

SOLID Exceed

„Social work and strengthening of NGOs in development cooperation to treat drug addiction”

GUIDELINES

for conceptualization of doctoral projects
from all partner Universities

This document is a topical guideline which should be treated as the basis for building the research questions of the doctoral projects in all partnering countries. This guideline synthesizes an array of literature and knowledge about the following issues of social practice, education, and research: **a)** the three, central topics of the project introduced in the table below, **b)** a brief overview of social work’s development history in PR China and Central Asia, **c)** an introduction into international social work literature, **d)** brief coverage of existing knowledge around social work in drug treatment, in prisons, and with people who live with infectious diseases, **e)** a review of social work ethics and standards, **f)** introduction of the selected sustainable development goals and their possible combination with the three central research topics of the project, **g)** concluding remarks on expected research projects and recommendations on further reading.

As social work practice and research with drug users is still at its early stages, in both China and Central Asia, our SOLID project can be used as tool in establishing and implementing social work education, practice, and research. The guidelines elaborate on each topic and suggest a number of cross-variations for ways to operationalize in accordance with the relevant literature. This guideline’s aim is to offer initial step in combining the overall project goals with the current situation in drug treatment provision and related social work practice and education in all partnering countries. Doctoral students are encouraged to consult these guidelines along with UN’s Sustainable Development Goals (SDGs), in particular sections 3, 4, 5, 10, and 16

when designing their doctoral research projects. Possible combination of the project goals and SDGs are unpacked and discussed further below in the paper.

The suggested topics and sub-topics of the SOLID Exceed project revolve around three central areas:

Dissertation Topics	Central research areas
Topic 1	Social work and drug therapy and counseling, including social work and psychosocial support in the context of opioid substitution
Topic 2	Social work and HIV / AIDS, TB, hepatitis, corona
Topic 3	Social work and prison (before / during / after imprisonment)

Table 1. Central research areas and goals of the overall project

A brief introduction to Drug treatment Social Work: Practice, Research and Education

Social work with addiction and drug treatment practices have been important within the profession’s history and philosophy. (Burke & Clapp, 1997). Many social workers have to deal with clients who are using drugs problematically or are related to people whose close ones are engaged in problematic drug use (for example, see Holleran-Steiker, 2016 for addiction social work with young people). Social workers are needed in drug treatment services as the addiction oftentimes bridges a number of social, economic, psychological, and health concerns together (DiNitto & McNeece, 2008). Moreover, social workers’ role has become especially important with the acceptance and dissemination of harm reduction approach as an important drug policy strategy through which areas of health and social care began to take a different, more humanistic turn (Brocato & Wagner, 2003).

Introduction of addiction/drug treatment social work has been possible in Central Asia and China mainly through international funding and collaboration with Western professionals (see Klein, 2008; Michels & Stöver, 2012; Stöver, 2009 for reviews). However, a professional implementation of addiction/drug treatment social work remains very scarce due to lack of

funding in both training of social workers as well as development of local harm reduction initiatives. One of the barriers standing in the way of this improvement is stigma. Stigmatization of people who use drugs and their treatment as 'undeserving citizens' is a major issue standing in the way of funding better healthcare and low threshold services for people struggling with addiction (Bernays et al., 2010).

Another barrier contributing to this factor is the illegal status of most of the used drugs. On the one hand, addiction still remains a highly moralized conduct, while people using illegal drugs are demonized for their lack of 'willpower'. On the other hand, the international control apparatus puts enormous pressure on low-income countries in submitting to the internationally proclaimed standards of drug control and treatment without appropriating to the local challenges and culturally-sensitive approaches that may differ from the Western model of harm reduction (Demerath & Alasuutari, 1996). While drug policy in the West has been developed to offer multi-dimensional treatment and intervention programs, its complete applicability and adaptation in PR China, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan are important topics of research when considering local, cultural, political, and socio-economic dimensions (see Glazer, 2006 for an overview of social support structures across different cultural contexts). Therefore, as one of its aims SOLID Exceed project wants to encourage doctoral students to pay a special attention to the local education system, implementation and history of social work practice in their countries. Researching social work practices in-person and at various sites, will give young researchers a chance to develop their scientific agendas based on their live engagement with local organizations and people who use drugs. This is important in order to better inform the provision of local drug treatment services in the future.

