



European Monitoring Centre
for Drugs and Drug Addiction



NARKOTIKŲ, TABAKO IR ALKOHOLIO
KONTROLĖS DEPARTAMENTAS

**2011 NATIONAL REPORT (2010 DATA) TO THE EMCDDA
BY THE REITOX NATIONAL FOCAL POINT**

LITHUANIA

**New Development, Trends and In-depth Information on
Selected Issues**

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Summary

Lithuania consistently implemented the policy on drug control and prevention of drug addiction being an integral part of its national foreign and domestic policy. The *Program 2008-2012* of the Government of the Republic of Lithuania underlines it being a constituent of the foreign and internal policies which should be paid political attention, provided financial and human resources.

Since 2011, the Lithuanian policy of prevention of drug addiction and drug control is under implementation through the *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* adopted by Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania.

Prior to April 1, 2011, the Drug Control Department under the Government of the Republic of Lithuania was delegated the responsibility to effect the drug prevention and drug control policy, to organise the implementation of drug prevention and control measures, to set the scope of the drug prevention and control policy, and to coordinate the drug prevention and drug control activities on the national and local levels. Since April 1, 2011, the responsibilities and functions related with the implementation and coordination of the drug control and prevention policy was moved to the newly established government agency – The Drug, Tobacco and Alcohol Control Department.

All *National Drug Control and Prevention of Drug Addiction Programs (1999 – 2003 and 2004-2008)* implemented in Lithuania stressed the necessity to develop quality of health care and social services and accessibility to the individuals dependent on drugs and psychotropic substances. To achieve this purpose respective measures were prepared and implemented each year increasing and improving quality and accessibility of treatment and health care services for drug users. Ensurance of providing health care services and improvement of these services for drug users is also pointed out in other strategy documents (strategies and programs), i.e. *the Lithuanian Health Program, the Program for Implementation of Mental Health Strategy 2008-2010, the National Program for Prevention and Control of HIV/AIDS, National Program for Prevention and Control of Sexually Transmitted Diseases*, etc.

The Lithuanian strategy prioritises prevention of drug use in the family, among children and youths. Drug prevention projects executed in Lithuania are focused mainly on universal prevention in local communities and schools, aiming at protecting young people against drug use. Selective and indicated prevention projects in Lithuania were targeted mainly at recreational settings, such as nightclubs, at-risk groups and families.

The first national general population survey on drug use in Lithuania was carried out in 2004 and the second in 2008. The survey was carried out in line with the EMCDDA guidelines, and was conducted among persons aged 15–64. According to the results, lifetime use of cannabis was reported by 11.9 %; among younger adults (15–34 years), the prevalence was 21.2 %. Last year prevalence of cannabis use for the whole sample was reported to be 5.6 %.

Lifetime experience with illegal drugs increased significantly during the 1990s, as shown by the ESPAD surveys conducted in 1995 and 1999. Except for lifetime prevalence rates of inhalants use and heroin, experimentation with illegal drugs increased among students in Lithuania between 1995 and 2007. Data from the ESPAD survey conducted in 2007 show lifetime experience for cannabis, the most frequently illicit drug experimented with among this age group, with 18 percent having used cannabis at least once during their lifetime in 2007 (13 percent in 2003 and 12 percent in 1999). With regard to amphetamines and ecstasy and inhalants, results of the survey indicated a lifetime prevalence of 3 percent. Results also showed 12 percent for the last year prevalence of cannabis use (11 percent in 2003, 10 percent in 1999), 5 % for the last month prevalence of cannabis (6 percent in 2003, 4 percent in 1999). In addition, the reported lifetime prevalence of cannabis use among males was 24 percent and 13 percent among females. The new ESPAD survey was conducted in 2011, but results is not published yet.

In 2011, the Eurobarometer results show that every third young man (32 percent) and every fifth young woman (20 percent) in Europe state that used cannabis at least once in their lifetimes, and total prevalence of cannabis use among youth in Europe accounts for 26 percent. In Lithuania, every fourth youth (aged 15 – 24) used cannabis. One out of ten said used this drug in the last year, 2,8 percent used in the last month.

According to data of the Lithuanian Health Information Centre, in Lithuania primary mental health care is being implemented by 89 mental health care institutions, 14 of them were private. The staff positions of all 89 institutions include 156 psychiatrists for adults, 39 juvenile psychiatrists, 184 medical

nurses, 139 social workers, 92 psychologists. Out – patient treatment is provided in primary health care institutions, mental health Centres or clinics of mental disorders and private centres. In-patient treatment is provided by 5 specialised Centres for Addictive Disorders in Vilnius, Klaipeda, Siauliai, Panevezys and Kaunas. These 5 centres also provide out –patient treatment services. Lithuania is among the countries with limited application of substitution treatment, and high requirements are applied to it. Substitution treatment is used only for treatment of opioid addiction. In 2010, the health care institutions registered 328 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances.

In Lithuania, methadone hydrochloride (methadone) and buprenorphine hydrochloride (buprenorphine) are allowed to register and use for substitution treatment. In 2010, substitute therapy was applied to 934 persons, as of January 1, 2011, 676 patients were undergoing the treatment.

In Lithuania, the implementation of syringe/needle exchange programs for injecting drug users were started a decade ago. In 2010, in Lithuania 11 harm reduction services units (incl. syringe and needle exchange) were available.

In 2010, 153 new HIV cases were diagnosed, among the new HIV cases, 69,3 percent of individuals were infected with HIV by using injecting drugs.

According to data of the Institute of Hygiene in 2011, 51 deaths (46 males and 5 females) due to drugs and psychotropic substance use were registered (in 2009– 68 cases), and this level accounts for 0,12 percent of all deaths registered in Lithuania (in 2009 – 0,16 percent).

As of December 31, 2010, the imprisonment establishments placed 9139 persons (8718 males and 421 females), of them 17,4 percent (1587 persons) were registered as having mental and behavioural disorders using drugs and psychoactive substances. This number remains similar throughout the period from 2004 to 2010, composed of 16 to 20 percent of all prisoners in the imprisonment establishments.

In 2010 there were registered 2220 acts related to illicit circulation of drugs registered, i.e. 131 acts or 19.2 percent more than in 2009. 1704 individuals who committed criminal acts related to the possession of narcotic or psychotropic substances were registered in 2010. The drug prices and their purity in illegal market have remained the same as in 2009.

This year annual report additionally has two Selected Issues chapters: “Drug-related health policies and services in prisons“ and „Drugs users with children (addicted parents, parenting, child care and related issues)“.

PART A - NEW DEVELOPMENTS AND TRENDS

1. Drug policy: legislation, strategies and economic analysis

Overview

Lithuania consistently implemented the policy on drug control and prevention of drug addiction being an integral part of its national foreign and domestic policy. The *Program 2008-2012* of the Government of the Republic of Lithuania underlines it being a constituent of the foreign and internal policies which should be paid political attention, provided financial and human resources.

Since 2011, the Lithuanian policy of prevention of drug addiction and drug control is under implementation through the *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* adopted by Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania.

Prior to April 1, 2011, the Drug Control Department under the Government of the Republic of Lithuania was delegated the responsibility to effect the drug prevention and drug control policy, to organise the implementation of drug prevention and control measures, to set the scope of the drug prevention and control policy, and to coordinate the drug prevention and drug control activities on the national and local levels. Since April 1, 2011, the responsibilities and functions related with the implementation and coordination of the drug control and prevention policy was moved to the newly established government agency – The Drug, Tobacco and Alcohol Control Department.

1.1. Legal Framework

In Lithuania, the implementation and coordination of the drug control and prevention of drug addiction is under implementation based on important laws adopted by the Parliament of the Republic of Lithuania and Resolutions of the Government of the Republic of Lithuania, as provided below:

- *Law On the Principals of National Security* of the Republic of Lithuania;
- *Law On Control of Drugs and Psychotropic Substances* of the Republic of Lithuania;
- *Law On Control of Precursors of Drugs and Psychotropic Substances* of the Republic of Lithuania;
- *Law On Chemical Substances and Preparations* of the Republic of Lithuania;
- *Law On the Health System* of the Republic of Lithuania;
- *Law On Narcological Care* of the Republic of Lithuania;
- *Law On Minimum and Medium Care of a Child of the Republic of Lithuania*;
- *Law On Fundamentals of Child's Rights* of the Republic of Lithuania;
- *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* adopted by Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania;
- *Program 2008-2012 of the Government of the Republic of Lithuania* approved by Resolution No. XI-52, of December 9, 2008, of the Parliament of the Republic of Lithuania;
- The National Strategy of Public Health Care 2006–2013, approved by Resolution No. 941, of July 27, 2001, of the Government of the Republic of Lithuania;

Information concerning the Lithuanian legislation adopted or amended in 2010 is provided hereinafter.

Laws of the Republic of Lithuania

The *Law On Amendments to Articles 266 and 269 of the Criminal Code* of the Republic of Lithuania (Žin., 2010, No. 86-4527) tightened custodial sentence for illicit production, acquisition, disposal, transport, dispatch or sale or any other realisation of drugs or psychotropic substances (precursors) of category I. Also, custodial sentence from two to six years is established for illicit production, acquisition, disposal, transport, dispatch or sale or any other realisation of a big quantity, and from four to ten years for a very big quantity of drugs or psychotropic substances (precursors) of category

I. Quantity of drugs or psychotropic substances (precursors) of category I considered big or very big is established based on the recommendations approved by the institution authorised by the Government of the Republic of Lithuania which is responsible for licensing the activities related to drugs or psychotropic substances (precursors) of category I.

The Law *On Invalidation of Article 70 and Amendments with Article 70-1 of the Law On the Health System* of the Republic of Lithuania (Žin., 2010, No. 139-7112) established the main functions of the new Government institution – the Drug, Tobacco and Alcohol Department starting its operation from April 1, 2011, the procedures for reorganisation of the State Tobacco and Alcohol Control Service under the Government of the Republic of Lithuania and the Drug Control Department under the Government of the Republic of Lithuania.

By the Law *On Amendments to Articles 2, 3, 4, 5, 6 and 7 of the Law On Control of Drugs and Psychotropic Substances* of the Republic of Lithuania (Žin., 2010, No. 145-7435), the Law *On Amendments to Articles 185-3, 247-5, 259-1, 320*, the Law *On Amendments to Articles 185-3, 247-5, 259-1, 320 of the Code of Civil Offences* of the Republic of Lithuania (Žinios, 2010, No. 145-7436), the Law *On Amendments to Article 19 of the Law On Chemical Substances and Preparations* of the Republic of Lithuania (Žin., 2010, No. 145-7434), the Law *On Amendments to Articles 11 and 26 of the Law On Tobacco Control* of the Republic of Lithuania (Žin., 2010, No. 145-7433), the Law *On Amendments to Articles 12, 16, 18-1, 29, 31, 32, 34 of the Law On Alcohol Control* of the Republic of Lithuania (Žin., 2010, No. 145-7432) the functions of the State Tobacco and Alcohol Control Service under the Government of the Republic of Lithuania and the Drug Control Department under the Government of the Republic of Lithuania through the reorganisation were transferred to the new Government institution – the Drug, Tobacco and Alcohol Department from April 1, 2011.

The Law *On Amendments to Article 4 of the Law On Social Enterprises* of the Republic of Lithuania (Žin., 2010, No. 153-7798) established support to employment in social enterprises of persons dependent on drugs, psychotropic and other psychoactive substances, who have accomplished programs of psychological social and/or professional rehabilitation, with the unemployment period from the registration date with the labour exchange not exceeding 6 months.

By the Law *On Amendments to Article 2, 3, 10, to the title of section 5 and Amendments with Article 21-1 of the Law On Drugs and Psychotropic Substances* of the Republic of Lithuania (Žin., 2010, No. 132-6718) the respective Law was amended with new definitions, the procedures for listing drugs and psychotropic substances onto the List of controlled substances is revised. Also, it establishes that the Ministry of Health or an institution authorised by it issue termless licences to import into the Republic of Lithuania, to export from the Republic of Lithuania, to engage in wholesale and retail sale of substances included in Lists II and III, establishes principles for control of activities related to drugs and psychotropic substances.

Resolutions by the Parliament of the Republic of Lithuania

Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania *On Approval of the National Program on Drug Control and Prevention of Drug Addiction 2010–2016* (Žin., 2010, No. 132-6720) approved the *National Program on Drug Control and Prevention of Drug Addiction 2010–2016*.

Resolution No. XI-1079, of November 4, 2010, of the Parliament of the Republic of Lithuania *On Amendments to Approval of the Plan Concerning Preparation of Long-term State Security Strengthening Programs* (Žin., 2010, No. 132-6721) established that the *Plan Concerning Preparation of Long-term State Security Strengthening Programs* includes the *National Program on Drug Control and Prevention of Drug Addiction 2010–2016*, assigning the Drug Control Department under the Government of the Republic of Lithuania responsible for its preparation and implementation.

Resolutions by the Government of the Republic of Lithuania

The Government of the Republic of Lithuania by Resolution No. 190, of February 24, 2010, of the Government of the Republic of Lithuania *On Amendments to Resolution No. 120, of February 6, 2008, of the Government of the Republic of Lithuania On Setting Delegating Priorities and Preliminary Proportions of Funds' Appropriation* (Žin., 2010, No. 26-1210) approved priorities for delegating to

positions and incumbencies in institutions of the European Union or foreign institutions, including fight against human trafficking and illicit trafficking in drugs and psychotropic substances.

The Government of the Republic of Lithuania by Resolution No. 330, of March 24, 2010, *On Management Areas Delegated to the Ministers* (Žin., 2010, No. 38-1784) established that the Minister of Health is responsible for public health care, including control of alcohol, drugs and tobacco.

The Government of the Republic of Lithuania by Resolution No. 512 of May 4, 2010, *On Optimization of Supervising Functions Carried out by the Institutions* (Žin., 2010, No. 53-2613) approved the Drug Control Department under the Government of the Republic of Lithuania as the institution carrying out the supervision function in the public and personal health care.

The Government of the Republic of Lithuania by Resolution No. 1012, of July 7, 2010, *On Approval of the National Program for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases 2010-2012* (Žin., 2010, No. 85-4464) approved the *National Program for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases 2010-2012* which underlines that despite a slower spread of HIV infection among injecting drug and psychotropic substance users in recent years, the situation in this risk group continues to be threatful. According to the forecast, HIV infection through sexual partners of injecting drug and psychotropic substance users may spread among general population. Thus, it is necessary to strengthen HIV prevention among drug and psychotropic substance users and their partners (also to provide low threshold services to them). In imprisonment places each year the number of persons dependent on drugs and psychotropic substances increases, therefore, prevention of HIV and other infections in imprisonment places is concurrent with prevention of drug addiction and treatment of dependencies. It is anticipated that having implemented the above Program the number of new HIV cases among injecting drug and psychotropic substance users will decrease.

Resolution No. 1219, of August 25, 2010, of the Government of the Republic of Lithuania *On Approval of Profile of the Disposal Procedures of Illicit Trafficking Drug and Psychotropic Substances and their Precursors* (Žin., 2010, No. 102-5278), which approves the *Profile of the Disposal Procedures of Illicit Trafficking Drug and Psychotropic Substances and their Precursors*, establishes procedures for disposal of drug and psychotropic substances and their precursors drawn out of illicit trafficking, for pre-trial investigation institutions and operational entities, also for authorised institutions (officers) examining cases of administrative offences.

Resolution No. 1715, of December 1, 2010, of the Government of the Republic of Lithuania *On Approval of the National Youth Policy Development Program 2011–2019* (Žin., 2010, No. 142-7299) approved the *National Youth Policy Development Program 2011–2019*. Together with other institutions prescribed in the *Development Program* the Drug Control Department under the Government of the Republic of Lithuania was authorized to implement measures of the Development Program, also it was committed prior to February 1 each year to submit reports on the implementation of measures to the Ministry of Social Security and Labour.

Other legal acts

Decree No. T1-27, of February 17, 2010, of the Director of the Drug Control Department under the Government of the Republic of Lithuania *Concerning Setting up a Drug Control Subgroup of the European Union Internal Affairs' Work Group* (Žin., 2010, No. 22-1060) approved members of the Drug Control Subgroup of the European Union Internal Affairs' Work Group.

Decree No. T1-77, of July 20, 2010, of the Director of the Drug Control Department under the Government of the Republic of Lithuania *Concerning Approval of Recommendations for Assessment of a Big and Very Big Quantity of Precursors of Drugs and Psychotropic Substances of Category I* (Žin., 2010, No. 88-4692) approved the *Recommendations for Assessment of a Big and Very Big Quantity of Precursors of Drugs and Psychotropic Substances of Category I*. The Recommendations were approved by Decree No. T1-68, of May 3, 2011, of the Director of the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania (Žin., 2011, No. 58-2812).

Decree No. V-164, of February 22, 2010, of the Minister of Health of the Republic of Lithuania *On Approval of the List of Diseases Patients of which Aged above 16 Years Have the Right to Health Care without Disclosing Person's Identity* (Žin., 2010, No. 24-1151) established that patients aged above 16 years have the right to health care without disclosing person's identity, provided they had been diagnosed dependence on alcohol and other psychoactive substances (acute intoxication, abuse, dependence syndrome and abstinence condition).

Decree No. V-178, of March 4, 2010, of the Minister of Health of the Republic of Lithuania *On Approval of Profile of the Procedures for Providing Health Care Services without Disclosing Person's*

Identity (Žin., 2010, No. 30-1389) approved the Profile of the procedures for providing health care services without disclosing person's identity.

Decree No. 1B-270/VA-43, of April 27, 2010, of the Managing Director of the Customs Department under the Ministry of Finance of the Republic of Lithuania and the Head of the State Tax Inspectorate under the Ministry of Finance of the Republic of Lithuania *On Approval of the Rules for Control of Retail Sale of Alcoholic Beverages, Tobacco Products and Other Goods in Uncustomed Shops* (Žin., 2010, No. 49-2418) approved the Rules for control of retail sale of alcoholic beverages, tobacco products and other goods in uncustomed shops.

Decree No. V-408, of May 6, 2010, of the Minister of Health of the Republic of Lithuania *On Amendments to Decree No. V-178, of March 4, 2010, of the Minister of Health of the Republic of Lithuania On Approval of Profile of the Procedures of Providing Health Care Services without Disclosing Person's Identity* (Žin., 2010, No. 55-2708) established constraint on prescription of treatment for patients treated anonymously.

Decree No. V-540, of June 15, 2010, of the Minister of Health of the Republic of Lithuania *On Amendments to Decree No. 5, of January 6, 2010, of the Minister of Health of the Republic of Lithuania On Approval of the List of Drugs and Psychotropic Substances and by Decree No. V-590, of April 30, 2010, of the Minister of Health of the Republic of Lithuania On Amendments to Decree No. V-239, of April 23, 2003, of the Minister of Health of the Republic of Lithuania On Recommendations for Assessment of Small, Big and Very Big Quantity of Drugs and Psychotropic Substances* (Žin., 2010, No. 80-4197) amended List I *Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes* with new substances:

- bk-PMMA (Methedrone/Methoxyphedrine),
- 1-(4-methoxyphenil)-2-(methylamino)propan-1-one,
- DOI (2,5-dimethoxy-4-iodoamphetamine),
- 3-fluomomethcathinone,
- JWH-200 ([1-[2-(4-morpholinyl)ethyl]-1H-indol-3-yl]-1-naphtalenyl-methadon),
- JWH-250 (2-(2-methoxyphenyl)-1-(1-pentilyndol-3-yl)ethadone),
- JWH-398 (1-pentyl-3-(4-chloro-1-naphthoy)indole,
- Mephedrone, 4-methylmethcathinone,
- 1-(4-Methylphenyl)-2-methylaminopropan-1-one),
- TFMPP (1-(3-trifluormethylphenyl)-piperazine).

Decree No. 140-V-61/B-55, of October 19, 2010, of the Head of the Lithuanian Police Criminal Investigation Centre and the Director of the Lithuanian Forensics Centre *On Approval of Rules for Sample Taking of Drugs and Psychotropic Substances and their Precursors by the Lithuanian Police Criminal Investigation Centre and the Lithuanian Forensics Centre* (Žin., 2010, No. 133-6834) approved the *Rules for Sample Taking of Drugs and Psychotropic Substances and their Precursors by the Lithuanian Police Criminal Investigation Centre and the Lithuanian Forensics Centre* establishing requirements for sample taking of drugs or psychotropic substances and their precursors of different aggregate state (solid, liquid) of plant origin, also of synthetic or semi-synthetic drugs or psychotropic substances and their precursors and control samples of drugs, and rules for their keeping.

Decree No. V-966, of November 8, 2010, of the Minister of Health of the Republic of Lithuania *On Amendments to Decree No. V-239, of April, 23, 2010, of the Minister of Health of the Republic of Lithuania Concerning Recommendations for Assessment of Small, Big and Very Big Quantity of Drugs and Psychotropic Substances* (Žin., 2010, No. 133-6825) established values of small, big and very big quantity for the substance JWH-250 (2-(2-methoxyphenyl)-1-(1-pentilyndol-3-yl) ethanone).

1.2. National action plan, strategy, evaluation and coordination

Additional information for this sub-chapter is also available in the Structured Questionnaire 32 „Policy and Institutional Framework“(2011)

National action plan and strategy

Within the last 10 years, Lithuania has been formulating the country's drug policy in compliance with the international requirements and standards in terms of drug control and drug prevention with assistance by the UN organizations, the WHO, EUROPOL, EMCDDA, Northern Dimension, the EU Phare program, the EC Pompidou Group and other bilateral support.

Chapter XXII *Fight Against Intemperate Use of Alcohol and Drug Addiction* of Resolution No. XI-52, of December 9, 2008, of the Parliament of the Republic of Lithuania *Concerning the Government Program of the Republic of Lithuania* points out that “the policy of drug control and prevention of drug addiction is an element of the state’s foreign and domestic policy. For the implementation of this policy political attention, adequate financial and human resources should be allocated“. Also, point 789 of *The Government Program of the Republic of Lithuania 2008–2012* foresees preparation and commencement of the implementation of a new *National Program on Drug Control and Prevention of Drug Addiction* prioritising the areas below:

- 1) prevention of drugs among children and juveniles through their education and awareness rising of children, youth and the society;
- 2) prevention of drugs – drug supply reduction fighting against drug production and trafficking;
- 3) health care, rehabilitation and social integration of persons using drugs and psychotropic substances;
- 4) encouraging the civic society to involve into fight against drugs;
- 5) strengthening of international and national coordination and cooperation among public and local government institutions and organisations.

In Lithuania, the policy of prevention of drug addiction and drug control is harmonized with the national and international strategy documents and programs. For the implementation of the National Policy of Prevention of Drug Addiction and Drug Control in Lithuania also the provisions provided in the EU drugs strategy (2005-2012) and the measures foreseen in the European Union *Action Plan on Drugs 2009-2012*.

The main activities’ directions in the area of prevention of drug addiction and drug control are established having assessed and analysed the favourable and unfavourable factors that potentially may have an impact on the implementation of the policy of prevention of drug addiction and drug control, based on analysis of the Lithuanian research data concerning prevalence of psychoactive substance use among various groups of the population, as well as other national statistical indicators, such as those of population mobility and migration, employment and labour market, health and social care, criminality, also evaluating external factors.

Since 2011, the Lithuanian policy of prevention of drug addiction and drug control is implemented based on the *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* approved by Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania (Žin. 2010, No. 132-6720). The *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* (hereinafter – Program) provides the goals, priorities and objectives of the state policy concerning drug control and prevention of drug addiction.

The goal of the program is to impede and reduce illicit supply and demand of drugs and psychotropic substances and their precursors, the spread of drug addiction through strengthening of individual and public education, health and safety.

The Program’s priorities are as follows:

1. Supply reduction;
2. Demand reduction, among children and youth in particular;
3. Strengthening of international and national cooperation and coordination among public and local government institutions and organisations, associations, business entities, the civic society in the area of drug control and prevention of drug addiction;
4. Development of information systems and scientific research.

The Program’s objectives are as follows:

1. to reduce supply of illicit drugs and psychotropic substances and their precursors through strengthening control of circulation of these substances;
2. to impede and reduce illicit use of and demand for drugs and psychotropic substances through development of negative attitude to drugs and psychotropic substances among children and juveniles, in families, communities and general public inoculating conception of the human life meaning and appreciation of values, healthy lifestyle;
3. to ensure and strengthen interinstitutional and international cooperation and coordination in the areas of prevention of drug control and drug addiction;
4. to carry out monitoring and evaluation of illicit use of drugs and psychotropic substances, its consequences, measures of supply and demand reduction, also to develop scientific research.

Implementation and evaluation of national action plan and/or strategy

The *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* (hereinafter – Program) provides that annually the Government of the Republic of Lithuania approves the implementation measures of the Program, establishes public institutions and organisations responsible for them, foresees funds to implement the measures, sets forth the terms to implement the Program measures. The Program provides public institutions and organisations responsible for executing the Program implementation measures provided in the Annex to the Program and the evaluation criteria for these measures.

The Drug Control Department under the Government of the Republic of Lithuania coordinates execution of the Program implementation measures and each year prior to March 1 prepares a Report on execution of the Program implementation measure, submits it to the Government of the Republic of Lithuania, interested institutions and organisations, associations, presents to the general public indicating effectiveness of the measures under implementation.

The Parliamentary control of the implementation of the Program is carried out by the Parliament of the Republic of Lithuania. The implementation and coordination of the Program is carried out by the Government of the Republic of Lithuania.

The Program establishes that the Drug Control Department under the Government of the Republic of Lithuania shall execute the mid-term evaluation of the Program implementation for 2010–2013 and shall prepare a report which shall be submitted to the Government of the Republic of Lithuania, interested public institutions and organisations, associations, to the general public indicating effectiveness of the measures under implementation.

In 2010, in Lithuania the implementation of the drug control and prevention policy went without a *National Program on Drug Addiction Prevention and Control* approved by the Parliament of the Republic of Lithuania, as the earlier *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* expired and the new one was approved by the Parliament in November 4, 2010. The public institutions implemented the measures on drug addiction prevention and drug control of 2010 according to the strategy plans approved by these institutions individually. In 2011, in Lithuania the legal bases in respect of the drug control policy was further improved, as well as the cooperation between the public institutions and local government institutions; public awareness, campaigns of social prevention promotion were executed, early intervention services were organized, accessibility of social psychological rehabilitation services for individuals using drugs and psychotropic substances was increased.

The individual and independent evaluation of *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* was not done due to absence of requirement to perform Program evaluation also due to absence of criteria which were not mentioned in the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*.

Other drug policy developments

Parliamentary Initiatives

In 2010, the Lithuanian Republic Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence carrying out parliamentary control analyzed the implementation of drug addiction and alcoholism prevention, drug and alcohol control in Lithuania, examined information of the existing situation. In its meetings the Commission drew conclusions and adopted decisions, submitted proposals to the Government of the Republic of Lithuania. In 2010, the Commission carried out parliamentary control in the areas as follows:

1. The Draft Laws *On Amendments to the Law On Control of Drugs and Psychotropic Substances, On Amendments to the Code of Civil Offences* and other laws;
2. The consideration of the *Draft National Program on Drug Control and Prevention of Drug Addiction 2010–2016* and implementation of the Program measures in 2011;
3. The reorganization of the State Tobacco and Alcohol Control Service under the Government of the Republic of Lithuania and the Drug Control Department under the Government of the Republic of Lithuania into the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania;
4. The reform of the Centres for Addictive Disorders;
5. Providing services of treatment, short- and long-time rehabilitation for adults, children and youth and funding for these services;

6. Prevention of drug addiction and illegal drugs circulation in the Roma's tabor in Kirtimai in Vilnius;
7. Concerning prevention of transporting synthetic drugs at the border check points;
8. Concerning examination of the external submerged part of vessels on the territory of the border check points of the Klaipeda State Seaport;
9. Problems related to the implementation of Programs on prevention of use of drugs and psychoactive substances;
10. Concerning treatment of persons in prison settings ill with dependence disorders and infectious diseases;
11. Concerning use of methadone in treatment institutions and supply of this preparation to prison settings;
12. Concerning the implementation of general, selective and targeted prevention of drug addiction in prison settings;
13. Concerning monitoring of persons who contact health care institutions due to mental and behavioural disorders using drugs and psychotropic substances;
14. Intoxication of juveniles with pharmaceuticals.

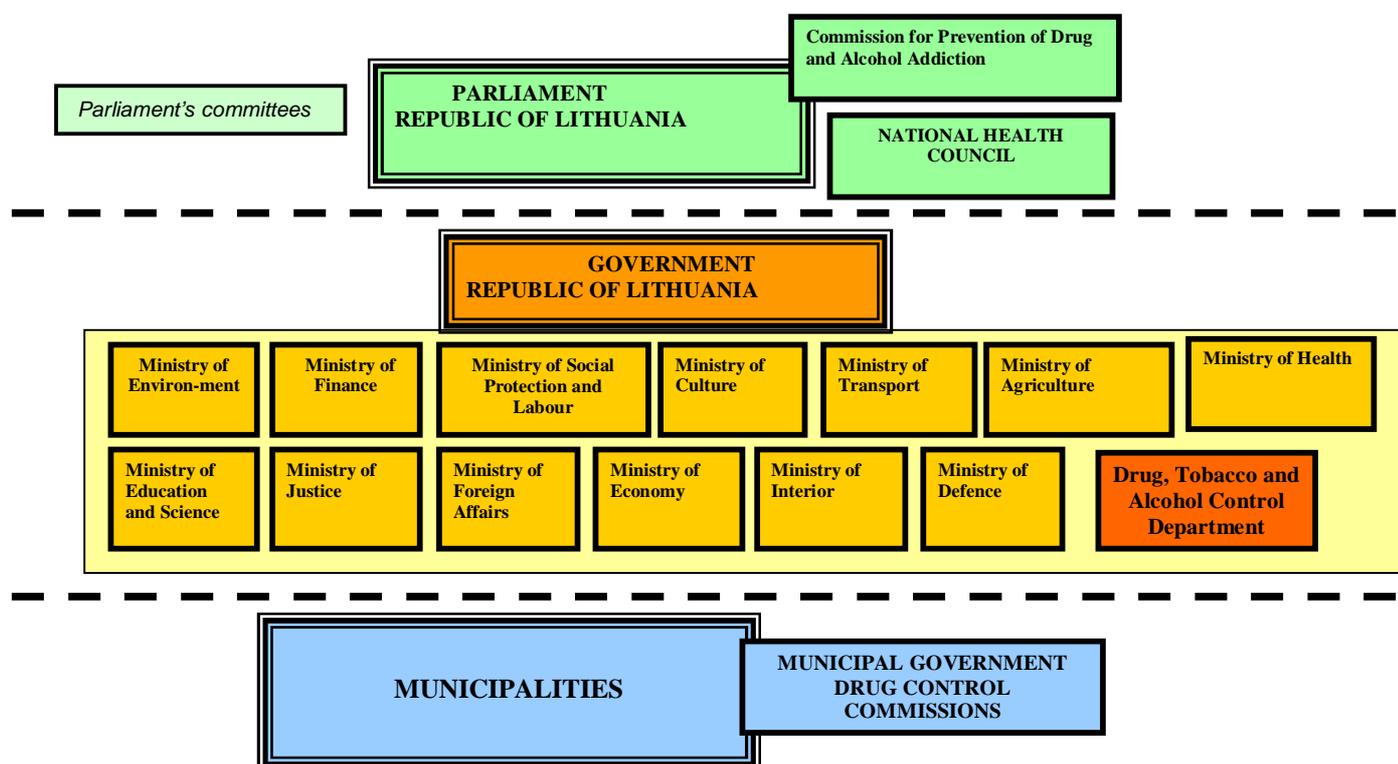
On 22 December of 2010, a joint meeting of the Parliamentary Health Care Committee and the Commission for Prevention of Drug Addiction and Alcohol Dependence was held which examined the problems of methadone use in Lithuania. Having heard the information provided by various institutions in charge of this area and non-governmental organisations, it was stated that no monitoring system for persons who contact health care institutions due to mental and behavioural disorders using drugs and psychotropic substances has been developed, funding for persons not covered by the mandatory health insurance and ill with dependence disorders is not ensured and funding sources are indefinite, for evaluation of efficiency of the programs concerning dependence disorders' inappropriate criteria are applied, no integrated system of treatment, psycho-social rehabilitation and integration services for persons ill with dependence disorders have been developed. The meeting adopted a decision offering the Government and other public institutions to solve these relevant problems and particular terms were set forth to implement the decision.

Coordination arrangements

In the Parliament of the Republic of Lithuania the policy issues regarding drug control and prevention of drug addiction, amendments of laws in this area mainly are drafted and discussed in the Parliamentary Committee of Health Affairs, the Commission for Prevention of Drug Addiction and Alcohol Dependence of the Parliament of the Republic of Lithuania, in the National Health Council, less often – in other Parliamentary Committees, like the Committee for National Security and Defence, the Committee for European Affairs, the Committee for Social Affairs and Labour, and other Parliament committees.

Lithuania has been consistently implementing drug control and prevention of drug addiction policy being an integral part of the national foreign and internal policy. For the implementation of this policy political consideration is provided, financial and human resources are allocated. Public and local government institutions participate in the formation and implementation of drug control and prevention policy (Figure No. 1-1).

Figure 1-1. Implementing and control institutions for drug control and prevention of drug addiction in Lithuania



Parliament Level

Parliamentary Committees and Commissions of the Republic of Lithuania

The parliamentary committees and commissions of the Republic of Lithuania meet, on a regular basis, to discuss draft laws, to submit conclusions, to scrutinise issues that require more detailed analysis within the committees, to finalise draft laws and other legal acts to be adopted by the Parliament, to evaluate the need for new laws and amendments, to discuss the Government Program, as well as programs of other public institutions.

Committee for Health Affairs of the Parliament of the Republic of Lithuania

In its activities the Committee for Health Affairs pursues the following directions:

- 1) to draft laws regulating public health care and public health, as well as health strengthening activities and to provide conclusions regarding such draft laws and other legal acts submitted to the Committee for consideration;
- 2) to coordinate work of interested public institutions and other organisations in the preparation of draft laws referring to the competence assigned to the Committee;
- 3) to consider and provide proposals concerning formation of the national policy on health;
- 4) to implement parliamentary control of the health system institutions and other institutions related to dealing with problems concerning individual and public health, to provide proposals and recommendations for improvement of their activities;
- 5) to control the implementation of the health care reform and the process of development of the Lithuanian national health system.

Parliamentary Commission for Prevention of Drug and Alcohol Addiction¹

After the election to the Parliament of the Republic of Lithuania in Autumn 2008, the Parliament of the Republic of Lithuania by Resolution No. XI-37, of December 2, 2008, formed the Parliamentary Commission for Prevention of Drug and Alcohol Addiction consisting of 14 members and approved the Commission members. The main long-term goal of the Commission is to ensure public interests creating

¹Parliamentary Commission for Prevention of Drug and Alcohol Addiction WEB site [online] http://www3.lrs.lt/pls/inter/w5_show?p_r=6271&p_k=2 [accessed 2010.08.30]

favourable conditions to implement the national policy for drug and alcohol prevention, drug and alcohol control. The Commission aims at this goal taking into account the existing drug and alcohol addiction situation in Lithuania, prioritising directions of drug and alcohol addiction prevention, drug and alcohol control and implementing measures increasing effectiveness of drug and alcoholism prevention in Lithuania in a sustainable manner.

The Commission carries out the following functions:

1. formulates the national strategy and policy on drug control and prevention of drug addiction;
2. formulates the national strategy and policy on alcohol control and prevention of alcohol addiction;
3. supervises the implementation of the state's strategy and policy on drug and alcohol control, also on prevention of drug and alcohol addiction;
4. initiates and drafts laws, decrees and resolutions of the Parliament of the Republic of Lithuania concerning issues of drug and alcohol control, also on prevention of drug and alcohol addiction;
5. cooperates in the coordination of work of the committees and commissions in the area of drug and alcohol control, also on prevention of drug and alcohol addiction;
6. implements parliamentary control of the execution of the national programs on alcohol control;
7. implements parliamentary control of the implementation provisions of the *Law On Control of Drugs and Psychotropic Substances*, the *Law On Control of Precursors of Drugs and Psychotropic Substances*, the *Law On Control of Alcohol*;
8. contributes to strengthening of the public health and ensures participation of public, local government institutions and NGOs in dealing with problems of prevention of drug and alcohol addiction;
9. aims at more efficient implementation of the programs for socialization of children and youth and the *Law On Fundamentals for Youth Policy in the Areas of Drug and Alcohol Control, Prevention of Drug and Alcohol Addiction*;
10. aims at efficient implementation of the measures foreseen in the *Program of Juvenile Justice* concerning re-socialization of juveniles having violated laws in the areas of drug and alcohol control, prevention of drug and alcohol addiction;
11. seeks to efficiently implement the provisions of the *National Strategy for Health 2003–2012* in the areas of drug and alcohol control, prevention of drug and alcohol addiction;
12. encourages international cooperation at all levels with other EU Member States and international organisations dealing with the issues of alcohol use reduction, strengthening inter-relations with the institutions engaged in prevention of drug and alcohol addiction, drug and alcohol control, and their representatives;
13. ensures communication of comprehensive information of efficient prevention methods of drug and alcohol control, prevention of drug and alcohol addiction to the community;
14. extends and strengthens inter-parliamentary relations in the areas of prevention of drug and alcohol addiction, drug and alcohol control.

