

5 Kazakhstan: Social Work and Health in the Penitentiary System

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This chapter deals with the development of social work and health services in Kazakhstan's penitentiary system in the light of the systemic reforms. The steady reduction of the prison population reflects the changes in Kazakhstan's law enforcement system. The introduction of alternative means of punishment and the development of the probation service are key measures in addressing a number of issues: overcrowding, stigmatisation, criminal recidivism, and recourse limitations. Although a wide range of legal amendments have been launched over the past decade and fundamental international standards have been ratified, Kazakhstan still faces an urgent need for suitable policies regarding the well-being and health of the prison population.

Considering these issues, the main objectives of the chapter are to provide insights into social work and health services in Kazakhstan's penitentiary system, to understand their structural barriers, and to identify the potential for future developments. The chapter describes the legal basis of social work in Kazakhstan's prisons and provides information on the policy reforms in the field. The last section of the chapter sheds light on the current integration of prison health into public health services. The first positive results and the pitfalls of this reform are discussed in the context of evidence-based recommendations and international research data.

1. Social Work in Kazakhstan: Context, Reforms, and Institutionalisation

In order to understand social work and health services in prisons in Kazakhstan, it is necessary to provide information about the context of social work. Considering Kazakhstan as a case study, it is impossible not to focus on the enormous institutional changes in the field of human rights and political movements towards achieving greater social justice for citizens. With regard to the protection of human rights, this resulted in the adop-

tion of the Constitutional Law on the Human Rights Commissioner, who is today endowed with greater powers than before (Constitutional Law of the Republic of Kazakhstan, 2022). According to the new constitutional law, not only legal experts but also representatives from civil society with a background in social work can apply for the position of the Human Rights Commissioner.

Currently, Kazakhstan implements the ‘Human Rights Commissioner PLUS’ model, in which human rights protection is accompanied by a national preventive mechanism against torture (NPM) that conducts independent monitoring through both scheduled and special visits to prison institutions (Penal Reform International, 2013). Since 2014, the NPM has been introduced in all regions and its members have visited prison institutions to independently monitor and develop proposals for improving the maintenance of prisoners and ensuring their basic social rights. In each region, the branch office of the NPM includes one head of the representative office and two to three employees who, at any time, can visit penitentiary institutions in the region at the request of relatives or based on the appeals of the prisoners themselves.

People in prison can issue an electronic application or petition through the terminals installed in each prison facility in Kazakhstan. From 2014 to 2019, there were no social work experts among the members of the NPM. Since 2019, two academically trained social workers have been participating in the NPM’s monitoring visits in the largest cities, Astana and Almaty. Due to the fact that the involvement of social work specialists and their visits to prisons and detention institutions proved to be a useful, effective and practical instrument for developing recommendations, in December 2022, three social work graduates were additionally selected to join the NPM. This is also a key driver for strengthening the role of professional social work in the field of human rights protection in Kazakhstan.

Professional social work is also in demand at the expert level. Social workers at the macrosocial level have successfully performed as decision makers and policymakers. The head of the National Alliance of Professional Social Workers of Kazakhstan is a member of the Human Rights Expert Council under the Commissioner for Human Rights in the Republic of Kazakhstan. This fact may contribute to the active utilisation of social work tools and advocacy of the social work mission and mandate, which embrace movements towards social justice and the empowerment of each individual.

Human rights violations stem from a violation of basic social human rights. This is why the human rights approach in social work is one of the most relevant issues on the country’s agenda. In Kazakhstan, significant

policy reforms have been introduced in various areas of social, economic, and political life. The majority of these reforms are stipulated by the fundamental strategic programme 'New Kazakhstan, Fair Kazakhstan', which plays a conceptual role in the strengthening of social work at the highest level of public administration. Despite its youth as a profession in Kazakhstan, professional social work already has the prerequisites to be integrated into the penitentiary system framework. Kazakhstan plans to introduce social work into the system of penitentiary institutions in 2023, starting with a team of social workers for detained persons with disabilities who will organise their intra-prison support. This is a progressive move which is in line with the Mandela Rules, the UN Sustainable Development Goals, and the Constitution of the Republic of Kazakhstan.

In connection with changes in the socio-economic situation, as well as the institutionalisation and strengthening of power in the country, social policy approaches are being reviewed, with an emphasis on a client-oriented approach. The development of the Social Code is on the agenda. The president of the country noted that the Social Code should be a key element of the new 'social contract' (Vlast, 2021). It should be noted that in recent years, the initiatives to develop social work as a professional activity have also been supported by the Ministry of Labour and Social Protection, which is responsible for developing the social protection system and supports the idea of introducing a social worker position in penitentiary institutions in the near future.

2. *Legal Regulations for Social Work in Kazakhstan Prisons*

The basis of the legislation of the Republic of Kazakhstan in the penitentiary system is the Penal Code, adopted on 5 July 2014, No. 234-V. This Code is based on the Constitution of the Republic of Kazakhstan and the generally recognised principles and norms of international laws and other regulatory legal acts that establish the procedure and conditions for sentence serving and other measures of criminal law punishment.

International treaties ratified by the Republic of Kazakhstan have priority over national legislation and are applied directly, except when the application of the international treaty requires the issuance of a law.

The goals of the penal legislation of the Republic of Kazakhstan (2014) are the restoration of social justice, the correction of convicts, and the prevention of new criminal offenses by both convicts and other persons.

The tasks of the penal legislation encompass regulating the procedures and conditions for the execution and serving of sentences and other mea-

asures of criminal law influence. The legislation obliges the prison system to guarantee the rights and freedoms of the convicted and to assist them in the process of social adaptation.

The execution of punishments and other measures of criminal law influence is not intended to cause physical suffering or the violation of human dignity. The principles of penal legislation underline the importance of rights, freedoms and legitimate interests, and humanism while striving to impose differentiated, individualised, and rationalised measures of punishment with corrective actions. Correction is provided through a regime of serving a sentence, educational impact, positive social ties, socially useful work, education (primary, basic secondary, general secondary, technical, and vocational), and social impact.

Guardianship and public supervisory boards, committees of the parents of convicts, trade unions, labour collectives, public associations registered in accordance with the legislation of the Republic of Kazakhstan, religious associations, public and charitable foundations, political parties, other organisations, and citizens can all participate in the correction of convicts by getting involved in sociological and other kinds of monitoring, public discussion surrounding the development of legal acts, humanitarian and charitable campaigns, and NGO programmes.

Convicts in penitentiary institutions have the right to be informed about the procedures and conditions for sentence serving, to file a petition for pardon addressed to the President of the Republic of Kazakhstan, to send oral and written proposal, statements, and complaints to the administration of the penal institutions, courts, prosecutors, and public associations, to give explanations, conduct correspondence, and submit proposals, applications, and complaints in their native language or in any other language that they know, or to receive the services of an interpreter or translator. The Penal Code ensures convicts' right to qualified legal assistance, health protection and qualified medical care, psychological assistance from the psychological service of the penal institution, social and pension provision in accordance with public legislation, safe working conditions, rest, vacation, and wages in accordance with the labour legislation of the Republic of Kazakhstan.

