

**LITHUANIAN LEGISLATION AND POLICY ANALYSIS ON
HIV/AIDS PREVENTION AND CARE AMONG INJECTING DRUG
USERS IN PRISON SETTINGS**

**Report to the UNODC regional project
„HIV/AIDS prevention and care among injecting drug users and
in prison settings in Estonia, Latvia and Lithuania”**

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Executive summary

The report "Lithuanian legislation and policy analysis on HIV/AIDS prevention and care among injecting drug users in prison settings" has been prepared in the framework of the United Nations Office on Drugs and Crime (UNODC) project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuanian, Latvia and Estonia". It provides the review of all available information on current policy, legal and normative frameworks regulating drug dependence treatment, HIV/AIDS prevention, treatment and care, legislation on HIV surveillance, including legislation and policy documents on HIV/AIDS prevention, treatment and care for injecting drug users (IDUs) in prison settings. The report also outlines existing legal impediments to effective interventions, compliance of the national legislative framework with the international guiding principles and norms, and recommendations for further enhancing the legal and normative framework.

Like all persons, prisoners are entitled to retain and enjoy all fundamental rights that are not taken away as a fact of incarceration, including the right to the highest attainable standard of physical and mental health. Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of other infectious diseases such as hepatitis and tuberculosis. A failure to manage the spread of risks of infection within the prison settings mean that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated joint action. This presents significant challenges for prison and public health authorities and national governments.

Facing the global emergency of the HIV/AIDS epidemic international society have elaborated guiding principles and strategies for effectively fighting the pandemic in order to alleviate both human suffering and the socio-economic burden in countries and populations affected by the pandemic. It is acknowledged that the respect, protection and promotion of human rights is fundamental to preventing transmission of HIV, reducing vulnerability to infection and dealing with the impact of HIV/AIDS.

In the East European Region HIV is mainly transmitted through injecting drug use, thus HIV prevention should primarily focus on interventions targeted at injecting drug users and their sexual partners. Lithuania is not an exception here. The main way of HIV transmission in Lithuania is injecting drug use, which makes more than 75 percent of all HIV cases. On 1 January 2007, 5,573 persons have been registered in health care institutions with the diagnosis of mental and behavioral disorders due to the use of narcotic or psychotropic substances. Surveys show that more than 90 percent of all registered persons have been using opiates.

The rates of HIV infection among prisoners in many countries are significantly higher than those in the general population. HCV seroprevalence rates are even higher. Illegal drugs are available in prisons despite the sustained efforts of prison systems to prevent drug use by prisoners by undertaking efforts to prevent the entry of drugs into prisons, by tightly controlling distribution of prescription medications, and enforcing criminal prohibitions on illegal drug possession and use among prisoners. Injecting drug use in prison is of particular concern with regard to transmission of HIV and other blood borne infections such as hepatitis B and C. This is because those who inject drugs in prisons often share needles and syringes and other injecting equipment, which is a very efficient way of transmitting HIV.

Data from Lithuania show that since 1998 there is a constant increase of the proportion of prisoners using drugs. In 1998 the percent of drug users among all prisoners constituted 6.6 percent, and in 2006 – 18.6 percent, i.e. a bit less than 1/5. In most of the identified cases prisoners are taking opiates - in 2006, 536 cases registered (6.6 percent), or are using several drugs - 700 cases (8.7 percent). More than two thirds use drugs by injection.

After the HIV outbreak in Alytus strict regime colony (with 299 new HIV cases detected) in 2002, an average annual number of persons with HIV detected in penal establishments during the last 3 years is 200. New HIV cases identified in prisons system constitute approximately 1/2 of all new HIV cases in Lithuania. According to the data available up to 64 percent (813 from the total of 1,273) of all

HIV infected had been in one or another penal establishment. Permanently there are approximately 270 persons with HIV staying in penal institutions.

International documents that accentuate HIV/AIDS prevention and care in prisons provide clear guidance to prison systems for developing and implementing an effective response to HIV/AIDS in prisons. These include the provisions for reducing the transmission of HIV in prisons that reduce the spread of infection in society and promote general health, the respect for the rights of prisoners to a standard of health care equivalent to that available in the outside community, without stigmatization and discrimination. Also, the reduction of prison population and prison overcrowding should accompany as an integral component of a comprehensive prison HIV/AIDS strategy.

Lithuania as well as other countries reaffirmed the commitment to fully implement all the obligations from enacted international documents and declarations, thus have an obligation to develop and implement national legislation, policies, and programmes consistent with international human rights that promote health in prisons, and reduce the spread HIV infection as well as other infectious diseases.

Although the countries themselves may choose the most effective way to respond to HIV/AIDS in prisons, taking into account their economic and social conditions, as well as the cultural, social, and religious traditions, these national and local conditions do not reduce or negate governments' obligation to meet recognized international prison, health, and human rights standards. International law is clear that a lack of resources does not excuse a State from its obligations to provide proper and humane prison conditions.

Major priorities of the Lithuanian national HIV/AIDS responses are specified in the National HIV/AIDS Prevention Programme. Presently, the National HIV/AIDS Prevention and Control Programme 2003-2008 is a key strategic document of the Health Policy enlisting the aims of national response to HIV. The programme was developed taking account the various international documents adopted with regards to control, reduction and prevention of HIV/AIDS, aiming to remain a country of low HIV/AIDS prevalence until 2010.

There are a number of activities foreseen in the National HIV/AIDS Prevention Programme ensuring implementation of prevention of HIV/AIDS and related infections in the penitentiaries.

A mid-term review of the National HIV/AIDS Prevention and Control Programme 2003-2008 was conducted in July 2006 and assessed the progress made so far. Despite all the preventive efforts done in Lithuania, this has not yet been extensive enough to stop HIV from continuing to increase. There appears to be several areas of high vulnerability where there is a very high likelihood of further spread of HIV in the near future. One of such locations needing immediate attention due to its high vulnerability to an HIV outbreak is in the prisons. Most of the indicators with regard to incarcerated people and particularly injecting drug users were forecasted by the authors as unlikely to be achieved by the end of the programme. The mid-term evaluation report is very critical about the preventive measures being implemented in the penal system.

With reference to the above mentioned the following conclusions can be drawn with regard to the Lithuanian policy on HIV/AIDS prevention and care among injecting drug users in prison settings.

1. Although having signed and/or ratified the main international and regional documents on the fight with HIV/AIDS, Lithuanian Government has not yet fulfilled all the commitments undertaken. Mainly it is questionable that the provisions of the "Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia" to ensure that by 2010 80% of the persons at the highest risk of and most vulnerable to HIV/AIDS (including prisoners) are covered by a wide range of prevention programmes; the widespread introduction of prevention measures, drug dependence treatment and harm reduction programmes for injecting drug users will be introduced in Lithuania (e.g. needle and syringe programmes, bleach and condom distribution, voluntary HIV counseling and testing, opioid substitution treatment, STI diagnosis and treatment).

Lithuanian Government has not yet met its commitments with regards to Vilnius "Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighboring

Countries". Lithuania, as well as representatives of other countries declared their willingness to provide universal, affordable, non-judgmental and non-discriminating access to prevention services for HIV/AIDS and other sexually transmitted infections, including i. a. preventive information and activities, voluntary and confidential counseling and testing, condoms, drug dependence treatment and harm reduction services for drug injectors; to provide universal, affordable, non-judgmental and non-discriminating access to effective, appropriate and safe care, support and treatment, including anti-retroviral treatment and harm reduction measures. But almost any of these are not yet available and accessible to inmates at Lithuanian penal establishments.

2. Lithuanian legislation provide for equality before the law, guaranteeing every person equal access to health care services. Moreover legal acts establish that prisoners should be treated in the way to preserve their health and dignity, should receive health care services of the same quality as other Lithuanian citizens. Thus, there are no legal barriers to implement evidence-based HIV prevention interventions recommended by WHO/UNODC/UNAIDS with regards to the prison population. Nevertheless in practice prisons do not offer any opioid substitution treatment or needle exchange programmes, only minimal harm reduction activities like making bleach available have been introduced. Also those drug users who are drug dependent are not offered any long term rehabilitation services other than some clinic based services offered by psychiatrists. This constitutes the violation of the right of prisoners to receive adequate health care services of the same quality as other Lithuanian citizens.
3. Talking about the provision of health care services in Lithuanian prisons, a separate prison health care system under juridical authority which is more or less separated from the general health care system is obvious. At present, the provision of health care in Lithuanian prisons falls under the responsibility of the Ministry of Justice. Insufficient regulation, coordination and clarity of roles and responsibilities in providing health care services in prison system between the Ministry of Health and the Ministry of Justice are obvious. Although general competence for development, organization and implementation of the policy of health care sector falls under the Ministry of Health, a limited involvement of the Ministry of Health in the prison health care services, mainly through inspections and the handling of prisoners' complaints about health care matters are observed. Because there is no clear division of functions between different ministries and the Prison Department, sometimes specific legal acts and regulations are adopted without proper consultation and coordination during their preparatory phase, which can cause various difficulties in further implementation of them to the prison population.
4. Different funding resources for payment for the health care services for HIV infected persons staying in penal establishments. Generally persons being ill with the infectious diseases (HIV/AIDS) are insured by the state. Yet health care services provided for the incarcerated and convicted persons are paid from the budget allocated to and administrated by the Prison Department. Since there is no separate line within the budget for financing the health care services provided, the budget is used mainly for paying to the staff and purchasing medication needed. The budget foreseen is not sufficient (budget restrictions may force prison administrations to give preferential treatment to safety aspects at the expense of health care requirements). Besides, general public opinion does not allow these problems to become a topicality since it is supposed that the criminal offenders may not be in a better position than others. Such attitude gives an understanding and explains low quality and numbers of health care services and programs – since such services and programs are considered to be unnecessary luxury.
5. This study has shown that there is a particular shortage of various preventive means implemented in the prisons system. Despite existing quite good screening for infectious

diseases mechanism, there is no systemic provision of prevention activities in the prisons system. In fact prevention work for drug addiction and HIV/AIDS is limited only to the education and general prevention, but there are no special preventive measures oriented to individuals or groups at risk.

6. Whereas there are organizational, technical and legal preconditions for providing treatment and care for people with HIV/AIDS and other infectious diseases in the prison setting where the person is serving his/her sentence, there is an obvious problem in ensuring continuity of care and treatment upon the transfer between different penal establishments and upon the release of a person from the prison. Unsupervised transfers or release of HIV positive inmates are likely to contribute to the spread of HIV in the social networks these people get into. There is hardly any communication and exchange of information with service providers outside the prison system. Most often it is explained that the development of a more coordinated release policy is complicated, as confidentiality laws do not allow for targeting HIV positive inmates. However, when based on voluntary participation special release program is not necessarily at odds with confidentiality laws.

According to the Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS [“UNGASS Declaration”], “Strong leadership at all levels of society is essential for an effective response to the [HIV/AIDS] epidemic.” This is particularly true in the area of prisons. Political leadership is needed to meet the goals of international obligations (e.g. “Dublin Declaration”) and to allocate funds and resources in order to achieve the same standard of health care for prisoners as for the other members of society. Permanent coordination and facilitation among the various stakeholders will be of crucial importance.

It is recommended to introduce amendments for normative acts regulating the roles, functions and responsibilities of the three main subjects involved in providing health care services in prisons system: Ministry of Health, Ministry of Justice and Prisons Department.

In developing effective responses to HIV/AIDS it is necessary to follow and implement guiding principles and evidence-based practice defined in various international documents.

The recommendations of the mid-term review of the Lithuanian National HIV/AIDS Prevention and Control Programme 2003-2008 (from August 2006) regarding prisons should be pro-offensively transferred into action in custodial settings:

- introduction of opioid substitution treatment and needle exchange to all prisons and remand facilities;
- involvement of NGOs working in the prison setting for prevention, peer education and support should be encouraged;
- the medical services need to foster a more supportive role with the prisoners. Making sure that all the tests are indeed voluntary and consent is always obtained beforehand;
- It is important that the PLHIV in prisons are checked regularly by trained specialists to ensure that they are provided with HAART as soon as they may require it.

A prison-based drug and harm reduction strategy should be developed to ensure the provision of information and services to meet the health and social needs of prisoners. This would include:

- Clear protocols and a memorandum of understanding should be prepared for the implementation of the opioid substitution programme, in order to overcome problems with the transfer of prisoners between prisons, from prisons to the community, and from arrest houses to prisons and back.
- Harm reduction materials should be available for all prisoners both sentenced and pre-trial, and detainees in police detention. There should be clear procedures, measurable standards, monitoring and evaluation of the provision.

- Courses that address prevention and harm reduction in an interactive way (i.e. courses on the safer use of drugs and on safe sex) should be supported and provided on a regular basis for prisoners and staff.
- To overcome language and cultural barriers materials should be made available where appropriate to meet the needs of Russian speaking prisoners (and others).
- Condoms should be made available and accessible not only before a long term visit with a partner from outside but making them accessible for every prisoner also during his/her sentence.
- Tattooing and piercing practices among prisoners should be addressed as they include transmission risks for HIV and HBV/HCV.
- Short hepatitis B vaccination schedules should be offered to all risk groups in prison (including staff). For imprisoned IDUs these short hepatitis B vaccination schedules have proven to be successful and would reduce their health burden.
- Close cooperation and links with community-based services need to be established. Strengthening of the cooperation between state institutions and NGO sector, integration of civil society and community service providers in preventive, rehabilitation, re-socialization activities targeting various special groups of persons at risk within the prisons system and after their release.

Staff training is important in a number of areas and training was identified as a key issue by participants in the research. It is suggested that:

- The precise training needs of the staff working in prisons, custodial and secure settings should be evaluated in terms of the changing nature of the juvenile prison population;
- Courses that address prevention and harm reduction should continue to be supported and provided on a regular basis for staff;
- Courses that address drugs issues should be provided in order to decrease negative feelings towards drug users amongst some staff;
- Induction programmes and mentoring schemes should be provided for new staff, where appropriate.

Bleach does not replace needle exchange programmes; in the contrary under prison conditions it remains an insufficient strategy due to time constraints of proper usage. If it is used as a better-than-nothing-strategy the know how of proper usage needs to be communicated intensively among prisoners. Otherwise they use bleach in an improper way and feel on the safe side.

It is recommended to develop a comprehensive and multi-sectoral response to tackle infectious diseases widespread in Lithuanian prisons (such as HIV and AIDS, TB, hepatitis, and STIs). Financial mechanisms should be introduced ("money follow the person" or special line in the budget of Prison Department) to ensure adequate funding for HIV/AIDS prevention, treatment and care services in penal establishments.

Continuation of treatment and care for drug addicts and people with HIV/AIDS should be ensured upon their transfer between or release from the penal establishments. Creation of special informational system allowing communication of data among different state institutions (penal establishments, special health care providers) would enable continuous monitoring and support system for people with HIV/AIDS.

A limited monitoring and evaluation system impedes accurate assessment of public health programmes effectiveness, in particular in reaching target population. It is important that a comprehensive monitoring and evaluation (M&E) system is in place in all custodial settings. M&E could assist in identifying the overall effectiveness and efficiency of programmes, in particular when they assist the same target population in different settings and/or through different providers. What is required is good quality, bio-behavioural surveillance among populations in custodial settings every 2-5 years.

1. Lithuania's obligations in implementing international requirements with regards to prevention and control of HIV/AIDS epidemics

After restoring of statehood Lithuania started developing its own legal system that was closely connected with the country's striving to become full member of the community of democratic nations. Since 1991 the process of accession and ratification of most major international human rights instruments started in Lithuania¹. It actually played the key role in creating Lithuania's own system of human rights and fundamental freedoms protection, by transposing the main international standards on respect and protection of human rights and dignity into the national legislation²

Article 138 of the Constitution of the Republic of Lithuania and the Law on International Treaties 1999 define the main principles concerning the effect of international conventions, treaties and agreements. International treaties ratified by the Seimas become constituent parts of the legal system of Lithuania. If the standards defined by international treaties ratified by Lithuania differ from the ones set in its legislation, the standards of those international treaties must take precedence over Lithuanian legislation. Legislation and other legal acts of Lithuania must be coordinated with the norms set in these treaties³.

Ratifying international documents Lithuania is obligated to follow and implement their provisions on the state level, and secure the rights and interests of all the people⁴. It is also obliged to follow the requirements established by particular international treaties on reporting to special international institutions about the situation within the country with regards to implementation of their provisions.

Like all persons, prisoners are entitled to retain and enjoy all fundamental rights that are not taken away as a fact of incarceration, including the right to the highest attainable standard of physical and mental health⁵. Alongside, prisoners have additional safeguards as a result of their status. When a state deprives people of their liberty it takes on a responsibility to look after their health in terms both of the conditions under which it detains them and of the individual treatment which may be necessary as a result of those conditions. Therefore, not simply provision of medical care but also establishment of conditions which promote the wellbeing of both prisoners and prison staff should be promoted. Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of other infectious diseases such as hepatitis and tuberculosis. Prisons and prisoners remain part of the broader community. A failure to manage the security not being exposed to risks of infection (to those who come into prison – prisoners especially, but also staff and visitors) mean that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated joint action. This presents significant challenges for prison and public health authorities and national governments⁶.

