Working Paper 3

Availability, accessibility, acceptability and quality of harm reduction services in prisons in Moldova:

Qualitative study research results

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Qualitative study research results - Moldova

BACKGROUND

Rationale

Harm reduction services are of critical importance to HIV prevention, treatment and care among people who use drugs. They are essential in high-risk environments for the spread of communicable diseases, such as prisons. To be effective, harm reduction services must not only be available to people who use drugs, but also accessible, acceptable, and of adequate quality. It is also essential to realize the right to health of people in prisons. There are limited reports on the accessibility, acceptability, and quality of harm reduction services in prisons – both, per general and with reference to women, older people and other vulnerable groups. Barriers to the accessibility of harm reduction services in prisons may include and are not limited to: lack of information; exclusion of individuals who were not accessing services in the community; hours of operations; lack of confidentiality; stigma and discrimination, or fear thereof.

The research analyzed the accessibility, acceptability, and quality of harm reduction services in prisons, highlighting the case of Moldovan prisons. As one of the few countries in the world where Opioid Agonist Therapy (OAT), Needle and Syringe Programs (NSP), antiretroviral therapy and other harm reduction services are available in prisons – and where non-governmental organizations and peers are entrusted with implementing of some services - Moldova is an ideal case study to identify best practices as well as legal, financial, cultural and practical barriers to accessibility of harm reduction services in prisons. The analysis will adopt a gender-sensitive approach, considering the specific barriers faced by women who use drugs in accessing quality harm reduction services in prisons. A human rights lens will be used to evaluate the accessibility, acceptability and quality of harm reduction services in prisons. At the same time, anecdotal evidence suggests a gap between the number of incarcerated persons in need of harm reduction services and those accessing them; and hints at the existence of practical barriers, including stigma and discrimination against and among prisoners

The aim is to analyze the accessibility and quality of harm reduction services in Moldovan prisons, including best practices, keys barriers and challenges.

METHOD

Design

This is a sociological qualitative study and will include 69 in-depth semi structured interviews and 2 focus groups. The questionnaires were adapted to the Moldova context based on the International Guidelines on Human Rights and Drug Policy, and HRI's tool for Monitoring HIV, HCV, TB and Harm Reduction in Prison.

Participants were informed about the characteristics of the study, before completing the online or paper versions semi-structured questionnaire and discussing the FG questions. The interviews were not recorded, only notes were taken during the interview, including anonymous verbatim quotations, to preserve the privacy of the persons and prioritizing rapport.

The study was conducted in full compliance with international research ethics regulations. The protocol was evaluated by the National Ethical Committee, Chisinau, Republic of Moldova and approved (No. 0001-20).

