

REPORT

IMPLEMENTATION OF THE METHODOICAL INSTRUCTION ON THE INTERVENTION OF POLICE IN PREVENTING HIV INFECTION IN HIGH-RISK GROUPS

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Authors of the Report: Ludmila Malcoci, Natalia Cojocaru

With the contribution of: Vadim Vieru, Eduard Scutaru, Dumitru Sliusarenco, Alexandru Posica

Issue coordinators: Olga Manole, Ana Balta

Translation in English language: “Intart Design” SRL

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Promovarea Democrației și a Drepturilor Omului

PROMO-LEX Association

127 Stefan cel Mare si Sfânt Blvd., Chisinau, Moldova

Tel./fax: (+373 22) 450024

E-mail: info@promolex.md

www.promolex.md



SOROS FOUNDATION-MOLDOVA

32 Bulgara Street, Chisinau, Republic of Moldova

Tel.: (+373 22) 274480, 270031

Fax: (+373 22) 270507

www.soros.md

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ACRONYMS

CSO	Civil Society Organizations
HRG	High-Risk Groups
IDUs	Injecting Drug Users
GPI	General Police Inspectorate
NGO	Nongovernmental organization
PI	Police Inspectorate
STIs	Sexually Transmitted Infections

INTRODUCTION

This study was developed under the project “Promoting the Observance of the Rights of High-Risk Groups’ (HRG) in Moldova”, implemented by Promo-LEX Association, financially supported by the Public Health Program of Soros Foundation-Moldova. The report presents the results of the second monitoring of the implementation of the Methodical Instruction on Police Intervention in Preventing HIV Infection in HRG (Instruction). Although concrete steps have been made over the past two years to implement the Instruction, the second monitoring shows that many issues identified in 2015 continue to persist in 2017, as well.

RESEARCH METHODOLOGY

Research aim:

Assess the changes that have occurred as a result of the implementation of the Methodical Instruction on Police Intervention in Preventing HIV Infection in HRG.

Research objectives:

1. Assess, on the basis of a representative sample, police officers' knowledge of Instruction provisions and its implementation level.
2. Analyze police attitudes, perceptions and behavior with HRG representatives and, in particular, with injecting drug users (IDUs);
3. Identify the impediments to implement the Instruction;
4. Assess the level of cross-sector collaboration to prevent HIV in HRG;
5. Analyze the opinion of the participants in the study about harm reduction programs;
6. Develop practical recommendations for enhancing Instruction implementation;
7. Compare the indicators established in 2015 on police perception, attitudes and behaviour with IDUs with the data collected after Instruction implementation.

Target groups covered by the research:

Police officers from Chisinau, Balti, Cahul, Anenii Noi and Ceadir Lunga PIs; police, healthcare and NGO experts; HRG representatives; women and men from Balti city.