Understanding the specifics of the national drug discourse is one way of approaching research into social work practice. In this endeavor, local practices that go beyond our *a-priori* imaginations of the region and its place in the global drug policy sector should be given specific attention. Reflecting the 'non-representational' daily life events that step outside of general discourse (see Azizov, 2017) are necessary when researching such stigmatized populations as drug users, given how often they are cast aside from what is considered 'normal' and conventional lifestyles (Thombs & Osborn, 2013). On the other hand, this also means that while international treaties and the control apparatus on drugs and drug policies has established images and narratives about the Central Asian region, such *a-priori* knowledge ('knowing that' approach as explained by Azizov, 2017), hinders the understanding of virtual experiences and day to day realities of people in these countries. Such an approach requires a shift of focus towards 'what is being done, rather than what is said' (Azizov, 2017: 124). For Central Asian countries, it is important to look beyond the post-Soviet legacy to seek the barriers the inherited

system represents and ways to overcome those by focusing on the local, that is, more immediate aspects of individual concerns among the key populations (Bobrova et al., 2008). For PR China, the social work has transgressed through a number of stages beginning in early 20th century, receding after the communist revolution in 1949 and re-emerging again toward the end of the millennium. Let us take a brief look at the regional profiles of social work profession.

Development of Social Work in China

Although organized social work in China began more than a millennium ago, social work as profession did not play an explicit role in the grand scheme of “socialist society” until the end of the 20th century (Dominelli, 2020). Social work was not considered a necessary profession because as it is in most collectivistic societies and cultures, the neighborhood committees in the residential districts of the factories took care of all social problems of the population including relationship and family issues, educational and school questions (see also Glazer, 2006). This is also referred to as ‘state socialism’ (Schwartz, 1994). Needless to say, this often acted as form of ‘social control’ against ‘deviant’ and so-called ‘anti-social behavior’ as a metaphor for any individualistic positioning against the collective idea which most Asian societies are built on. In addition, there is very little record of charities and non-governmental organizations to have had ever functioned in China and that have had attempted to regulate social conflicts in an informal manner.

However, this picture has changed drastically in the last 30 years as the country began to implement professional accreditation of social workers through training, social work degree programs at Universities and professional assessment standards (Sherraden et al., 2020). This is evident in China’s new commitment goal to Middle-to-long Term Development Plan for Social Work Professionals 2011–2020 (Ministry of Civil Affairs PRC, 2012). Governmental action is highly regarded as a legitimate intervening role of the state in resolving social and personal conflicts. Social work is subordinate to it by definition: Angelina Yuen-Tsang – one of the leading theorists of social work in China – defines this as a specific character of social work in PR China in that the profession is often funded inside the state agencies (Yuen-Tsang et al., 2016). This means that workers are mostly state employees who work within government-compliant bureaucracy. The voluntary sector of social work, she adds, is yet in its budding stages (Yuen-Tsang et al., 2016: 177). The curriculum of the China Association of Social Work provides an “[e]ducation model which emphasizes theory-practice integration, critical reflection, action learning, culturally sensitive practice and commitment to social change and development” (Yuen-Tsang et al., 2016: 178).

From 1988, with the aim to establish a “harmonious society” [even according to traditional Chinese history of Confucianism] marked the starting phase for social work educators who were transferred from disciplines such as history, anthropology, sociology and philosophy. In this way, social work had been reintroduced into universities by academics with neither the professional expertise nor the practical experience to develop this newly introduced professional discipline. In this regard, the history of social work education and professionalization is similar to many other countries including Western states (see Healy, 2008).

