

Rapid Policy Assessment in Four Countries in the Former Soviet Union and Eastern Europe:

What Have We Learned About Drug Policy, Policing, and HIV Prevention?



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Foundations of Rapid Assessment

- What?
 - 1970s-80s - Early Rapid Assessment in public health
 - 1998-Rapid Assessment and Response (RAR) Guides (multiple UN agencies)
 - Rapid Assessment and Response Evaluation (RARE) (US HHS)
- How?
 - Mostly focus on rapid assessment of epidemiology & risk-behavior related to HIV and substance abuse
 - Added Structural factors over time
 - Included brief queries concerning “legal, policy, or administrative” factors

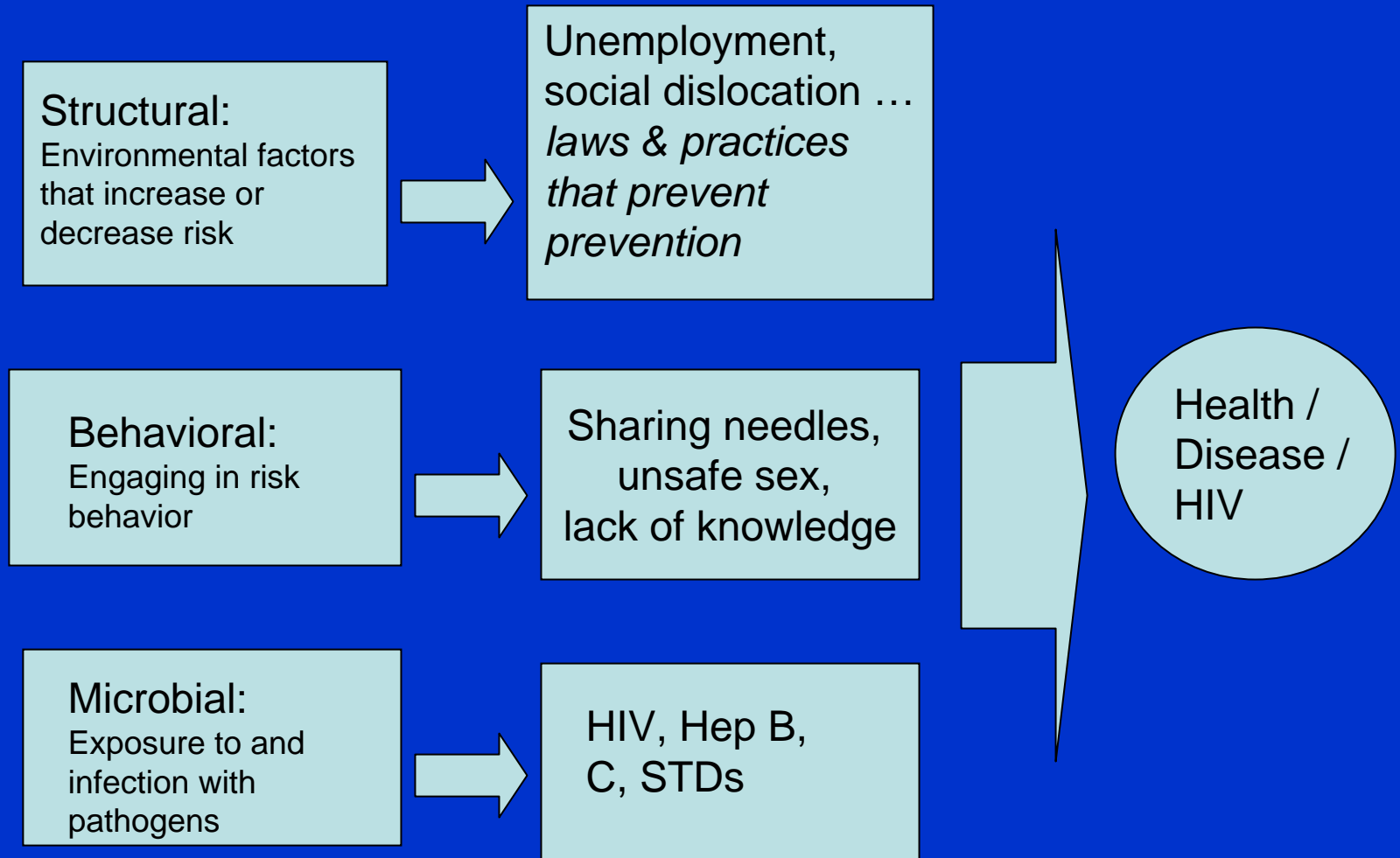
Overview

- Why focus on policy in public health?
- RPAR process
- Interim results
- Barriers and facilitators to RPAR and HIV prevention

Rapid Policy Assessment

- 2000-2002, OSI supported development of more detailed tools and training materials aimed at analysis of drug law, policy, and policing in the states of the FSU and CEE
- 2002, completed a preliminary RPA summarizing the available information in English for 21 countries
- 2003-2008, funded by NIDA to develop, pilot and refine, and evaluate tools and training materials to allow local research teams in FSU and CEE countries to conduct RPAR (Poland, Russia, Ukraine)
- 2005, supplement for development and testing of simplified RPA (Kazakhstan)

