



Ministry of Internal Affairs of the Republic of Moldova



General Police Inspectorate

METHODOLOGICAL GUIDELINES

for Police Intervention to Prevent and Control HIV Infection

Among Most-At-Risk Populations

2015



Ministry of Internal Affairs of the Republic of Moldova



General Police Inspectorate

ORDER No. 54

27 March 2015

Chisinau

**On the approval of Methodological Guidelines
for Police Intervention to Prevent and Control
HIV Infection Among Most-At-Risk Populations**

With a view to implementing the provisions of the Law No. 23-XV of 16 February 2007 on Prevention and Control of HIV/AIDS, the National Anti-Drug Strategy for 2011-2018, approved by Government Decision No. 1208 of 27.12.2010, Law no. 320 of 27.12.2012 on the Activity of Police and the Status of Police Worker, as well as the provisions of the National Programme for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2014-2015, approved by Government Decision No. 806 of 06.10.2104, as well as the Amsterdam Declaration on Police Partnerships for Harm Reduction, approved at the 2nd International Conference on Law Enforcement and Public Health, held in Amsterdam on 04.10.2014

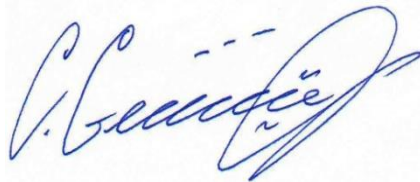
I ORDER:

1. To approve the Methodological Guidelines for Police Intervention to Prevent and Control HIV Infection Among Most-At-Risk Populations.
2. The heads of subdivisions of the General Police Inspectorate shall arrange for:
 - a) review and enforcement of this order during the fulfilment of duties by their subordinates;
 - b) training of employees on search procedures and HIV post-exposure prophylaxis actions in case of accident by exposure to blood or other body fluids posing a risk of HIV transmission;
 - c) equipping the subdivision staff with the required number of sets for personal protection against infection with HIV or other blood-borne diseases during searches (Annex no. 2);

d) appointment of persons in charge for keeping and using sets for personal protection against infection with HIV or other blood-borne diseases during searches (heads of police departments, services and wards). The persons in charge will make inventories of non-consumable materials from such sets and shall provide additional consumables).

3. This order is brought to the notice of relevant subdivisions of the General Police Inspectorate of the Ministry of Internal Affairs.

**Deputy Head,
Police Colonel**



Gheorghe CAVCALIUC

**Head of PD of ACD of GDPS of GPI,
Police Major**

/signed/

Dorel NISTOR

**Deputy Head of GDPS of GPI,
Police Lieutenant Colonel**

/signed/

Vladimir CAZACOV

APPROVED BY:

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List for distribution of the Order no. 54 of 03.27.2015 on the Approval of
Methodological Guidelines for Police Intervention to Prevent and Control HIV Infection
Among Most-At-Risk Populations to subdivisions of the General Police Inspectorate of
the MIA:

1. Secretariat of GPI – 1;
2. Operational Management Department of GPI – 1;
3. Human Resources Department of GPI – 1;
4. Finance Department of GPI – 1;
5. Legal Department of GPI -1;
6. Internal Control and Audit Department of GPI – 1;
7. General Directorate for Public Security of GPI – 1;
8. Staff Inspection Department of GPI -1;
9. National Investigation Inspectorate of GPI – 1;
10. National Patrol Inspectorate of GPI – 1;
11. General Directorate for Prosecution of GPI – 1;
12. International Police Cooperation Centre of GPI – 1;
13. "Fulger" Special Police Brigade of GPI – 1;
14. Procurement and Logistics Service of GPI – 1;
15. Canine Centre of GPI – 1;
16. Technical Forensic and Legal Expertise Centre of GPI – 1;
17. Public Relations Department of GPI -1;
18. PD of Chisinau – 1;
19. PD of ATU Gagauzia – 1;
20. PI of Centru district – 1;
21. PI of Ciocana district – 1;
22. PI of Botanica district – 1;
23. PI of Buiucani district – 1;
24. PI of Riscani district – 1;
- 25.PI of Anenii Noi rayon – 1;
- 26.PI of Bender rayon – 1;
- 27.PI of Basarabasca rayon – 1;
- 28.PI of Balti rayon – 1;

- 29.PI of Briceni rayon – 1;
- 30.PI of Cahul rayon – 1;
- 31.PI of Cantemir rayon – 1;
- 32.PI of Cimislia rayon – 1;
- 33.PI of Criuleni rayon – 1;
- 34.PI of Calarasi rayon – 1;
- 35.PI of Causeni rayon – 1;
- 36.PI of Donduseni rayon – 1;
- 37.PI of Drochia rayon – 1;
- 38.PI of Dubasari rayon – 1;
- 39.PI of Edinet rayon – 1;
- 40.PI of Floresti rayon – 1;
- 41.PI of Falesti rayon – 1;
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- 43.PI of Hincesti rayon – 1;
- 44.PI of Ialoveni rayon – 1;
- 45.PI of Leova rayon – 1;
- 46.PI of Ocnita rayon – 1;
- 47.PI of Orhei rayon – 1;
- 48.PI of Nisporeni rayon – 1;
- 49.PI of Rezina rayon – 1;
- 50.PI of Riscani rayon – 1;
- 51.PI of Singerei rayon – 1;
- 52.PI of Soroca rayon – 1;
- 53.PI of Straseni rayon – 1;
- 54.PI of Soldanesti rayon – 1;
- 55.PI of Stefan Voda rayon – 1;
- 56.PI of Taraclia rayon – 1;
- 57.PI of Telenesti rayon – 1;
- 58.PI of Ungheni rayon – 1;
- 59.PI of Comrat rayon – 1;
- 60.PI of Ceadir-Lunga rayon – 1;
- 61.PI of Vulcanesti rayon – 1.

Total = 61 (sixty one) copies

**Head of Prevention Department of ACD of GDPS of GPI,
Police Major**

Dorel NISTOR

METHODOLOGICAL GUIDELINES

for Police Intervention to Prevent and Control HIV Infection Among Most-At-Risk Populations

I. General Provisions

1. These Guidelines have been developed with a view to implementing the provisions of the Law No. 23 of 16.02.2007 on Prevention and Control of HIV/AIDS, the National Anti-Drug Strategy for 2011-2018, approved by Government Decision No. 1208 of 27.12.2010, the National Programme for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2014-2015, approved by Government Decision No. 806 of 06.10.2014, as well as the Amsterdam Declaration on Police Partnerships for Harm Reduction, approved at the 2nd International Conference on Law Enforcement and Public Health, held in Amsterdam on 04.10.2014.

2. The Guidelines are underpinned by the Constitution of the Republic of Moldova, national laws, as well as international treaties to which Moldova is a party. In case of inconsistencies between the Guidelines and the above-mentioned legal instruments, international treaties shall prevail.

3. These Guidelines define:

a) the goal, tasks, and actions of the police staff in carrying out activities aimed at preventing HIV/AIDS infection among most-at-risk populations;

b) ways of personal protection by police officers during their activity, including when they are among most-at-risk populations.

4. The Guidelines are applicable for the Police staff who, by virtue of their job duties, get in contact with most-at-risk populations (hereinafter - MARP).

5. The goal of the Guidelines is to increase the efficiency of activities aimed at preventing the transmission of HIV/AIDS among MARP through establishment of mechanisms for referral of the latter to the healthcare system and/or programmes intended to reduce risk.