National Health Council

The National Health Council is an institution established for coordination of health policy, which reports to the Parliament and operates under the Statute approved by the Parliament. The National Health Council coordinates health policy, alcohol, tobacco and drug control policy, public health care policy, disease prevention and control policy, and analyses the health policy formulation and implementation process.

In 2009, the Council provided its observations to the Committee for Health Affairs of the Parliament of the Republic of Lithuania about Draft XP-2605 (2) On Amendments to Article 7 of the *Law On Control of Drugs and Psychotropic Substances*. The Council expressed its opinion against the amendment legalizing growing of cannabis for industrial purposes as no comprehensive information was obtained concerning readiness of the law enforcement institutions and the services of the Ministry of Interior of the Republic of Lithuania to control and prevent potential offences, that may be expected in higher numbers under the veil of legal growing of cannabis and resulting in increased supply of drugs.

The Council also analyzed and submitted proposals concerning Draft Laws No. XIP-1285, XIP-1286, XIP-1287, XIP-1288 and XIP-1289 to the Committee for Health Affairs of the Parliament of the

Republic of Lithuania. The above *Draft Laws* proposed materially to transfer the functions of the State Alcohol and Tobacco Control Service to other institutions, and therefore, to remove the name of this institution from the legal acts. The above Drafts provided that the State Alcohol and Tobacco Control Service under the Government of the Republic of Lithuania and the Drug Control Department under the Government of the Republic of Lithuania should be reorganized by merging these two institutions and that a new Drug, Tobacco and Alcohol Supervision Department should be founded under the Ministry of Health of the Republic of Lithuania. The Council expressed its opinion that the idea to merge the institutions could be supported, however, legally the merger should mean that both institutions are merged including all functions, and it would be expedient to subordinate the new institution to the Ministry of Interior of the Republic of Lithuania, as this Ministry possessing the functions of operational activities would authorize the newly established Service to take up the functions of coordination of drug control, besides control of tobacco and alcohol.

Central Government Level

In 2010, the measures of the policy implementation concerning drug control and prevention of drug addiction were executed by the following public institutions: the Drug Control Department under the Government of the Republic of Lithuania (*from April 1, 2011, was reorganized into the Drug, Tobacco and Alcohol Control Department*), the Ministry of Defence, the Ministry of Social Protection and Labour of the Republic of Lithuania, the Ministry of Health of the Republic of Lithuania, the Ministry of Culture of the Republic of Lithuania, the Ministry of Education and Science, the Ministry of Justice of the Republic of Lithuania, the Ministry of Foreign Affairs of the Republic of Lithuania, the Department of Prisons under the Ministry of Justice of the Republic of Lithuania, the Department of Customs under the Ministry of Finance of the Republic of Lithuania, the State Border Protection Service, the Police Department under the Ministry of Interior of the Republic of Lithuania, the Financial Crime Investigation Service under the Ministry of Interior, the Department of Youth Affairs under the Ministry of Social Protection and Labour of the Republic of Lithuania, heads of the counties, the local governments, NGOs.

Drug, Tobacco and Alcohol Control Department

Following provisions concerning invalidation of Article 70 and amendments of Article 70-1 of the Law *On the Health System* of the Republic of Lithuania, the State Tobacco and Alcohol Control Service under the Government of the Republic of Lithuania and the Drug Control Department under the Government of the Republic of Lithuania were reorganized by merger establishing a new Government institution - the Drug, Tobacco and Alcohol Control Department, which from April 1, 2011, took over the rights and duties of the institutions under reorganisation and carries out the newly prescribed functions.

The *Regulation of the Drug, Tobacco and Alcohol Control Department* was approved by Resolution No. 244, of February 23, 2011, of the Government of the Republic of Lithuania (Žin., 2011, No. 28-1331). The organisational structure of the Department approved by Resolution No. 245, of February 23, 2011, of the Government of the Republic of Lithuania (Žin., 2011, No. 28-1332) includes: the Director of the Department, 2 Deputy Directors of the Department, the Division of Finance and General Affairs, the Legal Division, the Division of Strategy, Monitoring and Analysis, the Control Division, the Licensing Division. The permissible maximum staff number of the Department accounts for 38 positions.

Article 70-1 of the Law *On the Health System* of the Republic of Lithuania establishes that the Drug, Tobacco and Alcohol Control Department:

- 1) participates in formation of the state policy in the area of drug, tobacco and alcohol control and organises its implementation;
- 2) in compliance with the procedures established in the legislation carries out supervision and coordination functions for the institutions implementing state control of precursors of drugs and psychotropic substances, tobacco and alcohol;
- 3) in compliance with the procedures established in the legislation carries out monitoring of the activities related to precursors of drugs and psychotropic substances, use of drugs and psychotropic substances, tobacco and alcohol;
- 4) drafts national programs of alcohol, tobacco, drug control and prevention of drug addiction, coordinates and controls their implementation;
- 5) organises and coordinates risk assessment for new psychoactive substances;

6) in compliance with the procedures established in the legislation carries out functions of licensing tobacco and alcohol production and wholesale, licensing, registration of place of activities related to precursors of drugs and psychotropic substances, issuance of import and export permits;

7) controls how economic entities comply with the Laws *On Control of Drugs and Psychotropic Substances, On Tobacco Control, On Alcohol Control*;

8) in compliance with the procedures established in the legislation carries out the functions of the REITOX National Focal Point for the EMCDDA;

9) carries out other functions established in laws, the Regulation of the Department and other legislation.

Drug Control Division of the State Medicine Control Agency under the Ministry of Health

The key task of the Drug Control Division of the State Medicine Control Agency under the Ministry of Health of the Republic of Lithuania is to ensure legitimate circulation of drugs, psychotropic substances and medical substances.

Police Department under the Ministry of Interior

The Police Department under the Ministry of Interior is responsible for coordination of the activities against illicit trafficking in drugs and psychotropic substances.

Department of Prisons under the Ministry of Justice

The Department of Prisons under the Ministry of Justice is responsible for coordination of the activities against illicit trafficking in drugs and psychotropic substances, prevention, treatment and harm reduction activities in prisons. 15 penal institutions subordinate to the Department of Prisons enforcing pre-trial detention sanctions and custodial sentences imposed by court, 48 territorial correction inspections that are responsible for the execution of sentence alternatives to imprisonment and supervision of persons released on parole exist. The Training Centre of the Department of Prisons organizes training of the new staff of the institutions subordinate to the Department of Prisons.

Lithuania Children's Rights Ombudsman institution²

In 2009, in the reading of Draft Laws amending the Law *On Protection of Juveniles Against a Negative Impact of Public Information* in the Parliament the Children's Rights Ombudsman proposed to amend the Draft Law with provisions prohibiting to communicate information, as follows:

1) encouraging to gamble, proposing to participate in gambling, lotteries and other games which produce an impression of easy winning;

2) which provides a favourable approach towards dependence on drugs, psychotropic substances, tobacco and alcohol, also on other substances which are used or may be used for intoxication, encourages their use, production, distribution or acquisition;

3) not to refuse an attitude based on which public information is deemed to make a negative impact on mental or physical health, physical, mental, emotional or moral development and which is used to taunt over a person;

4) which encourages sexual abuse and exploitation of juveniles, sexual relations of juveniles.

Local Government Level

Local Government Drug Control Commissions

For the management of regional and local government programs on drug control and prevention, in 2004-2005, the municipalities and regional administrations established drug control commissions and approved their statutes and programs. The objective of these commissions is to conduct the national drug control and prevention of drug addiction policy and to coordinate drug control and prevention of drug addiction activities on the territory of the local governments. In 2010, all 60 Lithuanian municipalities had such drug commissions.

² Lithuania Children's Rights Ombudsman institution 2009 activities report [online] <http://www3.lrs.lt/docs2/TTVQIDQD.PDF> [accessed 2010.08.30]

Mass media information analysis

The Drug Control Department under the Government of the Republic of Lithuania in 2010 carried out monitoring and analysis of communications on the topic of psychoactive substance use in the Lithuanian mass-media. The mass-media takes interest in topicalities in the field of drug addiction problems, drug control and prevention, and at the same time expresses the interest of the public, as mass-media partly publishes materials that are exciting and topical for their readers.

In 2010, the Drug Control Department under the Government of the Republic of Lithuania communicated information to the Lithuanian mass-media, as below: produced 49 press-releases, organised 4 press-conferences, prepared 24 articles for the national mass-media. The staff of the Drug Control Department under the Government of the Republic of Lithuania gave interviews to journalists preparing articles in newspapers and magazines, also provided additional information to the mass-media and the public on a permanent basis.

The mass-media responding to the information communicated by the Drug Control Department under the Government of the Republic of Lithuania published articles and produced reportages for the public 274 times.

When presenting communications on drug, tobacco or alcohol topics in the Lithuanian mass-media the tendencies to pay major attention to criminal news, thus informing of psychoactive substance control, continues. However, at the same time mass-media often present topicalities regarding prevention of psychoactive substances and other themes.

In 2010, the Lithuanian mass-media when presenting criminal news also informed of new synthetic substances used for intoxication coming to the public, attention was drawn to blends of herbs harmful to one's health and advice was provided to be cautious when buying substances of unclear composition, distributed on internet in particular.

In their analysis of the psychoactive substance use the mass-media in many cases underlined incidence of harmful habits among children and juveniles. The mass-media encourage its audience to pay attention and discuss how TV and books educate children, how to talk about drugs with children, what traumatises a child most and how to help him/her.

Looking into the psychoactive substance use problem the mass-media constantly paid attention to the Roma's tabor in Vilnius where illicit trafficking in drugs and psychoactive substances takes place. This topic was mostly analysed in the criminal news rubric (for example, "Again two Romanies from the Vilnius' tabor were caught selling heroine", "In Vilnius' tabor - cruel action", "Police forced the door of Romanies' cottages: searches and detentions in the tabor", etc.). The mass-media informed the public of the control measures taken by the law enforcement institutions in the Roma's tabor in Vilnius, and also of provided health care and social services.

As the Drug Control Department under the Government of the Republic of Lithuania was awarded in the competition "Free ads to solve social problems" announced by the daily *15 min*, publications (15 articles) were prepared aiming at formation of a negative youth's attitude to psychoactive substance use, the posters of the national prevention campaign *FORGET* were produced encouraging young people to visit the website www.benarkotiku.lt to find comprehensive information and arguments why it is not worth starting to use drugs, etc.

1.3. Economic analysis

In Lithuania no survey was conducted to assess full (incl. indirect costs) drug-related expenditures and information about 2010 drug-related expenditures is not available.

Almost until the end of 2010, Lithuania did not have a valid *National Program on Drug Control and Prevention of Drug Addiction* as the *Program 2004-2008* was accomplished. Not all public institutions allocated funds from their budgets for the implementation of measures for drug control and prevention of drug addiction. Thus, for 2010, the statistical data are not very comprehensive. In 2010 only Control Department under the Government of the Republic of Lithuania budget was clearly specified the allocations for drug control and prevention of drug addiction: 580,5 thousand euros (in 2009 - 725,21 thousand euros). Other institutions performed and financed activities related with implementation of measures for drug control and prevention of drug addiction, but the expenditures for these activities was not specified in these institutions annual work plans, so 2010 data are not very comprehensive.

It is necessary to underline that the activities of prevention of drug addiction and drug control are funded, in addition, from programs executed by other institutions, the EU, international organizations, as well as other funds. Besides, other funds received in compliance with the procedures established in laws are used to finance the implementation measures in the drug control and prevention field.

2. Drug use in the general population and specific targeted-groups

2.1 Drug Use in the General Population

Additional information for this chapter is also available in the Standard Table 01 Basic results and methodology of population surveys on drug use (2009)

No new information available for 2010.

In 2008, the general population Survey³ on the prevalence of drug use in Lithuania was carried out. As in the first Survey (2004) the main goal was to collect and evaluate standardised data on the prevalence of drug use among the general population by gender and age groups; to evaluate the behaviour models of the Lithuanian population and its attitudes to use of tobacco, alcohol beverages, drugs and psychotropic substances as well as to evaluate the relationship between the socio-demographic characteristics of the respondents and the use of tobacco, alcohol beverages, drugs and psychotropic substances.

For the Survey, a representative random sample was used. The total number of participating respondents was 4777, i.e. permanent residents of Lithuania aged 15–64, including 2232 males (46,7 percent) and 2545 females (56,3 percent), their distribution by age - 2152 respondents (45,0 percent) aged 15-34 and 2625 respondents (55,0 percent) aged 35-64.

According to the National Survey data 2008, in Lithuania 12,5 percent of the population used at least one drug⁴ at least once in their lifetimes, 6,2 percent - at least once in the last 12 months, 1,5 percent - at least once in the last 30 days. A bigger number of men (16,4 percent) compared to women (9,2 percent), younger respondents (aged 15-34) compared to older ones (aged 35-64), 22,1 percent and 4,7 percent respectively, used drugs at least once in their lifetimes (*Table 2-1*).

Table 2-1. Distribution of respondents having used at least one drug by age and gender (percent)

	15-64 years			15-34 years			35-64 years		
	males	fe- males	total	males	fe- males	total	males	fe- males	total
Lifetime prevalence (LTP)	16,4	9,2	12,5	28,3	16,5	22,1	6,4	3,3	4,7
Last year (12 months) prevalence (LYP)	8,4	4,2	6,2	14,3	7,4	10,6	3,5	1,6	2,5
Last month (30 days) prevalence (LMP)	2,2	0,9	1,5	4,1	1,8	2,9	0,6	0,2	0,4

As in 2004, in the country among drugs and psychotropic substances use of cannabis prevails: 11,9 percent of the Lithuanian population used cannabis at least once in their lifetimes (LTP), 5,6 percent - at least once in the last 12 months (LYP), 1,2 percent - at least once in the last 30 days (LMP) (*Table 2-2*).

Table 2-2. Distribution of cannabis users by age and gender (percent)

	15-64 years			15-34 years			35-64 years		
	males	fe- males	total	males	fe- males	total	males	fe- males	total

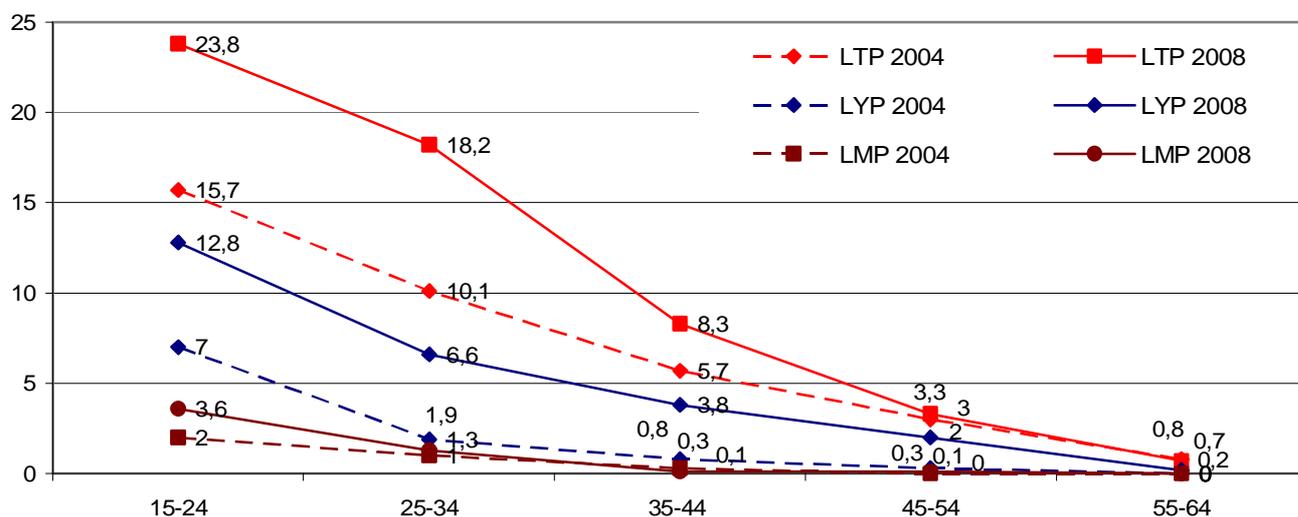
³ Astrauskienė A., Gasperas V., Jasaitis E. (2009) Prevalence of Psychoactive Substance use in Lithuania in 2004 and 2008 (LT) [online]. Available: <http://www.nkd.lt/bylos/dokumentai/leidiniai/narkotiku-paplitimas-2009-web.pdf> [accessed 2009.10.29]

⁴ The term “at least one drug“ was used when speaking about cannabis (hashish, marihuana), ecstasy, amphetamines, cocaine, heroine, LSD, hallucinogenous mushrooms and other illegally used substances indicated by the respondents themselves.

Lifetime prevalence (LTP)	15,8	8,5	11,9	27,6	15,6	21,2	6,0	2,8	4,3
Last year (12 months) prevalence (LYP)	7,7	3,8	5,6	13,4	6,9	9,9	3,0	1,3	2,1
Last month (30 days) prevalence (LMP)	1,7	0,7	1,2	3,6	1,6	2,6	0,1	0,1	0,1

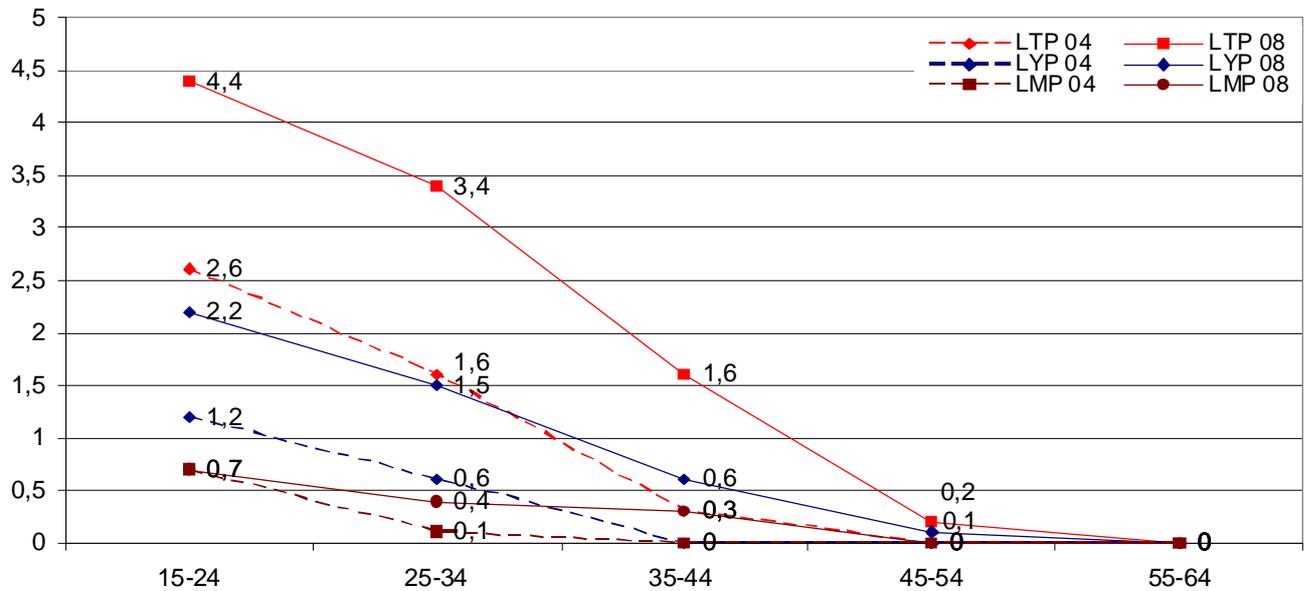
The result compared to the previous Survey shows that in 2008 the prevalence of cannabis use increased significantly in all categories, i.e. at least once in lifetime (LTP), at least once in the last 12 months (LYP), at least once in the last 30 days (LMP). The most significant increase of cannabis use prevalence is found in the age groups from 15 to 24 and 25 to 34 years (Figure 2-1).

Figure 2-1. Prevalence of cannabis use in Lithuania in 2004 and 2008, by 5 age groups (percent)



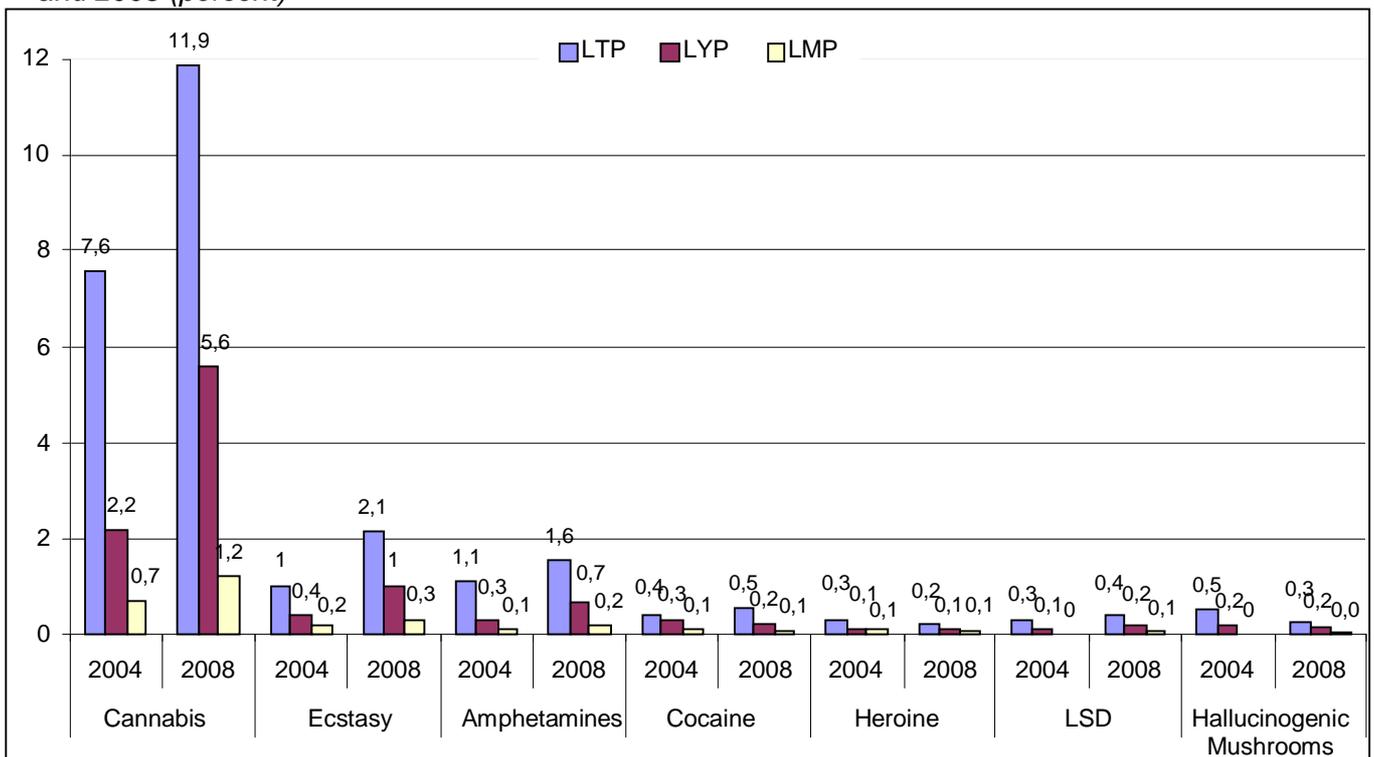
According to the Lithuanian Survey 2008, 2,1 percent of the Lithuanian population aged 15 to 64 used ecstasy at least once in their lifetimes (LTP), 1 percent - at least once in the last 12 months (LYP), 0,3 percent - at least once in the last 30 days (LMP). The result compared to the Survey 2004 shows that in 2008 the prevalence of ecstasy use increased significantly in the categories *at least once in lifetime* (LTP) and *in the last 12 months* (LYP). The most significant increase of ecstasy use is observed among the respondents if the subgroups aged 15 to 24, 25 to 34 and 35 to 44 (Figure 2-2).

Figure 2-2. Prevalence of ecstasy use in Lithuania in 2004 and 2008, by 5 age groups (percent)



According to the Lithuanian Survey 2008, 0,5 percent of the Lithuanian population aged 15 to 64 used cocaine at least once in their lifetimes (LTP), 0,2 percent - at least once in the last 12 months (LYP), 0,1 percent - at least once in the last 30 days (LMP). The result compared to the Survey 2004 did not identify significant differences in the prevalence of cocaine use. Prevalence of other drug use is provided below (Figure 2-3).

Figure 2-3. Prevalence of drug use by categories LTP (lifetime), LYP (12 months), LMP (30 days) in 2004 and 2008 (percent)



Lithuanian General Population Survey 2008: main conclusions

1. Two out of three (66,0 percent) of the Lithuanian population aged 15 to 64 smoked at least once in their lifetimes (LTP), one out of three of the Lithuanian population aged 15 to 64 smoke currently

(LMP). Compared to the Survey 2004, the share of the respondents who smoked in the last 12 months and in the last 30 days reduced. In all age groups prevalence of tobacco use among men is higher than among women. The highest prevalence rate both among men and women is in the age group 25 to 34.

2. More than half of the respondents (62,2 percent) used alcoholic beverages in the last 30 days. Irrespective of age, men are more inclined to use alcoholic beverages than women (69,4 percent of men and 55,9 percent of women). Apparent reduction of prevalence of alcohol use in the last 30 days is observed among the respondents aged 35 to 44, while increased prevalence of alcohol use in the last 12 months is observed among the respondents aged 15 to 24.

3. The number of women (25 percent) having used tranquillisers and sedatives is two times higher compared to men (12,3 percent), also, the number of older people is higher compared to young population in Lithuania. In most cases pharmaceuticals are used with doctor's prescription. Comparing the results with the previous Survey data no significant differences were identified.

4. As in 2004, the prevalence rate of cannabis use is highest among drugs and psychotropic substances used in the country. Compared to the previous Survey, in 2008 the prevalence rate of cannabis use grew in the following categories: at least once in lifetime, in the last 12 months, in the last 30 days; the most significant increase of cannabis use prevalence was observed among the respondents in the groups aged 15 to 24 and 25 to 34. Any drugs except for cannabis were used at least once in their lifetimes by 3,6 percent of the Lithuanian population aged 15 to 64.

5. According to the Lithuanian Survey 2008, 2,1 percent of the population aged 15 to 64 used ecstasy at least once in their lifetimes, 1 percent - in the last 12 months, 0,3 percent - in the last 30 days. Compared to the Survey 2004, in 2008 the prevalence rate of ecstasy use significantly grew in the following categories: at least once in lifetime, in the last 12 months. The rate of prevalence of use of other drugs and psychotropic substances (such as heroin, LSD, hallucinogenous mushrooms) remained significantly unchanged.

2.2. Drug Use in School and Youth Population

2007 European School Survey Project on Alcohol and Other Drugs (ESPAD) in Lithuania results⁵

Additional information for this chapter is also available in the Standard Table 02 Methodology and results of school surveys on drug use (submitted in 2009)

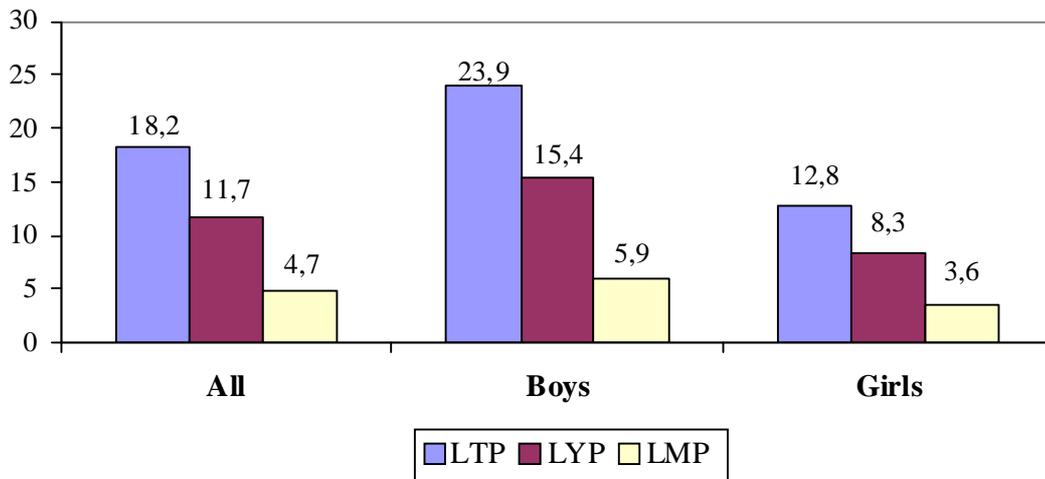
No new information available for 2010 .

According to the findings of ESPAD 2007, one fifth (20 percent) of the surveyed Lithuanian schoolchildren tried any drug at least once in their lifetimes, including 26 percent of the boys and 14 percent of the girls. In the course of four years the rate of prevalence of use of various drugs increased from 16 percent to 20 percent (since 2003 the number of schoolchildren who used drugs at least 1 or 2 times in their lifetimes increased by 4 percent); the number of boys having used any drug increased from 21 percent to 26 percent, the number of girls – from 10 percent to 14 percent.

The most popular drug is marihuana (cannabis, hashish). 18,2 percent of schoolchildren had used this drug at least once in a lifetime. The number of boys who used marihuana (cannabis, hashish) at least once in their lifetimes is bigger two times compared to the number of girls, i.e. 23,9 percent of the boys and 12,8 percent of the girls (*Figure 2-4*).

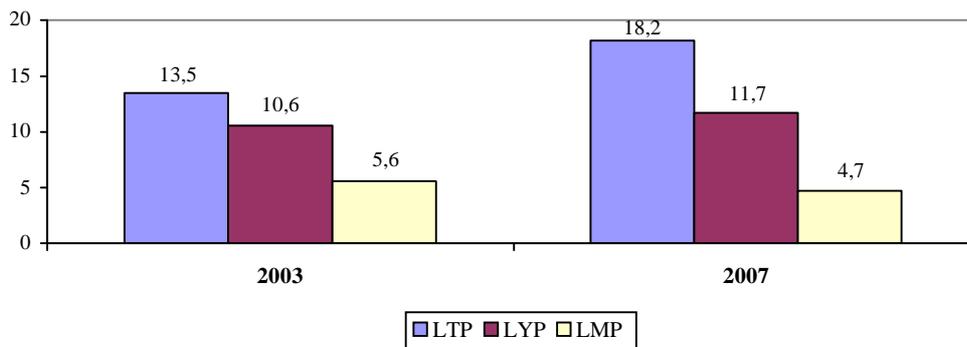
⁵ Tamošiūnas T., Šutinienė I., Šimaitis A., (2008). European School Survey Project on Alcohol and Other Drugs ESPAD 2007 (LT) [online]. Available: http://www.nkd.lt/files/Apklausos_ir_tyrimai/ESPAD_2007_leidiny.pdf [accessed 2009.10.25]

Figure 2-4. Prevalence of use of marihuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP) among all schoolchildren ; 2007 (percent)



Compared to girls, the number of boys who used marihuana/hashish at least once in their lifetimes, in the last 12 months and in the last 30 days was higher nearly two times, thus, the rate of prevalence of this drug as well as other drugs is more popular among boys in Lithuania. Since 2003, the most obvious tendency of the drug use change is increased use of marihuana/hashish at least once in lifetime from 13,5 percent to 18,2 percent within four recent years (Figure 2-5).

Figure 2-5. Prevalence of use of marihuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP); 2003 and 2007 (percent, all schoolchildren)

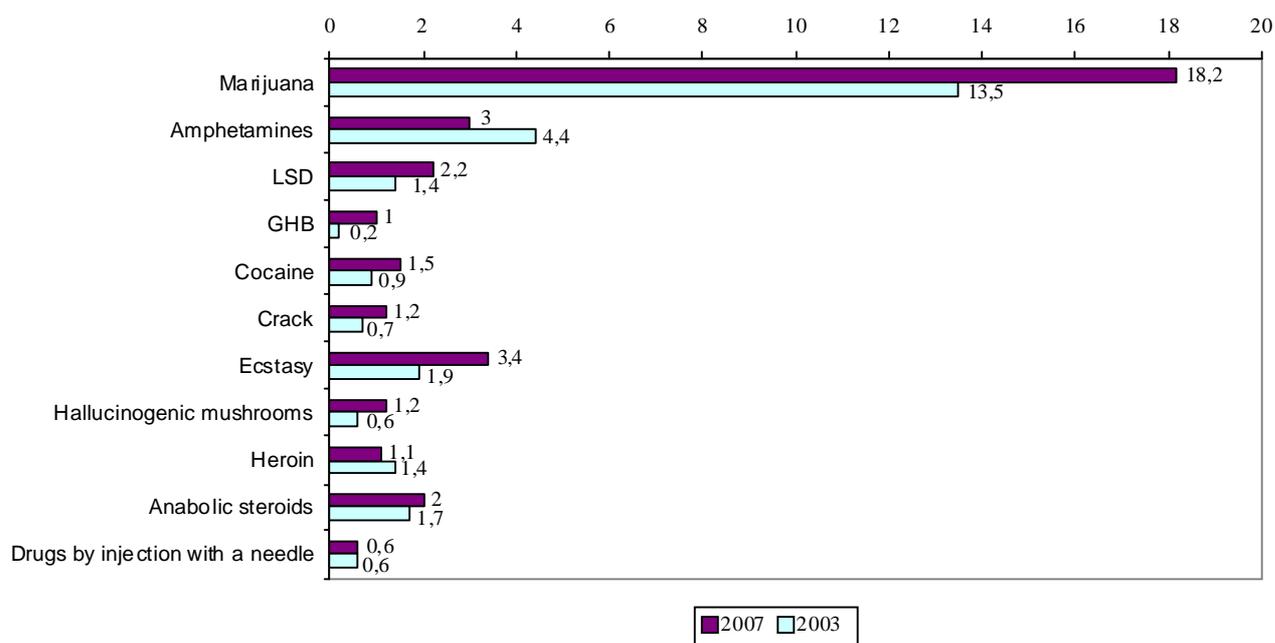


The comparison of findings regarding use of marihuana/hashish in the last 12 months and in the last 30 days shows that the increase of use in the last 12 months was less compared to use of drugs at least once in lifetime; and use of this drug in the last 30 days even reduced; this finding shows that so far the number of experimenting juveniles, those having tried several times in lifetime increased, however, not the number of regular users.

The number of both boys and girls having used this drug at least once in their lifetimes increased, i.e. mainly boys - from 18 percent to 24 percent, girls – from 9 percent to 13 percent. The number of girls and boys having used marihuana/hashish recently, i.e. in the last 12 months, increased only by 1 percent each group, the number of boys having used in the last 30 days reduced from 8 percent to 6 percent, while the number of girls increased from 3 percent to 4 percent. The number of girls using marihuana/hashish frequently increased. The majority of them used this drug 1 – 5 times in their lifetimes (including 10 percent 1 – 2 times; boys – 12 percent; girls - 8,2 percent); see diagram 4.3. Thus, as the findings show 1/10 of the schoolchildren tried to use this drug several times but are not regular users. According to the frequency of use, the girls “fall behind” the boys less than according to the rate of prevalence.

By popularity marijuana/hashish is followed by ecstasy. 3,4 percent of all schoolchildren used this drug one or two times in their lifetimes. This drug is followed by amphetamines; 3 percent of the teenagers used the drugs one or two times in lifetime. The rate of prevalence of this drug and its change since 2003 is shown in *Figure 2-6*.

Figure 2-6. Use of drugs at least once in lifetime (percent, all schoolchildren), ESPAD 2003, 2007 data



In 1999 - 2003, in Lithuania use of ecstasy reduced from 4,4 percent to 1,9 percent, and in 2007 it grew again nearly two times up to 3,4 percent. The rate of prevalence of amphetamines reduced though its rate remains rather high, i.e. 3 percent; while in 1999 – 2003 the rate of prevalence of amphetamines grew from 1,5 percent to 4,4 percent. In Lithuania, use of anabolic steroids continues to increase, i.e. from 1,7 percent to 2 percent.

Use of LSD and hallucinogenous substances grew from 1,4 percent to 2,2 percent. Since 2003 the rate of use of hallucinogenous mushrooms continues to grow significantly (doubled), i.e. from 0,6 percent to 1,2 percent. A considerable growth of the prevalence rate of GHB which is a rather rare drug and used in a limited number of European countries, is observed, i.e. from 0,2 percent to 1 percent; in Lithuania, this drug was recorded for the first time in the Survey 2003. Also, a significant growth of cocaine and crack is observed, i.e. from 0,9 percent to 1,4 percent and from 0,7 percent to 1,2 percent, respectively.

The rate of heroine use among schoolchildren continues to reduce: in 1999, this rate was among the highest ones in Europe (4.8 percent); in 2003, it reduced to 1,4 percent; and in 2007, its prevalence rate dropped to 1,1 percent. The observation shows that the number of drugs use of which grew in the last 4 years is significantly bigger, compared to those with reduced prevalence (most significantly – only heroine and amphetamines).

