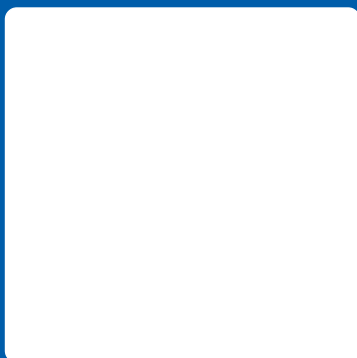


HIV/AIDS Prevention

HIV/AIDS Prevention amongst Injecting Drug Users in Lithuania:

Best Practices



Content

Introduction	53
HIV/AIDS and Drug Use in Lithuania	54
International Policies in the Field of HIV/AIDS Prevention and Drug Use	55
Lithuanian Policy in the Field of HIV/AIDS Prevention and Drug Use	57
Examples of Best Practice in Lithuania	59
Methodology of Compiling the Best Practice Collection	60
Integrated Prevention, Treatment and Rehabilitation Services	61
Harm Reduction Programs in Vilnius, the Capital of Lithuania	61
Harm Reduction Programs in Klaipeda, the Main Seaport of Lithuania	65
Druskininkai: Harm Reduction in a Small Town	68
Specialized Prevention	71
Lithuania AIDS Center: Facilities for Sex Workers	71
Syringe and Needle Exchange Programs	74
Program in Alytus Town	74
Syringe and Needle Exchange Program in a Small Town: Mazeikiai	77
Syringe and Needle Exchange Program in a Small Town: Visaginas	79
Substitution Treatment Programs	81
Kaunas Center for Addictive Disorders	81
Panevezys Center for Addictive Disorders	83
Harm Reduction Advocacy Projects	85
Series of Harm Reduction Conferences in Lithuanian Municipalities – Experience Sharing and Advocacy ...	86
Advocating Harm Reduction Programs and Lobbying for the Government Support	88
Drug Users Mutual Support in Vilnius	90
Conclusions	93
References	95
List of Experts	96
Terms and Abbreviations	96

HIV/AIDS Prevention amongst Injecting Drug Users in Lithuania: Best Practices

© Central and Eastern European Harm Reduction Network, October, 2003.

Contacts:

Address: Vilniaus str. 25–7a, Vilnius, Lithuania

Tel.: (370–5) 2691600, Fax.: (370–5) 2611489

E-mail: info@ceehrn.org

Internet: <http://www.ceehrn.org>

This book has been funded by the United States Government under the Northern European Initiative through the United States Agency for International Development (USAID) by Family Health International's (FHI) Implementing AIDS Prevention and Care (IMPACT) Project, Cooperative Agreement HRN–A–00–97–00017–00.



We thank all HIV prevention programs – including their staff and clients – for providing information for this publication. This publication would not have been possible without the valuable comments and contributions from the following expert group members: Virginija Ambrazeviciene (Open Society Fund – Lithuania), Dasha Ocheret (Central and Eastern European Harm Reduction Network), Sergey Gavrilin (Family Health International), Saulius Caplinskas (Lithuania AIDS Center), Rita Kriksciukaiyte, Emilis Subata (Vilnius Center for Addictive Disorders), and Giedrius Likatavicius (Lithuanian AIDS Center/European HIV/AIDS Monitoring Center, Euro HIV, InVS).

The views expressed in this book do not necessarily reflect the views of the United States Government, USAID or FHI and the members of the expert group.

Design: Donaldas Andziulis. Printed by „Ex Arte”

English Translation: Gytis Kudarauskas

Russian translation: Veronika Valerjevna Franki, Jekaterina Dmitrijevna Voronina

Edition (Lithuanian version): Daiva Bartuseviciute

Edition (English version): LITINTERP

Edition (Russian version): Aleksandr Levin

Introduction

For several years, UNAIDS has been reporting that HIV is spreading faster in Eastern Europe and the Newly Independent States than in any other part of the world. At the end of 2002, the region was reported to have 1.25 million residents infected with HIV/AIDS. Of those, the vast majority contracted the virus through drug injections and needle sharing. For that reason, the region is often referred to as having developed a dual – HIV/AIDS combined with drug addiction – epidemic.

The HIV epidemic in Eastern Europe and the Newly Independent States started in the early 80s, when a continuously number of new virus incidences was detected. To confront the epidemic, effective HIV prevention programs aimed specifically at injecting drug users (IDUs) were launched in the mid–80s. Today, over 290 diverse programs operate in 27 countries of the region reaching over 160,000 of IDUs and sex workers (SWs) by means of preventive interventions.

In 1995, Lithuania was the first former Soviet state to introduce HIV/AIDS prevention measures among IDUs by adopting well–proven practices of Western, Central and South–Eastern European countries. Experts conclude that precisely the timely introduction of prevention tools at the early stages of the epidemic was one of the fundamental reasons for a slower spreading of HIV in Lithuania compared to that in the neighboring states. Ever since, officials from countries in the region countries pay regular visits to Lithuania to learn from its local prevention programs for injecting drug users. As many as three such HIV prevention programs conducted in Lithuania were included into the UNAIDS/UNDCP collection of best practices.

It is necessary to continue and further expand those prevention activities which are directed towards changing of behavior patterns of injecting drug users, in order to limit the HIV from spreading, and to reduce the health– impairing, social and economic harm brought by the drug use.

The intention of this publication is to share our experience gained in the field of HIV prevention among injecting drug users and to provide the information about the lessons learned and successes achieved. The HIV numbers are still rising, especially in smaller towns, and a high–risk of HIV infection exists in prisons. This demonstrates that continuing the HIV prevention efforts just at current levels is not sufficient. However, a further successful development of best practices and subsequent support to one of the most susceptible and extremely isolated society clusters and to the entire society largely depends on the state and municipal policies and their respective action programs.

HIV/AIDS and Drug Use in Lithuania

Following the period of major economic and social changes in most countries of the former Communist Bloc, the 90s saw growing levels of drug consumption throughout the region; a similar situation was faced by most countries of the former Soviet Union countries. Lithuania was no exception.

According to the Lithuanian Statistics Department, in the 4th quarter of 2003 Lithuania had a population of 3,450,700.

Comprehensive research on how many people at the time were addicted to drugs has never been conducted in Lithuania. Reports produced by the State Mental Health Center, an institution responsible for keeping an official register of persons with various addictive disorders, show that the number of drug users was growing every year. During the period of 1999–2003, the drug consumption has increased more than fivefold. At the end of 2002, there were 4,405 officially registered drug users per 100,000 inhabitants in Lithuania.

Growing consumption of drugs, increasing tourism, trade and other social and economic factors provided favorable conditions for HIV spreading. Initially, HIV first reached Klaipeda, the main seaport of the country, in 1994, the first HIV outbreak was detected here, when six port sailors were tested HIV positive. Up until 1997, HIV transmission was predominantly through sexual intercourse in Lithuania. The first IDU with HIV was diagnosed in Druskininkai in 1994. Penetration of the virus into the IDUs group coupled with the syringe sharing by IDUs has prompted a fast spreading of HIV within this population group. In 1996, one half of newly diagnosed individuals had been infected with HIV due to injections of intravenous drugs. In 1997, the first HIV outbreak of an epidemic character among IDUs was recorded; as a result, already 90% of all registered HIV cases involved IDUs.

This trend continues ever since, and the number of newly-registered HIV cases is growing every year. In 2002, another significant HIV outbreak in Lithuania was reported, when as many as 299 HIV-infected individuals were diagnosed at Alytus Penitentiary, i.e. almost the number diagnosed in all previous years put together. The vast majority of prisoners were infected by taking injecting drugs. As of October 1, 2003, a total of 824 HIV positive individuals were identified.

Since the year 2000, a new trend has been observed in HIV epidemiology. Earlier most of the HIV infections had been diagnosed in two major cities only (Vilnius and Klaipeda), however, since the end of 2000, registration of new HIV cases among rural residents is becoming much more common. All these individuals were infected by drug injections. Another trend points to an increasing number of HIV infection amongst young people; often HIV is diagnosed into minors who are just starting to use drugs and possess none of the necessary knowledge about harmful drug effects and reduce risks related to drug use.

By following the ground principles and experiences of Western European policymakers, in 1995, Lithuania has started implementation of harm reduction programs that once contributed towards the stabilization of HIV growth in western countries. Moreover, these programs help to promote the development of an open society in young democracy, such as Lithuania. The Ministry of Healthcare approved the launch of experimental methadone substitution treatment (ST) programs in Vilnius, Klaipeda, and Kaunas (also Druskininkai, in 1998). Currently, methadone substitution treatment programs are carried out in five Lithuanian towns. In 1997, syringe/needle exchange programs were introduced. The volume of healthcare services provided is increasing every year, and more drug users are reached; there is a growing awareness of the medical aid availability. In 2001, three additional centers for addictive disorders were opened in Kaunas, Panevezys and Siauliai. In order to provide more comprehensive caring for drug users, the primary link of the healthcare system is also utilized: from 1996, the decentralization of ST programs to primary healthcare centers was initiated, and is being successfully implemented up to the present.

International Policies in the Field of HIV/AIDS Prevention and Drug Use

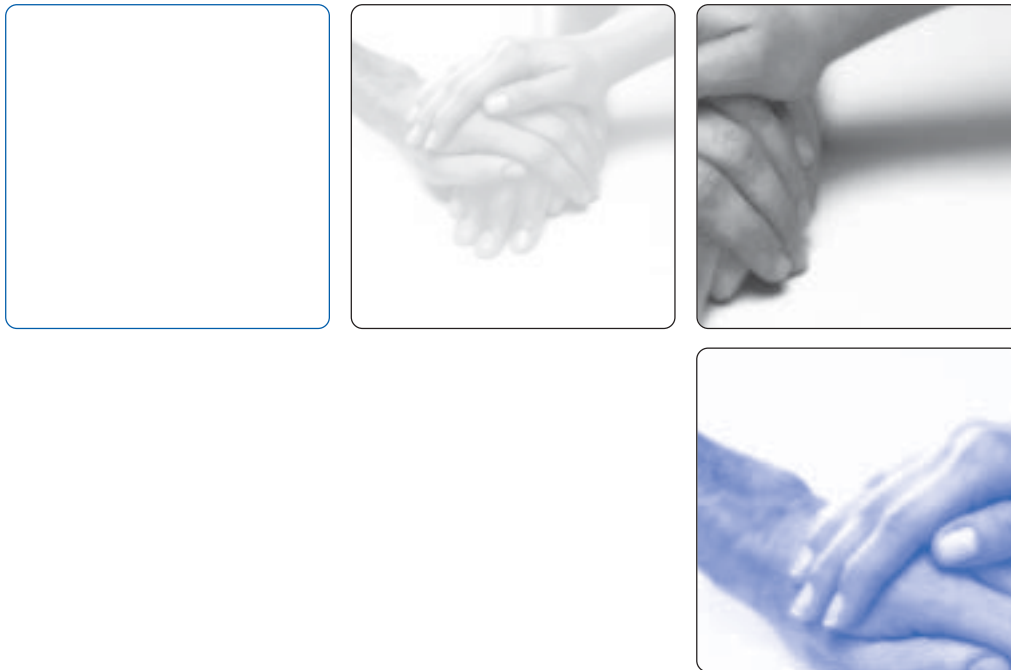
Upon re-establishment of its independence, Lithuania, in response to the growing problems of drug dealing and drug addiction, has adopted the national drug control and drug prevention principles based on the recommendations of the United Nations (UN) Conventions. In 1994, the country has joined the *UN Single Convention on Narcotic Drugs* adopted in 1961, and the *UN Convention on Psychotropic Substances* adopted in 1971. In 1998, the Lithuanian Parliament ratified the *UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* adopted in 1988. Also based on the recommendations provided by the UN, the *List of Narcotic Drugs and Psychotropic Substances* prepared in accordance with the UN specified lists of controlled substances was approved in 1997. The United Nations together with the World Health Organization recommend compliance with the following principles in the field of HIV/AIDS prevention amongst IDUs:

- Promoting the protection of human rights;
- Rapid response to the HIV epidemic;
- Interventions based on the structure of epidemiological progress, empirical data and existing experience;
- Ability to reach the risk group;
- Programs aimed at reduction of drug demand and HIV prevention are integrated into social welfare and healthcare policies and initiatives of preventive education;
- The problem of drug use cannot be dealt only through the help of criminal laws and punitive measures;
- Countries should adopt new, or consolidate existing, legislation on anti-discrimination and protection of human rights so as to protect the most susceptible groups of the population and people living with HIV/AIDS;
- Free access to medical services; there should be treatment alternatives available to choose from, including the substitution treatment option;
- In developing effective responses to the spreading of HIV among drug users, the opinions of drug users and their residential communities should be considered; drug users should themselves participate in the setting of the principles of harm reduction programs;
- Special attention should be paid to HIV prevention amongst sex workers with drug dependences;
- Versatile HIV prevention involves education measures (including education on youth drug addiction), condom supply, anonymous and voluntary counseling, HIV testing, provision of safer injecting equipment, availability of treatment alternatives, as well as access to social, legal and psychological advice;
- The stabilization of the epidemiological situation calls for implementation of the following three-step strategy:
 - 1) prevention of drug abuse;
 - 2) provision of treatment facilities for drug users;
 - 3) introduction of effective harm reduction programs and their implementation by attempting to reach the drug users avoiding medical treatment as well as their relatives;

The above principles envision both HIV/AIDS prevention/control and harm reduction principles.

In the EU, health of the society (including HIV prevention among injecting drug users) is mainly regulated on the national level of member states. The EU emphasizes interdepartmental and cross-institutional cooperation in the field of drug control and dissemination of information on drug-related issues, as well as in the prevention of illicit drug trade inside the zone of free movement of goods and services. In 1999, the European Union adopted the *EU Drug Strategy for 2000–2004* with the following key objectives:

- significant reduction of incidences of illicit drug use and the number of new drug users within the five-year period;
- significant reduction of harmful health conditions (HIV, hepatitis B and C, tuberculosis, etc.) and the number of deaths related to drug use within the five-year period;
- significant increase in the number of successfully treated drug addicts.



In countries of the European Union, infectious disease prevention activities among IDUs mainly involve fact-based measures such as community *outreach* work, treatment of drug use (especially, substitution treatment using methadone or other substitution medications), immunization against hepatitis, access to sterile injecting equipment, and dissemination of information/education on safer use¹. These measures were reinforced by the *EU Council Recommendation on the Prevention and Reduction of Risk Associated with Drug Dependence* adopted on July 3, 2003.

Low-threshold programs for drug users are unevenly developed inside the EU countries; however, a common trend is now being observed as the issue is given increasingly higher priority by national and municipal governments. In Portugal, which presently runs a centralized syringe/needle exchange program, the national drug prevention action plan *Horizonte* anticipates the expansion of harm reduction activities to all regions of the country in 2004. Based on evaluations from 1997, there were 2,300 diverse harm reduction programs offered to drug users in the United Kingdom. Altogether, approximately 350,000 of the total 1,260,000 problem drug users are clients of substitution treatment programs carried out in the EU and Norway, and this number is continuously increasing. Problem drug user coverage varies across the states from 10% in Finland and Norway to 50% in Ireland, and 41–86% in Spain².

¹ EMCDDA Annual report: the state of the drugs problem in the European Union and Norway, 2002, www.emcdda.org

² Ulrik Solberg, Gregor Burkhart and Margarita Nilson (EMCDDA). An overview of opiate substitution treatment in the European Union and Norway. *Harm Reduction in CEE/NIS*, 1(5), 2003, CEE-HRN.

Lithuanian Policy in the Field of HIV/AIDS Prevention and Drug Use

According to the *Law on Narcologic Care* adopted in 1997, drug addiction is defined as a mental illness suffered as a consequence of excessive use of narcotic, psychotropic and other substances affecting the human mind, resulting in mental and physical dependencies on narcotic, psychotropic and other substances, having effects upon the human mind as well as other harmful medical and social consequences. The declared objective of narcologic care is to integrate drug users into society by providing specialized care for drug addicts, which would involve diagnosing, treatment and nursing of patients, facilitation of psychological, medical and social rehabilitation, access to social services and social welfare. The human right to receive health care services can not be restricted due to the fact that the patient is a drug addict. The law also secures non-discriminatory provision of social guarantees and individual social care depending on the state of health of drug users. The voluntary treatment of drug addiction cannot serve as the reason for the termination of an employment contract.

The consumption, distribution and possession of drugs is prosecuted in accordance with provisions of *Administrative* and *Penal Codes*. Therein, prosecution is stipulated not only for possession, but also for the actual use of the drug. An allowance is made for those illicit users of drugs/psychotropic substances who voluntarily register at a medical institution for assistance. Moreover, Article 238(2) of the *Penal Code* stipulates the punishment for inflicting physical harm through spreading infections, including HIV/AIDS.