Levels of Causation of HIV



Law, Policy and Practice as Structural Factors



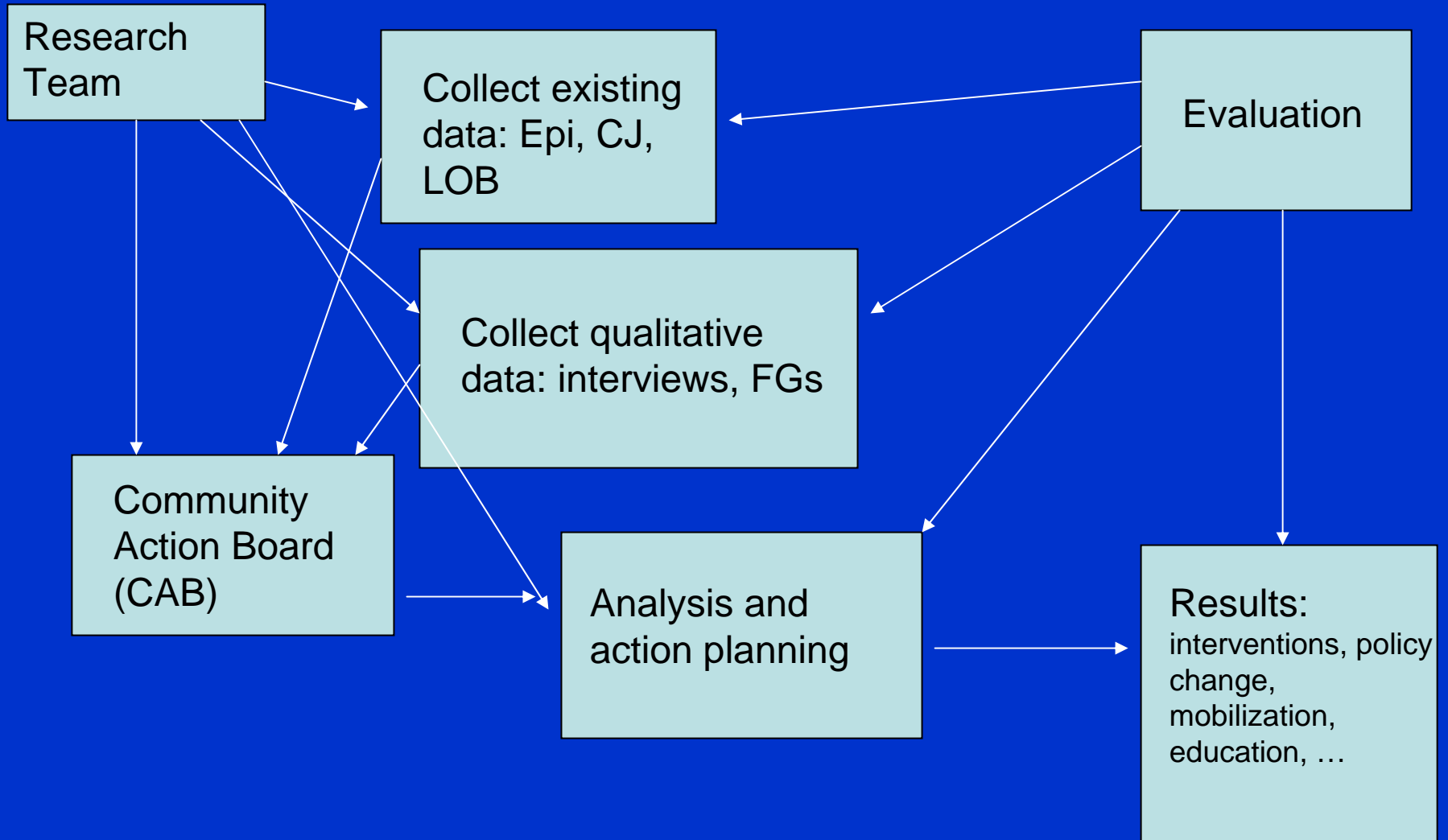
Goals of the RPAR Project

- To mobilize local knowledge to tackle complex health problems;
- To build capacity to make legal and policy interventions sustainable;
- To alter the risk environment to reduce HIV transmission

