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ADVOCATING FOR THE PROMOTION AND DEVELOPMENT OF HARM REDUCTION PROGRAMMES IN LITHUANIA

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Content

Introduction

Lithuania was one of the first in Europe and the very first in the former Soviet Union to start implementing harm reduction programmes as efficient measures to help persons dependent on drugs and to mitigate the adverse economic and social consequences related to use of injection drugs (by reducing the crime rate and preventing the expansion of diseases transmitted through blood such as HIV, and hepatitis B and C). Introduction and development of these programmes in Lithuania have had a positive impact not only on policies governing drug dependence, but have also contributed greatly to modernisation of the healthcare policy and "humanisation" of the healthcare system with regard to vulnerable groups.

Lithuania has long been an example of good practice for the post-Soviet countries and has shared our positive experience with them. Today, after more than 10 years we can be proud of rather good results. The country has the necessary legal and financial prerequisites for implementing harm reduction programmes. The harm reduction programmes are expanding gradually and there are more and more providers of these services. The number of drug-dependent persons participating in pharmacological opioid therapy in Lithuania is continuously increasing, and in 2008 it reached about 15% of all injection drug users in the country[1]. This is an important achievement bringing Lithuania closer to international organisations' recomendations for treating dependencies[2]. Moreover, the pharmacological opioid therapy programme being implemented in Lithuania has received positive evaluation in the study carried out by the World Health Organisation in 2004-2006.[3]

However, the road to progress in Lithuania was long and hard. From the very beginning, development of harm reduction programmes was accompanied by permanent difficulties, political attacks and challenges, and it was solely due to joint efforts of harm reduction supporters and advocates (specialists and non-governmental organisations) and systemic and targeted work that these programmes were preserved and could continue to exist in favourable conditions. Even today, after a number of studies and strong scientific evidence of effectiveness of harm reduction programmes, even though these programmes are recognised and supported by the key international organisations and are implemented in many countries around the world, it is not uncommon for the public and decision makers to take a negative attitude toward these efficient measures of HIV prevention and dependency treatment. This is why one must always be ready to defend these programmes, to prevent the irresponsible destruction in the blink of an eye of what has been created for many years.

1 *Treatment Becomes More Accessible to Drug Users in Lithuania.* I Can Live Coalition, 2009. [as on 4 March 2009]. Internet access: < http://www.galiugyventi.lt/news.php?strid=1292&id=2868 >

2 *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users (IDU's).* WHO, UNODC, UNAIDS, 2008.

3 Lawrinson P. et al., (2008). Peter Lawrinson, Robert Ali, Aumphornpun Buavirat, Sithisat Chiamwongpaet, Sergey Dvoryak, Boguslaw Habrat, Shi Jie, Ratna Mardiati, Azaraksh Mokri, Jacek Moskalewicz, David Newcombe, Vladimir Poznyak, Emilis Subata, Ambrose Uchtenhagen, Diah S.Utami, Robyn Vial and Chengzheng Zhao. Key findings from the WHO collaborative study on substitution therapy for opioid dependence and HIV/AIDS. Addiction, 103, 1484-1492.

Emergence of Harm Reduction Programmes in Lithuania – Voices of Specialists and Civil Society Heeded

Prior to the restoration of Lithuania's Independence in 1990, dependency treatment in its current form was limited to non-existent. At the beginning of the 1960s in the Soviet Union alcohol abuse became not only a serious social but also an economic problem. The Kremlin tried to take control of the situation, and in 1976 the dependency service – a network of dependency treatment institutions – was created all over the territory of the Soviet Union. Those institutions were to ensure that persons under supervision did not drink, and if they did – to refer them for inpatient treatment for up to 4 months. During forced treatment patients were "detoxified" for about a week and later exposed to forced "aversion" or "sensitising" treatment with medications administered in a forced manner. Those methods were targeted at cultivating aversion for alcoholic beverages. If warnings were not heeded and the regimen was violated, those persons were sent to a treatment and labour preventorium for isolation and "labour therapy" for 2 years. "Enclosure" for forced treatment in a treatment and labour preventorium was the last sanction imposed on those who avoided voluntary treatment[4]. The fact of peopled narcotic substances was ignored, along with many other negative social phenomena. Instead, authorities claimed that no such problem existed at all, so there was no treatment of persons dependent on drugs.

After the collapse of the Soviet Union no dependency clinics, forced treatment, or treatment and labour preventoriums remained and the dependency service fell apart. While the infrastructure - treatment institutions and the medical staff - was still in place, patients no longer visited those institutions, which forced the management of the institutions to face the problem of their survival. When the forced treatment mechanism ceased to exist, the new approach was to become patient-oriented and institutions had to be adjusted to the needs of the new era.

> "Dependency centres found themselves in a situation where they had to provide services in order to prove that they were needed and should survive because in the neighbouring Estonia and Latvia those cumbersome dependency treatment facilities were being destroyed. That feeling of insecurity made it necessary to think of something new"[5].

The situation at the time created favourable conditions for changes and innovations in the field of dependency treatment and in dependency policy in general. With the borders open, information availability increased bringing more opportunities to learn about prevention and control measures used in other parts of the world for dealing with dependency and related problems. During study visits specialists gained a chance to acquire good experience from other countries and to start implementation of services for persons suffering from dependencies in Lithuania. Moreover, with establishment of democratic processes, the civil society in the country gained more strength: communities of persons suffering from dependencies and their family members started to voice their needs more actively, demanding better representation of their interests and assurance of their constitutional rights to medical and social assistance.

4 Subata, E., Uscila R. *Registration of Dependency Patients*. Analysis. Vilnius: I Can Live Coalition, 2007.

5 Subata, E., Head of Vilnius Centre for Dependency Diseases. *Interview*. Vilnius: 23 January 2009.

"An important role in the development of services for persons suffering from drug use was also played by a then active organisation of drug users' mothers. As, since 1990 there had been virtually no services for persons dependent on drugs in Lithuania, a core group of mothers willing to help their children suffering from drug dependencies was formed. These moms gathering in Vilnius engaged in advocacy activities (making use of democratic opportunities): they paid visits to public authorities (Vilnius City Municipality, the Ministry of Health of the Republic of Lithuania), organised meetings with politicians and liaised with the media about the need for development of treatment and other necessary services for drug users. It was due to the help of those moms that in 1994 the rehabilitation centre of Vilnius Centre for Dependency Diseases (VLPC) opened its doors (Vilnius City Municipality provided the premises and allocated funds for renovation)"[6]

Eventually, the need for new services was also recognised at the political level bringing about legal regulation of these services and state support to them. So, since 1992, Lithuania started to gradually implement and develop services for persons suffering from dependencies: detoxification, rehabilitation and psychotherapy programmes.