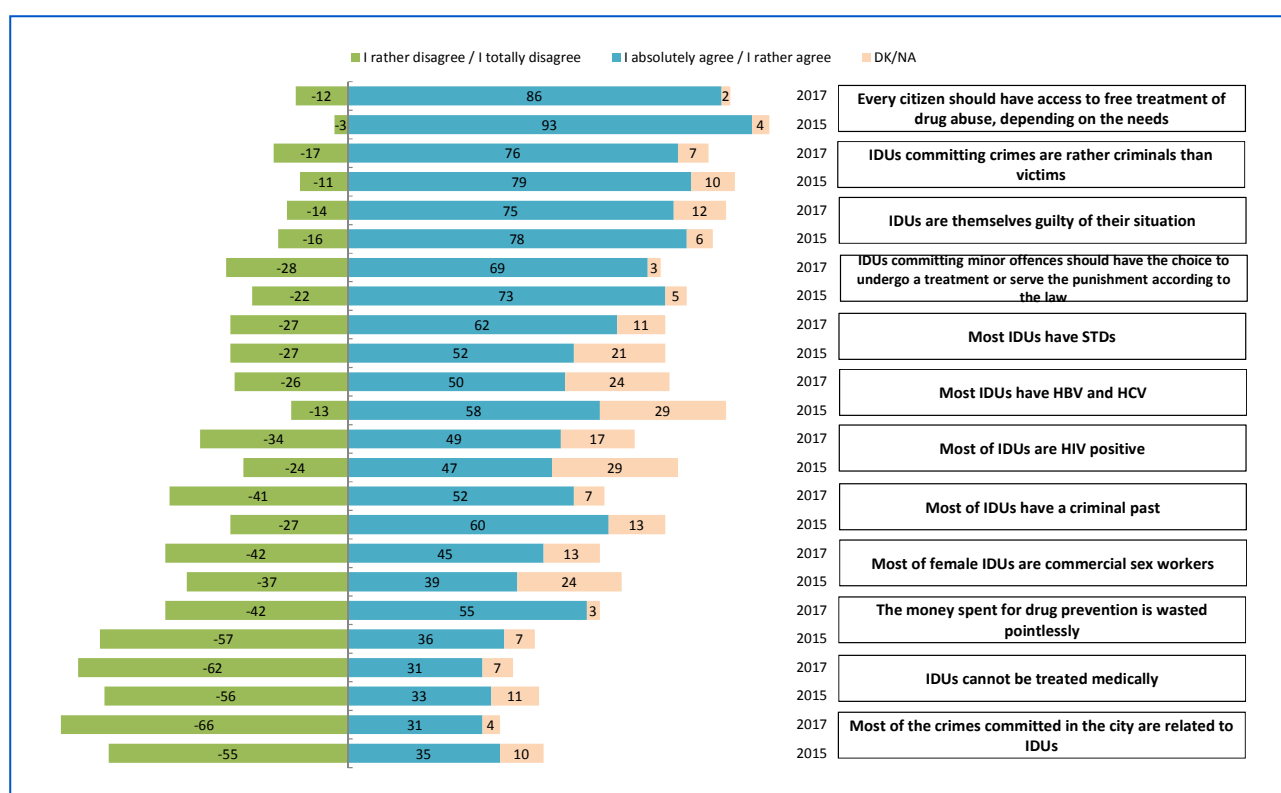
Research methods:

Questionnaire-based research (with a sample of 336 police officers) and five focus-groups (with police, healthcare and NGO experts and HRG, mainly IDU representatives).

POLICE OFFICERS' ATTITUDES TOWARDS REPRESENTATIVES OF HRG

Compared to 2015, the study revealed that police officers' attitudes towards IDUs are, in general, less discriminatory in 2017. However, police officers continue to highly discriminate IDUs. Thus, the absolute majority of police officers had the following opinions: IDUs committing crimes are rather criminals than victims (76%), IDUs are themselves guilty of their situation as it was/is their choice (75%); IDUs are dangerous because they can transmit various communicable diseases such as sexually transmitted diseases (62%), viral hepatitis B and C (50%), HIV/AIDS (48%); most of IDUs have a criminal past (52%); most of the crimes committed in the city are related to IDUs (31%); female IDUs are commercial sex workers (45%) – Diagram 1.