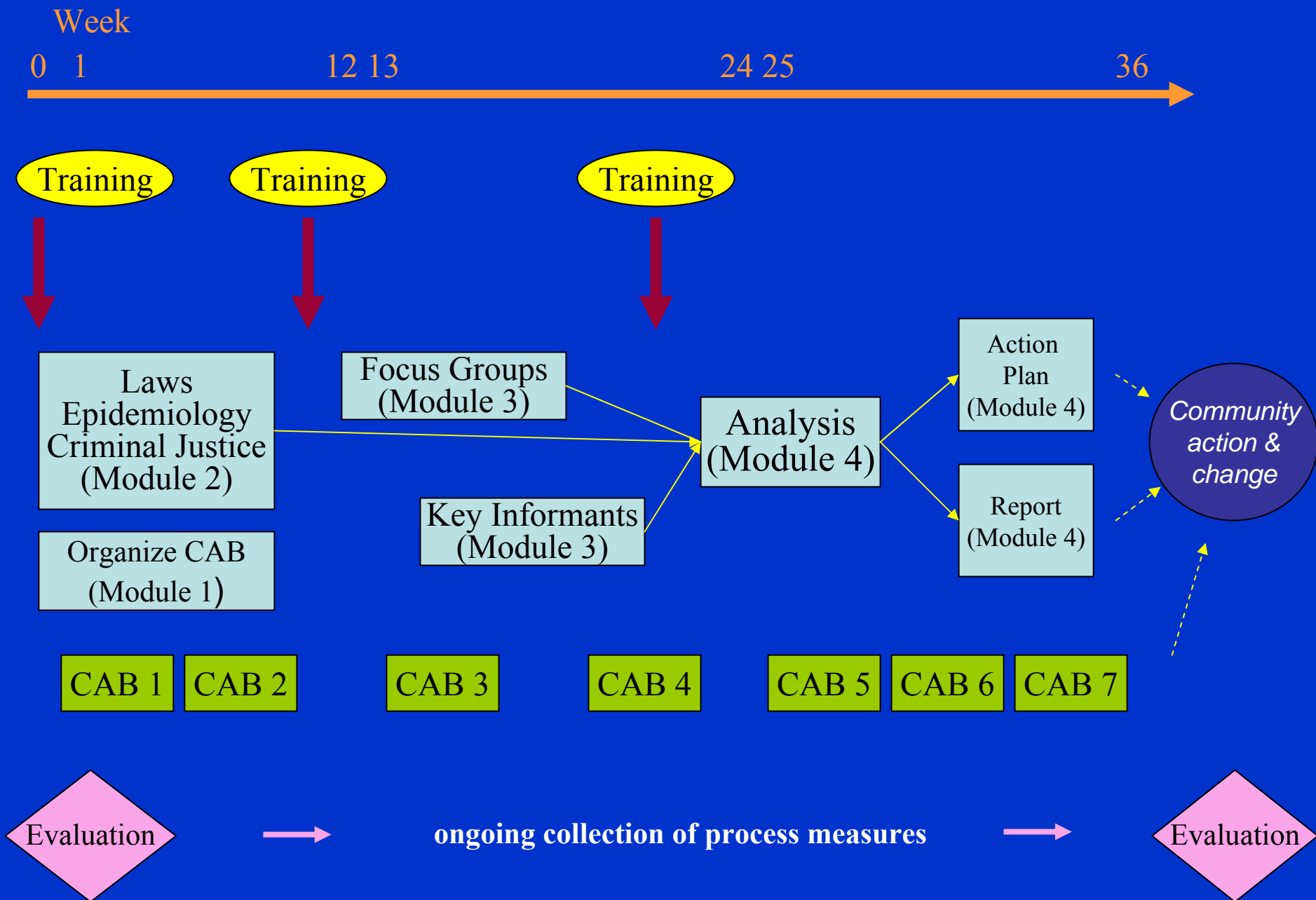
Specific Aims

- Identify laws and policies most affecting the daily lives of IDUs
- Gather information on how laws and policies are put into practice
- Build community support for sustainable interventions and a template for action planning
- Determine feasibility of using local teams of researchers to conduct RPAR
- Refine RPAR tools based on cross-national experience

Structure of the RPAR



The RPAR Timeline



Tools of the RPAR

- Legal research (15 domains), collecting existing epidemiological and criminal justice data
- Qualitative data collection: focus groups (3) and interviews (40+, 1-2 hours, 15 domains)
- Key findings
- Power map
- Root causes exercise
- Priority setting and feasibility analysis
- Step by step action planning
- Evaluation materials

Interim Status

- Poland RPAR complete, 1+ year follow-up
- Russia RPAR complete, + 4 months follow-up
- Ukraine RPAR complete, + 3 months follow-up
- Kazakhstan RPA 1 (of 2) cities complete

Findings

- What were the gaps between law and practice?
- What organizations most influenced IDUs' experiences and in what ways?
- What, if any, new local knowledge emerged?
- What are the local priorities for change?

Key Findings: Szczecin, Poland

- Reform of Polish drug laws has created + and –
- In practice judges and prosecutors rarely use alternatives to incarceration (mandatory treatment)
