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Coalition of non-governmental organizations and experts

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

HARM REDUCTION WORKS – FUND IT!

EURASIAN HARM REDUCTION NETWORK

ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

With the financial support of

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Coalition of non-governmental
organizations and experts
“I Can Live”

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

VILNIUS, 2015

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In November 2014 the "I Can Live" Coalition joined the Regional Project "Harm Reduction Works: Fund It!" implemented by the Eurasian Harm Reduction Network and financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

This regional project focuses on reducing the AIDS epidemic by strengthening advocacy for the sustainable funding of harm reduction programs and involves partners from Georgia, Kazakhstan, Moldova, Tajikistan, Belarus and Lithuania.

The first phase of the project (through March 2015) was dedicated to collecting and analyzing information on the actual accessibility and funding of harm reduction services using the same methodology for all the countries involved. The following two methods of analysis were used:

- an analysis was conducted of the financing and costs associated with existing needle and syringes program (NSP) and opioid substitution treatment (OST) programs in specific sites of the service provision and the factual costs of each element of these services were determined;
- a patient/client survey was carried out by the people who inject drugs (PWID) along with focus groups, aimed at evaluating the barriers to access to services, as seen from the patients'/clients' own perspective, and to prioritize the most important elements of these services.

It is important to note that PWID are active participants in the project and are encouraged to contribute by analyzing the situation or articulating their problems and needs. During the first stage of the project, the "I Can Live" Coalition co-operated with NGO "Resetas", a recently established self-help organization for PWID community.

In the next stages, the project sets the following goals: priority recommendations and objectives formulated within this project will be used to develop and implement an advocacy actions plan for improving harm reduction programs in Lithuania.

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LIST OF ACRONYMS

AIDS - Acquired immune deficiency syndrome

ART – Antiretroviral therapy

CAD – Center for addictive disorders

DC – Doctors commission

HIV – Human immunodeficiency virus

MoH – Ministry of Health

MHC – Mental health center

MoJ – Ministry of Justice

MST – Methadone substitution treatment

NGO – Non-governmental organization

NHIF - National Health Insurance Fund

NSP– Needle and syringes program

NTAKD (Narkotikų, tabako ir alkoholio kontrolės departamentas) – Drug, Tobacco and Alcohol Control Department

OST – Opioid substitution treatment

PD – Places of incarceration

PHC – Primary healthcare center

PO – Public organization

PSDF (Privalomojo sveikatos draudimo fondas) – National Health Insurance Fund

PWID – People who inject drugs

PWUD – People who use drugs

VPSC (Valstybinis psichikos sveikatos centras) - National Mental Health Center

TLK (Teritorinė ligonių kasa) – Territorial Health Insurance Fund

ULAC (Užkrečiamųjų ligų ir AIDS centras) – Center for Communicative Diseases and AIDS

UN – United Nations

UNAIDS - Joint United Nations Program on HIV and AIDS

UNODC - United Nations Office on Drugs and Crime

WHO - World Health Organization

INTRODUCTION

"The average life expectancy in Lithuania is among the shortest not only the European Union but across the entire European region. According to official data, the number of drug-related deaths in Lithuania is not high, but in contrast with the situation in other European Union countries, it is the young people who die in Lithuania. This means that they do not receive timely services. One of the vital services to people who inject drugs are harm reduction programs designed to reduce the adverse consequences associated with drug use (risk of fatal overdose, infection with HIV and viral hepatitis B or C) for the individual and society. Although harm reduction services in Lithuania are clearly regulated by order of the Minister of Health, they are not yet accessible enough to those who need them. We are pleased that the non-governmental sector is becoming increasingly more active when it comes to the provision of these services and their analysis. This report analyzes the funding mechanisms of harm reduction services, as well as the coverage of the existing services. I hope that the proposals and recommendations presented in the report will help local and state authorities adopt new solutions to make our society safer and healthier".

Associate professor Audronė Astrauskienė,
Vilnius University, the Public Health Institute at the Faculty of Medicine,
WHO Co-Operating Center for Harm Reduction

"This autumn it will be twenty years since first patients in Vilnius, Kaunas and Klaipeda received opioid substitution therapy. In spring it will be eighteen years since the first harm reduction site was opened in Lithuania. Any significant changes related to providing assistance to users of illegal psychoactive substances have taken place "from the bottom up" and were initiated by professionals who understood the importance of addressing this problem. For nearly two decades, harm reduction programs have been implemented by the efforts of a few enthusiasts and the foresight on individual Lithuanian municipalities. National government involvement is and remains sporadic and just symbolic. Currently, Lithuania has arrived at a turning point: the time has come for more significant changes, as the lack of active involvement from national state authorities and of adequate state funding for harm reduction programs may result in dire consequences the elimination of which will require substantial investment that by far exceeds the current expenditure. As the saying goes, the mean, and, I should add, the shortsighted person, has to pay twice".

Aleksandras Slatvickis, M.D.
Head of Klaipeda Mental Health Centre,
Board member at the "I Can Live" Coalition

EXECUTIVE SUMMARY

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 "I Can Live" Coalition (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 (PWID) 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 PWID 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 "I Can Live" Coalition have estimated that the coverage of neither NSP nor OST services in Lithuania meet the recommendations of the WHO, the United Nations Joint Program 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 nine NSPs, which provided their services to 1 177 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 1 000 PWID. 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 5 500 (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[I]), although it exceeds the bottom limit of average coverage rate by little more than one 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 one regular client over one year**, and, according to the international recommendations, this figure is considered **low** (the number of syringes distributed to one regular client is seen as low when it does not exceed 100[II]).

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 (602 614.00 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 five 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 one percent of the total amount.

OST. In 2013, 581 person received OST services in 19 healthcare institutions in Lithuania[III]. There were 3.45 OST service providers per 1 000 PWID and they are very unevenly distributed geographically, with

I WHO, UNODC, UNAIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care, 2009.
II Ibid.
III Data obtained during the cost assessment study, preliminary data from the automated statistical information system, ASIS

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[IV], 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 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 PWID 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 No 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 PWID and NSP staff alike,

IV 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 Preventon, Treatment and Care for Injecting Drug Users", 2012, pp. 10-21. http://www.who.int/hiv/pub/idu/targets_universal_access/en/

- lack of information among decision-makers about evidence-based effective HIV prevention and other interventions that allow to mitigate adverse health effects among PWID,
- 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**[V].

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, No 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 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

V 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 Preventon, Treatment and Care for Injecting Drug Users", 2012, pp. 10-21, http://www.who.int/hiv/pub/idu/targets_universal_access/en/

Inequalities in Lithuania in 2014-2023" (Seimas, 2014, No 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 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 to reach 3302 by 2020, while OST services should reach a total of 2 200 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.

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 of NSP services coverage.

Year	2016	2017	2018	2019	2020
Number of new clients	425	425	425	425	425
Total number of clients[VI]	1 602	2 027	2 452	2 877	**3 302**

Suggested increase in the scope of OST services.

Year	2016	2017	2018	2019	2020
Number of new clients	323	323	323	323	327
Total number of clients[VII]	904	1 227	1 550	1 873	**2 200**

VI Based on the number of regular clients in 2013.
VII Based on the total number of clients in 2013.

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 PWID**, 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 conducted in collaboration with the implementers of the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas, 2014, No 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 institution (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 million EUR and is distributed as follows:

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

Funding gap 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

Funding gap 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 for OST in prisons in writing and delegate the planning and actual practical implementation of these services to the Prison Department.**

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.

1. THE IMPACT OF HARM REDUCTION PROGRAMS ON PUBLIC HEALTH

1.1. THE SITUATION OF HIV AND THE USE OF PSYCHO-ACTIVE SUBSTANCES IN LITHUANIA

Although Lithuania is considered a low HIV prevalence country and the incidence rate of HIV infection is similar to that in other EU Member States, in recent years the prevalence has a tendency to grow and currently exceeds the European Union average.

According to the data provided by the Center for Communicative Diseases and AIDS (ULAC), in 2014 there were 141 new HIV cases registered in Lithuania (90 men and 51 women). Most of those newly infected with HIV in 2014 were aged from 30 to 34. The youngest patient was 17 years old (apart from two infants), the oldest was 68 years old.

The modes of HIV transmission in 2014 were as follows:

- 27 percent (38 persons) were infected with HIV through injecting drug use;
- 54.6 percent (77 persons) - through sexual intercourse, 46.8 percent (66 persons) of which were through heterosexual intercourse and 7.8 percent (11 persons) through homosexual intercourse;
- for 17 percent (24 persons) the mode of transmission was not identified.

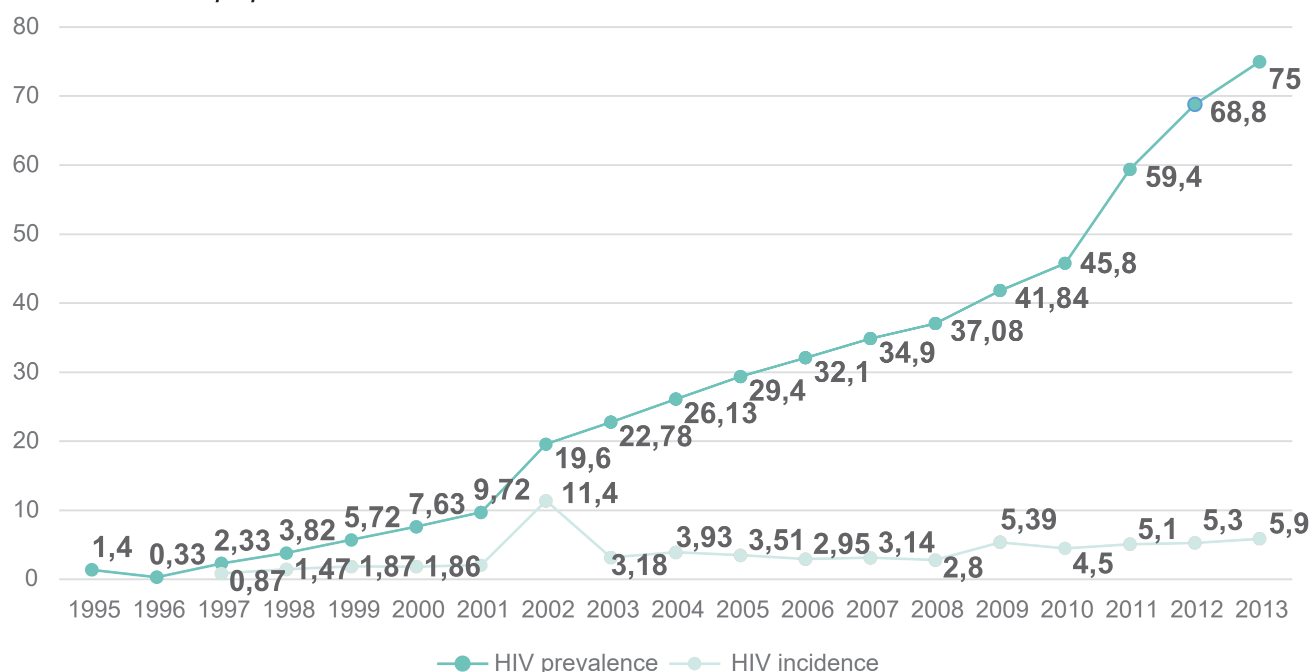
In 2014, there were fewer registered cases of transmission through injecting drug use than in 2013. In 2014, there was an increase in transmission through sexual intercourse. This is a new tendency, as up until 2013 the prevalent transmission mode was injecting drug use.

As of January 1st, 2015, there was the total of 2 378 persons infected with HIV in Lithuania. 80 percent (1 902 persons) of them were male and the remaining 20 percent (476 persons) were female.

