



# Individuals in Systems: Engagement, Motivation, Agency

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**Continuum 2026 • June 22-24, 2026 • Puerto Rico**



**Amplifying engagement, motivation, and agency to  
reduce stigmatizing practices and policies among  
methadone clinic staff in Kyrgyzstan through LIFT:  
A participatory action-based approach**

Laramie R. Smith, PhD

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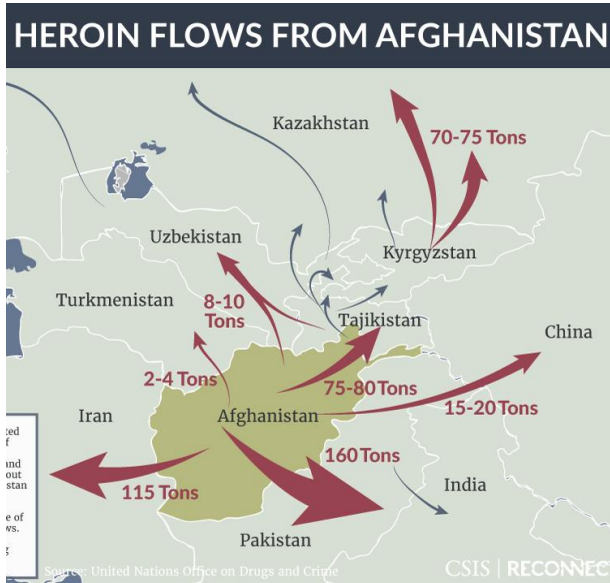
Funding: R21 TW011785, R34 DA059327

I have no conflicts of interest to disclose



# WHY ADDRESS STIGMA IN KYRGYZSTAN?

# Background: HIV and Substance Use in EECA



- The biggest increase in the new HIV diagnoses due to injection drug use is happening along the heroin distribution route between Afghanistan and Russia in Eastern European and Central Asian nations, like Kyrgyzstan (UNAIDS 2022).
- Kyrgyzstan has adopted many services to help prevent HIV
  - HIV Services (HIV testing, ART, and PrEP)
  - Syringe service programs (SSP)
  - Medications for opioid use disorder (MOUD: Methadone Maintenance Treatment [MMT], Buprenorphine)
- However, **stigma** still prevents many people who use or inject drugs (PWUD, PWID) from accessing these services.

