Central Asian countries where possible, with the participation of the focal points of the Central Asian governments and the relevant actors participating in the first Workshop for the development of the Prison Protocol of collaboration between prison staff and civil society for treatment and social reintegration of prison population with disorders due to the use of psychoactive substances.
4. Carry out the evaluation of the process of elaboration of the Protocol of collaboration between prison staff and civil society for the treatment and social reintegration of prison population with disorders due to the use of psychoactive substances, systematizing and analysing the information obtained throughout the process of elaboration of the same, reporting on the findings, difficulties and opportunities identified and incorporating recommendations and proposals for improvement as a result of the evaluation carried out.
5. Finalization and delivery of the aforementioned Collaboration Protocol in those Central Asian countries where it has been possible to complete the elaboration process, incorporating recommendations and proposals for improvement as a result of the evaluation carried out. As a result, a final version of the “Protocol for collaboration between prison staff and civil society for the treatment and social

reintegration of prison populations with psychoactive substance use disorders” is developed.

### **3. Overview of Field Research in Central Asia**

Data collection and analysis took place between July 2023 and January 2025. The data collection and analysis process consisted of four phases. In the first phase, between July and September 2023, desk research was conducted on the collaboration between the prison administrations and CSOs on the provision of services for people with drug use disorders. It has become apparent that the overall political and social context has to be considered for developing a model for fruitful state-civil society cooperation in the prison context. Consequently, information was gathered on the development of civil society and the existing programmes for people with drug use disorders in the prison system in Central Asia. The desk research also included information on best practices for drug treatment services.

After the finalization of the desk research, a first series of round table discussions were organised in September 2023. On 18 September 2023, the roundtable in Tashkent (Uzbekistan) took place. On 20 September 2023, the roundtable in Bishkek (Kyrgyzstan) followed, and on 21 September 2023, the roundtable in Almaty (Kazakhstan) was organised. For each round table, representatives of relevant state institutions, international agencies and CSOs were invited.

The programme of the roundtables consisted of the following elements: First, we gave a short introduction to our organisation Akzept, our professional background and the expected results and work plan for Result 4 (Treatment and Prison Protocol). This was followed by an introduction round of the participants. The remainder of the day was devoted to the presentation and discussion of both elements of Result 4.

The part on Lot 2 / Prison Protocol consisted of an introductory presentation and a structured discussion with the roundtable participants. The introductory presentation focused on a rights-based approach to health care in prison. It presented European Experience and discussed the availability of services for people who use drugs in prisons in Europe. The introductory presentation also gave an overview on good practices of collaborating with CSOs in the prison context in Europe. The ensuing discussion with the roundtable participants focused on the prospects of strengthening partnerships with civil society in the development of services for people with drug use disorders in the prison system in Central Asia.

The roundtable participants first discussed the needs of people in prisons as well as existing services, provided either by prison administrations or CSOs. In a second round of the discussion, the participants focused on potential improvements of existing services. In particular, the participants discussed the following questions: (1) How could existing services for people with drug use disorders in prison be improved? (2) How could interactions between prison administration and CSOs be facilitated? and (3) What

needs to be considered to overcome existing barriers for a fruitful collaboration between prison institutions/prison staff and CSO? The roundtable discussions were recorded and analysed with the consent of the participants and analysed.

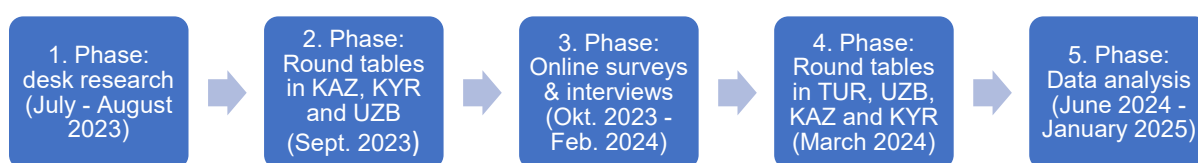
The third phase of data collection included an online survey that was distributed among representatives of state institutions and CSOs in all five Central Asian republics. The survey focused on similar questions as the round tables (see attachment for survey questions). The survey link was distributed by the CADAP national coordinators. In total, 26 respondents answered to the online survey.

In parallel to the online survey, a series of five in-depth interviews with experts on drug treatment and cooperation with civil society in Central Asia were conducted. The interviewees were recruited through the online survey. The objectives of the interviews are to provide a deeper understanding of the development of services for people in prisons and the collaboration between state institutions and CSOs in the prison context.

The fourth phase of data collection took place in March 2024 when a second field trip to Central Asia was organised. On 4 March 2024, a roundtable was organised in Ashgabat, the capital of Turkmenistan. On 6 March 2024, a roundtable in Tashkent (Uzbekistan) followed, and on 11 March 2024, a roundtable in Almaty (Kazakhstan). The last roundtable took place in Bishkek (Kyrgyzstan) on 13 March 2024. With the two phases of field research, data was primary data was collected in four of the five Central Asia republics: Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan. The round table in Turkmenistan differed from those in the other countries, as the discussion focused on the experiences in European countries instead of the region. Unfortunately, throughout 2023 and 2024 no data collection was carried out in Tajikistan. This was due to organisational reasons, as for a prolonged period of time the position of national coordinator was vacant in Tajikistan.

The fifth and last phase of data collection took place between April 2024 and January 2025. In the last project phase, the collected data was compared and analysed. In addition, the participation in the International Aids Conference in Munich allowed gathering new additional information on drug treatment programmes in the prison context. In Dushanbe (Tajikistan), a round table was organised on 17 January 2025. The content of the round table in Dushanbe corresponded to that in the other countries of Central Asia. The process of data collection and analysis process is depicted in Figure 1.

Figure 1: Data collection and analysis process for developing the Prison Protocol





## 4. Methodology

The programme (lot 2) “Design and elaboration of a Protocol of collaboration between prison staff and civil society for the treatment and social reintegration of the population of prisons with disorders due to the use of psychoactive substances” was conducted between July 2023 and January 2025 in the five countries of Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. This text is the final output which describes potential cooperation between prison administration and civil society actors regarding the treatment and social reintegration of people in prison.

A crucial part of the tasks for lot 2 is the assessment of the drug treatment situation in the prison system in the five countries of Central Asia. For developing a collaboration protocol, a comprehensive overview of the current forms of collaboration between prison administrations and CSOs in the five different countries was established.

The methodology for data collection and analysis is based on three sources that guide drug treatment services and prison work at an international level: (1) the UN Sustainable Development Goals, (2) the four-pillar model of drug policy and (3) the international prison standards. The UN Sustainable Development Goals provide a general framework for assessing and guiding development issues worldwide.<sup>1</sup> In research and policy development, the UN Sustainable Development Goals are frequently used as an assessment and monitoring tool (Lu et al. 2015; Costanza et al. 2016; Biermann et al. 2017). Regarding drug treatment and social rehabilitation for people in prison, the goals 3 “Good health and wellbeing” and 4 “Quality education” are of particular importance.

The four-pillar model was developed in Switzerland as an innovative policy approach to reform drug policies (Herzig and Wolf 2019). The model aims to reduce drug use and its negative consequences for users and society. It is based on the four pillars of drug use prevention, drug treatment, harm reduction, and law enforcement. It is important to note that the four pillars do not exist in isolation, but relate to each other. This means that effective drug treatment programmes depend on the development of harm reduction, drug prevention and law enforcement policies. Internationally, the Swiss approach is recognised as a major step in redefining drug policies (Herzig and Wolf 2019). Because of its comprehensive vision on the issue of drug use, the model can be applied to evaluate drug policies and develop recommendations for policy improvement.

The third source includes international prison standards that were developed as minimum standards to guarantee human rights protection in the prison system. Although the rules are voluntary commitments of states and thus do not have binding legal force, they serve as focal points for international action on improving prison standards around the world. As so-called “soft law”, the rules provide a concise guide to states and their

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<sup>1</sup> An overview of the UN Sustainable Development Goals can be found on this website: <https://www.globalgoals.org/> (accessed 31 August 2023).

penal agencies (Peirce 2018). The most important international prison standards are the Mandela Rules<sup>2</sup> and the Bangkok Rules.<sup>3</sup>

The international prison standards also relate to drug treatment and social rehabilitation in the penitentiary system. With regard to people who use drugs, the principle of equivalence in health care is of key importance. It stipulates that people in prison should thus enjoy the same standards of health care that are available in the community (Mandela Rules, Rule 24). This also means that drug treatment and harm reduction services, such as medication-assisted treatment (MAT) and needle and syringe programmes (NSP) should be provided in the prison system.

Based on the three methodological sources, a catalogue of **research questions** was developed.

The initial questions include the following:

- What is the situation per country (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) when it comes to medical and social services for people who use drugs in prison system and in probation;
- Which CSOs are working in the prison system in Central Asia and what kind of medical and social services are provided by them;
- What kind of medical and social services do people in prison need and what could be the potential input by CSOs in addressing these needs;
- What are the current modes of collaborations between prison administrations and CSOs, including self-help initiatives and community organisations;
- What kind of legal, political or social barriers hamper the collaboration between prison administrations and CSOs;
- What are best practices of a collaboration between prison administrations and CSOs from other countries that could potentially be applied in Central Asia;
- How could an ideal, but feasible form of collaboration between prison administration and CSOs look like and which practical steps are needed to achieve this goal?

The assessment methods and instruments for developing a protocol include:

- Desk research (including information on best practices from other countries),
- Round tables with experts from the region using a questionnaire on drug treatment and other medical and social services for people in prison,

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<sup>2</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), adopted by the UN General Assembly on 17 December 2015, available at [https://www.unodc.org/documents/justice-and-prison-reform/Nelson\\_Mandela\\_Rules-E-ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf) (accessed 22 February 2025).

<sup>3</sup> The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), adopted by the UN General Assembly on 22 December 2010, available at [https://www.unodc.org/documents/justice-and-prison-reform/Bangkok\\_Rules\\_ENG\\_22032015.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf) (accessed 22 February 2025).

- Semi-structured expert interviews during the assessment phase and group discussions following the initial analysis.

These methods were chosen to allow us to analyse our data from different perspectives and link theoretical and factual information with practical implementation. Desk research covers international and regional studies, reports overviews, and documents primarily available online. Mapping these data will allow us to accurately understand the situation.

The round tables allow collecting the ideas and opinions of experts involved in drug treatment, harm reduction and social rehabilitation/probation services in the prison system and in the community.

The expert interviews and the online survey provide valuable data confirming, refining or rejecting information received through the desk research. An overview of the conducted expert interviews and the online survey can be found in the annex.

During the first year of field work in Central Asia, it was unfortunately not possible to visit Tajikistan. In Dushanbe, a round table discussion was organised in January 2025 when the data collection and analysis phase for the other countries was already concluded. Accordingly, the assessment for Tajikistan is mainly based on secondary sources. In the case of Turkmenistan, one field visit was realised in March 2024. However, it was not possible to conduct interviews and run a survey in Turkmenistan. For the three remaining countries – Kazakhstan, Kyrgyzstan and Uzbekistan – field research consisted of two round tables per country, expert interviews and online survey.

## **5. Findings**

This part presents the findings of the data analysis conducted between July 2023 and August 2024. The survey and expert interviews provide valuable data confirming, refining or rejecting information received through the desk research and the round table discussions.