Lithuanian policy in the field of drug use and HIV/AIDS is reinforced by a number of strategies and programs. Prevention and control measures applicable in Lithuania have been defined by the *National Drug Control and Drug Abuse Prevention Program 1999–2003*. The Program aims: to raise society's awareness of the harmful effects of drug use; to reduce the levels of drug consumption by children and minors; to improve the care of patients suffering drug related problems; to reduce the harmful outcomes of drug abuse such as the spreading of infections and mortality resulting from drug use. The introduction of preventative measures aimed at young people at the early stages of drug addiction throughout communities and educational institutions is considered a priority. According to the Program, in order to improve the care conditions of drug users, three additional centers for addictive disorders were opened in Kaunas, Panevezys and Siauliai regions in 2001. Harm reduction programs (such as syringe and needle exchange programs, ST programs) were not specifically mentioned by the Program.

On October 2, 2003, the Lithuanian Government approved the *National Drug Control and Drug Abuse Prevention Strategy for 2004–2008*. In this document, the initial prevention of drug use is given the highest priority. In order to ensure adequate care, rehabilitation and social reintegration of people using drugs and psychotropic substances, the following objectives have been declared: to ensure the quality and accessibility of services provided by specialized rehabilitation and mental health centers for the treatment of addictive disorders; to ensure the implementation of progressive, scientifically validated methodologies of early diagnostics, treatment and rehabilitation; the application of educational programs for persons using drugs and psychotropic substances, etc. According to the document, municipalities and other community locations should prepare and implement support and occupational programs designed for people being treated for drug addiction. In the near future, an action plan for putting the above strategic goals into practice should be approved.

Implementation of the *National Drug Control and Drug Abuse Prevention Strategy* will be coordinated by the State Drug Control Commission, which was formed by representatives of eleven ministries and departments. As of January 1, 2004, implementation of the Strategy will be administered and controlled by a newly formed Drug Control Department at the Government of Lithuania.

The systematic regulation of HIV/AIDS prevention policy in Lithuania began in the beginning of nineties, when in 1989 Lithuanian AIDS Center was opened and the Government passed the first *AIDS Prevention and Control Program* in 1990. Up till now six programs of its kind have been adopted. The main objective of the programs is prevention amongst vulnerable populations. However, the comparatively low prevalence of HIV in the country has led to low priority being given to HIV/AIDS prevention at national health care policy agenda level. As a result of public relation campaigns and education work, the *HIV/AIDS Prevention and Control Program* was however included as a priority measure for public health care insurance by Lithuanian Parliament decree in July 1998.

On October 1, 2003, the Lithuanian Government approved the *National HIV/AIDS Prevention and Control Program for 2003–2008*. The new program sets two priorities, including the improvement of treatment and reducing discrimination against people living with HIV/AIDS and prevention amongst vulnerable populations. The program calls for prevention through the following priority action patterns:

- prevention of parental HIV transmission,
- prevention of sexual transmission of HIV,
- prevention of mother-to-child transmission,
- improvement of health and social care of people living with HIV/AIDS, and improvement in access to care and treatment,
- improvement in HIV/AIDS diagnosis,
- coordination and supervision of HIV prevention and control programs implemented at regional and local levels.

The program calls for more than 120 prevention measures to be implemented in 2003 – 2008. The long term goal is to prevent the further spread of HIV/AIDS, the stabilization of epidemics and to reduce HIV related harm to society. Therefore early HIV prevention remains one of the main priorities, by pointing out that the increasing number of HIV infections may significantly increase the demand for state funds required for treatment. The Health Ministry will control implementation of the program and Lithuania's AIDS Center will handle its implementation, according to the government plan.

Close collaboration with the other two Baltic States in the field of drug use and HIV/AIDS prevention is crucial to Lithuania. In 2000, the declaration *Baltic Sea Initiative* for HIV/AIDS Prevention in the Baltic Sea Sub-Region was signed. On the basis of the Initiative, an action plan was prepared to support the governmental and municipal institutions as well as NGOs working in the field of HIV/AIDS prevention; to increase accessibility and effectively tackle the HIV problem amongst youth, IDUs, sex workers and risk groups. One of the goals of the general action plan in terms of HIV prevention calls for the coverage of at least 60% of all IDUs with the help of preventive measures by the year 2004. International experience and best practices should be followed in order to achieve this goal. The Declaration requires all national prevention programs to adopt the following facilities before 2004 which are essential for achievement of the above target: early diagnosis opportunity, adequate treatment of STI and special services (such as counseling and encouraging behavioral changes) provided to sex workers and other risk groups.

To conclude, both the *National Drug Control and Drug Abuse Prevention Program* and the *HIV/AIDS Prevention and Control Program* devote insufficient attention to HIV prevention amongst IDUs. The highest priority of HIV/AIDS and drug abuse prevention policy remains early prevention. There are no specific means outlined by which access to social and medical services provided to IDUs can be increased on a national level by ensuring an adequate prevention of HIV, STI and other blood-borne diseases.

Meanwhile, such means are outlined and explained in the 2001 *UN Declaration of Commitment on HIV/AIDS* endorsed by the special session of the United Nations General Assembly which was devoted to HIV/AIDS issues. Countries, having signed the final declaration of the General Assembly, committed themselves to implement a wide range of HIV/AIDS prevention programs dependent on countries' particular features, including expanding access to sterile injecting equipment and to further develop of harm reduction programs by the year 2005.

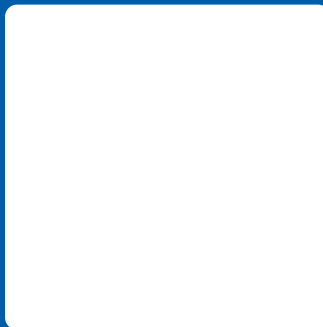
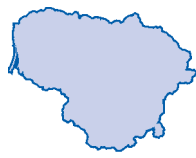
The above principles outlined by the UN, designated to create the full circle of effective HIV prevention measures, are not being fully enforced in Lithuanian national politics; the same can be concluded about the ineffectiveness of the *Law on Narcologic Care* and the *Law on Healthcare* aiming to provide free health care services to drug using individuals. This is due to the non-existence of an effective system for providing free health care services at the primary level of the health care system. Furthermore, the *National Drug Control and Drug Abuse Prevention Program* hardly provides any definitions of IDUs health improvement and care techniques. An information management system has not been built, so it is practically impossible to obtain comprehensive and reliable data about the effectiveness and efficiency of any measures implemented. The resulting gaps impede the coordination and collaboration of activities between state and municipal institutions.

Regardless of all these gaps in national politics, a number of municipalities have joined the implementation of HIV prevention programs amongst IDUs and contributed great support to harm reduction in Lithuania.

The goal of harm reduction programs is to reduce harm to society related to drugs and other psychological substance abuse. The main objective is to reach the hidden number of drug users and to motivate them towards behavioral change and treatment – for this reason the development of low threshold services, and social, psychological and medical consulting are crucial. Therefore harm reduction activities should be seen as an integral part of the health care policy of the Republic of Lithuania, and are not an alternative to treatment or rehabilitation. According to the *National Drug Control and Drug Abuse Prevention Strategy for 2004–2008*, one of the priorities is to reduce drug use and related harm to the health of society, by developing and applying a joint strategy for health care, social integration and the rehabilitation of drug users.

For this compilation of best practices, we have used the latest statistical information, epidemiological evaluations and reports, as well as those applicable legal regulations and resolutions passed before October 1, 2003.

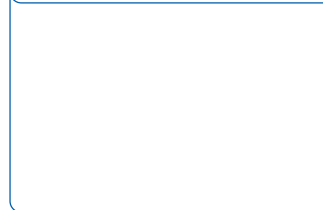
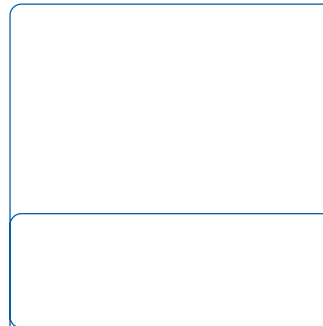
Examples of Best Practice in Lithuania



Methodology of Compiling the Best Practice Collection

Methodology of Compiling the Best Practice Collection For the selection of best practice examples of HIV/AIDS prevention among the IDUs in Lithuania, the UNAIDS criteria for the identification of a best practice have been used, *Responses that work and lessons learned: How to identify and propose them for the UNAIDS Best Practice Collection*³. For the preparation of the publication, a group of experts has been formed. Based on the above criteria, the group has proposed a selection of activities implemented in Lithuania for an inclusion into the collection of best practices in Lithuania. In essence, HIV prevention programs conducted in Lithuania and directed towards the groups most vulnerable to epidemic, i.e. IDUs and sex workers, meet to the criteria defined by the UNAIDS to a certain extent, therefore it has been decided that all programs conducted in Lithuania should be added to the collection.

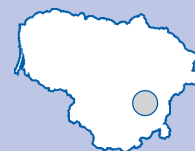
When writing descriptions of programs of HIV/AIDS prevention among IDUs, the emphasis was placed on the most important issues, which determined the relevance of the project and the efficiency of its implementation. These descriptions have been prepared in such a way that our operations would be easily understandable not only to the professionals that implement prevention programs elsewhere, but also to those that are not directly involved in carrying out the prevention work. The main sources of information for the collection of best practices compilation were in-depth interviews with program coordinators and program staff as well as their clients, program progress reports and other documents.



³ www.unaids.org/en/resources/publications/best+practice+collection/

INTEGRATED PREVENTION, TREATMENT AND REHABILITATION SERVICES

Harm Reduction Programs in Vilnius, the Capital of Lithuania



Program	“Blue Bus”, mobile station for needle and syringe exchange Methadone substitution treatment program in Vilnius city
Implementing organization	Vilnius Center for Addictive Disorders (VCAD)
Program inception	ST – 1995 Needle and syringe exchange – 1997 “Blue Bus” – 2001
Status	In progress
Contact person	Emilis Subata, Director of the Center Rita Kriksciukaityte, the Head of Social Help and Prevention Department; and the coordinator of the “Blue Bus” program
Contact information	Vilnius Center for Addictive Disorders, Gerosios Vilties st. 3, Vilnius 2009, Lithuania Tel.: + 370 5 216 00 14, fax: + 370 5 216 00 19 Email: krita@takas.lt, emilissubata@takas.lt

Situation

Vilnius, the capital of Lithuania, has a population of around 600,000. According to the data provided by the Vilnius Center for Addictive Disorders (VCAD), there are 1,928 drug users registered in the city; 95% of them use drugs through injections. However, according to the experts working in the field, the exact number of drug users in Vilnius alone, may be somewhat five times higher and may reach the estimate number of 10,000. It has been observed that the majority of individuals living with HIV (over 60%) were infected via drug injections. According to the data provided by the AIDS Center, in Vilnius there are 136 persons living with HIV/AIDS.

Since 1993, there have been between 100–120 cases of Hepatitis C and B registered in Vilnius; before 1997, only 8% of infected people were drug users, whereas in 2001 this number has grown to 69%. Within the last 10 years, significant changes have been observed in hepatitis epidemiology in Vilnius. Until 1989, registered cases of Hepatitis B were related to various medical procedures; at that time, mostly elderly people and women were infected. However, recently, drug users with Hepatitis B and C are getting much younger: in 2001, 20% of all cases of Hepatitis B and C were registered among 13–17 year old teenagers using drugs.

Goals and Objectives

- HIV/AIDS prevention among IDUs by means of medical, social and legal intervention;
- Get in contact with IDUs and provide them with information about the threat of potential diseases and consequences of drug use;
- Providing the drug users with information about safer techniques of injection, protection against sexual transmission of HIV/AIDS and STI, as well as available treatment options and social services;
- Exchange of needles and syringes in order to ensure safer drug injections and reduce the risk of transmission of HIV/AIDS and other blood borne diseases;
- Social adaptation and reintegration of drug users; accessibility to the primary healthcare institutions;
- Advocacy at municipal and national level to develop the service infrastructure for IDUs. Advocacy at municipal and national to expand the low-threshold services to IDUs.

Brief History

The first ST in Lithuania was launched in 1995 through the joint-efforts of the Vilnius Center for Addictive Disorders (VCAD) and the NGO "Relief". However, accessibility to the ST facility in Vilnius was quite limited; hence there was a lengthy waiting list. ST was reaching merely 20% of known drug users; meanwhile all the others had virtually no access to the healthcare system. Therefore, the effectiveness of this particular measure of HIV prevention was insufficient. The risk of contracting HIV and other infections was high – as approximately 60% of HIV cases are transmitted through drug injections. In order to reach more IDUs, VCAD launched an *outreach* syringe and needle exchange program in 1997. "Blue Bus", a mobile station for syringe/needle exchange began its operation in 2001.

Activities

- Substitution treatment

Patients join the ST program by obtaining a referral from the VCAD ambulatory department to the substitution treatment commission. Afterwards the ST medical consulting commission makes a decision concerning the patient's suitability for undergoing a substitution treatment with methadone. Prior to being accepted to the program, the patient fills in an application to join the program, reads and signs the agreement, reads the rules of rejection from the methadone program, and is also informed of the possibility of methadone prescription for the home use.

An initial dosage is decided by the medical commission; further dosage adjustments are decided individually by the consulting doctor together with the patient. Upon suspected use of other psychoactive substances by the patient, relevant tests are conducted. An HIV/AIDS test is carried out twice a year. If the patient is stable and uses no other drugs, he/she may be permitted to take home his/her prescription of methadone. Limited quantities of methadone not exceeding several daily dosages may be prescribed to stable patients for the home use, in the event of illness supported by appropriate medical evidence issued by a doctor. The number of daily dosages of methadone prescribed for the home use by the patient depends on his/her dosage size; normally it is 2–3 days.

In order to facilitate social adaptation and integration of patients, a ST program of decentralization to primary healthcare centers was initiated in 1996. At the moment, methadone is prescribed in six primary mental healthcare centers. Primary healthcare centers provide methadone to stable clients using no additional narcotic drugs and having obtained identification documents and health insurance. Every ST program at each healthcare center of mental health employs at least one psychiatrist surveying the condition of patients, one medical nurse, and one social worker providing social services and advice. If necessary,

patients are referred to undergo examinations by other specialists, for example, a psychologist. In VCAD, this work is carried out by seven doctors – psychiatrists, three social workers and three nurses.

- "Blue Bus", a mobile syringe and needle exchange program, since 2001

Since 1997, a syringe and needle exchange has been implemented through an *outreach* program, therefore the launch of "Blue Bus" was very successful from the beginning, and the same *outreach* workers, having informed IDUs about the expected launch of the mobile program, were working there. Also, the main IDU meeting points were already known.

"Blue Bus" runs according to schedule to the major meeting points of IDUs and SWs. A person is serviced once a day, syringes are exchanged at a ratio of 1:1 (new-to-used), however, during one visit, a person may receive not more than 30 syringes in exchange. Syringes and needles are exchanged only to clients of the program upon presentation of their program membership card, a secondary exchange (exchanges of syringes for another drug users) is only possible upon presentation of the card of another participant; however, only one extra card is allowed per person. These limitations were introduced after it was suspected that syringes were being sold afterwards. The mobile station also supplies condoms, disinfecting towelettes, information material and social consultation. The consulting under the syringe exchange program is provided by three participants of ST program (social workers) as well as two professional social workers trained by the project coordinator and medical specialists.

Referrals are available for dependences psychiatrist and narcologist consultation; for treatment at the Vilnius Center for Addictive Disorders; for surgeon, dermatologist/venereologist, and gynecologist consultation; for treatment at the primary healthcare centers and at the Vilnius city Dermatology–Venereology Dispensary.

The program is involved in informational activities by disseminating information to clients about safer techniques of injection, overdosing, protection against sexual transmission, available treatment options, substitution treatment, social and psychological assistance, and rights of drug users. Moreover, information is also provided to medical and social workers about the treatment and support of individuals with dependencies. A book on ST intended for patients and doctors has been published. To develop closer cooperation among medical and social institutions, a reference manual of institutions and services providing services to drug users has been released.

VCAD also houses a recently expanded rehabilitation center and recently opened a day-care dispensary for teenagers and children. A „Minnesota“ program of psychological therapy is conducted.

The VCAD day-care center provides dispensary medical, social and psychological assistance to people with addictive disorders, as well as to their relatives. The center also has specialists working in groups with children of drug users. There is a hotline for anonymous phone consultation in the Center.

Outcomes and Outputs

The first methadone substitution treatment program in the territory of the former Soviet Union has been running since 1995. In the year of program inception, there were 60 patients in treatment; however, only by 1996, this number had increased to 150 people. Currently, the program has 121 patients; 87 of those are treated at VCAD, and 34 – at mental health centers. There are five people living with HIV participating in the program. The program has been successfully completed by 20 individuals. In September of 2003, new admission of patients to the program was suspended, and whereas 100 of new patients signed for participation in the research aimed at evaluation of the effectiveness of substitution treatment, which will be conducted in cooperation with the World Health Organization; it began in October, 2003.