# How do individuals function within systems in the context of stigma?

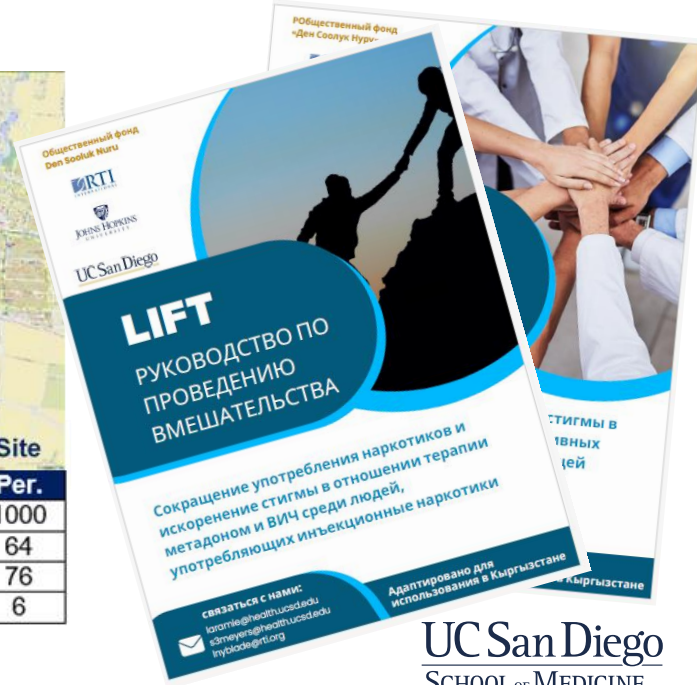
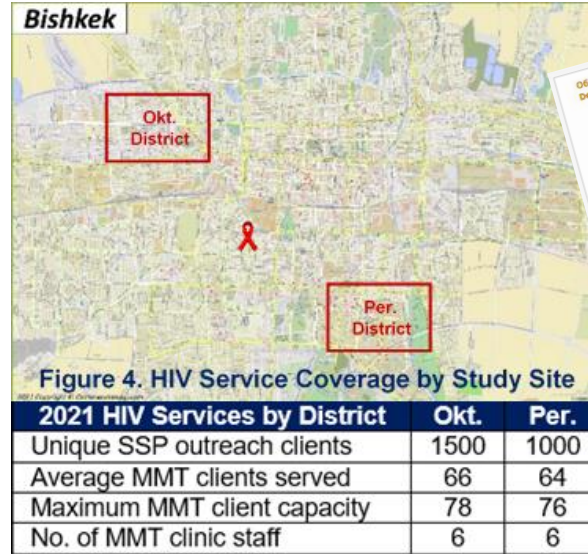
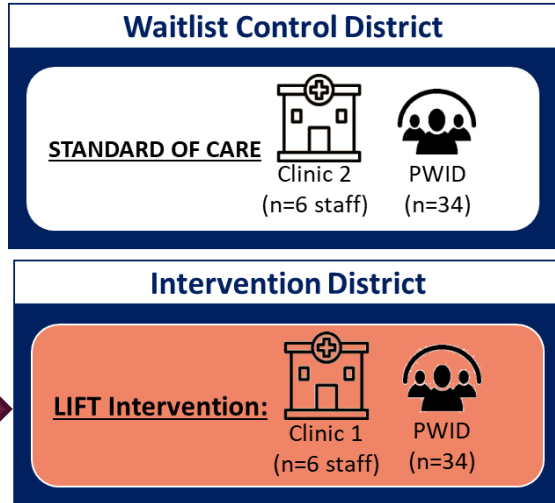
**Markings** → **Manifestations** → **Outcomes** → **Health & Social Impacts**



**Articulating the Multilevel *Health Stigma and Discrimination Framework* to the HIV epidemic in Kyrgyzstan**

# What is LIFT?

LIFT is a **multilevel stigma reduction intervention**, randomized at the district-level, that aims to **reduce drug use, drug treatment, and HIV stigma** among (1) **MMT clinic staff and practices**, and (2) **people who use drugs**



# Using ADAPT-ITT\* to Develop LIFT

## ADAPT-ITT Framework

1. Assessment
  2. Decision
  3. Aministrative
- 
4. Production
  5. Topical Experts
  6. Integrate
  7. Irain
  8. pre-Iest

Smith et al. *Harm Reduction Journal* (2022) 19:53  
<https://doi.org/10.1186/s12954-022-00633-5>

Harm Reduction Journal

RESEARCH Open Access

Cohort profile: the Kyrgyzstan InterSectional Stigma (KISS) injection drug use cohort study

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**Abstract**

**Background:** In Kyrgyzstan and other Eastern European and Central Asian countries, injection drug use and HIV-related intersectional stigma undermines HIV prevention efforts, fueling a rapidly expanding HIV epidemic. The Kyrgyzstan InterSectional Stigma (KISS) Injection Drug Use Cohort is the first study designed to assess the impact of drug use, methadone maintenance treatment (MMT) and HIV stigma experiences among people who inject drugs (PWID) on HIV prevention service utilization.

**Methods:** Adult PWID were recruited from Bishkek city and the surrounding rural Chuy Oblast region in northern Kyrgyzstan via modified time location sampling and snowball sampling. All participants completed a baseline rapid HIV test and interviewer-administered survey. A subsample of participants were prospectively followed for three months and surveyed to establish retention rates for future work in the region. Internal reliability of three parallel stigma measures (drug use, MMT, HIV) was evaluated. Descriptive statistics characterize baseline experiences across these three stigma types and HIV prevention service utilization, and assess differences in these experiences by urbanicity.