The empirical findings, presented in this Prison Protocol, are divided into three areas of interest: (1) development of civil society in Central Asia, (2) involvement of CSOs in services for people with drug treatment services in prison, and (3) advantages and challenges for collaboration between prison administration/prison staff and CSOs in Central Asia. For each part, the situation in the region of Central Asia and in the five republics are discussed.

### **5.1. Development of Civil Society in Central Asia**

The collaboration between prison administrations and CSOs for the development of services for people with drug use disorders depends on the development of civil society in general and the framework conditions for CSOs in Central Asia.

Overall, civil society development in Central Asia is still in its beginning (Buxton 2011; Nezhina and Ibrayeva 2013; Ziegler 2015 and 2016; Toktomushev 2023). Civil society refers to an “arena of collective action around shared interests, purposes and values” (Almond and Verba 1989). The term does not only include CSOs, but also encompasses civil principles and values, civic culture as well as forms of collective action within society. Civil society is essential, as it offers a space for civic self-organisation that allows citizens to address joint issues (Channell-Justice 2022).

In Central Asia, civil society has emerged after the end of the Soviet Union (Giffen et al. 2005). In the transition period, CSOs were seen as a prescriptive solution to the problems of post-Soviet development (Toktomushev 2023). However, despite the efforts of the international community to promote civil society in Central Asia, its development has been limited. Many CSOs remain dependent from international donors and have only weak ties with the community (Nezhina and Ibrayeva 2013). Toktomushev (2023) concludes that Central Asia has one of the most restrictive environments for associational life. Organisations that are critical about politics face restrictions through coercion and bureaucratic demands (Wood 2023). However, in addition to professional organizations with project funding, many small CSOs have emerged at the local level. In particular, community-based organizations have become an important form of civic participation (Matikeyeva, 2009).

The CIVICUS Monitor is a research tool that provides data on the state of civil society and civic freedoms across the world based on independent civil society information (CIVICUS Monitor 2023). The CIVICUS monitor focuses on the framework conditions for CSOs in different political regimes. Civic space is understood as “civic space as a set of universally-accepted rules, which allow people to organise, participate and communicate with each other freely and without hindrance, and in doing so, influence the political, economic and social structures around them” (CIVICUS Monitor 2023). According to the monitoring, at present, only 3,2% of the world’s population lives in countries with open civic space (CIVICUS Monitor 2023).

The development of civil society in the region of Central Asia has not been easy. Throughout the region, CSOs have been facing difficulties in their political and social environment. The CIVICUS Monitor shows that the conditions for the development of civil society in Central Asia are still evolving.<sup>4</sup> This means that the working conditions for CSOs in the region complex and difficult. The organisations must strive for good cooperation with government agencies in order to receive sufficient support for their work.

All countries in the region show a different degree of limitations with regards to civil society development (Lewis 2021; Beimenbetov 2021). Although the countries of Central Asia have made progress in supporting CSOs, organisations still face difficulties

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<sup>4</sup> Central Asia: Global report documents alarming civic space trends 16 March 2023, <https://www.iphronline.org/central-asia-global-report-documents-alarming-civic-space-trends.html> (accessed 15 November 2023).

with regard to their activities, including legal and organisational problems and a lack of support from government officials. This has an impact on the way organisations work, particularly with regard to the treatment of people who use drugs.

The difficult context conditions are also important to understand for assessing the potential collaboration between state institutions and civil society in the development of drug treatment services in the prison system in Central Asia. In addition to the CIVICUS monitor, the Civil Society Index measures the levels of civic engagement and the activity of CSOs. The level of development in Central Asia is estimated to be weak to moderate (CIVICUS Monitor 2023). In the following, we will take a closer look on the development of civil society in the five CA republics.

### **Note on Civil Society Terminology**

The terminology for civil society actors differs from country to country. In Central Asia, different terms are used, such as public association, non-commercial organisation, non-profit organisation or social organisation. As we have seen, the field of civil society includes not only institutional/formalised organisations such as non-governmental organisations but also informal groups, social movements, homeowner's association and community groups. For the sake of clarity, the term "civil society organisation" (CSO) is used as an umbrella term in this study. The term "non-governmental organisation" (NGOs) is used when referring to organisations that define themselves or are defined specifically as "non-governmental."

### **(a) Civil Society Development in Kazakhstan**

The CIVICUS Civil Society Index (CSI) characterised Kazakhstan's civil society sector as moderately developed (Makhmutova and Akhmetova 2011). The country has a large number of professional CSOs that are active in different policy fields, including human rights, environmental protection and social assistance. However, the activity of these organisations is limited, as the government structures the activities of CSOs. In the social sphere, the Kazakhstani government promote its own agenda of social and infrastructural development in which CSOs can play a supporting role (Makhmutova and Akhmetova 2011). However, the development of an independent civil society is less a priority for the government (Makhmutova and Akhmetova 2011), and there is little room for independent NGOs that challenge the states' discourses (Knox and Sharipova 2024).

Information on the extent of civil society activity in the countries of Central Asia varies greatly. Beimenbetov writes that about 20,000 CSOs were active in Kazakhstan in 2010, of which 40% were public organisations, 29% were institutions, 24% were foundations, and 7% were associations of juridical persons (Beimenbetov 2021). A policy report by the Asian Development Bank arrives at an even larger number. According to the report, there were 57,740 active CSOs in Kazakhstan in 2015, most of which are based in Almaty, Astana or in other major urban centres (ADB 2015).

For 2023, the official registry lists 37,016 CSOs, or NGOs, in the whole country.<sup>5</sup> On 13 March 2023 by the Order № 268 of the Vice-Prime minister of Kazakhstan the “Database of persons who received and spent money and (or) other property received from foreign states, international and foreign organisations, foreigners, stateless persons” had been introduced. It is important to note that the new regulation does not require organisations or individuals receiving funds to identify as “foreign agent in Kazakhstan” which is an important difference to the Russian foreign-agent law. As of 1 July 2023, the database contains 240 organisations and individuals.

The main financial sources for CSOs are public grants, international donors, private donations as well as membership and service fees (ADB 2015). In the social sector, many CSOs actively work together with state institutions. Scholars reported that many forms of collaboration have emerged between CSOs and state organisations in Kazakhstan. Knox and Yessimova (2015) argued that Kazakh CSOs have interacted with state agencies in the delivery of contracted public services. In addition, Kazakh CSOs participate in decision-making and public policy development (Knox and Yessimova 2015).

The role of civil society is especially important in the formation and implementation of social policy. To give an example: The Kazakh Association of Professional Social Workers plays an important role in developing social work services and strengthening the social work profession (Yessimova 2023). The legal situation for civil society is described as positive. The government adopted a Conception of Civil Society Development. According to experts, active CSOs in Kazakhstan are well equipped to navigate the regulatory framework (ADB 2015). Organisations that directly collaborate with state institutions usually sign a memorandum of cooperation that outlines the mutual expectations and responsibilities. The role of state support programmes as a source of income for NGOs has increased in recent years (Knox and Sharipova 2024).

Environmental, historical and cultural factors that influence civic engagement in Kazakhstan (Bankoff and Oven 2019). As a country with nomadic traditions, rural values and informal societal networks are important for the development of a Kazakh civil society (Bankoff and Oven 2019). Furthermore, civil society actors refer to the experiences of the Soviet past (Bankoff and Oven 2019). Nezhina and Ibrayeva (2013) argue that many Kazakh CSOs have only weak ties with local communities. Survey suggests that people in Kazakhstan know very little about CSOs and do not appreciate their activities (Nezhina and Ibrayeva 2013). The authors explain the inability of Kazakh CSOs to reach out to local communities by a cultural mismatch between the foreign idea of “civil society” and local traditions in Kazakhstan (Nezhina and Ibrayeva 2013). In contrast, Rollan and Somerton (2019) argue that in some policy areas, for example education, bottom-up initiatives have formed to make suggestions for policy improvement.

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<sup>5</sup> Open Registry of NGOs in Kazakhstan, available at <https://infonpo.gov.kz/web/guest/otkrytyi-reestr> (accessed 15 November 2023).

An important area in the activities of CSOs in Kazakhstan is their participation in collaborative mechanisms (Knox and Yessimova, 2015). Non-profit experts are members of various councils and working groups which allows them to make suggestions for policy development. Many ministries have public councils in which civil society experts participate. In addition, AIDS-service NGOs take part in the Country Coordinating Mechanism (CCM) that guides the national response to HIV/AIDS (Pape et al. 2024).

The EU has developed programmes to support the development of civil society in Kazakhstan (Aydın 2018). These programmes have emerged in the context of international donor assistance to Kazakhstan. A study on donor relations found that donor support has increased the professionalization of Kazakhstani NGOs, but is at times hampered by communication and management problems (Dosbayeva 2010). EU programmes, too, have seen many difficulties and failed to bring about significant progress so far (Aydın 2018). On the other hand, it is also clear that Kazakh society is interested in societal and social change (Aydın 2018). As Aydın (2018) argues, the post-Soviet generation of Kazakhstan is much more devoted to change compared to the generation in administration now. In the future, Kazakh civil society can play an essential role in these change processes.

## **(b) Civil Society Development in Kyrgyzstan**

Among the countries of Central Asia, Kyrgyzstan is believed to have the most vibrant and developed civil society (Pierobon 2018; ICNL 2023). Within the region of Central Asia, Kyrgyzstan has been described by some as an “island of democracy” (Dar and Firdous 2015, p. 224). Nevertheless, in recent years, the country has moved away from democracy. This development also had an impact on Kyrgyz civil society.

At present, there are more than 23,700 CSOs registered in the country (ICNL 2023). Many major CSOs are based in the capital, Bishkek (Dar and Firdous 2015). Kyrgyz CSOs work in a wide range of areas, including human rights, support to vulnerable groups, culture and art, health, protection of the environment, youth and sport, and education and advocacy (ICNL 2023). Many organisations engage with the state in various consultative mechanisms that allow them to participate in the formation and implementation of public policies (ICNL 2023).

In the past five years, however, the conditions for CSOs have worsened in Kyrgyzstan. The political situation has become more instable, and the government has increased its efforts to control independent organisations. At present, CSOs report more difficulties than in the past. This is a step backwards compared to the time before the last change of government (CIVICUS Monitor, 2023).

The most prominent restriction in Kyrgyzstan is the new non-profit law which is currently discussed in the parliament of the Kyrgyz republic. The bill stipulates that all non-profit organisations must re-register (Tokoeva 2023). According to the bill which is believed to be inspired by Russian legislation, Kyrgyz organisations that carry out political

activities must register as “foreign agents” (Tokoeva 2023). Experts criticise that the new law imposes severe restrictions on civil society in Kyrgyzstan (Tokoeva 2023). Drug organisations and harm reduction organisations are particularly affected restrictions, as their programmes do not receive the necessary support from the government and the society in Kyrgyzstan (Fuller et al. 2017).

### **(c) Civil Society Development in Tajikistan**

Civil society in Tajikistan has undergone a difficult development. The country has been hard hit by the aftermath of the civil war between 1992 and 1997 (Dar and Firdous 2015). Until today, the country is the poorest in the region. As a result, state capacity and democratic governance can be considered low in Tajikistan. Many social problems in Tajikistan are linked to poverty. Although the conditions for CSOs are not favourable, the civil society sector is actively developing in Tajikistan (ICNL 2023). Many development organisations have emerged in the mountainous GABO region, the Gorno-Badakhshan Autonomous Oblast (Dar and Firdous 2015).

