

11 Legal and Regulatory Frameworks of Social Work with Drug Users in Kyrgyzstan

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Introduction

In this chapter the drug situation and the development of social work services for drug users in the Kyrgyz Republic will be discussed. According to the ‘Anti-Drug Programme of the Cabinet of Ministers of the Kyrgyz Republic’ (2022), the main factors contributing to the formation of trends that, in turn, have led to the development of the current drug situation in the Kyrgyz Republic are: negative social processes that create and maintain a steady demand for illegal drug transit, the international transit of drugs through the territory of the country, the availability of raw materials in Kyrgyzstan for the illicit manufacturing of drugs.

In the field of harm reduction, there are a number of trends that cause some concern. Although the country’s harm reduction programmes have been very successful among the prison population, there are a number of prisons that have not yet been given access to these programmes. Also, the law enforcement agencies’ temporary detention facilities are not covered by the harm reduction programmes (Anti-Drug Programme, 2022).

To understand the legal basis for social work with drug users in Kyrgyzstan, this chapter provides a discussion of social work services available for drug users both in the prison system and alternatives to imprisonment. Based on the above, this chapter answers the research question: How is social work with drug users regulated in the Kyrgyz Republic?

In order to address the research question, the chapter provides a general discussion of harm reduction, methadone maintenance treatment, needle and syringe exchange programmes, prevention of overdoses from opioids, standard of psychosocial support, standard of outreach work, standard of a social institution, and the social work with drug users in the probation system and prison system.

The legal basis for social work with drug users in Kyrgyzstan is regulated by the Constitution of the Kyrgyz Republic (2021), as well as its’ codes, laws, and other normative legal acts. . This also includes the generally recognised principles and norms of international law, as well as

international treaties that have entered into force in accordance with the legislation of the Kyrgyz Republic.

As a full member of the UN, the Kyrgyz Republic implements the political principles proclaimed by the UN General Assembly. In this regard, Kyrgyzstan, when preparing drafts of laws and regulations applies rules such as the Nelson Mandela Rules¹ and the Tokyo Rules².

According to Article 1 of the Constitution of the Kyrgyz Republic (2021), the country is a social state. Based on this, the Kyrgyz Republic has developed a system of social services and medical care.

The basic legal regulations in the field of social services are established by the Law of the Kyrgyz Republic 'On the Basis of Social Services to the Population in the Kyrgyz Republic' (2001). According to this law, in Kyrgyzstan, social and legal services and material assistance, as well as the social adaptation and rehabilitation of citizens, are carried out by social service organisations.

The state system of social services consists of republican, city, and regional state bodies that are state property and are under the jurisdiction of state authorities. However, social services are also provided by institutions not owned by the state. The state supports and encourages the development of social services regardless of who owns the institution.

According to the Law of the Kyrgyz Republic 'On the Basis of Social Services to the Population in the Kyrgyz Republic' (2001, Article 3), social work is a form of state and non-state influence on a person or a group of people in order to provide them with socio-medical, psychological, pedagogical, and socio-legal assistance to ensure an appropriate standard of living and activate their own capabilities to overcome difficult life situations.

According to Article 4 of the Law of the Kyrgyz Republic 'On the Basis of Social Services to the Population in the Kyrgyz Republic' (2001), people with substance use disorders have the right to social services.

1 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Adopted by the General Assembly in A/RES/70/175 on 17.12.2015.

2 United Nations Standard Minimum Rules for Non-Custodial Measures (the Tokyo Rules). Adopted by the General Assembly in A/RES/45/110 on 14.12.1990.

1. Methadone Maintenance Treatment

In the Kyrgyz Republic, methadone maintenance treatment for people who inject drugs has been carried out since 2002, using methadone hydrochloride. Methadone maintenance treatment is a carefully researched and science-based medical intervention aimed at treating opioid addiction (AFEW Kyrgyzstan, 2019).

