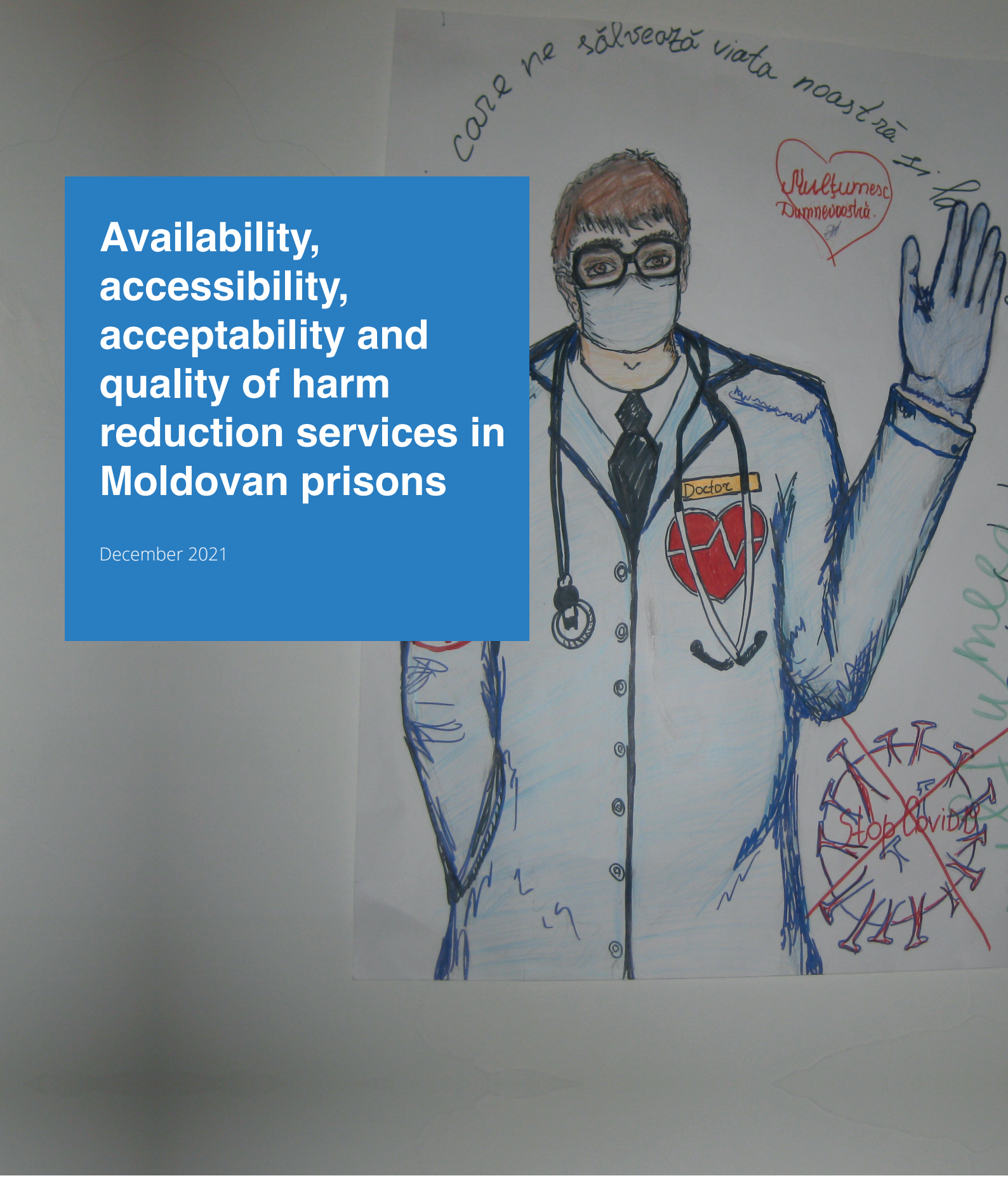
Availability, accessibility, acceptability and quality of harm reduction services in Moldovan prisons

December 2021



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Acknowledgements

Harm Reduction International (HRI) is a leading non-governmental organisation dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote rights-based, evidence-informed harm reduction and drug policy through research and advocacy to contribute to healthier, safer societies. The organisation is an NGO with Special Consultative Status with the Economic and Social Council of the United Nations.

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

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ISBN 978-1-8380910-6-4

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Thanks are also owed to colleagues at Harm Reduction International for their feedback and support in preparing this report: Sam Shirley-Beavan, Ajeng Larasati, Giada Girelli, Catherine Cook, Robert Csák, Colleen Daniels, Lucy O'Hare, Maddie O'Hare, Gen Sander, Suchitra Rajagopalan, Olga Szubert and Anne Taiwo.

Executive summary

The Republic of Moldova has made significant progress in scaling up harm reduction for people who use drugs in the past 20 years. This is due to a supportive regulatory environment and significant international technical assistance and funding. When it comes to prisons and closed settings, Moldova stands out in its implementation of harm reduction services. It is one of just a handful of countries around the world that provides sterile needles and syringes and opioid agonist therapy (OAT), along with other key interventions for preventing the transmission of blood-borne viruses. These interventions are critical because drug use is present in most, if not all, prisons, and people in closed setting are acutely vulnerable to HIV, viral hepatitis, tuberculosis (TB), overdose and COVID-19.