According to the International Centre for Not-for-Profit Law (ICNL), there are currently about 3000 active CSOs in the country out of which 2,773 are public associations, which are registered with the Ministry of Justice; and the rest are public foundations and associations (unions) of legal entities (ICNL 2023). In terms of the size of its organised civil society, Tajikistan is therefore far behind Kazakhstan and Kyrgyzstan.

Scholars have described civil society development in Tajikistan as weak (Dar and Firdous 2015). Many Tajik CSOs face organisational shortcomings, such as weak organisational and financial management, an inability to interact with government and other actors, law influence on decision-making processes and the formation of political culture as well as a lack of fundraising and networking with international NGOs (Dar and Firdous 2015).

The situation of civil society in Tajikistan has not improved in recent years. On the contrary, the government has tightened its NGO legislation. The Law on Public Associations was amended in 2015, and again in 2019 and 2021 (ICNL 2023). The 2015 amendments require organisations to notify the Ministry of Justice about foreign funding, the 2019 amendments require organisations to publish their financial information on their websites, which is expensive and time-consuming and potentially dangerous if personally or financially sensitive data must be shared. The 2021 amendments require foreign organisations to register with the Tajikistan Ministry of Justice (ICNL 2023).

In 2023, media has reported about stricter restriction against civil society in Tajikistan. The news channel Asia Plus reported that more than 700 NGOs in Tajikistan were closed down in 2023 (Asia Plus 2023).



#### **(d) Civil Society Development in Turkmenistan**

There is little information on the situation of civil society in Turkmenistan. The scarce resources on civil society development in Turkmenistan indicate that the first organisations appeared in the countries in the 1990s. However, by the late 1990s, the first president of the country, Turkmenbashi, viewed CSOs as a danger to the political system and decided to close independent organisations (CIVICUS 2022). The only remaining organisations were quasi-CSOs with a strong link to the state, including the Union of Women, the Union of Veterans and the Union of Youth, all of which are remnants of the Soviet era (CIVICUS 2022).

Turkmenistan has a legislation that allows the registration and activity of non-governmental organisations. Because of the country's political isolation, there is a lack of information regarding the number and scope of CSOs in Turkmenistan. In the cooperation with international organisations, the participation of domestic CSOs in support programmes is mentioned (USAID 2023).

#### **(e) Civil Society Development in Uzbekistan**

Civil society in Uzbekistan is developing. Since the beginning of the Presidency of Shavkat Mirziyoyev in 2016, the country is opening up, and the government has initiated a series of economic and governance reforms. This albeit limited reform process has also created new opportunities for the development of civil society in Uzbekistan (Khamidova 2019). The government has set itself the goal of enhancing the role of civil society in public life by introducing collaborative mechanisms (Tulyakov 2021). Most importantly, the president adopted a decree "On Measures to Fundamentally Enhance the Role of Civil Society Institutions in the Process of Democratic Renewal of the Country" on 4 May 2018 which substantially improved regulatory environment for CSOs in Uzbekistan (ICNL 2023). In the development strategy for the years 2022 to 2026, the Uzbek government emphasised consultations with civil society in the process of law making and the strengthening of social partnerships (ICNL 2023).

According to the electronic registry, Uzbekistan has about 11,303 registered NGOs.<sup>6</sup> One can distinguish between two main groups: conservative religious and secular organisations. While religious congregations and mahallas (local neighbourhood self-governing bodies) are often supported by the state and active in promoting conservative and religious values, secular CSOs are more independent from the state, but are often limited due to a lack of technical and financial support (Khamidova 2019).

As a result of the government change in 2016, the public sphere in Uzbekistan has become more open. This has created new opportunities for civil society development. While scholars have described civil society in Uzbekistan as largely absent until the change of government in 2016, the new President Mirziyoyev's liberalization policy towards media gave birth to a strong group of opinion formers, or bloggers, visible on

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<sup>6</sup> Electronic registry of non-governmental organisations in Uzbekistan, available at <https://e-ngo.uz/> (accessed 24 November 2023).

social media platforms (Ubaydullaeva 2021). This has led to the emergence of new civil society groups in Uzbekistan (Ubaydullaeva 2021). As a recent study shows, CSOs have become more vocal and denounce political misconduct and bureaucratic failures (Ubaydullaeva 2021).

At the local level, the traditional form of “mahallas” has become important for civil society development in Uzbekistan (Urinboyev and Eraliev 2022). Mahallas are neighbourhood initiatives that provide public goods for the community (Urinboyev and Eraliev 2022). Furthermore, environmental initiatives and groups have become more important in Uzbekistan (Kim 2020). These recent developments indicate an active civil society development that is embedded in local communities.

## **5.2. Civil Society in the Prison System in Central Asia**

The second part of the findings deal with civil society interventions for people who use injecting drugs (PWID) in the prison system in Central Asia. In each of the five countries, a number of CSOs exist that offer drug treatment services to PWID. Some of these organisations also offer services in the prison system.

In general, CSOs can fulfil three functions with regard to the development of services in the prison system. First, CSOs can conduct advocacy work. In doing this, the organisations collaborate with political decision-makers and offer recommendations for policy improvements. Non-profit advocacy can also include public campaigns and media information that are directed at enhancing public services. In the region, the Kazakhstan Association of Social Workers can be considered an advocacy organisation, as it aims to strengthen the professional profile of social work in Kazakhstan and to improve social work services, including for vulnerable populations (Yessimova et al. 2024).

The second function of civil society is service delivery. As a rule, CSOs are most visible in their function as service providers. With regard to the prison system, CSOs have been active in providing social and medical services to people in prison. This work requires a close collaboration with prison authorities, as CSOs need to be granted access to prisons and other closed institutions. Although social service is a very large activity for CSOs, there are only a few organisations that work in the prison system in Central Asia. This is due to the fact that prisons are very closed institutions.

CSOs need permission from the prison administration to offer social and medical services in prisons. In addition, the living conditions and conditions of detention are often unknown. There are therefore only a few organisations that have the professional interest, opportunities and knowledge to work in prisons. Future opportunities for CSO services lay both in the development of social services for people in prisons and in services during the probation phase. Here, CSOs can play an important bridging role between prison and society.

The third function of civil society refers to community building. By uniting vulnerable groups and offering self-help support, CSOs contribute to community building. Community building is essential for overcoming stigma and discrimination, as communities can voice their own rights. Community building is also important for the development of social services in the community. Many social services are provided through peer support which allows for better access to vulnerable groups. In Central Asia, community groups play an important role. Examples are local associations of people living with HIV that unite people who are affected by the epidemic and involved in response to the epidemic (Pape et al. 2024).

International studies have shown that the participation of CSOs in services for people in prison is limited. In most prison systems, the majority of medical and social services are provided by the prison administration. Due to the close nature of the prison system, CSOs only have limited access to the prison population. In a study on the prison system in the United States, Kurisu (2018) showed that prisons are “unique places of exclusion” (p. 1). As a result, all community and associational activities are monitored by the prison authorities.

In this paragraph, CSOs in the five countries of Central Asia are presented that offer services for PWID and other people in prison. These CSOs are important because they are the basis for the development of social services in the prison system in Central Asia. Furthermore, the existing forms of collaborations between prison administrations and CSOs are discussed.

### **a) Civil Society Interventions for PWID in Kazakhstan**

Kazakhstan has a broad variety of social service NGOs.<sup>7</sup> Some of these organisations work in the area of drug use treatment, HIV prevention and social support for vulnerable groups (Yessimova 2024). According to the registry of NGOs in Kazakhstan, 489 organisations are linked to HIV prevention and care.<sup>8</sup> Well-known CSOs in Kazakhstan include the “Central Asia Association of People living with HIV”<sup>9</sup> and the NGOs “Man Saulyk”, “UMut”, “Revanche”<sup>10</sup> and “Answer.”<sup>11</sup>

CSOs in Kazakhstan often remain dependent on international donors. Only a minority of organisations receive funding from state budgets in Kazakhstan. In 2023, the government of Kazakhstan has reported a decrease in the number HIV/Aids organisations financed by state budgets, from 21 CSOs in 2019 to seven CSOs in 2023 (International news agency “Kazinform” 2023; see also Yessimova et al. 2024). Due to

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<sup>7</sup> Charitable organisations, available at <https://egov.kz/cms/ru/articles/charity-foundation> (accessed 27 November 2023).

<sup>8</sup> Open Registry of NGOs in Kazakhstan, available at <https://infonpo.gov.kz/web/guest/otkrytyj-reestr> (accessed 15 November 2023).

<sup>9</sup> Central Asia Association of People living with HIV, available at <http://www.capla.asia/index.php/ru/> (accessed 11 November 2023).

<sup>10</sup> Public foundation “Revanche”, Kazakhstan, available at [https://www.facebook.com/of.revansh/?locale=ru\\_RU](https://www.facebook.com/of.revansh/?locale=ru_RU) (accessed 11 November 2023).

<sup>11</sup> Public foundation “Answer” Kazakhstan, available at <https://www.facebook.com/answerKazakhstan/> (accessed 28 November 2023).

the lack of domestic funding, organisations in Kazakhstan have to rely on foreign donors.

The “Central Asia Association of People living with HIV” was established in 2007 and unites PLWH in the region of Central Asia. The association has branches in all five republics; its main secretariat is based in Almaty (Kazakhstan). The NGO “Revanche” and “Answer” are local organisations that offer direct services to vulnerable population groups in Almaty. Members of the PLWH community participate in the CCM of the Global Fund.<sup>12</sup>

Among social sector organisations in Kazakhstan, there is only a small minority of organisations that offer social and medical services for people in prison. According to expert information, the potential of civil society in developing services for people in prison is far from exhausted. Most importantly, there still is inadequate funding of community and NGO initiatives for resocialization of people who are released from prison (Yessimova et al. 2023). CSOs could play an important role in social rehabilitation programmes in Kazakhstan. An important avenue for future state-CSO collaboration could be the probation services. With a strong background in social work, Kazakh CSOs could offer social rehabilitation services. They could also be more actively involved in the implementation of social and health care services in prison.

### **b) Civil Society Interventions for PWID in Kyrgyzstan**

As mentioned above, Kyrgyzstan has the most active civil society in Central Asia. Some Kyrgyz CSOs have been active in the development of services for PWID in the prison system. Examples are the NGO “Istihshan” and the Eurasian Women’s Network on AIDS that are both based in the Kyrgyz capital Bishkek. Other active NGOs include the Plus Centre in the region Osh and the NGO “Socium”.

The public foundation “Istihsan” was founded as a self-help initiative for people who use drugs. Its organisational development is closely linked to the establishment of the Atlantis drug treatment centres in the Kyrgyz prison system. At present, “Istihsan” works with drug dependent imprisoned women in the female prison No. 2 in the village Stepnoe, 30 km from Bishkek city, Kyrgyzstan (UNODC 2022).

With financial support from UNODC and UNAIDS, “Istihsan” offers services to women with drug use disorders in the Kyrgyz prison system. Services include pre- and post-release assistance, support with obtaining official documents, building and restoring family ties, and referrals to medical and harm reduction services. In addition, the organisation’s outreach workers provide prevention activities for HIV/Aids and other communicable diseases such as hepatitis and tuberculosis.

