HIDDEN FIGURES: GENDER DISAGGREGATED DATA TO INFORM AND EVALUATE THE IMPACT OF DRUG POLICY IN KYRGYZSTAN

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Abstract

There is bold evidence proving that women bear disproportionately high burden of the harm caused by punitive drug policy in Kyrgyzstan. However advocacy efforts for more gender sensitive drug policy are undermined by lack of sex disaggregated data in the country. This thesis attempts to answer why there is lack of gender statistics to inform evidence based and gender sensitive drug policy. Understanding the root causes of the problem will help to develop effective strategies to improve the situation. Given the fact that gender is a cross-cutting issue findings discussed in this thesis may be relevant in other spheres of development and humanitarian support. Stakeholders analysis aimed to address the issue suggests that lack of national leadership, underrepresentation of women in decision making positions, moral panics and gender prejudice among national stakeholders are the main causes of the scarcity of gender statistics. The situation is further worsened by low level of awareness about gender empowerment, gender mainstreaming and equality among national decision makers.

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List of Abbreviations

ADB	Asian Development Bank
AFEW	AIDS Foundation East West
CDC	United States Center for Disease Control and Prevention
ECDC	European Center for Disease Prevention and Control
EECAAC 2018	Eastern European and Central Asian AIDS Conference 2018
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HRAK	Harm Reduction Association of Kyrgyzstan
IBBS	Integrated biological and behavioral surveillance
MDR TB	Multi-drug-resistant tuberculosis
MIA	Ministry of Internal Affairs/Ministry of Interior
MoH	Ministry of Health
MSM	Men who have sex with men
NSC	National Statistics Committee
PLHIV	People living with HIV
PWID	People who inject drugs
PWUD	People who use drugs
RAC	Republican AIDS Center
RCN	Republican Center of Narcology
SCNS	State Committee on National Security
SFKg	Soros Foundation Kyrgyzstan
SPS	State Penitentiary System
STI	Sexually transmitted diseases
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Evidence from around the world supports that women bear disproportionately high burden of the harm caused by the war on drugs declared over fifty years ago. The situation in Kyrgyzstan is not much different from stated above. Though women represent maximum twelve percent of organized criminal groups involved in drug trafficking in the country (Madi 2004), they are five times more likely to be imprisoned compared to their male counterparts (Tabaldieva 2011). Similarly, women who use drugs often withhold their drug use due to a higher risk of gender based violence (El-Bassel et al. 2010, P.F. Asteria 2010, Ditmore 2013, Alieva et al. 2013) and strong societal disapproval of drug use, especially among women (Stengel and Fleetwood 2014, EMCDDA 2000, Alieva et al. 2013, P.F. Asteria 2010, Gilbert et al. 2015). Due to the fact that female drug users are often the last ones to inject when using drugs in a group and are more likely to be involved in sex work they face greater risk of getting infected with human immunodeficiency virus (HIV), viral hepatitis and sexually transmitted diseases.

Despite being more vulnerable to HIV and other infectious diseases women who use drugs are often overlooked by health and social service providers. Partially, this is explained by the fact that women who use drugs are a hidden and hard to reach group. Another reason is the fact that existing services tailored for the male majority often fail to meet special needs of women who use drugs. Even when services are available women may be discouraged from seeking medical assistance in fear of losing custody of kids (Family Code 2003). Lack of "only women" hours/days, female outreach workers, fixed and inconvenient working hours can be other reasons deterring women from seeking medical assistance.

The given situation is further aggravated by the lack of reliable, quality gender statistics which makes advocacy for more gender-sensitive drug policy a "mission impossible". As such interviews with national stakeholders and review of the secondary data suggests that the population size estimation of women who use drugs in Kyrgyzstan is underestimated. At the same time the majority of national decision makers are misled by existing gender stereotypes and believe that women are less likely to involve in drug use due to local culture and mentality. Thus, they are not convinced that there is a need for improved estimations of female drug users in the country or better coverage with harm reduction services among women. Due to the lack of quantitative data disaggregated by sex gender mainstreaming is often not raised in policy agenda and policies are developed and implemented with little attention to gender equality.

There is generally a lack of literature on gender statistics, especially in public health sphere. Situations related to gender statistics in Kyrgyzstan is studied even less. As such, only one report by Asian Development Bank (ADB 2012) discusses the major issues related to collection and dissemination of the gender statistics in the country. However, the report by ADB focuses only on the supply part of the gender statistics discussing the capacity of the National Statistics Committee to produce such data. Most of the literature related to drug policy and gender mainstreaming used qualitative data not supported by quantitative data disaggregated by sex. In cases when the literature reviewed had some quantitative data disaggregated by sex it was used sporadically which doesn't allow to analyze how men and women are affected differently by existing policies and practices. For example, the recent sentinel surveillance among people who use drugs reports that twelve percent of respondents were female (Maytieva et al. 2015), further it discusses the HIV prevalence among PWUD but doesn't inform whether the situation differed between men and women who use drugs.

Though several evaluations of drug policy and HIV prevention activities conducted by various stakeholders highlight the urgent need for better access to gender statistics, they often don't discuss the reasons for such scarcity of gender statistics in the country. Thus, the given thesis attempts to answer why there is lack of gender statistics to inform evidence based drug policy in Kyrgyzstan? Understanding the roots of the problem will help to develop effective strategies to collect and analyze sex disaggregated data in a more systematic way. Whereas improved access to gender statistics will support advocacy efforts aimed at development and implementation of gender sensitive national drug policy. Since, gender is cross cutting issue the findings of the given thesis will contribute to overall gender mainstreaming in the country by providing solutions easily transferrable to other development areas.

The gender statistics on its own is useless if not used to inform policies and decisions made. Thus improvement of the quality gender statistics requires both demand from decision makers and sufficient knowledge and skills to produce it from the stakeholders responsible for collection and analysis of it. Since assessment of the demand and supply of the gender statistics envisions good knowledge of the key national actors producing and utilizing it the given thesis applied stakeholders' analysis to understand the reasons for scarcity of the gender statistics related to drug policy in Kyrgyzstan and possible ways to overcome these barriers. The stakeholder analysis was based on review of the secondary sources and interviews with fifteen representatives of the national stakeholders. Although lack of gender statistics can be caused by broader range of the factors the given thesis examines only the reasons related to the capacity, interests, positions and influence of the national stakeholders involved in shaping national drug policy in Kyrgyzstan.

The analysis revealed that the declaration of strong political support of gender mainstreaming and evidence based drug policy by Government of Kyrgyzstan is often not supported by allocation of governmental budget for implementation of it. The situation is further worsened by the lack of special designated governmental organization responsible for overall coordination of activities both in the sphere of drug policy and gender mainstreaming. Decision makers vast majority of whom are male often lack knowledge about gender mainstreaming and perceive gender statistics as a low priority. Notably the three major opponents of the gender sensitive drug policy (Ministry of Interior, Jogorku Kenesh, State Committee on National Security) historically lack women among their personnel. As such, women represent less than five percent of the Ministry of Interior's personnel and only 19.2 percent of members of Parliament are female. Thus, although the vast majority of the national stakeholders support evidence-based and gender sensitive drug policy their efforts are undermined by smaller number of opponents with higher level of influence. It should also be noted that the governmental stakeholders involved in shaping the national drug policy often are not guided by "nothing about us without us" principle and exclude the populations most affected by policies from the discussions. Lack of knowledge and skills for producing quality gender statistics, misperception of the term "gender", high level of corruption and lack of national leadership were indicated as other reasons for lack of gender statistics.

Thus, in order to improve the existing situation with regards to gender statistics:

- International organizations should provide necessary capacity building to improve knowledge and skills of the national stakeholders to collect and analyze sex disaggregated data, and use gender budgeting;
- National decision makers should take necessary measures to ensure better involvement of women in decision making processes by systematic monitoring of the

situation and addressing problems as they arise. Similarly, Governmental organizations should use participatory approach in developing national policies and especially encourage participation of the affected communities;

- Office of Government should improve coordination efforts between its departments overseeing drug control and drug demand prevention work, as well as among relevant ministries

Although the stakeholders' analysis sheds light on some important factors hampering collection and analysis of the sex disaggregated data, there might be many other issues causing lack of gender statistics. Similarly, given that due to time and resource constraints the interviews were conducted only with those stakeholders who participated at EECAAC 2018 or made themselves available for online interview. Thus, the findings might be affected by sampling bias, despite the fact that the author tried her best to balance the representation of stakeholders among key informants interviewed. Likewise, though respondents were promised confidentiality and special measures were taken to ensure it some stakeholders may have not shared their real opinion or their views could change over the time. Further in-depth study of the human, financial and technical resources of the key national stakeholders might be needed to derive more concrete recommendations for improvement of gender statistics related to drug policy.