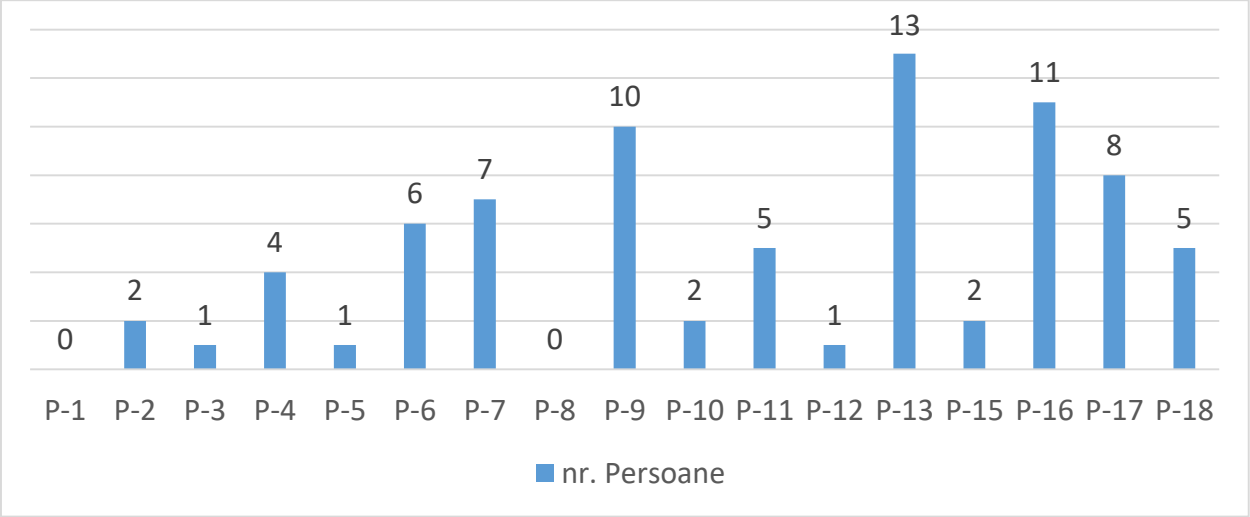
Results

Characteristics of the participants

Sixty-nine participants from the Republic of Moldova were interviewed. The characteristics are summarized below:

- G1(medical personnel, psychologists, detention staff): 21 individual interviews with representatives of the different categories of prison staff (medical personnel), psychologists, detention staff).
- G2(from governmental structures, international agencies, civil society and key affected populations representatives): 18 individual interviews with key stakeholders and partners of the prison system (from governmental structures, international agencies, civil society and key affected populations representatives).
- G3 (prisoners): 26 current prisoners and 4 former prisoners (adults), including: 9 women, 10 young prisoners (18-24 years old), 6 PWID, 9 persons with TB, 4 persons with HIV, 4 persons with HCV, 2 persons on OST.

The G3 group participants have lived the imprisonment in a large number of prisons (15 from 17):



Additionally, two focus groups were organized online to discussion the results of the individual interviews with:

- Prison medical staff (22 persons)
- Key-affected populations representatives (18 persons)

Availability – whether a healthcare service or HRS is available in the prison

The participants in the groups mention in principle the availability of medical services and harm reduction services in penitentiaries. At the same time, there are differences between the perceptions of prison staff, detainees and community actors.

Participants 'views on the observance of detainees' right to health, including access to harm reduction programs: prison staff largely consider it good and very good ensured and respected.

G1: prison staff

Yes, it is respected, (prison medical staff, woman 56)

Very much even !!!! .. people and children from the community cannot afford what is offered to prisoners for free !!! (prison medical staff, man 45)

The right to health is partially respected. Some prisoners who end up in prison with multiple chronic illnesses consider that the Penitentiary System is obliged to completely cure them and provide them with expensive medical services whenever they need them (prison non-medical staff, woman, 48)

Very good, even better than in the community during their freedom because they coming in prisons from the very vulnerable populations (prison medical staff, woman, 42)

The right to health is respected, accessible and free, in all medical services and detainees have much faster access to various medical services compared to the general population (prison doctor, man 42)

Very well everything is insured (prison doctor, woman, 52)

It is respected and great efforts are made for this, however, the stigma of the medical staff in the civilian medical institutions towards the detainees is observed, which also affects the access to quality medical care. The prison doctors do not want to much visit civilian institutions with prisoners (prison doctor, woman, 49)

They must be respected, confidentially examined, for us they are equal patients who need our help as those in the civil sector (prison doctor, woman, 37)

The opinions of representatives of civil society, government institutions are inclined towards non-compliance with the right to health in detention in several aspects related to accessibility, quality. confidentiality etc.

Very bad, do not respected (NGO, PWID, 38)

Detainees cannot receive treatment in public medical institutions based on the health insurance police (NGO, lawyer, 42)

Yes and no. Yes – prisoners have access to essential treatment services, communicable diseases are well covered, No - non-communicable diseases, mental health and dental services for prisoners are poorly developed and covered (International Agency, woman, 35)

Medical care is often provided late, not focused on the prisoner's needs -especially in the case of people with special needs, (human rights defender, man, 42)

Confidentiality is not respected (NGO, PLHIV, 56)

Insufficient, as in the whole territory of Moldova (NGO, PWID, 52)

Access is limited. There is always the stigma in prisons, including in medical service (NGO, PWID, 38)

Medical assistance is not equivalent to approaches in the civil sector (NGO, woman, 50)

The detainees also considered the deficiency in the respect of their rights to health in prisons.