This was a big achievement and an important qualitative change in the approach to the dependency problem. As mentioned above, the Soviet Union ignored the use of other psychotropic substances such as drugs, claiming that the phenomenon of drug use was virtually non-existent in the country. Hence, in implementing services for persons suffering from drug dependencies and in considering their development, one had to justify the need for them. The primary objective was to make the problem understood and recognised. The next step was to demonstrate that this was a societal problem and an area worth the attention and support of the state. Finally, it was necessary to convince state officials that investments were needed not only in enhancement of prevention and law enforcement but also in development of services for persons suffering from dependencies because they had the same right to state-guaranteed health and social care as other citizens. Fortunately, the then political circles at the time listened to proposals of the leading dependency specialists and civil society, which eventually helped the country to start shaping a treatment-oriented dependency policy.

The growing range of services, the improving understanding of the drug dependency problem, and more profound knowledge about solutions gave rise to considerations about implementation of harm reduction programmes in Lithuania. At that time (1995-1996) that was a brave decision. Although in Europe these programmes were wide spread, they were not used in all countries.

6 *Ibid*

Pharmacological opioid therapy programmes have long been widespread in the United Kingdom (methadone has been officially used there since 1981) and in the Netherlands (methadone programmes have been used here since 1968). In 1992, following political approval, pharmacological methadone therapy was introduced in Germany (pharmacological buprenorphine therapy has been used since 2000). Spain introduced pharmacological methadone therapy in 1990 and since 1996 it has also been using pharmacological buprenorphine therapy. France has officially implemented methadone programmes since 1995, and in 1996 it also introduced substitution treatment with buprenorphine. Since 1997 methadone has officially been used in Finland and Slovakia (both of which introduced buprenorphine in the same year), and since 1998 – in Norway (which introduced buprenorphine in 2001).[7]

At the time, there was not adequate research to prove the benefits and effectiveness of these programmes, which was why they were controversially not only in the eyes of individual countries, but also internationally. The World Health Organisation (WHO) had consistently supported these programmes while other parts of the United Nations (UN) were entangled in a long internal debate on effectiveness of these measures. It is also worth taking into account the conservative nature of Lithuanian society, where any innovations are treated with caution and distrust, especially in such a sensitive area as dependencies and HIV/AIDS. Despite that, Lithuanian dependency specialists and civil society representatives managed to convince politicians that such programmes were needed in Lithuania, and in 1995 the Minister of Health of the Republic of Lithuania signed an order[8], whereby pharmacological methadone therapy was officially introduced in Lithuania.

"In 1995 the EU Phare Programme gave a chance to two persons to visit England and Holland. We returned with Associate Professor Benjaminas Burba from Kaunas and organised a meeting at the Ministry on pharmacological methadone therapy and, however strange this may seem, none of the specialists present objected to trying this in Lithuania [...]"

"[...] some drug users did not benefit from rehabilitation and needed other treatment services, so their moms started to visit state officials with regard to methadone. A group of mothers together with a journalist of the Respublika visited the Minister Antanas Vinkus and he agreed to sign the order [..]"[9].

By the aforementioned ministerial order, three existing Lithuanian centres for dependencies were allowed to start pharmacological methadone therapy: Vilnius Centre for Dependencies, Klaipėda Dependency Clinic and the Dependency Department of Kaunas Psychiatric Clinic. That was the first pharmacological opioid therapy programme in all of the former Soviet Union. Soon after that, in 1996, for the first time in the country, Klaipėda Centre for Dependency Diseases started to exchange syringes and needles, and in 1997 after an HIV outbreak in the city and with support of the Open Society Fund Lithuania and co-financing by the municipality, Klaipėda opened an anonymous counselling and syringe-needle exchange point to become the first such institution in the Baltic countries. With time harm reduction centers started to expand geographically. In 1996, substitution treatment began in a subsidiary of the Center for Dependence Treatment in the Naujamiestis polyclinic. The

7 *Drug treatment overviews*. European Monitoring Centre for Drugs and Drug addiction.[as on 2 March 2009] Internet access: < http://www.emcdda.europa.eu/responses/treatment-overviews >

8 Order No. 252 of the Minister of Health of the Republic of Lithuania on the Use of the Methadone Programme of 15 May 1995.

9 *Cit.op.* 5.

need for HIV/AIDS prevention among nearby Roma populations encouraged the start of the treatment in this facility. This was the first time that pharmacotherapy using opioids was introduced on the primary health care level and conducted by a primary level physician. Soon afterwards a methadone program began in two other primary care centers, which then were subsidiaries of the Vilnius Centre for Dependence Treatment. In 1998, pharmacotherapy using methadone started in Druskininkai city public clinic under the initiative of Elena Bykova, a psychiatrist. This was the first such program in an independent primary level mental health center in the entire Soviet Union. In 2002, a wave of expansion of methadone programs overtook Vilnius – following an order from the Minister of Health that permitted methadone treatment to begin in 7 public polyclinics in Vilnius. The next wave of expansion was related to the activities of the long-term UNODC project in the Baltic States that was launched with various governmental and nongovernmental partners in 2006. Financial support from this project enabled 5 new municipalities to start pharmacotherapy using opioids in Lithuania. In 2007 such a program was launched in Telsiai town in a private clinic "Zemaitija mental health center" (the first private clinic to offer methadone treatment) and in Kedainiai town polyclinics. In 2008, three more clinics received UNODC funding and started treatment programs - two of them private mental health centers. Low threshold programs were also spreading. In 1998, Klaipeda city strarted an outreach project funded by the Open Society Fund – Lithuania. The same year "Demetra", a low threshold center of the National AIDS Center that provides counseling and needle exchange for vulnerable populations opened (also partly funded by the OSFL for a period of time), as well as a society of assistance for those suffering from drug addiction and HIV in Druskininkai town. Klaipeda city opened the second center of anonymous services; the Alytus city Red Cross society opened the center "Trust" (funded by the Ministry of Social Affairs and Alytus municipality); Mazeikiai city homeless shelter also opened a needle exchange center (started with government funding and continued with municipal funding); Vilnius Dependence Treatment Center launched the Blue Bus, a mobile needle exchange and counseling center. In 2002, Kaunas city municipality decided to open the center for social services; in 2003, Šiauliai city municipality opened and financed a mobile needle exchange program run by the municipal homeless shelter (stopped in 2007 due to political resistance). Klaipeda city started its Blue Bus mobile services in 2007 (run by the Klaipeda mental health center). A private drug user rehabilitation center from Kedainiai started mobile needle exchange services in the concentrated Roma community in the outskirts of Vilnius.