This report summarises a review of the state of health and human rights in prisons in Moldova.

It takes into account the impact of COVID-19 and considers the availability, accessibility, acceptability and quality of health and harm reduction services. It is based on a desk review, analysis and qualitative research, and provides new insights into the challenges associated with ensuring health and harm reduction services meet international human rights standards – even in the context of a conducive regulatory environment.

The voices of men and women in prison, people who use drugs and people working in prisons are central to this research and shed light on their experiences and challenges. The report draws upon the International Guidelines on Human Rights and Drug Policy[1] and Harm Reduction International's monitoring tool for HIV, hepatitis C (HCV), TB and harm reduction in prisons[2]. These findings can be used to inform future planning, programming and budgeting, both nationally and internationally.

1 UNDP, UNAIDS, WHO et al. (2019), *International Guidelines on Human Rights and Drug Policy*.
2 Harm Reduction International (2016), *Monitoring HIV, HCV, TB and Harm Reduction in Prisons: A Human Rights-Based Tool to Prevent Ill Treatment.*

Harm reduction in prisons: global context

Over 11 million people are imprisoned worldwide, the highest number ever recorded.[3] Globally, the dominant response to drugs remains prohibition-based drug policies backed by criminal sanctions, which have contributed to an increase in the prison population. It is estimated that between one-third to one-half of the world's prison population use drugs or have used drugs.[4]

Although a small number of countries around the world have shifted towards health and rights-focused drug policy and decriminalisation, drug offences remain one of the biggest drivers of incarceration. Reducing incarceration for drug offences is the most effective way to reduce harm.

People in prison retain their human rights, including the right to health, and require access to harm reduction services. The increased risk of HIV, viral hepatitis, TB and overdose in closed settings means that harm reduction interventions are critically needed and have a high impact. Robust evidence shows that harm reduction services reduce transmission of HIV and viral hepatitis, risk behaviours, deaths from all causes, and can even reduce the chances of people returning to prison.[5] This is why the World Health Organization (WHO), the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the UN Office on Drugs and Crime (UNODC) all support harm reduction in prisons.

Drug use is present in most, if not all, prison settings, with approximately one third of people in prisons worldwide estimated to have used drugs at least once while incarcerated.[6] Injecting drug use also occurs in prisons. Without appropriate access to sterile injecting equipment, injecting drug use in prison poses serious health risks.[7] Nevertheless, there are still only 10 countries globally – including Moldova – where a needle and syringe programme (NSP) is available in at least one prison setting, and even in these countries coverage and access remains inadequate.[8]

People are often detained without access to treatment for drug dependence or HIV. Interruption of treatment due to incarceration or after release is also an issue. Women are disproportionately sentenced for drug-related offences and are particularly vulnerable to negative health and social outcomes once incarcerated.[9]

In Eurasia, HIV testing and treatment is available in prisons in every country, but only five countries offer HCV testing and treatment in all prisons. The availability of OAT for drug dependence varies widely between regions. In Western Europe and most of Eurasia some OAT is available in prisons. However, OAT being available in a prison does not necessarily mean it is accessible. In many cases, OAT is only available to people who were prescribed it before being incarcerated.

On release from prison, people are particularly vulnerable to opioid overdose.[10] So it is essential that people can access naloxone (a medicine that reverses opioid overdose) both while they are in prison and on release. Yet only five countries in North America and Western Europe have overdose prevention training and take-home naloxone programmes in prisons, and even in these countries naloxone is not available in every prison.[11]

> *Drug use is present in most, if not all, prison settings, with approximately one third of people in prisons worldwide estimated to have used drugs at least once while incarcerated.*

3 ICPR (2020), *World Prison Population List* (twelfth edition).
4 Dolan, K., Moazen, B. and Noori, A. et al. (2015) 'People who inject drugs in prison: HIV prevalence, transmission and prevention', *Int J Drug Policy*, 26: 1, S12-15.
5 Ibid; Kamarulzaman, A. et. al. 'Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in prisoners', *Lancet* 2016, 388: 1115-1126.
6 Stöver, H. (2020) *Global State of Harm Reduction 2020 survey response.*
7 Ibid.
8 Harm Reduction International (2020), *The Global State of Harm Reduction 2020*.
9 EMCDDA (2019), *Luxembourg, Country Drug Report 2019.*
10 Horsburgh, K. (2020) *Global State of Harm Reduction 2020 survey response.*
11 Harm Reduction International (2020), *The Global State of Harm Reduction 2020*.

Prisons and the COVID-19 pandemic

The COVID-19 crisis has shone a spotlight on the public health dangers of overcrowding in prisons and detention facilities. Even before COVID-19 these were high risk environments for the spread of infectious diseases.