Diagram 1. Police officers' attitudes towards drug users, %

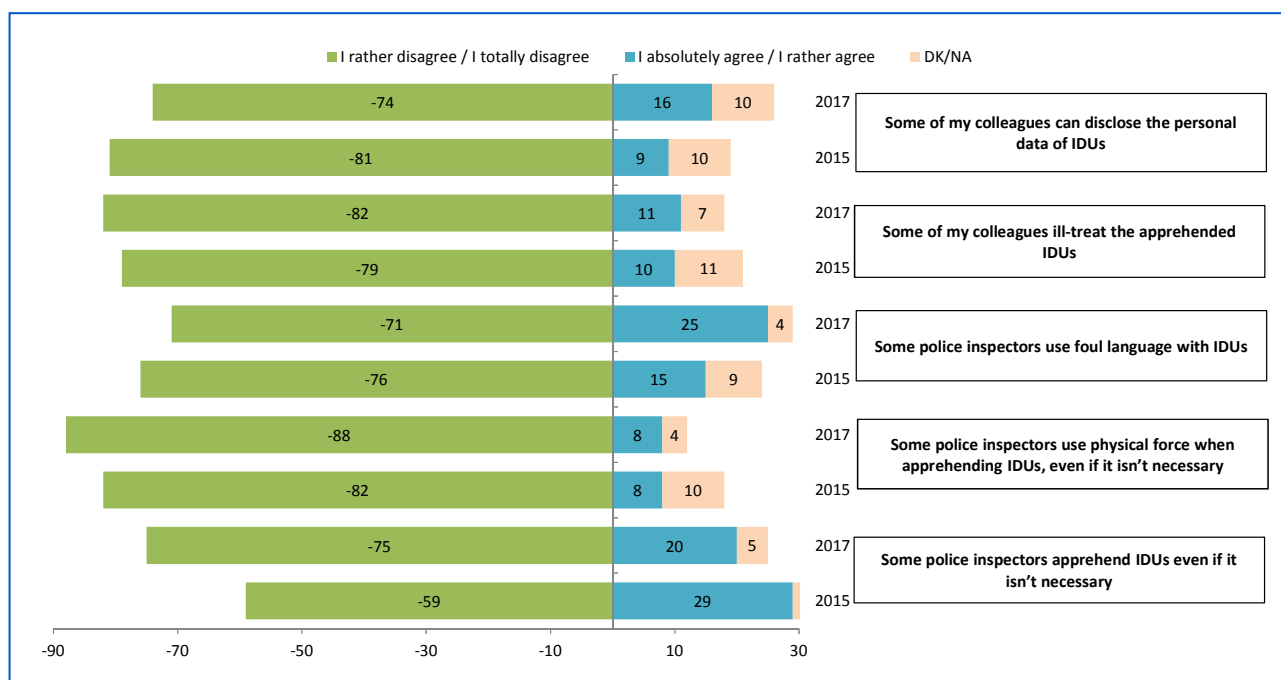


POLICE OFFICERS' BEHAVIOUR WITH REPRESENTATIVES OF HIGH-RISK GROUPS

In general, police officers' behaviour with IDUs has changed *for better* during the last five years. This is due to the following factors: (1) information sessions and trainings for police officers in various aspects of HIV/AIDS; (2) trainings in human rights and the cooperation between civil society organisations and police sector on human rights observance; (3) development and approval of the legal framework on the interaction between police officers and drug users; (4) institutionalization of services and programs on HIV/AIDS prevention and control.

Based on police officers' opinions, most of them had a fair professional behavior with IDUs. Thus, in 2017, 75% of the respondents said that their police colleagues had not apprehended IDUs without a good reason. During IDUs apprehension, police officers didn't use uncensored words (71%), didn't use physical force on IDUs (88%), behaved generally well with them (82%), didn't disclose personal data of the apprehended IDUs (74%) – Diagram 2. These opinions are in a contradiction with those of IDUs, who stated that police officers had an unprofessional behaviour. At the same time, IDUs recognized that police officers' behaviour with them has significantly improved during the last years, with particular reference to the fact that physical violence and unjustified apprehensions were rare.

