

## Recommendations for Developing Harm Reduction Services and Improving Their Quality in Lithuania

*Prepared according to the methodology of the Regional Program  
“Harm Reduction Works: Fund It!”, sponsored by the Global Fund to Fight AIDS, Tuberculosis and  
Malaria  
Vilnius, 2015*

### The study

In 2014-2015 the Coalition “I Can Live” (The Coalition), in cooperation with researchers from the Faculty of Medicine at Vilnius University and using an international methodology that had been adapted for this particular purpose, conducted a study titled “An Assessment of the Costs of Harm Reduction Services in Lithuania” and arranged for a survey of clients and patients along with a series of group discussions, both of which were carried out by the people who inject drug (PWIDs) themselves. The study was to assess the funding and costs of needle and syringe programs (NSP) and opioid substitution therapy (OST) services in specific locations and to calculate the actual cost of each service element for the client. The survey and discussions carried out by the PWIDs enabled them to provide their own perspective on the drawbacks of these services, as well as barriers to access to the services, and to identify the elements of the services that are the most crucial for the clients or patients.

The analysis was a part of the Regional Project financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, titled “Harm Reduction Works: Fund It!” which is currently being implemented in six Eastern European and Central Asian countries. The main focus of the project is to reduce the spread of HIV and to ensure sustainable funding for harm reduction programs.

### Results

The analysis revealed that, **even though the positive impact of NSP and OST services on the individual and on society in general has been scientifically proven, these services are recommended by the European Union, WHO and various agencies within the United Nations, and Lithuania serves as a base for training experts in harm reduction from Eastern Europe and Central Asia, the coverage of and access to the services in Lithuania remains problematic.** Experts from the Coalition “I Can Live” () have estimated that the coverage of neither NSP nor OST services in Lithuania meet the recommendations of the WHO, the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the UN Office on Drugs and Crime (UNODC) for effective HIV prevention and management of the demand for illicit drugs, and, therefore, have to be increased.



**NSP.** According to the results of the study, in 2013 in Lithuania there were 9 NSPs, which provided their services to 1177 regular clients (a person was considered a regular client if he/she had been receiving a minimum package of services at a low threshold center at least once a month over the past 12 months).

At the time of the study, there were 2.18 NSP sites in Lithuania per 1000 PWIDs. The study found that the coverage of NSP services in 2013 was 21.4 percent. The accessibility rate was calculated based on the most recent available estimate of the total number of problem drug users, which was 5500 (Hay, 2005; Astrauskiene et al., 2011). In the technical guidelines drawn up by the aforementioned international organizations, this level of access to NSP services is estimated as average (the accessibility rate that is over 20 percent, but less than or equal to 60 percent <sup>1</sup>), although it exceeds the bottom limit of average coverage rate by little more than 1 percent. There is no data about the intensity or regularity of the services and their range is minimal. The findings revealed that **72 syringes are distributed to 1 regular client over one year**, and, according to the international recommendations, this figure is considered **low** (the number of syringes distributed to 1 regular client is seen as low when it does not exceed 100 <sup>2</sup>).

In 2012-2013 NSPs in Lithuania received funding from state and municipal budgets, along with one foreign donor foundation. The total cost of NSP services amounted to 174 529.08 EUR (602 614 LTL) in 2012 and to 169 810.88 EUR (586 323 LTL) in 2013. Throughout the year, the expenditures for NSP services dropped by 3.7 percent, while the number of clients increased by 5 percent (that is, by 57 clients) over the same period. Some services were intermittent due to lack of funds.

At present, **the cost of NSP services per user in Lithuania is 150.02 EUR (518 LTL) a year**. The data collected in 2013 indicate that the overall cost of NSP services that year amounted to a total of 169 810.88 EUR (586 323 LTL). The greatest portion of these costs (over 99 percent) were direct costs and included equipment and staff salaries. Indirect costs (non-medical equipment and other overhead costs) comprised less than 1 percent of the total amount.

**OST.** In 2013, 581 person received OST services in 19 healthcare institutions in Lithuania. <sup>3</sup> There were 3.45 OST service providers per 1000 PWIDs and they are very unevenly distributed geographically, with most service sites concentrated in the city of Vilnius. The ratio between the number of patients on OST and the overall number of problem drug users was 0.1. According to the recommendations of the Technical Guidelines of the World Health Organization <sup>4</sup>, the United Nations Office on Drugs and Crime and the United Nations AIDS program, this figure reflects a **low service coverage** (the coverage is considered low when the figure is less than 0.2 and high when the figure is

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<sup>1</sup> WHO, UNODC, UNAIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care, 2009.

<sup>2</sup> Ibid.