In Kyrgyzstan, eight NGOs have set up the “Harm Reduction Network” to promote and to strengthen harm reduction programmes. One important Kyrgyz NGO is the public

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<sup>12</sup> CCM Kazakhstan, available at <http://www.ccmkz.kz/> (accessed 17 November 2023).

foundation “Plus Centre” which was founded in 2008 with the objective to improve the life quality of vulnerable groups in the Osh region.<sup>13</sup> The organisation’s activities aim at preventing the spread of infectious diseases such as HIV/AIDS, tuberculosis and STIs. The foundation implements projects that promote healthy lifestyles and assist in the adaptation of people who have previously served sentences in prison and injecting drug users.

Another active Kyrgyz organisation is the NGO “Socium” which was established in 1998 with the support of international donors. “Socium” closely collaborates with the Republican Narcology Centre and the Ministry of Health of the Kyrgyz Republic. The NGO aims to develop harm reduction approaches to reduce the harm of drugs, alcohol, HIV infection, tuberculosis, and to strengthen public health in Kyrgyzstan. “Socium” offers services for people who inject drugs, people living with HIV and former prisoners.

The Eurasian Women’s Network on AIDS is active in twelve countries in Eurasia.<sup>14</sup> In Central, the network has branches in all republics with the exception of Turkmenistan. In Kyrgyzstan, the Eurasian Women’s Network on AIDS has an active programme for the support of vulnerable women.

The Global Research Institute (GLORI Foundation) is a research institution with a focus on health and social issues such as HIV/Aids, TB, Hepatitis C, drug use, and mental health.<sup>15</sup>

Another important voice is the NGO “Aids Foundation East-West” (AFEW). AFEW emerged as a branch of the international NGO AFEW, but later registered as a public organisation (NGO) in Kyrgyzstan. Among many other activities, AFEW Kyrgyzstan has developed a project for online HIV prevention services which is funded by the Elton John AIDS Foundation. In Kyrgyzstan, AFEW runs a rehabilitation centre for drug users and provides support for women living with HIV and specific key populations such as pregnant women using drugs.<sup>16</sup>

The high number of PWID in prisons has contributed to the spread of HIV in Central Asia (Walcher 2005; Thorne et al. 2010; Vagenas et al. 2013). International organisations have therefore advocated the introduction of harm reduction programmes, such as needle and syringe programme (NSP) and opioid agonist maintenance treatment (OAMT). CSOs also play an important role in supporting the OAMT programme in Kyrgyzstan that in itself present a successful case of treatment services for PWID (Moller 2009; Pikirenia et al. 2024). The OAMT programme was initiated in 2002 and pursues the dual aim of preventing HIV transmissions and providing drug treatment for people with opioid dependency (Bakirova et al. 2024). The

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<sup>13</sup> GLORI Foundation, <https://glori.kg/ru/nashi-partnery/obshhestvennyj-fond-plyus-tsentr/> (accessed 12 February 2025).

<sup>14</sup> Eurasian Women’s Network on AIDS Network, <https://ewna.org/> (accessed 22 February 2025).

<sup>15</sup> GLORI Foundation, available at <https://glori.kg/ru/> (accessed 10 February 2025).

<sup>16</sup> Aids Foundation East West Kyrgyzstan, available at <https://afew.org/countries/kyrgyzstan/> (accessed 20 February 2025).

OAMT programme collaborates with CSOs that offer social services to the programme's participants (Bakirova et al. 2024).

### **c) Civil Society Interventions for PWID in Tajikistan**

As mentioned above, information on CSOs and civil society interventions for PWID in Tajikistan is scarce. There are a few CSOs that are active in HIV prevention, care and support. One CSO is the Tajikistan Network of Women with HIV.<sup>17</sup> Other community organisations include the NGOs “GuliSurkh”, “Jovidon”, “RokhiZindagi”, “Svon+” and the League of Women Living with HIV. These six Tajik CSOs have united to establish the Community of People Living with HIV.<sup>18</sup>

The community of People Living with HIV (PLHIV) was set up in 2004. It aims to protect the rights and interests PLHIV in Tajikistan. The community works towards awareness rising by reducing stigma and discrimination among the general population. The community provides HIV prevention services, including the reduction of mother-to-child transmission as well as support, care and adherence to ARV therapy.

The Tajikistan Network of Women with HIV conducts training workshops for decriminalization as well as health and human rights for PLWH. The NGO “GuliSurkh” provides support services for families with HIV-positive children.

Another important community organisation in Tajikistan is the public organisation “SPIN Plus” which aims to represent and mobilise the communities of drug users, people living with HIV, tuberculosis and hepatitis C in Tajikistan.<sup>19</sup> SPIN Plus defines itself as a self-organisation of people who use drugs and people living with HIV. As an initiative group of recovering drug users, SPIN Plus was established in 2007. Since then, the organisation has played an active role in HIV prevention in Tajikistan. The organisation is providing different services and organises self-help groups for people living with HIV. SPIN Plus was involved in a number of community projects that were financed by the Global Fund.

In Central Asia, Tajikistan stands out for its OAMT programme which was introduced in 2010 (Sattorov et al. 2024). In 2023, the country has a network of 15 OAMT sites covering all regions of the country, including two sites in the penitentiary system (Sattorov et al. 2024). Despite a well-developed system of OAMT sites in the country, the OAMT programme in Tajikistan is still considered to be a pilot project, and coverage remains low. In 2023, around 650 people are enrolled in OAMT in Tajikistan (Sattorov et al. 2024).

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<sup>17</sup> Tajikistan Network of Women with HIV, [https://www.ewna.org/wp-content/uploads/2018/10/CEDAW\\_HIV-Rep.pdf](https://www.ewna.org/wp-content/uploads/2018/10/CEDAW_HIV-Rep.pdf) (accessed 25 November 2023).

<sup>18</sup> Community of People living with HIV, available at <https://ecuo.org/services/tajikistan/> (accessed 21 November 2023).

<sup>19</sup> Spin Plus, available at <http://www.spinplus.org/> (accessed 6 August 2024).



#### **d) Civil Society Interventions for PWID in Turkmenistan**

There is little information about CSOs and civil society interventions for PWID in Turkmenistan. HIV prevention programmes in Turkmenistan have been conducted by UNAIDS and other UN agencies.<sup>20</sup>

There is little information on drug use and associated infectious diseases in Turkmenistan. According to international media reports, the Turkmen government is reluctant to publish statistical data on infectious diseases or drug use. There is no public information on associations of people with HIV or other vulnerable groups.

Nevertheless, a gradual opening has been observed in recent times. There are more efforts to engage with international organisations. In particular, the area of tobacco control, which is a priority for the Turkmen government, offers opportunities for cooperation (WHO 2023).

#### **e) Civil Society Interventions for PWID in Uzbekistan**

In Uzbekistan, there are three CSOs that offer services to PWID: (1) the association “Ishonch va Hayot” (“Faith and Life”), (2) the Social Information Centre “Istiqbolli Avlod”, and (3) the Information and Educational Centre “Intilish”.

The association “Ishonch va Hayot” (“Faith and Life”) is a self-help organisation for PLHIV. The organisation was established in 2003 and aims to improve the life quality of people affected by the epidemic. It strives to overcome stigma and discrimination and works towards an active participation in the response to HIV/Aids in Uzbekistan.

The main activities include direct services in the form of crisis counselling and social support. Ishonch va Hayot collaborates with the state Aids Centres and is involved in prevention programmes. With financial support of the Global Fund, Ishonch va Hayot organised the first multidisciplinary teams (MDT) providing medical and psychosocial support. In addition, the organisation prepares and accompanies patients in antiretroviral therapy (ART) and offers treatment, care and support for PLHIV.

The Social Information Centre “Istiqbolli Avlod” was established in 2001. The Centre provided HIV prevention programmes for vulnerable populations. With financial support of the Global Fund, the centre organises HIV and STI prevention among key populations through outreach work, promoting healthy lifestyles and changing risk behaviour by providing free counselling and testing for HIV/STIs and TB screening. The project is conducted in eleven regions of Uzbekistan (Tashkent region, Andijan, Bukhara, Namangan, Navoi, Syrdarya, Fergana, Samarkand, Khorezm, Republic of Karakalpakstan and Tashkent city). Key population groups include sex workers and MSM.

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<sup>20</sup> UN Turkmenistan, available at <https://turkmenistan.un.org/en> (accessed 23 November 2023).

The Information and Educational Centre “Intilish”, established in 2001, works in the area of HIV/Aids and TB prevention. The organisation promotes health information and engages in prevention programmes, for example for the prevention of drug addiction and the spread of HIV/Aids and TB. The organisation also provides support services for PLHIV in prisons, released PLHIV, and other key groups. The organisation is active in all regions of Uzbekistan.

### **5.3. Involvement of Civil Society in Drug Treatment in Prisons**

This part of the analysis is based on the findings of the online survey which has been conducted in October-November 2023 among civil society experts from all five republics of Central Asia. The survey findings are divided into four parts: (1) main needs of people with drug use disorders in prisons, (2) existing services for people with drug use disorders in prisons, (3) recommendations for improving services, and (4) collaboration between prison administrations and CSOs.

#### **a) Main needs of people with drug use disorders in prisons**

The first question focuses on the main needs of people with drug dependence disorders in prisons and other closed institutions in CA. The responses can be divided into four areas: medical, psychological, social and educational needs.

Regarding medical needs, respondents emphasise the treatment for co-morbidities, such as infectious diseases such as HIV and hepatitis C, which require specialised medical interventions. In addition, people in prison need access to medical specialists such as dentists, ear, nose, and throat (ENT) specialists and gynaecologists. An important medical need is the treatment of drug addiction which according to respondents should follow “modern methods of medical and social rehabilitation.” Among medical intervention, the survey respondents also mention the introduction of harm reduction programmes, such as methadone maintenance treatment for people in prison. Many respondents to the online survey emphasise that continuous treatment at all stages should be guaranteed from the moment of detention, through to incarceration and release from prison. In addition, the answers are aimed at ensuring or improving the quality of medical treatment in closed institutions.

When it comes to psychological needs, the survey respondents mainly mentioned rehabilitation, re-socialisation and psychosocial support for people with drug use disorders. There seems to be a consensus that comprehensive drug therapy programmes should be accessible for people in prison. Among survey responses, psychosocial needs take centre stage. In addition to professional drug therapy, people with drug use disorders in prison also need access to therapeutic communities and narcotics anonymous programmes (so called 12-steps programmes).

The third area focusses on the social needs of people with drug use disorders in prisons. Many respondents mention the needs for social work services such as assistance in re-establishing or improving links with family, strengthening life skills, social adaptation



programmes, resocialization programmes and preparation for release. The survey respondents also mention the need for social support in general and legal counselling on obtaining documents, passports, support in courts in case of appeal and filing petitions for pardon.

Fourth, the answers in the online survey include the mentioning of educational needs that linked to social needs. People with drug use disorders need training for self-management skills as well as for social rehabilitation and social adaptation after release. Respondents also emphasised that people who are released from prison need continuous support.

The survey answers also focus on some specific problems. One respondent pointed to the fact that temporary detention centres, where PWID are initially placed, are not part of the penitentiary system and thus do not offer any drug treatment services.