A higher rate of prevalence of nearly all drugs is observed among boys than girls, the rates of some are significantly higher, for example, the frequency of ecstasy use among boys was two times higher than among girls (boys - 5 percent, girls – 1,9 percent), amphetamines at least once in their lifetimes - by 3,7 percent of boys and 2,3 percent of girls; anabolic steroids - by 3,5 percent of boys and 0,6 percent of girls. Such tendency also prevailed in 2003.

Lithuanian ESPAD 2007 survey main conclusions

1. 1/5 of the surveyed Lithuanian schoolchildren (20 percent) used at least 1 or 2 times in their lifetimes, (26 percent of the boys and 14 percent of the girls). In the course of 4 years prevalence of many drugs increased: since 2003, the number of schoolchildren having used drugs at least 1 or 2 times in their lifetimes increased from 16 percent to 20 percent. As in 2003, prevalence of nearly all drugs was higher among boys than girls. This tendency also prevailed in 2003.

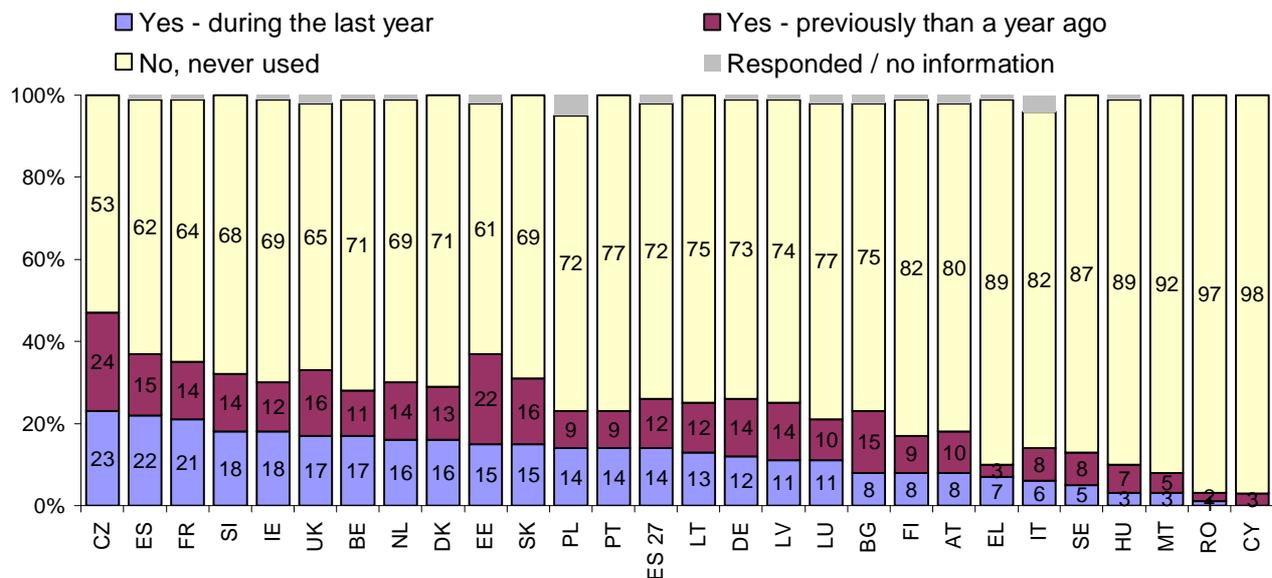
2. The most significant reduction of prevalence is observed for heroine and amphetamines. Marihuana, hashish use at least once in lifetime increased from 13,5 percent to 18,2 percent. By popularity, marihuana/hashish are followed by ecstasy use of which at least 1 or 2 times in lifetime increased from 1,9 percent to 3,4 percent, the latter is followed by amphetamines reported by 3,0 percent of juveniles who used at least 1 or 2 times in their lifetimes. The rate of use prevalence of LSD, hallucigenous (“magic”) mushrooms and other hallucinogens, GHB and other drugs increased too.

Prevalence of psychoactive substance use among youth aged 15 – 24⁶

For a decade, the European Commission has been surveying prevalence of drug use among youth in the EU countries: in 2002 and 2004 the survey was carried out in 15 EU countries, in 2008 – in 27 EU countries⁷. The latest survey was carried out in May 2011 in 27 EU countries. The survey estimated the tendencies of EU youth attitudes to drugs and new psychoactive substances. In 2011, the survey covered over 12 thousand youths aged 15 to 24 in 27 EU countries. In Lithuania, as in other EU Member States randomly selected 501 youths (aged 15 – 24) were interviewed by phone.

In 2011, the *Eurobarometer* results show that every third young man (32 percent) and every fifth young woman (20 percent) in Europe state that used cannabis at least once in their lifetimes, and total prevalence of cannabis use among youth in Europe accounts for 26 percent. In Lithuania, every fourth youth (aged 15 – 24) used cannabis (*Figure 2-7*). One out of ten said used this drug in the last year, 2,8 percent used in the last month (*Figure 2-8*). Though in *Fig. 2-8* insignificant increase of cannabis use at least once in lifetime (LTP) is observed, decrease of cannabis use at least once in the last 12 months (LYP) and once in the last 30 days (LMP) is observed (from 12,8 percent to 9,8 percent (LYP) and from 3,6 percent to 2,8 percent (LMP) respectively).

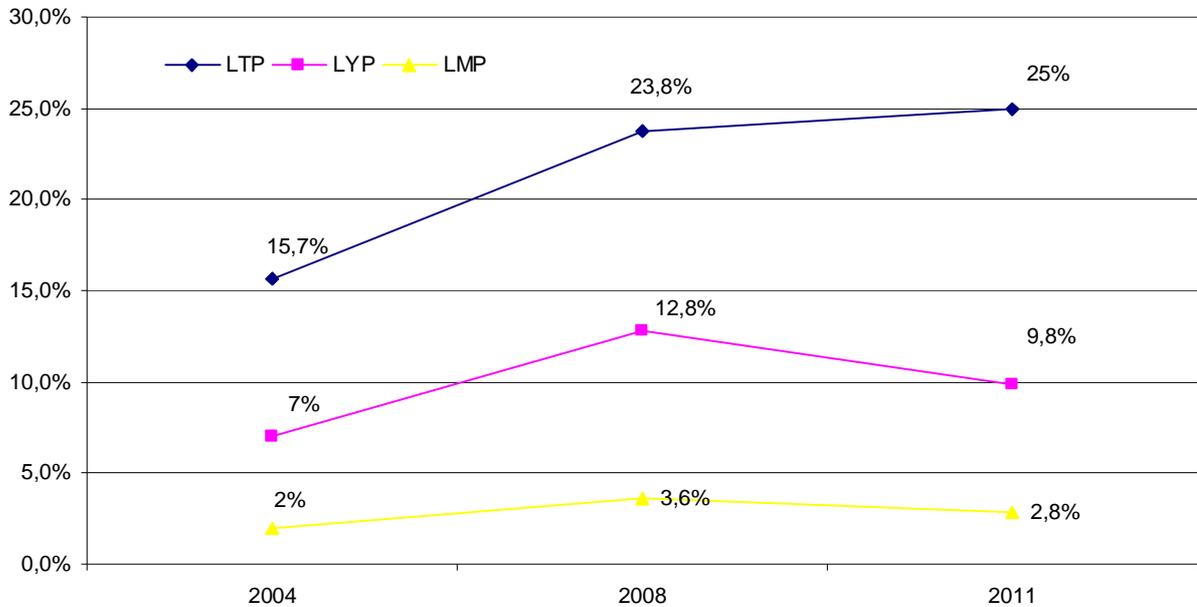
Figure 2-7. Prevalence of cannabis use among youth aged 15 – 24 in the European Union countries



⁶ Flash Eurobarometer “Youth attitudes on drugs”, 2011[online]. Available: http://ec.europa.eu/public_opinion/flash/fl_330_en.pdf [accessed 2011.09.20]

⁷ European Commission - Press release „European Commission to strengthen rules to fight dangerous new synthetic drugs”, 2011 [online]. Available: <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/855&format=HTML&aged=0&language=LT&guiLanguage=en> [accessed 2011.09.20]

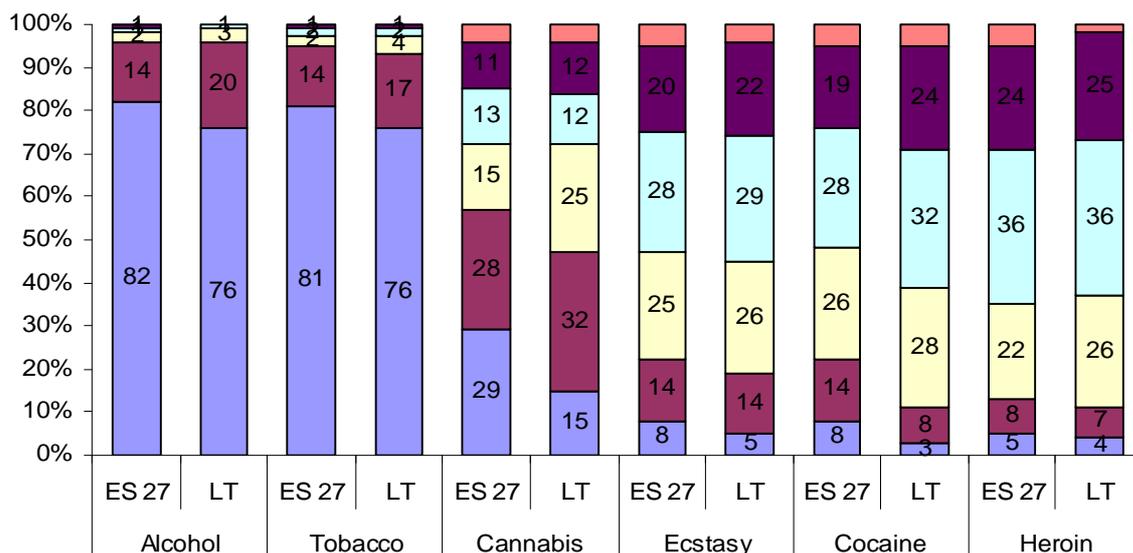
Figure 2-8. Prevalence of cannabis use among Lithuanian youth aged from 15 to 24, 2004 – 2011



Nearly all interviewed young people Lithuanian asked whether it would be difficult to obtain alcoholic beverages and tobacco products within 24 hours replied they could obtain very easily or easily enough within this period of time. According to the Lithuanian respondents cannabis out of all drugs has highest availability (47 percent). 57 percent of the European respondents think they can get cannabis easily within 24 hours. 22 percent of the European respondents can say the same about ecstasy and cocaine. In Lithuania, these indicators are 19 percent and 11 percent respectively (Figure 2-9).

Figure 2-9. Comparison of availability of psychoactive substances in Lithuania and the EU average

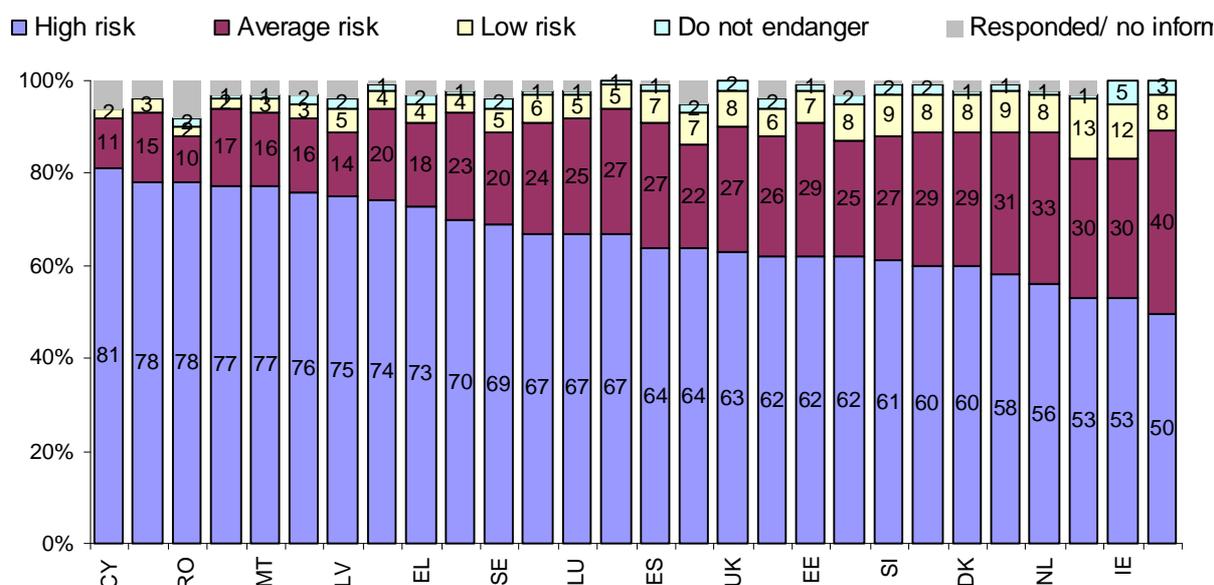
Legend: Very easy (blue), Quite easy (maroon), Quite difficult (light blue), Very difficult (cyan), Impossible (dark purple), Responded/no information (orange)



It should be underlined that Europeans aged 15 – 24 make a clear distinction between cannabis and other drugs – both in terms of availability and health effects. Youth consider that a bigger danger to health is caused by regular use of cocaine (95,4 percent) and ecstasy (92,1 percent) than cannabis (66,7 percent). 75 percent of young Europeans who have never used cannabis think that its regular use poses a high risk. Among young Europeans who used this drug in the past year this opinion is shared

only by 36 percent⁸. 95,8 percent of the Lithuanian respondents think that regular use of cocaine poses a big threat to health, 92,5 percent think the same in terms of regular use of ecstasy, 77,4 percent – of cannabis (Figure 2-10), 72,8 percent – of alcohol.

Figure 2-10. Attitude of Europeans to long-term use of cannabis and threat to health caused by it



According to the Report from the European Commission 9, in 2010 the EU identified a record number (41) of psychoactive substances which imitate the effects of drugs and are sold legally. In the previous year 24 such substances were identified. Therefore, the Eurobarometer survey asked about use of new psychoactive substances. The survey data reveal that new substances are increasingly popular, i.e. 4,8 percent of young Europeans say they have used them. Young Lithuanians also know new drugs - 5,2 percent of the respondents have used them. In Europe, new drugs are mainly distributed through friends - 54,2 percent who came across new substances indicate to have got from them, 36,4 percent – at parties or in nightclubs, 32,6 percent – in specialist shops, 7,3 percent - over the Internet. In Lithuania, these figures slightly differ: distribution in specialist shops comes in the first place, i.e. 46,5 percent of young people get them in such shops, 45 percent – from friends, 19,1 percent – at parties or in clubs, and 4,1 percent - over the Internet. According to the Eurobarometer survey, across all 27 EU Member States, nearly all 15 to 24 year-olds are in favour of banning these substances.

2.3. Drug Use among targeted groups / settings at national and local level

Prevalence of drug use among night club visitors in Lithuania

No new information available for 2010 .

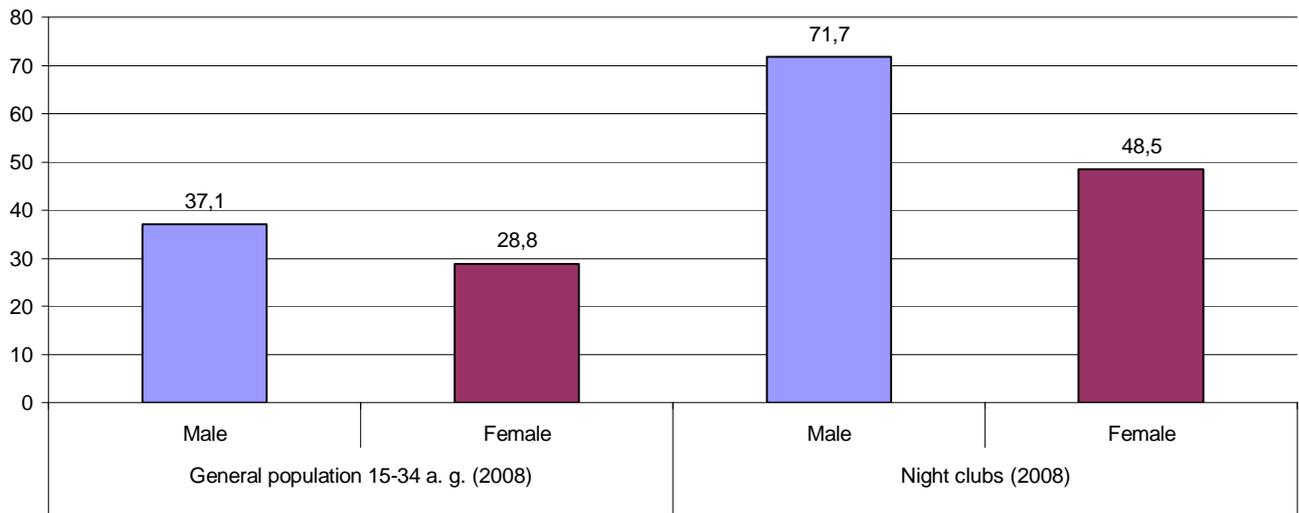
In March-May 2008, for the assessment of availability, prevalence and use habits of drugs and psychotropic substances among Lithuanian night club visitors the Drug Control Department under the Government of the Republic of Lithuania carried out a survey of night club visitors in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. The survey was based on 545 questionnaires filled in by the respondents.

⁸ European Commission, Press-release *European Commission to strengthen rules to fight dangerous new synthetic drugs*, 2011 (<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/855&format=HTML&aged=0&language=LT&guiLanguage=en>)

⁹ European Commission, Report from the Commission on the assessment of the functioning of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances, 2011 (http://ec.europa.eu/justice/policies/drugs/docs/com_2011_430_en.pdf)

60 percent of all persons who attend clubs conceded having been proposed to try drugs. The number of men having been proposed to try drugs was statistically significantly higher, compared to women. Comparison of the above survey to the survey of prevalence of use of psychoactive substances in Lithuania (2008) found that in the age group from 15 to 34 years of general population men are approached with a proposal to try drugs more often than women. The data in *Figure 2-11* show that both, men and women, are proposed nearly two times more often, compared to general population.

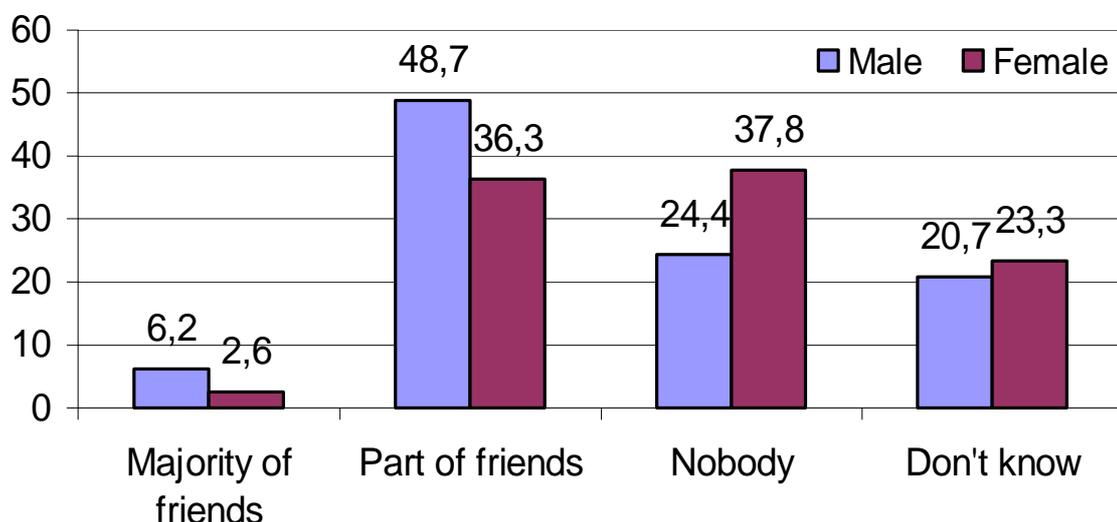
Figure 2-11. Comparison of club visitors and general population who was offered to try drugs, by sex (percent)



The results show that respondents aged 22-25 (i.e. 67 percent) received the biggest number of proposals to try drugs. Not so often proposals were received by club visitors aged 25 (i.e. 57,8 percent) and younger than 21 years of age (i.e. 55,1). No statistically significant difference among the age groups was established based on proposals to acquire drugs.

4,4 percent of the night club visitors survey respondents indicated that the majority of their friends and acquaintances, and 42,6 – that a part of their friends and acquaintances use drugs. 31 percent of the club visitors pointed out that none of their friends use drugs. It was established that women statistically significantly more often compared to men indicated that none of their friends used drugs (37,8 percent and 24,4 percent, respectively) (*Figure 2-12*).

Figure 2-12. Distribution of club visitors answering the question „Do you have/know friends who use drugs“, by sex (percentage)

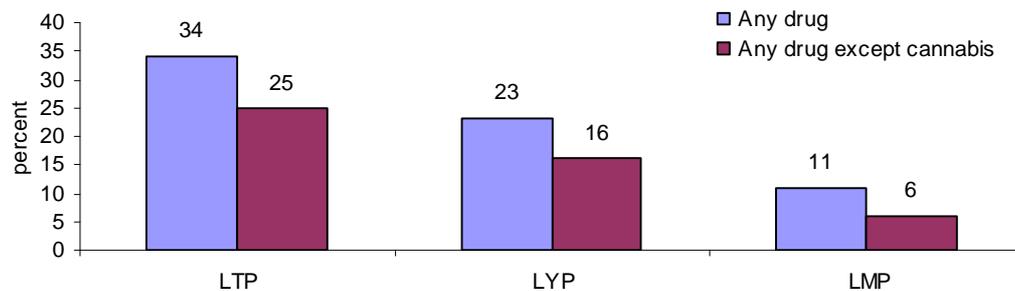


The club visitors survey results show that the respondents aged 22-25 years, compared to the groups of younger and older respondents, statistically significantly more often indicated that a part of

their friends used drugs. That was indicated by the respondents as follows: 35,9 percent - younger than 21 years, 51,9 percent – aged 22-25 years, and 39,4 percent – older than 25 years.

Every third respondent used drugs in his/her lifetime, nearly every fourth respondent used drugs within the last year, in the average every tenth respondent used drugs within the last month (Figure 2-13). More frequent users were men, over 22 years of age, having jobs, financially stronger (for amusement affording over 200 Litas per weekend), more frequent visitors of night clubs (at least once a week), respondents in Vilnius. Every fourth respondent used at least one drug, except for marihuana and hashish, at least once in his/her lifetime, nearly every sixth – within the last year, and 6 percent – within the last month. As regarding cases of any drug use, drugs were used more frequently by men, over 22 years of age, having jobs, financially stronger and more frequent visitors, respondents in Vilnius and Klaipeda.

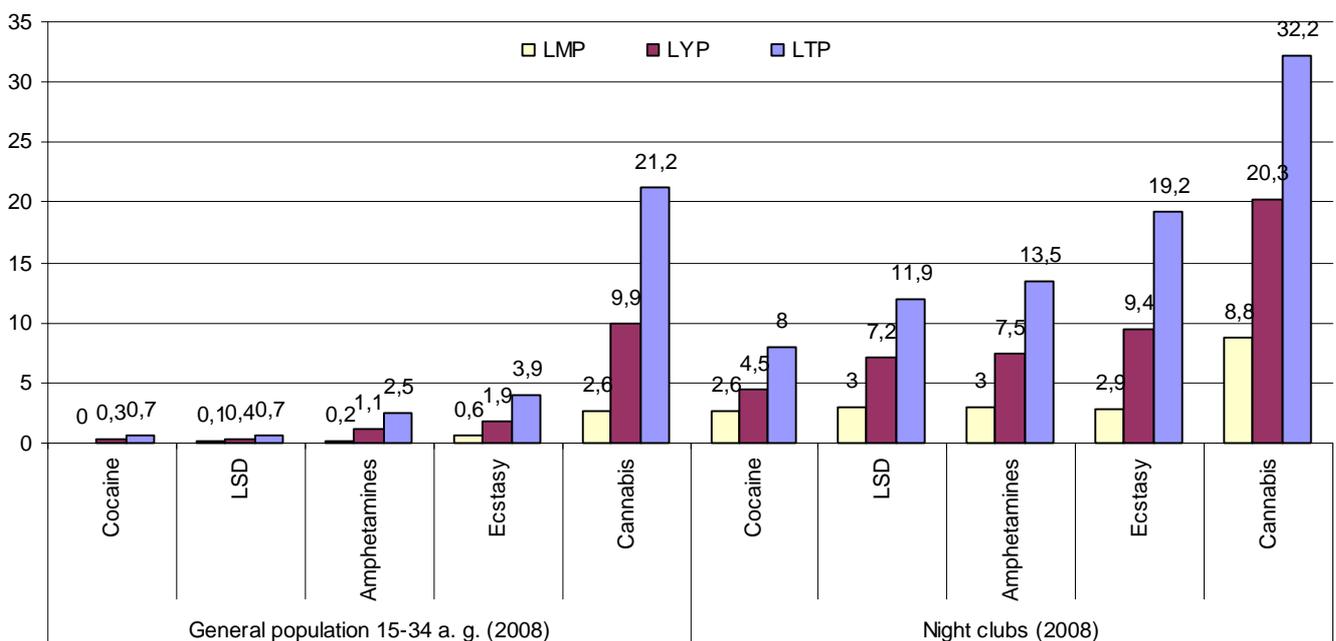
Figure 2-13. Distribution of club visitors according to the drug use period of at least one drug or at least one drug, except for marihuana and hashish (percent)



It was established that a bigger number of men used drugs in their lifetime than women (45,8 percent and 21,9 percent). Among club visitors statistically significant use of drugs more than once in lifetime was in the age group of 22-25 years than in the age group under 21 years ((21,0 percent and 40,4 percent). The results show that more frequent use of drugs is among club visitors who attend night clubs more often (at least once a week), compared to those who attend not so often (44,3 percent and 29,1 percent).

The comparison of drug use prevalence among night club visitors and the general population (aged 15-34) discloses that in entertainment places all types of drugs in lifetime, in the last 12 months and in the last 30 days are used more often than among general population. The most spread types of drugs are marihuana, ecstasy and amphetamine/methamphetamine (Figure 2-14).

Figure 2-14. Distribution of club visitors by used drug type and use period (percent)



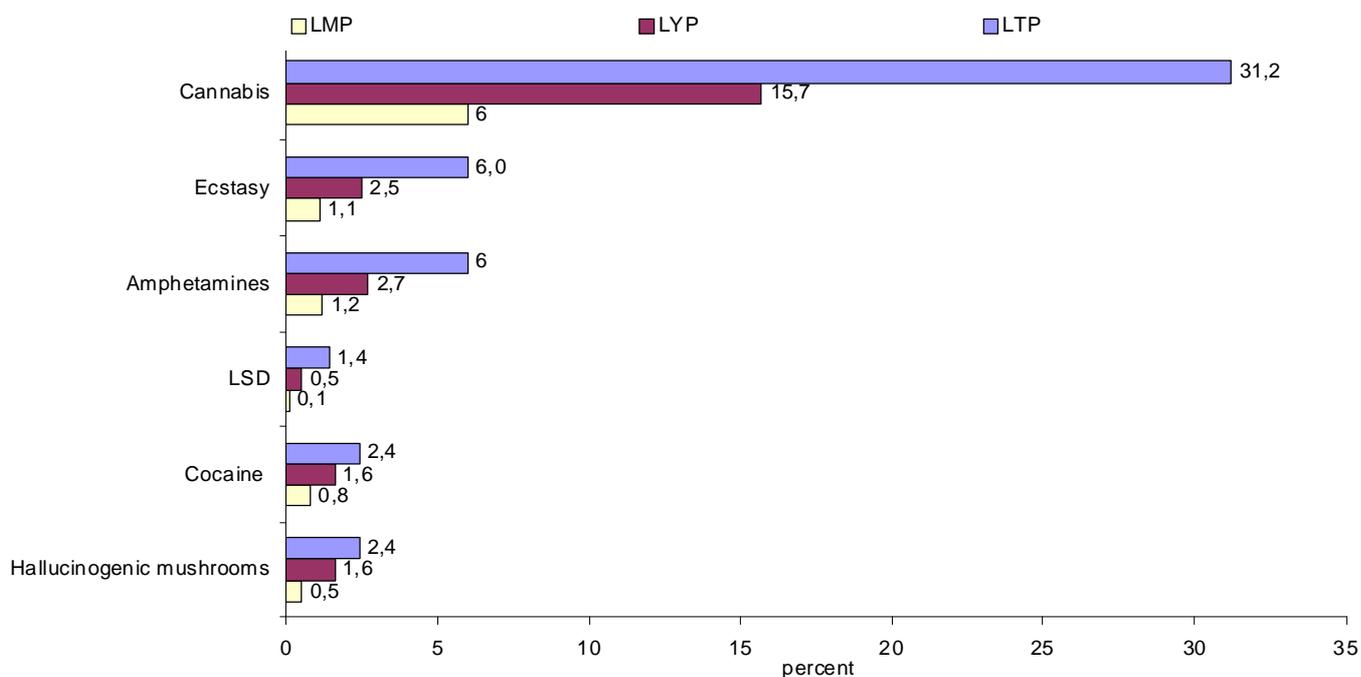
Prevalence of psychoactive substances among students of higher educational establishments in Lithuania

The survey's task was to analyse prevalence of psychoactive substances among students of higher educational establishments in Lithuania, to explore students' approach towards use of psychoactive substances and to assess differences of using modes of psychoactive substances according to socio-demographic characteristics. The survey was implemented using the method of live interviews in educational establishments (a university, college or academy) covering 1025 students of the first-fourth years in Lithuanian establishments of higher education.

61 percent of the respondents never used drugs. These students most frequently indicated their negative approach towards drug use (60 percent of the students not using drugs), being aware of a negative impact on one's health (55 percent) or indifferent (52 percent). Every third (33 percent) of the students not using drugs indicated they avoided them because were afraid to develop dependence.

The average age of the students for the first try of the majority of drugs was 18 years. Having attained this average age, for the first time "grass", ecstasy, amphetamine, LSD and "magic mushrooms" were used. The average age for cocaine use was 19 years. "Grass" (marihuana, hashish) is the most spread drug among students. The biggest group among students having used drugs confessed use of the above drug (31 percent of the surveyed students used "grass" in their lifetimes). The popularity of "grass" among students is also proved by the fact that the biggest share of students (60 percent) indicated they personally knew people who used this drug. Other more frequently used drugs are ecstasy, amphetamine, inhalants. The surveyed students indicated that 24 percent of the people they know use ecstasy, 21 percent – amphetamine and 15 percent – inhalants. Distribution of the respondents according to use of individual drugs in relation to the use period is provided below in *Figure 2-15*.

Figure 2-15. Distribution of the respondents according to use of individual drugs in relation to the use period (percent)



One third of the respondents (31 percent) used hashish or marihuana, "grass" at least once in their lifetimes. In most cases smoking of hashish and marihuana were started at the age of 16-18 years: 61 percent of the students using this drug started to use hashish or marihuana at this age. The earliest age for use of hashish and marihuana was 13 years. Within the last 12 months hashish and marihuana were used by half of the students having used this drug in their lifetimes (50 percent). Within the last 30 days hashish, marihuana were used by 39 percent of the students having used this drug. No respondent indicated having used hashish or marihuana on a daily or nearly daily basis. In most cases this drug is used more rarely than once a week, i.e. this mode of use fell on 50 percent of students having used hashish or marihuana within the last 30 days. 23 percent of the target group respondents used hashish or

marihuana once or more times a week, i.e. in the group of students having used hashish or marihuana within the last 30 days 15 percent used several times a week and 8 percent - at least once a week.

6 percent of the respondents used ecstasy at least once in their lifetimes. In most cases this drug was used for the first time at the age of 17-18, i.e. 54 percent of the respondents having used this drug in their lifetimes used ecstasy for the first time in this age. The earliest age for use of ecstasy was 15 years. Within the last 12 months ecstasy was used by 43 percent of students having used this drug in their lifetimes.

6 percent of the respondents used amphetamine at least once in their lifetimes. In most cases this drug was used for the first time at the age of 18, i.e. 35 percent of the respondents having used amphetamine in their lifetimes used this drug in the above age.

2 percent of the respondents used cocaine at least once in their lifetimes. The distribution of age when cocaine was used for the first time is rather even, i.e. based on the survey no individual age groups can be distinguished for a clearly bigger number of cocaine users for the first time. The earliest age for use of cocaine was 16 years.

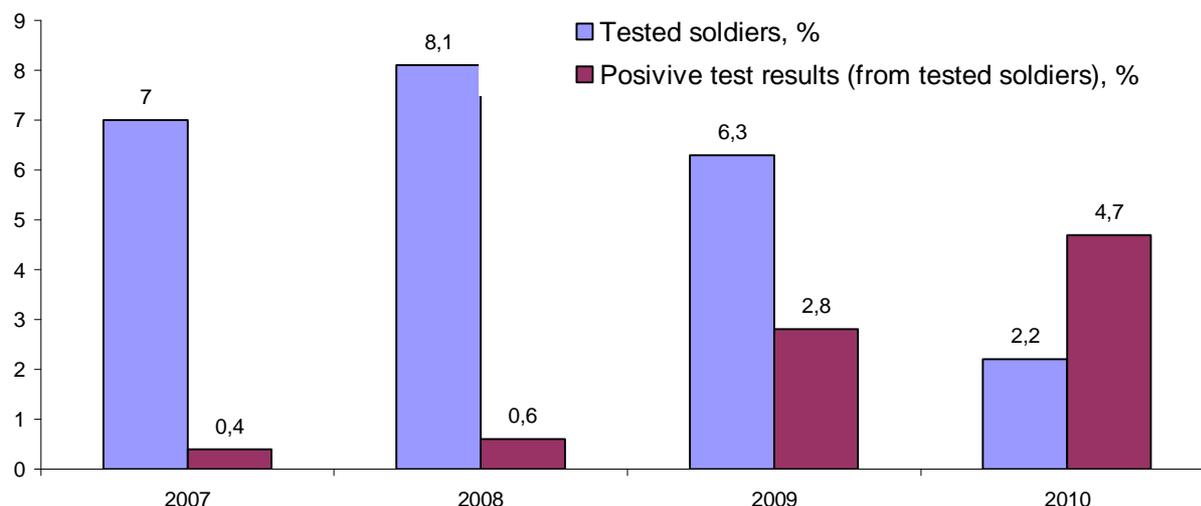
1 percent of the respondents used LSD. About one third (36 percent) used LSD within the last 12 months. A bigger number of respondents used LSD at the age of 17 or 18 years.

2 percent of the respondents used hallucinogenous mushrooms. A bigger share of these users used "mushrooms" for the first time at the age of 18 (60 percent). The earliest age for the first use of hallucinogenous mushrooms was 16 years. Within the last 12 months hallucinogenous mushrooms were used by 64 percent of the respondents having used this drug in their lifetimes.

Drug Use among Army Soldiers and Conscripts

Since 2005, instant drug tests for use of drugs and psychotropic substances¹⁰ have been carried out in the institutions and their units of the National Defence System on a yearly basis. In 2010, randomly sampled or upon suspicion having used drugs or psychotropic substances 172 soldiers from the Professional Military Service (hereinafter - PMS) were tested, accounting for 2,2 percent of the total number of PMS soldiers. The percentage of tested PMS soldiers in 2007 – 2010 is provided in *Figure 2-16* below. In 2010, the number of tested PMS soldiers reduced nearly three times, compared to 2009, however, the number of offences doubled (*Figure 2-16*).

Figure 2-16. Part of tested for drug use soldiers and positive results (percent) in 2007 – 2010



¹⁰ Used for tests: ON CALL™; Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key™ Cup (Urine); REFDOA-1107 (MET/COC/THC) + (BZO/TCA/BAR) + (AMP/OPI) + (MTD/MDMA) instant test to identify drugs and psychotropic substances.

The tests identified 8 positive results and these account for 4,7 percent of all tested soldiers, or 0,1 percent out of the total number of PMS soldiers. Among them 3 used amphetamine (AMP), 2 – metamphetamine (MET), 2 – marihuana (THC), 1 – ecstasy (MDMA).

3. Prevention

Additional information for this chapter is also available in the Structured Questionnaire 25 Universal Prevention + MUSTAP (submitted in 2010) and Structured Questionnaire 26 Selective and Indicated Prevention (submitted in 2010)

Overview of the National Drug Prevention Policy

Aiming at more adequate implementation of the policy of drug control the Drug Control Department under the Government of the Republic of Lithuania executed a number of important works. In Lithuania, modern measures of prevention and their evaluation system are being implemented, methodological material is under preparation, information is communicated to the public, the specialists are trained.

In 2009, the implementation of the *Program for Prevention of use of Alcohol, Tobacco and Other Psychoactive Substances* approved by Decree No. ISAK-494, of March 17, 2006, of the Minister of Education and Science of the Republic of Lithuania (Žin., 2006, No. 33-1197) was continued. Early intervention services to children were provided, the *Training Program* on prevention of psychoactive substance use for parents of schoolchildren was prepared and approved by Decree No. (1.3) V-263, of December 29, 2007, of the Director of the Centre of Special Pedagogics and Psychology, also methodological material for work with parents was prepared.