Diagram 2. Police officers' behaviour with IDUs during their apprehension, %



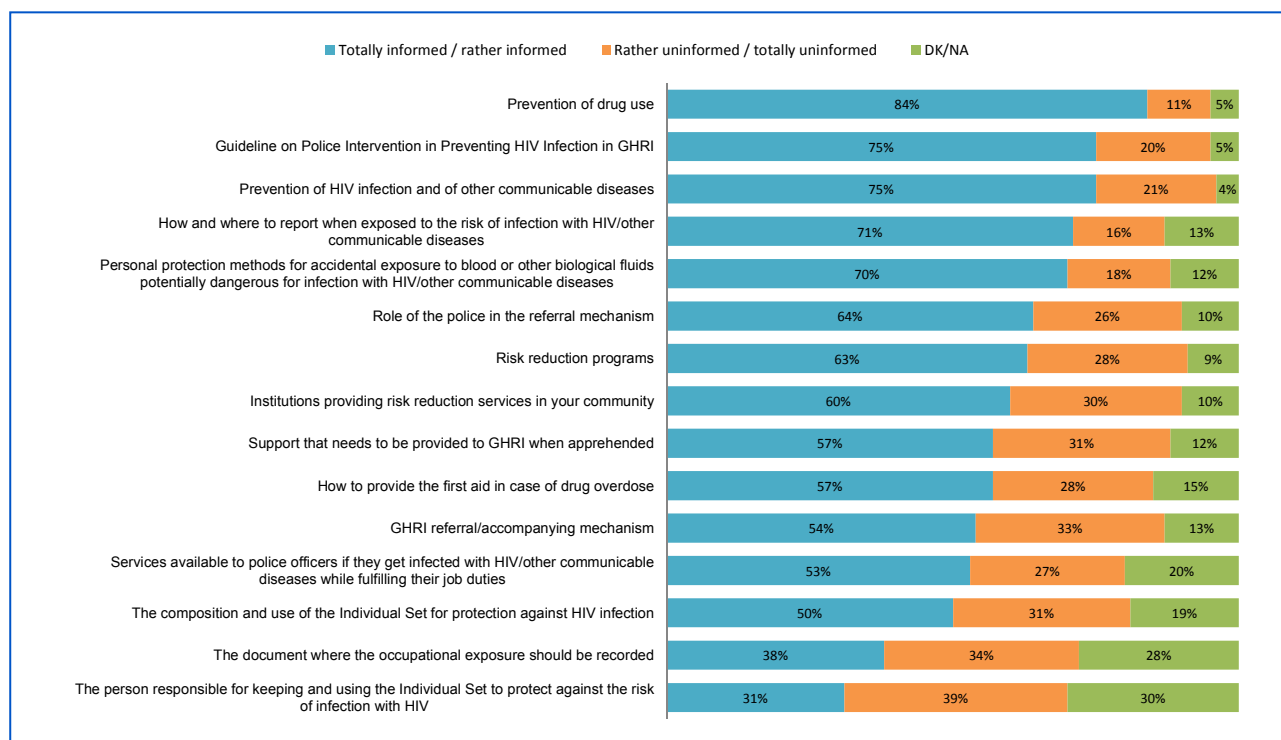
KNOWLEDGE OF THE METHODOICAL INSTRUCTION ON THE INTERVENTION OF POLICE IN PREVENTING HIV INFECTION IN HIGH-RISK GROUPS

The study reveals a high level of knowledge of police officers on HIV transmission. The absolute majority of the police officers know that HIV infection can be transmitted by using the same syringes for injection (96%), by blood transfusion or infected blood products (96%), by using non-sterile medical tools and needles (96%), by unprotected sexual intercourse (91%). At the same time, many of them continue to believe in the myths of the ways of HIV transmission or do not know if they can get the virus through the following ways: by mosquito bite (46%), by kiss (38%), by using the same dishes (22%), by cough (22%), by using the same toilet (19%), by contact with sweat (18%).

Concurrently, most of the police officers were informed about the standard precautions to avoid HIV infection. 82% of them said that they knew how to act if stung with a syringe or another sharp infected object. At the same time, one in five police officers didn't know what to do in such situations. Of those who said they knew about the standard precautions, 67% didn't know that they can prevent HIV infection if they go to a doctor within 72 hours after the contact with potentially infected objects.

Most of the respondents considered themselves as rather informed/totally informed about various aspects of their interaction with HRG, including: prevention of drug use (84%), how and where to report when exposed to the risk of infection with HIV/other communicable diseases (71%), personal protection methods for accidental exposure to blood or other biological fluids potentially dangerous (70%), the role of the police in the referral mechanism (64%), risk reduction programs (63%), institutions providing risk reduction services in their communities (60%), the support needed to be provided to HRG when apprehended (57%), how to provide the first aid in case of drug overdose (57%), HRG referral/accompanying mechanism (54%), services available to the police officer in case of infection with HIV/other communicable diseases (53%), the structure and the use of the Individual Set to protect against the risk of infection with HIV (50%) – Diagram 3.

Diagram 3. Level of police officers' knowledge of Instruction, %



At the first sight, there is a high level of knowledge. However, if we analyze the share of respondents stating that they were rather uninformed or totally uninformed about at least half of the issues outlined in Diagram 3, their share is about 12%.

As many as 59% of the respondents stated that a number of trainings on the implementation of the Instruction have been organized during 2016 at their police inspectorates, and only half of them attended these trainings. Of them, only half were satisfied. 70% of the respondents said they would need additional capacities to implement the Instruction effectively.

