

**Submission to the Committee on Economic, Social and Cultural Rights ahead of  
Lithuania’s Periodic Review**

**18 December 2020**

Submitted by Eurasian Harm Reduction Association (EHRA), Harm Reduction International (HRI), the Association of Women Affected by HIV/AIDS and Their Family Members “Demetra”, Coalition “I Can Live”, Support Foundation “Rigra” and youth-led NGO “Young Wave”<sup>1</sup>

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<sup>1</sup> Information about these organizations is annexed to this report.

## 1. Introduction

Eurasian Harm Reduction Association (EHRA), Harm Reduction International (HRI), the Association of Women Affected by HIV/AIDS and Their Family Members “Demetra”, Coalition “I Can Live”, Support Foundation “Rigra” and youth-led NGO “Young Wave” welcome the opportunity to submit information to the UN Committee on Economic, Social and Cultural Rights (CESCR) regarding the List of Issues for the forthcoming review of Lithuania by the Committee. Focusing on the right to health, this submission will highlight the failure of the Government of Lithuania to implement the State program on drugs, tobacco and alcohol control for 2018–2028 in line with its obligations under the International Covenant on Economic, Social, and Cultural Rights (ICESCR), with particular attention to:

- Repressive drug policy as a barrier to achieving the realization of the highest attainable standard of physical and mental health for people who use drugs in Lithuania
- Access to health services for people who use drugs in prison
- Lack of health care, harm reduction and psychological support services in the community (outside prisons) for people who use drugs

## 2. Background

We would like to focus this report on the lack of accountability, leadership and the major failure of the Government of Lithuania to implement the State program on drugs, tobacco and alcohol control for 2018–2028. As well, we would like to put a focus on the repressive drug laws and their negative effect on prison overcrowding and barriers to achieve realization of the highest attainable standard of physical and mental health for people who use drugs who are incarcerated.

Before the January 2017, the possession of small amounts of psychoactive substances was considered an administrative offence, regulated by the Code of Administrative Offences and also as a criminal offence, regulated by the Criminal Code. So, there were so-called legal collisions (conflict of laws). In January 2017, procurement, and possession of a small amount<sup>2</sup> of an illicit drug with no intent to distribute became a criminal offence punishable by community service or restriction of liberty or fine, or an arrest. The same offence involving more than the defined small amount is a criminal offence punishable by up to 2 years imprisonment. Sending by post or carrying small amounts of illegal substances without an intent to distribute from other countries is a trafficking offence, which is punishable from 3 up to 10 years of imprisonment. All these activities entail criminal liability (Criminal Code Art. 259, 260, 199)<sup>3</sup>.

At the end of 2018, Parliament of Lithuania approved State program on drugs, tobacco, and alcohol control for 2018–2028. Among other things the State program includes decriminalization and improvement of treatment, and access to harm reduction services both in prison and community

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<sup>2</sup> <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.210215/asr>

<sup>3</sup> <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.111555/asr>

settings. Despite the initial steps that have been taken by Lithuania Parliament, we do not know if the new decriminalization project<sup>4</sup> will be approved.

Despite the lack of leadership in implementing above mentioned State program and challenges related to Covid-19, there is a potential risk that from January of 2021, the State program will no longer be deemed valid due to the optimization of the State governance. However, it is not very clear what instruments will be used in 2021 to ensure demand, supply and harm reduction.

### **3. Repressive drug-laws as a barrier to achieve realization of the highest attainable standard of physical and mental health for people who use drugs in Lithuania**

At the end of 2017, there were 5,798 persons imprisoned, where 13% of them, or around 755 people, were in for crimes related to psychoactive substances. The percentage continued to increase in 2018 – 14.13 %; and in 2019 – 15.28 % of all convicts<sup>5</sup>. Following the lifting of sanctions in the Code of Administrative Offences, the number of criminal cases involving possession of illegal psychoactive substances increased by 124% in 2019<sup>6</sup>.