**Results:** The KISS cohort ( $N=279$ , 50.5% Bishkek, 49.5% Chuy Oblast) was mostly male (75.3%), ethnically Russian (53.8%), median age was 40 years old (IQR 35–46). Of the 204 eligible participants, 84.9% were surveyed at month 3. At baseline, 23.6% had a seropositive rapid HIV test. HIV prevention service utilization did not differ by urbanicity. Overall, we found 65.9% ever utilized syringe service programs in the past 6 months, 8.2% were utilizing MMT, and 60.8% met HIV testing guidelines. No participants reported PrEP use, but 18.5% had heard of PrEP. On average participants reported moderate levels of drug use (mean  $[M]=3.25$ ;  $\alpha=0.80$ ), MMT ( $M=3.24$ ;  $\alpha=0.80$ ), and HIV stigma ( $M=2.94$ ;  $\alpha=0.80$ ). Anticipated drug use stigma from healthcare workers and internalized drug use stigma were significantly higher among PWID from Bishkek ( $p<0.05$ ), while internalized HIV stigma among PWID living with HIV was significantly greater among PWID from Chuy Oblast ( $p=0.03$ ).

**Conclusion:** The KISS cohort documents moderate levels of HIV-related intersectional stigma and suboptimal engagement in HIV prevention services among PWID in Kyrgyzstan. Future work will aim identify priority stigma reduction intervention targets to optimize HIV prevention efforts in the region.

**Keywords:** People who inject drugs, HIV, Stigma, Eastern Europe and Central Asia

Sources: \*Wingood GM, DiClemente RJ. The ADAPT-ITT Model: A Novel Method of Adapting Evidence-Based HIV Interventions. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2008;47(Supplement 1):S40-S46. doi:10.1097/QAI.0b013e3181605df1

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R21 TW011785 (PI: Smith) in collaboration with AIDS Foundation East-West, Kyrgyzstan, now known as Den Sooluk Nuru

# Using ADAPT-ITT\* to Develop LIFT

## ADAPT-ITT Framework

1. Assessment

2. Decision

3. Aministrative

4. Production

5. Topical Experts

6. Integrate

7. Irain

8. pre-Test

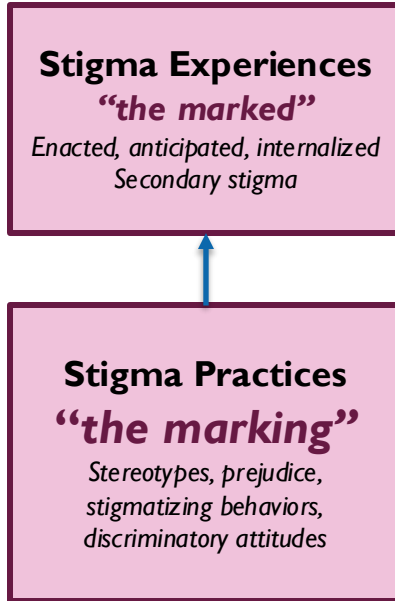
- **Demographics (N=279)**
  - 25% women, 54% ethnically Russian, Md. age = 40 (IQR:35-46)
  - 22% known HIV+ status, 2% newly diagnosed with HIV
- **Stigma Experiences**
  - Moderate levels (1=low, 5=high) anticipated stigma related to
    - Drug use (M=3.25, SD=0.57)
    - MMT (M=3.24, SD =0.54)
    - HIV (M=2.94, SD=0.54)
- **Service Utilization Past 6 Months**
  - 66% used SSPs, 8.2% taking MMT,
  - 61% met HIV test guidelines, 19% heard of PrEP