Is not respected. Well, I've been waiting for the surgeon's consultation for a long time. I'm afraid I won't be left without another leg (prisoner, man, 62)

The right to free choice of doctor, for example from outside the system, is not respected (PWLHIV, woman, 41)

it is respected in about 40% of what is needed (person with TB, woman 47)

more formally respected, on paper (person with HCV, 49)

sometimes ... I would fire all the old doctors (prisoners with HIV, 42)

More medical staff for adequate access to health care. There is no right to health in prison now when we have no doctor for more than 2 years, only medical assistant (prisoner, man, 48)

the right to health seems to be respected, but it is of poorer quality than outside the prison (woman, 56)

everyone is thinking about medicines and illness, but there are no effective prevention measures. It would be better to improve the food and detention conditions and there will be fewer patients (people with TB, 40)

access is, but quality - who knows, no one comes from MoH to check and tell us. Only NPM once, but they rarely come (prisoner with HIV, 35)

Accessibility– Whether there are barriers that stop patients from accessing healthcare or HRS

In our current pandemic context, due to COVID-19, there were changes in the accessibility to the health system. As a common denominator, we found that the access to medical staff and appointments were one of the most affected aspects of the healthcare system services because they were reduced in order to to prevent contagion and the spread of the virus. In fact, health centers (outpatient care) were unstaffed during the greater part of the isolation period.

Informational accessibility:

- Limited access to information about medical services provided by medical staff upon admission and during detention was mostly mentioned by detainees and NGOs (about 50%) compared to prison staff who largely consider the good quality and availability of information for prisoners
- Information from non-medical staff, media sources, TV, informational material, and relatives on medical services available in prisons are also very limited;
- Information provided by other detainees and NGOs mentioned as good source more than half of the respondents;
- The information about the health services available in the penitentiaries is easy to find in the vision of all participants, at the same time the detainees and NGOs consider that it is not easy to understand, it is inaccessible for people with hearing impairment and not linguistically adapted (Russian language).

Economic accessibility

- Detainees mention limited access to the consultation of a private doctor or outside the system on their own (especially for dental care and prosthetics),

- Lack of employment during detention was mentioned as a barrier to the use of this legal provision,
- Additional expenses to cover their healthcare needs are reported by half of the detainees and NGOs, mainly on general medicines and dental services,
- The methadone treatment, preservatives and syringes are always free accessibly.

Physical Accessibility

- Most often detainees have access to a nurse and less often to a general practitioner. Access to a psychiatrist, narcologist, dentist is largely restricted due to lack of staff.

> ***"I needed a consultation with my doctor, but the prison where I was there were no doctors on duty***." PWID, 41 years old.

- Detainees' access to health care in penitentiaries in the last 12 months was mentioned as difficult by half of the respondents, especially to civilian hospitals, appointment with a specialist doctor or investigation

> *"It affected me on the medical side because I wanted to make the consultation and I could not find face-to-face appointment, it was for the liver specialist and they (medical staff) would not give me appointment.*" People with HCV, 31 years old.

