

## 12 Syringe Exchange Points in the Penitentiary System of Kyrgyzstan

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### *Introduction*

Central Asia is one of the few regions of the world where the HIV epidemic is growing (WHO, UNAIDS & UNICEF, 2011; Aids Center, 2022). Currently, the epidemic in Kyrgyzstan is at a concentrated stage, and one of the most common forms of HIV transmission is still the use of shared syringes and needles by drug users.

Kyrgyzstan is on one of the largest drug-smuggling routes from Afghanistan, which leads to the availability of relatively inexpensive heroin and the high prevalence of drug addiction in the country. The rapid increase in the number of injecting drug users (IDUs), combined with population migration, contributes to the active spread of HIV infection, parenteral viral hepatitis, tuberculosis, and sexually transmitted infections (STIs) (Zelichenko, 2004).

The high prevalence of injecting drug use coupled with risky sexual behaviour, including low levels of condom use among the general population, IDUs, and prisoners alike increases the likelihood of a rapid spread of HIV (AFEW, 2019).

According to Iriskulbekov (2019), 1,680 drug users were living in prisons in 2018. People with drug addiction make up 15.9% of the total number of people in the penitentiary system. Intravenous drug use can have serious medical and social consequences.

In this chapter, we discuss the syringe exchange points (SEP) programme in the Kyrgyz penitentiary system. We aim to find out what has been achieved in the programme since its inception in 2001. Next, we want to understand the barriers that made programme implementation difficult in the context of the Kyrgyz prison system.

## 1. Implementation of Harm Reduction Programmes

The targeted introduction of preventive programmes in correctional facilities in the Kyrgyz Republic began in 1998 with the support of a joint project of the government, UNDP, and UNAIDS, before the first cases of HIV infection among prisoners were reported. Initially, these were educational programmes for the prevention of HIV/AIDS among convicts and personnel.

The development of harm reduction programmes began in 1998, when Raushan Abdildaeva, a narcologist at the Central Hospital of the institution No. 47 in Bishkek, participated in the first educational training course in Almaty, Kazakhstan, offered by UNDP to reduce HIV transmission in prisons. At the same time, Vladimir Nosor, the director of Colony No. 47, decided to take part in the training course.

The next steps focused on the improvement of hygiene standards in prisons. Sprayers filled with chlorine were placed in the bathrooms, so that IDUs could wash their syringes. The next stage, made possible by the support of the Soros Foundation in Kyrgyzstan, was the installation of washbasins with bleach for the disinfection of syringes and tattoo equipment.

In 1998, with the assistance of UNAIDS, the Kyrgyz Ministry of the Interior began educating prison staff about how to reduce HIV infections. The distribution of needles, despite the approval of key persons in the system, was not allowed until 2000, when the management of prisons was transferred to the Ministry of Justice.

The Ministry was alarmed by the overcrowding of prisons, the high incidence of tuberculosis, and the need to treat HIV among the prison population, so it sought the assistance of external experts as well as representatives of international organisations, such as the World Health Organization (WHO), to address the issue. A new non-governmental organisation, the 'Interdemilge', was founded with the support of foreign aid, and Raushan Abdyl daeva, a narcologist, became the director of the NGO. She introduced harm reduction in the penitentiary system. The NGO collaborated with the Ministry of Internal Affairs. Part of this collaboration was staff involvement in the harm reduction programme, whereby staff was assigned to distribute clean needles among IDUs in prisons.

Due to the scarcity of needles and syringes in the penitentiary system in the early 2000s, IDUs were forced to share injecting equipment. In 2000, an opportunity was provided for the disinfection of injection equipment used by drug users. To this end, containers with disinfectant solutions for the treatment of used syringes were installed in an accessible place in

every prison. In early 2003, permission was given for the needle exchange programme in all eleven institutions in Kyrgyzstan.

In February 2001, the Department of Correctional Institutions issued a decree on the prevention of HIV/AIDS in prisons in Kyrgyzstan, on the basis of which urgent measures were taken to prevent the spread of HIV infection among prisoners, such as the implementation of various HIV/AIDS prevention programmes. This included the provision of condoms and disinfectants to inform prisoners and staff about the prevention of HIV infections by peer education and voluntary testing for HIV. In 2019 alone, more than 2,800 condoms and 111,000 new syringes were distributed in prisons with the support of the SEP programmes (AFEW, 2019).