6. With a view to achieving the goal of these Guidelines, the following objectives have been set:

a) increase awareness and skills of preventing HIV infection and drug use, and provide assistance to MARP persons. The supervisors in the police subdivisions shall ensure proper information and continuous training of their subordinated staff;

b) ensure the security of the staff and the supervisors of police subdivisions during the exercise of their job duties, by observing the standard precautions to reduce risks of infection with HIV, viral hepatitis, and other blood-borne infections;

c) contribute to fulfilling the objectives of the National Programme for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections (STI) for 2014-2015, and the Anti-Drug Strategy.

7. In order to meet the objectives of these Guidelines, the subdivisions of the General Police Inspectorate have the following duties:

a) contribute to raising awareness and security of the police staff with regard to the danger of getting infected with HIV, viral hepatitis or other blood-borne infections at job;

b) establish the rules, determine the mechanisms and implement police activities aimed at preventing the transmission of HIV infection among the MARP;

c) implement activities to ensure general, special, and individual prevention in context of prevention of HIV infection, viral hepatitis, STI, tuberculosis, and drug use;

d) ensure and take part in the implementation of a multidisciplinary approach in the prevention of HIV infection, viral hepatitis, sexually transmitted infections, tuberculosis, and reduce the risks through cooperation with public healthcare facilities and the non-governmental sector, within Risk Reduction Programmes.

8. If Police staff get infected with HIV while carrying out their job duties, they shall benefit from psychosocial counselling and social protection, in accordance with the Moldovan law.

9. Under Law No. 23 of 16.02.2007 on Prevention and Control of HIV/AIDS, the persons infected with HIV and having AIDS have the right to:

a) being treated humanely by the community, without humiliation of their dignity;

b) being ensured confidentiality and getting indemnified for any losses in connection with the revealing of information about their HIV-positive status.

10. The terms used in these guidelines are the following:

Risk-reduction strategy – implemented through Risk-Reduction Programmes, represents a public health protection approach designed to minimise healthcare and social risks related to the use of injecting drugs or to risk-bearing/harmful sexual behaviour. This approach aims to reduce the problems related to risk-bearing behaviours by ways that could protect the dignity, humaneness, and human rights of the persons using drugs or having a behaviour posing a high risk of HIV infection.

Human Immunodeficiency Virus (HIV) – a virus that leads to the destruction of the immune system, causing AIDS.

HIV-positive status – the presence of HIV markers in the human body, which is an evidence of HIV infection.

Acquired Immune Deficiency Syndrome (AIDS) – the final stage of HIV infection.

Tuberculosis (TB) – an infectious disease caused by *Mycobacterium tuberculosis* (Koch's bacillus), affecting primarily the lungs.

STI – Sexually Transmitted Infections. These are infections (such as syphilis, gonorrhoea, HIV, viral hepatitis) contracted as a result of unprotected sex with an infected person.

Drug user – a person who uses drugs, being physically and/or psychically addicted to them.

Withdrawal syndrome – a state occurring in drug-addicted persons, caused by accidental or voluntary interruption of medication. Its signs are: high blood pressure, throb, cephalgia, vomiting, convulsive seizures, psychological and physical discomfort, etc.

IDU – Injecting Drug User.

MARP – Most-At-Risk Population(s) (injecting drug users, commercial sex workers, men having sex with men, as well as their partners and clients).

Comprehensive HIV prevention package – a set of measures/actions/services to which access of IDU is ensured with a view to preventing the spread of blood-borne infections. This package includes 15 interventions to prevent the spread of HIV and to treat the HIV infection (Annex 5):

- a) Information, education, and communication;
- b) HIV testing and counselling;
- c) Treatment, care, and support of persons living with HIV;
- d) Prevention, diagnosis, and treatment of TB;
- e) Prevention and treatment of sexually transmitted infections;
- f) Provision of condoms;
- g) Opioid substitution therapy and other drug dependence treatments;
- h) Vaccination, diagnosis, and treatment of viral hepatitis;
- i) Needle and syringe programmes;
- j) Prevention of mother-to-child transmission of HIV;
- k) HIV post-exposure prophylaxis;
- l) Prevention of sexual violence;
- m) Prevention of HIV transmission through dental services;
- n) Prevention of HIV transmission through tattooing, piercing, and other forms of skin penetration;
- o) Protection of police staff from HIV contamination risks.

11. While carrying out their job duties, in order to implement these Guidelines, police staff shall abide by the following principles:

- a) **lawfulness** – any action to be undertaken by the police staff should be in line with the legal and statutory provisions;
- b) **non-discrimination** – any person is entitled to equal treatment, irrespective of their race, nationality, ethnicity, language, religion, sex, opinion, political affiliation, wealth, social status, disability, HIV/AIDS status or other disease, age, or any other similar criteria;
- c) **impartiality** – while exercising their job duties, the police staff must be objective, fair, and show unbiased attitude;
- d) **confidentiality** – the police staff are obliged to strictly protect the data and information obtained as a result of any actions aimed to find, identify or manage information about certain individuals;
- e) **protection and security** – any person in the risk group shall benefit from a high level of protection ensured by the police staff;
- f) **professionalism** – police staff must show professional diligence and god-faith;
- g) **cooperation** – police staff and public administration representatives shall be cooperative and communicable with the civil society representatives who provide MARP services and protection to the persons living with HIV/AIDS.

II. Preventing HIV/AIDS Infection Among Most-At-Risk Populations

12. For purpose of preventing the HIV infection, the activity of the police staff while interacting with MARP shall be based on a comprehensive approach, as well as cross-sector cooperation.

13. The subdivisions of the General Police Inspectorate shall have a clear understanding of their duties in terms of preventing HIV infection and participating in the implementation of the Strategy for reducing risks related to drug use or harmful sexual behaviour.

14. The General Police Inspectorate (GPI) shall:

- a) establish proper policies for working with MARP;
- b) plan, organise, and monitor the activities conducted;
- c) coordinate the activity of the subordinated subdivisions;
- d) interact with various authorities, non-governmental organisations, as well as national and international organisations developing policies and/or providing services for prevention of HIV/AIDS infection, STI, TB, and drug dependence;
- e) organize staff trainings on personal security with relation to the HIV infection risk, as well as the principles for conducting activities/programmes of pharmacotherapy and prevention of HIV infection among MARP, programmes to reduce risks, as well as programmes of pharmacotherapy with methadone;
- f) secure the enforcement and oversight over the implementation of the provisions of these Guidelines.

15. GPI's General Directorate for Public Security (GDPS) shall:

- a) monitor the activity for prevention of HIV infection spread among MARP, and the actions conducted by the subdivisions subordinated to GPI, with a view to ensuring interaction with other governmental and non-governmental organisations;
- b) take part, along with other members, in roundtables, meetings of technical working groups and of the National Coordination Council for National HIV/AIDS Prophylaxis and Control and TB Control Programmes (NCC HIV/TB);
- c) organize and conduct, jointly with its partners, public awareness campaigns on the prevention of HIV infection spread and drug use;
- d) organize, jointly with its partners, national and regional seminars and meetings for the police managers and staff.