The next chapter will provide a brief overview of the current situation related to the drug policy in Kyrgyzstan. It is followed by information on gendered impact of the current drug policy and availability of the gender statistics related to the national drug policy. The chapter on methodology describes in more detail strategies and tools used to conduct the given research. The final chapter presents the results of the stakeholder analysis and discusses the major findings.

Chapter 1 - Kyrgyz drug policy at a glance

1.1. Analysis of the legislation regulating national drug policy

Current drug policy of Kyrgyzstan is heavily oriented at policing and of predominantly punitive character. According to the existing legislation drug use is not a criminal offence, but possession of drugs even in "small quantities" for personal use is an offence punishable by a fine or administrative arrest of up to five days (Administrative Code 1998). A repeat offence within the same calendar year may lead up to fifteen days of administrative arrest first time, and up to two years of imprisonment second time (Administrative Code 1998, Criminal Code 1997). Taking into account the fact that drug dependence is a chronic condition and an average person who injects drugs may need several shots a day, Kyrgyzstan continues to criminalize people who use drugs (PWUD). Similarly, there are severe penalties for purchasing, manufacturing, trafficking or cultivating prohibited drugs, as well as for organizing or maintaining a site for the consumption of narcotic drugs, or allowing premises to be used for this purpose (Criminal Code 1997). Any offence conducted under intoxication by alcohol or illegal drugs envisions tougher punishment (Administrative Code 1998, Criminal Code 1997).

The anti-drug activities of law enforcement bodies still largely focus on the detention of retail sellers and people who possess drugs for personal use. To distinguish between people who use drugs, retail sellers and bigger drug dealers, the Government of the Kyrgyzstan introduced definitions of "small amount", "large amount" and "especially large amount" of drugs banned or controlled in the territory of the country. A "small amount" equals up to one daily dose of a drug, and currently amounts up to one gram of heroin or up to three grams of opium or up to twenty grams of cannabis (K.R. Decree 543, 2007). Quantities from one daily

dose up to thirty daily doses are considered a "large amount", and thirty or more daily doses quantify as "especially large amount" (K.R. Decree 543, 2007). The fact that definition of the "small amount" doesn't include the lowest level gives floor to using legal measures against people who use drugs based even on miniscule amounts of the residuals left in the syringe. Furthermore, the given document doesn't indicate that only pure amounts of illegal drugs should be counted and in practice the courts decisions are made based on the total amount of substance containing drugs rather than on actual amount of drugs seized. As the result, the possession of drugs for personal use constitutes for over sixty percent of the total detected drug-related crimes annually (Osmonaliev et al 2015). Due to such semi-legal status people who use drugs represent up to one fifth of the total prison population in Kyrgyzstan (UNODC 2017, Anti-drug program 2014).

Another practice that bolsters criminalization of people who use drugs is obligatory registration of patients with drug dependence as a prerequisite for accessing governmental drug treatment services, including opioid substitution therapy. Removing someone from narcological registry is a time consuming process as patients need to prove their recovery from drug dependence by being in remission for at least three years (Ministry of Health reg. 26 2002). At the same time, having records of drug dependence can serve as a basis for depriving parents of custody of a child (Family Code 2003). Similarly, Labor Code of Kyrgyzstan (2004) envisions list of jobs, which doesn't allow hiring a person with a drug dependence history. Though medical personnel are not obliged to report to police the patients who received drug dependence or overdose prevention treatment, they must share the confidential information upon official request from police, public prosecutor or court. Thus, obligatory narcological registry creates an unnecessary legal barrier in accessing health care services by people who use drugs.

As of January 2019, the national drug policy is expected to be become even harsher due to recently accepted amendments into laws regulating drug policy in the country. As such, Kyrgyzstani decision makers approved changes to the criminal code and adopted the new violations code which will replace existing administrative code (Violations Code 2017, Criminal Code 2016). According to approved changes, the fine for the possession of "large amount" of drugs exceeding one gram of heroin or three grams of opium for personal use will be increased from 250-650 euros up to 3,250-3,750 euros. Similarly, the fine for the possession of "small amount" of drugs without intention to sell will increase thirtyfold from 12-25 euros up to 370-750 euros. In case the person fails to pay the fine within the first two months the fine will be doubled and the person will be given another month to pay the fine. Failure to pay the fine upon the end of the extended period will lead to imprisonment of up to 5 years. Given the fact that average salaries in the country range between 163.60-216.81 USD (Sultanov et al. 2016), such legislative changes are more likely to increase the number of incarcerations despite their declared aim of humanization.

1.2. Public health concerns related to the criminalization of drug use

Existing semi-legal status of people who use drugs fuels the human immunodeficiency virus epidemic in the country. Kyrgyzstan is facing HIV epidemic driven mainly by injecting drug use which continues to grow rapidly. As such the number of officially registered HIV cases in the country almost tripled in the past eight years, increasing from 2,718 cases in 2010 up to 8,091 by 2018 (UNAIDS 2015, RAC 2018). The real number of people living with HIV (PLHIV) in the country is estimated to be higher than the official statistics and equals to 8,500 people according to the Joint United Nations Programme on HIV/AIDS (UNAIDS 2016) data. Injecting drug use remains the major transmission mode among newly registered HIV cases in the country (RAC 2018). According to the results of the national integrated biological and behavioral surveillance (IBBS) conducted in 2013, the HIV prevalence is the

highest among people who inject drugs (PWID) – twelve point four percent followed by prisoners –seven point six percent and men who have sex with men (MSM) – six point three percent (Maytieva et al. 2015).

Likewise, criminalization of drug use has strong negative impact on the situation with viral hepatitis in the country. The results of the IBBS conducted bi-annually in 2005-2010 reveals that every second PWID screens positive for viral hepatitis C (HCV) (Shyikymbaev et al. 2012). Though, screening for viral hepatitis B (HBV) was never part of IBBS the prevalence rates of HBV must be similarly high among PWID given the fact that transmission modes of these viruses are the same. Such high prevalence of viral hepatitis among PWID causes serious public health concern as it may be passed on to the general population via sexual partners of the PWID. This is already a case in HIV sphere, where epidemiological investigations of the sexual transmission among newly diagnosed women in Kyrgyzstan often lead to the history of having a sexual partner who injected drugs (Djalbieva and Aleshkina 2011, Mansfeld and Ristola 2014). Though there is no comprehensive data on the total number of patients living with viral hepatitis in the country, the anecdotal data suggests that almost every second household in the country has a family member with viral hepatitis C or/and B.

High risk of incarceration among PWID also increases the chances of infection with tuberculosis. Having the second highest rate of tuberculosis incidence per 100,000 population in Europe, Kyrgyzstan belongs to eighteen countries with the highest tuberculosis burden globally (ECDC 2016, WHO 2016). World Health Organization (WHO) includes Kyrgyzstan into the list of thirty countries with the highest rates of multidrug-resistant tuberculosis (MDR TB) worldwide (2016). As such, MDR TB represents over one quarter of newly registered

TB cases in Kyrgyzstan (ECDC 2016). Along with Ukraine and Russia Kyrgyzstan leads the list of countries with the highest tuberculosis related mortality in the European region (ECDC 2016). According to the European Centre for Disease Prevention and Control, Kyrgyzstan is one of ten countries with the highest tuberculosis prevalence among prison populations in Europe (ECDC 2016). Generally, prisoners, homeless people, migrants, people living with HIV and PWID are considered most vulnerable to tuberculosis. Given the fact that PWUD in Kyrgyzstan face a high risk of incarceration, they also have a higher risk of acquiring tuberculosis. Unfortunately, there was no national quantitative data on tuberculosis prevalence among women and men who use drugs confirming the relevance of the above mentioned in Kyrgyzstan's context.