States have an obligation to develop and implement legislation, policies, and programmes consistent with international human rights that promote health in prisons, and reduce the spread HIV

¹ Lithuania took obligation to comply with the United Nations Universal Declaration of Human Rights and International human rights charter documents: International Covenant on Economic, Social and Cultural rights, International Covenant on Civil and Political rights, Optional Protocol to International Covenant on Civil and Political rights. Seimas Resolution of March 12, 1991 on Accession to the International Human rights charter documents // State news, 1991, No. 9-244. In 1991 Seimas also declared its determination to „respect and honestly carry out obligations established in the European Convention on the protection of human rights and fundamental freedoms“. Statement of Seimas // State news, 1991, No. 26-687.

² Human rights in Lithuania. Lithuanian Republic Seimas, United Nations Development Program, Law Institute. Vilnius 2005.

³ Commentary of the Lithuanian Constitution (Part 1), Law Institute, Vilnius, 2000 (hereafter, Jovaiša, Commentary).

⁴ After State has ratified or acceded to covenants, declarations, or charters, it has agreed that it is legally bound to respect, protect, and fulfill human rights, including the right to equality and non-discrimination; the right to life; the right to security of the person; the right not to be subjected to torture or to cruel, inhuman, or degrading treatment or punishment; and the right to enjoyment of the highest attainable standard of physical and mental health.

⁵ This right is guaranteed under international law in Article 25 of the United Nations Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social, and Cultural Rights; United Nations Committee on Economic, Social, and Cultural Rights: General Comment No. 14 (May 2000) on the Right to the Highest Attainable Standard of Health.

⁶ A Human Rights Approach to Prison Management. Handbook for prison staff. Andrew Coyle, 2002.

infection as well as other infectious diseases⁷. Since the early 1990s, various countries have introduced HIV/AIDS prevention and treatment programmes in prisons. Such programmes usually include education on HIV/AIDS, voluntary testing and counseling, the distribution of condoms, bleach, needles and syringes, and substitution therapy for injecting drug users. However, many of these programmes are small in scale and restricted to a few prisons, besides the vast majority of prison systems are still failing to meet the equivalency standard, providing HIV care equivalent to that available in the community, including antiretroviral treatment.

According to various scientific studies⁸ and international documents⁹ there are general principles for HIV/AIDS prevention and care in prisons accentuated which provide clear guidance to prison systems for developing and implementing an effective response to HIV/AIDS in prisons¹⁰. These include the provisions for reducing the transmission of HIV in prisons that reduce the spread of infection in society and promote general health, the respect for the rights of prisoners to a standard of health care equivalent to that available in the outside community, without stigmatization and discrimination. Also, the reduction of prison population and prison overcrowding should accompany as an integral component of a comprehensive prison HIV/AIDS strategy.

International evidence and global experience provide a clear framework for an effective response to HIV/AIDS in the European Region. Since in this region HIV is mainly transmitted through injecting drug use, the evidence suggests that HIV/AIDS prevention in central and eastern Europe should primarily focus on targeting interventions at injecting drug users and their sexual partners. These interventions should include adequate provision of sterile injection equipment and condoms; access to high-quality treatment for drug-related problems, in particular opioid substitution treatment using methadone; sexual risk counseling, particularly for IDUs and their sexual partners; community-based outreach and peer interventions; and access to antiretroviral therapy for IDUs¹¹. Additional components of harm reduction programmes with a significant potential to reduce individual risk behavior include treatment and care related to HIV/AIDS, Hepatitis and Tuberculosis, including access to highly active antiretroviral therapy. The fact that progress in the implementation of these measures within the European prison systems is still slow and insufficient is becoming increasingly unacceptable.

The most recent international policy developments¹² to fight HIV/AIDS stress that in the global emergency of the HIV/AIDS epidemic international society must act collectively to tackle this crisis through a deepening of coordination, cooperation and partnership within and between the countries and to strengthen the capacity of the European Union to fight effectively against the spread of HIV/AIDS. It is acknowledged that the respect, protection and promotion of human rights is fundamental to preventing transmission of HIV, reducing vulnerability to infection and dealing with the impact of HIV/AIDS. Though focusing on the means and ways of addressing the problem of HIV/AIDS in general, Dublin Declaration recognizes that in the region persons at the highest risk of and most vulnerable to HIV/AIDS infection include drug injectors and their sexual partners, men who have sex with men, sexworkers, trafficked women, prisoners and ethnic minorities and migrant populations which have close links to high prevalence countries. In the light of this, all the provisions provided in the Dublin Declaration and aims that should be pursued are applicable to the prisoners as well. In some provisions Dublin Declaration is even very clear, that with respect to the prevention means there should be ensured that: by 2010 through the scaling up of programmes 80% of the persons at the highest risk of and most vulnerable to HIV/AIDS (including prisoners) are covered by a wide range

⁷ HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings. A Framework for an Effective National Response. UNODC, New York, 2006.

⁸ Ibidem.

⁹ Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia; Dublin Declaration on HIV/AIDS in prisons in Europe and Central Asia; etc.

¹⁰ Eleven general principals are elaborated: Good prison health is good public health; Good prisoner health is good custodial management; Respect for human rights and international law; Adherence to international standards and health guidelines; Equivalence in prison health care; Evidence-based interventions; Holistic approach to health; Addressing vulnerability, stigma, and discrimination; Collaborative, inclusive, and intersectional cooperation and action; Monitoring and quality control; Reducing prison populations. HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings. A Framework for an Effective National Response. UNODC, New York, 2006.

¹¹ HIV/AIDS IN EUROPE. Moving from death sentence to chronic disease management, World Health Organization 2006.

¹² Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia. Released on 24 February 2004.

of prevention programmes providing access to information, services and prevention commodities. Also scaling up of access for injecting drug users to prevention, drug dependence treatment and harm reduction services through promoting, enabling and strengthening the widespread introduction of prevention, drug dependence treatment and harm reduction programmes¹³ (e.g. needle and syringe programmes, bleach and condom distribution, voluntary HIV counseling and testing, substitution drug therapy, STI diagnosis and treatment) in line with national policies should be introduced¹⁴.

Dublin Declaration is also very specific about the provision of universal access to effective, affordable and equitable prevention, treatment and care including safe anti-retroviral treatment to people living with HIV/AIDS, equitable, to those people who are at the highest risk of and most vulnerable to HIV/AIDS.

Another Dublin Declaration on HIV/AIDS in prisons in Europe and Central Asia (further on Dublin Declaration on prisons) was adopted to urge the governments to take actions with regards to HIV/AIDS in prisons¹⁵. In the Preamble of declaration it is outlined that HIV/AIDS is a serious problem for prison system across Europe and Central Asia, wherein rates of HIV infection are many times higher amongst prisoners than amongst populations outside prison. In a majority of countries adequate preventive measures have not been introduced in the prisons. The failure to implement such programs in prisons and to promote the health of prisoners that are living with HIV/AIDS is often due to a lack of political will or to policies that priorities zero-tolerance to drug use over zero-tolerance to HIV/AIDS. This public health crisis requires urgent attention and actions from all governments. Therefore the Dublin Declaration on prisons called upon the governments¹⁶ to begin braking down the barriers that have thus far prevented comprehensive HIV/AIDS services from being implemented in prisons. Dublin Declaration on prisons provides a framework for mounting an effective response to HIV/AIDS in prisons. Fundamental principles and concrete framework of actions are outlined in the declaration with regards to various aspects of HIV/AIDS prevention, treatment, care and control.

After the Dublin Declaration, numerous international and regional meetings and conferences on the matter have been held, providing new documents and obligations on the states.

Ministers and representatives of Governments from the European Union and neighboring countries responsible for health, together with the relevant international partners and in the presence of a Member of the European Commission held a meeting in Vilnius, Lithuania on 17 September 2004 for the Conference "Europe and HIV/AIDS - New Challenges, New Opportunities", wherein Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighboring Countries was adopted. With this Declaration, Lithuania as well as other countries reaffirmed strong support for close monitoring and evaluation of the implementation of the actions outlined in this Declaration, along with those of the Declaration of Commitment of the United Nations General Assembly Session on HIV/AIDS, and those of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia. Within the Declaration, representatives of the countries declared their willingness to provide universal, affordable, non-judgmental and non-discriminating access to prevention services for HIV/AIDS and other sexually transmitted infections, including i. a. preventive information and activities, voluntary and confidential counseling and testing, condoms, drug dependence treatment and harm reduction services for drug injectors; to provide universal, affordable, non-judgmental and non-discriminating access to effective, appropriate and safe care, support and treatment, including anti-retroviral treatment and harm reduction measures¹⁷.

¹³ The WHO recommends that at least 60% of injecting drug users have access to drug dependence treatment and harm reduction programmes in order to have an impact on the epidemic among this group.

¹⁴ Dublin Declaration, paragraphs 9, 10.

¹⁵ Dublin Declaration on HIV/AIDS in prisons in Europe and Central Asia. Prison health is Public health was adopted and launched on 23 February 2004 in the sidelines of the inter-ministerial conference "Breaking the barriers: partnership in the fight against HIV/AIDS in Europe and Central Asia" by representatives of NGOs - 100 organizations and experts from 25 countries across the region. Amongst the signatories there was the Coalition on vulnerable populations "I can live" from Lithuania.

¹⁶ The same days representatives from the 55 governments from Europe and Central Asia gathered in Dublin to participate in the ministerial conference to discuss actions that need to be taken in the fight against HIV/AIDS in the region.

¹⁷ Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in neighboring Countries

Three years later on 13 March 2007 Bremen Declaration on Responsibility and Partnership - Together against HIV/AIDS¹⁸ was adopted. Recognizing the global dimensions of the pandemic and commitment to address the crisis at the global level, representatives¹⁹ reaffirmed the commitment to fully implement all the obligations from the previously enacted international documents and declaration, representative of the Governments acknowledged that since 2001 great efforts were made and strategies developed for fighting the pandemic and that it is now time to widely and effectively implement these strategies, as a matter of fundamental human rights in order to alleviate both human suffering and the socio-economic burden in countries and populations affected by the pandemic. Within Declaration the commitments by the countries were made: to respect, act and when necessary, legislate to promote and guarantee the human rights, including fighting discrimination and stigmatization, especially of people living with HIV/AIDS and those affected most by the epidemic in Europe and the neighboring countries: people who inject drugs and their partners, men who have sex with men, young people, women, migrants, children, people in prisons, men and women involved in prostitution; to promote universal access to evidence-based prevention, including comprehensive harm reduction, as the central part of a successful HIV/AIDS response to alleviate the impact of HIV/AIDS²⁰.

In parallel with adopting of international normative documents there have been a number of important policy developments related to the issue of HIV in prisons both internationally and in European region. In August 2006 the United Nations Office on Drugs and Crime jointly with the World Health Organization and UNAIDS published the document on *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response*. This document suggests the set of actions necessary to implement a comprehensive and human rights-based approach to HIV/AIDS at the national level.

Later on WHO, UNAIDS and the United Nations Office on Drugs and Crime have jointly published a series of four comprehensive *Evidence for Action Technical Papers* on prisons¹, that include the topics on HIV care, treatment and support, needle and syringe programmes, opioid substitution therapies, and the provision of condoms and safer sex measures. These technical papers clearly spell out the evidence in support of these interventions²¹.

Being a member of European Union and a signatory of all these above mentioned documents Lithuania has commitments towards international community to pursue and follow the provisions to be implemented nationally.

¹⁸ Ministers and representatives of Governments from the European Union and neighboring countries responsible for health, together with international partners in the field of HIV/AIDS and the European Commission, the Minister for Economic Cooperation and Development and the Minister for Education and Research convened in Bremen, Germany, 12-13 March 2007 for the conference of the German Presidency of the Council of the European Union "Responsibility and Partnership -Together Against HIV/AIDS" made the declaration.

¹⁹ Ministers and representatives of Governments from the European Union and neighboring countries responsible for health, together with international partners in the field of HIV/AIDS and the European Commission, the Minister for Economic Cooperation and Development and the Minister for Education and Research.

²⁰ Bremen Declaration on Responsibility and Partnership - Together Against HIV/AIDS. Paragraphs 12, 13.

²¹ HIV/AIDS and prisoners. By Rick Lines and Heino Stöver.

2. National responses to HIV/AIDS

Various countries may have different national policies with regards to prevention of HIV/AIDS and other infectious diseases that reflects their individual drug addiction situation and political context. Nevertheless there are more and more evidences and solid opinion for the main elements in the effective fight against HIV and other infectious diseases at the European level. The most proper means – better opportunities in receiving treatment from drug addiction²², development of low threshold services for drug addicts, provision of sterile instruments and education programs. It is especially important that there would be sufficient means for the users of intravenous opioids to substitution treatment (taken orally), since such a treatment significantly reduces the risk of HIV transmission²³. According to the existing literature the availability of substitution maintenance treatment in the prison environment can reduce drug use and injection in penal institutions. Moreover, prison-based methadone maintenance treatment (PMMT) provision can reduce injecting risk behaviors, such as sharing of injection equipment, as well as drugs charges and re-admission rates. PMMT has a potential to calm disruptive institutional behavior. Existing research concerned with the provision of prison-based substitution treatment has shown its effectiveness in both improving the prison safety through easier manageability of drug users; and reduction of criminal behavior and recidivism. There exists evidence that continuous methadone maintenance treatment (MMT) can assist in transferring prisoners into drug treatment and thus benefiting their social re-integration. In combination with complementary psychosocial care prison-based ST appears to be most useful to tackle prisoners' diverse social and health related needs²⁴.

It is up to the country to choose the most effective way to respond to HIV/AIDS in prisons, taking into account its economic and social conditions, as well as by cultural, social, and religious traditions. Nevertheless, these national and local conditions do not reduce or negate government obligation to meet recognized international prison, health, and human rights standards²⁵. International law is clear that a lack of resources does not excuse a State from its obligations to provide proper and humane prison conditions.

International law also prohibits States from inflicting inhuman or degrading treatment on people in detention²⁶. This prohibition specifically “compels the authorities not only to refrain from provoking

²² WHO (2005) “Effectiveness of drug dependence treatment in preventing of HIV among injecting drug users. Final draft, WHO Geneva.

²³ (Gowing and others, 2005; Sullivan and others, 2005), Accessed at <http://ar2005.emcdda.europa.eu/lt/page064-lt.html>

²⁴ A. Stallwitz, H. Stover. The impact of substitution treatment in prisons—A literature review. *International Journal of Drug Policy* 18 (2007) 464–474.

²⁵ Numerous international instruments are relevant to the rights of prisoners in the context of the HIV/AIDS epidemic. These include the Universal Declaration of Human Rights [1948]; the International Covenant on Civil and Political Rights [1966]; the [European] Convention for the Protection of Human Rights and Fundamental Freedoms [1950]; the European Social Charter [1966, 1996]. United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [1982]; United Nations Basic Principles for the Treatment of Prisoners [1990]; World Health Organization's Guidelines on HIV Infection and AIDS in Prisons [1993]; Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons [April 1996]; Recommendation No R (98)7 of the Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Health Care in Prisons [Council of Europe: April 1998]; International Guidelines on HIV/AIDS and Human Rights [1998]; Declaration of Commitment on HIV/AIDS (“UNGASS Declaration”) [United Nations General Assembly Special Session on HIV/AIDS: June 2001]; Prison, Drugs and Society: A consensus Statement on Principles, Policies and Practices [WHO Europe/Pompidou Group of the Council of Europe: September 2001]; United Nations Committee on Economic, Social, and Cultural Rights: General Comment on the Right to the Highest Attainable Standard of Health. Twenty-second session, Geneva [2002]; Warsaw Declaration: A Framework for Effective Action on HIV/AIDS and Injecting Drug Use [November 2003]; Moscow Declaration: Prison Health as part of Public Health [WHO Europe: October 2003]; Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia [February 2004]; Policy Brief: Reduction of HIV Transmission in Prisons [WHO/UNAIDS: 2004]; Policy Statement on HIV Testing [UNAIDS/WHO: 2004]; Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention [WHO/UNODC/UNAIDS: 2004]; Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users: Evidence for action technical paper [WHO: 2004]; Recommendation Rec (2006)2 of the Committee of Ministers to member States on the European Prison Rules [Council of Europe: January 2006]; ect.

²⁶ Universal Declaration of Human Rights (n 5) art 7.; Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended) (ECHR) art 3.; UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984); The European Convention on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 1987.

such treatment, but also to take the practical preventive measures necessary to protect the physical integrity and the health of persons who have been deprived of their liberty.”²⁷ It has been recognized that, “An inadequate level of health care can lead rapidly to situations falling within the scope of the term “inhuman and degrading treatment.”²⁸ Therefore, international law mandates that States have an obligation to develop and implement legislation, policies, and programmes consistent with international human rights that promote health in prisons, and reduce the spread HIV infection as well as other infectious diseases.

The development and implementation of policies and initiatives to address HIV/AIDS in prisons is integrated and consistent part of national strategies – with shared priorities and principles – to respond to HIV/AIDS, maximizing the use of available resources²⁹.