<sup>3</sup> Data obtained during the cost assessment study, preliminary data from the automated statistical information system, ASIS

<sup>4</sup> World Health Organization, UN Office on Drugs and Crime, UN Joint Program on HIV and AIDS, "Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users", 2012, pp. 10-21  
[http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)



equal to or more than 0.4). The results of the study have shown that 10.6 percent of the PWIDs were receiving OST services in 2013 (when the share of PWIDs receiving OST services does not exceed 20 percent, the accessibility of these services is considered low, while when the share is over 40 percent, the accessibility is considered high).

In Lithuania, OST services are funded as part of the Program for Addictive Disorders (approved by Order Nr. 1288 of the Lithuanian Minister of Health issued on 31 December 2008 “Regarding the approval of the program for addictive disorders for 2009-2012”) through an agreement signed with a Territorial Health Fund, and from the state budget of the Republic of Lithuania (for persons who do not have compulsory health insurance). In 2012, the total expenses for OST services amounted to 359 789.16 EUR (1 242 280 LTL), while in 2013 the corresponding figure dropped by as much as 11.4 percent to 318 708.29 EUR (1 100 436 LTL). The number of patients participating in OST programs during this period decreased by 4.4 percent.

The cost of OST services per client per year is 570.26 EUR (1 969 LTL). In 2013, the total expenses for OST services amounted to EUR 318 708.29 (1 100 436 LTL). As with NSP, most of the expenses associated with providing OST services were direct costs, which accounted for more than 90 percent of all expenses; the indirect costs, on the other hand, accounted only for a small portion of the total expenses.

**The quality of NSP and OST services.** The quality of NSP and OST services requires a separate assessment, which was not the objective of the study. However, the study made it quite obvious that the NSPs are only capable of providing minimal services and face serious challenges related to quality assurance. OST quality in different institutions differs widely, and depends to a great extent on the specific institution and its staff. Furthermore, the availability and quality of NSP and OST services in Lithuania are influenced by certain general circumstances that influence the provision of NSP services:

- lack of sustainable funding for NSP and OST services,
- low accessibility of NSP and OST services,
- unfavorable and stigmatizing notions about the clients and the services themselves, which are still widespread among PWIDs and NSP staff alike,
- lack of information among decision-makers about evidence-based effective HIV prevention and other interventions that allow to mitigate adverse health effects among PWIDs,
- lack of motivation in the staff who provide OST and NSP services,
- problems related to ensuring confidentiality.

## **Recommendations**

The experts from The Coalition have compiled an optimal development scenario that takes into account the low coverage and accessibility of the harm reduction services, as well as the WHO recommendations, and believe that Lithuania should aim at increasing the coverage, accessibility and quality of NSP and OST services in order to achieve the objectives set for these programs. The Lithuanian Government is recommended to take the following course of action:



- **Recommendation I: to increase the coverage of state-funded NSP services (financed from state and municipal budgets) **for injecting drug users from 20 percent (in 2014) to 60 percent (by 2020) and reach the average coverage required for effective HIV prevention according to the recommendations by the WHO.****<sup>5</sup>

This recommendation meets the requirements set forth in national strategic documents, including the "Action Plan on Reducing Health Inequalities in Lithuania in 2014-2023" (Seimas, 2014, Nr. V-815). The indicators recommended by The Coalition for increasing the coverage of harm reduction programs are consistent with the development scenario presented in this state document for Lithuania: the part of the document that describes the measures for increasing the access to prevention, treatment and social integration services for persons with dependence disorders related to the use of alcohol and other psychoactive substances, foresees the increase in the number of municipalities where NSP services would be available from 13 percent (in 2013) to 40 percent (in 2023) and the retention of the coverage of NSP services at 60 percent of all the problem drug users.

- **Recommendation II: to increase the coverage of state-funded OST (financed from state and municipal budgets) **from 10.6 percent (in 2014) to 40 percent (in 2020) which is the average recommended by the WHO.****

This recommendation meets the requirements set forth in national strategic documents, including the "Action Plan on Reducing Health Inequalities in Lithuania in 2014-2023" (Seimas, 2014, Nr. V-815). The indicators recommended by The Coalition for increasing the coverage of harm reduction programs are consistent with the development scenario presented in this state document for Lithuania: the part of the document that describes the measures for increasing the access to prevention, treatment and social integration services for persons with dependence disorders related to the use of alcohol and other psychoactive substances, foresees the increase in the coverage of OST (in other words, the ratio between the number of patients on substitution therapy and the general number of injecting opiate users in the country) from 9,7 percent (in 2012) to 30 percent (in 2023); furthermore, sites equipped to provide OST services would be established in municipal mental health centers in 20 different municipalities.