### **b) Existing services for people with drug use disorders in CA prisons**

The second question relates to the existing services for people with drug use disorders in prisons in Central Asia. The survey respondents observe a general lack of services in the majority of countries with the single exception of Kyrgyzstan which has the broadest variety of available services in Central Asia.

In Kyrgyzstan, the following services are provided: Syringe exchange programmes are offered in eight institutions and opioid agonist maintenance therapy programmes in nine institutions. The so-called Atlantis drug rehabilitation programme for people with drug or alcohol dependency is provided in seven institutions. Two closed institutions have a so-called “Clean Zone”, a rehabilitation and social adaptation centre for people with drug dependency.

One of the closed institutions with a clean zone is the correctional facility No. 2 in the village Stepnoe, closed to the Kyrgyz capital Bishkek. Correctional facility No. 2 is a women’s prison that has a specialised drug and alcohol treatment programme, called the Atlantis Programme. In March 2024, 18 women participate in the Atlantis Programme/Clean Zone. The majority of the female participants have an alcohol use disorder. About one third of the participants have a drug use disorder.

The Atlantis Programme is an 8-month drug and alcohol treatment programme<sup>21</sup> that has originally been developed by Polish experts in 2005 and introduced to the Female Colony No. 2 in 2007 when the facility was established. The programme consists of 28 tasks that participants go through. After the finalization of the Atlantis Programmes, the female prisoners are admitted to the Clean Zone where they can stay until release. There are currently three women in the clean zone in the correctional facility No. 2.

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<sup>21</sup> According to another account, the Atlantis Programme is designed for 1,5 years: LEAHN [Law Enforcement and HIV Network] (2016). One day in the zone. Clean, 8. February, available at: <http://www.leahn.org/ru/archives/4475> (accessed 22 February 2025).

In the Atlantis Programme, former substance users meet in groups according to the 12-steps-programme. There are closed and open groups. Closed groups are only for participants / people with substance use disorders. Open groups include guests such as the staff members of the Atlantis programme. The Atlantis programme has long-standing contacts with two CSOs: The “Liga Dobra” and the association “Asteria”. These organisations visit the imprisoned women and organise activities. The Atlantis Programme also tried to organise regular visit of outreach workers. However, this work had to be discontinued due to a lack of trained staff and limited resources.

In Kyrgyzstan, community organisations are actively involved in the development and implementation of services for people with drug use disorders. The public foundation “Istikhsan” provides pre- and post-release social support services for convicted women who use drugs and are living with HIV in the penal colony No. 2 in the village Stepnoye. Furthermore, “Istikhsan” provides direct services to clients in the form of consultations with social workers and an infectious disease doctor, as well as monitoring of harm reduction and HIV treatment programmes, advocacy activities to protect rights and create an enabling environment to expand access to HIV prevention, treatment, care and support services. This project is funded by UNDP and the GF and implemented by a consortium of Kyrgyz CSOs. In addition to “Istikhsan”, the Harm Reduction Network provides social support for PWID in Kyrgyzstan, while the NGO Asteria offers services to women who use drugs, including to women in the criminal justice system. Services include accommodation and social support.

For Kazakhstan, the survey respondents observed a lack of specialised services for people with drug use disorders in the prison system. However, Kazakh CSOs are able offer legal and social support for people in prison and conduct training session. Kazakh CSOs are also involved in services that prepare for release. Some CSOs in Kazakhstan collaborate with the state probation services. It is important to note that the responsibility for health services has been shifted to the Ministry of Health. This creates a good opportunity for the development of services in collaboration with the ministry and Kazakh CSOs.

In Uzbekistan, CSOs are not involved in drug therapy in the penitentiary system. In general, specialised services for people with drug use disorders are very limited in Uzbekistan. One survey respondent from reported about the fact that one penitentiary institution is set up for people with drug use disorders and offers drug therapy programmes.

The online survey did not provide any results on services for people with drug use disorders in Tajikistan and Turkmenistan. In case of Tajikistan, it is known that HIV prevention services are provided in the penitentiary. The potential involvement of CSOs needs to be investigated.

### **c) Recommendations for improving prison services in Central Asia**

The online survey also asked about recommendations for service improvement. More precisely, the question was “How could existing services for people with drug use disorders in prison be improved?” Similar to the first question, the answers can be divided into four areas: medical services, psychological services, social services and educational services.

In terms of medical services, respondents suggest to prioritise the treatment and care for people with drug use disorders. One respondent argued that “people with substance dependence problems, once in prison, are left alone with their disease which can lead to severe irreversible consequences.” The respondent recommends to open new programmes that include medical treatment and social rehabilitation for people with drug use disorders in prison. Other respondents suggest to introduce harm reduction programmes, psychosocial support, medication-assisted therapy, and post-release support. Regarding medical services, access to hepatitis C treatment in prison is emphasised as a priority.

Concerning drug treatment in prison, respondents recommend introducing peer support and peer counselling based on programmes with proven effectiveness, such as Inside Out by SMART Recovery. Another respondent suggested the introduction of a “one-stop-hop” to facilitate access to medical services in prison and during the probation period.

Regarding psychological services, one respondent explained that it is important to develop personalised rehabilitation programmes, including psychological support and probation compliance training. Coordination with health and social services should be improved to ensure continuity of care and support after release. Furthermore, a number of respondents suggested the organisation of therapeutic communities for drug therapy and rehabilitation.

The online survey also indicated the need to improve social services for people in prison. Services mentioned by respondents of the online survey include social support, for example assistance with the re-issue of personal documents and other administrative tasks. These examples show that people in prison are believed to need life skills for successful social rehabilitation. According to the respondents, an interdisciplinary approach in case management can help to improve medical and social services in prison.

As a fourth area of recommendations, respondents of the online survey mentioned the need to improve training programmes in the penitentiary system. Several respondents mentioned the need to improve training programmes for the employees of penal institutions. They argued that administrations need to introduce trainings for medical and non-medical staff of penal colonies on a regular basis. These trainings should include psycho-social counselling and the specific aspects of working with key groups.

As a precondition for developing services in the penitentiary system, respondents argued that CSOs should be allowed to freely implement projects in penitentiary institutions. Furthermore, CSOs should be involved in the treatment of people with drug use disorders. Financial requirements were also mentioned, as respondents stressed that administrations need to ensure adequate funding for programmes in the penitentiary system, including staff salaries, recruitment of highly qualified specialists, and technical equipment. Other respondents emphasised the need to increase funding for services provided by CSOs or to develop the opportunity of state social contracts for CSOs.

In general, respondents emphasised the need to develop a need-based approach to improved services for people in prison. Programmes should aim at reducing barriers to services and guaranteeing an equivalence of care in penitentiary institutions.

#### **d) Collaboration between prison administrations and CSOs in Central Asia**

The fourth question of the online survey concerned the collaboration between prison administrations and CSOs in penitentiary institutions. The wording of the question was: “What is necessary for a good cooperation between prison administrations and CSOs in your country?”

In the answers to this question, cooperation with civil society and the strengthening of CSOs were mentioned in particular. One respondent described the conditions for a successful cooperation as follows: “unimpeded access to penitentiary institutions, support from penal administrations and ensuring good working conditions, e.g. the provision of space (rooms) for the work with people in prisons. Another respondent mentioned the need to develop pilot projects in cooperation the state which could be co-financed by CADAP or other external donors.

Other responses related more specifically to the nature of the collaboration. One respondent emphasised that state administrations and CSOs both need to understand the fundamental differences regarding their working principles and methods. Consequently, for a good cooperation, it is necessary to define competencies and follow a client-centred approach. The respondent explains that from a perspective of harm reduction, people with drug dependence are seen as people with health problems who deserve to receive the necessary treatment in accordance to the law. Taking up the harm reduction approach for people in prison requires a change in perception on the part of law enforcement officers who presently prioritise punishment over treatment. Other respondents emphasised the need to overcome stigmatization towards patients.

Focusing on the development of collaboration between prison administrations and civil society, many respondents of the online survey call for a partnership approach. One respondent explained that prison administrations and CSOs need to establish formal channels of communication and regularly discuss issues or problems faced by one or the other party, such as regular working meetings, meetings, online/offline, establishment of working groups and organisational committees. Both sides should be

guided by the by the principles of honesty, transparency and fairness in their approach in their work.

## **6. Prison Protocol**

The Prison Protocol outlines the possibilities for cooperation between prison administrations and CSOs in the provision of drug treatment services for people who use drugs in prisons and other closed institutions. The Prison Protocol is based on the analysis part and takes into account the various political and social factors that have an influence on the development of treatment services in the prison system in Central Asia.

The aim of the protocol is to provide a practical outline for future projects that can be carried out in collaboration between prison administration and CSOs in Central Asia. The protocol summarises the most important insights on services for people who use drugs in prisons. This part first describes the facilitators and barriers to cooperation in the prison system. In a next step, a number of best practices are presented. These projects can serve as a model for further cooperation between prison administration and civil society. The last part presents a check-list. The checklist is intended as a practical guideline for joint drug treatment projects in the prison context. It can also be used separately from the detailed document.

### **6.1. Facilitators and Barriers to Cooperation in the Prison System**

As we have seen in the analysis part, CSOs are weakly developed in Central Asia. In recent years, governments have issued new restrictions for civil society (Beimenbetov 2021). This has made the work of civil society actors more precarious (Wood 2023).

The activities of civil society organisations cannot be viewed separately from the context. Even if some restrictions are not directed at the work of social organisations, they do have an impact on it. It is therefore a common concern to improve the working conditions of civil society in Central Asia as a whole.

The facilitators include all factors that strengthen cooperation with civil society. They are related to the special capabilities of civil society actors. CSOs have strength in building local communities. They are also good at making contact with vulnerable groups and providing access to services. Cooperation with civil society can be beneficial for government agencies, as the CSOs have particular strengths. There are forms of civic engagement that are rooted in local communities. One example is the so-called Mahallas in Uzbekistan. These are neighbourhood initiatives that also provide social services and support for the local communities. As a form of civic engagement, the Mahallas can be involved in social service provision. It is also possible that the mahallas play a role in the social rehabilitation of people who have been released from prison or who have completed drug treatment.

An important facilitator to cooperation with civil society in the penitentiary system is the development of professional social work services (Pape et al. 2023). To give an example: In Kazakhstan, the Association of Professional Social Workers has campaigned for a better definition of tasks for professionally trained social workers. This can help to ensure that social work services, and therefore also CSOs that engage in these services, receive more recognition in Central Asia.

On the other hand, there are also many barriers to the development of collaborative projects between prison administrations and CSOs. As we have seen in the analysis section, the organisations are affected by major legal and political restrictions (Lewis 2021; Wood 2023). The organisations have a lack of domestic funding opportunities and are often unable to establish a sustainable relationship with the general community. Most CSOs in Central Asia remain dependent on international donors. There are a number of community organisations such as the public organisation SPIN Plus in Tajikistan. However, these are often very weak in organisational terms. Their work rests on the shoulders of a few volunteers. The biggest problem, however, is that state agencies in Central Asia are often not inclined to cooperate with civil society, as they do not understand the benefits of it. Table 1 summarises the facilitators and barriers to cooperation with civil society in the prison system.