²⁷ UN Human Rights Committee “General Comment 21: Humane treatment of persons deprived of liberty (Art. 10)” (10 April 1992) Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies UN Doc.HRI/GEN/1/Rev.6 para 3.;

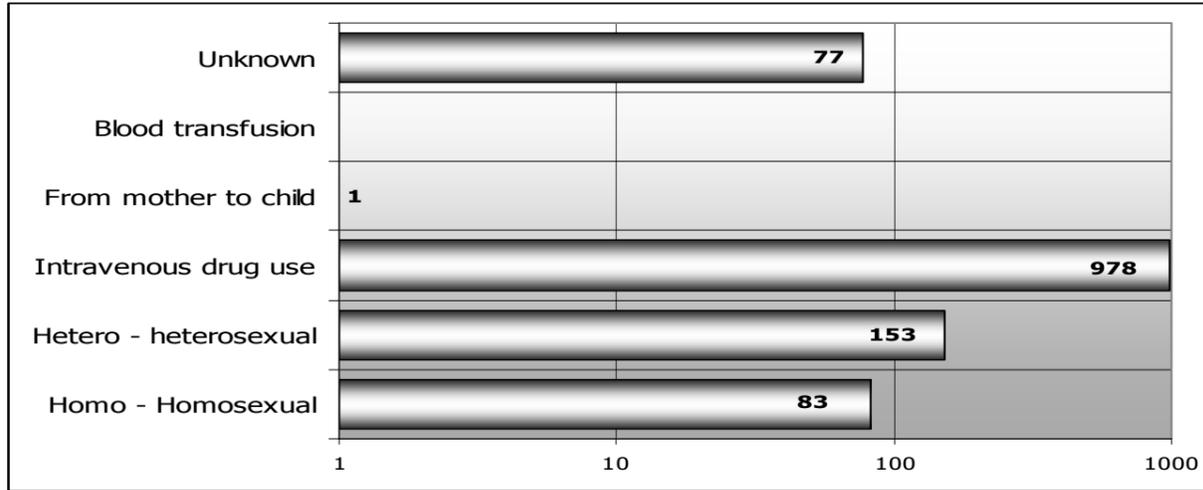
²⁸ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment 3rd General Report on the CPT’s activities covering the period 1 January to 31 December 1992 (1993) para 31.

²⁹ International standards and evidence-based tools, recognized and evaluated models of best practices should be used for development of comprehensive, ethical, and evidence-based response to HIV/AIDS, including prison policy, legislation, and programmes. A comprehensive national response is more than just the government funded programme, but is the combined efforts of all the main stakeholders, central government and local government, civil society, donors, community representatives, national and international NGOs and of people infected and affected by HIV.

3. Prevalence of HIV/AIDS and drug addiction in Lithuania

On 1 December 2007 there were 1292 HIV cases identified in total, 1108 male and 184 female; and 148 AIDS cases. From 130 deaths of people with AIDS, 54 were caused by AIDS.

Figure 1: HIV prevalence according to the way of transmission



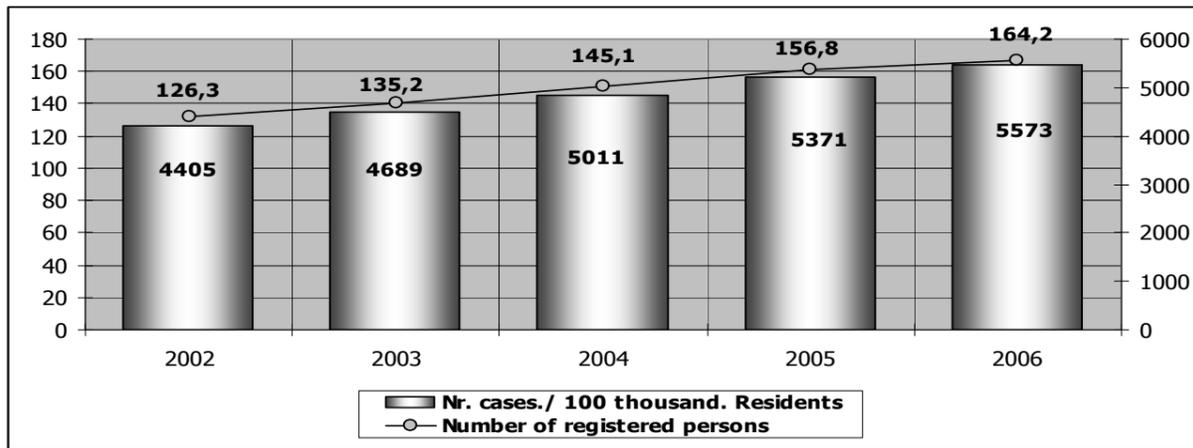
Data from Lithuanian AIDS Center

The main way of HIV transmission is intravenous drugs use, which makes more than 75 percent of all HIV cases.

According to the data from the State Mental Health Center there were total 5573 persons registered in health care institutions with the diagnosis of mental and behavioral disorders due to the use of narcotic or psychotropic substances on 1 January 2007 (in 2005 – there were 5371 persons)³⁰.

During the last few years there is a constant growing of morbidity from drug addiction cases per 100 000 residents (see picture below).

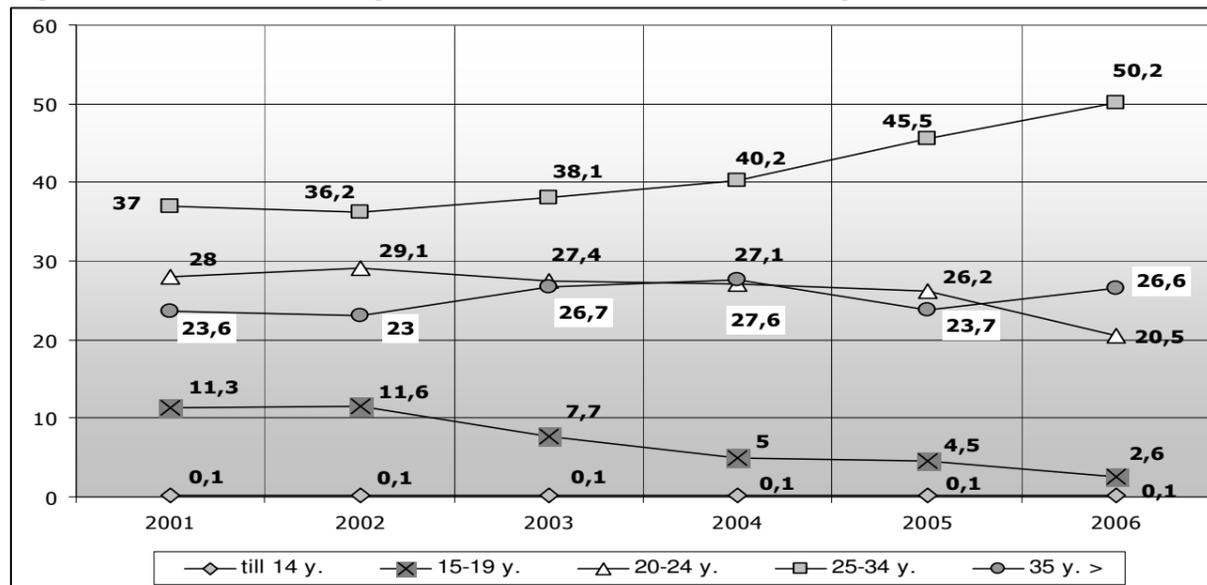
Figure 2: Number of registered drug users in health system and drug addiction cases per 100 000 residents



³⁰ Dr. Gordon Hay report to United Nations Office on Drugs and Crime Project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania" "International Consultant on Estimation of the Prevalence of Problem Drug Use in Lithuania", 2007 December.

According to the data from the Drug Control Department, supposedly 4603 (91,9percent) of all registered 5011 persons were using opiates in 2004³¹. WHO data forecast that there are approximately 8 000 intravenous drug users in the country³². A study conducted within UNODC project in 2007 estimated that the total number of problem opiate users in Lithuania is 4300.

Figure 3: Distribution of drug and toxic substances addicts to age in 2001-2006³³



Data from State Mental Health center

Analysis of statistical data show that health care institutions register more and more persons in the age groups of 25 till 34 and older then 35 years with drug addiction problems. One can assume that persons until 19 year old do not enter the registry at the health care institutions. Although data from ESPAD 1999, 2003 reveal that the prevalence of drug use among Lithuanian school age pupils reaches 16 percent (girls 10 percent, boys 21 percent).

³¹ Drug Control Department. National report (2004 data) to the EMCDDA by the REITOX national focal point. Lithuania.

³² WHO survey "Substitute treatment from opioids and HIV / AIDS" 2003-2006.

³³ State Mental Health Center - http://www.vpsc.lt/pl_statistika.htm

4. Lithuanian national response and practice in fighting against HIV/AIDS

Major attitudes and priorities of the Lithuanian national HIV/AIDS response are specified in the National HIV/AIDS Prevention Programme. The first National HIV/AIDS Prevention Programme was developed and implemented in 1990-1992. The later programmes in 1992-1993, 1994-1996, 1996-1998 and 1999-2001 were implemented with an aim to reduce the spread of HIV in Lithuania and to implement other not only medical, but also social objectives.

Presently, the National HIV/AIDS Prevention and Control Programme 2003-2008 is a key strategic document of the Health Policy enlisting the aims of national HIV response (Act.No.1273/2003)³⁴. The programme was developed taking account of the various international documents adopted with regards to control, reduce and prevent HIV/AIDS epidemic worldwide³⁵.

Programme priorities were set considering the rapidly changing epidemiological situation in Lithuania and in the neighborhood, taking into account the ways and trends of HIV transmission, increasing experience of the experts in health and other sectors, and taking account on the achievements of modern science, while sustaining succession of the previous key programme measures.

Key objectives of the programme are:

- To reduce transmission of HIV/AIDS and related infections in Lithuania;
- To mitigate negative consequences of HIV and related infections to an individual and society;
- To provide appropriate health care services to people with HIV and AIDS;
- To improve HIV/AIDS surveillance system.

Programme priorities – prevention in people falling within high-risk groups:

- Intravenous drug addicts and their families;
- Sex workers and their clients, especially seafarers and long distance truck drivers, etc.;
- Incarcerated people and people released from penitentiaries;
- Personnel of the penal establishments, police officers, military servants;
- Youth and adolescents;
- Health care workers.

The key principles of the Programme are:

- Inter-sectorial. As many institutions as possible should be involved in preventive work: education and health, public information, police and defense institutions, responsible ministries, religious communities, non-governmental organizations, and the society;
- Fostering of present systems and structure to assure appropriate prevention of HIV/AIDS and related diseases and health care;
- Respect for human rights. People falling within high-risk groups must be secured from humiliation and discrimination;
- Preventive decision-making based on experience from Lithuania and other countries;
- International cooperation, development and information exchange to improve regional cooperation;
- Second generation HIV surveillance according to UNAIDS and WHO recommendations.

³⁴ National HIV/AIDS Prevention and Control Programme 2003-2008 // State news, 2003, No 98-4399.

³⁵ WHO AIDS strategy principles approved by the World Health Assembly in May 1987, WHO document "Health for all in the 20th century" statements, recommendations of UNAIDS, HIV/AIDS Commitment Declaration "Global Crisis – Global action" approved by the UN General Assembly special session in 2001, and on a basis of commitment of the Government of the Republic of Lithuania to implement the Decision of the European Parliament and Council No. 2119/98/EB of 24 September 1998 regarding establishment of the epidemiological surveillance network and control of communicable diseases in the Union, Council Regulation (EC) No. 550/97 of 24 March 1997 regarding HIV/AIDS prevention in developing countries, Directive of the European Parliament and Council No. 1786/2002/EC of 23 September 2002 regarding the community actions in the field of public health (2003-2008).

The Programme 2003-2008 lists totally more than 120 activities related to HIV/AIDS prevention and control. Ministry of Health is authorized to monitor implementation of the Programme, and the Lithuanian AIDS Centre – to act as the main executor. Other State institutions, counties, municipalities in cooperation with other interested institutions, international organizations, communities, mass media, military forces and the police, and volunteers should be included in implementation of the Programme.

It is foreseen the mid-term evaluation of the efficiency of this programme on the basis of the indicators recommended by WHO, including prevention, treatment, programme coordination taking account of reduction of risky behavior of people falling within risks groups, expansion of voluntary HIV testing, diagnostic and treatment services, improved social servicing and community support.

A mid-term review of the National HIV/AIDS Prevention and Control Programme 2003-2008 was conducted in July 2006. As a result a report was published that has looked carefully at the main elements of the Programme, assessed the progress made while developing specific recommendations for updating the strategic framework and plans.

5. General provisions in Lithuanian legislation on prevention, treatment and control of drug addiction and HIV/AIDS

There are number of laws, other legal acts adopted in Lithuania that regulate all possible aspects of health care system. Most of them are of general nature, applicable to all health care users. Besides there are also special regulations that indicate priority of medical aid and health care for specific groups of patient. Drug addicts and persons with HIV/AIDS are such target groups that are indicated in most legal acts and require special attention not only for the treatment and rehabilitation purposes of patients themselves, but also for maintaining and promoting of public health of society in general.

Programme of the Government of the Republic of Lithuania³⁶ has prioritized few areas of the Health Policy – to strengthen mental health of people, encourage an individual-friendly social environment and foster a sense of communal togetherness and solidarity, to involve various sectors and strengthen their interaction in the fight against HIV and AIDS as well as addiction related diseases.

The Law on Health system³⁷ among other groups of patients that are entitled for the state guaranteed free health care services indicates:

- Persons with TB, sexually transmittable diseases, HIV/AIDS, communicable diseases,<...>, alcohol and drug addiction and other diseases from the list determined by the Ministry of Health care (47 str.2 d. 7 p.).
- Persons suspended by the court or juridical institutions, persons being in the places of custody, sentenced persons <...> (47 str.2 d. 4 p.);
- The Law on Health insurance³⁸ lists groups of persons who are insured with the state finances. Among those are:
 - Persons having dangerous for society communicable illnesses, being included into the list³⁹ determined by the Ministry of Health care (Art. 6.4.11)
 - Persons suspended by the court or juridical institutions, persons being in the places of custody, sentenced with an imprisonment persons <...> (Art. 6.5)

According to the requirements specified in the Order of the Minister of Health Care On approval of the standards for the treatment and rehabilitation of the addiction diseases⁴⁰ all the establishments must be provided with the technical equipments to test for the substances having affect on the persons mind in the ones organism (Alco tester, prompt testing for the narcotic substances and other).

There is an Order On the approval of the methods for the diagnostic and outpatient treatment of diseases caused by arthrosis, HIV, Chlamydia trachomatis that are compensated from the resources of the Compulsory health insurance fund budget⁴¹.

An Order On approval of prescription of post exposure HIV prophylactics⁴² indicates that post exposure HIV prophylactics is preventive treatment when blood, liquids with blood or other organism substances of the person infected or suspected of being infected get on the affected skin, mucous membrane or into the organism of another person. The medicaments for the post exposure HIV prophylactics are compensated from the Compulsory Health insurance fund budget, when the exposure occurred at working time, performing professional duties and/or for persons having survived

³⁶ Government Resolution of 24 March 2005 On approval of Government programme 2004–2008 // State news, 2005, No. 40-1290.

³⁷ The Law on Health system // State news, 1994, No. 63 - 1231, 1998, No. 112 – 3099.

³⁸ The Law on Health insurance // State news, 1996, No. 55-1287, 1996, No. 99, 2002, No. 123- 5512.

³⁹ HIV is the first one in the list. Order of the Minister of Health Care On approval of the list of dangerous for society communicable diseases, having which persons are considered insured with the compulsory health insurance by the state finances // State news, 2003, No. 50-2244.

⁴⁰ Order of the Minister of Health Care On approval of the standards for the treatment and rehabilitation of the addiction diseases “ // State news, 2002, No. 47-1824.

⁴¹ Order of the Minister of Health care On the approval of the methods for the diagnostic and outpatient treatment of diseases caused by arthrosis, HIV, Chlamydia trachomatis, that are compensated from the resources of the Compulsory health insurance fund budget // State news, 2004, No. 89-3299.

⁴² Order of the Minister of Health care On approval of prescription of post exposure HIV prophylactics // State news, 2004, No. 179-6634.

violence or compulsion, when such case is registered in accordance with an order established by the laws. In other cases persons have to pay themselves for the medicaments.

There are number of legal acts establishing the need and importance of the awareness raising on the transmission of HIV/AIDS and other infections or sexually transmitted diseases⁴³.

The National HIV/AIDS Prevention and Control Programme 2003-2008 is a key strategic document of the Health Policy enlisting the aims of national HIV response⁴⁴. It provides for the need of implementing the prevention of HIV spread by sexually transmission. For this purpose: to educate people, to encourage the usage of means of protection, to allow the purchase of condoms in the places of imprisonment (V. 18.4 p.).

To take care of education of young people (especially those who do not attend school) on the questions of HIV/AIDS and other sexually transmittable infections prevention, <...>, to inform the youngsters of the influence of alcohol and drugs to the sexual behavior and possible consequences <...> (V. 18.5 p.).

To raise awareness within the society on the questions of HIV/AIDS (V. 18.6 p.).

<...> to develop the preparation and distribution of the information, educational and methodical materials on HIV/AIDS to persons belonging to the groups at risk <...> (V.23.3 p.).

In accordance with the Government Resolution on the State program on the prevention and control of sexually transmittable diseases 2006-2009⁴⁵, the aim of the program is to reduce the sexually transmittable infections and their consequences to the person and society until 2009. Strengthening of the primary prophylactics – training for the safe and responsible sexual behavior, especially among young people is considered as one of the means in seeking of such purpose (17.2 p.).