It was decided that the needle exchange should take place in a separate room with only the client and the SEP worker present, so that prison guards could not see the prisoners. Therefore, the medical unit was used as the place for needle exchange. Syringe exchanges were carried out in the narcological department of the central prison hospitals, and all prisoners had the opportunity to take part in and benefit from the programme. The pilot programme for the exchange of syringes began in 2002 at the Narcological Centre of the Central Hospital of Institution No. 47, which was responsible for the treatment of convicted drug users, with coverage of 50 people. To access the service, the prisoner needed to ask to go to the infirmary to receive medical care, and there he could exchange his syringes. At the start of the pilot project, each prisoner was given a syringe. The exchange was carried out on a one-to-one basis. Access to syringes was restricted to prisoners participating in the pilot project.

The positive results achieved during the implementation of the programme made it possible to start implementing it in all correctional institutions. By 2003, this programme covered four colonies. In September 2003, a total of approximately 470 drug users had received access to sterile needles through six exchange programmes. By the end of 2004, twelve institutions in Kyrgyzstan had adopted a syringe exchange programme. Altogether, there were 1,000 people enrolled in the NEP programme. By 2007, ten colonies in Kyrgyzstan had taken part in harm reduction programmes, in which 13 syringe exchange points operated.

The first positive results from the syringe exchange programme in penitentiary institutions in Kyrgyzstan were obtained in the context of three very important principles. Firstly, harm reduction trainings were started before the first case of HIV among prisoners was reported. Secondly, a voluntary HIV test, introduced subsequently, showed the importance of the intervention. In 2004, 56% of HIV cases in Kyrgyzstan occurred in prisoners (Wolfe, 2005:40). Thirdly, prisoners who have completed an

outreach training course offered by prison medical staff can offer outreach activities to their peers. This model was adopted due to concerns that the infirmary was the only place where prisoners could exchange syringes. Since needles could only be obtained from the infirmary during the day, and most drug-related activities happened in the evening, some inmates who did not use drugs themselves took sterile needles during the day and sold them at night to inmates who injected drugs. This problem was addressed through the adoption of the peer-to-peer outreach model. Since the outreach workers lived in the same prison cells, they were able to distribute sterile needles 24 hours a day and the sale of needles among prisoners ceased completely (Library and Archives Canada Cataloguing in Publication, 2005: 49). All medical personnel and prison officials had attended trainings and were aware of the importance of maintaining confidentiality for HIV-infected prisoners who may face violence and discrimination if their HIV status becomes known to others.

In addition to getting alcohol wipes, cotton wool, and sterile syringes for themselves, some volunteers took needles to perform a secondary exchange for prisoners unwilling or unable to come to the exchange office, and in some institutions volunteers were also involved in the programme. These were convicts from the IDU community who distributed syringes and needles at night.

At the beginning of the programme, a survey was conducted among drug users to determine which types of needles were most often used. Subsequently, the necessary types of needles were purchased. Employees and prisoners received – and continue to receive – continuous training in the prevention of overdose and transmission of HIV and hepatitis, and received information on safe sex. Prisoners themselves developed HIV prevention materials, which were discussed in focus groups and released for distribution throughout the prison system. In Kyrgyz prisons, syringe exchange is organised at the health units and hospitals of institutions where nurses are trained to treat abscesses or other complications associated with injection. Prisoners can visit and exchange syringes without showing other prisoners that they are using drugs.

The NGO 'Interdemilge', which introduced the syringe exchange programme in the penitentiary system, also began to introduce the Atlantis programme, a drug-free programme that offers prisoners a twelve-step set of meetings and also includes peer education and psychosocial counselling with psychologists for former drug users.

To continue with HIV prevention upon release, prisoners who were released from correctional institutions received an individual package consisting of a disposable syringe, disinfectant solution, multivitamins, and

a brochure with addresses of organisations involved in HIV prevention. The penitentiary system in the Kyrgyz Republic was, at that time, under the jurisdiction of the Ministry of Justice, which contributed to a greater openness towards reforms and the introduction of new forms of work in the field of the prevention of infectious and other diseases.

Awareness-raising and training work following the ‘peer-to-peer’ principle was widely conducted; peer-support and self-help groups were established and functioned under the guidance of consultants who are ex-drug users. At needle exchange points, as a structural component of the harm reduction programme, preventive work is carried out among people who inject drugs.

The main goal of the programme is to prevent the spread of HIV and other infections transmitted through injecting and sexual transmission among people who inject drugs and to involve new injecting drug users in the medical and social assistance programme.

The needle exchange point services include replacing used syringes and needles with sterile instruments; distributing alcohol wipes and standard condoms; dispensing naloxone to prevent overdoses from opioids; doing outreach work; referring drug users to AIDS service organisations and medical institutions; and sharing information orally and delivering hand-outs – in the form of brochures/informative materials – to injecting drug users on HIV prevention, sexually transmitted infections, viral hepatitis B and C, tuberculosis, and ways to reduce the health risks associated with drug use and overdose.

