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# **STUDY**

## **“THE PERCEPTION AND TREATMENT OF INJECTION DRUG USERS BY POLICE OFFICERS IN THE REPUBLIC OF MOLDOVA”**

Chisinau 2014

The study “**The Perception and Treatment of Injection Drug Users by Police Officers in the Republic of Moldova**” was developed as part of the project “Initial Assessment of the Perception and Treatment of Injection Drug Users by Police Officers in the Republic of Moldova” implemented by Promo-LEX Association with the support of the Soros Foundation-Moldova.

The content of the study reflects the author’s views and position. The Soros Foundation-Moldova is not responsible for the content of the study.

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## INTRODUCTION

The study “The Perception and Treatment of Injection Drug Users by Police Officers in the Republic of Moldova” was carried out on the initiative of the Public Health Program of the Soros Foundation-Moldova to identify the knowledge, attitudes and behavior of police officers toward injection drug users.

The importance of this study is determined by the existing contradiction between the positive changes in the Moldovan legislation on the penalties applied to drug users and the reported harsh treatment of injection drug users by police officers.

The purpose of the study was to carry out a thorough analysis of the Moldovan legislation on the use, production and proliferation of drugs, including injection drugs, and to study the police officers’ knowledge, attitudes and treatment of injection drug users both from the perspective of police officers themselves and from the perspective of injection drug users.

On the basis of this study, the author, in conjunction with experts, developed a number of recommendations for the Parliament, the Government, the Ministry of Home Affairs and relevant NGOs and media outlets on changing the police’s discriminatory attitude and treatment of injection drug users.

We would like to convey our gratitude for the support received in developing this study from the following persons: Mr. Vitalie Slobozian, Public Health Program Coordinator, Soros Foundation-Moldova; Mr. Dorel Nistor, Chief Inspector, Public Safety Directorate of the General Police Inspectorate; Ms. Ala Iatco, Chairperson of the Community-based Organization “Union for HIV/AIDS Prevention and Harm Reduction in Moldova.”

## SUMMARY

### 1. Police's Awareness of the Studied Problem, the Legislation and HIV

- More than 90% of the respondent police officers consider that drug production, use and proliferation is a serious or very serious problem for Moldova and approximately 40% consider that it has aggravated over the last five years.
- More than 50% of the respondents consider that opiates, cannabis, ecstasy and amphetamines are accessible or very accessible in their localities and that it is very easy to purchase them in discos, streets and bars.
- Although more than 80% of the respondents consider themselves rather informed or well informed about the Moldovan legislation on the prevention of drug production, use and proliferation, tests show that many of them are not sufficiently informed about the penalties applicable to individuals caught with a small injection drug dose for personal use. Thus, 46% consider that drug users can be forcibly referred for treatment and 35% consider that they can be sentenced to imprisonment for several months to 4 years.
- Although the police officers' general awareness of the main HIV transmission routes is fairly good, many of them believe in the myths about this. Thus, 50% believe or do not know whether HIV can pass with a gnat sting; 33% believe or do not know whether HIV can pass through shared dinnerware or coughs; and 25% believe or do not know whether HIV can pass through perspiration, shared toilets or handshakes.
- Although 62% of police officers said that they knew standard safety precautions in cases of injuries with an HIV infected sharp object, tests showed that only 20% really knew these measures.

### 2. Police's Attitudes toward Injection Drug Users

- Although approximately 66% of police officers said that police does not discriminate injection drug users (IDUs), more than 70% of the respondents consider that IDUs are offenders rather than victims; 63% associate drug users with offenders; 40% think that most crimes in their towns are connected with drug users; more than 50% consider that most drug users have viral hepatitis B and C, HIV and sexually transmitted diseases; and 33% of the respondents consider that most female drug users are commercial sex workers.
- Although 90% of police officers think that every citizen must have access to free detoxification, during focus group discussions most of them said they did not believe that drug users can be treated, both because there are no good rehab services in Moldova and because of widespread discrimination of drug users and few opportunities for their social inclusion.
- 89% of the respondents consider that dealing with drug users is rather or very dangerous because: they can deliberately sting you with an infected syringe or other sharp object to infect you with a disease (70%); you can contract TB from them (69%); they are very aggressive (59%); and you can contract viral hepatitis B and C or HIV (50%). 33% of the respondents said that they knew fellow officers who had contracted various communicable diseases from drug users.

- The research revealed a very large social gap between police officers and former drug users. The Integrated Acceptance Indicator<sup>1</sup> on police officers' attitude toward former drug users is 21%, meaning that only one in five officers would accept a former drug user as a workmate, a friend, a family member or a caretaker for their children.
- The research revealed a number of strong stereotypes among police officers, regarding drug users. Thus, drug users are called "drug addicts" (59%), "drug users" (11%), "noric" (9%), "narcoza" (narcosis) (5%), "nirpa," "the sick," "AIDS sick," and "narisii" (5%).<sup>2</sup> Approximately 28% of police officers associate drug users with certain ethnics: 18% think that drug use is specific mostly to Gypsies and 10% think that it is specific to Russians.
- 75% of police officers consider that the penalties applied under Moldovan law to drug users are too mild and should be substantially toughened; 61% are in favor of forced penalties (forced detoxification or detention); and 33% are for humane penalties, such as community service, fines or voluntary detoxification.

### 3. Police's Treatment of Injection Drug Users

- More than 66% of the respondents consider that their fellow officers treat IDUs rather in a civilized way: they do not arrest them needlessly, do not use invective epithets, do not disclose confidential information, and do not apply physical force needlessly.
- Although most drug users from the focus groups acknowledge that the way police treats them has slightly improved over the past five years, they still complain of police's actions and that they are treated as offenders rather than victims. They are often arbitrarily arrested; forced to visit a detoxification clinic for examination; their homes are searched without an advance notification; sometimes police tries to obtain information about other drug users by various tricks or psychological pressure or even physical force.
- Some drug users in the focus groups said that whenever a crime was committed in their block or sector, they were the first to be searched and inquired and sometimes they were wrongly charged with those crimes.
- Both male and female drug users say that they are often arrested for petty offences but then forced to take on other crimes committed in their block or sector.
- Most drug users are not aware of changes in the law and that, if the police find small amounts of drugs for personal use with them, they cannot be punished or imprisoned for that. Even those who are aware said that it was very difficult to prove that even small quantities of drugs were strictly for personal use rather than for distribution. It is also difficult to prove the precise amount of identified drugs.
- Some drug users said that sometimes police officers can stealthily add to the identified amount of drugs, sure that nobody would believe drug users anyway.

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1 The Integrated Acceptance Indicator is the percentage of police officers who would publicly admit to having a family member who uses drugs; would accept a former drug user as a friend or a workmate; would accept that one of their family members marry a drug user; or would accept that a former drug user take care of their children.

2 Translator's note: the epithets "noric," "nirpa," and "narisii" all belong to invective slang used in Moldova and can be roughly translated as "junkie." The epithet translated as "the sick" can also mean "bum" or "freak" in Moldovan slang.

- Drug users say that some police officers take bribes and sometimes they can escape arrest if they have money. Some implied that sometimes the police themselves are involved in drug proliferation and traffic.
- Russian speaking drug users said that they were often made sign minutes in Romanian, unaware of their content.
- Drug users said that sometimes police officers threatened them with the deprivation of parental rights or with arrest.
- Asked whether police treats female drug users differently than male drug users, 66% of police officers did not mention any difference in treatment. Drug users, however, said that police were milder with women, avoiding physical force. Instead they tried to intimidate them psychologically, threatening with the deprivation of parental rights, informing social workers, etc. With men, however, police officers use degrading language and physical force more often.
- Male drug users say that sometimes female drug users, especially the young ones, are forced into sexual intercourse with police officers or to turn police informers.
- Female drug users also said that sometimes they were subjected to humiliating searches, for example in their breasts or vagina. Such searches, although performed by women, are often carried out in indecent circumstances, disregarding privacy.
- Both male and female drug users said that they would like to know better the legislation on the drug use and proliferation to better defend their rights. They also said that they needed competent lawyers to protect their rights. Some former drug users showed interest in participating in decision making on the prevention of drug use.

## Chapter I

**GENERAL ANALYSIS OF THE STUDIED PROBLEM:  
BACKGROUND****1.1. The Concepts of Drug and Drug User**

This paragraph describes the concept of drug and presents drug types depending on their legality, effect on the central nervous system and administration routes. According to the World Health Organization, a drug is any substance, with or without medical use, that is abusively used for other purposes than the medical ones.<sup>1</sup> The study shows that there are various levels of drug use, namely: experimental, recreational, circumstantial, intensive and compulsive. The compulsive use implies a complete physical and psychological dependence on drugs.

The analysis of relevant literature confirms that all drugs are capable of inducing changes and alterations of consciousness and eventually triggering various adaptive reactions in the body, as well as of causing physical and psychological dependence, tolerance and withdrawal syndrome.<sup>2</sup> The drug dependence causes the individual's need to increase the amount of the used drug, obsession with finding the possibilities to procure drugs, retreat from social activities and eventually social exclusion.

**1.2. The Moldovan Legal Framework on the Drug Use Prevention**

This paragraph presents the review of the definition of drug users in the Moldovan legislation and lists the international conventions on the prevention of drug use and proliferation, to which Moldova is a party,<sup>3</sup> and the national legislation on the prevention of drug use.<sup>4</sup> The author's conclusion is that laws, regulations and internal acts of line agencies do not provide a clear and consistent definition for the concept of drug users, using instead various concepts, such as "individuals suffering of narcotic dependence," "individuals using drugs illegally," "individuals suffering of drug and multiple drug addiction," "drug users," "individuals involved in drug use," "individuals addicted to drugs," etc.

Furthermore, despite essential changes in the Moldovan legislation on penalties for drug users over the past 5 years, such as the distinction between procuring and possessing narcotic substances with the intent of discarding them and doing the same for personal use, and the repeal of prison sentences for the procurement and possession of narcotic substances for personal use and superseding them with administrative penalties (fines or community service), so far there is no enforcement mechanism in place for such provisions. As a result, drug users' rights are often infringed and law enforcement authorities prosecute and mistreat them.

1 Bolcu Constantin. Principalele riscuri ale consumului de droguri (The Main Risks of Drug Use) available at <http://www.revista-informare.ro/show-art.php?id=199&rev=7>

2 <http://www.antidroghd.ro/dependentia.php>

3 Single Convention on Narcotic Drugs, New York, March 30, 1961, and the Protocol amending this Convention, Geneva, March 25, 1972; Convention on Psychotropic Substances, Vienna, February 21, 1971; United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, December 20, 1988.

4 Law No. 382-XIV of May 6, 1999, "On the Traffic of Narcotic Drugs, Psychotropic Substances and their Precursors" amended by Law No. 168 of June 22, 2011; Law No. 713 of December 6, 2001, "On the Control and Prevention of Alcohol Abuse, and Illicit Use of Drugs and Other Psychotropic Substances"; National Antidrug Strategy for 2011-2018 and the Action Plan for 2011-2013; Contraventional Code and Criminal Code.

### 1.3. The Moldovan Legal Framework on the Prevention of Drug User Discrimination

The analysis of Law No. 121 of May 25, 2012, "On Equal Opportunities," Law No. 411-XII of March 28, 1995, "On Health Protection," Law No. 263-XVI of October 27, 2005, "On Patients' Rights and Responsibilities" and other antidiscrimination laws and government decisions shows that despite the concordance between the Moldovan antidiscrimination legislation and the corresponding international legislation and the existence of an antidiscrimination mechanism and a law on the patients' right to confidentiality and informed consent, there still are internal regulations and orders (secondary regulatory framework) that contravene the basic legislation and encourage the discrimination of drug users. As a result, drug users may be subjected to forced therapy; their confidential medical information may be disclosed; and police may search their homes at any time and on any pretext, without a court judgment in this regard.

### 1.4. Statistics on the Injection Drug Users in Moldova

According to recent sociological and biobehavioral studies, in 2010, approximately 3.8% of the population in the 16-to-64 age category admitted to having used hashish/marijuana.<sup>5</sup> According to the statistics of the Republican Detoxification Clinic, as of January 1, 2011, there were 8,390 officially registered drug users in Moldova. During 2010, there were 1,304 new cases of drug use. 81.5% of them involved cannabis, a drug without dependence potential, and 18.5% involved opiates, drugs with dependence potential. The drugs without dependence potential were administered through smoking and the drugs with dependence potential were administered through injection. Most new cases of drug use were registered among men. The average age of first-time drug users was between 25 and 28.<sup>6</sup>

In 2011, the estimated number of injection drug users (IDUs) in Moldova was 31,562, of which 21,061 on the right bank of the Nistru and 10,501 on the left bank of the Nistru.<sup>7</sup> In 2012, 494 drug users benefited of detoxification services (compared with 254 in 2010). By the end of 2012, 315 drug users (262 civilians and 53 detainees) were enrolled in the methadone maintenance therapy.<sup>8</sup> To prevent the spread of HIV through high risk groups, in 2012, 14,815 drug users were enrolled in the syringe exchange program, (47% of the total 31,562 IDUs from the entire Moldova, including the left bank of the Nistru).<sup>9</sup>

### 1.5. Drug Traffic Offences and Crimes

The statistics of the Moldovan Ministry of Home Affairs show that although the number of individuals fined for procuring and possessing narcotic substances has decreased from 3.6 thousand in 2010 to 2.1 thousand in 2013,<sup>10</sup> it is still very large.

5 <http://www.cnms.md/sites/default/files/Situa%C5%A3ia%20traficului%20%C5%9Fi%20consumului%20ilicit%20de%20droguri%20%C3%AEn%20Republica%20Molodva,%20sinteza%20datelor%20existente.pdf>

6 <http://www.cnms.md/sites/default/files/Situa%C5%A3ia%20traficului%20%C5%9Fi%20consumului%20ilicit%20de%20droguri%20%C3%AEn%20Republica%20Molodva,%20sinteza%20datelor%20existente.pdf>

7 Progress Report on HIV/AIDS in 2010-2011, available at [http://www.cnms.md/sites/default/files/Raport%20despre%20progresele%20%C3%AEnregistrate%20%C3%AEn%20combaterea%20infec%C5%A3iei%20HIV\\_SIDA.Ianuarie%202010-decembrie%202011.pdf](http://www.cnms.md/sites/default/files/Raport%20despre%20progresele%20%C3%AEnregistrate%20%C3%AEn%20combaterea%20infec%C5%A3iei%20HIV_SIDA.Ianuarie%202010-decembrie%202011.pdf)

8 2012 Report on the Illicit Drug Use and Traffic in Moldova, available at <http://www.cnms.md/sites/default/files/Situa%C5%A3ia%20traficului%20%C5%9Fi%20consumului%20ilicit%20de%20droguri%20%C3%AEn%20Republica%20Molodva,%20sinteza%20datelor%20existente.pdf>

9 Ibidem.

10 [www.statistica.md](http://www.statistica.md);

The number of drug-related criminal investigations decreased from 1,819 in 2009 to 1,109 in 2013 and the number of those of them that were sent to courts decreased from 1,338 in 2009 to 638 in 2013.<sup>11</sup> More than 80% of the investigations over the past 4 years referred to less severe or petty offences. Approximately 90% of the crimes in the same period were small scale crimes. Approximately 80% of the investigations referred to the illicit traffic of drugs without the intent of discarding them. According to the Penitentiary Institutions Department of the Ministry of Justice, the number of the offenders imprisoned for illicit drug traffic increased more than 60% from 2012 to 2014.<sup>12</sup>

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11 [www.igp.gov.md](http://www.igp.gov.md)

12 [www.penitenciar.gov.md](http://www.penitenciar.gov.md)

## Chapter II

**RESEARCH METHODOLOGY****Research goal:**

The purpose of the research was to study the Moldovan police officers' perception, attitudes and treatment of IDUs.