16. Police Directorates in Chisinau Municipality and ATU Gagauzia and Police Inspectorates of the General Police Inspectorate shall:

- a) develop and approve plans for implementation of actions to prevent the spread of HIV among MARP, in partnership with the public healthcare facilities and the non-governmental organizations active in this area;
- b) ensure public order, prevention of delinquency and suppression of illegal actions against MARP;
- c) inform, jointly with their partners, the representatives of MARP about the risk of HIV infection during the use of injecting drugs, unprotected sex, as well as about the importance of using disposable syringes and personal protection means (e.g. condoms);
- d) ensure the distribution of information materials developed jointly with the partners, regarding the Programmes for Prevention of HIV infection and reduction of risks among MARP;
- e) cooperate with governmental institutions, public healthcare facilities, and non-governmental organizations in implementing programmes aimed at reducing risks

related to drug use and unprotected sex (e.g. replacement of syringe and pharmacotherapy with methadone), in order to refer persons from MARP to such institutions for psychological assistance and support;

f) inform, jointly with the partners and relevant specialists, the MARP representatives, including teenagers, about the legal aspects of preventing HIV infection, viral hepatitis, STI, TB, drug use, sexual violence, and other such kind of abuse;

g) participate in the implementation of Programmes for Prevention of HIV infection, for risk reduction, pharmacotherapy using methadone, ARV and anti-tuberculosis treatment or other treatment, and, if needed, provide assistance within the limits of their competences;

h) exercise their duties according to the provisions of the special operation plans implemented, but shall not intervene directly in the spaces managed by the programmes for prevention of HIV infection and risk reduction and pharmacotherapy with methadone, which work based on the principle of confidentiality of personal data of the beneficiaries of services within the serviced area, except when there is reasonable suspicion of violation of the legal provisions;

i) ensure, in case of arrest for more than 3 hours, access to services for prevention of HIV infection, risk reduction, and continuation of the pharmacotherapy using methadone, the treatment of tuberculosis or any other treatment applied by the representatives of MARP;

j) ensure the confidentiality of data about the HIV status of the individuals with whom they interacted, as soon as they become aware of such status;

k) take part in actions and events organized jointly with the non-governmental organizations, for the purpose of mutual information, coordination of efforts in this area, and increasing the efficiency of the national response to HIV infection.

III. Preventing HIV Infection among the Staff of the General Police Inspectorate and the Subordinated Subdivisions

17. The head of the subdivision shall ensure the provision of a sufficient number of first aid kits, which shall contain an individual set of medical products and accessories for accidental situations bearing the risk of infection with HIV or other blood-borne diseases (Annex 2).

18. The head of the subdivision shall ensure information and training of the staff on the security rules in case of contact with potentially harmful biological materials.

19. All GPI staff members shall be aware of the possible risks of HIV infection upon contact with any infected biological material, during the exercise of their job duties, and of the personal security measures in this case, particularly by:

a) being cautious during apprehension/escort, search, collection of evidence, and provision of first medical aid. Every arrested/detained individual shall be treated as a person potentially infected with HIV, viral hepatitis, and STI;

b) conduct a series of procedures to prevent infection with HIV in case of contact with a potentially infected biological material;

c) report to their supervisors about any incident or accident with risk of infection with HIV or other blood-borne diseases. Shall visit, within 24 hours at most, the

infectious disease specialist in their area or the Hospital for Dermatology and Communicable Diseases (address: 5/1 Costiujeni str., Codru town, mun. Chisinau, MD-2028) for evaluation of the accident and preliminary testing of the source and the staff member exposed to the infection risk, with a view to applying preventive, HIV post-exposure treatment;

d) following the evaluation of the accident and preliminary testing, the post-exposure treatment shall follow (Annex 1).

IV. Police Actions in Case of Apprehension

20. As part of apprehension actions, the police staff shall avoid as much as possible using physical force and special means that are dangerous for the individual's life and health, in order to reduce the risk of traumatizing them. To this effect, the police staff shall:

a) find out whether the apprehended individual is a beneficiary of the Treatment Programmes, the institution which provides healthcare to him/her, as well his/her healthcare provider;

b) ensure continuity of the pharmacotherapy using methadone, ARV and anti-tuberculosis treatment, according to the national protocols approved by the Ministry of Health;

c) ensure continuity of services for support and prevention of HIV infection, risk reduction, anti-tuberculosis treatment, or any other treatment applied to the service beneficiaries.

V. Evaluating the Activity of General Police Inspectorate Staff for Prevention of HIV Infection

21. The evaluation of activity for prevention of HIV infection shall be carried out by the responsible GPI subdivisions.

22. The results of the activities organized and conducted within the National HIV/AIDS Prevention and Control Programme shall be reported on a quarterly basis by the GPI's General Directorate for Public Security.

23. The activity of the police staff for prevention of HIV infection among MARP shall be assessed based on the results achieved and the evaluations conducted to this effect.

24. Any staff member who discloses confidential information about the disease(s) of an individual, with whom they have been in contact by virtue of their job duties, shall be held accountable, in accordance with the Moldovan laws.

RULES

For Personal Security and Prevention in Cases Bearing a Risk of Infection with HIV or Other Blood-Borne Diseases

1. According to Law No. 23 of 16.02.2007 on Prevention and Control of HIV/AIDS in Moldova, the individuals infected with HIV and having AIDS, have the right to:
 - conduct professional activity based on their background;
 - specialised free healthcare and provision of medicines.
2. HIV may be found in all fluids of the human body, with the biggest concentrations in blood, sperm, and vaginal discharge.
3. Ways of HIV transmission:
 - sexually (during unprotected heterosexual, homosexual, and bisexual intercourse);
 - through blood (during transfusion of infected blood or products made of such blood), through non-sterile cutting/piercing, medical/non-medical tools, which penetrate the skin. This type of HIV transmission is spread among the drug users who share contaminated injection tools (needles, syringes);
 - from the infected mother to the child during pregnancy, birth, and breast-feeding.
4. HIV is not transmitted through: habitual contacts; kiss; cough; touch; use of the same bathroom, toilet, swimming pool, tableware and bed-linen, use of public transportation, insect stings.
5. HIV infected individuals do not present any harm for the people around them.
6. Currently, there are neither vaccines against the HIV infection, nor efficient medicines to totally treat this disease. The only way to prevent HIV infection is for each staff member to observe the standard precautions.
7. Depending on the ways of transmission of the HIV infection, the following rules should be observed:
 - a. During the search of individuals, the staff shall observe the following rules:
 - cover the skin lesions (particularly those of the hand skin) with waterproof patch;
 - use latex gloves when there is any risk of skin lesions (e.g. when touching hardly accessible areas);
 - use disposable (latex) gloves, preferably 2 pairs, when there is a risk of contact with the blood or other biologic human fluid;
 - preliminary inspect the objects found visually, avoid touching them;
 - apprehended individuals shall free their pockets of the contents, to the extent possible, and then provide the clothes for control or search;
 - keep the objects taken during the search, primarily those with blood marks, in plastic bags or containers for destruction.
 - b. During the search of premises, the staff shall observe the following rules:

- strictly observe the security measures while searching premises;
- use latex gloves in any situation (Caution!: such gloves do not protect against injury caused by pointed tools);
- exclude manual control of the sectors which are not within your eyesight;
- avoid reaching with your hand under horizontal areas (tables, beds);
- examine visually the bed sheets, quilts, mattresses, then shake them out before performing manual control;
- observe the security measures during the search of the bed linen and underwear, mattresses, and quilts;
- use mirrors, torchlight, and rulers to perform verifications in the hardly accessible places.

8. In case of violent actions, avoid injuries caused by hits, piercing with needles or other pointed objects, bites, and other injuries through which HIV may be transmitted.

9. Additional precautionary measures:

- carefully assess the risk in each individual case;
- avoid contact with blood and other biologic human fluids;
- take caution during apprehensions, searches, and other criminal procedure actions against drug users;
- treat every apprehended individual as a potential HIV infected person;
- avoid applying medical procedures outside the healthcare facilities.

10. Urgent assistance following possible exposure to HIV infection consists in immediate application of a series of measures. The purpose of such measures is to reduce the time of exposure to biologic fluids or infected tissues (including blood), and to correctly treat the exposed area in order to reduce the risk of infection.