The numbers show that more and more people are being imprisoned for drug-related crimes filling the already overcrowded penitentiary system, which reflects the repressive approach of drug related policies implemented in the Eastern Neighboring countries. Compared to Europe and its Eastern Neighbours, Lithuania has one of the highest population of inmates, where more than 5,000 people serve sentences every year. Lithuanian incarceration rate is 234.9 per 100,000 of national population and only Azerbaijan (235.0), Georgia (252.2) and Russia (418.3) have higher rates.<sup>7</sup>

It is important to mention that the current Lithuanian criminal laws establish a very thin line between the possession of substances “without the purpose of distribution” and “with the purpose of distribution”. Any act involving the sharing of a psychoactive substance can be interpreted as an act committed “with the purpose of distributing”, which essentially increases the punishment.

It is also important to recall that the “zero tolerance” law is in force in Lithuania, which means that possession of any small amount will be subject to criminal liability. Punishment may not result in actual prison term, but a restriction of liberty, arrest or a fine will be guaranteed with the criminal record. At present, for Article 259 part 2 the sanction imposed is a fine of a minimum of 15 minimum monthly wages. Such regulation creates an additional financial burden for individuals who are unable to pay large fines. This further complicates the treatment, access to harm reduction services and reintegration of people with drug dependence into society.

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<sup>4</sup> <https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/93e67610396011eb8c97e01ffe050e1c?positionInSearchResults=19&searchMod eLUUID=a0302454-1f84-4f1e-8bfc-f7030af1f53a>

<sup>5</sup> <https://harmreductioneurasia.org/horizons-of-drug-policy/>

<sup>6</sup> <https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/93e67610396011eb8c97e01ffe050e1c?positionInSearchResults=42&searchMod eLUUID=8b24c52f-02d6-4568-a432-c51727048361>

<sup>7</sup> [http://wp.unil.ch/space/files/2019/05/Key-Findings\\_SPACE-II\\_190520-1.pdf](http://wp.unil.ch/space/files/2019/05/Key-Findings_SPACE-II_190520-1.pdf)

## Case of A.P.K.:

*On 14<sup>th</sup> May 2019 police officers, found and took mixture of herbal substances containing an undetermined amount of the cannabis drug and 0.006 g of the psychotropic substance  $\beta$ -9-tetrahydrocannabinol in an ashtray on a table standing by a window at A. P. K. flat. He was found guilty according to Article 259 part 2 of the Criminal Code and court imposed on him a restriction of liberty for a period of 9 months, by lowering it to 6 months of restriction of liberty and community work.*

We must notice, that existing repressive drug policy towards people who use drugs, as well as low and poor access to harm reduction services and treatment, and marginalization of people who use drugs are the main drivers of the HIV epidemic and violate Article 12 of the International Covenant on Economic, Social, and Cultural Rights (“the Covenant”).

### **4. Access to Health Services for People Who Use Drugs in Prison**

We appreciate few improvements in HIV testing and OST treatment in the detention facilities for people who use drugs. However, health and prevention services for people who use drugs in prisons are still inadequate to prevent, treat or control infectious diseases. Inmates are tested for HIV, can receive basic information about HIV/AIDS and other STDs, as well as drug use. Meanwhile, treatment for viral hepatitis B and C is available but rarely used. Condom-distribution programs are also limited, with condoms being distributed during long-term visits. Vaccines for Hep B are not provided at all. Needle and syringe programs do not exist in Lithuania prisons, as well as distribution of Naloxone.

According to the Department of Prisons, in the last 7 years, HIV testing coverage in the detention facilities, although declining, remains high, but the number of tests performed to test for viral hepatitis B and C infection is insufficient and does not allow the identification of a real prevalence of those diseases. New cases of HIV infection detected in detention facilities accounted for 15.9% in 2019. This number is slightly lower than the 2018 figure.

Hereby, we would like to highlight, that poor access to harm reduction services and treatment for people who inject drugs as well as their marginalization were the main drivers for HIV epidemic and have resulted already in two HIV outbreaks in Lithuanian penitentiary system during the last two decades<sup>891011</sup>. This phenomenon has not been reported in any other European country.