Chapter 2 - Gendered impact of the Kyrgyz drug policy

2.1. Women involved in drug trafficking

Described above punitive drug policy has a tremendous negative impact on women. Though in general men are more involved in drug trafficking, the reasons for such involvement are different for men and women. According to the Commission on Narcotic Drugs (CND) approximately twenty percent of the drug traffickers worldwide are women and these numbers continue to grow (Fleetwood and Haas 2001). Following the world trend, the percentage of female drug traffickers in Kyrgyzstan also increased from five percent up to twelve percent in recent years (Madi 2004). One of the reasons for the growing number of women involved in drug trafficking is the fact that women agree to be paid less than men due to the existing gender pay gap and inequality (Madi 2004, Sultanov et al. 2016). Often women engage in drug trafficking due to the lack of other employment opportunities to support basic needs of their family and children (Alieva et al. 2013). As such, existing national data suggests that in 2015 employment rates among men were substantially higher than among women in all age groups and the most significant gap was in age groups from twenty to thirty four (Sultanov et al. 2016). Likewise, poverty rates were higher among women than men (Sultanov et al. 2016). Thus women who are involved in drug trafficking in Kyrgyzstan are more likely to do so due to poverty and existing gender inequality. At the same time, incarceration is highly stigmatized among local populations and leads to social isolation of female prisoners. Having a criminal record history can complicate woman's future employment opportunities and further impairs the initial situation that pushed her to engage in a criminal offence.

Since women are mainly involved in low-level drug trade, they have limited control over their work conditions and are more likely to experience violence and arrests (Stengel and Fleetwood 2014). Generally, prohibition based drug policies are the main reason for the growing female population of prisons worldwide (Malinowska-Sempruch and Rychkova n.d.). Harm Reduction International (2012) reports that women convicted of drug-related offences represent about one third of the female prison population in Europe and Central Asia. This is certainly true in Kyrgyzstan as well, where despite representing less than ten percent of the total prison population (Osmonaliev et al. 2015, Sultanov et al. 2016) almost half of the female prisoners are serving a sentence for drug related offences (Malinowska-Sempruch and Rychkova n.d.). In her recent report, Tabaldieva (2011) claims that women in Kyrgyzstan are five times more likely to be imprisoned for drug related crimes than their male counterparts.

Likewise, existing drug policy fails to protect the best interests of the child as recommended by the Bangkok Rules (2010) and has a huge negative impact. According to UN Women (2011), the vast majority of the female population of the prisons globally are young, have a low level of education, no previous employment history and dependent children. Though anecdotal data confirms that this was true in relation to Kyrgyz female prison population as well, comprehensive statistics on age and social status of female prisoners are unavailable. In cases when convicted women are pregnant or have small children, they are forced to spend the first years of their life in prison with their mother. If the woman was raising children alone, after incarceration her underage children may end up in governmental orphanages or boarding schools and face a higher risk of child abuse and neglect (Browne 2009).

2.2. Women who use drugs

There is strong correlation between gender-based violence and drug use in Kyrgyzstan. Generally, women start experimenting with drug use earlier than men (Stengel and Fleetwood 2014, EMCDDA 2000). Partially, this can be explained by the fact that often women try drugs under the pressure from their older boyfriends or sexual partners (Pinkham and Malinowska-Sempruch 2008, Alieva et al. 2013). Though not all women start using drugs as the result of violence, there is bold evidence proving that the majority of women and girls start abusing drugs as self-treatment of the experienced emotional or sexual violence (Bourgois et al. 2004, Pinkham and Malinowska-Sempruch 2008, Stengel and Fleetwood 2014, EMCDDA 2009). At the same time, drug use significantly increases the vulnerability of the women to gender-based violence and police harassment (P.F. Asteria 2010, Eurasian Harm Reduction Network 2012, El-Bassel et al. 2010). It should be noted though that the majority of women use drugs occasionally and without attracting unwanted public attention (Stengel and Fleetwood 2014). Globally, homelessness, poverty and involvement in sex work are considered to be factors that increase the risk of gender based violence among women who use drugs. Whereas, vast majority of women who use drugs in Kyrgyzstan report facing housing problems (Alieva et al. 2013). Not surprisingly, up to seventy percent of women who use drugs in Kyrgyzstan reported experiencing gender-based violence (Alieva et al. 2013, El-Bassel et al 2010, Gilbert et al. 2015, P.F. Asteria 2010). Some unscrupulous police officers use withdrawal syndrome to demand sex in exchange for drugs from women who use drugs (P.F. Asteria 2010). According to the results of the research conducted in 2009, almost half of women who use drugs in Kyrgyzstan experienced police harassment and seven percent reported being raped by law enforcement officers (Ataiants, Merkinaite and Ocheret 2012).

Women who use drugs face twice greater risk of acquiring HIV and viral hepatitis compared to men with drug dependency problems. This is associated by the fact that women often inject drugs with their sexual partners and are served the last if injecting in a group (Pinkham and Malinowska-Sempruch 2008, El-Bassel et al. 2010, Stengel and Fleetwood 2014, UNODC 2014, Ditmore 2013, Alieva et al. 2013). If men who use drugs may often have non injecting sexual partners, women are more likely to have sexual partners who also use drugs, which also increases her risk of getting HIV infected. Similarly, global evidence suggests that female drug users are more likely to get involved in sex work in exchange of shelter, food and drugs (Ditmore 2013). In fact, European Monitoring Center for Drugs and Drug Addiction (EMCDDA) reports that sex work is the main source of income for up to sixty percent of women who use drugs in Europe (Arpa 2017, EMCDDA 2000). Likewise, various studies conducted in Kyrgyzstan report that about thirty percent of women who use drugs are involved in sex work (P.F. Asteria 2010, Alieva et al. 2013). At the same time, sex workers who use drugs experience dual stigma and are forced to work in more dangerous environments (Ditmore 2013) making them more vulnerable to HIV and sexually transmitted diseases (STI). At the same time, in developing countries involvement in sex work is associated with ten times higher risk of HIV infection among women who provide sexual services compared to other women (Global Commission on HIV and the Law 2012, Ditmore 2013). Due to the fact that HIV positive status increases susceptibility to tuberculosis women who use drugs are more likely to have greater risk of acquiring tuberculosis.

2.3. Access to health services by women who use drugs

Despite being more vulnerable to HIV, women who use drugs usually have limited access to HIV prevention and treatment services. Designed for male majority these services fail to meet special needs of women who use drugs. For example, rigid working hours may limit access to services of women responsible for household work and/or busy with child care. Female drug

users may be reluctant to discuss intimate health issues, such as menstruation and safe sex measures with predominantly male service providers. Stigma and the possibility of losing custody of the child may force women who use drugs to remain low profile and avoid seeking medical assistance they need. As such, in 2016 out of 1,201 people receiving opioid substitution treatment in Kyrgyzstan only 95 were women (Ministry of Health 2016). At the same time, some simple measures to improve gender-sensitiveness of the services, such as having "only women" hours or days, flexible opening hours, female staff members or outreach services usually don't require big financial allocations yet can significantly increase access to services for women who use drugs.

Similarly, often drug dependence treatment services envision long-term in-patient treatment and don't admit patients with children limiting access to services for women who use drugs (EMCDDA 2000). The stated above is relevant to Kyrgyzstan as well, where medical detoxification program takes at least two weeks and follow up rehabilitation takes another thirty days. Since women are usually the ones responsible for child care and household work, such long term treatment and unavailability of child care substantially reduces the access to services for female drug users. This is illustrated well by official statistics which reports that women represent only eight percent of total patients who apply for drug dependence treatment services from governmental health facilities in Kyrgyzstan (Shyikymbaev et al. 2012). Another major barrier in accessing drug dependence treatment services by women is mandatory narcological registry, which is associated with the risk of losing custody of children (Stengel and Fleetwood 2014, UNODC 2010). At the same time, according to different studies from thirty three up to sixty percent of women who use drugs have one or more children under eighteen (Alieva et al. 2013, P.F. Asteria 2010). It should also be noted that generally there is a shortage of drug dependence treatment programs in Kyrgyzstan. As

such, capacity of medical detoxification and rehabilitation services provided by governmental health facilities for the whole country is limited to forty two beds only (Shyikymbaev et al. 2012). In addition to the mentioned above, patients are expected to cover co-payment of the drug treatment services. This can create additional barriers for women who use drugs in accessing drug treatment services since the average income of female drug users in Kyrgyzstan is less than 100 USD (P.F. Asteria 2010).