The Order of epidemiological care of the sexually transmittable infections and HIV in the public health care institutions⁴⁶ establish that person's health care establishments in accordance with their competency <...> organize training on society's healthy living, conferences, seminars related to sexually transmittable diseases, HIV and its prevention (III.8.11 p.).

Medical norms that regulate rights, duties, competency and liability of the doctors of various specializations establish the need of the doctor dermatovenereologists⁴⁷ to have the knowledge on the epidemiology, classification, cause, pathogenesis and clinical symptoms of HIV and sexually transmittable diseases <...> (VII.13.7 p.).

5.1. Testing for HIV, hepatitis, TB

National HIV/AIDS Prevention and Control Programme 2003-2008⁴⁸ stresses the need for improving health care, protection and warship of people with HIV and AIDS. For that purpose it is necessary to develop voluntary consultation and testing services, to guarantee their confidentiality and anonymity (V.20.2 p.).

The Order of epidemiological care of the sexually transmittable infections and HIV in the public health care institutions⁴⁹ also provides for the person's health care establishments whenever necessary to organize taking the blood from the persons of risk group (drug addicts, prostitutes,

⁴³ One of these is special Order of the Minister of Education and science „On the prevention of criminal offences, non attendance of school, usage of narcotic and psychotropic substances, HIV/AIDS, violence and delinquency“ // State news, 2004, No. 145-5281.

⁴⁴ Government Resolution on the National HIV/AIDS Prevention and Control Programme 2003-2008 // State news, 2003, No 98-4399.

⁴⁵ Government Resolution on the State program on the prevention and control of sexually transmittable diseases 2006-2009 // State news, 2005, No. 138-4973.

⁴⁶ Order of the Minister of Health care „On epidemiological care of the sexually transmittable infections and HIV in the public health care institutions“ // State news, 2003, No. 27-1105.

⁴⁷ Order of the Minister of Health care On the medical norm MN 77:2000.“Doctor ftyziater. Rights, duties, competency and leability“ // State news, 2000, No. 76-2320.

⁴⁸ Government Resolution On approval of National HIV/AIDS Prevention and Control Programme 2003-2008 // State news, 2003, No. 98-4399.

⁴⁹ Order of the Minister of Health Care “On epidemiological care of the sexually transmittable infections and HIV in the public health care institutions” // State news, 2003, No. 27-1105.

homosexual people, etc.) and sending it for HIV testing to the laboratory having the license for such an activity (III.8.8 p.).

Health care institutions having the license for such an activity provide laboratory-diagnostic testing for those having sexually transmittable diseases and HIV (III.9.4 p.).

Lithuanian AIDS center organize and provide clinical laboratory-diagnostic testing for those having sexually transmittable diseases and HIV (III.10.4 p.).

Viral hepatitis B and C and tuberculosis are being included in the list of dangerous and extremely dangerous diseases whereas persons having or suspected to have those diseases or being carriers of infection have to be hospitalized and/or isolated, tested and/or treated compulsory.⁵⁰

5.2. Harm reduction services

National HIV/AIDS Prevention and Control Programme 2003-2008⁵¹ indicates that harm reductions means are such means which reduce negative economic, social and medical consequences related to drug use. Such means are syringe exchange, substitution treatment, provision of condoms and other (I.6 p.).

In 2006 there was the Minister of Health Order for implementing harm reduction programs for narcotic and psychotropic substances approved⁵². It determines the purposes, implementation and financial sources of harm reduction programs for persons injecting narcotic and psychotropic substances, who because of their risky behavior have the maximum threat of HIV and other infections.

The order provides for the free health care and social support services indicated to injecting drug users and their partners.

The low threshold cabinets⁵³ for narcotic and psychotropic substances have to provide the following services: 1. needle and syringe exchange; 2. distributions of disinfectants; 3. distributions of condoms; 4. health education seeking to reduce risky behavior; 5. information; 6. consultation.

In addition, considering the facilities of the establishment, competency of the personnel, particularity of the locations and the needs, the following services can be provided: 1. organization of the hygiene and care services; 2. provision of dressing; 3. sore dressing; 4. taking and sending of substances for testing; 5. nutrition; 6. transport; 7. mediation and representation; 8. other services.

The problematic aspect related to sore dressing in many harm reduction cabinets should be noted, since there are no medical staff, and only social workers present. Because of that patients are refused in providing those services.

Following the World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS joint position paper „Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention“, published in 2004, the new legal regulations on substitution treatment were adopted in Lithuania⁵⁴. Regulations provide that substitution therapy is part of the complex treatment program, which include medicament, social and psychological treatment.

⁵⁰ Order of the Minister of Health care On approval of the list of dangerous and extremely dangerous infectious diseases having which or suspected to have the disease or being carrier of the infection have to be hospitalized and/or isolated, tested and/or treated compulsory // State news, 2002, No. 62 – 2527.

⁵¹ Government Resolution On approval of National HIV/AIDS Prevention and Control Programme 2003-2008 // State news, 2003, No 98-4399.

⁵² Order of the Minister of Health care of 5 July 2006 On approval of the order for implementing harm reduction programs for narcotic and psychotropic substances // State news, 2006, No. 77-3020.

⁵³ Such low threshold cabinets may be established by state, municipals institutions, public enterprices, other non-profit legal persons. Cabinets are usually established in the places of visit/presence of high risk groups, i.e. in the surrounding of the target group (which makes geographical accessibility to the clients). There are 10 low threshold cabinets working in Lithuania. These may be mental health centers, health centers or centers for social services at the municipalities, centers for addiction diseases, etc.

⁵⁴ Order of the Minister of Health care of 6 August 2007 On approval of prescription and application of the substitution therapy for treatment of opioid dependency and Schedule of the order of the prescription, delivery, storage and record of the substitution opioid medicaments in the person's health care institutions // State news, 2007, No. 90-3587.

This Order repeats the principle established both in the Law on narcologic care⁵⁵ and in the Law on Health system⁵⁶ on free of charge health care services provided for specific groups of people. It indicates very clearly that "Substitution therapy and testing on specific narcotic substances should be financed from the Compulsory Health insurance fund budget for those having been insured with the compulsory insurance, and from the budgets of municipalities and/or counties, other programs for those who are not insured with the compulsory heal insurance". With this the negative practice of some dependency center to take money from narcologic patients for their methadone treatment should change.

⁵⁵ The Law on narcologic care of 25 March 1997 // State news, 1997, No. 30-711.

⁵⁶ The Law on health system // State news, 1994, No. 63-1231, 1998, No. 112-3099.

6. Lithuanian prisons system

6.1. Competencies in providing health care services

Lithuanian legislation provides that all prisoners are equal despite their origin, social situation, genetical features, disability and other grounds. "Prisoners should be treated in the way to preserve their health and dignity"⁵⁷. Health care of the prisoners is organized following the principle that convicted persons should receive health care services of the same quality as other Lithuanian citizens.

Health care of convicts is organized in accordance with the general health care regulations and special provisions on health care of the prisoners.

The Ministry of Health of the Republic of Lithuania is an institution that exercises executive powers, carries out State administration functions established by the laws and other legal acts in the health care sector, and implements State policy in the health care sector. Mission is to form and implement health policy that ensures public health, high quality health promotion activities, and rational use of resources. Among indicated strategic goals of the Ministry of Health is assurance of public health care by strengthening the health of the population, prevention and control of diseases; improvement of public health care activities in compliance with the requirements of EU legal acts; assurance of effective prevention of diseases, reduction of the morbidity and mortality of the population; active prevention of alcohol, drug addiction and other addictive disorders.⁵⁸ In assuring of accessible and qualitative personal health care the main goal is to create equal conditions for all citizens of the country to receive the necessary health care services.

Following international experience Lithuania gradually and purposefully implements the public health policy. Its goal is to ensure an effective functioning of the system of disease prevention and control, health education and the development of information systems, to encourage professional advancement of public health care specialists and to implement the reform of the public health system in compliance with the requirements of EU legal acts. One of the main priorities in public health sector is improvement of mental health. In order to ensure psychosocial well-being of people and more versatile assistance to persons with problems of mental health the Strategy on Mental Health of Lithuania is being developed.

In an area of drug addiction and HIV/AIDS Prevention, the Ministry has prioritized an implementation of the measures of the National Drug Control and Drug Addiction Prevention Programme for 2004 – 2008 to reduce the use of narcotic and psychoactive substances. At growing HIV/AIDS epidemic in the world, it is very important to protect the society from spread of this infection. Currently the National HIV/AIDS Prevention and Control Programme for 2003-2008 is implemented which aim is to remain a country of low HIV/AIDS spread until 2010.

Meanwhile talking about the provision of health care services in Lithuanian prisons, a separated prison health care system under juridical authority which is more or less separated from the general health care system is obvious. At present, the provision of health care in Lithuanian prisons falls under the responsibility of the Ministry of Justice. Implementing legal system reform, in 2000 the responsibility for the prison system was transferred from the Ministry of the Interior to the Ministry of Justice. Previous Department of Correctional affairs was renamed to the Prison Department under the Ministry of Justice (hereinafter – Prison Department). The main strategic aim of the Prison Department is to guarantee the execution of custody and imposed courts' penalties and drug addiction prevention in the places of imprisonment. Prison department is responsible for organizing, implementing and controlling inmates' protection and supervision, correction, social rehabilitation, psychological support and health care in the places of imprisonment; implementing other tasks of commitment.

⁵⁷ Order of the Minister of Justice on approval of the Internal Order Regulations of Correctional Establishments // State News, 2003, No. 76 – 3498.

⁵⁸ Website of the Ministry of Health care. Accessed at: http://www.sam.lt/en/main/veikla/2006___2008_met___strat

There is Medical Division at the Prison Department which is responsible for organization and coordination of health care services provided in penal establishments. Currently there are five persons employed in the division, all having medical qualification. From the point of view of the representatives of the Medical Division, there are too little human resources. Besides, being responsible for the specific health care area, they are not limited only to the jurisdiction of Ministry of Justice, coordinating prisons system in Lithuania, but also linked to the Ministry of Health, which develops, organizes and coordinates provision of health care services nationwide. According to the principal that health care of convicts is organized in accordance with the general health care regulations, representatives of Prison Department are involved in various task forces on creation of national programmes, action plans and legislation on health care provision, and responsible for implementing those provisions in the penitentiary system.

In legislation yet there are some confusing provisions on the organization and provision of the health care services in the penal institutions. The Code of enforcement of penalties indicates that the Ministry of Health is organizing health care for convicts and incarcerated people. The same time another article of the Code indicates that the order of treatment of people with drug addiction problems in the places of imprisonment should be established jointly by the Ministry of Health Care and Ministry of Justice⁵⁹.

Because there is no clear division of functions between different ministries and Department, sometimes specific legal acts and regulations are adopted without proper consultation and coordination held during their preparatory phase, which can cause various difficulties in further implementing them to the prison population⁶⁰.

Besides, a limited involvement of the Ministry of Health in the prison health-care services, mainly through inspections and the handling of prisoners' complaints about health-care matters is observed⁶¹. In its report on 2004 visit CPT recommended that a greater participation of the Ministry of Health in this area would help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the outside community. Contrary, running a separated prison health care system may have a tendency for duplicate services and risks inefficacy or inequality. Budgets restrictions may force prison administrations to give preferential treatment to safety aspects on the expense of health care requirements.

There are three level person's health care services organized in penal establishments. Health care offices established within the penal institutions (hereinafter – Health care offices)⁶² provide ambulatory – first level person's health care services. All penal establishments have their own health care offices, activities of which are coordinated by the Prison Department (PD). Second level health care services – in-patient examination and treatment is provided in the Prison Hospital. Person's health care services of tertial level are provided in the public health care institutions (in cases when Prison Hospital have no possibility or right (according to the license) to provide medical aid needed), guaranteeing security of prisoners.

Prison Hospital operates in the Lukiškės prison, in Vilnius (hereinafter Hospital) – is specific institution within the penitential system, which executes person's health care and detention, arrest and imprisonment punishment, and is meant for an inpatient health care of convicts and arrestees. From the total 111 Hospital beds, there are 25 beds in the Hospital's psychiatric unit, 20 of which are for patients with psychiatric problems and 5 for persons having substance abuse problems. It should be noted that the personnel working in Hospital's psychiatric unit is oriented to use and psychiatric care is limited to pharmacotherapy. There are no psychosocial rehabilitation provided, do not work occupational, educational, skills training programs adapted for individual needs of the patients. Since

⁵⁹ The Code of enforcement of penalties // State news, 2002, No. 73-3084. Art 174 and 175.

⁶⁰ There can be legal acts of different jurisdiction: adopted by joint order of two ministers – Minister of Health care and Minister of Justice, adopted by the Minister of Health care or Minister of Justice. Besides, some matters are regulated by the Orders of the Head of Prison Department.

⁶¹ CPT report on 2004 visit to Lithuania, 2006.

⁶² Health care offices may provide health care services only upon receipt of the license from the State accreditation office for the health care activities under the Ministry of Health care and after registering at the Register of the State health care institutions. Order of the activities, structure and staff of the person's health care centers established within the penitential institutions // State News, 2003, No. 39 – 1799.

2003 this Hospital includes a HIV/AIDS prevention and treatment site. They have set a task to equal accessibility of health care services in the prison system to that on the outside⁶³

There are 15 penitentiary institutions in Lithuania. Capacity of all the penitentiaries totals to 9874 beds. 238 incarcerated people fell to 100 000 general population on 1 January 2007⁶⁴

6.2. Prison Health Care Budgets

The quality of prison health care is necessarily associated with the financial budgets provided for this purpose. However, the expenditures for medical services from the annual prison budget are in most cases unavailable. When specified, most often, they include only running costs for infrastructure or staff that is directly employed by the prison administration or by the Ministry of Justice. In Lithuanian Prison Department and its' subordinated establishments are financed from the state budget, with annual funds for maintenance of the establishments⁶⁵. Prison Department's activity is based on the strategic planning and the concrete programs anticipated. There is no separate line within the budget for financing the health care services provided. After receiving financial requests from the penal establishments Department gives resources only for paying to the staff and purchasing medicaments needed, and do not plan to finance concrete health care services and programs for the inmates. Only from the year 2006 Prison Department initiated a separate long-term program on Drug control and drug addiction prevention, which aims at stopping spread of drug addiction in the penal establishments. In 2005 this program was not yet a separate one, while finances and means allocated were included into the program on Guaranteeing activities of penal execution system.

Figure 4: The budget distribution between different programs of Department's activities⁶⁶:

No.	Program	2005 (thousand Lt)	2006 (thousand Lt)
1	Guaranteeing activities of penal execution system	124427	145782
2	National drug control and drug addiction prevention	-	663
3	Construction, planning works and purchase of long-term property	13622	14864
4	Professional training of the personnel	1104	1199
5	Organization of execution of custody and criminal sentences	4263	4457
6	Retiring allowance	2820	3527
7	Vocational occupation activity for prisoners	-	500
8	Special program for provision of paid services	137	118

Two things should be mentioned: firstly, that the budget foreseen is not sufficient (the biggest part of it goes for guaranteeing activities of penal execution system, i.e. security and supervision, meanwhile separate line for financing various rehabilitation programs is not indicated), and secondly, general public opinion does not allow this problems to become a topicality since it is supposed that the criminal offenders may not be in a better position then others. Such attitude gives an understanding and explains low quality and numbers of health care services and programs – since such services and programs are considered to be unnecessary luxury.

According to the words of the representatives of the Prison Department there is a great shortage of finances for provision of health care services in penal institutions (prevention, treatment, rehabilitation programs). An amount of approximately 1.7 million Litas allocated for the medicaments did not change a lot in past few years, although prices of the medicament increased substantially.

⁶³ Lithuanian response to HIV/AIDS – first 15 years. Lithuanian AIDS center, 2004.

⁶⁴ Main data on prison department's and other subordinated to it penal institutions' activities in year 2006. Accessed at: <http://www.kalejimudepartamentas.lt>

⁶⁵ The total budget given for the penal execution (which was divided between correctional establishments and correctional inspections) was 122 169 000 Lt (35 382 588 EUR) in year 2004, in 2005 – 146 373 000 Lt (42 392 550 EUR), in 2006 – 157 992 000 Lt (45 757 645 EUR).

⁶⁶ Main data on prison department's and other subordinated to it penal institutions' activities in year 2006. Accessed at: <http://www.kalejimudepartamentas.lt>

Besides, from the year 2006 Prison Department have to plan money for HIV testing, and AIDS treatment, which may become a major burden for the prison system in the future. Since persons being infected with HIV 7-10 years ago, are facing already the symptoms of AIDS and are in need to start the ART treatment. According the data provided by the Prison Department up to 64 percent (813 from the total of 1273⁶⁷) of all HIV infected had been in one or another penal establishment. Besides, permanently there are approximately 270 persons with HIV staying in penal institutions. According the calculations an amount of 35 thousand Litas is necessary for the treatment of one person with AIDS annually. Medical Division of the Prison Department has a demand of 4 million Litas to make the adequate health care services in penal establishments; nevertheless there are doubts that this amount will be made available after the planning of the whole budget of the Prison Department.