Based on the situation assessment among those, who use drugs in the places of detention, 542 inmates have opioid dependence and the use of several drugs was reported by 464 inmates<sup>12</sup>. In 2019 there has been a sharp decline in the number of people with opioid drug dependence and a

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<sup>8</sup> <http://www.ulac.lt/lt/naujienos/pranesimai-spaudai/per-penkis-siu-metu-menesius-nustatyti-93-nauji-ziv-infekcijos-atvejai>

<sup>9</sup> <http://www.ulac.lt/lt/naujienos/pranesimai-spaudai/ziv-plitimas-pristabdytas-pernai-nauju-atveju-nustatyta-zymiai-maziau-nei-uzpernai>

<sup>10</sup> [https://www.emcdda.europa.eu/system/files/attachments/4663/HIV%20Outbreak%202017-role%20of%20prison%20\(Alytus%20prison%20in%20particular\),%20responses%20in%20place%20-%20Ieva%20Vaitkeviciute,%20Lithuania.pdf](https://www.emcdda.europa.eu/system/files/attachments/4663/HIV%20Outbreak%202017-role%20of%20prison%20(Alytus%20prison%20in%20particular),%20responses%20in%20place%20-%20Ieva%20Vaitkeviciute,%20Lithuania.pdf)

<sup>11</sup> <https://www.eurosurveillance.org/content/10.2807/esw.06.26.01939-en?crawler=true>

<sup>12</sup> <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

steady increase in poly-drug use, especially sedatives and hypnotics drugs where the number increased 12 times compared to 2018. The number of reported cases of cannabinoid dependence has also doubled.

These changes in drug use can be attributed to the emergence of new psychoactive substances in prison settings. The emergence of new psychoactive substances on the market makes it more difficult to prevent them from entering prisons, thus there has been an increase in the availability and use of new psychoactive substances in places of detention. The most commonly used NPS are: synthetic cannabinoids, synthetic cathinones, new benzodiazepines and new synthetic opioids. It is important to note that in many cases, drug detection tests do not show the use of new psychoactive substances, so it is likely that the number of cases of intoxication with new psychoactive substances is actually much higher. Limited access to classical drugs is likely to be one of the main factors driving inmates to switch to NPS.

Considering the current situation of health care provision and the high prevalence of HIV in Lithuanian detention facilities (15.9% new HIV cases in 2019)<sup>13</sup>, OST should be provided for all people who have opioid dependence, without any limitations. Same is with HIV treatment - it should be provided for all inmates, living with HIV. Science and evidence-based measures, such as syringe and needle exchange programs, should be introduced into the penitentiary system; as well as distribution of condoms, without limiting it to visitation. It is important to ensure that inmates, who are leaving detention facilities, have a possibility to continue their treatment (both OST and HIV) in the community, as well to have access to Naloxone.

Continuity of OST was introduced in Lithuania detention facilities only in 2018. In the interrogation isolators 11 individuals had received methadone substitution treatment as a continuation of treatment, which they received in the community. In 2019 in two correctional facilities out of 8, the necessary equipment to ensure continuation of OST was provided. During 2019 a total of 44 people who were in OST in community, received it also in places of detention during various periods - the treatment was continued at the time of arrest or already in the penitentiary's correctional home. However, it's important to mention, that it's a continuity of OST, which means that people who have opioid dependence, but didn't receive OST in the community – are not able to start it in prisons. Additionally, health specialist can decide to terminate treatment if they think that treatment is not effective, in case the inmate was mentally or physically violent against prison staff, if person refused to undergo drug test, etc. This also makes impossible for people to access OST in cases when they developed opioid dependence while being in prison.

Speaking about prisons and people with mental and behavioral disorders due to use of psychoactive substances, it should be said, that in 2016–2018 the number of mental and behavioral disorders was very similar. However, in 2019, a sudden increase in the number is observed. In 2018 there were 1837 registered cases of mental and behavioral disorders attributed to the use of psychoactive substances (which constitutes 13,4% from all inmates); and in 2019 it increased to 2452 cases (21,7% of all inmates). Number of persons registered in the places of detention during the reporting year who were diagnosed with mental and behavioral disorders due to drug use, in 2019 increased by 1.6 times and was the highest in the last 7 years.