In March 2020, when COVID-19 was identified as a global pandemic, the Office of the High Commissioner for Human Rights (OHCHR), the UN Special Rapporteur on the right to health and several international organisations called on countries to enact emergency measures to address and contain the spread of COVID-19 in prisons and other closed settings.[12]

During the pandemic, prisons and closed settings, as well as compulsory treatment centres, greatly increased risks to the health and lives of those detained. For this reason, governments were called on to limit arrests, promote alternatives to punishment and incarceration, and urgently release prisoners with underlying health conditions, older people, and those charged or convicted for minor or non-violent offences, including drug offences.[13] They were also urged to release people from compulsory treatment centres.[14]

Harm Reduction International monitored prison decongestion and release schemes between March and June 2020. Around a fourth of countries implementing decongestion schemes explicitly excluded people incarcerated for drug offences, effectively prioritising punitive approaches to drug control over the health of the prison population and the individual. As of June 2020, prison decongestion and release schemes had released just 6% of the global prison population, falling short of expectations and the political commitments made in the name of public health and the COVID-19 response.[15]

The development of COVID-19 vaccines in late 2020 presented another opportunity to recognise people in prisons as a vulnerable group and prioritise their access to these vaccines. A 2021 study by Harm Reduction International and Penal Reform International found that vaccination of people in prison had begun in 120 countries, yet in a further 47 countries there was not enough information to confirm whether roll-out had started. As of October 2021, just 20 countries had managed to provide 80% (or more) of the prison population with at least the first dose of a COVID-19 vaccine. [16]

12 See UNODC et al. (13 May, 2020), 'UNODC, WHO, UNAIDS and OHCHR joint statement on COVID-19 in prisons and other closed settings' [online statement, accessed February 2022] and OHCHR (25 March, 2020), 'Urgent action needed to prevent COVID-19 "rampaging through places of detention" – Bachelet' [online statement, accessed February 2022].
13 Pūras, D. (16 April, 2020), 'Statement by the UN expert on the right to health* on the protection of people who use drugs during the COVID-19 pandemic' [online statement, accessed February 2022].
14 Ibid.
15 Harm Reduction International/Girelli, G. (2020), *COVID-19, Prisons and Drug Policy: Global Scan March-June 2020*.
16 Harm Reduction International and Penal Reform International (2021), *COVID-19 vaccinations for prison populations and staff: Report on global scan*.

Human rights standards

The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)[17] state that people in prison are entitled to receive the same standard of healthcare as the rest of the community (the principle of equivalence); this is interpreted to apply to harm reduction services.[18]

Harm reduction services are of critical importance for HIV prevention, treatment and care among people who use drugs. As such, harm reduction services are essential in high-risk environments, including prison, to limit the spread of communicable diseases. But to be effective and to realise the right to health, harm reduction services must not only be available to people who use drugs, but also accessible, acceptable and of good quality (i.e. scientifically and medically appropriate). This study looks into the provision of harm reduction services in prisons in Moldova to assess whether they meet these standards (i.e. of availability, accessibility, acceptability and quality), as well as documenting key barriers to accessing HIV prevention and harm reduction services in the country's prisons.

In 2016, Harm Reduction International developed a monitoring tool to assist human rights-based monitoring bodies in fulfilling their mandate in the context of HIV, HCV, TB and harm reduction in prisons.[19] The tool examines the main elements of a human rights-based approach to HIV, HCV, TB and harm reduction in prisons. It also identifies the main elements of a strong and equitable health system conducive to the realisation of prisoners' rights, especially in the context of HIV, HCV and TB. This study uses the above standard and tool as references.

The study also draws on the International Guidelines on Human Rights and Drug Policy, developed by a coalition of UN Member States, WHO, UNAIDS, the United Nations Development Programme (UNDP) and leading human rights and drug policy experts. The guidelines highlight the measures States should undertake or refrain from undertaking, in order to comply with their human rights obligations, while taking into account their concurrent obligations under the international drug control conventions. The guidelines include a section that looks specifically at persons deprived of liberty.[20]

17 UNODC (2015), *The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*.
18 Harm Reduction International (2021), *The harms of incarceration: the evidence base and human rights framework for decarceration and harm reduction in prison*.
19 Harm Reduction International (2016), *Monitoring HIV, HCV, TB and Harm Reduction in Prisons: A Human Rights-Based Tool to Prevent Ill Treatment*.
20 UNDP, UNAIDS, WHO et al. (2019), *International Guidelines on Human Rights and Drug Policy.*

The study methods

Moldova was selected for the study because it is one of only a few countries that implements both NSP and OAT in its prisons. The research was conducted between August and November 2021, and aimed to understand how the right to health, in relation to harm reduction, is realised in Moldovan prisons. Challenges in implementing harm reduction services in Moldovan prisons were also identified.

The study comprised of a literature review, an AAAQ (availability, accessibility, acceptability and quality) analysis, 69 in-depth, semi-structured questionnaires with key stakeholders (prisoners, former prisoners, people living with HIV, people who use drugs, medical staff, psychologists, prison staff, civil society, advocates, staff from governmental structures and international agencies), and two focus group discussions with medical staff and representatives from communities most affected by HIV. This report summarises the research findings. It provides insights that can be used to inform future planning, programming and budgeting, both nationally and internationally, to overcome the barriers that prevent people from accessing harm reduction services in prisons.

