



IRSTI 04.51.65

Scientific article

<https://doi.org/10.32523/3080-1702-2025-152-3-102-112>

INTEGRATED INTERNATIONAL EXPERIENCE OF STATE-NGO COLLABORATION IN REHABILITATION FROM DRUG DEPENDENCE: EVIDENCE AND RECOMMENDATIONS

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Abstract. The article examines international practices in establishing mechanisms for interagency collaboration between government agencies and non-governmental organizations (NGOs) in the fields of drug rehabilitation and social reintegration. Drawing on experiences in the United States, Israel, and certain Western European countries, it analyzes a range of rehabilitation models, including the 12-step program, cognitive-behavioral treatment, religious programs, therapeutic communities, and substitution therapy projects. Specific attention is given to national policies facilitating reintegration into society, where provision of housing, labor, and family assistance is recognized as a key aspect for sustainable rehabilitation. The results of the research show that rehabilitation is effective if it is sustained by well-coordinated state-civil society alliances, medical, psychological, and social intervention integration, and long-term measures to restore personal abilities and social functioning. Based on these findings, the article makes some suggestions for Kazakhstan, for example, the development of a national rehabilitation system, increased active engagement by NGOs, and the creation of instruments for monitoring outcomes. In general, the research enriches our understanding of how cross-sectoral collaboration can enhance the effectiveness and sustainability of rehabilitation in different socio-political environments.

Key words: rehabilitation of drug addicts, reintegration, NGOs, cooperation between the state and civil society, international approaches.

Introduction

In recent years, drug addiction has been one of the most significant social problems in the majority of countries, and Kazakhstan is no exception. The widening distribution of illicit drug consumption and trafficking among people is a source of serious alarm since it threatens the health of young people and the destabilization and insecurity of society as a whole.

Sociological studies (Altynbekova, 2022) demonstrate the steady increase of psychoactive substance use in Kazakhstan, especially among adolescents. A significant number of young

people encounter psychoactive substances for the first time at the age of 14-16, which is dangerous for their health, socialization, and life opportunities. Psychoactive substance abuse is closely related to the deterioration of physical and mental state, crime, and violence.

Drug addiction in Kazakhstan also has its specifics. Unlike the illicit markets of other nations, where synthetic drugs are dominant, opioid drugs, especially heroin and its derivatives, are still the most common in Kazakhstan. This is directly related to the country's geographical location on global drug trafficking routes and exposes it to drug transit and distribution.

Consequences of drug addiction go far beyond the health of individuals, destroying society as a whole. Drug addiction contributes to an increase in crime, places an additional burden on the healthcare system and law enforcement agencies, destroys family bonds, and causes damage to the demographic situation. According to official statistics, most crimes in Kazakhstan are related to drug addiction, which shows the need for a multidimensional policy that would combine preventive measures with effective rehabilitation of persons with addictive diseases.

International experience conclusively shows that drug addiction cannot be successfully combated without structured rehabilitation mechanisms. Many people are trapped in addiction, and few of them manage to resume a normal day-to-day social life. In this context, it is absolutely crucial to study international experience in setting up and operating rehabilitation centers.

Certain Western European countries, which will be examined in this study, have established effective rehabilitation frameworks that incorporate medical treatment, psychological counseling, and social reintegration. These initiatives are aimed not only at eliminating the physiological elements of addiction but also at altering behavioral patterns, restoring social connections, and easing people's reintegration into society.

For Kazakhstan, the solution to the problem of drug addiction is multifaceted and requires the active participation of both state bodies and civil society. Treatment programs assisting people to restore their health and ability to work must supplement preventive measures. Implementation of the best foreign experience into the socio-political environment of Kazakhstan is able to form a more effective national system of combating drug addiction and rescuing future generations. It is only possible to overcome this problem by consolidating efforts and acting steadily, ensuring stability and security in the long-term perspective.

Though the majority of countries have common problems in fighting drug addiction, the Kazakhstani case has its peculiarities. My opinion is that when citing international practice, we should not only emphasize the positive, but also critically analyze the chances of its applicability to our national conditions. This gives reason to develop a strategy uniting global experience and national interests.

Data and Methods

The study is based on the thorough analysis of a wide range of sources, including scientific literature and official statistics. One of the most significant parts of the research was the analysis of annual reports on the drug situation in European Union countries. Particular attention was placed on the official websites of the major international agencies, primarily the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). These agencies regularly publish authoritative and timely information on global and regional trends in drug use, illegal trafficking flows, and policy reactions. Their

analytic reports and databases were useful in establishing the current scope of the problem and in identifying promising strategies for addressing it.

