City Report

Bălți

Violating confidentiality: The disclosure of medical data of people who use drugs

Civil Society Monitoring of
Harm Reduction in Europe **2023**

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City Report – Bălţi. Violating confidentiality: The disclosure of medical data of people who use drugs.
Civil Society Monitoring of Harm Reduction in Europe 2023

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Drug use in Bălți

Bălţi, the Republic of Moldova's second-largest city with a population of approximately 140,000, is situated in the northern region near the Ukrainian border. Bălţi is home to approximately 5,400 people who inject drugs, though this figure is likely higher when accounting for small towns and villages close to the city[1].

In recent years, Moldova and other post-Soviet regions have witnessed the growing popularity of new psychoactive substances (NPS), fuelled by their affordability and widespread availability. NPS first appeared on the drug market in Moldova as early as 2010, with the first media reports emerging in 2014[2]. In 2020, a study revealed that NPS were the most popular choice among individuals who injected drugs within the past month in Bălţi[3].

> ***"The most popular [drugs] were for a long time opium - like natural opium from seeds or poppy, and they injected it a lot. But now the police measures towards this kind of use are very strong. And for this, new drugs are coming on our market because they are very, very cheap, and it's very easy to find them on the street."***
> **C-EHRN focal point for Bălţi.**

It is estimated that more than 60% of people who use drugs in Bălţi are currently consuming NPS, including young people and teenagers[4]. Notably, the use of NPS among people who inject drugs is on the rise, elevating the risk of HIV and HCV transmission due to multiple injections and increased sexual contacts[5].

HIV and HCV among people who inject drugs

The prevalence of Hepatitis C (HCV) among individuals who inject drugs in Bălţi is alarmingly high, affecting almost half of the population (49.1%), whereas HIV, by comparison, stands at a relatively lower rate of 14.9%[6]. When contrasted with the general population of Moldova, where HIV and HCV prevalence is 0.3% and 2.9% respectively, this contrast is stark [7,8].

These statistics underscore the disproportionate impact of HIV and HCV among people who inject drugs and other key populations in Moldova, emphasising the critical need for both the availability and accessibility of harm reduction programmes.

Despite reports indicating that most individuals who inject drugs in Bălţi are aware of where to access a confidential HIV test, the reality is that fewer than 30% underwent a HIV test in the past year and received their results[9]. This pattern reflects a broader trend across harm reduction services in Bălţi, where significant barriers impede access to essential treatment and harm reduction services despite their availability.