IMPLEMENTATION OF THE INSTRUCTION ON THE INTERVENTION OF POLICE IN PREVENTING HIV INFECTION IN HIGH-RISK GROUPS

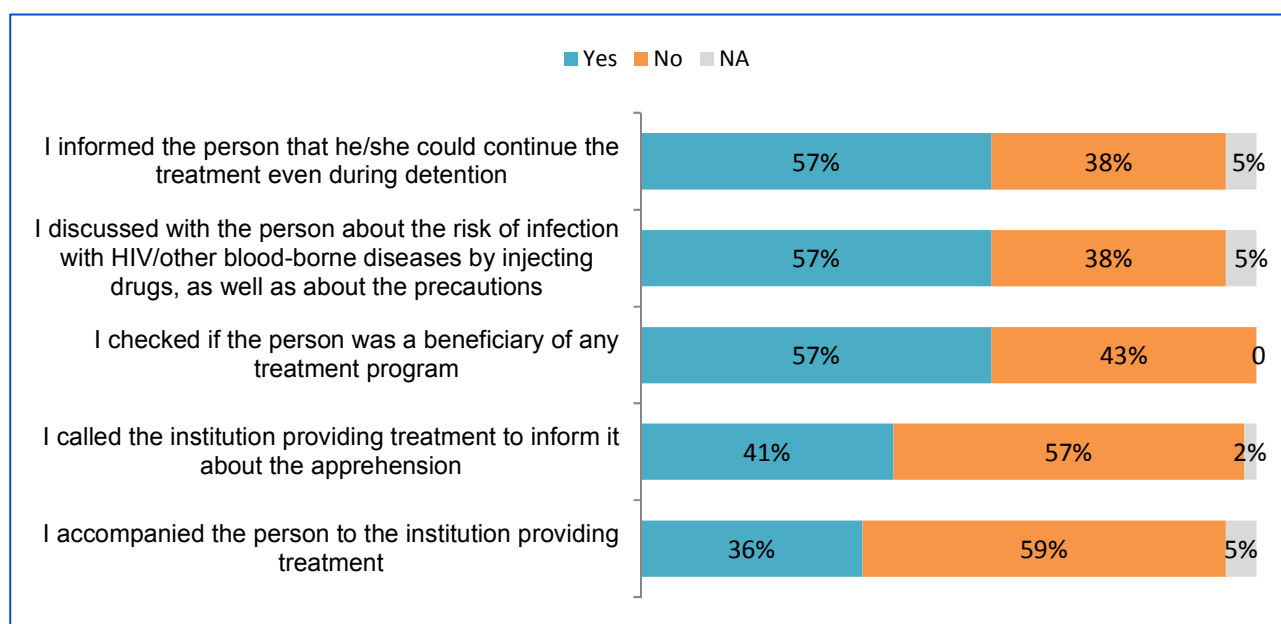
Most of the police officers stated that their colleagues knew the Instruction well (74%) and applied it (59%). At the same time, 24% of the police officers believed that their colleagues did not apply this document in practice.

The level of police involvement in HIV and other communicable disease prevention, as well as in drug prevention is insufficient: only 55% of respondents said that they and their colleagues got involved in such actions.

77% of the respondents said that their subdivisions weren't provided with the necessary number of individual sets to ensure protection against the risk of infection with HIV/other communicable diseases.

During the last 12 months from the questionnaire date, one in four respondents was in the situation to apprehend an injecting drug user. The actions undertaken by the respondents when apprehended IDUs in the last 12 months were as follows: informed the apprehended person about the risks and measures to prevent the infection (57%), about the possibility to continue the treatment (57%), found out if the person they apprehended is a beneficiary of a treatment program (57%), called the institution providing treatment to IDUs to inform it about the apprehension (41%), accompanied the apprehended drug user to the institution providing treatment to him/her (36%). However, the share of those who didn't undertake these actions is quite high – Diagram 4.

Diagram 4. Type of actions undertaken by respondents when apprehending IDUs during the last 12 months, %