One of the reasons for such an early and relatively smooth introduction of harm reduction programmes in Lithuania was progressive thinking and openness to change on the part of the country's leading dependency specialists (Assoc. Prof. Emilis Subata, Aleksandras Slatvickis). Given the respect they garnered in the public and with state authorities, with the help of civil society initiatives, they became the first supporters, defenders and advocates of harm reduction programmes in Lithuania. They presented these programmes as promoting a totally new and rather radical approach and spoke about their necessity and benefits not only with politicians but also with their colleagues, persons suffering from dependencies, their families and the media.

"[...] specialists were not really divided for while and against. That is the worst - when a single community of specialists – psychiatrists and dependency treatment specialists – does not agree. And in this case somehow everyone became involved. It is very important [...] There had always been rehabilitation centres which followed a very narrow approach – interpreted rehabilitation as the only real treatment and pharmacological therapy was not seen as treatment and its usefulness was not understood; psychologists did not understand either but with medical specialists and psychiatrists it all went well [...] but in general very constructive activities were carried out by the Association of Dependency Centres. We, heads of dependency centres, leading specialists had established the Association of Dependency Centres and jointly organised training seminars for the members [...]"[10].

Introduction of harm reduction programmes in Lithuania was also due to events in the neighbouring region and the response of international organisations. In 1996 Kaliningrad Oblast and later the southern part of Ukraine suffered HIV outbreaks. In response to that, the Regional Office for Europe of the WHO, together with the Council of Europe, drafted recommendations for Eastern European politicians and specialists – Principles for Preventing HIV Infection among Drug Users"[11]. They set out 5 principles of work with injecting drug users defining the essence of harm reduction programmes[12]. The WHO and the CoE warned the countries of Central and Eastern Europe about a possible epidemic among injecting drug users and urged them to take preventive measures. However at the political level practically the entire former Soviet Union ignored those recommendations and did not participate in political action and decisions. However, that encouraged dependency specialists to take more active action with a view to establishing harm reduction programmes and fuelled the arsenal of advocacy tools (for presenting arguments in conversations with decision makers, etc.) with international information.

The political situation in Lithuania was also favourable for introduction of harm reduction programmes in the country. At that time power was in the hands of leftist political forces that were ideologically aligned with vulnerable social groups and promoted equality and social justice; although, acording to harm reduction supporters, these politicians did not help acively, at least did not interfere.

"Now God knows what would have been here [...] and much depends on the personality of ministers, and on their competence and on the political party. At that time there was this coalition of Social Democrats and their approach to all exclusion groups and minorities is generally tolerant [..][13]"

10 *Cit.op.* 5.

11 *Principles for preventing HIV infection among drug users.* Regional Office for Europe of the World Health, 1998.

12 Five principles: 1) to establish and maintain communication of healthcare institutions with injecting drug users, to reduce their risky behaviour; 2) to make healthcare and social care services accessible to drug users; 3) to provide mobile services to drug users; 4) to create an opportunity to receive sterile injecting and disinfecting equipment; 5) to make substitution (maintenance) treatment (with methadone, buprenorphine, etc.) accessible to injecting drug users and to integrate this treatment into current healthcare and social services. Based on: Subata, E. *Harm Reduction Programmes in Lithuania*. Vilnius: Open Society Fund Lithuania, 2005.

13 Vaitkienė, R., Secretary of the Ministry of Health of the Republic of Lithuania, Member of the Council of I Can Live Coalition. *Interview*. Vilnius: 4 March 2009.

Consolidation of Harm Reduction Programmes in Lithuania – Crucial Role of Open Society Fund Lithuania

A successful start is not always followed by a smooth path. Due to a lack of information and/or erroneous interpretation, a large part of the conservative Lithuanian society looked at harm reduction programmes with suspicion and mistrust. Moreover, there had always been certain political forces and interest groups which for their own reasons and motives following mainly a moralistic approach did not support these programmes and wanted them to be destroyed, which was why harm reduction services were initially accompanied by challenges and difficulties. In order to preserve those programmes and ensure their successful development, systemic and targeted work was needed. Even though they played an important role at the beginning of the process of introducing harm reduction programmes and their contribution to their development was significant, dependency specialists (and civil society representatives) had commitments of their own, so they could not devote all their time and attention to developing strategies to establish of harm reduction programmes in Lithuania or to supervising their implementation. A separate coordination centre was needed to plan for and control the development and establishment of harm reduction programmes in the country. This was where the Open Society Fund Lithuania played its crucial role. In 1996 it started to support key areas of healthcare that were not sufficiently covered by the Government: harm reduction, patients' rights and medical ethics, mental health, suicide prevention, palliative care, reproductive health, etc. All these activities rolled out to form an entire set of public health programmes. These programmes like all other programmes of the Fund focused mainly on excluded and vulnerable groups of people: the elderly, the diseased and the dying, people with mental disabilities, prisoners, persons using alcohol or drugs, and persons living with HIV and AIDS. The ultimate goal of all the programmes was to help people exercise fundamental social rights including the right to healthcare, to influence the national healthcare policy, to change people's attitude to their own health, and to create equal opportunities to receive healthcare services and related information for all people, especially vulnerable groups, by promoting the key principle "healthy people mean a healthy society".

One of OSI's public health programmes is the International Harm Reduction Development Programme. The main goal is to reduce the spread of HIV and other harm related to use of injecting drugs and to promote activities to reduce the stigma of persons dependent on drugs and defend the rights of these persons. Since 1995 the International Harm Reduction Development Programme has supported over 200 programmes in Central and Eastern Europe and Asia, and bases its activities on the philosophical principle that people who cannot or do not want to refrain from using drugs can make positive changes to protect their own health and health of others. Since 2001 the priority area identified within the framework of the International Harm Reduction Development Programme has been advocacy activities with a view to: increasing accessibility and quality of syringe and needle exchange programmes and dependency and HIV treatment; changing discriminatory policies and practices; and increasing the involvement of persons dependent on drugs and living with HIV in the process of making political decisions that are important for their lives.

"[...] I think that if it were not for that special programme of the Open Society Fund Lithuania, nothing would have happened [...][14]"

"[...] the fact that the Soros Foundation Board in Latvia did not support the decision to open a harm reduction programme then is one of the possible reasons why pharmacological opioid therapy was not rooted and established here. Although since 1996 Latvia also started to use pharmacological methadone therapy, which until 2008 remained the only such programme in the country, it was very poorly evaluated by both patients and by local and international specialists [...][15]"

The coordinators of the programme became the first shapers and implementers of the targeted and consistent harm reduction policy in Lithuania. When drafting programme strategies, they simultaneously identified priorities, key goals, objectives and activities of the harm reduction policy and through their own work popularised the harm reduction approach in the society. Through project funding they promoted emergence and development of harm reduction services (they supported trainings and study visits of specialists and helped establish, low-threshold offices by allocating means for staff salaries and administrative and other expenses), disseminated information about harm reduction programmes in the public (they supported activities aimed at publicising harm reduction programmes - round table discussions in municipalities, national conferences, other public activities) and enhanced the information available on harm reduction (by supporting research, translations of foreign literature and preparation of other publications). They also increased the knowledge of harm reduction programmes in certain societal groups and increased the numbers of programme supporters (they financed participation of specialists, politicians, journalists and other members of the public in trainings, conferences and other events both in Lithuania and abroad). The aim was to involve as many various organisations and individuals as possible in discussions of harm reduction topics, understanding, and further independent functioning in this area.