- The vast majority of respondents confirmed restricted access to preventive investigations for tuberculosis, viral hepatitis;
- Access to the TB doctor's consultation was mentioned as unrestricted, at the same time a problem in providing anti-tuberculosis drugs was mentioned,
- The access to the infectious disease doctor in the penitentiary hospital was a restricted one, at the same time there were mentioned interruptions in the provision of ARV drugs at the penitentiary level;
- Access to psychologist and social worker for detainees exists, but at the same time differs from institution to institution and these penitentiary specialists have an extremely limited involvement in health programs,

> ***"We have had a problem with providing anti-tuberculosis drugs because the number of patients in the penitentiaries was small and there were no participants in the tender. We asked NTP for help to lend us medicine. We did not have any interruptions in the treatment of detainees"(***woman, prison staff, 35)

- Access to sterile injection equipment in prisons through a syringe exchange program was confirmed by all participants, being mentioned available at relevant times, free of charge, for all detainees accompanied by informational material, including safe disposal of waste. One of the declared critical issue was the availability in a limited number of locations, the confidentiality and anonymity of the service providing the information on overdose management, and the provision taking into account gender issues.
- All participants mentioned the unavailability of access to sterile tattoo equipment.
- The available of condoms was characterized by all participants as being easy and discreet for detainees, in several locations, non-discriminatory and anonymous. There are deficiencies in the privacy department, access without request, and availability at certain times
- The majority of detainees and NGOs representatives report low availability of lubricants, on the contrary to prison staff that appreciate it as easily accessible.

- The existence of access to opioid agonist therapy (methadone) during detention was confirmed by all participants, being considered voluntary, available without interruption for detainees receiving it before detention, accessible to women and free of charge, accompanied by support for adherence provided by NGO. The mentioned negative aspects are - lack of buprenorphine in detention, non-confidentiality, the influence of the criminal subculture and low involvement of medical, psychological and social staff.

Adequacy – the quality of healthcare/HRS and involvement of patients in shared decision making with their healthcare professionals

- There are disparities in available medicines for dependency treatment in the community and penitentiaries.

Buprenorphine treatment ended in prisons in August 2020 and some patients have been switched to methadone, and others have stopped treatment, which is not available in prisons.(ONG, PWID, 46)

- There are opportunities for detainees to file petitions/complaints regarding their detention conditions, care and medical treatment. The petition mechanism is considered easily accessible, but expressing certain doubts about anonymity and confidentiality.
- The vast majority of petitions/complaints communicated by detainees / NGOs refer to conditions of detention and violation of rights. The criminal subculture, discussed in several problematic aspects, has rarely been the basis for the submission of petitions by detainees.
- Most detainees and NGOs representatives characterize the communication with medical staff in penitentiary as accompanied by adequate information on the disease, treatment options, and counseling. At the same time, several detainees mention the lack of medical staff and/or their overwork that does not provide enough time for consultation, non-compliance with medical confidentiality, verbal communication with stigmatizing and discriminatory elements.
- Detainees face discrimination in communication with medical staff if they have a low income or belong to lower castes of the criminal subculture, young age, chronic disease, and intellectual disabilities. Likewise, there are opinions that stigma is ethnically motivated (Roma).
- Detainees largely do not participate in decision-making and are not involved in policymaking, except for regular bio-behavioral surveys

There are detainees who, after their release, are NGO employees who participate in the elaboration of policies in this field (prison staff, 45)

It is possibly through surveys and periodically through participation in research, NGO, PWHIV, 53

sometimes the opinion of prisoners is also required, but it can and should be more frequent, (prisoner TB, 23)

No, but it would be good for someone to ask us what we think about prison problems. Not to write petitions, but to speak humanely and find understanding and solutions of our issues, (prisoner, PWID, 37)

no, I haven't heard of such a thing ... conversely, when you want to say something, I tell you to shut up - you live better than your relatives in the community (prisoner, roma man, 23)

I heard yes, but I personally was not involved (prisoner with TB, 56)

we do not participate, no one asks us. they do what they want with us (prisoner, PWID, 33)

unfortunately we do not participate, health issues are not taken into account from our point of view (woman, 24)

Appropriateness – whether healthcare meets the need of different groups of prisoners

The mental health care was compromised during the pandemic and the isolation caused by it. Notably, the control and follow-up of the most vulnerable individuals, such as those with preexisting psychiatric conditions, were affected. One of the participants, with a history of self-harm and mental disorder, reported:

"My treatment for the psychiatric issue is null at the moment, the doctors didn't give me appointments in the prison hospital, my prison doctor answers me, the psychiatrist doesn't work anymore in the prison hospital and that is stressing me a lot." Prisoner, 40 years old.

