

**Alternative Report to the Committee on Economic, Social and Cultural Rights on Lithuania's second periodic report on the implementation of the International Covenant on Economic, Social and Cultural Rights**

**Article 12 (Right on Health)**

HIV prevention among people who inject drugs: absence of state funded HIV testing for most at risk groups;  
very limited access to evidence-based dependence treatment and harm reduction services;  
no access to OST in prisons

Submitted jointly by the „I Can Live“ coalition of NGOs and Experts and Eurasian Harm Reduction Network

March 2014

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## Overview

People who use illicit drugs are vulnerable to a wide range of negative health consequences including infection with blood borne viruses including HIV and hepatitis C. In Lithuania, available data show concentrated HIV epidemic levels exist in two populations: among people who inject drugs and in prisons. Historically, 2/3 of new HIV cases are through injecting drug use with a slight decline in the last couple of years (the official number of registered injecting opiate drug users fluctuates around 5500 in the community. Drug use is widespread in prisons: 1/5 of all registered users are in prisons at any given time; estimated 30% of inmates are regular users; 2/3 of them inject drugs<sup>i</sup>.

The prevalence of Hepatitis C among IDUs in Vilnius is 95% (2009)<sup>ii</sup> and the rates of MDR TB in the country are the highest in EU after Romania, significantly surpassing the EU average.

General HIV prevalence in Lithuania is 2237 cases<sup>iii</sup> as of January 1<sup>st</sup>, 2013 amounting to less than 1% of the whole population. However, the cases among people who inject drugs and in prisons have long surpassed the 5% level of epidemics. There has been an increase in diagnoses in late stages of HIV since 2011. Experts<sup>iv</sup> state that the Lithuanian statistics based on passive diagnostics does not reveal the real scale of HIV because many are diagnosed in late stages, free HIV testing is hardly available to populations at risk, and there is no modern surveillance system, so there is virtually no data on the HIV prevalence among key risk groups

### ***Extremely low levels of sustainable financing of evidence based dependence treatment and harm reduction services.***

The scale of Opioid Substitution Therapy (OST) is low - 687 patients a year (2012) in 19 clinics<sup>v</sup>. This is down from 904 in 2010. In 2/3 of municipalities it is not available at all. OST coverage has been fluctuating around 10-11% of estimated injecting drug users over the last 5 years. Over the last decade the number of OST patients has been steadily rising, but a visible decline has started in 2011 due to the lack of and cuts in funding. The waiting lists to treatment were 4-6 months in Vilnius in mid-2013. Prevailing negative attitudes towards OST among the general public, specialists and, especially, policy makers have also been making it difficult to maintain even the existing levels of coverage.

Although Lithuania was among the first post-soviet countries to start harm reduction services, access to syringe and needle exchange services is currently limited to barely-surviving 9 drop-in centers (down from 12 in 2010) in 7 municipalities. The number of visits, services, syringes and funding is on the decline since international donors have exited and the UNODC funding stopped in 2010. Five municipalities allocate funds to maintain local harm reduction centers every year, but the funds have only been sufficient to sustain hours of services and unstable syringe supply. There has been no HR funding from the state budget for the last 3 years or the funding has been impossible to assimilate despite the fact that the National HIV Program has allocated funding for social and health care services for injecting drug users. For example, in 2012, the funding competition for “social and health care services for IDUs” (the funds of the National Drug Control and Drug Use Prevention Program, approx. \$58,000) was announced towards the end of the year with 2 months remaining for project implementation and reporting!) The funding competition in 2013 allocated the total of 2 grants in the amount of \$4,800 each, while the minimal amount for mere survival of one drop in center is around \$24,000. NGOs buy syringes at a higher price than state clinics because the latter receive a tax break that NGOs are not eligible for.

ARV for HIV patients and Hepatitis C treatment are fully funded by the State Patient Fund and decentralized, although such barriers to access to treatment as very limited opening hours of services, lengthy referral process and stigma exist. In 2011, ARV was provided to 226 patients in community. ARV is also available in prisons and funded by the Ministry of Justice. However, ARV is exceptionally costly in Lithuania – over 25,000 LTL (~\$9,500) per person per year. In 2013, treatment protocols started to conform to international standards (WHO, 2009) on initiating treatment with a CD4 count less than 350 cells/mm<sup>3</sup>. There is evidence of late start of treatment due to numerous diagnoses in late stages of HIV<sup>vi</sup>.

### ***No access to OST in prisons.***

Around 300 people living with HIV/AIDS are in prisons at any given time. Drug use there is widespread: 1/5 of all registered users are in prisons; estimated 30% of inmates are regular users; 2/3 of them inject drugs<sup>vii</sup>. Nearly 3% of all convictions are for possession of psychoactive substances (74% of them with no intent to sell), and the number is steadily rising. Out of all the sentences for possession of drugs 35% were fines and 47% was imprisonment or arrests<sup>viii</sup>.