11. Sequence of actions in case of injuries caused by needles or other sharp instruments:

- if the skin has been injured (by cutting or piercing), it is not advisable to press or rub the injured area. Stimulate bleeding of the wound, then wash it accurately with soap under a flush of running water and apply a bandage;
- in absence of running water, treat the wound with disinfection gel or with hand-washing solution;
- do not use preparations which are concentrated or with strong action: alcohol, disinfectant, iodine. They may irritate the skin, aggravating the state of the wound.

Do not press or rub the injured area.

12. Sequence of actions in case of spatter with blood or other biological fluids:

- a. Spatter on the skin:**
- immediately clean the exposed area under a flush of running water;
 - if no running water, treat the exposed area with hand-washing gel or solution;
 - avoid using concentrated or strong-action preparations (alcohol, disinfectants, iodine) as they can irritate the contaminated area;
 - use light disinfectants, e.g. 2-4% chlorhexidine gluconate;
 - avoid rubbing or exfoliating the area that was in contact with the biologic fluid;
 - no bandage is applied.

b. Spatter in the eyes:

- wash immediately the eyes with water or saline. While seated, incline your head backward and ask your colleague to carefully drop water or saline onto your eyes, so that it gets under your eyelids, which you should pull down carefully;

- do not wash your eyes with soap or disinfectant.

c. Spatter in the mouth:

- immediately spit out the blood or the biological fluid and douche your mouth several times with water of saline, by repeatedly spitting out the fluid;

- repeat the douching procedure several times ;

- do not use soap or disinfectant for douche.

13. In case of an accident with risk of HIV infection, visit the infectious disease specialist in your area or the Hospital for Dermatology and Communicable Diseases (address: 5/1 Costiujeni str., Codru town, mun. Chisinau, MD-2028; public transportation: Bus No. 8, minibuses No. 128 and 173) for evaluation of the accident and preliminary testing of the source and the staff member exposed to the infection risk, with a view to applying preventive post-HIV exposure treatment;

14. To prevent HIV transmission through sexual intercourse:

- avoid occasional sexual intercourse;

- use preservatives;

- have an HIV test done in case of occasional unprotected sex;

- for more details, call the HIV/AIDS hotline of the consulting service.

PERSONAL KIT
for Protection Against HIV or Other Blood-Borne Diseases During Searches

No.	Description	Quantity
1.	Kit	1
2.	Methodological Guidelines for Police Intervention to Prevent and Control HIV Infection Among Most-At-Risk Populations Most-At-Risk Populations	1
3.	Flashlight	1
4.	Hard latex gloves	4
5.	Disposable gloves	10
6.	Mirror	1
7.	Protection mask	4
8.	Polythene bags for objects seized during the search	10
9.	Rulers of different lengths	2
10.	Tweezers	2
11.	Tourniquet	2
	For the first aid in case of injury:	1 kit
1	Hydrogen peroxide, 33%	2 bottles of 50 ml
2	Albucid, 30%	2 bottles of 10 ml
3	Ethyl alcohol, 70°	50 ml
4	Tincture of iodine, 5%	50 ml
5	Gauze	3
6	Woven cotton	2
7	Plaster	10
8	Pipette	2

Sample Report on cases of occupational exposure

(name and surname of the Head)

(position and subdivision)

" ____ " _____ 20____

REPORT no. _____
on cases of occupational exposure (confidential information)

1. _____
(name and surname, date, month and year of birth of the injured employee)

(position, special rank and subdivision)
2. Scene _____
3. The accident occurred at _____ (time), on _____ (day) _____ (month) _____ (year).
4. Description of circumstances of the accident: _____

5. Measures taken to offer first aid to the injured employee: _____

6. The report was drafted in two copies at (time), on _____ (day) _____ (month) _____ (year).
(a copy is kept in the chancellery of the subdivision and a copy is at the injured person)

(position, special rank)

(initials and signature of the person who drafted the report)

RULES

for the First Aid in the Event of Drug Overdose until Qualified Health Care is Provided

Emergency medical intervention for qualified health care shall be requested in all cases of drug overdose (call 903).

Overdose is one of the most dangerous situations in the life of a drug user (IDU). The drug affects the brain, which controls the activity of all body organs. Each drug has a certain effect that determines its use, and toxic effects that cause changes in the psycho-emotional status. The toxic effects depend not only on the type of drug, but also on the person and the state in which it is administered. Therefore, the dose regarded by an IDU as optimal, may be too big in some cases, causing an overdose. It is dangerous for life, the death from overdose can occur during 1-3 hours after the injection if the first aid is not provided timely. Even if not causing the death, the consequences of an overdose are severe, generating additional co-morbidities.

The specific features of opioid overdose (heroin, shirka and other opioid derivatives) on the central nervous system consist of slowing breathing and heart rate, and decreasing the blood pressure and body temperature. As a result, the shortage of oxygen in the brain leads to unconsciousness, coma or death, the brain dying in 10 minutes after the breath stops.

Possible causes of overdose:

- combining several drugs (psychoactive substances): injection of "cocktails" of various psychoactive substances (in a syringe), or the concomitant use of several psychoactive substances (opiates, barbiturates, alcohol), which is the most common cause of overdose. Drugs interact with each other and amplify the toxic effect.

- Tolerance or increased drug dependence. Increased dependence is one of drugs properties. Therefore, it is necessary to increase the administered dose in order to achieve euphoria (pleasure). The continuous increase of dose augments the drug dependence and frequently leads to overdosing.

- Use of drugs after a break (treatment, abstention, detoxification, detention). The body gradually disaccustoms (the tolerance decreases), and therefore consumption of the previous dose of drugs can lead to overdose. Often overdose is recorded among inmates recently released from detention.

- Repeated administration of the drug. The administration of a drug before the effect of the previous drug ends leads to gradual accumulation of the drug in the body and, respectively, to overdose.

- Drug purity. The drug effect depends on its purity degree, that is, its amount in the mixture. If the user buys drugs of an unknown quality, it is hard to select its dose, because it is impossible to assess at sight the amount of active substance in this mixture.

- Changes in the health condition. Illness or weight loss can alter the body's ability to tolerate the drug.

Signs of overdose in case of the most common psychoactive substances

Symptoms of overdose may include a wide range of manifestations (euphoric mood, aggression or severe depression, uncoordinated movements) depending on the type of drug or narcotic substance taken.

(1) **Signs of opioid overdose** (heroin, morphine, promedol, omnopon, dionin, codeine, fentanyl, fenadon, methadone, pentazocine, opium acetate (skirka) and other opium derivatives).

Opioid overdose is identified by a combination of signs and symptoms, including miosis and respiratory depression. Dilated pupils suggest an alternative diagnosis. Patients, suspected of opioid overdose, should be treated if the respiratory rate is less than 10 respiratory movements per minute or if they are hypoxic on pulse oximetry (oxygen saturation is <92%).

Symptoms of opioid overdose:

- pinpoint pupils
- breath inhibition, respiratory depression
- nausea, vomiting
- urinary retention
- non-cardiogenic pulmonary edema
- somnolence
- impaired consciousness
- stupor and coma
- convulsions

First aid in case of opioid overdose

When managing an opioid overdose, one must always focus on breathing and oxygenation. The initial treatment of hypoxic patients should include supplemental oxygen and assisted ventilation, as appropriate. Thus, respiratory tracts are cleaned and a bag or mask ventilation with oxygen is applied.

A long and successful clinical history in overdose treatment has Naloxone, a non-selective antagonist of opiate's receptors, an effective antidote for overdoses of short-acting opiates, such as heroin. The method of administration of Naloxone (for health personnel) depends on the condition of the person and the amount of drug taken. Naloxone is given intravenously (slowly, one drop for 2-3 minutes), intramuscularly in the shoulder (deltoid muscle), buttock, thigh or subcutaneously.