The provision of oral information is conducted in the form of consultations, conversations, and educational sessions. Also included in the programme is the conducting of rapid HIV testing on saliva and the accompanying of clients to medical staff for advice or medical services. Another service is the redirection of clients for the testing of tuberculosis, sexually transmitted infections, viral hepatitis, and other diseases. Informational work also includes consultations with clients about the Atlantis rehabilitation centres and the Methadone Maintenance Therapy programme, as well as, on release, information on crisis centres, rehabilitation centres, self-help groups, and methadone maintenance centres in the civil sector.

## 2. *Basic Normative Documents*

In order to expand access to services for IDUs and PLHIV, Kyrgyzstan has adopted a state anti-drug policy. The country has strengthened its fight against drug addiction and drug trafficking. The legal basis for these activi-

ties is the Decree of the President of the Kyrgyz Republic, 'On Approval of the Concept for Combating the Spread of Drug Addiction and Illicit Drug Trafficking in the Kyrgyz Republic'. Other key documents are the state programme for the prevention of the HIV/AIDS epidemic and its socio-economic consequences in the Kyrgyz Republic for 2006–2010, aimed at creating new programmes and further developing the existing syringe exchange programmes in all regions of the Republic on the basis of state institutions and non-profit organisations. The aim of the programme was to strengthen the opportunities of existing programmes for injecting drug users.

In 2009, the Ministry of Health issued an order 'On the Opening of Syringe/Needle Exchange Points in Medical and Preventive Organisations in Bishkek and Chui Oblast'. According to this order, lists of SEPs in medical and preventive organisations in the Bishkek and Chui region as well as the standard for syringe and needle exchange services were approved. The standard regulates the requirements for premises, equipment, and the quality of medical supplies provided, as well as the procedure for syringe and needle exchange services, i.e. storage, collection, and disposal of used materials. In parallel, a body of operational documents and regulations was introduced to ensure the quality of syringe/needle exchange services and other harm reduction interventions and their availability, including:

- Clinical protocols for HIV infection, approved by the order of the Ministry of Health of the Kyrgyz Republic No. 29 of 22 January 2015.
- Order of the Ministry of Health of the Kyrgyz Republic No. 87 of 4 February 2016 'On Conducting Laboratory Diagnostics of HIV Infection in the Kyrgyz Republic'.
- Order of the State Penitentiary Service under the Ministry of Justice No. 123 of 18 March 2016 'On Approval of the Instruction on Prevention, Organisation of Examination and Treatment of HIV Infection and Sexually Transmitted Infections among Persons Held in the Institutions of the Penal System of the Kyrgyz Republic'. These documents regulate the diagnosis and treatment of HIV infection and sexually transmitted infections in prisons.
- Order of the State Penitentiary Service under the Ministry of Justice No. 602 of 28 November 2016 'On Approval of the Instruction on the Procedure and Conditions for the Provision of Narcological Assistance in Establishments of the Criminal Executive System for Persons with Mental Disorders Due to the Use of Psychoactive Substances'. This document regulates the procedure for rendering assistance to persons with drug addiction in prisons.

- The order of the SPS of the Ministry of Justice ‘On Approval of the Instruction for the Implementation of the Methadone Maintenance Programme and the Needle and Syringe Programme in the Institutions of the State Service for the Execution of Sentences under the Government of the Kyrgyz Republic’. This document regulates the implementation of NSP programmes and maintenance therapy in prisons.

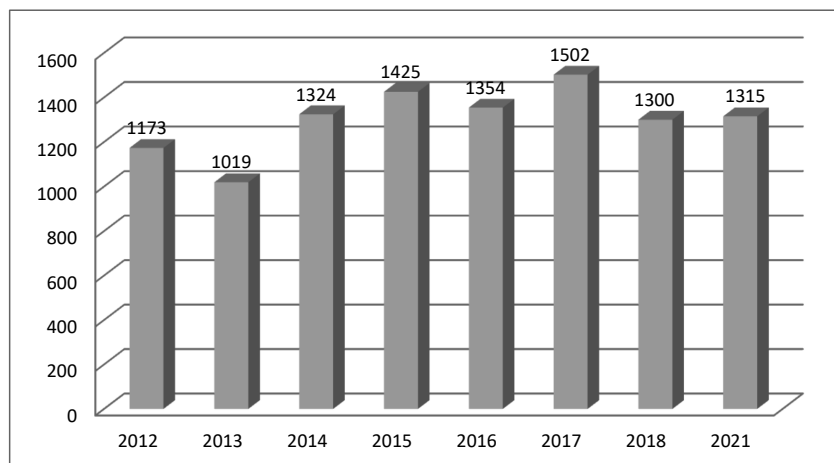


Figure 1. Number of Persons Covered in the SEP Project from 2012 to 2021

Source: Data from the RNC and GSIN 2022

### 3. Current Situation

As of 1 July 2017, the State Penitentiary Service under the Government of the Kyrgyz Republic operates 13 exchange points for syringes and needles in prisons and pre-trial detention centres. The SEPs are financially supported by the United Nations Development Programme with funding provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria and run under the project title ‘Effective Control of Tuberculosis and HIV in the Kyrgyz Republic’.