There is still no OST or other kinds of harm reduction services whatsoever in prisons that are under the Ministry of Justice where injecting drug use is wide-spread and acknowledged. This is despite the fact that a) Lithuanian legal acts explicitly require equal health care in community and prisons, b) OST *is* available at arrest houses under the Ministry of Interior Affairs c) insistent WHO/UNODC's recommendations, d) a working agreement between Ministry of Health and Ministry of Justice to start OST programs in prisons, e) positive conclusions about the lack of OST in prisons by the State Control; f) continued pressure from NGOs; g) extensive education for the staff of the Prisons Department, and h) a court complaint of an OST patient on denial to provide continued treatment in prisons (rejected in the first level court, successfully appealed and returned to the first level court to re-consider; rejected again and appealed again).

### ***Absence of free HIV testing and pre/post counseling for populations at risk***

State funded HIV testing is available to blood donors, pregnant women and prison inmates. This is despite the well-documented fact that the epidemic levels of HIV are concentrated among a) injecting drug users and b) in prison population (not among pregnant women or blood donors). People who use drugs - the prevalent mode of HIV transmission in Lithuania is injecting drug use - can get tested for free at drop-in centers and some clinics that receive HIV tests funded only through limited short-term foreign donor grants secured by one NGO – “Demetra”.

***‘Lithuania is the only EU country where state funded HIV testing is not available for groups at the highest risk for HIV.’***

The limited availability of testing to at-risk populations, high rate of diagnoses in late stages and proximity to countries with much higher HIV rates suggests HIV prevalence in Lithuania may be much higher than the official numbers.

### ***Political documents and policy situation on HIV prevention among DUs:***

The National Drug Control and Prevention Program for 2010-2016 focuses on drug control and drug use prevention through “instilling a negative attitude towards drugs among youth, families and communities” with little reference to reducing drug demand and the harm caused by injecting drug use. The program is implemented through the National Drug Control and Drug Prevention Program Inter-Institutional Action Plan for 2011-2013 that allocates funding for “social and health care services for reducing harm caused by risky behavior while using injecting drugs”. However, the distribution of these funds is not transparent; some of the funds have remained unspent and have been channeled towards unrelated needs.

Ensuring HIV and Sexually Transmittable Diseases prophylactics among risk groups is one the objectives of the National Program of Prevention and Control of HIV/AIDS and STD for 2010-2012. However, the measures of the program does not include harm reduction or HIV testing for most at risk groups, and outcome indicators are not clear or measurable. There was a two-year gap between 2006-2008 and 2010-2012 programs. This is due to the lack of consensus among policy makers on the implementation of an evidence-based HIV prevention strategy among DUs, despite efforts from NGOs and international institutions.

## **Recommendations**

1. Ensure the right to health care in prisons that is equivalent of health care in community by providing OST in prisons under the Ministry of Justice to patients who have been in treatment prior to imprisonment.
2. Ensure effective HIV prevention by providing sufficient financing of OST in order to make it available to all people who inject drugs and are in need of OST.
3. Ensure access to evidence based HIV prevention to most at risk groups by sustainable and adequate state financing of harm reduction services (coverage of at least 60% of most at risk populations).
4. Ensure state funded access to HIV testing to most at risk populations

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i Lithuanian Legislation and Policy Analysis on HIV/AIDS Prevention and Care among Injecting Drug Users in Prison Settings, Juodkaite, D., Uscila, R. and Stöver, H., 2008. Available on [http://www.unodc.org/documents/baltics/Report\\_Legal\\_LT\\_ENG.pdf](http://www.unodc.org/documents/baltics/Report_Legal_LT_ENG.pdf)

ii Information Bulletin of the Center of Infectious Diseases and AIDS, December, 2009

iii Information Bulletin of the Center of Infectious Diseases and AIDS, February 7, 2014

iv „Evaluation of the Access to HIV/AIDS Treatment and Care in Lithuania“, Irina Eramova, Kees de Joncheere, Ulrich Laukamm-Josten, Luis Mendao, Signe Rotberga, Maria Skarphedinsdottir and Roger Drew, April 2010

v Lithuanian Department of Drug, Tobacco and Alcohol Control.

vi „Evaluation of the Access to HIV/AIDS Treatment and Care in Lithuania“, Irina Eramova, Kees de Joncheere, Ulrich Laukamm-Josten, Luis Mendao, Signe Rotberga, Maria Skarphedinsdottir and Roger Drew, April 2010.

vii Lithuanian Legislation and Policy Analysis on HIV/AIDS Prevention and Care among Injecting Drug Users in Prison Settings, Juodkaite, D., Uscila, R. and Stöver, H., 2008. Available on [http://www.unodc.org/documents/baltics/Report\\_Legal\\_LT\\_ENG.pdf](http://www.unodc.org/documents/baltics/Report_Legal_LT_ENG.pdf)

viii Socio-Demographic Portrait of Persons Sentenced for Offences Related to Drugs and Psychoactive Substances, Judita Zukauskaite, Institute of Law, Vilnius, 2012.