

**Short-Term Mission on****Seminar for Debate – Vilnius (Lithuania), 11<sup>th</sup> & 12<sup>th</sup> April 2016****Mission Report****Instruction:**

Each activity such as study visits or country visits, trainings, workshops, seminars etc. has to be reported by using this mission report template. The expert who is responsible for implementing the activity has to fill in the report and send it to the WP 3 responsible leaders via email. Each activity has to be evaluated by using the feedback questionnaires.

In addition, the mission report has to include the

- Agenda,
- List of participants (scans of signed participant list)
- Feedback questionnaires (scans).

**1. Name and function of the Expert:**

Sonia Fernández Balbuena, Ana Sarasa Renedo and Luis Sordo, Coordinators of Seminars (WP5 Leading group).

**2. Objective and tasks of the mission:**

The aims as stated in the HA-REACT Description of the Action were: to promote policy dialogue, to discuss benefits and drawbacks of harm reduction interventions, to contribute to overcome reluctance towards harm reduction, to build capacity to influence decisions, and to include reduction of stigma in the policy agenda.

**3. Changes to the agenda:**

-Dr Manuel Cardoso (Portugal) could not make it to Vilnius but it was arranged that he would participate via skype. Small changes were made to the agenda in order to have both of his presentations in a row and at 9:00 am (Portuguese time).

-Due to long discussions in previous presentations, during the last session, participants were not divided into small discussion groups as planned. Instead, a single debate session took place with all participants.

**4. Summary of the Results of the Mission:**

The aims of the activity were addressed.

In total, there were 14 presentations by 12 experts; 3 Lithuanian experts, 3 experts from international organisations (EMCDDA, ECDC, and EHRN), and 6 speakers from associated partners. Staff from the Vilnius Centre for Addictive Disorders (VPLC) and ISCIII/CIBER played facilitator roles.

The fact that most speakers were either National experts with knowledge of the Lithuanian reality, or experts from Associated Partners of HA-REACT, enhanced the exchange and

***EU Joint Action on HIV and Co-Infection Prevention and Harm Reduction (HA-REACT)***

## Evaluation

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sharing of knowledge and experience. Moreover the attendees were both coming from civil society (NGOs) and from low threshold services and specialised treatment in different regions of Lithuania.

Some sessions dealt with “successful experiences” in other countries. These were taken as examples of how different administrations have addressed similar problems at different time points (and consequently different political, cultural and epidemiological circumstances). It is clear that such experiences cannot be transferred to another context. Some key elements however were pointed out, like the fact that to overcome reluctance to scaling up of harm reduction, a multiple-sided argumentation must be developed.

According to participants, the legal framework for the scale-up of harm reduction is fully developed in Lithuania. There seems to be a need to modulate political will so harm reduction, drug policy and HIV/AIDS are included in the Agenda.

The translation staff was especially efficient and this was very helpful to have dynamic sessions and to facilitate discussion.

### **5. Recommendations / Conclusions:**

It is of the utmost importance to update the number of Problem Drug Users /People who Inject Drugs, in order to evaluate the magnitude of the issue, to monitor progress and to implement efficient interventions. The estimation of the number of people who inject drug is important in this very moment and should be a starting point in order to create some system which allows to repeat the estimation it in the future.

It is necessary to deepen in the financial mechanisms to maintain harm reduction in the country, and to translate the legal framework into allocation of resources to specific plans and programmes.

Within HA-REACT there are good examples of National strategic planning such as Finland, Croatia and Slovenia. These countries developed their National plans without a context of an outbreak of HIV (Greek presentation showed a good example of how to deal with this circumstance) or a sudden increase of the number of people who inject drugs.

It seems possible and convenient to strengthen collaboration with Estonia; geographical (and cultural) vicinity renders this collaboration straightforward, and the capacity building that has taken place in the country in response to the issues of injected drug use and HIV may set good examples for other Baltic countries.

Special attention should be paid by Public Health authorities to hidden vulnerable populations; PDUs and harm reduction are to be included in the political Agenda, via persuasive argumentation and specific examples together with epidemiological and economic assessments.

### **6. General Remarks Concerning the Project:**

So far, within WP5 the time plan is being followed. There are some issues to be discussed at the next Steering Committee. The progress so far is satisfactory and especially the collaborative work with VPLC.

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