Development of Social Work in Central Asia

In the post-soviet region and specifically Central Asia, social work has even a more recent history as the professionalization of this discipline is only beginning now. Unlike China, in Central Asia reliance of social work services on a centralized government system has not been the dominant model of social work. In fact, the available few research studies show that post-Soviet legacy of denial of ‘social diseases’ such as addiction, HIV/AIDS has been a dominant approach in denying professional services to people of such marginalized cohorts (Tulchinsky & Varavikova, 1996). In Kazakhstan, the official education of social work began in early 2000s and almost simultaneously in 20 Universities across the country, including three in the capital city Astana (Zinovieva & Naumova, 2017). Treated as a form of social communication skill and defined as a social policy strategy, the current social work curricula in Kazakhstan serves two main aims: 1) to teach students methods of communicating between state institutions and clientele in medical institutions, kindergartens, schools, and care for disabled people and 2) to work closely with the local offices of Labor, Employment and Social Protection of Astana city on the employment of social work course graduates (Zinovieva & Naumova, 2017). In Tajikistan, the commencement of social work education also coincided to early 2000s. A social work educator from UK – Alison McInnes – was among the first Western academics who kicked off the development agenda for social work education in Tajikistan in 2008. The project was implemented by two partners (a small charity and university from the UK), the donor being a large international NGO (see McInnes, 2012). The main aim of the project was to develop a four-year BA Social Work degree programme at a state university in Dushanbe. A secondary aim was to help develop teaching skills for social work educators.

Designing a Practice-Oriented Research

Social work with addiction and drug treatment practices have been important within the profession's history and philosophy (Burke & Clapp, 1997). Many social workers have to deal with clients who are using drugs problematically or are related to people whose close ones are engaged in problematic drug use. Social workers' role has become especially important with the acceptance and dissemination of harm reduction as an important policy strategy through which areas of health and integration began to take a different, more humanistic turn. More social workers are needed in drug treatment services as the addiction oftentimes bridges a number of social, economic, psychological, and health concerns together (DiNitto & McNeece, 2008).

The challenge of addiction social work is to find its place between traditional drug treatment strategies and self-help fellowships instead of maintaining a role of mere referral and mediation (Cisaltina & Dinis, 2013). Its purpose should be to combine both medical and bio-psycho-social approaches in bridging the gap within current treatment systems. Harm reduction allows precisely that.

While drug policy in the West has managed to develop a multi-dimensional treatment and intervention programs, its complete applicability and adaptation are important topics of research from local perspectives in Central Asia and PR China. Given that most of the funding for HIV/AIDS related prevention strategies and initiatives are funded by international donors (especially the Global Fund), it is hard to assess the successes and developments in the local policies. A recent report from InBeAIDS showed that Central Asian countries, in particular Kazakhstan, Kyrgyzstan, and Tajikistan have a long way to go in developing the local harm reduction strategies. In fact, the study's main results point to the special need in adopting some of the Western strategies to incorporate better social work practice (InBeAIDS, 2020). These include:

- Responding to the increasing number of HIV/AIDS cases among non-injecting/ non-drug using proportion of the population (see also Bobrova et al., 2007)
- Increasing access to treatment and developing better control and prevention of the HIV among the general population through better-informed and more inclusive awareness-raising strategies
- Addressing the spread of the virus among migrant populations (which is especially high in Tajikistan accounting to almost 20% of the population)
- Developing opioid substitution treatment (OST) and other harm reduction services such as drop-in centers, safe injections facilities, and outpatient treatment options

- Direct more nuanced work with key populations: people living in prisons, men who have sex with men (MSM) and transgender people, sex workers, and other vulnerable populations (see also the reports from CADAP project, e.g. Michels et al., 2017)