Convicts who have a speech, hearing, or vision impairment have the right to use the services of specialists who know the Dactyl sign language or Braille. Convicts cannot be subjected to clinical trials. Persons sentenced to punishments not related to deprivation of liberty who have mental or behavioural disorders, including those associated with the use of psychoactive substances that do not cause psychosis, are subject to com-

pulsory medical measures in accordance with the Criminal Code of the Republic of Kazakhstan.

In the case of sentenced persons who need treatment for mental or behavioural disorders associated with the use of psychoactive substances, compulsory medical measures are carried out in penitentiary institutions. Sentenced persons suffering from tuberculosis or other infectious diseases who have not completed a full course of treatment also receive compulsory treatment.

With regard to persons sentenced to imprisonment for committing a crime against the sexual inviolability of minors, the administration of the institution – not later than six months before the expiration of the prison sentence – sends materials to the court to request a forensic psychiatric examination to establish whether the individual has any mental deviations or tendencies towards sexual violence. The provisions outlined here do not apply to convicts who, following a court decision, receive compulsory medical treatment in connection with a mental disorder. Convicts engaged in labour are subject to compulsory social insurance in accordance with the legislation of the Republic of Kazakhstan. Convicted women are provided with social benefits in case of loss of income due to pregnancy and childbirth in accordance with the legislation of the Republic of Kazakhstan on compulsory social insurance. Convicts have the right to social and pension provision in accordance with the legislation of the Republic of Kazakhstan. With regard to convicts serving deprivation of liberty sentences in institutions, the operation of voluntary medical insurance is suspended until the end of their sentence.

According to Article 125 of the Penal Code, the administration of penitentiary institutions provides social adaptation and psychological support for convicts on an individual basis and in accordance with their needs. Social adaptation is carried out in various forms, including the development of individual social programmes and the provision of legal assistance. The Code states the key role of state bodies, local executive bodies, and communities in strengthening positive social ties and resocialisation processes.

In order to correct convicts, the administration of the institution contributes to the restoration of their social status as a full member of society and their return to an independent life in society on the basis of the rule of law and generally accepted norms of behaviour (resocialisation).

Involved in the educational work with convicts is a psychologist who diagnoses the individual psychological characteristics of each convict's personality and provides psychological assistance to convicts in adapting to conditions of isolation, the social environment, and the regime of detention; optimising interpersonal relationships; and preparing for release.

According to Article 125 of the Penal Code, organisations of convicts are created on a voluntary basis, working under the control of the administration of the institution in order to facilitate the correction of convicts in penitentiary institutions.

The voluntary organisations aim to facilitate a positive moral and psychological climate in the institution, develop positive social connections between convicts, support the socially useful initiatives of convicts, assist in mental, professional, and physical development, and organise work, life, and leisure in penal institutions.

In institutions, it is guaranteed that convicts under thirty years of age must receive primary, basic secondary, or general secondary education (Article 127 of the Penal Code of the Republic of Kazakhstan), while prisoners over thirty years old and convicts with disabilities receive primary, basic secondary, or general secondary education at their request.

3. Socially Oriented Reforms of the Penal System in Kazakhstan

The Constitution of the Republic of Kazakhstan affirms the social nature of the state, the highest value of which is the individual, his rights, and his freedoms (Article 1). The Constitution declares that human rights and liberties determine the content and application of laws and other legal acts (Article 12), excludes the possibility of discrimination on any grounds (Article 14), and emphasises the inviolability of human dignity (Article 17).

The process of the formation and development of prisons in Kazakhstan can be divided into two stages: Stage I: from October 1917 to the late 1920s, characterised by the development and adoption of normative acts regulating the activity of prisons on the basis of the experiences of the penitentiary systems of Western Europe and the USA, and the practical implementation of these acts, as prisons were not transformed into educational institutions. Stage II: from the mid- 1930s to 1991.

The main goals of prison reform is to stop the growth of the prison population since Kazakhstan once ranked 33rd in the world in terms of the number of people held in colonies and prisons. There were 316 convicts per 100,000 population. This was twice as high as the international average.

In 2013, the country held its first Prison Reform Forum. This forum became a platform for discussing a strategy for Kazakhstan to move out of the top 50 countries with the largest prison populations. An important

argument in favour of prison reform is economic, since in 2012 the maintenance of one prisoner cost the Kazakh treasury 580 thousand tenge.

The Penal Code of the Republic of Kazakhstan was adopted on 16 July 1997 and came into force on 1 January 1998. It culminated in developing and applying the 1959 Penal Code of the Kazakh SSR, which had been amended and added to over thirty-five years.

Since 1997, Kazakhstan has significantly increased the length of the prison sentences it issues for the most common offenses. From 1997 to 2007, the cost of maintaining Kazakhstan's prison system grew steadily, while the number of convicts did not change, and the level of post-penitentiary recidivism remained very high (Turetskiy, 2022).

As a result of this situation, in 2009, the Legal Policy Concept set the objective of bringing the penal enforcement system closer to generally accepted international standards. In 2010, the President signed a decree on measures to improve the effectiveness of law enforcement and the judicial system in the Republic of Kazakhstan (Decree of the President of the Republic of Kazakhstan, 2022).

In 2012, Kazakhstan adopted the 'Programme for the Development of the Penal and Correctional System for 2012–2015'. The need to revise domestic prison policy included a wide range of measures: support for alternative sentences and preventive measures, revision of legislation and reduction of sentences, full-scale introduction of probation, changes in sentence terms, and provision of jobs for prisoners. In 2012, the probation service was established in Kazakhstan, in pilot mode and only for those who had been conditionally convicted.

To significantly reduce the number of prisoners, some offenses were decriminalised, the scope of non-custodial sentences was expanded, and maximum prison sentences were reduced for certain crimes. The new Penal Code, the Criminal Procedure Code, and the Penal Enforcement Code entered into force in 2015 (D.Kanafin, 2022).

In recent years, Kazakhstan has moved towards changing its penal and correctional practices. The new Penal Code is based on the Constitution of the Republic of Kazakhstan and the social values and universally recognised principles and norms of international law enshrined therein. It contains several fundamental provisions that distinguish it from the old Penal Code and are primarily aimed at protecting the individual, society, and the state.

The government recognises the importance of the development of the penal and correctional system. The reforms carried out in the penal and correctional system are, first and foremost, purposeful improvements of

legislation and a systematic transition from an outdated mechanism to a modern model.

The organization International Prison Reform played an important role in the reform of Kazakhstan's prison system and in the introduction of alternative non-custodial measures. In addition to the issues of humanisation, resocialisation, and support of external relations with relatives, the deputies are concerned about the employment of former prisoners. In order to transfer production to the management of the prison institution, the deputies are developing appropriate bills to amend the legislative framework.