Working papers supporting this report include:

Working Paper 1: Review of policy and regulatory framework: harm reduction in prisons in Moldova (Doltu, 2021)

Working Paper 2: Availability, accessibility, acceptability and quality of harm reduction in prisons: a global review of the literature (HRI, 2021)

Working Paper 3: Qualitative study results: harm reduction in prisons in Moldova (Doltu, 2021)[21]

The research focusses on access to harm reduction in prison settings, as defined in Harm Reduction International's tool for monitoring HIV, HCV, TB and harm reduction in prison and aligned with the International Guidelines on Human Rights and Drug Policy. Questions were adapted to the country context.

Study participants were informed about the characteristics of the study before completing the semi-structured questionnaire (online or on paper) and taking part in the focus groups. To preserve privacy, interviews were not recorded. Instead, written notes were taken, including anonymous, verbatim quotations. The study was conducted in full compliance with international research ethics regulations. The protocol was evaluated and approved by the National Ethical Committee, Chisinau, Republic of Moldova.

21 Support by Institutional Review Board approval (independent ethics review).

Harm reduction in Moldovan prisons

THE REGULATORY ENVIRONMENT FOR HEALTH IN MOLDOVA

In Moldova, health in prison is the responsibility of the Ministry of Justice under the National Administration of Penitentiaries.

At the time of the study (2021) there were 17 prisons in the country, including 4 pre-trial detention centres. The overall capacity was 6,743 places (1,514 in pre-trial detention institutions). Following a reform of the criminal legislation, the prison population decreased from 10,633 in 2002 to around 6,423 in 2021, and was therefore at 95.4% occupancy in 2021. Around 16% of the prison population are pre-trial detainees. Nevertheless, overcrowding continues to be a problem, especially in pre-trial detention centres. Women represent around 6% of the prison population; 1.2% of people detained are foreigners and 0.6% are minors.

Healthcare provision in Moldovan prisons is regulated by a number of national laws.[22] These laws state that:

- healthcare should be provided by qualified medical staff, be free – both for medical treatment and medicines – and readily available
- medical examinations should be carried out upon entry and should be available during a person's sentence, upon request by the person in prison, or on offer from the administration, and should be conducted no less than once every six months
- medical examinations should be performed in confidential conditions
- there are special provisions regarding the diagnosis and treatment of TB and HIV, and early release in case of illness, including for TB and AIDS.

Prison medical staff in Moldova come under the responsibility of the Ministry of Justice, rather than the Ministry of Health. This means the rules and priorities of the prison prevail, and often negatively affect the standard and quality of healthcare that staff are able to deliver.

Sterile needles and syringes and OAT were introduced in the prison system and in the community concurrently in Moldova. Interventions are regulated by a national protocol as well as guiding procedure manuals developed with the technical support of UNODC.[23]

THE PUBLIC HEALTH LANDSCAPE IN MOLDOVA

Infectious diseases, especially TB, still represent a considerable public health challenge in Moldova. Despite a decrease after 2005, the 2013 rate of TB (126/100,000) remains the highest in the region. Between 2000 and 2013, HIV incidence increased almost five-fold. The most recent (2020) HIV incidence rate of 19.8 per 100,000 is the third highest in the region. AIDS incidence has greatly increased since 2000, with large annual variations. The prevalence of reported mental and behavioural disorders increased by 16% between 2000 and 2013 to a rate of 4.4%, more than 50% higher than the regional average.[24] **There are no comparative statistics on the health profile of prisoners except for TB, which is reported to be about 10 times higher in prisons than in the general population.[25]**

In 2020, the primary cause of death among prisoners was cardiovascular disease (14 cases), closely followed by cancer (12 cases). Other major causes of death are nervous system diseases, trauma and intoxication, and suicide.[26]

22 Art.230 (2) of the Enforcement Code, approved by Law No. 443, dated on 24/12/2004; The Regulation on the provision of medical care to persons detained in penitentiaries (approved by Order of the Ministry of Justice no. 478 of December 15, 2006); The Regulation on the treatment and conduct of detainees suffering from tuberculosis (approved by Order of the MoJ No. 278 of July 17, 2007); The Regulation on the manner of presenting seriously ill convicts for release from the execution of the sentence (approved by Order of the MoJ No. 331 of September 06, 2006).

23 See UNODC and Moldovan Department of Penitentiary Institutions (2014), *Manual de procedură în implementarea Programului Farmacoterapiei cu Metadonă în sistemul penitenciar din Republica Moldova* and UNODC and Moldovan Department of Penitentiary Institutions (2015), *Manual de procedură în implementarea Programului de Schimb de Seringi, distribuirea prezervativelor și a dezinfectanților în sistemul penitenciar din Republica Moldova*.