Ethical Considerations and Terminology

Research ethics in social work is a thorny issue, and especially so when the research participants represent highly stigmatized and marginalized groups of the society (Dickson-Swift et al., 2008). One of the most important missions of social work practice is to integrate sensitivity and inclusive, non-stigmatizing attitude towards the groups of marginalized people it is oriented at. In most societies of the modern world, people who use drugs are still severely stigmatized (see Room, 2005). In a nutshell, this can be explained by a number of stigmatized behavioral conducts, subjectivities, and objects that intersect in the activity and lifestyles of drug use and addiction. Crime, homelessness, dependency, lack of social and economic resources, poor mental and physical health and many other dimensions intersect in the problem of addiction. This intersectionality often represents the ground for multiple-marginalization of people not mentioning internalized self-stigmatization. Previous studies in post-Soviet and specifically Central Asian region show that structural shift towards more 'enabling policy environments' can encourage successful adaptation of multi-dimensional/multi-modal interventions for populations living with or at risk of HIV/AIDS (Jolley et al., 2012).

Furthermore, it is important to set a framework for the reflexive and cognizant terminology to be used throughout the entire research and further social work practice (Burke & Clapp, 1997). This has a special importance within the research projects by doctoral students and their supervisors as the research projects progress. Through encouraging the use of a sensitive and inclusive language, we are doing one part of the necessary social work within drug treatment. For information on the preferred terminology within drug studies please see the latest guidelines published jointly by International Network of People Who Use Drugs (INPUD) and Asian Network of People Who Use Drugs (ANPUD), (2019).

An inspiring challenge in incorporating ethical standards into local social work practice also consists of developing local terminology and concepts that will on the one side echo international treaty of human rights (United Nations, 1948) and the international social work ethics (Barnard, 2008; Shaw, 2008), and on the other, local traditions, religious believes, and (sub-) cultural contexts (Gray & Coates, 2010).

Operationalization

1. Social Work: Practice and scientific research

- The role and history of social work profession and research in PR China, Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan
- Social work in prisons and with people who use drugs
- Social work and knowledge about illicit drugs and related blood-borne infections such as HIV/AIDS, hepatitis B and C
- Adaptation strategies to COVID-19 in drug treatment centers and prisons
- The role of non-governmental organizations (NGOs) in the fields of drug treatment, harm reduction, and self-help
- Outreach social work in addressing the needs of marginalized cohorts in remote regions

2. Opioid Substitution Treatment: Policy and practice

- The status of OST in five partnering countries PR China, Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan
- OST provision in freedom and in prisons
- OST provision during the COVID-19 pandemic

3. Drug use in the society: Socio-economic factors

- Relations between poverty and illicit drug use
- Linking poverty, migration, and illicit drug use and related treatment needs
- Families and children of parents who use drugs – intervention strategies and available support

4. Healthcare: Policy, inequalities, and sustainability

- Healthcare and discrimination in healthcare policies and practice for people using illicit drugs
- Gender discrimination in the provision of treatment and reintegration programs
- Health, needs, and social status of women in prisons
- Multiple marginalization of people who use drugs on the basis of gender, education/vocational training, and socio-economic status
- National drug discourse, main pillars of local drug policy, and ethics in drug treatment policy
- Development of drug services – philosophy, interventions, results