In order to change the public perception of prisoners as people lost to society, it is necessary to involve non-governmental organisations, according to the Government of the Republic of Kazakhstan. Taking international experiences into account, the deputies believe that NGOs can play a central role here. However, among the factors hindering the implementation of activities in this area within the framework of the state social order are insufficient material and technical basis; the short-term implementation of projects; lack of effective interaction between NGOs, the state, and business structures; and a mismatch between the real problems of the population and the lack of methodological support from the state. In terms of prison reform, a special role was played by Penal Reform International, a global non-governmental organisation working on criminal justice reform around the world.

Since 2013, 14 penal colonies have been closed in the Republic of Kazakhstan. There are now 80 institutions (64 colonies and 16 pre-trial detention centres), in which 33,000 convicts and remand prisoners are held.

Under Article 89 of the Penal Enforcement Code, the modern prison system consists of the following types of institutions: minimum security institutions, medium security institutions, medium security institutions for the detention of juveniles, maximum security institutions, extreme security institutions, total security institutions, and mixed security institutions.

In 2015, the state programme '100 Concrete Steps to Implement the Five Institutional Reforms' was adopted. In 2016, six public-private partnership (PPP) projects were developed for the construction of specialised correctional facilities. After evaluating these projects, it was decided to abandon the plans to build new penitentiary as PPPs. In addition, the government decided to change the legal form of the existing correctional facilities (Davydova, 2017).

However, due to a lack of investors, this proposed reconstruction was never carried out. Similarly, the attempt to shift responsibility for the work of the probation service and resocialisation of convicts from the penitentiary system to *akimats* and health care, justice, labour, and social welfare authorities led to a sharp increase in post-penitentiary recidivism. Thus, the Committee of the Penal and Correctional System was not ready for the reforms that were planned in 2015.

The implementation of the Mandela Rules into the national legislation started in 2015. This introduced four forms of probation (pre-trial, sentencing, penitentiary, and post-penitentiary). Since then, the quality of social, legal, and psychological assistance to people in prison has improved. Digitalisation is actively being introduced in the penal system and services as an additional tool to ensure the rights of convicts are observed.

Efforts are being made to improve the legal situation of convicted persons. From January 2020, for example, amendments were made to criminal and criminal procedural legislation that simplified the procedure for transferring prisoners to their place of residence. The process for sharing an inmate to a penal colony at their place of residence was also simplified; restrictions on the transfer of medicines were lifted; deadlines for the consideration of applications for release on the grounds of illness were reduced; and the right to submit applications electronically was granted. Following the Presidential Decree on Further Measures in the Field of Human Rights, a relevant Priority Action Plan is being implemented.

The *Majilis*, the lower house of the Parliament of Kazakhstan, introduced amendments to the legislation of Kazakhstan regarding the possibility for convicted women to stay with their children for an additional year after the child reaches the age of three. This is aimed at preserving the social ties between convicted mothers and their children and the possibility of organising the educational process and development of the children in a children's home.

It has been proposed to provide in Article 75 of the Criminal Code a norm allowing the court to apply deferment of punishment to convicted persons who have a serious illness when sentencing them to imprisonment. If this proposed amendment is adopted, when sentencing a person, the court will have the opportunity to apply deferment of serving the sentence if the defendant has a serious illness. This will give the condemned person an opportunity to receive timely, qualified treatment in civil medical institutions.

In order to provide more effective education to convicts, it has been proposed to make amendments to the Criminal Code to detain those serving their first prison sentence separately from those who have already

completed a prison sentence (Consultative document, 2022). To facilitate constant monitoring in real time and prevent possible offenses being committed by inmates and staff, the idea of providing full video surveillance of penitentiary institutions (with no blind spots) is being considered, on the instructions of the President of the Republic of Kazakhstan.

Criminal justice reform has reduced the number of convicted prisoners and detainees from around 63,600 (2010) to around 35,200 (2018).

Table 1: Prison Population Trends (World Prison Brief data, 2021)

Year	Prison population total	Prison population rate
2010	63,643	393
2012	52,338	314
2014	49,821	289
2016	39,179	221
2018	35,219	192

However, according to the RK Prosecutor General’s Office, the number of repeat offences by convicts on probation has quadrupled, from 248 cases in 2016 to 938 cases in 2017, while the overall reduction in criminal offenses compared to 2016 was 12%. Inspections carried out in 2018 at the request of the Prosecutor General revealed the lack of the coordinating role of local executive bodies in the resocialisation of convicts and insufficient cooperation between health, justice, labour, and social welfare agencies (Stativkina, 2018).

In 2018, the Strategic Development Plan of the Republic of Kazakhstan 2025 was approved, which includes seven reforms that are global in nature for Kazakhstan. (Legal acts, 2022).

The following provisions of the Strategic Plan 2025 are relevant for the development of the penitentiary reform programme. The ‘Strategic Plan – 2025’ is a working document of the government created to implement the tasks of the third modernisation, which includes seven reforms that have a global nature for Kazakhstan, directly affecting millions of Kazakhstani people. Prison reform is one of the components of the global reforms and is conducted in accordance with its principles and objectives. State, business and civil society participate in prison reform.

Initiative 4.3, ‘Further Humanisation of the Criminal and Administrative and Social Legislation’ – possibilities will be identified for further humanising criminal policies, primarily in the area of economic crime,

taking into account risks to the rule of law. Further work on the decriminalisation and humanisation of economic criminal offences with a low degree of public danger, including tax, customs, and others, is planned.

Initiative 4.4, 'Modernisation of Criminal Proceedings' – envisages the gradual introduction of a pre-trial process model based on the principles of developed countries, which implies strengthening the guarantees of human rights protection against unjustified involvement in criminal proceedings, reducing prosecutorial bias, and increasing objectivity in making procedural decisions in criminal cases. The adversarial principle will be introduced more broadly, giving the defence more significant opportunities to gather evidence and present it to the court.

Initiative 4.5, 'Development of the Law Enforcement System' – the development of law enforcement agencies and the improvement of their forms and methods of operation will continue.

Initiative 4.14, 'Improvement of Penal Measures' – the scope of application of non-custodial criminal sanctions will be expanded. The system of executing criminal sanctions will be brought closer to international standards. Personal security and respect for the rights and legitimate interests of persons serving this type of punishment will be ensured in places of deprivation of liberty (On approval of the Strategic Plan, 2022).

In order to further improve the penal and correctional legislation and the penal system and to enhance the efficiency of penal and correctional activities in the Republic of Kazakhstan, it is necessary to continue the implementation of international legal acts in the treatment of prisoners and their harmonisation with the norms and institutions of the national penal and correctional legislation. It is necessary to enhance its role and significance in the system of legislative regulation of interaction between the state and civil society in crime prevention.

Kazakhstan has ratified the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, thus committing itself to establishing a National Preventive Mechanism (NPM) in the country (Law on Ratification of the Optional Protocol, 2008). On 2 July 2013, the Law of the Republic of Kazakhstan 'On Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on the Creation of a National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment' was adopted (Law on the Establishment of the NPM, 2013).

In April 2014, the NPM in Kazakhstan began work on the prevention of torture and other cruel, inhuman, or degrading treatment or punishment.