**Objectives:**

1. To study the police officers' awareness of the changes in the legislation on the penalties for drug production, use and proliferation.
2. To study the police officers' perception of drug users in general and IDUs in particular. To identify the police's tolerance of IDUs.
3. To study the police's treatment of drug users in general and IDUs in particular.
4. To identify the factors that contribute to the police's discriminatory attitude toward IDUs.
5. To identify the IDUs' legal awareness of the penalties for drug use, production and proliferation.
6. To study IDUs' attitudes toward the police and to identify the problems in their relations with the police.
7. To develop recommendations on changing the police officers' attitude toward IDUs.

**Target groups:**

1. Police officers that come in direct contact with IDUs in Chisinau and Balti.
2. Sector chiefs from police inspectorates of Chisinau and Balti.
3. IDUs from Chisinau and Balti.
4. Relevant experts: lawyers and NGOs' representatives.

**Basic assumptions under scrutiny:**

1. Police officers have a discriminatory attitude toward IDUs because they are afraid of contracting HIV: they are not sufficiently familiar with HIV transmission routes; do not know HIV safety precautions or urgent actions in cases of infection danger.
2. Police officers treat IDUs in contravention of the law because they are not sufficiently familiar with the changes in the legislation on the drug use, production and proliferation and wrongly understand the articles of the Contraventional and the Criminal Codes on the drug use, production and proliferation.

## Research methods

The research involved the following research methods:

- **Structured face-to-face interview.** The interviews aimed at finding out the opinions of police officers in Balti and Chisinau. The research included 100 interviews.
- **Focus group.** The focus groups aimed at getting a deep understanding of the opinions of police officers and IDUs, and at testing the conclusions of the research experts (from police and NGOs) and developing practical recommendations.

The research included 7 focus groups:

- 2 focus groups with sector chiefs from police inspectorates of Chisinau and Balti and the employees of Antidrug Directorate 4, Chisinau, and of Bureau 4 of the North Division, Balti;
- 4 focus groups with IDUs from Chisinau and Balti (2 with women and 2 with men)
- 1 focus group with relevant experts.

**Sample.** The research covered 100 police officers (50 from Balti and 50 from Chisinau) selected through a nonprobability sampling (systemic sampling) technique. For that end, all police officers from Chisinau and Balti were put on a list and then selected from this list, applying a systemic step, for interviews.

The focus groups with sector chiefs from police inspectorates of Chisinau and Balti and the employees of Antidrug Directorate 4, Chisinau, and of Bureau 4 of the North Division, Balti, included 16 respondents (8 from Chisinau and 8 from Balti).

The focus groups with IDUs included 40 respondents. 2 focus groups (1 with men and 1 with women) took place in Chisinau and 2 (1 with men and 1 with women) in Balti. Each focus group included approximately 10 respondents selected through snowball sampling technique (the respondents were recruited through discussions with key informers).

The focus group with experts included professionals from police management, universities and NGOs implementing relevant projects. All told, this focus group included 8 respondents. Its purpose was to develop recommendations on preventing the discrimination of IDUs by police.

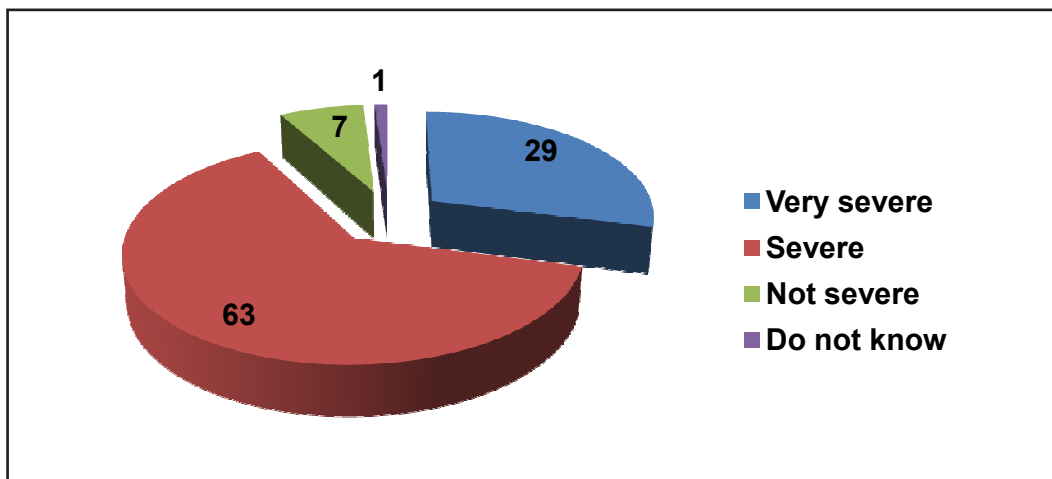
## Capitolul III

## POLICE'S AWARENESS OF THE STUDIED PROBLEM, THE LEGISLATION AND HIV

### Police Officers' Opinions about Drug Use, Production and Proliferation in Moldova

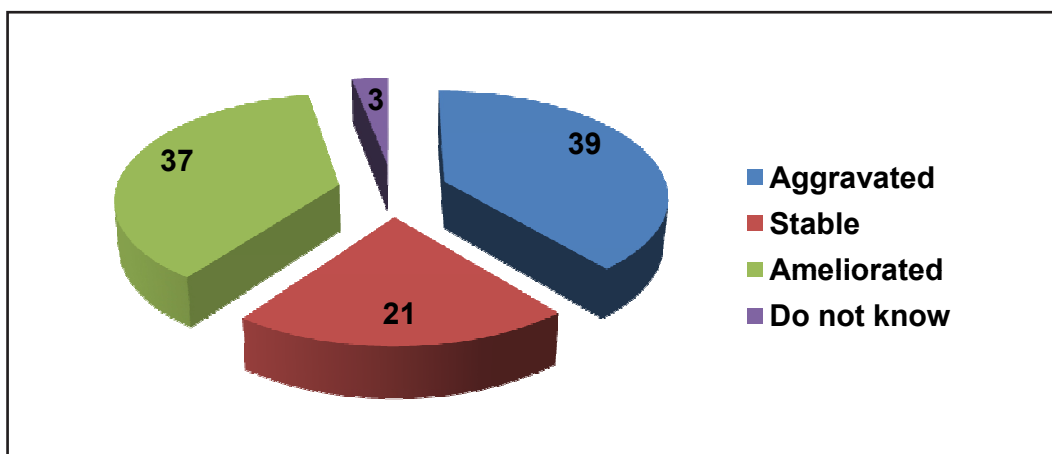
More than 90% of the respondent police officers consider that drug production, use and proliferation is a serious or very serious problem for Moldova; 7% consider that this is not a serious problem; and 1% were unable to give an answer (Graph 1).

Graph 1. Police officers' opinions about the severity of the drug use, production and proliferation in Moldova, %



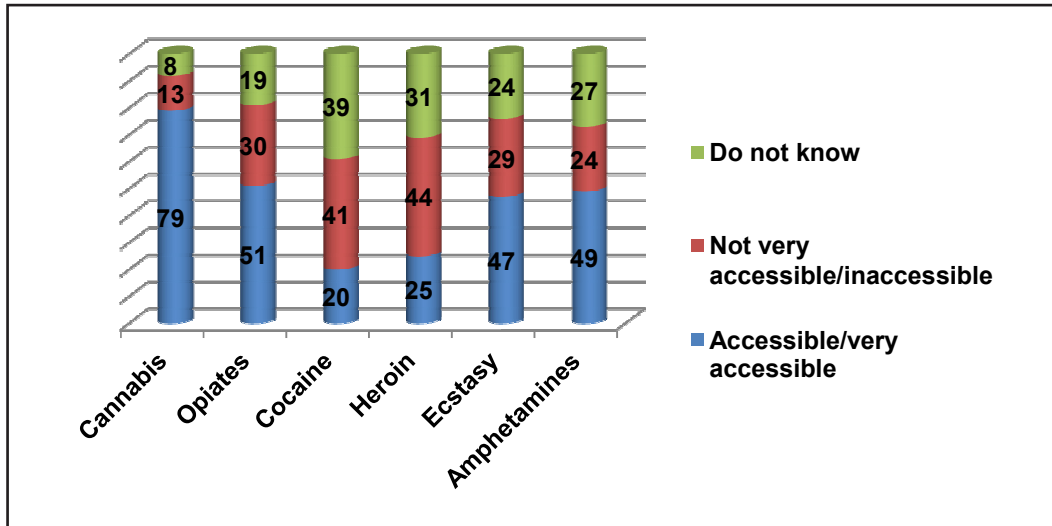
39% of the respondents consider that the problem of drug use, production and proliferation has aggravated over the last five years; 20% consider that it has not changed; 37% consider that it has ameliorated; and 3% were unable to give an answer (Graph 2).

Graph 2. Police officers' opinions on the evolution of the problem of drug use, production and proliferation over the past five years, %



Asked how accessible drugs are in their town, more than 66% of police officers said that cannabis was accessible or very accessible, and 50% said that opiates, ecstasy and amphetamines were accessible or very accessible (Graph 3).

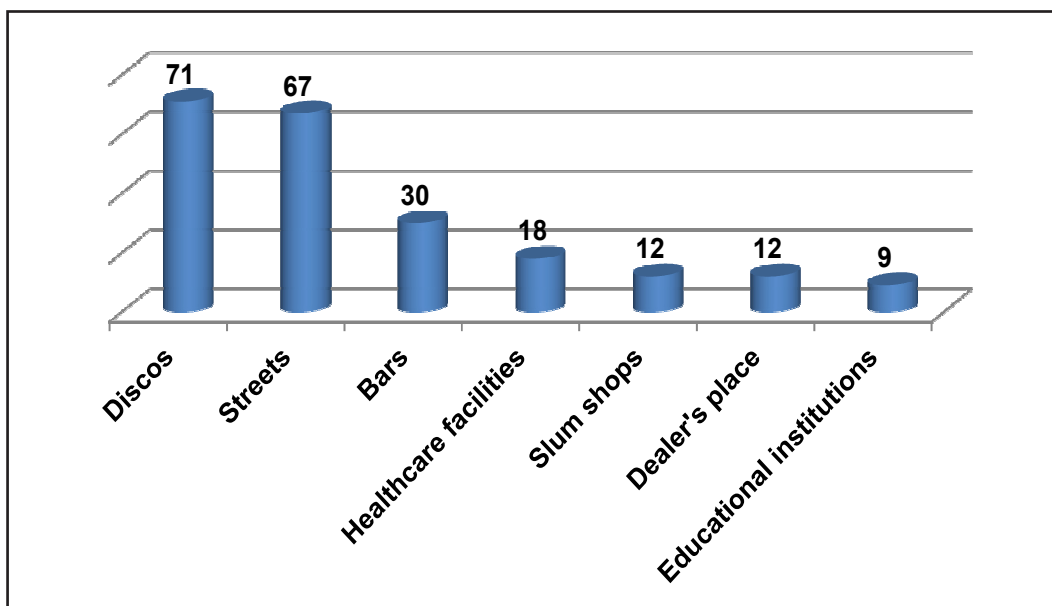
Graph 3. Police officers' opinions about the accessibility of various drugs in their respective towns, %



Only 20% of the respondents consider that cocaine is accessible or very accessible and only 25% consider that heroin is accessible or very accessible in their respective towns.

According to the respondents, drugs are easy to purchase in their respective towns in discos and streets (70%), in bars (30%), in healthcare facilities (18%), in slum shops or at the dealer's place (12%), and in educational institutions (9%) (Graph 4).

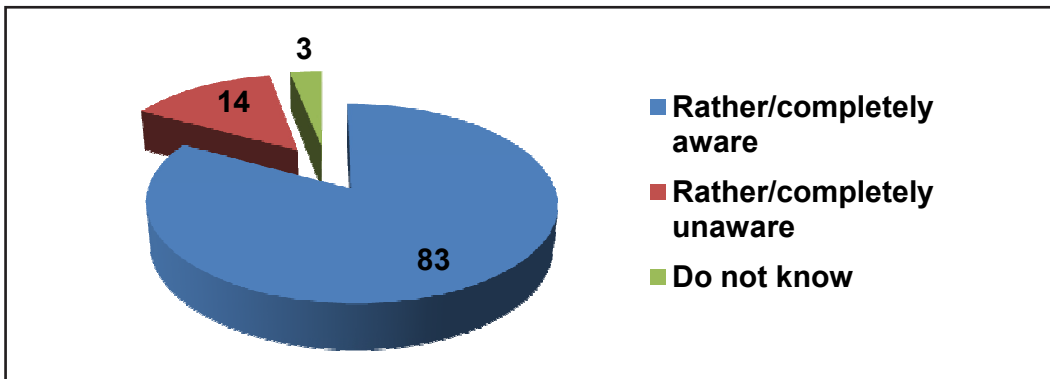
Graph 4. Police officers' opinions on the places in their towns where it is easy to purchase drugs, %



## Police Officers' Awareness of the Moldovan Legislation on Drug Use, Production and Proliferation

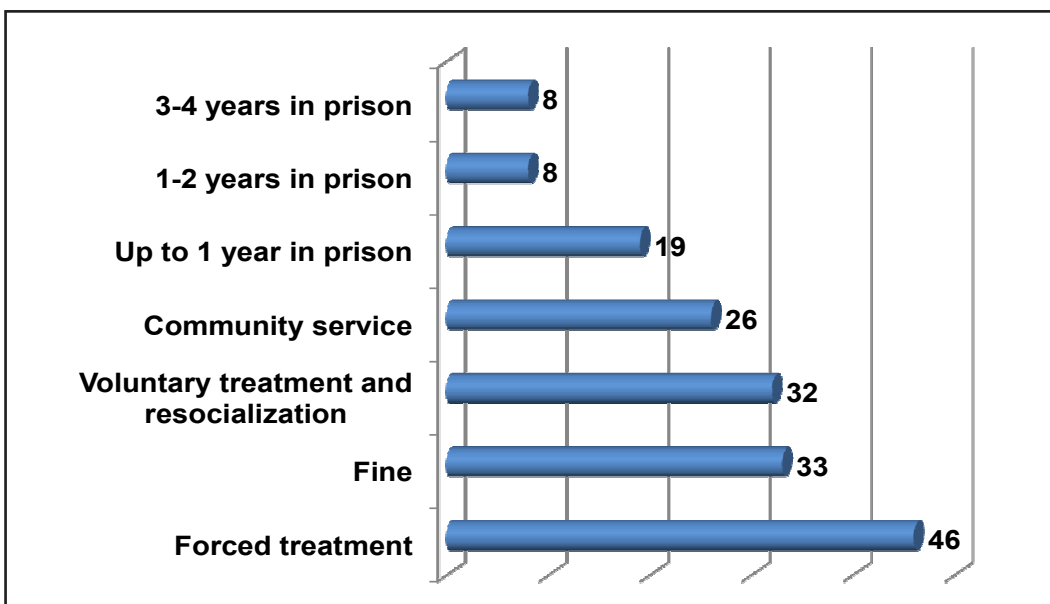
83% of the respondents consider themselves rather informed or well informed about the Moldovan legislation on the prevention of drug production, use and proliferation; 14% said that they were rather not informed or not at all informed; and 3% were unable to give an answer (Graph 5).

Graph 5. Police officers' awareness of the Moldovan legislation on drug use, production and proliferation



Although most police officers consider themselves rather informed or well informed about the Moldovan legislation on the prevention of drug production, use and proliferation, the study showed that many of them were not sufficiently informed about the penalties applicable to individuals caught with a small injection drug dose for personal use. Thus, only slightly more than 33% said that IDUs can be fined or voluntarily referred to detoxification and resocialization and only 26% said that drug users can be forced to provide community service. On the other hand, 46% consider that drug users can be forcibly referred for treatment; 19% that they can be imprisoned for up to one year; 8% that they can be imprisoned for 1 to 2 years; and 8% that they can be imprisoned for 3 to 4 years (Graph 6).