P.F. Asteria reports that quite often pregnant women who use drugs are strongly recommended to have an abortion or quit using drugs including opioid substitution treatment (2010). This happens due to lack of knowledge about reproductive health and drug use among local gynecologists and obstetricians, as well as existing stigma towards drug use among medical personnel (P.F. Asteria 2010, Alieva et al. 2013). At the same time, World Health Organization (2014) recommends that women with opioid dependency should be strongly encouraged to start or continue OST during their pregnancy, as opioid withdrawal can result in miscarriages. This is also highlighted in the national clinical protocols regulating provision of the opioid substitution treatment. However, the existing clinical protocols do not provide any guidelines on how to address the issue of opioid withdrawal syndrome caused by morning sickness among pregnant drug users. Thus, limited information available confirms that women who use drugs are heavily neglected by service providers.

Often women bear unnecessary burden of stigma and discrimination from health and social service providers, whose actions are driven by moral panic of saving a child of the female drug user. Though drug use does not necessarily result in child abuse, children can be sent to governmental orphanages or boarding schools on the basis of mother's drug use (EMCDDA 2000, 2009, Stengel and Fleetwood 2014). In some cases, children can be removed from their

mothers who use drugs by other family members, especially by women's in-laws. Advantages of such practices for children are questionable, as often they may be mistreated or abused by new caregivers. Likewise, removal of the child or children has strong negative effect on the mental health of women and their children, and can further aggravate drug dependence problems of the mother. At the same time, there is proven evidence that pregnancy or motherhood often serves as a very strong motivation for women to surmount drug dependence (EMCDDA 2000, P.F. Asteria 2010, EMCDDA 2009). Yet, instead of helping drug using mothers to access necessary social services for their family and children the decision makers often allocate resources to financing governmental network of boarding schools and orphanages (Taplin and Mattick 2011, Barrett n.d.). Female drug users experience discrimination even from the fellow members of PWUD community (P.F. Asteria 2010, Alieva et al. 2013). Women who use drugs bear dual stigma due to their drug use and daring to challenge the existing perception of acceptable behavior for women (EMCDDA 2000, 2009, Stengel and Fleetwood 2014).

Chapter 3 - Drug policy and gender statistics

Though there is an urgent need to shift the existing drug policy towards more evidence-based and gender-sensitive response, national advocacy efforts in this direction are significantly limited by the lack of quality gender statistics. Often existing quantitative data is not disaggregated by sex and uses "all inclusive" neutral terms, such as patients, prison population, people who use drugs. For example, there is no accurate data on the number of women who use drugs in the country. Population size estimations of people who use drugs in Kyrgyzstan were conducted in 2002, 2006 and 2014. First two studies conducted by United Nations Office on Drugs and Crime (UNODC) failed to include information on the proportion of women and men who use drugs. The most recent population size estimation conducted by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in 2014 suggests that approximately twelve percent of about estimated 25,000 PWID in Kyrgyzstan are women. It should be noted that the population size estimations are often based on official statistics and outreach work for such activities heavily rely on existing service providers who have limited access to female drug users.

Stengel and Fleetwood (2014) believe that the involvement of women in drug use is increasing globally. Similarly, Harm Reduction International (2012) reports sharp rise in the number of women using drugs in Eastern Europe and Asia region. Other studies indicate that women are more likely to abuse legal drugs, such as pain killers and sleeping pills (EMCDDA 2000). Taking into account high levels of gender based violence in the country (UNDP 2017), which often becomes the reason for women's involvement in drug use and wide availability of pharmacological drugs, as well as the location of Kyrgyzstan in major drug trafficking routes from Afghanistan, the real number of women who use drugs in the country can be way higher following the global trends of increased drug use among women.

The fact that over seventy percent of women who use drugs in Kyrgyzstan are employed (P.F. Asteria 2010, Alieva et al. 2013) supports this idea and clearly indicates that the vast majority of women manage to keep in secret their drug use behavior. Thus, reliability of the existing data on the proportion of women who use drugs in the country is questionable, yet often used as an excuse to explain the lack of gender sensitive HIV and drug dependency treatment services. Mainstreaming gender issues into existing policies is impossible without reliable gender statistics.

Gender statistics is crucial for informing evidence-based and gender sensitive policies, as it provides information to decision makers on how the combination of social, cultural and economic factors cause gender inequalities and how these change over time (UNSD 2015). Gender statistics is often confused with sex disaggregated data. Sex disaggregated data refers to information collected and arranged by sex. The fact that data is presented separately for women and men does not necessarily mean that data collection took into account existing gender imparities (UN 2001). Whereas, gender statistics is a broader term and refers to "a field of statistics which cuts across the traditional fields to identify, produce and disseminate statistics that reflect the realities of the lives of women and men and policy issues relating to gender equality" (UNECE 2010). In other words, gender statistics plays an important role in both identifying the existing challenges and monitoring progress towards gender equality. It forms a basis for development of the gender indicators, which measure differences between women and men and how those are changed over time (UN 2006). Since women and men are not homogenous groups, and other factors may influence the vulnerability of certain groups within the same gender, further disaggregation of data by age, socio-economic status, ethnicity and geographical location can improve knowledge about existing gender inequalities.

Number of reports on HIV and drug policy situation in the country emphasizes importance of collecting and analyzing sex disaggregated data to ensure gender sensitive drug treatment and HIV services (Mansfeld and Ristola 2014, Djalbieva and Aleshkina 2011, Hodel et al. 2015, UNODC 2014). However, there was no literature found discussing specifically the reasons why Kyrgyzstan is experiencing such scarcity of gender statistics to inform its drug policy. Available literature from other social areas, suggests that potential reasons may include lack of knowledge and skills of the actors responsible for data collection (Asian Development Bank 2012), lack of demand from stakeholders involved in policy processes (Asian Development Bank 2012, Eklund and Tellier 2012, Bekker 2003). Other reasons may include already existing gender inequality. For example, since vast majority of both those who produce and use the statistics are male (Oerther 2015, Sultanov et al. 2016, UNDP 2017) gender statistics may be perceived less important comparing to other pressing issues. Thus, thorough stakeholder analysis is needed to identify the real reasons of the scarcity of quality gender statistics.

Understanding the reasons behind lack of gender statistics to inform national drug policy will enable decision makers to address the roots of the problem. Given the fact that gender is a cross cutting issue, the reasons for lack of gender statistics to inform drug policy can be similar to lack of gender statistics in other areas of the development. Thus, findings of the given thesis may be transferrable to other areas and can contribute to overall improvement of collection and utilization of the gender statistics in informing the national policies. Decataldo and Ruspini (2016) argue that there is generally scarcity of gender statistics worldwide, especially in developing countries. Thus the findings of the given thesis and the recommendations could be relevant in the context of other developing countries.

Chapter 4 – Methodology

The given research utilizes stakeholder analysis method and is based mostly on secondary sources, including academic literature and "non-academic literature". The last term is used to refer to the reports published by various non-academic organizations, such as NGOs, governmental and international donor organizations working in the HIV and drug policy sphere. Whereas, academic literature includes articles published in peer-reviewed scientific journals and books on the topic being researched. Literature selection for review applied saturation concept (Bauer and Aarts 2000) which envisions adding new literature until doing so stops resulting in new findings. The advanced search engine of the Central European University's Library and Science Direct database were used to identify academic literature using the search phrases "sex disaggregated data", "women who use drugs" and "drug policy". Non-academic literature matching the same search phrases were selected from the websites of the leading international and Kyrgyzstan-based organizations working in the sphere of drug policy and HIV, and supplemented by the previously collected printed reports from the same sources. When the reviewed literature had sex and age disaggregated data it was considered as a valuable bonus, since the harm caused by punitive laws and vulnerability to certain illnesses may change over time.