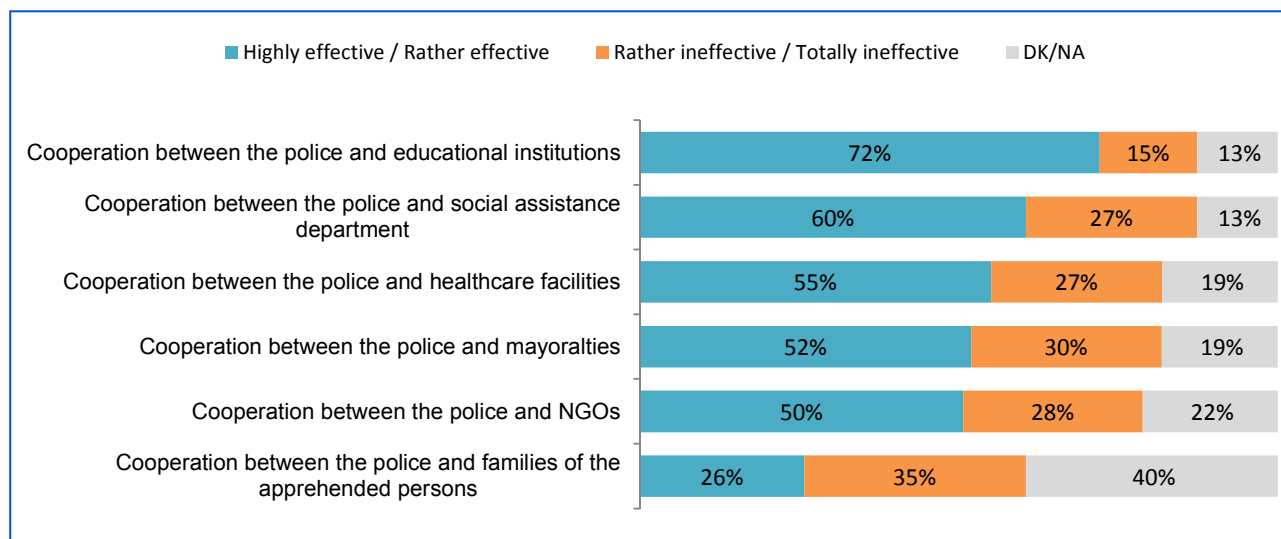


In general, the police officers know how to provide the first aid in case of overdose. However, in most of cases they call the Emergency Service and do not take any actions until they arrive to avoid the risk of infection with possible contagious diseases (HIV/AIDS, hepatitis).

The police officers who were questioned during the opinion poll generally appreciated the cross-sector cooperation – Diagram 5. At the same time, police and health experts, civil society and a large part of

police officers who were questioned believed that the cross-sector cooperation in this area was rather ineffective.

Diagram 5. Police officers' opinion on police cooperation with other organisations/persons in their community in preventing HIV and other communicable diseases in groups at high risk of infection, %



The lack of cross-sector cooperation is due to the fact that each sector (healthcare, police, social assistance) fails to assume specific responsibilities, and that there is no entity to coordinate HIV prevention interventions.

CONCLUSIONS

Police officers' attitudes and behaviours with IDUs

Among the HRG, IDUs face the highest level of discrimination.

IDUs are the most frequently discriminated by health workers and police representatives. This is due to their negative perceptions about IDUs, the latter being considered dangerous and socially unnecessary.

Compared to 2015, the level of police officers' discrimination in relation to IDUs decreased slightly in 2017. However, police officers continue to highly discriminate IDUs. IDUs continue to be associated with criminals rather than victims, they are criminalized of having a criminal past and being responsible for most crimes committed in a certain community. Another stigma against IDUs is due to the fact that they are carriers of HIV, hepatitis, sexually transmitted diseases and other communicable diseases.

The opinion of the participants in the study about police officers' behaviours with IDUs are different: IDUs stated that they have often been called with uncensored words, apprehended without good reason, blackmailed and threatened, searched unjustifiably, sometimes forced to sign documents without knowing their content. According to IDUs, police officers criminalized them unjustifiably of committing some crimes and required them to recognize offenses they had not committed. On the other hand, police officers declared that they had a fair professional behaviour with IDUs: they didn't apprehend without good reason, didn't swear, didn't use physical force. Although the opinions expressed to this end are different, both police officers, healthcare and NGO experts, HRG representatives and drug users themselves declared that there have been positive changes in the attitudes and behaviors of police officers towards IDUs in recent years. Police officers do not use physical force (except in cases provided for by the law in force), are more tolerant and more correct in their interactions with IDUs.

Police officers' knowledge of HIV infection ways and standard measures for HIV prevention

The majority of the police officers know that HIV can be transmitted by blood transfusion or infected blood products, by using non-sterile medical tools and needles, by using the same syringes for injection, by unprotected sexual intercourse. However, there is a large number of police officers who mistakenly believe that HIV can be transmitted by kiss and mosquito bites, which proves the need for ongoing training in the field.