Graph 6. Police officers' opinions about the penalties legally applicable to individuals caught with a small injection drug dose for personal use, %



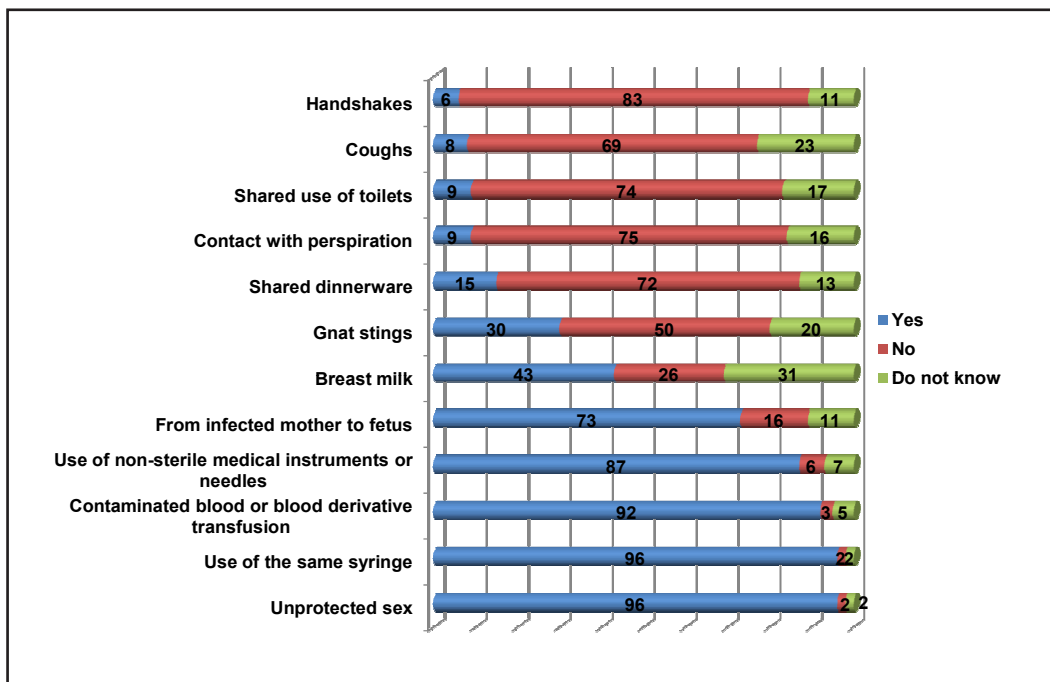
The same inconsistency between the declared and the actual level of legal awareness surfaced during the focus groups with sector chiefs and the employees of the Antidrug Directorate. This may be explained by gaps in the legislation, which leave room for interpretation when establishing the status of drug user or drug dealer, and to police officers' stereotypes that any drug user is also a drug dealer and can be punished accordingly.

The opinions of the drug users from the focus groups on the police officers' legal awareness divided. Some consider that police officers are quite informed about the legislation, which allows them to manipulate and to concoct fake cases. Others think that police officers do not know laws very well, which is why they often breach them.

### Police Officers' Awareness of the HIV Transmission Routes

One of the research assumptions was that police officers discriminate drug users because they are afraid of contracting HIV or other sexually transmitted diseases. Therefore, we tried to find out the police officers' awareness of the HIV transmission routes. The research results show that although the police officers' general awareness of the main HIV transmission routes is fairly good, many of them believe in the myths about this. Thus more than 90% know that HIV is transmissible through unprotected sex, shared syringes, contaminated blood or blood derivative transfusions, and non-sterile medical instruments and needles. 73% know that HIV is transmissible from mother to fetus and 43% know that it is transmissible through breast milk. However, 50% of police officers believe or do not know whether HIV can pass with a gnat sting; 33% believe or do not know whether HIV can pass through shared dinnerware or coughs; and 25% believe or do not know whether HIV can pass through perspiration, shared use of toilets or handshakes (Graph 7).

Graph 7. Police officers' awareness of the HIV transmission routes, %

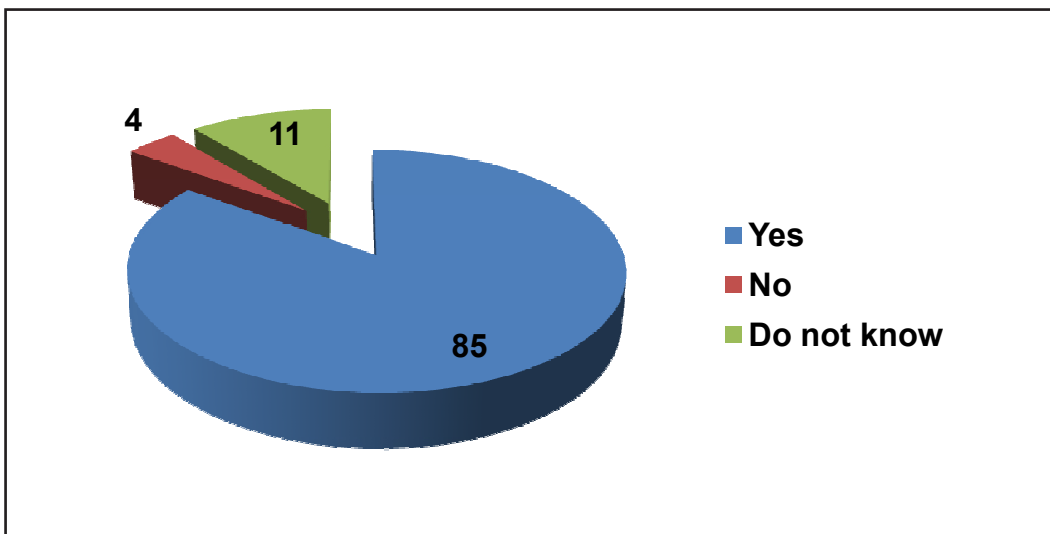


Some police officers in the focus groups even said that HIV is transmissible through fights.

A police officer, 42: *“We have a drug user in our sector who contracted HIV after a fight. He threatened to infect us with HIV if we drafted minutes on him.”*

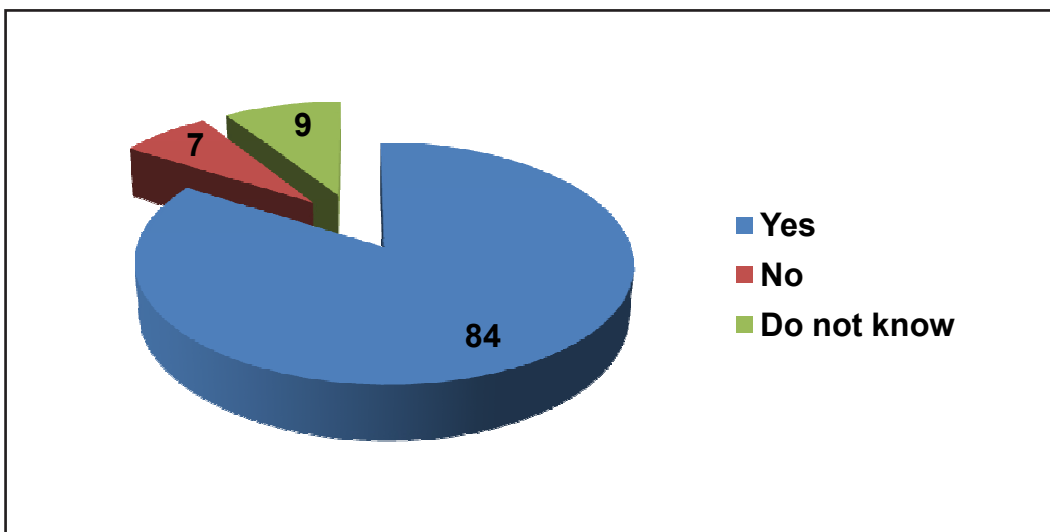
85% of police officers know that the risk of HIV infection can be mitigated by having only one, non-infected, sex partner, provided that he/she does not have other sex partners. 15% did not know this fact or were unable to give an answer (Graph 8).

Graph 8. The percentage of police officers who know that the risk of HIV infection can be mitigated by having only one, non-infected, sex partner, provided that he/she does not have other sex partners, %



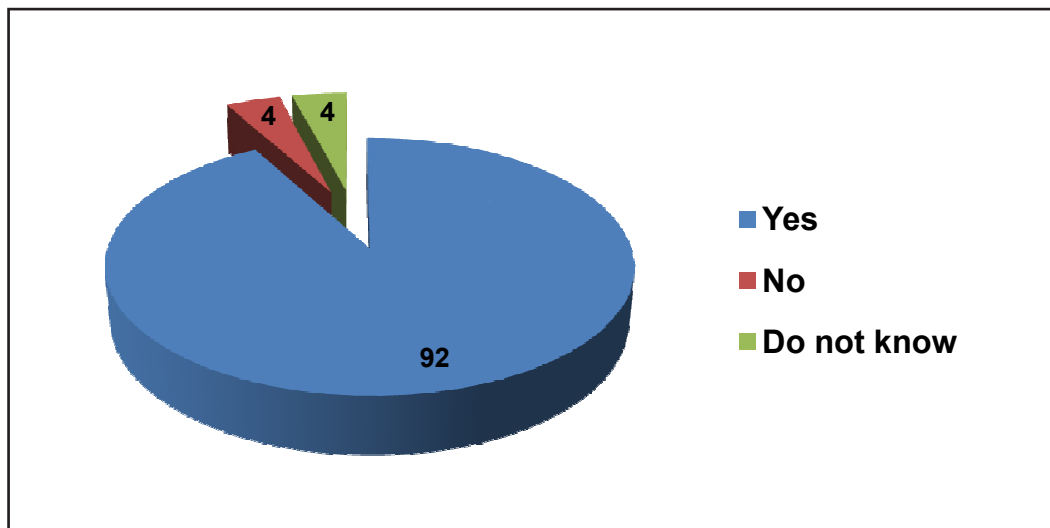
84% of police officers know that the risk of HIV infection can be mitigated by using disposable condoms; 16% did not know this fact or were unable to give an answer (Graph 9).

Graph 9. The percentage of police officers who know that the risk of HIV infection can be mitigated by using disposable condoms, %



92% of the respondents know that an apparently healthy individual can be HIV positive; 4% believe the contrary; and 4% were unable to give an answer (Graph 10).

Graph 10. **The percentage of the respondents who know that an apparently healthy individual can be HIV positive, %**

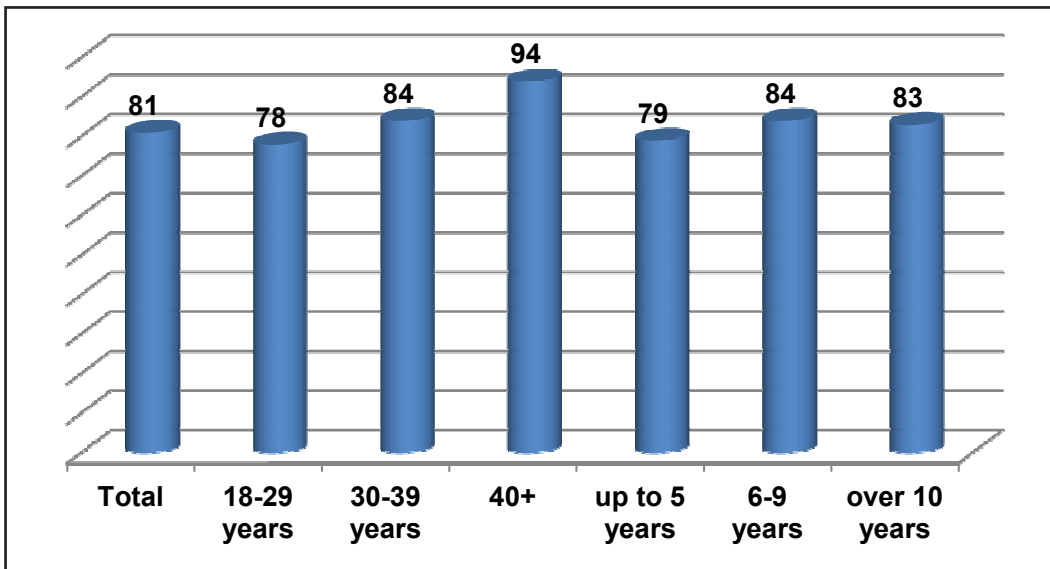


As part of the research, we calculated the integrated indicator of the accurate knowledge on HIV transmission routes. For that end, we applied UNGAS method and included in the indicator the percentage of the respondents who knew the following five facts:

- An apparently healthy individual can be HIV positive.
- The risk of HIV infection can be mitigated by using disposable condoms.
- The risk of HIV infection can be mitigated by having only one, non-infected, sex partner, provided that he/she does not have other sex partners.
- HIV is not transmissible through shared dinnerware.
- HIV is not transmissible through shared toilets.

We found that 81% of the respondents possessed accurate knowledge about HIV transmission routes and 20% did not possess such knowledge. The integrated indicator of the accurate knowledge on HIV transmission routes varies depending on the respondents' age and seniority. Thus, it is lower in the 18-to-29 age group (78%) and is higher in the over-40 age group (94%). Depending on the respondents' seniority, the integrated indicator of the accurate knowledge on HIV transmission routes is lower among persons with less than 5 years of seniority (79%) and increases with the increase of seniority (Graph 11).

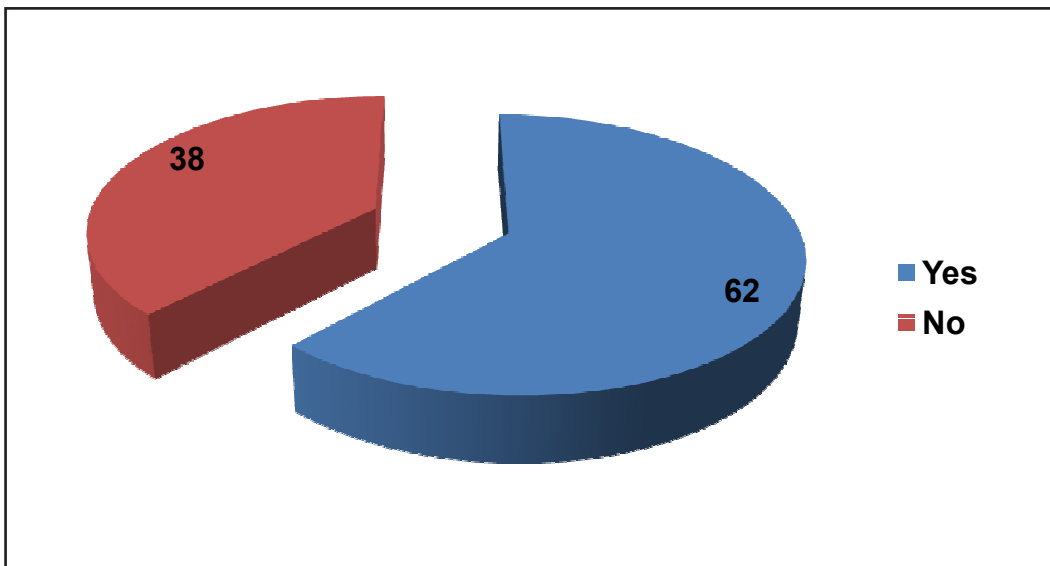
Graph 11. Integrated indicator of the police officers' accurate knowledge on HIV transmission routes, %



### Police Officers' Awareness of Standard HIV Safety Precautions

62% of police officers consider themselves informed about standard safety precautions in cases of injuries with an HIV infected sharp object. 38% did not know these measures (Graph 12).