3.1. Universal Prevention

- School

Each year the Ministry of Education and Science gathers information concerning the implementation of measures for prevention of psychoactive substance use in educational establishments. In 2010, municipal educational establishments indicated tobacco use out of 14 social risk factors as the most relevant problem, as well as taunting and violence, alcohol use, poverty in the family, nonattendance of school and Computer dependence (Table 3-1).

Table 3-1. Relevance of social risk factors in educational establishments

To what extent are the social risk factors below relevant among schoolchildren in your municipality?				
Social risk factors		Number of answers of municipal educational establishments		
		Very relevant ¹	Relevant ²	Irrelevant ³
		1	2	3
1	Alcohol use	82	619	366
2	Tobacco use	309	587	171
3	Drugs and other psychoactive substance use	14	194	836
4	Taunting and violence	234	681	151
5	HIV/AIDS risk*	4	29	1025
6	Children suicide risk**	25	181	846
7	Law offences***	63	491	501
8	People trafficking****	4	36	1017
9	Non-attendance of school	178	589	293
10	Poverty in the family	274	606	172

11	Gambling	11	148	901
12	Smuggling	2	44	1000
13	Computer dependence	189	462	419
14	Manifestation of discrimination (in relation to race, origin, nationality, age, language, gender, disability, social position, religion, beliefs or views)	23	260	776
15	Other	1	4	163
NOTE:				
¹ 30 percent and more schoolchildren in the school characterised by this risk factor				
² up to 10 percent and more schoolchildren in the school characterised by this risk factor				
³ No schoolchild in the school characterised by this risk factor				
* HIV positive/ill with AIDS schoolchildren, or schoolchildren from families with their members HIV positive/ill with AIDS				
** Schoolchildren committed suicides, or schoolchildren who think of suicide periodically, intend or attempt to commit suicide				
*** Schoolchildren having committed civil offences or crimes				
**** Schoolchildren or members of their families who became victims of people trafficking				

(Information Source: the Ministry of Education and Science)

Implementation of programs for life skills education of children in Lithuanian educational establishments

A fair quantity of programs and methodological materials to develop life and social skills of children were prepared for Lithuanian educational establishments which are available for all educational establishments (Table 3-2).

According to data of the Ministry of Education and Science the Program *Zip's friends* was implemented successfully in Lithuanian educational establishments in 2010. The Program is designed for children in preschool and first years in school. In 2010, in the Program for the first time 327 teachers from 10 Lithuanian counties participated. In 2010, in total 441 teachers prepared earlier participated in the Program.

The program implementation information of the Program *Zip's Friends* on the executor's website was upgraded, the latest Program's methodological material and topical information for consultants and pedagogues, information for parents of children participating in the program and for general public were provided.

The implementation of the Program *Second Step* continues. The Program focuses on development of social and emotional skills of primary schoolchildren. Its core is to reduce aggressive behaviour of children, to teach children to handle their feelings, to resist impulsive behaviour, to resolve conflicts, to resolve problems and to understand consequences of their behaviour. In 2010, 83 pedagogues were prepared to work with the Program *Second Step*. Besides, 96 pedagogues prepared in previous years implement the Program. 14 managers-counselors to work in the Program were prepared – a workshop of professional supervision and counseling was organised for the teachers implementing the Program, 75 counseling hours were provided where 339 pedagogues prepared in previous years participated. Educational material was produced (educational cards, DVD, posters, packaging) for schoolchildren of forms 1 and 4 (20 sets of each). Among the most popular program for life skills education of children implemented in 2010 in Lithuanian schools 5 programs can be marked (Table 3-2):

- *Healthy Lifestyle Education* – life skills education for schoolchildren of forms 1 -8;
- *Program for Life Skills Education* (primary school). L. Bulotaite, V. Gudzinskiene, O. Rugeviciene. 2004;
- *Program for Life Skills Education* (forms 5 - 8). L. Bulotaite, V. Gudzinskiene, A. Davidaviciene. 2005;
- *Zip's Friends* - early prevention and socio-emotional development program for children aged 5-7 years;
- *Program for Life Skills Education* (forms 9 - 12). L. Bulotaite, V. Gudzinskiene, I. Pilkauskiene. 2005.

Table 3-2. Implementation of the programs for life skills education in Lithuanian schools in 2010

	Name of program	Number of schools implementing the Program
1	<i>Zip's Friends</i> - early prevention and socio-emotional development Program for children aged 5-7 years	281
2	<i>Program for Life Skills Education</i> (primary school). L. Bulotaite, V. Gudzinskiene, O. Rugeviciene. 2004	392
3	<i>Program for Life Skills Education</i> (forms 5 - 8). L. Bulotaite, V. Gudzinskiene, A. Davidaviciene. 2005	367
4	<i>Program for Life Skills Education</i> (forms 9 - 12). L. Bulotaite, V. Gudzinskiene, I. Pilkauskiene. 2005	268
5	<i>Let's Pass Together</i> – early prevention Program oriented towards child and family's social skills development for children aged 7 - 9	91
6	<i>Second Step</i> - Program of socio-emotional skills development for schoolchildren (forms 1 – 4)	181
7	<i>Crossroads of Teens - Lions Quest Program</i> of life skills development (forms 5 - 8).	66
8	<i>Program Bridges</i> – social skills development Program for teenagers. N. Struliene, 2007	178
9	<i>Healthy Lifestyle Education</i> - life skills development Program for schoolchildren (forms 1 – 8)	610

The Project Education of Children Life Skills of the Department and the European Council Pompidou Group

In 2010, the Drug Control Department under the Government of the Republic of Lithuania continued the implementation of the Project addressing education of children life skills started in 2007 in cooperation with the European Council Pompidou Group. In 2010, following the methodological material *Education of Children Life Skills* 10 trainings for pedagogues and specialists (psychologists, social pedagogues and other) were organised. The trainings were organised in Vilnius, Panevezys, Trakai, Taurage, Marijampole, Visaginas, Pasvalys, Plunge, Kaunas. 242 specialists participated in the training.

(Information Source: the Drug Control Department under the Government of the Republic of Lithuania)

Implementation of psychoactive substance use prevention programs in Lithuanian educational establishments

Out of 7 programs for prevention of psychoactive substance use the absolute majority of schools, i.e. 964 schools, chose and implemented in 2010 the *Program for Prevention of use of Alcohol, Tobacco and Other Psychoactive Substances* approved by Decree No. ISAK-494, of March 17, 2006, of the Minister of Education and Science of the Republic of Lithuania (Žin., 2006, No. 33-1197) (Table 3-3).

Table 3-3. Implementation of Programs for prevention of psychoactive substance use in Lithuanian schools in 2010

	Name of program	Number of schools implementing the Program
1	<i>UNPLUGGED</i> - Program for prevention of tobacco, alcohol and drug use for schoolchildren aged 12-14 (Association Mentor LIETUVA)	35

2	„Linias“-help to children - Program for prevention of psychoactive substance use for children aged 6-12 (15)	67
3	Snowball - Program for prevention of psychoactive substance use and social skills development for schoolchildren (forms 8-12)	129
4	Program for Prevention of use of Alcohol, Tobacco and Other Psychoactive Substances approved by Decree No. ISAK-494, of March 17, 2006, of the Minister of Education and Science of the Republic of Lithuania (Žin., 2006, No. 33-1197)	964
5	How to Protect the School of Dreams Against Drug Addiction - addresses implementation of HIV/AIDS prevention for schoolchildren (forms 7-10). S. Caplinskas, L. Stoniene	50
6	Stalker - Program for prevention of children and juvenile criminality for schoolchildren aged 11-18, focusing on formation of a stable life position protecting against drug, alcohol and tobacco use	24
7	Implementation of alcohol and other drug use prevention in educationalestablishments applying scientific achievements in sobriology	40

(Information Source: the Ministry of Education and Science)

It should be noted that no more detailed information regarding the implementation of psychoactive substance use prevention programs in Lithuanian schools and results achieved was provided by the Ministry of Education and Science. Concerning the programs for prevention of psychoactive substance use implemented in Lithuanian schools in 2010, solely the executors of the Program *UNPLUGGED*, i.e. the Association Mentor Lithuania implementing the Program for prevention of tobacco, alcohol and drugs use among schoolchildren aged 12-14, provided description of the Program and the results achieved in 2010, as provided below.

Description of the Program *UNPLUGGED*

The Program *UNPLUGGED* is a program for prevention of psychoactive substance use with an objective to develop life skills in children necessary for healthy life style and preventing from starting using tobacco, alcohol and drugs.

Schoolchildren of forms 6 – 7 participate in 12 lessons learning to communicate, to think critically and creatively, to defend their opinion, to identify peers' influence, are introduced information on harm caused by alcohol, tobacco and drugs.

Parents of schoolchildren participating in the Program are invited to participate in three practical workshops having the main aim to provide knowledge and skills necessary to protect children against tobacco, alcohol and drugs in their teens.

Before conducting the above lessons the teachers participate in 2,5 day training introducing detailed methodological material of the Program, information about psychoactive substances, the teachers themselves conduct and perform the tasks, organise the role plays, apply the methods.

Achievements of the Program *UNPLUGGED* in Lithuania in 2010

In 2010, adaptation of the Program's methodological material was continued taking into consideration the recommendations provided by the teachers who tested the translated methodological material of the Program *UNPLUGGED*.

In 2010, in Kaunas 2 trainings for 44 pedagogues were organised. The Program *UNPLUGGED* was implemented in 15 schools, in 12 lessons 1653 schoolchildren of forms 6 – 7 participated. In 12 schools 3 sets of workshops were organised for 168 parents of children participating in the Program.

Besides, 2 evaluation meetings for the implementing teachers were organised in Kaunas where they were able to share their experience, to obtain answers to deal with the difficulties or uncertainties they encountered. The implementing teachers improved their professional competencies and will be able to apply the learned methods in their subject lessons.

The schoolchildren who participated in the Program acquired social skills that help also to protect themselves against other social threats – taunting, psychological crises, non-attendance of school, etc.

In May 2010, after a month upon completion of 12 lessons the second survey to evaluate the Programs impact was carried out. The evaluation forms were filled in by 799 schoolchildren in 6 control and 7 intervention schools in the city of Kaunas. The survey results revealed that having participated in the Program *UNPLUGGED* the schoolchildren started to less experiment with alcohol and smoking. The efficiency of the above Program was determined by the fact that presentation of the information on harm of psychoactive substance use was at the same time orchestrated with life skills education in the schoolchildren. Also, it is very important that the Program involved workshops for the schoolchildren parents. The Project implementation experience showed that the Program *UNPLUGGED* is very topical and necessary for Lithuania because the teachers lack clear, simple and efficient methodological measures to implement prevention in school. This is confirmed by the fact that schools from various Lithuanian towns contact the Association Mentor Lithuania looking for possibilities to implement the Program *UNPLUGGED*.

(Information Source: the Association Mentor Lithuania)

-Youth

In 2010, the Department of Youth Affairs under the Ministry of Social Protection and Labour of the Republic of Lithuania (hereinafter – the Department of Youth Affairs) funded programs and projects of youth or organisations working with youth the activities of which were directly or indirectly related to prevention of psychoactive substance use (Table 3-4).

It should be pointed out that since 2008 the Department of Youth Affairs has not been organising competitions to fund prevention specifically, however, some of the organisations funded through competition implement **general and selective prevention**.

Concerning programs indirectly related to prevention, institutional funding for youth organisations should be pointed out which facilitates ensurance of conditions for youth organisations to carry out their main functions; such funding aims at development of youth policy in Lithuania and strengthening the potential of youth organisations seeking that:

1. youth organisations became stronger as institutions, their activities increased their quality and transparency;
2. youth organisations and those working with youth, as well as young people were provided with information concerning the opportunities;
3. the participants in the programs were created conditions to acquire useful social competencies;
4. young people were created conditions to get involved into youth activities;
5. positive youth initiatives were encouraged;
6. mutual understanding and cooperation of youth were strengthened;
7. active participation of youth in public and civic life were initiated and encouraged.

Table 3-4. Data concerning funding (in Euro) of programs in 2010

Name	Allocated funds (Euro)	Funded organisations	Participants
Competition to fund programs of development of youth organisations'potential	102.062	21	13418
Competition to fund programs of strengthening regional youth activities and potential councils of youth organisations	40.923	15	4493
2010 competition to fund the targeted program of youth coordination activities and youth policy development	52.131	1	900

The Department of Youth Affairs also funds particular organisations working with youth, i.e. open youth centres which according to the concept of open youth centres and spaces, approved by Decree No. 2V-38-(1.4), of April 7, 2010, of the Department Director "(...) complement the established activities by youth organisations and other services focusing of purposeful, diverse and educational spare-time engagement which is understood not only as offering activities but at same time as services of social,

cultural (in the broadest meaning) engagement and development, social assistance and preventive nature“. One of the open work objectives is “to carry out primary prevention of tobacco, alcohol, other psychotropic substances use, i.e. before circumvent or breach of accepted (social) norms among the general public have not started yet, conditions to encourage tolerated behaviour are created; and secondary prevention, i.e. measures hindering or reducing prevailing behaviour not to be tolerated, breaching valid rules upon their occurrence or repetition“.

Having evaluated reports of the organisations funded in 2010 according to the funding program for Open Youth Centres activities (activities of 10 organisations were funded), it became evident that open work with youth covered 2925 participants (15 percent more compared to 2009), including 2683 young people (aged 14 – 29) seeking to offer to young people activities related to topical and interesting themes, and to attract to the open youth centres more young people arousing their interest in useful activities; 11 camps, 17 workshops and 10 trainings were organised for volunteers working with youth based on the open work principles, as well as 182 events of different nature (for example, counselling of social workers or psychologists, art workshops, various educational engagements relevant to youth); 30 staff of open youth centres and volunteers improved their competencies in organised trainings. Information concerning activities of open work with youth was provided to persons from the environment closest to youth, including teachers, staff of various institutions, parents of young people). The implemented activities contributed to the quantitative and qualitative development of open work with youth, also encouraged local communities to take more interest in open work, and at the same time to contribute to the implementation of open work in the future, to facilitate its continuation and development.

(Information Source: the Department of Youth Affairs under the Ministry of Social Security and Labour)

- Family and community

Training programs for parents

Table 3-5. In Lithuanian comprehensive schools 3 programs for parents were implemented in 2010

	Name of program	Number of schools implementing the Program
1.	<i>Training Program</i> on prevention of psychoactive substance use for parents of schoolchildren approved by Decree No. (1.3) V-263, of December 29, 2007, of the Director of the Centre of Special Pedagogics and Psychology	125
2.	<i>School for parents and schoolmasters</i> -skills development training program for parents and schoolmasters (executed by the Vilnius Pedagogical Psychological Service)	30
3.	<i>Gordon Training International Parent effectiveness training (P.E.T.)</i>	5

(Information Source: the Ministry of Education and Science)

Training Program on prevention of psychoactive substance use for parents (approved by Decree No. (1.3) V-263, of December 29, 2007, of the Director of the Centre of Special Pedagogics and Psychology)

In order to facilitate the work of heads and pedagogues in schools and children care homes according to the *Training Program* on prevention of psychoactive substance use for parents of schoolchildren in 2009 the publication including methodological material funded by the Ministry of Education and Science to use by schoolmasters, social pedagogues and other pedagogical staff in educational establishments when they conduct sessions with parents of schoolchildren.

In 2010, training for social pedagogues and teachers was organised how to work according to the *Training Program* on prevention of psychoactive substance use for parents of schoolchildren following the methodological material prepared and published in 2009; 10 workshops (duration - 8 academic hours) were organised covering 250 pedagogues who acquired knowledge how to work with parents of schoolchildren in the area of prevention of psychoactive substance use. In 2010, the *Training Program* on prevention of psychoactive substance use for parents of schoolchildren was implemented in 125 schools in Lithuania.

(Information Source: the Centre of Special Pedagogics and Psychology)

Positive parentage program School for parents and schoolmasters

The main goal of the Program is as follows:

- § to teach parents and schoolmasters to constructively communicate with children and teenagers,
- § to develop respectful interrelationship,
- § the Program seeks to develop psychological resistance in children.

The program's particular feature is its universality, it is designed for various **adult groups participating in education of children.**

The program is designed for:

- parents with children of different age,
- parents of risk groups,
- parents growing disabled children,
- parents growing children with special development needs,
- teachers, schoolmasters, pedagogues,
- social workers/pedagogues.

The Program *School for parents and schoolmasters* is a preventive program because:

- Teaching open communication in a family or educational establishment the skills program contributes to formation of strong ties between parents or other adults and children, and thus, it may be called a preventive program (according to J.D. Hawkins research).
- Strong emotional relationship with parents or other important adults (for example, teachers) is one of the most important factors protecting children against risk behaviour (aggression, early sexual initiation, psychoactive substance use, etc.).

The program participants are provided with brief theoretical knowledge. Active teaching methods are used: psychological exercises, simulation of different situations of communication with a child, reflections on them, discussions, insights, personal experience reflection, autonomous reading of literature, application of new skills in homework.

Tools for parents' training

The Program Manual for Program executors/moderators and the Participant's Book were prepared.

Motivation for parents to participate in the Program

Parents and pedagogues learn about the possibility to participate in the training mainly from the specialists/consultants working in the Service who in their individual talks recommend the parentage skills training for parents and pedagogues as help, solving problems related to education of a child.

Having completed the training, parents and pedagogues recommend this Program to other parents and pedagogues.

Results

In 2010, 8 groups covering 109 parents and pedagogues were organised.

- All parents and pedagogues having participated in the training note that the Program was useful (100%).
- The respondents note that the training for parents concerning education of children are needful (agree fully - 96,55 percent; agree - 3,45 percent).
- They would recommend this program to other parents (agree fully - 93,10 percent; agree - 6.90%).
- All parents having participated in the training would like to continue participation in further training (100%).
- Evaluation results show that participation in the Program changes the attitudes of the parents and pedagogues – they move towards respect to partnership, autonomy of children and adult family members. These changes are statistically significant.

Figure 3-1. Level of expectation satisfaction of persons who participated in the Positive Parentage Program

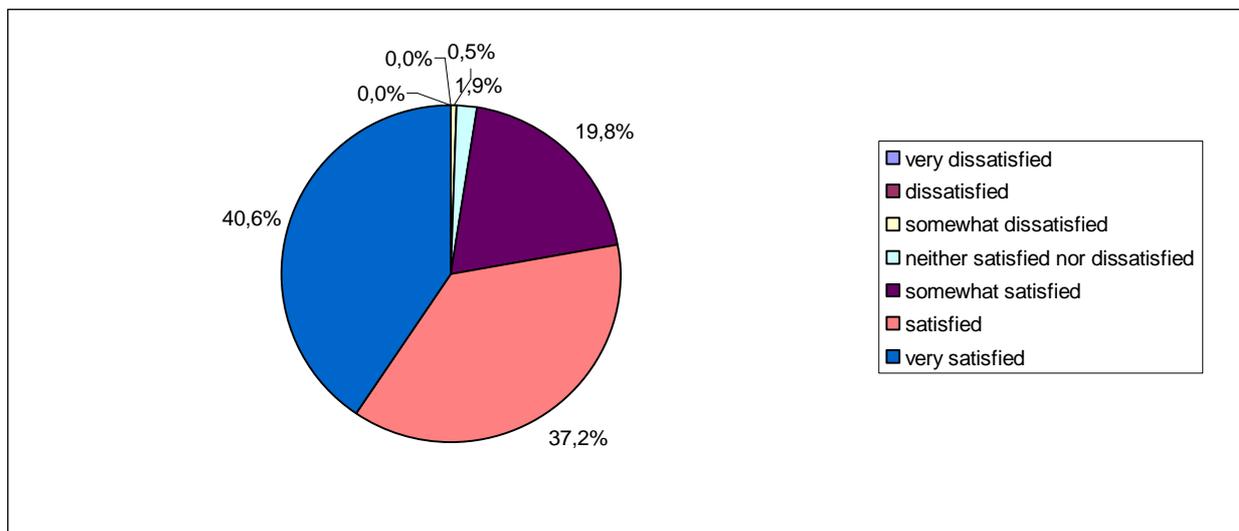


Figure 3-2. Influence of the Positive Parentage Program on relations with a child

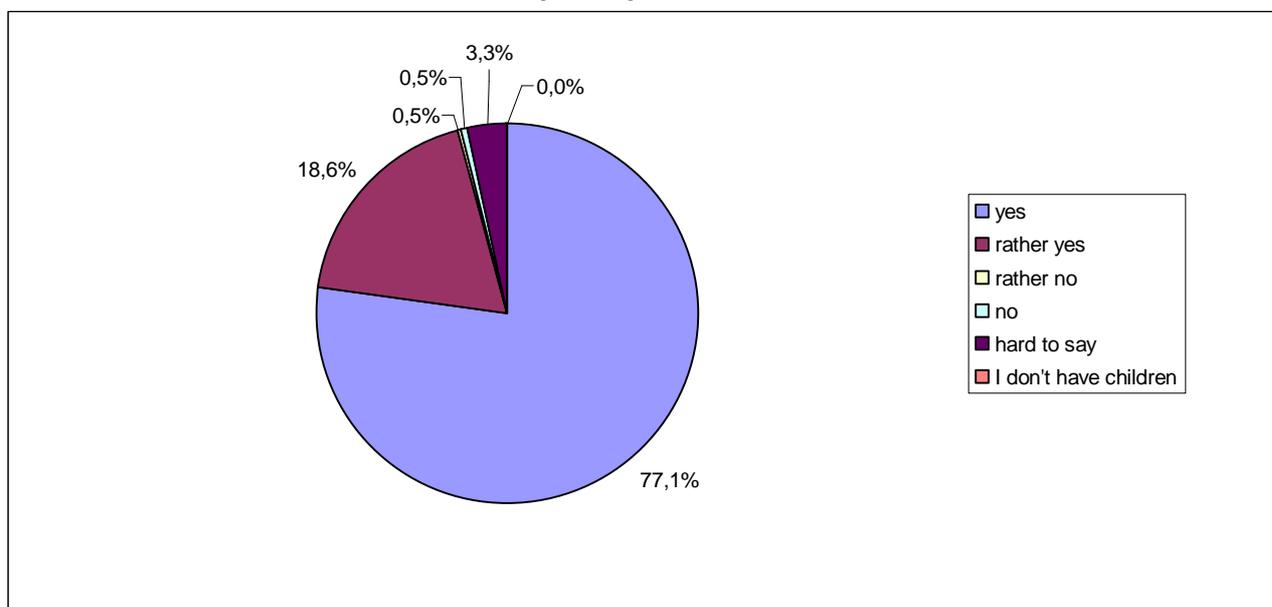
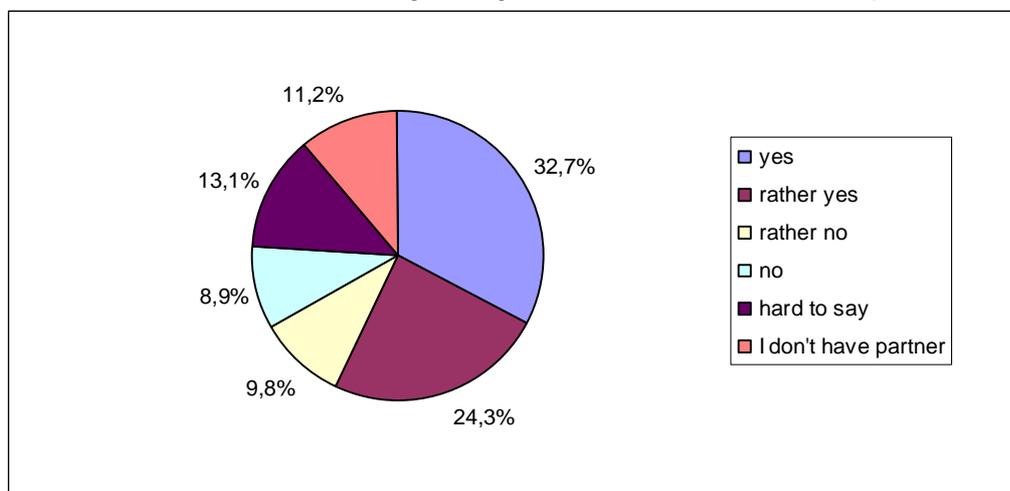


Figure 3-3. Influence of the Positive Parentage Program on interrelations with a partner



(Information Source: the Vilnius Pedagogical Psychological Service)

In 2010, the Positive Parentage Program *School for parents and schoolmasters* was implemented in 30 schools in Lithuania.

Gordon Training International Parent effectiveness training (P.E.T.)

The *Parent Effectiveness Training* is a program for developing parenting skills that grew more than a generation of independent, self-confident children who respect others, in different countries around the world. The Program which will celebrate its 50 year anniversary in 2012 today is applied and used in more than 50 countries.

The idea of the Program is simple – the objective is to create a strong relationship between parents and children that would awake child's confidence and enable his creativity, and would enable parents to successfully resolve issues related to child's education and development, to feel happy and confident parents.

The Program is useful for parents who want to solve successfully various education and development situations we face daily and to grow and prepare for life in the society creative, responsible children who are not afraid to express their opinion, but who, at the same time, are respectful, oriented to adequate values, respect themselves and others.

With the help of the Program parents learn as follows:

- to learn and understand true feelings of children and themselves;
- to express one's wishes and needs;
- to manage unacceptable behaviour of children without compulsion;
- to speak with children so that they would listen;
- to constructively resolve conflicts in the family;
- to encourage a child to cooperate and strengthen his/her confidence;
- to develop child's personality and independence, as well as a number of other things.

The P.E.T. program consists of 8 modules divided into 12 consistent practical classes, with duration of 3 – 4 academic hours. This number of classes is important as the group members "move together" along a certain communication road which needs time. To achieve that the parents could speak openly, to speak out their grievances, difficulties it is necessary to develop confidence among themselves.

In early February 2010, in Lithuania the first newly structured P.E.T. was introduced at the Gordon Training International training course for trainees, and in Lithuania 20 candidates to the P.E.T. program experts were prepared.

The joint result of the Program is improved microclimate, warmer relations in the school community and happier children and their parents.

In 2010, Gordon Training International P.E.T. was implemented in 5 Lithuanian schools.

In order to measure efficiency of P.E.T. in Lithuania, efficiency evaluation survey is carried out. Due to this reason Evaluation forms were adapted and translated, and in September 2011 and in February 2012 evaluation surveys of the Program will be carried out to cover 200 teachers from schools of the counties of Alytus, Kaunas, Klaipeda, Marijampole, Panevezys, Siauliai, Taurage, Telsiai, Utena, Vilnius.

(Information Source: Public Institution "Pro Coaching" representing Gordon Training International)

The Association Mentor Lithuania implements the parenting program

The Mentor Parenting Program aims at prevention of drugs, with a particular attention paid to risk and protective factors in the family. The Program is for parents growing children from 7 years of age. In the Program parents participate in 5 workshops, with duration 2 hours each. The workshops take place once a week at the same time= from 17 hrs to 19 hrs. The number of parents in a group does not exceed 14 parents.

The workshop themes are as follows: Parenting context and perspective; Communication with a child; Problem solutions; Efficiency, confidence, resistance to stress; Prevention in the family.

In 2010, 4 parenting courses (a set of 5 workshops) were organised, i.e. one course in Kaunas and in Plunge, 2 courses in Vilnius. Each course was attended by 14 participants, in total – 56 parents.

(Information Source: the Association Mentor Lithuania)

3.2. Selective prevention in at-risk groups and settings; indicated prevention

In 2010, the Drug Control Department under the Government of the Republic of Lithuania organised competitions and funded 32 projects to implement selected and targeted prevention of psychoactive substance use.

(Information Source: the Drug Control Department under the Government of the Republic of Lithuania)

Selective prevention at leisure time places

In 2010, prevention measures to ensure public order in public places and other people gathering places were prepared and implemented by the Police Department under the Ministry of Interior, seeking to reduce supply and demand of psychoactive substances and paying much attention to ensure public order in youth entertainment places. Officers of territorial police commissariats and their structural units visited discoteques and other youth events, communicated with organizers of events, managers of cafes and clubs, also tested if drivers do not drive intoxicated with psychoactive substances, conducted educational activities for youth and their parents – organised excursions to police headquarters, learned about legal liability for disposal of drugs or psychotropic substances.

In 2010, officers of the Chief Police Commissariat of the Alytus County detected 2300 administrative offences related to use of alcoholic beverages in public places or showing up of a drunk person (Article 178 of the Code of Administrative Offences), 82 cases of use or possession of alcoholic beverages by juveniles (Article 178.1 of the Code of Administrative Offences of the Republic of Lithuania) were detected.

The officers of the Chief Police Commissariat of the Kaunas County following the package of preventive measures *Safe District of Kaunas* (N. 20-65-2-IL-369) organised 250 targeted measures - 1457 youth gathering places were visited, 941 interviews were held regarding prevention of legal violations, prevention of psychoactive substance use. 9 criminal actions, 73 offenders of the Code of Administrative Offences of RL were detected, 628 information publications were distributed. 2 pre-trial investigations were started regarding possession of drugs or psychotropic substances according to paragraph 2 of Article 259 of the Criminal Code of the Republic of Lithuania.

The officers of the Kedainiai Chief Police Commissariat organised 16 raids to youth entertainment places seeking to detect legal violations concerning drug use.

Prevention measures were carried out by the Chief Police Commissariat of the Klaipeda County during the summer season opening festival in youth gathering and entertainment places in the town of Palanga (on Basanavicius street, the Juros peer and in the dune area). No drug use cases were recorded. Meetings with owners and security staff of nightclubs of Klaipeda and Palanga were organised and methodological recommendations and information were provided to them (telephone numbers of the Chief Police Commissariat of the Klaipeda County). In cooperation with the security staff of the night club KIWI 2 pre-trial investigations were started according to Article 259 of the Criminal Code of the Republic of Lithuania.

The Chief Police Commissariat of the Panevezys County organised targeted raids to youth gathering, leisure and entertainment places. 10 juveniles were detected illegally using, acquiring and possessing drugs.

The Chief Police Commissariat of the Siauliai County aiming to develop cooperation and improve occupation of children, organised the event *Safe summer* for 150 schoolchildren of the town of Siauliai. Checks in entertainment and youth gathering places were conducted aiming to detect persons having acquired or possessing substances, using it without doctor's prescription. 78 protocols, including 12 for juveniles, were drawn up for violation of Article 44 of the Code of Administrative Offences of RL.

The Chief Police Commissariat of the Taurage County organised raids aiming at prevention of illegal disposal of psychoactive substances, criminal actions and other offences in youth gathering and other public places. In total 36 raids were organised during which 55 administrative offenders were detected (including 36 according to Article 178 of the Code of Administrative Offences of RL, 9 – according to part 2 of Article 185.1 of the Code of Administrative Offences of RL, 7 - according to Article 161 of the Code of Administrative Offences of RL, 3 - according to Article 44 of the Code of Administrative Offences of RL, 1 - according to Article 180 of the Code of Administrative Offences of RL, 1 - according to Article 177 of the Code of Administrative Offences of RL), 5 juveniles were delivered to a medical institution to be tested for psychoactive substance use.

The Chief Police Commissariat of the Telsiai County organised 14 raids during which 25 juveniles intoxicated with alcohol, and no juveniles intoxicated with drugs were detected.

The officers of the Chief Police Commissariat of the Utena County started 27 pre-trial investigations regarding illegal disposal of drugs or psychotropic substances, including 13 concerning distribution of drugs or psychotropic substances, 14 – without intention to distribute drugs or psychotropic substances.

Seeking to identify cases of neglecting children, alcohol and drugs use raids to social risk families and discoteques were organised together with members of the Public Council. No cases of drug use were identified, 5 administrative offences were detected according to Article 178 of the Code of Administrative Offences of RL.

18 prevention measures were organised in the Zarasai district, 28 juveniles intoxicated with alcohol, 14 persons having bought alcoholic beverages for or passed on to juveniles, 9 persons having committed offences according to part 2 of Article 44 of the Code of Administrative Offences of RL.

The officers of the Chief Police Commissariat of the Vilnius County carried out checks at youth entertainment places (discoteques) – 3 protocols for violations of Article 44 of the Code of Administrative Offences of RL were drawn up, 10 pre-trial investigations according to Article 259-268 of the Criminal Code of RL were started.

The Chief Police Commissariat of the Vilnius County seeking to encourage the nightclubs located on the territory of the Vilnius municipality to establish safer entertaining environment for the population and guests of the capital announced the contest *The safest bar* in 2010.

In 2010, during the contest period the officers of the police commissariats of Vilnius authorised by the contest evaluation commission accumulated information concerning the night clubs participating in the contest. The evaluation commission included representatives from the Lithuanian Association of Hotels and Restaurants, the Drug Control Department under the Government of the Republic of Lithuania, the municipality of Vilnius, the Chief Police Commissariat of the Vilnius County, the Students' Representation Body of Vilnius University.

The evaluation commission selected the safest bars in Vilnius following the regulation of the contest *The safest bar* and awarded in April 2011. 10 safest bars were awarded among the participants. The bar *Tamsta* was awarded as the safest night bar in Vilnius.

The Chief Police Commissariat of the Vilnius County expects that the award of the safest bars will encourage initiatives to create safe environment and will help the public to take over the best practice in the area of public safety insurance.

(Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania)

Mass media information analysis

The Drug Control Department under the Government of the Republic of Lithuania carries out monitoring and analysis of communications on the topic of psychoactive substance use in the Lithuanian mass-media. The mass-media takes interest in topicalities in the field of drug addiction problems, drug control and prevention, and at the same time expresses the interest of the public, as mass-media partly publishes materials that are exciting and topical for their readers.

In 2010, the Drug Control Department under the Government of the Republic of Lithuania communicated information to the Lithuanian mass-media, as below: produced 49 press-releases, including 33 distributed to the Lithuanian mass-media, organized 4 press-conferences, prepared 24 articles for the national mass-media. The staff of the Drug Control Department under the Government of the Republic of Lithuania gave interviews to journalists preparing articles in newspapers and magazines, also provided additional information to the mass-media and the public on a permanent basis.

The mass-media responding to the information communicated by the Drug Control Department under the Government of the Republic of Lithuania published articles and produced reportages for the public 274 times.

Drug use Prevention Campaigns in Mass media

Pursuing the information campaign *FORGET* about the drug harm produced in 2006, the Drug Control Department under the Government of the Republic of Lithuania further distributed the methodological material and 4 stickers informing of drug harm to human health to educational establishments and other interested institutions based on their needs. The stickers were distributed to the population.

In 2010, the Drug Control Department under the Government of the Republic of Lithuania won the contest announced by the daily *15 min* and articles about drugs and their effects on human health were published.

In 2010, the Drug Control Department under the Government of the Republic of Lithuania continued the information campaign *Do you need it?* aiming to communicate information of drug harm to youth and to urge parents to note conduct of their children. During the prevention campaign communications were broadcasted on the radio (sound records) and all Lithuanian schools were also invited to broadcast these records. The radio records now are presented on the website www.ntakd.lt of the Drug, Tobacco and Alcohol Control Department.

In February – March, 2011, the Drug Control Department under the Government of the Republic of Lithuania used TV clips of the United Nations Office on Drugs and Crime (UNODC) World Drug Campaign. TV clips were broadcasted on visual screens afield in the cities and towns of Kaunas, Klaipeda, Panevezys, Siauliai and Vilnius. The survey carried out by the market research agency *RAIT* shows that 27 percent of individuals (15-24 years of age) saw the clips which appeared on the screens afield at least 3 000 times.

Selective and targeted prevention for social risk children and families

According to data of the State Child Rights Protection and the Adoption Agency under the Ministry of Social Security and Labour, as of December 31, 2010, in Lithuania the social risk family records included 10, 9 thousand of social risk families (*Table 3-6*).

Table 3-6. The number of social risk families and the number of children growing in them in 2006-2010

No.	Number of families / children (thousand)	2006	2007	2008	2009	2010
1.	Number of social risk families, thousand	13,5	12,0	11,4	11,1	10,9
2.	Number of children growing in them, thousand	31,4	27,9	25,5	24,2	23,3
3.	Number of children having lost parent care per year, thousand	3 006	2 824	2 691	2 175	2 145
4.	Number of children having lost parent care, thousand	13,3	12,9	12,3	11,6	11,13

(*Information Source:* the State Child Rights Protection and the Adoption Agency at the Ministry of Social Security and Labour)

In Lithuania in 2010, compared to 2009 the number of social risk families reduced by 217 families (2 percent), and the number of children in them reduced by 887 (4 percent). As of December 31, 2010, the number of social risk families and the number of children in them was lowest within 10 years (**10, 9** thousand families and **23, 3** thousand children).

Along with a decreasing number of social risk families the number of children having lost parent care reduced. In 2010, **2145 children** lost parent care and their number accounted for 11,13 thousand.