- Police and prosecutors poorly informed about role in HIV prevention
- Problems with social re-integration of convicted drug users leads to unemployment and recidivism
- Urban harm reduction focused on heroin injectors has fewer clients
- Widespread misperceptions of HIV risk among rural drug users
- Rural users lack prevention, harm reduction & treatment
- Discrimination against persons with HIV remains significant, although law prohibits it, no cases have been brought to defend rights

Social readaptation

(Labor's Office (office for unemployed)
Social insurance
Probation officer

Social custody/probation

City Hall

**Power Map:
5/28/05
Poland**

Out-patient clinic for drug users

EU institutions

Local communities

Methadone program

HIV out-patient clinic

Out-patient clinic for drug addicted „ZDROJE”

detox

Social workers

Punkt Anonim. Badań HIV/AIDS

Infectious diseases clinic

Institute of Epidemiology WSSE

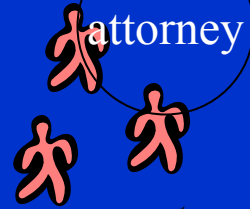
Universities

academics

Law/pedagogy department

Toxicology Departmenty, Pomerania Medical Academy

Polish Association For Drug Addiction Prevention



attorney

prosecutor

Police

criminal

prevention

juvenile

NGOs

Return From „U”

monar

Association Of ex-drug users

Arrest/prison

Prison's staff

Therapy in prisons

MEDIA

courts

Executive (penitentiary)