Over the last five years (2010-2014) the ratio between women and men infected with HIV has fallen more than twice, i.e. each year sees an increase in the number of HIV-infected women.

According to ULAC data, the HIV infection rate in 2014 decreased compared to 2013, dropping from 5.9 to 4.8 cases per 100 thousand population.

Chart 1. The prevalence and incidence of HIV infections in Lithuania per 100 thousand population[1].



According to the data of the National Mental Health Center, out of the 2 082 persons who sought treatment at various healthcare institutions in 2013 due to mental or behavioral disorders related to the use of narcotics or psychotropic substances, 217 (13.45 percent) were infected with HIV.

The Annual Report of the Drug, Tobacco and Alcohol Control Department[2] (NTAKD) states that the number of HIV tests administered in 2013 had risen by 8.5 percent compared to 2012. The majority of those tested for HIV in 2013 were blood donors (119 132 tests, which is 13.7 percent more than in 2012). The second largest group was pregnant women: the number of HIV tests remained stable compared to 2012 and amounted to more than 45 000 tests per year. In 2013, 12090 persons were tested for HIV voluntarily, which is 1.7 times more than in 2012. Compared to the corresponding figures in 2012, the number of individuals tested for HIV who had sexual contact with an HIV-positive person grew 2.5 times, while the number of men having sex with other men tested of HIV increased more than 12 times.

According to the ULAC data, in 2013 a total of 407 HIV-positive persons received HIV treatment - antiretroviral therapy. 119 of them were women and 228 were men. 39.9 percent (n = 162) of the persons on ART contracted HIV through injecting drug use; 5.9 percent (n = 24) of them participated in a methadone program at the time of the start of ART.

The number HIV-positive persons on ART in Lithuania increased more than twice over the period from 2010 to 2013[3].

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1 Source: Center for Communicative Diseases and AIDS, www.ulac.lt
2 Drug, Tobacco and Alcohol Control Department, Annual Report, 2014, pp. 71. http://ntakd.lt/files/informacine_medzega/0-NTAKD_medziaga/1-MP/2014_LT.pdf
3 Drug, Tobacco and Alcohol Control Department, Annual Report, 2014, pp. 71. http://ntakd.lt/files/informacine_medzega/0-NTAKD_medziaga/1-MP/2014_LT.pdf

Table 1. Data from laboratories about the persons tested for HIV in 2012 – 2013, sorted by researched groups[4].

Code	Name of group	Tested in	
		Year 2012	Year 2013
01	Tested because of clinical indications	2 049	3 147
02	Persons with sexually transmitted diseases	199	129
03	Persons with more than one sexual partner	448	178
04	Tuberculosis patients	2 165	1 724
05	Blood donors	102 897	119 132
06	Pregnant women	45 071	45 242
07	Voluntary testing	6 846	12 090
08	Persons in places of detention or imprisonment	16 797	13 912
09	Professional contact	213	178
10	PWID	2 897	2 116
11	Sex workers	327	220
12	Men who have sex with men	38	464
13	Migrants, refugees	42	10
14	Foreigners	37	37
15	Persons who had sexual contact with people living with HIV	43	109
16	Applied for a certificate	8 189	8 138
17	Other	15 681	14 467
	Total	203 939	221 293

Lithuanian experts and responsible authorities believe that there are about 5 500 problem drug users[5] in Lithuania. According to the data provided by the VPSC, at least one third of them are in places of incarceration. According to official data of the Prisons Department under the Ministry of Justice it is 1.4 to 1.6 thousand persons which is about a fifth of all prison population.

4 A quote from the annual report of NTAKD, pp. 7; www.ulac.lt.
5 Astrauskiene A., Dobrovolskij V., Stukas R. The prevalence of problem drug use in Lithuania. Medicina (Kaunas), 47 (6) (2011), pp. 340–346.

1.2. THE IMPACT OF HARM REDUCTION PROGRAMS ON DRUG USERS‘ HEALTH, FAMILIES AND CLOSE ENVIRONMENT

Harm reduction programs are defined in Lithuanian legislation as *“programs designed to reduce the potential adverse medical, social, economic or legal consequences of drug use and risky behavior for society and separate individuals”*[6].

Lithuania was one of the first in Europe and the first in the Soviet Union to start implementing harm reduction programs for drug users as an effective treatment for drug-dependent individuals and an aid in reducing the negative economic and social consequences of injecting drug use (reducing crime and preventing the spread of blood-transmitted diseases, such as HIV or hepatitis B and C).

The development and implementation of these programs in Lithuania had a positive effect on the quality of life for drug-dependent persons and their families (due to the availability of timely assistance, fostered motivation to seek help from healthcare facilities, etc.). Moreover, it contributed to the modernization of the current policy on dependencies and healthcare policy as a whole.

In 2013, in Lithuania the needle and syringes programs (NSP) services were provided by 12 sites in eight municipalities (Vilnius, Kaunas, Klaipeda, Siauliai, Alytus, Mazeikiai and Visaginas), two mobile sites among them were functioning in Vilnius and Klaipeda[7]. NSP includes:

1. Anonymous counseling given to PWUD by social workers or nurses.
2. Exchange of injecting equipment.
3. HIV testing (irregular and not available in every harm reduction site).
4. Referral to treatment programs and/or advice about them.

Since 2008, after the project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania“ (2007-2011) carried out in the Baltic States by the United Nations Office on Drugs and Crime ended, both the focus on the problem and the funding from the state and municipal budgets decreased. The number of NSP dropped from 14 to 12 (2012), while the number of clients fell by 23 percent[8].

Scientific research carried out in Lithuania and across the world has shown that the availability of sterile equipment is crucial, as PWIDs find it difficult to buy sterile equipment and will used a used syringe[9,10].

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6 Lithuanian Minister of Health, order No. V-584, issued on 5 July, 2006 “On the approval of the implementation procedure of the reduction of harm caused by the narcotic and psychoactive substances”.

7 Drug, Tobacco and Alcohol Control Department, Annual Deport 2014, pp. 75-77. http://ntakd.lt/files/informacine_medzega/0-NTAKD_medziaga/1-MP/2014_LT.pdf

8 Drug, Tobacco and Alcohol Control Department, Annual Report 2014, pp. 75-77. http://ntakd.lt/files/informacine_medzega/0-NTAKD_medziaga/1-MP/2014_LT.pdf

9 Valenciano M, Emmanuelli J, Lert F. Unsafe injecting practices among attendees of syringe exchange programmes in France. Addiction, 2001;96(4):597-606.

10 Shaw SY, Shah L, Jolly AM, Wylie JL. Determinants of injection drug user (IDU) syringe sharing: the relationship between availability of syringes and risk network member characteristics in Winnipeg, Canada. Addiction, 2007;102(10):1626-35

The need to inject drugs quickly and the users' reluctance to spend time searching for sterile equipment is one of the main reasons for sharing needles and syringes, which shows that even a slight inconvenience in obtaining sterile injection equipment can become a major obstacle to risk reduction[11].

For HIV prevention, pharmacotherapy with medical opioids (OST) is equally important. In Lithuanian legislation, it is still referred to as substitution treatment[12]. OST is prescribed and administered in accordance with Order No V-653 of the Lithuanian Minister of Health issued on 6 August 2007 *"On the prescription and administration of substitution treatment for opioid dependence and on the verification of the procedure for prescribing, dispensing, storing and accounting for opioid substitute drugs in healthcare institutions"* (Official Gazette for 2007, No 90-3587; 2011, No 154-7301). The description of the procedure states that OST may be prescribed with the following purposes:

1. Reducing the risk of relapse.
2. Improving the physical and mental condition of persons dependent on opioids, as well as their integration into society and social adaptation.
3. Ensuring more efficient prevention of HIV, hepatitis B and C and other infectious diseases among drug users.
4. Allowing for more successful treatment of co-morbidities (tuberculosis, diabetes, contiguous mental health disorders and others).
5. Effectively countering the complications arising from injecting (sepsis, purulent infections, hepatitis B and C and others) or helping prevent them.
6. Creating the conditions required for providing better-quality prenatal and postnatal treatment to pregnant drug users.
7. Encouraging PWUDs to receive treatment at healthcare institutions.
8. Providing HIV-positive PWUDs with the opportunity to terminate injecting drug use and to improve the efficiency of antiretroviral therapy.

It is important to note that, in order to lower the threshold for these services, an amendment to the aforementioned order was adopted on July 16th, 2014, which stipulates that the decision to administer OST should be made by a psychiatrist, not by a doctors commission (DC) at a primary healthcare center (PHC). The doctor prescribes the OST

11 Perngmark P, Celentano DD, Kawichai S. Needle sharing among southern Thai drug injectors. Addiction, 2003;98 (8):1153-61.

12 **A substitution treatment by methadone of buprenorphine (pharmacotherapy with medicinal opioids)** is a continuous treatment for persons with opioid dependency by prescribing relatively stable doses of medicinal opioids with the purpose of normalizing the patient's somatic and mental condition and to promote positive social and behavioral changes.

Opioid substitution medications are medicinal substances, which contain synthetic materials classified as opioids and are included into the Registry of medical products of the Republic of Lithuania or into the Registry of medical products of the European Community, which can be prescribed for the treatment of opioid dependency.

after assessing the patient's diagnosis and indications. At PHC, the OST is provided in accordance with the order set down by the head of the institution or its authorized representative.

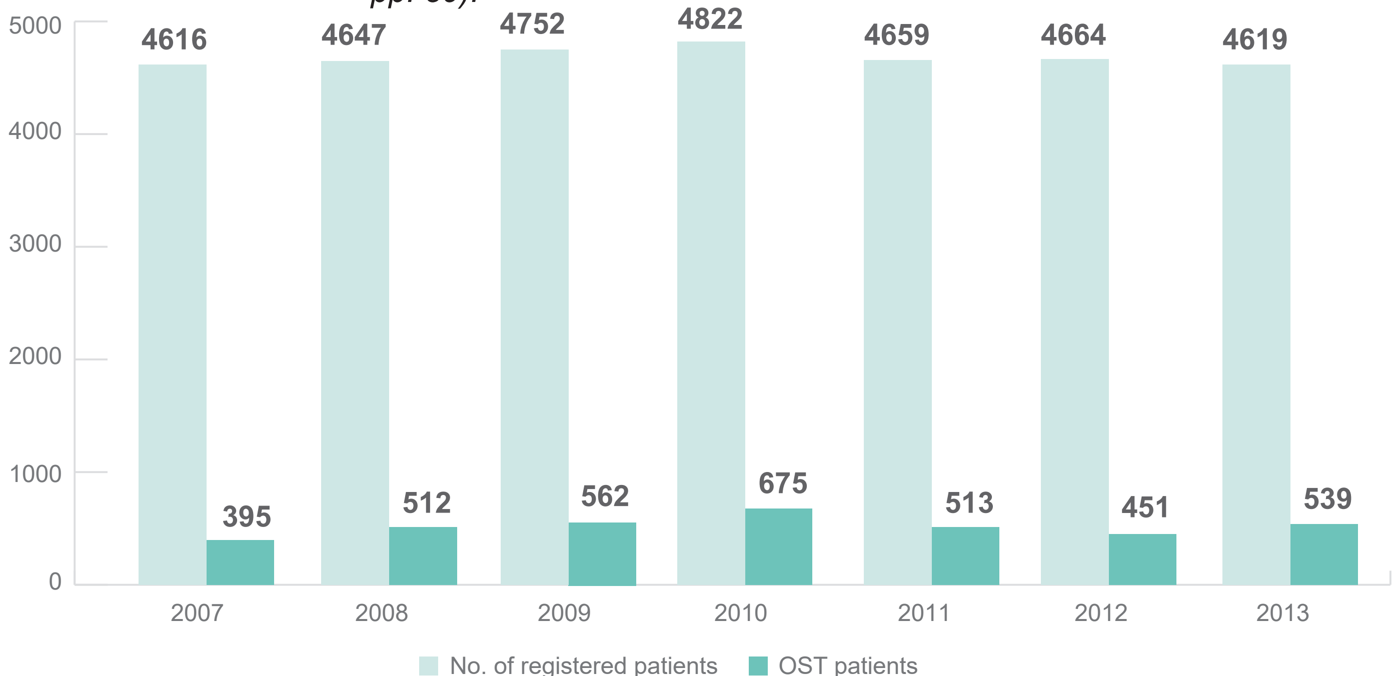
Another important achievement is the fact that the following methodologies vital for treating dependencies have been developed and are valid in Lithuania:

1. Methodology for the treatment of opioid dependence with naltrexone. Authors: E. Subata, E. Pinceviciute. Lithuanian Psychiatric Association, 2008.
2. Methodology for the treatment of opioid dependence with methadone. Authors: E. Subata, V. Danileviciute, V. Adomaitiene, R. Matulionyte, S. Naujokiene, A. Malinauskaite. Work group for the Lithuanian Psychiatric Association, 2010.
3. Methodology for the treatment of children and teenagers who use psychoactive substances and for providing pain relief with the help of opioid drugs. Authors: V. Adomaitiene, D. Leskauskas, O. Anciulyte. Kaunas University of Medicine, 2009.
4. Methodology for the treatment of opioid dependence with buprenorphine or buprenorphine / naloxone. Authors: E. Subata, V. Danileviciute, V. Adomaitiene, R. Matulionyte, J. Kuznecova, N. Sinkuniene, S. Zamkovaja, T. Zikaras, S. Naujokiene, A. Malinauskaite. Work group for the Lithuanian Psychiatric Association, 2009.
5. Dependence Severity Index. Authors: Tom McLellan, Deni Carise. Publication in Lithuanian adapted by Dr. E. Subata, A. Malinauskaite, E. Pinceviciute, J. Stankeviciute, A. Jacynaite, 2011.

In 2011, the National Audit Office of Lithuanian noted that *"in our country, the availability of substitution therapy is limited. In 2010 such services were provided only by 19 institutions. Many of the country's primary mental health care centers do not offer substitution therapy, even though the law provides for this possibility. These services are offered only by specialized treatment centers, which are located unevenly and therefore inaccessible to some. Out of the sixty municipalities, substitution treatment services are only available in thirteen. In two of the country's regions, the Northeast and the Southwest, substitution therapy is unavailable altogether, although the overall drug-dependence rate in these municipalities is greater than the national and regional average. For instance, the average incidence rate was exceeded three times in the municipalities of Birzai and Visaginas and twice in the municipality of Taurage".*[13]

13 National Audit Office of Lithuania, „The report of the research on methadone use in Lithuania in 2009-2010", No. VA-P-10-10-19, issued on 30 November, 2011. http://www.vkontrole.lt/failas.aspx?id=2476

Chart 2. The number of persons who were registered as having a mental or behavioral disorder caused by opioid use and received OST in the year 2007 – 2013 in Lithuania (Source – NTAKD annual report, 2014, pp. 59).



At the end of 2013, 539 patients received OST, which accounted for 11.6 percent of the total 4 619 persons registered as having a mental or behavioral disorder related to opioid use. The corresponding figures for the preceding years had been 9.7 percent (451 out of 4 664) in 2012, 11 percent (513 out of 4 659) in 2011 and 14 percent (676 out of 4 822) in 2010. As of January 1st, 2013, 518 patients received OST in Lithuania; over the year 2013, 240 persons started the treatment and 197 completed the treatment; 321 patients were in treatment on December 31st, 2013. As of January 1st, 2013, 74 patients were receiving OST with buprenorphine, 67 patients started treatment over the year 2013 and only five completed the program[14].

Despite some coverage problems, it should be noted that NSP have made and are continuing to make quite a significant contribution to:

1. The integration of PWID into the healthcare and social support system, which helps to solve the complex problems experienced by this social group.
2. Prevention of communicative diseases.

One possible example is the survey carried out in 2012 as part of the TUBIDU project, which showed that 9.7 percent of PWIDs in Vilnius were infected with HIV. Certain risk factors for HIV were identified such as filling the syringe from a shared vessel (32.1 percent), using a syringe that had been discarded or belonged to someone else (18.2 percent), buying a syringe from a drug dealer (32.4 percent) or a syringe filled

14 Drug, Tobacco and Alcohol Control Department, Annual Report 2014, pp. 61. http://ntakd.lt/files/informacine_medzega/0-NTAKD_medziaga/1-MP/2014_LT.pdf

with a drug (6.7 percent), injecting the drug in a place of incarceration (68.8 percent)[15], along with factors that reduce the risk of infection: obtaining a sterile syringe from a reliable supplier, such as a pharmacy (73.6 percent) or NSP site (75.1 percent), using a sterile syringe for the most recent injection (87 percent) and using one part of the syringe (57.9 percent).

NSPs that distribute needles, syringes and other necessary supplies and offer counseling have a significant impact on the integration of PWIDs into the healthcare and social support system. This is confirmed by the data collected by ULAC from NSP sites in 2013 (see Table 2).

The coverage of NSP services in Lithuania is low and the NSPs are faced with serious financial difficulties. Despite the fact that there is a significant shortage of funding, the presented summary (Table 2) shows that during the period of 2008-2013 the staff of NSP sites were working actively and managed to establish and maintain contact with PWIDs, as well as to serve as mediators between them and the institutions providing the necessary medical, social and legal services: in 2013 alone 4 821 persons were referred to and/or escorted to different medical or social institutions.

The specialists employed at NSPs motivate PWIDs to stop using psychoactive substances for purposes other than medical treatment and reduce risky behavior, encourage them to seek treatment for the mental and behavioral disorders and other conditions related to the use of psychoactive substances, provide counseling and information to PWIDs about issues related to the spreading of infections, prevention of drug use and safer sexual behavior (16 157 persons received consultations in 2013).

Other studies (Stoniene et al., 2013) carried out among PWIDs demonstrate that risky behavior is gradually changing, i.e., PWIDs have more information on the availability of clean injection equipment, disinfectants and other supplies[16]. The study revealed that, compared to previous studies[17], the following percentage of PWIDs used sterile injecting equipment during the latest injection: 79.3 percent among NSP clients and 70.8 percent[18] among new NSP clients. As for access to health care services, the study showed that twice as many respondents possessed health insurance (35 percent and 68.8 percent, respectively), but fewer respondents were tested for HIV at least once in their lifetime (89.7 percent as opposed to 94,8 percent). Accordingly, fewer persons (from 72.5 percent to 61.2 percent) were tested for HIV during the past year and knew the results of the test.

15 Stonienė, L.; Narkauskaitė, L.; Davidavičienė, E. HIV and tuberculosis: prevalence among PWIDs, risks and accessibility to the services. Public Health Magazine, 2013/3(62), p. 41–48.

16 Stonienė L, Narkauskaitė L, Davidavičienė E. HIV and tuberculosis: prevalence among PWIDs, risks and accessibility to the services. Public Health Magazine. 2013:3(62):41-48

17 UNODC, Gurevičius R, Stonienė L. The research on accessibility of sterile injecting equipment in the pharmacies. 2008:12-13.

18 Stonienė L. Microenvironment factors affecting the transmission of HIV through the injecting drugs. Public Health Magazine. 2011;4(55):94-102.

Table 2. Annual summary of NSP activity in 2008 - 2013 (Source: NTAKD annual report, 2014).

Total in Lithuania							
No.	No. of services / clients	Year					
		2008	**2009**	**2010**	**2011**	**2012**	**2013**
1.	Total number of visits to NSP	56 548	47 375	42 736	39 266	46 344	38 017
2.	Regular clients				-	2 589	2 660
3.	New clients				-	1 943	1 148
4.	Clients who visited an NSP site at least once a year				-	4 719	7 720
5.	Syringes distributed	238 755	242 890	192 350	181 408	196 446	168 943
6.	Needles distributed without syringes	313 894	188 364	102 763	110 726	103 536	96 787
7.	Syringes collected	371 217	270 206	205 914	161 615	140 239	128 265
8.	Needles collected without syringes	277 109	225 857	136 553	157 145	126 867	133 591
9.	Disinfectants distributed	280 591	256 532	209 428	234 342	238 791	205 123
10.	Condoms distributed	42 848	34 722	30 051	32 697	32 031	27 170
11.	Wound care supplies distributed	39 968	21 035	17 426	20 555	21 724	19 558
12.	Wound dressing procedures	2 715	2 606	1 257	696	1 150	1 425
13.	Rapid HIV tests		-	1 739	3 775	4 420	5 949
14.	Other rapid tests				-	169	315
15.	Counseling and informational services	29 290	23 587	24 309	20 871	17 534	16 157
16.	Mediation services (registration to health care facilities, assistance with social and legal services)	1 209	1 738	2 502	2 672	3 094	4 821
17.	Personal hygiene services (laundry, shower, etc.)	3 425	2 458	3 224	1 617	2 009	2 034
18.	Other services					7 562	10 096

As for MST (OST with methadone), there also is evidence that supports the effectiveness of this program to individuals and public. An example could be a study conducted by Subata et.al.[19] (2011) to investigate the effects of the complex influence on individual and public health and crime associated with drug acquisition and use in the Roma settlement in Vilnius. For this purpose, a trilateral cooperation agreement was signed on July 15th, 2010 between the Drug Control Department under the Government of the Republic of Lithuania, the Vilnius County Police Headquarters and the Vilnius Center for Addictive Disorders. The purpose

19 Subata E., Malinauskaitė A., Astrauskienė A. The cooperation between law authorities and healthcare institutions and its' effectiveness on PWID's problems. Public Health Magazine. 2011;2(53):36-45

of the contract was to strengthen and expand the parties' cooperation while tackling drug-related problems in the Roma settlement, with each party acting within its area of competence. While the agreement was being implemented, officers from the 2nd Vilnius Police Division intensively patrolled the Roma settlement in Vilnius and its surroundings, informed users of narcotic and psychotropic substances that they may seek treatment at the Vilnius Center for Addictive Disorders (VCAD) and provided them with other necessary information. From August till December 2010, while the trilateral agreement remained in force, 121 persons came to the VCAD with a written referral from the police. With help from the professional staff of VCAD, the patients were able to choose the type of treatment and support they wanted to receive. 117 people started OST, two persons opted for inpatient care to the sections for withdrawal treatment at the VCAD, two persons received consultations on an outpatient basis. The trilateral cooperation between these institutions lasted 4 months, which is a comparatively short period, but the results suggested that collaboration between the law enforcement and healthcare institutions in addressing drug-related problems at the Roma settlement in Vilnius had been effective. This study carried out during the cooperation period showed that, once the drug users detained by the police at the Roma settlement were given an opportunity to access treatment programs without having to wait in line, and, with encouragement from the police officers, to begin the treatment, even a very short period of treatment brought a considerable positive shift in their behavior; the majority of patients (80.3 percent) continued the treatment even after the 4 months since their introduction to the MST program. The results of the survey also revealed that the individuals referred to by the police willingly asked for help, and stopped using drugs altogether or significantly reduced their intake after receiving the full complex of methadone therapy. The patients engaged in less risky behaviors that can lead to infection with HIV and other viral infections and committed fewer offences. The quality of their lives improved, as did their own perception of their health status.

According to the data provided by the Vilnius County Police Headquarters, after the police tightened the patrols around the Roma settlement in Vilnius and more drug users were referred to the MST program in 2010, there was a decrease in theft and violent crimes, especially in the Naujininkai district, which is situated next to the Roma settlement[20].

As the cooperation scheme was oriented towards treatment, rather than just punishment, the use of illicit drugs decreased, along with the threat it poses to public health and social stability in Vilnius.