The implementation of methadone maintenance treatment was launched in the Kyrgyz Republic in 2002 with the support of the Soros Foundation-Kyrgyzstan and UNDP. From 2005 until today, the activities of methadone sites have been funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Centre for Prevention and Control of Infections (AFEW Kyrgyzstan, 2019).

Methadone maintenance treatment in Kyrgyzstan is carried out in accordance with the Clinical Protocol ‘Treatment of Opioid Addiction Based on Maintenance Treatment with Methadone’ (2005), approved by the Ministry of Health of the Kyrgyz Republic dated 29.05.2015 and the ‘Clinical Guidelines for Substitution Maintenance Treatment with Methadone in Opioid Addiction Syndrome’ (2010), adopted by the Expert Council for Quality Assessment of Clinical Guidelines/Protocols and approved by the Ministry of Health of the Kyrgyz Republic No. 497, dated 11.10.2010 (AFEW Kyrgyzstan, 2019).

The Clinical Protocol ‘Treatment of Opioid Addiction Based on Maintenance Treatment with Methadone’ (2015) is structured as practical, step-by-step instructions to ensure the protocol is easy for medical staff to understand and implement and to facilitate a unified approach in the provision of maintenance treatment to people with opioid addiction. It is important to note that this unified approach does not only concern the knowledge and skills used by medical specialists but also the information about the treatment process, which must be provided to patients in a timely manner and throughout the maintenance treatment. The Clinical Protocol describes instructions for adjusting methadone dosages at all stages of maintenance treatment and for the management of pregnant women. It also includes advice on psychosocial interventions as well as all the necessary applications for the provision of quality maintenance treatment.

The instructions of the Clinical Protocol ‘Treatment of Opioid Addiction Based on Maintenance Treatment with Methadone’ (2015) on the psychosocial support of patients includes the identification of priorities, i.e. the patient’s most important and urgent needs, such as psychological

state, family relationships, housing issues, legal issues, employment, and education.

Furthermore, the Clinical Protocol 'Treatment of Opioid Addiction Based on Maintenance Treatment with Methadone' (2015) contains instructions regarding the actions to be taken when a patient is imprisoned or released from prison. According to these instructions, patients can continue to participate in the methadone maintenance treatment programme in case of imprisonment and release from prison.

According to the Clinical Protocol 'Treatment of Opioid Addiction Based on Maintenance Treatment with Methadone' (2015), patients are admitted to a methadone maintenance treatment programme on the basis of an application. Then, an agreement is drawn up between the patient and the healthcare institution or institution of the prison system that will run the methadone maintenance treatment programme.

According to the agreement, the institution provides the participant with complete information about maintenance treatment. It has been proven that maintenance treatment in combination with psychological support gives the best results in reducing the frequency of illegal drug use (AFEW Kyrgyzstan, 2019). Thus it is essential to provide the participant with consultations with an addiction specialist, psychologist, and social worker alongside maintenance treatment. Continuity of treatment is an essential factor. In this regard, it is necessary to provide the programme participant with daily methadone delivery and ensure the uninterrupted operation of the methadone site for the duration of the programme, as specified in the schedule. In turn, the patient should visit the methadone site daily to take methadone at a set time and under the supervision of staff. Also, for maintenance treatment to meet the clients' needs, it is necessary to make an individual treatment plan for the participant and discuss possible changes in the treatment regimen, etc. Also, patients should provide all information about concomitant diseases to the doctor to facilitate comprehensive and effective treatment, as well as the timely adjustment of methadone dosages.

On the other hand, the effectiveness of maintenance treatment depends not only on healthcare institutions or institutions of the prison system, but also on patients. Consequently, the patient of the methadone maintenance treatment programme needs to follow all of the doctor's instructions, including filling out the required questionnaires to track the condition of the disease and the dynamics of treatment. Patients take urine tests at the request of the staff to determine the level of drugs in the urine. Since there are risks and health consequences linked to concomitant use of other illegal psychoactive substances. Furthermore, patients can inform staff if

they wish to stop taking part in the programme. It means that human rights are an integral part of maintenance treatment.