sentencing

Institutions helping Addicted people

Church

school

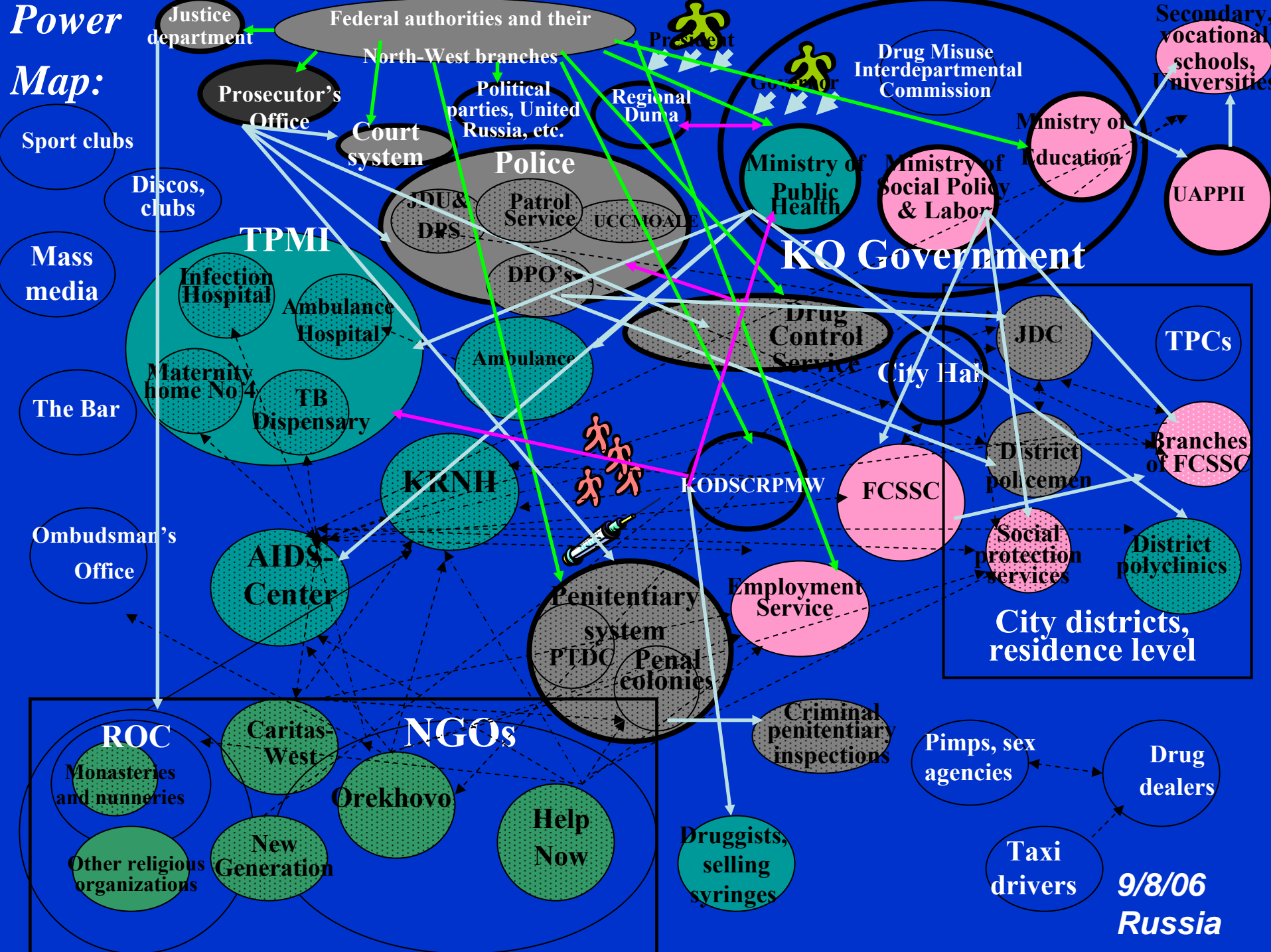
To establish an institution of school psychologist