The respiration gets normal in 30 seconds after Naloxone is administered. The dose that improves the ventilation is the ideal dose of Naloxone. A standard dose for the heroin overdose treatment is 400 micrograms given intramuscularly or 800 micrograms given subcutaneously, repeated every 2 minutes, if necessary. If there is a venous access and an adequate ventilation of the patient, low doses of 100 micrograms can be administered repeatedly until the patient breathes at a rate of more than 10 respiratory movements per minute. Initial use of Naloxone in large doses (> 2 mg) can induce withdrawal syndrome with the risk of vomiting and vomit aspiration, while very high doses (> 10 mg) may endanger the life.

The overdose of long-acting opiates is more difficult to manage; the duration of sedation is much greater than the effects of Naloxone. Ventilation is the safest method to treat the overdose of long-acting opiates. Naloxone or infusions of Naloxone can be repeatedly administered to the patient. Death can occur in case of unnoticed interruption of Naloxone infusion or if the patient wakes up and refuses medical treatment. Ideally, patients should be monitored for 2 hours after Naloxone administration, before being released from medical monitoring.

(2) **Signs of stimulant overdose** (cocaine, ephedrine, methamphetamine (speed or pervitin, methedrine), amphetamine, extazy, LSD)

Stimulant overdose may be suspected based on the examination of the place of consumption, after clinical signs of the person or based on the words of others, including the following:

- panic
- death fear
- hyperactivity
- motor excitation (the person is agitated, nervous)
- increased blood pressure (up to seizure in case of cocaine overdose)
- increased heart beating
- wet skin
- strong headache with throbbing pain
- sensation of pressure, pain in the chest region
- foam from mouth
- nausea, vomiting

First aid in case of stimulant overdose

The following general first aid procedures are applied: creating a safe environment to prevent self-mutilation or injury caused by hyper-agitation; administration of neuroleptic medication, tranquilizers or sedatives; supervision and psychological support. See below a more detailed description of how to provide the first aid.

(3) **Signs of hallucinogens and cannabis derivatives overdose** (LCD, cannabinoids (hashish, marijuana, pot, anasha), synthetic cannabinoids (spice, roza/romashka), hallucinatory fungus (mescaline))

- hallucinations
- excitement
- agitation
- disorientation in time
- depersonalization and difficult speech (dysarthria)
- uncoordinated movements
- muscle tremors and seizures
- involuntary movements of limbs
- increasing cardiac rhythm and pain
- fever and chills

First aid in case of hallucinogen and cannabinoid overdose

The following general first aid procedures are applied: creating a safe environment to prevent self-mutilation or injury caused by hyper-agitation; administration of anti-hallucinogenic medication (Rileptid, Risperidone), tranquilizers or sedatives; supervision and psychological support. See below a more detailed description of how to provide the first aid.

(4) **Signs of antidepressant overdose** (amitriptyline, melipramine)

- slow shallow breathing
- low blood pressure
- weak pulse
- slow heart rate
- pupils get narrower (pinpoint pupils)
- cyanosis of the lips and fingers (acrocyanosis)
- dry and pale skin
- increased muscle relaxation (manifested by slowness of movement, bending the knees, numbness, the patient remains still, in a certain position. The typical position is the crouch)
- disturbance of consciousness (from sleepiness to unconsciousness)
- nausea, vomiting
- speech disorder (poorly articulated speech)

First aid in case of antidepressant overdose

General first aid procedures are applied. Detoxification and cold turkey, gastric lavage by inducing vomiting are important in case of antidepressant overdose. It is necessary to apply the first aid kit for the purpose to maintain the essential organs vitality (artificial respiration and cardiac massage). See below a more detailed description of how to provide the first aid.

ACTIONS IN CASE OF DRUG OVERDOSE

1. Call urgently the doctor and / or the specialized team of emergency medical care. In most overdose cases, qualified health care and sometimes special equipment is necessary.

2. Make sure that the victim is conscious: shout loudly her/his name several times, if she/he does not react, strongly gather her/his earlobe with the fingers (earlobe is very sensitive and if the person is conscious, she/he will react). If the person does not respond to previous actions, rub her/his ears with fingers, rub her/his earlobes, tap her/his gently on the cheek and the back of the neck. Release her/him of the clothes that hinder breathing, unbutton her/his collar so that she/he can breathe easier. Apply on the gauze a splash of ammonia and bring it close to the nasal cavity.

3. If the victim gets well, do not allow her/him to sleep, talk to her/him, force her/him to answer simple questions. Explain her/him how to breathe: a deep inspiration, slowly - a quiet exhalation, slowly. It is necessary to monitor the victim's breath because it is difficult in case of opiate overdose and respiratory arrest can occur at any time.

4. Victim's life is in danger if she/he is still unconscious, the chest respiratory movements lack, the carotid and femoral pulse cannot be palpated, the heartbeat is not heard and the pupils are dilated!

First aid until the doctor arrives:

- Lay the victim on a hard surface (on the floor or ground, but not in bed with flexible mesh).
- Check the permeability of the upper respiratory tracts (nasal cavity, oral cavity, nasopharynx). In case of overdose, vomit or swallowed tongue frequently hinder the victim to breathe (due to relaxation of all muscle groups). They must be removed from the mouth with the finger (preventively wrapped with a piece of clothing or gauze, or wear gloves or condoms to prevent accidental trauma caused by bite).

Release of respiratory tracts if swallowed tongue:

1. Maximally bend back victim's head. To do this, place one hand under the neck region and carefully pull up, and with the other hand press his forehead.
2. Open the victim's mouth and fix the jaw. You need to identify the lower angles of maxilla (located symmetrically below the earlobes), hold them and push the jaw forward in a way that upper and lower teeth lie in a plane.

If breathing and heart activity were not restored, and the doctor has not yet come, you must perform artificial respiration through the "mouth-to-mouth" technique and indirect cardiac massage. These actions will temporarily replace the normal lungs and heart work. Whereas in a normal state these organs function simultaneously, artificial respiration and cardiac massage also must be carried out simultaneously.

Artificial Respiration Technique:

1. Take a deep breath.
2. Open the victim's mouth and cover it completely with your own lips (in advance covering victim's mouth with a handkerchief, gauze or piece of clothing).
3. Pinch victim's nose closed with the help of your fingers (otherwise, the insufflated air will escape through the nose).
4. Exhale, insufflating the air in the victim's lungs.
5. Watch if the artificial respiration was executed properly (when the rescuer exhales, the victim's thorax (chest) must rise). If the thorax does not move, it means that the air did not reach the lungs. In this case check if respiratory tracts are permeable. If appropriate, cleanse them several times. Sometimes you need to increase the volume of the inhaled air.
6. The rescuer ensures only victim's "inhale", while the "exhale" should occur without assistance (it is not necessary to take out the air from lungs).
7. The rate of artificial breaths should be of 18-20 breaths/minute. A smaller number of breaths does not ensure the appropriate quantity of air needed for lungs.

Indirect Cardiac Massage Technique. You should not begin cardiac massage if on the victim's forearm you can palpate the pulse. Before beginning the cardiac massage, make two artificial breaths to the victim. The fingers must press on ribs, upper limbs must be open at articulations, and the elbow will be used to press using the body weight.

1. Stay on your knees on one side of the victim.
2. Find the victim's solar plexus (a two fingers distance, under navel); on its superior part it is easy to determine xiphoid process of sternum.