According to the Republican Centre of Psychiatry and Narcology under the Ministry of Health of the Kyrgyz Republic (2023), as of January 2023, 24 methadone treatment sites are functioning in healthcare organisations across the Kyrgyz Republic, on the basis of which methadone treatment is provided.

As part of the harm reduction strategy, programmes such as ‘Atlantis’ and ‘Clean Zone’ are being implemented within the country’s prison system. Atlantis is a rehabilitation programme for people addicted to alcohol and drugs, in which the 12-step Minnesota model of addiction treatment is used. Clean Zone is a rehabilitation and social adaptation centre. At the end of the 12-step addiction treatment programme at Atlantis, graduates (former injecting drug users) continue to live in the Clean Zone until the end of their detention period (AFEW Kyrgyzstan, 2019).

At the same time, according to the ‘Anti-Drug Programme of the Cabinet of Ministers of the Kyrgyz Republic’ (2022), the number of cases of HIV transmission through injection are decreasing as a result of the measures taken in the Kyrgyz Republic.

2. *Needle and Syringe Exchange Programmes*

A needle and syringe exchange programme is an important structural component of the harm reduction programme for the implementation of preventive work among people who inject drugs. It is regulated by the ‘Standard of the Needle and Syringe Exchange Service’, approved by the Ministry of Health of the Kyrgyz Republic, dated 25.12.2009, No. 838 (2009).

A needle and syringe exchange programme is one of the main elements designed to prevent new cases of HIV infection and reduce the level of HIV infection among people who inject drugs.

Tasks of the needle and syringe exchange programme include providing people who inject drugs with information on HIV infection prevention and ways to reduce the health risks related to drug use. The programme also includes exchanging used syringes/needles for sterile ones and distributing sterile syringes/needles, as well as the provision of other means to protect clients and their family members. Social work in the programme is carried out by referring clients to medical/social services and organising consultations with specialists as well as access to testing for HIV and other infections, and pre- and post-test counselling. Being an integral part of

methadone treatment, a needle and syringe exchange programme assists in providing access to drug addiction treatment, in particular to opioid substitution treatment. From the above, it is clear that this programme is the most important factor in HIV prevention among people who inject drugs.

According to the Republican Centre of Psychiatry and Narcology under the Ministry of Health of the Kyrgyz Republic (2023), as of January 2023, there are a total of 14 exchange points for syringes and needles throughout the prison system of the Kyrgyz Republic.

3. Prevention of Overdoses from Opioids

As the ‘Anti-Drug Programme of the Cabinet of Ministers of the Kyrgyz Republic’ (2022) states, the main direct causes of death from drug use are overdoses and autoimmune diseases caused by infectious diseases and their complications. The main indirect causes are accidents associated with the dangerous behaviour of drug addicts (suicides, injuries, hypothermia, and others).

To reduce deaths from opiate and opioid overdoses, the ‘Standard for the Prevention of Overdoses from Opioids Using Naloxone’ (2010) was adopted. It reflects the mechanism for providing naloxone to active opioid users in order to prevent overdoses.

The purpose of this standard is to create a system of continuous, preventive activities among medical workers and outreach workers to reduce deaths from opioid overdoses. Another line of thought on prevention of overdoses from opioids demonstrates that the standard should ensure people who inject drugs have access to naloxone by dispensing it directly to them. In addition, it is essential to provide information to active opioid users on how to identify the signs of an overdose and methods of providing first aid and emergency medical care. The strength of such a standard is that its implementation is carried out at all levels of assistance to opioid users, including on the basis of a syringe/needle exchange programme.

As a result of the measures taken to distribute naloxone for free, it was possible to significantly reduce deaths from opiate and opioid overdoses (‘Anti-Drug Programme of the Cabinet of Ministers of the Kyrgyz Republic’, 2022).