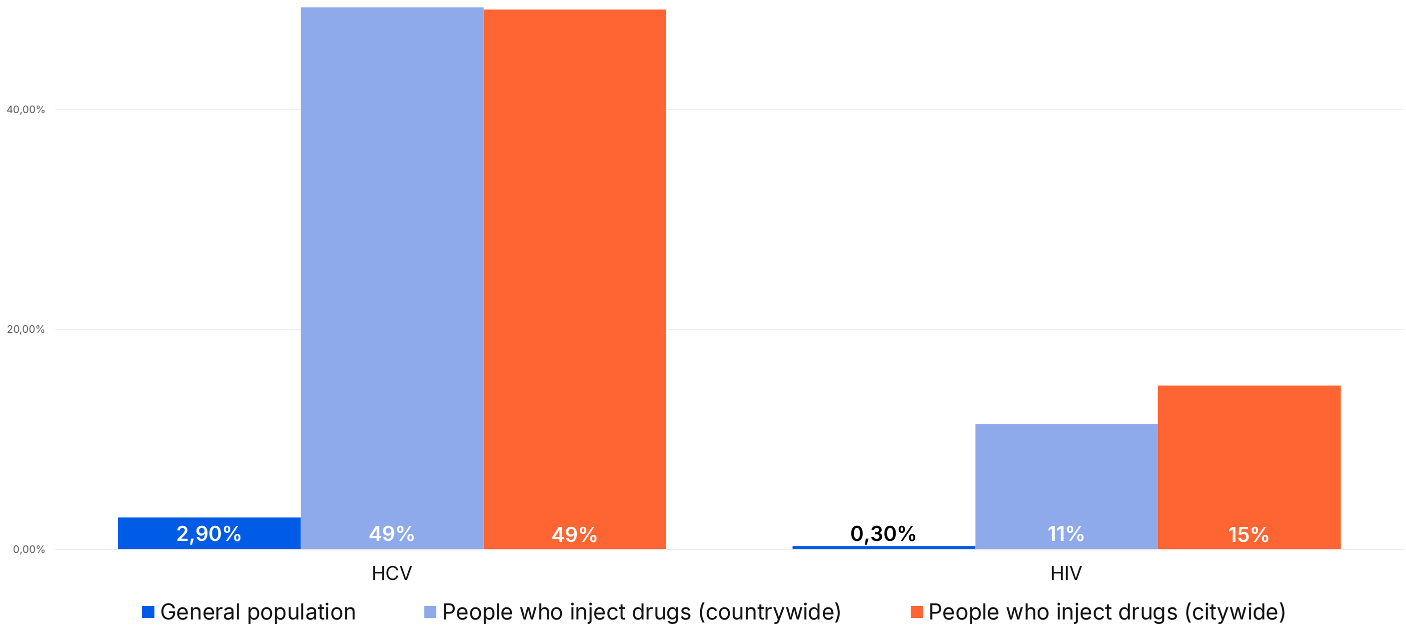

Figure 1: A comparison of HIV and HCV prevalence among people who inject drugs at both the city level (Balti) and the country level (Moldova), as well as among the general population of Moldova.

Stigma and discrimination in healthcare settings

People who use drugs in Bălţi face notable challenges within the drug assistance system, reflective of broader issues in the entire country. These difficulties include constraints on travel and employment, including the revocation of driving licences, along with a lack of adequate psychosocial support. However, a notably prominent barrier is the pervasive stigma and discrimination exhibited by healthcare staff towards key populations, deeply rooted within healthcare settings. Across the Eastern European region in general, harm reduction services are commonly reported to be of low quality and lacking adherence to person-centred principles[10].

In Bălţi, almost one quarter of people who inject drugs have refrained from seeking medical services or HIV testing and treatment due to apprehension about potential stigma from staff or neighbours, the fear of disclosure regarding their drug injection, or the risk of encountering violence, police harassment, or arrest[11]. Notably, this reluctance was significantly higher in Bălţi compared to three other cities examined in Moldova - Chisinau, Tiraspol, and Ribnita. Consequently, many people who use drugs and/or are living with HIV are deterred from seeking help, and for those who do, human rights violations are commonplace.

> *"I don't want to hear about the [HIV] treatment. I know it's important, but I won't have any more children and my husband is already infected. I have no one to infect. When I think that because of the treatment, more people will know that I am infected with HIV, I feel bad. And that's how it's hard for me in life and I'm struggling. I don't want people to point the finger at me because of this virus. I feel good. I hope it will continue like this. God is great!"*
> **Anonymous respondent, 44 years old.**

Healthcare professionals in Bălţi, including family doctors, have been known to disclose sensitive medical information related to a person’s HIV status or drug use to their family, relatives, or other medical professionals.

> *“Bălţi is not a big city, it's a small city, and all the doctors know each other. And if a doctor knows somebody who lives not far from a person using drugs and living with HIV, he or she will tell that colleague.”*
> **C-EHRN focal point.**

According to paralegals actively engaged in this matter, systemic violations of human rights by healthcare professionals are commonplace, hindering access to essential healthcare for key populations, such as people living with HIV or people who use drugs. One distressing incident involved a doctor revealing a patient’s medical status and drug use to law enforcement, resulting in threats of child removal. In another case, a family doctor refused to register a patient’s disability based on unverified rumours of drug use[12].

Numerous accounts highlight the concerning trend where healthcare professionals, upon discovering a patients' HIV status, create barriers and neglect their responsibility to provide proper medical care. Instances include a patient being forcibly removed from a hospital, subjected to verbal abuse, and denied necessary treatment. In a similar incident, a patient who disclosed their HIV status faced neglect, enduring two days of being left untreated in the hospital without medication or attention[13]. These instances highlight the urgent need to address and rectify widespread human rights violations within the healthcare system in Bălţi and the Republic of Moldova.

‘Drug user’ registries

The Republic of Moldova is one of eight Eastern European countries requiring individuals enrolled in opioid assisted therapy (OAT) or other drug treatments to be included in a 'drug user registry'. This mandate can have severe repercussions, including the potential loss of parental rights and obstacles to employment and education[14]. The inherent lack of anonymity in this process significantly deters people from engaging with essential harm reduction services. Users of services in Bălţi have questioned the rationale behind such a system, emphasising its harmful effects.

