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High rates of police detention among recently released HIV-infected prisoners in Ukraine: Implications for health outcomes

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ABSTRACT

Background: Ukraine's HIV epidemic, primarily affecting people who inject drugs (PWID), is expanding and transitioning despite free opioid substitution therapy (OST) and antiretroviral therapy (ART), two effective ways to reduce HIV transmission. Police detention of PWID not resulting in a formal charge or imprisonment is common, but its prevalence and impact on health are not known.
Method: HIV-infected individuals ($N = 97$) released from prison within one year were recruited and surveyed in two HIV-endemic Ukrainian cities about post-release police detention experiences. Data on the frequency of police detention, related adverse events, and impact on OST and ART continuity were collected, and correlates of detention were examined using logistic regression.
Results: Detention responses were available for 94 (96.9%) participants, of which 55 (58.5%) reported police detentions (mean = 9.4 per person-year). For those detained while prescribed OST ($N = 28$) and ART ($N = 27$), medication interruption was common (67.9% and 70.4%, respectively); 23 of 27 participants prescribed OST (85.2%) were detained en route to/from OST treatment. Significant independent correlates of detention without charges included post-release ART prescription (AOR 4.98, $p = 0.021$), current high-risk injection practices (AOR 5.03, $p = 0.011$), male gender (AOR 10.88, $p = 0.010$), and lower lifetime months of imprisonment (AOR 0.99, $p = 0.031$).
Conclusions: HIV-infected individuals recently released from prison in Ukraine experience frequent police detentions, resulting in withdrawal symptoms, confiscation of syringes, and interruptions of essential medications, including ART and OST. Structural changes are urgently needed to reduce police detentions in order to control HIV transmission and improve both individual and public health.

1. Introduction

During the first decade of the twenty-first century, Eastern Europe and Central Asia collectively experienced a 24% increase in HIV incidence despite a 19% decline globally (Spicer et al., 2011; UNAIDS, 2010). Of these countries, Ukraine is the most severely affected, with adult prevalence exceeding 1% (Bobrovskyy et al., 2012). Despite growing transmission through heterosexual intercourse (Burruano and Kruglov, 2009), people who inject drugs (PWID) account for 70% of Ukraine's cumulative HIV incidence (UNAIDS, 2010), reflecting a regional epidemic among this population (Mathers et al., 2008). In Ukraine, this syndemic of HIV and drug injection is reflected in the fact that of approximately 290,000 PWID, primarily using opioids (Kruglov, 2008; Nieburg and Carty, 2012), HIV prevalence ranges from 21.3% to 41.8% (Balakiryeva et al., 2012; Mathers et al., 2008). As a consequence mathematical modeling of the HIV epidemic among both PWID and non-PWID has identified expansion of opioid substitution therapy (OST), one of few evidence-based interventions effective at reducing HIV transmission among opioid injectors (Gowing et al., 2008), as the most cost-effective (and in combination with antiretroviral therapy (ART), the most efficacious) approach to reducing overall HIV incidence and prevalence (Alistar et al., 2011).

Ukrainian law mandates free ART (Judice et al., 2011) and OST (Bruce et al., 2007; Mathers et al., 2010), yet access remains very limited due to numerous prevention and treatment barriers (Altice et al., 2010; Bruce et al., 2007; Izenberg and Altice, 2010; Judice

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et al., 2011; Wood et al., 2008). Among these, police detention and harassment are not well described emipircally, yet likely play a significant role in both facilitating high-risk injection behavior among PWID and undermining ART and OST uptake and expansion (Bruce and Schleifer, 2008; Mimiaga et al., 2010; Strathdee et al., 2010; Wolfe et al., 2010).

Ukrainian law allows police to detain individuals for 72 h without a criminal charge (Wolfe and Cohen, 2010). Unsanctioned detentions, beatings, forced-confessions, and other forms of police abuse have also been reported (Schleifer, 2009), making police detention without charge but one form of police harassment. PWID, particularly those with HIV, are often targeted when visiting services venues, including syringe-exchange sites, pharmacies (which legally sell clean syringes in Ukraine) (Spicer et al., 2011), and OST and HIV clinics (Judice et al., 2011; Mimiaga et al., 2010). Additional documented abuses include the confiscation of HIV medications (Mimiaga et al., 2010), intimidation of OST providers (Cohen, 2010), and forced confessions (Schleifer, 2009). By promoting "rushed" or "hidden" injection and discouraging use of treatment facilities, these policing practices contribute profoundly to what Rhodes and colleagues call the "HIV risk-environment", so much so that by their estimates, elimination of police beatings alone in three Ukrainian cities would avert between 2% and 19% of future HIV infections in those locales (Strathdee et al., 2010). Although qualitative data confirm that detention of PWID and HIV-infected individuals is a major problem in Ukraine and a likely contributor to the country's unrelenting HIV epidemic, the practice has not to our knowledge been quantitatively evaluated anywhere in the region among any group, including HIV-infected individuals. Thus, our aim was to characterize the prevalence and impact on health of police detention on a group of HIV-infected individuals recently released from prison in Ukraine.

2. Methods

2.1. Patient population and study design

From November 2010 through January 2011, trained staff in Odessa and Kyiv, two HIV-endemic Ukrainian cities, recruited a sample of 88 men and 11 women according to the following criteria: (1) age >18 years; (2) HIV-infected by self-report; and (3) released from prison between 1 and 12 months. Potential participants were not told about inclusion criteria during recruitment, only that their post-release experiences were being assessed. A convenience approach was used to recruit an adequate sample of this hidden, highly marginalized target population. In Odessa, a prisoner outreach organization conducted a snowball sample with 7 initial seed respondents. In Kyiv, a different organization recruited respondents at a post-release services center where former prisoners periodically access services. Only verbal consent was obtained as no identifying information was gathered, with a copy of the consent form given to each consenting respondent. No eligible recruit refused further participation, consistent with previous experiences in Ukraine (Booth et al., 2009). The 60-min surveys were then conducted in a private room with no prison staff or government representatives present. After completion, participants were paid UAH 50 ($8.25 USD) for time and travel. Ethical oversight was provided by Institutional Review Boards at the Ukrainian Institute on Public Health Policy and Yale University School of Medicine.