4. Psychosocial Support

The purpose, tasks, and forms of psychosocial support are reflected in the 'Standard of Psychosocial Support' (2011). According to this standard, psychosocial support is an activity that pays special attention to the social and psychological aspects of a client's difficult life situation.

The purpose of psychosocial support is to maintain a balance between the client's mental health and the intersystem relationships that affect their life. The essence of this form of support is the client's effective participation in solving their psychological, interpersonal, and social problems.

To further understand the role of social work with vulnerable groups this section explores the idea that psychosocial support is a combination of various forms of support. First, psychosocial support should provide training on the socio-psychological basics of functioning in everyday life, the development of practical life-planning skills, and health care. Second, it is vital to improve clients' quality of health and life by providing early access to psychosocial support and medical care. Third, it is crucial to motivate representatives of vulnerable groups to attend voluntary counselling and testing for HIV infection, since it will create opportunities to prevent HIV transmission by educating representatives of vulnerable groups on the problems related to injecting drug use and HIV/AIDS. Finally, vulnerable groups should be provided information about the services of harm reduction programmes.

The most common and recommended forms of social work within psychosocial support include informational consultations, lectures, trainings, individual and group counselling, family groups, and mutual aid groups. Of equal importance is practical assistance – assistance in organising and managing daily life (cohabitation with people who inject drugs, training in safe behaviour skills, and development of practical life skills such as life planning, budget management, health care). The essence of psychosocial assistance is improving clients' social relations with their environment, relatives, or friends and establishing psychosocial functioning in the family, at work, or at school. Within psychosocial support it is essential to establish contacts with socio-psychological services that have the opportunity to expand the scope of socio-psychological assistance and psychotherapeutic support.

Psychosocial support can be provided by different kinds of specialists (medical professionals, psychologists, social workers, addiction therapists, and others) who have been trained in psychosocial support.

5. Outreach Work

The purpose and tasks of outreach work are reflected in the ‘Standard of Outreach Work’ (2009). According to this standard, outreach work is a form and method of interaction with closed groups of people who inject drugs, with whom contact through existing health services is difficult.

Outreach work is an integral part of the activities of a syringe/needle exchange programme, complements its work, and at the same time can be the main form of work of an organisation providing harm reduction services for people who inject drugs.

Outreach work in places of gathering/residence can be carried out both by employees who do not have specialised education and by specialists (social workers, doctors, secondary health workers, psychologists, sociologists, volunteers who are also representatives of target groups).

The purpose of outreach work is to provide wider access to closed groups of people who inject drugs on ‘their territory’ to facilitate the effective implementation of measures for the prevention of HIV infection and other diseases.

The main task of outreach work is to find, establish, and maintain contact with people who inject drugs. Also, outreach work involves people who inject drugs in syringe/needle exchange programmes, medical, social, and legal assistance programmes, and testing for HIV and other diseases. Outreach work plays a significant role in informing and training people who inject drugs to practice less dangerous behaviours. It is also important during sociological research for example when assessing therapeutic programmes (antiretroviral therapy, tuberculosis treatment, methadone replacement treatment), when outreach workers help to survey people who inject drugs.

6. Social Institutions

The next section provides a general discussion of a social institution. According to the ‘Standard of a Social Institution’ (2009), the concept of a social institution includes a set of services aimed at the social adaptation and reintegration of vulnerable groups within drop-in centres, social hostels, halfway houses, flophouses, community centres, social support, etc.

The purpose of the social institution is to counteract the spread of HIV infection through the provision of services aimed at improving clients’ quality of life and reducing the harm associated with drugs, as well as risky sexual behaviour.