3. Place the heel of one hand on the thorax in the heart region, by 3 cm upper from the xiphoid process (you cannot move your hand beneath where the sternum passes into xiphoid, because this fragile bone may be very easily fractured). Try not to move the palm laterally from the middle line of the body – pressure exerted on ribs often leads to their fracturing.

4. Place your second hand over the first one (so that the small fingers form a 45° angle) to increase the pressure.

5. Begin massaging: rhythmic compressions are only the basis.

6. Do not unstuck your hands from the thorax after applying pressure, and after you applied the pressure, stop doing anything, let the sternum regain its initial position.

7. The frequency of cardiac massage movements should be of 80-100 per minute.

If you make artificial respiration and cardiac massage by yourself, first make 2 artificial breaths, then 15 stern compressions. Then repeat these actions in the mentioned sequence. If there are 2 rescuers, then one can make the artificial respiration, the other one - the cardiac massage. When working in a team, the artificial respiration and stern compressions are performed in a strict sequence - after an artificial breath, 5 stern compressions follow (simultaneous filling of the lungs and stern compression will not have the expected effect).

After each 2-5 minutes of artificial respiration and massage, it is necessary to stop for some seconds to check whether the pulse or independent breathing appeared. The emergency assistance activities should be provided until the doctor arrives or until the cardiac and respiratory activity is restored.

The efficiency of the undertaken measures is proved by the following:

- The victim's attempt to breathe independently
- The appearance of pulse on the carotid or femoral artery
- Improved skin colour
- Pupils get narrower
- Spontaneous movements of the laryngeal (prominence at the front of the men's throat – “Adam's apple”)

Once the pulse and breathing is restored, roll the victim onto lateral decubitus position and place a pillow or another thing on either side of the neck to prevent asphyxiation with vomit.

What NOT to do in case of psychoactive drug overdose: if the victim still breathes, place him/her under a cold shower for refreshment. Stay close to victim to keep the water away from the nose and mouth. Do not put the subconscious victim in an ice cold bath. She/he can die from asphyxiation!

Upon arrival, emergency medical assistance team will apply a series of first aid measures:

- checking the permeability of airways and ensuring appropriate oxygenation of the patient, if appropriate by means of intubation and ventilation;
- evaluation of cardiac function;
- inserting an intravenous infusion;
- ongoing monitoring of cardiopulmonary function and vital signs.

Measures to Protect Policemen Against Infection with Tuberculosis while Exercising Their Duties

Tuberculosis (TB) is a communicable disease, caused by Koch bacillus (in the name of the scientist who discovered it). These microbes are multiplying in several body organs (lungs, kidneys, brain, bones, articulations and even eyes), but they attack lungs the most of all.

TB is transmitted by air. A person sick with TB spreads germs when coughing, sneezing, speaking. The persons in his/her surrounding inhale the air with germs and gets infected. Therefore, to prevent infection with germs by air, it is important to perform frequently wet cleaning and ventilate the rooms where TB patients stay.

Protective Measures for Respiratory Organs

1) For healthy people (GPI employees) - individual protective equipment (hereinafter referred as to IPE, respiratory protection masks) to protect against the germs in the air during the period of staying in a closed space with people suffering from TB or people suspected to have TB.

Surgical masks do not ensure the safety of staff!

2) For people sick or suspected to have TB - surgical masks to reduce the spread of germs when leaving the detention cell or other rooms.

I. Measures to protect the respiratory organs of police officers:

1. The 3M™ range of respiratory protection masks is designed to protect users from potential exposure to airborne infectious agents, such as Koch bacillus. Bacterial filtration efficiency of these masks is at least of 95%.

2. The respiratory protection mask (FFP3 or FFP2) shall be mandatorily worn when the employer contacts with detainees, sick with TB or suspected to have TB, in particular:

- health personnel (physicians, medical assistants, nurses);
- oversight and escort personnel;
- technical and administrative personnel.

3. Respiratory protection mask should be worn on a mandatory basis in the following cases:

- when receiving new people suspected or suffering of TB;
- during medical procedures applied to people suspected or suffering of TB;
- when escorting the detainees with a confirmed form of TB or suspected to have

TB;

- in the sputa microscopy centres and during the procedure of sputa collection.

4. Police officers' duties on respiratory protection:

- to use respiratory protection measures according to the guidelines;
- to know and apply appropriately the rules of IPE use;

- to transport the respiratory protection masks appropriately (in the pocket, wrapped in a paper towel and not polyethylene bag);
- to store the IPE correctly (hung in the protective equipment storage place, protected from moisture);
- to know the methods of disposing the respiratory protection masks (they can be disposed together with household waste, given the low risk of reaerosolization).

5. It is not mandatory to wear respiratory protection mask in open air areas.

6. According to Article 20 (d) of the Law on Tuberculosis Control and Prevention No 153 of 04.07.2008, health workers and other workers involved directly in provisions of anti-TB health care have the right to provided with individual protection equipment in order to limit or eliminate the risks of TB infection.

II. Measures to Protect the Respiratory Organs of Detainees

1. All the detainees with a suspected or confirmed TB must wear a surgical mask when leaving the detention cell, except for free time spent in the open air area (yards for walking).

2. On a mandatory basis, surgical masks must be worn by detainees in the following cases:

- During the visits to the physician or other visits in other places than his/her detention cell/room;
- When escorted to the public health care facilities and court hearings;
- Other cases not listed, on the decision of the health staff if there is a risk to infect healthy people.

3. Meetings with TB patients will take place in special rooms delimited by glass walls. If this condition is complied with, it is allowed to take off the medical mask for the indicated period.

4. The detainee's refusal to wear a surgical mask is considered a violation of sanitary and hygienic norms.

5. According to Article 18 of Law on Tuberculosis Control and Prevention No 153 of 04.07.2008, persons monitored for suspected TB and the TB patients must comply with sanitary and hygienic norms for TB patients in public places and habitual residence condition.

Keep in Mind! Surgery masks are not included in the category of individual protection equipment and cannot be used to protect against the risk of exposure to pathogen micro-organisms.

Algorithm of actions if the persons detained in GPI subdivisions are suspected/confirmed to have TB.

The head of the institution shall:

1. Identify the persons suspected to have TB, detained in Preventive Detention Centre (PDC) of the Police Department/Police Inspectorate (PD/PI), by asking the PDC medical workers to collect the medical history on TB or confirm the current TB status.

2. Isolate the detainees with a suspected or confirmed TB in separate detention cells/rooms.

3. Make sure that the police officers from PDC, criminal prosecution officers, escort services and visitors comply strictly with the infection control measures.

4. Ensure the access of territorial pneumophthysiologist to the PDC to check the people suspected to have TB.

5. Perform regular medical check-ups for the employees (twice a year) who got into contact with confirmed TB cases in the PDC.

6. Send immediately the people sick with TB, detained in the PDC, for treatment in the penitentiary institutions of the Department of Penitentiary Institutions (DPI, subordinated to MoJ), not later than 24 hours since the preventive arrest was applied.

7. Perform the followed direct treatment of detainees sick with TB, until they are transferred from PDC to penitentiary institutions of DPI subordinated to MoJ, according to territorial pneumophthysiologist's indications.

8. PDC nurse should monitor the followed direct treatment and fill in treatment forms on a daily basis.

9. When transferring the detainees from penitentiary institutions of DPI subordinated to MoJ, for criminal prosecution actions or for examination of their files in courts of law from another territorial-administrative unit of the country, the DPI nurse shall inform the territorial pneumophthysiologist about the sick detainee, for purposes of performing the followed direct treatment and filing in the treatment form on a daily basis; the persons must return to the penitentiary institutions of DPI of the MoJ on the same day in order to ensure the treatment continuity.