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<sup>13</sup> <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

We would like to emphasize, that age of people registered with drug dependence in prisons changed and more young people are developing drug dependence: the number of persons aged 25–34 decreased from 52.5% in 2018 to 48% in 2019; while the number of people aged 20-24 diagnosed with drug dependence increased from 10% in 2018 to 17% in 2019. According to the Department of Prisons, in 2019, 171.6 g of narcotic and psychotropic substances were seized from persons in places of detention, which is significantly higher than in 2018 (29.15 g).

All of the above-mentioned figures are relevant, because they show the linkage between repressive laws, incarceration of people who use drugs and lack of harm reduction responses in prisons. It also shows that it is more likely that people will develop drug dependence in prisons, which cannot ensure safe space and access to the needed treatment. It is important to emphasize once again, that if person develops an opioid dependence while being in prison – they cannot receive opioid substitution treatment within the existing laws. It's important to notice, that although the use of new psychoactive substances is very common among inmates, there is no treatment protocol for NPS users in neither in prisons, nor in the community.

## **5. Lack of health care, harm reduction and psychological support services in the community (outside prison) for people who use drugs**

In 2017, it was estimated that there were around 8 000 high-risk opioid users in Lithuania. The estimated number of people who inject drugs was around 8 000 – 10 500<sup>14</sup>.

According EMCDDA, HIV prevalence among PWID is 12,5% (data from 2014)<sup>15</sup>. In 2018–2019, a study on the prevalence of infectious diseases “Prevalence of infections related to drug and psychotropic substance use among injecting drug users” was conducted in Lithuania. The research was performed in 5 low-threshold services in Vilnius, Kaunas, Klaipėda, Alytus and Visaginas. The study sample consisted of 371 subjects. The results showed that of the three markers of infection, the highest markers were found for Hep C - 86%, for HIV - 21.2%, and for viral Hep B - 4.9%. Compared to the results of the previous survey conducted in 2015, the number of HIV-infected people in the study group was twice as high (in 2015 – 12,5%, in 2019 -21,2%), the number of Hep C infected people increased by 12% (in 2015 – 77%, in 2019 – 85,9%), and the number of Hep B infected people decreased by two times (in 2015 – 10,5%, in 2019 – 4,9%)<sup>16</sup>.

Scarce data due to low number of studies on both Hep C and Hep B among people who inject drugs does not allow to determine the true prevalence of these infections among this group and to plan possible prevention measures accordingly. The United Nations and the World Health Organization recommend that the diagnosis, referral to treatment, vaccination and prevention of Hep C and Hep B among people who inject drugs should be included as part of the comprehensive

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<sup>14</sup> Thanki, D., Mravčík, V., Běláčková, V., Mačiulytė, D., Zábranský, T., Širvinskienė, A., Subata, E., Lorenzo-Ortega, R. (2018 m.). Didelės rizikos narkotikų vartotojų paplitimo vertinimo bei adatų ir švirkštų programos ir pakaitinio gydymo aprėpties įvertinimo taikant daugiametodį skaičiavimą Lietuvoje 2015–2016 m. (angl. A multi-method estimation of high-risk drug use prevalence and coverage of needle and syringe programs and opioid substitution treatment in Lithuania in 2015-2016).

<sup>15</sup> [https://www.emcdda.europa.eu/system/files/publications/11341/lithuania-cdr-2019\\_0.pdf](https://www.emcdda.europa.eu/system/files/publications/11341/lithuania-cdr-2019_0.pdf)

<sup>16</sup> <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

package of harm reduction interventions<sup>17</sup>. However, the legislation in force in Lithuania does not regulate the procedure for performing selective rapid HIV, Hep C and Hep B tests.