Social work in social institutions is carried out by ensuring teamwork between professional specialists, volunteers, and clients in order to encourage clients' commitment to less risky behaviour in relation to sex and drug use. In particular, social institutions implement measures aimed at informing and educating clients on HIV issues and AIDS. Also, if necessary, social institutions interact with relevant services in order to increase clients' access to health care and social and other forms of assistance, including harm reduction programmes for drug users, sex workers, and people living with HIV.

In addition, a social institution should be based on the principles of self-help and mutual assistance of clients and be built in a way to ensure the maximum involvement of clients in the activities of the social institutions and the process of providing assistance.

A drop-in centre is a point of implementation of a set of low-threshold services aimed at drug users, sex workers, or people living with HIV. The activities of a drop-in centre are aimed at providing clients with affordable types of information, medical and psychological services, and social support.

A social hostel is a service for the implementation of low-threshold services aimed at drug users, sex workers, or people living with HIV. The activities of a social hostel are aimed at providing clients with a place of residence.

A halfway house is a service for the implementation of low-threshold services aimed at drug users, sex workers, or people living with HIV. The activities of a halfway house are aimed at providing clients with the opportunity to undergo a course of adaptation therapy. Also, clients can participate in rehabilitation programmes for addiction and further social adaptation. Furthermore, a halfway house does not only provide clients with the possibility of a long stay (up to six months) in the halfway house, but also implements measures aimed at the reintegration of clients into society.

A flophouse is a low-threshold service aimed at drug users, sex workers, or people living with HIV. The activities of a flophouse are aimed at providing overnight accommodation services to clients.

A community centre is a low-threshold services aimed at drug users, sex workers, or people living with HIV. The activities of a community centre are aimed at creating conditions and providing clients with opportunities for communication, leisure, and mutual assistance.

Social support refers to a number of services within harm reduction programmes that ensure clients have timely and coordinated access to appropriate health services, continuous care programmes, and legal, social,

and psychological support. Services also include the constant monitoring of client needs.

7. Probation System

To further understand the role of social work with drug users, this book chapter will next consider the probation system of Kyrgyzstan. On 24 February 2017, the Law of the Kyrgyz Republic ‘On Probation’ was adopted, which entered into force on 1 January 2019. In the same year, the Probation Department was established under the Ministry of Justice of the Kyrgyz Republic.

The principles of probation, the rights and obligations of clients, the control, supervision, and measures of educational influence, and the regulatory framework all comply with the Tokyo Rules.

The United Nations Standard Minimum Rules for Non-Custodial Measures (1990) contain a set of basic principles to promote the use of non-custodial measures, as well as minimum guarantees for persons who are sentenced with an alternative to imprisonment.

Offenders should, if necessary, be provided with psychological, social, and material assistance and opportunities should be provided to strengthen ties with society and to facilitate their return to normal life in society.

Appropriate mechanisms should be established at various levels to facilitate the establishment of links between non-custodial services, other bodies of the criminal justice system, and social development and welfare institutions – both governmental and non-governmental – in areas such as health, housing, education, and employment.

Based on the above, the goals of probation are to ensure the safety of society and the state, to create conditions for the correction and resocialisation of probation clients, and to prevent them from committing new offenses (Law on Probation 2017, Article 1).

Probation is a socio-legal institution of the state that applies to probation clients a set of measures of state coercion and public influence. It demands clients’ participation in individual socio-legal programmes that are based on social research on the individual and are aimed at correcting the probation client, preventing them from committing further offenses, providing them with social assistance, and taking measures to facilitate their resocialisation (Law on Probation 2017, Article 3).

Probation clients are required to participate in re-socialisation programmes. The process of achieving the goals and tasks of probation is carried out by assisting probation clients in getting out of a difficult

life situation, facilitating their resocialisation, and developing and implementing individual socio-legal programmes. It is implemented through interaction of state bodies, local self-government bodies, and local state administrations with correctional institutions and probation clients. Furthermore, the probation system carries out social research on people at the pre-trial stage of criminal proceedings, in accordance with the procedure established by the criminal procedure legislation, as well as on convicted people subject to parole (Law on Probation 2017, Article 7).