Table: Facilitators and Barriers to Cooperation with Civil society

| Facilitators to cooperation with civil society in the prison system  | Barriers to cooperation with civil society in the prison system   |
|--|---|
| <ul style="list-style-type: none"> <li>• Development of professional social work services on the basis of CSOs</li> <li>• Close ties between CSOs and local communities</li> <li>• Local embeddedness of civil society, e.g. in the form of the Mahallas in Uzbekistan</li> <li>• Access to vulnerable populations, such as people who use drugs, people living with HIV and people living in prisons</li> </ul> | <ul style="list-style-type: none"> <li>• Legal restrictions for CSOs in CA</li> <li>• Lack of domestic funding opportunities for CSOs in CA</li> <li>• Weak ties with society, low awareness of the activities of CSOs among the general populations</li> <li>• Weak organisational capacities of CSOs</li> <li>• Lack of volunteering and private donations</li> <li>• Little willingness to cooperate with civil society on the part of state organisations</li> <li>• Lack of understanding of cooperation benefits with CSOs</li> </ul> |

## **6.2. Good Practices for Civil Society Participation in Europe**

An important part of the round table discussions was devoted to CSOs in Europe whose work can serve as an example for Central Asia. Traditionally, CSOs have played an important role in drug prevention, drug treatment, and drug policy. In many European countries, they have developed drug prevention and treatment services and engaged in public debate on how to formulate and implement drug policies.

The drug policy field is home to many organisations that were established by those affected by drugs, either drug users themselves or their family members and friends. Many organisations emerged as community-based organisations at the local level. The main objectives of the organisations are to stand up for the rights of those affected by drug use and to deal with the social problems of drug use. Many of these CSOs offer drug use prevention services and design information campaigns. They are also active in the field of harm reduction. Many CSOs were founded by PWUD with the aim to provide mutual support and influence official state policies. The voice of these organisations has been particularly important in advocating for a humane approach to drug policies (Askew et al. 2022).

Drug policy organisations 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 CSOs have been recognised for their knowledge, experience, and skills. In 2013, there were 218 organisations 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).

Despite the visibility of these advocacy organisations in Europe, it is important to note that overall there are only a few CSOs active in the penitentiary system. There are many reasons for this. Overall, the prison system is a closed area and many citizens have little information about it. It is not easy for CSOs to gain access to prisons and to offer services for people with drug use disorders or in general. It is also very difficult to raise funds for work in prisons. Many existing organisations are therefore small and focus on very specific areas.

The international prison standards provide an important reference framework for the work of CSOs in prison. Organisations can rely on these standards and claim deficiencies or lack of health services. They thus pursue a rights-based approach to health. An important principle is the “equivalence of health care” which is enshrined in the Mandela Rules: “The provision of health care for prisoners is a state responsibility. Prisoners should enjoy the same standards of health care that are available in the

community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.”<sup>22</sup>

Despite the commitment to ensure equal health care, the reality in Europe is different. Health care in penitentiary institutions is often of low-quality and limited access. A recent study found that many harm reduction services are not provided in penitentiary institutions, although there are available in the community (Stöver et al. 2021). For example, OAMT is available in the prisons of 29 countries, but coverage remains low and covers less than 30 percent of the people in need. NSP as well as lubricant distribution, counselling on safer injecting and tattooing/piercing are scarcely available in European prisons (Stöver et al. 2021). The coverage of HIV and tuberculosis treatment is high in most countries of Europe. However, in contrast, hepatitis B and C treatment are less often provided (Stöver et al. 2021).

There are numerous problems with the implementation of harm reduction programmes in penitentiary institutions. First of all, the coverage of services is insufficient. Many programmes are available in principle, but not accessible to all who need them. Furthermore, the quality of services is often limited. Existing services and organisations have a limited access to the target group of people with drug use disorders. Clients do not participate in programmes or are not informed about the possibility of participation. Many harm reduction organisations also face a lack of trust from the side of clients. Affected people hesitate to take part in a programme or use a service because they fear that they will be put at a disadvantage.

But there are also positive examples of cooperation with civil society in the prison system in Europe. Prison authorities often realise that collaboration with civil society is beneficial. Partnerships with civil society can make public health interventions in the penitentiary system more effective and sustainable. CSOs can contribute to the quality of drug treatment services in prison and can create a trustful relationship with clients which increases the acceptance of programmes.

A particularly interesting example for drug treatment services in prison is the ROSE network in Italy which had been developed by the Italian Society of Penitentiary Healthcare (SIMSPe).<sup>23</sup> The network responds to the problem that women are a particularly vulnerable group in the penitentiary system. For many women who have been dependent on substance use for a long time, a prison sentence can be an opportunity for utilizing health care services. The ROSE Network was established in 2016 with the aim to guarantee full health care coverage for women and transgender people in the Italian penitentiary system (Rastrelli et al. 2023).

The ROSE Network is by far not the only positive example that shows the opportunity

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<sup>22</sup> The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 24, available at [https://www.unodc.org/documents/justice-and-prison-reform/Nelson\\_Mandela\\_Rules-E-ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf) (accessed 22 February 2025).

<sup>23</sup> Società Italiana di Medicina e Sanità Penitenziaria, available at <https://www.sanitapenitenziaria.org/> (accessed 15 February 2025).



of working with CSOs. There are many CSOs working in prevention and developing services aimed at providing alternatives to prison sentences. One such organisation is Brücke e.V. ('The Bridge') in Munich, Germany.<sup>24</sup> The CSO offers social support and case management services for young people who have come into conflict with the law. Young people can do community service as an alternative to imprisonment. The idea of social rehabilitation is very important in these programmes. They give young people the chance to change their behaviour and find a place in society. The organisation supports this process through the professional support of psychologists and social workers. In addition to the programmes for first time offenders, Brücke e.V. also offers conflict resolution and mediation programmes at schools to prevent delinquency among youth.

A third example is the social service organisations WerkPro in Groningen, The Netherlands.<sup>25</sup> A well-known problem in the penitentiary system is that people in prison have very few social contacts, become isolated and thus lose social skills. WerkPro is a work integration social enterprise that offers social rehabilitation for people who are released from prison. Clients can work at a social project and thereby gain social skills that later allow them to reestablish themselves on the regular job market. The example of WerkPro shows that CSOs can play a vital role in social reintegration for people who are released from prison.

The organisations' examples highlight some important points. Most organisations providing services in the prison system in Europe are small, local organisations. Their work is based on good cooperation with the prison administration. Prison administrators are interested in collaborating with CSOs because in this way they can offer services for which they otherwise would not have funds or human resources. It is therefore important to put the self-interest of the prison administration first.

However, the small size of CSOs is also a problem. Because they are local, their programmes are only available in a small number of prison institutions or sometimes only in one prison. In order to expand services, there would need to be better financial resources, which most prison institutions do not have the money for. Further development of drug treatment options should, if possible, always relate to the entire penitentiary system of a country in order to avoid inequalities in access and coverage. This also means that the experiences from Europe can be taken up as ideas in Central Asia. However, they do not represent a coherent system that could be adopted by Central Asian governments and prison services.

### **6.3. Good Practices for Civil Society Participation in Central Asia**

There are several projects that can be regarded to be good practices in the region of Central Asia. These projects can serve as inspiration and guidelines for joint projects in the region of Central Asia.

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<sup>24</sup> Brücke e.V., available at <https://www.bruecke-muenchen.de/> (accessed 15 February 2025).

<sup>25</sup> WerkPro, <https://www.werkpro.nl/> (accessed 10 February 2025).

### **a) Atlantis (Kyrgyzstan)**

A well-known programme for drug and alcohol treatment in the prison system is the so-called Atlantis programme in Kyrgyzstan. The Atlantis was developed in 2005 and has been introduced in prisons in Kyrgyzstan (Moczydłowski 2015). The programme offers a comprehensive drug treatment course for people with drug or alcohol dependency. The programme is part of a broader policy approach of the government of Kyrgyzstan to offer comprehensive harm reduction services to its population. In international comparison, Kyrgyzstan stands out by its strong support for harm reduction programmes (Harm Reduction International 2022).

The Atlantis Programme consists of 28 tasks for participants to go through. After the finalization of the Atlantis Programme, people in prison are admitted to the so-called Clean Zone where they can stay until release. The programme is characterised by the fact that it offers complex services for people with substance use disorders in prison. In addition to drug therapy, there are self-help groups as well as work and occupational therapy. According to a report, the Atlantis programme supports people in prison to develop “positive social attitudes that differ from those around them, a negative attitude towards taking psychoactive substances, sometimes even towards tobacco” (LEAHN 2016). Ideally, participants stop drug use and achieve long-term stabilization through the Atlantis programme, which is later continued in the Clean Zone.

The Atlantis programme allows for the active involvement of CSOs from outside the prison system. There are two organisations in correctional facility No. 2 that carry out regular visits and thus establish contact between the women in prison and the outside world. These contacts contribute to the social rehabilitation of the women in prison. Azbel et al. (2017) conducted an assessment of the clean zone and found that low enrolment rates are a main issue. Other problems include a lack of services for Clean Zone patients after release which likely increases the risks of relapse to drug use (Azbel et al. 2017). The authors of the evaluation study recommend to strengthen the scope and quality of treatment services in the Clean Zone and include a post-release programme (Azbel et al. 2017). CSOs could assist in the development of treatment services. This could be realised by expanding cooperation with CSOs, e.g. through an organised visiting and training programme in which CSOs provide external support to the treatment services in prison. CSOs could also play a more important role in providing post-release services.

### **b) New Guideline for Social Work in the Prison System (Kyrgyzstan)**

In 2024, the Department of Social Work of Bishkek State University has started a project for the preparation and training of social workers in the penitentiary system in Kyrgyzstan. A team of lecturers of Bishkek State University developed a course programme for social workers in cooperation with the Ministry of Interior of Kyrgyzstan. In the future, this course will be used for the training of social workers in the penitentiary system. Alongside other social work topics, the course focuses on the needs of people with drug use disorders in the penitentiary system. The aim is to prepare social workers

for working with this target group in the penitentiary system. This collaborative programme could be a good way to improve drug treatment services in the prison system in Kyrgyzstan.

The team published a textbook that provides practical guidance for the training of social workers and educators in penitentiary institutions (Orozaliev 2024). The textbook provides an overview of the most important fields of social work in penitentiary institutions, including social rehabilitation, preparation for release, educational and work programmes for people in prisons as well as specific needs of women in prison (Orozaliev 2024). The book can serve as an example for the development of social work services in other countries in the region.

### **c) Nelson Mandela Training Centre (Kazakhstan)**

In November 2021, UNODC helped to establish a new Research and Training Centre on the implementation of the Nelson Mandela Rules at Kostanay Training Academy (UNODC 2023). The project was carried out with financial support from the Counterterrorism Bureau of the U.S. Department of State (UNODC 2023).

Between 2021 and 2023, 3,000 prison and probation officers from Kazakhstan have completed the UNODC e-learning training course on the Nelson Mandela Rules at the centre (UNODC 2023). The UN Standard Minimum Rules on the Treatment of Prisoners – known as the Nelson Mandela Rules – provide clear benchmarks for prison officials on safety, security and the humane treatment of prisoners. UNODC is the custodian of these rules, working to promote and support their adoption worldwide.

