



Snapshots from Kyrgyzstan: Promising early partnerships in community safety and well-being

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In 2021, Kyrgyzstan celebrated the 30th anniversary of its independence. It was on August 31, 1991, that the “Legendary National Parliament” adopted the Declaration of Kyrgyz state Independence. During the previous 55 years, Kyrgyzstan was part of the Union of Soviet Socialist Republics (USSR). After gaining its sovereignty, Kyrgyzstan continued to use the Soviet infrastructure to manage its affairs, and its system of work was still based on the Soviet model. Much remains that was inherited from the Soviet period.

The system of governance in the Soviet Union, which had been established for many years, continues to be used 30 years later. Of course, since their independence, Kyrgyzstan and other post-Soviet Union countries have made reforms in several areas (including the police system). Some of these reforms adapted to the new conditions, but others failed, a significant proportion of the population not being ready to embrace reform. Nonetheless, the work of law enforcement agencies and public health in Kyrgyzstan has undergone periodical changes, and several new approaches have been integrated. These two structures are independent departments in the same chain, and the collaboration between them is carried out within the spirit of achieving their common goals and objectives, which are mainly declared in the strategic country documents and laws.

One of the more visible examples of the joint work of law enforcement agencies and public health is the initiative aimed at preventing the use of illegal drugs and the introduction of new models for drug users. These efforts are based on the elimination of repressive drug policies. Thus, in 1999, the first needle exchange program appeared in Kyrgyzstan, successfully launched in two large cities—Bishkek (the capital) and Osh (the biggest city in the south). Program goals included: 1) reducing the risk of transmission of HIV and other infections from sharing needles, syringes, or contaminated drug preparation equipment among injecting drug users (IDUs); 2) better integrating IDUs into mainstream society and ensuring their equal rights and opportunities; 3) improving the criminal situation in the country. The program was implemented in collaboration with the Ministry of Health, the Ministry of Justice, and the Ministry of the Interior. Early in the new millennium (2000–2001), Kyrgyzstan became the only country in Central Asia and among the Commonwealth

of Independent States (CIS)¹ to establish the needle exchange program in prisons.

The second program, which has proven to be a prominent and positive initiative, is the methadone substitution maintenance therapy (MMT) program. The MMT program was first introduced in Kyrgyzstan in 2002 and managed as a pilot project in two cities, Bishkek (led by the Republican Narcology Center) and Osh (led by the Osh Interregional Narcology Center). The maintenance therapy goals were to stop or reduce the use of illicit opioids, reduce the harm and health risks from a particular use (for example, the risk of diseases from sharing needles), and reduce the social consequences of drug addiction in general. Subsequently, the MMT program expanded geographically to cover all the large regions of Kyrgyzstan. Additional service provision points (sites) for the legal use of methadone were opened, and the program was also introduced in the country’s penitentiary institutions (pre-trial detention centres and prisons). The modest role of law enforcement agencies, which continued to pursue the goal of preventing illegal drug use, was to refer drug users to needle exchange programs and MMT and, at the same time, not to interfere with the sites’ activities. Of interest, in later years, representatives from neighbouring countries have visited Kyrgyzstan to study these initiatives.

With the involvement of public health experts and activists, regular training sessions were conducted for law enforcement officers. These events were focused on the need for partnership between public health and police, and the need for further support of HIV-prevention and harm-reduction programs. Regulatory documents were developed jointly with the Ministry of Health and the Ministry of the Interior to implement these programs at the legislative level. Today, the joint work of law enforcement agencies and public health has allowed these programs to continue to be provided in Kyrgyzstan.

The most recent example of partnership work between law enforcement agencies and public health arose due to the COVID-19 situation in Kyrgyzstan. From March 25 to May 10, 2020, a state of emergency was declared in certain territories

¹Excluding the countries of Moldova and Belarus.

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of Kyrgyzstan, known locally as “the lockdown.” To ensure compliance, commandant’s offices were created in which the leading role was given to the Ministry of the Interior. The general epidemiological situation and the welfare of the population remained under the coordination of the Ministry of Health.

The COVID-19 pandemic made 2020 a difficult period not only for Kyrgyzstan but for nations all over the world. Kyrgyzstan’s public health system was not able to manage the situation with its own resources. Law enforcement agencies were entrusted with the mission of supporting the maintenance of order and ensuring control of the imposed restrictive measures for the population. The Presidential Decree of March 24, 2020, determined the framework for temporary restrictions on the rights and freedoms of citizens, and further elaboration of restrictive measures was entrusted to the commandant’s offices. The joint coordinated work of public health and law enforcement agencies prevented a massive spread of COVID-19 during the period of restrictive measures. For example, IDUs received methadone therapy and other services with no interruption, and community paralegals continued to mobilize humanitarian aid for marginalized populations.

During the lockdowns, the Office of the Mayor in Bishkek created special multidisciplinary mobile teams which included representatives from law enforcement agencies and

medical establishments, a social worker, and a psychologist. Jointly, this team carried out visits to homes where domestic violence had been reported to have taken place and provided emergency aid to the victims. Jointly with medical workers, law enforcement agencies carried out patrols and introduced preventive educational work among the population to mitigate the spread of COVID-19. During the first wave of COVID-19, the Kyrgyz health-care system experienced a significant shortage of medicines, including oxygen concentrates, as well as beds for hospitalizing seriously ill patients. It was medical workers who received the initial onslaught of complaints from disgruntled relatives of patients.

Without the help of law enforcement agencies, the COVID situation may not have been stabilized, and the consequences to public health and for health-care professionals would likely have been more serious. This recent experience adds to the early promise of such partnerships in Kyrgyzstan and will hopefully add support to their continuing forward momentum in more stable times ahead.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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