Probation, depending on the tasks and stage of its application, is broken down into the following types: pre-trial probation, executive probation, penitentiary probation and post-penitentiary probation (Law on Probation 2017).

Pre-trial probation is based on a socio-psychological assessment of the accused's personality. Based on the assessment, the risks of relapse are determined, as well as the possibility of correcting the accused person without isolation from society. In other words, the possibility of applying criminal penalties that are not related to isolation from society are considered (Law on Probation 2017).

Executive probation is a set of social and legal measures to assist probation clients in getting out of a difficult life situation, as well as to control and supervise their behaviour and the performance of their duties (Law on Probation 2017).

Penitentiary probation (Law on Probation 2017) is applied to prisoners upon their preparation for release from prison. Penitentiary probation is aimed at the social adaptation of prisoners preparing for release. For instance, among other things, the measures are aimed at establishing relationships with NGOs that provide services to people who find themselves in a difficult life situation or establishing contact with medical institutions for registration and the continuation of treatment after release.

Post-penitentiary probation (Law on Probation 2017) is applied to people released on parole from prisons. Social support and resocialisation activities carried out in prisons will continue in relation to people released on parole from prison.

When preparing people for release, probation authorities provide assistance and take the following measures, including restoring lost documents (passport, birth certificate, driver's license, diploma or certificate of education, etc.) and lost rights (ownership, right to receive benefits and pensions, right to housing, right to inheritance, etc.), education, employment, housing issues, and legal issues. Moreover, the probation system helps to establish contact with NGOs that provide social work services and medical

institutions for registration and the continuation of treatment after release (Law on Probation 2017, Article 11).

In executive and post-penitentiary probation, the probation authority, state bodies, and local self-government bodies assist probation clients with resocialisation and getting out of a difficult life situation based on an individual approach and an analysis of information about their personality and needs.

Depending on the needs of the probation client, the individual programme of providing social and legal assistance includes measures such as social, legal, and psychological assistance, employment, education, restoration and formation of socially useful connections (Law on Probation 2017).

Probation authorities are working to refer probation clients in difficult life situations to rehabilitation centres. Referral to rehabilitation centres is carried out during the period of executive and post-penitentiary probation (Law on Probation 2017).

In order to resocialise and adapt to life in society, probation clients in executive, penitentiary, and post-penitentiary probation who do not have an education are assisted in obtaining basic, secondary or vocational education in accordance with the legislation in the field of education (Law on Probation 2017, Article 22).

In executive, penitentiary, and post-penitentiary probation, measures are taken to provide social assistance to probation clients.

Types of social assistance offered to probation clients include consultations with social services, assistance in obtaining the necessary documents, help registering with social security and health authorities (Law on Probation 2017, Article 25).

Work is carried out to restore and form socially useful connections for probation clients in executive, penitentiary, and post-penitentiary probation so that they are able to form a new system of attitudes, norms, and values, develop appropriate skills relating to social behaviour and preserve and improve their social status.

Probation authorities assist in strengthening probation clients' positive social ties with family, relatives, persons who have a positive impact on their behaviour, labour collectives, educational institutions, and NGOs.

NGOs, relatives of convicts, and other persons who have a positive influence on their behaviour are involved in the work of restoring, maintaining, and strengthening probation clients' family and socially useful ties (Law on Probation 2017, Article 25).

In executive, penitentiary, and post-penitentiary probation, probation clients – patients with substance abuse, tuberculosis, HIV/AIDS, hepatitis,

and other socially significant diseases – are assisted in obtaining medical services. Probation clients receive medical services through medical and preventive healthcare organisations at their place of residence (Law on Probation 2017, Article 27).