Due to scarcity of the literature with sex disaggregated data discussing drug policy in Kyrgyzstan, the study was complimented by semi-structured in-depth interviews with fifteen representatives of key national stakeholders working in the area of drug policy and HIV. All interviews were conducted in April 2018. List of key informants were identified based on existing literature review. Key informants were selected based on their knowledge of national context, drug policy and specific needs of women who use drugs in Kyrgyzstan, as well as their involvement in national drug policy and availability for participation in the in-person or

online interview. Interviewees included high level national decision makers, heads of governmental organizations, employees of the international organizations funding direct service provision and technical support in HIV and drug policy areas, as well as representatives of the civil society.

Interviews were semi-structured and followed the questionnaire guide (see appendix I), which allowed the author to elaborate on essential ideas. Furthermore, the appreciative inquiry approach was used in collecting information related to the existing lack of gender statistics. Appreciative inquiry is an approach, when respondents are asked to imagine the best possible outcome and propose effective strategies that would help to achieve those (Kessler 2013, Cooperrider et al. 2008). This allowed to keep the focus on ways the situation could be improved rather than what is not working well. The interviews derived information about development of drug policy in Kyrgyzstan, including agenda setting, decision making, and implementation, power balance among stakeholders and their positions and motivations. In order to encourage the informants to talk about their opinion freely confidentiality terms were agreed orally with all interviewees and special measures were taken to ensure it. List of key informants interviewed is presented in appendix II.

Various authors identify stakeholders as actors involved in policy cycle and who can influence the design, approval and implementation of the policies directly or indirectly (World Bank 2001, Varvasovsky and Brugha 2000, Grosby & Brinkerhoff 2002). Stakeholders' interests may vary from successful advancement of the policy to strong opposition (Schmeer n.d.). Comprehensive stakeholders analysis conducted prior to implementation of the proposed policy allows identifying and addressing the gaps in the key actors' knowledge and perception of the policies (Schmeer n.d.). In other words, it can

substantially increase the chances for successful implementation of the proposed policy. Therefore, information on key stakeholders involved in different stages of policy cycle starting from agenda setting to policy evaluation, their understanding of the issue, attitudes, resources, influence and leadership capacity was examined. Such thorough stakeholder analysis is crucial for ensuring their effective engagement and defining the best strategies in achieving sustainable policy results (Schmeer n.d., World Bank 2001, Varvasovsky and Brugha 2000). Understanding the level of the stakeholders' knowledge, their attitude and interests can clarify how policy decisions are made (Grosby & Brinkerhoff 2002, Schmeer n.d.). For the purpose of the given study the wider scope of evidence-based drug policy and gender mainstreaming was used.

As part of the stakeholder analysis, all stakeholders were categorized into three broad groups: governmental, civil society and international organizations. These groups were further divided into sub categories based on their organizational mandate, and involvement in development and implementation of the drug policy (see table 1). Governmental organizations were divided into decision making bodies and those working in the public health sphere and law enforcement. Civil society organizations were categorized into community-based organization (CBO) and local NGOs. Similarly, international organizations included bilateral, multi-lateral organizations and international NGOs. The author strived to keep balance in involvement of representatives of different sub-groups during the process of interviewing key informants to ensure comprehensiveness of the collected data and limit potential sampling bias. Majority of key respondents spoke on behalf of their respective organizations, though some provided their personal views based on their experience in the field of drug policy and HIV prevention among PWUD. Such diversity of opinions allowed

collecting in-depth and comprehensive information about perception and attitudes of the various stakeholders on drug policy and gender mainstreaming.

Table 1: Interests of the key stakeholders involved in drug policy

Organization	**Interests and involvement in drug policy**
Governmental organizations	
Decision making bodies	
Office of the Government	Overall coordination of drug control and drug demand reduction
Jogorku Kenesh	Development and approval of the drug policy related legislation
Public Health	
Ministry of Health (MoH)	Overall development and coordination of public health policies, including drug demand component of the national drug policy
Republican AIDS Center (RAC)	Coordination of HIV prevention and treatment activities in the country, collection and analysis of the related data
Republican Narcology Center (RCN)	Provision and oversight of the drug demand reduction and harm reduction services, collection and analysis of drug use related data
National Statistics Committee (NSC)	Main governmental organization responsible for collection and distribution of the statistics in all areas
Law Enforcement	
Ministry of Inner Affairs (MIA)	Development and implementation of drug control activities
State Penitentiary System (SPS)	Harm reduction, drug demand reduction and HIV prevention among prison population
State Committee on National Security (SCNS)	Development and implementation of drug control activities
Civil society	
National NGOs	
Central Asian Drug Policy Center	Think tank in the area of drug policy
Harm Reduction Association "Partners Network"	Advocacy related to development of evidence-based HIV prevention and treatment
Community based organizations	
Harm Reduction Association of Kyrgyzstan (HRAK)	Advocacy related to access to services for PWUD
Public Foundation "Asteria"	Advocacy for gender mainstreaming in harm reduction and service provision to women who use drugs
International organizations	

International NGOs	
AIDS Foundation East West (AFEW)	HIV and tuberculosis prevention and treatment among key populations affected with HIV epidemic and prisoners, training of law enforcement personnel
Soros Foundation Kyrgyzstan (SFKg)	Civil society capacity building, advocacy and policy support in drug policy and HIV areas
Multilateral agencies	
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	Funding of direct HIV prevention and treatment services, including harm reduction, as well as activities aimed at reducing legal barriers in accessing HIV and tuberculosis services
the Joint United Nations Programme on HIV/AIDS (UNAIDS)	Setting policy agendas, technical support and coordination of the United Nation's agencies' HIV activities
United Nations Office on Drugs and Crime (UNODC)	Technical support in the area of harm reduction, HIV prevention and treatment among PWUD and prisoners, capacity building of law enforcement bodies involved in drug control activities
World Health Organization (WHO)	Development of clinical guidelines, standards of care in treatment and prevention of HIV, tuberculosis, viral hepatitis and sexually transmitted diseases
Delegation of the European Union in the Kyrgyz Republic (European Union)	Provides technical and financial support to drug demand and control activities through CADAP 6 Project, collection of drugs and drug use related data
UN Women	Overall coordination of United Nation's agencies activities aimed at gender empowerment and promotion of gender equality, gender mainstreaming in drug policy sphere
Asian Development Bank (ADB)	Technical support in mainstreaming gender issues into national policies
Bilateral agencies	
United States Agency for International Development (USAID)	Financial and technical support of projects aimed at improving access to HIV and tuberculosis services for PWUD and prisoners
United States Center for Disease Control and Prevention (CDC)	Technical support for health providers implementing opioid substitution treatment and HIV services, health system strengthening, including data collection related to drug use and HIV

As the next step, stakeholders' position and power to influence the policy was assessed. This information was derived from interviews and complimented by the review of the existing literature. Adopting the categorization proposed by Schmeer (n.d.) the stakeholders' positions were classified into Supporter, Moderate Supporter, Neutral, Moderate Opponent and Opponent based on their perception of the issue, understanding the need of gender statistics and willingness to support or oppose the development of the gender-sensitive, evidence-based drug policy. In cases when the stakeholders own opinion about their position differed from information provided in the literature or the perception of other key informants judgement was made in the following way:

a) If the stakeholder reported being in opposition of the evidence-based drug policy, it was considered as accurate. Thus, self-reporting was considered as final definition for stakeholders who identified themselves as moderate opponents or opponents.
b) If the stakeholder self-identified as supporter, moderate supporter or neutral, but the information from other sources didn't confirm such self-reporting the final definition of the stakeholder's position was based on predominating opinion.

Thus, the final evaluation of the stakeholders' position and their influence was based on the combination of the interview notes analysis, review of the available literature and the author's personal interpretation of the data about interests of the given stakeholder.

Stakeholders' influence on national drug policy was classified as High, Low and Medium. In defining the power share among stakeholders, each of them was evaluated against its ability to set policy agenda, lobby its position during the decision making process and influence implementation of the policy directly or indirectly. This was done by reviewing existing information on expertise, human and financial resources the specific stakeholder possesses

and its ability to take independent decisions about using those to influence the national drug policy.