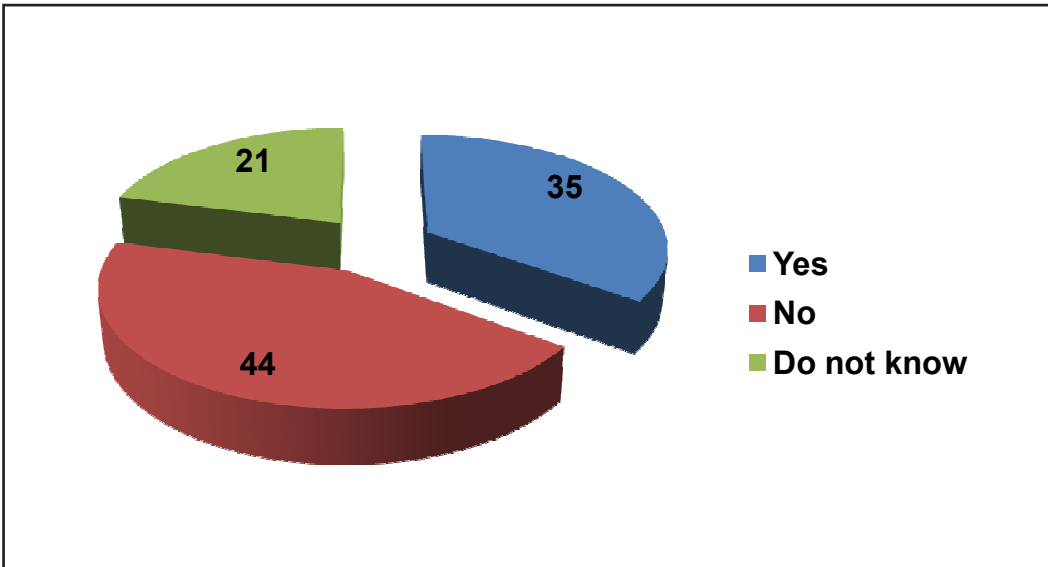
Graph 12. Police officers' awareness of the actions in cases of injuries with a potentially HIV infected syringe or sharp object, %



To check whether it is true that 66% of respondents really know standard safety precautions, we asked them whether it is possible to prevent HIV infection within 72 hours after the injury infliction. The results show that only 35% of those who said they were informed about such measures really knew them; 44% of them gave a wrong answer and 21% were unable to give an answer (Graph 13). Thus, only 20% of the police officers from the entire sample really know standard HIV safety precau-

tions. 80% do not know that if someone cuts himself/herself with an infected sharp object and then gets medical assistance within maximum 72 hours, he/she can prevent HIV infection.

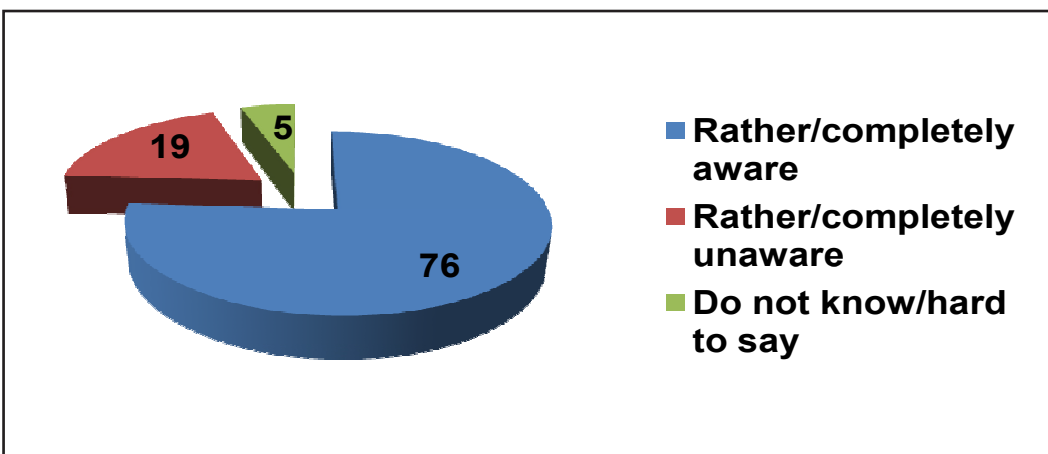
Graph 13. The percentage of police officers who know that seeking medical assistance within 72 hours after an injury can prevent HIV infection, %



### Police Officers Awareness of Harm Reduction Programs

76% of police officers said they were rather or fully informed about harm reduction programs; 19% were rather or completely unaware of such programs; and 5% were unable to give an answer (Graph 14).

Graph 14. Police officers' awareness of harm reduction programs, %

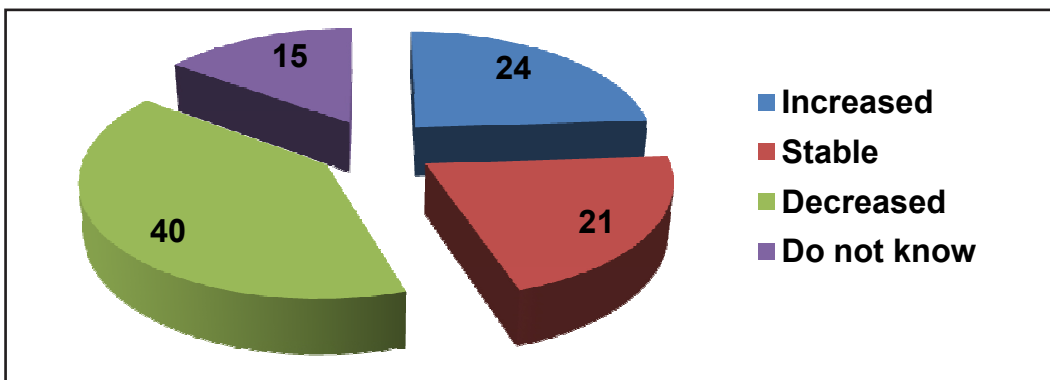


## Chapter IV

**POLICE'S ATTITUDES TOWARD INJECTION DRUG USERS****Police officers' Opinions on the Discrimination against Drug Users**

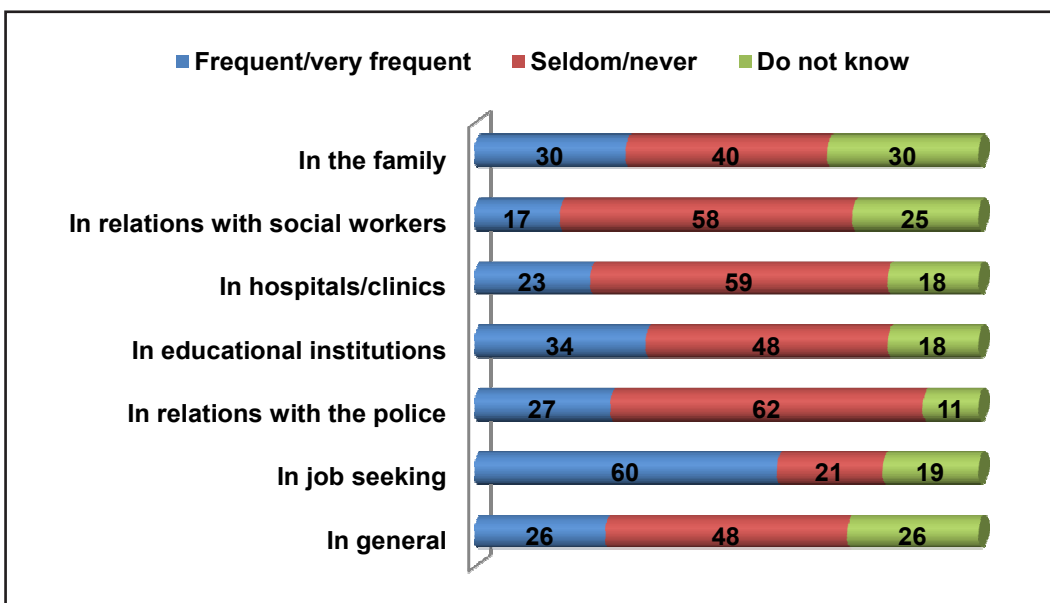
40% of the respondents said that drug user discrimination had decreased over the past five years; 24% said that it had increased; 21% said that it kept stable; and 15% were unable to give an answer (Graph 15).

Graph 15. Police officers' opinions on the evolution of the discrimination against drug users over the past five years, %



Asked about the frequency of discrimination against drug users in daily life in various environments, many respondents answered that discrimination was rare or inexistent in the police, at hospitals, in educational institutions, in social assistance and in families; and is frequent or very frequent in job seeking (Graph 16).

Graph 16. Frequency of the discrimination against drug users in daily life, %



Using the collected data, we calculated the respondents' Dominant Personal Opinion Index (DPOI) regarding the discrimination of drug users in various environments.<sup>1</sup> Thus, the DPOI for family environment is 7, for social assistance—31, for hospitals and clinics—30, for educational institutions—12, for police—12, and for employment it is -29. The DPOI regarding the general discrimination level is 16. The DPOI values confirmed that police officers mostly consider that cases of discrimination of drug users in education, healthcare, social assistance and police environments are rare, whereas those in job seeking are frequent.

Asked why drug users are more often discriminated when seeking a job, the police officers in the focus groups answered that most employers want to have good, responsible people and not drug users as employees. Asked how employers can know whether a job seeker is a drug user, the police officers said that most employers require certificates from detoxification clinics before hiring someone.

The police officers from the focus groups also said that all employers would do well to always require such certificates, because this could curb the spread of various communicable diseases through drug users.

The drug users from their focus groups had a different view. Most of them said that the discrimination against them in most public institutions had not changed in comparison with previous years. Because of that, many of them conceal that they are or used to be drug users. Some said that, if their employer learned that they were drug users, they would lose the job right away.

*A man, 42: "I've recently got out of prison. Yesterday I went to get a mover job and you know what? The first question they asked was: 'Have you been in prison?' Obviously, I lost that job!.. I think they ought to have given me a chance, a probation period, to see my fitness for that job, my seriousness. They shouldn't hire us depending on our past..."*

*A woman, 38: "I tried several times to get a job. Each time, I hid that I used drugs and was HIV positive. If someone learned that, they would fire me right away. Now I work at a gas station. I got this job more than one year ago and I am always afraid that the boss will learn my past, that I am sick... Even though I am very conscientious and do all my duties well..."*

## Police Officers' Attitudes toward Drug Users

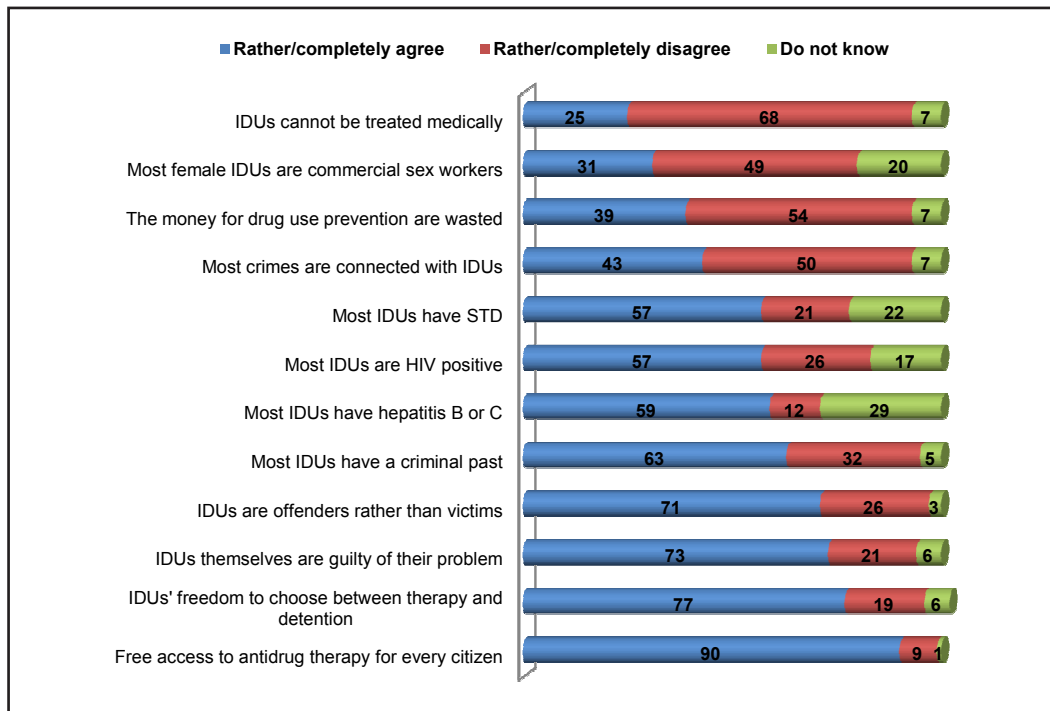
Although, generally, police officers consider that drug users are not very much discriminated by police, the research results show that actually they are quite discriminatory toward IDUs. More than 70% consider that drug users are offenders rather than victims. This was also repeatedly mentioned in the focus groups with police officers. 73% consider that drug users are responsible for their problems themselves.

63% of police officers associate drug users with criminals, and say that most of them have a criminal past; whereas 40% consider that most crimes in their towns are connected with drug users.

59% consider that most drug users have viral hepatitis B and C; 57% consider that they have HIV and sexually transmitted diseases; and 33% consider that most female drug users are commercial sex workers (Graph 17).

<sup>1</sup> The Dominant Personal Opinion Index (IDPO) was calculated in accordance with the formula  $(p-n) \times (100-ne) : 100$ , where p – frequency of positive opinions, n – frequency of negative opinions, and ne – frequency of neutral opinions. The index may vary from -100 to 100. The closer the index to 100 the lower the discrimination level and conversely.

Graph 17. Police officers' opinions about drug users, %



39% of the respondents rather or completely agree that the money spent for the prevention of drug use are wasted; 54% rather or completely disagree with that idea; and 7% were unable to give an answer. In the focus groups, most police officers said that it was very important to implement antidrug measures as early as possible, starting from kindergartens and schools.

90% of police officers think that every citizen must have access to free detoxification. Although during the interviews, 68% of the respondents said that drug users could be treated medically and only 25% considered the contrary; during the focus groups, most of them said they did not believe that drug users could be treated, and that they knew only a handful of cases when drug users had given up drugs for a while, after which they relapsed. The very low number of people who got or can get detoxification therapy is explained, according to police officers, both by the lack of good rehabilitation services in Moldova, by a widespread discrimination of drug users and by few opportunities for their social inclusion.

The drug users in the focus groups also said that they did not know many people who had cured. They think that all is up to individual will.

*A man, 45: "I know several such fellows. Yet, they did not cure completely. They give up drugs just for a while. A fellow hadn't used drugs for eight years. He started his business, bought a luxury car and then something happened in his life. He sold the car and gave all money for drugs."*

*A woman, 35: "They say there are no such folks as former drug users. Some can stay vigilant if they are strongly motivated, socialize, are socially well integrated. This state can become permanent. But if one feels excluded or unwelcomed, he cannot hold on for long. Such folks feel well only in their circle of friends and acquaintances."*

Referring to the penalties for drug use, 77% of police officers rather or completely agree that drug users should have the opportunity to choose between prison and therapy; 19% do not agree with this idea; and 4% were unable to give an answer. The participants in the focus groups said that most drug users chose fines or prison rather than therapy. Asked why it happens so, the focus group

participants said that the reason lies in bad conditions in detoxification clinics. Most focus group participants said that the legislation should be amended to allow for forced treatment of drug users.