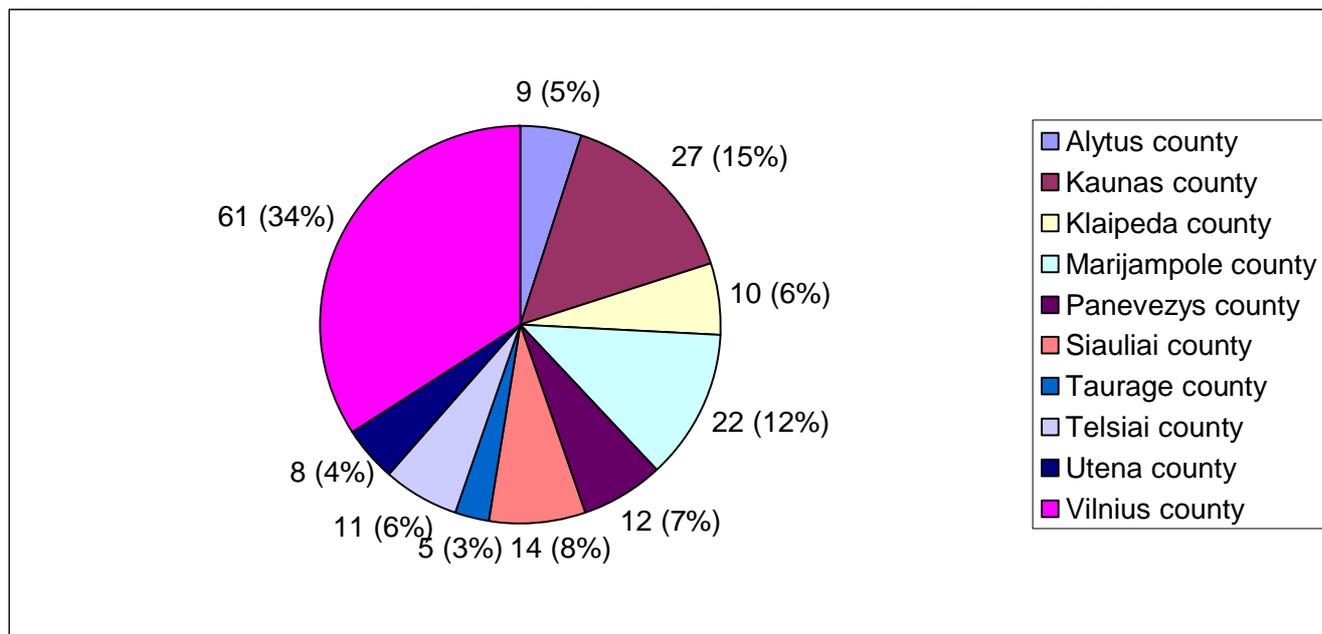
In 2010, statistical information was started to collect concerning persons having been imposed parental rights' restrictions or separated their children from them. According to data of the State Child Rights Protection and the Adoption Agency under the Ministry of Social Security and Labour **1037** persons were imposed parental rights' restrictions or their children were separated from them: 180 persons were suspended their parental rights', 768 – imposed timeless parental rights' restrictions and 90 persons were separated from their children. In 2010, for **1218** children their parents' rights were restricted or they were separated from their parents.

The Ministry of Social Security and Labour implementing development of children day centres in the municipalities providing day social care services to children and families when implementing the

Strategy for Reorganisation of the Child Care System organised a contest of children day projects 2010, and awarded 179 children day centres were funded (in 2009 – 162, in 2008 – 169, in 2007 – 151). For this purpose 7 million 493 thousand Litas were allocated from the budget. In 2010, the budget funds allocated to the projects met the funding needs requested by the financially supported organisations by 35 percent (in total ca. 21,4 million Litas were applied for from the state budget for the implementation of 179 children day centre projects).

In 2010, the biggest number of projects was implemented in the Vilnius County, i.e. 61 project funded. Distribution of the projects in Lithuania by counties is provided in *Figure 3-4*.

Figure 3-4 The number of funded day centre projects by counties in 2010 (percentage)



(Information Source: the Department of Supervision of Social Services under the Ministry of Social Security and Labour)

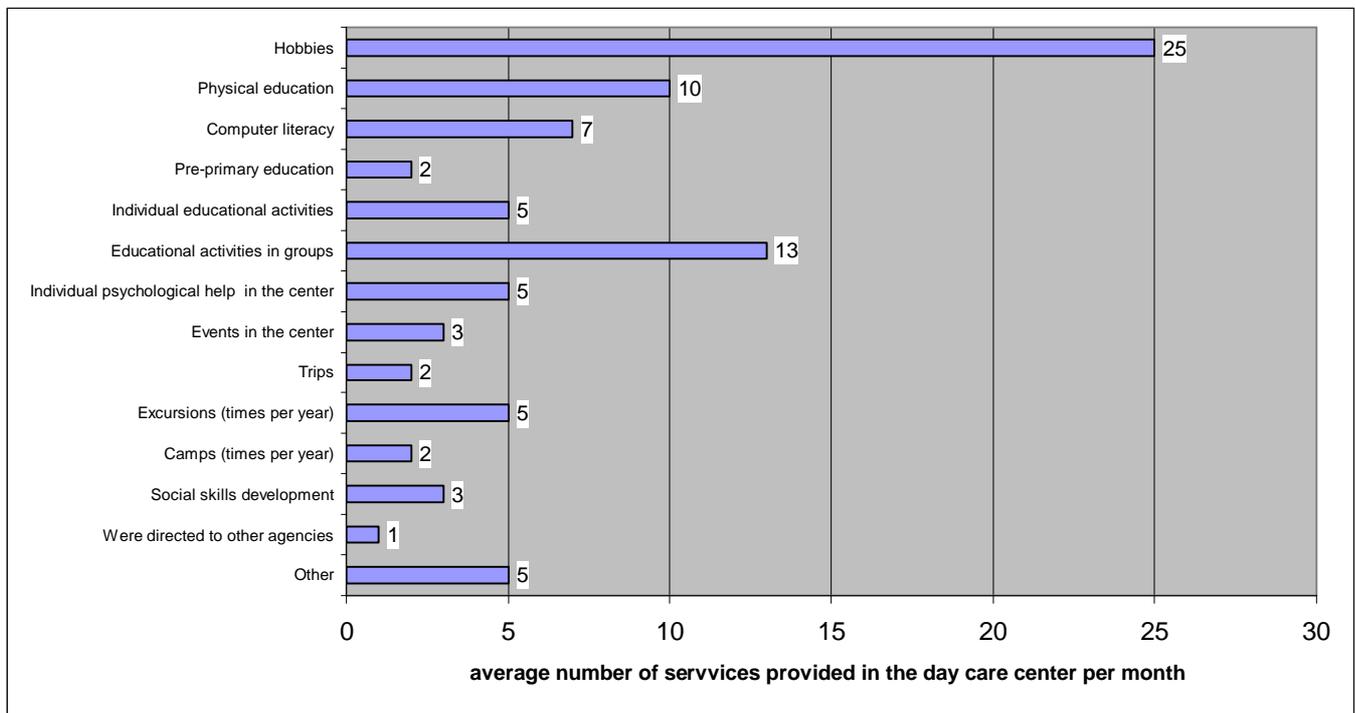
Taking into account the population size, the biggest number of children day centres is in the County of Marijampole, i.e. 1 children day centre project funded in 2010 per ca. 8,2 thousand population.

In 2010, the average project implementation duration was 11 months. Children from social risk families could attend a centre in the average 5 times a week and spend there 6 hours a day, as in 2009.

The number of children attending children day centres reduced. In 2010, 5,4 thousand children attended children day centres (in 2009 - 5,8 thousand children; in 2008 – near 6,5 thousand children), including 4,7 thousand children who were provided social and educational services on a regular basis (in 2009 – 4,9 thousand children).

Data concerning the services rendered to children in 2010 is provided in *Figure 3-5*. Children from problem families were provided possibilities for various occupations in children day centres. As seen in *Figure 3-5* below, the children day centres mostly conducted occupations according to liking, i.e. 25 arrangements a month, arrangements devoted to different themes, such as physical training were carried out every second day. In children day centres individual psychological assistance and education is provided 1 or 2 times a week. In the average 2 learning visits were organised a month. In the average centre visitors were organised 5 excursions and 2 camps a year.

Figure 3-5. The services provided to children in 2010



(Information Source: the Department of Supervision of Social Services under the Ministry of Social Security and Labour)

It should be pointed out that in the children day centres meals were provided to near 4,2 thousand children, i.e. 89 percent of all attending children. Also, services were provided according to family members' needs – counselling, providing information about the child and other issues, intermediation regarding documents or management of other daily matters.

In 2010, 35 percent of all project participants came to day centres upon recommendation of the Child Rights Services.

As in 2009, the biggest share of the children attending children day centres accounted for primary schoolchildren (aged 7 – 11 years) – 42 percent.

The challenges of organising leisure time activities for children from problem families and ensurance of safety of small children in their families continues. In many cases social risk families due to financial difficulties and shortage of institutions have no possibilities to let their children to attend kindergartens, also, they are not outreached by services of the children day centres and other institutions.

In 2010, in the children day centres work was carried out with 3,6 thousand families, including 2,9 – on a regular basis.

In 2010, executors of the children day centre projects indicated problems which arise working with social risk children and their parents: reduced funding, condition of premises of children day centres is not adequately good, the number of children has to be limited because of scarce space, lack of workshops training to work with problem families and children, to educate parenting skills; high unemployment level, alcoholism, weak social and hygiene skills among risk families.

The Department of Supervision of Social Services under the Ministry of Social Security and Labour submitted the proposals for improvement of the implementation of children day centre projects, as follows:

- it would be expedient to coordinate application of measures of other state supported social programs, and it is necessary to improve inter-institutional cooperation among institutions working with social risk families and organising more efficient assistance to children and their families;
- it is important to further encourage local government institutions, local services and entrepreneurs in regions to actively participate supporting organisations rendering day social services to children, and to pay particular attention to further improvement of quality of these services;

- seeking to evaluate the Program of Children Day Centres in view of its efficiency and achieving of results to establish clear (comparable) evaluation (qualitative and quantitative) criteria for contests to select children day centre projects and to instruct how they should be applied (measured);
- organising further contests for children day centre projects to establish in the project implementation prioritised expenditure (related to education of children and social services to social risk families and their children, but not for remuneration to the staff), also to establish thresholds for expenditure (annual or monthly) for telephones (mobile), rent of premises and utilities, also for raising qualification and publications.

(Information Source: the State Child Rights Protection and the Adoption Agency at the Ministry of Social Security and Labour)

3.3. National and local Media campaigns (Lina)

Mass media information analysis

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4. Problem Drug Use

4.1. Prevalence and incidence estimates of PDU

Additional information for this chapter is also available in the Standard Table 07& 08 Prevalence estimates on problem drug use (submitted in 2010)

No new information available for 2010.

Problem drug use is defined as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines'.

The first estimation of the prevalence of problem drug use in Lithuania was carried out by Dr. Gordon Hay, as part of the UNODC Project *HIV/AIDS prevention and care among injecting drug users (IDUs) and in prison settings in Estonia, Latvia and Lithuania*, in 2007. The estimated number of problem drug users in Vilnius and Lithuania, of IDUs in Klaipeda and Vilnius were obtained, as well as national estimates for Lithuania. Apart from the problem drug use estimate for Vilnius, all these estimates should be seen as provisional and approximate nationally. The study estimated ca. 3,200 IDUs and 4,300 problem drug users nationally, in 2006. More details about this study were provided in the Lithuania National Report 2009.

In 2010, in Lithuania the first more comprehensive and accurate Survey on prevalence of problem drug use was carried out. To identify the indicator for prevalence of problem drug use information was collected using data from routine registers or data bases. The data required for the survey was provided by 3 public institutions, i.e. the State Mental Health Centre (hereinafter – HMHC), Department of Prisons under the Ministry of Justice (hereinafter – DP) and the Department of Informatics and Communications under the Ministry of Interior (hereinafter – DIC). For the survey, the above institutions provided encoded personal data records preventing identification of a specific individual, however, allowing to make a comparison of the data basis provided by the above institutions and to select the same repeated records about the same person in different data bases. The capture-recapture method was used in the survey of prevalence of problem drug use. The provided data covered several years, thus, the calculations regarding the number of problem drug users included 2005, 2006 and 2007.

The Survey results disclose that:

In 2005, the data basis of the HMHC included 299 problem drug users, the data bases of the DIC and DP – 132 problem drug users. 6 persons were in both data bases. Analysis of the data provided that in Lithuania in 2005 the number of computed problem drug users was 5699 persons (95 percent PI (Poisson) 5552 - 5849). It means that the Survey covered 1 out of 13 problem drug users in Lithuania in 2005.

In 2006, in the data basis of the HMHC 298 problem drug users were identified, and in the data bases of the DIC and DP – 193. 9 persons were in both data bases. In Lithuania, in 2006 the number of computed problem drug users was ca. 5800 (95 percent PI (Poisson) 5652 - 5951). Having identified 482 monitored problem drug users and having computed the total number of problem drug users (5800) in Lithuania in 2006, it may be affirmed that 1 out of 12 problem drug users fell into the target population of the Survey.

In 2007, the number of monitored problem drug users was identified – i.e. total 447 individuals, including 283 in the data basis of the HMHC and 172 – in the data bases of the law enforcement institutions. Among the monitored problem drug users 8 were in both data bases. In Lithuania, in 2007 the number of computed problem drug users was 5458 (95 percent PI (Poisson) 5314 - 5605). It may be affirmed that the Survey covered 1 out of 12 problem drug users in Lithuania in 2007.

The summary of the Survey results established that in 2005-2007 in Lithuania the number of problem drug users remained nearly on the same level.

The Survey computed prevalence of problem drug users in Lithuania per 1000 population in the age group of 15 – 64 years in 2005, 2006 and 2007, i.e. in 2005 - 2,3 problem drug users per 1000 population in the age group of 15 – 64 years, in 2006 – 2,5, and in 2007 – 2,4.

4.2. Data on PDUs from non-treatment sources

No information available

4.3. Intensive, frequent, long-term and other problematic forms of use

No information available

5. Drug-related treatment: treatment demand and treatment availability

5.1. Strategy/policy

All *National Drug Control and Prevention of Drug Addiction Programs (1999 – 2003 and 2004-2008)* implemented in Lithuania stressed the necessity to develop quality of health care and social services and accessibility to the individuals dependent on drugs and psychotropic substances. To achieve this purpose respective measures were prepared and implemented each year increasing and improving quality and accessibility of treatment and health care services for drug users. Ensurance of providing health care services and improvement of these services for drug users is also pointed out in other strategy documents (strategies and programs), i.e. *the Lithuanian Health Program, the Program for Implementation of Mental Health Strategy 2008-2010, the National Program for Prevention and Control of HIV/AIDS, National Program for Prevention and Control of Sexually Transmitted Diseases*, etc.

5.2. Treatment Systems

No significant changes were made in 2010, but some information was updated.

Additional information for this chapter is also available in the Structured Questionnaire 27 “Treatment programmes” (submitted in 2011)

Specialised medical help to persons with dependence disorders is provided by the health care institutions possessing valid licence for mental health care. The scope of the services was established by Decree No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* (Žin., 2002, No. 47-1824; Žin., 2007, No. 90-358). An individual may contact a psychiatrist directly or may be referred to by a general practitioner. Having diagnosed dependence on drugs and psychotropic substances (mental and behaviour disorders) the psychiatrist draws up an individual plan acceptable to the patient for treatment of the dependence and rehabilitation. In the treatment process a psychologist working in the health care institution, a social and/or nursing staff. In the treatment process members of the patient’s family participate in the implementation of the treatment plan. The family members are provided counselling by a psychologist, psychotherapy sessions in groups are organised. Having drawn up the treatment plan, the treatment services of dependence on drugs and psychoactive substances may be provided by a general practitioner, a therapist, a paediatrician working in primary health care institutions. They get advice from the psychiatrist and refer the patient with dependence disorders to other specialists for counselling, as necessary.

Implementing the *Law On Rights of Patients and Remuneration of Harm to Health* (Žin., 1996, No. 102-2317; 2009, No. 145-6425) the *Procedural Profile Concerning Providing Health Care Services without Disclosure of Person’s Identity* (hereinafter – Profile) was approved by Decree No. V-178, of May 4, 2010, of the Minister of Health of the Republic of Lithuania (Žin., 2010, No. 30-1389). The Profile establishes the main requirements for providing health care services when person’s identity is not disclosed. The Profile establishes that for treatment of anonymous patient’s pharmaceuticals that, if abused, may cause development of dependence or addiction, also no substitution treatment for opioid dependence may be prescribed.

The types, duration, etc. of the services of treatment and rehabilitation of dependence disorders was established in Decree No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* and amended in

2007. These standards of treatment and rehabilitation of dependence disorders are mandatory when organising the individual's health care in respectively licensed in-patient clinics of dependence and mental health and out-patient clinics related to them. The institutions must be equipped to diagnose psychoactive substances in biologic fluids (Alco testers, instant tests for identification of drugs, etc.). For treatment of heavy abstinences (including abstinence condition with delirium) and other conditions with indications, in health care institutions medical equipment and pharmaceuticals for hemosorption, short-term narcosis, electro impulse therapy, artificial blood approved by respective legal acts, also other medical equipment and pharmaceuticals approved by respective legal acts should be used.

According to data of the Lithuanian Health Information Centre, in Lithuania primary mental health care is being implemented by 89 mental health care institutions, 14 of them were private. The staff positions of all 89 institutions include 156 psychiatrists for adults, 39 juvenile psychiatrists, 184 medical nurses, 139 social workers, 92 psychologists.

Out – patient treatment is provided in primary health care institutions, mental health Centres or clinics of mental disorders and private centres.

In-patient treatment is provided by 5 specialised Centres for Addictive Disorders in Vilnius, Klaipeda, Siauliai, Panevezys and Kaunas. These 5 centres also provide out –patient treatment services.

The first aid treatment in case of intoxication or comma is provided in toxicology or intense treatment units. Instant detoxication to psychoactive substance users is applied in toxicology units and private toxicology clinics.

Social and psychological help to children using drugs and psychotropic substances is provided by staff working in municipal pedagogical-psychological services and social pedagogues, psychologists, health care specialists in educational and care institutions. In the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda 18 places were established for treatment and short-term rehabilitation of children addicted to psychoactive substances (9 – in the Centre for Addictive Disorders in Vilnius; 4 - in the Centre for Addictive Disorders in Klaipeda; 5 – in the Centre for Addictive Disorders in Kaunas) where treatment and rehabilitation services are provided for 1-3 months (including detoxication, treatment using pharmaceuticals, development of motivation, social psychological rehabilitation services). In March 2008, in the Centre for Addictive Disorders in Kaunas a long-term social psychological rehabilitation unit with 10 places was introduced for children dependent on psychoactive substances. In 2009, the in-patient day unit was opened in the Centre for Addictive Disorders in Panevezys for treatment of children with problems due to use of drugs and psychotropic substances.

Currently, two long-term rehabilitation communities for children operate in Lithuania which were established by the Public Institution *Apsisprendimas* and the Centre for Addictive Disorders in Kaunas; in total about 40 places providing medical, psychological and social rehabilitation for children using psychoactive substances exist in Lithuania. In the village of Lenas, Ukmerge district, the Juvenile and Children Rehabilitation and Integration Centre for juveniles and children from 14 to 23 years old dependent on psychoactive substances was established. In all Centres for Addictive Disorders treatment and psychological-social rehabilitation services to children due to mental and behavioural disorders in relation to psychoactive substance use are free of charge.

In Lithuania, besides treatment with pharmaceuticals (substitute therapy) dependence disorders are treated without pharmaceuticals, i.e. 12 step programs for anonymous drug addicts, Minnesota program, Cognitive Behavioural Therapy, Psychodynamic Therapy.

Drug Free Treatment

In 2010, as in the previous years, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. In-patient treatment methods include short-term in-patient treatment under the Minnesota Pattern lasting for 4-6 weeks, and medium- to long-term in-patient treatment (lasting up to 14 months) at a rehabilitation centre. These treatment programs are based on application of therapeutic community principles implying active involvement of patients in the treatment and rehabilitation process.

In 2010, out-patient treatment Minnesota Programs were executed in public health institutions - Centres for Addictive Disorders in Vilnius, Panevezys, Klaipeda and Kaunas. The services provided under this program include drug-free treatment, i.e. the out-patient program of Minnesota Pattern lasting for 1-3 months, building of social skills, group psychotherapy, acupuncture and counselling services provided to the family members. The program is intended for patients who had undergone withdrawal treatment. The program has a strict structure; patients must participate in group and individual sessions

with a doctor, psychologist and social worker. A certain focus is made on adaptation of a 12-step program for anonymous drug users, therefore, a patient is recommended to join self-help groups for anonymous drug users. Patients participating in the program are screened for drug use. Sessions for family members are common.

Nationally, the rehabilitation services for addicts of psychoactive substances are being developed based on the implementation of the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*. The network of rehabilitation institutions was expanded since 2000, and 18 long-term rehabilitation centres with more than 300 places operated as of beginning 2011.

Since 2005, the number of people who were provided long-term social and psychological services grew, i.e. in 2005 - 319 persons, in 2006 - 426 persons, in 2007 - 430 persons, in 2008 – 510 persons, in 2009 – 450 persons (decreased because of economic reasons), in 2010 – 621 persons.

In the course of three years the community involvement in the psychological and social rehabilitation program was evaluated. In 2009, the number of individuals having accomplished a rehabilitation program decreased by 27,6 percent (76 individuals in total), compared to 2008, and the biggest share of them, i.e. 46 percent, work and study simultaneously. 165 individuals did not accomplish the program and the major share of them (62 percent) departed upon their own will. The Department carries out monitoring of clients participating in long-term psychological and social rehabilitation programs and analyses its results. Compared to 2009, in 2010 the number of persons having accomplished the rehabilitation program nearly doubled and accounted for 145 individuals, including 38 percent working, studying or working and studying simultaneously. 206 individuals departed from the program, including the majority (79 percent) departed upon their own will.

Table 5-1 below provides comparisons of the results of psychological and social rehabilitation of the community members of the psychological and social institutions in 2008, 2009 and 2010.

Table 5-1. Results of psychological and social rehabilitation of the community members of the psychological and social institutions in 2008, 2009 and 2010

	2008	2009	2010
Number of the community members as of December 31.	209	228	254
Number of the community members who accomplished the rehabilitation program in the calendar year	105	76	145
Including those who accomplished:			
study	9	13	15
work	64	21	37
study and work	2	1	3
do not work or study	5	5	23
registered with the labour exchange	7	19	31
no data available	18	17	36
Number of the community members who departed from the rehabilitation program total:	210	165	206
Leaving reasons:			
left upon his/her own will	174	101	163
sent out due to violation of the internal regulations	14	21	37
referred to a health care institution	12	3	3
other	10	9	3

Information Source: the Drug, Tobacco and Alcohol Control Department

Summarising the results of psychological and social rehabilitation of persons dependent on psychoactive substances it may be pointed out that the process of rehabilitation of dependent persons performs successfully as a greater number of individuals accomplishes the rehabilitation programs and integrates into the society. It should be noted that 57 percent of all participants dependent on psychoactive substances in the long-term rehabilitation programs accomplished them and had a possibility to start a new life. Compared to 2009, this indicator improved significantly (it was 33 percent), and it demonstrates increased efficiency and improved quality of psychological and social rehabilitation services.

In 2008, the implementation of the Project supported by the EU Structural Funds *Rehabilitation and Social Reintegration of Persons Using Drugs and Psychotropic Substances, Establishment of*

Innovative Module of Social Services was completed. Within the *Project* implementation period the services were provided to 621 individuals of the target group. Seeking to implement one of the main objectives of the *Project*, i.e. reintegration of the target group into the labour market, the occupational opportunities of 445 individuals were assessed, 1173 consultancies regarding the labour market and 1267 other consultancy services were provided. Occupational competencies were acquired by 69 individuals, 75 members of the *Project* were employed (including 11 women). 363 members of the target group participated in training. 293 *Project* participants acquired computer literacy basics, 199 persons started to learn foreign languages. One more important objective of the *Project* was providing psychological assistance to individuals of the target group and development of their social skills. In the run of the *Project* assistance was received by 494 persons, social skills were developed for 359 persons. 237 participants started a rehabilitation program. Seeking to ensure material conditions that would not humiliate human dignity during the *Project* 349 participants were provided with temporary accommodation. During the *Project* period 26 new work places were established.

Pharmacologically Assisted Treatment / Substitution Treatment

Lithuania is among the countries with limited application of substitution treatment, and high requirements are applied to it. Substitution treatment is used only for treatment of opioid addiction. In Lithuania, methadone hydrochloride (methadone) and buprenorphine hydrochloride (buprenorphine) are allowed to register and use for substitution treatment. In Lithuania, also a composite pharmaceutical subuxon containing buprenorphine and naloxon (opioid antagonist) was registered.

In Lithuania, the procedures of treatment prescription and administration of substitution treatment is regulated by Decree No. 702, of December 22, 1997, of the Minister of Health of the Republic of Lithuania *On Approval of the Procedures for Application of Substitution Therapy for Individuals Dependent on Opioids*, and Decree No. 204, of May 3, 1997, of the Minister of Health of the Republic of Lithuania *On Approval of Standards of Treatment of Dependence Disorders and Rehabilitation* which were amended in 2007.

Substitution treatment is prescribed as abstinence treatment or substitution maintenance therapy.

The aim of *abstinence treatment* is to mitigate or suppress the abstinence condition caused by interruption of opioid use. The treatment of opioid abstinence with substitute opioid pharmaceutical preparations is prescribed only for a defined period which is measured by the doctor and patient.

Substitution maintenance therapy means continued treatment of individuals dependent on opioids prescribing relatively stable doses of opioid pharmaceutical preparations seeking to normalise somatic and mental condition of the patient to the maximum extent, to encourage positive changes of the behaviour and social adaptation.

In Lithuania, the number of persons registered due to mental or behavioural disorders caused by opioids made up the major share of all registered due to mental or behavioural disorders caused by drugs and psychotropic substances (ca. more than 70 percent) throughout the years. The treatment is based on prescription of methadone or buprenorphine solution taken under observation of the medical personnel. Subject to approval of the medical examination commission, stable and socially adapted patients are usually allowed to take a dose of medication for weekends or upon arrival at a healthcare institution two or three times a week. Patients in unstable condition, who use illegal psychotropic substances, are required to arrive at a healthcare institution on a daily basis. Substitution treatment is integrated with the treatment of all types of addiction conditions at the Centres for Addictive Disorders and Mental Health Centres.

In Lithuania, the methadone program for treatment of opioid addiction was started in September 1995. Prescription of substitution treatment and its implementation procedures are regulated by decrees of the Minister of Health issued in 1997 and 2002. Decree No. V-653, of August 6, 2007, of the Minister of Health of the Republic of Lithuania *On Approval of Procedural Profiles Regarding Prescription and Application of Substitution Treatment against Opioid Dependence, and Prescription, Delivery, Keeping and Accounting of Substitution Opioid Pharmaceuticals in Health Care Institutions* (Žin., 2007, No. 90-3587) (effective from September 7, 2007) allowed to use methadone hydrochloride and buprenorphine hydrochloride in Lithuania for substitution treatment and revised the requirements for substitution treatment. The aims of substitution treatment are as follows:

- To improve gradually somatic and psychic condition of opioid addicts, to improve their social adaptation and integration into the society;
- To better organize prevention of HIV and hepatitis B and C, as well as other infectious diseases among drug users;

- To have more efficient treatment of correlate diseases;
- To have more efficient treatment of drug injection complications;
- To provide improved conditions for prenatal and post-natal care of pregnant drug users.

The Lithuanian Psychiatrists' Association striving to improve and uniform the quality of pharmacological (substitution) treatment for opioid users, in 2010, in compliance with the established procedures prepared, coordinated with respective institutions and issued clinical methodologies as follows: *Treatment of opioid dependence with Methadone* and *Treatment of opioid dependence with buprenorphine and buprenorphine/naloxon*.

Aiming at avoidance of concentration of patients in one place and further improvement of accessibility of health care and social services since 2010 a few patients of the Centre for Addictive Disorders in Vilnius based on individual indications may receive various services (tests for HIV and hepatitis B and C, counselling by a social worker and carer, etc.) in a mobile clinics acquired with support by UNODC.

At the end of 2007, the substitution treatment was conducted by the Vilnius Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the City of Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in Druskininkai. In 2007, substitution treatment was started in Telsiai (the Zemaitija Mental Health Centre). Since 2008, substitution treatment is applied in the Centres of Mental Health of Mazeikiai and Silute. Since January 2009 substitution treatment was started for 3 patients in the Mental Health Centre in Siauliai; since August 2010 – in the Mental Health Centre of the Alytus Out-patient Clinics and in the Mental Health Centre of the Svencionys Primary Health Care Centre.

As of January 1, 2011, substitution treatment was applied in 19 health care institutions (units) located in 12 Lithuanian cities.

As of January 1, 2008, In Lithuania substitution treatment was applied to 395 persons, i.e. 24 percent women and 76 percent men. In 2007, 141 persons started and 127 persons completed treatment. In 2007, substitution treatment was used for 522 persons (in 2006, substitution treatment was used at least once for 524 persons; *Table 5-2*). As of January 1, 2009, in Lithuania substitution treatment was applied to 512 persons. During 2008, substitution treatment was applied to 872 persons, including 640 persons treated with methadone, 198 persons – with buprenorphine and 34 persons – with naltrexone.

As of January 1, 2010, in Lithuanian substitution treatment programs 562 persons participated. In 2009, substitution treatment was applied to 815 persons, including 760 persons treated with methadone, 26 persons – with buprenorphine (subutex) and 29 persons – with Subuxone. In 2010, substitute therapy was applied to 934 persons, as of January 1, 2011, 676 patients were undergoing the treatment.

Table 5-2. Number of patients who participated in the substitution treatment programs from 2005 to 2011 January 1st.

Treatment institution	2005	2006	2007	2008	2009	2010	2011
Vilnius Centre for Addictive Disorders (CAD) and Health care institutions (7 units) in Vilnius city (total)	202	198	186	192	228	269	375
Klaipeda CAD ¹¹	50	51	57	50	66	86	96
Kaunas CAD	122	108	79	78	130	94	79
Panevezys CAD	41	31	38	47	52	43	41
Druskininkai	21	22	21	19	18	13	13
Zemaitija CAD (Telsiai city)	-	-	-	9	8	9	8
Kedainiai CAD	-	-	-	-	4	10	8
Mazeikiai CAD	-	-	-	-	3	8	11
Silute CAD	-	-	-	-	3	10	11
Siauliai CAD	-	-	-	-	-	17	16
Alytus CAD	-	-	-	-	-	-	15
Svencionys	-	-	-	-	-	-	13
Total	436	410	381	395	512	562	676

¹¹ CAD - Centre for Addictive Disorders

Methadone maintenance therapy is not provided for patients in Lithuanian prisons. If a person was in the Methadone maintenance therapy before getting into prison, therapy is interrupted upon entering a prison setting, although no legal obstacles for continuation of the treatment exist. This is very alarming, given the fact that HIV infection occurs not only in the community, but also in prisons. Concern about the absence of methadone maintenance therapy in the Lithuanian law enforcement system was mentioned in a number of recent assessments of the Lithuanian policy and response to HIV. Recommendations to take urgent and effective steps to ensure continuity of critical health services such as methadone maintenance therapy in custodial settings was made by UN and EU experts. Health in prison is the right guaranteed in international laws, as well as in international rules, guidelines, declarations and covenants. The right to health includes the right to medical treatment and preventive measures and standards of health care equivalent to those available in the community. This means not only that prisoners should have access to health care should they become ill while in prisons, but also that the treatment or programs started before placement in prison should be available and should continue while in prison and after release.

Methadone maintenance therapy could be continued for patients, who enter police detention units and were in the Methadone maintenance therapy program before entering a police detention unit. If a person was in the Methadone maintenance therapy before getting into a police detention unit, therapy could be continued until person's release from the police detention unit, if persons express such a need. A person could not apply for Methadone maintenance therapy anew in the police detention unit. Methadone maintenance therapy as a drug dependence treatment option is available in the police detention units from 2008. In 2008, in total 45 persons, who were in the Methadone maintenance therapy program entered police detention units, 15 of them (33 percent) expressed interest and continued methadone maintenance therapy inside police detention units, in 2009 – 40 persons out of 50 (80 percent) expressed interest and continued methadone maintenance therapy inside police detention units.

The State Mental Health Centre prepared and in 2008 provided the *Concept* of improvement of the development of substitution maintenance treatment against dependence on opioids and quality of the services. The following short-term recommendations were provided:

1. To assess the needs for equipment (batchers, safe boxes, etc.) in the mental health centres and primary health care institutions and to prepare the investment program.
2. To review legal acts regulating the functions of mental health centres and the centres for addictive disorders.
3. To analyse the possibility of supply of opioid medicinal preparations and to assess the need for such medicinal preparations, or to introduce compensated substitution maintenance treatment.
4. To investigate accessibility of the services of substitution maintenance treatment for the individuals with HIV positive and AIDS patients and to prepare legal acts and measures, as necessary, aiming to combine substitution and retroviral treatment.
5. To recommend the municipalities to ensure providing of the substitution maintenance treatment services in the mental health centres and primary health care institutions.

The following long-term recommendations were provided:

1. To organise annual training courses for psychiatrists, including psychiatrists for children and juveniles, general practitioners, social staff, psychologists, and for medical doctors and nurses, as necessary.
2. To prepare clinical treatment methodologies for substitution maintenance treatment.
3. To ensure sustained provision of substitution maintenance treatment in detention units and imprisonment places, to prepare legal acts, as necessary.

Other Medically Assisted Treatment

Buprenorphine (Subutex) was registered for treatment of opiate addiction in late 2002. Until 2005, Buprenorphine was on the list of psychotropic medications and available at drugstores with a doctor's prescription. By order of the Minister of Health, strict control of Buprenorphine was enacted, i.e. the medication can now be prescribed by mental healthcare institutions and consumed under observation of medical staff only. The use of Buprenorphine for substitution treatment of opiate addiction was validated from September, 2007.

Naltrexon tablets (REVIA), antagonist of opiate receptors, was registered in Lithuania for treatment of opiate addiction in 2000. Naltrexon may be acquired by patients in drugstores with a doctor's

prescription. The medication should be avoided during substitution treatment and prevention of relapses. The availability of treatment is restricted due to a relatively high price of the medication, which is not remunerated by the state.

Treatment system in prisons

Medical services for detained and convicted persons are provided by 14 health care services established in each imprisonment place and the Hospital of Prisons. In prison settings health care is organized at three levels:

1) level one – ambulant medical assistance; these services are provided by health care services established in each imprisonment setting;

2) level two – in-patient medical assistance; these services are provided by the Hospital of Prisons;

3) level three – medical assistance in public health care institutions; such medical assistance is provided to prisoners when the Hospital of Prisons has no possibility or the right (based on its licence) to provide required medical assistance.

In 2009, treatment and rehabilitation methodologies for persons with dependence disorders in the institutions subordinate to the Department of Prisons were not approved. When applying respective treatment and rehabilitation for persons dependent on drugs and psychotropic substances the standard requirements for treatment of dependence disorders and rehabilitation approved by Decree 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On Approval of Standards for Treatment of Dependence Disorders and Rehabilitation* (Žin., 2002, No. 47-1824; Žin., 2007, No. 90-358) are followed.

Much attention was paid to improvement of the quality of health care for prisoners, through the implementation of the quality management system, quality diagnostics of HIV and hepatitis B and C, tuberculosis, continuous adequate treatment and prevention.

In their work with persons dependent on drugs the prisons focus on social-psychological rehabilitation of dependent prisoners. In four imprisonment institutions rehabilitation centres operate in which the convicted live and participate in various rehabilitation programs, also one institution has a day centre. In other seven imprisonment institutions groups of anonymous alcoholics and anonymous drug addicts working according to the 12 step *Minnesota Program* function. Besides, in prisons individual work with persons dependent on drugs and psychotropic substances is carried out based on individual counselling, also the program *Behaviour- Dialogue -Change* used not only by psychologists in prisons and correctional institutions, but it is also used by staff of social-psychological rehabilitation.

5.3. Characteristics of treated clients; Trends of clients in treatment

Additional information for this chapter is also available in the TDI data (submitted in 2011)

Drug addicts' registration system overview

The Law *On Addiction Treatment* of the Republic of Lithuania (Žin., 1997, No. 30-711) establishes that addict patients and individuals abusing alcohol, drugs, psychotropic and other psychoactive substances must be entered into the drug addicts' registration system. The criteria of presence in the registration system are established by the Ministry of Health of the Republic of Lithuania. Following Decree No. 544, of the Minister of Health of the Republic of Lithuania *On Approval of Implementing Legal Acts to the Law On Addiction Treatment* (Žin., 1998, No. 86-2407) individuals abusing alcohol, drugs, psychotropic and other psychoactive substances must be entered into the drug addicts' registration system in compliance with the following criteria:

- A dependence disorder of the individual has been diagnosed by a medical doctor;
- Disorders of mental and/or physical health due to abuse of alcohol, drugs, psychotropic and other psychoactive substances;
- Disorders of social adaptation;
- Disarray of work activities;
- Legislation offences.

The same Decree establishes criteria for removal of drug addiction patients from the addiction registration system as follows:

- Long-term remission: alcohol (3 years), drugs (5 years), psychotropic and other psychoactive substances (3 years);
- Good social adaptation;
- Stable work activities;
- Absence of legislative offences;
- Death.