- The penitentiary system opioid drug addiction treatment programs are available for women and men, but gender-specific issues are insufficiently regulated. Condoms for women are not available. The therapeutic community for the treatment of drug addiction is only available for men. Likewise, women are more active in employment during detention than men.
- Access to harm reduction programs, including syringes, condoms and methadone treatment, is not provided for minors.
- The availability of social support in prisons and after release for adherence/continuity of treatment TB, HIV, methadone/buprenorphine is considered by all participants insufficiently developed and implemented.

Treatment implementation procedures and continuity are very well established, including cooperation with NGO (prison doctor, 45)

It is available support, it is available treatment (OST) but it is not functional due to the criminal subculture and the lack of will of the administration to oppose (prison non-medical staff, 42)

*Very little. There are no specialized social assistance programs for prison staff in this category except medical care. It can be improved by strengthening collaboration with NGOs in the field, identifying new partners, projects (*medical staff, 38)

poorly organized inefficiently in prisons, after release the access is limited and depends on the donor support (NGO, PLHIV, 54)

Social support is poorly developed. Referral system, assistance, and more active involvement of probation are needed to reduce overcrowding in prisons (NGO, lawyer, 44)

It requires better collaboration between community social services, in order to keep track of former detainees, employed in the treatment against TB, HIV, methadone ((NGO, man, 34)

It needs to be included in a resocialization program based on two components: 1. Behavioral change, 2. Social education (NGO, lawyer, 44)

opening of new OST sites in more cities because in prisons are available in 13 places, but in the community - only 9. There are a lot of barriers to continue OST after release ((NGO, PWID, 24)

limited access, no territorial coverage, no financial support from the government, no sustainability (doctor, NP, 42)

I don't know, but I really hope so (prisoner, man. 24)

is available in prison for some diseases, but on release - do not know yet (Prisoner, woman with TB, 24)

Support is given to some diseases (TB, HIV), but it would be good to have more volunteers who would be responsible for the conditions of detention (living spaces, food) (prisoner, woman, 58)

I have not heard of support in prison, but it is available in the community for methadone, HIV and tuberculosis (PWID, 44)

not really. Some NGOs help. But it's hard to be recruited in work with and who wants to work with a former prisoner? (prisoner, man, 26)

I am grateful to the "Positive Initiative" (NGO) and I know that they help people there too (PWID, 28)

the person with TB is insured with support, but the state should think about how to provide him with a job after completing the treatment and do not return in prison (PWID, 38)

Each sick person must be supported for release by at least 2 people - one for health and one to connect with social assistance. As much is changed in the world: computers, pre-registration, busy doctors. Nobody wants to deal with a former detainee, only the NGOs helps us (prisoner, 58)

lack of collaboration between social assistance in prison and community services in order to prevent recidivism (prisoner, man, 22)

- Opinions on the limited number of detainees in the methadone / buprenorphine program: the vast majority of participants consider this the influence of the criminal subculture, lack of staff, limited information available.

There is a policy between prisoners, prison staff, 32

It is an unwritten ban of the higher-ranking convicts (informal leaders of the criminal subculture), prison staff, 35

One of the problems is the existence of the criminal subculture and another is the lack of information about services (medical doctor, 42)

As far as I know, access to the methadone program is restricted for some prisoners because of their hierarchic criminal status (non-medical prison staff, 45)

I consider that in the penitentiary there is not a small number of people included in the methadone program and if it is low I think it is based on the smaller number of prisoners (prison doctor, 33)

The influence of higher-ranking detainees in prisons does not allow prisoners to be in OST (prison medical staff, 55)

Insufficient explanation of OST benefits because of the insufficient medical staff (non-medical staff, 38)