8. Prison System

Social work with drug users is also carried out in prisons. ‘The Criminal Executive Code of the Kyrgyz Republic’ (2017) complies with the Nelson Mandela Rules. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules, 2015) state that to the extent possible, prison staff should include a sufficient number of specialists, such as psychiatrists, psychologists, and social workers. Also, every prison institution should employ social workers who are responsible for maintaining and strengthening the prisoners’ desired relationships with their family and social organisations that can benefit them.

The administration of correctional institutions carries out work on social adaptation and psychological work with convicts individually, in accordance with their needs.

The main tasks of social adaptation and psychological work with convicts are identifying and solving convicts’ social problems and providing them with differentiated social assistance. The prison system organises and provides convicts’ social protection, including obtaining documents, certifying the identity of the convicted person and confirming their right to social and pension security. Within the framework of social work with drug users, it is important to provide assistance with the restoration and strengthening of the convicts’ socially useful ties and involve the public in solving convicts’ social problems (Criminal Executive Code of the Kyrgyz Republic, 2017).

The main forms of social and psychological work with convicts include social diagnostics of convicts, development of individual programmes for social and psychological work, advisory, legal, and psychological assistance, individual and group therapy, etc. Also, social work in the prison system is carried out in terms of preparing convicts for release from prisons. Moreover, the prison system assists in strengthening convicts’ positive social ties with the external social environment: with family, relatives, labour collectives, educational institutions, and religious organisations.

Conclusion

As has been shown, the Kyrgyz Republic adheres to an integrated and balanced approach to solving problems related to drug trafficking and is guided by the principle of paying attention to individuals, families, communities, and society as a whole in order to promote and protect the health, safety, and well-being of drug users.

The Kyrgyz Republic, based on the norms of international law, implements the principles of an integrated and balanced approach to solving problems related to drug trafficking control. Based on these principles, the state policy of the Kyrgyz Republic is formulated in such areas as reducing the supply of illegal drugs, reducing the demand for illegal drugs, reducing the harm from illegal drugs, as well as ensuring the availability of controlled substances and access to them exclusively for medical and scientific purposes.

However, successful responses to challenges require close cooperation and coordination between government agencies at all levels, especially in the health, education, justice, and law enforcement sectors. At the same time, civil society – together with the scientific and academic communities – plays an important role in solving and combating the drug problem.

In the future, one of the priorities of the state policy should be harm and mortality reduction. As the country's harm reduction programmes have been very successful among the prison population, it is essential to expand harm reduction programmes by ensuring drug users in all penitentiary institutions have access to harm reduction services, sterile needles and syringes, and substitution treatment programmes.

It is necessary to inform drug users and those around them about overdoses and their prevention and treatment. Since it was possible to significantly reduce deaths from opiate and opioid overdoses by distributing naloxone for free.

In spite of a number of positive changes related to the development of the regulatory framework for social work with drug users in the Kyrgyz Republic, it is necessary to further improve the regulatory framework and create a favorable legal environment for the implementation of treatment, care and social support for drug users. It is also essential to improve international cooperation by strengthening the regulatory framework, and interstate mechanisms for information exchange. In this sphere the state should implement, if necessary, international drug prevention standards and ensure national approaches to drug prevention are compatible with international recommendations.

In order to improve social work with drug users, the state should support the development of a network of social institutions (drop-in centres, halfway houses, community centres, etc.).

Despite a number of positive changes related to drug use, the state of affairs in primary drug prevention still does not meet the degree of danger associated with modern challenges and threats emanating from drug trafficking.

Scientific work leaves much to be desired, and due attention is not paid to family issues, which is the main factor affecting the drug situation.

Drug prevention in schools and workplaces, as well as at the level of local communities, is carried out in an inactive manner and does not correspond to the modern scientific vision.

Despite the undeniable successes achieved in the treatment and rehabilitation of drug addiction, there are still many unresolved problems in this area. They are primarily associated with an imperfect regulatory framework and inadequate financing. In this regard, it is necessary to further improve the regulatory framework for countering the spread of drug addiction and create a favourable legal environment for the effective reduction of drug demand.

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