The structure of syringe and needle exchange locations is as follows:

- in Bishkek: 2 (IK-47 and pre-trial detention centre No. 1),
- in the Chui region: 9 (IK-1, 2, 3, 8, 16, 19, 27, 31; medical facility 31 TLB ,

- in the Jalal-Abad region: 1 (IK-10) and in Osh (pre-trial detention centre No. 5),
- in the Issyk-Kul region: 1 in Karakol (pre-trial detention centre No. 3).

As of 1 July 2017, the actual number of clients using syringe and needle exchange points was 1,502, out of which 13 were women (Harm Reduction International, 2018).

As of July 2019, there were 13 prisons in the penitentiary system; the number of clients was 1,643, of which 28 were women (AIDS Foundation East-West in the Kyrgyz Republic, 2019:19). According to the NEP programme, reporting data are provided quarterly to the UNDP Global Fund using reporting forms.

On a quarterly basis, the SEP coordinator, in conjunction with UNDP Global Fund experts, provided monitoring assessments on the quality of syringe exchange facilities in the institutions of the SEP.

Counselling for clients of the SEP programme is carried out on the issues of dependence, HIV testing, antiretroviral therapy for HIV, programme “equal-to-equal”, safe behaviour, and re-adaptation and reintegration into society.

The organisation of the SEP programme works by providing services to clients by facilitating the provision of the syringe or needle with minimum requirements for the provision of services to customers; organising training and skills development for the staff at the exchange point; creating safe and favourable working conditions for the personnel at the exchange point; holding staff meetings and solving various organisational issues; controlling the timely delivery of syringes and needles to the exchange point; controlling the transfer of used needles and syringes c issuing and collecting used medical products as well as IOM and other funds in prescribed amounts; ensuring the timely disposal of material in accordance with existing regulatory and legal documents; and carrying out timely maintenance of required accounting and reporting documents.

At the client level, the SEP programme provides clients with information and training on all issues related to reducing risky behaviour, preventing overdoses, etc. (mini-session); helps clients acquire skills that reduce risky sexual and injecting behaviour; bears material responsibility for entrusted property (medical devices, equipment, etc.); provides first aid to SEP clients, including overdose assistance, within their competence; and interacts with clients in a friendly manner, without stigma or discrimination.

All SEP officers complete training sessions and pass courses before taking direct responsibility in the programme and interacting with clients.



This training includes factual information on less dangerous drug use; ways of preparing and using drugs; forms of transmission of a viral infection, types of risk, and risk behaviour; and how to do HIV testing. It also includes basic medical information on infections and their treatment and how to work with equipment for the disposal of used injections. SEP officers also learn how to establish contacts, communicate with consumers, and counselling, how to work confidentially, and how to carry out pre- and post-test counselling.

#### 4. Coverage of the Syringe Exchange Points (SEP) Programme

Nº	Indicators of result	2017	2019	2021
1	Number of IDUs covered by preventive programmes	1,590	1,643	1,472
2	Number of NSP clients who have been tested for TB/STI/HIV	159	-	-
3	Number of NSP clients redirected and included in the OST programme	24	-	60
4	Number of NSP clients who have been tested for HIV (specify method) and who know their result	365	350	610
5	Number of NSP clients tested by drop of blood			23
6	Number of NSP clients tested by saliva			585
7	Number of NSP clients tested by blood sampling			2

Source: Data from the RCN and GSIN, 2022

#### 5. Regulations for SEP Activities in Penitentiary Institutions

The premises and equipment of the NSP facilities must comply with the minimum requirements for premises and equipment specified in the Harm Reduction and Service Implementation Standards, approved by the Order of the Ministry of Health of the KR No. 482 of 22 August 2014.

If it is not possible to organise several rooms for SEP, the rooms should be divided into zones for:

- the exchange of syringes;
- storage of consumables;
- consultations;
- HIV testing;
- storage of used material.

The qualitative and quantitative requirements of the supplied expendable material for IDUs should comply with the requirements specified in the Harm Reduction Implementation Standards.

Responsibility for organising the collection, storage, and disposal of used needles and syringes is carried by the staff of the NEP and the head of the medical and sanitary department of the institution.

The collection, storage, and disposal of used syringes and needles are carried out in accordance with the Order of the Ministry of Health of the Kyrgyz Republic No. 59 dated 18 February 2013, 'On the Improvement of the Safe Management System for Medical Waste in Healthcare Organisations'.