It is worth noting that the OST program implemented in Lithuania received a positive evaluation in 2004-2006 in a study carried out by the World Health Organization. The other participant countries, apart from

20 Mikulskis A. Referral to drug dependence treatment by Vilnius police. UNODC conference „HIV prevention among injecting drug users and in prison settings", March 24-25, 2011, Riga, Latvia. Prieiga per internetą: http://www.unodc.org/documents/balticstates//Events-Presentations/FinalConf_24-5Mar11/Mikulskis_25_March.pdf

Lithuania, were Poland, Ukraine, Indonesia, Iran, China and Thailand [21]. A total of 726 patients took part in the study, 102 of them from Lithuania. The Lithuanian part of the study showed that patients on MST underwent a significant improvement in their quality of life after three to six months (including their subjective self-assessment of their health status [22]). Each of the countries participating in the study, regardless of the economic and cultural context, saw a marked decrease in the use of heroin and other illegal drugs, as well as in risky behavior associated with HIV and other blood-borne infections and participation in criminal activities. The results showed a significant improvement in the patients' physical and mental health and well-being.

In 2006, the Drug Control Department under the Government of the Republic of Lithuania (currently NTAKD) conducted a survey among MST patients and concluded that the longer treatment is administered, the lesser the risk of using and injecting drugs. Over the first year, 28 percent of the patients did, as some point or other, use drugs, but those who remained in treatment for more than one year the percentage was only around 10 percent, and for those who remained in treatment even longer, five percent (the Drug Control Department under the Government of the Republic of Lithuania, 2008).

21 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.

22 Padaiga Z., Subata E., Vanagas G. (2007). Outpatient methadone maintenance treatment program: Quality of life and health of opioid-dependent persons in Lithuania. Medicine, 2007; 43(3). – 235-241.

1.3. STRENGTHENING THE POSITIVE EFFECTS OF HARM REDUCTION PROGRAMS

Despite the fact that the positive effect of NSP and OST services on the individual and the society is evidence-based, the coverage and accessibility of harm reduction services in Lithuania are still quite problematic. It is likely that the impacts of harm reduction services, described in section 2.2, can be strengthened by expanding the NSP and OST coverage and improving the quality of these services taking into account the needs of PWIDs.

In 2014 – 2015, a study titled "An Assessment of the Costs of Harm Reduction Services" (hereinafter referred to as the cost assessment study) was conducted in Lithuania by the "I Can Live" Coalition in co-operation with researchers from the Faculty of Medicine at Vilnius University, which assessed the costs of NSP and MST services across Lithuania. The study was a part of an international project titled "Harm Reduction Works: Fund It!" funded by the Global Fund and was used an adapted international methodology.

The indicators for assessing the availability and quality of NSP and MST services should be based on reliable and accessible data. However, in Lithuania, the availability and reliability of these data is considered to be questionable (e.g., the number of injecting drug users in the country). The information obtained during the cost assessment study enabled the researchers to assess the following accessibility indicators of NSP and MST services:

- **NSP services:**
  - Number of NSPs per 1000 PWIDs.
  - Share of PWIDs receiving NSP services on a regular basis.
  - Number of syringes distributed over the past 12 months.
- **MST services:**
  - Number of MST sites per 1000 PWIDs.
  - Ratio between the number of MST patients and the total number of PWIDs.
  - Share of PWIDs receiving MST services.

The assessment of costs of NSP and MST services carried out in Lithuania in 2014-2015 allowed to determine the cost of these services in the country. The results show that, in 2013, nine NSP sites in Lithuania provided services to 1 177 regular clients (a person was considered a regular client if he/she received a minimum package of NSP services at the NSP at least once a month over the past 12 months). According to the available estimates, the number of problem drug users in Lithuania is around 5 500 (Hay, 2005; Astrauskiene et al., 2011).

At the time of the study, there were 2.18 NSP sites in Lithuania per 1 000 PWIDs. Data from the year 2013 suggest that the accessibility of NSP in Lithuania could be as low as 21.4 percent (the accessibility rate was calculated based on the available number of problem drug users, which was 5 500). In the Technical Guidelines developed by international organizations, this level of access to NSP services is considered average (the accessibility rate that is over 20 percent, but less than or equal to

60 percent)[23], although it exceeds the average NSP accessibility rate by little more than just one percent. The study showed that the number of syringes distributed to one regular client over the period of one year is 72, and, according to the international recommendations, this figure is considered low (the number of syringes distributed to one regular client is seen as low when it does not exceed 100).

In 2013, 581 person received MST in 19 healthcare institutions in Lithuania (according to the results of the cost assessment study and the preliminary data available in the automated statistical information system, ASIS). In Lithuania, there are 3.45 MST service providers per 1 000 PWIDs. The geographical distribution of the providers is very uneven and they are concentrated in Vilnius. The ratio between the number of patients on MST and the overall number of problem drug users is 0.1. According to the recommendations presented in the Technical Guidelines[24] of the World Health Organization, the United Nations Office on Drugs and Crime and the United Nations AIDS program, this figure reflects a low service coverage (the coverage is seen as low when the figure is less than 0.2 and high when the figure is over 0.4). The study shows that the share of PWIDs receiving MST services was 10.6 percent in 2013 (when the share of PWIDs receiving MST services does not exceed 20 percent, the coverage of these services is considered low, while if the share is over 40 percent, the coverage is seen as high).

During the period of the project, experts from the “I Can Live” Coalition estimated that the coverage of neither NSP nor MST services in Lithuania meets the recommendations of the WHO, UNAIDS and UNODC for effective HIV prevention, and should be increased.

The quality of NSP or MST services requires a separate assessment, which was not the objective of the study. However, it was quite obvious that the NSP sites are only capable of providing minimal services and face serious challenges connected to quality assurance. The quality of MST in different institutions is very different and depends to a great extent on the specific institution and its personnel. The accessibility and quality of NSP and MST services in Lithuania are influenced by the following circumstances that determine the provision of NSP services in general:

- Insufficient funding for and sustainability of NSP and MST services.
- Low accessibility of NSP and MST services.
- Negative and stigmatizing notions about the clients and the services themselves, which are still widespread (including among PWIDs and the personnel providing the services).
- Lack of information among decision-makers about evidence-based effective HIV prevention and other interventions that mitigate adverse health effects among PWIDs.
- Lack of motivation of the personnel providing NSP and MST services.
- Problems related to ensuring confidentiality.

23 WHO, UNODC, UNAIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care, 2009.
24 WHO, UNODC, UNAIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care, 2009.

1.4. THE IMPACT OF HARM REDUCTION PROGRAMS ON THE DEMAND FOR NARCOTIC SUBSTANCES IN LITHUANIA

According to the recommendations of the international organizations, scientific research and analyses, the following effects are likely to be achieved if the coverage of NSP and MST services in Lithuania were increased to 60 and 40 percent respectively, per the recommendations of the international organizations:

- The number of PWIDs in the country would be reduced.
- Negative health consequences (HIV, hepatitis B and C, TB and other communicative diseases) would be reduced in both PWIDs and the general population[25,26, 27,28].

In order to achieve the intended effect, it is recommended that the coverage of the NSP and MST services be increased to 60 and 40 percent respectively. However, it is likely that a somewhat lower coverage would also have a positive effect, in that it may still help reduce the number of drug users in the country and the adverse health effects among the general population.

25 WHO, UNODC, UNAIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care, 2009.

26 MacArthur GJ, Minozzi S, Martin N, Vickerman P, Deren S, Bruneau J, Degenhardt L, Hickman M. Opiate substitution treatment and HIV transmission in people who inject drugs: systematic review and meta-analysis. BMJ. 2012 Oct 3;345:e5945. doi: 10.1136/bmj.e5945.

27 Abdul-Quader AS, Feelemyer J, Modi S, Stein ES, Briceno A, Semaan S, Horvath T, Kennedy GE, Des Jarlais DC. Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review. AIDS Behav. 2013 Nov;17(9):2878-92. doi: 10.1007/s10461-013-0593-y.

28 Feelemyer JP, Des Jarlais DC, Arasteh K, Phillips BW, Hagan H. Changes in quality of life (WHOQOL-BREF) and addiction severity index (ASI) among participants in opioid substitution treatment (OST) in low and middle income countries: an international systematic review. Drug Alcohol Depend. 2014 Jan 1;134:251-8.

2. SCENARIOS FOR HARM REDUCTION PROGRAM DEVELOPEMENT IN LITHUANIA

This section describes the harm reduction situation and its funding in 2012- 2013 and presents two scenarios for the future, both based on the study of the funding and costs associated with harm reduction services:

- **Scenario No. 1 (minimal):** to continue maintaining the current situation and achieve a slight increase in the number of clients and patients who agree to use the services of the existing quality.
- **Scenario No. 2 (optimal):** to strive for optimal coverage and quality of services, which means increasing the coverage of MST services to 40 percent and the coverage of NSP services to 60 percent.

Below, each scenario is described in detail in the light of the following developments:

In 2012-2013, NSP services in Lithuania were financed from state and municipal budgets. In 2012, the expenses of NSP services amounted to 174 529.08 EUR (602 614 LTL), while in 2013 the corresponding figure was 169 810.88 EUR (586 323 LTL). Over the course of the year, the NSP-related expenses fell by 3.7 percent, while the number of clients increased by five percent (by 57 clients) during the same period.

MST in Lithuania is funded from the National Program for Addictive Disorders (approved by Order No 1288 of the Lithuanian Minister of Health issued on 31 December 2008 “On the approval of the program for the treatment of addictive disorders for 2009-2012”) through agreements signed with the Territorial Health Insurance Fund (TLK), and from the state budget of the Republic of Lithuania (for persons who do not have compulsory health insurance). In 2012, the expenses of MST services amounted to 359 789.16 EUR (1 242 280 LTL), while in 2013 it fell down by as much as 11.4 percent and amounted to 318 708.29 EUR (1 100 436 LTL). Over this period, the number of patients on MST decreased by 4.4 percent.

Given the low coverage and accessibility of these programs, and taking into account the recommendations from the WHO, the “I Can Live” Coalition recommends that Lithuania should implement the optimal scenario (scenario No 2) and increase the coverage, accessibility and quality of the services in order to reach the above-mentioned targets. It is therefore recommended for the Lithuanian government to ensure that during the period between 2016 through 2020 the NSP services become available to 60 percent and MST services to 40 percent of all the injecting drug users.

To implement this recommendation, the number of regular NSP clients would have to reach 3 300 persons and the number of MST patients – 2 200 persons by the year 2020. Until the year 2020, the number of NSP clients would have to increase incrementally by 21.4 percent per year, i.e., each year the total number of new clients at all of the NSP sites taken together would have to increase by 425 persons, whereas the number of new patients on MST would have to reach 323 persons for each subsequent year and 327 for the final year throughout Lithuania.

Table 3 presents the packages of services that were compiled based

on currently existing services and taking into account the recommended incremental growth of coverage of NSP and MST services. Further on, you can also find tables summarizing the minimal and optimal scenarios, which include the following aspects:

- Service/treatment coverage.
- Unit cost.
- Packages of services and supplies.

2.1. SERVICE COVERAGE

Table 3. Indicators and expected results of the increased NSP and MST services in accordance with the recommendations

Criteria	Scenario	Type of services	Coverage indicator	Expected results
Coverage	*Minimal scenario*	*NSP*	The number of participants in the program remains the same or undergoes slight changes	The impact on the prevention of HIV and other infections and on the accessibility of healthcare services to PWIDs remains the same, i.e., low
		MST	The number of participants in the program remains the same or undergoes slight changes	The impact on the prevention of HIV and other infections and on the accessibility of healthcare services to PWIDs remains the same
	Optimal scenario	*NSP*	The number of regular NSP clients is expected to reach 3 300 within the next five years (by 2020). In order to ensure that NSP services are available at least to 60 percent of all PWIDs, the coverage must be expanded by reaching 425 new clients each year, which corresponds to a 21% annual increase in service coverage.	The transmission rate for HIV and other infectious diseases will decline, healthcare services will become more accessible, the clients‘ quality of life would improve.
		MST	The coverage of MST services should be increased to 40 percent, so that by the year 2020 the number of patients on MST reaches 2 200. The coverage is expected to grow incrementally, and reach 323 new patients on MST across Lithuania each year (327 in the final year).	