24 WHO (2016), *Republic of Moldova: Profile of Health and Well-being*

25 Working Paper 1 – page 7

26 Working Paper 1 – page 7

HARM REDUCTION SERVICES IN MOLDOVAN PRISONS

Information and education session on HIV, TB and OAT in prison (including peer-to-peer informative sessions and self-support groups) are conducted by NGOs, prison psychologists, medical personnel and volunteers. Several NGOs work in prisons to provide information and educational sessions, psychosocial support, peer-to-peer support, to ensure testing for blood borne viruses and TB, to prepare people to begin treatment, and to provide support while people are on treatment and after release. NGOs also provide legal support. Prisoner volunteers involved in harm reduction programmes provide peer-to-peer training.

Needle and syringe programmes have been available, as well as condoms, lubricants, disinfectants and vein-care medication, since 1999. In 2020, there were 34 operational NSP sites in 15 prisons and pre-trial detention centres. Each year, between 100,000 to 200,000 syringes are distributed in Moldovan prisons.

Sterile injection equipment is available in 15 out of 17 prisons. The exchange of syringes is carried out at points operated by volunteer prisoners. These points are usually located at the volunteers' sleeping areas, and the exchange is carried out anonymously and confidentially, using the 'one-for-one' principle (i.e. a used syringe in exchange for a sterile one). At syringe exchange points, information is available about infectious diseases and the risks related to sharing injection equipment, plus some medications and disinfectants. Used syringes are collected in safe disposal containers. Prisoners are allowed to keep sterile packaged syringes, however the possession of used syringes or syringes with unidentified content can trigger administrative sanctions.

Medical staff, psychologists and social workers provide information on NGOs visiting times, services available, and the location of NSP exchange points.

Opioid agonist therapy (for drug dependence treatment) is available in 13 out of 17 Moldovan prisons, including all 4 pre-trial detention centres. Procedures are in place to support people to continue OAT at a health facility without interruption after leaving prison. In addition, people who inject drugs can start OAT in prison. Methadone is the medicine provided for drug dependence. Buprenorphine was previously available for drug dependence treatment in Moldova, including in prisons (from May 2019 to August 2020), but its provision was suspended in prisons due to limited stocks. Since December 2020, buprenorphine has been available again in the community, but not in prisons.

Since the introduction of OAT in 2005, 525 prisoners have accessed the service. In 2020, 21 new prisoners were added to the programme, 19 prisoners were released or completed treatment, and 18 prisoners dropped out of treatment. In addition, 35 people continued treatment under the Ministry of Health after leaving prison. Medical records report different dosages of methadone, ranging from 10 to 160 mg, with the average dose between 60 and 70 mg. There is no limitation to the duration of OAT treatment, nor is there pressure to reduce dosage or complete treatment.

Counselling and voluntary, confidential testing for HIV and hepatitis is offered and performed by medical staff.

Since 1995, hepatitis B (HBV) vaccination has been mandatory for new-borns only; there are no HBV interventions in prison.

In 2007, Moldovan prisons stopped the mandatory **HIV testing** of prisoners. Since 2013, voluntary testing and counselling (via rapid HIV tests) has been offered to all new prisoners and is provided by NGOs. Since 2015, combined tests for HIV, syphilis and HCV have been available in prisons through NGOs and the medical service. Testing and antiretroviral treatment (ART) for prisoners is covered by Moldova's National HIV Programme. During 2020, 4,169 rapid HIV tests were performed on people in prison, and 22 tests were positive.

HIV treatment, care and support has been available in the prison system since 2005, as it has been in Moldova in general. Treatment is prescribed by the infectious diseases doctor at a prison hospital who specialises in HIV, and follows the National Clinical Protocol on HIV AIDS. In 2020, 51 prisoners started ART in prisons (22 new patients and 29 people re-entering treatment). At the end of 2020, 159 people living with HIV were registered in the penitentiary administration system and 88% (140 detainees) were on ART.

As of January 2021, 94 detainees had **HBV** (1.6%) and 233 detainees had **HCV** (3.6%). In early 2021, 375 tests were performed for HCV and HBV over 6 months; 2 people were diagnosed with HCV and 4 with HBV.

Medical assistance for viral hepatitis is provided according to Moldova's national programme for combating viral hepatitis B, C and D. Treatment of viral hepatitis has been available for prisoners since 2018, with more than 500 prisoners treated. Access to treatment is dependent on a full medical examination, which is carried out by the Center for Medical Diagnosis. In 2020, 105 prisoners were examined and 15 prisoners were receiving treatment for HCV.

Tuberculosis is a major public health challenge in Moldova. Moldova is one of 18 high-priority countries fighting drug resistant TB, according to WHO European region ranking. Prisons are covered by Moldova's National Tuberculosis Plan. All prisoners are screened on entry via medical examination and chest X-ray. Smear microscopy takes place in prison, but sputum specimens can also be collected. Since 2012, rapid diagnosis testing for TB (using GeneXpert) has been introduced in two prisons. All prisoners with TB receive treatment in prison hospitals in TB wards (segregated according to smear status and drug sensitivity). The national recording and reporting system for people with TB corresponds to international recommendations and covers prisons as well as people in the community.