## 6. *Medical Services in the Penitentiary System*

The medical service of the State Penitentiary Service is a service that directly organises and monitors the activities of the SEP in the SPS. The medical service is responsible for the regular process of monitoring and evaluating the quality of SEPs and the proper maintenance of the necessary accounting and reporting documentation.

SEP services in institutions are managed directly by the head of the medical and sanitary unit of the institution. The personnel of the exchange point are appointed by the Chairman of the SPS. SEP staff must have certificates in harm reduction training and have a basic level of knowledge. The activities of all staff involved in the SEP should be organised in strict accordance with the approved job responsibilities and supervised by the head of the health unit and/or hospital.

The medical service of the SPS is responsible for the implementation of the syringe exchange programme in the institutions of the SSEP.

The medical service of the SPS determines the strategy for the development of preventive programmes and implements the following:

- the planning, organisation, and monitoring of ongoing work to reduce the demand for drugs and reduce the harm from drug use in the institutions of the State Penitentiary Service,
- coordination of the work of the NEP programme, as well as all services of the Central Office and the institutions of the SSEP,
- analysis of incoming information on the activities of harm reduction programmes and the submission of the information to the leadership of the State Penitentiary Service, and Ministry of Health of the Kyrgyz Republic,
- interaction with other government bodies, public associations, and international organisations on the harm reduction, prevention, and treatment of drug abuse.

The coordination of the interaction of all SSEP services required for the implementation of the NEP programme is carried out by the heads of the institutions in the central office of the SSEP and by the deputy chairman of the SSEP.

The leadership of the SPS, including the heads of institutions, ensure attitudes towards IDUs are free from stigma and discrimination. They also ensure the non-interference of operative regimes in the activities of NSPs, promote the effective operation of harm reduction programmes in accordance with the assigned tasks in the institutions, and provide assistance to ensure IDUs have unimpeded access to NSP services, including overdose prevention programmes.

All medical staff at penitentiary institutions informs and motivates convicted persons in custody about the drug treatment services available in the institution (detoxification, Clean Zone, Atlantis programmes, and SEP, including the prevention of overdoses).

The content of educational programmes states that employees of the educational services of the institution are obliged:

- to directly support the practical implementation of harm reduction programmes and all activities related to this,
- to inform and motivate convicted persons in custody about SEP (including the prevention of overdose), without using any forms of coercion,
- to have basic knowledge of HIV prevention, harm reduction, overdose prevention (including pre-hospital care skills in case of overdoses), and the use of naloxone,
- to not discriminate against drug users,

- to promote the work of SEP volunteers and prevent the confiscation and destruction of the expendable material distributed at the SEP by other employees of the institution.

### 7. *Operational Services in Penitentiary Institutions*

The employees of the operational services of institutions are obliged to acquire basic knowledge on HIV prevention, harm reduction, overdose prevention (including the pre-medical care skills in case of overdoses), and the use of naloxone. Moreover, employees need to know how to apply coercive procedural measures in strict compliance with the law. They are not allowed to use patients' drug dependence to obtain confessions.

Within the scope of the harm reduction programmes, prison staff members are required to not discriminate or infringe on patients' rights. They must not act rudely, or do or say anything that could offend patients' honour or dignity. They must treat them tactfully, show no hostile feelings, keep calm, and practise self-restraint at all times. They should not act in any way that may prevent the normal functioning of harm reduction programmes.

Other responsibilities include conducting routine searches of the methadone points of SEP and searching employees directly involved in harm reduction programmes. These routine measures are carried out strictly with the permission of the head of the institution of the SPS. The main rules do not allow the confiscation of naloxone ampoules from drug users, or the destruction of ampoules. Staff should not interfere with the work of the SEP volunteers in the framework of their duties.

The following is the list of mandatory accounting reporting documentation on the implementation of SEP in SSEP:

1. Registration journal of medical devices.
2. Register of syringe/needle returns.
3. Client redirection log.
4. Code register of customers.
5. Reports on the movement of medical devices.

Employees of the regime and duty services of institutions are obliged to provide direct assistance to the personnel of harm reduction programmes in ensuring the requirements of the regime and internal regulations at the sites of events are met. Employees of the regime and duty services should have basic knowledge of HIV prevention, harm reduction, overdose prevention (including first aid skills in case of overdoses), and the use of

naloxone. They should work with convicts and persons in custody on the prevention of violations and the suppression of unlawful acts, including those directed at the implementation of harm reduction programmes. As a part of the project training, full information was provided on the programme, with the help of international consultants.