Optimal scenario. It is recommended that the number of NSP clients should reach 3 300 over the next five years (through the year 2020). To make sure that NSP services are accessible to at least 60 percent of all PWIDs, the coverage should be increased by 425 new NSP clients each year starting in the year 2016, i.e., each year the coverage should increase by 21%.

In order to reach the 40 percent coverage of MST services, the 2nd (optimal) scenario foresees that there should be 2 200 patients on in MST by the year 2020. The coverage of the service should be increased incrementally so that each year, starting in the year 2016, 323 new MST patients received services across Lithuania, with 327 new patients reached over the final year.

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

1. Increasing the coverage of the NSP and MST services provided by health care institutions in which the services are currently available.
2. Increasing geographical coverage and starting to offer these services at new sites (a more precise scenario for the development of these services can be envisaged later, once the plans of NSP development, likely to be funded from the EU Structural Funds, have been finalized.

The following is recommended for the improvement of the quality of NSP and MST services:

1. To take into account the clients' needs that have been identified during the survey of accessibility of harm reduction services (higher quality supplies 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 supplies is presented in Table 4.
2. To organizing training sessions aimed at furthering the professional development of service personnel and increasing their motivation.

2.2. SCENARIOS FOR DEVELOPING NSP AND MST SERVICES

Table 4. Recommended package for NSP and MST services and equipment

Outcome criteria	Type of service	Minimal scenario (I)	Optimal scenario (II)
Coverage	NSP	The number of clients remains virtually unchanged. The geographical coverage does not change.	By 2020, the number of clients will have grown to 3 300, and will have reached 60 percent of all problem drug users. Even, incremental growth is expected, with the service coverage being expanded, on average, to 425 new individuals (21 percent) per year. New NSP sites are established in different municipalities.
	MST	The number of clients remains virtually unchanged. The geographical coverage does not change.	By 2020, the number of clients will have grown to 2 200. New NSP sites are established across the country depending on the needs of the individual municipalities. Until 2020, the number of clients on MST is expected to grow at an even incremental pace, with 323 new clients reached during each subsequent year (327 in the final year).
On offer services	NSP	The services remain as specified in the Procedure for the Implementation of Harm Reduction Programs	1. Distribution of syringes, needles and other injection equipment (a detailed list of equipment is provided in the table below) without any restrictions in the Procedure as to their quantity. 2. Rapid testing for HIV. 3. Pre-test and post-test counseling. 4. Naloxone - overdose prevention. 5. Wound treatment (healthcare institutions). 6. Testing for hepatitis, HIV and syphilis. 7. Distribution of reference materials and/or information. 8. Adjusted opening hours.
	MST	The services remain as specified in the Procedure for the Prescription and Administration of Substitution Therapy for Opioid Dependence	1. Accessible treatment with opioid medications. 2. Testing for hepatitis C, HIV and syphilis. 3. Providing medication to take home (for patients who have achieved a stable remission) up to once a week. 4. Ensuring appropriate dosage. 5. Case management (identifying individual problems/needs and arranging for solutions). 6. Diagnosing co-morbid conditions and providing or arranging for their treatment. 7. Testing for tuberculosis according to clinical indications. 8. Working hours that are convenient for patients with employment.

Effect criteria	Type of service	Minimal scenario (I)	Optimal scenario (II)
	MST	The services remain the same, as specified in the Procedure for the Prescription and Administration of Substitution Therapy for Opioid Dependence:	1. Medication. 2. Dosing equipment. 3. Safe. 4. Room (indoor space) equipped in accordance with the relevant requirements. 5. Drug test kits. 6. HIV testing.
	NSP	Supplies as specified in the Procedure for the Implementation of Harm Reduction Programs	**See the table below for details** *Heroin users - two syringes per day;* *Amphetamine users - four syringes per day.*

Equipment package

Supplies	Available today	Optimal (preferable) option	Required quantity
Syringes	Chinese	100% clients: 1 ml syringes – 4 units, 2 ml syringes – one unit, 0.4/0.45 mm needles – five units 30% clients: 5 ml syringes - one unit 10% clients: 20 ml syringes – two units + 0,4/0,45 mm needles – five units 100%	100%
Needles	Chinese	1, 2 and 3 ml	90%
Spoons		5 units (10 and 20 ml)	100%
		0.4 and 0.45 ml 10%	10%
Sterile water		5 ml - five units for one client per day	100%
Filters	Not available	"Balls (cosmetic, sterile)" - five units for one client per day	100%
Cotton pads	Not available		100%
Sterile pads		one pad per one injection	100%
Naloxone	Not available	5 units (ampoules) per year	100%
HIV test kits		10 thousand tests are required per year	100%
Reference material	Not enough	4 leaflets (different topics) x once a year. Women require materials on reproductive health	100%
Education for PWIDs	Not available	Once a year. A 6-hour seminar – 1 158.48 EUR (4 000 LTL); when done on a peer-to-peer basis - (3-4 hours) 144.81 EUR (500 LTL)	

Effect criteria	Type of service	Minimal scenario (I)	Optimal scenario (II)
Personnel	NSP	1. Nurse 2. Social worker	1. Nurse capable of providing the following services: a. HIV testing. b. Naloxone - overdose prevention. c. Wound treatment (healthcare institutions). d. Testing for hepatitis and HIV. 2. Social worker capable of providing the following services: a. Pre- and post-test counseling for HIV. b. Case management. c. Exchanging syringes. d. Distributing reference materials and/or information. e. Work with mutual support groups. 3. Peer-to-peer counselor capable of providing the following services: a. Outreach services. b. Preventing drug overdose and infection with HIV, hepatitis or syphilis, providing the relevant information.
	MST	1. Psychiatrist (MD) 2. Social worker 3. Nurse 4. Psychologist	1. Psychiatrist (MD) 2. Social worker (case manager) 3. Nurse 4. Psychologist
Social outcomes	NSP, MST	1. The incidence and prevalence of HIV in PWID continue to rise. 2. The incidence and prevalence of HIV in the general population rises. 3. The high prevalence of sexually transmitted infections in the PWID group is retained. 4. The high risk of TB transmission in the PWID group remains. 5. Contiguous psychiatric, behavioral and somatic disorders common among PWIDs (hepatitis C, depression, etc.) develop in addition to the dependence on psychoactive substances. 6. The mortality rate among PWIDs remains high. 7. Quality of life for PWIDs remains poor. 8. The accessibility of healthcare and social services remains at a minimal level. 9. Access to HIV treatment for PWIDs remains at the same level (year 2015). 10. Opportunities for remaining in or returning to the labor market are minimal.	1. The incidence and prevalence of HIV in the PWID group declines. 2. The incidence and prevalence of HIV in the general population declines. 3. The prevalence of sexually transmitted infections in the PWID group decreases. 4. The risk of TB transmission in the PWID group stabilizes and begins to decrease. 5. The concurrent psychiatric, behavioral and somatic disorders common among PWID (hepatitis C, depression, etc.) are diagnosed and treated on time. 6. The mortality rate among PWID declines. 7. Quality of life for PWIDs improves. 8. Healthcare and social services become more accessible. 9. PWIDs gain greater access to HIV treatment. 10. Opportunities for PWID to remain in or return to the labor market improve. 11. The number of offences committed by PWIDs is reduced.

Outcome criteria	Type of service	Minimal scenario (I)	Optimal scenario (II)
Funding needs	NSP	Remains at a similar level (based on data from 2013) – around **168 400 EUR**	**2016-2020 – 4 058 060 EUR**
	MST	Remains at a similar level (based on data collected during the cost assessment study in 2013) - about **318,708 EUR**	**2016-2020 – 590 368 EUR**
Client costs per year	NSP	**250.20 EUR**	**331 EUR**
	MST	**615 EUR**	**592 EUR**

Costs:

In the year 2013, the NSP expenses per one client in Lithuania was **150.02 EUR** (518 LTL) a year. The expenses of MST per one patient was **570.26 EUR** (1 969 LTL) a year.

According to data collected in 2013, the overall NSP expenses that year amounted to a total of 169 810.88 EUR (586 323 LTL). Among these, the most substantial (over 99%) were the direct expenses of equipment and staff salaries. Indirect expenses (non-medical supplies and other overhead expenses) comprised less than one percent. The structure of the expenditures is expected to remain unchanged after the package of NSP services and equipment has been optimized.

The expenses of MST services in 2013 amounted to 318 708.29 EUR (1 100 436 LTL). As with NSP services, most of these expenses were direct (more than 90%); indirect expenses accounted for a small proportion of the total expenditure.

Services package:

The following optimized package of NSP services and supplies was compiled according to the priorities identified by NSP clients:

1. Distribution of syringes, needles and other injection equipment (see table 4) without any restrictions in the Procedure for the Provision of NSP (23 August 2012 No V-793) [29] as to their quantity.
2. Rapid testing for HIV.
3. Pre-test and post-test counseling.
4. Naloxone - overdose prevention.
5. Wound treatment (healthcare institutions).
6. Testing for hepatitis, HIV and syphilis.
7. Distribution of reference materials and/or information.
8. Set opening hours.

Equipment package:

- Heroin users - two syringes per day.
- Amphetamine users - 4 syringes per day.

29 Lithuanian Minister of Health, order No. V-584, issued on 5 July, 2006 "On the approval of the implementation procedure of the reduction of harm caused by the narcotic and psychoactive substances".

Table 5. Optimized package of NSP services and supplies and its obstacles

Equipment (per day)	Available today	Optimal (preferable) option (per day)	Required quantity	Obstacles
Syringes	Chinese	100% clients: 1 ml syringes – 4 units, 2ml syringes – one unit, 0.4/0.45 mm needles – five units 30% clients: 5 ml syringes - one unit 10% clients: 20 ml syringes – two units + 0.4/0.45 mm needles – five units 100%	100%	Quality
Needles	Chinese	1, 2 and 3 ml	90%	Quality
Spoons		5 units (10 and 20 ml)	100%	Not available today
		0.4 and 0.45 ml 10%	10%	ONLY needles are available as additional equipment
Sterile water		5 ml - five units for one client per day	100%	Insufficient quantity
Filters	Not available	"Balls (cosmetic, sterile)" - five units for one client per day	100%	Service absence
Cotton pads	Not available		100%	Sterility
Sterile pads		one pad per one injection	100%	Insufficient quantity
Naloxone	Not available	5 units (ampoules) per year	100%	Service absence
HIV test kits		10 thousand tests are required per year	100%	Insufficient quantity
Reference material	Not enough	4 leaflets (different topics) x once a year are . Women require materials on reproductive health	100%	Quality
Education for PWIDs	Not available	Once a year. A 6-hour seminar – 1 158.48 EUR (4 000 LTL); when done on a peer-to-peer basis - (3-4 hours) 144.81 EUR (500 LTL)	100%	Insufficient number and quality

Staff:

1. Nurse capable of providing the following services:
   a. HIV testing (pre- and post-test counseling).
   b. Naloxone – opiate overdose prevention.
   c. Wound dressing (at healthcare institutions).
   d. Rapid testing for hepatitis and HIV.
   e. Providing information on infectious diseases and safe injection.
2. Social worker capable of providing the following services:
   a. Pre- and post-test counseling for HIV.
   b. Compiling an individual help plan using case management.
   c. Exchanging syringes and needles, distributing other supplies (disinfectants, condoms etc.)
   d. Distributing reference materials and/or information on safe injection.
   e. Motivating PWIDs to seek help at medical, social and other institutions.
   f. Mediating between the client and healthcare facilities and other institutions.
   g. Referring PWIDs to mutual support groups.
3. Peer-to-peer consultants capable of providing the following services:
   a. Outreach services.
   b. Educating and providing information.