A successful decentralization of ST program to six primary healthcare centers was included into the UNAIDS/ UNDCP best practice collection in 2001. The "Blue Bus" syringe and needle exchange program has reached 40% of the city's IDUs. During the first year of the syringe and needle exchange through an *outreach* program, 16 700 syringes and 17 350 needles have been distributed, whereas during the first year of year of a mobile station operation (2001), almost 56 000 syringes and 64 580 needles were distributed; during 2002, the numbers were 73 408 and 87 733 respectively. Within one month, an average number of 350 clients are serviced via the mobile station. By 2003 a total of 785 regular clients participate in the program.

In 2001 in accordance with the beginning of mobile syringe/needle exchange program, there were 12 new cases of HIV registered in the Vilnius city (compared to 36 new cases in 2000). This proves that the "Blue Bus" program has contributed significantly to a successful HIV prevention in Vilnius. Meanwhile, Riga and Tallinn, the capitals of the other two Baltic States, registered hundreds of new HIV cases amongst injecting drug users in 2001 (1 454 new HIV cases in Estonia, 820 – in Latvia, and only 72 – in Lithuania).

The program has also reached the local Roman community, one of the most susceptible risk groups, where injecting drug use is very common. Upon evaluation of the effectiveness and results of the project within the first year of its operation, municipal authorities have chosen to support this VCAD initiative and have granted 75 000 LTL for the further needs of the "Blue Bus" program.

HIV/AIDS prevention is aimed at changing behavior patterns. A survey conducted to evaluate changes in behavior of IDUs

revealed that, within the previous 30 days, 96% of IDUs did not utilize the used syringes, 88% did not share used syringes and needles with others, and 92% said they did not buy syringes already filled up with a narcotic substance. Currently, another survey of "Blue Bus" program participants is being conducted, which is aimed at assessment of their satisfaction with program workers, the service-range and coordination of the work.

In 1999, a club of ST program participants was established by VCAD in order to provide an opportunity for patients and their relatives to share their experiences; the "Spending Free Time Without Drugs" project was run. The club developed into a public organization "Initiative of Drug Users Mutual Support", which offers advice to drug users on their rights and provides references for getting further social and legal assistance. Current patients of ST program as well as people, who have successfully finished ST, participate in the organization's activities.

Funding

The program is jointly financed by the Open Society Fund – Lithuania and the International Harm Reduction and Development Program (the Open Society Institute), Health and Social Care Department of Vilnius Municipality expected to take over the full financing of the "Blue Bus" program in of 2004.

In 1993 financial support was provided by *Family Health International*.

Cooperation

Syringe and needle exchange program:

- Cooperation with three primary healthcare centers and the Dermatology–Venereology Dispensary on the basis of cooperation agreements on servicing of IDUs and SWs referred for medical consultations, analyses and treatment by the program workers;
- Contacts with a syringe and needle exchange program of the Klaipeda Center for Addictive Disorders and the project run by the AIDS Center aimed at sex workers using injection drugs. The cooperation principle declares information- and experience-sharing amongst the programs of this kind and providing joint services throughout the projects;
- Cooperation with the Law Clinic of Vilnius University and the Social Welfare Center. Program workers act as moderators in providing arranging legal and social assistance to the client by the relevant institution;
- Presentation of the programming information to the Health and Social Care Department of Vilnius Municipality in the form of information reports and in the process of various events whereto which the above officials are regularly continuously invited;
- Cooperation with the public organization "Initiative of Drug Users Mutual Support".

Methadone substitution treatment program:

- VCAD substitution treatment program keeps contacts with all medical institutions in the Vilnius city concerning the treatment issues of somatic conditions/mental disorders and counseling of patients;
- Cooperation with other ST programs in Lithuania: Klaipeda and Kaunas centers for addictive disorders and Druskininkai mental health center; for patients traveling to the above locations, there is an opportunity to receive methadone in any of the centers listed;
- Cooperation with police in keeping the peace around the city center;
- Patients with social problems are directed to the Social Care and Prevention Department of the VCAD. Its employees act as moderators between the patient and the relevant institution dealing with specific issues in question. Depending on the issue, co-operation may involve the Vilnius Welfare Center, Employment Center, Convict Guardianship Society, Law Clinic of Vilnius University, passport offices, and other similar bodies;
- Decentralization of substitution treatment is carried out in cooperation with Vilnius Municipality and the Ministry of Healthcare. Program staff are involved in a number of work groups at the Ministry dealing with issues of substitution treatment, such as program financing and setting standards for treatment and rehabilitation;
- Every opportunity is taken to present ST program at various seminars and conferences; results of the program are presented by means of verbal information reports. Participants at conferences and seminars are invited to visit VCAD in order to review the treatment and rehabilitation programs run by the center.

Monitoring and Evaluation

The following evaluations have been made: an effectiveness analysis, an assessment of behavior change, and two assessments of clients' needs. Project assessment is conducted by compiling monthly reports and surveying the numbers of new contacts, consultations, syringes and needles exchanged. Assessment of client needs and behaviors is conducted by means of special questionnaires filled by *outreach* workers aimed at analyzing client needs. To date, no monitoring or evaluation by independent experts was performed.

As it was already mentioned, starting from October 2003, VCAD along with Kaunas and Klaipeda ST programs participate in the ST programs for opiate users and HIV/AIDS preventive measures effectiveness assessments research, implemented across several countries by the World Health Organization.

Lessons Learned and Future Challenges

A wide range of treatment services has been established: ST program at VCAD and primary healthcare centers, rehabilitation of in- and out-patients, detoxification program. A mobile syringe and needle exchange station enabled considerably higher coverage of injecting drug users and, consequently, more effective HIV/AIDS prevention.

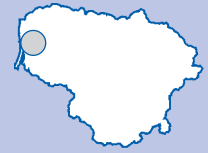
Decentralization of substitution treatment to mental health centers has reduced the social stigma; thought participation in the program is closer to the patient's residence; a broader range of medical services is available; no longer is it required to pay visits to specialized institutions. Program supports patients' integration in to society by obtaining them identification documents and providing them with social insurance and employment center registration. At the same time, the program encourages personal responsibility and motivation of patients – only stable clients with identification documents are admitted to the ST program at the primary healthcare centers. This option also attracts more drugs users, which is very important in getting to understand their needs.

Out of 121 current ST program patients of the program, 97 are former convicts. In most cases, their detention was due to drug abuse and related illicit activity. Thus, ST program reduces the incidence of criminal activity related to drug use as well as recurring detention.

Nevertheless, negative attitudes expressed by the society towards drug users remains. In order to change these attitudes and to promote broader media coverage of the problem as well as active efforts, seminars are scheduled at the primary healthcare centers running the ST decentralization program. The seminars will present the drug abuse as a social problem. In the course of the seminars, employees of VCAD will exchange their work experience with drug users. For this purpose, it is vital to secure the participation of state institutions in harm reduction activities, therefore the goal is to integrate the syringe and needle exchange program into the VCAD budget as it is allocated by the government authorities.

To attract more drug users to treatment, the assistance from the Health and Social Care Department of Vilnius Municipality is sought in order to direct to mental health centers not only ST program participants with valid identification documents, but also those without any papers.

Harm Reduction Programs in Klaipeda, the Main Seaport of Lithuania



Program	Anonymous counseling of drug users including syringe and needle exchange – The Drop – in Centers Methadone substitution treatment in Klaipeda town
Implementing organization	Klaipeda Center for Addictive Disorders (KCAD)
Program inception	Anonymous counseling of drug users including syringe and needle exchange – 1997, 2001 ST – 1995
Status	In progress
Contact person	Aleksandras Slatvickis, Head Doctor
Contact information	Klaipeda Center for Addictive Disorders, Taikos av. 46, Klaipeda 5802, Lithuania Tel.: + 370 46 415 026, fax: + 370 46 410 648 Email: kplc@klaipeda.omnitel.net, aslatvickis@kplc.w3.lt

Situation

Klaipeda is the third largest city of Lithuania with a population of 196,000; and is the country's largest seaport.

45% of all HIV cases in Lithuania have been registered in Klaipeda. The first HIV occurrences were diagnosed in sailors in 1994. From 1996 onwards, the virus started spreading amongst IDUs. Today, the given population group comprises the largest proportion of HIV positive individuals (before October 1, 2003, there was a total of 199 individuals living with HIV/AIDS registered in Klaipeda, – of that number, 140–150 were IDUs). Official data quotes 500 registered IDUs; however according to unofficial sources, that number is more likely to be 3,000 – 4,000. Klaipeda is located near the border with the Kaliningrad Region of the Russian Federation, which has around 3,000 people living with HIV/AIDS.

Goals and Objectives

- Stabilization of the HIV epidemiological situation;
- To establish and maintain contact with as many hidden injecting and non-injecting drug users as possible and to gain their trust;
- Providing the drug users with information about HIV/AIDS and other diseases, safer techniques of injection and protection against sexual transmission;
- Syringe and needle exchange;
- Providing information on treatment methods and referrals for treatment;
- Providing drug users with treatment opportunities.

Brief History

The ST program in Klaipeda and two other Lithuanian cities was launched in 1995. By the end of the year, the first five patients had been admitted in to the program.

The inception of the syringe and needle exchange program was prompted by the first case of HIV transmission amongst IDUs having occurred in 1996; the program was initiated at the end of the year 1996. However, at that time, the program did not attract many clients. This was due to the fact that the syringe exchange was carried out on the premises of the Klaipeda Center for Addictive Disorders (KCAD) running the ST program. Most of the drug users avoided showing up nearby the specialized institution by fearing negative response from the society and encounters with police officers. Finally, financed by the Klaipeda Municipality Environment Fund, a Drop – in Center for anonymous counseling of drug users including syringe and needle exchange was opened in 1997. The Municipality Culture Department helped in finding necessary office space. As HIV transmission rates among injecting drug users was high, the major priority of the counseling office became the dissemination of information and providing of advice to drug users. Today, there are two Drop – in Centers located on opposite sides of the city.

Activities

- Substitution treatment
On October 1, 2003, the ST program had 33 patients; another

six were undergoing methadone abstinence treatment. When the program began in 1995, the acceptance criteria were far more stringent than nowadays. Earlier, the program used to accept the people only over 20 years of age who had at least 5 years of drug experience and several previously unsuccessful treatment attempts. At the time of this publication, the program accepts people over 18 years of age with over 2 years of drug experience.

The treatment course is prescribed and may be altered by the ST medical consulting commission. The commission makes monthly progress reviews of every patient and decides on further therapy to be applied. At the moment, limited quantities of methadone are permitted for the home use in the event of illness; however, they may not exceed two daily dosages.

HIV/AIDS test is carried out twice a year.

The opening hours of the office are aimed at the working patients, as methadone is prescribed in the mornings and after 4 PM, even though the proportion of employed patients is fairly low.

- Syringe and needle exchange program

Syringe and needle exchange is carried out by both Drop – in Centers and through the *outreach* program.

The first Drop – in Center was established in 1997, the second one – in 2001. The Drop – in Centers are located in distanced parts of the city, hoping that the given set-up would be capable of reaching more drug users.

The exchange principle is one-to-one. There are no limitations imposed on quantity; the new client is eligible to receive 10 syringes. Preventive measures such as disinfecting towelettes, cotton-wool, condoms and information material are also supplied. The syringe exchange ratio is about 95%. In order to win the trust of clients, syringes are provided on credit. Secondary exchange is provided, but not documented.

The counseling offices also provide additional services such as:

- individual, need-based psychological, social and medical consultations;
- preparation and dissemination amongst the IDUs of information material on HIV/AIDS, Hepatitis B and C and other diseases as well as safer use of injection equipment and sexual relations;
- providing information to clients on available treatment alternatives; moderation in arranging referrals to clients for treatment;
- arrangement of referrals to psychologist and narcologist consultation at the KCAD.

When the first Drop – in Center was opened, it employed one former drug user and one nurse; however, clients were not open to the nurse by considering her an outsider. Hence, the composition of the staff was altered. As a result, each cabinet now employs two persons, one of them being a consulting social worker, while another, – a former drug user. Social workers rotate on a regular basis and work full-time in either one or the other Drop – in Center interchangeably due to the fact that the old-town office services rather elderly drug users (over 30) with considerable drug experience, whereas the other office located in a new develop-

ment and is attended by younger clients (14–25 year olds), who need to receive a broader range of consultation and information. Social workers employed at both offices share their experience on a regular basis. Centers are open 7 days a week.

At the time of this publication, an *outreach* work has been carried out by one participant in the methadone program. He works on workdays and has a circle of regular clients; by knowing the main drug user meeting points and dealing locations, he continuously seeks to strike-up new contacts and to persuade drug dealers performing the exchange nearby their dealing locations. However, getting in contact with the younger drug user group has so far been unsuccessful.

The old-town center serves approximately 15 clients, whereas the other one – approximately 30 clients daily. The *outreach* program reaches another 15–20 persons daily.

The program also distributes information materials. Titles of published brochures include „Narkotikai ir ZIV“ (“Drugs and HIV”), „Hepatitis B ir C“ (“Hepatitis B and C”), „Heroinas“ (“Heroin”), „Moteris ir narkotikai“ (“Women and Drugs”), „Saugaus svirkstimo technika“ (“Techniques for Safe Injection”), and „Pandoros skrynia“ (“Pandora’s Box”), the latter being directed at sex workers. Material under preparation is usually presented for evaluation by clients themselves; they are regularly interviewed about their information needs.

Except for the direct client work, the centers are actively involved in publicizing their operations. Results are presented across international conferences and events in Lithuania, and also during meetings with government authorities.

Outcomes and outputs

The Klaipeda syringe and needle exchange program was the first in the Baltic States.

The first Drop – in Center for anonymous counseling of drug users including a syringe and needle exchange was opened on the outskirts of the city center, near the park, resulting in as many as 120 people visiting it. Another Drop – in Center was opened on the other side of the city in order to ensure the highest possible coverage of drug users. The number of regular visitors (who attend the center at least once a month) has grown from 217 clients in 1997 to 273 in 1998, to 371 in 1999. In June of 2001 alone, 4,682 syringes were distributed, in the same month of 2002, this number has reached 6,084 syringes, and in 2003 – 8,498 syringes (830 of that number were distributed through the *outreach* program). During the first half of 2003, there were 126 new clients, while the total number of visits by clients was 7,311. Since 1997, 1,550 individual clients have visited one of Drop – in Centers. The increasing number of clients was also due to the great interest towards the program showed by the Klaipeda Municipality. Representatives of the Klaipeda Municipality took part in the openings of Drop – in Centers and assisted in drawing the attention of the media and community towards drug user problems. Furthermore, the Drop – in Centers offer a range of consultations, therefore drug users approach them not only for the purpose of syringe exchange.

Stabilization of HIV transmission among IDUs was successful. 21 new HIV case was registered in 1997, 29 cases – in 1998, whereas in 1999 and 2000 there were only 8 and 11 new cases respectively. The majority of new cases are recorded amongst former convicts. Unfortunately, how many of them are IDUs and how many have contracted the virus intravenously is not known due to the fact that harm reduction programs in detention institutions do not exist.

Funding

The ST program is financed from the KCAD budget, which is allocated by the Ministry of Finance; patients pay for the methadone themselves.

During its first years of operation, the syringe and needle exchange program was financed by the Klaipeda Municipality Environment Fund, in the years 1998 – 2000 the program also received a grant from Open Society Fund Lithuania. As from 2000, the activities of Drop – in Centers are fully financed by the Klaipeda Municipality Healthcare Fund. In the period of 2002–2003, both centers were allocated budgets of 120 000 Lithuanian litas (LTL) each.

Cooperation

- Other medical institutions:
 - The City Hospital on the basis of mutual interest: experience sharing, mutual consultations to drug users;
 - Vilnius Center for Addictive Disorders: information exchange and joint trainings;
 - Contracts with primary healthcare centers: medical consultations concerning the free admittance of patients without social insurance;
- Lithuanian Association of Addiction Psychiatry: training of the program staff;
- Klaipeda Municipality:

In recognizing the need of the harm reduction program to the city, the program keeps close ties with Klaipeda Municipality, which is not only financing the syringe and needle exchange program, but has also provided the office space and financed its renovation.

A. Slatvickis, the Head Doctor of KCAD, prior to 2000, was a board member of the Klaipeda Municipality Healthcare Fund. Furthermore, participation in the Municipality Drug Control Commission is intended.
- Other harm reduction programs in Lithuania: in the field of information sharing;
- Open Society Fund – Lithuania;
- Regional media; the main partner is "Vakarų Ekspresas", a Klaipeda daily newspaper;
- Police

Before inception of the syringe and needle exchange program, there was a meeting arranged with police officers in order to provide information about the nature of the activities to be transacted. It was agreed that drug users with harm reduction program membership cards would not be prosecuted for possession of syringes.

Monitoring and Evaluation

Statistical and epidemiological program data is gathered and assessed as well as changes observed in the city. However, due to the lack of funding, interim situation analysis and evaluations of behavior change have not been conducted.

Lessons Learned and Future Challenges

Gaining their confidence, attracting more clients and maintaining the contact with them – these are the underlying lessons learned from working directly with clients; they are achieved, by means of combining the following three factors.