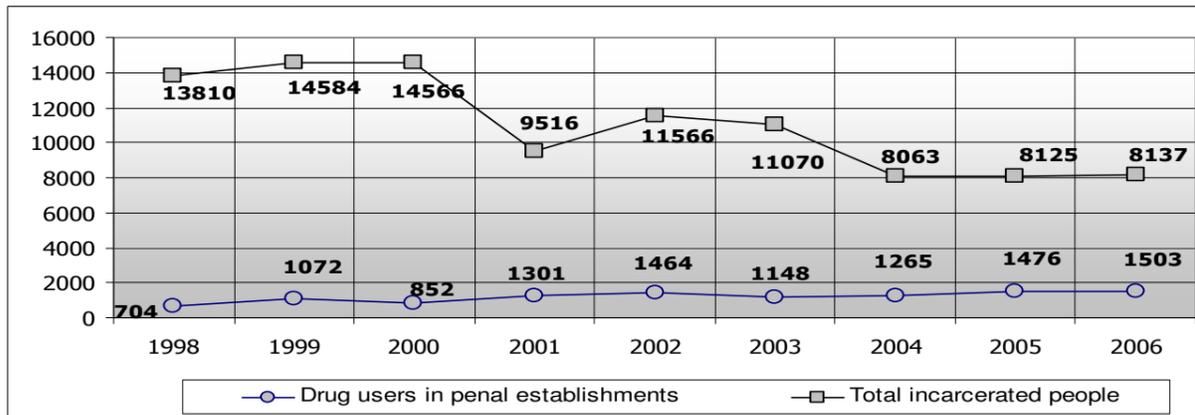
⁶⁷ Data provided by the Prison Department on October 1 2007.

7. Prevalence of HIV/AIDS, drug use and related infections in Lithuanian prison system

The rates of HIV infection among prisoners in many countries are significantly higher than those in the general population. HCV seroprevalence rates are even higher.

Illegal drugs are available in prisons despite the sustained efforts of prison systems to prevent drug use by prisoners by undertaking efforts to prevent the entry of drugs into prisons, by tightly controlling distribution of prescription medications, and enforcing criminal prohibitions on illegal drug possession and use among prisoners. Injecting drug use in prison is of particular concern with regard to transmission of HIV and other blood borne infections such as hepatitis B and C. This is because those who inject drugs in prisons often share needles and syringes and other injecting equipment, which is a very efficient way of transmitting HIV⁶⁸.

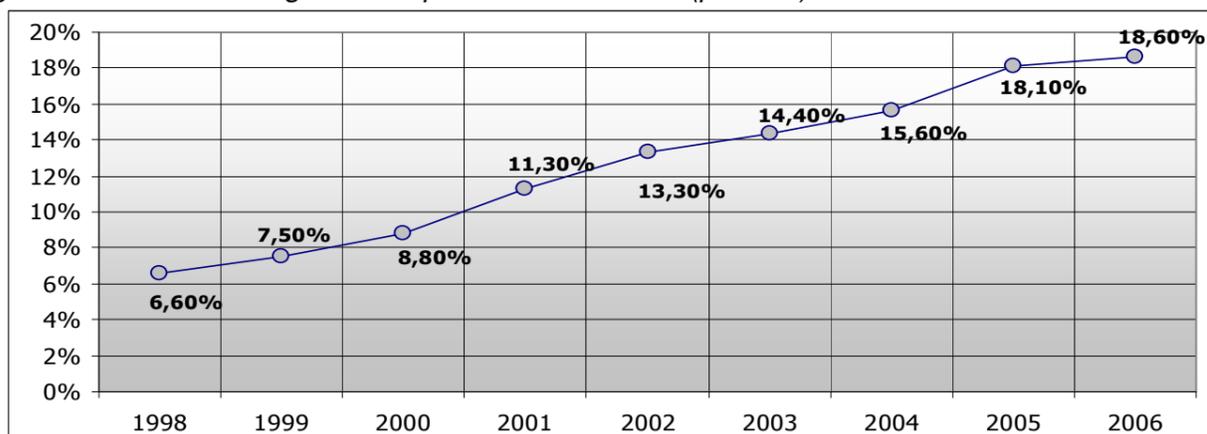
Figure 5: Number of drugs users in prisons of Lithuania (abs. No.)⁶⁹



Data of Prison Department

Since 2003 there is an increase in the number of drug users in Lithuanian penal institutions observed. At the end of 2006 this number reached 1503 persons. From 1998 to 2006 the number of drug users in penal institutions increased more the two times. Whereas the total number of incarcerated persons decreased 1,7 times during the same period.

Figure 6: Number of drug users in prisons in Lithuania (percent)



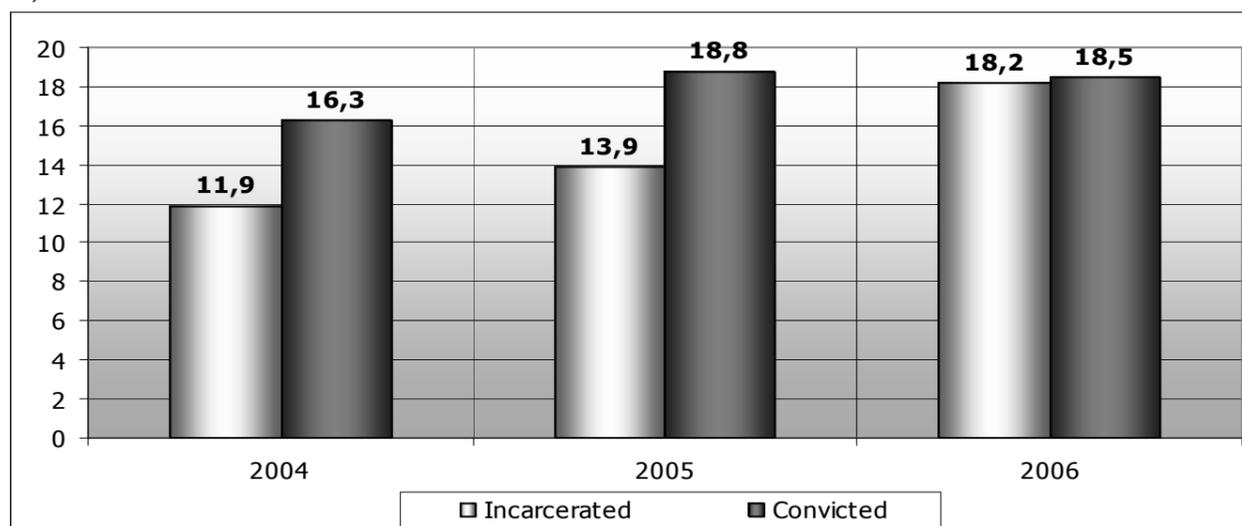
Data from Prison Department

⁶⁸ World Health Organization, UNAIDS, UNODC. Effectiveness of Interventions to Manage HIV in Prisons – Needle and syringe programmes and bleach and decontamination strategies. WHO, 2007.

⁶⁹ Prison Department gathers information on the drug users based on the drug tests data.

Analysis of statistical data showed that since 1998 there is constant and equivalent increase of the number of drug users among other imprisoned persons observed. In 1998 the percent of drug users among all the prisoners constituted 6,6 percent, and in 2006 - 18,6 percent, i.e. a bit less than 1/5.

Figure 7: Use of psychotropic substances among the incarcerated and convicted people (percent)



Data from Prison Department

Analysis of the data shows that psychotropic substances are more often used by the convicts – persons serving their imprisonment sentence in the penal institutions. Nevertheless during the last year (2006) the usage of psychotropic substances both by incarcerated persons (investigated) and convicts was very alike and constituted approximately 18 percent.

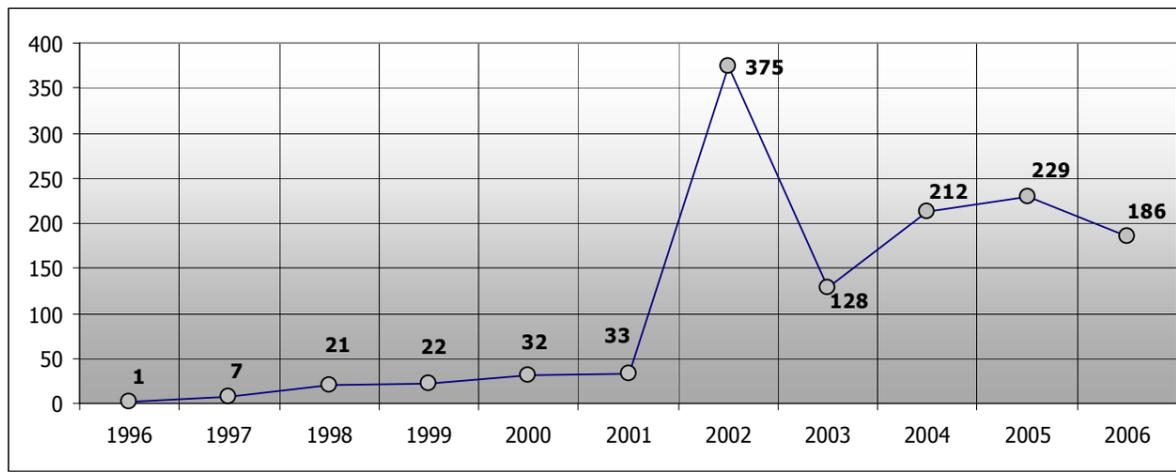
Figure 8: Drug – taking among prisoners of Lithuania

DRUG-TAKING AMONG PRISONERS OF LITHUANIA 01-01-2007						
DRUG	CONVICTS		INVESTIGATED		TOTAL	
	abs. N.	% among convicts	abs. N.	% among investigated	abs. N.	% among prisoners
OPIATES (F11)	75	7,5	461	6,5	536	6,6
CANNABIS (F12)	21	2,1	44	0,6	65	0,8
TRANQUILIZERS (F13)	4	0,4	19	0,3	23	0,3
COCAINE (F14)	3	0,3	1	0,01	4	0,04
STIMULANTS (F15)	7	0,7	123	1,7	130	1,6
HALLUCINOGENES (F16)	-	-	8	0,1	8	0,09
INHALATORS (F18)	3	0,3	19	0,3	22	0,3
SEVERAL DRUGS (F19)	68	6,8	632	8,9	700	8,7
TOTAL	181	18,2	1307	18,5	1488	18,4

Data from Prison Department

Further analysis of data showed that in most identified cases prisoners are taking opiates, in 2006 536 cases registered (6,6 percent), or are using several drugs, 700 cases (8,7 percent).

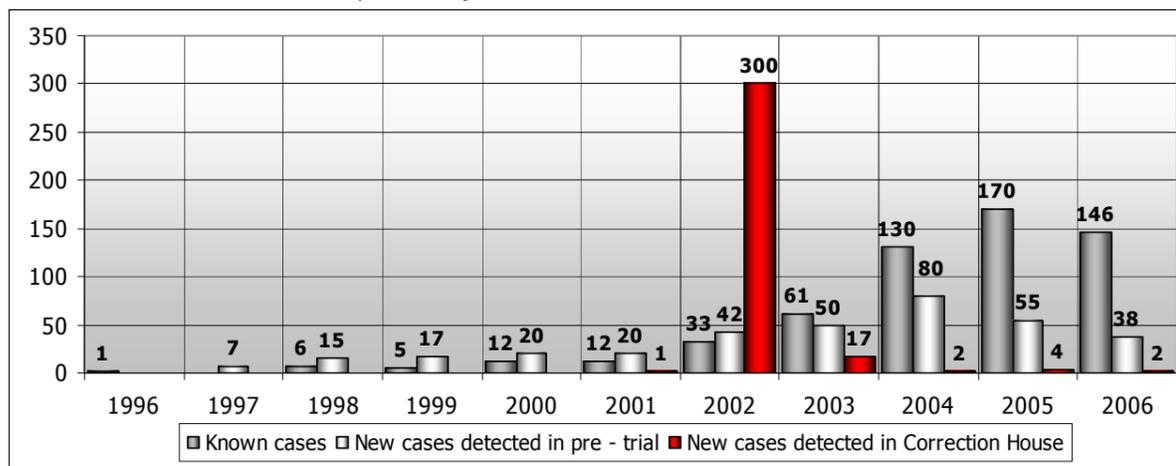
Figure 9: Detection of HIV in prison system of Lithuania (total number)



Data from Prison Department

Analysis of statistical data show, that after the HIV outbreak in Alytus strict regime colony (with 299 new HIV cases tested) there were 375 persons with HIV positive identified in prison system in 2002. An average annual number of persons with HIV detected in penal establishments during the last 3 years is 200. And there is even a minor decrease of such identified persons in 2006.

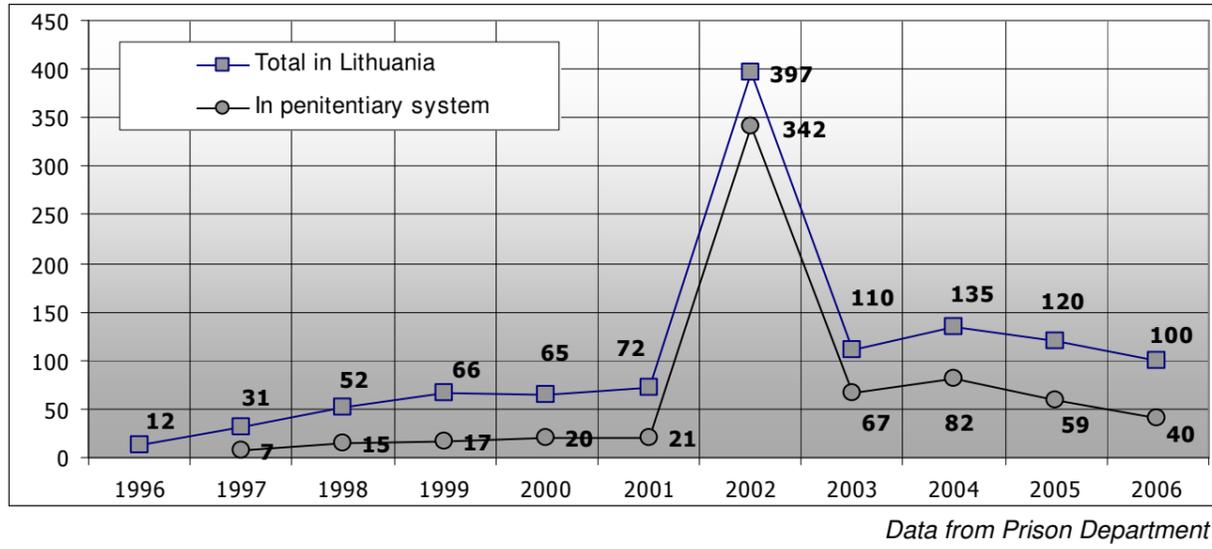
Figure 10: Detection of HIV in prison system of Lithuania



Data from Prison Department

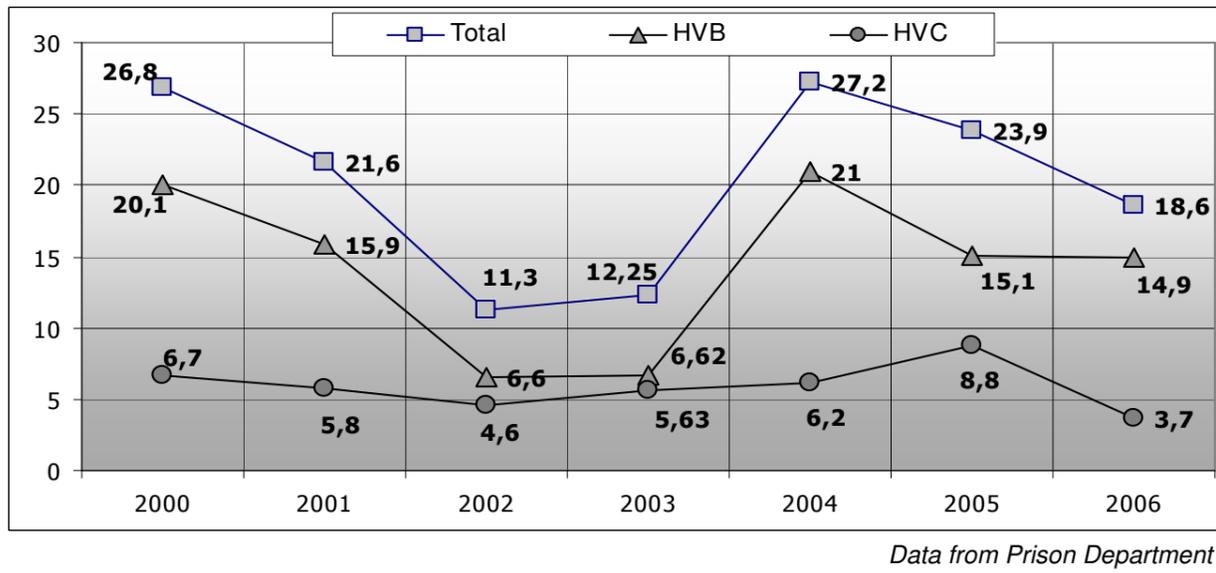
Further analysis of the data show that currently the bigger part of HIV cases detected in prisons system are known cases, i.e. when the infection was identified before the person enters the prisons system. In years 2005 - 2006 approximately 1/3 of HIV positive cases were detected in penal institutions.