The following optimized (preferred) package of MST services and supplies was compiled according to the priorities identified by MST patients:

Services package:

1. Accessible treatment with opioid medications.
2. Testing for hepatitis C, HIV and syphilis.
3. Obtaining medication to take home (for patients who have achieved a stable remission) up to once a week.
4. Determining and adjusting the appropriate dosage.
5. Case management (identifying individual problems/needs and arranging for solutions).
6. Diagnosing co-morbid conditions and providing or arranging for their treatment.
7. Testing for tuberculosis according to clinical indications.
8. Working hours that are convenient for patients with employment.

Necessary equipment and supplies:

1. Medication.
2. Dosing equipment.

3. Safe.
4. Room (indoor space) equipped in accordance with the requirements.
5. Drug test kits.
6. Vacuum containers and other equipment required for collecting HIV, syphilis and hepatitis C test samples and delivering them to a laboratory.

Staff:

1. Psychiatrist (MD).
2. Social worker (case manager).
3. Nurse.
4. Psychologist.

2.3. TOTAL COSTS

In assessing the costs of providing NSP services, it was estimated that its' cost per client is 250.23 EUR (864 LTL) a year. The cost of the MST services per client is 614.57 EUR (2 122 LTL) a year. The need for funding in the period of 2016-2020 amounts to almost 3 079 007 EUR for NSP services and to 4 765 854 EUR for MST services. The total amount required for the further development of NSP and MST services is 7 844 861 EUR per year.

If NSP sites start to offer the package of services described in the optimal scenario, the demand for funds in 2016-2020 will be 4 058 060 EUR for NSP services, with the cost per client rising to 331 EUR per year, and 4 590 368 EUR for MST services, with the cost per client falling to 592 EUR per year. In the case of the optimal scenario, the total demand for funds in 2016-2020 for both NSP and MST services will amount to 8 648 428 EUR.

Table 6. Funds required for the proposed development of harm reduction services (based on the current service package).

Year	2016	2017	2018	2019	2020	Total demand for funding (EUR)
NSP	400 918	527 278	604 951	720 000	825 860	3 079 007
OST	555 627	754 153	952 679	1 151 205	1 352 190	4 765 854
Total demand for funding (EUR)	956 545	1 281 431	1 557 630	1 871 205	2 178 050	7 844 861

2.4. THE SUBSTANTIATION OF THE RECOMMENDED SCENARIO

The main advantage of the recommended scenario for the development of harm reduction services is the fact that it is based on the objective criteria set out below, the input from major stakeholders and the most up-to-date financial information collected during the study.

The recommended optimal scenario for the development of NSP and MST services, which involves an increase in service coverage to 60 percent for NSP services and to 40 percent for MST services, was chosen on the basis of several sources of information:

- **The recommended optimal scenario corresponds to the recommendations from international organizations** - the coverage criteria recommended in 2009 by WHO, UNODC and in the Technical Guidelines of UNAIDS (WHO, UNODC, UNAIDS, 2009) were taken into account.
- **The packages of NSP and MST services for the scenario are based on scientific evidence** on HIV prevention, health and well-being[30].
- **The scenario corresponds to the national strategic documents** – the Lithuanian Health Program for 2014-2025 (Seimas, 2014, No XII-964), the National Drug Control and Drug Abuse Prevention Program for 2010-2016 (Seimas, 2010, No XI-1078), as well as the provisions set forth in Appendix No 2 to the Action Plan on Reducing Health Inequalities in Lithuania in 2014-2023 (Seimas, 2014, No V-815) (within the description of enhancing the accessibility of services aimed at the prevention and treatment of dependence on alcohol and other psychoactive substances and the social integration of persons with dependence).
- **Assessments and recommendations from national experts** working in the field of harm reduction (research working group meetings held from March till April 2015).
- **Assessments and prioritizing of services by users of NSP and MST services from across the country** (the survey among service users, as well as the discussion group sessions, were carried out by NGO “Resetas”).
- **Data obtained during the study on the evaluation of the expenses and costs** related to harm reduction services, which was carried out by the “I Can Live” Coalition in 2014-2015.
- **The selected scenario corresponds to the principles of international best practices and respect for human rights.**

30 Gowing 2012; MacArthur 2012; Edelman 2013; Feelemyer 2014

4. DETAILED RECOMMENDATIONS

RECOMMENDATION No. 1:

To increase the coverage of state-funded NSP services for PWIDs 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.

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, No V-815). The target indicators the Coalition recommends for increasing the coverage of harm reduction programs are consistent with the development scenario presented in this document for Lithuania: the part describing the enhancement of the accessibility of services aimed at the prevention and treatment of dependence on alcohol and other psychoactive substances and to the social integration of dependent persons in municipalities where NSP services are already available, their coverage should be increased from 13 percent (in 2013) to 40 percent (in 2023) and retained at a level where they would be available at least to 60 percent of all the problem drug users.

In 2013, the nine NSP sites that were studied had 1 177 regular clients. It is recommended to increase the number of regular NSP clients to 3 300 within the next five years - by 2020. To ensure that NSP services are accessible to 60 percent of all PWIDs, their coverage must be increased as follows: starting in 2016, each year 425 new clients will need to begin receiving NSP services, i.e., the coverage of the service will have to grow by 21 percent each year.

The number of new clients attracted to using NSP services:

Table 7. Recommended increase in the coverage of NSP services

Year	2016	2017	2018	2019	2020
Number of new clients	425	425	425	425	425
Total number of clients[31]	1602	2027	2452	2877	3302

31 From the total number of regular clients in the year 2013

3.1. MEASURES OF THE "I CAN LIVE" COALITION AIMED AT INCREASING THE COVERAGE OF NSP

3.1.1. PROMOTING THE ESTABLISHMENT OF NSP IN NEW MUNICIPALITIES

Once the planned study on the prevalence of drug use in Lithuania is carried out, the Coalition will select 3 municipalities where injecting drug use is the most widespread, and the demand for NSP services is the greatest. The choice of the municipalities will be coordinated with the implementers of the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas, 2014, No V-815) which are planning to establish new NSP sites in 20 municipalities by 2023. The Coalition will carry out an infrastructural analysis in the chosen municipalities in order to estimate the level of their readiness to provide the services, after which the optimal service model will be decided: namely, whether the services could be provided by an NGO, a local government subsidiary or a center for addictive disorders, or whether the services should be integrated into other services available in the municipality. Meetings will be arranged with the representatives of each specific municipality to provide them with information about the objectives and benefits of NSP services, as well as the methods and practical opportunities for implementation.

In order to attract clients to the newly established programs, the Coalition will engage in active co-operation with the PWID communities, who will be informed about the programs and encouraged to use them. The Coalition will also co-operate with the local media, so that the residents of the municipalities where the new NSP sites are to be opened could be prepared for the start of the programs.

Legal developments: no legal changes are required for opening of new NSP sites.

Financial developments: the opening of new NSP sites implies additional costs. Once the study on the prevalence of drug use in Lithuania is carried out and the demand for NSP services in the target municipalities and the targeted number of regular clients is assessed, the annual NSP budget in each of the target municipalities will be developed. Advocacy events will be held with local politicians and local party leaders or administration officials in an attempt to secure partial funding from the municipal budget (the expected figure is 50 percent). The Coalition will advocate that the remaining part of funding (50 percent) came from the national budget, and, in particular, through the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023", which was developed by the Ministry of Health of the Republic of Lithuania.

Programmatic developments: offering training for new NSP staff and preparing them for delivery of services. This is expected to happen in collaboration with the implementers of the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas, 2014, No V-815): the action plan for investments from the European Union funds for 2014-2020 provides for the allocation of funds for the training of staff and equipping the sites.

3.1.2. INCREASING THE NUMBER OF CLIENTS IN EXISTING NSP SITES THROUGH A COMBINATION OF HIGHER QUALITY AND ACCESSIBILITY

The coverage of NSP will be increased by attracting more clients to existing NSP sites. This will be sought through advocating for better access to services and for expanding the range of services provided in NSP, based on the findings and recommendations of the study described in the present report:

adjusting NSP opening hours to meet the clients' needs (at least six hours a day on weekdays and part-time on Saturdays);

attracting additional human resources to each of the NSP: a social worker employed for longer hours who would be able to serve as a counselor and case manager and to distribute needles, syringes and other supplies, along with informational handouts; outreach workers, preferably on a peer-to-peer basis – their presence could significantly increase the number of clients, since such workers are aware of the drug users' meeting sites, have their confidence and understand their way of thinking, are more efficient at communicating the necessary information; a nurse to carry out rapid HIV and/or hepatitis tests and to dress wounds;

improving the quality of the supplies distributed by NSP: the sites require high-quality syringes and needles in various suitable sizes, along with other injecting equipment and supplies (see Table 4), unlimited quantities of supplies to be distributed and/or exchanged, rapid HIV tests and Naloxone.

Legal developments: to secure the recommended changes in the quality (opening hours, staff, better-quality and unlimited quantities of supplies) of NSP, the amendment of the Procedure for Providing NSP Services will be initiated. The aim is to define the optimal number of clients per one social and one outreach worker and to put it down in the Procedure. Certain legislative changes are also needed for the sites to begin employing outreach workers, especially those who work on a peer-to-peer basis.

Financial developments: it is estimated that, once the package of services and supplies offered by NSPs is optimized, the expenses will increase by 32 percent and amount to 4 058 060 EUR.

Programmatic developments: new positions (for outreach workers) will have to be established and the personnel will require training. In order to ensure the quality of the services provided by NSP, an effort will be made to initiate a state institution (a methodological and monitoring center) to monitor and control NSP sites.

3.1.3. INCREASING INVESTMENTS INTO HARM REDUCTION SERVICES

The Coalition will also advocate for increasing the coverage of the services through encouraging investment in harm reduction programs (budget advocacy), which, in turn, will help ensure sustainable and uninterrupted funding of harm reduction services (see the preferable service package in Table 4) from the municipal and the national budget at a ratio of 50:50.

In the years 2012-2013, the approximate ratio of NSP funding from state and municipal budgets in Lithuania was 30 and 70 percent respectively. In addition, one of the sites received aid from foreign private sponsors for rapid HIV test which were distributed to some other sites. The total expenditures of NSP services amounted to 174 529 EUR (602 614 LTL) in 2012 and to 169 811 EUR (586 323 LTL) in 2013. The average cost per unit of the NSP services provided to a single client was around 250.23 EUR (864 LTL) per year, though the cost per unit can vary significantly from site to site. The need for funding in EUR for the proposed expansion of NSP services is presented in Table 8.

During the Coalition's analysis of NSP financing and costs, conversations with NSP personnel clearly revealed that municipal decision-makers had insufficient information about the benefits of NSP; the stigma related to drug users and people living with HIV remained widespread and caused decision-makers to exclude these populations from their priorities. Also, since these services compete with other municipal needs for the scarce funding, stigma caused the issues related to NSP funding to remain completely marginalized. Local governments in Lithuania have a very restricted ability to attract additional funds to the municipal budget, and, as a result, they are unable to sustain the required coverage and quality of NSP services on their own. The fact that there exists an ongoing threat for the funding for NSP to be terminated even in those municipalities where such services have been successfully provided for a long time, clearly demonstrates that the financial burden for local governments is too great. Therefore, the 50:50 funding scheme from the national and municipal budgets would be a strong encouragement for municipalities to retain or start providing these services.