"[...] the public health programme of the Open Society Fund Lithuania (OSFL) maintained close relations with universities starting to teach a new subject of public health in Lithuania and to implement public health programmes, we supported these activities and promoted a new progressive approach to healthcare policies in the country [...] We also encouraged citizens to join organisations and become involved in advocating new ideas and initiating new model services (including harm reduction) and we aimed at creating opportunities for the public to exercise influence on political decisions made [...][16]"

This programme of the Open Society Fund Lithuania and consistent work and efforts of its coordinators helped to accumulate significant social capital, to establish important links with key persons all over Lithuania, to unite the brightest minds of Lithuania for cooperation and further maintenance of harm reduction programmes and at the same time to create a solid background for harm reduction programmes. Hence, despite the fact that in 2004 this programme and many other programmes of the Open Society Fund Lithuania were closed, the processes of developing harm reduction programmes in Lithuania did not stop.

14 *Ibid*

15 *Cit.op.* 5.

16 Ambrazevièienë, V., Head of the Health Policy Division of the Health Policy and Economy Department of the Ministry of Health of the Republic of Lithuania, Member of the Council of I Can Live Coalition. *Interview*. Vilnius: 4 March 2009.

The Harm Reduction Development Programme of the Open Society Fund Lithuania played a very important role in establishing and developing these programmes in the country. However, much work and effort was needed to get the programme up and running. New OSFL programmes (including all programmes offered by the Open Society Institute) were begun only if approved by the Board of the Open Society Fund Lithuania. So the International Harm Reduction Development Programme also needed the approval of the Board. In spite of the fact that the novelty and controversial nature of the topic presented a threat to the Fund's reputation, the Board believed that the programme was necessary, did not get scared of changes and possible related attacks and criticism by opponents, and approved the new programme. That was a big achievement but it also required much effort to ensure that the programme would actually start functioning. At that time, harm reduction was little known to the public. Moreover, it was also received controversially and had some passionate opponents. Therefore, at the beginning, a lot of educational work was needed to present the harm reduction approach and programmes as well as their benefits in order to encourage people to take part in competitions issued within the framework of the programme.

> "[...] it was really hard work because organisations were used to "gettting" funds from the state budget for usual activities and did not tend to and did not know how to create projects for new initiatives. So, when the OSFL issued some competition, it then had to communicate a lot with organisations offering them to become involved in the competition, teaching how to create projects, urging them to take new initiatives, broader activities oriented towards the user and cooperation with other institutions"[17]

Fortunately, at the time the Open Society Fund Lithuania was highly valued as an important and significant institution for the spread of democracy and strengthening of civil society, and had always employed respectful people trusted by the public, which was why the Fund (like the Open Society Institute proper and its founder George Soros) enjoyed much respect and authority in Lithuania. What is more, as mentioned previously, the coordinators of the harm reduction programme managed to attract the brightest minds of Lithuania and gain their support. This helped to more easily attract people and organisations to harm reduction activities which at the time were often seen as questionable and to generally diminish political barriers to development of these programmes in Lithuania.

Attacks on Harm Reduction Programmes and Response to Attacks

Despite the Open Society Fund Lithuania's activities and their results, harm reduction programmes and implementation in Lithuania constantly faced various challenges. For a long time, due to a lack of information and erroneous interpretation, the society was dominated by a negative opinion about harm reduction programmes, which was a hindrance to the smooth development of these programmes both in the area of legal regulation and practical implementation. Certain group wthin the society also fed the hostile opinion of harm reduction programs - the Lithuanian AIDS Centre, which for a long time did not recognise harm reduction programmes as an efficient HIV prevention measure, rightwing political forces, the church and certain public organisations (Parents Against Drugs which opposes harm reduction programmes). At the same time the Open Society Fund Lithuania also received criticism for promotion and support of these programmes. Hence, it was a great credit to the Fund Board that the Harm Reduction Development Programme survived and continued to function.

17 *Cit.op.* 16.

Attacks on harm reduction programmes became more active before elections, during changes in political forces, while redistributing and planning for budgets (both national and municipal) and when dealing with financial issues related to drug use, HIV and AIDS. Harm reduction programmes and the Open Society Fund Lithuania experienced the strongest attacks in spring of 2005 when the Parliamentary Committees discussed the European Union Drugs Action Plan for 2005-2008[18], among other measures also providing for the use of pharmacological opioid therapy. At that time a group of representatives of certain political parties and a couple of public organisations started an active campaign against methadone programmes by spreading unjustified and erroneous information and accusing methadone programmes and their supporters of contributing to the promotion and spread of drug use in Lithuania.

The Octopus Aims at Politicians
"Vakaro žinios" 2005-04-06

Worshipers of Methadone
"Vakaro žinios" 2005-04-06

"Parents of Drug Users Against Methadone"
"Respublika" 2005-04-06

Parliament Members Blame the Open Society Fund-Lithuania for Drug Propaganda
"Respublika" 2005-03-25

Methadone Maintenance Treatment Effective only in Lithuania
2006-05-24

The European Union Drugs Action Plan for 2005-2008 (the European Union Drug Control Strategy for 2005-2012[19]) was discussed by the Parliamentary Committee on Law and Order, the Committee on Healthcare and the Committee on European Affairs as well as the Drug Use Prevention Commission. All these committees disapproved of harm reduction measures provided for in the action plan. The public fight against harm reduction programmes at the time united many various actors: the Parliamentary Committees, the Drug Use Prevention Commission, political parties (the Labour Party and the Conservatives), the Ministry of Education and Science of the Republic of Lithuania, public organisations supported by the European Cities Against Drugs, doctors, toxicologists, and media representatives (mainly the group of periodicals *Respublika*). Attacks were not only against harm reduction programmes but also the Open Society Fund Lithuania and George Soros in general. The key arguments used against harm reduction programmes were as follows: "George Soros wants to legalise drugs"; "Harm reduction programmes are strongly criticised in the US"; "Substitution methadone treatment does not reduce but it increases dependency on narcotic substances and promotes their use"; "Globally tested anonymous needle exchange programmes have already been rejected in many countries"; "In other countries methadone programmes are implemented in a totally different way; and the programme applies to a patient only for up to one month or two months at most"; "Only a few persons dependent on drugs have successfully completed the substitution methadone treatment programme". The following headlines attempting to discredit