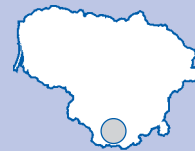
- 1) Choice of location. Successfully selected locations for Drop – in Centers reasonably distanced from the city center have attracted more clients.
- 2) Employees. The syringe and needle exchange program employs both social workers and former drug users, which means that both professional and peer consultations are ensured. A tolerant and liberal attitude towards client-involving relationships fosters the trust of clients in program staff.
- 3) Anonymity and service expansion. Free and anonymous HIV/AIDS and syphilis tests attract new clients, therefore, based on experience; the range of services provided for free and confidentially should be expanded.

Partnership and support for prevention work play an important role in implementation of the program. With support and initiative from Klaipeda City Municipality, the first syringe and needle exchange program in the country was launched in Klaipeda. Also, attention of society towards the problems of drug users and HIV/AIDS was drawn. Growing awareness, larger amount of information – these factors are changing negative attitude of the community towards drug users and people living with HIV/AIDS. Last but not least, good connections with police were established and helped to attract more hidden drug users in to the programs.

Nevertheless, reachability of drug users remains the major problem. The youngest group of drug users are afraid of potential publicity and are not active in seeking assistance, therefore *outreach* work should be expanded – currently, a discussion is under way concerning extension of *outreach* activities to weekend days, though it is necessary to apply more outreach activities as current outreach worker didn't succeeded in establishment the contact with young drug users. Also, upon conducting of assessment of clients' needs, it turned out that clients would like one more needle/syringe point to be opened in the port area, where drug dealing points are located. In order to increase coordination, meetings of the staff are planned to be held daily instead of monthly.

According to the Klaipeda Police data, there are around 100 sex workers in the town. At the moment they make use of KCAD services rather as drug users. Normally, they avoid asking for advice from male social workers. Hence, a separate program involving sex workers is planned which would involve a number of services such as free gynecologist consultations, STI treatment, and advice on family issues. Yet the project is put on hold due to the lack of funding.

Druskininkai: Harm Reduction in a Small Town



Program	Needle and syringe exchange Substitution treatment in Druskininkai
Implementing organization	NGO "Deliverance"
Program inception	1997
Status	In progress
Contact person	Elena Bykova, Program Coordinator
Contact information	Primary Healthcare Center, Ciurlionio 82, Druskininkai, Lithuania Tel./Fax.: + 370 313 541 06 GSM.: + 370 685 286 98 Email: elena.bykova@is.lt

Situation

Druskininkai is a resort location near the border with Belarus and Poland. There are 26,000 inhabitants in the city. The overall social situation is fairly complicated; the town has one of the highest unemployment rates in Lithuania. Druskininkai is sometimes referred to as "the capital of drug users" due to the high proportion of drug users.

According to the data from the primary health care center and the police, there are 50 drug users registered in Druskininkai. According to unofficial data this number is approximately 150.

Goals and Objectives

- HIV/AIDS prevention among injecting drug users;
- Reduction of drug-inflicted harm to the users – providing information and advice on harm produced by drugs, and the possibilities of reducing it by exchanging needles and syringes;
- Increasing accessibility of treatment and rehabilitation services to drug users;
- Reduction of the number of cases involving overdosing;
- Ensuring accessibility of to the primary health care services to drug users;

- Ensuring social integration and adaptation of drug users – integration of drug users back into society; providing assistance in finding employment;
- Primary specific prevention – reducing the risk of injection drug use among young people;
- Informing and changing the attitude of the society towards drug users and their problems.

Brief History

Prior to 1996, there were no drug addiction treatment available and HIV prevention programs in Druskininkai. In 1996, Dr. Elena Bykova together with parents of drug users established an organization aimed at providing assistance to people suffering from drug addiction and living with HIV/AIDS.

At the appreciation of local society initiative, drug users, their parents, the municipality and physicians of Druskininkai primary healthcare center sent an application to the Ministry of Healthcare asking for permission to start a methadone substitution treatment program. In 1997, the experimental program was launched in the primary health center. It was the first substitution treatment program in the region running in a primary healthcare center of a small town. In connection with the program, syringes and needles were also exchanged to people unable to stop using drugs.

In June of 2002, NGO „Deliverance“ led by Dr. E. Bykova opened the first rehabilitation center in Dzukija region near Druskininkai.

Activities

Syringe and needle exchange unit and substitution treatment program operate on the premises of Druskininkai primary health care center.

The syringe and needle exchange program was launched in 1997. Syringes to the program are supplied by the AIDS Center. During 2000, 8 902 syringes were exchanged. In addition to coordinating the exchange of syringes, the program also conducts drug and HIV testing, refers clients to primary healthcare centers, social service institutions, and provides services alike.

In September 2003, ST program had 20 clients. Program admission requirements: client must be having undergone detoxification, use no opiates, and have sufficient motivation for treatment. Certain abstinence period is desirable. The client is referred to the Department of Detoxification of the Vilnius Center for Addictive Disorders for the testing. After that, initial treatment program of the client is outlined. Next, the client signs a participation agreement and receives a membership card.

The program is supervised by a ST medical consulting commission consisting of three doctors, which makes all decisions regarding admissions of new clients, adjustments of methadone dosages, and so on. Twice a year, clients are tested for HIV/AIDS, hepatitis B and C. They are also tested for use of other opiates.

As of 2002, clients having completed the ST program as well as other individuals who wish to quit using drugs are invited to undergo a rehabilitation course in the rural location nearby Druskininkai. The rehabilitation center is established in a peaceful surrounding. Once deserted building was partially renovated and adapted to meet demands of the patients. The treatment of patients is based on the 12-step program and other selected methodologies, which are based on experiences of Lithuania and Poland in the field. At the moment, there are four clients living in the center. They are dependent on heroin and/or synthetic drugs. Rehabilitation center employs two social workers. One of them is a former drug user having completed the MONAR program in Poland run by a network providing assistance to individuals with dependencies; he has also established a community of drug user in Poland. Another social worker is employed part-time and also works as a social worker at the AIDS Center.

Young users experimenting with drugs can also receive help from the program of street (*outreach*) workers operating already for the fourth year. The program workers provide medical and psychological assistance, information about HIV/AIDS, injecting drugs, prevention measures to young, they also distribute

condoms. The program is promoted among high-school students. However, the information presented in front of larger audiences is not always effective; besides, teenagers who are experimenting with or already dependent on drugs, avoid admitting that they are having problems with drugs. Therefore, the main goal of high-school lectures is to provide information about the program and to attract teenagers to the anonymous counseling office. The *outreach* program reaches clients aged at 16 – 20.

A clear distinction is made between the ST program (including syringe/needle exchange) and the *outreach* program as they are aimed at different target groups.

Outcomes and Outputs

A program involving integrated assistance for drug users is the first of its kind in Dzukija region.

Thanks to the program, 12 HIV cases among drug users were detected; most of HIV positive individuals continue participation in the harm reduction activities. The program had prevented further transmission of HIV – there was not a single new HIV case detected among all registered drug users in four years. The number of injecting drug users in Druskininkai has fallen significantly. 16 have completed the methadone program, 6 of them found jobs, another 6 continue having problems with police, 4 persons discontinued the treatment due to personal reasons, and 4 persons died. 8 people out of 20 who completed the ST program in 2003 found jobs. Health state of drug users has improved.

Thanks to the *outreach* program, a number of glue inhalers in town was reduced. Hence, further progress involving assistance to younger drug users is planned: the program is scheduled to move to other premises, whereat its operation should rather resemble activities of a leisure center (without drugs).

Funding

Funding is secured from several sources. Often this support is not sustainable.

Open Society Fund Lithuania (OSF) is the main sponsor of ST and syringe exchange programs. Normally, OSF does not provide grant for periods over 3 years, however, due to success of the Druskininkai program, the Fund has made an exception and lent its financial support for the fourth consecutive year.

The program is also co-funded by Druskininkai Municipality. The municipality finances salaries of the staff; furthermore, it provided 10,000 LTL for the ST program in 2003. From time to time, the Social Welfare Department of Druskininkai Municipality grants allowances to clients of the program (for medication and methadone).

The Ministry of Social Security and Labor allocated further 14,000 LTL for operations of rehabilitation center.

For three years, the State Service for Youth Issues financed the *outreach* project. In 2003, the outreach program was supported by the Geneva Initiative on Psychiatry.

Cooperation:

- Ministry of Social Security and Labor – financing;
- Local job exchange – assistance in finding employment for program participants;
- Social Welfare Department of Druskininkai Municipality – occasional allowances to clients;
- Services Department of Druskininkai Municipality – construction materials for the rehabilitation center;
- Vilnius Center for Addictive Disorders – information leaflets; assistance is expected in the field of staff training;
- Klaipeda Center for Addictive Disorders;
- Lithuania AIDS Center;
- NGO MONAR in Poland – training of street workers, providing information;
- NGO “Save the Children”;
- Local hotline for psychological assistance – callers asking for information on drugs, STI, HIV and sexual life and are told about the program;
- PHOENIX, a rehabilitation center in Norway;
- Familia, a rehabilitation center in Poland;
- The Netherlands Cooperation Fund.

Monitoring and Evaluation

To date, no evaluations throughout the entire existence of the program have been made. Neither a detailed assessment of the project’s activities nor researches into client behavior have been conducted.

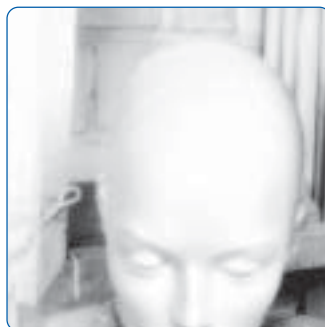
Lessons Learned and Future Challenges

A major problem faced by the project is the negative attitude of the community towards drug users and people living with HIV.

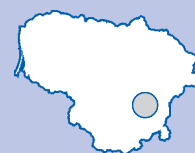
Even though the positive results of the program are improving somewhat affecting this attitude, the drug addiction is still predominantly considered a crime, not a disease. Reports in the local press show that this is partly due to lack of information about the effects of drug abuse, HIV/AIDS transmission and treatment. Drug-inflicted harm is explained in detail to the parents and relatives of drug users in order to attract more drug users in to the harm reduction activities. An occupation center is planned to be established in order to socially adapt drug users, as nobody is willing to employ them, and they need money for treatment.

Due to considerable discrimination, susceptibility and stigma suffered by program clients, the selection of a proper location for programs is crucial. ST and syringe/needle exchange program operates on the premises of primary healthcare center, which reduces susceptibility and stigma of clients, moreover, at any time; clients can be referred for consultations with relevant specialists of the healthcare center. On the other hand, presumably not all IDUs are reached as a result of social stigma, this mainly concerns users with 2–3 years of drug use experience. Considering that it is the only complex treatment program in the whole Dzūkija region, it is crucial to initiate a *periphery project*, which could reach more drug users in surrounding areas. To expand the assistance/service range and to reach more individuals with addictive disorders, the center has scheduled several new projects, such as psychologist consultations and, pending the necessary funding, launch of a mobile periphery service station.

To date, professional analysis that would expose the true situation/dynamics of drug use and drug use habit has never been conducted. The analysis would facilitate assessment of the effectiveness of the program, promote its development, and provide a greater case for seeking support for prevention work from local institutions, the media, and selected community members and funds. Meanwhile, financing remains unstable and frequently insufficient.



Lithuania AIDS Center: Facilities for Sex Workers



Program	Social Diseases Consultation Center and syringe/needle exchange in the Vilnius city
Implementing organization	Lithuania AIDS Center
Program inception	1998
Status	In progress
Contact person	Saulius Caplinskas, Director Svetlana Kulshis, Program Coordinator
Contact information	The Consulting cabinet for social diseases Kauno st. 6, 2016 Vilnius, Lithuania, Tel.: + 370 5 213 95 93 Email: saulius@aids.lt, sveta@aids.lt www.aids.lt

Situation

According to the Lithuanian AIDS Center, there were approximately 1,800 – 3,000 sex workers (SWs) in Vilnius in mid-2003.

A survey of sex workers carried out in 1998 and 2001 by “Demetra” – Social Diseases Consultation Center showed that the majority of SWs working on the streets of Vilnius are between 21 and 25 years old. Normally, the younger age group is comprised of non-Vilnius residents having arrived from all over the country, usually without having graduated from high-school, with sex work being the only way for them to earn money for living. Out of 220 surveyed respondents, 31.3 % were Polish, 27.1 % –Lithuanian, and 24% – Russian. 54 % of those women have children.

Share of drugs users among sex workers (SWs):

34% in 2000,

35% in 2001,

65% in 2002.

There is an increasing trend towards drug use amongst new SWs; usually, these women were already using drugs before starting sex worker. Providing a sex service is the only way for them to earn money for living and drugs. Injecting drug use is common among street sex workers. There are three known HIV cases among sex workers in Vilnius.

Provision of sex services, is prohibited by the Lithuanian Law.

Lithuanian citizens undertaking sex work are fined according to Article 182 of the *Administrative Code (Prostitution)*; the fines range from 50 to 150 LTL.

Goals and Objectives

Goals:

- Reduction of the risk of contracting HIV and other sexually transmitted infections (STI) amongst SWs;
- Drafting and implementation of an effective and realistic model strategy aimed at the prevention of drug use, STI and HIV/AIDS transmission amongst sex workers; avocation of such a prevention policy together with governmental and non-governmental health care and social security services.

Objectives:

- Provision of social, psychological and medical services; ensuring accessibility and acceptability of the above services to SWs;
- Provision of psychological, legal and medical advice;
- Advocating safer sex;
- Information dissemination and education of SWs; arrangement of training courses and evaluation of their impact – to encourage SWs to change their behavior and living habits;
- Compiling of data about SWs.

Brief History

The project was initiated after an assessment of the epidemiological situation concluded by the AIDS Center in 1997. The survey showed that 14 out of 15 street sex workers were infected with sexually transmitted infection (STI). "Demetra", Social Diseases Consultation Center, was established in 1998. The cabinet provided aid to SWs and injecting drug users. Premises for the center were provided by Vilnius Municipality. The cabinet is located in the railway station area, hence, in a very convenient geographic location in terms of attracting SWs, because the majority of them work in the area around the railway station.

Within the first year of its operation, the center was visited by 720 IDUs and 104 SWs. It reached both street workers and SWs getting their clients through pimps, as well as those women, who used to provide similar services abroad. Within the first year, the STI incidence ratio fell from 96 % to 43 %. Such an outstanding result was achieved due to the first activities being originated back in 1996, when social workers were visiting SWs working in the area at least twice a week. Hence, the program already had a certain number of clients, and in addition to that, the cabinet also provided such social services as food, and clothing supply and free washing facilities.

Throughout the years of the project's existence, the number of SWs visiting the cabinet steadily grew: there were 104 clients in 1998,

- 154 – in 1999,
- 189 – in 2000,
- 226 – in 2001.

In November 2001, the cabinet for women SWs was separated from the cabinet providing assistance to drug users.

Activities

Sex workers are offered a wide variety of services including medical, health care and psychological assistance:

- HIV and STI testing;
- individual psychologist consultations before and after testing;
- STI treatment;
- visits to a gynecologist twice a week;
- visits to a dermatologist/venereologist once a week;
- social and sanitary aid including shower and wash, clothing and footwear, etc.;
- syringe and needle exchange through the *outreach* program, from the cabinet and via secondary exchange;
- prevention measures: needles without syringes, condoms, disinfecting towelettes, other disinfectants and lubricants;
- referral of SWs to partner organizations providing legal and medical services;
- information materials and education.

10,000 needles are exchanged quarterly; between 3,000 and 5,000 condoms are distributed every month.

Great attention is paid to an *outreach* work and the enrollment of new SWs into prevention activities. Since 1999, nine clients have already done the *outreach* work; however, they did not receive any special training. In 2003, an *outreach* program was launched by applying peer education methodology. During the training, diverse and professional information was provided involving legal advice on SWs issues and human rights, introduction of activities run by health care institutions, presentation of medical information and information on sexually transmitted infections (STI) and their prevention. SWs were trained for doing the *outreach* work. Ten volunteers took part in the training, and seven of them are presently employed by the prevention program. No strict eligibility criteria for doing the work were applied – it was more important that women volunteered, were proactive and had a strong motivation to do the work. These women are proactive in doing their work and propose numerous suggestions in order to make the services more effective; for example, office hours of consulting doctors were changed in consideration of the wish expressed by the clients. SWs, doing the *outreach* work, produce weekly reports on the number of contacts encountered, and on the kind of information and assistance needed by street sex workers.

To achieve effective prevention of the sex work and to reduce STI and HIV transmission among SWs, educational activities and informational publications and brochures are available. The cabinet circulates information about HIV, STI, means of protection, legal aspects of the sex work, and the places where further legal assistance and medical services are provided.

Preparation of information is facilitated by continuous social research and surveys of SWs. Additional training courses are given to SWs on very diverse topics such as anatomy, accessible medical assistance, social insurance, drug use and STI, harm reduction programs, hierarchy of healthcare institutions, HIV and STI, prevention of drug abuse, and so on.