Table 8. Funds required for further development of NSP services

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

The "I Can Live" Coalition plans to analyze national programs and other potential sources of funding for NSP programs and to use the

results in order to develop a detailed budget advocacy plan, which would seed to encourage state and local governments to commit to financing NSP sites to the required extent. The Coalition will also co-operate with the Association of Local Authorities of Lithuania and with individual municipalities to ensure funding for NSP sites at a municipal level.

Legal developments: increased investment in low-threshold programs does not require any legal changes.

Financial developments: the state will have to allocate additional funds to increase the coverage of NSP programs. The Coalition is planning to prepare and implement an action plan for budget advocacy, which will aim at securing adequate funding from the national budget.

Programmatic developments: in the process of the budget advocacy, there may be changes in the management of funding for NSP programs. This is especially true for the allocation plans for the EU structural funding, which were being developed while this report was being compiled, and for the need to identify a state institution that would be able to offer methodological support to issues related to the development and quality of NSP.

RECOMMENDATION No. 2:

To increase the coverage of state-funded OST 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, No V-815). The target indicators the Coalition recommends for increasing the coverage of MST (OST) are consistent with the development scenario presented in this document for Lithuania: the part describing the enhancement of the accessibility of services aimed at the prevention and treatment of dependence on alcohol and other psychoactive substances and to the social integration of dependent persons, foresees that the coverage of substitution therapy (in other words, the ratio between the number of patients on substitution therapy and the total number of injecting opiate users in the country) should be increased from 9.7 percent (in 2012) to 30 percent (in 2023); furthermore, clinics equipped to provide substitution therapy for opioid dependence should be established in mental health centers in 20 different municipalities.

In 2013, 581 person received MST at 19 healthcare institutions (according to preliminary data from the ASIS information system) in Lithuania. At present, OST is available in 12 municipalities.

In order to increase the coverage of MST to 40 percent, it is recommended to make it available to 2 200 persons by the year 2020. An even, gradual growth in coverage is recommended, with 323 new patients from across Lithuania starting to receive MST services each year from 2016 onwards and 327 new patients being admitted to treatment during the final year.

Table 9. Recommended increase in MST coverage

Year	2016	2017	2018	2019	2020
Number of new patients	323	323	323	323	327
Total number of patients[32]	904	1 227	1 550	1 873	2 200

3.2. MEASURES OF THE "I CAN LIVE" COALITION AIMED AT INCREASING THE COVERAGE OF MST

3.2.1. PROMOTING THE ESTABLISHMENT OF MST IN NEW MUNICIPALITIES

Once the planned study on the prevalence of drug use in Lithuania is carried out, the Coalition will select three municipalities where injecting drug use is the most widespread, and the demand for NSP services is the greatest. The choice of the municipalities will be coordinated with the implementers of the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas, 2014, No V-815) which are planning to establish new sites in mental health centers in 20 different municipalities, equipped to provide substitution therapy for opioid dependence.

Legal developments: this part does not require any legal changes. Substitution treatment is provided by healthcare institutions with a valid mental health license. According to Order No V-749 of the Minister of Health of the Republic of Lithuania issued on 11 July 2014, "On the Approval of Order No 357 of the Minister of Health of the Republic of Lithuania Issued on 30 July 1999 "Regarding the List and Price Rates of Paid Health Care Services, their Indexing Procedure and the Procedure for the Provision and Payment Thereof", MST services should be provided free of charge, since paid services in the institutions of the Lithuanian national health system can be only those that are not reimbursed from the following sources:

1. State and municipal budgets.
2. The budget of the National Health Insurance Fund (NHIF).
3. Health funds belonging to the state, municipalities, institutions and other organizations, as well as the funds allocated to various healthcare programs.

At present, MST services in Lithuania are funded as part of the Program for Addictive Disorders (approved by Order No 1288 of the Lithuanian Minister of Health issued on 31 December 2008 "Regarding the Approval of the Program of Addictive Disorders for 2009-2012") through an agreement signed with Territorial Health Insurance Funds (TLK), and from the state budget of the Republic of Lithuania (for persons who do not have compulsory health insurance). The main barriers to greater access

32 From the total number of clients in the year 2013

to these services is the patients' fear of seeking treatment often caused by the negative attitudes prevalent among professionals, along with their lack of competence and unwillingness to pay attention to this vulnerable group without additional financial incentives.

Financial developments: the new programs will require funding to have the premises properly prepared and equipped and to purchase the necessary supplies and medications. The "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" provides for expenses associated with preparing and equipping premises and acquiring equipment, as does the action program for investment from the European Union funds for 2014-2020. The acquisition of the medications is related to re-allocation of the healthcare institution's annual budget. The "I Can Live" Coalition will advocate that, under the existing legislation, outpatient healthcare services for the vast majority of patients on MST be financed from the NHIF; the Coalition will monitor the drafting of a new Program for Addictive Disorders by the Ministry of Health, which is also going to be funded from the NHIF. These preparatory processes will have already begun by the time this report is published.

Programmatic developments: training sessions for psychiatrists will be arranged as part of implementing the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas, 2014, No V-815); funds will be allocated to these trainings in accordance with the action plan for investments from the European Union funds for 2014-2020.

In order to encourage psychiatrists to provide MST services, the Coalition and its partners will put an active effort into informing and mobilizing the drug users' community in each of the selected municipalities. Individuals will be encouraged to seek treatment for opioid dependence at healthcare facilities. The Coalition also plans to co-operate with the local media to inform the public about the need to treat drug-dependencies and about the existing evidence-based approaches to doing so.

3.2.2. INCREASING THE COVERAGE IN EXISTING MST THROUGH IMPROVING THE QUALITY OF SERVICES

The Coalition recommends increasing the coverage of MST services through attracting more clients to existing MST programs. This will be achieved through advocating for improvements in the quality of services: adjusting opening hours, raising the personnel's qualifications and correcting the dosage of the medication to those specified in the methodologies for the treatment of opioid dependence with methadone and buprenorphine.

The packages of NSP and MST services developed according to the optimal scenario are presented in Table 10:

Table 10: Recommended NSP and MST packages for services and equipment for the optimal scenario

Package of NSP services

Package of services:

1. Distribution of syringes, needles and other injection equipment (a detailed list of equipment is provided in the table below) without any restrictions in the Procedure as to their quantity.
2. Rapid testing for HIV.
3. Pre-test and post-test counseling.
4. Naloxone - overdose prevention.
5. Wound treatment (healthcare institutions).
6. Testing for hepatitis, HIV and syphilis.
7. Distribution of reference materials and/or information.
8. Adjusted opening hours.

Equipment package

Equipment (per day)	Available today	Optimal (preferable) option (per day)	Required quantity	Obstacles
Syringes	Chinese	100% clients: 1 ml syringes – four units, 2 ml syringes – 1 unit, 0.4/0.45 mm needles – five units 30% clients: 5 ml syringes - one unit 10% clients: 20 ml syringes – two units + 0.4/0.45 mm needles – five units 100%	100%	Quality
Needles	Chinese	1, 2 and 3 ml	90%	Quality
Spoons		5 units (10 and 20 ml)	100%	Not available today
		0.4 and 0.45 ml 10%	10%	ONLY needles are available as additional equipment
Sterile water		5 ml - 5 units for 1 client per day	100%	Insufficient quantity
Filters	Not available	"Balls (cosmetic, sterile)" - five units for one client per day	100%	Service absence
Cotton pads	Not available		100%	Sterility
Sterile pads		one pad per one injection	100%	Insufficient quantity
Naloxone	Not available	5 units (ampoules) per year	100%	Service absence
HIV test kits		10 thousand tests are required per year	100%	Insufficient quantity
Reference material	Not enough	4 leaflets (different topics) x once a year are . Women require materials on reproductive health	100%	Quality
Education for PWIDs	Not available	Once a year. A 6-hour seminar – 1 158.48 EUR (4 000 LTL); when done on a peer-to-peer basis - (3-4 hours) 144.81 EUR (500 LTL)	100%	Insufficient number and quality

Equipment package (see the table below)

For a heroin user - two syringes per day.
For an amphetamine user - four syringes per day.

Package of MST services

Equipment package:

1. Accessible treatment with opioid medications.
2. Testing for hepatitis C, HIV and syphilis.
3. Providing medication to take home (for patients who have achieved a stable remission) up to once a week.
4. Ensuring appropriate dosage.
5. Case management (identifying individual problems/needs and arranging for solutions).
6. Diagnosing co-morbid conditions and providing or arranging for their treatment.
7. Testing for tuberculosis according to clinical indications.
8. Working hours that are convenient for patients with employment.

Equipment package

1. Medication.
2. Dosing equipment.
3. Safe.
4. Room (indoor space) equipped in accordance with the relevant requirements.
5. Drug test kits.
6. HIV tests.

Personnel:	Staff:
1. Nurse capable of providing the following services: f. HIV testing. g.Naloxone - overdose prevention. h.Wound treatment (healthcare institutions). i. Testing for hepatitis and HIV. 2. Social worker capable of providing the following services: j. Pre- and post-test counseling for HIV. k.Case management. l. Exchanging syringes. m. Distributing reference materials and/or information. n.Work with mutual support groups. 3. Peer-to-peer counselor capable of providing the following services: e.Outreach services. a.Preventing drug overdose and infection with HIV, hepatitis or syphilis, providing the relevant information.	1. Psychiatrist (MD). 2. Social worker (case manager). 3. Nurse. 4. Psychologist.

Legal developments: this part does not require any legal changes.

Financial developments: once the number of patients increases, so will the costs arising from the need to acquire more medication. The "I Can Live" Coalition advocate that the Ministry of Health (MoH) of the Republic of Lithuania develops a new Program of Addictive Disorders funded from the NHIF and based on the following principles:

Encouraging more mental health centers to administer the MST.

Providing for the compensation of case management costs, costs of the medication (methadone) and measures of control of drug or alcohol intake (e.g., tests).

Programmatic developments: training sessions for MST program personnel in co-operation with the implementers of the "Action Plan on Reducing Health Inequalities in Lithuania for 2014-2023" (Seimas of the Republic of Lithuania, 2014, No V-815) and the EU Structural Funds.

3.2.3. INCREASING THE INVESTMENT IN HARM REDUCTION PROGRAMS

In 2013, the espenses of MST services amounted to 318 708.29 EUR (1 100 436 LTL). The average unit cost of MST services per client is around 614.57 EUR (2 122 LTL) a year, while the total need for funding for MST services in the year 2016-2020, based on the current service package, is 4.7 million EUR. If the optimal package of services were provided, the overall need for funding in the year 2016-2020 would fall by 3.7 percent and would amount to 4.5 million EUR (there has been a slight decline in the cost of MST per client, which currently equals 592 EUR a year).

The total amount of funds required to implement the optimal scenario for the development of NSP and MST services in 2016-2020 by the year 2020 is over 8.6 million EUR.

Once the number of patients increases, so will the expeenses for

acquire more medication. The Coalition recommends to ensure that the MoH of the Republic of Lithuania develops a new Program for Addictive Disorders funded from the NHIF and based on the following principles:

1. Encouraging more mental healthcare centers to administer MST.
2. Providing for the compensation of case management costs, costs of the medication (methadone) and measures of control of drug or alcohol intake (e.g., tests).

The amount of funding gap (the required funds) for the prospective development of MST services is presented in Table 11:

Table 11. Funding gap for further development of MST

Year	2016	2017	2018	2019	2020	Total funding gap (EUR)
MST (current package)	555 627	754 153	952 679	1 151 205	1 352 190	4 765 854
MST (optimal package)	535 168	726 384	917 600	1 108 816	1 302 400	4 590 368

Legal developments: this part does not require any legal changes.