Fear that they will be checked, they do not want the prison staff to know about their addiction. Anonymity is not guaranteed (medical doctor, 42)

Criminal subculture leaders forbid (NGO, PWID, 44)

The administration does not provide all the necessary conditions for such patients (NGO, woman, 32)

The influence of the criminal subculture but also medical staff and NGOs that do not promote the program enough (International Agency, 42)

Fewer people use opioid drugs (NGO, PWID, 33)

Incorrect knowledge among staff and prisoners, methadone is considered a drug (NGO, man 40)

The contingent of prisoners PWID are not those who want to give up drugs and they have easy access to drugs in prison (NGO, PLHIV, 34)

the quality of the medicines, the influence of the subculture, the availability of drugs on the territory of the penitentiary (NGO, woman, 50)

fear of being monitored and exposed to excessive surveillance, stigma on the part of detainees (NGO, man, 44)

there are criminal subculture laws that discriminate against people who are being treated with methadone (prisoner with TB, man 44)

there is no information system for everyone to understand (prisoner with TB, 44)

because this treatment is not good, Methadone is more dangerous than drugs, more harmful (PWID, 23)

there are few places for treatment and doctors do not want to take many people (prisoner, 34)

methadone patients are discriminated and isolated from other detainees (prisoner with TB, 44)

Business of the medical personnel ..... they sell methadone (PWID, 34)

Main findings

The positive aspects mentioned by participants

- ✓ Implementation of 13 out of 15 HIV prevention interventions in prisons, including treatment of opioid dependence and syringe exchange program;
- ✓ Continuity of TB, HIV, OST treatments: good WHO practice, 2018
- ✓ Provision with ARV drugs from HIV NP
- ✓ Insurance for HVC treatment
- ✓ COVID-19 vaccination available for prisoners
- ✓ The training module on health for new NAP non-medical employees
- ✓ 2 implementation manuals developed with UNODC support
- ✓ Good cooperation with NGOs and available support programs, including peer to peer
- ✓ Operational research available
- ✓ Accreditation of 15 medical services according to MoH standards of medical practice
- ✓ Increasing the financing of the health service

The challenges

- ✓ CPT reports mention shortcomings in the realization of detainees' right to health, including confidentiality, quality, access;
- ✓ The influence of the criminal subculture, corruption and violence;
- ✓ Insufficient staff, including medical staff, is a barrier to access;
- ✓ Demotivated staff and double loyalty;
- ✓ Psychological support and limited mental health approach;
- ✓ Poor collaboration with the Ministry of Health and Integration of National Health Programs
- ✓ Cooperation with other penitentiary services and health promotion;
- ✓ Patient satisfaction versus quality of services;

Participants' views on measures that policy makers could take to improve access to health care in the prison system and harm reduction services

To hire enough staff in the prison medical units (non-medical staff, 42)

One of the decisions would be the salary motivation of medical staff to work in conditions of increased risk for life and health, in order to reduce the shortage of medical staff (medical doctor, 42)

To form among prisoners, the respect for the medical service through various formal and informal means (medical doctor. 58)

Motivating the medical staff in the penitentiaries and offering incentives to young specialists similar to those offered by the MoH (medical doctor, 38)

Improving working conditions and modernizing medical equipment (medical doctor, 28)

Improving detention conditions, remuneration of medical workers, in a wider range of investigations, consultations and surgeries for prisoners in the community medical institutions (medical doctor, 35)

Creating an adequate salary and work system for the medical staff in the penitentiaries, thus attracting more people who want to work and provide services in the penitentiaries (At the moment, the biggest problem is the multitude of vacancies) (medical doctor, 35)

More frequent lessons from psychologists with detainees and active involvement in health promotion (prison doctor, 44)

Arranging medical services for prisoners at public health centers in the community, Integrating the penitentiary medical service into national health policies (medical doctor, 62)

Formation of an independent penitentiary medical department within the Ministry of Justice for increase the independency of the medical decision (medical doctor, 48)