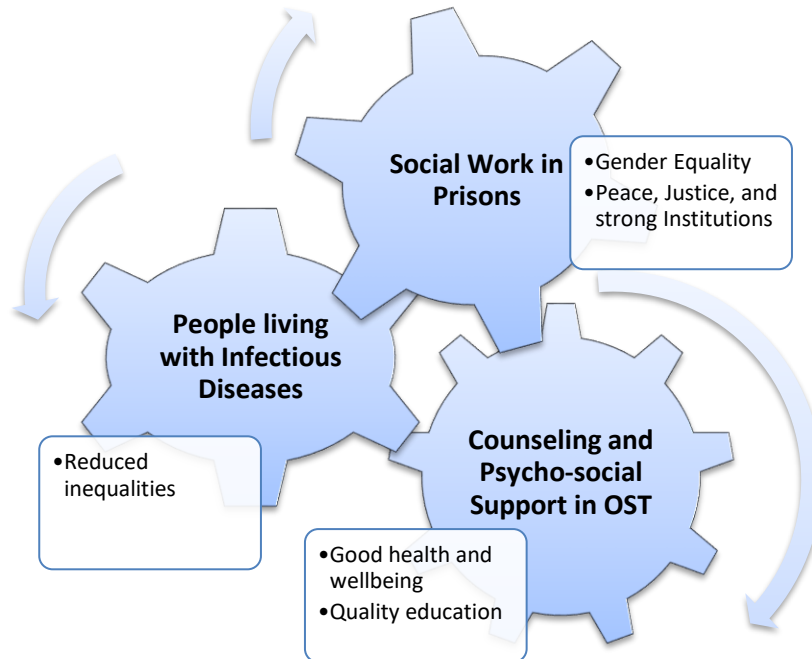


Figure 1. An example scenario of relations between central project topics and SDGs

OpioiD Substitution Treatment: Policy and practice

The challenge of addiction social work is to find its place between traditional drug treatment strategies and self-help fellowships instead of maintaining a role of mere referral and mediation (Cisaltina & Dinis, 2013). Its purpose should be to combine both medical and bio-psycho-social approaches in bridging the gap within current treatment systems. Harm reduction allows precisely that. One important angle of harm reduction is opioiD substitution treatment (OST) which offers a long-term care of people who are diagnosed with addiction to opiates or derivatives. The OST program began in New York more than half a decade ago as Vincent Dole and Marie Nyswander undertook a clinical trial to treat heroin addiction (Dole & Nyswander, 1965) and have been since then widely taken as a highly effective policy measurement in most of the Global Northern hemisphere. Its implementation in PR China and Central Asia has been part of this global application mostly financed and promoted by the international foundations and human rights organizations interested in both protection of marginalized cohorts of populations as well as maintaining an international drug control regime across the globe. To date, there is very little critical knowledge available about the benefits as well as negative side-effects of the implementation strategies of adapted OST programs in PR China and Central Asia. The historical background of Central Asian countries and proximity to Russia and Russian social welfare models dominate the landscape of harm reduction strategies in the region, with recent studies showing that the nearing change to reduce transmission of infections and establish

validity of the OST in prisons and drug treatment is inevitable (Altice et al., 2016; Azbel et al., 2017). More research is needed to better understand how OST is being adopted and in which way social work practice in these countries can potentially contribute to the implementation of more supportive drug policy.

Social work with infectious diseases

Working with people who live with infectious diseases such as HIV/AIDS, Hepatitis C, Tuberculosis or are affected by a current pandemic situation of SARS-CoV-2 requires a well-equipped 'toolbox' of skills and knowledge. In the example of HIV/AIDS and the UNAIDS's global elimination goal of 2030, Stöver et al. (2017: 141) define three levels of social work with infectious diseases: a) as direct practice with specific, vulnerable target groups, b) as part of individual casework, and c) as part of social group work. In the face of rapidly changing pandemic situation, responsive and adaptive social work practice is especially important in relation to sustainable development goals. Two factors are outlined: 1) a successful cooperation with neighboring countries and international support; 2) maintenance and long-term adaptation of effective crisis responses in the post-pandemic world (United Nations Department of Economic and Social Affairs, 2020). A recent study of infectious diseases and their prevention among people who inject drugs in Kazakhstan, Kyrgyzstan, and Tajikistan (InBeAIDS, 2020), show that HIV/AIDS continue to spread marking the region among the highest number of prevalence rates in the world (Altice et al., 2016). The InBeAIDS (2020) study provides a number of useful implementation and policy strategies for strengthening the role of social work and NGOs in the region:

1. Development of testing policy for easier access to voluntary and rapid testing
2. Reducing stigma through multi-dimensional engagement of 'Trust Points' and increasing financial support for social workers and medical staff
3. Transferring the established trust with local NGOs to between local government and people
4. Encouraging 'friendly accounts' to help battle 'self-stigmatization' and related mental health
5. Training more social workers and medical staff to increase provision of accessible and quick professional help
6. Ensure protection of rights, dignity, and security of citizens with stigmatized diseases

Similar to Central Asia, social work with infectious diseases among marginalized populations is also greatly implemented by NGOs (Xu et al., 2005). The role of NGOs in PR China has similar goals to achieve, mainly increasing a better collaboration with the government, while in the meantime developing independent voluntary social work sector that is especially needed in China due to the small state sector responsible for a large population. Given its longer history of social work education in comparison social work practice, China demonstrated a remarkable readiness during the initial stages of the COVID-19 pandemic by making social work knowledge available to public through broadcast and popular media platforms like 'TikTok' (Yuan et al., 2020). As a result, a prompt mobilization of 'public education' during a global pandemic situation can be deemed relevant internationally, given the practicality of approach in utilization of media channels to continue training and education of both professionals and the general public to be better equipped in uncertain times (Yuan et al., 2020).

Meanwhile, in Kazakhstan, professionalization of social work in regards to HIV/AIDS also requires further work. There are several factors that inhibit its development. Even if the vacancy of a social work specialist is present in a medical institution, the functions of a specialist are not always transparent. Oftentimes, the job is performed by specialists with medical educational background and therefore, medicalization of people living with HIV and drug addiction prevails. Another factor is the vulnerability of the profession itself due to its young history in the country. The first social work services began 20 years ago, but the profession has not yet received a sustainability in the country. The first doctoral program in social work was opened in 2006 at Al-Farabi Kazakh National University in collaboration with the D. Brown School of Social Work in Missouri, USA. Currently, there are no faculties and departments of social work, instead it is often adjacent to neighboring disciplines such as sociology or pedagogy. This makes it difficult to develop separate, specialized technologies for maintenance of a separate curriculum (e.g. for working with people who live with HIV/AIDS). The third factor is that one of the most serious barriers is the low salaries of social work professionals working in governmental institutions for social support. This factor impedes the awareness of families, children, and clients about the possibilities of social support from the state. What is often reflected in participant accounts from studies undertaken in the country (e.g. InBeAIDS, 2020), is that they do not know where their social protection centers are located in the city or they don't know what kind of rights they have, or what kind of help is available. This often coincides with self-stigmatization in that many people living with infectious 'social diseases' are shy of their status with HIV and do not seek professional intervention because they are afraid of exclusion and open discrimination (see also

Sultan & Mažeikienė, 2019). This often translates into low levels of trust in state institutions and specialists.

Summarizing from the InBeAIDS and CADAP studies (see also Michels et al., 2017), our collaborative, international work suggests following services to people from key populations that social workers could provide:

1. Implementation of case management. In Kyrgyzstan, specific steps and actions of a social worker in the process of social support are regulated and specified. The activities of social workers are carried out on the basis of case management. Depending on the needs of key groups and their specific needs, a social support program is developed. The end result of social support is to improve the quality of life of clients. Social support involves compliance with such principles of work such as an individual approach, comprehensiveness, confidentiality, voluntariness, tolerance, and interdisciplinarity.
2. An interdisciplinary approach and teamwork can help to increase the efficiency and quality of the services provided. This approach defines emergency intervention, diagnostics and discussion of the case, the coordination of the actions of experts, responsibility and activity aimed at solving problems and the effectiveness of work algorithms. Much attention is paid to establishing contact between specialists and clients.
3. According to social and outreach workers, the technology of social work with key population groups should be focused on person-centered and strength-based approach and risk reduction.
4. The fight against stigma. Social workers can play an important role in changing public opinion, establishing tolerance for HIV-positive people in society, as well as mobilizing and encouraging people involved. This can be carried out with the help of high-quality information campaigns targeted at different target groups, involving the media, demonstrating good practices in integrating people living with HIV, as well as individual and group social work to develop public potential
5. The protection of the rights and interests of citizens is an important area, which can be manifested in different ways: developing policies, lobbying, raising public awareness, public education, conducting campaigns, creating alliances, etc. Social workers provide advisory assistance to clients in case of loss of documents, restoration, and other paperwork. They play an important role in establishing connections and carrying an intermediary function between the client and the relevant authorities.
6. The provision of social services and humanitarian assistance (providing material assistance, providing services of crisis centers, shelters for victims of violence), assistance in finding