As far as standard measures for HIV prevention are concerned, the majority of police officers declared that they knew how to act in potentially dangerous situations. At the same time, about 1/5 of the police officers didn't know what to do if accidentally stung with a syringe or another sharp potentially infected object. In addition, most of the questioned police officers didn't know that they can prevent HIV infection if they go to a doctor within 72 hours after the contact with potentially infected objects. Focus groups experts believe that police officers and health workers directly interacting with HRG/IDUs (*lower level employees*) have insufficient knowledge on HIV prevention measures. They are insufficiently informed about the rules for searching persons and places, about the safe collection of evidence and other aspects related to the protection measures.

Level of knowledge and implementation of the Instruction on the Intervention of Police in Preventing HIV Infection in HRG

In general, the respondents had a positive opinion about the Instruction. They rated the document as very useful and necessary, since it responds to police information needs on the risks of infection with HIV, viral hepatitis, tuberculosis and sexually transmitted diseases and their prevention measures; it opens a framework for cross-sector cooperation in the public health sector of the Republic of Moldova

and, in particular, in HIV control. The Instruction contributes to changing the police attitude towards HRG and, in particular, IDUs, even if the progress is insignificant for the time being.

There are a number of impediments to the effective implementation of the Instruction. The main issue to this end is the insufficient information of police officers, both in quantitative and qualitative terms. The trainings focused generally on senior staff; a *cascade* style of information dissemination is not yet applied; the materials used for information and training (usually the printed Instruction) are insufficient and less effective; trainings are not continuous and do not provide for a knowledge assessment at the end; the Instruction has been included in the GPI training plan, but since a training officer has not been specifically designated, it is compromised.

The negative perceptions of many police officers about IDUs is another impediment to accepting the Instruction. The study found that police officers didn't apply (except in rare cases) HIV prevention measures in HRG, considering them to be useless and ineffective as they targeted vulnerable groups of the population who didn't care too much about the risk of infection with HIV.

There were (very) few cases when police officers informed HRG representatives about the risk of infection with HIV, prevention ways, harm reduction programs, support services, etc. and rarely ensured continuous treatment for the persons apprehended, who were beneficiaries of programs.

Non-implementation/ineffective implementation of the Instruction is also due to the inadequate supply of individual sets to ensure protection against the risk of infection with HIV or other blood-borne diseases during searches.

When exposed to the risk of infection with HIV or other contagious diseases, as a rule, police officers do not report this to their superiors and do not go to a doctor.

The lack of referral schemes at district level, based on the framework scheme described in the Instruction, is another impediment in its effective implementation.

As far as cross-sector cooperation is concerned, most of the questioned police officers rated their inspectorates' cooperation with education facilities, social assistance departments, healthcare facilities, mayoralities and CSOs as effective. On the other hand, the experts who participated in focus groups declared that police cooperation with civil society organisations had been the most productive, mentioning the support they provided in developing the legislative framework in the field, their information support (both informative materials and trainings for the police representatives), referral of the cases to specialized services, coverage of HIV test and diagnosis costs, psychological counselling for HRG/IDUs, conduct of joint public awareness activities. As regards the cooperation with other sectors, it is rather ineffective or generally is lacking. The lack of cross-sector cooperation is due to the fact that each sector (healthcare, police, social assistance) fails to assume specific responsibilities, and that there is no entity to coordinate HIV prevention interventions (including by groups at risk). Another important aspect is the lack of adjustment and approval of the Instruction at district level and needs, although it has been designed and developed as a framework model of referral scheme.