Cultural institutions for young people

Orphans homes

Key Findings: Kaliningrad, Russia

- Russian law reform has created + and -
- Increase in amount of drugs allowed for an administrative offense *could* reduce “criminalization”, replace with “administrative offense”
- “Administrative offense” still results in IDU “registration”, with permanent negative consequences for IDU
- “Admin offense” used by militia to fill quotas, obtain information, get bribes
- Drug treatment offered by state (free) requires “registration” as addict
- National policy on harm reduction activities requires local approval of State Drug Control Agency – result no local NEP
- Narcologists remain adamantly opposed to harm reduction and opiate replacement therapy
- Narcologists favor “registration” as means to “educate” young users
- “Research fatigue” has led to significant pessimism about new efforts to prevent HIV or drug use



Key Findings: Odessa Ukraine

- Drug treatment mandated by law is not free
- Government fails to fund DT and other prevention programs mandated in laws
- Possession of “small” amounts of drugs (not for sale) classified as “administrative offense” leading to fines and up to 15 days in jail and “registration”
- DUs accused of “administrative offenses” can be cleared of the offense by handing over drugs to militia, but no cases of such clearance were found
- DUs fear “registration” due to loss of privileges: driving, higher education, going abroad, etc. registry information is shared
- IDUs report militias use force & threats to obtain information from DUs
- DUs afraid to go to courts about abuse due to fear of militia
- No evidence that courts have been used successfully in any cases
- Evidence of home-made amphetamine (Boltushka) being used extensively by young and poor IDUs

Key Findings: Temirtau, Kazakhstan

- Police not aware of role in HIV among IDUs
- Police use threats of force, arrest, or “registration” to coerce DUs to give information
- “Registration” results in discrimination in employment
- No 12 step drug treatment programs
- Methadone and OSTs have been illegal
- New OST trial, HIV+ pats on ART among first subjects
- “Informal charges” = barrier to HIV testing

Conclusions

Practical Barriers to RPAR

- US funding comes with built in delays:
 - State Dept approval, IRB requirements, difficulty in paying subcontractors
- Foreign sites:
 - Policy-capable IRB?, participants fear signing things, no one likes process notes
- Politics and research findings:
 - Kazakhstan still a crime to criticize the government/leader
 - Ukraine: Once research team develops a working relationship with police/militia, they may be very wary of criticizing police activities
 - Russia: narcologist tried to prevent employees from talking to research team

Barriers to HIV Prevention and Treatment for IDUs

- Outdated “registration” system for drug users serves no treatment purpose and promotes discrimination
- Police use of “administrative penalties” not achieving goals, used as tools of policing or corruption
- Research fatigue – Kaliningrad
- Local interpretation of national law – Kaliningrad
- Judges and prosecutors don’t know about law that allows/requires court-ordered treatment as an alternative to incarceration - Poland
- Police and prosecutors don’t believe it is their “job” to order drug treatment - Poland
- Ukraine – gap in what government mandates and what it funds (Tx and Prev)

Feasibility of RPAR

- Evaluation: local teams can be trained and complete an RPAR, but no one did it in 36 weeks
- Teams can form a CAB and work with them, even in very difficult environments
- Results can lead to new local interventions to alter risk environment of IDUs
- Capacity building: inexperienced teams developed skills in grant-writing, training, outreach to local and regional governments
- Sustainability: teams have received funds for ongoing work

Results:

Or what have the RPAR's spawned?

- Poland: additional projects funded P. Gov: mini-RPARs in rural towns; building network for IDU services; training for judges, needs assessment for rural areas re: drug prevention & Tx programs; technical assistance to lawyers representing drug users
- Russia: additional projects funded by R. Government and Global Fund: training outreach workers to work with IDUs; advocacy work with PLWHA; training former IDUs*
- Ukraine: working with Militia Academy Dir. to more selectively recruit and train; focus Community Council on issues of coordination between NGOs, HIV centers and militia
- Kazakhstan: head of police in Karaganda area interested in training police about HIV and IDU; social/legal support services sought to combat discrimination against IDU, HIV+ and MSM

Application in Other Countries

- China
- Thailand
- India
- Iran