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Muyassar Turaeva



Drugs and Public Health in Post-Soviet Central Asia

Soviet-Style Health
Management



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Soviet-Style Health Management

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Preface

Soviet-style health governance and the health regimes of authoritarian governments, particularly their punitive measures applied to risky behaviour and epidemiology, is commonly known and well-documented phenomena by now. The most important and relevant institution in this context is the system of *uchyot*, which includes institutions within the fields of medicine, criminal justice and security system, and social and economic fields. The system is made to ensure strong control and apply punitive tools to prevent risky, unwanted and other behaviour leading to epidemiological and other collective risks and problems. Soviet-style biopolitics and health management continue to be practiced in all Central Asian countries. Representative examples of such practices are LTPs (*lechebno-trudovye proflaktorii*, labour correction camps for substance abusers) serving as punitive measures for diverse forms of dependence such as drug and alcohol abuse, among others; psychiatric clinics serving a punitive role within both political and justice systems; venereology and dermatology clinics and departments also serving as punitive institutions for patients with sexually transmitted infections (STIs) and sex workers with or without STIs; narcology clinics playing partly punitive and partly medical roles within the same system of *uchyot* in post-Soviet countries.

The end of Soviet rule came with the collapse of the centralized economy and political transformations in all the Central Asian states. The early post-Soviet years saw declining living standards, weakening public health infrastructure and a decline in life expectancy across most of the Central Asian region. Only Kazakhstan represented a partial exception (Rhodes and Simic 2005¹). Post-Soviet economic collapse in Central Asia led to accelerated mobility and migration of most labour, mainly to Russia where labourers enjoyed visa-free entrance provided by Post-soviet agreements on economic zones (CIS). Increased mobility, migration, absence of migration policies and labour regulations and the informalization of economies in all the post-Soviet countries led to a devastating public health situation in the region. Authoritarian regimes in most of the post-Soviet countries and particularly in Central Asia and Russia do not allow civil society to develop or effective foreign

¹ Transition and the HIV risk environment. *BMJ*. 2005;331:220–3.

aid to address the escalation of current problems, be they medical, health-related, epidemiological, political, economic or social. Authoritarian governments allow little space for addressing health-related problems and don't permit informational enlightenment of the general population to prevent disastrous epidemiological crises, which particularly worsened during and after the COVID-19 pandemic.

In subsequent decades, the public health situation continued to deteriorate, and the system of free health care built by the Soviets has by now completely collapsed (Rechel et al. 2012²). The epidemic picture of the region worsened through increased migration, poverty, absence of quality health services and mismanagement at all levels of societal decision-making. Central Asian countries are home to the fastest-growing HIV epidemic in the world, where the main drivers of the epidemic are people who inject drugs (PWIDs) and commercial sex workers (CSWs).

Drug injection and commercial sex work are increasing due to the region's social and economic dislocations and the accompanying psychological stress and alienation, especially among young people. The growing number of people turning to drugs is paralleled by the alarming spread of related diseases such as HIV, hepatitis B and C, and tuberculosis, among other diseases, which make not only particular groups vulnerable to health risks but also the general population.

The COVID-19 pandemic since 2020 not only brought more unnecessary victims suffering as a result of the poor medical infrastructure and capacity but also caused a further dramatic deterioration of the public health situation. Moreover, all Central Asian countries, besides the challenges of the COVID-19 pandemic, further faced problems related to the HIV epidemic, drug abuse and rising rates of hepatitis, tuberculosis, as well as other chronic illnesses, including future long-COVID effects (Smolak et al. 2016³; DeHovitz et al. 2014⁴; Donoghoe et al. 2005⁵; Altice 2016⁶). While all countries reported a decline in the supply of traditional drugs, the situation with synthetic drugs is mixed. In Kazakhstan, the number of seizures of synthetic drugs has tripled compared to 2019; in Uzbekistan, the use of pharmaceutical drugs has increased significantly.

This book outlines an institutional setting and behavioural patterns to advance understanding of HIV/AIDS epidemics related to drug abuse in the region, focusing on Uzbekistan. Although the book focuses on a particular context of public health

²Lessons from two decades of health reform in Central Asia. *Health Policy and Planning*. 2012;27(4):281–7.

³Sex workers, condoms, and mobility among men in Uzbekistan: implications for HIV transmission. *International Journal of STD & AIDS*. 2016;27(4):268–72.

⁴The HIV epidemic in Eastern Europe and Central Asia. *Current HIV/AIDS Reports*. 2014;11:168–76.

⁵HIV/AIDS in the transitional countries of Eastern Europe and Central Asia. *Clinical Medicine*. 2005;5:487–90.

⁶The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia. *Lancet*. 2016;388(10050):1228–48.

strategies such as post-Soviet countries, it will still be contextualized within the global fight against HIV and drug abuse.