The **distribution of condoms** and lubricants is carried out by medical staff or by trained prisoners, or a combination of both. Access to condoms is simple and confidential. Condoms are made available in cells, showers, long-term visit rooms, waiting rooms, workshops and via the medical service. Each year, around 35,000 condoms are distributed in Moldovan prisons.

Prevention and treatment of sexually transmitted infections is available.

In prison hospitals, individuals who are living with TB and HIV receive integrated treatment for TB and HIV, plus OAT if required. This intervention has been recognised by WHO as an example of good practice in prison.[27]

Post-exposure prophylaxis (PEP) for HIV is available through the prison medical service for staff and prisoners, in accordance with national protocol. **Pre-exposure prophylaxis** (PrEP) is unavailable in prisons.

Interventions to prevent transmission of HIV, viral hepatitis and other blood borne viruses through tattooing, piercing and other forms of skin penetration are unavailable.

WOMEN IN PRISON AND GENDER-RESPONSIVE SERVICES

Women comprise around 6% of the prison population. Women are provided with health education, access to a general health examination (on admission and annually), and to a gynaecologist during pre-trial detention and while in prison. Menstrual pads and basic hygiene kits are provided on admission and monthly to all women prisoners.

Training for staff on prevention of mother-to-child transmission of HIV, syphilis and HBV is provided to female prisoners with UNODC's support. Special attention is given to the prevention of HIV transmission during pregnancy. Medical staff are responsible for ensuring all pregnant women are tested for HIV and, if necessary, are prescribed ART in the prison hospital. For new-borns, formula milk is provided free of charge.

27 WHO (2013), *Best practices in prevention, control and care for drug-resistant tuberculosis*

Subculture in Moldovan prisons

Criminal subculture exists to a greater or lesser extent in all Moldovan prisons.[28] Throughout the prison system, and particularly in adult male prisons, the subculture is enforced by small, centralised groups of prisoner leaders. These prisoner leaders enforce informal rules, set punishments for those breaking the rules and produce and distribute violence. Relationships of dependency among prisoners are created through deficits in goods, services and security.[29]

Human rights in Moldovan prisons

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (known as the Committee for the Prevention of Torture or CPT) visited Moldova in 2015, 2018 and 2020. The CPT raised concerns about the persistence of a prison subculture that fosters inter-prisoner violence. It also raised concerns about inadequate staff numbers (both prison staff and medical staff) and unaddressed mental health conditions among prisoners, including self-harm and suicidal thoughts.

In reference to harm reduction services, the CPT highlighted the limited uptake of OAT in prison. Many prisoners stop OAT upon entry, and few enrol in treatment once in prison. A major barrier to accessing and staying on OAT relates to the prison subculture. Prisoners who accept methadone treatment are frequently subject to isolation, directed by prisoner leaders. This is understood to impact on OAT uptake.

The Moldovan National Preventive Mechanism for Torture (NPM), under the Optional Protocol to the Convention against Torture, also regularly visits prisons. While confirming the availability of the 15 health interventions recommended by UN agencies,[30] the NPM also notes the scarcity of medical staff, issues with confidentiality, limited access to independent medical examinations, lack of sufficient funding for prison health and a lack of medications, with prisoners forced to purchase medications including TB medicine.

The NPM also raised concerns about health services for women prisoners, including a lack of access to gynaecologists and insufficient provision of hygiene materials.

In spite of measures taken to reduce the prison population, overcrowding is still present in some Moldovan prisons. The European Court of Human Rights continues to sanction Moldova for overcrowded prisons. In many prisons, prisoners are kept in overcrowded conditions without adequate supervision and protection and are at risk of sexual violence. There is evidence that violence, including sexual violence, is widespread in prisons.[31] In this regard, the success of efforts to protect the health and rights of people in prison depends on whether effective measures exist to prevent rape and sexual violence.

28 Council of Europe (2018), *Baseline study into Criminal Subculture in Prisons in the Republic of Moldova.*
29 Ibid.
30 UNODC, ILO, WHO, UNFPA, UNAIDS, UNDP (2020), *Technical brief update 2020: HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions*
31 Modvig, J.(2014), 'Violence, sexual abuse and torture in prisons' in *Prisons and Health*, WHO Regional Office for Europe, Denmark.

Prison voices on human rights standards for harm reduction services

Qualitative research in this study highlights the views of people in prison, people who use drugs, prison staff, advocates and NGO representatives on the availability, accessibility, acceptability and quality of harm reduction services in Moldovan prisons. The findings show the different perspectives of different actors and includes recommendations for addressing the major challenges.

AVAILABILITY: ARE HEALTHCARE SERVICES AVAILABLE IN SUFFICIENT QUANTITY?

Different actors had markedly different understandings of the availability of healthcare services in prison, as highlighted by the quotes below.