The NPM was established as part of the implementation of the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. Its main purpose is to prevent and combat torture and ill treatment and to eliminate the causes and conditions contributing to them in places of detention and restriction of freedom. All prisons are subject to preventive visits by NPM participants.

The aims and objectives of NPM, its conditions, the rights and obligations of its participants, and the requirements for applicants are set out in the Penal Enforcement Code of the Republic of Kazakhstan, the Code on Public Health and the Health Care System, and the laws on the rights of children in the Republic of Kazakhstan, on special social services, on preventing juvenile delinquency, child neglect, and homelessness, and on compulsory treatment for alcohol, drug, and toxic addiction (Information of the Commissioner for Human Rights [Ombudsman] in the Republic of Kazakhstan Concerning the National Preventive Mechanism Under the Optional Protocol to the Convention against Torture, 2022).

Elected NPM participants might be members of public monitoring commissions, public associations, or social NGOs; lawyers; social workers; or doctors. NPM participants are divided into regional groups, a purely practical solution for a ninth largest country in the world.

In the few years of the NPM's existence, its participants have managed to identify a number of serious violations in the work of law enforcement bodies and prison administration related to the detention conditions, torture, ill treatment, and punishment of persons deprived of their liberty, which triggered the modernisation of law enforcement agencies and the implementation of institutional reforms in the rule of law. Thus, in order to implement international commitments and domestic policy objectives, the Office of the Prosecutor General of Kazakhstan initiated the project 'Towards a society without torture'.

The project is aimed at developing a comprehensive system of measures to prevent, investigate, and rehabilitate cases of torture and ill treatment in Kazakhstan.

The NPM has managed to improve detention conditions in the country's closed institutions; modernise medical rooms; recruit staff, taking gender considerations into account, and ensure the presence of male and female staff in temporary detention facilities (East Kazakhstan and South Kazakhstan regions), special reception centres (East Kazakhstan region), and juvenile adaptation centres (South Kazakhstan region).

Recommendations made by NPM participants for closed institutions in the South Kazakhstan and Pavlodar regions helped in the development of special infrastructure for persons with disabilities.

At the same time, the penal and correctional legislation of the Republic of Kazakhstan provides for public control over the observance of prisoners' rights in penitentiary facilities. The lawmakers name public monitoring commissions (PMCs) among the parties that can exert such control. PMCs enjoy the right to visit penal facilities of the Ministry of Internal Affairs, meet with inmates, check the conditions of their detention, and assess the status of the protection of the rights and legitimate interests of inmates in specific institutions.

However, despite the significant progress that has been made, the NPM in Kazakhstan must continue to improve. In particular, the creation of a separate law on NPM in Kazakhstan remains an open question. At the same time, maintaining a fragmented reference to NPM in various laws and codes is also important in terms of the mechanism's visibility. Other challenges facing the NPM in Kazakhstan include increasing its independence through the transfer of NPM budgeting functions to the NPM Coordinating Council, establishing a separate law on the NPM Ombudsman's activities, and creating a separate NPM Law. The question of creating a separate law on the activities of the Ombudsman for Human Rights in the RK would involve enshrining in that law its functions in coordinating NPM activities and expanding its staff, as well as the aim of creating a separate unit to support NPM activities.

Thus, NPM and PMC activities combine and complement each other, which contributes to better differentiation of public control measures. Undoubtedly, this is a positive development related to the implementation of the 2010 Concept.

4. Prisoner Health and Medical Services

A vast array of research and social projects highlight the unprecedented degree of distress and vulnerability of various kinds that imprisoned people face as part of their criminal punishment. Incarceration based on the principle of specific and general deterrence entails a myriad of moral and material disturbances that increase the economic, social, and health risks for individuals and communities. Objectively, intensity of stress is associated with numerous mental diseases registered in prison populations all around the world. A recent international meta-analysis by Facer-Irwin et al. (2019) confirmed that the prevalence of PTSD in prison populations is, like other mental disorders, significantly higher than in community populations, with a pooled point prevalence of 6% in male prisoners and 21% in female prisoners.

This dramatic difference between the prison and community populations stems from the fact that prison populations have inappropriate access to the qualified and advanced health services available to the general population. With overcrowding and poor hygienic conditions, incarceration all around the world is associated with the higher likelihood of contracting infectious diseases that could undermine anti-epidemic and anti-pandemic policies of whole states and geographical regions, including those in place for general population (Wali et al., 2019).

In the Central Asian region, Kazakhstan – alongside Turkmenistan – has taken a leading position in the ranking of prisoner numbers for more than three decades, despite the downward trend in the country's prison population rate (per 100,000), with a reduction from 520 in 2000 to 177 in 2017. According to the International Centre for Prison Studies (ICPS), Kazakhstan ranks 55th in terms of the total number of prisoners (World Prison Brief, 2022). According to the Consolidated Report of the National Preventive Mechanism in 2019, there were 17 departments, 82 institutions (66 corrective colonies and 16 pre-trial detention centres), and 246 probation service departments in the national penitentiary system structure (Human Rights Commissioner in the Republic of Kazakhstan, 2022). Figure 1 illustrates the dynamics of the prison population across a 17-year period (absolute value) (Bureau of National Statistics of the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan, 2022). As can be seen from the figure, during the Covid-19 pandemic, the number of imprisoned people has increased, which contradicts the worldwide trend and should be considered as an additional challenge for the system of social and health services in prisons.

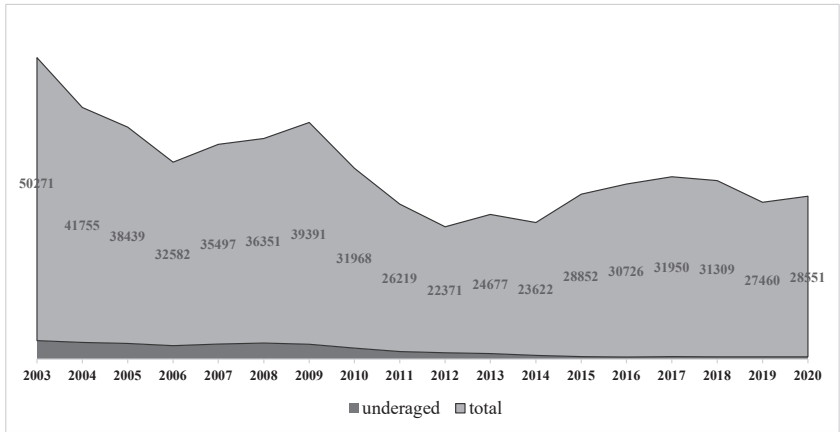


Figure 1: Size of the Prison Population in Kazakhstan, 2003–2020

As of May 2022, the number of penitentiary institutions has decreased to 80, with 16 pre-trial detention centres, three correctional facilities for women, and one mother-child prison (for children up to the age of three). Penitentiary institutions differ in form and exercise various levels of social restrictions. As described above, all the regulations and organisational standards of penitentiary processes are provided in accordance with the Penal Code, established 5 July 2014.