18 EU Drugs Action Plan (2005-2008). [as on 2 April 2009]. Internet access: <http://www.nkd.lt/files/Teises_aktai/ES/c_16820050708lt00010018[1].pdf>

19 EU Drugs Strategy (2005-2012). [as on 2 April 2009]. Internet access: < http://www.nkd.lt/files/Teises_aktai/EU_Drugs_Strategy_LT.pdf >

substitution treatment, OSFL and George Soro appeared in newspapers belonging to the group of periodicals *Respublika*: "Methadone Maintenance Treatment Effective only in Lithuania"; "The Octopus Aims at Politicians"; "Half a Million to a Loser"; "The Heads of Institutes are Fed by Foreign Capital"; "Drugs Propaganda in Schools?"; "Parliament is Horrified by the Activities of the Open Society Fund – Lithuania"; "The Open Society Fund –Lithuania Starts a War with the Parliament"; "Drug Addicts Die, Millions Disappear"; "The Parliament's Resistance Against Methadone Increases"; and others.

These attacks also coincided with a law then drafted (and later adopted) in Russia that greatly limited activities of international and local NGOs in Russia. Also, harm reduction opponents in Lithuania made use of hearings that were going on at that time in the US Congress where the Republican supporters intensely criticised syringe and needle exchange programmes.

Following such public attacks, the Parliamentary Committees and the Drug Use Prevention Commission decided to disagree with the provisions of the EU Action Plan related to harm reduction, and the Committee on Healthcare suggested closing pharmacological methadone therapy programmes in Lithuania.

Given the real threat to the survival of these programmes in Lithuania, harm reduction supporters immediately gathered to fight to maintain scientifically grounded services for drug users, and started to carry out targeted responses to the attacks and a campaign to defend methadone and the harm reduction approach. The I Can Live Coalition, which was established in 2004 with funds from the Open Society Fund Lithuania to represent vulnerable groups, played a crucial role in mobilising specialists and coordinating the campaign in support of harm reduction programmes. It united stakeholders for joint action (the position supporting opioid treatment and justifying its benefits was worked out and disseminated by the Lithuanian Association of Psychiatrists, public address letters and addresses to state authorities were drafted by groups of persons dependent on drugs and their families and other specialist organisations); carried out communication with international organisations and experts and the top national authorities by explaining the situation to them and asking for their support (upon invitation of I Can Live Coalition, the heads of the Regional Office for Europe of the World Health Organization and the United Nations AIDS Programme, and the then President of the country wrote a letter of concern about the current situation in Lithuania publicly expresing support for methadone and addressed it to the top politicians of the country); coordinated work with the media (drafted and disseminated press releases and organised media conferences); and prepared and disseminated educational materials about harm reduction programmes. In this response campaign a significant personal contribution by the then Minister of Health of the Republic of Lithuania Žilvinas Padaiga is also worth mentioning. In the Parliament and the Government of the Republic of Lithuania he provided support for harm reduction programmes, explaining to politicians the value and importance of these programmes for Lithuania.

The Conference "Drug Use and HIV/AIDS: Problems and Evidence-Based Solutions" held by the I Can Live Coalition in collaboration with National Health Board at the Parliament in 2004

Key Facts on Attacks on Harm Reduction Programmes and Response to Attacks

- In March 2005 Parliamentary Committees of the Republic of Lithuania started to discuss the European Union Drugs Action Plan for 2005-2008 among other measures providing for harm reduction programmes.
- In March 2005 public attacks on harm reduction programmes start. They are carried out by various actors: the Parliamentary Committees (the Committee on Law and Order, the Committee on Health, the Committee on European Affairs), the Parliamentary Drug Use Prevention Commission, political parties (the Labour Party and the Conservatives), the Ministry of Education and Science of the Republic of Lithuania, public organisations (Parents Against Drugs), doctors, toxicologists, and media representatives (mainly the group of periodicals Respublika).
- Outcomes of public attacks: the Committee on European Affairs does not support the Government's position to support the European Union Action Plan and suggests that the Government should reconsider the position on harm reduction (25 March 2005); the Committee on Health suggests closing down substitution methadone treatment programmes (6 April 2005).
- On 25 March 2005 I Can Live drafts and publishes an article *Harm Reduction Programmes Do No Harm To Lithuania.*
- On 4 April 2005 participants of the methadone programme submit a letter to President of the Republic of Lithuania Valdas Adamkus, the Speaker of the Parliament Artūras Paulauskas and the Prime Minister Algirdas Brazauskas. Within three days the address to the authorities is signed by more than 150 participants of the methadone programme.
- On 5 April 2005 a press conference is organised titled "Will we become the only EU Member State to leave drug users without help?". The goal of the event is to disprove the misleading information about harm reduction. The media conference is given by the Head of Vilnius Centre for Dependency Diseases Emilis Subata, the Director of Klaipėda Centre for Dependency Diseases Aleksandras Slatvickis, a former participant of the methadone programme Daumantas Každailis, and a father of a participant of the methadone programme.
- On 11 April 2005 a press release "Methadone patients concerned about decision of Committee on Health to terminate methadone programme" was drafted and published.
- The Conservatives in the Parliament of the Republic of Lithuania plans to impeach the Minister of Health of the Republic of Lithuania because he supports harm reduction programmes.
- On 13 April 2005 the Lithuanian Association of Psychiatrists forms a position on substitution treatment for opioid dependency and publishes a public address. "Lithuanian Association of Psychiatrists: Methadone Treatment Issue Must Be Decided Together with Specialists".
- On 13 April 2005 a closed Government session decides to approve the draft European Union Drugs Action Plan for 2005-2008.
- On 14 April 2005 the Head of Klaipėda Centre for Dependency Diseases and participants of the methadone programme meet opponents of harm reduction programmes in a popular TV talk show of the national broadcaster "Prašau žodžio" ("I Am Asking for the Floor").
- The president of the Republic of Lithuania meets the community of Kaunas Centre for Dependency Diseases and expresses support for harm reduction programmes.
- On 15 April 2005 the President of the Republic of Lithuania publishes a public position on methadone: "President believes that the methadone programme for drug users must continue".
- On 19 April 2005 the Parliamentary Committee on European Affairs, the Committee on Health, and the Drug Use Prevention Commission generally approve the draft Action Plan.