The Research and Training Centre on the implementation of the Nelson Mandela Rules at Kostanay Training Academy provides an e-learning course on the Nelson Mandela Rules. The course contains seven self-paced modules that assist the user in understanding and applying the Nelson Mandela Rules as the universally acknowledged minimum standards for the management of prisons and the treatment of prisoners (UNODC 2023). It consists of an introduction, five substantive modules as well as a final assessment. The online course is available in Kazakh and several other languages. Kostanay Training Academy offers training not only to Kazakhstani prison staff, but increasingly to countries across Central Asia (UNODC 2023). The positive examples of this work with international prison standards in Kazakhstan can also be applied to other countries.

For a further development, it is possible to involve CSOs in the training of prison standards Table 2 presents an overview of the main advantages of the three best practices for civil society cooperation in the delivery of services for people with drug use disorders in the prison system in Central Asia.

Table 2: Best practices for civil society cooperation in the prison system in CA

| Best practices   | Particular strengths (what can be learned from the example?)   |
|--|--|
| Atlantis Programme (Kyrgyzstan)                                    | <ul style="list-style-type: none"> <li>• Complex drug treatment services for people with drug use disorder</li> <li>• Involvement of civil society actors</li> </ul>                                     |
| New guideline for social workers in the prison system (Kyrgyzstan) | <ul style="list-style-type: none"> <li>• Improving the quality of social services in prison</li> <li>• Professionalization and training of social workers</li> </ul>                                     |
| Nelson Mandela Training Centre (Kazakhstan)                        | <ul style="list-style-type: none"> <li>• Dissemination of international prison standards to guarantee humane treatment in prisons</li> <li>• Professionalization and training of prison staff</li> </ul> |

## 6.4. Guidelines for Cooperation (check-list)

The work involved in developing the Prison Protocol has shown that it is not possible to draw up one protocol for the entire region of Central Asia. The five countries differ too much in the development of civil society, in the closeness/openness of the prison system and in the possibility of developing joint projects with civil society. Furthermore, the provision of social services for people with substance use disorders in prison varies widely across the countries of the region. While the aim in Kyrgyzstan and Tajikistan is to expand existing services and increase access to OAMT, drug therapy services first need to be introduced in the prison systems of Kazakhstan, Uzbekistan and Turkmenistan. In this situation, the best option for government and international organisations is to develop small pilot projects and then gradually expand them. The best practices presented above can be an inspiration for developing cooperation project with civil society.

The objective of this guideline is to describe the concrete steps for the development of projects for people with substance use disorders in the prison system in Central Asia. A thorough planning is essential for a successful implementation of the joint project. In the planning phase, it is important to emphasise the capabilities of civil society actors, including CSOs, community groups and self-help initiatives. Before the start of a joint project between prison authorities and civil society, the following questions need to be asked by the project implementors:

- **Target group**

Who are the intended participants/clients of the project? What are their needs? What are the specifics of the prison context?

For each joint project in the penitentiary system, it is important to define the target group and provide an initial needs assessment. The needs of people living in prison often differ from those outside. The prison context represents both a risk and an opportunity.

Sometimes, people in prison intensify their drug consumption due to increased social isolation. Sometimes, the prison context provides a chance for treating neglected health problems and undergoing drug treatment, for example in the Atlantis programme. Drug treatment should be available and open to all who wish to participate. People in prison should have the opportunity to participate in therapeutic communities and be able to access counselling services. Prison authorities should include people in prison in the development of services. Community groups can help to build bridges to the outside world and can prepare people in prison for the time after release.

- **Drug treatment services**

What kinds of drug treatment services are implemented? How do the different services relate to each other? Who are the staff members/implementers of the services? Which state institutions must authorise the services?

CSOs often do not have an overview of all drug treatment services that are offered in prison. Social workers can play an important role in providing information. Case management services should include the option to refer patient to various other services.

- **Involvement of civil society organisations**

Which civil society organisations are involved in the services for people with drug use disorders in the prison system? What are the strengths and weaknesses of the involved civil society organisations?

Prison administrations are often unaware of the opportunities that cooperation with civil society actors could offer them. They are not informed about the existence of CSOs and what activities they can offer in the field of drug treatment. One of main tasks is therefore to provide information about the CSOs and about the potential benefits of cooperation between prison authorities and civil society.

- **Responsibilities for project formulation and implementation**

What are the responsibilities for project formulation and implementation of the involved state agencies and civil society organisations? How are the responsibilities defined in a memorandum of understanding?

These questions can best be addressed in a memorandum of understanding between the penitentiary institution and the CSO in question. Both partner in the joint project should be clear about mutual responsibilities. Best practices can help to design the project and prepare for implementation.

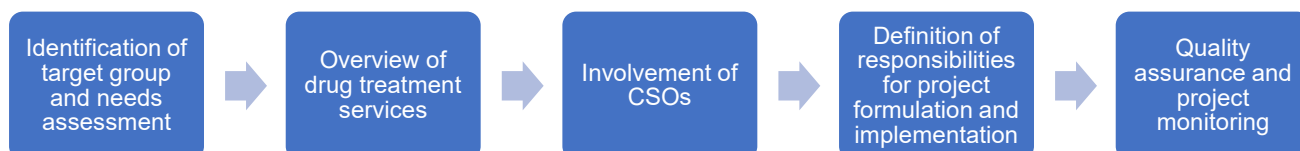
- **Quality assurance and project monitoring**

How can the quality of social services for people with drug use disorders be guaranteed? How is project monitoring organised? How are clients involved in project monitoring?

Joint project between prison administrations and civil society actors should be evaluated on a regular basis. It is important to monitor the quality of provided drug treatment services. CSOs should be involved in quality assurance and project monitoring.

The step-by-step instructions for cooperation project between prison administrations and civil society are summarised in figure 2.

**Figure 2: Guidelines for Cooperation (check-list)**



## 7. Conclusions

Based on the analysis, it can be stated that the capacity of civil society to develop drug treatment programmes in penitentiary institutions in Central Asia is still limited. In all five republics of Central Asia, there are only a few organisations that have access to the prison system. The overwhelming majority of these organisations are small in size and have limited organizational and financial resources. Many CSOs face funding difficulties and can only offer a limited scope of social and medical services. There are also problems with access to prisons and other closed institutions. As in many countries of the world, prisons in Central Asia remain closed from society. This makes access to prisons extremely difficult for CSOs.

Another main outcome of the preliminary assessment report is that access to medical and social services is highly restricted for people in prison. The equivalence of care that is formulated in international prison standards is not achieved in the penitentiary system in Central Asia. All countries of the region lack important programmes such as drug treatment services, medical care for infectious diseases, such as HIV and HCV, harm reduction programme and psycho-social support. The only exception is Kyrgyzstan, which offers methadone maintenance therapy and harm reduction programmes in prisons. But even here, the scope of the programmes and the number of beneficiaries is limited. There is thus a lot to do in the development of services for people in prison in Centrals. As the findings of the online survey have shown, civil society can play a vital role in creating awareness for the needs of people in prisons. Through the development of collaborative projects, CSOs can enhance the skills of prison staff and develop services. For collaboration with civil society, international prison standards can be applied as reference documents. Furthermore, CSOs in Central Asia can make use of the experiences, made in other countries. The Four-Pillar-Approach, for example, allows to systematise different drug policy approaches.

The participation of civil society in the development of probation services deserves special consideration. CSOs cannot only be involved in the delivery of services in closed institutions, but are also well equipped to prepare and accompany people in prison through the process of social adaptation and rehabilitation. As many experts have mentioned, it is important to consider the whole process of rehabilitation from imprisonment to release. In the case of people with drug use disorders, social rehabilitation plays a key role, as people who use drugs have complex medical, psychological and social needs. It is essential to use the time in closed institutions for providing drug treatment services and start with social rehabilitation as early as possible. It is equally important to continue psychosocial assistance and social support after release from prison.

In the collaboration between prison administration and civil society, it is essential to follow a partnership approach. Penal administrations need to fully acknowledge the capacities of CSOs and need to involve them in service delivery. Collaboration can include co-funding programmes. Good communication and planning as well as a clear division of responsibility are preconditions for a successful collaboration between prison administrations and civil society.

## **8. Recommendations**

This part summarises the main recommendations for the development Protocol of collaboration between prison staff and civil society for the treatment and social reintegration of people in prison with disorders due to the use of psychoactive substances (Result 4, lot 2).

- **Needs assessment and mapping of existing services in Central Asia**

For each country and each prison system, it is important to understand the main needs of people with drug use disorders in the prison system. The analysis (first part of this report) has shown that the level of service delivery in the prisons in Central Asia is currently insufficient to meet the existing needs of people with drug use disorders in the prison system. It is necessary to further develop services in order to guarantee the equivalence of care in penitentiary institutions. Prison administrations in all five republics need to acknowledge this task and to actively involve civil society.

The roundtable discussions in September 2023 and March 2024 have shown that political will and support is decisive. The prison services in the five countries of Central Asia need to be willing to include civil society actors in the delivery of social services in the highly closed prison system. In order to facilitate this process, the topic of collaboration with civil society needs to be addressed at the political level. In all countries of Central Asia, communications with relevant decision makers in the Ministry of Interior need to be started to enable a fruitful technical cooperation on prison services.

The context of the CADAP programme can play an important role in strengthening and communicating the capacities of CSOs in this field. The Prison Protocol should therefore

focus on emphasizing the need to establish partnerships between the state prison service and CSOs which can guarantee the best possible response to the needs of people with drug use disorders in the penitentiary system. The presented best practices from the region (see 6.2.) can be a good starting point for the development of joint pilot projects.

- **Understanding the opportunities and challenges of collaboration between prison administration and civil society**

For the development of a guideline for the collaboration with civil society, it is essential to understand the opportunities and challenges of collaboration between prison administration and civil society. The initial assessment has shown that communication and trainings are essential for improving collaboration. Pilot projects and training programmes can help to realise collaboration in practice.

As an external donor, CADAP can play a vital role in supporting pilot projects that are realised between the prison administration and civil society. CADAP also needs to analyse the regulatory conditions for CSOs in Central Asia. The experiences of the conducted roundtable discussion show that participants are eager to participate in training programmes and would be interested to take part in small pilot projects in their specific field.

- **Develop a guideline for the collaboration between prison administration and civil society**

The basis for the envisioned protocol of collaboration should be a guideline or a memorandum of understanding that describes a good way of communication and joint work. In each country, such a guideline should be developed between prison administrations and CSOs. The checklist (see 6.3.) can serve as a starting point for issuing collaboration guidelines between prison administrations and civil society. The most promising approach is to start pilot projects which could later be scaled up.

- **Develop pilot projects for service delivery in collaboration with CSOs in closed institutions (as best practices)**

A practical recommendation for collaboration between prison administrations and civil society is the development of pilot projects for the medical treatment and social support of people with drug use disorders in the penitentiary system. The presented best practices from the region (see 6.2.) can serve as a starting point. Based on the local conditions, it is recommended to develop such pilot projects in each of the Central Asian republics. The pilot project could be a good stimulus to strengthen collaboration in practice. To give an example: Kyrgyzstan has the most solid experience of collaboration projects with civil society and would be suitable for the development of a pilot project that could later be applied in other countries of the region.



- **Develop pilot project for service delivery in collaboration with CSOs in the probation services**

In addition to pilot project in the penitentiary system, it is recommended to develop pilot projects in the probation services. The probation services can serve as a promising entry point for CSOs, as administrations have an interest to collaborate with CSOs in the provision of social rehabilitation. CSOs are well equipped to play a vital role in probation services, as they can prepare inmates for release and guarantee their social support after release.