A seminar on vulnerability of young women and commercial sex was held for Parliament members and representatives of non-governmental organizations in 2002.

Outcomes and Outputs

In 2002, 299 women visited the cabinet, 73 of them – for the first time. During all those years of working with SWs, the number of women visiting the cabinet steadily increased; a total of 300 women made use of the services provided by the cabinet.

Thanks to the *outreach* work, 122 contacts in 2002 were established on the streets, and 210 women pay regular visits to the cabinet. From the opening of the cabinet in March 1998 to the end of 2002, there were 421 SWs registered. Due to the migration

of SWs, the cabinet is also known among SWs working abroad; therefore, information about the cabinet is also available in Norway, France and other countries throughout the world.

Funding

No information available

Cooperation

- Vilnius Municipality;
- "Parama", a social welfare center;
- Ministry of Healthcare, furnishing of semi-annual activity reports;
- Non-governmental organizations:
 - Since 2001, information about the project is circulated through the TAMPEP Network; TAMPEP provides methodologies and information on doing *outreach* work, and so on;
 - A member of the International Network against Illicit Trafficking of Women and HIV/STI Prevention among Sex Workers in Europe;
 - "Look Back" Shelter, reading of lectures to high risk behavior girls;
 - PRO-CENTRAS (social and medical assistance);
 - Information Center for Women;
 - Relief Center for Missing People, which provides social assistance and living space for women, also shares information on trafficking of women;
 - Association of Family Planning and Sexual Health;
 - Association of Women and their Relatives Affected by HIV and AIDS;
 - Vilnius Drop-in Center for Women;
- "Blue Bus", a mobile syringe and needle exchange station run by the Vilnius Center for Addictive Disorders;
- Klaipeda Community Information Center, joint lectures;
- The 3rd Vilnius Police Station:

The book was published in cooperation with police; the officers are furnished with information about HIV/AIDS, STI, drugs, prostitution, and methods of working with SWs;
- Close ties are maintained with provincial primary health care centers approached by SWs. Methodologies and recommendations are prepared and circulated for work with SWs in non specialized health care centers.
- Media representatives are regularly invited to attend seminars and participate in roundtable discussions.

Monitoring and Evaluation

An interim epidemiological assessment of SW infection rates has been conducted. Since 1998, a focus group consisting of 56 women is on the watch. This is necessary in order to be able to

determine the effectiveness of the program. The number of women in this group suffering from STI has been declining every year. 16 of them have chosen to change their way of life and to give up sex work.

Epidemiological and behavior research, effectiveness surveys and assessments of SWs needs are conducted regularly. They are based on questionnaires/surveys of SWs and reports of those women doing the *outreach* work. Specialists from AIDS Center are also involved in the monitoring process.

Lessons Learned and Future Challenges

One of the major success factors of the program was a sound choice of geographical location. Establishments of the cabinet in the railway station area has ensured a high visiting rate, as most of street SWs work in the area.

Peer counseling services and work provided through the *outreach* program were particularly successful. Girls strike up around 30–50 contacts, whereas *outreach* workers – around 10–15. A higher reachability of SWs through the peer education was influenced not only due to the work carried out at nights and on weekends (resulting in higher quantities of prevention equipment dispensed), but also due to the fact that SWs had higher confidence in *outreach* workers than in "outsiders".

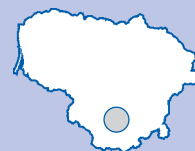
The splitting of services for injecting drug users (syringe and needle exchange) and SWs also had a positive impact on effectiveness of operations. After reorganization, the number of SWs paying visits to the cabinet has increased, as each client can now receive more time and more specialized services.

Experience of the program shows that public opinion towards SWs remains negative. Sex work is yet rarely regarded as a social phenomenon, whose economic and social roots should be eradicated. Poor financial situation is the major factor forcing people to engage in sex work. Information circulated among justice authorities affects their attitude toward SWs, however the majority of women nevertheless avoid turning to the cabinet due to fears of arrest as sex work is still regarded a crime. Women working in escort service firms turn to the program more seldom compared to SWs working alone (typically, this only happens when serious health disorders occur or undesirable pregnancy is suspected), this is also dictated by fears of pimps to be prosecuted for a criminal activity. The attitude expressed by clients towards sex workers, particularly towards those working on the street, is often possessive.

Lastly, the fining system of fines is not effective. Even though fines imposed on SWs are meant to prevent them from further engagement in sex work, however, in most cases this goal is not achieved, and meanwhile, SWs earn money to pay fines by providing further sex services.

SYRINGE AND NEEDLE EXCHANGE PROGRAMS

Program in Alytus Town



Program	“Help Yourself and Others” – an anonymous consulting centre for social diseases “Trust” with syringe and needle exchange in Alytus town
Implementing organization	NGO Lithuania Red Cross Association, Alytus Committee
Program inception	2001
Status	In progress
Contact person	Nijole Jakubaitiene, Project Coordinator Raimonda Cikaniene, Senior Specialist
Contact information	Alytus Red Cross Committee Ligonines 3, Alytus 4580, Lithuania Tel.: + 370 315 515 48 E-mail: jakubaitiene@ligonine.lt

Situation

Alytus has a population of 71,500. According to the police data, there were 237 registered individuals in town using injecting drugs as by September 2003; however, in the opinion of specialists, in reality this number may be several times higher.

In 2002, the first HIV case among injecting drug users was recorded; there were seven known people living with HIV before September 2003.

The first HIV cases in Alytus Penitentiary situated in close to vicinity of the town were diagnosed in May 2002. Comprehensive tests carried out with prisoners in Alytus Penitentiary and other penal institutions showed that the outbreak was localized and a total of 299 HIV cases were diagnosed here in 2002. Such a high rate of transmission was mainly caused by injecting drug use and syringe/needle sharing. Therefore, the risk of an HIV epidemic in Alytus is very high among IDUs.

Hepatitis, types B and C, is also widely spread amongst IDUs. According to the data collected by the ongoing project, 99% of IDU having visited the syringe and needle exchange program and having undergone tests, have been diagnosed with Hepatitis B or C.

Goals and Objectives

- HIV/AIDS and STI prevention;
- Reduction of drug-inflicted harm to the users – circulation of information amongst the users about the harm produced by injection drugs and existing methods of its reduction;
- Needle and syringe exchange; other drug-inflicted harm prevention measures;
- Reduction of the number of cases involving overdosing;
- Prevention of drug addiction amongst young people.

Brief History

Implementation of the project started on September 11, 2001 in cooperation with the Red Cross Committee and Alytus Municipality, after receiving support from the Red Cross in Germany and the Ministry of Social Security and Labor.

Activities

The syringe and needle exchange program is carried out in a stationary set up, on the premises of the Red Cross Alytus Committee by the “Trust” cabinet.

The cabinet is open on workdays. The cabinet employs a physician, two paramedics and a nursing assistant; once a week, clients can have a consultation with a narcologist. The cabinet

workers also attend and exchange syringes in known drug dealing locations. Following the HIV outbreak in Alytus Penitentiary, project workers also demonstrated safer drug injection techniques to IDUs encountered at drug dealing points.

Syringes are exchanged on a one-to-one ratio. Also dispensed are disinfecting towelettes and bandages; anonymous blood tests are carried out and wounds are bound up and disinfected. In the first year of its operation, the cabinet used to supply condoms; however, there was little demand for them as the cabinet is not attended by sex workers.

Cabinet staff works individually with every new client by providing advice and information on HIV/AIDS, safer techniques of injection, disinfection, overdosing, and wound bandaging. Families and relatives of the drug users are also consulted.

Cabinet workers are invited by headmasters and teachers to schools to lecture students and their parents. Early in 2003, the Red Cross Youth Circle has been established to train volunteering school students in the running of youth activities, who would afterwards present lectures on drug-inflicted harm, HIV/AIDS prevention, measures for children's protection at schools, and also organize various miscellaneous events. Presently, the circle involves 15–17 young people. They are trained by workers of the syringe/needle exchange program and gain additional knowledge by attending various seminars in Vilnius and Klaipeda.

In 2002, Vilnius and Klaipeda Centers for Addictive Disorders jointly held a conference in Alytus Municipality, the centers' workers presented the main principles of harm reduction programs through reviewing the program operations and results in their cities.

Outcomes and Outputs

The syringe and needle exchange cabinet has been opened in the very center of Alytus, in close proximity to drug dealing locations; as a result, the cabinet is visited by a fair number of clients, on average of 27 persons a day. Thanks to successful cooperation with police officers, drug users with program membership cards no longer have the fears of being arrested on their way to the exchange unit. Furthermore, in the very beginning of the cabinet operation an agreement was reached with clients that they should avoid flocking near the building.

Within the first four months of program activity, there were 1,865 contacts with drug users; in 2002, this number grew to 7,530 contacts. The number of new clients is also continuously increasing: during the first year of operation, the program attracted 68 different clients; in 2002, there were another 92 new clients, whereas during the first half of 2003, the unit was visited by another 66 new users. The ratio between dispensed and returned syringes has also gone up: during June of 2002, 2,005 syringes were dispensed while 1,919 were collected, whereas during June of 2003, 1,450 and 1,412 syringes were dispensed and collected

respectively. A total of 27,321 syringes were exchanged in 2002. During the first half of 2003, the corresponding number was 14,840 syringes.

As a result of maintaining active and personal contacts and cooperation with clients, the number of drug users visiting the cabinet due to wounds declined, as most of them had been shown how to do the wound-dressing themselves and began to employ safer injecting equipment. This means that health state of drug users reached by the organization has improved.

Funding

The Ministry of Social Security and Labor financed purchases of the cabinet equipment to the sum in the amount of 20,000 LTL. Equipment was also co-funded by The Red Cross organizations of Norway and Germany. Program staff and office space is supported by Alytus Municipality, which allocated 40,000 LTL for this purpose in 2003.

Cooperation

- Alytus Municipality: Financing of the program and conducting of joint seminars and conferences. Participation in the work of the Commission for Reduction of Drug-Inflicted Harm by carrying out discussions on prevention/harm reduction measures and the potential possibilities for launching an ST program. Production of monthly, quarterly and annual reports to municipality on the program's operations;
- Social Welfare Department of Alytus Municipality: Through the Red Cross, drug users seeking support are supplied with necessary clothing and medication; assistance is provided in finding accommodation. Program clients are referred to the Department for obtaining social advice and social services.
- Alytus Police Station: Agreement was reached on the immunity of drug users from prosecution for possessing syringes providing they had a membership cards. Holding of joint seminars and conferences to publicize and discuss the work undertaken with drug users.
- Lithuania AIDS Center: The center provides information on the administration and coordination of activities.
- The Club of Anonymous Drug Users led by a former drug user.
- Contacts with the media of Alytus region, "Alytaus Naujienos" and "Dainavos Zodis" regional papers; providing reports to "Lietuvos Rytas" and "Respublika" national papers.

Monitoring and Evaluation

No interim situation nether program's efficiency analysis has yet been undertaken; as no financing has been available and no possibilities have existed for of inviting the relevant experts.

Lessons Learned and Future Challenges

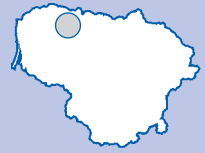
The program is located in the center of Alytus, in close proximity to drug dealing locations. The positive approach expressed by the Municipality and its generous support shows that the program activities are important and valuable. However, there is a clear lack of cooperation with health care institutions, and there are no facilities available for the stationary treatment for drug users. Thus, the launch of a ST program is planned on the premises of a primary health care center.

Activities conducted by the organization do not reach younger people. The youngest client of the program is 19 years old, and the cabinet is mostly frequented by drug users with 5–15 years of drug experience. This can partly be explained by the fact that the town is relatively small and this population group is extremely vulnerable, as they are afraid of being spotted visiting the cabinet by their friends and acquaintances, and fear a negative reaction from their parents. The youth circle established according to the peer education methodology helps to achieve more effective prevention of drug addiction amongst school students. At the same time, the circle keeps the volunteering teenagers busy with their work; therefore they have no spare time to search for and experiment with drugs. This principle turned out to be more effective than talks presented by the program workers, since children were more inclined to pay attention to their peers rather than to program workers. Neither drug users, nor school students were provided with any information material, therefore an adequate financing is planned to be allocated in 2004 to enable this.

It is important to note that negative public opinion towards the program has changed following the outbreak of HIV at Alytus Penitentiary. The epidemic has also made think more for themselves about their own health. The Red Cross program worked and was known to drug users already before the HIV epidemic in the penitentiary, therefore the majority of drug users already had the information about the cabinet and were familiar with protection measures.



Syringe and Needle Exchange Program in a Small Town: Mazeikiai



Program	“Stop Drugs”, syringe/needle exchange program in Mazeikiai town
Implementing organization	Mazeikiai Police Station
Program inception	2002
Status	In progress
Contact person	Tomas Kryzevicius – program consultant
Contact information	“Aura” Club, an Alcoholics Anonymous Association Basanaviciaus st. 22, Mazeikiai 5500, Lithuania Mobile: + 370 6 16 13142 E-mail: narkota@delfi.lt

Situation

Mazeikiai has around 49 000 inhabitants. There are 82 registered drug users in the town, but program workers claim that there are at least 300 drug users in the Mazeikiai area. According to unofficial data, there are 15 sex workers in the town, although there are no officially registered SWs.

According to the data of the Lithuanian AIDS Center for the September 1st, 2003, 25 people are living with HIV/AIDS in Mazeikiai. The first seven HIV cases were registered in 2001, and the remaining 18 were diagnosed in 2002 among IDUs.

Goals and Objectives

- HIV/AIDS prevention amongst IDUs;
- Reduction of drug-inflicted harm to the users – providing information and advice on the harm produced by injection drugs and existing methods for ways of its reduction; needle and syringe exchange; extension of accessibility of drug users to treatment and rehabilitation services to drug users;
- Primary prevention – reducing the risk of injection drug use amongst young people.

Brief History

A program application was submitted to the Municipality by Mazeikiai Police Station. The program is aimed at the prevention of the spreading of drug use in the town, which has a fairly high

rate of unemployment and is located very close to the Latvian border. The program was financed by Mazeikiai Municipality. The program began its operation in June 2002, but it had to be temporarily suspended at the beginning of 2003 because it ran out of funding. The program was able to resume its operations at the end of August 2003, upon receipt of 19,000 LTL of additional financing.

Activities

During the first half year of the existence of the program, a stationary syringe and needle exchange was carried out on the premises of Anonymous Alcoholics Club “Aura”. After this period, the program started exchanging syringes and needles through the *outreach* workers and through secondary exchange, which has proven to be far more effective in terms of the number of syringes exchanged. The program employs a consultant, a social worker, an *outreach* worker and two volunteers.

Secondary exchange is carried out at the drug dealing locations and other drug distribution places, such as apartments of drug users, by trustworthy permanent clients and other volunteers.

In addition to syringe exchange, other prevention means such as condoms, disinfecting towelettes, disinfectants, bandages and plaster.

In the beginning of the program, syringes were exchanged at a ratio of one-to-one (one new syringe in exchange for one used),

however this system was not effective enough as few drug users used to return their used syringes, therefore the exchange principle was altered – at the moment, not more than 5 syringes per visit are distributed.

Referrals are provided to clients to the cabinets of addictive disorders, to Vilnius and Klaipeda Centers for Addictive Disorders, and to rehabilitations centers in Sveksna, Siauliai and Kaunas.

Under the same “Stop Drugs” project, activities of the mutual support group for drug users is organized, consultation on prevention issues are held both in a syringe exchange unit (provided by a social worker or a consultant) and through the *outreach* program based on the “peer education” principle (provided by a former user).

There are also lectures and seminars organized at schools for pupils and their parents, aimed at the reduction of risks of the drug use among young people. The following lectures are given: “Drug Addiction”, “Causes of Drug Addiction”, “Ways of Providing Help to Drug Users”, and “How to Spot a Drug User”.

Drug users are provided with information materials. A brochure addressed to drug users entitled “The Group for Mutual Support for Drug Users in Mazeikiai” has been published and posters named “Harm Reduction – Syringe Exchange” were posted in order to attract drug users to the program and share information about the activities undertaken.

Outcomes and Outputs

Within the first year of operation (started in June 2002), there were 198 contacts, 18 of those were serviced via the stationary unit, 63 – through the *outreach* program, and 117 – through secondary exchange. In 2002, 1,403 syringes were dispensed. Due to the break in program in 2003, a proportion of the clients was lost and the total number of syringes exchanged went down. However, the syringe collection ratio increased significantly: in 2003, 470 syringes were dispensed and 210 collected (45%), whereas in 2002, only 411 syringes (29%) of dispensed syringes were collected.

Funding

The program is financed by Mazeikiai Municipality.