Figure 11: New HIV cases among Lithuanian population total and among prisons system population by year



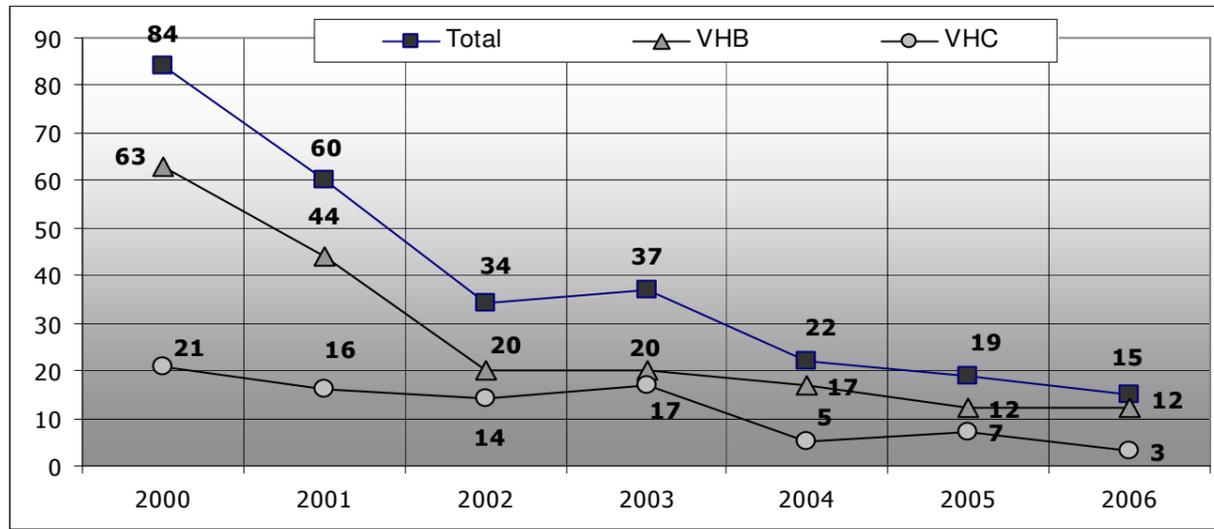
From the picture above one can affirm that since 2003 new HIV cases identified in prisons system approximately constitute 1/2 of all new HIV cases in Lithuania total.

Figure 12: Incidence of viral hepatitis in prisons per 10 000 prisoners



Analysis of statistical data show that in the last 2 years incidence of Hepatitis in prisons per 10 000 prisoners is steadily decreasing, from 27,2 – in 2004 to 18,6 – in 2006.

Figure 13: Number of acute viral hepatitis in prisons in Lithuania

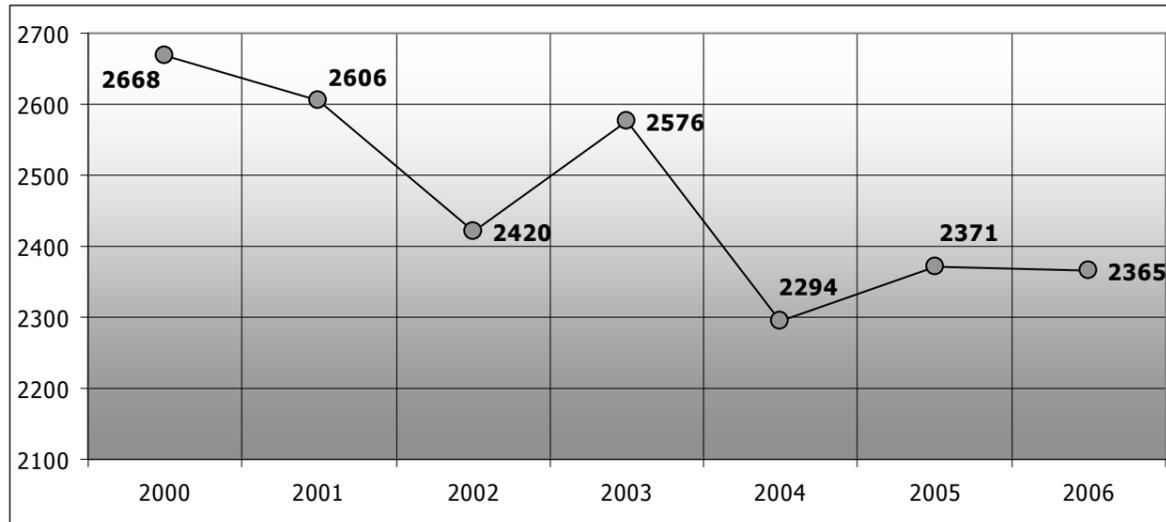


Data from Prison Department

It should be noted that the numbers of acute viral hepatitis in prisons are decreasing consistently, i.e. from the year 2000 to 2006 there are 5,3 times less of such patients.

Although it can be argued that these numbers are much higher since there is no constant prophylactic and random testing for hepatitis B and C among prisoners. Testing is based on the epidemiological and medical indications. Supposedly there can be up to 98 percent of all the drug users being infected with hepatitis⁷⁰. This can be affirmed by the information received after the Alytus outbreak, when in addition 65% of a sub-sample of 488 persons were infected with the hepatitis C virus (HCV)⁷¹.

Figure 14: Incidence of tuberculosis among Lithuanian populations (absolute numbers)



Data from Prison Department

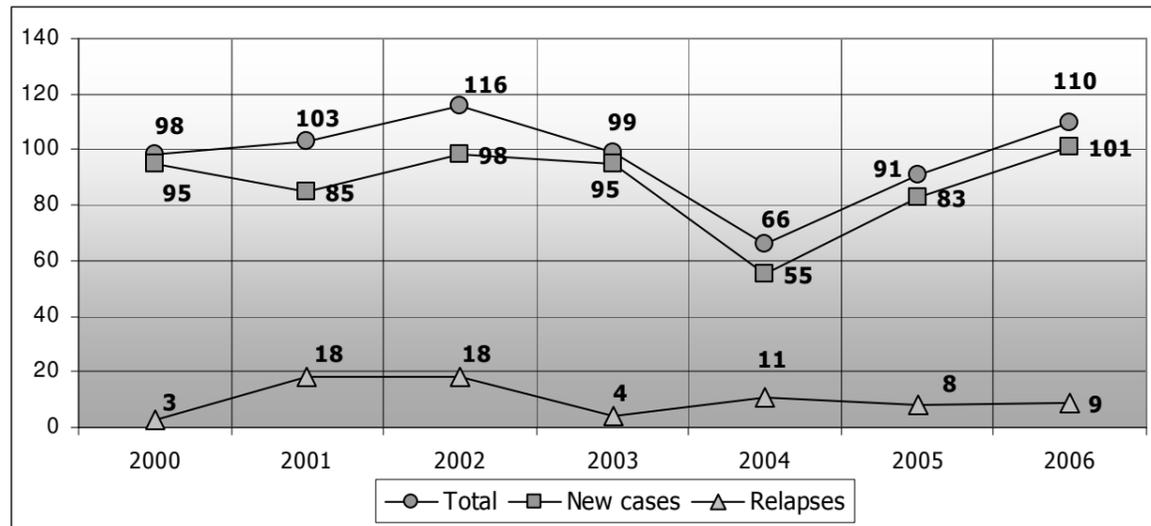
With regards to tuberculosis cases in Lithuania it should be noted that during the last 2 years there is stabilization of the situation, since morbidity with tuberculosis practically had neither increased

⁷⁰ Information from the meeting with representatives from the Prison Department.

⁷¹ Outbreak of HIV Infection in the Lithuanian Prison System Assessment of the Situation and the Developing Response. UNAIDS. Vienna, 2002.

nor decreased. Besides, considering the dynamic changes from the year 2000, one can state that the number of tuberculosis cases in Lithuania is decreasing.

Figure 15: Morbidity with tuberculosis in Lithuanian penal institutions (absolute numbers)



Data from Prison Department

In penal establishments (comparing to the situation in Lithuania) an increase of tuberculosis cases can be noticed, when during the last 2 years the number of such cases increased by 1,7 times, and reached 110 persons in 2006. The most of tuberculosis cases are new cases.

8. Lithuanian response to HIV/AIDS epidemics in prisons system

There are number of activities foreseen in the National HIV/AIDS Prevention Programme addressed at ensuring implementation of prevention of HIV/AIDS and related infections in the penitentiaries. Prison Department under the Ministry of Justice in cooperation with other institutions is indicated as a responsible body.

These include:

- To analyze HIV threat, risk factors in penitentiaries and to implement major prevention measures;
- To design, approve and implement HIV prevention measures for control of HIV, hepatitis, tuberculosis and other infections spread in the penitentiaries;
- To develop and approve assurance procedures of counseling on HIV issues and HIV testing for incarcerated and convicted people, and ensure confidentiality for those tested anonymously;
- To prepare materials for training of penitentiary personnel and to expand training programmes;
- To prepare and approve HIV prevention measures for released convicts with HIV;
- To assure HIV related infections and drug abuse prevention and surveillance in incarcerated and convicted people;
- To continuously inform and organize trainings of the penitentiary personnel, inmates and convicts on HIV and other related infections, drug abuse in penitentiaries, medical ethics, confidentiality, rights and responsibility of people with HIV, care and treatment of HIV positive people, tolerance towards people with HIV and AIDS, other issues;
- To renew and prepare additional video and audio materials on prevention of HIV and related infections, to arrange presentations of educational video materials in the penal establishments, discussions;
- To perform centralized selective and confirmatory testing on HIV, syphilis, virus hepatitis B and C of incarcerated and convicted people;
- To distribute informative publications "Protect your Health" in the Russian and Lithuanian languages in penitentiaries;
- To develop and approve the order of post-exposure treatment in penitentiaries and supply with treatment means;
- To provide a HIV pre- and post-test counseling for incarcerated and convicted people;
- To train peer educators from inmates and convicted people on voluntary basis to spread educative information on prevention of HIV and related infections.

The programme itself provides such indicators that should be achieved before 2008 (related to IDU and incarcerated people):

- 80 % incarcerated people should have used a condom during a last date;
- 80 % intravenous drug addicts should use a condom while having sex with sex workers;
- 50 % intravenous drug addicts should use a condom while having sex with regular or accidental partner;
- 80 % men having sex with men should use a condom while having sex;
- 85 % intravenous drug addicts should not share syringes.
- Actions in the penitentiaries:
- All the penitentiary personnel should be aware of HIV transmission modes, protection means and available preventative treatment;
- 80 % incarcerated people should be aware of HIV transmission modes and protection means.

A mid-term review report of the National HIV/AIDS Prevention and Control Programme acknowledged that the Lithuanian response to AIDS over the past years is impressive, and a great deal of prevention work has clearly been carried out, nevertheless this has not yet been extensive enough to stop HIV from continuing to increase in Lithuania. There are too few prevention services and there is an unequal distribution throughout the country, as they are focused mainly in the larger cities. Despite all the prevention work done so far, there appears to be several areas of high vulnerability where there is a very real possibility of further spread of HIV in the near future. One of such location needing immediate attention due to its high vulnerability to an HIV outbreak is in the prisons, where there is a growing drug use problem, but still without clean needles available⁷².

Based on the indicators 2008 of the program, authors of the report forecast the likelihood of success:

With regards to the indicators on condom availability and use: 1) 80% incarcerated people should have used a condom during the last contact with a partner. Authors forecast that this indicator is unlikely to be achieved, since the prisoners survey (last survey 2004) showed only 10% index on 1,000 prisoners; 2) 80 % intravenous drug addicts should use a condom while having sex with sex workers, is unlikely to be achieved, based on IDU survey-last survey 2003, index 30%; 3) 50% intravenous drug addicts should use a condom while having sex with regular or accidental partner, is also unlikely to be achieved according the authors of the report; 4) 80% men having sex with men should use a condom while having sex. Authors forecast unlikelyness to be achieved, based on survey of 2003, index 55%.

With regards to the indicator that foresees - 85% intravenous drug addicts should not share syringes. This indicator again is forecasted by the authors as unlikely to be achieved, based on the survey 2004, showing index of only 55%.

According to the authors' forecast both indicators for the actions in the penitentiaries relating to the awareness of HIV transmission modes and protection means among the personnel and incarcerated people are likely to be achieved.

The report is very critical about the preventive measures being implemented in the penal system.

According to the data of Prison Department, a sizable proportion of those inmates awaiting trial or sentencing were found to be dependent on drugs (18.1% in 2006, up from 13.3% in 2003)⁷³. Opiates are the most popular drug used in prisons, more than two thirds of the narcotics are injected. According to the inmates, needles and syringes are not really available in penitentiary. They claim that up to 16 people on average can be sharing one syringe and less than one fourth of the drug users own their own syringe. 45% said that they have never used a condom during the long-term dates, though condoms are available for free. Every tenth inmate claims that they have had sex with another sentenced person at least once, and only 10% of these had used a condom.

The report highlights that prisons do not offer any substitution treatment or needle exchange programmes, only minimal harm reduction activities like making bleach available. Also those drug users who are dependent are not offered any long term rehabilitation services other than some clinic based services offered by psychiatrists.

Even though there was the HIV outbreak in Alytus prison, no needle exchange programme or opioid substitution program was introduced anywhere, mainly due to the opposition from policy makers. Besides the proven direct effect that substitution therapy, like methadone, has on reducing the IDU's dependence on injecting the opiate (and therefore reduces the chances of risky needle exchange), methadone is also proven to have a tendency to bring the IDU closer to the treatment services as it increases their confidence in the narcologists, psychologists and doctors. Many times methadone is the way IDUs end up coming forward to undergo a full detoxification and rehabilitation programme.

The prevention activities seem to be mainly limited to some counseling (pre and post test), some educational activities for staff and inmates with some booklets produced, a poster competition to raise

⁷² Mid-Term Review of the Lithuanian National HIV/AIDS Prevention and Control Programme 2003-2008. UNDP Consultants, August 2006.

⁷³ Prison Department. 2005 Report on activities of the prison department, its subordinate institutions and state enterprises. Vilnius 2006.

awareness on HIV, and some disinfection (liquid disinfectant) by dispenser in all the prisons. The condoms are given to prisoners only just before a long term visit with a partner from outside and otherwise they are not available. There is a strong political opposition to introducing opioid substitution programs and needle exchange in prisons - also the attitude of the prison staff is rather negative against introducing them.

Finally there is one other area that according to the report needs more prevention services. Once former prisoners (many of whom are also former drug users) are released from prison, in many cases they are not at all prepared for life on the outside. An ad hoc programme needs be devised, possibly in close collaboration with the drug prevention and control programme to prevent relapses or even overdoses.

The report provides for such recommendations with regards to the penitentiary system:

1. The expansion of specific education activities and suitable long term rehabilitation services as a separate option to a prison sentence for possession of drugs should be introduced for meeting the growing drug problem.
2. Introduction of methadone substitution treatment and needles exchange to all prisons and remand facilities.
3. NGOs working in the prisons setting for prevention, peer education and support should be encouraged.
4. The medical services need to foster a more supportive role with the prisoners. Making sure that all the tests are indeed voluntary and consent is always obtained beforehand.
5. It is important that the PLHIV in prisons are checked regularly by trained specialists to ensure that they are provided with HAART as soon as they may require it.

With the conclusion that unless there is a serious commitment to increase the harm reduction activities in prisons, such as more clean needles, intensive information and education and the possibility of methadone, then there is a real threat of recurrent outbreaks occurring there.

On the national level there are other programs adopted for the control and prevention of drug addiction⁷⁴, sexually transmittable diseases⁷⁵, tuberculosis⁷⁶, mental health strategy⁷⁷ where specific activities and measures are foreseen to be implemented in the penitentiaries. Prison Department is responsible for all the measures addressed at the convicted or incarcerated people. Most of the activities foreseen are related to the awareness raising for this target group or some organizational measures, for example to detect and identify narcotic or psychotropic substances. Nevertheless in some programs there are some very concrete aims foreseen for the Prison Department to investigate the prevalence of sexually transmittable diseases and other infections, and to safeguard the prevention of hepatitis B in the correctional establishments and remand prisons until the year 2009, to safeguard the proper diagnostics of tuberculosis among incarcerated and convicted people.

8.1. Specific provisions on prevention, treatment and control of drug addiction and HIV/AIDS in prison system

Besides implementing measures of prevention of HIV/AIDS, drug addiction and other infections established in the National programmes, there are number of legal acts and actions foreseen in them addressing specifically preventive measures towards prisoners and in penitential establishments.

⁷⁴ Seimas Resolution of 8 April, 2004 On approval of National drug Prevention and Control program 2004–2008 // State news, 2004, No. 58-2041;

⁷⁵ Government Resolution of 21 November, 2005 On approval of the sexually transmittable diseases prevention and control program 2006-2009 // State news, 2005, No. 138-4973.

⁷⁶ Government Resolution of 23 May, 2007 On approval of national tuberculosis prevention and control program 2007-2010 // State news, 2007, No. 62- 2370.

⁷⁷ Seimas Resolution of 3 April, 2007 On approval of mental health strategy // State news, 2007, No. 42- 1572.