# Using ADAPT-ITT\* to Develop LIFT

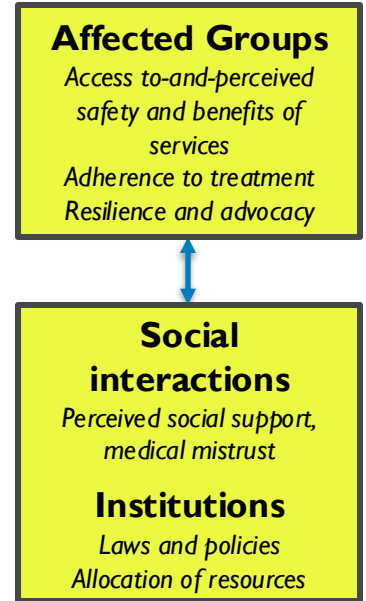
## ADAPT-ITT Framework

1. Assessment
2. Decision
3. Aministrative
4. Production
5. Topical Experts
6. Integrate
7. Train
8. pre-Test

## Manifestations



## Outcomes



# Using ADAPT-ITT\* to Develop LIFT

## ADAPT-ITT Framework

1. Assessment
2. Decision
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6. Integrate
7. Irain
8. pre-Iest

## Stigma Experiences

were associated with past 6-month HIV risk/low service use

Anticipated structural **Drug Use** stigma (e.g., if people know I use drugs, I'll be denied housing or employment)

Greater *injection risk*,  
Not knowing where to obtain sterile syringes

Anticipated structural **HIV** stigma (e.g., if I tested positive for HIV, I'll be denied housing or employment)

Greater *sexual risk*, among PWID with *no past-year HIV test*

## Stigma Practices

were associated with lower past 6-month service utilization

Intragroup **MMT** stigma among PWID (e.g., anticipating other PWID will reject me)

Impeded *MMT* service use

Negative clinical interactions with **MMT** staff and misperceptions (stereotypes) about **MMT**

Not being retained in *MMT* services

# Using ADAPT-ITT\* to Develop LIFT

## ADAPT-ITT Framework

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5.

6.

7.

8. pre-Intest



- The **KISS Cohort** findings were used to **decide** which evidence-informed stigma reduction strategies to adapt
  - **Community-level** to address **individual** and **intragroup** stigma-related barriers
  - **Clinic-level** to address Methadone **staff** and **service environment** stigma-related barriers
- Findings also informed an **administrative** review of the selected intervention strategies with key stakeholders
  - In-depth interviews with people who inject drugs (n=6), peer outreach workers (n=3), and administrators, funders, and providers (n=10) of HIV, Syringe exchange, and Methadone services

# LIFT Clinic-Level Intervention



- Four half-day sessions designed to bolster staff resilience and **amplify their engagement, motivation, and agency** to identify and reduce stigmatizing practices in MMT clinics
  - A. Build Awareness and knowledge of drug use stigma
  - B. Reducing HIV transmission & promoting healthier options with clients
  - C. Build stress management, empathy, & reduce social distancing
  - D. Understanding institutional maintenance of stigma reduction practices