Cooperation

- Vilnius and Klaipeda Centers for Addictive Disorders, Lithuania AIDS Center, syringe and needle exchange unit in Druskininkai – information sharing;
- Rehabilitation centers in Ramuciai and Pakutuvenai – referral of patients for long-term rehabilitation;
- Mazeikiai Police – the project has been written and coordinated by the name of Mazeikiai Police Station;



furthermore, police provides information about drug users in town and the crime situation, as well as issues program membership cards;

- Mazeikiai Municipality – financial support;
- Social Care and Welfare Department of Mazeikiai Municipality – mutual cooperation in the field of information sharing;
- Healthcare Fund of Mazeikiai Municipality – provision of annual activity reports;
- NGOs “Parents Against Drugs” and “Community Center”;
- Mazeikiai Coalition of Health – the coalition unites NGOs providing the treatment of various health disorders and those involved in the promotion of a healthier society;
- Media.

Monitoring and Evaluation

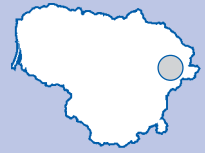
Annual program activity reports are provided to Mazeikiai Municipality. However, neither situation analysis, nor evaluation of clients’ needs, nor effectiveness analysis was carried out.

Lessons Learned and Future Challenges

The program is run together with Mazeikiai District Police Station; this is one of the most successful examples of cooperation between harm reduction programs and the Police.

Thanks to secondary exchange activities and work done by the *outreach* program, more drug users are reached including those unwilling to visit the stationary syringe and needle exchange unit due to fears of arrests and stigma. Hence, the secondary exchange has solved the problem of drug user reachability in the small town, where intolerance, hostility and discrimination against drug users are amongst the major problems faced by the users and persons helping them.

Syringe and Needle Exchange Program in a Small Town: Visaginas



Program	Syringe and needle exchange program in Visaginas town
Implementing organization	Mental Health Center
Program inception	1999
Status	Terminated in May, 2003
Contact person	Laima Paulauskiene, Director of Mental Health Center Alina Sheider, ex-Program Coordinator
Contact information	Mental Health Center, Taikos st. 15, Visaginas, Lithuania Tel.: +370 386 60 657 E-mail: laima.guoba@centras.lt

Situation

Visaginas is a town in northeast Lithuania located close to the border with Latvia and Belarus. The majority of the population of 30,000 living in the town are Russian-speaking and lack knowledge of Lithuanian language, therefore this language barrier makes it more difficult for them to find a job. This complex social situation is made worse as the future of the nuclear power station, the largest employer in the town, is uncertain. Social and economic reasons have therefore led to the widespread usage of drugs in Visaginas.

According to the data from the mental health center, there are 160 IDUs in town, whereas police says this number is six times higher. The number of registered drug users in Visaginas expressed per 100,000 residents remains the highest in Lithuania – 603.4 (303.9 in Vilnius, 268.9 in Klaipeda). One HIV case is registered in Visaginas, however according to unofficial data; there are another 6–8 HIV positive individuals in town who have recently been released from Alytus Penitentiary.

Apparently, there are even more drug users infected with Hepatitis. In 2001, on the initiative of the syringe and needle exchange program, all drug users registered in the mental health center were proposed to undergo the testing. Out of 20 tested drug users, 19 were infected with Hepatitis B or C.

Goals and Objectives

- HIV/AIDS prevention among IDUs;
- Getting and staying in contact with as many IDUs as possible;

- Promoting safer behavior amongst drug users;
- Providing the drug users with information about HIV/AIDS and other diseases, safer techniques of injection and protection against sexual transmission;
- Syringe and needle exchange;
- Prevention of HIV/AIDS and drug abuse amongst young people.

Brief History

The program began in 1999, after receiving financial support from Visaginas Municipality. The syringe and needle exchange unit was opened on the premises of Visaginas mental health center. Result of the first year of operation was poor – no one has visited the unit. This happened due to the small size of Visaginas, as the majority of drug users did not want to be spotted near the center for fearing of public condemnation or possible firing, while young drug users were afraid of their parents' reaction.

Therefore in 2000, it was decided to launch an *outreach* program. In order to start the program activities, an attempt was made to find former drug users with basic knowledge of drug users' meeting places and who had their confidence. Unfortunately, the program was unable to locate non-active drug users, therefore *outreach* work was first performed by two active drug users, and later by another drug user, a woman with a fairly long history of drug use. The program ran until June 2001, using the funds left over from non-dispensed syringes and needles. Nevertheless, an *outreach* worker continued her work as a volunteer until September 2002. In

2001, financing was received for the opening of the substitution treatment program in 2002, but it was not started (due to the departure of the specialist from the town). It was agreed to use funds for the syringe and needle exchange program, which was resumed in September 2002 and operated until April 2003.

Activities

The syringe and needle exchange program was carried out through *outreach* activities. Syringes were exchanged at a ratio of one-to-one, and one person could receive not more than 10 syringes per visit. The work was carried out by an active drug user, who knew the main dealing points and where she would leave syringes. Disinfecting towelettes, condoms and information material were also supplied for prevention in accordance with the program. The mental health center provided psychiatrist consultations.

In addition to syringe and needle exchange program, drug prevention work among young people was carried out. Lectures about drug-related harm were held at Russian and Lithuanian schools to 6–12 grade students. The lectures were read by the program coordinator and a social worker. The lectures had a game format and were based on the Q&A principle. Also, lectures about drug abuse and methods of its spotting were read to parents of students. The parents were advised where they should apply for assistance to their drug using child and how they should talk to their child about drugs and their harm.

Information material on HIV/AIDS, hepatitis and their prevention was distributed. „Twelve Step Therapy“ leaflet was handed to drug users during the exchange. A number of leaflets such as „Ten Reasons to Say NO to Drugs!“, „Easier to Say NO“ were targeted at young people. Considering the size of the Russian-speaking community, the brochures were published both in Russian and Lithuanian.

„NO to Drugs“ campaign is run every year, during the Visaginas Festival of Country Music. In the first year (1999), exchange of syringes was carried out from the minibus, however it provoked negative responses from bystanders, therefore only condoms and brochures were handed out during the next three years. Upon receiving of visual material aids on drug-related harm and HIV/AIDS from the AIDS Center, the local television station has agreed to show these documentaries.

Outcomes and Outputs

The program reached 208 clients in 2001. After the break, the number went down to 62 in 2002 and 73 in 2003. This was caused by the suspension of program operations, which resulted in the loss of a significant proportion of the clients. The number of exchanged syringes also diminished. In 2000, 13,730 syringes were dispensed, compared to 12,178 – in 2001, and only 6,120 – in 2002. Even though the quantity of returned syringes was not high – there were 5,319 syringes collected in 2000, 5,664 – in 2001, and 2,686 – in 2002, there were many used syringes thrown out on the streets both

before the program and after its closing – much more than there were during the program.

Funding

The Healthcare Fund of Visaginas Municipality financed the program in 1999. The same year OSF provided financing for an *outreach* program. In 2002 and 2003, the program was financed from the funds provided by OSF for the opening of a substitution treatment program.

The State Council for Youth Issues has financed prevention programs at schools.

Cooperation

- Vilnius Center for Addictive Disorders – information and experience sharing;
- Klaipeda Center for Addictive Disorders – information sharing, participation in seminars and training held by KCAD;
- Lithuania AIDS Center – information sharing, brochures, posters, video material;
- Visaginas cable television;
- Police – it was agreed that police officers will not visit the area around the of mental health center; with the help of the Police, an *outreach* worker was found.

Monitoring and Evaluation

An interim situation analysis has not been conducted. The only indicators of changes observed were through direct discussions with drug users and *outreach* workers.

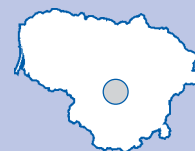
Lessons Learned and Future Challenges

Due to the a small size of the town, the *outreach* method is the most effective for Visaginas, where drug users seeking assistance run a high risk of being spotted by their relatives and community members. It ensures a much higher coverage ratio of drug users. Practice shows that most drug users are not enthusiastic about turning for help to specialists. Nevertheless, the behavior of drug users did changed during the program – they started looking after their health and began visiting the mental health center more regularly, asking about HIV/AIDS tests and other health checks.

There are no former drug users and qualified workers, who could ensure doing the effective *outreach* work.

At the moment, when the work is done by an active drug user, consultations are hardly possible, and the work discipline is very difficult to maintain. Considering the size of the Russian-speaking community in Visaginas, prevention programs are implemented both in Russian and Lithuanian, which ensures higher coverage of drug users.

Kaunas Center for Addictive Disorders



Program	Methadone substitution treatment program in Kaunas region
Implementing organization	Kaunas Regional Center for Addictive Disorders (KRCAD)
Program inception	1995
Status	In progress
Contact person	Tautvydas Zikaras, Director
Contact information	Kaunas Center for Addictive Disorders Giedraiciu 8, Kaunas, Lithuania Tel.: + 370 37 337 437, fax: + 370 37 332 145 E-mail: PLC_Kaunas@takas.lt

Situation

Around 20.3% of the total Lithuanian population lives in the Kaunas region. Kaunas is the second largest city of the country with 373,700 inhabitants. Based on the official data provided by the State Healthcare Center, there are around 500 registered injection drug users in the region; however, according to specialists, this number is at least several times higher. There are 23 people living with HIV in the city.

Goals and Objectives

- HIV/AIDS prevention amongst drug users;
- Treatment and counseling of individuals with drug dependencies and their reintegration into society.

Brief History

The experimental ST program in the Kaunas Narcology Center was opened in 1995, in the same year as it was in Vilnius and Klaipeda. As of 2001, the program has been conducted at the Kaunas Regional Center for Addictive Disorders (KRCAD), established in the same year in line with the *National Drug Control and Drug Abuse Prevention Program*. The space necessary for the program was provided by the Administration of Kaunas Region.

Activities

In September 2003, there were 87 patients in the substitution treatment program, 79 of them were medically and socially stable.

Decisions concerning patient's acceptance/removal from the ST program, and the setting/adjustment of dosages are taken by the ST medical consulting commission. Twice a year, participants of the program undergo urine tests to identify any narcotic and toxic substances. Upon suspected use of additional narcotic drugs by the patient, tests are carried out more frequently. There is the possibility of methadone prescription for the home use. The decision is undertaken by the ST medical consulting commission or by the consulting doctor, upon reception of relevant documents and an assessment of the patient's condition, which involves an analysis of the data collected in the process of participation in the ST program.

Patients receive consultations from a psychiatrist, a specialist for addictive disorders, and a social worker; referrals are available for treatment in Kaunas Regional Hospital.

The Center also provides diagnostic services, dispensary and stationary detoxification, medication and psychotherapy treatment, and runs a Minnesota Program. Assistance and consultations with a psychologist and social worker are also available to relatives of the patients.

KRCAD is actively involved in the promotional and advocacy

activities of the harm reduction programs. Brochures and publications about HIV/AIDS, STI, prevention and treatment methods are published. In 2003, with the participation of experts from Spain, staff training was undertaken through Twinning Program.

Outcomes and Outputs

From the end of 1995 to August 2003, 367 patients participated in the program, 61 of them completed the program successfully.

Funding

The program is financed from the KRCAD budget allocated by the Ministry of Finance, which covers staff salaries and all expenditures incurred in connection with property maintenance. Methadone used for substitution treatment is paid for by the clients themselves.

Cooperation

- Vilnius and Klaipeda Centers for Addictive Disorders – information sharing;
- Kaunas Regional Hospital – referral of patients for treatment;
- Police – joint measures; police officers are informed about the methadone program, therefore drug users with methadone program membership cards are not arrested;
- Hospitals in of the Kaunas region;
- Kaunas Municipality – Dr. T. Zikaras, Director of the Center, is a member of the Drug Prevention Commission;
- Regional and national media.

Monitoring and Evaluation

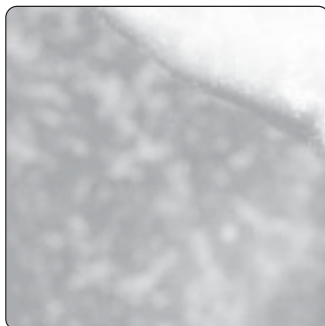
Collection of statistical data of patients and their conditions; evaluations of changes to their health condition.

Lessons Learned

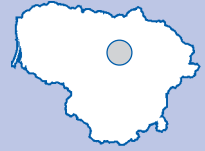
KRCAD is the only specialized treatment institution in the Kaunas region providing services to drug users.

The largest problems faced by KRCAD are negative public opinion about methadone treatment and a shortage of funds (the only source of funding is the state budget; no additional financing is provided by the local government). Thus yet there are no possibilities for the extension of existing treatment services (although there are around 300 drug users at the moment wishing to undergo methadone treatment) nor the establishment of other low-threshold programs for providing assistance to drug users such as syringe exchange or an *outreach* program, which would make it possible to reach more drug users living in different parts of the city and outside its environs. Throughout the entire existence of the program, due to the lack of funding, no in-depth situation analysis has been carried out; therefore the overall situation in the Kaunas region is unknown. A situation assessment/analysis reflecting the epidemiological situation and its dynamics would be very valuable.

Given the possibility, expansion of the range of services offered by the Center is planned: extension of the rehabilitation center; establishment of a rehabilitation section for under-aged drug users; building the system of assistance of IDUs for integration in to society; launching of legal counseling services.



Panevezys Center for Addictive Disorders



Program	Methadone substitution treatment program in Panevezys region
Implementing organization	Panevezys Regional Center for Addictive Disorders (PRCAD)
Program inception	2002
Status	In progress
Contact person	Vitalija Kuzminskiene, Director Nerijus Zulys, Program Coordinator
Contact information	Panevezys Center for Addictive Disorders Elektronikos 1c, Panevezys, Lithuania Tel.: +370 45 582 673, Fax: + 370 45 582 672 E-mail: kuzminskiene@office.lt, nzulys@takas.lt

Situation

Panevezys region has 320,800 inhabitants. Panevezys is the fifth largest city of the country by population terms, with 119 400 inhabitants. There are five registered people living with HIV/AIDS.

Goals and Objectives

- HIV/AIDS, STI prevention amongst drug users;
- Treatment and counseling of individuals with drug dependencies and their reintegration into society.

Brief History

Panevezys Regional Center for Addictive Disorders (PRCAD) was established in 2001 in line with the *National Drug Control and Drug Abuse Prevention Program*. The Center began the ST program since October 2002.

Activities

In 2002, the first 14 patients were admitted to the program. In September 2003, the program had 15 patients; of that number 14 were stable; one person, living with HIV. The program employs one doctor and one medical nurse. The treatment course is prescribed/adjusted as well as new patients are accepted by the decision of ST medical consulting commission. To be admitted to the program, it is important for the patient to have a motivation

for treatment. Methadone is prescribed from Monday to Saturday on the premises of PRCAD, and Sunday dosages are prescribed for the home use. Once in every two weeks, patients undergo tests to determine if they are using any additional narcotic substances. Upon suspected use of additional narcotic drugs, the patient receives a warning notice. If the patient is tested positive for a third time, the patient is removed from the program. However, no one has yet been removed.

The Center provides HIV/AIDS, STI diagnostics, dispensary and stationary detoxification, medication and psychotherapy treatment, and runs a Minnesota Program. Assistance and consultations of psychologist and social worker and legal advice are also available to relatives of the patients. The Center also operates a day-care center for patients with addictive disorders.

Program participants are provided with information material. The Center publishes brochures about diseases (such as Hepatitis C) and information material to drug users and their relatives about services provided by PRCAD. The material prepared for publication is evaluated by social and rehabilitation workers as well as employees of the center for addictive disorders.

In 2002, PRCAD participated in the project "Series of Harm Reduction Conferences in Lithuanian Municipalities – Experience Sharing and Advocacy", whereby one of the conferences was held in Panevezys Municipality.

Outcomes and Outputs

Within less than a one year, the ST program was successfully completed by one patient. The health and social condition of the other 14 patients was stabilized.

Funding

The program is financed from the PRCAD budget allocated by the Ministry of Finance. The Open Society Fund – Lithuania provided a grant of 15,000 LTL for the opening of the cabinet.

Cooperation

- Vilnius, Kaunas, Klaipeda, Siauliai Centers for Addictive Disorders – information and experience sharing;
- Lithuania AIDS Center and State Mental Health Center – information sharing;
- Police – a round of jointly held lectures for police officers about what the substitution treatment program is and how the drugs users should be treated;
- Media – providing information on the activities of PRCAD and drug addiction in general.

Monitoring and Evaluation

An interim situation analysis has not been conducted. There has however been a collection of statistical data of the patients and their conditions, and evaluations of changes to their health condition.

Lessons Learned and Future Challenges

The program has existed for less than a year; therefore it is difficult to provide any evaluations of the program outcomes so far.

The launch of the methadone program met with a negative public response. Somewhat more liberal public opinion prevails in such larger cities of Lithuania such as Vilnius or Klaipeda; more positive attitudes obviously provide with more favorable opportunities for the expansion of harm reduction programs. The negative response is also illustrated by the fact that the program receives no additional funding or support from Panevezys Municipality.