employment (vocational training, retraining and advanced training of unemployed citizens, providing information about employment opportunities, employment).

Social Work in prisons: Before, after, and during imprisonment

“Every year, 30 million people spend time in prisons or closed settings (1) and 10 million are incarcerated at any given point in time (2). Virtually all will return to their communities, many within a few months to a year. Health in prisons and other closed settings is thus closely connected to the health of the wider society.”

(UN Joint Programme on HIV/AIDS (UNAIDS), 2014: 147)

Incarcerated populations represent a number of public health challenges. Poor care and lack of availability of necessary health and social services in detention facilities cause public health hazards such as rapid prevalence of HIV and Hepatitis C. HIV prevalence is higher among prisoners than in the general adult population in many countries (UN Joint Programme on HIV/AIDS (UNAIDS), 2014: 150). In the Post-Soviet region, prisons remain under control of the Ministries of Justice and Internal Affairs, which directly influence the implementation of healthcare provision and social work services in these facilities. Until recently, prisons have been devoid of sustainable healthcare and prevention measurements such as needle exchange, opioid substitution, ART, preventative measurements against sexually transmitted infections/diseases. While the landscape has been changing in the past decade the implementation of most of these measurements varies in these countries (UNODC, 2010). However, most of the services are not available for voluntary treatment, rather often detainees are forced to undergo certain treatment, while in other facilities a basic separation of people with HIV from healthier individuals is not implemented (see UNODC, 2010 for an overview).

In compliance with sustainable development goals (introduced below in more detail), provision of adequate and fair healthcare including OST and psycho-social counseling as well as medical care for incarcerated people is an important aspect for social work and its development in each partnering country. A recent study from Germany argued that imprisoned people are often denied the basic medical care that is generally available to people in the civic society (Stöver et al., 2019), highlighting the injustice and the need for urgent change of policies to address the issue. We believe that the same logic and philosophical concepts of human rights and justice apply to all imprisoned populations across the globe and within the interest of this project, in all partnering countries. More research is needed to identify the needs and necessities of the imprisoned populations in PR China and Central Asia.

Sustainable Development Goals

Above presented categories and sub-categories of possible research topics must be connected with UN's sustainable development goals with a specific orientation at local and national policy discourse. The original SOLID Exceed project builds on five SDGs. These are:



SDG 3 Good health and wellbeing

"Health is the goal, prerequisite and result of sustainable development, its promotion is a requirement of humanity and part of responsible government policy (...). The challenges in the health sector are still huge."

Problem statement: In Central Asia, the prevalence of opioid use is twice as high as in Europe, in China there are almost 5 million opioid users, still a small number in relation to the total population, but an enormous problem for the healthcare system. There are too few offers for help. The staff is qualified and highly motivated, but consists almost entirely of medical doctors - social work as a central component of the services is neither offered at university education nor in practice. The well-being of those affected also depends on the offers of help and the reduction of stigmatization and marginalization.



SDG 4 Quality education

"Education is a human right. It empowers people to improve their political, social, cultural, and economic situation."

Problem statement: In post-Soviet Central Asia, as well as in China, high-quality education is an important socio-political concern. In particular, it seems that there are too few specific training opportunities for prevention and treatment of drug addiction.