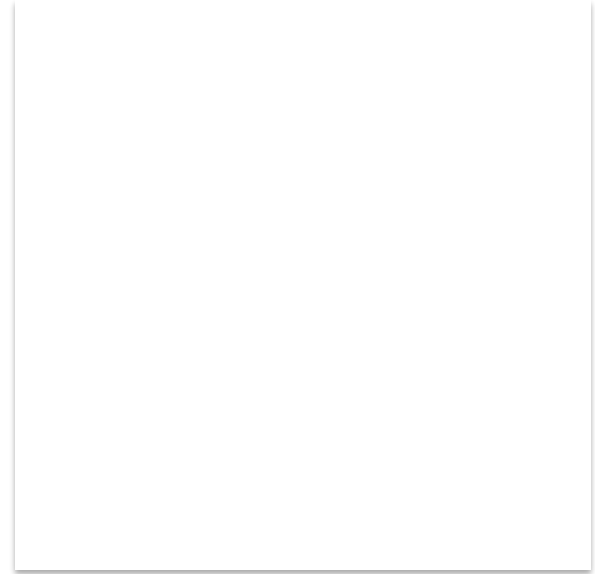
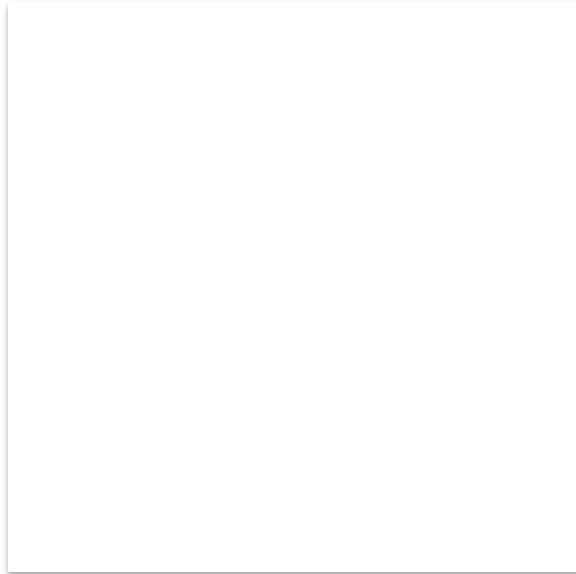


# HOW IS LIFT DESIGNED TO REDUCE STIGMA?

# 1. The 'Functions' of Stigma:

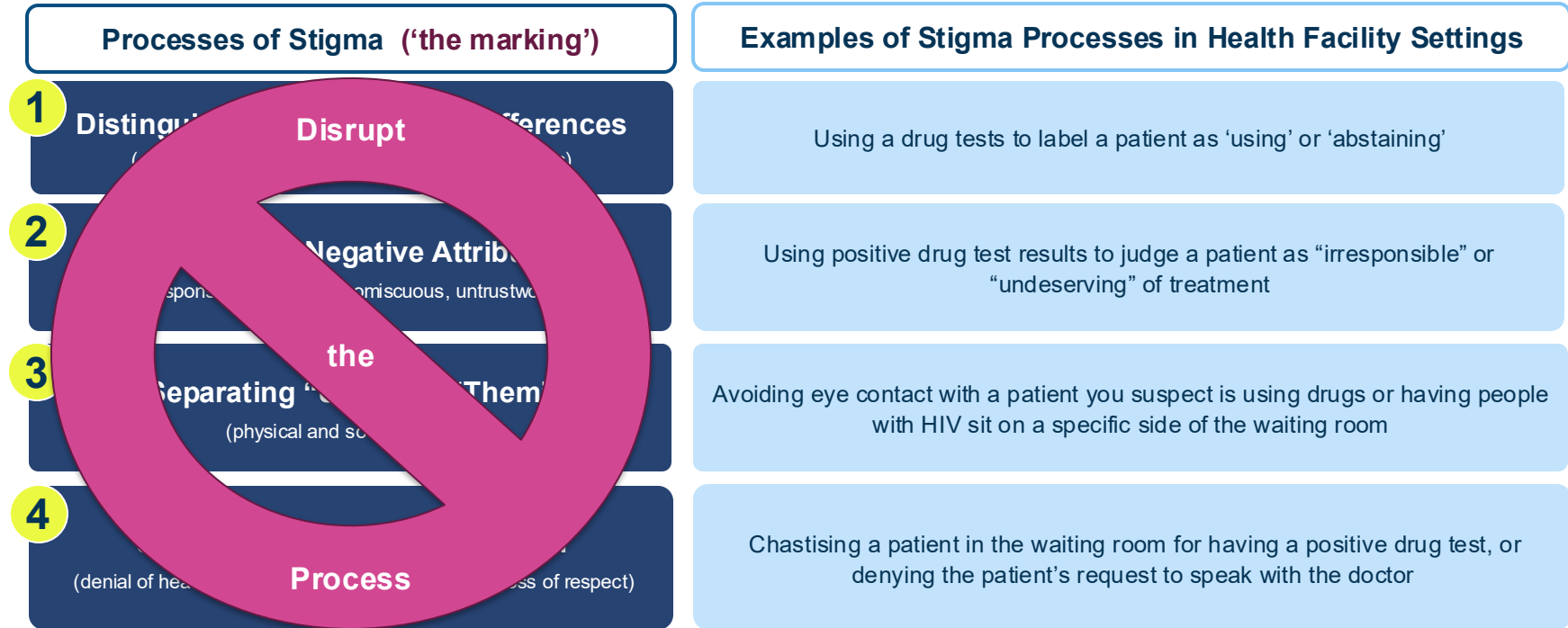
## *A Social Process That Occurs Within the Context of Power*