Limitations

One of the major limitations included lack of comprehensive gender statistics in relation to drug policy in Kyrgyzstan. Generally, there was a limited number of academic and non-academic literature with comprehensive analysis on the impact of the existing drug policies on women and men worldwide. The literature was even scarcer when narrowed down to the country level. Often the available literature considered women as a homogenous group, thus when sex-disaggregated data was available it rarely included disaggregation by age, social status, ethnicity. Whereas, there is proven evidence stressing that experiences of people may differ depending on all aspects constructing their identity. For example, majority of the available data talked about cisgender women, thus there was no possibility to compare similarities and differences of the existing drug policy's effect on cisgender and transgender women who use drugs. Most of the reviewed literature on gender mainstreaming highlighted the need for better collection and analysis of gender statistics, but failed to discuss the major barriers hampering stakeholders from doing so.

Due to resource constraints the interviews with key informants were conducted during the VI International Conference on HIV/AIDS in Eastern Europe and Central Asia (EECAAC 2018), where the author participated as the conference programme committee member. Thus, the list of interviewees were limited to participants of EECAAC 2018 and those key informants who agreed to make themselves available for interviews over a skype call. Several key stakeholders identified during the literature review were not available for an interview. However, they were still included into the given assessment and the judgement about those stakeholders was based on data collected from other interviewees and the available literature.

In addition, despite specific measures taken to ensure confidentiality, not all key informants may have shared their real opinions or their views on the situation described in the given thesis might change over time. Time constraint for conducting the given research and preparing the report was another major limitation.

Chapter 5 – Stakeholders' analysis: main findings

The vast majority of the stakeholders in Kyrgyzstan were identified as supporters or moderate supporters with different levels of influence on national drug policy and gender mainstreaming (see table 2). Though, supporters and moderate supporters significantly outnumbered opponents and moderate opponents, the last had a higher level of influence. As such all two stakeholders strongly opposing evidence based and gender sensitive drug policy had high level of influence. At the same time, none out of nine strong supporters enjoyed the same level of influence. Generally, governmental organizations were more influential.

Table 2: Influence and position of national stakeholders involved in drug policy

	Supporter	**Moderate supporter**	**Neutral**	**Moderate opponent**	**Opponent**
High		Governmental: Office of the Government International: UNODC		Governmental: SCNS	Governmental: MIA, Jogorku Kenesh
Medium	International: AFEW, SFKg, ADB, UN Women, UNAIDS, European Union, USAID, WHO	Governmental: MoH, SPS, RAC, RCN International: GFATM, CDC NGO: Partners Network, Central Asian Drug Policy Center, HRAK	Governmental: NSC		
Low	Civil society: P.F. Asteria				

5.1. Stakeholders with high level of influence

Five out of twenty four identified key stakeholders possess a high level of influence on national drug policy in Kyrgyzstan. The most influential stakeholders are governmental organizations either with overall coordination and decision making mandate (Jogorku Kenesh and Office of the Government) or law enforcement agencies (Ministry of Interior and State Committee on National Security). The only international organization which joins the group is UNODC, which provides technical and financial support and thus works closely with national law enforcement organizations. There were no representatives of the civil society among stakeholders with a high level of influence. Three stakeholders are identified as moderate and strong opponents, whereas two others are classified as moderate supporters. Notably, none of the five stakeholders with high influence are identified as strong supporters of the gender-sensitive drug policy based on best practices.

5.1.1. Moderate supporters with high influence

Two moderate supporters of the evidence based drug policy with high influence are UNODC and the Office of the Government. Key informants believed that the Office of the Government in general supports evidence-based and gender responsive drug policy, but is being kept busy with other pressing issues. Stakeholders argue that the Office of the Government could play greater role in leading and overall coordination of the efforts than it currently does. Similarly, despite being the lead UN agency for HIV prevention work among people who use drugs and prisoners UNODC (UNAIDS 2010) failed to meet the criteria of strong supporter due to its gender neutrality. Other stakeholders interviewed reported that UNODC failed to mainstream gender issues into its activities in the country. These statements are confirmed by literature review. As such, none of the two population size

estimations of PWUD conducted by UNODC included information on women who use drugs (GFATM 2014). Similarly, the final evaluation of the UNODC project activities conducted in 2017 reports that it failed to implement the recommendations of the mid-term evaluation on conducting a gender baseline study and inclusion of gender specific indicators (Henderson and Osipov 2017).

5.1.2. Moderate opponents and opponents with high influence

Moderate opponent and opponents of the evidence-based drug policy included Ministry of Interior, Jogorku Kenesh and the State Committee on National Security. The last is considered moderate opponent, whereas the other two are identified as opponents. Although Ministry of Health and Ministry of Interior are officially the two leading organizations equally responsible for the development and implementation of the national drug policy, the last was always more powerful and often opposed the idea of shifting towards humanization. As such, the MoH is responsible for HIV prevention and drug demand reduction part and often needs official approval of MIA to implement its work, whereas MIA is responsible for drug control and rarely coordinates its activities with MoH. As one of the respondents described it:

"Ministry of Interior was always the most influential actor in drug policy. Ministry of Health may develop some activities aimed at HIV prevention among PWUD, but it has to receive Ministry of Interior's approval to be able to implement them successfully".

Similarly, both interviews and available literature pointed out strong opposition towards humanization of drug policy among members of Parliament. It is illustrated well by the fact that Jogorku Kenesh recently approved the changes into Criminal Code and Code of Violations that envision harsher punishment for possession of the drugs for personal use

(Violations Code 2017, Criminal Code 2016). At the same time, the majority of Parliament members opposed for a long time the bill about harm reduction services, which included opioid substitution therapy. Civil society and donor agencies working in HIV sphere believe that members of Jogorku Kenesh were influenced by moral panics and misinformation about methadone widely spread among the general population. It should be noted that information available on the internet about harm reduction services and methadone used for opioid substitution therapy in Russian is usually not accurate and uses doubtful sources (Parsons et al. 2014).

Another reason of the lack of support for gender sensitive drug policy among law enforcement bodies and Jogorku Kenesh is directly linked to the underrepresentation of women in these organizations. As such, despite the thirty percent quota envisioned by electoral legislation of the country women represent less than twenty percent of all members of Parliament (UNDP 2017). Similarly, vast majority of the law enforcement organizations' personnel are male (Sultanov et al. 2016). For example, women represent a maximum of five percent of police officers (Henderson and Osipov 2017). Generally, women in Kyrgyzstan are more likely to work in lower paid and therefore less valued spheres, such as public health, education and social welfare (Sultanov et al. 2016).

Corruption is indicated as the major reason behind resistance of MIA towards evidence based drug policy. As such, the Anti-drug program of the Government of Kyrgyz Republic states that amounts seized annually represent less than one percent of illegal drugs that pass through the country to Commonwealth of Independent States member countries and beyond. Some stakeholders suggest that low seizures of illegal drugs and police harassment of the PWUD are the direct results of high corruption rates in MIA:

"MIA was always more influential, had more resources to lobby drug control agenda. They have ten times bigger human and financial resources than SCNS to implement drug control activities, yet it focuses on drug users instead of chasing drug dealers due to corruption".

"Corruption is the driving force of the police harassment of the key populations, including PWUD".

Several stakeholders argued that organized criminal groups involved in drug trafficking are another group of opponents with a high level of influence. These criminal groups have financial interests in keeping the drugs illegal and use corruption to gain support among top level decision makers in law enforcement organizations. As such, average monthly expenses related to purchase of illegal drugs among OST clients prior to their enrollment into the program ranged from 407.5 up to 698.45 USD in Chuy oblast and Bishkek city (Boltaev et al. 2012). Extrapolating from this data and available population size estimation of PWUD, criminal groups earn up to 17,461,250 USD a month from selling illegal drugs in the domestic market alone, thus have formidable financial resources to lobby their interests:

"Drug trafficking involves huge amount of money, thus lobby groups are very influential. Existence of such lobby groups coupled by corruption makes it very difficult to shift towards humanization".

5.2. Stakeholders with medium level of influence

Eighteen out of twenty four stakeholders had medium level influence on national drug policy. All of these organizations were identified as supporters, moderate supporters or actors with neutral position. Stakeholders with medium level of influence included ten international, five governmental organizations and three representatives of the civil society. Respondents noted that international organizations play a great role setting policy agenda, implementation and evaluation of national policies. They can use the results of the evaluations and various

surveys to advocate for policies based on best practices. However, the final decision always belongs to the governmental organizations which may or may not follow recommendations made by international organizations. Therefore influence of majority of international organizations on national policies range from medium to low with only one exception from the rule.