10. If the detainee is released from arrest or condemned, DPI nurse shall inform territorial pneumophthysiologist about it and record the case in the register and send patient's medical records to continue the treatment.

11. To enforce the court judgment, which approved the forced hospitalization of the person sick with contagious and dangerous TB, the police officers and specialized health workers shall provide assistance for the forced hospitalization of the person, from his/her domicile or place of stay, transported by the medical vehicle of the public health care facility of the pneumophthysiology service, on the request of bailiff.

Information on Comprehensive HIV Prevention Package

Comprehensive HIV Prevention Package is a recommended set of measures-activities-services, which the IDU has ensured access to, in order to prevent the spread of blood-borne infections. The Package consists of 15 interventions to prevent HIV spread and treatment of this infection. This Package is recommended for implementation by UNAIDS, UNODC, and WHO.

Principles of the Harm Reduction Concept

1. **Pragmatism.** The concept of Harm Reduction accepts that the use of psychoactive substances is part of the human experience. To understand the behaviour of a drug user, we have to consider the benefits provided by drugs, in addition to their harms. From the community perspective, understanding and reducing the harms caused by drug consumption may be a more pragmatic and feasible option than the efforts aimed at fighting the use of drugs.

2. **Human Values.** People's decision to use psychoactive substances is accepted as fact in itself. This does not mean that harm reduction approves and supports drug use. No "moralistic" judgment is made either to condemn or to support the use of drugs, regardless of the level of use or mode of intake. The dignity and rights of the person that takes drugs are respected.

3. **Focus on Harms.** From the Harm Reduction perspective, the fact that a person takes drugs is less important than the harms resulting from drug use. The harms are of the following types: medical (affect the health condition), social, economic or determined by other factors affecting the user, community and society as a whole. The priority is to reduce the negative effects caused by drug use, and not the decrease of drug use as such. Harm Reduction Programmes neither exclude, nor stand against long-term abstinence-based treatment. In some cases, the most effective form to reduce the harm is to reduce the level of drug use, in other cases - to change to modes of intake.

4. **Cost-Benefit Balance.** Some pragmatic process of identifying, measuring and assessing the relative importance of drug-related problems, their associated harms, and cost-benefit analysis are carried out in order to enter these programmes on the list of priority financing.

Harm reduction methods are alternative methods, underlining that different approaches must be taken into consideration as complementing and not conflicting with each another. A plenty of projects on the promotion of harm reduction principles programmes have been implemented all around the world.

Elements of Comprehensive HIV Prevention Package among IDU:

a) Information, Education and Communication This is about rising awareness and informing people to share knowledge in preventing HIV, STI and TB, as well as

about Harm Reduction Programmes, implemented by the authorities or Non-Government Organisations in preventing HIV contamination and to get support from such programmes by insuring their rights.

b) HIV Testing and Counselling shall be conducted only if the individual has given written consent, in terms of confidentiality (testing without having the individual's consent can be performed only as the law prescribes it, based on a court judgement). The intervention foresees that service providers shall ensure individuals with pre-test and post-test counselling. This service can also be provided by NGOs by rapid oral HIV test.

c) Antiretroviral Therapy, Care and Support. Antiretroviral therapy, HIV test, diagnosis of some sexually transmitted infections and treatment by use of cotrimoxazole to prevent opportunistic infections are performed free of charge.

Antiretroviral therapy for HIV/AIDS is prescribed by an infectious disease physician, but it administered by the patient himself/herself. It is very important to perform regular laboratory tests (not less than 2 times per year) of the viral load and immune status (CD4).

As a rule, the patient receives medicines for self-administration for 2-3 months. It is also important to undergo the treatment prescribed both at liberty and in detention. Therefore, it is important to inform the health personnel, as soon as possible, about the need for medicines and administration scheme to ensure that they are available in the detention facility. Non-regular or interrupted administration of medicines can cause drug resistance, which significantly reduces the efficiency of treatment, in combination with opportunistic diseases.

d) Prevention, Diagnosis and Treatment of TB shall be performed by a pneumophysiologist or a family physician, depending on the type of TB. The treatment lasts from 6 to 24 months. The treatment is strictly monitored in the treatment rooms of health care facilities. In the event of placement in PDC, it is important to ensure ongoing treatment to prevent drug resistance or abandonment.

During the period of stay in PDC, it is important to comply with the sanitary and hygiene norms (isolation of detainees who cough or show other suspicious TB symptoms) to prevent spread of infectious diseases in the institution (see Annex 5).

e) Prevention and Treatment of Sexually Transmitted Infections. Early STI diagnosis and treatment can be performed for free, according the Single Health Care Programme.

f) Provision of condoms. The main goal of this intervention is to prevent HIV and STI transmission, by free and confidential distribution of condoms by health personnel or Non-Governmental Organisations operating in this field.

To achieve this goal, the condoms provision programmes set four core objectives:

- to increase condom use during sexual intercourses;
- to increase the number of people who apply for HIV/STI diagnosis and treatment services;
- to empower and increase the commitment of key people in implementing prevention interventions;
- to increase the access to test, care, support and treatment services.

g) Pharmacotherapy with methadone (PTM) and other drug dependence treatments. The intervention is efficient in drug addiction treatment, contributes

simultaneously to reduction of illicit drug use, frequency of injection and improves health and social status of drug users.

PTM is part of the HIV infection prevention strategy and is efficient in reducing risky behaviours with respect to HIV infection, use of injectable opiates, improves the access and adherence to antiretroviral therapy (ART) and reduces the mortality.

Pharmacotherapy with methadone is an efficient therapy for opiate addiction (opium derivatives). Methadone is prescribed by the addictionologist in the form of solution for internal use, administered on a daily basis in the presence of health personnel in the treatment unit. It is available in the civil sector (Balti, Chisinau, Comrat) and in most penitentiary institutions. If prior to detention the detainee was under PTM, then he/she has the right to continue the therapy during the detention in the PDC/penitentiary. The patient will be accompanied daily to the treatment unit or the dose of medicine will be brought to him/her by the health personnel.

If IDU requested inclusion in PTM, he/she will be referred to NGOs that provide such service or to a drugs counselling (Annex 6).

h) Vaccination, diagnosis and treatment of hepatitis is performed only in hospitals, upon medical indications, if there are clinical disease symptoms and differential diagnosis.

i) Needle and Syringe Programmes. The needles and syringes are provided free of charge at fixed sites as well as through mobile and outreach services. The injecting devices may be available for reception/procurement through drug stores or NGOs that provide services for the implementation of Harm Reduction Programmes.

j) Prevention of Mother-to-Child Transmission of HIV implies a wide range of interventions preventing mother-to-child transmission of HIV through the free and non-discriminatory access to health care, including antiretroviral therapy (ART), protection of reproductive health, and the obstetric services available to all pregnant women, including those who do not use drugs.