### 8. *Overdose Prevention*

During a special launch event in 2017, the Commission on Narcotic Drugs in Vienna, UNODC, and WHO presented the ‘S-O-S Initiative’ (Stopping Overdose Safely), focusing on overdose prevention. Funded by the US State Department’s Bureau for International Narcotics and Law Enforcement Affairs (INL), the initiative was developed in response to the 2016 General Assembly Special Session on the World Drug Problem, as well as the CND resolution 55/7 on ‘Promoting Measures to Prevent Drug Overdose, in Particular Opioid Overdose’. The initiative aims to prevent opioid overdose deaths in line with the recommendations of the WHO guidelines on Community Management of Opioid Overdose (World Health Organization, 2014). The ultimate goal is to contribute towards reducing deaths by preventing opioid overdoses.

This is a complex intervention consisting of four main components to be implemented at city level and involving a range of stakeholders:

1. Training of Trainers: identification and training of trainers who will train other trainers in their project countries on community management of opioid overdose.
2. Training of Service Providers: identification and training of people who are in regular contact with people likely to witness opioid overdose and provision of naloxone and associated equipment to them for further dissemination of training and medication.
3. Identification and training people likely to witness opioid overdose in overdose resuscitation and management and provision of naloxone and associated equipment to them for use when needed.
4. Increasing access to naloxone in the community, e.g. through community pharmacies and other means, depending on what is feasible in the project city.

In the institutions of the State Penitentiary Service, cases of overdose among prisoners often occur. Some NGOs, including AFEW, have addressed this issue.

In order to help with overdoses, since 2009 penitentiary systems have been using naloxone, an antagonist of opioid receptors.

Naloxone is an effective way to prevent death from overdose and is handed out to SEP clients. The distribution of naloxone within the penitentiary system was first introduced in Colony No. 47 (the central hospital of the State Penitentiary Service) in 2008. By 2015, the WHO mission noted that there were eight OST sites in prisons (out of 16 prisons), where almost 400 patients – or almost one third of the total number of OST patients – were being treated. In 2015, the State Penitentiary Service planned to open another OST site. By 2015, OST was available for women (in Colony No. 2) and for patients with TB and infectious diseases (in Colony No. 31) (Subata, Moller, & Karymbaeva, 2016).

### 9. *HIV Testing in Prisons*

HIV testing of SEP clients in the institutions of the SSEP is carried out by trained medical personnel in two ways: by blood sampling (ELISA) and rapid saliva testing. Rapid HIV saliva-based testing has been conducted in all institutions of the SSEP since 2014, with the assistance of the Global Fund 34 medical staff were also trained in rapid HIV saliva-based testing, with the assistance of the Global Fund and USAID. Prior to the tests, pre-test counselling is conducted, and post-test counselling is provided after the test results are received. HIV testing for SEP clients is performed no more than once every six months (Joint United Nations Programme on HIV/AIDS, 2015).

### 10. *Access to Antiretroviral Therapy for SEP clients*

Since 2005, the Global Fund has been funding antiretroviral therapy (ARVT) in penitentiary institutions in Kyrgyzstan. ARVT prisoners are appointed by specially trained medical staff of the institutions of the State Penitentiary Service.

Immediately after the diagnosis of HIV infection, ARVT is assigned to NSP clients. HIV-infected prisoners are systematically monitored by medical personnel. IDUs who have been diagnosed with HIV for the first time receive a consultation with the epidemiologist of the medical service of the State Penitentiary Service, and they are immediately put on the dispensary records in the RC of AIDS.

Every month, all PLHIV receive consultations with the specialists of the Republican AIDS Center and tests are periodically conducted for CD4 and viral load. Employees of NSPs monitor their clients' adherence to ARVT.

### 11. Results of the Implementation of the NEP Programme

- Relative stabilisation of the spread of HIV/AIDS and other infections transmitted via injections.
- The involvement of injecting drug users in prevention programmes (NES, Atlantis, ZPTM, social support).
- Comprehensive approach to HIV/AIDS prevention – a wide range of services.
- Increasing the level of identification of PLHIV among prisoners and providing them with appropriate assistance (ART, mutual help groups).
- Changing the mentality of staff and prisoners regarding HIV/AIDS prevention.
- Improvement of the penitentiary personnel's working conditions and the convicts' detention conditions.
- Increased awareness among prisoners about transmission routes and risky behaviours.
- Changing the behaviour of programme participants (safe behaviour, improving physical health, employment, restoring relationships with family, social adaptation).
- Reducing the number of overdoses and overdose mortality.
- Cessation or reduction of drug use in SSEP institutions.
- Reduction of the social and legal consequences of drug use and the criminal behaviour of drug addicts.

NEP programmes are available both in communities and in prisons. NEP coverage in communities is quite high – 224 needles per person per year. NEP is now available in 13 prisons, whereas in 2013, it was available in just one (AIDS Foundation East-West in the Kyrgyz Republic, 2019:19).