The research also draws on reports issued by national agencies involved in the social reintegration and rehabilitation of substance use disorder patients. These documents disclose the processes of program implementation at the national level and highlight the role of government agencies in establishing effective rehabilitation infrastructure. In addition to that, the in-depth review of scientific literature was conducted, including monographs, research articles in peer-reviewed journals, and policy reports. The scientific literature provides information on theoretical approaches and practical models of rehabilitation, offering a thorough overview of advanced international experience.

Particular attention was given to the multicomponent quality of modern treatment approaches to rehabilitation. Current practice shows that effective treatment should encompass, alongside medical treatment, psychological, social, cultural, and educational components. Such multicomponent approaches have more sustainable effects since they address the number and interconnectedness of problems associated with drug addiction. Different formats of service provision were also discussed in the study. International experience shows that rehabilitation can be provided in both inpatient and outpatient modes, allowing individuals to receive treatment according to their needs. Hybrid models, such as semi-residential or day centers, have gained popularity in recent years. They combine professional treatment with greater social integration, thereby promoting not only recovery but also long-term reintegration into society.

Methodological structure of the current research coincides with the desire to identify best practices that might be feasible for Kazakhstan. Thus, particular attention was given to the United States, Canada, Israel, and a number of Western European nations because of their rich, diverse experience of drug rehabilitation. For example, the United States and Canada have built a rich resource of scientific and practical experience in sectors of harm reduction, recovery support services, and interagency collaboration between government and NGOs. Israel is an interesting case that is characterized by cooperation between civil society organizations and government bodies, primarily in service to vulnerable groups and marginalized communities. Meanwhile, Western European countries have been most renowned for their liberal drug strategies, whereby rehabilitation and reintegration are being tackled by NGOs in partnership with public health and social welfare institutions.

By comparing this global experience, the study hopes to draw lessons that are not only theoretically sound but also practically meaningful to the socio-political and cultural contexts of Kazakhstan. The ultimate goal is to come up with evidence-based recommendations that will solidify state and non-governmental collaboration and further improve the development of a working and sustainable system of rehabilitation in the country.

Results and Discussions

A systematic review of international rehabilitation programs for individuals with substance use disorders displays the heterogeneity of approaches and relative effectiveness of the most common models. Among them, one of the best-known and oldest is the 12-Step Program, still a major aspect of global addiction treatment practice. Depending on several fundamental

principles that were found to be effective for successful rehabilitation, it is one of the models most commonly followed.

The first of these emphasizes the importance of realizing that one cannot recover from addiction independently. The realization is typically accompanied by a belief in a Higher Power as a source of guidance in overcoming addiction. Such dependence emphasizes the importance of external help and social support, which are also pivotal in keeping many with addiction.

The second is the value of true repentance and personal reflection. This entails confronting the past, acknowledging fault, and being willing to go through a transformation internally. This is not merely about acknowledging harmful actions, but entails a willing intent to change to prevent relapse.

The third principle is the intention to make amends for past hurts. It inspires participants to engage in deep self-examination, develop spiritual strength through prayer, and assist other people who are seeking recovery. This mutual effort increases the idea of solidarity and mutual responsibility within the recovery community, which is a key contributor to the effectiveness of the program (*12-Step Facilitation Therapy... A Research-Based Guide*, 2018).

Although the 12-Step process continues to be the most recognized method of rehabilitation of drug dependents in the world, there have been other models that have also achieved significant development and success. Among these is the creation of therapeutic communities to provide a safe, well-organized environment that is conducive to recovery and social reintegration. These include the popular SMART Recovery, Save Our Selves (SOS), Women for Sobriety, and Secular Organizations for Sobriety. These therapeutic communities, established in the United States in the 1950s and 1960s, have since been spread across the entire world.

Therapeutic communities are based on social learning and mutual responsibility principles. The participants live in a strictly supervised community where access to addictions is not provided, enabling favorable conditions for psychological recovery and lifestyle transformation (*Vanderplasschen*, 2014).

Cognitive-behavioral rehabilitation is also critical and receives a great deal of attention from experts (How are behavioral therapies used to treat drug addiction?, 2024). The technique works on discovering the psychological roots of addiction by the integration of psychotherapeutic strategies with pragmatic methods. Patients typically receive individual and group therapy sessions that prompt them to remain vigilant about the risks of substance abuse and allow them to cope with emotional and psychological issues.