Among other basic rights and human guarantees for convicted persons, the Code also includes the right to protection of health and to receive adequate medical treatment in accordance with the legislation of the Republic of Kazakhstan in the field of health care services. Furthermore, psychological aid and social security with pension benefits are stated as well-being guarantees in Kazakhstan's prisons. Additionally, the issues of medical and sanitary provision are regulated by Article 117 of the Penal Code. It is stated that '... medical assistance to convicts is provided in accordance with the legislation of the Republic of Kazakhstan in the field of healthcare', which in turn is regulated by the Code 'On Public Health and Healthcare Systems', established in 2020.

The Penal Code establishes the structural framework of prison medical settings, which encompasses somatic, psychiatric, and tuberculosis hospitals, medical units, and medical stations. As of May 2022, penitentiary medical facilities in Kazakhstan were comprised of 48 medical departments in prisons, 16 medical units in residential corrective colonies, and 16 medical chambers in pre-trial detention centres. All the medical divi-

sions provide primary and secondary medical care. Currently, in-patient medical-care centres include one hospital for somatic diseases, one hospital for mental diseases, and two for tuberculosis.

Compared to previous years, in 2022, there was a reduction in the number of prison medical centres. This was due to the steady decrease in the prison population as well as the growing role of primary and secondary public health services that are also available to prisoners.

The process of transferring the medical service from the Ministry of Internal Affairs to the Ministry of Healthcare started in 2020 and included the adaptation of legal acts and Article 143 of the Code, 'On Public Health and Healthcare Systems.' As a result, convicted people are now able to receive medical support for free, as stipulated in the Guaranteed Basic Package of Free Medical Services. It is claimed that the coverage of the Package is equal for all Kazakhstani residents and includes emergency and primary health services and treatment of HIV, tuberculosis, and other infectious diseases as well as chronic diseases and mental disorders (including substance abuse). The medical services that go beyond the Basic Package (e.g. tertiary treatment, planned surgical operations) are provided by the Mandatory Medical Insurance Programme and are fully subsidised for convicted people by the state (with the exception of prisoners placed in minimal security penitentiary settings, who are required to pay insurance fees themselves).

In addition to the Codes, the practical aspects of medical support in prisons are regulated by several orders launched by the Ministries of Internal Affairs and Public Health. For instance, the most overarching legal order in the field, 'Rules of Medical Help Provisions for People Sentenced to Prison Punishment and Those in Pre-Detention Centres', embraces a diverse array of organisational procedures for HIV and tuberculosis prevention, drug addiction treatment in prisons, sanitary and hygienic control, maternity and child support, and pharmaceutical provision. According to the Rules (Ministry of Internal Affairs, 2020), people in prison settings receive medical support from both penitentiary and public health specialists. In practice, all of Kazakhstan's prisoners can receive basic medical services from primary public health facilities, according to the principle of catchment area jurisdictions. For the last several years, general practitioners have provided prisoners with screening tests for oncopathology and free vaccinations (including Covid-19 vaccinations).

Furthermore, general practitioners, in collaboration with prison medical specialists, have undertaken annual medical check-ups for prisoners with referrals to community medical specialists, if necessary. The active referral of prison patients to public HIV and anti-tuberculosis services,

with regular consultations and therapy provision, has been practiced in Kazakhstan for the last decade. Namely, as of August 2022, according to the official information of the governmental bodies, 1,350 HIV-positive incarcerated people had received antiretroviral treatment (ART), with a 67% effectiveness of viral suppression. Meanwhile, the issue of HIV in Kazakhstan's prisons remains.

In 2019, the HIV prevalence in penitentiary settings was as high as 3.6%. The majority of HIV cases stem from injection transmission due to drug addictions. According to the national epidemiological sentinel data, the estimated number of drug-dependent prisoners with HIV was 1,539 in 2019 (Kazakh Scientific Center of Dermatology and Infectious Diseases, 2020). In terms of tuberculosis measures, the reduction of the prison population, active implementation of fluorographic screenings, and higher utilisation of standardised treatment protocols led to a 14.3% reduction in the number of tuberculosis cases between 2014 and 2018 (Dadu et al., 2021). Strengthening tuberculosis diagnostic capacities as well as increasing the awareness and competencies in this field are highlighted as key milestones in the National Comprehensive Plan for the development of the Anti-Tuberculosis Service in the Republic of Kazakhstan for 2021–2025 (Government Decree, 2021).

In contrast to the aforementioned diagnoses, substance abuse is treated only within the penitentiary setting, by staff psychiatrists/narcologists. Treatment for addiction in Kazakhstan's prisons is substantially limited and inadequate in comparison with the services available in the country's public health sector. According to the official information of the Head of the Medical Chamber of the Penal System Committee, there were 1,126 registered prisoners with drug addictions as of April 2022, with an upward trend having been seen over the last three years. Likewise, the number of prisoners with alcohol addiction rose from 1,218 in 2019 to 1,434 in 2021. Only patients registered as having a drug dependency are entitled to receive the limited, basic treatment services available within the penitentiary system, but even they have neither access to systematic, evidence-based medical and rehabilitation interventions nor to tertiary consultations with public psychiatrists or narcologists.

To the best of our knowledge, the services of psychologists who are employed in prisons do not include addiction screenings or assessments focusing exclusively on suicide prevention and whether prisoners are prone to aggression, self-injury, or extremism. In most cases, support for addicted prisoners includes sporadic courses of medication following the cessation of acute withdrawal symptoms (rapid immunoassay testing every three months). Information on the prevalence of opioid poisoning in Kaza-

khstan's prisons is, to the best of our knowledge, not available. To date, it has not been possible to provide naloxone in the country's penitentiary facilities, as the drug is not registered within the country's pharmacovigilance system (Dietze et al., 2022; Sajwani & Williams, 2022).

The majority of substance-abusing prisoners with an officially registered diagnosis receive compulsory treatment by court order. Meanwhile, evidence-based interventions (such as harm reduction through syringe exchange programmes, opiate substitution therapy (OST), peer interventions, psychotherapy, psychological consultations, and motivational interviews) are not available in Kazakhstan prisons (Eurasian Harm Reduction Association, 2021). According to legal standards, following the termination of compulsory treatment within penitentiary medical facilities, convicts have to be under medical observation for five years. If this five-year medical observation period has not been completed upon release from prison, individuals can continue to be observed by mental health centres within the public health sector. To the best of our knowledge, there are no special medical standards on the services and treatment/ interventions provided during the observational period. In practice, compulsory monitoring stipulates a series of clinical interviews, whereby any interventions other than sobriety controlling are beyond the scope of anti-relapse approaches (UNODC, Regional Office for Central Asia; Canadian HIV/AIDS Legal Network, 2010).