Activities of I Can Live Coalition

- The Coalition drafts and publishes important documents on the website:
- a special publication by the Open Society Institute "Facts on Harm Reduction" in the Lithuanian language. The publication proves that harm reduction is an efficient internationally used strategy that reduces harm associated with drug use and stops the spread of the HIV infection;
- a publication of the Central and Eastern European Harm Reduction Network (now EHRN) entitled "HIV/AIDS Prevention Among Injecting Drug Users in Lithuania: Good Practices" presenting good practices of Lithuania in the area of HIV prevention;
- a document aimed at politicians, expressing the position of the World Health Organisation (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Programme on HIV/AIDS (UNAIDS): "Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention";
- Recommendation of the European Parliament to the Council and the European Council on the EU Drugs Strategy (2005-2012);
- the WHO, UNODC, and UNAIDS policy guidelines on reducing HIV transmission during treatment of drug dependency and provision of sterile injecting equipment in order to reduce HIV transmission. Both documents are in the Lithuanian language.

- With assistance of the International Harm Reduction Development Programme of the Open Society Institute, the Central and Eastern European Harm Reduction Network and the Open Society Fund Lithuania, letters are written to the WHO and the UNAIDS. As a result, the head of the Regional Office for Europe of the World Health Organisation and the United Nations AIDS Programme, as well as representatives of other organizations active in the area of harm reduction, write letters of concern to the top politicians of the country regarding the situation in Lithuania
- Public address letters are written to the top officials of the country, meetings are initiated with representatives of political groups and information materials are disseminated among specialists and journalists.

Response to the attacks against harm reduction: a press conference "Will we become the only EU country that leaves drug users without any help?"

Following these actions and the attention of the local and international communities of specialists, harm reduction programmes were preserved.

This response campaign has shown that: (1) the public and certain groups (politicians, journalists) often have too little information and knowledge about harm reduction and treatment of drug-dependent persons in general; (2) harm reduction is a very specific and complicated topic, so communication to the public about harm reduction must be simplified; (3) people believe in populist arguments; (4) the country has few trained harm reduction specialists and supporters; (5) even those organisations that support harm reduction programmes do not dare to publicly express their position; (6) organisations of vulnerable groups may be too weak to be able to defend their interests alone.

From this campaign we have learnt that: (1) we must constantly be ready for new attacks against harm reduction; (2) we must remember that the bigger the attack, the fewer allies we have left; (3) in critical situations people are afraid of expressing their opinions; (4) we must have a clear strategy how to behave in such a situation; (5) we must have a clear public relations strategy for daily work and for a crisis situation; (6) information materials understandable for politicians, specialists, and the public must be drafted[20].

This response campaign has clearly demonstrated that, in communicating with politicians, the media, and the public, there is a lack of brief and clear research-based arguments in favour of harm reduction programmes.

"[...] Advocacy for harm reduction in the country was also hindered by the fact that the Open Society Institute did not invest in assessment of efficiency of harm reduction programmes. Because of that, there was often a lack of arguments and facts to survive opponents' attacks, to prove benefits and the necessity of these programmes as well as their efficiency. [...] opponents used to say that all studies were carried out in the US, England or Australia: where was evidence that in less economically developed countries or in different cultures this treatment would also work [...]"[21].

Development of Harm Reduction Programmes after Closure of the Harm Reduction Development Programme

Although the OSFL, Harm Reduction Development Programme had managed to garner wide support for these programmes and to increase the number of harm reduction service providers over a wider geographic area, in 2004, after the Programme of the Open Society Fund Lithuania closed, the situation in the country was not yet suitable for the smooth autonomous development of harm reduction services, and much remained to be done both in the legal regulation of these programmes and in their practical implementation.

There were many legal gaps hindering successful development and implementation of harm reduction programmes. For instance, before 2007 there was a complicated procedure for opening pharmacological opioid treatment programmes, which acted as both a burden for the establishment of new programmes, and was

20 Ambrazevičienė, V. *Lessons learned from working with politicians in the recent crisis created after Lithuanian Parliament committees rejected EU Drugs Action Plan*. Presentation at 2005 OSI Network Public Health Program Conference: Forging Partnerships for Global Impact, Istanbul, 26-28 May 2005.

21 *Cit.op.* 5.

a serious bureaucratic barrier for development of these programmes. Moreover, for a long time, legal acts were unclear about payment for opioid medication. Most treatment institutions took money from patients for treatment although legal acts guaranteed state-sponsored treatment. This diminished the accessibility of services for persons dependent on drugs. Regarding harm reduction services, in the legal sense the situation before 2006 was unclear: legal acts neither allowed nor prohibit implementation of these programmes, and there was no document that specifically regulate organisation and implementation of low-threshold services. This was why organisers and providers of these services felt insecure - on the one hand because they did not have any legal foundation, and on the other hand, – because there was no clear understanding how these services should and could be organised.

It is also worth mentioning that, after the closure of the Harm Reduction Development Programme of the Open Society Fund Lithuania in 2004, financial issue arose for both the low-threshold offices and for the establishment of new ones. At the beginning, the ALF Harm Reduction Development Programme funded the establishment and "roll-out" of some of these offices. However, the Fund usually only supported the start of initiatives, and later its support decreased every year. The Fund urged organisations to search for other funders and eventually seek full financial independence from the Fund. Some municipalities took over funding of low-threshold offices, but as many low-threshold service providers faced and are still facing a hostile attitude on the part of local politicians, who are unwilling to allocate any funds for implementation of harm reduction programmes. Constant attacks against harm reduction programmes discredited them and diminished trust in them. Therefore, after the closure of the Fund's Programme, the issue of further existence of many low-threshold offices became particularly important. According to some specialists, the programmes of the Open Society Fund Lithuania closed down too early and could have functioned in Lithuania for some time longer.

> "[...] if the Open Society Fund Lithuania had worked here for some five years longer, that would have been really good. Everything just finished at the same time. Programmes of both the Open Society Fund Lithuania and the United Nations, and there were still not enough people and skills to know how to apply to the European Union funds, and appropriation of them is not easy in general. A transitional period was needed [...][22]"

So, at the time still a lot of work was to be done in developing harm reduction programmes: to educate the public about harm reduction programmes in order to change negative attitudes toward them and toward vulnerable groups of the society in general, and to improve legal regulation of the programmes and their practical implementation. When the Harm Reduction Development Programme of the Open Society Fund Lithuania closed, the key shaper of the harm reduction policy and its implementation withdrew from the battlefield. To ensure that gains would not be list and work would successfully continue, a new actor was needed. Therefore, the establishment of the I Can Live Coalition in 2004 was a very positive strategic step to ensure continuity of activities initiated by the Fund and consistent development and expansion of harm reduction programmes in the country. The Coalition gathered individual experts and public organisations from all over Lithuania working on drug dependence and related areas. The majority were former beneficiaries of the OSFL Harm Reduction Development Programme. Activities of the Coalition were contributed to and its establishment was initiated by the coordinators of the Fund's Harm Reduction Development Programme contributed to the establishment and activities of the new Coalition, and also managed the Coalition at the beginning. The creation of the

22 *Cit.op.*13.