The program has five patients who are all former convicts. This once again reinstates the necessity of harm reduction programs in penitentiary institutions and provides an example of how harm reduction facilitates the integration of drug users into the society and contributes towards crime reduction.



HARM REDUCTION ADVOCACY PROJECTS



Situation

The first harm reduction projects in Lithuania were initiated in 1995. That year, the first methadone substitution treatment programs were opened in Vilnius, Kaunas and Klaipeda; in 1997, syringe and needle exchange programs began operating in Vilnius and Klaipeda. Meanwhile, other larger cities of Lithuania such as Panevezys, Siauliai and Alytus had no harm reduction programs until 2001, and drug abuse in these locations became a significant problem. The accessibility of ST facilities to drug users remains limited, however further expansion of programs is restricted by the lack of financing. Moreover, the negative public response was caused by, for instance, an increasing numbers of drug users congregating near the Vilnius Center for Addictive Disorders, which triggered a negative reaction from neighbors. In 2001, a decentralization of the ST program to primary health care centers was initiated in Vilnius. As a result of decentralization, it is expected to encourage the society adaptation of drug users, eliminate the root for negative reaction from the public, and expand the range of medical services provided to drug users.

Based on unofficial data, there may be around 10,000–12,000 of IDUs in Lithuania. Majority of people living with HIV/AIDS contracted the virus by using injection drugs. According to the data of Lithuania AIDS Center, there are 824 people living with HIV/AIDS in Lithuania, 659 of those were infected through drug injections. Hence, a large risk of HIV epidemic exists among drug users in larger cities, therefore establishment of harm reduction programs in these cities was crucial.

Majority of drug users are hard to reach even through harm reduction programs, as most of them avoid visiting the specialized institutions by fearing negative response from the community, which makes integration of drug users into the society more difficult.

The Vilnius, Klaipeda and Druskininkai programs were included into the UNAIDS/UNDCP collection of best practices in Central and Eastern Europe; however, support received from the Lithuanian authorities is still rather limited.

Goals and Objectives

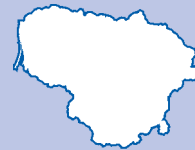
The main goals of advocacy are the following:

- Protection of human rights of drug users;
- Dissemination of harm reduction principles and initiation of programs in Lithuanian urban centers by seeking to prevent transmission of HIV infection;
- Ensuring support of, and approval from, the local governments and communities to the conducting of harm reduction programs.

To achieve the above goals, the following objectives have been set:

- In order to achieve the integration of harm reduction principles into local communities, to the informing of community members and municipality representatives about the principles and activities of harm reduction programs. This objective should be achieved through presenting examples of successfully run harm reduction programs and their outputs as well as by sharing the working experiences;
- Reaching the broadest possible range of people – representatives of government authorities, treatment institutions, remedial organizations and journalists, whose activities could provide support and create favorable conditions for the operation of harm reduction programs;
- Staying in constant contact with the media. Proving information on harm reduction related activities conducted in Lithuania, as the majority of reports involving drug users that get into the pages of national and major regional newspapers are printed under “criminal news” (around 65%). Also through presenting the drug abuse as a social and health problem by changing the negative public opinion about drug users and harm reduction activities. For this purpose, the promotion of closer cooperation between harm reduction institutions and the media in the presentation of their outputs and results.

Series of Harm Reduction Conferences in Lithuanian Municipalities – Experience Sharing and Advocacy



Program	Series of Harm Reduction Conferences in Lithuanian Municipalities – Experience Sharing and Advocacy
Implementing organization	Klaipeda Center for Addictive Disorders (KCAD)
Program inception	2002
Contact person	Aleksandras Slatvickis, Head Doctor
Contact information	Klaipeda Center for Addictive Disorders Taikos pr. 46, Klaipeda 5802, Lithuania Tel.: + 370 46 415 026, Fax: + 370 46 410 648 E-mail: kplc@klaipeda.omnitel.net, aslatvickis@kplc.w3.lt

Brief History

The project was initiated in 2001 by Klaipeda Center for Addictive Disorders (KCAD). KCAD had more than five years of experience in the field of harm reduction. Klaipeda has developed a fairly extensive variety of harm reduction programs as, based on epidemiological surveys, Klaipeda demonstrates the largest rate of HIV transmission in Lithuania. KCAD has extensive experience in working with politicians, police officers and media. Thanks to successful advocacy work, harm reduction programs in Klaipeda received support and approval from Klaipeda Municipality, which provided the full financing of the syringe and needle exchange program, and became a positive example to other harm reduction programs unable to secure sufficient support from the local government authorities.

Activities

The project was carried out in 2002. The series of conferences under the title "Does Lithuania Need A Reduction of Drug-Inflicted Harm?" were organized in Kaunas, Panevezys, Siauliai, Alytus and Visaginas. A preliminary discussion named "Outputs, Problems and Prospects of Drug-Inflicted Harm Reduction Programs in Lithuania" was held in Klaipeda. The project was concluded in Vilnius by holding the discussion named "Reducing the Harm of

Drugs with the Help of Health and Social Care: The Experience of Vilnius and Klaipeda Municipalities".

Principles and methods of harm reduction programs were presented in all conferences, and experiences in the field of harm reduction in Lithuania was also shared. In-depth presentation was given on syringe and needle exchange programs, principles of doing the *outreach* work, experience of working with SWs, successful cooperation between Klaipeda Municipality and harm reduction programs in Klaipeda, and the principles of open society. To secure greater support from the local governments, Klaipeda harm reduction program was presented as an example of a successful program financed by the Municipality. Presentations were held by specialists working in the harm reduction field in Vilnius and Klaipeda. Also at the conferences, the strengths and weaknesses of harm reduction programs were discussed.

The conferences were aimed directed at politicians, representatives of municipalities (health and social care departments), police officers, medical specialists, media, non-governmental organizations working in the field of HIV/AIDS and drug use prevention; and at the relatives of drug users.

Outcomes and Outputs

In line with the *National Drug Control and Drug Abuse Prevention Program*, there were three centers for addictive disorders established in Kaunas, Siauliai and Panevezys; new harm reduction programs in Alytus and Visaginas were also opened. Most of them possessed little or no experience with drug users and harm reduction activities. During the project, the above programs were presented with operations, experiences, working methods and the results of centers for addictive disorders in Vilnius and Klaipeda, as well as harm reduction principles.

At the same time, in the format of roundtable discussions, the epidemiological situation in the above cities was presented, and the demands of drug users and medical staff were reviewed.

Funding

The project was financed by the Open Society Fund – Lithuania.

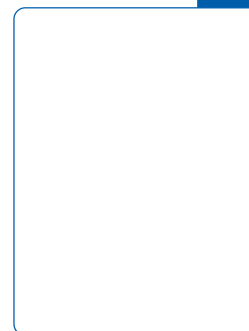
Cooperation

The project was carried out by Klaipeda Center for Addictive Disorders in cooperation with Vilnius Center for Addictive Disorders.

In the process of initiation of the roundtable discussions, cooperation involved the medical institutions of respective cities: Visaginas and Alytus mental health centers, Kaunas, Siauliai and Panevezys centers for addictive disorders.

Monitoring and Evaluation

The degree of initiation of the new harm reduction programs in the above urban centers, the extension of services provided to drug users, and the expansion diversity of support from municipalities to harm reduction projects will all be an indicator of how effective this project is.



Advocating Harm Reduction Programs and Lobbying for the Government Support



Program	Harm reduction advocacy in lobbying for the government support and program expansion
Implementing organization	Lithuanian Association of Addiction Psychiatry (LAAP)
Program inception	2002
Contact person	Emilis Subata, The Chairman of LAAP
Contact information	Gerosios Vilties 3, Vilnius 2009, Lithuania Tel.: + 370 5 216 00 14, Fax: + 370 5 216 00 19 E-mail: emilissubata@takas.lt www.lppa.lt

Brief History

The Lithuanian Association of Addiction Psychiatry (LAAP) is an organization uniting addiction psychiatrists in Lithuania, including physicians working at the centers for addictive disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys, and other cities. As a result of the efforts of addiction psychiatrists, HIV prevention amongst IDUs in Lithuania was initiated in Vilnius, Klaipeda, Druskininkai, and later in Visaginas, Kaunas and Panevezys.

LAAP is active in providing the information. In 1999, a booklet containing information on methadone treatment was published; material on harm reduction and HIV prevention among IDUs prepared by the World Health Organization was translated and circulated. The web page www.lppa.lt was launched.

Furthermore, seeking to initiate and improve syringe/needle exchange and substitution treatment programs in the country, LAAP runs seminars and conferences with participation of Central and Eastern European experts, arranges local and international seminars and trainings in harm reduction field.

As of the end of 2000, the VCAD together with LAAP began running public relations programs in cooperation with the "Vox Populi" PR agency. Two projects were presented to the public: "Five Years of Methadone Treatment in Lithuania" and the "Blue Bus" project which has been running since 2001.

Activities

The project coordinated by LAAP and involving the three largest Lithuanian cities (Vilnius, Kaunas and Klaipeda) was carried out in the period of April–December 2002.

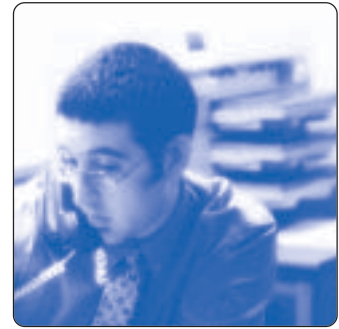
The main priorities of the project were the following:

- working with the media and public relations;
- working with government authorities.

Representatives of municipal and national governments were kept regularly informed about the activities of the harm reduction programs and invited to attend various events dedicated to prevention. Centers for addictive disorders presented annual activity reports on the harm reduction programs.

For public relations, regular contact was kept with the media. Monthly reports were circulated on developments in harm reduction activities, conducted surveys and their results.

The achievements of current programs were also presented: five years of the Drop-in Centers' operation in Klaipeda; the results of roundtable discussions in Lithuanian municipalities "Does Lithuania Need Reduction of Drug-Inflicted Harm?", and a directory of services available to people with addictive disorders in Vilnius. A presentation of the first year results from the "Blue Bus" project was also given. The event was attended by Arturas Zuokas, the Mayor of Vilnius, and Jurate Noreikiene, Head of the Healthcare Committee of Vilnius City Council, as well as other reputable officials from Vilnius Municipality and NGOs.



The non-governmental organization "Initiative of Drug Users Mutual Support" was also introduced to the media. Information on activities of the Central and Eastern European Harm Reduction Network was also publicised. The first ever research on HIV and the treatment of drug addiction undertaken in 27 countries of the Central and Eastern Europe and Newly Independent states was also conducted by the Network. The Network carried out this research with the help of the Open Society Institute, WHO, UNDCP and UNAIDS. Presentation of "The Blow" movie was arranged with the support of Co. "Garsu pasaulio irasai". In support of this, an exhibition was held; prevention messages were aired on television and radio, put on billboards and other publicity initiatives undertaken.

Funding

The project was financed by the Open Society Fund – Lithuania. "Vox Populi" PR agency also provided USD 3 000 for publicity activities.

Cooperation

- The project is carried out in cooperation with Vilnius, Kaunas and Klaipeda centers for addictive disorders.
 - Representative for public relations – "Vox Populi" www.voxpopuli.lt
- Further cooperation:
- NGO "Initiative of Drug Users Mutual Support";
 - Consulting cabinet for social diseases at the Lithuania AIDS Center;
 - Central and Eastern European Harm Reduction Network.

Outcomes and Outputs

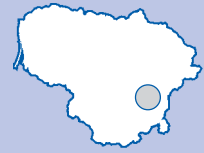
During the project, PR campaigns were run in Vilnius, Kaunas and Klaipeda, the three largest Lithuanian cities. Based on statistical data, over one third (1.3 million) of the total Lithuanian population live in these cities, over 90% of drug users live in these cities. Running the project in these cities therefore reached a larger proportion of the target group and had to provide impact on the public opinion.

With the help of press reports, the epidemiological situation was presented; the public was informed about the nature of HIV/AIDS incidence, the principles of harm reduction as effective methods of reducing the drug dependence, and contribution to the crime reduction. Information appeared in major national daily papers "Lietuvos rytas" (and its supplement "Sostine"), "Respublika", "Lietuvos ziniuos", "Kauno diena" (the daily newspaper of Kaunas) and the weekly magazines "Lietuvos sveikata" and "Veidas".

Monitoring and Evaluation

Media monitoring was carried out monthly by tracking the number and content of the appropriate articles in the national daily papers and the largest regional publications. Feedback was also provided in a response to unfavorable and/or inaccurate information. Reports were also provided to the Vilnius, Kaunas and Klaipeda centers for addictive disorders.

Drug Users Mutual Support in Vilnius



Program	Drug Users Mutual Support
Implementing organization	NGO "Initiative of Drug Users Mutual Support" (IDUMS)
Program inception	2001
Status	In progress
Contact person	Kestutis Butkus, Chairman of the Organization
Contact information	Initiative of Drug Users' Mutual Support S. Fino 5/2-9, Vilnius, LT-2005, Lithuania Mobile: + 370 6 14 64271 E-mail: kestutisbutkus@yahoo.co.uk, ntpilt@hotmail.com

Situation

Since drug users make up 80% of all the HIV/AIDS cases in Lithuania, this group is alienated and difficult to reach due to problems created by their HIV/AIDS status and the discriminatory attitude expressed by the public. People in this group face numerous problems related to the inaccessible and inadequate medical treatment and social care. People with addictive disorders and positive HIV/AIDS status experience double discrimination (due to drug abuse and HIV) and intolerance from the public. Laws that could stipulate the provision of adequate medical and social services to people with addictive disorders and HIV/AIDS infection are non-existent. Many drug users lack the basic knowledge of effective HIV prevention measures and those services provided by medical institutions and social care. HIV/AIDS prevention amongst IDUs is most effective when prevention work either directly or indirectly involves people who have used drugs before or are still using them. Moreover, the world practice shows that the most effective solutions involving services provided to drug users and drug/HIV prevention are developed not only after listening to medical and social workers opinions, but also after drug users themselves are heard and their ideas and suggestions are considered.

Goals and Objectives

- Protection and representation of human rights of drug users;
- Informing drug users of their rights, available treatment options and social assistance;
- Helping drug users come together into mutual support groups, and the initiation of activities of a similar nature in other Lithuanian urban centers;
- Transformation of negative public attitude towards people with addictive disorders;
- Informing the public about activities of the organization, and at the same time, about problems experienced by drug users, and seeking that drug abuse would be acknowledged *de facto* as a disease;
- Collection and dissemination of information to all interested parties on diverse aspects of drug abuse as a social phenomenon, including its various methods of its treatment;
- Presentation of goals and objectives of harm reduction programs; promotion of harm reduction ideas in Lithuania.

Brief History

Based on the initiative of the Vilnius Center for Addictive Disorders (VCAD), the club of methadone program participants was established. In the club, patients were spending their free

time together by sharing their experiences and so on. VCAD ran various projects. During one of these projects called “Art Therapy”, participants of the ST program went together to the cinema, concerts and the theatre. The project supported by the Ministry of Social Security and Labor was aimed at the organization of the free time activities of the ST program participants.

With the support of VCAD and the NGO “Relief”, the club was given office space, for the establishment of the “Phoenix” mutual support group. In September 2001, eight of its members formed the non-governmental organization “Initiative of Drug Users Mutual Support” (IDUMS). These people are still working in the organization. The board of five members was elected, and is presided over a chairman.

Activities

The following are the main areas of IDUMS activities:

One of the areas is representation of rights and legitimate interests of drug users (of both organization members and non-members). Members of the organization participate in the work of the ST medical consulting commission at the Vilnius Center for Addictive Disorders. In order to improve the ST program and to better reflect the needs of its patients, IDUMS suggested several changes to the rules of the ST program. These suggestions were taken into account.

As the majority of drug users are not aware of their rights, IDUMS pays considerable attention to their education and informs them about applicable laws and legal regulations. With support from Open Society Fund – Lithuania, a research was carried out in order to find out whether drug users know their rights, which rights are violated more frequently and which violations have the greatest influence on their status in the society. This research has shown that 52% of respondents were not aware of legal consequences of this harmful habit. Out of 304 persons surveyed, 226 responded that they were arrested at least once under Article 44 of the *Administrative Code* (acquisition, use and possession of narcotic drugs in small quantities). The question on whether rights of drug users were violated upon their arrest has yielded 171 positive responses, 19 of them responded that their rights were not violated, whereas 36 persons did not know enough to make any allegations. The following rights are most commonly violated during the arrest: rights are not explained, violence is used, no medical assistance is provided during the abstinence condition, whereas the statement is obtained by taking advantage of the abstinence condition. Following the research, a booklet was published with references to Lithuanian legal documents as well as advice on how to behave during preventive detention, personal search, and arrest in accordance with the law.

Members of the organization also represent drug users in court

and act as public attorneys. There have already been 7 trials of this kind and all of them had favorable outcomes (there were no cases of imprisonment).