### 12. Interaction and Cooperation with Other Organisations within the Programme

The staff members of syringe and needle exchange points cooperate with the following medical institutions and non-governmental organisations:

- Polyclinic of the Ministry of Internal Affairs of the Kyrgyz Republic – testing clients for sexually transmitted infections
- Republican AIDS Center – testing and laboratory diagnosis of clients for HIV infection using ELISA; counselling and monitoring of antiretroviral treatment in PLHIV
- Republican skin and venereal dispensary under the Ministry of Health of the Kyrgyz Republic – testing clients for sexually transmitted infections
- AIDS Foundation East-West in the Kyrgyz Republic
- Atlantis rehabilitation programme for people addicted to alcohol and drugs
- Center for Rehabilitation and Social Adaptation
- PB Rance Plus (Bishkek, Chui region)
- Parents against drugs (Osh region and Batken region)
- ‘Ulukman Daryger’ (Karakol)
- Healthy Generation (Jalal-Abad)
- ZIOM (Talas)
- Needle and syringe programmes of NGOs are sponsored by GFATM

In the GSIN system, there are two further programmes in addition to those listed above, implemented as part of the harm reduction strategy:

- Atlantis rehabilitation programme for people addicted to alcohol and drugs (12-step Minnesota addiction treatment model, lasting four to twelve months).
- Center for Rehabilitation and Social Adaptation (TsRSA) ‘Clean Zone’.

Upon completion of the 12-step addiction treatment programme at Atlantis, graduates (former PWID) stay in the Clean Zone until the completion of their term of imprisonment.

### 13. *Training Activities for Employees at Syringe Exchange Points*

Since the opening of NEP in the institutions of the penitentiary system, there has been a continuous need to train the medical personnel that is working in the programme. To this end, in 2006, the training manual ‘Harm Reduction in Prisons’ was developed by Raushan Abdildayeva, Chief Inspector of the Reform Department and coordinator of international HIV prevention programmes in prisons, and Natalia Pavlova, the psychotherapist of the Crisis Centre for Women and the Family ‘Sezim’, together with representatives of the penitentiary service of Moldova and



with the assistance of the AIDS Foundation East-West and the Harm Reduction Network of Central and Eastern Europe.

This guide is designed to help instructors to organise and conduct training seminars aimed at teaching HIV prevention methods in staff correctional institutions and prison management. Drug users play an important role here, as they can help other drug users learn safe behaviours.

Various aspects of harm reduction programmes include the following:

- Distribution of syringes (first organised at a number of correctional institutions in Switzerland, Germany, and Spain, first as a pilot project and then on an ongoing basis,
- Peer-to-peer programmes,
- Information support or training before release from prison to prepare drug-using prisoners for problems they may encounter when they leave prison (information about the increased risk of overdose after release, safer injection techniques, etc.) is already organised in several countries.

The main objectives of this guide were raising awareness of medical problems related to drug use, such as infectious diseases arising from the use of shared syringes and needles; raising the level of knowledge and skills of correctional staff in the field of harm reduction and the formation of a positive attitude among them towards risk reduction measures; assistance in the development of various channels for the dissemination of health information and support for prisoners and staff in correctional institutions; and the implementation of risk reduction measures.

The training programme 'Harm Reduction in Prisons' for the medical staff of the penitentiary service consists of three modules and is designed to be taught over three days:

- The first module is devoted to reviewing the problem of HIV/AIDS, in terms of the spread of HIV infections in the IDU environment. The second module focuses on the development of information and prevention programmes.
- The third module considers the development of harm reduction programmes.

The objectives of the training are providing an objective picture of the HIV/AIDS epidemic at the regional level in prisons; the presentation of the 'harm reduction' strategy in prisons in the context of HIV/AIDS prevention programmes; clarifying the main components of the harm reduction strategy: syringe exchange, condom distribution, counselling, the dissemination of information, and educational work; training personnel on the exchange of syringes in the IDU environment in correctional institutions;

training personnel as regards counselling, the dissemination of information, and educational work in correctional institutions; and the training of trainers to train staff for needle exchange, counselling, the dissemination of information, and educational work in correctional facilities. At the end of the training, all participants are given certificates.

In order to improve the awareness of the non-medical staff of the SSEP institutions on HIV prevention and harm reduction programmes, the NGO AIDS Foundation East-West AIDS organised mini sessions for the non-medical staff of the SPS in 2016 and 2017. In total, 350 non-medical staff from penitentiary system institutions participated in mini sessions over the course of the two years. In 2019, the mini sessions were conducted in all the colonies according to the programme and the compiled module. In each institution, mini sessions were held twice a day, at 10:00 and 13:00, with two groups of ten participants. The participants were provided with general information on HIV and AIDS. They discussed issues related to HIV transmission (how HIV is transmitted and under what circumstances HIV is not transmitted), measures for individual HIV prevention and sexual transmission, measures for prevention in the workplace, and post-contact prevention. Information was given on the four body fluids that contain the highest concentration of HIV and on window periods.