Coalition was also actively supported by the then Central and Eastern European Harm Reduction Network (now – the Eurasian Harm Reduction Network) which, although not very active in Lithuania, coordinated the development of harm reduction processes in the region of Central and Eastern Europe. Activities of the Coalition were funded and supported by the International Harm Reduction Development Programme. Without this support the Coalition like any other non-governmental organisation in Lithuania, would find it hard to begin its activities. Although I Can Live Coalition did not financially support provision of harm reduction services, its contribution to further establish and develop of harm reduction programmes in Lithuania was significant.

The founding meeting of the I Can Live Coalition

As mentioned previously, the Coalition played a crucial role in coordinating the response campaign to the 2005 attacks against harm reduction programmes. It also educated the public and key groups by (collecting information about global studies of the implementation of harm reduction programmes and good practices of foreign countries in implementing these programmes, drafting information and educational publications, organising seminars and trainings for different target groups (specialists, journalists), carrying out public relations activities (drafting and disseminating press releases and articles, initiating radio and TV programmes), helping representatives of vulnerable groups to develop their own organisations, attracting them to advocacy activities, organising a series of round table discussions in municipalities to discussed opportunities for implementation of harm reduction programmes with local politicians and specialists and presenting examples of good practices of other municipalities in the country. The Coalition also contributed to adoption of important legal acts regulating harm reduction measures and their implementation in the country. Coalition members successfully advocated for the successful passage of the 2006 Order of the Minister of Health of the Republic of Lithuania on the Description of the Procedure for Narcotic and Psychotropic Substance Harm Reduction Programmes[23]. For the first time in Lithuania this legal act defined the goals, objectives, implementation procedure and sources of funding of narcotic and psychotropic substance harm reduction programmes. This gave legitimacy to low-threshold services and facilitated their establishment and operations. The Coalition members also contributed to the approval of the 2007 Order of the Minister of Health of the Republic of Lithuania on Descriptions of the Procedure for Prescription and Application of Substitution Treatment to Treat Opioid Dependencies and Prescription, Dispatch, Storage and Accounting of Substitution Therapy Opioid Medications at Healthcare Institutions[24]. This legal act simplifies the procedure for establishing pharmacological opioid therapy programmes. Moreover, this document makes methadone actually

A press conference on the World AIDS Day where people living with HIV talk with faces covered, 2004

23 Order of the Minister of Health of the Republic of Lithuania on the Description of the Procedure for Narcotic and Psychotropic Substance Harm Reduction Programmes, Official Gazette, 14 July 2006, No. 77 – 3020.

free for patients – the legal act clearly sets out that centres for dependency diseases must pay for patients' methadone therapy. The Coalition members also contributed to the drafting of the Dependency Disease Treatment Programme for 2005-2008[25] which created opportunities for receipt of funding for pharmacological methadone therapy and ensuring continuity of the programme. Although the largest portion of credit for the adoption of these important legal acts must be paid to the Ministry of Health of the Republic of Lithuania and its progressive officials who understood the value and importance of these documents for Lithuania, the Coalition members contributed to these results through their advocacy activities. Making use of personal relations and through private communications, the Coalition has also contributed to important changes in the area of development of harm reduction programmes by attracting to Lithuania in 2006 a project of the United Nations Office on Drugs and Crime for the Baltic States "HIV/AIDS Prevention among Injecting Drug Users and Supervision Thereof in Estonian, Latvian and Lithuanian Imprisonment Institutions". This project gave important financial and political support to harm reduction programmes in the country.

Activities of I Can Live Coalition in the Area of Harm Reduction in 2004-2009[26].

The Coalition drafted and disseminated publications:

- disseminated periodicals "Harm Reduction News" of the International Harm Reduction Development Programme (of the Open Society Institute) in English and Russian;
- disseminated a publication "Protecting the Human Rights of Injection Drug Users: the Impact of HIV and AIDS" in English;
- drafted a publication by the Open Society Institute "Facts on Harm Reduction" in the Lithuanian language;
- disseminated a publication of the Central and Eastern European Harm Reduction Network "HIV/AIDS Prevention Among Injecting Drug Users in Lithuania: Good Practices" in the Lithuanian language;
- disseminated, in English and Russian, the document expressing the position of the WHO, UNODC and UNAIDS "Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention";
- published a series of specialised publications, in the Lithuanian language, of the WHO Regional Office for Europe, UNODC and UNAIDS, political guidelines providing an evidence-base for action in the area of HIV/AIDS and injecting drug use;
- drafted and published a glossary of non-discriminatory terms for journalists, called "Positively on Vulnerable Groups";
- drafted and published a publication "Harm Reduction Programmes in Lithuania";
- drafted and published a publication "Accessibility of Services for Persons Living with HIV and AIDS and Drug Users in Lithuania";
- drafted and published a publication containing useful legal information for drug users.

24 Order of the Minister of Health of the Republic of Lithuania on Descriptions of the Procedure for Prescription and Application of Substitution Treatment to Treat Opioid Dependencies and Prescription, Dispatch, Storage and Accounting of Substitution Therapy Opioid Medications at Healthcare Institutions, *Official Gazette*, 2007, No. 90-3587.

25 Order of the Minister of Health of the Republic of Lithuania on the Approval of the Dependency Disease Programme for 2005-2008, *Official Gazette*, 2005, No. 43-1380.

26 Annual performance reports of I Can Live Coalition. [as on 5 April 2009]. Internet access: < http://www.galiugyventi.lt/static.php?strid=2397& >

The Coalition carried out studies:

- Regulation of Services for Drug Use Patients in National Legal Acts;
- Healthcare, Social and Education Services for Drug Users;
- Social Tolerance Study (together with the National Health Council);
- Analysis of articles devoted to problems of the most vulnerable groups;
- Accessibility of Healthcare Services to Drug Users and Those Trying to Quit (together with the organisation Mutual Initiatives of Drug Users);
- Analysis of Lithuanian laws regulating the issues of drug use and HIV/AIDS from the viewpoint of human rights (together with the Human Rights Watch Institute);
- A study into aspects of training of specialists for work with vulnerable groups of the society in higher education curricula.

The Coalition organised the following events:

- a series of discussions in municipalities on the topic Drug Use and HIV/AIDS: Problems and Justified Solutions;
- training for media representatives about harm reduction programmes;
- a series of information seminars on opportunities for implementing harm reduction programmes in municipalities;
- informal meetings with politicians, specialists and representatives of vulnerable groups;

Other activities were also carried out.