RECOMMENDATIONS

In order to increase cross-sector cooperation on preventing the infection with HIV/viral hepatitis/tuberculosis and other sexually transmitted diseases in high-risk groups:

- The Ministry of Internal Affairs, together with other relevant central public authorities, will develop a cross-sector cooperation mechanism between the police and social protection, health and education facilities in order to address comprehensively the issues related to the prevention of infection with HIV, viral hepatitis, tuberculosis and other socially transmitted diseases in groups at high risk of infection. The mechanism should include cooperation actions at central and local levels, as well as a cross-sector referral system. The Instruction on police work to prevent infection with HIV and other diseases in HRG should be one of the documents applying/implementing this cross-sector cooperation mechanism in practice.
- The Ministry of Internal Affairs, together with other relevant central public authorities, will develop the strategy and the action plan implementing the cross-sector cooperation mechanism between all the above-mentioned structures. The strategy and its action plan will be developed jointly with the stakeholders, civil society associations active in the field, and the representatives of the HRG.
- The Ministry of Internal Affairs will develop and implement an effective mechanism to monitor the implementation of the cross-sector cooperation mechanism on the basis of concrete monitoring indicators.
- GPI and territorial structures will develop referral schemes depending on the prevention services/programs available at territorial level. The referral schemes should include not only the types of services, but also the focal points.
- The relevant central public authorities will ensure that all stakeholders involved in the implementation of the cross-sector mechanism have increased capacities as regards the issues related to the HRG, prevention of HIV, viral hepatitis and tuberculosis in HRG, principles of cross-sector cooperation in this field, the role and responsibilities of different sectors in the prevention of HIV, viral hepatitis and tuberculosis in HRG.
- The Ministry of Internal Affairs will identify extra-budgetary investment sources to develop qualitative services for the rehabilitation and re-socialization of injecting drug users; develop quality regulations and standards for the newly-developed services; promote the inclusion of costs for re-socialization services in the state budget.
- The relevant public institutions will ensure the cooperation with civil society organisations in order to provide qualitative risk reduction services related to the IDUs (syringe exchange and methadone substitution treatment).

In order to improve the implementation of the Instruction on Police Intervention in Preventing HIV Infection in High-Risk Groups:

- The GPI will ensure the mandatory training of all police inspectorates' staff (including/especially of the police officers of a lower rank and of health workers) on the content and action to be taken in accordance with the Instruction. Every trained employee should confirm by signing that he/she participated in the trainings.
- The Ministry of Internal Affairs will ensure the training of the staff of all subordinated institutions (not only GPI, but also the Border Police Department, Civil Protection and Exceptional Situations Service, etc.) on the content and action to be taken in accordance with the Instruction.
- The public healthcare facilities will ensure the mandatory training of their staff on the content and action to be taken in accordance with the Instruction.

- The aforementioned public institutions responsible for training will identify ways of cooperating with CSOs to this end.
- The aforementioned trainings should be repetitive so that to ensure that lessons learned are more effective.
- The Ministry of Internal Affairs will establish a mechanism assessing on an ongoing basis police officers' knowledge (repeated tests) of the content and action to be taken in accordance with the Instruction.
- The public institutions and CSO active in the field will develop and diversify the training methods and the informative materials. Thus, they will develop and use videos showing how things happen in practice; short informative brochures, in an accessible language, based on the general Instruction.
- The Ministry of Internal Affairs will include public health issues in the Standard Operating Procedures to be developed.
- The Ministry of Internal Affairs will monitor how the training of Police Academy students takes place as regards the Instruction (the Instruction has been included in the Academy's Curriculum) and how the Curriculum and teaching methods are improved in order to increase the students' level of knowledge in this field.
- The Ministry of Education will include in schools' curricula subjects focused on the risks of infection with HIV, hepatitis, tuberculosis, STIs; diseases effects; prevention and protection against infection, etc. The information will be adjusted to students' level of understanding.
- The GPI will urgently provide the subdivisions and staff with individual protection measures and sets.

In order to promote the rights of and prevent/combat discrimination against the high-risk groups:

- An independent mechanism for complaints (hotline service) for HRG in order to ensure an effective feedback from the beneficiaries on the implementation of the cross-sector cooperation mechanism, and to record the cases of discrimination and violation of the rights of HRG, will be developed and implemented.
- The CSO active in the field will continuously empower, involve and support the HRG in defending their fundamental rights, especially of the right to confidentiality and the right to an informed treatment, etc.
- The relevant public institutions and CSO will implement information campaigns preventing the discrimination of HRG in educational facilities, at the workplace, by police and justice sectors.
- The CSO active in the field will develop for the relevant institutions and mass-media information materials, guidelines on how to communicate with IDUs and with other HRG; will organize information and communication activities to prevent the risk of infection with HIV /viral hepatitis/tuberculosis; will change public perceptions towards HRG with these diseases.