Within this model, family behavioral therapy (FBT) is among the most successful therapies. Unlike narrowly focused treatment methodologies, FBT treats not only addiction treatment but also co-occurring conditions of depression, behavioral disorders, and interfamily strife (*Principles of Drug Addiction Treatment: A Research-Based Guide*, 2018). Recent trends in this field point toward growing emphasis on integrative approaches that view substance use disorder as part of an interacting network of psychological and social malfunctions. Therefore, for full recovery, not only must somatic health be considered, but so must spiritual and social health. This combined strategy has developed more enduring intervention techniques that also potentially improve the quality of life of patients in the long term (*Benefits from Biophysical Treatment*, n.d.).

Another tremendously controversial intervention method is substitution therapy, in which illegal drugs (most commonly opioids) are replaced by legally approved drugs under the careful

monitoring of physicians. Although not rehabilitation according to any other definition, it is a strategy intended to decrease the health and social harms of non-medically supervised illicit drug use. Beginning in Western Europe in the late 1960s, substitution therapy is now available in more than 60 countries, including Kazakhstan (until 2024). But its success is not universally accepted: though it may stabilize patients, others claim that it only replaces one dependence with another and may have negative side effects which are passed on to the social life of the patient (*Cycle of death and misery caused by black market methadone... and it's all funded by the taxpayer, n.d.*).

To this degree, specialists are emphasizing the need for prudent and personalized treatment programs involving a combination of medical treatment and psychological guidance and social reintegration measures. These can include individual and group therapy sessions, family therapy, and social skills training to facilitate reintegration into society.

In Ireland, rehabilitation is accomplished with consideration of gender, age, and social origin, and according to the specificity of each path of recovery. One of the major components of these programs is the provision of temporary accommodation to former drug addicts, a provision that acts to prevent the relapse process after treatment or imprisonment. This kind of accommodation is usually arranged by volunteer groups that receive government funding and is provided for a stay of a maximum of 24 weeks. Merchants Quay Ireland (MQI) is an excellent example of an organization that provides temporary accommodation to former drug users.

The Renewal House program, specialized for women, is a three-month residential program allowing individuals to engage in part-time employment and structured rehabilitation sessions. The program emphasizes individual responsibility, peer counseling, and work skills training, thereby promoting both emotional stability and economic independence (*Keane, 2007*). However, no rehabilitation centers in Ireland are as successful, oftentimes due to insufficient resources or uneven service delivery, and, therefore, wise programme selection is called for (*European Monitoring Center for Drugs and Drug Addiction, n.d.*).

Family involvement has become an integral aspect of rehabilitation policy, in conjunction with social protection for children with parents suffering from substance use disorders. Individuals in custody are also prioritized, to whom unconditional availability of treatment is guaranteed both during imprisonment and after release (*National Drugs Strategy, 2009*).

Italy boasts decades of experience in organizing a structured system for treating drug addiction. Public and private care are organized by regional governments with compulsory equal standards and extensive coverage by the Regional Health Fund. National health service public outpatient centers provide reintegration, treatment, and diagnosis, while private social rehabilitation centers, located predominantly in the north of Italy, provide semi-inpatient, inpatient, and outpatient rehabilitation. These centers combine medical detoxification, psychosocial counseling, and psychotherapy and provide a multidimensional treatment for drug dependence (*European Monitoring Centre for Drugs and Drug Addiction, n.d.*). Flexibility of the system allows it to adjust to changing patterns of drug use and emerging social problems.

The final treatment phase, which lasts approximately 12 months, is directed towards social reintegration in Greece. The reintegration programs provide shelter, work training, and employment and require an active job search as part of the process. These organizations, such as KETHEA and OKANA, are crucial and collaborate with the National Organization for Employment in terms of recovering and reintegrating (*Kethea, n.d.; OKANA, n.d.*). Their individualized plans

address psychological, social, and family problems, educating participants in independent living skills.

In Finland, there is high unemployment, homelessness, and low education levels for people in recovery, making it essential to have cross-sectoral coordination. Social reintegration and housing support are incorporated in projects, typically offered by municipal social services. There are national housing programs for the Ministry of the Environment that provide social rental housing to meet long-term homelessness needs, for example, among drug users.

Israel also has a universal system that is supported by the social affairs and health ministries and the Israel Prison Service. It has diverse rehabilitation programs including detoxification, therapeutic communities, day centers, and family therapy supplemented with vocational training and housing support (Israel Government Services and Information, n.d.). It is covered under national health insurance, so it is universally available. Peer-to-peer civil society action is essential for the advocacy of vulnerable populations such as those who inject drugs (PWID) and people living with HIV (PLHIV) (*Shadymanova, 2025*).