Right after the outbreak in Alytus prison, there were organizational, legal and technical actions taken to address the situation. The Lithuanian government has made 2.5 million Litas available in the context of a "Governmental Special Measures Plan." Nevertheless, the main emphasis of the developing response seems to be on 'supply reduction' measures, including investing in expensive, high-tech equipment, in an effort to better keep drugs out of the prison⁷⁸. Government Resolution on the urgent means for prevention of spread of drug addiction and HIV in the places of custody and imprisonment was adopted that regulated the organization and implementation of such measures⁷⁹

On 30 January 2004 the Minister of Justice of the Republic of Lithuania by the Order No.1R-27 approved the Concept of Drug Prevention and Drug Control in Penal Institutions⁸⁰. The Prison Department implements the provisions of the Concept and once a year reports to the Minister of Justice and the Drug Control Department at the Government of Lithuania. The drug prevention and drug control program at the penal institutions is carried out in such main directions:

- The primary prevention of drug addiction;
- The proper health care, rehabilitation and social reintegration of persons using drugs (secondary prevention), etc.

In the framework of the National drug prevention and control program, and the Concept of Drug Prevention and Drug Control in Penal Institutions a yearly action plan of drug prevention and drug control is prepared at the Prison Department. This action plan introduces the targeted programs to be implemented in penal institutions.

In 2005 one of the tasks of this Program was to provide inmates with the education in the field of drug prevention, social orientation and legal aspects. Seminars for the medical staff of correctional settings as well as representatives of the Service of Social Rehabilitation and officers of Security division, lectures for the inmates were provided; leaflets and other information publications were distributed. Within the framework of the Program a HIV/AIDS Prophylaxis and Treatment Center at Central Prison Hospital was established.

In carrying out means of Drug control and prevention and HIV/AIDS prevention and control, such activities were implemented in the penal institutions in the year 2006⁸¹:

- Testing of prisoners for hepatitis B and vaccination for hepatitis B provided in the Panevėžys, Pravieniškės 1st and Vilnius 1st correctional homes. Penal institutions were provided with HIV and drug tests (2060 units), condoms, means for carrying out domiciliary;
- In all penal institutions lectures on drug prevention were organized, films on drugs in prisons were demonstrated;
- Information publications on the sexually transmitted disease were prepared and distributed;
- Day center in Pravieniškės 3d correctional home is providing methodical support for prisoners, willing to solve the problem of their inclination to use drugs or other psychotropic substances and alcohol; etc.

For the year 2007 there are such objectives indicated: to reduce the rate of growing numbers of convicts-drug addicts; and to aggravate the ways narcotic and psychotropic substances get into the places of imprisonment. The criteria for evaluating the program is: number (percent) of the convicts and arrestees which were introduced with the questions of drug addiction prevention, treatment and rehabilitation; and number of the convicts and arrestees tested for the use of narcotic or psychotropic substances.

⁷⁸ Outbreak of HIV Infection in the Lithuanian Prison System Assessment of the Situation and the Developing Response. UNAIDS, Vienna, 2002.

⁷⁹ Government Resolution On the urgent means for prevention of spread of drug addiction and HIV in the places of custody and imprisonment of the Republic of Lithuania // State news, 2002, No. 58- 2352.

⁸⁰ Order of the Minister of Justice On the approval of the Concept of Drug Prevention and Drug Control in Penal Institutions // State news, 2004, No. 23-724

⁸¹ Main data on prison department's and other subordinated to it penal institutions' activities in year 2005. Accessed at: http://www.kalejimudepartamentas.lt/?item=vkl_at_mt&lang=1

Drug prevention is rather complex and long term process, which requires a comprehensive educational course rather than one lecture or several seminars. Besides, if during the implementation of the National program, one of the directions is to prevent the drug smuggling into the penal institutions, it means that drug abuse is a rampant phenomena, therefore the main focus should be on all elements of phenomena – prevention, treatment, rehabilitation.

Unfortunately all kinds of service - harm reduction programmes, substitute treatment - are very deficient in Lithuanian Correctional System, though such the programmes are widely accessible on the outside. Penitentiary personnel are aware that drug-dependent inmates should be provided with sterile syringes and disinfections material. The latter, as well as condoms, are available in majority of penitentiaries, however introduction of harm reduction programmes in penitentiary institutions to a large extent depends on political decisions and will.

There is a special Order of the Minister of Health care adopted On the approval of the list of drug prevention means, organized and implemented in the remand prisons and correctional establishments for the adolescents⁸² Such means for the prevention of drug addiction are foreseen: organization of seminars on drug addictions and HIV/AIDS for the staff of the remand prisons and correctional establishments for the adolescents; provision of the information materials on the drug addictions and HIV/AIDS; preparation of the information materials (leaflets) on the influence of drugs to the young organism; testing on HIV, Hepatitis and sexually transmittable diseases.

Control upon the implementations of the Order is imposed to the State Public health service under the Ministry of Health care.

8.2. Policies and practice on testing for infectious diseases in prisons system

Testing and early detection of various infectious diseases is very important element in stopping the spread of epidemics and reducing the consequences to the person and society.

Health assessment and screening

Upon arrival of a new person to the correctional establishment, health care office fills in the person's health history (form of medical record No. 025-1/ap), if it has not been filled in by the institution that executed detention, and within three days checks up person's health. The preventive checks up of prisoners kept in the correctional establishments and medical tests are performed as frequent as once per calendar year. In this sense, by the statement of the specialists of Prison Department's Health care office, health care and screening within the penal system is organized much more effectively then in society: prisoners receive health screening and treatment for free.

Evaluation of person's mental health is done by the psychiatrist or general practitioner (in case there is no psychiatrist) and included into the person's health history of newly arrived inmate. Generally the person's inclination to auto aggression, drug or alcohol addiction, brain trauma and CNS injury is evaluated, and mental disorder diagnosed.

There is an Order adopted On Procedure on Preventive Examination for Infections Qualified as Risky and of High Risk of Persons Held in the Institutions Subordinate to the Prison Department under the Ministry of Justice⁸³. The Order provides regulations on how and when persons getting in the penal establishments are tested on dangerous and particularly dangerous diseases, such as HIV, hepatitis B and C, tuberculosis and ect. The prophylactic testing is performed by the doctors of the Health care offices. The results of the tests are included into the medical files of the person.

According to the Order, HIV testing practice for the convicts and incarcerated people is as follows: on the arrival to all the penal establishments subordinated to the Prison Department; 3 months

⁸² Order of the Minister of Health care adopted On the approval of the list of drug prevention means, organized and implemented in the remand prisons and correctional establishments for the adolescents // State news, 2005, No.3-37.

⁸³ Joint Order of the Minister of Health Care of the Republic of Lithuania and the Minister of Justice of the Republic of Lithuania approved by the 2 July 2002 On Procedure on Preventive Examination for Infections Qualified as Risky and of High Risk of Persons Held in the Institutions Subordinate to the Prison Department under the Ministry of Justice // State news, 2002, No. 71-2992.

after arrival to remand prisons and correctional establishments; 3 months after the long-term dates; 3 months prior to the release; once a year – for the convicts being kept at the correctional establishments; in other cases based on the epidemiological and medical indications.

The Order provides that testing for Hepatitis B and C is performed based on the epidemiological and medical indications for convicts and incarcerated people being in the remand prisons and correctional establishments. According to the data of Prison Department⁸⁴ in year 2006 testing of prisoners for hepatitis B and vaccination for hepatitis B was provided in the Panevėžys, Pravieniškės 1st and Vilnius 1st correctional homes.

Testing for tuberculosis (radiological test or fluorography) is performed for detainees on the admission to the penal system, and later on twice a year for the convicts kept at the correctional establishments. Microscopical tests are carried out based on the epidemiological and medical indications. Although the laws require twice a year testing, real situation shows that due to the financial and technical reasons (there is only one fluorography machine of 1970-ies serving all the penal institutions), there is only ones a year testing performed. Nevertheless, according the data provided by the Prison Department⁸⁵ there is an index up to 70 percent in the penitentiary system, and only 30 percent in the society of TB testing provision.

The consent is required⁸⁶ for all kinds of tests and health interventions, in reality there are some doubts just how properly the consent is obtained⁸⁷. Nevertheless, it is officially claimed that a voluntary testing with pre- and post testing counseling is offered.

Besides above mentioned medical examinations, testing is also used for the detection of cases of alcohol, narcotic or psychotropic substances use. All penal establishments under the Prison Department use rapid tests. But these tests are applied and considered only as the primary method, whereas for the confirmation of the test results there should be clinical substances' examination carried out. The laws⁸⁸ indicate only one such organization in Lithuania, which is licensed to do these laboratory examinations - Mykolas Romeris university Institute of Forensic Medicine (laboratory). The current situation is quite complicated, since each time the samples of blood or urine should be sent to the above mentioned institute with the questions formulated for appropriate experts in order to detect and measure the quantity of the psychotropic substances in the blood and/or urine. Though, according to the representatives of the Prison Department, for the cases in penal institutions the quantity of the substances found is not as important as the fact, that the person has used psychotropic substances. And this can be determined with the help of tests that Prison Department and penal institutions have. Although these tests are certified in EU and satisfy all the requirements imposed, according to the order in force, they are only subsidiary means used for confirming the suspicions, and helping to properly formulate the questions to the experts.

8.3. Treatment and care for prisoners with drug addiction and HIV/AIDS

Addicted persons upon their written request can be treated in correctional establishments during execution of their punishment. By the joint Order of the Minister of Justice and Minister of Health care an Order of the treatment of addicted persons in the places of imprisonment⁸⁹ is approved. The Order establishes the treatment of persons having alcohol, drugs or psychotropic substance dependencies and executing their imprisonment punishments in the places of imprisonment.

⁸⁴ Main data on prison department's and other subordinated to it penal institutions' activities in year 2005. Accessed at: http://www.kalejimudepartamentas.lt/?item=vkl_at_mt&lang=1

⁸⁵ Meeting with the representatives of the Prison Department's Medical Division.

⁸⁶ Such requirement is established in the Law on Patients rights and compensation of damages caused to health // State news, 2004, No. 4284.

⁸⁷ Mid-term Review of the Lithuanian National HIV/AIDS Prevention and Control Programme 2003-2008. UNDP Consultants, August 2006. P. 36.

⁸⁸ Order of the Minister of Health care of 20 June 2006 "On approval of the medical review for detecting of insobriety or intoxication from the psychotropic substances and Methodic for assessing the general person's condition // State news, 2006, No.: 71-2641.

⁸⁹ Order of the Minister of Justice and Minister of Health care on the approval of the Order of the treatment of addicted persons in the places of imprisonment // State News, 2003, No. 39 – 1801.

Inpatient care for drug users is available in Psychiatric Department of the Prison Hospital. Treatment duration lasts from 2 to 4 weeks. But not all requested stationary treatment, counseling and psychological-social rehabilitation services are presently assured to the inmates because of a lack of trained medical personnel. Dependency treatment is not supported by special rehabilitation in any of penitentiaries.

Rehabilitation centre should be established for treating addicted patients within the places of imprisonment. The main purposes of the rehabilitation programs offered are: to help the patient in stopping using drugs or to reduce using of drugs to the minimum extent, to stop the usage of intravenous drugs; to help the patient to improve the quality of life; <...> to carry out HIV prevention measures after stopping using the intravenous drugs. According to the general standards for substance abuse treatment and rehabilitation⁹⁰ in implementing rehabilitation programs psychologists or social work specialists play a key role. Nevertheless specialists of the health care offices (with no psychologist and social worker position⁹¹) are obligated to carry the supervision of the health care of addicted persons. Nevertheless there is no centre established in none of the Lithuanian penal institutions, except of some correctional homes, where psychologists and social workers (but not health care specialists as requested in the laws) provide ambulatory or inpatient rehabilitation services for the addicts on their own initiative⁹²:

- In 21 January 2004 there was a rehabilitation group for prisoners having substance abuse problems established in Vilnius 2nd correctional home. Everybody who wanted to understand himself, name its weaknesses and was determined to banish them was accepted. After two years of working, the results show that both the establishment of such a group and working with prisoners in it served its purpose. In total there were 28 prisoners treated in the group, 13 of them already left the establishment.
- In year 2005 there was a project on Drugs and HIV/AIDS prevention carried out in Pravieniškės 1st correctional home, which was supported by Canadian embassy. While implementing the project cooperation agreement with Lithuanian AIDS centre was signed regarding 14 lectures for inmate groups on the drug and HIV/AIDS prevention.
- Since 2003 there is an Alternative rehabilitation centre established in Pravieniškės 2nd correctional home. The purpose of the centre – to help prisoners' to cure the dependency from the alcohol and drugs. There are 31 prisoners treated in the centre.
- Two groups of addiction diseases treatment and psychological rehabilitation are effectively functioning at the Panevėžys correctional home. At the moment there are approximately 40 inmates undergoing the treatment under the Minnesota program and attending the lectures⁹³.

Currently the most attention in Lithuanian Correctional System is paid to **Drug abuse and it's Prevention**. Organizing implementation of the provisions of the drug prevention and control in the places of imprisonment conception is one of the main trends of Prison Department's activities. According to the CPT recommendation (2004) it is important that the prison authorities make efforts to provide an environment in which prisoners without drug problems do not develop them and those who do have such problems are helped to overcome them. A high priority should be accorded to effective drug awareness training of staff, which would provide a basis for establishing constructive, supportive relationships with prisoners. Further, consideration should be given to the introduction of effective programmes of education, counseling and other forms of support for prisoners, as well as the setting-

⁹⁰ Order of the Minister of Health care on approval of the Standards for substance abuse treatment and rehabilitation // State News, 2002, No. 47-1824.

⁹¹ Joint Order of the Minister of Justice and Minister of Health care on approval of typical normative of staff at the health care offices of institutions subordinated to the Prison Department // State news, 2003, No. 39 – 1802.

⁹² Main data on prison department's and other subordinated to it penal institutions' activities in year 2005. Accessed at: http://www.kalejimudepartamentas.lt/stat/statistika_2005_KD_ataskaita_200652312432.doc

⁹³ Main data on prison department's and other subordinated to it penal institutions' activities in year 2005. Accessed at: http://www.kalejimudepartamentas.lt/stat/statistika_2005_KD_ataskaita_200652312432.doc

up of drug-free units. It is clear that any preventive measures must also be accompanied by a genuinely multidisciplinary therapeutic programme to help drug-addicted prisoners.⁹⁴

With regards to HIV/AIDS treatment and care, there can be few stages indicated of special measures taken in prison system. Facing the problem of accommodation of those infected with HIV/AIDS, there was a special division opened in 1998. According the Order of the Minister of Interior affairs⁹⁵ persons with HIV/AIDS were kept separated in the places of custody and imprisonment, if there was their written demand to be isolated from other inmates or if a disciplinary commission made a decision to keep them isolated because of their unsafe or negligent behavior.

This special division was closed down in 2002 and persons with HIV/AIDS are serving their sentences in all penal establishments since then. According the regulations of the Code of enforcement of penalties, administration of each penal institution has a right to keep persons with AIDS isolated from others⁹⁶

Within the framework of the program on Drug Prevention and Drug Control in Penal Institutions the HIV/AIDS Prophylaxis and Treatment Center at Central Prison Hospital was established on 1 May 2003. The main functions of this center are: health care of persons with HIV/AIDS; counseling before and after testing for HIV; educational activities; implementation of prevention measures in prison; follow-up care of HIV infected and persons with AIDS. There is one doctor working in the center, providing counseling, treatment, care services for the whole prison system⁹⁷.

There are few problems with regards to HIV/AIDS treatment in prisons system. Although drug dependence and HIV/AIDS are the problems of the whole society, the situation in the prisons is extraordinary because of the specific circumstances such as concentrated community lean to risky behavior, being isolated in the closed settings, overcrowding and poor hygienic conditions, etc. This results in a much higher numbers of HIV/AIDS and other infectious diseases in prisons system then in the general society.

Permanently there are around 250 persons with HIV in the prisons system. Since HIV infection is becoming older, currently there are already 7 persons with AIDS serving their sentence. They should receive expensive medicaments and treatment amounting to 30 thousand Litas per anum, which lasts to the end of life of the patient. Besides the biggest part of all HIV positive have other diseases, such as hepatitis and tuberculosis. Nevertheless, this is a problem not only of the prison system, but a problem of the whole society.

It is evident that persons with antisocial or risky behavior are taken into the prisons, and here we face all the problems existing in society – drug addiction, HIV, tuberculosis, hepatitis B and C, others. Being free these people are not concerned about their health, and upon entry into the prisons system, they inform about their health problems or those are being identified during the compulsory medical examination⁹⁸.

According to the words of the representative of the Prison Department, inmates receive all the treatment necessary while being in prison free of charge. They are vaccinated from the hepatitis B, and if they are tested being infected with hepatitis C, they receive the treatment amounting to 60 thousand Litas. But as soon as they leave the prisons system, any treatment is being discontinued. Doctors criticize the vicious health care system, were laws are not being implemented, and the finances and treatment is not being organized properly to those who need it⁹⁹.

⁹⁴CPT report on 2004 visit to Lithuania, 2006.

⁹⁵ An Order of the Minister of Interior affairs On the amendment of the order on keeping of convicts with HIV infections in the places of imprisonment // State news, 2000, No. 1- 26.

⁹⁶ The Code of enforcement of penalties // State news, 2002, No. 73- 3084. Art. 70.