Financial developments: ensuring better funding through advocating for introduction of financial incentives for administering MST, participating in national budget-making processes related to the allocation of funds for dependence treatment.

Programmatic developments: the budget advocacy may result in changes to the management of the funding of MST.

3.2.4. PROVIDING MST IN PLACES OF INCARCERATION

In order to increase the MST coverage, the Coalition will advocate for ensuring that MST is continued when a patient is admitted to the places of incarceration subordinate to the Ministry of Justice (MoJ) of the Republic of Lithuania.

Legal developments: all the legal preconditions required for providing MST services in places of incarceration are present. MST has already become standard practice in the places of detention subordinate to the Ministry of the Internal Affairs. The principal task of the "I Can Live" Coalition is to convince the leadership of the MoJ that there are no formal practical obstacles for the Ministry to express its support for the provision of MST (espcially that the continuation of MST in prisons is required by the legislation of the Republic of Lithuania) in places of incarceration in a written form, and to provide technical assistance to the Prisons Department in planning the actual practical implementation of these services.

Financial developments: funds will be required to furnish and equip the premises, to acquire equipment and to purchase medication.

Healthcare of the prison inmates is financed differently from that offered to free citizens: the Prison Department has a separate budget and independently decides how to use the funds and to ensure that the prisoners' healthcare needs are met. Therefore, the decision to allocate funds for MST will depend, among other things, on the decision of the Prisons Department.

Programmatic developments: training sessions for healthcare workers (psychiatrists, nurses) employed in the places of incarceration. The organization of the training will depend on the decisions of the Prisons Department.

ADDITIONAL RECOMMENDATIONS:

- **To carry out ongoing financial monitoring of harm reduction services;** if the monitoring of NSP and MST expenses and costs is launched in the year 2015, one would be able to evaluate the expenses related to harm reduction services, the sources of funding, the coverage and range of the services on offer, which, in turn, would enable the assessment the volume of the direct and indirect costs, as well as their structure, to manage costs and to optimize harm reduction services.
- **To review the principles for the NSP management;** it is necessary to ensure that harm reduction services are co-ordinated, the needs of clients are assessed, the centralized procurement of essential supplies is perfected (the latter would reduce costs and ensure a higher quality for the medical supplies).
- **To increase the availability of NSP;** depending on the existing possibilities, to optimize NGOs opportunities for providing NSP services; it is also recommended to improve the physical accessibility of NSP services by extending and/or adjusting the sites' opening hours depending on the clients' needs and localopportunities (especially in rural districts).
- **To strengthen the culture around the evaluation of NSP services in Lithuania (the process and the results);** the consistent evaluation of the harm reduction process and its results would allow the improvement of the accessibility of NSP and MST services, their quality, the clients' empowerment and satisfaction with the services and the personnel's motivation, as well as help to forecast and assess the impact of harm reduction services on public health and their social and economic consequences.

To arrange training sessions and to offer methodological coordination to the providers of harm reduction services to inform them about modern NSP and MST interventions that are evidence-based and about their effects.

4. THE METHODOLOGY OF DATA COLLECTION AND ANALYSIS

4.1. METHODOLOGY EMPLOYED IN THE RESEARCH OF HARM REDUCTION PROGRAMS FUNDING, EXPENSES AND COSTS

The subject of the study was the funding and costs of NSP and MST services in Lithuania in the year 2012-2013. The main study was carried out in 2015, while the pilot study was carried out in 2014. The following three international research instruments were used:

- Questionnare for the assessment of the expenses associated with harm reduction services.
- Questionnare for the assessment of the costs associated with harm reduction services.
- Questionnare for the assessment of the need for funding.
- The study was carried out in the following three stages:
- Sampling.
- Data collection and validation.
- Report compilation and presentation of the results.

4.1.1. SAMPLING

The sample for the study was formed using the method of non-scochastic targeted selection, taking into account the relevant international research methodology and requirements regarding the number of service providers to be included in the study: if the total number of NSP/MST service providers in the country is between 11 and 30, the sample had to include 10 NSP and 10 MST service providers.

4.1.2. NSP SERVICES

According to ULAC data, NSP services in Lithuania are provided by 12 NSP sites. The NSP sites are homogeneous with respect to the location and type of services they offer. 10 NSP sites were selected for participation and nine actually took part in the study. One of the service providers failed to provide any data, two others did not meet the inclusion criteria and were not included in the study:

- the first service provider offers services at irregular intervals, sporadically and on a small scale, the services are mobile, their main purpose is to motivate the clients to participate in rehabilitation programs, and, as a result, the number of regular clients who receive NSP services from this provider is unknown;
- the second service provider offers NSP services on a very limited scale (according to the ULAC data, the amount spent on equipment each year is only around 290 EUR), and did not submit any data or take part in the study;
- one of the service providers failed to provide any data.

During the period of the study in the year 2012-2013, two NSP sites were providing mobile services (Vilnius CAD, Klaipeda MHC), four NSP sites stated that they only provided on-site NSP services (“Demetra”, Kaunas Center of Social Services, MHC at the Siauliai Central Health Clinic, Mazeikiai Homeless Shelter), and three NSP sites stated that they provided both mobile and on-site NSP services (Alytus Regional Clinic, Visaginas NSP and Kedainiai MHC).

4.1.3. MST

In Lithuania, MST services are provided by 19 healthcare centers - three centers for addictive disorders and 16 mental health centers. A sample of 10 healthcare centers that provide MST services was selected for participation in the study, and eight of the MST service providers took part (two of the service providers selected for participation did not submit any data).

4.1.4. DATA COLLECTION

The data were collected in January and February 2015 using the following methodology:

- a simplified questionnaire for the assessment of the expenses associated with harm reduction services was forwarded in advance to each of the sites where the study was to be carried out;
- the researcher went the sites to collect and verify information and gather financial documents;
- the financial data were validated through correcting and verifying the information obtained during the study.

Once the questionnaires for the assessment of the expenses and costs associated with harm reduction services were filled out and the financial data were collected, the questionnaire for the assessment of the need for funding was completed as well.

Note on the collection and interpretation of data: the technical report on the data is available in the office of the “I Can Live” Coalition

4.1.5. REPORT PREPARATION AND PRESENTATIONS OF THE RESULTS

The report of the study was prepared in March - May 2015. The results of the study were presented during two seminars organized by the “I Can Live” Coalition.

Comments regarding the collection and interpretation of the data: the technical report on data collection and interpretation can be obtained in the office of the “I Can Live” Coalition.

4.2. METHODOLOGY FOR THE EVALUATION OF HARM REDUCTION SERVICES

To evaluate the barriers to access to NSP services from the clients' own perspective, the client study was carried out in two different directions:

1. Using a pre-formulated methodology - a specialized questionnaire with open-ended and closed questions program participants and patients at NSP and MST sites were interviewed in order to find out to what extent the activities that comprise the harm reduction program meet the clients' or patients' needs and expectations.
2. Discussion groups that consisted of clients of NSP sites and patients on MST were initiated and brought together; during the sessions, the participants evaluated the accessibility of harm reduction services, as seen by the clients themselves, discussed the most pressing issues and identified priority areas of concern according to a pre-formulated methodology.

Candidates to carry out the study had to attend a two-day methodological training titled "Evaluation of Harm Reduction Services" conducted by a foreign expert. The knowledge gained during the training created the right conditions for the PWIDs to properly collect the data on the respondents' (clients' and patients') satisfaction with the harm reduction services and to complete questionnaires using qualitative research methods, as well as to properly organize and lead discussion groups by allowing each participant to express their opinion and filling out prioritization tables for harm reduction services and equipment.

It is worth noting that this study can not be considered scientific research in the full sense, as it was carried out by activists of the drug users' community, rather than by professionals, and does not entirely meet the relevant qualitative and quantitative criteria of a scientific study. However, it can be regarded as a summary of opinions of PWIDs on the issue. The benefits and limitations of the study are presented in table 12:

Table 12. The advantages and disadvantages of the study on the accessibility of harm reduction services

Advantages	Disadvantages
• High degree of mutual trust between the interviewer and the respondent, as well as the discussion group leader and the participants. • Self-identification and openness. • Low threshold of fear in the respondents and participants. • Low threshold of the survey - easier access to PWIDs.	• Unreliable qualitative and quantitative research methods. • Unreliable, occasionally inconsistent data. • Subjectivity.

NGO "Resetas", a self-help organization for drug users, was the only participant in the regional program for Lithuania during the first stage, and, in accordance with the above methodology, conducted 160 interviews in Vilnius, Kaunas and Klaipeda (69 in NSP and 91 in MST) and organized

eight discussion groups (three in Vilnius, three in Kaunas and two in Klaipeda). However, the limited time and funds allocated to the project reduced the opportunities for extending the investigation to other cities and districts. The data presented in table 13 shows the distribution of the surveys by city and type of respondent:

Table 13. Data obtained during the study on the accessibility of NSP and MST services

Type of survey	City	Number of respondents	Survey period	Respondents
MST	Klaipėda	20	2015.01.12-02.02	MST patients
MST	Vilnius	40	2015.01.12-02.08	MST patients
MST	Kaunas	31	2015.01.12-02.08	MST patients
NSP	Klaipėda	20	2015.01.12-02.02	NSP clients, active PWIDs
NSP	Vilnius	30	2015.01.12-02.06	NSP clients, active PWIDs
NSP	Kaunas	19	2015.01.12-02.08	NSP clients, active PWIDs

Table 14 shows the data on the distribution of the discussion groups in the cities, as well as their type and composition of the participants:

Table 14. Data about the discussion groups formed from NSP clients and MST patients

Group	City	Date	Participants
NSP	Klaipėda	2015.01.13	8 participants: mixed male and female group, active PWIDs
MST	Klaipėda	2015.01.22	8 participants: mixed male and female group, MST patients
NSP	Kaunas	2015.02.18	10 participants: mixed male and female group, active PWIDs
MST	Kaunas	2015.02.19	8 participants: mixed male and female group, MST patients
Women (NSP)	Kaunas	2015.02.18	5 participants: female group, MST patients, active PWIDs
NSP	Vilnius	2015.02.24	14 participants: mixed male and female group, active PWIDs
MST	Vilnius	2015.02.13	9 participants: mixed male and female group, MST patients
Women (MST)	Vilnius	2015.03.05	5 participants: female group, MST patients, active PWIDs

The deliverables of the study – minutes of the discussion groups and the statistical summary of the data obtained from the questionnaires - made it possible to highlight a number of harm reduction services and supplies, which were identified by the vast majority of the respondents and group participants in every citiy as top priorities and the access to which was limited due to various obstacles.

MST patients have distinguished the following priorities:

1. A undisrupted supply of methadone and buprenorphine in clinics.
2. Problems associated with adjusting and increasing the methadone dose, difficulty using methadone independently (take-home doses for a week).
3. Limited opportunities for using the MST at a local healthcare centers based on the place of residence.
4. The need for MST in places of incarceration.
5. Stigma and negative attitudes to patients on MST among physicians and the general public.
6. Shortage of specialized services for women who use psychoactive substances.
7. Complicated access to the MST.

Clients of NSP sites identified the following priorities:

1. A range and quality of available syringes and needles that fails to meet the clients' needs.
2. Additional supplies (spoons, water for injection, first aid kits, sterilizing supplies, etc.).
3. Insufficient working hours.
4. Lack of overdose prevention and limited availability of "Naloxone" (a prescription drug).
5. Relatively high threshold of the mobile NSP sites (the presence of police officers in the vicinity makes the clients uncomfortable).
6. Need for more social workers to do outreach and "peer-to-peer" counselors.
7. Pre- and post-counselling for HIV testing and testing for tuberculosis are required.
8. A shortage of specialized services and counselling for women.

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