> *"I don't understand the meaning of narcological evidence. I use drugs sometimes and I don't need treatment. I like it. Plus, it doesn't affect my life or my work. Instead, the police and doctors think that I have problems with drug consumption, and from them, so do my relatives and neighbours, and my employer! It seems to me that this is not right. It's my personal life. I don't harm anyone. I don't violate public order. I work and pay taxes, that's how I support the elderly and children in this country. But I am harmed by this narcological evidence! My wife and children almost left me because of this."*
> Anonymous respondent, 33 years old.

Established in 1988 within the Union of Soviet Socialist Republics (USSR), drug registries have significantly influenced drug policies across post-Soviet states, blurring the line between treatment and punishment and compromising patient record confidentiality[15]. While countries that implement drug registries claim a commitment to safeguarding patient confidentiality, this commitment is not always upheld, and protective measures in Moldova have been criticised for failing to ensure complete security for individuals using drugs and living with HIV[16].

The right to confidentiality

Disclosing medical data in healthcare settings breaches confidentiality rights under the Republic of Moldova's Law on the Protection of Personal Data[17]. This law aims to safeguard fundamental rights, including the inviolability of intimate, family, and private life. Additionally, it contravenes the Law on the rights and responsibilities of the patient, designed to uphold patient dignity, integrity, and to enhance their participatory role in health decisions. This law mandates medical secrecy, prohibiting the disclosure of confidential information about a patient's diagnosis, health status, and private life, except in specific cases allowed by law[18].

In the small city of Bălţi, where most people know each other, rights violations often go unreported, and most people are less inclined to pursue compensation. This situation is exacerbated by a lack of local specialists, making it likely that individuals may require assistance from the same healthcare worker who violated their rights[19]. Reporting the issue poses the risk of personal information related to drug use or HIV status being revealed to a wider audience, including family and friends, which only strengthens the barriers to accessing essential prevention, treatment, and support services. Safeguarding personal data, including medical information, is crucial for individuals to fully enjoy their right to privacy. Respecting a patient's privacy is not only essential for maintaining their sense of confidentiality, but also for upholding trust in the medical profession and healthcare services overall.

As long as these practices persist, they will breed mistrust in the health system, amplify perceived stigma and discrimination by healthcare workers, compromise confidentiality, and exacerbate vulnerability to communicable diseases such as HIV and HCV. Additionally, legal provisions criminalising drug use, HIV exposure and specific sexual activities, while not always enforced, add further obstacles to safe practices, service access and fuel stigma among healthcare professionals. These collective barriers significantly constrain people's ability to realise their right to health, despite the availability of services.

Specialist paralegals

Between 2017 and 2023, with support from the Soros-Moldova Foundation, the Union, the sole organisation providing harm reduction services in Bălţi, successfully developed and strengthened a national network of specialist paralegals. Comprising representatives from communities of people who use drugs, sex workers, and individuals living with HIV, this network plays a crucial role in documenting human rights violations of marginalised communities. In Bălţi, five of these specialised paralegals operate in close collaboration with the local harm reduction programme. As active members of the community of people who use drugs, they offer essential legal assistance to their fellow community members, all under the supervision of the National Council of Legal Assistance guaranteed by the state[20].

Discussions were initially held with the National Council for State Legal Aid, acknowledging that populations in cities, such as people using drugs and sex workers, require primary legal assistance due to the numerous barriers they face. The National Council for State Legal Aid agreed to pilot this activity, and paralegals were chosen from existing harm reduction or HIV support programmes, mainly consisting of peer-to-peer outreach and social workers. Specialist training was organised by the Council, and now each paralegal assists a minimum of 30 individuals in their community every month.

Paralegals handle tasks such as recording personal and medical data disclosures for clients who use drugs or living with HIV. They provide practical peer-to-peer services, such as legal consultations, counselling, and conflict mediation within the community. The paralegals also facilitate referrals to public lawyers, submit requests to institutions, conduct public awareness sessions, and organise community-oriented initiatives.

Since 2021, at least 24 cases of human rights violations have been documented, mainly involving family and specialist doctors. Originally, there were 20 specialist paralegals, but due to funding constraints, there are now 10, with plans to increase this number during 2024. While the network of paralegals has helped bring justice to individuals, addressing these challenges at their root is crucial for achieving lasting, systemic change.