Finally, in Kazakhstan, there are non-governmental organizations included in the working group on drug policy implementation. According to the Comprehensive Plan to Combat Drug Abuse and Illicit Drug Trafficking for 2023–2025, NGOs are involved in combating drug abuse with online campaigns, regional prevention models, and community programs, and also work in conjunction with local law enforcement agencies and with the mass media (*Comprehensive Plan for Combating Drug Addiction and Drug Trafficking in the Republic of Kazakhstan for 2023–2025, 2023*).

The variety of rehabilitation models means that there is no one model that would be appropriate for everyone. For Kazakhstan, the task is not to copy one model, but to pick and choose from several approaches. I believe that the real challenge is to get these approaches accessible to patients from different social strata, including those living outside of capital cities.

World experience demonstrates that only the initial stage of treatment is necessary; only in social reintegration does real recovery start. In my view, Kazakhstan will have to attach special significance to employment and housing support because these are the elements usually determinant of long-term success. Without them, even successful medical rehabilitation threatens to lose its long-term effect.

Conclusions

A review of several rehabilitation programs and models developed by government departments in coordination with civil society organizations reveals that these programs are continuously updated and revised. These programs do not follow rigid classic categories but rather are a combination of different methods and can be tailored to the specific needs of the individual. Ensuring access to treatment and participation in rehabilitation activities is an important aspect of getting beyond substance dependence, and thus, there is emphasis on ensuring availability and non-discrimination of services for all who are in need.

At the same time, constant implementation of other social support measures is necessary to provide therapeutic benefits, prevent relapses, and conduct long-term social reintegration. The ruinous impact of substance use disorders pervades almost every sphere of human existence, including family relations, housing stability, educational opportunities, and employment

prospects. The disorders tend to create isolation and economic marginalization, which further increases the problems of the patients and significantly complicates the process of rehabilitation.

Without thoroughly developed and well-organized support systems in these fundamental areas, the results of treatment can be unpredictable and incomplete. Rehabilitation must therefore be a multidimensional and long-term process. Its objectives are much deeper than the restoration of physical and mental health or the cessation of drug use. A very important part of its goal is the recovery of individual identity and complete reintroduction into society as a useful and responsible citizen.

The process not only requires medical and psychological assistance, but also active engagement in broader social efforts towards improved overall quality of life. Some of the important elements of the process include possible acquisition of new skills, provision of employability support, conditions for developing positive interpersonal relationships, and social obligation. Together, these elements improve the possibility of sustained recovery and raise a person's potential to return to a productive and rewarding position in society.

Following international practice, the following proposals have been elaborated for Kazakhstan:

1. Develop a national strategy of rehabilitation for drug addicts based on successful foreign examples but with cautious adaptation to Kazakhstan's socio-cultural and institutional context. The strategy should provide an integrated, evidence-based response that includes medical, psychological, and social interventions.

2. Consolidate the position of the non-government sector in delivering rehabilitation services. This encompasses increasing collaboration between the state and civil society, promoting NGOs as central partners in rehabilitation program development, execution, and assessment.

3. Establish a national monitoring and evaluation system to quantify the effect of rehabilitation programs. The system should include open indicators, harmonized reports, and independent evaluation systems to ensure accountability, promote ongoing improvement, and increase public confidence in rehabilitation efforts.

Analysis of international practice indicates that despite the existence of general principles of the rehabilitation of drug addicts, their implementation is successful to a considerable degree depending on the social, cultural and institutional environment of a state. It implies that for Kazakhstan, borrowing foreign models might not be enough. The assignment is to apply these techniques to local circumstances, e.g., how much public awareness, the availability of trained personnel, and how much trust between civil society organizations and government institutions.

I consider that one of the greatest priorities should be establishing mutual trust and communication between the government and NGOs. Without a common vision and unified efforts, even the most advanced rehabilitation programs could prove to be fragmented and self-defeating. It is also important to watch closely the role of traditional values and cultural models in the creation of rehabilitation plans. Programs that are consistent with the cultural identity and values of the community have a greater likelihood of producing sustainable results.

Another essential finding is the need for monitoring rehabilitation results in the long term. Many projects are ongoing in Kazakhstan, but they are not properly evaluated, and hence it is not easy to identify best practices and apply them to a wide population. The creation of an open and independent system of evaluation would improve the level of services and make them accountable to society.

Last but not least, I think that Kazakhstan has a good chance of developing an integrated rehabilitation model of using the best international experience in combination with domestic innovations. Prioritizing social reintegration, increasing the role of NGOs, and creating an all-encompassing national strategy can help the nation make substantial strides in the fight against drug addiction.