Stigma is a social process that creates and maintains a power imbalance by:



## 2. How Stigma is Produced “the marking”:

### *A Social Process That Occurs Within the Context of Power*



Sources: Link, B.G., & J.C. Phelan. (August 2001). *Conceptualizing stigma*. *Annual Review of Sociology*, 27, 363-385.

15 Available at: <https://doi.org/10.1146/annurev.soc.27.1.363>

### 3. How Stigma Can Be Disrupted: *A Social Process That Occurs Within the Context of Power*

#### Disrupting the Stigma Processes by Addressing the Actionable Drivers of Stigma

LIFT Intervention Modules use different **participatory methods and materials** to train people how to address the actionable drivers of stigma and disrupt the stigma process!



Laura Nyblade, PhD



# **HOW DO PARTICIPATORY METHODS AMPLIFY ENGAGEMENT, MOTIVATION, AND AGENCY TO ADDRESS STIGMA?**

# LIFT Uses 8 Participatory Methods To Address Actionable Drivers

## Participatory Stigma Reduction Methods

### (1) ENERGIZERS

- Trainers are encouraged to use games to break the ice, build group spirit and cohesion, and create energy for the sessions.

### (2) PRESENTATIONS / HANDOUTS

- Minimally used in summarizing sessions or explaining facts related to drug use, MOUD, and HIV, where the topic is new, OR there is a need to rapidly distribute accurate information to help replace myths with facts



# LIFT Uses 8 Participatory Methods To Address Actionable Drivers

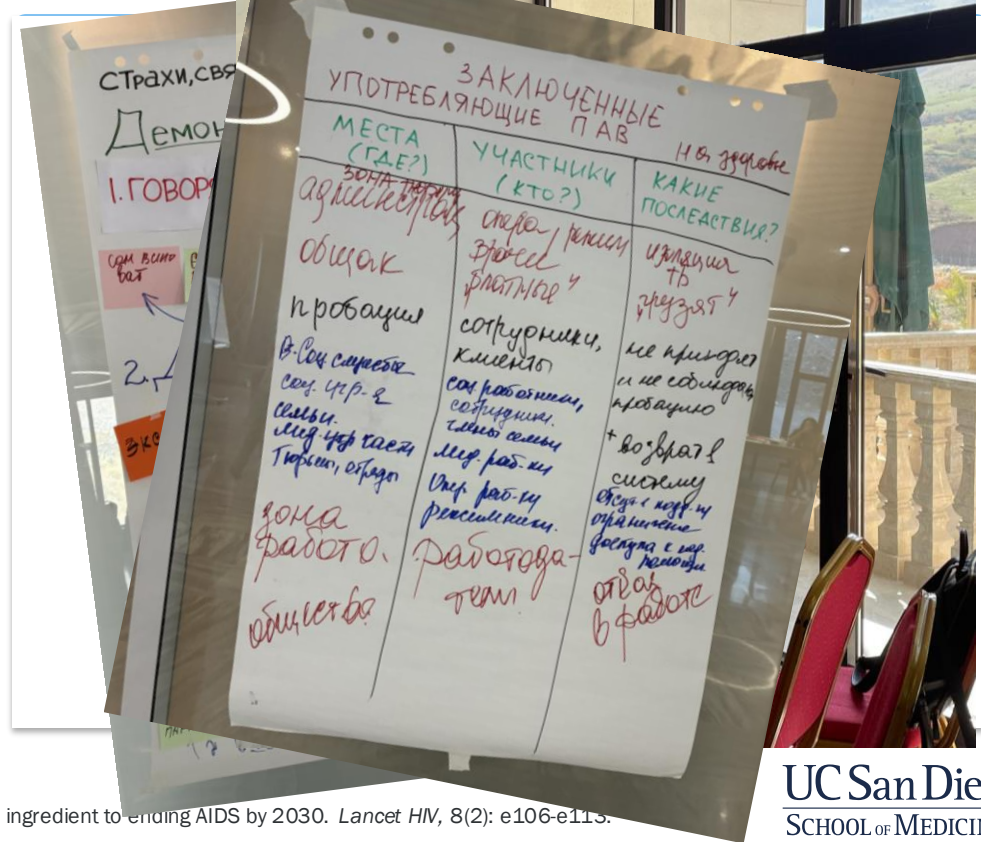
## Participatory Stigma Reduction Methods