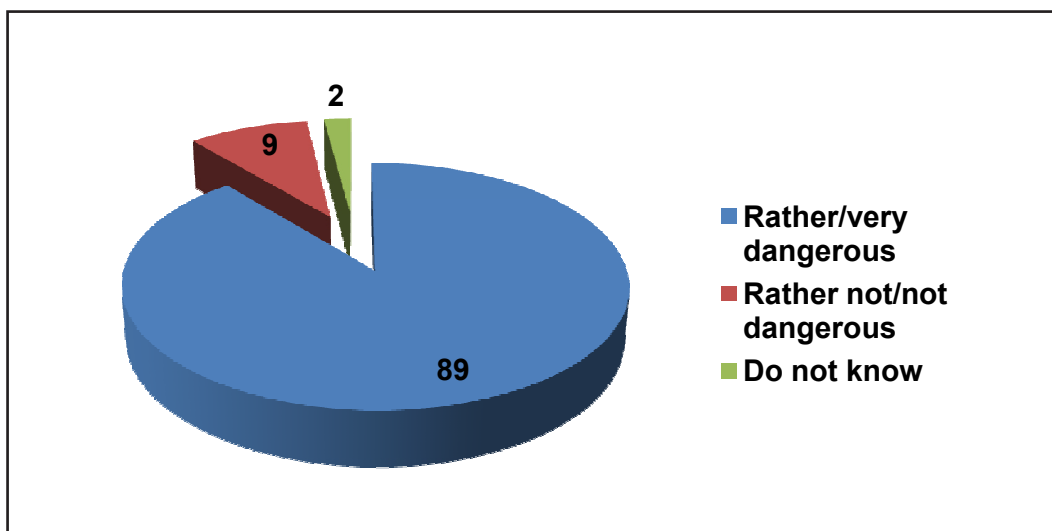
IDUs also mentioned that their access to treatment is very limited.

*A man, 48: "Under the Administrative Code, the government must provide drug users with health-care, such as detoxification, medication, psychological assistance, and social integration support. Currently, however, we don't have these services. This makes us feel much discriminated. The police knows this and discriminates us even more. We say: decriminalize drug use and let the police deal with drug dealers and the Ministry of Health deal with drug users, develop services and help us to undergo detoxification without pain. And let psychologists help us to find a suitable job so that we could become useful members of the society."*

### The Risks Police Officers Perceive in Dealing with Drug Users

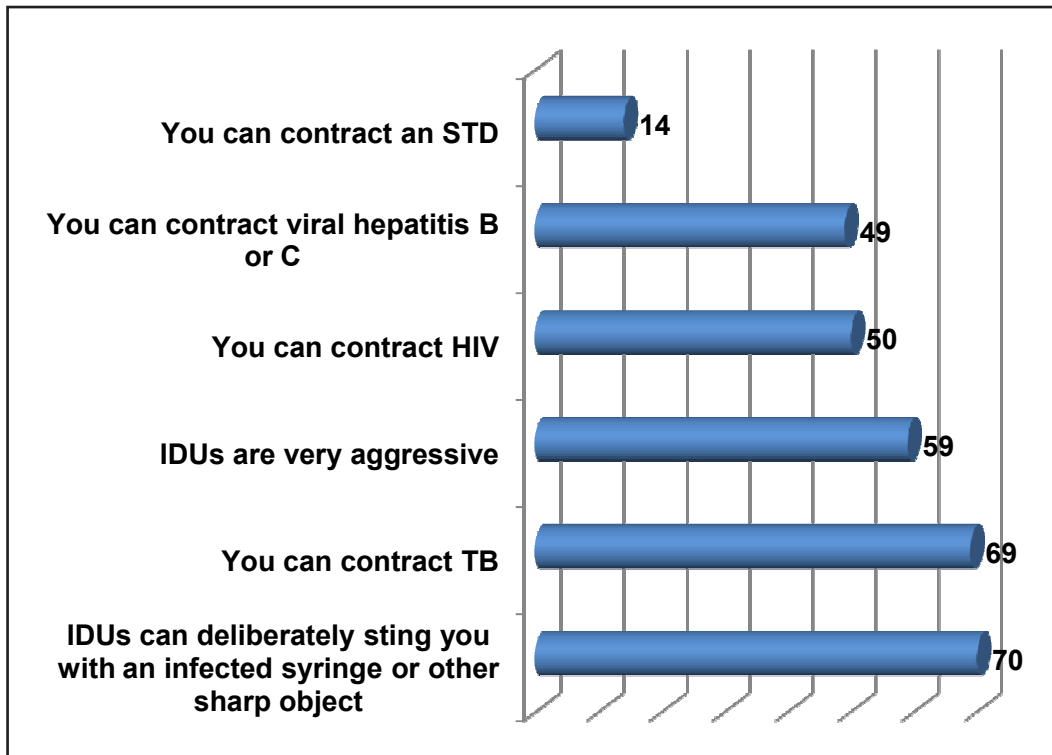
89% of the respondent police officers consider that dealing with drug users is rather or very dangerous; 9% consider it rather not or not dangerous at all; and 2% were unable to give an answer (Graph 18).

Graph 18. The risk level police officers perceive in dealing with drug users, %



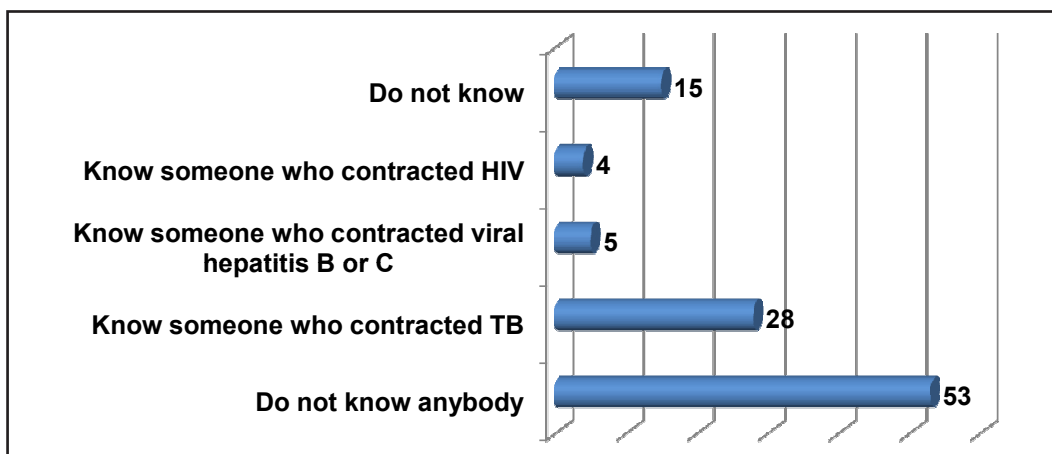
Asked why dealing with drug users is dangerous, the respondents said that drug users can deliberately sting you with an infected syringe or other sharp object to infect you with a disease (70%); they are very aggressive (59%); you can contract TB (69%); viral hepatitis B and C or HIV (50%); or a sexually transmissible disease from them (14%) (Graph 19).

Graph 19. The risks of dealing with drug users, as perceived by police officers, %



Asked whether they knew fellow officers who contracted various communicable diseases from drug users, 53% said they did not know such cases, 28% confirmed that some of their fellow officers had contracted TB, 5% said they knew someone who had contracted hepatitis B and C; and 4% said they knew someone who had contracted HIV. 15% were unable to give an answer (Graph 20).

Graph 20. The percentage of police officers who know fellow officers who contracted HIV, hepatitis B and C or TB from IDUs,%



Asked whether police officers are afraid of catching various communicable diseases from them, the opinions of drug users divided. Women consider that police officers are not afraid because all those who are brought to police stations undergo tests for HIV, viral hepatitis or any other communicable disease so police officers know for sure they cannot get infected. Men, however, consider that police officers are very scared, particularly of contracting HIV. To avoid punches in the face, male IDUs often tell police that they are HIV positive. An IDU told that once his friend, who had open TB, and

he had been arrested and left on the cement floor of the holding cell the whole night. The following day they said a police officer that one of them had open TB. Then police officers became frightened and released them right away.

### Social Gap between Police Officers and Drug Users

To assess the social gap between police officers and drug users, we asked police officers several questions on the general public attitude and the respondents' personal attitude to former drug users.

Thus, 67% of the respondents rather or completely agree that most people consider that former drug users are as intelligent as anyone else; 20% rather or completely disagree with this idea; and 13% were unable to give an answer.

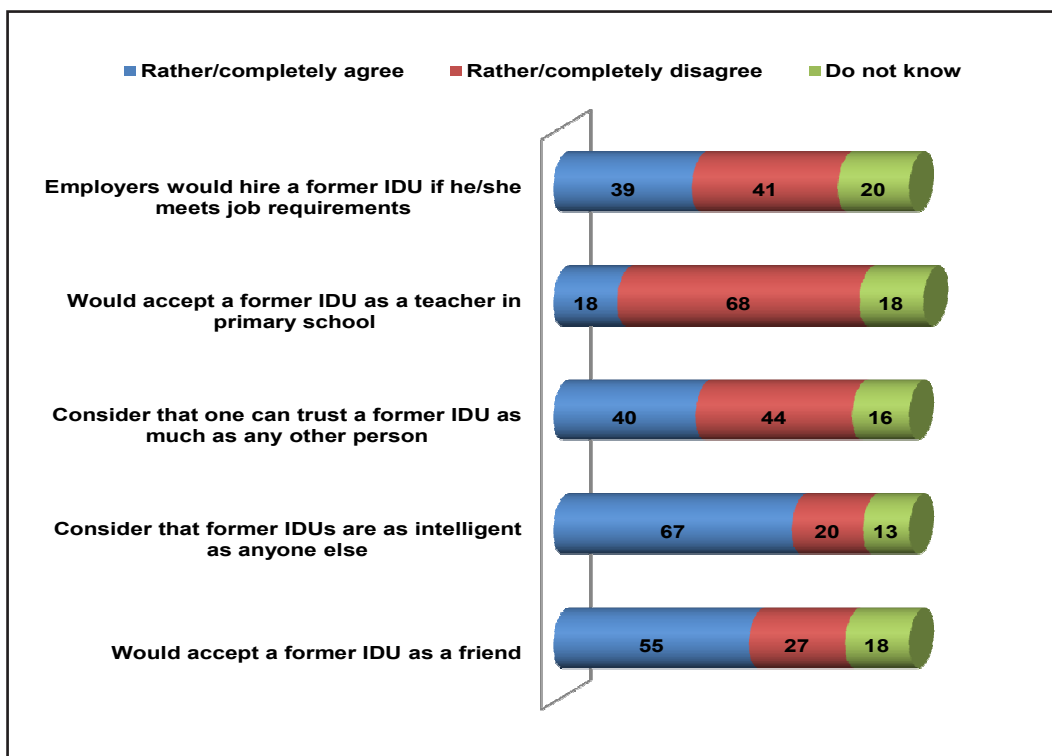
Moreover, 55% of police officers rather or completely agree that most people would accept a former drug user as a friend; 27% rather or completely disagree with this idea; and 18% were unable to give an answer.

40% of the respondents rather or completely agree that most people would trust a former drug user as much as anyone else; 44% rather or completely disagreed with this idea; and 16% were unable to give an answer.

39% of the respondents rather or completely agree that employers would give a job to a former IDU if he/she met job requirements; 41% rather or completely disagree with this idea; and 20% were unable to give an answer.

Only 18% of the respondents rather or completely agree that most people would accept a former drug user as a teacher in primary school; 68% rather or completely disagree with this idea; and 18% were unable to give an answer (Graph 21).

Graph 21. Police officers' perception on the general public attitude toward former IDUs, %



Asked whether they personally would publicly admit to having a family member who is IDU, only 16% confirmed it; 57% denied it; and 27% were unable to give an answer.

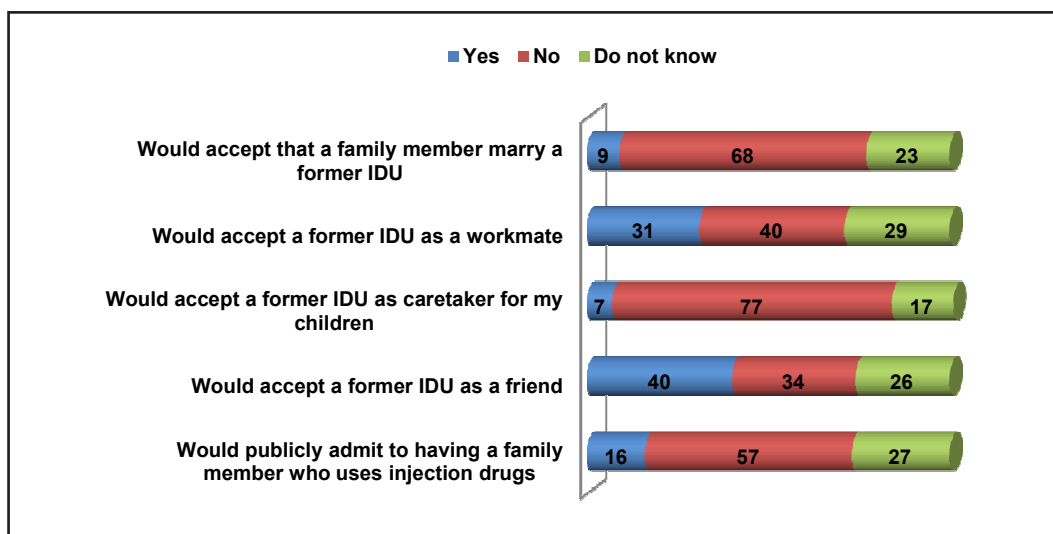
40% would accept a former IDU as a friend; 34% would not; and 26% were unable to give an answer.

31% would accept a former IDU as a workmate; 40% would not; and 29% were unable to give an answer.

9% would accept that one of their family members marry a former drug user; 68% would not; and 23% were unable to give an answer.

7% would accept that a former drug user take care of their children; 77% would not; and 17% were unable to give an answer (Graph 22).

Graph 22. Acceptance of former IDUs by police officers, %



With the collected answers, we developed the Integrated Acceptance Indicator on police officers' attitude toward former drug users, which represents the percentage of police officers who would publicly admit to having a family member who uses drugs; would accept a former drug user as a friend or a workmate; would accept that one of their family members marry a drug user; or would accept that a former drug user take care of their children.

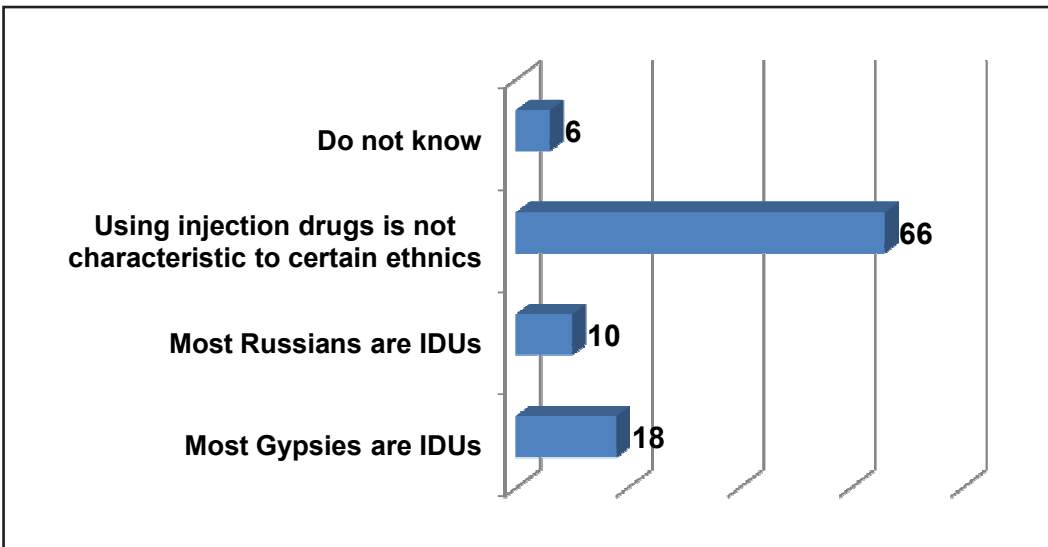
Thus, the Integrated Acceptance Indicator is 21%, meaning that only one in five officers would accept a former drug user as a workmate, a friend, a family member or a caretaker for their children.