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НАШАҚОРЛАРДЫ ОҢАЛТУДАҒЫ МЕМЛЕКЕТ ПЕН ҮЕҰ ЫНТЫМАҚТАСТЫҒЫНЫҢ КЕШЕНДІ ХАЛЫҚАРАЛЫҚ ТӘЖІРИБЕСІ: ДӘЛЕЛДЕМЕЛЕР МЕН ҰСЫНЫМДАР

Аңдатпа. Мақалада нашақорлықтан зардап шегушілерді оңалту және олардың әлеуметтік реинтеграциясын қамтамасыз ету саласында мемлекеттік құрылымдар мен үкіметтік емес ұйымдар (ҮЕҰ) арасындағы өзара іс-қимылдың институционалдық тетіктерін қалыптастыруға қатысты халықаралық тәжірибе талданады. Америка Құрама Штаттарының, Израильдің және бірқатар Батыс Еуропа елдерінің мысалында негізгі оңалту үлгілері жүйеленген, оған «12 қадам» бағдарламасы, когнитивті-мінез-құлықтық терапия, діни бағыттағы бастамалар, терапевтік қауымдастықтар және орынбасарлық терапия жатады. Әлеуметтік реинтеграцияны қамтамасыз етуге бағытталған ұлттық стратегияларға ерекше назар аударылады, онда тұрғын үйге қолжетімділік, жұмыспен қамту және отбасылық қолдау тұрақты қалпына келтірудің негізгі шарттары ретінде қарастырылады. Жүргізілген талдау нәтижелері реабилитациялық процестердің тиімділігі мемлекеттік органдар мен азаматтық қоғамның келісілген өзара іс-қимылына, медициналық, психологиялық және әлеуметтік интервенцияларды интеграциялауға, сондай-ақ жеке әлеуетті және тұлғаның әлеуметтік функцияларын қалпына келтіруге бағытталған ұзақ мерзімді көзқарасқа тікелей байланысты екенін көрсетеді. Анықталған заңдылықтардың негізінде мақалада Қазақстан Республикасы үшін біртұтас ұлттық оңалту жүйесін әзірлеу, бейінді бағдарламаларды іске асыруға ҮЕҰ қатысуын кеңейту және олардың нәтижелілігін мониторингтеу мен бағалаудың тиімді тетіктерін құру бойынша ұсынымдар берілген. Жалпы алғанда, ұсынылған зерттеу әртүрлі әлеуметтік-саяси жағдайларда оңалту практикасының тиімділігі мен тұрақтылығын арттырудағы саларалық ынтымақтастықтың рөлін тереңірек ғылыми түсінуге ықпал етеді.

Негізгі ұғымдар: нашақорларды оңалту, әлеуметтік реинтеграция, үкіметтік емес ұйымдар, мемлекеттік-қоғамдық әріптестік, халықаралық тәжірибе.

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КОМПЛЕКСНЫЙ МЕЖДУНАРОДНЫЙ ОПЫТ СОТРУДНИЧЕСТВА ГОСУДАРСТВА И НПО В РЕАБИЛИТАЦИИ НАРКОЗАВИСИМЫХ: ДОКАЗАТЕЛЬСТВА И РЕКОМЕНДАЦИИ

Аннотация. В статье представлен анализ международного опыта по формированию институциональных механизмов взаимодействия государственных структур и неправительственных организаций (НПО) в сфере реабилитации лиц, страдающих наркотической зависимостью, и их последующей социальной реинтеграции. На примере Соединённых Штатов Америки, Израиля и ряда западноевропейских стран систематизированы основные реабилитационные модели, включая программу «12 шагов», когнитивно-поведенческую терапию, религиозно-ориентированные инициативы, терапевтические сообщества и заместительную терапию. Особое внимание уделено национальным стратегиям, предусматривающим комплекс мер по обеспечению социальной реинтеграции, где приоритетное значение придаётся доступу к жилью, занятости и семейной поддержке как ключевым условиям устойчивого восстановления. Результаты проведённого анализа подтверждают, что эффективность реабилитационных процессов напрямую зависит от согласованного взаимодействия государства и гражданского общества, интеграции медицинских, психологических и социальных интервенций, а также от их долгосрочной направленности на восстановление как индивидуального потенциала, так и социального функционирования личности. На основании выявленных закономерностей в статье предложены рекомендации для Республики Казахстан, включающие разработку унифицированной национальной системы реабилитации, расширение участия НПО в реализации профильных программ и создание действенных механизмов мониторинга и оценки их результативности. В целом представленное исследование способствует углублению научного понимания роли межсекторного сотрудничества в повышении эффективности и устойчивости реабилитационных практик в различных социально-политических условиях.

Ключевые слова: реабилитация наркозависимых, социальная реинтеграция, неправительственные организации, государственно-общественное партнёрство, международный опыт.

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