One of the main results of the Coalition's activities is harmonisation of a harm reduction vocabulary and its introduction into the specialist community and the public in general. Harm reduction is a very specific area, which is why at the beginning there was some incocsistant use of terminology both by the Coalition members and the community of specialists, much less the general public who took a long time to come to understand this topic. I Can Live Coalition first managed to define harm reduction concepts and agree upon them inside the organisation and eventually get them rooted in the community of dependency specialists. Another important task was to introduce the harm reduction discourse into the general public and individual target groups less related to dependency problems (politicians, journalists, etc.). Much time was needed for finding suitable "viewpoints" and wording of messages so that the public would come to understand and support the harm reduction approach. One could opt for the perspective of human rights and present harm reduction by appealing to inherent rights of every person and at the same time – the right to accessible healthcare and social assistance. However, given the negative attitude of the Lithuanian society to vulnerable groups, this strategy was rejected and a pragmatic approach focusing on the contribution of harm reduction programmes to improved safety of the society, better health, and lower costs for the state, was selected.

The Drug Control Department of the Government of the Republic of Lithuania (NKD) also facilitated implementation of harm reduction policy and promoted development of harm reduction programmes becoming the main implementer of the Lithuanian Drug Control and Drug Use Prevention Policy. The NKD started to collect and publicise objective, evidence-based information about efficient solutions to dependency and related problems and the good practices of other countries, thus preventing potential speculation and manipulation on the topic. The NKD started to administrate the National Drug Use Prevention and Drug Control Programme for 2004-2008, which created systemic and targeted provision of a wide range of services, including harm reduction, and implemented goals and objectives at the national level: they drafted and disseminated educational

and methodological materials on harm reduction, drafted information for the media, organized trainings and seminars for specialists and other target groups, monitored legal acts, and drafted proposals to improve them. Moreover, starting in 2007, following the adoption of the decision to provide financial support to low-threshold programmes from the state budget, the NKD published competitions for harm reduction programme projects to receive funding.

Conclusions

Although today Lithuania has all the legal and financial prerequisites for implementation of harm reduction programmes, the issue of the geographical coverage of services and their accessibility to vulnerable groups still remains relevant.

Pursuant to the current legal acts, programmes of pharmacological opioid treatment in Lithuania may be implemented by health care institutions providing mental health care services. Apart from five centres for dependency diseases active in Lithuania and private offices of psychiatrists, in Lithuania there are 68 mental healthcare centres within primary healthcare institutions[27] (these centres are established in all municipalities of the country). Still, today these services are provided only in 10 municipalities of Lithuania[28]. Pursuant to legal acts, low-threshold (syringe and needle exchange) offices in Lithuania may be established by all legal entities interested (private companies, state institutions, public organisations, etc.). Currently Lithuania has 10 low-threshold service providers, and these programmes work in 10 municipalities of the country[29]. So far the continuity of harm reduction services has not been ensured in prisons. Meanwhile, according to the latest evaluation by an expert invited to the country, in Lithuania there are about 3,200 injecting drug users[30].

One of the reasons for such a relatively limited number of harm reduction programme providers and narrow geographical coverage is the unchanged stereotypical attitude of the public to these programmes and a negative opinion about vulnerable groups as such. Today persons dependent on drugs suffer from stigmatisation, and dependency is still often perceived and treated as a moral failing, not a disease. This is why patients tend not to ask for any drug dependence treatment and treatment institutions are still quite unwillingly work with such patients and often fail to offer them all possible treatment methods (such a pharmacological opioid treatment). Another problem is funding. Even though there were enthusiasts willing to establish low-threshold offices, they would face the issue of financing these offices and the unwillingness of municipalities to allocate budget funds to support these programmes. On the one hand, this is due to the same stereotypical attitude to harm reduction programmes and the negative opinion about vulnerable groups in the society. On the other hand, in Lithuania, the field of dependencies has always been at the periphery of healthcare priorities, which is why it is very hard to convince politicians that these programmes need support. The issue of scarcity of funds also arises when implementing pharmacological therapy programmes. The majority of mental health centres do not have additional funds to invest; such funds are needed in order to start to provide treatment services. To purchase the equipment needed for pharmacological opioid therapy such as a safe and a dosing device, additional financial

27 Mental healthcare centres, State Centre for Mental Health. [as on 10 April 2009]. Internet access: < http://www.vpsc.lt/psc.htm >

28 Rotberga S. *HIV prevention and care among injecting drug users and in prison settings in Estonia, Latvia, Lithuania. Main achievements in 2007 – 2008*. Presentation, UNODC, Baltic States, January 29, 2009.

29 Low-threshold offices. Drug Control Department under the Government of the Republic of Lithuania. [as on 19 April 2009]. Internet access: < http://www.nkd.lt/index.php?id=0-121-0#1>

30 Hay G., 2007. *Estimation of the Prevalence of problem Drug Use in Lithuania*. Executive Report for United Nations Office on Drugs and Crime, November, 2007.

resources are required, and mental health care centres in particularly small regions do not have such resources.

It is also worth mentioning that, after the Parliamentary elections of 2008, changes in the political situation in the country and the global economic crisis gave rise to the issue of financing for dependency diseases (when budgets are cut, the ones to suffer most are programs for persons living in margins of society) and the entire dependency policy found itself on the edge of chaos and uncertainty. At the end of 2008, the planned programming period for the two key state programmes (the State Drug Use Prevention and Control Programme and the State HIV/AIDS and Sexually Transmitted Disease Prevention and Control Programme) for addressing HIV and AIDS and drug use had ended, and new programmes are not yet approved and the process of considering them is at a halt. Moreover, it is also worth mentioning that lately a real threat has emerged for the existence of the Drug Control Department as an institution: the Government has formed a working group for analysis of the functions and continuity of activities of the Drug Control Department and the State Tobacco and Alcohol Control Service, and no clear final decision has yet been reached by the Government.

So, much remains to be done to expand the geographical coverage of harm reduction programmes and increase accessibility of services to vulnerable groups.

Moreover, one must not forget about harm reduction opponents who actively express their views given any opportunity, and want these programmes to be cancelled or restricted. In January 2009 the Parliament of the Republic of Lithuania discussed the new European Union Drugs Action Plan for 2009-2012.[31] The Parliament decided not to support the provisions on harm reduction contained in the plan. At the same time the media publicises messages that groundlessly discredit pharmacological opioid treatment of persons dependent on drugs. Fortunately, the situation was resolved without further negative consequences. However, it has demonstrated once again that despite the fact that harm reduction programmes are enshrined in documents of the key international organisations and are used in many countries of the world, one must be constantly ready for possible new attacks and responses.

31 EU Drugs Action Plan for 2009-2012. [as on 19 April 2009]. Internet access: < http://www.nkd.lt/files/Teises_aktai/ES/ES_kovos_su_narkotikais_veiksmu_planas(2009-2012).pdf >

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