- **Mainstreaming human rights and gender equality**

It is essential that all activities for the development of the Prison Protocol (Result 4 / LOT 2) consider the aspects of human rights and gender equality. The best suitable guideline are the international prison standards that emphasise that people in prison keep their rights as human beings while being in detention. The Mandela Rules based on an obligation to treat all prisoners with respect for their inherent dignity and value as human beings, and to prohibit torture and other forms of ill-treatment. The Bangkok Rules specifically focus on the rights of women in prison and specify minimum standards for them. For the future planning, international prison standards should be included in the round table discussions and in other CADAP project activities. To emphasise the need to mainstream human rights and gender equality, it is recommended to collaborate with the Kostanay Police Academy in Kazakhstan that has established a Mandela Centre for the proliferation of international prison standards (see 6.2. best practice).

## **9. Country-specific Recommendations**

### **Kazakhstan**

In Kazakhstan, the responsibility for health services in the penitentiary system has been transferred to the Ministry of Health. This offers new opportunities for collaboration between state organisations and civil society. Kazakhstani CSOs can offer their expertise and skills to the Ministry of Health to make sure that the transfer of responsibilities results in an improvement of the scope and quality of service delivery in the penitentiary system. For the future, it is important to include representatives from the Ministry of Health and from the state prison service.

For Kazakhstan, two developments are crucial. First, it is important to strengthen support for the OAMT programme which currently being criticised by opponents of harm reduction approaches. Support is needed from different angles – the public health system, international organisations, UN agencies and local civil society organisations. It is important that international experts and international programmes show the evidence of the OAMT programme and its value for Kazakhstan. Another important development concerns the professionalization of social work. Here CADAP could support national associations. There are many opportunities to provide training

programmes and information exchange activities. Such kind of activities will ultimately strengthen the role of civil society and enable social workers to play an important role in providing services for people with drug use disorders and other key populations.

## **Kyrgyzstan**

In Kyrgyzstan, the Atlantis programme and the Clean Zone were established with the support of CADAP. Within the framework of CADAP 6, a Clean Zone specifically designed for women was built in the correctional facility No. 2 in the village Stepnoe, about 30 km north-west of the Kyrgyz capital Bishkek. Although the programmes are successful, the enrolment rates remain low. In March 2024, 18 women participate in the Atlantis Programme/Clean Zone, the majority of whom has an alcohol use disorder. About one third of the participants have a drug use disorder.

The Methadone Maintenance Treatment (MMT) programmes, sometimes also referred to as opioid agonist therapy (OAT) or opioid agonist maintenance therapy (OAMT), in the prisons also have low participation rates. The penitentiary system represents a risk environment for injecting drug use. Of those who injected drugs within prison, 34.8% initiated drug injection while incarcerated (Azbel et al. 2018). Only 11% of drug injectors reported currently being enrolled in MMT, despite 95% of the sample having had prior experience with MMT (Azbel et al. 2018). We can conclude that the most pressing issue for Kyrgyzstan is to understand the inherent problems of existing services for PWID in the penitentiary system.

## **Tajikistan**

In Tajikistan, HIV prevention services are provided in the penitentiary system. It needs to be explored if and how Tajik CSOs are involved or can be involved in these services. It is recommended to conduct a field mission to Tajikistan, in which the services for people with drug use disorders in the penitentiary system can be studied.

Tajikistan, Kyrgyzstan and Kazakhstan are the only countries in Central Asia that have a OAMT programme. The OAMT programme in Tajikistan was introduced in 2010 (Sattorov et al. 2024). In 2023, the country has a network of 15 OAMT sites covering all regions of the country, including two sites in the penitentiary system. In addition to providing opioid dependency treatment, OAMT sites in Tajikistan encompass additional services for PWID, such as overdose treatment, testing for HBV, HCV, and syphilis, providing psychological support, etc. It is not known whether CSOs are involved in these services.

Despite a well-developed system of OAMT sites in the country, the OAMT programme in Tajikistan is still considered to be a pilot project, and coverage remains low. In 2023, around 650 people are enrolled in OAMT in Tajikistan.

A study on the barriers to the use of OAMT was conducted in 2023. Three main obstacles were outlined by the respondents: the insufficient appeal of the OAMT

programme, e.g. the need for daily visits to OAMT sites; the lack of staff capacity at OST sites; and misinformation circulated among PWID about OAMT (Kaspirova and Malikov 2023). The Republican Clinical Narcology Centre, adopted the OAMT Expansion Plan for the years 2024–2026, with an ambitious goal of increasing programme coverage to 2,000 people by the end of 2026. It is recommended to support the Republican Clinical Narcology Centre in this plan.

## **Turkmenistan**

In Turkmenistan, a first field visit took place in March 2024. The round table discussions were of general nature. The priority is to build contacts with decision-makers who share an interest in the development of prevention and treatment programmes in the broadest sense. It is recommended to organise a second field mission to explore potential fields of cooperation.

## **Uzbekistan**

Uzbekistan is home to an evolving civil society landscape. Some Uzbek CSOs are involved in services to PWID, including drug therapy, social rehabilitation and harm reduction services. However, the number of CSOs that are allowed to work in the penitentiary system is very small in Uzbekistan.

In the future, the main focus should therefore be on strengthening the position of civil society actors in Uzbekistan and on developing their capacities in the delivery of services to PWID in the penitentiary system. In Uzbekistan, it is recommended to develop pilot projects in collaboration with civil society. Furthermore, the communication between ministries, specialized agencies and CSOs should be strengthened. The state narcochemical service and the probation services could be a suitable starting point for developing joint services for people with drug use disorders in the prison system and/or after release from prison.

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## **11. Annex**

### **Survey questionnaire**

The online survey was conducted between October and November 2023 among civil society experts from all five republics of Central Asia. The online survey included a part on drug treatment (lot 1) and a part on the Prison Protocol (lot 2). The survey link was distributed by the CADAP 1 national coordinators. In total, 26 respondents answered to the online survey.

The second part of the online survey related to the development of the Prison Protocol. Respondents were asked four questions.

#### **Part II: Services for people with drug use disorders in the penitentiary system**

The next questions specifically deal with services for people using drugs in the penitentiary system. These can be medical, social and drug treatment services.

1. From your expertise, what are the main needs of people with drug use disorders in the penitentiary system in your country?
2. What kinds of services are currently offered for people with drug use disorder in the in the penitentiary system in your country? By which organisations?
3. How could existing services for people with drug use disorders in prison be improved?
4. What is necessary for a good cooperation between prison administrations and CSOs in your country?

### **Interview with civil society experts in Central Asia**

Between September 2023 and July 2024, eleven interviews were conducted with civil society experts in Central Asia.

#### **Overview of interviews:**

1. Interview with CSO leader Bishkek, Kyrgyzstan, 19 September 2023.
2. Interview with CSO leader, Almaty, Kazakhstan, 22 September 2023.
3. Interview with CSO leader from Kyrgyzstan, Almaty, Kazakhstan, 26 September 2023.
4. Interview with Social Work expert, Almaty, Kazakhstan, 22 September 2023.
5. Interview with medical doctor, Tashkent, Uzbekistan, 7 March 2024.
6. Interview with drug treatment specialist, Almaty, Kazakhstan, 10 March 2024.
7. Interview with prison expert, Almaty, Kazakhstan, 11 March 2024.
8. Interview with civil society expert, Bishkek, Kyrgyzstan, 14 March 2024.

9. Interview with Social Work expert, Bishkek, Kyrgyzstan, 15 March 2024.
10. Interview with drug treatment expert, Bishkek, Kyrgyzstan, 15 March 2024.
11. Interview with civil society expert from Tajikistan, Dushanbe, 17 January 2025.

## **Interview guideline**

The interviews focused on the expertise of the respondents and the activities of the organisations that they represent. These were non-structured interviews that focused on five core questions. To ensure the confidentiality of the interviewees, the interviews were not recorded. After the interviews were conducted, a memory log was created to record the most important points of the conversation.

- What is the mission of your civil society organisation?
- What services does your organisation offer for people with substance use disorders in the prison system (or in general in your country)?
- How would you describe your collaboration with state agencies, e.g. the prison administration, in your country?
- What kind of difficulties do you experience in your daily work?
- What could be done to improve service delivery for people with drug use disorders in the prison system in your country?

## 12. Overview of CSOs related to Services in Prison

| No. | Name  | Country focus | Contact details  |
|-----|---|---------------|--|
| 1.  | Central Asian Association of People Living with HIV | CA            | <a href="http://www.capla.asia/index.php/ru/">http://www.capla.asia/index.php/ru/</a>  |
| 2.  | Aman Saulyk   | KAZ           | <a href="http://www.amansauyk.kz/">http://www.amansauyk.kz/</a>  |
| 3.  | UMut  | KAZ           |  |
| 4.  | Public foundation “Revanche”                        | KAZ           | <a href="https://www.facebook.com/of.revansh/?locale=ru_RU">https://www.facebook.com/of.revansh/?locale=ru_RU</a>                                  |
| 5.  | Public foundation “Answer”                          | KAZ           | <a href="https://www.facebook.com/answerKazakhstan/">https://www.facebook.com/answerKazakhstan/</a>  |
| 6.  | Public Foundation “Istihsan”                        | KYR           |  |
| 7.  | Harm Reduction Network in Kyrgyzstan                | KYR           | <a href="https://www.facebook.com/hrnkg/?locale=ru_RU">https://www.facebook.com/hrnkg/?locale=ru_RU</a>  |
| 8.  | Eurasian Women's Network on AIDS                    | CA, Eurasia   | <a href="https://ewna.org/">https://ewna.org/</a>  |
| 9.  | Plus Centre [Общественный фонд «Плюс Центр»]        | KYR           | <a href="https://vk.com/fondplusr">https://vk.com/fondplusr</a>  |
| 10. | Socium  | KYR           | <a href="https://sotsium.kg/">https://sotsium.kg/</a> ;<br><a href="https://www.facebook.com/sotsium.kg/">https://www.facebook.com/sotsium.kg/</a> |
| 11. | The Global Research Institute (GLORI Foundation)    | KYR           | <a href="https://glori.kg/en/">https://glori.kg/en/</a>  |
| 12. | Aids Foundation East-West                           | CA, Eurasia   | <a href="https://afew.org/">https://afew.org/</a>  |
| 13. | Tajikistan Network of Women with HIV                | TAD           | <a href="https://www.tnwplus.org/">https://www.tnwplus.org/</a>  |
| 14. | Community of People living with HIV Tajikistan      | TAD           | <a href="https://ecuo.org/services/tajikistan/">https://ecuo.org/services/tajikistan/</a>  |
| 15. | Public organisation Spin Plus                       | TAD           | <a href="http://www.spinplus.org/">http://www.spinplus.org/</a>  |
| 16. | Ishonch va Hayot                                    | UZB           | <a href="https://plwh.uz/">https://plwh.uz/</a>  |
| 17. | Istiqbolli Avlod                                    | UZB           | <a href="https://istiqbolliavlod.uz/">https://istiqbolliavlod.uz/</a>  |
| 18. | Intilish  | UZB           | <a href="https://intilish.uz/">https://intilish.uz/</a>  |