NGOs and public HIV centres are responsible for the distribution of harm reduction services, condoms, and informational material in prisons. These activities meet the standards for key groups in the general population, without any adaptation to the context of the prison population (Kazakh Scientific Center of Dermatology and Infectious Diseases, 2020). Systemic monitoring and statistical data on the harm reduction coverage in Kazakhstan prisons are not available, although trace information can be found sporadically in short reports and conference materials provided by the national HIV service provider. In 2017, 710,119 condoms were distributed in places of detention, 2.7 times as many as were distributed in 2016 (258,467). The number of informational documents distributed also increased between 2016 and 2017 (from 55,597 to 110,439) (Shailoobek et al., 2020).

To generalise, legal acts regarding medical services for prisoners have been actively established and amended over the last decade, which is an indicator of overarching reforms within the framework of the national Conception of Legal Policy, which claims to follow the principles of the 'human-centred' model of public administration and humanisation of the penitentiary sector (Decree of the President of the Republic of Kazakhstan,

2021). On the other hand, these reforms have faced a range of challenges and can hardly address the practical issues. For example, Dochshanov & Kravchenko (2015) pointed to inconsistencies in the medical services, which depend on the availability of healthcare resources in the region. The authors pointed out the financial inadequacy of the insurance packages allocated to prison population health, which contributes to pronounced medical and social disadvantages in comparison with the general population. This is exacerbated by the low level of clinical expertise among penitentiary medics, which has been indicated not only by academic experts but also by human rights organisations and international bodies (Human Rights Commissioner in the Republic of Kazakhstan, 2022; Todts et al., 2021).

This can be seen in the fact that the quantitative data on the work of the health and medical services obtained from Kazakhstan’s committee of the penitentiary system reveal a downward trend in the staff and equipment capacities of prison medical divisions, alongside a significant increase in the prison population from 2019 to 2021. Table 2 shows a steady decrease in the number of inpatient beds for the treatment of mental diseases, tuberculosis, and other somatic pathologies, while the number of prisoners with infectious diseases (HIV/AIDS, hepatitis B and C, and tuberculosis) has been on the rise since 2019 (+19%). Poor staffing coverage for the prison population (4.11 staff members per 100 prisoners in 2021) is also a cause for concern, considering the key role that trained medical specialists play in delivering prompt and qualified help within the confinement circumstances and for patients with multiple health problems.

Table 2: Health Care Provision for the Prison Population in Kazakhstan

Characteristics	2017	2018	2019	2020	2021
Number of prisoners (males/females)	33,244 30,343/ 2,901	29,875 27,638/ 2,237	28,137 26,153/ 1,984	29,976 27,992/ 1,984	33,599 31,257/ 2,342
Number of prisoners with infectious diseases (HIV/AIDS, hepatitis B and C, tuberculosis) (males/females)	2,816 2,655/ 161	2,534 2,367/ 167	2,133 1,981/152	2,520 2,300/220	2,545 2,363/182
Number of patients registered for socially significant diseases*	4,174	4,158	3,768	4,121	4,318

Number of prisoners undergoing compulsory drug treatment	1,371	1,124	980	869	719
Number of medical staff positions (doctors, nurses)	1472.5	1471.5	1425	1429	1382.25
Number of narcologists, psychiatrists, phthisiatricians, psychologists	196.25	194	179.25	171.5	163.25
Number of inpatient beds in somatic, psychiatric, and tuberculosis hospitals	1,330	1,330	1,220	1,120	1,010
Number of dental offices	71	69	67	67	64
Number of preventive activities in cooperation with AIDS centres (number of distributed condoms and informational and educational documents)	16,109 58,877/ 20,392	17,074 94,830/ 18,234	26,254 100,928/ 19,874	4,805 107,640/ 12,619	4,962 51,403/ 10,960

* Socially significant diseases are diseases predominantly caused by socio-economic conditions, that are detrimental to society, and that require social protection for the individual (HIV, tuberculosis, acute myocardial infarction, rheumatism, systemic connective tissue diseases, degenerative diseases of the nervous system, demyelinating diseases of the central nervous system, orphan diseases, mental and behavioural disorders, diabetes mellitus, malignant neoplasms, chronic viral hepatitis and cirrhosis, cerebral palsy).

To fully understand the context of medical support as a key part of the multifaceted work with prisoners, it is necessary to analyse the barriers that compromise the claimed principles and impede the tasks of current legal acts in the field. Available publications on the pitfalls in the utilisation of prison services have stated inappropriate collaboration between the Ministries of Internal Affairs and Public Health in various fields: data exchange, transparency, accountability mechanisms, and evidence-based policymaking (International Drug Policy Consortium, 2012; Vagenas et al., 2013; McLeod et al., 2020).

To the best of our knowledge, the most recent systemic analytical report to have investigated the practical problems of Kazakhstan’s penitentiary medical system was published in 2019 (Todts et al., 2021). The project on the topic of ‘Analysis of the state of the medical care system in the penitentiary system of the Ministry of Internal Affairs of the Republic of Kazakhstan’ was prepared by the Representative Office of Penal Reform International in Central Asia with the support of the Development Pro-

gramme of the United Nations in the Republic of Kazakhstan and the Commissioner for Human Rights in the Republic of Kazakhstan.

The mixed-method study included surveys of 462 prisoners, 46 penal officers, and 77 independent experts in the field, as well as content analysis, comparisons of legal systems, and pilot implementation of the medical services moved to the jurisdiction of the Ministry of Health in two regions: Almaty and Karaganda. Among the problems revealed at the prisoner level were the following: limited access to or delay of medical care, deficit of secondary and tertiary consultations and treatment, and low awareness of basic rights and social guarantees in the field. The surveyed respondents highlighted poor sanitary and hygienic conditions in prisons. In terms of medical staff, the project registered low proficiency, staff shortages, overworked staff, and high staff turnover.

Mental health disorders (including drug addictions) were indicated as being some of the most pertinent challenges for prison medicine by three respondent groups (inmates, penal specialists, and experts). One striking association was discovered during the study: the more severe the incarceration regime was, the more prevalent mental health issues were. This observation warrants the compelling need for capacity building and systemic reforms as regards access to psychological interventions, training, and the equal availability of psychopharmacological treatment and evidence-based programmes for prisoners with drug addictions. In this regard, local initiatives and pilot projects can be valuable starting points for the implementation and assessment of evidence-based approaches for health care provision in Kazakhstan's prisons.

One example of effective collaboration between governmental bodies and international organisations is the 'Atlantis' project. Supported by the Border Management Programme in Central Asia and the Central Asia Drug Action Programme, the project, which centred on the rehabilitation and resocialisation of drug-addicted prisoners, has been implemented in Central Asia over the past decade. In Kazakhstan, the active phase of the project was from 2007 to 2012. The cutting-edge regional initiative stipulated the pilot introduction of psychosocial rehabilitation according to the Atlantis approach in three of Kazakhstan's prisons: Astana, Semey, and Pavlodar. According to this approach, first introduced in Minnesota prison, detained people with drug-use disorders are allowed to enter the 12-step programme that provides social support in a special clean-zone setting. The principles of therapeutic community and peer-support groups are used to confront the criminal culture and enable the start of the resocialisation process.