### Several IDU Stereotypes among the Respondents

As part of the research, we asked police officers to list the most frequent epithets the police applies to drug users and the ethnics they associate IDUs with. Thus, drug users are called "narcoman" (59%), "drug users" (11%), "noric" (9%), "narcoza" (narcosis) (5%), "nirpa," "the sick," "AIDS sick," and "narisii" (5%).<sup>2</sup> 66% consider that drug use is not specific to certain ethnics; 18% consider that it is specific mostly to Gypsies; and 10% consider that it is specific to Russians. No other ethnics were mentioned (Graph 23).

<sup>2</sup> Translator's note: the epithets "noric," "nirpa," and "narisii" all belong to invective slang used in Moldova and can be roughly translated as "junkie." The epithet translated as "the sick" can also mean "bum" or "freak" in Moldovan slang.

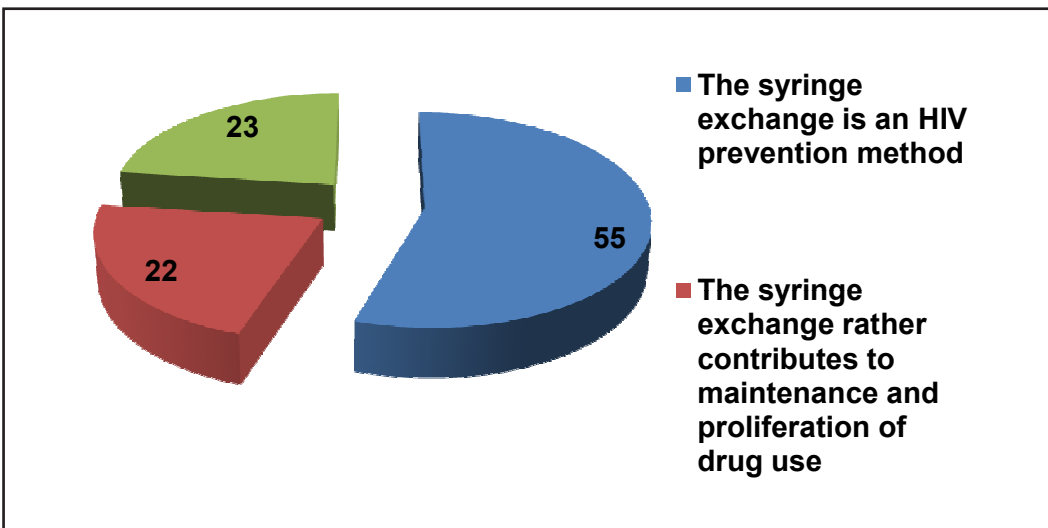
Graph 23. Respondents' perception on the ethnics drug use is specific to, %



### Police Officers' Attitudes toward Harm Reduction Programs

Police officers' opinions on the syringe exchange programs divided: 50% consider that this program is rather an HIV prevention method; 22% consider that it rather contributes to drug use perpetuation and proliferation; and 23% were unable to give an answer (Graph 24).

Graph 24. Police officers' opinions on syringe exchange programs, %



Most focus group participants from Balti acknowledge the importance of the syringe exchange program for the prevention of HIV spread and consider that it should continue. Focus group participants from Chisinau also acknowledge the importance of such programs but none of them knows that such a program exists in Moldova.

Most drug users in the focus groups consider that police knows about the syringe exchange program but does not support it always. They often hamper syringe exchange. Many police officers try to dog outreach workers to find out more information about drug users. They may even openly ask these

workers for information and addresses of drug users. Sometimes, outreach workers are subjected to home search. A woman who distributes syringes said that once a few police officers who saw her with a package of syringes stopped her to find out why she needed them. She explained but that did not stop them from searching her home and inquiring more information about persons she distributes syringes to.

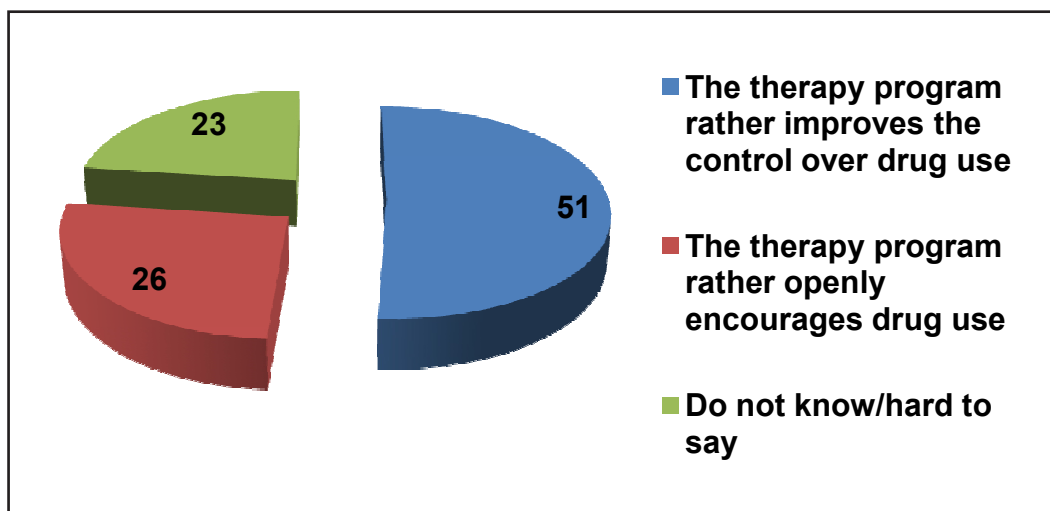
*A woman, 35: "They check us because they are sure we have concrete information about drug users, their addresses, etc. They ask us where we take syringes, where we work and what is our job. And sometimes they ask us addresses... even for payment."*

*A man, 40: "The latest case happened in C. District. The police told a worker distributing syringes that if he didn't disclose addresses, they would prevent drug users from taking syringes there; they would catch them at the syringe exchange point."*

*A woman, 40: "After such incidents with the police, many drug users don't want to come to training sessions. Sometimes, the police tries to catch them at clinics, where they take methadone, or at training sessions. It is very difficult to persuade them to come again."*

Regarding the methadone maintenance therapy, 50% of the respondent police officers consider that it rather helps to improve the control over drug use; 25% consider that it rather openly encourages drug use; and 23% of the respondents were unable to give an answer (Graph 25).

Graph 25. **Police officers' opinions about drug users' access to methadone maintenance program, %**



The opinions of the police officers in the focus groups also divided: 33% consider that this program helps to reduce the quantity of used drugs; 66% do not believe that this program is efficient—they think that many drug users enroll in this program when they do not have money to buy drugs and that most enrolled drug users secretly keep using other drugs.

The drug users' opinions on the methadone maintenance program also divided. Most women said that methadone substitution is efficient and really helps giving up drugs, provided that you follow therapy requirements and do not use other drugs during the treatment.

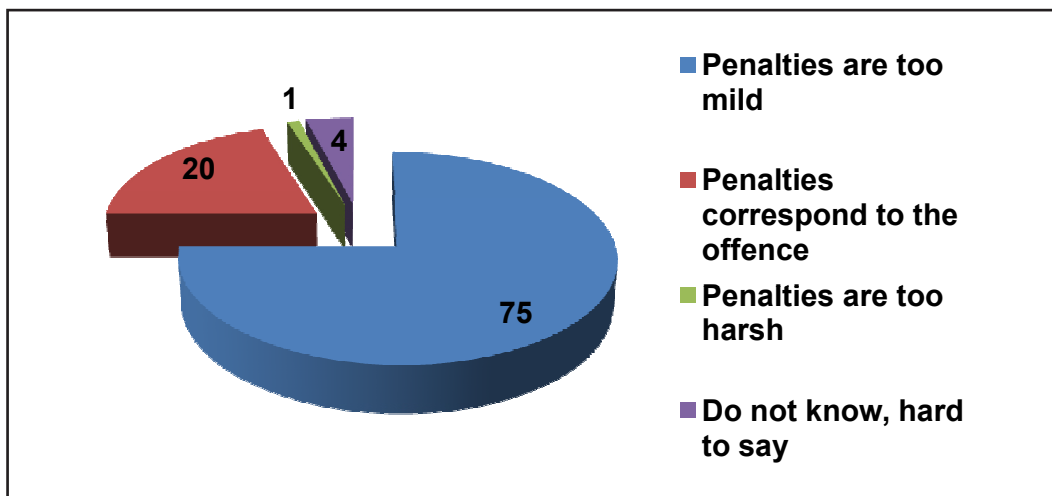
*A woman, 42: "I use methadone. I don't look for other drugs. I can work and I want to have a better life. I want to have good cosmetics, nice clothes. Methadone therapy gave me a chance. I have a job. I have a family. For me, methadone is sufficient and I don't seek other drugs."*

Most male drug users do not support methadone maintenance program because they think it only aggravates the situation. They think that methadone is stronger than opium. They said that they did not know drug users who felt better after starting methadone treatment. They think that methadone therapy is a mere illusion aimed at controlling drug use and drug users.

**Police Officers’ Attitudes toward the Penalties Applied to Drug Users**

75% of police officers consider that the penalties applied under Moldovan law to drug users are too mild; 20% consider that the penalties are appropriate; 1% that the penalties are too tough; and 4% were unable to give an answer (Graph 26).

Graph 26. Police officers’ opinions about the penalties applied under Moldovan law to those who grow, purchase or keep injection drugs in small quantities for personal use, %



Asked what penalties for drug users caught with small quantities of drugs they propose, 37% mentioned forced treatment; 24% mentioned 1-to-4 year prison term; 20%—voluntary treatment and resocialization; 6%—community service; and 4%—fines. All told, 61% were in favor of forced penalties (forced treatment or detention) and only 33% were in favor of humane penalties, such as community service, fines or voluntary treatment (Graph 27).

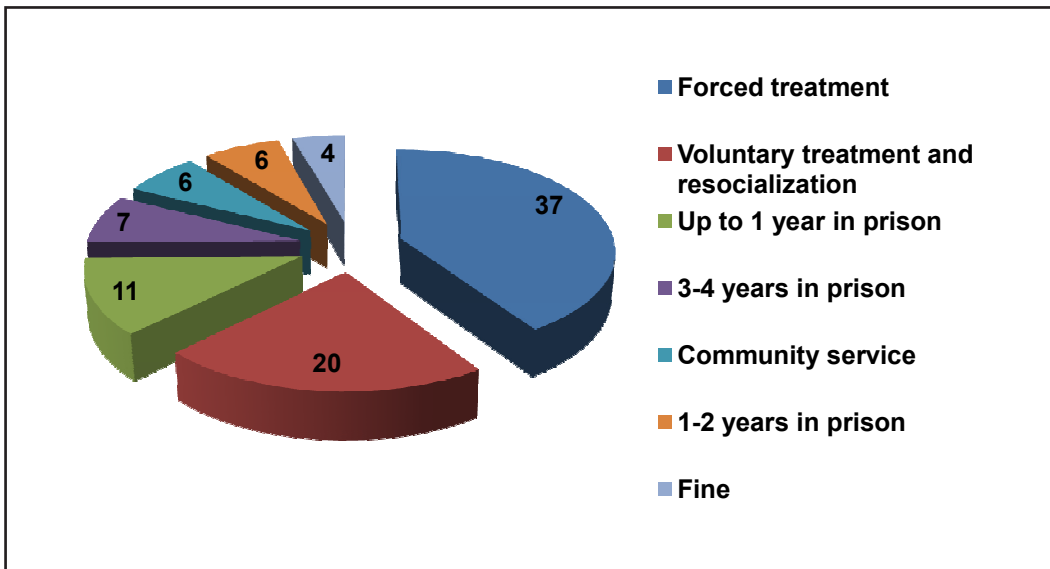
During the focus groups, most police officers opined that humane penalties do not work and opted for harsher penalties.

*A police officer, 45: “In one case, the court sent the documents to the Mayor’s Office, and the Mayor’s Office sent them back for consultation because the drug user in question hadn’t come for one month. So the bailiff requested explanation from the probation office and they changed the punishment in 60 days of detention. But such cases are very rare. Usually the court gives them a one-year, half-a-year or two-year probation.”*

*A police officer, 32: “I think that the legislation should be amended to provide for the same penalties as for hooliganism (1000 MDL) or insults (up to 1200 MDL).”*

More than 90% of the police officers in focus group said that imprisonment would be appropriate for drug users, although they also acknowledged that they had not met drug users who, after serving their term in prison, gave up drugs. The focus group participants opted for imprisonment as penalty for drug use because they consider that using drugs is a criminal activity rather than a disease.

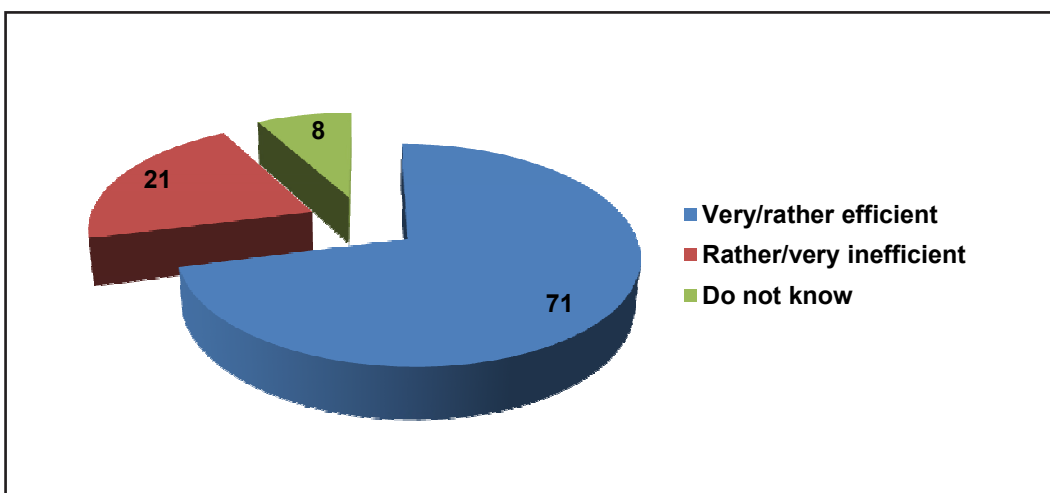
Graph 27. The penalties police officers would apply to individuals caught with small amounts of drugs for personal use, %



### Police Officers' Opinions about the Police's Actions to Combat the Drug Use, Production and Possession

66% of police officers consider that the police's actions in their respective towns to combat the injection drug production, possession and proliferation are rather or very efficient; 20% consider them rather or absolutely inefficient; and 8% were unable to give an answer (Graph 28).