The State Mental Health Centre under the Ministry of Health administers the registration system of mental diseases and mental disorders, collects and analyses data on prevalence of mental diseases and mental disorders of the population.

Drug addicts' registration system and TDI development

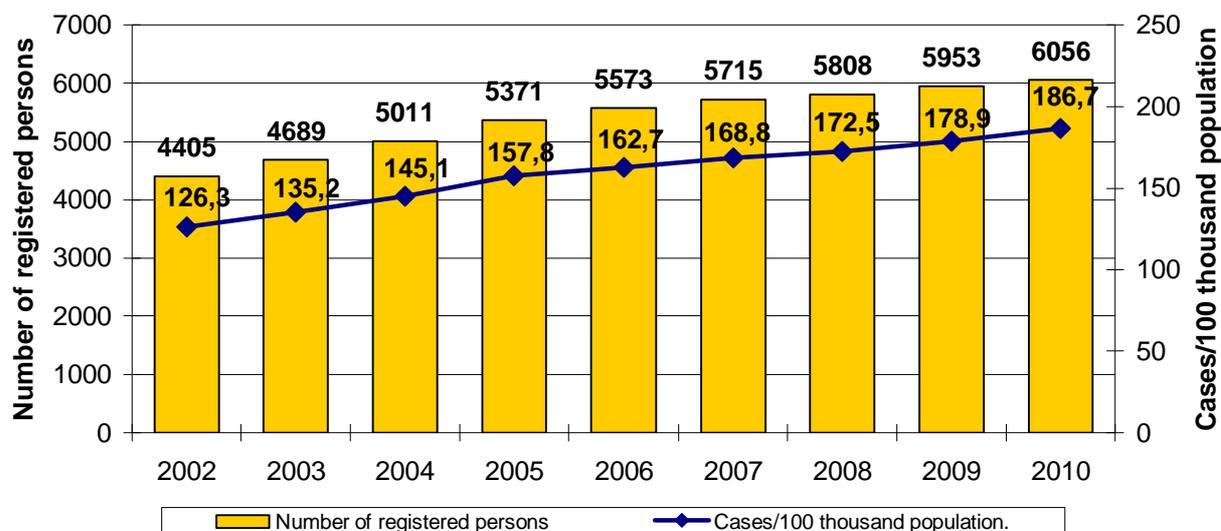
Based on Decree No. V-636 of August 1, 2007, of the Minister of Health of the Republic of Lithuania *On Approval of the Profile of the Monitoring Procedures of Individuals Contacting Health Care Institutions Regarding Mental and Behavioural Disorders* (Žin., 2007, No. 88-3496) validated the new monitoring system in Lithuania enabling to collect more comprehensive data for TDI from October 2008. Due to technical, financial and legal problems the computerized monitoring system was not established by 2011. Decree No. V-1118, of December 23, 2010, and Decree No. V-682, of July 11, 2011, of the Health Minister amended Decree No. V-636, of August 1, 2007, prescribing gathering of monitoring data from July 1, 2012, also a new monitoring data gathering form and instruction how to fill it were approved.

Based on the above Decrees the State Mental Health Centre is authorised to implement monitoring of the persons having contacted health care establishments in relation to psychic and behavioural disorders caused by drugs and psychotropic substances and to organise the establishment and exploitation of the monitoring information system. The data shall be collected from all health care institutions having the right to provide health care services in the areas of psychiatry, dependence psychiatry, psychotherapy, juvenile psychiatry.

All Treatments of drug addiction

By the January 1, 2011, the healthcare institutions registered 64768 individuals with mental or behavioural disorders caused by psychoactive substances (incl. alcohol, tobacco, drugs and etc.), including 6056 individuals with dependence disorders caused by drugs and psychotropic substances. In 2010, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 186,7 cases/100 thousand population, whereas in 2004 – 145.1 cases/100 thousand population) (Figure 5-1).

Figure 5-1. Dynamics of all treatments per 100 thousand of population of drug dependence and the number of all individuals registered due to mental or behavioural disorders caused by drugs and psychotropic substances in 2002-2010



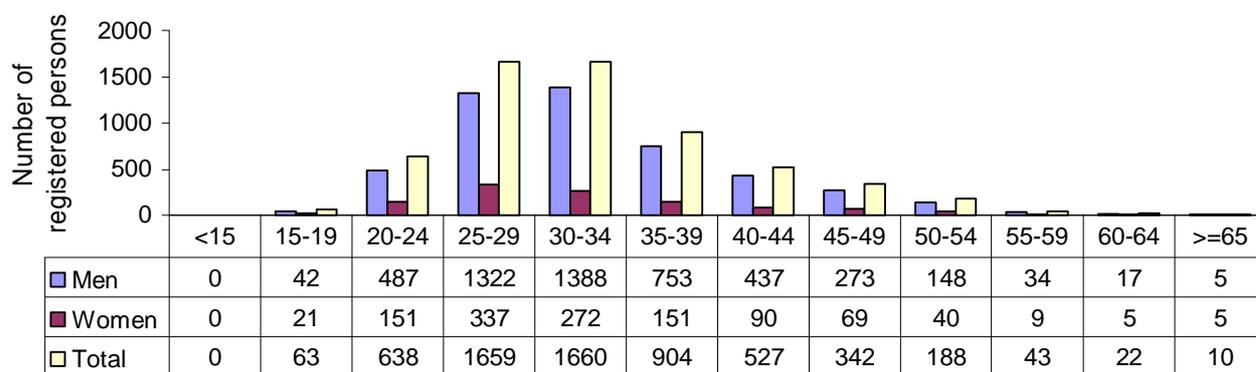
In 2010, out of the total number of registered individuals with mental or behavioural disorders caused by psychoactive substances men accounted for 81 percent (4906 men) and women – 19 percent (1150 women). In 2010, male drug dependence morbidity accounted for 325,5 cases/100 thousand population, and female drug dependence morbidity – 66,2 cases/100 thousand population (Table 5-3).

Table 5-3. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2004-2010

Year	2004	2005	2006	2007	2008	2009	2010
All treatments (registered individuals)							
Total	5011	5371	5573	5715	5808	5953	6056
Men	4094	4372	4529	4638	4708	4827	4906
Women	917	999	1044	1077	1100	1127	1150
Drug dependence morbidity (number of cases/100 thousand population)							
Total	145.4	157.8	162.7	168.8	172,5	178,9	186.7
Men	254.2	273.6	287.2	294.1	298.5	309.6	325.5
Women	50.1	54.6	57.7	59.6	60.8	62.9	66.2

In 2010, the biggest share of individuals registered for drug dependence treatment were in the group aged 20 to 35, and accounted for 65 percent (3957 persons, 3197 men and 760 women) of the total registered number (Figure 5-2); in the group of children (under 18 years of age) – 5 individuals registered (3 girls and 2 boys).

Figure 5-2. Distribution of all registered individuals for drug dependence treatment, by gender and age, 2010



By counties, in 2010 the biggest number of individuals registered due to mental and behavioural disorders using drugs and psychotropic substances was in the county of Vilnius, i.e. 3439 individuals (410.0 cases/100 thousand population), in the county of Klaipeda – 937 persons (255.4 cases/100 thousand population), Kaunas – 554 individuals (85.6 cases/100 thousand population), in the county of Panevezys – 216 individuals (79.8 cases/100 thousand population), in the county of Siauliai – 240 individuals (72.9 cases/100 thousand population), in the county of Utena – 200 individuals (122.4 cases/100 thousand population), in the county of Alytus – 200 individuals (119,6 cases/100 thousand population), in the county of Telsiai – 131 individuals (78.8 cases/100 thousand population), in the county of Taurage – 67 individuals (55,5 cases/100 thousand population).

In 2010, as in previous years the biggest number of all registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users. In 2009, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) accounted for 4822 individuals (79,6 percent); cannaboids (F12) – 39 individuals (0,6 percent); tranquillizers and sedatives (F13) – 75 individuals (1,2 percent); cocaine (F14) – 9 individuals (0,15 percent); stimulants including caffeine (F15) – 157 individuals (2,5 percent); hallucinogenic (F16) – 3 individuals (0,05 percent); volatile substances (F18) – 137 (2,3 percent); multiple drugs and other psychoactive substances (F19) – 814 individuals (13,4 percent).

Route of administration

According to data of the State Mental Health Centre out of all individuals registered as of January 1, 2011, having been diagnosed mental and behavioural disorders using drugs and psychotropic substances, due to mental and behavioural disorders 93,5 percent used drugs and psychotropic substances by injecting. Injecting route of administration was mainly used for opioids (99,4 percent), multi-drugs (92,6 percent) and stimulants (62,7 percent) (Table 5-4).

Table 5-4. Route of administration of drugs and psychotropic substances in 2010 (all registered drug addiction cases)

Drug group		Route of administration				Total
		Injected	Smoked	Ingested	Sniffed	
Opiates	Persons.	4 788	13	19	6	4822
	%	99,3	0,3	0,4	0,13	100
Volatile substances	Persons	6	1	26	104	137
	%	4,4	0,73	19	75,9	100
Stimulants and caffeine	Persons	95	6	53	4	158
	%	60,1	3,8	33,5	2,5	100
Tranquillizers/sedatives	Persons	16	-	63	-	75
	%	21,3	-	84	-	100
Cannaboids	Persons.	2	22	15	-	39
	%	5,1	56,4	38,5	-	100
Hallucinogens	Persons	-	-	3	-	3
	%	-	-	100	-	100

Cocaine	Persons	3	1	1	4	9
	%	33,3	11,1	11,1	44,4	100
Multiple drugs or other psychoactive substances	Persons	757	2	50	4	813
	%	93,1	0,25	6,15	0,5	100
Total	Persons	5 667	46	230	122	6056
	%	93,6	0,8	3,8	2	100

In-patient treatment centres: persons treated for drug addiction in 2010

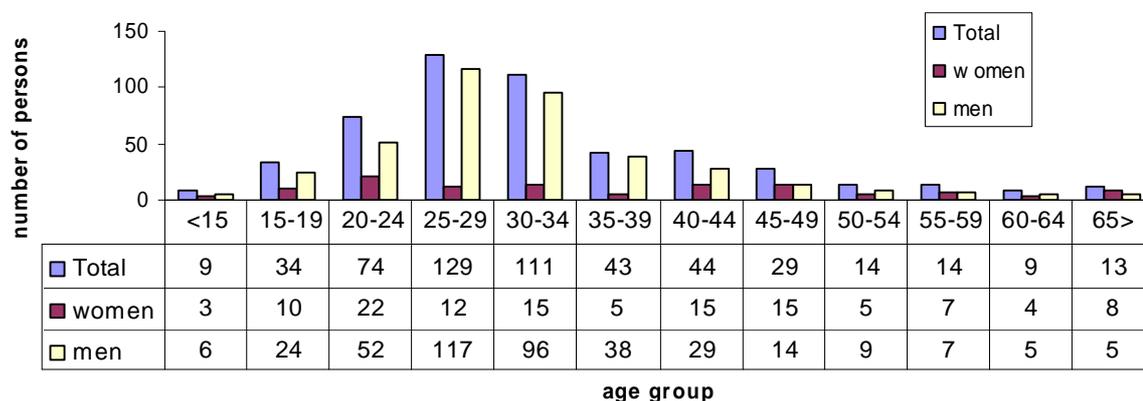
According to data provided by the State Mental Health Centre, in 2010 the total number of patients treated at in-patient treatment centres accounted for 1350 individuals due to mental and behavioural disorders using drugs as follows:

- Opiates (ICD-10 code „F11“) - 881 individuals;
- Cannaboids (marihuana, hashish and others) (ICD-10 code „F12“) - 10 individuals;
- Cocaine (ICD-10 code „F14“) - 2 individuals;
- Stimulants (ICD-10 code „F15“) - 31 individuals;
- Hallucinogens (ICD-10 code „F16“) – 0 individuals;
- Volatile substances (ICD-10 code „F18“) – 3 individuals;
- Multiple drugs and other psychoactive substances (ICD-10 code „F19“) – 388 individuals.

Medical services provided due to mental and behavioural disorders using drugs and psychotropic substances

According to data of the State Patients' Fund under the Ministry of Health, in 2010 medical services in relation to behavioural disorders using drugs and psychotropic substances were provided 690 times (in 2009 - 2402 times) for 523 individuals (including 402 men and 121 women). The biggest number of services was provided in the following age groups: women aged 20-24 and men aged 25 – 29 (Figure 5-3). In most cases the services were provided by the following staff: a psychiatrist of dependence disorders, a psychiatrist of adults (in a mental health centre), a therapist; also, psychoses caused by use of drugs and psychotropic substances were treated. Medical help due to mental and behavioural disorders was provided to 273 individuals using opioids, to 5 - using cannaboids, to 47 - using tranquilizers, to 2 - using cocaine, to 34 - using stimulants, also caffeine, to 3 - hallucinogens, to 7 - using volatile substances, 152 - using several drugs and other psychotropic substances. Most medical services due to dependence on drugs and psychotropic substances were provided in municipalities of three biggest cities – Vilnius and Kaunas.

Figure 5-3. Distribution of persons provided medical services due to use of drugs and psychotropic substances, by age and gender in 2010



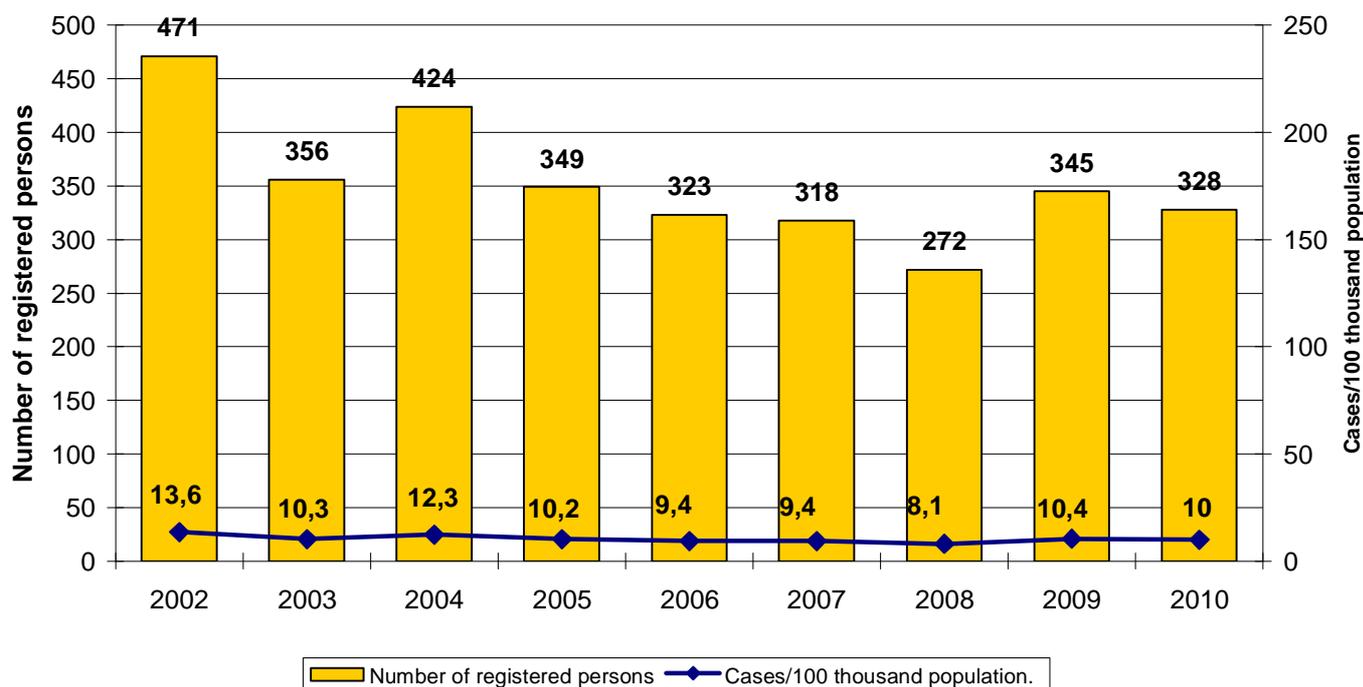
In 2010, medical services due to mental and behavioural disorders using drugs and psychotropic substances were provided 22 times to 22 juveniles (individuals under 18 years of age). Medical services due to mental and behavioural disorders were provided to 9 juveniles using multiple drugs and other psychotropic substances, to 6 - using stimulants, also caffeine, to 5 - using volatile substances. The

biggest number of children due to mental and behavioural disorders using drugs and psychotropic substances were provided counselling by juvenile psychiatrists in out-patient clinics.

First treatments for drug addiction

In 2010, the health care institutions registered 328 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances (Figure 5-4). In 2010, the first treatment rate accounted for 10 cases/100 thousand population.

Figure 5-4. Level of new drug addiction rates per 100 thousand population and the number of new registered cases due to mental or behavioural disorders caused by drugs and psychotropic substance use (2002-2010)



Information source: data of the State Mental Health Centre

First treatments by gender and age

In 2010, first treatment cases registered in health care institutions were as follows: 264men (80,5 percent) and 64 women (19,5 percent); the rate of first time treatment accounted for 10 cases/100 thousand population, the rate of male first time treatments – 17,5 cases/100 thousand population, the rate of female first time treatments – 3,7 cases/100 thousand population (Table 5-5).

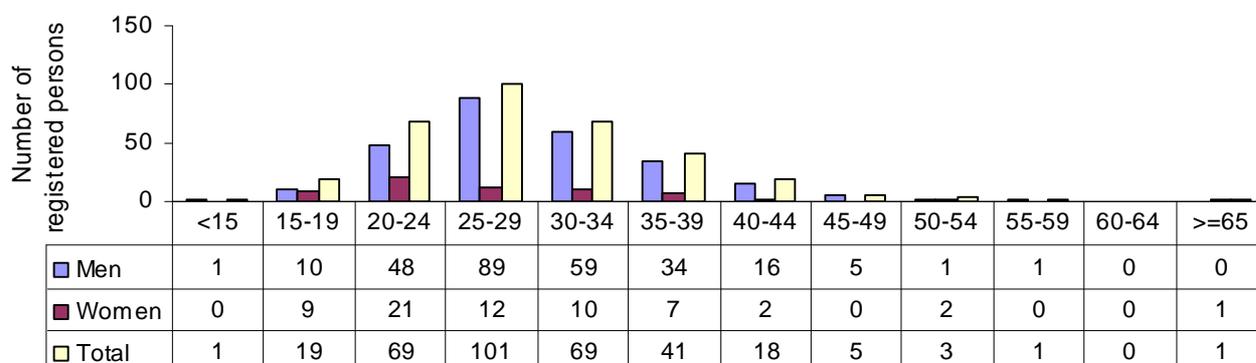
Table 5-5. Registered first treatment cases and rate per 100 thousand population in Lithuania, by gender, 2004-2010

Year	2004	2005	2006	2007	2008	2009	2010
Number of new treatment cases							
Total	424	349	323	318	272	345	328
Men	359	273	258	252	207	286	264
Women	65	76	65	66	65	59	64
Number of cases per 100 thousand population							
Total	12,3	10,2	9,4	9,4	8,1	10,4	10
Men	22,2	17,0	16,4	16,0	13,1	18,3	17,5
Women	3,5	4,1	3,6	3,6	3,6	3,3	3,7

Data of the State Mental Health Centre

In 2010, in health care institutions the biggest number of first treatment cases was registered among women in the age group from 20 to 24 years – 21 persons, and among men – in the age group from 25 to 29 years – 89 persons (Figure 5-5).

Figure 5-5. Distribution of registered new cases for the first treatment due to mental or behavioural disorders caused by drugs and psychotropic substances, by gender and age, 2010



Data of the State Mental Health Centre

In 2010, the biggest number of first treatment cases of dependence on drugs and psychotropic substances was in the county of Vilnius – 207; in the county of Klaipeda – 745; in the county of Kaunas – 11; in the county of Utena – 20, in the county of Alytus – 13 person. In 2010, the addiction morbidity rate was as follows: in the county of Vilnius - 24,5 cases/100 thousand population ; in the county of Utena – 12,1 cases/100 thousand population; in the county of Klaipeda – 12,1 cases/100 thousand population; in the county of Kaunas – 1,7 cases/100 thousand population.

In 2010, as in previous years the biggest number of first time registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users. In 2010, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) accounted for 254 individuals (77,4 percent); cannaboids (F12) – 2 individuals (0,6 percent); tranquillizers and sedatives (F13) – 5 individuals (1,5 percent); cocaine (F14) – 1 individual (0,3 percent); stimulants including caffeine (F15) – 9 individuals (2,7 percent); hallucinogenic substances (F16) - 0 individuals (0 percent), volatile substances (F18) – 3 individuals (0,9 percent); multiple drugs and other psychoactive substances (F19) – 54 individuals (16,5 percent) (Figure 5-6).

Table 5-6. Distribution of first time registered individuals for drug dependence treatment, by used drug (addiction diagnosis), 2007-2010

Drug group (addiction diagnosis by ICD-10)	First treatment cases for drug addiction			
	2007	2008	2009	2010
Opiates (F11)	224	184	254	254
Cannaboids (F12)	5	1	7	2
Tranquillizers/ sedatives (F13)	3	8	6	5
Cocaine (F14)	0	0	0	1
Stimulants and caffeine (F15)	21	13	15	9
Hallucinogens (F16)	0	1	0	0
Volatile substances (F18)	20	2	0	3
Multiple drugs or other psychoactive substances (F19)	45	56	63	54
Total	318	265	345	328

Data of the State Mental Health Centre

6. Health Correlates and Consequences

6.1. Drug Related Infectious Diseases

Additional information for this chapter is also available in the Standard Table 09 Prevalence of hepatitis B/C and HIV infection among injecting drug users (submitted in 2011)

This chapter provides registered HIV positive and HIV illness cases, acute viral hepatitis B and C cases and their epidemiological specific features related to injecting drug use. The data regarding morbidity of acute viral hepatitis B and C, HIV positive and HIV illness cases since 2009 are collected and analysed by the Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania.

Registered acute viral Hepatitis B

Information Source: Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania.

In 2010, the Lithuanian health care institutions registered 71 cases of acute viral hepatitis B (hereinafter – HBV) (in 2009 – 58 cases). Compared to 2009, the morbidity rate of acute viral hepatitis B increased from 0,17 cases/10 thousand population in 2009 to 0,21 cases/10 thousand population in 2010.

Majority of acute viral hepatitis B places of infection (32 cases, 45,1 percent) remained unidentified. Out of 39 cases, whose transmission factor was known, 5 cases (12,8 percent) were due to the use of injecting drugs. All infected with acute viral hepatitis B were males. Three of them were aged less than 25, one in the age range 25 – 34 and one – aged more than 34 years. One of them had been an injecting drug user for more than 10 years and the duration of drug use of the others was unknown. In 2009, only 1 case of infection of acute viral hepatitis B was due to the use of injecting drugs.

Registered acute viral Hepatitis C

Information Source: the: Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania.

In 2010, the Lithuanian health care institutions registered 41 cases (in 2009 - 47 cases) of acute viral hepatitis C (hereinafter – HCV). The morbidity rate of acute viral hepatitis C tends to consistently decline over the last 6 years. Compared to 2001, the morbidity rate of acute viral hepatitis C continued to decline from 0,54 cases/10 thousand population in 2001 to 0,12 cases/10 thousand population in 2010. A big number of cases in 2010 (56,1 percent or 23 cases) implied an unidentified contraction factor causing HCV. Out of 18 cases, whose transmission factor was known, 5 cases (27,8 percent) were due to the use of injecting drugs. All infected with acute viral hepatitis C injecting drug users were males. One of them was aged less than 25, three in the age range 25 – 34 and one – aged more than 34 years. One of them had been an injecting drug user for more than 10 years, one – 5 to 9 years, one – 2 to 4 years, one – up to 2 years and one whose duration of drug use was unknown.

Registered HIV/AIDS cases

Information Source: Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania.

During the whole Human immunodeficiency virus (HIV) infection registration period in Lithuania (1988-2010), 1 734 HIV infected individuals were diagnosed, from whom 1 439 (83 percent) were males and 295 (17 percent) females.

In 2010, 153 new HIV cases were diagnosed (respectively in 2009 – 180, in 2008 – 95, in 2007 – 106, in 2006 – 100, in 2005 – 120). The total HIV infection prevalence indicator in year 2010 was 0,36 cases per 10 thousand population, excluding bodies of Ministry of Justice and foreigners (respectively 0,49 cases – in 2009, 0,27 cases – in 2008). The calculated HIV morbidity indicator in 2010 including

bodies of Ministry of Justice and foreigners was 0,45 cases per 10 thousand population (respectively 0,54 in 2009).

Compared by counties, the highest indicators of HIV morbidity in 2010 were diagnosed in Klaipeda, Vilnius, Marijampole, Siauliai, Telsiai and Kaunas county, the lowest indicators in Panevezys, Utena, Alytus and Taurage county.

Having compared by regions and towns in 2010, the highest indicators were diagnosed in Svencionys region (5 cases or 1,66 per 10 thousand population), Klaipeda region (19 cases or 1,02 per 10 thousand population) and Akmene region (2 cases or 0,74 per 10 thousand population).

Data, analysed by gender, showed that most of the newly registered HIV infected people, 81,7 percent were males (125 cases) and 18,3 percent females (28 cases). The highest numbers of new HIV cases were diagnosed in age groups 20-24 and 25-29.

Among the new HIV cases, 69,3 percent of individuals were infected with HIV by using injecting drugs, 17,0 percent - during the heterosexual intercourse, 3,3 percent – during the homosexual intercourse and 10,5 percent whose way of infection is unknown.

In 2010, 178 554 diagnostic tests for HIV were conducted (5346,8 HIV tests per 100 thousand population). Majority of HIV tests in 2010 were conducted to blood donors, persons from places detention or imprisonment and pregnant women. Compared to 2009, numbers of conducted HIV tests and health care facilities, conducting the tests, have decreased. Number of these health care facilities in 2010 was 54 (80 in 2009, 70 in 2008, and 46 in 2007). This number decreased in Vilnius, Kaunas, Siauliai and Telsiai counties.

HIV, HBV and HCV seroprevalence among tested injecting drug users

No new information available for 2010.

Survey of biological markers and behaviour of injecting drug users (data source: the Lithuanian AIDS Centre)

Aiming at comprehensive goals of HIV prevention it is necessary to learn the factors making an impact on the spreading process of HIV and other infections. The majority of high risk subpopulations including injecting drug users (hereinafter – IDU) with high risk to infect and transmit HIV are difficult to access, and thus the usual sampling methods are not usable. Up to now the surveys covering IDUs followed mainly institutional approach and gathered information was not comprehensive or representative. For the first time the Lithuanian AIDS Centre conducted a survey regarding prevalence of HIV and other infections among IDUs producing the sample based on one of the most efficient sampling method applicable for hard to reach and hidden subpopulations, i.e. Respondent Hidden Sampling (RDS). Using the above method 400 active injecting drug users in Vilnius were surveyed. The survey period lasted from October 2007 to end of January 2008. The aim of the survey was to identify specifics of risk behaviour and social networks of the IDUs related to HIV, to identify prevalence of HIV, syphilis, viral hepatitis B (hereinafter – HBV) and C (hereinafter – HCV). In the survey a questionnaire for evaluation of risk behaviour (injecting and sexual) was used and blood of IDUs to identify the above infectious markers was tested. 329 men and 71 women participated in the survey. The preliminary results of the survey were as follows: the average age was 30,5 years (min = 18, max = 57). The majority of the respondents had basic or secondary education. 57 percent (n=228) of the respondents indicated that mainly they used poppy decoction, 32 percent (n=128) – heroine, 8,8 percent (n=35) – amphetamine, and the rest – other substances. The average age when the surveyed started to use injecting drugs for non-medical purpose was 17,5 years (min=12, max=36). 5,8 percent (n=23) of the respondents indicated the first drug injection was made with a used syringe or needle and it could pose a real threat to receive infectious diseases with the first injection. The respondents were enquired about both types of sharing injecting tools and their experience. According to preliminary data, among the surveyed indirect injecting tools (filters, cotton, common containers to wash injecting tools, drug solution, etc.) were more spread instead of direct sharing of needles and syringes. The above habit may be important for interpretation of high prevalence of viral hepatitis C (94,8 percent) identified among the surveyed. As HCV reached the Lithuanian subpopulation using injecting drugs earlier than HIV and a HCV infecting dose is significantly lower than HIV, thus, high prevalence of HCV possibly verifies risky injecting behaviour of IDUs. For example, 67,5 percent (n=270) of the respondents answered that within the last 6 months they injected drugs taking solution into their syringe from a common drug mixing container in which another person had dipped his/her syringe, and 86,8 percent indicated they had shared drug doses several of these

being together in one syringe. However, the question whether within the last 6 months the respondents always used new needles and syringes was answered as follows: 61 percent (n=244) answered “yes”, 39 percent (n=156) – “no”. Though the majority of the respondents said that within the last 6 months they had not used needles and syringes used by others, about one fifth of the respondents said they lend, sell or give away his/her injecting tool to another user. Though the majority of the respondents said they had not used needles and syringes used by others in the last 6 months, however, one fifth of the respondents indicated they lend, sell or give to another user their injecting tools after use. It shows the respondents do not care about health of other IDUs and possible distribution of infections. This significant circumstance may increase the spreading risk of HIV and other infections. To the question where within the last 4 weeks a respondent acquired needles and syringes 54,3 percent answered they bought in pharmacies, 58 percent – from the stationary needle/syringe exchange program, 56,3 percent – from a worker on the street or a mobile needle/syringe exchange unit, 22,3 percent – from a drug dealer. 51,8 percent indicated they had injecting cases together with an HIV positive individual and 91 percent injected together with an individual infected with hepatitis being aware thereof. The majority, i.e. 70,8 percent (n=283) of the surveyed were imprisoned at least once in their lifetime. 26,5 percent of the latter said they had used injecting drugs in imprisonment places, including 18,8 percent of the respondents who injected using needles and syringes used by other persons.

Analysis of sexual behaviour related to spread of HIV and other infections identified that the majority (91,8 percent) of the respondents are sexually active and had sexual intercourses (including vaginal, oral and anal) within the last 6 months and 83,4 percent never used condoms during intercourse. 50,3 percent of the respondents indicated they had accidental sexual partners within the last 6 months, 4,8 percent (n=19) had commercial sexual intercourses, i.e. a respondent received a reward in the form of money, things or drugs for provided sexual services. 49,3 percent of the respondents said they had accidental sexual intercourses with HIV positive individuals. Blood tests of the respondents regarding markers of viral hepatitis B (anti – HBc) identified 82 percent prevalence. Only 1,5 percent of the respondents said they were vaccinated against HBV. Prevalence of syphilis accounted for 7 percent. The most frequent places for acquisition of condoms according to a frequency rate were as follows: shops, pharmacies and needle/syringe exchange programs.

Though the knowledge of the majority (over 90 percent) regarding spread of HIV infection and protection ways against it was assessed as very good, however, blood tests of the respondents regarding HIV identified 8 percent prevalence (95 percent CI: 5,5 – 10,7 percent). Taking into consideration the survey results it may be stated that Lithuania is a country of concentrated HIV prevalence and prioritised prevention measures should be targeted towards the high risk groups to become HIV positive and sexual partners of representatives of these groups, i.e. aiming at HIV prevention goals the activities should focused on the implementation of intervention programs of changing risk behaviour and formation of safer behaviour.

HIV prevalence among persons in imprisonment institutions registered due to dependence on drug and psychotropic substances survey

According to data of the Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania in 2010 in the Lithuanian health care institutions 178554 HIV tests for HIV were run, including 18324 cases (10,26 percent) when individuals in custody institutions or prisons were tested.

According to the statistical data provided by the Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania from the date when HIV positive cases were started to register in Lithuania over 60 percent of all HIV positive and registered persons in Lithuania had been in the imprisonment establishments. Each year the share of new HIV positive cases diagnosed in the imprisonment establishments account for 40 to 60 percent of the total respective number of the new cases in Lithuania. About 280 – 300 HIV positive persons service their sentence in imprisonment establishments at one time.

According to data of the Department of Prisons under the Ministry of Interior of the Republic of Lithuania, as of January 1, 2011, in total 387 persons ill with HIV (HIV carriers) were in imprisonment establishments. In 2010, in imprisonment establishments 130 new cases of HIV were registered, all persons were infected using injecting drugs.

In 2010, in Lithuanian imprisonment establishments 5 persons were diagnosed acute viral hepatitis B (HBV) and 1 persons - acute viral hepatitis C (HCV). All these persons were infected using injecting drugs.

In 2010, based on the cooperation between the Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania a survey was carried out with one of its aims to collect statistical data of the number of persons in the imprisonment establishments in 2008 and 2009 and registered due to mental and behaviour disorders using drugs and psychotropic substances, collect information about HIV positive cases among these groups. The information for the survey was collected based on analysis of the personal medical records. The status of the surveyed persons with HIV positive was identified using the blood test verified in the medical laboratory.

For the survey, data (two groups of comparable records) concerning persons in the imprisonment establishments, as of December 1 of 2008 and 2009 and registered due to mental and behavioural disorders caused by drugs and psychotropic substances were collected.

Analysis of the data collected for survey 2008 identified that records of 1525 persons were received in 2008 who were in imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances, including 111 women (7,3 percent) and 1414 men (92,7 percent). The average age of the surveyed was 30,6 years, i.e. for women – 31,7 years, for men – 30,5 years (*Table 6-1*); the majority of the registered persons had mental and behavioural disorders using several drugs and psychotropic substances (*Table 6-2*); the biggest share of them, i.e. 1304 persons (85,5 percent) used injecting drugs. The most frequent combinations of multiple drugs and psychotropic substances were as follows: heroine, amphetamines, marihuana or sedatives/ benzodiazepines and heroine. Also, it was identified that out of 1525 persons registered in 2008 imprisonment establishments due to mental and behavioural disorders caused by drugs and psychotropic substances 133 persons (8,7 percent) were ill with HIV, and prevalence of HIV was slightly higher among women, i.e. 14 women (12,6 percent) and 119 men (10 percent). Among HIV positive cases absolutely all used injecting drugs. The biggest number of HIV positive were registered as having mental and behavioural disorders using several drugs and psychotropic substances (*Table 6-2*), in the age group 30-34 years (*Table 6-3 and Figure 6-1*). The average age of HIV positive persons was 33,7 years, i.e. for women – 34, for men – 33,6 years (*Table 6-1*).

Analysis of the data collected for survey 2009 identified that records of 1584 persons were received in 2009 who were in the imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances, including 113 women (7,1 percent) and 1471 men (92,9 percent). The average age of the surveyed was 30,7 years, i.e. for women – 31,6 years, for men – 30,7 years (*Table 6-1*); the majority of the registered persons had mental and behavioural disorders using several drugs and psychotropic substances (*Table 6-2*); the biggest share of them, i.e. 1335 (84,3 percent) used injecting drugs. Also, it was identified out of 1584 persons registered in 2009 in imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances 154 persons (9,7 percent) were HIV positive, and prevalence of HIV positive was slightly higher among women, i.e. 18 women (15,9 percent) and 136 men (9,2 percent). Among HIV positive cases absolutely all used injecting drugs. The biggest number of HIV positive were registered as having mental and behavioural disorders using several drugs and psychotropic substances (*Table 6-2*), in the age group 30-34 years (*Table 6-3 and Figure 6-1*). The average age of HIV positive persons was 33,7 years, i.e. for women – 30,2, for men – 34,2 years (*Table 6-1*).