In the Pavlodar prison, the programme took place at both a prison-based rehabilitation facility and a halfway house in the community in order to provide a step-by-step approach to resocialisation for those who had been released from the penitentiary treatment centre. A body of media reports described the success of the Atlantis activities, which resulted in a cascade of training and workshops for prison personnel and journalists all around the country (Chistyakova, 2008; Central Asia Drug Action Programme, 2012). Despite showing promising results, the Atlantis project was not expanded nationwide, which could be explained by the lack of support from the high-ranking policymakers responsible for the penal system governance. During that time (2010–2012), the lack of legal procedures for coordination between the Ministry of Internal Affairs and Public Health was also a substantial barrier to the expansion of the project.

5. Discussion and Conclusion

This chapter has presented insights into the development of the role of social work in the penitentiary system in Kazakhstan. The development of professional social work as an academic discipline, profession, and practice has been able to influence the provision of social services for people in prison. Despite the classic conclusion that full responsibility for both the content of services and strategic development in this direction is solely the responsibility of the state, it should be noted that the proactive initiatives and actions of NGOs at the national level are quite positively accepted by the responsible Correctional Committee and the Ministry of Internal Affairs as a whole. The forum ‘Social work with convicts’, organised within the framework of the SOLID project in May 2022, and the forum organised by UNODC and USAID together with the Correctional Committee of the Republic of Kazakhstan in 2022 were both successful events. A number of sociological studies in 2021 and 2022 demonstrated that in the field of deradicalisation of convicts, it is impossible to do without social workers and that just theological and psychological rehabilitation is not enough (United Nations, 2019; Penal Reform International, 2021; UNODC, 2020).

As part of the implementation of the UNODC project and the Ministry of Internal Affairs, theologian positions were introduced in prisons, which makes it possible to prepare for the response of the system to challenges in certain areas of the penitentiary system. Following the implementation of this project by the UNODC and the Ministry of Internal Affairs, the Kostanay Academy of the Ministry of Internal Affairs allowed it to be piloted in two of Kazakhstan’s regions (Karaganda and Pavlodar) and also

permitted the implementation of a needs assessment system and the use of elements of case management with evidence-based interventions (e.g. an individual development plan).

In here, it will be much more preferable to introduce a social worker into the penitentiary institutions of Kazakhstan instead of a theologian. The implementation of this project made it possible to test the components of case management in penitentiary institutions, which is an undoubted step forward in the institutionalisation of social work as a profession in the penitentiary system of Kazakhstan. Even though there were no professional specialists or social work experts from Kazakhstan in the teams of the penitentiary institutions that took part in this project, there was significant expert support from internationally acknowledged social work experts. A progressive moment within the project was the implementation of supervision as a social work approach and quality control of the provision of social services in the project.

These developments suggest that, within the coming five years, social work positions in the penitentiary system will be established and assigned to social work graduates. It is worth noting that after a three-year break of studying for their bachelor's degree in Social Work, their training will be resumed at the initiative of the Correctional Committee at the Department of Social Work of the Kostanay Academy of the Ministry of Internal Affairs.

The state governments are not solely responsible for the development of and reforms in the penitentiary system. UN agencies (e.g. UNODC) that have the appropriate mandate, since becoming a key stakeholder, have introduced a wide range of initiatives supported by the Institute of the Commissioner for Human Rights, professional associations of social workers, and NGOs at the national level, as well as by a number of local NGOs. In addition, NGOs put forward initiatives at their own, as they strive to strengthen the protection of human rights in the prison system by implementing international prison standards.

Recently, the initiatives for the development of social work as a professional activity have been also supported by the Ministry of Labour and Social Protection, which is responsible for developing the social protection system and supports the idea of introducing a social worker unit in penitentiary institutions in the near future. The Ministry of Labour and Social Protection also supported the initiatives of the National Alliance of Professional Social Workers to join the ranks of the International Federation of Social Workers in 2022 and approved the amendments of this organisation to the national ethical rules of workers in the social protection system.

To date, the vast majority of social workers in Kazakhstan, no less than 79%, are employees of the social security and social protection system of Kazakhstan. In the future: in the field of education, through the introduction of a social work specialist position in secondary schools, and in the system of drug treatment and psychiatric services, where the positions are mainly occupied by specialists with a medical background, which indirectly contributes to a greater number of offences being committed and drug users entering places of detention for social reasons. The most important thing is that these percentages change following the introduction of a social work specialist position in penitentiary institutions, when 30,000 convicts will be able to have social support and the system will be able to see the effects of a possible reduction in recidivism.

This can be facilitated by the work of the national-level working group ‘Strengthening and raising the status of the social worker’, which is led by the head of the National Alliance of Professional Social Workers. The responsibilities of this working group included the revision of the professional standard ‘Psychological and Social Work’, developed and adopted in 2019. As a result, a draft for the profession of ‘specialist in social work in the penitentiary system’ with the qualification of Bachelor of Social Work has been proposed in the new edition of the standard. This allows the implementation of the Nelson Mandela standards on a systematic basis and contribute to a greater efficiency of employees of closed institutions, who are also objects of social protection in accordance with the Nelson Mandela international standards.

A wide range of internationally acknowledged and locally ratified legal acts state the priority of health and well-being of vulnerable groups of populations. Detained people limited in their rights and freedoms by punishment sentences and subjected to various sanctions of penal settings are the most vivid example of social vulnerability and exposure to numerous social and health risks. That is why the system of social support and health care in prisons and for prisoners continues to be a central focal point for all humanitarian organisations. Kazakhstan is recognised as a country with an ongoing penal system reform process, where the prison population is reducing and the health system has been transferred to the jurisdiction of the Ministry of Health.

On the other hand, the system of social support programmes and their institutionalisation remain beyond the scope of basic penitentiary policies. In the health context, the main issue of concern lies in the poor and untransparent system for monitoring medical services. The officially available estimates of prison population health relating to drug addictions, mental problems, and infectious diseases yield a range of challenges to

be addressed through multifaceted policies. In terms of prison health, the implementation of systemic measures has to establish internationally acknowledged and reliable services in correctional settings in accordance with the principles of equivalence, continuity, diversion of services, prompt transitional care, and cultural/ethical sensitivity (World Health Organization. Regional Office for Europe, 2019). That warrants activities in four directions: health care, health protection, health promotion, and health resilience (World Health Organization Regional Office for Europe, 2016). The analysis of legal and organisational standards of prison medical services indicated just the initial step in the process of integrating prison health care into the public sector, whereby the legal transition should be followed by capacity building, new budget allocation, and quality standardisation with transparent data processing (Webster, 2013). The principle of equivalence in the delivery of health services necessitates new personnel positions and the upgrading of treatment and diagnostic standards, taking into account social instability, environmental risks, and stigmatisation in prisons. According to Winkelman et al. (2022), services delivered upon release, over a transitional period, play as important a role in prison health care as clinical services do within correctional facilities. According to the authors, rapid movement between community and prison and a lack of transitional support entail high rates of morbidity and mortality, and raise service costs due to emergency visits, infections, and prolonged hospital stays.