SDG 5 Gender equality

"Ending all discrimination against women and girls is not only a basic human right, it's crucial for sustainable future; it's proven that empowering women and girls helps economic growth and development." *Problem statement:* Gender equality and self-determination for all women and girls are a principle of German development policy. In Central Asia and China, women have

equal rights under the constitutions, but still not in social reality, they earn less, they mostly have a double burden on family and work, and only play a minor role in country politics. Medical professions and social work (except for Tajikistan) have a female-dominance, but the management structures remain male-dominated.



SDG 10 Reduced inequalities

Social and economic inequality is a major challenge for the development of stability and wellbeing. *Problem statement:* Addiction is (also) a phenomenon of social inequality and poverty, given that the proportion of people with social and economic constraints among people struggling with addiction is disproportionately high. These inequalities are exacerbated by the discrimination in healthcare practices and lack of social security and treatment opportunities for people who need professional help.



SDG 16 Peace, justice, and strong institutions

Promote peaceful and inclusive societies for sustainable development, give everyone access to justice and build effective, accountable and inclusive institutions at all levels. *Problem statement:* Drug addiction is still seen in both Central Asia and the People's Republic of China as more of “social deviation” problem, than as a treatable disease repressive drug laws mean that many of those affected have to face long prison terms and that the police and judiciary are not cooperating well with health services. This promotes the social exclusion of those affected.

Concluding thoughts

The SOLID Exceed project is an opportunity to develop and research social work with fresh insights into the local landscape and national drug discourse in all partnering countries. We aim to provide means to support the selected doctoral students in each step of their academic and vocational training. The Frankfurt University of Applied Sciences has accumulated decades of competence in the training of social work at the Department of "Social Work and Health" with a Bachelor course on "Social Work: transnational" as well as the ongoing Master's program on "Addiction Therapy and Social Management in Addiction Help". These experiences will hopefully serve as a foundation for the further development of social work curricula in all partnering countries through the mutual exchange and partnership throughout the entirety of the project's

duration. By bringing together such a diverse range of cultural, political, and educational contexts represented by Universities in six countries, SOLID Exceed opens up a unique opportunity for a collaborative international social work. The importance of the Western practice or the absence of the same social work standards in each partnering country are not to be deemed irrelevant by default. On the contrary, through the collaboration, we hope to re-establish the importance of international social work (see also Nikku, 2015). Learning from Western practice and developing a critical lens to the local situation in each country, and vice-versa, shall be prompted by the visits to and exchanges with other Universities' curricula, students, researchers, and coordinators. Questions need to be raised regarding the cultural appropriateness of the theories, practices and competences utilized (usually based on Western principles), and power relations need to be acknowledged. There is a need to foster an equal and open exchange of ideas. This can potentially enhance the quality of the knowledge and lead to betterment in increasing the quality of help and services to those living at the margins of the society.

Further Reading

Contemporary Social Work Studies (Book series) - <https://www.routledge.com/Contemporary-Social-Work-Studies/book-series/ASHSER1007>

Grey, M., Coates, J., Yellow Bird, M., & Hetherington, T. (Eds.). (2016). *Decolonizing Social Work*. Routledge.

Ioakimidis, V., & Trimikliniotis, N. (2020). Making Sense of Social Work's Troubled Past: Professional Identity, Collective Memory and the Quest for Historical Justice. *The British Journal of Social Work*. <https://doi.org/10.1093/BJSW/BCAA040>

Payne, M., & Askeland, G. A. (2016). *Globalization and International Social Work: Postmodern Change*. Routledge.

Useful Links

Global Social Work Statement of Ethical principles - <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

Central Eurasian Studies Society – <https://www.centraeurasia.org/>

Eurasian Harm Reduction Association – <https://harmreductioneurasia.org/>

European Monitoring Centre for Drugs and Drug Addiction – <https://www.emcdda.europa.eu/>

International Federation of Social Workers – <https://www.ifsw.org/>

The International Association of Schools of Social Work – <https://www.iasw-aiets.org/>

United Nations Office on Drugs and Crime – <https://www.unodc.org/>

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