IDUMS members also consult drug users and their relatives on available treatment methods and options.

Analysis of legal regulation in Lithuania demonstrated existing collisions and discrepancies between laws as far as the rights of the given social group were concerned. In many countries of the European Union, drug abuse is not prosecuted and certain minimal amounts of drugs are allowed for possession without fears of being arrested.

In Lithuania, however, any contact with drugs is regarded a violation of the law. It conflicts with provisions of the *Law on Narcologic Care*, which claims that drug abuse is a disease and resulting use of drugs is a manifestation of this disease. The organization seeks to acknowledge *de facto* dependence on drugs as a disease. For this purpose, IDUMS representatives participate in public discussions on drug abuse and HIV/AIDS in the media, take part in seminars and conferences held both in Lithuania and abroad. In 2002, a picket was organized during the European AIDS Conference to draw the attention towards the fact that treatment is not accessible to drug users and people living with HIV/AIDS.

In order to protect the rights of people with addictive disorders, IDUMS members take part in meetings held at the Ministry of Healthcare and Vilnius Municipality. Furthermore, IDUMS circulates open letters to the government authorities, by expressing its opinion on the issues related to addictive disorders. Members of the organization participated in the “General Improvement of Mental Health and Prevention of Drug Addiction” program initiated by the Health and Social Care Department of Vilnius Municipality.

Active cooperation with the media is maintained. Articles on the organization, its activities and opinions appeared in the national press (“Veidas” weekly magazine, “Lietuvos rytas” daily newspaper, etc.).

IDUMS representatives have participated in working groups and gave presentations on the detrimental consequences of the existing drug policy, on drug users as well as on the drawbacks of carrying out the work with marginal groups at the international conference “HIV/AIDS Advocacy and Communication for and with Young People”, organized by IDUMS. Its representatives also participated in the conference “Consultations on the Provision of Health Services to Young People” organized by WHO, UNDP, UNICEF and UNDCP.

Negative public opinion experienced by drug users is felt in the communities of other towns as well the majority of drug users fear of asking for assistance from the specialized treatment

institutions. Therefore, the establishment of similar groups in other Lithuanian towns is essential. The organization has established contacts with former drug users in Kaunas, Klaipeda, Alytus and Mazeikiai.

As the members of the organization are former drug users, they often lack the skills and competences required for running a non-governmental organization. Thus, it is important to provide the necessary training to the organization's members and increase the efficiency of operations. With support from the Baltic-American Partnership Program (BAPP), program evaluation (involving internal and external activities) was conducted. Internal training of the staff was also held. Organizations' members took part in BAPP seminars on research and strategic planning of NGO activities. Computer courses were also organized by using the money provided by the Open Society Institute, the British Embassy, and "Zinija" Society. Ten people completed the course and were awarded certificates.

Cooperation

- VCAD is the principal partner of the organization;
- Klaipeda Center for Addictive Disorders;
- Lithuanian Association of Addiction Psychiatry;
- Lithuania Group of Positives;
- NGO „Relief“;
- NFPO "Committee for Protection of Human Rights to Medicine";
- Central and Eastern European Harm Reduction Network, which supports the activities of organization; IDUMS is a member of the Network;
- Communication with similar NGOs in Russia, Ukraine, Moldova, Georgia, Bulgaria and Holland ("Kolodets", "Struna", "Mogol", "Otkritoje prostranstvo", "Ventum Asociacija", "Hope-01", "LSD – Dutch National Interest Group of Drug Users" and others).

Funding

The main funding is received from the Open Society Fund – Lithuania, and the Open Society Institute, the Baltic-American Partnership Program. Office space was provided by VCAD and NGO "Relief".

Monitoring and Evaluation

Program evaluation was carried out once in accordance with the NGO evaluation methodology prepared by the "Organization Development Center". Also in the process of organizing the activities, an analysis of information and the needs of drug users was conducted. Further consolidation of the organization is planned as well as an analysis of the needs of drug users involving

an evaluation of the quality and the range of provided services provided. Based on the results of this analysis, guidelines will be set and the scope of additional activities should be decided. Publication of an activity report is scheduled.

Lessons Learned and Future Challenges

IDUMS is the first organization of its kind in Lithuania, which is involved in the protection and representation of human rights of the people with addictive disorders. IDUMS contributes to the transformation of the public opinion. In so doing, it bases its activities on experience and the promotion of research-supported solutions to drug user problems. In less than two years, the organization not only managed to attract the attention of the public, but also received attention of the government authorities. Thanks to the initiative of the organization, similar groups of people are becoming involved in similar activities in other cities of the country.

The work inside organization is organized according to the principle „help the others and you will help yourself“. Activities of the organization help to organize the time and to integrate into society and its activities. Further improvement of working skills of organization members is planned; preparation of consultants, who could assist in the establishment of mutual support groups in other cities, is also intended.

The organization will continue advocacy for people with addictive disorders, promote amendments to Lithuanian legislation on drugs, ensuring accessibility of medical and other services to most vulnerable groups – availability of timely antiretroviral therapy, adequate assistance to people living with HIV/AIDS, and diverse services to drug users.

Pending results of the program evaluation, the strategic plan and organizational structure will be reviewed so as to improve the efficiency of daily IDUMS operations.



Conclusions

Growing supply and demand for drugs influenced the rapid spreading of drug use. The number of persons using drugs, especially among young people and inmates, is increasing.

By taking over HIV epidemic stabilization strategies and experience, which proved effective in Europe, North America, Australia and other countries, Lithuania initiated its first HIV/AIDS prevention measures among IDUs in 1995. Initiation of most programs was facilitated by budgetary allocations from several funds, primarily, from the Open Society Fund – Lithuania. By mid-2003, there were 10 HIV/AIDS prevention programs established in 8 cities of Lithuania.

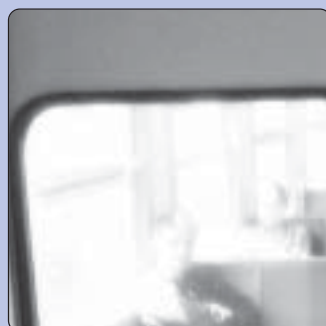
A fairly extensive range of low-threshold services is available to drug users. These services cover diverse consultations of drug users, ST programs are currently running in 5 Lithuanian cities, ST programs are scheduled to be launched in two other cities, rehabilitation facilities as well as stationary and dispensary treatment options are also available, syringe/needle exchange on the community level is carried out, work with sex workers is being conducted, local Roma community has been reached. The work is carried out with risk groups, especially with young people. These services include lectures and leisure activities. An increasing number of institutions is getting involved in providing services for drug users; these services are being integrated into primary healthcare centers. Socialization of drug users is being facilitated, information sharing with the public is becoming more extensive, and protection of human rights of drug users is getting more consolidated, while mutual support – more coordinated.

Maintaining the active contact with drug users through most harm reduction programs operating in Lithuania was the key factor in successful HIV/AIDS prevention. Interventions through harm reduction programs as well as increasing public awareness of HIV/AIDS facilitated the reduction of HIV transmission rates, especially, in the largest cities of the country. The highest HIV transmission rate is registered in Klaipeda. However, ST program running since 1995, other harm reduction facilities conducted among IDUs, and declining influence from the neighboring countries contributed towards slower spreading of the epidemic in the city.

However, the number of registered drugs users and people living with HIV/AIDS is going up every year. This happens due to several reasons. Increasingly more new HIV cases are registered in rural areas. An increasing number of registered drug users shows that interventions through harm reduction programs, especially, through mobile, anonymous and *outreach* programs, reach more hidden drug users in urban centers and part of IDUs in rural areas. More drug users tend to turn to specialized institutions for assistance.

At the same time, a single harm reduction strategy is lacking, which could ensure an adequate flexibility in response to evolving epidemiological situation. This has resulted in HIV outbreak in penitentiary institutions and spread of the epidemic in small towns.

Negative attitude of the public expressed towards drug users remains the toughest challenge faced not only by drug users themselves, but also by the society and service providing organizations. Penal approach to the problems of drug use also contributes to the fact that most drug users are avoiding health care institutions. Stigma also adds to the main reason why majority of drug users avoid turning to harm reduction programs. The problem of reachability of young drug users is particularly critical. As various research works demonstrate, the number of school students experimenting with drugs grows continuously. While in practice, harm reduction programs are frequently approached by those drug users with 5–10 years experience of drug use.



As practice shows, the reachability problem may be tackled by means of rendering diverse services (resulting in higher reachability) such as anonymous counselling, distribution of informational material, condoms and disinfectants, availability of suggested treatment options. Syringe and needle exchange through mobile and *outreach* programs has proven to be most effective in reaching majority of drug users, especially those avoiding contact with medical staff.

However, further developments of many harm reduction programs aimed at extension of their activities and broader cooperation with other institutions, organizations and harm reduction programs are prevented by the lack of financial resources and especially the lack of support from national and local governments. Municipalities support programs in Vilnius, Klaipeda, Alytus and Mazeikiai, partial support is also provided by Druskininkai Municipality. To date, there is no syringe and exchange program in Kaunas, the second largest city of the country. Visaginas continues to display the highest number of registered drug users per 1 000 residents in Lithuania, however, harm reduction activities and support from government authorities in this town remain very limited.

Accessibility of treatment to drug users is also very limited geographically and financially. Substitution treatment programs run only in five largest Lithuanian cities, total number of patients at the end of 2002 was merely 568 people. Meanwhile, lack of interest in harm reduction programs demonstrated by the government authorities, the criticism of harm reduction programs expressed by the media do not at all contribute towards the shaping of an unbiased public opinion, which could possibly contribute towards larger financial and human resources available. Therefore, new priorities in the field of harm reduction include advocacy and harm reduction experience-sharing practices targeted towards the opinion-making of the public and stigma elimination. In particular, the scarcity of human and technical resources is very much felt in small towns.

Another problem of HIV/AIDS prevention among drug users has to do with a complete non-existence of unified monitoring and evaluation systems. In essence, this is also caused by the scarcity of financial resources – harm reduction programs receive minimal funding, which is barely sufficient for provision of direct services. So far, there was no research conducted in Lithuania on the true number of problematic drug users living in the country. Systematic evaluations and program monitoring are carried out to a very limited extent and only in larger cities of Lithuania. This means that situation prevailing outside the area of program implementation is not known. Monitoring system of prevention measures, resource analysis of drug control and drug prevention activities, feasibility study of strategies employed – all these items still have to be implemented on the national level. There is a gap between the national programs and the municipal governments; the latter often use their own initiative in proceeding with implementation of harm reduction programs in a non-coordinated fashion.

Another great challenge remains creation of the legal base in the field of drug prevention and at the same time HIV/AIDS prevention policy, which is nowadays mostly concerned with prevention of illicit drug trade rather than with epidemic control and reduction of consequences. Action plans concluded under *National Drug Control and Drug Abuse Prevention Program* do not fully incorporate recommended by UN and EU complementary principles aimed at ensuring effective HIV prevention. *National Drug Control and Drug Abuse Prevention Program* and *Strategy* puts more emphasis on drug prevention, which is mostly concerned with youth healthcare programs, placing most emphasis on youth.

However, effective HIV preventive measures are implemented only to a limited extent as effective harm reduction assumes the coverage of 60% of drug users by programs. There are no specific harm reduction measures outlined in legislation and *National Drug Control and Drug Abuse Prevention Strategy*, by which accessibility to low-threshold services to IDUs could be ensured.



References

Legal acts:

- LR Narkologines priežiūros įstatymas – Valstybes žinios, 1997, Nr. 30–711
- LR Narkotinių ir psichotropinių medžiagų kontrolės įstatymas – Valstybes žinios, 1998, Nr. 8–161; 2000, Nr. 61–1807
- LR Administracinių teisės pažeidimų kodeksas
- LR Baudžiamasis kodeksas – Valstybes žinios, 2000, Nr. 89–2741
- LR Seimo rezoliucija Del narkomanijos prevencijos Lietuvoje – Valstybes žinios, 2002, Nr. 12–394
- LR Sveikatos apsaugos ministro įsakymas Nr. 567 Del Nacionalinio narkotikų informacijos centro įkurimo – Valstybes žinios, 2001, Nr. 92–3221
- LR Vyriausybės nutarimas Nr. 282 Del Vyriausybės narkotikų kontrolės komisijos ir jos nuostatu patvirtinimo – Valstybes žinios, 1995, Nr. 20–461
- LR Vyriausybės nutarimas Nr. 855 Del neatidėliotinu narkomanijos ir žmogaus imunodeficitu viruso infekcijos plitimo Lietuvos Respublikos kardomojo kalinimo ir laisvės atėmimo vietose prevencijos priemonių – Valstybes žinios, 2002, Nr. 58–2352
- LR Vyriausybės nutarimas, Nr. 970 Del Nacionalinės narkotikų kontrolės ir narkomanijos prevencijos 1999–2003 metų programos patvirtinimo – Valstybes žinios, 1999, Nr. 76–2291
- LR Vyriausybės nutarimas Nr. 1216 Del Nacionalinės narkomanijos prevencijos ir narkotikų kontrolės 2004 – 2008 m. strategijos patvirtinimo – <http://www.lrv.lt>, October 2, 2003

Other sources:

- Caplinskas S., Griskevicius A. – ŽIV/AIDS plitimas Lietuvoje – Sveikata, Nr. 5, 2003
- ŽIV infekcijos tarp narkotikų vartotojų prevencijos principai – Lietuvos priklausomybių psichiatrijos asociacija, 2001
- EMCDDA Annual Report: the State of the Drugs Problem in the European Union and Norway. <http://www.emcdda.eu.int>
- EMCDDA Annual Report: the State of the Drugs Problem in the Accessing and Candidate Countries to the European Union
- EU Action Plan on Drugs (2000-2004). <http://www.emcdda.eu.int>
- EU Council Recommendation on the Prevention and Reduction of Risk Associated with Drug Dependence of June 2003 (2003/488/EC). <http://www.eu.int>
- Preventing the transmission of HIV among Drug Abusers – Annex to the Report of 8 – th Session of ACC Subcommittee on Drug Control. Harm Reduction in CEE/NIS, 1(4), 2002, CEE–HRN. Ulrik Solberg, Gregor Burkhardt and Margarita Nilson (EMCDDA). An overview of opiate substitution treatment in the European Union and Norway. Harm Reduction in CEE/NIS, 1(5), 2003, CEE–HRN.
- UN Declaration of Commitment on HIV/AIDS. <http://www.un.org>
- <http://www.fhi.org>
- <http://www.un.org>
- <http://www.unodc.org>
- <http://www.unaids.org>
- <http://www.emcdda.eu.int>
- <http://www.narcoinfo.vvspt.lt> – National Drug Information Bureau (Nacionalinis narkotikų informacijos biuras)
- <http://www.aids.lt> – Lithuania AIDS Center (Lietuvos AIDS centras)

List of experts

Drug users' self organization:

Kestutis Butkus – Initiative of Drug Users Mutual Support

Harm reduction in Lithuania/treatment and rehabilitation organization:

Aleksandras Slatvickis – Klaipeda Center for Addictive Disorders

Emilis Subata – Vilnius Center for Addictive Disorders

Informational support:

Central and Eastern European Harm Reduction Network

Public health programs coordination:

Virginija Ambrazeviciene – Open Society Fund, Lithuania

Sex work:

Svetlana Kulshis – Lithuanian AIDS Center

Social assistance:

Rita Kriksciukaiyte – Vilnius Center for Addictive Disorders

Terms and Abbreviations

- Advocacy – An ongoing process aiming at change of attitudes, actions, policies and laws by influencing the people with power, systems and structures at different levels for the betterment of those affected by the issues
- AIDS – Acquired Immune Deficiency Syndrome
- CAD – Center for Addictive Disorders
- EMCDDA – European Monitoring Center for Drugs and Drug Addiction
- EU – European Union
- IDUMS – NGO "Initiative of Drug Users Mutual Support"
- IDUs – Injecting Drug Users
- HIV – Human Immune Deficiency Virus
- KCAD – Klaipeda Center for Addictive Disorders
- KRCAD – Kaunas Regional Center for Addictive Disorders
- OSF – Open Society Fund – Lithuania
- OSI – Open Society Institute
- Outreach – Work carried out on the streets aimed at reaching those community groups that avoid turning for help to stationary centers, regardless of the reason (such as indifference to their own health condition, the fear of being spotted near institutions providing specialized services, the remoteness of service institutions)
- PRCAD – Panevezys Regional Center for Addictive Disorders
- ST – Substitution Treatment
- STD – Sexually Transmitted Diseases
- STI – Sexually Transmitted Infections
- SW – Sex Worker
- UN – United Nations
- UNAIDS – UN Program on HIV/AIDS. The Program established by eight organizations: UN Children's Fund (UNICEF), UN Development Program (UNDP), UN Population Fund (UNFPA), UN International Drug Control Program (UNDCP), International Labor Organization (ILO), UN Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank
- UNDCP – UN International Drug Control Program
- VCAD – Vilnius Center for Addictive Disorders
- WHO – World Health Organization