In the UK, the process of transferring prison health divisions to the jurisdiction of the public health bodies took five years and went far beyond the legal regulation, which required extensive efforts in commissioning procedures, considering the higher demands of this population group. In the UK, the integration process resulted in the diversification of the services provided on-site in the country's prisons, including primary care, mental health, dentistry, ophthalmology, public health functions, sexual health, and substance misuse (Edge et al., 2022). To date, Kazakhstan's policymakers have not yet introduced any special standards or additional budgets for particular clinical services, increasing only medical personnel salaries.

According to Winkelman et al. (2022), coverage with community-based insurance programmes for the penitentiary population, with transparent processes and quality control, should be a basic imperative for the whole prison health care system at its various levels. In Kazakhstan, the unified state insurance programme stipulates subsidised health care for correctional and pre-trial facilities but does not cover just-released ex-prisoners. Moreover, insurance payment exemptions do not relate to those sentenced

people who serve their punishments in colony settlements (facilities with minimal security), and they have to pay their insurance while working during their sentence.

Previously published research data underline the principal role of the scaling-up of insurance coverage for vulnerable social groups. There is not an available estimate on insurance coverage among Kazakhstan's ex-prisoners, but worldwide the uninsured rates ranged from 40% to 90% in this population group (Winkelman et al., 2017). Although the experiences of high-income countries in implementing special insurance plans for ex-prisoners have resulted in various positive outcomes for vulnerable populations, a range of studies have still indicated a growing need for additional policies addressing the structural barriers both at the insurance company level (competition in the insurance service markets, economic incentives) and at the ex-prisoner level (social and vocational support for ex-prisoners) (Alan et al., 2011; Kinner et al, 2012; Espinosa & Regenstein, 2014; Winkelman et al., 2017). These challenges are also pertinent to Kazakhstan and require fundamental reforms in the national insurance and social support legislation.

Our analysis has revealed that the gaps between public and prison health care systems are even more critical in services for vulnerable social groups. The laws concerning health care provision mostly focus on communicable disease prevention and enforce basic standards of prompt professional reactions to potentially infectious cases. Meanwhile, instructions regarding non-communicable diseases and chronic disorders are fragmental and arbitrarily refer to operational public health standards and treatment interventions. Meanwhile, current international guidelines and publications state that incarceration, psychiatric and substance-use disorders, and infectious diseases form a syndemic and should be addressed with increased funding and special systemic approaches (Fazel et. al, 2022; Massoglia, 2008). While, in Kazakhstan correctional practice, the prevention of infections in prisons is postulated as a main component of health care provision, mental health services have remained underrepresented for three decades.

In a systematic literature review, Simpson et al. (2022) underscored the relevance of the quality of prison mental health services for a wide range of correctional outcomes: reintegration, incarceration and criminalisation recidivism, and community security. Analysing various publications on mental health services in prisons, the authors concluded that the ideal penitentiary mental health system did not exist anywhere in the world. No country has established a system with an exhaustive combination of screening, triage, assessment, intervention, and re-integration (STAIR).

In Kazakhstan, mental health screening procedures are patchy and provided in the form of short clinical interviews with a physician at the moment when a detainee enters a prison or a pre-trial setting. However, some prisoners should be assessed by psychiatrists with clinical interviews and diagnostic psychometric tests on demand. In Kazakhstan's prisons, the most fragmentary items from the STAIR continuum are mental health interventions and reintegration. Our analysis revealed the absence of evidence-based psychosocial care for prisoners alongside harm reduction interventions. We found out that only condoms and informational material are distributed through campaigns founded by the state. Contract treatment units and drug-free units, internationally acknowledged as an effective stimulus for treatment involvement (for patients) and well-being capacity building (for prison administration and personnel), are to date beyond the scope of the national penitentiary policy, regardless of the substantial effects of the past pilot project at the Semey and Pavlodar prisons (Atlantis).

According to Latypov et al. (2014), the experience of all the projects and NGOs initiatives could not compensate for the lack of a multifaceted policy for prison services and necessitates the active implementation of structural, evidence-based approaches and cutting-edge interventions (harm reduction, access to specialised medical care) in Kazakhstan and the whole Central-Asian region.

The main challenges regarding the well-being and health of prisoners encompass the following factors and shortages. The inequality in the provision of medical services for the prison population is accompanied by fragmentary and substandard mental health services in the penitentiary sector. Drug treatment and harm reduction interventions are beyond the evidence-based scope. The low transparency of treatment procedures and social interventions for the prison population is encompassed by the lack of monitoring of statistical data in health and social wellbeing.

One of the most critical issues is the low quality of social and medical services in transitional periods ('community-prison-community'). In social work, there is inadequate funding of community and NGO initiatives for ex-prisoner resocialisation. Case management is not implemented widely in prisons, with low competencies of prison staff in crisis management and planning. Correction is provided mostly through limitations, controls, punishment, and deterrents, while probation is limited to control and formally informing on the possible interventions for ex-prisoners with referrals to other governmental bodies.

The global definition of 'social work' has not been legally approved, and the status of a social worker is not fixed by law. There is a shortage of high-

ly qualified personnel in the field of penitentiary social work. The system for training them is still being formed, as is penitentiary social work itself. There is no system of post-penitentiary resocialisation and reintegration of former convicts into the social environment; it is thus necessary to form a system of interdepartmental interaction.

Another problem is that of providing equal opportunities for people with disabilities, including the creation of an accessible environment in the penitentiary system.

There is also no list of positions for specialists performing the functions of a social worker in the penitentiary system, requiring the global competencies of social work, as well as a lack of approach to help mothers and children in prisons through an early intervention programme.

In this regard, the solution addressing the aforementioned challenges should include systemic measures. It is necessary to establish isolated rehabilitation centres for drug addiction treatment with interventions based on the positive Atlantis experience, and to develop clinical protocols for the treatment of mental disorders based on international, evidence-based recommendations. The mental health and well-being of prisoners should be promoted during the entire sentence term.

Most problems can be solved by improving the existing experience, developing new technologies for social work with convicts, and forming a scientific and methodological base and professional training system.

It is necessary to discuss the issues of including a social worker to the staff of the penitentiary system with government agencies, to establish systematic procedures to ensure equal opportunities for people with disabilities, including the creation of an accessible environment in the penitentiary system. Increasing the state social orders for projects for the reintegration and resocialisation of released prisoners is to be recommended.

Finally, some historical milestones in the process of reforming the penitentiary system of Kazakhstan should be noted. One of them was the transfer of the prison health care system from the system of the Ministry of Internal Affairs to the department of the Ministry of Health. Another was the creation of the Constitutional Court, which replaced the Constitutional Council and gave citizens and organisations the opportunity to seek help in case of a violation of the constitutional rights, which is an important step towards social justice. A further prominent step in the social reforms was raising the status of the Human Rights Institute to the constitutional level and opening official branches in each region of Kazakhstan, which has significantly sped up, among other things, the mechanism for filing appeals and complaints about violations of the rights of prisoners, signs

of torture and ill treatment, and the reception of prisoners by regional representatives of the Commissioner for Human Rights.

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