### **5.1. HIV testing and treatment**

According to the Centre for Communicable Diseases and AIDS (ULAC) data, a total of 3,323 cases of HIV infection were registered during the entire period of registration of human immunodeficiency virus in Lithuania (1988–2020), of which as many as 57.3% (1,905 individuals) contracted it through injecting drug use. In 2019, 31.8% of total new HIV cases due to drug injecting were notified, with the highest rate in the region. The testing volume of people belonging to key populations was only 5.5% in 2019, and decreased by 7.3% compared to 2018<sup>18</sup>. The coverage of HIV testing among at-risk individuals in Lithuania is increasing, but it is not sufficient and even not all low-threshold services can provide HIV testing services (only 8 out of 13 in 2019). Community HIV-testing is not allowed by the legal acts, that is why not all low-threshold services has capacities and resources to test for HIV, where medical worker should be employed and perform HIV testing. Out of all the HIV tests performed in 2019, only 1% was among people who use drugs (in 2018 it was 1,4%).

In 2019, in total antiretroviral therapy in Lithuania was prescribed to 1,362 people living with HIV, from which approximately 41% were people who use drugs. In the end of 2019, for 10.2% of patients, ART treatment was not continued for various reasons (patients were not coming to see doctor, some died, some left country, others were released from prisons and 22 decided not to continue treatment by their own will). Usually, people who use drugs are not initiating ART due to different reasons and obstacles, such as:

- Stigma and discrimination in the healthcare settings;
- High-threshold to receive needed services (appointments to doctors (medical institutions), lack of knowledge and skills on how to receive treatment and continue it, etc.);
- Absence of personal documents, insurance, as well money to prepare documents needed;
- Insufficient geographical coverage, where ART is provided only in 5 biggest cities in Lithuania. Consequently, people who live far from these cities find the services inaccessible (they don't have money to travel, or other logistical issues related to infrequent transport).

### **5.2. Opioid substitutions treatment**

From all people, who were registered and diagnosed with mental and behavioral disorders due to use of drugs until 2018, around 87% of registered individuals were using drugs through injection (mostly opioids – 81%, poly-drug use – 16% and stimulants – 2,8%)<sup>19</sup>. In 2019, the number of people receiving substitution treatment decreased by almost a fifth (19%), while the number of new clients entering treatment decreased by 45% from previous year. The coverage of OST in Lithuania is considered low, where only less than 20% of all people with high-risk opioid use are covered<sup>20</sup>. In Lithuania, there are 3,45 substitution treatment providers per 1,000 injecting drug

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<sup>17</sup> <https://www.who.int/publications/i/item/9789241509367>;

<https://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

<sup>18</sup> [UŽSIKRĖTUSIŲJŲ LYTIŠKAI PLINTANČIOMIS INFEKCIJOMIS IR ŽMOGAUS IMUNODEFICITO VIRUSU \(ŽIV\) EPIDEMIOLOGINĖS SITUACIJOS APŽVALGA L \(ulac.lt\)](https://www.ulac.lt/uzsikretusiju-lytiskai-plintanciomis-infekcijomis-ir-zmogaus-imunodeficitovirusu-ziv-epidemiologines-situacijas-apzvalga-l)

<sup>19</sup> <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

<sup>20</sup> Ibid.

users, who are extremely unevenly distributed geographically and concentrated in Vilnius. This number is below the recommended coverage of 40%<sup>21</sup>.

In Lithuania, methadone is the main substance prescribed for the substitution treatment. This treatment is reimbursed by the state. Buprenorphine is also available, although it is not reimbursed by the state. In 2019, the number of people treated with buprenorphine decreased by 60% (from 497 in 2018, to 212 in 2019). This might be influenced by the disruptions in the supply of this medicine: during the summer of 2019, suppliers had temporarily stopped the production of buprenorphine and Lithuania was lacking this medicine. Some patients finished treatment by reducing doses, while others were able to continue treatment in other countries.

COVID-19 has negatively affected the provision of services. During quarantine period in Spring 2020, the Centers for Addictive Disorders in Lithuania did not provide the following services:

- inpatient treatment for alcohol and drug abstinence;
- inpatient Minnesota program (which included treatment for both alcohol and other psychoactive substances);
- inpatient psychosocial rehabilitation (15 days) (treatment for people with alcohol dependence);
- rehabilitation of children and youth (treatment for people with both alcohol and other psychoactive substance dependence).
- fewer new clients were able to start OST. Although it is noted that even before the quarantine restrictions, it was not possible to admit all willing patients to the OST.