5.2.1. Supporters with medium influence

Supporters with medium influence were the second biggest group following moderate supporters with medium influence. All supportive stakeholders with medium influence who believed that Kyrgyzstan should move away from punitive drug policy to more evidence-based and gender sensitive approach were international organizations. The majority of them provide technical and financial support to the Government in tackling HIV epidemic among key populations, including PWUD. AFEW and SFKg were highlighted for their contributions into previous humanization of the drug policy and continuous advocacy efforts with law enforcement bodies. USAID was mentioned by several respondents as the most gender sensitive funder of HIV services for PWUD and prisoners in the country. Review of the secondary literature confirms that USAID encourages all its grantees to collect and analyze sex-disaggregated data on regular basis. Although some of the supporters with medium influence were not involved directly in drug policy or HIV related work, they play crucial role in overall gender mainstreaming activities in the country. For example, Asian Development Bank provides technical support and capacity building to the National Statistics Committee which is the major governmental organization responsible for producing the gender statistics in all areas of life. Similarly, UN Women provides technical support and is

the leading agency of the United Nations System responsible overall coordination of the gender empowerment and gender mainstreaming activities.

At the same time, there is a commonly shared opinion that even donor agencies that provide technical and financial support for gender mainstreaming in drug policy are not gender sensitive enough. Such observations are confirmed by various evaluations of international organizations' performance. For example, Esser (2017) argues that United Nations agencies "missed minimum standards for gender sensitive monitoring and evaluation" in Kyrgyzstan. Local stakeholders explain it by the fact that vast majority of senior positions in international organizations are occupied by men who may share the widely spread perception of the term "gender" as a swear word.

5.2.2. Moderate supporters with medium influence

Moderate supporters with medium influence were the biggest group and included over one third of all national stakeholders involved in shaping national drug policy. This group included both governmental, civil society and international organizations. Some of the specialized governmental organizations such as Republican AIDS Center and Republican Narcology Center see themselves and are identified by others as both the main service providers and sources of the health statistics needed to inform national drug policy. However, they rarely reported using sex disaggregated quantitative data, even when they collected it. In general, governmental organizations often omit information about share of women and men covered by their services using gender neutral terms. For example, the report on implementation the national health reform program "Den Sooluk" states that 2,668 people received antiretroviral treatment in 2016 (Ministry of Health 2016) but doesn't include

information on how many of those were women and men. Similarly, none of the country reports about achieved progress towards implementation of the global measures in response to HIV provide sex disaggregated information on coverage of PWID by HIV services (Eshkhodjaeva et al. 2010, Maitieva et al. 2012, 2014, 2015). Governmental public health stakeholders themselves explain it by the fact that there is no demand from decision makers to provide such gender statistics. As pointed out by stakeholders responsible for collection and analysis of data related to HIV:

"Lack of gender statistics is related to the lack of demand. The demand should come from Ministry of Health and Office of Government, so far they were not interested in gender sensitive data".

Only one international organization was identified as moderate supporter with medium influence. GFATM is described by others as the main funder of the direct prevention and treatment services in the sphere of HIV and tuberculosis. Recently, it started to fund activities aimed at reducing human rights barriers in accessing these services as well. Although it also requests its grantees to report back using sex disaggregated data, most of the performance indicators used by GFATM are gender neutral and analysis of the sex disaggregated data is not used to inform future planning. For example, due to shrinking financial resources and consolidation of grants in order to save on administrative expenses, GFATM recently stopped funding the only community based organization providing direct services for female drug users in the country. At the same time no special measures were taken to ensure the smooth transition of their clients to other organizations providing harm reduction services.

Stakeholders' opinions about the position and influence of civil society members are divided. Some stakeholders believed that NGOs are the driving force of the positive changes in the field of drug policy and have exceptional advocacy skills:

"Amazingly, the strongest stakeholders in Kyrgyzstan are the representatives of civil society. They have strong advocacy skills and are actively involved in development and implementation of the national drug policy. They are often more knowledgeable than others".

Others argued that national decision makers, especially Jogorku Kenesh, often are not guided by "nothing about us without us" principle when it comes to involvement of the PWUD community members in shaping the national drug policy:

"We were absolutely excluded from the discussions, when the amendments were introduced to Criminal Code and the new Code of Violations. By the time, we noticed the changes and started to advocate against pulling the national drug policy several steps backwards, the amendments were already approved by both Jogorku Kenesh and the President. The initiators even managed to convince the President to issue a decree imposing moratorium on any new changes, which will delay the humanization of drug policy for at least for a year until the moratorium is over".

However, majority of stakeholders agreed that generally civil society organizations in the country are vocal and effectively use the windows of opportunity by quickly mobilizing themselves to join the advocacy efforts around important issues. One bright example of such successful advocacy was contribution of the harm reduction organizations and PWUD community to humanization of the drug policy in 2007. Back then civil society played the major role by preparing and sharing qualitative and quantitative data to inform the changes in the drug policy. At the same time, respondents noted that not all civil society members understand the importance of having better quality gender statistics. For instance, despite the fact that majority of civil society members are actively advocating for drug policy based on respect to human rights, gender mainstreaming is often not perceived by them as similarly important issue. Thus, three out of four civil society members were classified as moderate supporters. Notably, all three organizations mentioned above are led by men.

5.2.3. Neutral stakeholder with medium influence

A neutral stakeholder with medium influence was represented by National Statistics Committee. Though National Statistics Committee is not directly involved in service provision for female drug users or advocacy for gender sensitive drug policy, it plays crucial role as the main producer of the gender statistics in the country. Assessment conducted by Asian Development Bank in Southern Caucasus, West and Central Asia (2012) reports that there is generally lack of qualified statisticians with good understanding of the gender statistics and that national statistics organizations often lack necessary skills and tools to produce quality gender statistics. Similarly, the same report states National Statistics Committee lacks guidelines explicitly calling for collection and analysis of gender statistics and lacks "mechanism for systematic coordination of other national data producers" (ADB 2012). There was no information on whether National Statistics Committee possesses necessary human and financial resources to generate and share gender statistics among national stakeholders. This information is supported by majority of the respondents interviewed for stakeholders' analysis who believe that governmental statistics is often unreliable source of information. Some stakeholders highlighted that National Statistics Committee is reluctant to incorporate gender issues into all aspects of their work, as some collecting and analyzing data in some areas may be too expensive and labor-intensive.

5.3. Stakeholder with low level of influence

The only stakeholder with low level of influence was the community based organization of the women who use drugs. P.F. "Asteria" sees itself and is perceived by other stakeholders as strong supporter of the gender sensitive evidence-based drug policy. However, being the only

community based organization actively advocating for gender mainstreaming it lacks strong allies among other civil society members.

5.4. Discussion

The given stakeholder analysis revealed that though the majority of stakeholders in Kyrgyzstan support gender sensitive and evidence based drug policy, development and implementation of it is undermined by strong opposition from key stakeholders with high influence. The experience of other countries highlights the importance of strong national leadership for successful implementation of the drug policies based on respect to human rights. At the same time, the Government of Kyrgyzstan declares strong political support for gender sensitive and evidence-based practices. However, these declarations of support are not confirmed by allocation of governmental budgets for implementation due to competing priorities. As such, though the national anti-drug program is quite progressive and emphasizes the role of harm reduction services, governmental funding is allocated only for the drug control part of it and fully relies on donor funding to cover drug demand reduction and harm reduction activities.

The second major finding reveals that lack of gender statistics in the country reflects the existing gender inequality. Despite the fact that country ratified all relevant international treaties, Kyrgyzstan is missing the thirty percent target for women in decision making positions recommended by the Beijing Platform for Action (1995). Same is true in relation to Jogorku Kenesh, since more than seventy percent of members of Kyrgyz Parliament are men. Likewise, women are heavily underrepresented among the personnel of law enforcement bodies, who are the most influential stakeholders shaping the national drug policy.

The next finding is related to the role of international organizations in promoting human rights based and gender sensitive policies. Although the donor agencies are the major stakeholders funding and providing technical support in the area of HIV and drug policy, their influence is limited due to their advisory character and declared status of external observers. At the same time, sometimes donor agencies themselves are not best role models in terms of gender sensitiveness. The lack of coordination between agencies funding gender mainstreaming activities and HIV prevention work in the country is another limitation hampering successful implementation of programs.