### **Guidelines for Implementing the Recommendations**

Number of clients and patients. In order to implement these recommendations, the number of regular clients receiving NSP services in Lithuania should reach 3302 by 2020, while OST services should reach a total of 2200 patients. Gradual growth would be expected until 2020, with the number of NSP clients rising by 21.4 percent annually, which means that the total number of new NSP clients throughout all NSP sites should increase by 425 each year, and that 323 new patients (327 for the final year) should start to receive OST services across Lithuania.

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<sup>5</sup> World Health Organization, UN Office on Drugs and Crime, UN Joint Program on HIV and AIDS, "Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users", 2012, pp. 10-21  
[http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)



The following two methods are recommended for increasing the number of clients and patients receiving NSP and OST services:

1. Scaling up the NSP or OST services provided at healthcare clinics where the services are already available.

2. Increasing geographical coverage and starting to offer services at new sites (a more precise recommended scenario for the development of these services can be prepared later, once the government NSP development plans have been finalized, as the new sites are likely to be financed from the EU Structural Funds).

*Suggested increase in the coverage of NSP services*

Year	2016	2017	2018	2019	2020
<b>Number of new clients</b>	425	425	425	425	425
<b>Total number of clients</b> <sup>6</sup>	1602	2027	2452	2877	3302

*Suggested increase in the scope of OST services*

Year	2016	2017	2018	2019	2020
<b>Number of new clients</b>	323	323	323	323	327
<b>Total number of clients</b> <sup>7</sup>	904	1 227	1 550	1 873	<b>2 200</b>

Quality of services. The following is recommended to improve the quality of NSP services:

- 1) **To expand the range of services on offer, extend opening hours and increase the involvement of PWIDs**, taking into account the clients' needs, which have been identified during the study of harm reduction services and their accessibility (higher quality equipment available in optimum quantities - syringes, needles, additional instruments such as spoons and filters, optimal opening hours, services provided on a peer-to-peer basis, etc.). A detailed package of the most preferred services and equipment, along with a proposed optimal service package, is presented and analyzed in the detailed study report.

To secure the recommended changes in quality, it is suggested to revise and amend the Procedure for the Provision of NSP Services.

- 2) **To organize training sessions aimed at raising the staff's professional qualifications and enhancing their motivation.** The training and preparation of new NSP staff may be

<sup>6</sup> Based on the number of regular clients in 2013.

<sup>7</sup> Based on the total number of clients in 2013.



conducted in collaboration with the implementers of the “Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023” (Seimas, 2014, Nr. V-815): according to the action plans for the European Structural Funds for investments for 2014-2020, funds are to be allocated for the training of staff and the construction and furnishing of the NSP centers.

- 3) The proper quality of the services offered by NSPs can only be ensured if **a state instituton (a methodological and monitoring center) is assigned to monitor and control NSP services**. This has not happened to date.

Need for funding. The total demand for funds required to develop NSP and OST services in 2016-2020, based on the service package included in the optimal scenario, amounts to 8 648 428 euros and is distributed as follows:

- NSP services, 2016-2020 – 4 058 060 euros (the cost per client goes up to 331 euros a year);
- OST services, 2016-2020 - 4 590 368 euros (the cost per client drops to 592 euros a year).

*Need for funding for the development of NSP services*

Year	2016	2017	2018	2019	2020
Need for funding for NSP services (current minimal service package), EUR	400 918	527 278	604 951	720 000	825 860
Need for funding for NSP services (optimal package), EUR	530 262	670 937	811 612	952 287	1 092 962

*Need for funding for the development of OST services*

Year	2016	2017	2018	2019	2020
Need for funding for OST services (current minimal service package), EUR	555 627	754 153	952 679	1 151 205	1 352 190
Need for funding for OST services (optimal package), EUR	535 168	726 384	917 600	1 108 816	1 302 400

**OST in prisons.** The coverage of OST services must also be increased through providing guaranteed and regular OST services at the penitentiary institutions under the Ministry of Justice of the Republic of Lithuania.

All the legal preconditions required to provide OST services in prisons on a regular basis are present, while Lithuanian legislation demands that penitentiaries ensure that inmates receive the same



healthcare services as those accessible to free citizens. Furthermore, providing these services in the detention institutions under the Ministry of the Interior has become standard practice. In the absence of any practical obstacles, the Coalition recommends that **the Ministry of Justice express its support in writing for OST in prisons in, as required under the legal acts of the Republic of Lithuania, and to provide technical assistance to the Prison Department in planning the actual practical implementation of these services.**

**Need for funding.** Funds will be required to furnish and equip the premises, to acquire equipment and to purchase medication. Healthcare in prisons is financed differently than that offered to free citizens: the Prison Department has a separate budget and independently decides how to use the funds to ensure that the prisoners' healthcare needs are met. Therefore, the decision to allocate funds for OST will depend, among other things, on the decision of the Prison Department under the Ministry of Justice.