HIV test should be a must for all pregnant women, to determine HIV status, and if appropriate, to initiate the preliminary treatment with antiretroviral medicines. HIV-positive women may deliver healthy children in 99% of cases, provided that they undergo a preventive treatment in optimal terms and do not breastfeed their babies. Artificial feeding is provided for free.

k) HIV Post-Exposure Prophylaxis is accessible for key population groups at higher risk, and for employees injured during activities with risk of HIV contamination. As the accidental injury of the skin or mucous membrane with sharp objects (knife, needle, blade, used syringe etc.), possibly contaminated by HIV or hepatitis virus, bears the risk of possible contamination, it is necessary to go immediately to the doctor for first aid and to assess the level of infection risk. If there is such a risk, it is recommended to administer post-exposure antiretroviral treatment in the first 72 hours since the accident. It is important to document the accident, in order to ascertain the occupational disease.

l) Prevention of Sexual Violence consist in rising awareness and informing people about the elimination of all forms of violence, particularly the sexual one. Such activities are carried out during awareness campaigns, seminars and workshops, discussions etc.

m) Prevention of HIV Transmission through Dental Services. HIV and parenterally transmitted viral infections may be easily transmitted through the use of contaminated medical or dental devices. The health personnel is responsible for the compliance with sanitary and hygiene norms.

n) Prevention of HIV Transmission through Tattooing, Piercing and other Forms of Skin Penetration. In this respect, initiatives aimed at reducing the reuse of equipment for tattooing, piercing and other forms of skin penetration are applied.

o) Protection of Staff from Risks. Occupational safety and health procedures on HIV, viral hepatitis and tuberculosis should be established by employers. Heads of GPI subdivisions shall ensure trainings for personnel on how to perform their duties in a healthy and safe manner, benevolent and confidential HIV testing.

Mandatory HIV testing is against the law in force.

Institutions and Organizations Providing Assistance to Most-At-Risk Populations

The first Harm Reduction Programme (HRP) in Moldova launched its prevention activities for injecting drug users in the town of Soroca in 1997. In 2000, other four programmes started their activity in Chisinau, Balti, Orhei and Falesti. In the period 2003-2007, the coverage of this programme was extended through the involvement of several NGOs and governmental entities, which were mainly health institutions.

HRP are implemented under the Government Decision no. 1173 of 7 December 1998, the Law on HIV no. 23-XVI of 16 February 2007, the National Programme for Prevention and Control of HIV and STIs, and operates in accordance with the principles and standards of Harm Reduction Programmes.

List of organizations implementing Harm Reduction Programmes in Moldova

NGO „Tinerii pentru Dreptul la Viata”, Balti
Target group: injecting drug users, sex workers
Contact person: Ala Iatco
mun. Balti, str. Victoriei 7 A,
tel./fax: 0 /231/39339,
e-mail: protineret@yahoo.com

NGO „AFI” (*Act For Involvement*)
Target group: TB patients, HIV-infected persons, drug users, prisoners and former prisoners, homeless people
Contact person: Lilian Severin
mun. Chisinau, str. Varsovia, 7 of. 2 MD 2003.
Tel./fax: (22) 600 490, site www.afi.md, e-mail: afi@afi.md, lseverin@afi.md

NGO „Impreuna sa salvam viitorul”
Target group: injecting drug users
Contact person: Iurie Osoianu
or. Falesti, str. Moldovei 2/12, MD 5903,
tel.: (259) 2 42 23,
e-mail: falesti@mednet.md

NGO „Reforme medicale”
Target group: sex workers, injecting drug users
Contact person: Alexei Leorda
mun. Chisinau, str. Titulescu, 1 A, MD 2002,

tel. (22) 52 03 88; 66 43 26, fax: 52 03 88,
e-mail: reforme_medicale@yahoo.com

NGO „Pentru Prezent si Viitor”
Target group: injecting drug users
Contact person: Nina Tudoreanu
mun. Chisinau, str. Columna, 59.
tel. fax: (22) 92 12 54,
e-mail: nina_tudoreanu@gmail.com

„Adolescentul” Centre
Target group: injecting drug users, sex workers
Contact person: Svetlana Romanova
or. Orhei, str. Eminescu 12, MD 3505,
tel.: (235) 2 23 33, fax: (235) 2 12 27,
e-mail: antidrug@mtc-or.md

NGO „Viitorul Nostru”
Target group: injecting drug users
Contact person: Ion Cheptene
or. Rezina, str. Trandafirilor 6/2 ap. 30 MD 5400,
tel.: (254) 2 46 95/2 50 92,
e-mail: cmprz@mtc_rz.md

NGO „Vis-Vitalis”
Target group: injecting drug users, sex workers
Contact person: Igor Obada
or. Ungheni, str. I. Creanga 23/65, MD 3600,
tel.: (236) 2 05 52/ 2 05 53, fax: (236) 2 05 52,
e-mail: iobada@mtc-un.md

NGO „Tinerele femei-Cernoleuca”
Target group: injecting drug users
Contact person: Tatiana Cojocar
or. Donduseni, str. 31 August 15/3, MD 5102,
tel. (251) 2 51 16,
e-mail: cojocarutatiana@mail.ru

Information Centre „GenderDoc-M”
Target group: LGBT community
Contact person: Veaceslav Mulear
mun. Chisinau, str. Valeriu Cupcea, 72/1, MD 2021,
tel. (22) 28 88 61/ 28 88 63, fax: (22) 28 01 94,
e-mail: veaceslav.mulear@gdm.md

NGO “Viitorul Sanatos”

Target group: injecting drug users
Contact person: Roman Sandu
or. Tiraspol, str. Borodinschi 2,
tel./fax: (533) 26666, e-mail: zdarov_budi@mail.ru

Organizations/institutions managing Programmes for Pharmacotherapy with Methadone (PTM) in Moldova

National Narcological Dispensary
Contact person: Liubovi Andreeva
mun. Chisinau, str. Pruncul 8, MD 2012,
tel./fax: (22) 29 35 96; 77 44 81,
e-mail: addict@mdl.net

Consultation Centre of the Municipal Clinical Hospital, Balti
Contact person: Nenescu Eduard
mun. Balti, str. Decebal 101, cab. 205,
tel. (231) 34986

Medical Directorate of the Penitentiary Department of MoJ
Contact person: Lucia Caus Strajescu
mun. Chisinau, str. Titulescu, 35 MD,
tel./fax: (22) 52 70 77; 40 97 88,
e-mail: dip@penitenciari.gov.md

List of Organizations Providing Psychosocial Assistance to Drug Dependent Persons in Moldova

National Narcological Dispensary
Contact person: Liubovi Andreeva
mun. Chisinau, str. Pruncul 8, MD 2005,
tel./fax: (22) 29 35 96,
e-mail: addict@mdl.net

Charitable Association „Viata Noua”
Contact person: Ruslan Poverga
mun. Chisinau, str. Independentei, 6/2
tel. (22) 66 45 86; 66 38 50,
e-mail: new_life@arax.md

NGO „Tinerii pentru Dreptul la Viata”, Balti
Contact person: Ala Iatco
mun. Balti, str. Victoriei 7 A,

tel./fax: 0 /231/39339,
e-mail: protineret@yahoo.com

List of Community Centres for Psychosocial Support to Persons Dependent on Psychoactive Substances

*Community Centre for Psychosocial Support to Persons Dependent on Psychoactive Substances "Pas cu Pas", Chisinau
Charitable Association "Viata Noua"
Address: mun. Chisinau, str. Independentei, 6/2
Hotline: (022) 66-45-86; tel. de contact: (022) 66-38-50;

*Community Centre for Psychosocial Support to Persons Dependent on Psychoactive Substances" PULS", Balti
NGO "Tinerii pentru Dreptul la Viata", Balti
mun. Balti, str. Victoriei 7 A,
tel./fax: 0 /231/39339,

*Community Centre for Psychosocial Support to Persons Dependent on Psychoactive Substances" Pas cu Pas", Cahul
Charitable Association "Viata Noua"
Address: or. Cahul str. C. Negruzzi 46
Hotline: (0299) 33-2-33; Tel. (0299) 32-5-77;

*Community Centre for Psychosocial Support to Persons Dependent on Psychoactive Substances "Punctul de sprijin", Tiraspol
NGO "Viitorul Sanatos"
Address: or. Tiraspol, str. Borodinskii 2
Hotline: (0533) 2-66-66; Tel. (0533) 6-66-62;

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