### **5.3. Low threshold services**

The provision of low-threshold services in Lithuania is regulated by the Decree of the Minister of Health. It includes needle and syringe exchange, disinfectants, condom distribution, counseling and information, mediation, personal hygiene services, bandage distribution, wound dressing, selective rapid HIV testing, HIV self-testing and other communicable diseases self-testing, and other services. Low-threshold services were provided by 13 independent structural units of legal entities or institutions in 11 cities. Of these, 11 provided stationary low-threshold services and 2 provided mobile services in Vilnius and Klaipėda. According to ULAC, the number of visits was almost 50,000 in 2019. This figure is 1,3 times more than in 2013. However, the number of new recipients decreased slightly compared to the previous year.

Although the number of syringes distributed has increased over the last few years, it is still insufficient: people who inject drugs receive an average of 19–29 syringes. Meanwhile, WHO recommended that by 2020, at least 200 syringes per person need to be distributed per year, and by 2030, it will achieve 300 syringes distributed per person per year<sup>22</sup>. In order to ensure sufficient availability of low-threshold services, service coverage should be increased to 60%. However, existing funding for low-threshold services provides just over 20% of the availability of services.

It is important to mention the sustainability of funding of the harm reduction sites. Some municipalities provide funding for the harm reduction sites, which are very insignificant. In addition, there was an extremely low national funding for the harm reduction sites in the amount

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<sup>21</sup> [https://www.unaids.org/sites/default/files/sub\\_landing/idu\\_target\\_setting\\_guide\\_en.pdf](https://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf)

<sup>22</sup> [https://www.who.int/hiv/pub/idu/idu\\_target\\_setting\\_guide.pdf](https://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf)

of around 40.000 EUR/ per year. Following the intensive discussions of civil society organizations and the Ministry of Health, since 2015, the European Structural Funding to support harm reduction sites in Lithuania has been secured for 2020-2022 in the amount of 1,5 mln. Euros. At the same time, the National funding of 40.000EUR has been removed. It is still not clear what will happen and who will fund harm reduction sites after 2022.

COVID-19 pandemic has brought changes to the provision of low-threshold services. Low-threshold sites initiated some alternatives, such as the provision of online information or by phone, and online consultations with specialists. Restrictive measures applied by the Government, affected the following services:

- rapid screening for HIV was discontinued;
- specialist consultations terminated;
- mediation and information provision reduced;
- reduced needle and syringe exchange time;
- one cabinet providing harm reduction services (in Klaipėda) was forced to suspend its operations due to clients being in the risk group.

#### Low-threshold services in Vilnius – “Demetra” case during Covid-2019:

*The site of Demetra is the largest and provides preventive services for key populations: mainly for people who inject drugs and their partners, also for sex workers, men having sex with men and prisoners, who are located in the capital of Lithuania.*

*In January-February 2020, “Demetra” was having approximately 1400 clients per month (~900 men and 430 women). When quarantine started there was a decrease in more than 40% – 760 cases in March. When quarantine measures were removed, in May – June, the number of visitors steadily recovered. The number of new clients after the first quarantine has increased considerably and there was most significant increase in the number of women. It reached similar levels to new male clients in May. For example in January 2020 there were 35 new men and 8 women. In May there were 44 new men and 46 new women and it even more increased in June – 63 new men and 50 new women. Average age of all clients was 37 (among men 38.7 years compared to 34.8% of women). Meanwhile average age of new clients decreased: men 36.1 and female 30.9 years.*

#### **5.4. Overdoses and poisoning**

The mortality rate due to overdoses in Europe in 2018 is estimated at 22.3 deaths per million population aged 15-64. Lithuania is in 9<sup>th</sup> place with 32 deaths per million population aged 15-64. In 2019, 52 cases of fatal overdoses were registered in Lithuania. Toxicological analysis showed that the most commonly detected narcotic and psychotropic substances and their metabolites were opioids (methadone, morphine, codeine, tramadol) (44%), stimulants (19%) and undetected substances (42%).