⁹⁷ In 2005 the Consulting-room provided services for 311 inmates Main data on prison department's and other subordinated to it penal institutions' activities in year 2005. Accessed at:

http://www.kalejimudepartamentas.lt/stat/statistika_2005_KD_ataskaita_200652312432.doc

⁹⁸ Article "Prisons dispose of being the storm-center of infections", accessed at:

<http://www.delfi.lt/news/daily/Health/article.php?id=15162709>.

⁹⁹ For instance, when after being released from the prison with the record that his treatment has not been finished, person addresses to the health care institution, he is requires to have the book for compensated medicaments, which can be issued only to those having residence place (registered) and social insurance. The most ex prisoners do not conform to these requirements, and consequently do not receive the treatment they need.

There is an obvious problem with the difference in payment for the doctors working in the public health care institutions outside and in the prisons system, where the salaries are considerably lower. That is why there is a problem of employing young doctors in the prisons, where is a lack of actually 50 percent of psychiatrists.

8.4. Transfer and Release Policies for HIV Positive Inmates

Whereas there are organizational, technical and legal preconditions for providing treatment and care for people with HIV/AIDS and other infectious diseases in the prison setting where the person is serving his sentence, there is an obvious problem in ensuring continuance of care and treatment upon the transfer between different penal establishments and upon the release of person from the prison.

Unsupervised transfers of HIV Positive Inmates between detention facilities are likely to contribute to the spread of HIV through the prison system. Likewise, release of HIV positive without connecting them to the health care system is likely to result in the introduction of HIV in the social networks in which these people return¹⁰⁰.

There is hardly any communication and exchange of information with service providers outside the prison system. Most often it is explained that the development of a more coordinated release policy is complicated, as confidentiality laws do not allow for targeting HIV positive inmates. However, when based on voluntary participation special release program is not necessarily at odds with confidentiality laws.

In the framework of integration back into society¹⁰¹ program which is part of the prison program implemented to inmates throughout their sentence there are number of measures carried out. Implementing the program of legal and social education, inmates in preparation for their release are introduced in broad outline with the legal system of the Republic of Lithuanian and in more detail with legal acts relevant to the persons released from the prisons and institutions which realize the provisions of the mentioned legislation. This program is being presented in the way of thematic courses. From the point of view of prevention, care and treatment of HIV/AIDS, few topics are relevant: inmates are introduced with health care system and the main laws regulating provision of health care services in the course of Solving problems of health care; in the course on HIV/AIDS and drug addiction prevention they are familiarized with the harm to physical and mental health coursed by using drugs, possible negative legal and social results, ways of transmission of HIV/AIDS and means how to protect oneself from the infection¹⁰².

The Instruction¹⁰³ adopted by the Director of Prison Department under the Ministry of Justice regulates preparatory work done before the release of the person from the place of imprisonment. It is applied to all penal establishments subordinated to the Prison Department. The Instruction foresee sending of notice (request) to the police commissariats, correctional inspections, State Child Rights Protection and Adoption Service under the ministry of Social security and Labor, municipality social support department (child rights protection service), territorial labor exchange office, while solving questions of resettlement and employment of persons indemnified from their sentence or discharged from the penal institutions in accordance with the requirements established by the law¹⁰⁴.

¹⁰⁰ Outbreak of HIV Infection in the Lithuanian Prison System Assessment of the Situation and the Developing Response. UNAIDS, Vienna, 2002.

¹⁰¹ The aim of integration back into society program is to capacitate persons after their sentence execution to reintegrate into society thereby to decrease the risk of repeated criminality. Main objectives of the program are: legal and social education of the inmates; formation of socially meaningful living skills; support in solving questions of accommodations and employment, providing of financial support. Order of the Director of Prison Department On approval of typical adaptation program for persons newly arrived to the penal establishment and typical inmates integration into society program // State news, 2004, No. 87-3192.

¹⁰² Order of the Director of Prison Department On approval of the legal and social education program for persons in preparation for release from the places of imprisonment // State news, 2002, No. 1-29.

¹⁰³ ¹⁰³ Order of the Director of Prison Department On approval of the Instruction for the preparatory work before the release of inmates from the place of imprisonment // State news, 2006, No. 36-1302.

¹⁰⁴ The Code of enforcement of penalties // State news, 2002, No. 73- 3084.

Nevertheless specific measures relevant to the release and continued care and treatment of known IDUs and HIV positive prisoners remain absent. The information normally provided pertains to labor market, entitlements and the like¹⁰⁵. At present, before their release HIV positive inmates only have a final counseling session with a doctor of the LAC, but as mentioned above, this is only a temporary measure. Furthermore, these sessions are largely informational and referrals to HIV/AIDS services are largely limited to the AIDS center in Vilnius, as HIV/AIDS care services at the municipal or provincial level are rather scarce in Lithuania¹⁰⁶.

Implementing the program of social adaptation of incarcerated and released from the places of imprisonment persons¹⁰⁷ for the period until the beginning of 2008 the strategic aim is set – in consistent and integrated way to effect the policy of resocialization of incarcerated and released from the places of imprisonment persons. In seeking of the above mentioned aim one of the objectives foreseen is to decrease the morbidity with tuberculosis and dependence diseases. Where the criteria for assessment of attainments reached during the years are – decline of incarcerated and released from the places of imprisonment persons having tuberculosis (in percent); how many incarcerated persons have been involved in education on dependence diseases, their treatment and rehabilitation (total number), what is the benefit of the knowledge received (analysis of the interviews data).

As indicated above, there are specific means established in the program of social adaptation related to the health care issues. Nevertheless, none of those are directly targeting people with HIV/AIDS.

There is only one provision¹⁰⁸ indicating that if the person staying in the Prison hospital needs further stationary medical care on the day of his release upon his written consent is transferred to the state or municipal health care institution. In case if the person is in bad way and according the doctors' conclusion can not be transferred to the state or municipal health care institution on the day of his release, he stays in the prison hospital. If the person disagrees to stay in the prison hospital, the administration of the penal institution has to immediately call representatives from the Ministries of Health care and Justice and the spouse, partner or close relatives. In case the person keeps disagreeing to stay in the prison hospital, upon his and (or) his spouse's, partner's or close relatives' written consent he is transferred to the state or municipal health care institution or other health care institution.

But in case of the need for the ambulatory treatment and care, no referral to the public health care institutions is regulated.

¹⁰⁵ There is Government Resolution adopted On provision of social support and employment of persons released from the places of imprisonment, custody, social and psychological rehabilitation institutions // State news, 1996, No. 119-279.

¹⁰⁶ Outbreak of HIV Infection in the Lithuanian Prison System Assessment of the Situation and the Developing Response. UNAIDS, Vienna, 2002.

¹⁰⁷ Government Resolution On approval of the social adaptation of incarcerated and released from the places of imprisonment persons 2004-2007 // State news, 2004, No. 23-709.

¹⁰⁸ The Code of enforcement of penalties // State news, 2002, No. 73- 3084. Art. 181

9. Conclusions

Major priorities of the Lithuanian national HIV/AIDS responses are specified in the National HIV/AIDS Prevention Programme. Presently, the National HIV/AIDS Prevention and Control Programme 2003-2008 is a key strategic document of the Health Policy enlisting the aims of national response to HIV. The programme was developed taking account of the various international documents adopted with regards to control, reduction and prevention of HIV/AIDS, aiming to remain a country of low HIV/AIDS spread until 2010.

There are a number of activities foreseen in the National HIV/AIDS Prevention Programme ensuring implementation of prevention of HIV/AIDS and related infections in the penitentiaries.

A mid-term review of the National HIV/AIDS Prevention and Control Programme 2003-2008 was conducted in July 2006 and assessed the progress made so far. Despite all the preventive efforts done in Lithuania, this has not yet been extensive enough to stop HIV from continuing to increase. There appears to be several areas of high vulnerability where there is a very high likelihood of further spread of HIV in the near future. One of such locations needing immediate attention due to its high vulnerability to an HIV outbreak is in the prisons. Most of the indicators with regard to incarcerated people and particularly injecting drug users were forecasted by the authors as unlikely to be achieved by the end of the programme. The report is very critical about the preventive measures being implemented in the penal system.

With reference to the above mentioned the following conclusions can be drawn with regard to the Lithuanian policy on HIV/AIDS prevention and care among injecting drug users in prison settings.

2. Although having signed and/or ratified the main international and regional documents on the fight with HIV/AIDS, Lithuanian Government has not yet fulfilled all the commitments undertaken. Mainly it is questionable that the provisions of the "Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia" to ensure that by 2010 80% of the persons at the highest risk of and most vulnerable to HIV/AIDS (including prisoners) are covered by a wide range of prevention programmes; the widespread introduction of prevention measures, drug dependence treatment and harm reduction programmes for injecting drug users will be introduced in Lithuania (e.g. needle and syringe programmes, bleach and condom distribution, voluntary HIV counseling and testing, opioid substitution treatment, STI diagnosis and treatment).

Lithuanian Government has not yet met its commitments with regards to Vilnius "Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighboring Countries". Lithuania, as well as representatives of other countries declared their willingness to provide universal, affordable, non-judgmental and non-discriminating access to prevention services for HIV/AIDS and other sexually transmitted infections, including i. a. preventive information and activities, voluntary and confidential counseling and testing, condoms, drug dependence treatment and harm reduction services for drug injectors; to provide universal, affordable, non-judgmental and non-discriminating access to effective, appropriate and safe care, support and treatment, including anti-retroviral treatment and harm reduction measures. But almost any of these are not yet available and accessible to inmates at Lithuanian penal establishments.

2. Lithuanian legislation provide for equality before the law, guaranteeing every person equal access to health care services. Moreover legal acts establish that prisoners should be treated in the way to preserve their health and dignity, should receive health care services of the same quality as other Lithuanian citizens. Thus there are no legal barriers to implement evidence-based HIV prevention interventions recommended by WHO/UNODC/UNAIDS with regards to the prison population. Nevertheless in practice prisons do not offer any opioid substitution treatment or needle exchange programmes, only minimal harm reduction activities like making bleach available have been introduced. Also those drug users who are drug dependent are not

offered any long term rehabilitation services other than some clinic based services offered by psychiatrists. This constitutes the violation of the right of prisoners to receive adequate health care services of the same quality as other Lithuanian citizens.

7. Talking about the provision of health care services in Lithuanian prisons, a separated prison health care system under juridical authority which is more or less separated from the general health care system is obvious. At present, the provision of health care in Lithuanian prisons falls under the responsibility of the Ministry of Justice. Insufficient regulation, coordination and clarity of roles and responsibilities in providing health care services in prison system between the Ministry of Health and the Ministry of Justice are obvious. Although general competence for development, organization and implementation of the policy of health care sector falls under the Ministry of Health, a limited involvement of the Ministry of Health in the prison health care services, mainly through inspections and the handling of prisoners' complaints about health care matters are observed. Because there is no clear division of functions between different ministries and the Prison Department, sometimes specific legal acts and regulations are adopted without proper consultation and coordination during their preparatory phase, which can cause various difficulties in further implementation of them to the prison population.
8. Different funding resources for payment for the health care services for HIV infected persons staying in penal establishments. Generally persons being ill with the infectious diseases (HIV/AIDS) are insured by the state. Yet health care services provided for the incarcerated and convicted persons are paid from the budget allocated to and administrated by the Prison Department. Since there is no separate line within the budget for financing the health care services provided, the budget is used mainly for paying to the staff and purchasing medication needed. The budget foreseen is not sufficient (budget restrictions may force prison administrations to give preferential treatment to safety aspects at the expense of health care requirements). Besides, general public opinion does not allow these problems to become a topicality since it is supposed that the criminal offenders may not be in a better position than others. Such attitude gives an understanding and explains low quality and numbers of health care services and programs – since such services and programs are considered to be unnecessary luxury.
9. This study has shown that there is particular shortage of various preventive means implemented in the prisons system. Despite existing quite good screening for infectious diseases mechanism, there is no systemic prevention activities provided in prisons system. In fact prevention work for drug addiction and HIV/AIDS is limited only to the education and general preventive means. But there are no special preventive means oriented to individuals or groups at risk.
10. Whereas there are organizational, technical and legal preconditions for providing treatment and care for people with HIV/AIDS and other infectious diseases in the prison setting where the person is serving his/her sentence, there is an obvious problem in ensuring continuity of care and treatment upon the transfer between different penal establishments and upon the release of a person from the prison. Unsupervised transfers or release of HIV positive inmates are likely to contribute to the spread of HIV in the social networks these people get into. There is hardly any communication and exchange of information with service providers outside the prison system. Most often it is explained that the development of a more coordinated release policy is complicated, as confidentiality laws do not allow for targeting HIV positive inmates. However, when based on voluntary participation special release program is not necessarily at odds with confidentiality laws.

10. Recommendations

According to the Declaration of Commitment—United Nations General Assembly Special Session on HIV/AIDS [“UNGASS Declaration”], “Strong leadership at all levels of society is essential for an effective response to the [HIV/AIDS] epidemic.” This is particularly true in the area of prisons. Political leadership is needed to meet the goals of international obligations (e.g. “Dublin Declaration”) and to allocate funds and resources in order to achieve the same standard of health care for prisoners as for the other members of society. Permanent coordination and facilitation among the various stakeholders will be of crucial importance.

Introduce amendments for normative acts regulating the roles, functions and responsibilities of the three main subjects involved in providing health care services in prisons system: Ministry of Health, Ministry of Justice and Prisons Department.

In developing effective responses to HIV/AIDS it is necessary to follow and implement guiding principles and evidence-based practice defined in various international documents.

The recommendations of the mid-term review of the Lithuanian National HIV/AIDS Prevention and Control Programme 2003-2008 (from August 2006) regarding prisons should be pro-offensively transferred into action in custodial settings:

“ ...

- introduction of opioid substitution treatment and needle exchange to all prisons and remand facilities;
- involvement of NGOs working in the prison setting for prevention, peer education and support should be encouraged;
- the medical services need to foster a more supportive role with the prisoners. Making sure that all the tests are indeed voluntary and consent is always obtained beforehand;
- It is important that the PLHIV in prisons are checked regularly by trained specialists to ensure that they are provided with HAART as soon as they may require it.”

A prison-based drug and harm reduction strategy should be developed to ensure the provision of information and services to meet the health and social needs of prisoners. This would include:

- Clear protocols and a memorandum of understanding should be prepared for the implementation of the opioid substitution programme, in order to overcome problems with the transfer of prisoners between prisons, from prisons to the community, and from arrest houses to prisons and back.
- Harm reduction materials should be available for all prisoners both sentenced and pre-trial, and detainees in police detention. There should be clear procedures, measurable standards, monitoring and evaluation of the provision.
- Courses that address prevention and harm reduction in an interactive way (i.e. courses on the safer use of drugs and on safe sex) should be supported and provided on a regular basis for prisoners and staff.
- To overcome language and cultural barriers materials should be made available where appropriate to meet the needs of Russian speaking prisoners (and others).
- Condoms should be made available and accessible not only before a long term visit with a partner from outside but making them accessible for every prisoner also during his/her sentence.
- Tattooing and piercing practices among prisoners should be addressed as they include transmission risks for HIV and HBV/HCV.
- Short hepatitis B vaccination schedules should be offered to all risk groups in prison (including staff). For imprisoned IDUs these short hepatitis B vaccination schedules have proven to be successful and would reduce their health burden.
- Close cooperation and links with community-based services need to be established. Strengthening of the cooperation between state institutions and NGO sector, integration of

civil society and community service providers in preventive, rehabilitation, resocialiation activities targeting various special groups of persons at risk within the prisons system and after their release.

Staff training is important in a number of areas and training was identified as a key issue by participants in the research. It is suggested that:

- The precise training needs of the staff working in prisons, custodial and secure settings should be evaluated in terms of the changing nature of the juvenile prison population;
- Courses that address prevention and harm reduction should continue to be supported and provided on a regular basis for staff;
- Courses that address drugs issues should be provided in order to decrease negative feelings towards drug users amongst some staff;
- Induction programmes and mentoring schemes should be provided for new staff, where appropriate.

Bleach does not replace needle exchange programmes; in the contrary under prison conditions it remains an insufficient strategy due to time constraints of proper usage; if it is used as a better-than-nothing-strategy the know how of proper usage needs to be communicated intensively among prisoners. Otherwise they use bleach in an improper way and feel on the safe side.

Develop a comprehensive and multi-sectoral response to tackle infectious diseases widespread in Lithuanian prisons (such as HIV and AIDS, TB, hepatitis, and STIs)

Introduce the financial mechanisms ("money follow the person" or special line in the budget of Prison Department) to ensure adequate funding for HIV/AIDS prevention, treatment and care services in penal establishments.

Regulate and ensure the continuation of treatment and care for drug addicts and people with HIV/AIDS upon their transfer between or release from the penal establishments. Creation of special informational system allowing communication of data among different state institutions (penal establishments, special health care providers) would enable continuous monitoring and support system for people with HIV/AIDS.

A limited monitoring and evaluation system impedes accurate assessment of public health programmes effectiveness, in particular in reaching target population. It is important that a comprehensive monitoring and evaluation (M&E) system is in place in all custodial settings. M&E could assist in identifying the overall effectiveness and efficiency of programmes, in particular when they assist the same target population in different settings and/or through different providers. What is required is good quality, bio-behavioural surveillance among populations in custodial settings every 2-5 years.