2.2. Study measures

Surveys were created in English, translated into Russian, and back-translated into English using previously described methods (Bullinger et al., 1998), verified by bilingual staff, and piloted to verify quality and respondent understanding.

Unofficial detention, defined here as detention not accompanied by a "charge" (e.g., theft, drug possession, etc.) was the primary outcome of interest. Respondents were asked to report the number of unofficial detentions they had experienced since prison-release, and those reporting one or more were categorized as "detained". The total number of detentions experienced by each respondent since prison-release was counted and, because respondents had been out for varying periods of time, a rate of detentions per person-year was also calculated for each respondent. To streamline the survey process, further characterization of detentions was limited to the 5 most recent episodes per individual. For these episodes only, respondents were asked if any of the following related adverse events had occurred: confiscation of needles, experience of withdrawal symptoms, or interruption of either OST or ART for greater than 24 h. Detained respondents were asked if they had experienced a coerced confession, defined as having their access to medications (OST or ART) or the threat of withdrawal used to extract a confession. Finally, all respondents were asked if they had been stopped, detained or harassed while en route to or from an OST venue at any time since release.

Demographic measures included age and gender. Income was stratified as above or below poverty (monthly 888 UAH, approximately $110 USD, in 2010). Relationship status was defined as stable partner (spouse or "girlfriend/boyfriend") or no stable partner. Housing was stratified into "stable" versus "unstable" according to established definitions (Chen et al., 2011), with stable housing defined as an apartment rented by or belonging to the respondent, relative, or stable partner or residency in a long-term treatment facility. Residency in a brothel or shelter or self-reported homelessness was considered unstable. Criminal justice measures included length of last incarceration, lifetime prison sentences, total number of months in prison, lifetime detentions not resulting in a prison sentence, and age of first incarceration.

Two standardized scales validated in Russian were used to screen for substance use disorders—the Alcohol Use Disorders Identification Test (AUDIT; Nilssen et al., 2005) and the 10-item Drug Abuse Severity Test (DAST-10; Uusküla et al., 2012). DSM-IV criteria were used to measure opioid dependence. We used validated AUDIT cut-offs for men (≥8) and women (≥4) for hazardous drinking (Allen et al., 2001; Neumann et al., 2004; Peng et al., 2012), and ≥20 for dependence (Babor et al., 2001). A cut-off of ≥3 was used on the DAST-10 to define moderate to high drug abuse severity (Skinner, 1982).

Current drug use was defined as use on at least one day in the last thirty days, and measured using an inventory of typical drugs of abuse, expanded to include those common in Ukraine, including homemade compounds. For simplicity, these were categorized as stimulants, illegal opioids, alcohol, and poly-substance. Heroin, morphine, opium, and homemade "poppy straw" were classified as illegal opioids. Stimulants included amphetamines, ecstasy, cocaine, and homemade stimulants. Poly-substance was defined as use of substances in at least two substance groups in a single day, with the exception of OST. Respondents reported total injection days and typical number of injections on a given day, with current injection defined as at least one injection day in the prior month and current high-risk injection defined as injecting with a shared needle or syringe or with liquid drugs drawn from a shared container in the last thirty days. Respondents were also asked the age at which they first injected.

To evaluate healthcare use post-release, respondents were asked about receiving OST, HIV care (defined as a visit with a doctor or nurse to get HIV care other than an HIV test), and ART since release from prison.

2.3. Data analysis

Data analysis was conducted using SPSS version 20 (SPSS Inc., Chicago, IL, USA). Respondents were placed into one of two categories for the primary outcome: "detention" and "no detention." Descriptive data on the prevalence of detention and related adverse events were tallied from the descriptions given for each detention. Bivariate correlations of detention were determined using appropriate tests (Chi square for binary responses, independent *t*-tests for normally distributed continuous variables and Mann–Whitney *U* tests for all other continuous variables). Characteristics with $p < 0.20$ on bivariate analysis were selected for an initial model, which was further fitted using backward stepwise regression based on small-sample corrected AIC. After the initial stepwise regression, time since prison-release was forced into the final model to control the potential effect of time since release on the primary outcome. Because of our interest in understanding the relationship between detention and HIV transmission, active high-risk injection was also retained in the model through forced entry while active injection was eliminated because of colinearity. During the backwards-stepwise elimination approach, recruitment location and age were dropped from the final model (neither demonstrated a significant effect on the outcome, improvement in AIC, or significant interaction effects with other parameters when reintroduced).

3. Results

3.1. Baseline characteristics

Table 1 describes characteristics of the sample stratified by detention status. Of 97 respondents recruited (50 from Odessa, 47 from Kyiv), 94 provided valid information on their detention experiences and were included in the analysis. Respondents were primarily men (88.4%) in their mid-thirties (mean = 35.7 years) who were stably housed (75.3%). Compared to those not detained, those detained were significantly more likely to be male (96.4% vs. 76.9%, $p = 0.004$) and recruited in Kyiv (61.8% vs. 28.2%, $p < 0.001$).

The mean duration of last prison term was 49.6 months, and the mean time since release was 171.4 days. Neither differed significantly by detention status ($p = 0.548$ and $p = 0.673$, respectively).