Prison staff

"Very much even!!!! People and children from the community cannot afford what is offered to prisoners for free!!!" **(Prison medical staff)**

"Very good, even better than in the community during their free time, because they arrive in prison already with a number of vulnerabilities." **(Prison medical staff)**

Advocates and NGOs

"Very bad… not respected." **(Representative of the community of people who use drugs, NGO worker)**

"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." **(UN representative)**

"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)**

Prisoners

"More medical staff for adequate access to healthcare. There is no right to health in prison now, when we have no doctor for more than two years, only medical assistant." **(Male prisoner)**

"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." **(Prisoner living with TB)**

AVAILABILITY: ARE HARM REDUCTION INTERVENTIONS AVAILABLE IN SUFFICIENT QUANTITY?

Access to sterile injection equipment in prisons through a NSP was confirmed by all participants. Participants spoke of sterile needles and syringes being available free of charge and accompanied by information materials, including on safe disposal. One participant said there was a limitation of needle exchange sites and a lack of confidentiality and anonymity.

Despite the interventions in place, Moldova's 2020 Integrated Biological Behavioural Surveillance survey on female sex workers, people who inject drugs and men who have sex with men found that 22% of people who inject drugs in prison shared injecting equipment.[32] This raises questions as to how effective the information provided to prisoners on risk reduction is and how effectively harm reduction services are being implemented. The current model of providing services through volunteer prisoners and medical staff may be unacceptable to some prisoners due to the lack of confidentiality.

All participants noted that sterile tattoo equipment was unavailable.

32 Moldovan Ministry of Health Labor and Social Protection et al. (2020), *Integrated biological behavioral surveillance survey among female sex workers, people who inject drugs and men who have sex with men in the Republic of Moldova*

All participants reported that OAT in the form of methadone was available in prison. OAT was noted to be voluntary, available without interruption for prisoners who received it before detention, accessible to women, free of charge, and accompanied by adherence support provided by an NGO. Challenges noted by participants related to the lack of buprenorphine, poor confidentiality, barriers created by the influence of the prison's criminal subculture and low involvement of medical, psychological and social staff.

All participants described condoms as easy for prisoners to discretely access in several locations. Some issues with confidentiality and availability at certain times were highlighted. The majority of prisoners and NGO representatives reported low availability of lubricant, which contradicted prison staff who thought lubricant was easily accessible.

Young people in juvenile detention facilities do not have access to harm reduction services.

ACCESSIBILITY: ARE HARM REDUCTION SERVICES ACCESSIBLE WITHOUT DISCRIMINATION?

The study took place at a time when access to all health services was severely affected by the restrictions introduced in response to COVID-19. Access to medical staff and appointments became very difficult, and health centres (outpatient care) were heavily understaffed while COVID-19 movement restrictions were in place.

Mental health, already of concern in Moldavan prisons, significantly worsened during the COVID-19 pandemic but was addressed, according to participants.

"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." **(Prisoner with a history of mental health issues, living with HCV)**

"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." **(Male prisoner)**

Prisoners reported experiencing discrimination when communicating with medical staff if they had a low income, belonged to lower levels of the criminal subculture, were young, were living with a long-term condition, had intellectual disabilities or came from ethnic minority groups, such as Roma.

"... 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 and representative of the community of people who use drugs)**

Research involving people after their release from prison in Moldova33 found that while people who inject drugs understand what OAT is and can access it, **stigma and prejudice represents a major barrier to access, particularly in prisons.** People on OAT are likely to be stigmatised or discriminated against in prison, individually and/or as a group, and may be alienated, ostracised and harassed by other prisoners. Bullying and harassment is widely reported, which is likely to deter people from accepting treatment.

ACCEPTABILITY: DO SERVICES RESPECT AND MEET THE NEEDS OF DIFFERENT GROUPS OF PRISONERS AS WELL AS MINORITIES? DO SERVICES RESPECT CONFIDENTIALITY?

Different actors had markedly different understandings of the acceptability of health and harm reduction services in prison, as highlighted by the quotes below.

"Confidentiality is not respected." **(NGO staff member living with HIV)**

"There are no specialised social assistance programmes for prison staff, except medical care. It can be improved by strengthening collaboration with NGOs in the field, identifying new partners and projects." **(Medical staff)**

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

33 Polonsky, M., Azbel, L., Wickersham, JA. et al. (2016), 'Accessing methadone within Moldovan prisons: Prejudice and myths amplified by peers', *Int J Drug Policy*, 29: 91-95.

Participants described low uptake of OAT in prison. They attributed this to stigma and discrimination, lack of confidentiality, and to the existence of prison subcultures that informally regulate access to treatment.

"Support [OAT] is available but it is not functional due to the criminal subculture and the lack of will of the administration to oppose to it." (Non-medical prison staff)

"It is an unwritten ban of the higher-ranking convicts [informal leaders of the criminal subculture]." (Non-medical prison staff)

"As far as I know, access to the methadone programme is restricted for some prisoners because of their hierarchic criminal status." (Non medical prison staff)

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

"Because this treatment [methadone] is not good." (Representative of the community of people who use drugs)

QUALITY: ARE SERVICES SCIENTIFICALLY AND MEDICALLY APPROPRIATE AND OF GOOD QUALITY?