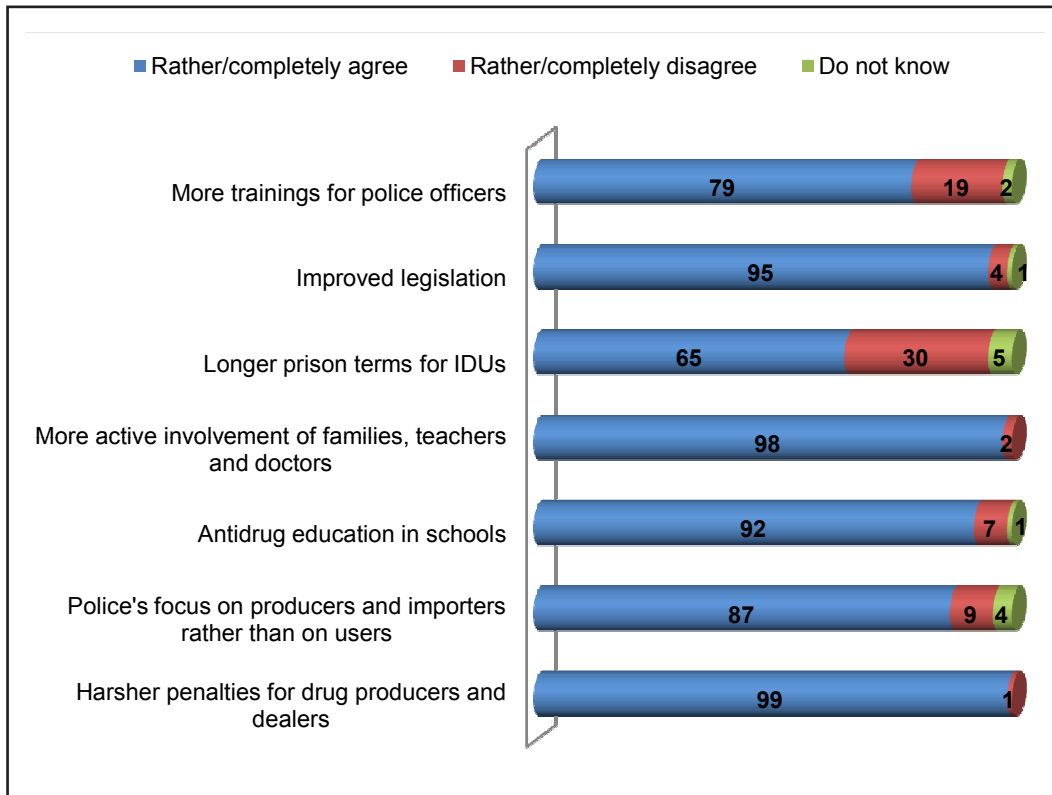
Graph 28. Police officers' opinions on the efficiency of police's actions in their respective towns to combat the injection drug production, possession and proliferation, %



Regarding the actions to increase the efficiency of the police's fight against injection drug production, possession and proliferation, more than 90% of the respondents mentioned toughening penalties for drug producers and dealers; actively involving teachers, families and doctors; starting antidrug education as early as in school; and improving legislation; 87% consider that the police should

focus on drug producers and dealers rather than on drug users; 79% mentioned better training for police officers; and 65% mentioned increasing prison term for IDUs (Graph 29).

**Graph 29. Police officers' opinions on the actions to increase the efficiency of the police's fight against injection drug production, possession and proliferation, %**



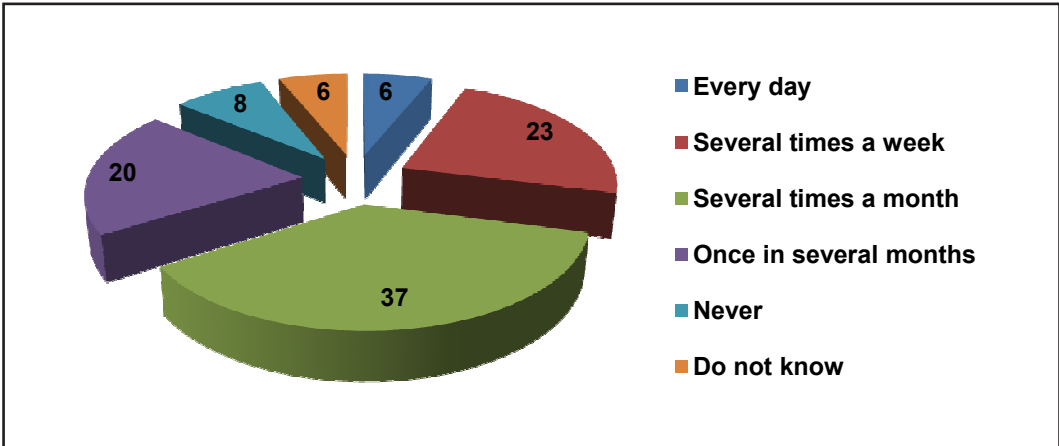
Chapter V

# POLICE'S TREATMENT OF INJECTION DRUG USERS

## Frequency of the Police Officers' Encounters with IDUs

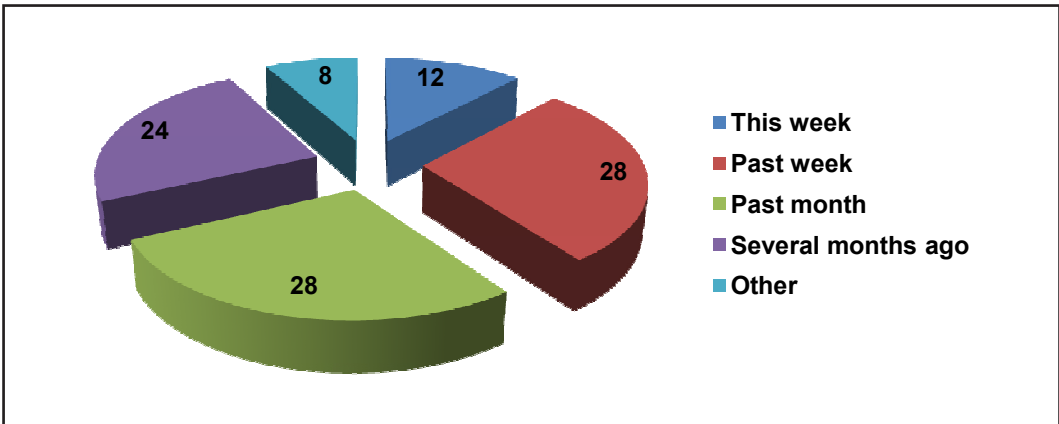
More than 50% of police officers deal with IDUs quite often. 33% deal with drug users every day or several times a week; 37% deal with drug users several times a month; and 20% deal with drug users once in several months; 14% have never dealt with drug users or were unable to give an answer (Graph 30).

Graph 30. Frequency of the police officers' encounters with IDUs,%



Asked when they had dealt with drug users last time, 12% mentioned the week in which they participated in the survey; 33% the previous week; 28% one month before; 25% several weeks before; and 8% were unable to give an answer (Graph 31).

Graph 31. The breakdown of police officers depending in the last time they dealt with drug users,%

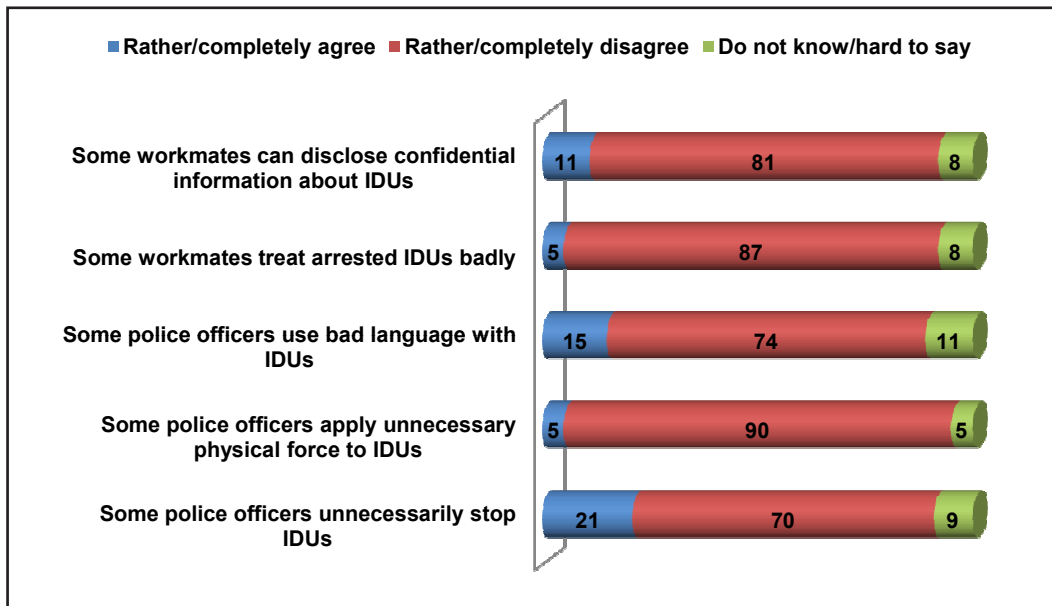


Most police officers consider that their workmates treat drug users adequately. More than 70% of the respondents consider that their workmates do not arrest drug users unnecessarily and do not

use bad language toward drug users. More than 80% consider that their workmates do not disclose confidential data about drug users and do not treat the arrested drug users badly. More than 90% consider that police officers do not apply unnecessary physical force to drug users.

Only 20% consider that their workmates can arrest IDUs even if that is not necessary; 15% consider that some police officers use bad language toward drug users; 11% admit that some police officers can disclose confidential data; and 5% admit that some of their workmates treat the arrested drug users badly and even apply unnecessary physical force (Graph 32).

Graph 32. Respondents' perceptions on the police officers' treatment of drug users, %



The drug users' opinions on that matter differ completely from those of the police. Thus, although most drug users in the focus groups admit that their treatment by the police has slightly improved over the previous five years, they are still dissatisfied. For example, police officers treat them as offenders rather than victims, often arrest them without a reason, and force them to visit detoxification clinic for examination although they have no right to do so.

*A man, 49: "Sometimes cops arrest you without a reason and take you to a detoxification clinic for tests. They check whether you've used drugs. If you haven't and it's 2:00 a.m., it's your problem how to get home. If you have used drugs, they keep you under arrest and even make you pay 180 MDL for the test."*

*A man, 35: "Drug users often do not know their rights. For example, cops don't have the right to force someone to undergo a drug test, they can only suggest that. You know how they do it usually? The officer twists your arms and takes you to the clinic and you even do not know that you can protest. I know several fellows who were punished for refusing tests. Without minutes, without witnesses... They had to pay 2000 MDL."*

The drug users recounted with horror their experiences with detoxification clinics. They consider that the treatment is horrible and that it is better to stay in prison than there. They also consider that it is very difficult to get off the clinic's registers. For that, you have to visit the clinic regularly and to accept tests to prove that you do not use drugs. And each visit costs money not every drug user can afford.

*A man, 49: "Just get on their records as a drug user and you have to visit the clinic regularly. For prophylaxis, for blood tests, for urine tests. This is how they check whether you've used drugs. They give a certificate you have to present to a sector police officer. And each visit costs 18 MDL. Where am I supposed to take that money every time, if my monthly pension is 80 MDL? Once my friend and I refused to pay so the police arrested us. We spent one night on the cement floor. My friend had open TB. When we went to the clinic next time, I told them off good and proper. Then they tried to appease me, said that if we had health insurance we could be exempted from that fee. But even for that certificate we must bring printing paper with us because they don't have even paper. And a package of paper costs 50 MDL. Thanks God I am over with that clinic!.."*

The drug users complained that police often searches their homes without advance notice to find drugs. They do it even in the presence of children, who get very frightened. Sometimes police try to find out the information about other drug users by means of tricks, psychological pressure and physical force.

*A woman, 30: "Cops stop us and ask us the information about other drug users. What for? They have a crime investigation plan. In fact, some cops are drug dealers themselves. They control everything. They are racketeers."*

*A woman, 29: "Cops cannot help but bug us whenever they see us. Yesterday, I was sitting over a cup of coffee in a bar. A policeman entered; he was looking for someone. He asked me: 'Where's Vasea?' I said I did not know and he said: 'Tell him that, if I catch him, I'll kill him.' This is it."*

Some drug users in the focus groups say that whenever a crime is committed in their block or sector, they are the first to be searched and inquired and sometimes they are wrongly charged with those crimes.

*A man, 35: "In our sector, someone broke into the car of a cop's wife and stole her audio. So the cop made up his mind to check all drug users in the neighborhood. My friend and I got among his "suspects." He gave me 8 days of arrest and to my friend 10 days. When he released me, he told me to buy a car stereo or he would hold my friend for much longer. So I sold my TV and bought him a car stereo, even though we were innocent..."*

Both male and female drug users say that they are often arrested for petty offences but then forced to take on other crimes committed in their block or sector. They think that the police acts this way to achieve their crime clearance rate.

*A man, 42: "I know a drug user. He committed a crime and they told him that he would receive five years in prison. They also proposed him to cooperate. They said: 'You'll get behind bars anyway but if you take on the liability for several crimes more, you'll be treated like a king in prison. All day long you'll have tramadol. You'll have all you want—butter, bacon, cigarettes.' They used to take him in the field for crime reconstruction experiments. They would give him a handful of tramadol pills and he would confirm everything they said. This way he got under an article for a very serious crime. They gave him 11 years instead of 5. Yes, he had his fun!.."*

The focus groups revealed that most drug users were unaware of changes in the law and that, if the police finds small amounts of drugs for personal use with them, they cannot be punished or imprisoned for that. Even those who are aware said that it was very difficult to prove that even small quantities of drugs were strictly for personal use rather than for distribution. It is also difficult to prove the precise amount of identified drugs.

A man, 45: "We are for decriminalization of drug use. The legally allowed drug dose should be increased 5 times at least. Why? The minimal usage dose according to the synthesis table is 0.99. If I take one cube, I risk a penalty under the Criminal Code. But I have to take 3 cubes from the distribution point because my daily dose is 3 cubes. I think it's necessary to change the law first. Drug users are the clients of public healthcare facilities not of the police facilities."

A man, 42: "During forensic examination, drugs are often weighed in the liquid form rather than in the solid one. Eliminate water from those samples and the dry substance will weigh less that to require even administrative penalty let alone the criminal one."

Some drug users consider that sometimes police officers can stealthily add to the identified amount of drugs, sure that nobody would believe drug users anyway.

A woman, 35: "I had a neighbor on the ground floor. He was a cop. Once he and his workmates found a marijuana plantation. It was spring and I was in the yard. The neighbor together with several other policemen who knew I had been tried for drug use came to me and offered me some marijuana. In less than 15 minutes he said he had just caught me. I was perplexed: What did he mean by 'we caught you'? They weighed the marijuana he gave me and it was 0.52 grams. So they tried me for 0.52 grams."

A woman, 30: "I was involved in two fake criminal cases. The first happened in 2006. I was walking in the street and two cops—a man and a woman—came to me. While I discussed with him, she managed to plant a syringe and three cubes of poppy into my purse. They arrested me. I was tried. They gave me 30 days in preventorium and then put me in prison. I addressed all possible authorities. I requested the elementary procedure of taking fingerprints from the syringe. Finally, they did it but said that the fingerprints were indistinguishable. I spent 8 months in prison. Then they made me pay 13,000 MDL fine. During the trial the two police officers kept on lying that they had found drugs on me. Nobody believed me—who would believe a drug user?"

A woman, 32: "My husband was walking in the street with a friend. Cops stopped them, required their documents and then took them to a detox clinic. My husband was sober, they found nothing in his blood. His friend had Perventin, and his breath smelled strongly. So what did they do? Instead of planting drugs to the one who used them, they plant them to my husband—three cubes. We addressed all authorities. Those cops were dismissed and even tried. Obviously, my husband realized they would try to revenge. For two months he walked with his pockets sewn so nobody could plant anything inside them."

The drug users say that some police officers take bribes and sometimes they can escape arrest if they give money.

A man, 49: "The cops' behavior depends on many circumstances. If you show off, naturally they can stop you. If you act prudently, they can let you go. You have money, you may go. You don't have money, you are in trouble. Or you have a choice: either you give information or you give money or you call a friend. In the past, 100 MDL was enough to spare yourself from trouble. Today you need 100 dollars. Sometimes even 1000."

A woman, 38: "A friend of my husband asked to buy him some grass. After a while, husband calls me and tells to take 100 dollars, go out and put that money under the vase at the crucifix in front of the church next to our house. It turned out that his friend betrayed him and since cops are cautious of the corruption scandals they devised this trick. They didn't want to take money directly."

*A man, 35: "I was walking in the street. I had much money with me. They stopped me and asked what I had in the bag. I said I had money and where I had them from. One of them asked whether I worked and I answered that I was unfit for work. Then the cop made the condition: either I give him part of that money or he arrests me. I had to pay him."*

The drug users said that they were often made sign minutes, unaware of their content.

*A man, 42: "All minutes are in Romanian. I don't know this language so I often don't know what is written there. Even if I tell them this, they make me sign anyway."*

The drug users said that sometimes police officers threatened them with the deprivation of parental rights or with arrest.