The book is based on qualitative study, where the empirical data were collected during long-term fieldwork conducted in Uzbekistan in 2010–2011 as well as shorter stays between 2012 and 2016. The qualitative methods used included semi-structured interviews, group discussions, participant observations, clinical observations, autobiographies and informal conversations. All names and other personal identifiers of informants included in the book have been changed to protect their privacy and confidentiality. The data and material collected for this book were analysed using a theoretical framework offered by the works of Michel Foucault on biopolitics, which is particularly relevant for the study of Soviet-style health governance. Applying a Foucauldian genealogical method, the study is structured to trace the genealogy of epidemics to understand the historical path of drug abuse in the region as well as the discursive genealogy of drug politics and drug abuse. Applying the same genealogical method of Foucault, the formative and discursive trajectory of the institution of *uchyot* was traced to contextualize the health governance methods which have a historical legacy of Soviet-style governance and control over the general population.

The book offers not only important in-depth insights into current and past developments of the public health situation in post-Soviet Central Asia but also contributes further to analytical and theoretical advancements, presenting the empirical realities of Foucauldian biopolitics and Soviet-style health management. This analysis suggests further opportunities for the advancement of a Foucauldian approach within the public health studies in post-Soviet countries (Turaeva and Turaeva 2021⁷). The book also offers recommendations for both international and national actors who are active in the region studying and addressing the problems analysed in the chapters.

This book offers in-depth reflections on the institutional infrastructure in place to manage the HIV/AIDS epidemic related to drug abuse in Uzbekistan, highlighting how this epidemic evolved and how it is now governed (biopolitics). Moreover, the book will further outline behavioural patterns of drug abuse focusing on the role of these patterns in the dynamics of the epidemics to be able to show the links between HIV/AIDS, drug abuse and mobility. Finally, the book addresses such questions as whether these interdependencies influence the general dynamics of the epidemic and what factors contribute to the risky behaviour of drug users.

The main argument of this book is that the Soviet style of (mis)management of disease and an iron-handed approach to at-risk groups pushes such groups into the shadows of survival and contributes to additional risks. In the case of drug users, additional risks include secret drug injections made in unsanitary conditions and with used equipment. Information-sharing takes place from peer to peer to avoid contact with the state or other official sources of medical information. Secrecy and the fear of being detected and listed in state semi-official registers (*uchyot*)

⁷ *Uchyot* and Foucault: drug users and migration in Uzbekistan. *Central Asian Affairs*. 2021;8:83–98.

contributed to the outbreak of epidemics in these countries (Turaeva and Turaeva 2021). Furthermore, other factors such as social status and gender, as well as economic situation and mobility, I argue, are also important in explaining the behaviour of drug users.

Special attention is also given to female drug users both with and without HIV infection. I detail different life circumstances and show the vulnerability of female PWIDs to violence (from sexual partners, police and family members) and to stigmatization (by society and family), both of which contribute to an increased risk of exposure to HIV. Gender roles and labour distribution with respect to both drug consumption and sex work are determined by general patriarchal social norms which place female drug users and sex workers in the weakest economic positions, impose on them the greatest labour burdens within families, and leave them to face burdensome responsibilities and social pressures. In a patriarchal society, it is difficult enough to be a woman; to be in addition a drug user causes women to slip through already limited networks of social support and solidarity (not to mention the state system of health care and social support). The incorrect beliefs held by female drug users about infectious diseases make them yet more vulnerable to unprotected sex.

Furthermore, I argue that the shift in patterns of drug use (from smoking to injection) in the region due to a lack of knowledge about drugs among the general population, huge inflow of heroin to Uzbekistan from Afghanistan (new developments in the region are still to be seen under the Taliban), the restriction of ‘traditional drugs’ and further tightening of control over drug use, and the sudden disruption of drug inflow has been a crucial development contributing to the outbreak of diseases such as HIV. This, coupled with a collapsing healthcare system, poor investments in hygiene and public health, and unprofessional medical personnel, led to a devastating epidemic crisis in the region, escalating with the current COVID-19 pandemic (Coreil 2001⁸; UNODC 2020⁹).

The book not only offers important in-depth insights into current and past developments of the public health situation in post-Soviet Central Asia but also contributes further to analytical and theoretical advancements, showing the empirical realities of Foucauldian biopolitics and Soviet-style health management. The analysis presented in the book suggests further opportunities for the advancement of the Foucauldian approach to public health studies in post-Soviet countries (Turaeva and Turaeva 2021). The book also offers recommendations for both international and national actors active in the region studying and addressing the problems analysed in the chapters.

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⁸*Social and Behavioral Foundations of Public Health*. Library of Congress. 2001.

⁹Brief overview of COVID-19 impact on the drug use situation as well as on the operations of drug treatment services and harm reduction programmes in Central Asia. 2020. https://www.unodc.org/documents/centralasia/2020/August/3.08/COVID-19_impact_on_drug_use_in_Central_Asia_en.pdf.

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