Similarly, civil society involved in HIV prevention work are strong supporters of the evidence based drug policy. They offer the knowledge and expertise based on grassroots level work with communities most affected by punitive policies, such as PWUD, prisoners and women. In the past civil society members played a crucial role in pushing the interests of their clients and evidence based approaches high in policy agenda. At the same time, national decision makers often fail to make effective use of the civil society's potential. Some of the community based organizations, which combine best knowledge on both gender issues and drug policy felt excluded from drug policy development and implementation.

Another big obstacle in collecting and using gender statistics is the fact that the term "gender" is not well understood by majority of stakeholders. Often stakeholders confuse "gender" with "women" and perceive gender mainstreaming as western influence which contradicts local cultural values (UNFPA and NSC 2016). Due to the fact that national decision makers don't see the importance of gender statistics for gender mainstreaming it is often considered a low operational priority. Given the low demand for gender statistics,

stakeholders involved in developing those are not paying much attention to analysis and dissemination of the sex disaggregated data even when they possess it.

The study revealed that national stakeholders often lack skills necessary to produce and utilize the gender statistics. At the same time, collection of gender statistics is sometimes perceived as unnecessary burden on stakeholders supplying it, which requires additional financial resources and time. National stakeholders lack gender sensitive indicators to measure progress towards mainstreaming gender issues in their activities. For example, even indicators for reporting about achieved progress towards implementation of the global measures in response to HIV didn't envision disaggregation of data by sex.

The current situation is further complicated by the absence of the special coordinating body both in gender mainstreaming and in drug policy spheres. The Drug Control Agency was dissolved in 2017 and its mandate was divided between Ministry of Health and Ministry of Interior. Both report directly to the Office of the Government, but to different departments which creates problems in coordinating overall drug policy activities in the country. The country never had a dedicated national organization to oversee gender mainstreaming activities.

Conclusion and recommendations

The stakeholder analysis revealed that major reasons for lack of gender statistics to inform national drug policy in Kyrgyzstan include:

- Lack of political will supported by budget from governmental organizations involved in shaping drug policies. The stakeholder analysis found bold evidence proving that governmental stakeholders, especially those with decision making mandate and law enforcement agencies are the most influential stakeholders. Despite declared support for both evidence-based and gender sensitive drug policy, governmental budget is allocated mainly for activities aimed at policing and supporting existing punitive practices. Situation is further aggravated by lack of coordination between governmental branches responsible for drug control and drug demand prevention.
- Strong opposition from the three more influential governmental stakeholders, namely Jogorku Kenesh, Ministry of Interior and the State Committee on National Security.
- Lack of women in decision making positions in Kyrgyzstan, especially in organizations identified as moderate opponents and opponents.
- Lack of knowledge about importance of gender mainstreaming and effectiveness of the HIV prevention work among both decision makers and the producers of the gender statistics. This results in decision makers not demanding and utilizing gender statistics in informing national policies, as well as lack of priority for producing gender statistics among stakeholders responsible for collection and analysis of the data. Similarly, due to low priority of sex disaggregated data, service providers and data producers prefer to use gender neutral terms and indicators that do not support effective monitoring of the gender mainstreaming activities
- Lack of skills, technical and financial resources of national stakeholders responsible for production and dissemination of the gender statistics.

- Last, but not least absence of designated national coordinating body both in the area of gender mainstreaming and drug policy does not facilitate successful development and implementation of the gender sensitive drug policy.

Therefore, International organizations should pay special attention to sensitization of governmental stakeholders and building their capacity to improve their knowledge about gender empowerment, gender mainstreaming and best practices in the area of drug policy. Special attention should be paid to building capacity of governmental structures related to gender budgeting, producing and using gender statistics to inform national policies. The gender statistics producers should quit using gender neutral terms and start disaggregating the quantitative data by sex, and where possible by age, ethnicity, socio-economic status and other factors that may impact people's access to quality services and protection of their rights.

Government of Kyrgyzstan should take measures to address existing gender inequality and ensure effective involvement of women in decision making processes. Similarly, it should use participatory approach in developing, implementation and evaluation of the national policies, including drug policy.

Office of the Government of Kyrgyzstan should improve coordination between different ministries and agencies involved in shaping national drug policy and lead the joint efforts of the national stakeholders in this area. Likewise, there is a need for special designated governmental body to coordinate activities in the area of gender mainstreaming.

Given the fact that gender is a cross-cutting issue, majority of mentioned above findings and recommendations related to lack of gender statistics in drug policy sphere are relevant to other areas of the development. Taking into account the general scarcity of the literature on gender statistics and certain similarities of problems and root causes of those in the developing countries, the findings and recommendations related to effective collection, analysis and utilization of the gender statistics in drug policy sphere in Kyrgyzstan might be relevant in the context of other developing countries.

Given thesis is the first attempt to understand the reasons behind lack of gender statistics to inform national drug policy in Kyrgyzstan. Although, it does elucidate some important aspects related to capacity, position and influence of the national stakeholders that may hinder effective production and utilization of gender statistics related to drug policy in the country, it may not include all other reasons why we lack quality gender statistics. Similarly, Due to time and resource constraints the interviews were conducted only with those national stakeholders attending EECAAC 2018 and those who could make themselves available for an online interview. Therefore, despite the fact that author tried her best in ensuring objectivity of the judgements and keeping the balance of the national stakeholders interviewed, the findings might be affected by sampling bias. Although, respondents were promised confidentiality and special measures were taken to ensure it some stakeholders may have not shared their real opinion or their views could change over the time. Similarly, due to time constraint judgement about capacity of the national stakeholders to produce and utilize gender statistics was based mainly on secondary data and author's best interpretation of it. Further in-depth study of the human, financial and technical resources of the key national stakeholders might be needed to derive more concrete recommendations for improvement of gender statistics related to drug policy.

Appendix I: Questionnaire Guide

Informing about the purpose of the interview:
Thank you for making yourself available for this interview. I am currently collecting information for my Master thesis, which tries to understand why there is lack of gender sensitive data to inform drug policy in Kyrgyzstan. I am also interested in mapping the major stakeholders involved in development, approval and implementation of the national drug policy. This interview will last approximately 30-45 minutes.

Do you have any questions related the purpose of the interview? Shall we begin?

Key informant type:
Date:
Venue:
Name of the Interviewee's organization:

Drug policy:

1. In your opinion, who are the major stakeholders involved in formulation, approval and implementation of the national drug policy in Kyrgyzstan?
2. Which of the above mentioned stakeholders are the most influential?
3. In your opinion, how supportive are they of the idea of shifting towards more gender-sensitive and evidence based drug policy? Why do you think so?
4. Are there any stakeholders that are currently less involved, but should be encouraged to participate in drug policy development and implementation? How they could be enabled or motivated to do so?

Gender statistics:

1. According to the last population size estimation about 12% out of 25,000 people who inject drugs (PWID) in Kyrgyzstan are female. In your opinion how reliable is this data?
2. I noticed that majority of reports on related topic lack sex disaggregated data. In your opinion, how could we improve gender statistics in relation to drug policy in Kyrgyzstan?

If a service funder/provider:

1. Do you require/collect sex disaggregated data on coverage by services funded/provided?
2. How often do you analyze these data? Can you give some examples when such analysis led to changes in funding/delivering services?

Appendix II: List of key informants

#	Respondents' organization	Type of organization	Number of respondents and their gender
1	UNAIDS	International	1. Women 2. Women
2	Ministry of Health	Governmental	1. Women
3	Republican AIDS Center	Governmental	1. Men
4	Office of the Government	Governmental	1. Men
5	AIDS Foundation East West	Civil Society	1. Women
6	Bishkek City AIDS Center	Governmental	1. Women
7	Osh Oblast AIDS Center	Governmental	1. Women
8	Public Foundation "Asteria"	Civil Society	1. Women 2. Women
9	State Committee on National Security	Governmental	1. Men
10	Central Asian Drug Policy Center	Civil Society	1. Men
11	Harm Reduction Association "Partners Network"	Civil Society	1. Men
12	GFATM	International	1. Women
13	Ministry of Interior	Governmental	1. Men

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