*A man, 49: "One night I was going to my girlfriend. I had a bottle of vodka and bread. I met a familiar cop and he asked me where I was going. Then he asked the concrete address. I told it. Then he tells to go with him. I asked: 'What for?' He ordered me to show my pockets and said that, if I opposed, he would take me to the police where he would find all he needed. I said that I did not use drugs and he answered that there are no such people as former drug users."*

*A man, 47: "Cops often use our own children to blackmail us. My wife died. And they made the condition: either I give them the information they want or they call my parents, take my children away and put me in prison. Another issue is that they speak rudely and aggressively with me in the presence of my children, they search me, call me with bad epithets. I do not want my child to know that I am a drug user."*

The drug users also implied that sometimes the police officers themselves are involved in drug proliferation and traffic.

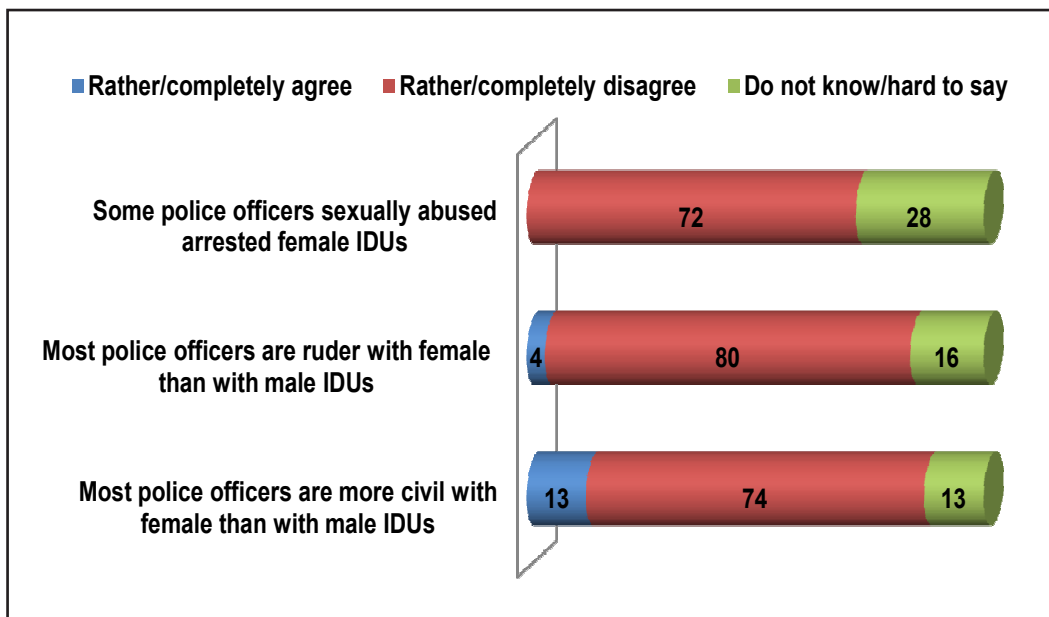
*A man, 32: "I know a good computer repairman. He was tried several times but only for use of grass. Cops used to call him to repair their computers and paid him with grass. At the beginning he did not want to accept—he suspected it could be a trap. But a cop quelled him, saying that that drug was taken from 6 persons who were already in prison. They often called him to repair equipment. Then they started to pay with heroin, poppy. So he became addict."*

*A man, 42: "The police themselves are involved in drug proliferation. They know very well who deals with drugs. One day they say on TV that someone was caught with 5 kg of hashish and the following day someone already calls that person with the offer to sell hashish. They have their people to sell drugs. In fact, they take money for drugs twice: first when they take bribes from someone caught with drugs, then when they sell the same drugs."*

*A man, 48: "I lived in an apartment that served as a drug sales point. It is not a secret where we took drugs: cops from the Antidrug Department helped us. We shared the money thus earned with the cop. He knew our approximate profit and went to a fellow cop with a deal. He said him where to find drugs. So that cop comes directly to us, finds drugs and makes us pay him our share. They shared that money between themselves. And this is how they act almost always. We sell but have nothing, while they, the cops, build houses, send their children to study abroad and everything is fine with them. And their crime clearance rate is high."*

Asked whether police treats female drug users differently than male drug users, only 13% of police officers said that most police officers are more civil with female than with male IDUs and 4% said that most of them are ruder with female than with male IDUs. More than 66% consider there is no difference in treatment and approximately 20% were unable to give an answer (Graph 33).

Graph 33. Police officers treatment of female and male IDUs, %



The drug users, however, confirmed that police officers treat women and men differently. Thus, police officers treat women with more kindness and do not apply physical force to them. They rather use psychological pressure, threaten with deprivation of parental rights or notification of social workers, etc. Men are treated harsher: police uses humiliating language and physical force with them.

*A woman, 42: "Every time they threaten that they will take me under supervision. They say: 'You are a mother; you have three children. We'll take you under supervision.' And for 15 years I have been giving them the same answer: 'Do it. I'd like to be treated at the government's expense very much. To take methadone, to receive humanitarian aid.' And that makes them shut up."*

*A woman, 36: "They did deprive me of parental rights. It was 7 years ago. My child was with me until he turned 8. Everything was fine. Until they took me under supervision. I think they did this at the insistence of my husband. They even changed my child's name. They do let me see him but the family he lives with speak ill of me. For example, that his father sold his car to buy him from me."*

*A woman, 28: "The police often works in connivance with social assistance. Sometimes social workers are worse than cops. A social worker from our sector used to hate me without reason. She said that she would deprive me of parental rights and take my child from me. She even took a legal action against me. But when she started collecting the necessary papers, my neighbors took my side. They said that I took care of my child, made provisions for him, bought him clothes, and walked with him. The kindergarten teachers also said that I took care of my child and took part in the activities at the kindergarten: such it painting the walls or cleaning. The family doctor spoke only well of me: said that whenever she called me to the clinic, for example, for vaccination of my child, I came immediately. In the end, social workers left me in peace."*

*A man, 32: "Cops can stop you without any reason and write in the minutes that you opposed them—a pretext for arrest. After that they start 'working' with you: they beat you between scapulas, put you in handcuffs, hang you on your hands and so on and so forth."*

*A man, 38: "I've never heard a nice word from cops. Whenever they stopped me, they treated me very badly; humiliated me. Usually at such interrogations they invite young cops to show them how to treat a drug user. They tell them to beat us and speak rudely to us to make them used to it."*

*A man, 42: "Cops have a method called 'swallow'. They beat you in soles, which leaves no visible marks. Even today they use this method. I know family men who would burst in tears when they showed me their lower body black in bruises, not blue but black!"*

*A man, 38: "They beat me too. They put a book on my head to leave no visible marks and they beat me through the book. With all that I have disabilities."*

The drug users said that sometimes female drug users, especially the young ones, are forced into sexual intercourse with police officers or to turn police informers.

*A woman, 27: "Here's a case. A guy with a girl went to a drug distribution point. When they got out of the taxi, they saw two cops following them. They wanted to run away but cops caught them. The cop that caught the girl told her to choose: either to have oral sex with him and to stay in prison only 10 days and to pay a fine or to stay in prison for much longer. The girl did not agree. So they held her for much longer."*

Female drug users also said that sometimes they were subjected to humiliating searches, for example in their breasts or vagina. Such searches, although performed by women, are often carried out in indecent circumstances, disregarding privacy.

*A woman, 42: "I had such a case. In the train station I saw cops arrest my neighbor because he allegedly wanted to steal some chewing gums. What? To steal? He could hardly stay on his feet. So I made up my mind to accompany him as a witness because he had not stolen anything. He was with a young girl. And you know what? The cops took him away and stripped the girl stark-naked in a corridor. Two female cops with gloves checked her shoes and then told her to bend and, with the same gloves, checked her in the vagina. And they stripped and checked me, too. In the same corridor. A male cop was passing by and saw us naked. I protested but they did not even apologize. That's how they treat us."*

Both male and female drug users said that they would like to know better the legislation on the drug use and proliferation to better defend their rights. They also said that they needed competent lawyers to protect their rights. Some former drug users showed interest in participating in decision making on the prevention of drug use.

*A man, 42: "There are various national and local commissions that take decisions on the prevention of drug use. Unfortunately, we aren't invited in such commissions. They take decisions regarding our interests without our participation. If we were involved in law making on the prevention of drug use, reduction and proliferation, in monitoring the situation, I think things would improve. But for now our voice is very low, and decision-makers don't listen to us."*

## CONCLUSIONS AND RECOMMENDATIONS

The research revealed that although the Moldovan legislation on the penalties for drug users and the prevention of their discrimination has changed considerably over the past years, so far there is no efficient enforcement mechanism or a mechanism for monitoring and assessing the implementation of new measures.

In this context, the police still discriminates IDUs. More than 66% of police officers consider that IDUs are offenders rather than victims and associate them with criminals. 50% consider that IDUs have viral hepatitis B and C, HIV and sexually transmitted diseases and approximately 40% think that most crimes in their towns are connected with drug users.

Given low awareness about HIV transmission routes and standard HIV safety precautions, most police officers consider that IDUs are very dangerous. The perception of danger is nurtured by the fear of contracting HIV, viral hepatitis B and C or TB.

The social gap between police officers and former drug users is quite large. The Integrated Acceptance Indicator on police officers' attitude toward former drug users is 21%, meaning that only one in five officers would accept a former drug user as a workmate, a friend, a family member or a caretaker for their children.

Most police officers consider that the penalties applied under Moldovan law to drug users are too mild and should be substantially toughened.

The IDUs from the focus groups consider that although the way police treats them has slightly improved over the past five years, police still treats them as offenders rather than victims. They are often arbitrarily arrested; forced to visit a detoxification clinic for examination; their homes are searched without an advance notification; sometimes police tries to obtain information about other drug users by various tricks, psychological pressure or even physical force. Whenever a crime is committed in a block or sector, drug users from that area are the first to be searched and inquired and sometimes they are wrongly charged with those crimes. Russian speaking drug users are often made sign minutes in Romanian, unaware of their content

The police officers' treatment of female and male drug users differs considerably: they are milder with women but often apply physical force to men. Female drug users are subjected to humiliating searches, for example in their breasts or vagina, in indecent circumstances, disregarding privacy.

After the discussions with IDUs and relevant experts, we developed the following recommendations on preventing and combating the discrimination of IDUs:

### Recommendations for Policies and the Legislation

- Develop a concrete, participatory nationwide implementation mechanism for Antidrug Strategy, which would involve the civil society, particularly human rights advocacy and drug use prevention organizations.
- Develop an efficient and operational complex drug data collection system to ensure efficient monitoring of this area and to use the collected data for policy improvement.
- Harmonize the *injection drug user* terminology used in the legislation by providing consistent definitions both in laws and the regulations subordinated to them.

- Adjust the penalties for drug users provided for in the Criminal Code and the Contraventional Code to European standards and toughen penalties for drug dealers.
- Amend Government Decision No. 79 of January 23, 2006, “On the Approval of the List of Illegally Used Narcotic and Psychotropic Substances and Plants Containing Such Substances and their Quantities” to adjust the quantities of such substances to European standards. Supplement the List on a regular basis with newly identified drugs and their analogs. Develop a mechanism for discounting additives that do not fall in the category of such substances from the appraisal of large or very large quantities of drugs.
- Consider the proposal of IDUs to legalize soft drugs, which may decrease the use of combined hard drugs of the latest generation, which have severe impact on health.
- Amend the legislation on the mandatory health insurance and documentation by including IDUs among the beneficiaries who do not need a health insurance policy to receive free certificates and expert examination at detoxification clinics.
- Amend the legislation on the control and prevention of illegal use of drugs and other psychotropic substances to exclude the cases of forced treatment without a court judgment or the cases of unreasonable holding of individuals in detoxification clinics. Supplement the legislation with the mandatory provision on the IDUs’ written consent to medical examination and treatment.
- Supplement the legislation on medical records with procedures that would guarantee fast access for IDUs to their medical records.
- Adjust the legislation on illegal drugs to ensure the confidentiality of the individuals supervised or treated in detoxification clinics.
- Publish the ministry orders on the drug users’ legal status in the Official Gazette.

## Recommendations for the Government (Ministries and Departments)

- **Ministry of Labor, Social Protection and Family:** a) Contribute to developing efficient and qualitative rehabilitation and resocialization services for drug users, including the regulations and quality standards for such services, and encourage local governments, NGOs and other experienced private organizations to provide such services. b) Develop, promote and implement a drug terminology guide to combat the discriminatory language. c) Develop, on the basis of case management, a mechanism for referring drug users to various services and institutions.
- **Ministry of Health:** a) Revise the detoxification clinics’ policies in the part referring to the criteria for taking IDUs under or off supervision. b) Ensure efficient and qualitative rehabilitation services for IDUs depending on their needs and in line with international standards. c) Ensure informed treatment of drug users, with their written consent. d) Ensure the confidentiality of private data of the individuals taken under supervision. e) Ensure the referral of IDUs to other rehabilitation and resocialization services in line with the referral mechanism.
- **Ministry of Education:** a) Supplement pre-university and university curriculums with mandatory courses on the health and social safety measures against HIV, viral hepatitis B and C, and TB. b) Develop and promote efficient antidrug measures in schools and other educational institutions, including by involving relevant NGOs and former drug users in discussions with pupils and students.

- **Ministry of Home Affairs and the General Police Inspectorate:** a) Develop specific instructions for police officers regarding criminal procedure actions applied to IDUs (strip searches, home searches, etc.). Train police officers how to apply these instructions; and monitor the application of the instructions. The initial and in-service training curriculum for police officers should address the specificity of IDUs. b) Train police officers on harm reduction programs (syringe exchange and methadone therapy) to ensure their cooperation with the institutions/organizations offering such services and to improve this activity. c) Develop guidelines for police officers on how to communicate with IDUs. d) Arrange, in every police station, special rooms for confidential and comfortable discussions with IDUs and other detainees. e) Ban police's practice of keeping the lists of drug users who have been taken out of the detoxification clinics' records. f) Ensure that IDUs held by the police continue the methadone therapy. g) Develop specific occupational safety rules and occupational safety and health policies for police officers to prevent the risk of infection with HIV, viral hepatitis B and C and TB in line with national and international standards. For that end, all police officers will take annual training on the prevention of infection with social and sexually transmitted diseases and will take occupational safety tests. h) Develop a guide for police officers about transmission routes of, and safety precautions against, HIV, viral hepatitis B and C and TB, and non-discriminatory and non-violent treatment of drug users, which will be distributed to all police officers.

- **Supreme Court of Justice:** a) Standardize arrest practices and individualize criminal and contraventional penalties for drug users and dealers. Clearly differentiate the qualification of the actions of each category of individuals. b) Ensure the confidentiality of drug users' names in court acts published on courts' Web sites.

### **Recommendations for Human Rights Advocacy NGOs:**

- Permanently monitor the development and enforcement of the legislation on the prevention of illegal use of drugs, including injection drugs, both nationwide and locally.
- Attract funds for qualitative rehabilitation and resocialization services for IDUs. Provide technical assistance to line agencies in developing quality regulations and standards for new services. Advocate for the inclusion of resocialization costs in the State Budget.
- Provide qualitative harm reduction services for IDUs (syringe exchange and methadone maintenance therapies). Ensure the cooperation with relevant national institutions to provide such services. Involve national institutions more actively in providing such services.
- Offer permanent assistance to IDUs in defending their fundamental rights, particularly the right to confidentiality, the right to informed treatment, etc.
- Actively involve police officers and other specialists in the training on the prevention of HIV, viral hepatitis B and C, and TB, standard occupational safety measures, and harm reduction services for IDUs.
- Carry out awareness raising campaigns on the prevention of the discrimination of IDUs in educational institutions, at work, in the police and judicial system
- Offer technical assistance to ministries and departments in developing information materials and guides for communicating with IDUs and in organizing outreach activities aimed at preventing the illegal use of injection drugs and changing the public perception of drug users.