Recommendations

Based on the findings of this report, the following policy recommendations are proposed. While the focus of this report is on the city of Bălţi, these recommendations are customised towards policy reform at both the local and national level.

Implement mandatory confidentiality training

Conduct a thorough analysis of how drug dependence and HIV-related data are handled across all medical facilities. Based on the results, implement mandatory training programmes for medical professionals aimed at preventing the unauthorised disclosure of sensitive medical information related to drug use and HIV status. This training should emphasise the importance of confidentiality, patient trust, and adherence to ethical standards, ensuring the protection of the individuals' rights to privacy and in promoting a more supportive healthcare environment.

Adhere to quality standards

Ensure strict adherence within service provision to EU and UN-level quality standards that can prevent and deter healthcare professionals from disclosing sensitive medical data. Quality standards 4.10a and 4.10b of the FENIQS-EU Checklist refer explicitly to treating client data confidentially by ensuring that organisations have clear confidentiality and disclosure procedures and protocols in place[21]. Similarly, Principle 2 of the WHO and UNODC International Standards for the Treatment of Drug Use Disorders states that drug use disorders should be based on universal ethical healthcare standards – including respect for human rights and the patient's dignity, which includes guaranteeing the confidentiality of treatment records[22]. Quality standards play a key role in promoting a culture of accountability within the healthcare system, discouraging any actions that may exacerbate the stigma and discrimination already faced by key affected populations.

Implement disciplinary liability

It is imperative to inform all healthcare professionals that breaching approved ethical standards by disclosing sensitive medical information related to drug use and HIV status may result in disciplinary or criminal liability. This is designed to serve as a deterrent, ensuring accountability and underscoring the paramount importance of safeguarding patient privacy. To complement this measure, comprehensive training programmes for medical professionals should be implemented, aiming to raise awareness about legal obligations and to reinforce ethical responsibilities.

Abolish the narcological register

Abolish the narcological register that mandates people who use drugs to enrol in a registry to access essential treatment and harm reduction services. This outdated system lacks effectiveness as a public health intervention and there is no evidence supporting the beneficial impact of narcological registration on people who use drugs or the broader public. Anonymity should be guaranteed and upheld for all service users in order to protect them from the harmful effects of stigma and discrimination.

Decriminalise drugs

Steps should be taken to decriminalise the possession of drugs for personal use. Along with the narcological register, the current criminalisation of drug use perpetuates stigma and discrimination, hindering access to vital treatment and harm reduction services. Immediate steps should be taken to revise the quantity thresholds for personal possession, as what is considered a large quantity in the Republic of Moldova is considered a small, non-punishable amount in countries such as Austria, Spain and Portugal. In neighbouring countries, such as Russia and Ukraine, who typically operate within a more punitive framework, minimum thresholds for 'large quantities' of drugs are also much higher than in the Republic of Moldova[23].

Peer-based education and training

Provide education to healthcare and other service providers regarding the specific needs of individuals who use drugs, including sensitivity training to establish a welcoming and supporting environment for those seeking services. To effectively reach a broader audience, particularly hidden sub-populations, consider the implementation of peer educator-based interventions. These interventions can play a crucial role in disseminating information, promoting awareness, and facilitating positive interactions between service providers and individuals who use drugs. A more informed and empathetic healthcare environment can bridge gaps in understanding, reduce stigma, and improve the overall quality of care for key populations.

Allocate additional funding to paralegals

Allocate additional funding to support specialised paralegals who are engaged in the vital work of documenting human rights violations against people who use drugs by healthcare professionals and other service providers. Maintain ongoing training initiatives to uphold a peer-led system and explore strategies that can support a proactive approach that seeks to prevent instances of discrimination from occurring in the first place.

Methodological remarks

This report is part of C-EHRN's 'City Reports' series, offering concise harm reduction case studies in five European cities in 2023. Interviews were conducted by the C-EHRN focal point for Bălţi in Romanian and Russian with several service users (N=12). The author also interviewed the co-author (C-EHRN focal point) in English. The Union for Equity and Health represents Bălţi as the Republic of Moldova's focal point for C-EHRN, serving as a national reference point for collecting data and information on various harm reduction-related issues. Data on the disclosure of medical data in Bălţi was generously provided by the specialist network of paralegals in the Republic of Moldova. Details of respondents have been omitted to protect participant confidentiality.

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