The figure above shows a slight decrease of drug poisoning cases from 2018. However, it is important to note that new psychoactive substances on the market that come under the influence of drugs are in many cases unidentifiable. In some cases, drug poisoning is recorded as internal organ dysfunction. So, the real figure might be higher than the current statistic. It is also crucial to highlight that the average age of persons intoxicated with narcotic and psychotropic substances is

becoming younger. In 2019, the average age was 26 years old, while it was 28 years old in 2018 and 29 years old in 2017<sup>23</sup>.

Only by raising awareness among people who use drugs about overdoses and ensuring effective treatment for drug dependence, as well as community distribution of Naloxone and safe consumption rooms, the Government can act to prevent overdoses. Currently, Naloxone is distributed only to clients of OST program upon completion of training on how to use it in 4 cities of Lithuania. A small number of clients of low-threshold services can also access Naloxone. In order to reduce the number of overdose deaths, it is necessary to expand the Naloxone distribution program by providing it to persons leaving prisons, as well increase number of Naloxone kits, and include peers into the distribution of Naloxone.

## **6. Questions for the list of issues**

In view of the mentioned above, we recommend that the Committee considers including the following questions in the List of Issues that will be presented to Lithuania:

1. Please indicate the steps taken to review and change legislation criminalizing personal drug use and assess the impact of repressive regulation on prison overcrowding.
2. Please provide information on how does the government plan to introduce new harm reduction interventions and increase the accessibility of currently available harm reduction services in prison.
3. Please provide information on how does the government plan to ensure sustainability of funding, availability and (expansion of the coverage of) the following services for people who use drugs:
  - a) Introduction of community HIV testing;
  - b) Scale up of antiretroviral therapy
  - c) Scale up of opioids substitution therapy
  - d) Expansion of low-threshold services,
  - e) Distribution of Naloxone
  - f) Implementation of harm reduction services in the penitentiary system.

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<sup>23</sup> <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

## Annex I: Information about the submitters



Eurasian Harm Reduction Association (EHRA) (<http://harmreductioneurasia.org>) is a non-profit public organization, uniting 303 organizational and individual members from 29 countries of the Central and Eastern Europe and Central Asia region (CEECA). EHRA's mission to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of

people who use psychoactive substances in the CEECA region.

*Address: Verkių g. 34B, office 701 LT – 04111, Vilnius, Lithuania*



Harm Reduction International is a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.

*Address: 61 Mansell Street, Aldgate, London, E1 8AN*



“Demetra” association (Association of Women Affected by HIV and AIDS and their Relatives) is a non-governmental, non-profit organization, advocating and providing services to vulnerable groups. The main goal of the association is to reduce the spread of HIV / AIDS by informing people about risks of HIV infection and the general public about HIV / AIDS and effective prevention, to analyze the problems of

people affected by HIV / AIDS and their relatives, reduce stigma, protect and represent interests of key and vulnerable populations in State institutions, to strive for their integration into society.

*Address: Kauno g. 6-1, LT-01310, Vilnius, Lithuania*



The Coalition "I Can Live" is a coalition of non-governmental organizations and experts, which seeks to effectively solve dependence and to its related problems, and create a safe and healthy society. Mission - building a secure and healthy society based on the principles of humanism, tolerance, partnership and respect for human rights and freedoms in order to address dependence and to it related problems effectively.

*Address: Didžioji g. 5- 303 LT – 01128, Vilnius, Lithuania*



The support fund “RIGRA” was established in 2011. The objectives of the Fund are targeted and constructive assistance to persons (people affected by HIV / AIDS and their relatives, people with drug dependence and their relatives, victims of prostitution, people who are released from prisons, the homeless, etc.), who are experiencing social exclusion.

*Address: Partizanų g. 5, LT-50207 Kaunas, Lithuania*



Young Wave is a non-governmental organization, established by young people who use drugs who are affected by harmful drug policies in Lithuania, to embrace each other and be a respectable and constructive part of drug policy formation. Mission - society where people using psychoactive substances have universal access to health and social services without a fear of being stigmatized or discriminated against.

*Address: Vilniaus g. 22, Vilnius, LT-01402, Lithuania*