Development of a comprehensive program of measures that will provide the involvement of all penitentiary services in the provision of medical services, so that prison staff ensure respect for human rights and give priority to health care services for detainees (non-medical staff, 38)

Improving interinstitutional cooperation, making the Ministry of Health responsible for providing medical staff to penitentiary institutions, Understanding between the Ministry of Health and the Ministry of Justice (medical doctor, 37)

Inclusion of detainees in the list of vulnerable groups insured free of charge from the obligatory fund of free medical assistance guaranteed by the state (medical doctor, 35)

There are programs that have demonstrated efficiency and require a serious approach from the managers of penitentiary institutions (non-medical staff, 44)

Ensuring the professional independence of medical staff remains a current issue, and identifying the best way to minimize double loyalty must be a priority for central institutions (medical doctor, 35)

Ensuring the sustainability of risk reduction programs, but also the implementation of new recommendations must be taken into account (medical doctor, 38)

To be remunerated in the fight against the pandemic with covid 19. The medical staff is totally discriminated against by the Ministry of Health and the Ministry of Finance, we are not appreciated at fair value, our 40% performance increase has been cut (medical doctor, 41)

Delimitation of the medical system from the subordination of the penitentiary system (NGO, PLHIV, 56)

Integration of the penitentiary medical service in the public health care system (NGO, woman 51)

The medical service should become independent from the prison administration, be in the structure of the Ministry of Health. Harm reduction in prisons is not such because HR is not just about the distribution of syringes and condoms ... A range of services and a wide range of activities and activities are not. This is not HR. There is no buprenorphine. Confidentiality is not respected (NGO, PWID, 54)

Several interventions are needed at the same time: 1) reducing the influence of the criminal subculture 2) correct and continuous information of detainees 3) mental health services in full volume, not only psychiatric 4) access to dental treatment services, not only extractions 5) reduction the number of people in detention and thus the reduction of the load on the system 6) joint programs with the Ministry of Health, procurement of medicines and equipment from the Ministry of Health, the motivation of the medical staff (UN, 35)

elimination of the criminal subculture, transparency availability, service monitoring (NGO, PWID, 25)

Promoting patient rights; ensuring access to information for detainees, about medical services available outside the medical institution; ensuring confidentiality when providing services for women, exclude stigma for KAP (NGO, woman, 45)

Mental health and little integration of the psychologist in the penitentiary, in the clinical part = common activities must be promoted (NGO, woman. 51)

There are no strategies for integration of the prison health in the MoH, notwithstanding the recommendations of foreign partners, lack of political will and multisectoral cooperation (ONG, woman, 35)

in penitentiaries we need more doctors, especially specialists, more receptive, experienced doctors (prisoner with TB, 45)

hospital repair, endowment with modern equipment (prisoner, woman, 58)

fight against corruption and "nanashism" (promotion of the relatives), Responsibility, eradicate prison concepts, reforms in justice (prisoner, woman, 40)

to bring younger medical staff who know new things in medicine, to have more well-educated doctors working in prisons (prisoner, 20)

More finance for health in prisons and check the quality of the services provided from MoH (prisoner, 38)

the assortment of medicines to be better, more doctors also need new medicines, which they advertise on TV (prisoner with TB, 56)

eradicate criminal groupings and discrimination against people and change all prison personnel (PWID, 33)

At the juvenile penitentiary, more attention needs to be paid to the issue of drugs, HIV. There are no syringes or drug treatment (prisoner, man, 22)

to bring more doctors from civilian hospitals, to work here and there; best medicines to buy, not the cheapest (prisoner, 24)

prison staff to think not only about medicines and maps, but also about food and the conditions in which detainees live (prisoner, man, 33)

it is better to be cured at liberty (in civiliam medical institutions) and the health of detainees must be monitored more often. You come in prison healthy, but when you free yourself - without teeth and a thousand diseases... (prisoner, man 43)