### (3) CARDSTORMING

- A quick way of getting out ideas and getting everyone involved. Participants work individually or in pairs, write a single point on cards, and tape them to the wall. Once everyone is finished, the cards are organized into categories and discussed.

### (4) ROTATIONAL BRAINSTORMING

- Another form of brainstorming is done in a group. Each group records points on a specific topic on a flipchart, and after 2-3 minutes, moves to a new topic and adds points. During the exercise, participants contribute ideas to all topics.



# LIFT Uses 8 Participatory

# enable Drivers

## Participatory Stigma Reduction Methods

### (5) STORIES & CASE STUDIES

- Used in many of the modules as a method of describing what stigma looks like in a real situation and providing a focus for discussion. In other exercises, participants are asked to write their own stories about stigma.

### (6) START-STOP DRAMAS & ROLEPLAYS

- Role-plays are an alternative to stories. Participants act out stories in the exercise, their own stories, or their analysis of an issue as a way of reporting back on what they have discussed. Drama helps to make things real and helps to build self-efficacy to disrupt stigma outside of the LIFT sessions.



Mirlan is a person who uses drugs who is interested in taking methadone to help reduce his drug use and find stability, but he is afraid of being hassled by police when coming to or from the clinic and being put on the national registry. Try to challenge the stigma for Mirlan.

# LIFT Uses 8 Participatory Methods To Address Actionable Drivers

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# LIFT Uses 8 Participatory Methods To Address Actionable Drivers

## Participatory Stigma Reduction Methods

### (7) REPORT BACKS

- Used to bring ideas together after group activities. New points, comments, and insights can be elicited from each participant, ensuring all participants get a chance to contribute equally.

### (8) DISCUSSION

- This is the core activity in which participants reflect on their own experiences, share with others, analyze issues, and plan for action together. All sessions are built around discussion.



# LIFT Clinic-Level Intervention



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# It takes a village...

## Public Foundation Den Sooluk Nuru

- Nataliya Shumskaya, PhD
- Margarita Sabirova

## RTI International

- Laura Nyblade, PhD

## 3C Regional Consulting

- Sue Clay
- Chipso Chiiya

## John Hopkins University

- Stef Baral, PhD
- Javier Cepeda, PhD
- Aselia Abdurakhmanova, MPH(c)

## University of California San Diego

- Stephanie Meyers-Pantele, PhD
- Renee El-Krab, PhD
- Maryam Hussain, PhD
- Anna Blyum, MA
- Myiesha Phelps, MBA
- Tom Patterson, PhD
- Laramie Smith, PhD