Detailed information was provided on methadone, the conditions for the adoption of the PTA programme, and the positive results from the introduction of the PTA and NSP programmes. The presentations also touched upon the issues of HIV treatment.

The participants were also provided with information on the implementation of methadone maintenance therapy programmes and needle and syringe exchange programmes in the institutions of the State Service for the Execution of Punishments under the Government of the Kyrgyz Republic.

#### 14. *Financing of the NEP Programme*

Since 2010, the NSP programme has been implemented in the institutions of the SSEP with funding from the Global Fund. The funds of the Global Fund cover the purchase of medical products (syringes, needles, condoms, informative and educational material, alcohol wipes, and express saliva-based tests for HIV) as well as additional bonuses for medical personnel working in the NSP programme.

In 2020, the funding from the Global Fund in Kyrgyzstan was terminated. At present, the programme is funded by the Kyrgyz state budget.

In the future, additional payments for NSP staff in the institutions of the STS will not be carried out. In this regard, it is necessary to look for other ways to continue the NSP programme – for example, installing a special syringe and needle machine, like in Germany, which does not require any workers to be hired. In 2018, the SEP programme was transferred to NGOs like AFEW Kyrgyzstan, Atlantis, CRSA etc. but it is still funded by the Global Fund. Funding is still provided for the implementation of the SEP programme in Kyrgyzstan. There are still some challenging problems with the implementation of the NEP programme in the institutions of the SSEP.

According to Deryabina and El-Sadr (2017), one of the most basic problems is the lack of medical personnel in the penitentiary system and lack of qualifications among medical staff. In a number of the country's largest colonies, there is a lack of medical staff with a higher medical education. All the work of maintaining the health of prisoners is fulfilled by a small team of paramedics. The lack of sufficient medical personnel in correctional facilities makes it difficult to implement preventive programmes.

There is also high staff turnover, due to the specifics of the working conditions, such as the low salaries of SPCS staff and weak material and technical bases at health units, making them unable to provide quality medical services in correctional facilities.

The complex specificity of the work is another issue. For example, medical workers are involved in performing duties that are not related to their professional activities, which adversely affects confidential relations between the patient convicts and medical personnel, thereby creating ethical problems and the problem of having to choose between subordination to operational management and the performance of medical duties. Often, the obligation to take care of patients contradicts the position of the administration, and medical staff has fundamental differences in the conditions of detention, medical services for convicts, and sanitary and epidemiological surveillance.

Insufficient supply of medicines is also challenging. There are difficulties in prescribing appropriate medical treatment for IDUs with somatic pathology and viral hepatitis C, and PLHIV with concomitant infections. In addition to the fact that the coverage of SEPs in the country lags far behind the recommendations of international organisations, the financing of these programmes entirely depends on external donors. The NEPs were fully funded by the GFATM HIV project, with no resources coming from national or local health budgets (Deryabina, A. et al. 2017). The NEPs are currently being implemented by AFEW with the help of GFATM and CDC (AIDS Foundation East-West in the Kyrgyz Republic, 2019: 22).

Another problem is the weak continuity of services between the prison and civilian sectors. It is very important for a prisoner who, for example, started to receive SEP services to be connected with an NGO that realises SEP programmes so that when they leave prison, they continue to exchange syringes and thus continue their safe behaviour.

### *Conclusion*

Despite the achievements and measures taken by the state and the non-governmental sector to provide quality HIV prevention activities, there are a number of gaps for sufficient coverage of recommendations of international organisations. In addition, the coverage of NSPs in the country lags far behind the recommendations of international organisations. The main barrier to attracting and retaining new clients to the opioid substitution therapy programme is mandatory drug registration, which creates grounds for violating the rights of people who use drugs, making them an easy target for police officers.

In this chapter, we discussed the history of the implementation of harm reduction programmes in Kyrgyz prisons normative documents relating to regulation harm reduction programmes and drug treatment, and the diagnosis and treatment of HIV infections and sexually transmitted infections in the criminal-executive system. Furthermore, we analysed SEP and NEP programme policies, activities, and results in Kyrgyzstan. The chapter elaborated on the problems in the implementation of the NEP programme in SPCS of Kyrgyz Republic. The findings reinforce the need for more active state participation, particularly in terms of funding issues because after the main GFATM HIV project ended, the number of SEPs in prisons decreased, which means coverage of PWID will be less consequently prevention of infectious and other diseases will be challenged.

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