Table 6-1. Number of persons in the imprisonment establishments in 2008 and 2009 registered due to dependence on drugs and psychotropic substances, number of them with positive HIV status

	2008			2009		
	Female	Male	Total	Female	Male	Total
Persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances	111	1414	1525	113	1471	1584
-average age	31,7	30,5	30,6	31,6	30,7	30,7
- used injecting drugs (persons)	111	1193	1304	107	1228	1335
Persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances and HIV positive	14	119	133	18	136	154

-average age	34	33,6	33,7	30,2	34,2	33,7
- used injecting drugs	14	119	133	18	136	154

Information Source: Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Table 6-2. Distribution of persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances, by gender and diagnosis of dependence disorders, HIV morbidity, 2008 and 2009 data

Diagnosis code by ICD-10	2008				2009			
	Female	Male	Total	Including HIV positive	Female	Male	Total	Including HIV positive
F11 - Mental and behavioural disorders using opiates	39	581	620	49	45	695	740	74
F12 - Mental and behavioural disorders using cannabis	0	60	60	0	0	60	60	0
F13 - Mental and behavioural disorders using tranquillisers and sedatives	0	10	10	0	1	12	13	0
F14 - Mental and behavioural disorders using cocaine	0	2	2	0	0	2	2	0
F15 - Mental and behavioural disorders using stimulants, also caffeine	8	119	127	3	11	122	133	6
F16 - Mental and behavioural disorders using hallucinogens	0	4	4	0	0	5	5	0
F18 - Mental and behavioural disorders using volatile substances,	0	16	16	0	0	9	9	0
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	64	622	686	81	56	566	622	74
Total:	111	1414	1525	133	113	1471	1584	154

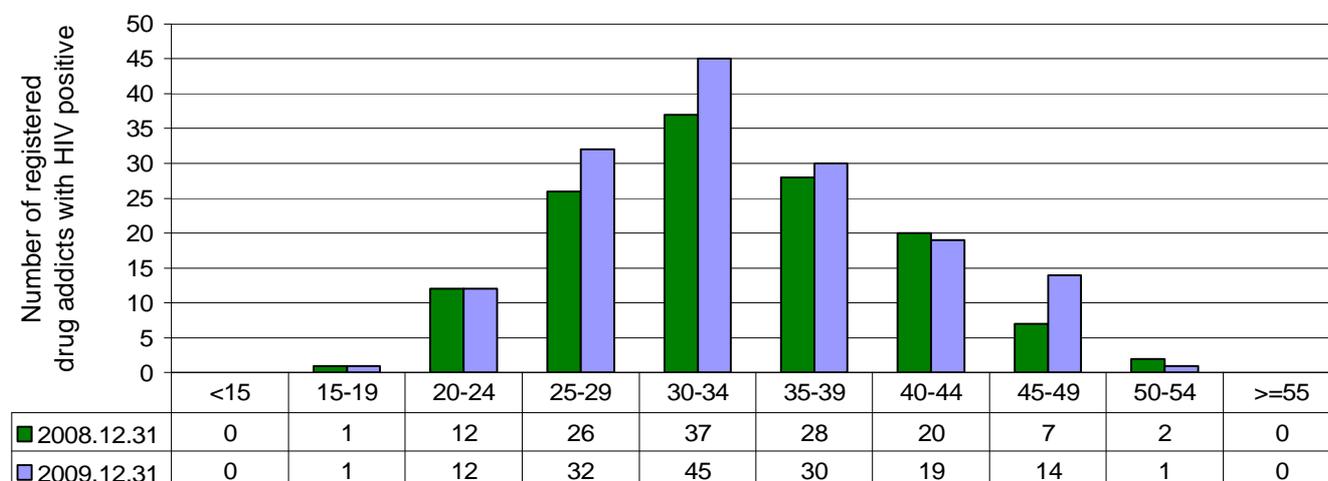
Information Source: Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Table 6-3. Distribution of persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances, by gender and age group, HIV morbidity, 2008 and 2009 data

Age group	2008				2009			
	Female	Male	Total	Including HIV positive	Female	Male	Total	Including HIV positive
under 15	0	1	1	0	0	0	0	0
15-19	3	98	101	1	1	81	82	1
20-24	19	228	247	12	24	231	255	12
25-29	33	379	412	26	21	412	433	32
30-34	12	307	319	37	33	329	362	45
35-39	18	202	220	28	12	221	233	30
40-44	19	119	138	20	16	111	127	19
45-49	6	55	61	7	4	59	63	14
50-54	1	19	20	2	2	21	23	1
55 and more	0	6	6	0	0	6	6	0
Total	111	1414	1525	133	113	1471	1584	154

Information Source: Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Figure 6-1. Distribution of persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances and had HIV positive status by age groups; 2008 and 2009 data



Information Source: the Department of Prisons under the Ministry of Justice of the Republic of Lithuania

The Survey compared the records of persons registered in 2008 and 2009 in imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances and identified that 863 persons, including 47 women (5,5 percent) and 816 men (94,5 percent) were registered in both years (the records of the person were in the groups of both years). The biggest number of persons in both year groups were registered due to mental and behavioural disorders using opioids (359 persons) or multiple drugs and psychotropic substances (378 persons), and the biggest number of them, i.e. 734 (85 percent) used injecting drugs. Besides, it was identified that out of 863 persons 85 persons (9,8 percent) in 2009 were infected with HIV, including 8 women (17 percent) and 77 men (9,4 percent). 3 persons (2 men and 1 woman) were infected with HIV outside imprisonment, i.e. in 2008 - 2009. Those 3 persons used injecting drugs, had mental and behavioural disorders caused by opioids (F11).

6.2. Other Drug-Related Health Correlates

Poisonings (Intoxication) with Drugs and Psychotropic Substances

According to data by the State Patients' Fund under the Ministry of Health, in 2010 Lithuanian healthcare institutions recorded almost the same number of cases due to poisoning with drugs and psychodysleptics (hallucinogens), as in the previous four years; in 2009 - 255 cases of intoxication by drugs (238 individuals: male - 191 and female - 47), i.e. ca. 63 cases less, compared to 2009 (308 cases). The majority of poisonings involved opioids - 130 cases, out of this number with opium - 41, heroine - 74 cases. In 2010, the number of heavy intoxications increased as reanimation services due to intoxications by drugs and psychodisleptics (hallucinogens) were provided 127 times for 117 in 2010 (in 2009 - 75 times, 68 persons; in 2008 - 118 times, 106 persons), and this accounts for ca. 50 percent of all registered cases of intoxication with drugs or psychotropic substances (in 2009 - 24 percent, in 2008 - 40 percent). Comparison of statistical data of 2008 - 2010 shows that the number of registered cases of intoxications by cannabis and heroin continued to grow but the number of intoxications by methadone and other opioids reduced. Also, in 2010 the number of cases without indicating specific substance reduced (Table 6-3).

Table 6-3. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by poisoning diagnosis, 2006 - 2010

ICD-10 Code	Diagnosis	2006	2007	2008	2009	2010
T40	Poisoning with drugs and psychodysleptics	28	47	45	81	18
T40.0	Opium	55	66	53	38	41

T40.1	Heroin	49	45	67	62	74
T40.2	Other opioids (codeine, morphine)	22	7	21	18	14
T40.3	Methadone	5	12	11	6	1
T40.4	Other synthetic drugs (Petidin)	15	20	8	16	13
T40.5	Cocaine	40	19	35	19	14
T40.6	Other and non-specified drugs	46	39	30	37	30
T40.7	Cannabis (derivatives)	9	11	1	12	28
T40.8	Lysergic acid derivatives (LSD)	2	2	1	0	1
T40.9	Other and non-specified psychodysleptics, (hallucinogens)	16	15	18	19	21
Total		287	283	290	308	255

Information Source: the State Patient Fund under the Ministry of Health, 2010

According to the statistical data, the number of men registered in 2010 at in-patient medical institutions (hospitals) due to poisonings with drugs and psychotropic substances exceeded the number of women 4 times: men – 204 cases (191 persons), women – 51 cases (47 persons). Men were registered mainly intoxicated with opium – 17,2 percent, and with heroin – 31,4 percent. Mainly young people (aged 15-29) were registered intoxicated with drugs and psychotropic substances – 130 cases (in 2009 - 126 cases) (Table 6-4), the biggest number of cases was registered in these municipalities, i.e. in Vilnius – 97, in Visaginas – 29, in Klaipeda – 17 cases. In 2010, the average age of persons intoxicated with drugs and psychodysleptics (hallucinogens) was 30,8 years (in 2009 - 28,8 years), i.e. for men – 29,5, for women – 35,1 years.

In 2010, the number of registered juvenile (under 18 years of age) cases due to poisonings with drugs and psychotropic substances reduced more than 30 percent comparing with 2009. In 2010, 29 cases of 28 juveniles (under 18 years of age) were registered (in 2009 – 45 cases), including 18 boys and 10 girls; among them individuals under 15 years of age contacted 7 times (7 individuals, including 4 boys and 3 girls). In most cases persons under 18 years of age contacted due to poisonings with cannabis, in 14 cases (48 percent) services of intense therapy were provided.

Table 6-4. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by age and poisoning diagnosis, 2010

Age group	Codes of diseases according to ICD-10											
	T40	T40.0	T40.1	T40.2	T40.3	T40.4	T40.5	T40.6	T40.7	T40.8	T40.9	Total
Males												
under 15	2	0	0	0	0	0	0	0	1	0	1	4
15-19 years	2	1	0	2	0	0	1	6	13	1	3	29
20-24 years	2	3	8	2	0	5	1	4	2	0	1	28
25-29 years	0	14	12	1	1	2	3	8	0	0	4	45
30-34 years	3	11	23	0	0	0	2	5	1	0	0	45
35-39 years	2	4	8	1	0	3	0	3	0	0	2	23
40-44 years	3	1	7	0	0	0	1	0	0	0	0	12
45-49 years	1	1	3	1	0	0	3	1	0	0	0	10
50-54 years	1	0	2	0	0	0	0	0	0	0	0	3
55-59 years	0	0	0	2	0	0	0	0	1	0	0	3
60-64 years	0	0	1	0	0	0	0	0	0	0	0	1
Over 64 years	1	0	0	0	0	0	0	0	0	0	0	1
Total	17	35	64	9	1	10	11	27	18	1	11	204
Females												
under 15	0	0	0	0	0	1	0	1	0	0	1	3

15-19 years	0	0	2	0	0	2	0	1	6	0	1	12
20-24 years	1	1	2	0	0	0	1	1	4	0	2	12
25-29 years	0	2	2	0	0	0	0	0	0	0	0	4
30-34 years	0	1	0	1	0	0	0	0	0	0	0	2
35-39 years	0	0	0	0	0	0	0	0	0	0	1	1
40-44 years	0	0	0	0	0	0	0	0	0	0	0	0
45-49 years	0	0	2	0	0	0	0	0	0	0	0	2
50-54 years	0	0	0	0	0	0	0	0	0	0	0	0
55-59 years	0	0	0	2	0	0	2	0	0	0	0	4
60-64 years	0	2	0	0	0	0	0	0	0	0	0	2
64 years and more	0	0	2	2	0	0	0	0	0	0	5	9
Total	1	6	10	5	0	3	3	3	10	0	10	51
TOTAL (M+F)	18	41	74	14	1	13	14	30	28	1	21	255

Information Source: the State Patient Fund under the Ministry of Health, 2010

Note: T40 – Intoxication with drugs and psychodysleptics (hallucinogens); T40.0 – Opium; T40.1 – Heroin; T40.2 – Other opioids (codeine, morphine); T40.3 – Methadone; T40.4 – Other synthetic drugs ; T40.5 – Cocaine; T40.6 – Other and non-specified drugs; T40.7 - Cannabis (derivatives); T40.8 – Lysergic acid derivatives (LSD); T40.9 – Other and non-specified psychodysleptics (hallucinogens) (Mescaline, Psilocin, Psilocybe).

Somatic co-morbidity (as abscesses, sepses, endocarditis, dental health etc.), other health consequences

No new information available for 2010.

The Drug Control Department under the Government of the Republic of Lithuania seeking to assess the situation of persons dependent on drugs and psychotropic substances, other health disorders related to use of drugs and psychotropic substances in the Republic of Lithuania, together with staff of the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys carried out analysis of the medical documentation of persons dependent on drugs and psychotropic substances who underwent treatment in 2007 (Table 6-5).

In 2007, in the Vilnius Centre for Addictive Disorders 441 persons were treated due to psychic and behavioural disorders using drugs and psychotropic substances, mainly use of opioids (F11). 290 persons underwent treatment at in-patient clinics, 151 participated in substitute treatment with methadone (34,2 percent). In total 335 men and 106 women were in treatment. Out of the total number of persons treated in 2007 due to psychic and behavioural disorders using drugs and psychotropic substances distribution occurred as follows: 300 persons were ill with viral hepatitis C (68 percent); 49 persons were ill with viral hepatitis B (11,1 percent); 29 persons were diagnosed HIV positive (6,6 percent); 16 were ill with tuberculosis (3,6 percent). In total 394 infectious diseases related to use of drugs and psychotropic substances were diagnosed (89,3 percent). 47 persons were diagnosed other psychic and behavioural disorders (10,7 percent), including 34 persons - psychic and behavioural disorders using alcohol (F10) - (7,7 percent).

Among 441 persons 156 persons (35, 4 percent) were ill with other correlate diseases as follows: 42 persons had head traumas (9,5 percent), 8 persons were ill with epilepsy (1,8 percent), 36 persons had trophic sores and trombophlebitis (8,2 percent), 27 persons were ill with bronchitis (6,1 percent), 27 persons were ill with other somatic diseases (6,1 percent). Among all 441 persons no correlate diseases were diagnosed for 59 persons (13,4 percent), for others (86,6 percent) 1 or more correlate diseases were diagnosed.

In 2007, in the Centre for Addictive Disorders of the Kaunas County 94 persons were treated due to psychic and behavioural disorders using drugs and psychotropic substances. All of them, including 77 men and 17 women were opioid users (F11). For all 94 persons dependent on opioids viral hepatitis C was diagnosed (100 percent); 10 persons were ill with hepatitis B (10,6 percent); 13 persons had trophic sores (13,8 percent); 10 persons were diagnosed HIV positive (10,6 percent); 5 were ill with tuberculosis (5,3 percent); 5 persons (5,3 percent) had other psychic disorders (3 were ill with schizophrenia or schizo-affective disorders, 1 person - depression, 1 person - alcoholism), 2 persons were diagnosed syphilis (2,1 percent). 2 persons were established disability status. Out of 94 treated persons 58 persons

(61,7 percent) were diagnosed 1 correlate disease related to use of drugs and psychotropic substances, i.e. viral hepatitis C. 36 persons (38,6 percent) were diagnosed 2 and more (3-4) correlate diseases.

In 2007, in the Klaipeda Centre for Addictive Disorders out of 176 registered persons dependent on drugs and psychotropic substances 127 persons underwent treatment, i.e. 72 percent of the total registered number. In 2007, due to psychic and behavioural disorders using drugs (F11) 36 persons were treated (28,3 percent), due to use of several drugs and psychotropic substances (F19) - 91 persons (71,7 percent). 40,9 percent of them participated in substitution treatment. Out of 127 treated persons 45 persons (35,4 percent) were diagnosed HIV positive; 68 persons (53,5 percent) were ill with viral hepatitis C; 6 persons (4,7 percent) were ill with other infectious and parasitic diseases (tuberculosis, trichomonosis). 8 persons (6,3 percent) were diagnosed psychic and behavioural disorders, including 5 cases due to use of alcohol. 26 persons (20,4 percent) had respiratory diseases, 10 persons (7,9 percent) – cardio-vascular diseases (inflammation of veins, septic endocarditis, high blood pressure), 11 persons (8,7 percent) – skin diseases, 10 persons had ill alimentary tract (7,9 percent), 3 persons had ill nervous system (2,4 percent), 5 persons had traumas (3,9 percent). Out of 127 persons 54 persons (42,5 percent) had no health troubles related to use of drugs and psychotropic substances, and other persons (57,5 percent) were diagnosed from 1 to 4 correlate diseases.

In 2007, in the Centre for Addictive Disorders of the Panevezys County due to mental and behavioural disorders using drugs and psychotropic substances 64 persons underwent treatment, including 52 men and 12 women; out of the total number 58 persons (11 women) used opioids (F11) and accounted for 90,6 percent, others used several drugs (F19), tranquillisers and sedatives (F13), stimulants (F15), 2 persons used cannaboids (F12). In 2007, out of the total number of 64 persons who underwent treatment 54 persons were ill with viral hepatitis C (84,4 percent), 7 persons were ill with hepatitis B (10,9 percent), 3 persons were diagnosed HIV positive (4,7 percent), 6 persons had inflammation of veins of legs, trophic sores (9,4 percent), 3 persons had chronic bronchitis (4,7 percent), 1 was ill with tuberculosis (1,6 percent), 2 persons had head traumas and broken limbs (3,1 percent), 1 person - ulcered corneal. No other mental disorders were diagnosed. Correlate diseases related to use of drugs and psychotropic substances were not registered only for 10 persons (15,6 percent) out of the total number of 64 persons, 54 persons (84,4 percent) were diagnosed 1, 2 or 3 correlate diseases.

In 2007, in the Siauliai Centre for Addictive Disorders due to mental and behavioural disorders using opioids, stimulants and other drugs, psychotropic substances 19 persons were treated (F11, F15, F19: F13). Among those 19 treated persons 13 were ill with viral hepatitis C (68, 4 percent); 2 persons were diagnosed HIV positive (10,5 percent); also, 9 persons were diagnosed mental and behavioural disorders using alcohol (F10) (47,3 percent). In 2007, no other health troubles related to use of drugs and psychotropic substances were recorded for persons treated in the Siauliai Centre for Addictive Disorders.

Table 6-5. Health correlates diagnosed for persons who underwent treatment due to use of drugs and psychotropic substances in the Centres for Addictive Disorders in 2007

Centres for Addictive Disorders	Treated persons- Total in 2007	Hepatitis C	Hepatitis B	HIV positive	Tuberculosis (TBC)	Other mental disorders including dependence on alcohol (F10)	Other disorders
Vilnius	441	300	49	29	16	47	154
Kaunas	94	94	10	10	5	5	17
Klaipeda	127	68	N/D	45	1	8	70
Siauliai	19	13	N/D	2	N/D	9	N/D
Panevezys	64	54	7	3	1	0	12
Total:	745	529	66	89	23	69	253
Share of the total treated persons (percent)	100%	71%	8,9%	11,9%	3%	9,3%	34%

Information Source: Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys Centres for Addictive Disorders

In 2007, 469 questionnaires were collected from all units providing low threshold services in Lithuania and analysed. Visitors of the low threshold services units included 370 men (80,4 percent) and 90 women (19,6 percent). The average age of the visitors of the low threshold services units was 30,4

years. The youngest visitor was aged 14 years, and the oldest visitor – 63. The average age of the surveyed visitors of the low threshold services units when they used the main drug was 20,4 years. The surveyed indicated the beginning age of use of drugs and psychotropic substances from 11 to 46 years, the interval being 35 years. 46,6 percent of the surveyed visitors of the low threshold services units previously underwent treatment at out- and in-patients clinics (including rehabilitation) due to use of drugs and psychotropic substances. Among the surveyed visitors of the low threshold services units 11,3 percent had permanent jobs, 10,2 percent had no permanent work, 58,7 percent were unemployed, 13,5 percent were registered with the Labour Exchange, 2,6 percent studied, 1,3 percent were disabled. 98,2 percent of the surveyed visitors of the low threshold services units injected within the last 30 days; 58,5 percent had sexual intercourse with an accidental partner and only 30,8 percent used condoms. Only 72,6 percent of the surveyed visitors of the low threshold services units were tested regarding infectious diseases in the last 12 months. 7,7 percent of the visitors of the low threshold services units tested regarding infectious diseases were diagnosed HIV positive, 12,6 percent - hepatitis B, 67,7 percent – hepatitis C.

6.3. Drug Related Deaths and Mortality of Drug Users

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2011) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2011)

According to data of the Department of Statistics, as of beginning of 2011, the number of the population in Lithuania was 3 million 255 thousand (1 million 507 thousand males and 1 million 737 thousand females), i.e. 84,4 thousand inhabitants less compared to the rate one year ago. The main reason of shrinking population was a negative netto migration. In 2010, 83,2 thousand emigrants declared leaving Lithuania. In 2010, natural changes in the Lithuanian population again was negative (- 6494 persons), i.e. more deaths than births.

According to data of the Institute of Hygiene (responsible since 2010 for National deaths register) in 2010 the total number of deaths was 42120 (21536 males and 20584 females) accounting for 88 deaths more, compared to 2009. In Lithuania, in 2010 the number of deaths per 1000 population accounted for 12,8 cases (in 2008- 12,6 cases, in 2008- 13,1 cases), the highest rate since 1950 was registered in 2007 - 13,5 cases per 1000 population. The difference of the male and female morbidity rate is shown by the average of life expectancy to the most accurate extent. In Lithuania, in 2010 the average life expectancy was 73,45 years: for men - 67,98 years, and for women - 78,78 years. In 2009, more than half (56,1 percent) of the total number of deaths were caused by diseases of the blood circulation system, 19,3 percent – by cancer, 9,6 percent– by external causes.

Drug-induced deaths (overdoses/poisonings)

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2011) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2011)

Information Source: the Department of Statistics under the Government of the Republic of Lithuania (data until 2010) and the Institute of Hygiene (data from 2010)

This sub-chapter presents statistical data about drug-related deaths (more detailed, drug-induced deaths) The drug-related death definition means „people who die directly due to use of illegal substances (narcotic and psychotropic substances), although these often occur in combination with other substances such as alcohol or psychoactive medicines‘.

The national “drug related death“ definition used in this chapter for data presentation are almost the same as the EMCDDA standard definition for the General Mortality Registries ICD-10 Selection B. The national drug-related death definition aims death cases, where the main death cause was marked in the death certificate with one of these ICD-10 codes: F11; F12; F14; F15; F16; F18, F19 ; X42; X62; Y12, the national definition does not include cases with ICD codes X41, X61, Y11 with T40 codes.

The General Mortality Registry (from January 1, 2010, GMR was moved from the Department of Statistics under the Government of the Republic of Lithuania to the Institute of Hygiene) is able to produce data according to full Selection B requirements. The national focal point receives full data from the GMR and can calculate the number of drug related death cases also using standard EMCDDA DRD definition for Selection B (ICD-10), adding to national definition missing cases with ICD codes X41, X61, Y11 with T40 codes. Data using the "national definition" and „EMCDDA DRD definition for Selection B (ICD-10)“ is presented in Standard Table 05 and 06.

According to data of the Institute of Hygiene in 2011, 51 deaths (46 males and 5 females) due to drugs and psychotropic substance use were registered (in 2009– 68 cases), and this level accounts for 0,12 percent of all deaths registered in Lithuania (in 2009 – 0,16 percent).

According to age distribution in 2010, the biggest number of deaths was in the young subgroup aged from 20 to 29 (21 individuals) (*Table 6-6*), with the average age in time of death was 31 years (for men – 31,8, women – 22,8), the youngest was 4 years old, the oldest - 43 years old.

Table 6-6. Number of deaths caused by drug and psychotropic substance use, by age 2005-2010

Age group	2005	2006	2007	2008	2009	2010
Under 15	-	-	-	-	-	1
15–19 years	3	2	3	1	-	0
20–24 years	6	11	12	10	6	12
25–29 years	6	23	25	22	24	9
30–34 years	6	13	20	6	16	10
35-39 years	2	10	4	11	10	11
39 years and more	8	3	8	10	12	8
Total	31	62	72	60	68	51

Information Source: the Department of Statistics under the Government of the Republic of Lithuania (data until 2010) and the Institute of Hygiene (data from 2010)

In the young age group from 20 to 24 and from 30 to 39 years the incidence rate of deaths caused by drug and psychotropic substance use in 2010 is about 3 times higher (47,46 cases per 1 million population) compared to the rate of all deaths in all age groups, i.e. the rate of drug related mortality nationally per 1 million population in 2010 - 15,72 cases (in 2009 - 20,43 cases) (*Table 6-7*).

Table 6-7. Number of deaths caused by drug and psychotropic substance use, by age, comparative index, 2010

Age group	Number of population in Lithuania, beginning of 2009	Number of deaths and comparative indicators				
		Total number of deaths	Including drug related deaths	Share of the total number of deaths (percent)	Drug related deaths per 1 million population	Comparative value compared to the total*
under 15 years	487895	244	1	0,41	2,05	0,13
15–19	223075	146	0	0,00	0,00	0,00
20–24	252861	250	12	4,80	47,46	3,02
25–29	233616	271	9	3,32	38,52	2,45
30–34	206981	426	10	2,35	48,31	3,07
35–39	220128	653	11	1,68	49,97	3,18
40-44	236092	976	6	0,61	25,41	1,62
45-49	251011	1555	2	0,13	7,97	0,51
50-54	239128	2072	0	0,00	0,00	0,00
55-59	192616	2581	0	0,00	0,00	0,00
60-64 m.	165429	3030	0	0,00	0,00	0,00
65 years and more	535769	29916	0	0,00	0,00	0,00
Total	3244601	42120	51	0,12	15,72	1,00

Information Source: the Department of Statistics under the Government of the Republic of Lithuania and the Institute of Hygiene

Higher death rates are registered in the cities, primarily in Vilnius (17 deaths); and in 2010, the main death cause was intoxication with drugs and psychotropic substances (45 deaths), mostly opiates – 26 deaths cases (of them in 3 cases was found methadone), unknown or non-specified narcotic or psychotropic substance – 17 cases, cocaine – 2 cases. (Table 6-8).

Table 6-8. Number of deaths caused by drug and psychotropic substance use, by age and death cause, 2010

Death causes by ICD-10 code/ age group	Total	Under 15	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	39 years and more
F11	1	0	0	0	0	0	1	0
F18	0	0	0	0	0	0	0	0
F19	5	0	0	1	1	1	0	2
X42	37	1	0	8	6	8	8	6
X62	1	0	0	0	1	0	0	0
Y12	7	0	0	3	1	1	2	0
Total - deaths	51	1	0	12	9	10	11	8

Information Source: the Institute of Hygiene

Note:

F11 – Mental and behavioural disorders using opiates; **F18** – Mental and behavioural disorders due to use of volatile solvents **F19** - Mental and behavioural disorders using several drugs and other psychoactive substances; **X42** – Incidental intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere; **X62** – Deliberate intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere; **Y12** - Intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere, motivation unknown.

Mortality of Drug Users

Information Source: the State Mental Health Centre

The State Mental Health Centre collects data regarding persons registered in the Lithuanian health care institutions due to mental and behaviour disorders using drugs and psychotropic substances (ICD codes: F11-F14, F15, F18, F19). As of January 1, 2010, the total number of registered was 6056 persons (in 2010 – 5953 persons). According to the State Mental Health Centre, in 2010, 47 individual registered as patients dependent on drugs and psychotropic substances died, i.e. 44 men and 3 women (Table 6-9). As before, in 2010, among the deaths the biggest number was opioid dependent persons - 38. According to distribution by age the biggest number of deaths was in the age group 30 to 44 (21 individuals) (Table 6-10), the average age of the deceased was 38,9 years (for men – 39 years, women – 36 years), the most frequent known death cause – somatic diseases and accidents (Table 6-11), but for 20 drug addict death cases (42,6 percents) the cause was unknown, because the State Mental Health Centre collects data on drug dependent persons from health care institutions and does not have permission to access general mortality registry data to find out information about registered persons' death causes.

Table 6-9. Distribution of death cases of patients dependent on drugs and psychotropic substances, by gender and dependence diagnosis, 2007 -2010

	2007	2008	2009	2010
Total - deaths	62	71	80	47
<i>Incl. men</i>	55	62	70	44
<i>Incl. women</i>	7	9	10	3
Codes of dependence diseases according to ICD-10				
F11	47	60	64	38
F12	-	-	-	-
F13	3	-	2	2
F14	1	-	-	-
F15	1	1	1	1

F18	-	1	2	3
F19	10	9	11	3

Information Source: the State Mental Health Centre

Note:

F11 - Mental and behavioural disorders using opiates, F12 - Mental and behavioural disorders using cannabis, F13 - Mental and behavioural disorders using tranquillisers and sedatives, F14 - Mental and behavioural disorders using cocaine, F15 - Mental and behavioural disorders using stimulants, also caffeine, F18 - Mental and behavioural disorders using volatile substances, F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances

Table 6-10. Distribution of death cases of patients dependent on drugs and psychotropic substances, by age groups, 2007-2010

Age/ years	2007	2008	2009	2010
Under 15	-	-	-	-
15-19 years	3	-	1	1
20-24 years	3	4	1	4
25-29 years	8	11	14	4
30-34 years	10	9	7	7
35-39 years	13	11	14	7
40-44 years	5	12	24	7
45-49 years	11	15	8	11
50-54 years	4	4	8	5
55 years and more	5	5	3	1
Total	42	62	80	47
Dead persons age average	39,0	38,3	39,6	38,9

Information Source: the State Mental Health Centre

Table 6-11. Distribution of death cases of patients dependent on drugs and psychotropic substances, by death cause, 2007 -2010

Causes/year	2007	2008	2009	2010
Suicides	7	2	4	2
Accidents	9	1	3	9
Intoxication with drugs or psychotropic substances	10	12	4	5
Infections	8	3	7	1
Somatic diseases	26	10	17	11
Unknown (information not available)	2	43	45	20
Total	62	71	80	47

Information Source: the State Mental Health Centre

Other indirect drug related deaths

Information Source: State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania

In 2010, the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania executed 7395 tests of dead bodies

In 2010, according to data by the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania, for 15 deaths (12 male deaths and 3 female) drug and psychotropic substance use was not recorded as direct cause, however, the tests evidenced occurrence of drugs and psychotropic substances in organs and biologic fluids of the deceased. The most frequent direct causes of deaths were as follows: body injuries in accidents or caused otherwise, hypothermia, cardiac disorders. Chemical tests in the above deaths most frequently evidenced presence of morphine (mentioned in 10 cases) and amphetamine type substances, in 5 cases both drugs and alcohol were identified. The average age was 34,8 years, the youngest was 23 years old, the oldest - 79 years old.

7. Responses to Health Correlates and Consequences

7.1 Prevention of drug related emergencies and reduction of drug-related deaths

Additional information for this chapter is also available in the Structured Questionnaire 29 “Reduction of acute drug-related deaths” (submitted in 2011)

In Lithuania, a few prevention measures of drug related deaths exist, mainly these are prevention measures based on information, i.e. information brochures, leaflets, etc. Medical personnel, medical first aid staff in particular, is trained to provide medical first aid to a person intoxicated with drugs. By the 2004 order Mo Health No. V-468 „Essential kit for antidotes of health care facilities and arrangements for the acquisition and antidotes used in the treatment of poisoned patients of health care facilities, approval of the list“ all medical units (inpatient and outpatient), including first aid units, in Lithuania are obliged to have naloxone in their pharmaceutical stock. Naloxonium could be obtained by patient in the pharmacies with special doctor's prescription. In 2010, few low-threshold services provided a safer use training programs for drug users. The consumption rooms in Lithuania do not exist.

7.2 Prevention and treatment of drug-related infectious diseases

Additional information for this chapter is also available in the Structured Questionnaire 23 “Harm reduction measures to prevent infectious diseases” (submitted in 2011)

Based on Decree No. V-646, of September 16, 2004, of the Minister of Health of the Republic of Lithuania *On Approval of Children's Vaccination Calendar* (Žin., 2004, No. 142-5210), infants and 12 year-old children are vaccinated against viral hepatitis B at the expense of the state, however, in Lithuania no vaccination programs against viral hepatitis B for injecting drug users exist. Also, Resolution No. 1253 of November 21, 2005, of the Government of the Republic of Lithuania *On Approval of the National Program for Prevention and Control of Sexually Transmitted Diseases 2006-2009* (Žin., 2005, No. 138-4973) establishes prophylaxis of hepatitis B for persons in penitentiaries and detention units.

In 2006, the implementation of the Project *HIV/Aids Prevention and Supervision among Injecting Drug Users and Prisoners in Lithuania, Estonia and Latvia* of the United Nations Office on Drugs and Crime was started. It aims at stopping and reduction of HIV/AIDS epidemics among injecting drug users and prisoners in the three Baltic states. The total budget of the project accounts for 5 million US dollars. The main goal of the projects is to establish favourable environment in all three countries participating in the project in order to better implement HIV/AIDS prevention and supervision activities among injecting drug users and prisoners taking into account regulating policies, capacity strengthening and program aspects in relation to the national HIV/AIDS prevention activities.

Patients infected with viral hepatitis B and C under go treatment in health care institutions in compliance with the approved schemes at out- and in-patient clinics. In Lithuania, all HIV positive persons and those ill with AIDS are provided with mandatory health insurance using public funds. Medical doctors (infectologists, dermatovenerologists, internists) provide counselling to HIV positive persons and those ill with AIDS regarding HIV infection, monitor the process of their disease, prescribe antiretroviral (ARV) treatment. ARV is available in the biggest cities of Lithuania - Vilnius, Kaunas, Klaipeda, Siauliai which are evenly distributed in the country geographically. All ARV pharmaceuticals registered with the Register of pharmaceutical preparations of the European Community may be used in Lithuania. ARV treatment is reimbursed from the budget of the Mandatory Health Insurance Fund. 182 persons underwent ARV treatment in 2010, in 2009 - 135, in 2008 - 130, in 2007 - 98, in 2006 - 79 persons.

In Lithuania, the implementation of syringe/needle exchange programs for injecting drug users were started a decade ago. A legal basis for these programs was established in Decree No. V-584, of July 5, 2006, of the Minister of Health of the Republic of Lithuania *On Approval of Profile of the Implementation Procedures for Drug and Psychotropic Substance Drug Reduction Programs* (Žin., 2006, No. 77-3020, 2008, No. 46-1743). This legislation establishes the mandatory package of services for injecting drug users: syringe/needle exchange, distribution of disinfecting tools, distribution of condoms, health education to reduce risk behaviour, providing of information and counselling. This legislation seeks for attraction of drug users and their partners to institutions and organisations providing health and social

services, services of adequate quality and qualification, and their integration into the society. This legislation is expected to facilitate development of harm reduction services in Lithuania.

In 2010, in Lithuania 11 harm reduction services units (incl. syringe and needle exchange) were available in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys, Alytus, Mazeikiai, Druskininkai, Kedainiai. The staff of these units includes social workers, health care specialists, trained street workers who visit gathering palaces of drug and psychotropic substance users, look for contacts with them and inform them of the opportunity to get help. In 2010, the number of distributed syringes and additional needles decreased compared to 2009, also reduced number of other social services for drug users provided in harm reduction units (Table 7-1).

Table 7-1. Harm reduction services activities in 2006 – 2010.

No.	Services	2006	2007	2008	2009	2010
	Total in Lithuania					
1.1.	Distributed needles	252 840	226 674	313 894	188 364	102 763
1.2.	Distributed syringes	197 152	187 227	238 745	242 890	192 350
1.3.	Collected needles	351 315	272 933	277 109	225 857	136 553
1.4.	Collected syringes	337 807	271 248	371 217	270 206	205 914
2.	Disinfections, distribution of condoms	354 844	214 285	280 591	256 532	209 428
3.	Distribution of condoms	13 865	22 793	42 848	34 722	30 051
4.	Health teaching and education	1241	6 877	6 768	5 878	9 187
5.	Providing information	12 066	13 908	20 847	14 053	16 550
6.	Counselling	3 597	5 547	8 443	9 534	7 759
7.	Personal hygiene and care services	-	-	3 425	2 458	3 224
8.	Providing of dressing	6 482	9 037	39 968	21 035	17 426
9.	Wound dressing	258	1 405	2 715	2 606	1 257
10.	Taking samples and sending them for tests	768	817	1 166	893	30
11.	Catering services	-	-	206	-	126
12.	Transport services	-	26	74	22	62
13.	Facilitation and representation	682	1 146	1 209	1 738	2 502

Information Source: the Low Threshold Services Units

The number of distributed and collected syringes only partially reflects the activities of the low threshold services units. A more important area of the activities is communication of information and counselling regarding tests to diagnose infectious diseases, motivation for treatment among persons using drugs and psychotropic substances. According to data provided by the low threshold services units over 43 thousand visits and about 6000 regularly attending persons were registered in 2010 (Table 7-2).

Table 7-2. Visitors of the low threshold services units in 2006 – 2010

	2006	2007	2008	2009	2010
Number of visits	45 615	43 856	56 548	47 375	42 736
Number of regularly attending persons*	3 438	3 399	5 942	6 047	6136
Number of new visitors*	433	774	977	1 209	1176

* In these lines the numbers of persons are not absolutely accurate and do not reflect the accurate number of permanent visitors to all harm reduction centres that operated in Lithuania. The number of regularly attending persons and the number of new visitors means a mathematical sum of figures concerning drug users who visited each of the centres, as provided by all harm reduction centres. As the persons visit the centres anonymously, and each centre accounts the visitors in a non-centralised manner, thus, a probability exists to include the same person into accounting more than one time if he/she attended several harm reduction centres. For example in the city of Vilnius few harm reduction centres exist, thus, it may be expected that a drug user could visit several of them and be included into the statistics more than once.

Low threshold services clients's characteristics study

Seeking for information regarding the structure of the beneficiaries of the low threshold services and improved planning of the services development surveys are carried out – visitors to the low threshold services units fill in the questionnaires. According last low threshold services survey, done in 2010 (based on 2010 visitors data), showed, that the visitors to the low threshold services units are 80,1 percent men and 19,9 women. The average age of the visitors to the low threshold services units is 30,4 years; the youngest visitor was 14 years of age, and the oldest – 63 years. The average age of the surveyed visitors to the low threshold services units when they used their main drug was 32,8 years. The respondents reported they had begun to use drugs and psychotropic substances at the age from 16 to 66 years. 71,0 percent of the respondents receiving low threshold services have been in imprisonment places (for men - 75,9 percent and for women - 51,7 percent); 13,5 percent – within the last 30 days participated in the program of substitute with methadone/buprenorphine, 10,2 percent of the respondents were participating in the program at present.

According to the survey the respondents started to use injecting drugs at the average age of 22,3 years, the majority of respondents stated they had started injecting aged 18, however, the age range for beginning of drug and psychotropic substance use is wide (35 years) ranging from 10 to 45 years. For the biggest share of the respondents (29,6 percent) the first most frequent acquaintance with drugs started from cannabis, 28,8 percent of the respondents started to use drugs with poppy extract, 13,5 percent – heroin, 9,3 percent – amphetamine, 4,4 percent – ecstasy.