Quality services require skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation. Participants spoke of resource shortages, which have implications for the quality of services.

"Access is [fine] but quality – who knows? – no one comes from the Ministry of Health to check and tell us. Only NPM once, but they rarely come." (Prisoner living with HIV)

"The right to health seems to be respected, but it is of poorer quality than outside the prison." (Female prisoner)

"[The prisoners' right to health] 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)

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

"Ensuring the sustainability of risk-reduction programmes. But also the implementation of new recommendations must be taken into account." (Medical doctor)

"Improving working conditions and modernising medical equipment." (Medical doctor)

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

"... reduction of the number of people in detention, and thus reduction of the load on the system. Joint programmes with the Ministry of Health, procurement of medicines and equipment from the Ministry of Health; the motivation of the medical staff." (UN representative)
"Integration of the penitentiary medical service in the public healthcare system." (NGO staff)

"The medical service should become independent from the prison administration and be in the structure of the Ministry of Health. Harm reduction in prisons is not such because harm reduction is not just about the distribution of syringes and condoms... A range of services and a wide range of activities ... are not [provided]. This is not harm reduction. There is no buprenorphine. Confidentiality is not respected." (Representative of the community of people who use drugs, NGO worker)

"Fight against corruption and 'nanashism' [promotion of the relatives], responsibility, eradicate prison concepts, reforms in justice." **(Female prisoner)**

"Elimination of the criminal subculture, transparency, availability, service monitoring." **(Representative of the community of people who use drugs, NGO worker)**

"Promoting patient rights, ensuring access to information for detainees about medical services available outside the medical institution, ensuring confidentiality when providing services for women, excluding stigma for KAP [key affected populations]." **(NGO staff)**

"… the health of detainees must be monitored more often. You come in prison healthy, but when you['re] free [you find] yourself without teeth and [with] a thousand diseases…" **(Male prisoner)**

Prisoners report rarely being consulted in decision making or policy making, except for regular bio-behavioural surveys. As one female prisoner remarked: "Unfortunately, we do not participate. Health issues are not taken into account from our point of view."

There are opportunities for prisoners to file complaints regarding their detention conditions, care and medical treatment. These mechanisms are described as easily accessible. But doubts exist about the anonymity of such processes, which could lead to repercussions. The vast majority of complaints communicated by detainees or NGOs refer to conditions of detention and violation of rights. The criminal subculture mentioned by participants is rarely the subject of complaints.

RECOMMENDATIONS FROM PEOPLE WITH LIVED EXPERIENCE OF PRISON AND PEOPLE WORKING IN PRISONS

Participants made recommendations for measures that policymakers can take to improve access to healthcare and harm reduction in the prison system. These recommendations are grouped around these five key themes and highlighted by the quotes below:

1. **Adequate resources for qualified staffing, medicines and medical equipment**
2. **Establishing the independence of prison medical staff from the Ministry of Justice**
3. **Addressing the influence and control of the prison subculture**
4. **Confidentiality and prisoner rights**
5. **Reduction in the number of people in detention**

Analysis

In Moldova, harm reduction has existed in the community and in prisons since 1999. During this period, a conducive regulatory environment evolved, national TB and HIV plans were approved, and extensive funding and technical assistance was provided from the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNODC, UNAIDS and Soros Foundation. This has created an **environment in which harm reduction services in prison could feasibly be equivalent to the provision of harm reduction services in the community. But barriers and challenges continue to exist that prevent the Nelson Mandela Rules and the right to health principles from being met.**

Most significant, and largely aligned with participants' recommendations, are challenges relating to:

1. **resource shortages, including in relation to qualified staff and medicines as well as staff oversight and security, and the independence of prison medical staff from the Ministry of Justice**
2. **the influence of the prison subculture**
3. **stigma and discrimination, which impacts on prisoners' right to health, and the need for more gender-sensitive services**
4. **a lack of confidentiality in services.**

Adding to these challenges are the implications of overcrowding on the physical and mental health of people in prison.

These challenges provide useful insights for future planning, programming and budgeting, which are broadly applicable both national and internationally.

Addressing structural challenges	**Positioning prison medical staff under the mandate of the Ministry of Justice impacts upon their ability to prioritise public health.** **Even in a conducive regulatory environment for health, prison regulations may be inconsistent or contradictory, impacting upon the realisation of the right to health in prisons.**
Addressing resource challenges	**Healthcare and harm reduction services in prisons need to be adequately funded from government budgets. This includes having adequately remunerated and trained staff, sufficient medicines and medical equipment.** **Harm reduction interventions are cost effective and can be cost saving in the long-term.**
Addressing stigma and discrimination	**Prison staff, including prison medical staff, must be trained on human rights, gender, stigma and discrimination to create an environment that supports the use of, and enrolment in, good quality harm reduction services.** **Prison leadership must be actively accountable for the respectful treatment of prisoners. An effective monitoring system is important to ensure accountability.**
Addressing operational challenges	**Systems must be established to ensure prisoners are able to access services confidentially.**