Among all respondents receiving low threshold services use of opioids (as the main substance) is most popular, 88,5 percent of the respondents indicated their use (men - 89,6 percent and women - 83,9 percent). 11,2 percent of the respondents indicated using substances of non-opioid origin (men - 10,1 percent and women - 16,1 percent). 71,7 percent of the respondents used drugs daily, 17,4 percent of the respondents – 2-6 times a week, 6,7 percent and 3,9 percent - once a week and once a month respectively, Analysis of use frequency by the main substance revealed that the majority (78,5 percent) of opioids users inject drugs daily.

Other substances most frequently used in the last 30 days by injecting drug users were as follows: amphetamine (24,3 percent of the respondents), tranquillisers and sedatives (8,6 percent), heroin (5,6 percent), cannabis (2,8 percent). 16,5 percent of the respondents indicated having used multi-substances within the last 30 days, and 38,2 percent used no any other psychoactive substances.

The United Nations Office on Drugs and Crime Project Office for the Baltic States was established in Vilnius, Lithuania, in December 2006 for implementation of the regional Project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania*.

The overall goal of the project is to assist Estonia, Latvia and Lithuania to halt and reverse the HIV/AIDS epidemics among injecting drug users and in prison settings.

Objectives of the project:

- Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.
- Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.
- Generate and share strategic information to keep the program on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings.

During the Project implementation period (2006 – 2010) all low threshold centres operating in the country were provided support by the UNODC small grants program (setting/renovation of premises, acquisition of office items, training, distribution of information, etc.).

In 2011, the UNODC Small Grants Facility supported low threshold services units in Alytus, Vilnius, Kaunas, Kedainiai, Klaipeda, Visaginas and Mazeikiai. The allocated amount accounted for 62102 euros. Within the Project implementation period from 2007 to the middle of 2011 the Small Grants Facility provided grants amounting to 537 thousand Euro to 44 projects implemented in Lithuania (Table 7-3).

Table 7-3. The number of projects in Lithuania and amounts supported by the United Nations Office on Drugs and Crime (UNODC) project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia” in 2007–2011

Year	Number of supported projects	Budget sum (Euro)
2007	11	175541,6
2008	9	158229,3
2009	7	71598,12
2010	4	51119,38
2011	13	81113,3
Total:	44	537601,9

Information source: <http://www.unodc.org/balticstates/>

In 2010, a new low threshold centre was opened in Visaginas as a mobile low threshold unit that functioned in Visaginas in 2008 interrupted its services due to lack of funding. Seeking to provide health care services to injecting drug users not using services of the low threshold centres and to train them to provide information on health preservation based on the principle of the peer-driven intervention method was started to use, funded by the UNODC. In January – September 2009, in Vilnius using this method 133 IDUs were reached. In the course of 8 months of 2010 using this method in Kaunas, Mazeikiai, Visaginas and Druskininkai more than 360 IDUs were reached. Though the survey shows that ca. 320 of them are new clients of the low threshold centres, however, 21,9 percent of them indicated that received free syringes from staff of the low threshold centres. 78,1 percent or 250 IDUs never used services of low threshold centres. The results show that the peer-driven intervention method is efficient for reaching new IDUs through educators of peer groups and providing information on harm reduction for health.

Aiming at better accessibility of HIV test services, by Decree No V-16, of January 12, 2010, of the Minister of Health a work group was established and authorised to draft a profile concerning procedures for use of HIV identification tests (including rapid tests) outside health care establishments. HIV testing outside health care establishments (for example, in low threshold centres) and use of rapid HIV tests were not regulated adequately in legislation.

In 2011, the final evaluation of the Project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia* was performed by an external expert. The evaluation Report points out that the coverage of harm reduction programs, human and institutional capacities improved. However, the Report indicates that in Lithuania harm reduction and pharmacotherapy with methadone continues to be a challenging issue for the policy makers and general public; needle and syringe exchange programs are not planned in prison settings, the pharmacotherapy with methadone programs are criticised in the community, and implementation progress of pharmacotherapy with methadone in prison settings was stopped.

In 2009-2010, the UNODC Project supported conducting of 3 surveys in Lithuania, i.e. “Qualitative survey of evaluation of vulnerability of persons infected with HIV/ill with AIDS in Lithuania“, „Analysis of Klaipeda and Alytus municipalities providing social and health care services to persons released from prison settings“, “Evaluation of accessibility of HIV illness treatment and care in Lithuania“. Aiming at improvement of the coverage of the programs of needle and syringe exchange, pharmacotherapy with opioid medical preparations, prevention and supervision of HIV and drug addiction in prison settings the UNODC provided grants to fund the implementation of 31 projects. In 2010, two projects were supported for the implementation of new services, i.e. establishment of services concerning pharmacotherapy with opioid medical preparations in Alytus (Public Institution Out-Patient Clinics in Alytus) and establishment of a stationary low-threshold centre in Visaginas. During the Project implementation various visits to share the best practice, workshops, meetings of experts, conferences were organized.

Research results of the availability of sterile injecting equipment in pharmacies¹²

In July – October, 2008, by the order of the United Nations Office on Drugs and Crime (UNODC) under the Project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania*, a research among pharmacists and injecting drug users was carried out.

¹² Gurevičius R., Stonienė L. (2008). Availability of sterile injecting equipment in pharmacies (LT) [online]. Available: <http://www.unodc.org/documents/baltics/ReportPharmaciesLT.pdf> [accessed 2009.10.25]

The objective of the research was to assess availability of sterile injecting equipment and possibilities to carry out HIV prevention through pharmacies and to develop recommendations for involvement of pharmacies in HIV prevention for IDUs.

A 50 percent simple random sample pharmacists' study was conducted in Vilnius, a simple random sample study was conducted in Alytus and Visaginas. From 1 to 3 pharmacists were interviewed in each pharmacy. The sample consists of 323 pharmacists: 251 - in Vilnius, 56 – in Alytus and 16 – in Visaginas.

The IDUs research was conducted by the Lithuanian Red Cross Society Alytus Committee Social Diseases Anonymous Consulting Office *Pasitikėjimas (Eng.Trust)*, and mobile clinics of the Vilnius Centre of Addictive Disorders and Charity and Support Fund *Vilties švyturys*. Random sampling was done with 1 SE (95 percent CI) according to the drug addiction prevalence rate (National Centre of Mental health, 2007). The sample consists of 236 IDUs: 111 in Vilnius, 66 in Visaginas and 59 in Alytus.

The evaluation of scientific literature has shown that pharmacists can play a key role in preventing the major blood-borne infections caused by human immunodeficiency virus (HIV), hepatitis C virus, and hepatitis B virus. Pharmacists are able to contribute to community-level disease prevention initiatives by providing patient counselling (including information on safe needle disposal) and by selling condoms, sterile syringes, etc. Pharmacists, by increasing access to sterile syringes, can also help reduce the risk for transmission of blood-borne infections among IDUs.

Pharmacies can have an important role in HIV prevention among IDUs because:

- *Pharmacies are a reliable, trustful source for obtaining sterile injecting equipment and condoms;*
- *They are conveniently located;*
- *Some of them work 24 hours per day;*
- *Staff has medical education and they can offer information about prevention of infections and refer clients to medical and social services.*
- *They can sell sterile injecting equipment without extra documentation.*

Pilot study, focus groups and interviews with pharmacists showed that the dialogue is difficult, because both pharmacists and IDUs are facing difficulties: one side not having a possibility to obtain a necessary size of the syringe or feeling a negative attitude, the other – seeing fake prescriptions, facing with the theft of expensive goods from the shelves or open theft of credit cards or money from the client. Such negative experience is systematic and old enough.

Pharmacists understand that possibility to easy obtain syringe means better access to sterile instruments, but they doubt whether it is a direct disincentive to use drugs, or protects IDUs from blood-borne diseases, etc.

The research confirmed that it is a reasonable doubt, because pharmacists' knowledge about drug prevention is low. Only a small part is aware about the needle/syringe exchange programs and the harm-reduction programs. More than 90 percent indicated that never participated in trainings about HIV prevention and treatment.

The results showed that IDUs regularly visited pharmacies. Over 90 percent of pharmacists stated that during working career they had sold syringes for IDUs. Slightly fewer (75 percent) of pharmacists have sold syringes for IDUs over the last 4 weeks, 80.4 percent of them – in Alytus. About half of them (52.9 percent) considered this operation an ethical action.

Comparing the results of both studies it was discovered that during the last week pharmacies were visited by more than the half (66.1 percent) of surveyed IDUs, but a pharmacy as a more important place for obtaining sterile injecting instruments were for respondents of Vilnius and Visaginas: about the third of them (respectively 40.0 and 39.4 percent) acquired a sterile instrument in a pharmacy last time.

Only 44.1 percent of Alytus IDUs visited pharmacy last week, 10.2 percent of them obtained a syringe last time in a pharmacy. Research showed that Vilnius' respondents most often obtained injecting equipment in a pharmacy rather than in the preventive programs.

The main items purchased in the pharmacy were needles and syringes. This is confirmed by the pharmacists study. Both studies showed that Visaginas IDUs bought more 0.5 ml and 1 ml syringes for insulin, Vilnius and Alytus IDUs bought bigger syringes such as 2 and 5 ml. An important finding from the pharmacist's research is a fact that IDUs bought 10 and 20 ml syringes. The need for such size of a syringe wasn't discovered by the IDUs research, what leads to the assumption that pharmacists faced with a wider scale of problem drug users.

The research showed that a visual identification of a drug user is problematic for 65.3 percent of pharmacists and isn't related to pharmacist's previous experience. The vast majority of pharmacists

indicated that an IDU for them associated with certain attributes: saleable item (one syringe or water for injection), appearance (strange looks/eyes, skinny body and tremor) and behaviour (on the run, nervous, fast disappeared). IDUs visited pharmacies mostly alone, at a different time of the day and this data coincided in both researches. The analysis of the study results showed that pharmacists perceived a level of drug using in the pharmacy's neighbourhood associated with the number of IDUs visits, i.e., pharmacists who saw more than 50 IDUs per month evaluated drug using level as high.

For two-thirds of the pharmacists IDUs visits caused additional troubles, but about half (50.0 percent) of the respondents confirmed that they were reluctant to share these problems with the employer. 90.7 percent of them discussed about those problems with their colleagues, 65.2 percent with relatives.

Analysis the data about the age of IDUs, who visit pharmacies the differences between cities, were determined. Even 31.3 percent of Visaginas pharmacists indicated that they are young people under 20. In Alytus in that age category only 1.9 percent of IDUs were, in Vilnius - 10.5 percent of IDUs. However, Vilnius and Alytus pharmacists indicated that even 65-66 percent of IDUs in the pharmacies belong to the age category of 20-30. This finding coincides with IDUs research results, which showed that the youngest IDU respondents are in Visaginas, oldest – in Alytus, though, it is found that the younger respondents under 30 prefer to visit pharmacies.

More IDUs visit pharmacies which are located in big market centres ($\chi^2=13.6$, $df=3$, $p=0.003$), in comparison with the outpatient clinics/hospitals (6.1 percent) or located separately (8.3 percent). Vilnius IDUs still go to the pharmacies, which are in big buildings, but have a separate entrance, Visaginas IDUs, which are located separately, and Alytus – which are in the hospital/clinic. More than half of respondents (57.7 percent) usually go to the same pharmacy and the main indicated reason – it is close to home (62.8 percent). The second reason - pharmacists sell the sterile injecting equipment. Pharmacists study also confirmed that IDUs visited those pharmacies, which are in supermarkets, but pharmacies with a separate entrance are more popular than those with an entrance via a commercial centre.

Four tenths of the IDUs confirmed the need of syringe at night. Syringes at night are often needed by Visaginas IDUs (about 50 percent) and less often (only one third) by Vilnius and Alytus IDUs. Currently, only Vilnius IDUs have a possibility to purchase a syringe at night. That they used this option was approved by all 24 hour working pharmacists, of whom 18.2 percent indicated that they usually visit it at night.

Pharmacists' tolerance to IDUs is very low. In comparison to people living with HIV/AIDS (PHLWA,) they are twice more tolerant to PHLWA, neither to IDUs. Although tolerance did not differ statistically significantly according to the place of residence, but study showed a slightly greater tolerance to PHLWA in Visaginas. The respondents from all cities felt antipathy to IDUs. It is approved by 39.9 percent of pharmacists.

More than half (67.8 percent) of IDUs from all cities feel safe in a pharmacy. In many cases the pharmacist doesn't pay attention, one-third mentioned, that there are situations where the pharmacist criticize IDUs. Different personal safety in the workplace exists, if a pharmacy carries out a HIV prevention program the pharmacists considered: an absolute majority believes that they feel unsafe, and it doesn't depend neither on age, the work experience, the work position and education.

A pharmacy as a convenient place to obtain sterile instruments and condoms was mentioned by one third of Vilnius and Visaginas IDUs. The absolute majority of Vilnius and Visaginas IDUs would like the pharmacy to change needles and syringes, supply alcohol sponges, water for injections, condoms, information and consultations, as well as to provide with referrals to the institutions of drug treatment services. The least services from pharmacies were requested by Alytus IDUs, what may be associated with an effective activity of the low threshold centre.

Pharmacist's attitude to prevention programs, especially to needle and syringe exchange is very sceptical, and may be conditioned due to the lack of information. More than 60 percent think that a pharmacy shouldn't participate in prevention programs and are uncertain if providing support to IDUs is their professional duty. But more than half of the pharmacists are ready to supply leaflets about safer injections, HIV/AIDS and virus hepatitis, tuberculosis, about half of them agree to provide referrals to drug treatment services. Worse situation is with spirit sponges, which are required for IDUs, cotton wool and condoms. It is opposed by more than half of pharmacists. The majority doesn't agree to provide free sharp containers or think that a pharmacy is not a favourable place for needles/syringes exchange. The majority of pharmacists think that active involvement in drug abuse prevention programs reduces the number of customers, the safety of staff, increase a negative attitude from the community and, the general question arises, whether it is be important for HIV prevention at the national level. In addition,

pharmacist's questions or syringe exchange will help to improve the health of IDUs. This clearly shows that they lack the evidence-based knowledge and facts about HIV/AIDS and drug prevention programs.

Injecting-drug users would not want to visit the pharmacies. The most comfortable place to obtain sterile injecting equipment for IDUs is a low threshold centre, because the service is friendly/non-discriminated and free of charge. However, the reality is that the specificity of these services, i.e. time (working hours and working days) and schedule (arrival at some time), IDUs visited pharmacies to purchase the main product - a sterile syringe / needle, especially at weekends and holidays. Half of Visaginas and a third of Alytus and Vilnius pharmacists stated that their visits at weekends increased.

Scientific researches proved, that a lack of sterile instrument increases using of unsterile injecting equipment and transmitting of blood-borne infections. The results verified few reasons of unsafe drug injecting practices' causes – the need to sterile syringe at night, feeling of insecurity in a pharmacy and difficulties in obtaining a sterile injecting equipment. The latter causes for Visaginas IDUs caused health problems. Visaginas IDUs lack most HIV/AIDS prevention programs, their drug use practice is the most risky.

Based on the results of the investigation recommendations were formulated for cooperation improvement among these community groups:

1. To increase pharmacists' knowledge in harm reduction programs, drug users' psychological characteristics:

1.1. To prepare postgraduate training Program on harm reduction strategies and their effectiveness, psychological peculiarities of IDUs, communication skills with "difficult" clients, and to give accreditation. This Program could be included into Kaunas University of Medicine postgraduate training centre curriculum.

1.2. To integrate information about harm reduction strategies and related aspects into pharmacy students' curriculum (e.g. into pharmacy social aspects).

1.3. To prepare information package (bulletin, e-bulletin or e-leaflet) about harm reduction strategies and to disseminate by e-mail and post.

2. To provide possibilities for pharmacists to participate in HIV prevention according to Good Pharmacy Practice:

2.1. To prepare information package about services for IDUs and through pharmaceutical companies to disseminate them to IDUs.

2.2. To develop a non-discriminating attitude to IDUs.

3. To expand effective (changing risky behaviour), available (mobile mini bus, outreach, or low threshold centre), free and friendly (ensure security sense) – low threshold services, according to IDUs needs.

4. To develop social abilities of IDUs to obtain sterile injecting equipment in pharmacies in a civilized way.

7.3. Responses to other health correlates among drug users

By Decree No. V-652, of August 6, 2007, of the Minister of Health of the Republic of Lithuania (Žin., 2007, No. 90-3586), the *Standards for Substitution Treatment* extend a requirement at least 2 times annually to make analysis regarding HIV infection, tuberculosis, sexually transmitted diseases, general blood and urine tests of the patients participating in the substitute treatment programs.

Currently, according to the effective legislation all healthcare institutions must have opiate antagonists in their first aid kits. Besides, training of staff in first aid services is carried out on a regular basis instructing how to act in overdosing cases.

In 2010, officers of the Police Department organised special safe traffic campaigns at which drivers of transport means were checked for intoxication with alcohol or drugs.

8. Social correlates and social reintegration

8.1. Social exclusion and drug use

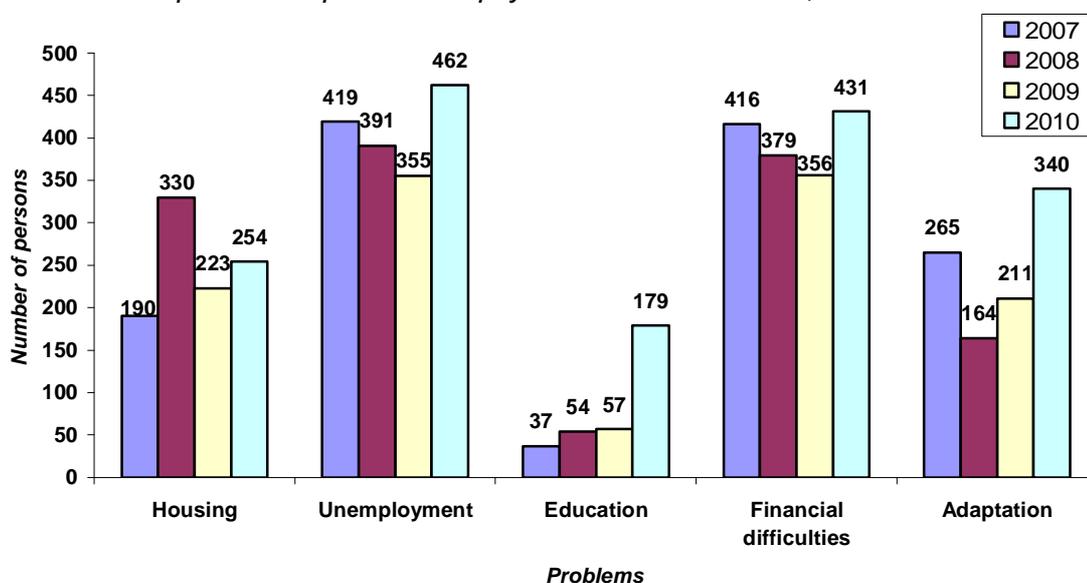
For numerous persons dependent on psychoactive substances social exclusion is a typical case as they do not have permanent housing, regular employment and often have a considerable imprisonment experience. Also, social exclusion is increased by a negative approach towards dependent persons. Thus, aiming at support to these people to recover it is necessary to satisfy a complex of their

needs, instead of just one. The government faces a task to resolve their housing, employment and other problems along with development of psychological and social services.

In the beginning of 2011, Drug, Tobacco and Alcohol Control Department (hereinafter – Department) as in previous years carried out annual analysis of psychological, social rehabilitation and integration problems of persons dependent on psychoactive substances and finding ways to resolve them carried out survey of institutions providing psychological and social rehabilitation services to persons dependent on psychoactive substances. In Lithuania, currently 19 long-term psychological and social rehabilitation communities and 6 day care centres for persons dependent on psychoactive substances operate. Filled in questionnaires were received from 18 institutions and organizations, 621 persons dependent on psychoactive substances participating in the rehabilitation programs were surveyed. According to the survey data the most acute problem for the participants of the rehabilitation programs remained unemployment (like in previous years), and in 2010, this number accounted for 462 (74 percent) (*Figure 8-1*). A tendency of increasing employment level among dependent persons should be pointed out. Lack of elementary work skills, absence of qualification and specialization reduces competitiveness of persons dependent on psychoactive substances on the labour market. Some persons hinder their search of permanent job by themselves due to their psychological instability and reluctance to work. The employment problem is encumbered by inauspicious attitude of employers towards dependent on psychoactive substances.

Another topical problem is financial difficulties, reported by 431 persons (69 percent). Because of growing debts caused by use of drugs, unemployment, reluctance to achieve higher goals, lack of elementary skills to manage one’s financial matters in numerous cases encourage criminal behaviour, such as thefts, drug trafficking, etc. They confine themselves in a vicious circle, as interdependence among unemployment and financial problems is obvious.

Figure 8-1. Problems of persons dependent on psychoactive substances, 2007-2010



Information Source: Drug, Tobacco and Alcohol Control

In 2010, a frequent item among socially excluded persons also was inadaptability to the community (340 persons, i.e. 55 percent) problem. The dependent person lacks social, natural communication skills. In the rehabilitation process difficulties also arise due to adaptation problems: the mental and emotional state of some inmates in the community is not fully stabilised and preconceived approach results in dissatisfaction with other community members, internal regulations of the order. All this may provoke conflicts that are usually solved by sending the non adapted persons into other communities. The wish to resume earlier life habits, a lack of motivation to change encumber their adaptation in the community and the society as well.

A housing problem in most cases is acute for socially excluded persons too. Disturbed family relationship, asocial way of life, inability to preserve immovable property, arrears for utilities or other indebtedness result in situations that dependent persons do not have their permanent residence place. In 2010 the number of persons who named, that have housing problems was 254, i.e. 41 percent.

School attendance, educational problem, as in previous years, is lower than the others problems mentioned above. School age persons dependent on psychoactive substances do not attend school. Its cause is weak motivation or absolute lack of motivation. Besides, negative approach by the school, a wish “to get rid” of youths using psychoactive substances are also reported. The majority of the clients of rehabilitation institutions do not have profession or work experience.

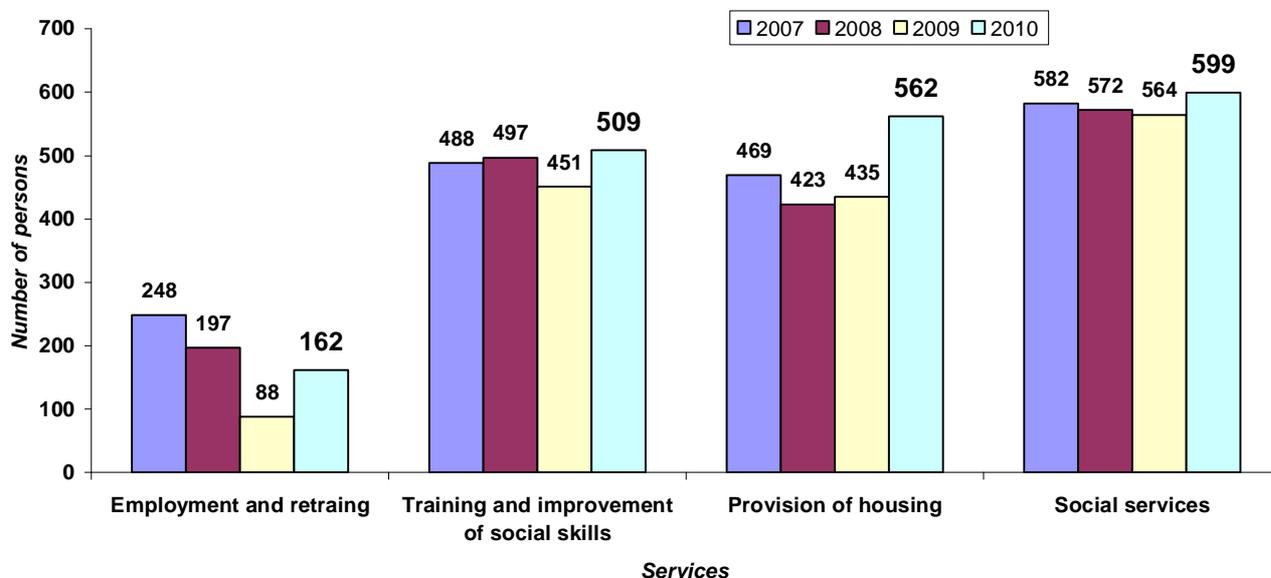
8.2. Social Reintegration

Additional information for this chapter is also available in the Structured Questionnaire 28 Social Reintegration (submitted in 2010)

Provision of social services

According to data submitted by the Lithuanian rehabilitation institutions regarding services provided to persons dependent on drugs and psychoactive substances, in 2010 social services prevailed, i.e. counselling by social workers, development of social skills, counselling to family members, etc. In 2010, social services were provided to 599 persons, i.e. 96 percent of all persons participating in the rehabilitation programs (Figure 8-2).

Figure 8-2. Services provided by rehabilitation institutions to persons dependent on psychoactive substances, 2007-2010



Information Source: Drug, Tobacco and Alcohol Control Department

Training and improvement of social skills

Based on the information submitted by the rehabilitation institutions in many rehabilitation communities dependent persons do repair works, acquire skills of a woodworker, a bricklayer or other professions, are taught computer literacy. For example, in the community *Meikstu dvaras* - computer literacy, English, woodcarving, in the community *Pilnu namu bendruomene* (in the district of Varena) the customers grow herbs used for their own treatment and delivered for wider consumption, attend secondary school, if not finished. In the community of the Charity and Support Foundation *Vilties švyturys* (Kedainiai district) such people are trained to become welders and metalworkers.

In the communities social skills are developed teaching to resist the demand to use drugs and prevention of relapse is carried out, it is taught to manage feelings and express them, self-development and self-esteem, developing an awareness of problems, restoration of relations with the family, resolution of conflicts and problems in the family are encouraged. In 2010, educational and social skills improvement services were provided to 509 persons, i.e. 82 percent of the total number of participants in the programs. Compared to 2009, more services of this type that are important to the integration process were provided (in 2009 - 451 persons) (Figure 8-2).

Work placement and retraining

In researches it was found that those individuals who found work resumed the use of psychoactive substances two times less frequently, compared to the jobless ones. Only a small number of them go back to the same workplaces as they were released because of psychoactive substance use. For the persons with dependence disorders, the main obstacles to get a job are a lack of motivation and qualification, health problems. Without adequate occupation the persons come back to the old habits fast. The main goal becomes integration into labour market – to help the individuals to adapt to the present day requirements of the labour market, to help to get employed.

Data of the survey of rehabilitation institutions reveal that in 2010, as in previous years, employment and retraining services were provided in the smallest quantities (to 162 persons, i.e. 26 percent), compared to other services, but compared to 2009 their quantity doubled (in 2009, these services were provided to 15 percent of the total number of participants in the rehabilitation programs). The development of these services is supported by the European Union in particular through funding projects designed to reduce social exclusion and to carry out its prevention, assisting social risk persons and those experiencing social exclusion to integrate into labour market and a full-fledged social life. For persons having accomplished psychological and social rehabilitation programs the implementation of projects for reduction of social exclusion ensures opportunities of employment and acquiring of qualification – for this purpose the social rehabilitation institutions cooperate with the territorial labour exchange offices, training centres.

The surveyed heads of psychological and social rehabilitation institutions pointed out that the implementation of rehabilitation programs encounters challenges. Mainly, it lacks more active cooperation among various institutions, the persons lack mastering themselves of motivation.

In 2006, the Law *On Support to Employment* of the Republic of Lithuania which established additional support to work placement of dependent persons, i.e. subsidizing work placement when the employer is paid a monthly subsidy from the Employment Fund to pay remuneration to the employed persons. Thus, it seeks to encourage interest of employers to give jobs to ex-dependent persons after their rehabilitation. In their turn, the rehabilitation institutions may use this privilege to receive subsidies if they employ a person who accomplished a rehabilitation program, as in practice a number of such cases is very minor.

According to data of the Lithuanian Labour Exchange, in 2007, subsidy incentives were used for placement of 12 dependent persons having accomplished programs of psychological and social rehabilitation, in 2008 – only to 1 person, in 2009 – to 4 persons, in 2010 – to 2 persons.

Providing housing

Seeking for facilitation to dependent persons to solve the problem of losing housing rehabilitation institutions intermediate in finding counselling professionals, intermediate with local governments in finding suitable premises. If the customers of rehabilitation institutions have arrears an institution makes efforts to suspend the arrears for the rehabilitation period. Living in a community with all provisions it becomes difficult to return to a reality environment, self-dependence is lost. Upon accomplishment of a rehabilitation program dependent persons are provided housing in adaptation institutions. In these institutions provisional housing services can be provided.

The Public Institution Gyvybes Versme established Adaptation Home to provide provisional housing services for persons formerly dependent on drugs and psychotropic substances. The Public Institution *Sugrizimas* provides services of this type, having established Adaptation Home.

Generalising the situation regarding social integration of dependent persons, it should be noted that in Lithuania social integration is developed to a significantly lower level than treatment and rehabilitation, and this area necessarily needs more attention. For integration into the society, a person has to have permanent income, i.e. work, also housing, and for full satisfaction of one's security needs – a family. This social anchoring is more hard to achieve than to terminate psychoactive substance use. Social workers, psychologists may provide required services, counselling, refer to respective institutions for further ensurance of the integration process but decisions are taken by a person himself who has to possess a particularly strong motivation to change.

9. Drug-related crime, prevention of drug related crime and prison

9.1. Drug Related Crime

Additional information for this chapter is also available in the Standard Table 11 Arrests/Reports for drug law offences (submitted in 2011)

- Drug law offences

With reference to the data of Information Technology and Communications Department under the Ministry of the Interior (hereinafter referred to as ITC under MOI) the number of all the criminal acts registered in Lithuania, in 2010 was smaller by 6.7 % than in 2009 (accordingly 77 734 and 83 273) or by 7 percent higher than in comparison with 2002 (i.e. 72 646), when the country recorded the lowest percentage of criminality throughout the last decade. Even though the criminal acts related to illicit possession of drugs in the general criminal context make up only 2.86 % (criminal acts against property make up more than a half of all the crimes), contrary to the tendency of the general criminality decrease, the number of criminal acts related to drugs registered is higher. Last year, the number of the latter criminal acts registered was only by 1.2 % higher in comparison to 2009. Density of criminal acts of this kind to 100 thousand inhabitants has accordingly changed scarcely, i.e. from 65 to 67 acts..

In 2010 there were 2220 acts related to illicit circulation of drugs registered, i.e. 131 acts or 19.2 percent more than in 2009 (2189). With reference to the statistics provided by ITC under the MOI, 2220 criminal acts registered in 2010 related to the possession of drugs include:

1318 – due to illicit possession of drugs and psychotropic substances with no aim of distribution (2009 – 1313, 2008 – 1042) – Article 259 of the Criminal Code of the Republic of Lithuania¹³;

821 – due to illicit possession of drugs and psychotropic substances with an aim of distribution (2009 – 835, 2008 – 747), 87 criminal acts of which regard distribution of big quantities – Article 260 of the Criminal Code of the Republic of Lithuania;

21 – due to distribution of drugs to minors (2009 – 15, 2008 – 14) – Article 261 of the Criminal Code of the Republic of Lithuania;

5 – due to the manufacture of equipment for the production of drugs and psychotropic substances (2009 – 2, 2008 – 2) – Article 262 of the Criminal Code of the Republic of Lithuania;

2 – due to seizure of narcotic and psychotropic substances (2009 – 2, 2008– 7) – Article 263 of the Criminal Code of the Republic of Lithuania;

10– promotion (persuasion) to use drugs (2009 – 8, 2008 – 8) Article 264 of the Criminal Code of the Republic of Lithuania;

14 – due to unlawful cultivation of poppies or cannabis (2009 – 9, 2008 – 8) – Article 265 of the Criminal Code of the Republic of Lithuania;

7 – due to illegal possession of precursors of drugs and psychotropic substances (precursors) of 1st category (2009 – 3, 2008– 3) – Article 266 of the Criminal Code of the Republic of Lithuania;

16 – due to drug smuggling (2009 – 4, 2008-3) – Article 199 of the Criminal Code of the Republic of Lithuania.

Distribution of criminal acts related to the illicit circulation of drugs in the territory of the country is constantly varying, however, more than 63 % of them are still registered in five biggest cities, a third of all the crimes of this kind registered in the country are registered in the capital (2009 – 35 percent, 2008 – 33 percent). The activeness of such criminality is preconditioned by the following unbiased reasons: concentration of people (especially the youth), the greatest income, offer of entertainment and development of infrastructure; the largest forces of law enforcement agencies are also based in Vilnius.

Individuals

With reference to the data of ITC under MOI, 1704 individuals (who committed criminal acts related to the possession of narcotic or psychotropic substances) were registered in 2010 (in 2009 – 1513, 2008 – 1226, 2007 – 1113), 211 of them were women, 19 citizens of foreign countries and 5 persons having no citizenship. The males detained make up 87 percent, last year they made up 83 percent.

¹³ LAW ON THE APPROVAL AND ENTRY INTO FORCE OF THE CRIMINAL CODE [online][EN]. Available: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=366707) [accessed 2010.09.14]

The characteristics of the detainees for the illicit circulation of drugs have remained unchanged, these are usually young persons, under 30 years of age (65 percent), having scarce education (79 percent), unemployed and not engaged in any studies (48 percent). The latter characteristics is not identical to that of the persons having committed crimes in general, criminal acts related to illicit circulation of drugs are likely to be committed by younger people (from 20 to 40 years of age) in comparison with other criminal acts.

Drug offences by Administrative Code

In 2010, 5008 (in 2008- 2281, in 2007- 2515) administrative offences related to illicit trafficking or use of drugs or psychotropic substances were registered (Table 9-1).

Table 9-1. Discovered administrative offences related to illicit trafficking of drugs or psychotropic substances, 2010

Administrative offence	Number of offences	
	total	Including juvenile
Total number of Discovered administrative offences according RL Administrative Code ¹⁴ Article 44 - Illicit acquisition or disposal drugs or psychotropic substances in small amounts without intention to sell or distribute otherwise or Use of drugs or psychotropic substances without doctor's prescription	4783	126
Illicit growing of opioid poppies, cannabis or coca trees article (107 ² , RL Administrative Code)	225	1
Total	5008	127

Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

- Other drug related crime

Property crimes, violence under the influence

According to data of Information Technology and Communications Department under the Ministry of the Interior, in 2010, 1342 criminal activities related to use of drugs and psychotropic substances was registered (in 2009 – 631, 2008 – 718 cases), including 1050 (in 2009 – 465, 2008 – 500 cases) criminal actions committed by drug addicts, and 279 (in 2009 – 166, 2008 – 218 cases) criminal actions committed by persons intoxicated with drugs or psychotropic substances. Analysis of these data leads to the assumption that, first, law enforcement authorities effectively apply the pre-trial disclosure and examination recommendations and investigate the physical conditions of detained persons. This helps to evaluate the mechanisms of crime and other facts. Also is noticed that increased the number of individuals who being dependent on drugs forced to commit a crime because they need the material resources necessary for the acquisition of drugs.

Table 9-2. Detection of persons suspected (accused) having committed criminal acts intoxicated with drugs or psychotropic substances, 2007 - 2010

Date	2007	2008	2009	2010
Detected persons suspected (accused) having committed criminal acts, including:	22703	23249	24122	24512
- by persons intoxicated with drugs or psychotropic substances	175	191	192	279
1) murders, incl.:	294	306	302	295
- intoxicated with drugs or psychotropic substances	7	0	9	5
2) thefts, incl.:	7701	8067	8584	8203
- intoxicated with drugs or psychotropic substances	43	44	36	39
3) robberies, incl.:	2093	1967	1892	1608

¹⁴ Administrative code [online] [LT] http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=376299

- intoxicated with drugs or psychotropic substances	11	11	10	9
4) property destruction or damage, incl.:	958	1081	1260	1275
- intoxicated with drugs or psychotropic substances	8	8	3	10

Information Source: the Department of Informatics and Communications under the Ministry of Interior of the Republic of Lithuania

Sentencing statistics

In 2010, in the Lithuanian courts of first instance 18 014 criminal cases were accomplished (16 832 cases in 2009), including 1306 cases (1135 cases in 2009) where accusations regarding illegal disposal of drugs or psychotropic substances and their precursors were brought, i.e. ca. 6 percent of all received criminal cases (5 percent in 2005).

Out of 1317 completed cases when adopting a penal order or conviction in **1111** cases charges were brought according to article 259 of the Criminal Code of Republic of Lithuania (hereinafter – CC of RL) “Illegal disposal of drugs or psychotropic substances without a purpose to dispatch them”, in **292** cases charges were brought according to article 260 (part 1) of the CC of RL “Illegal disposal of drugs or psychotropic substances with a purpose to dispatch them”, in **88** cases charges were brought according to article 260 (parts 2 and 3) of the CC of RL “Illegal disposal of drugs or psychotropic substances in big or very big quantities”, in **16** cases charges were brought according to article 261 of the CC of RL “Distribution of drugs to juveniles”, in **5** cases charges were brought according to article 263 of the CC of RL “Theft, exaction or any other illegal overtake of drugs or psychotropic substances”, in **8** cases charges were brought according to article 264 of the CC of RL “Pressure to use drugs or psychotropic substances”, in **13** cases charges were brought according to article 265 of the CC of RL “Illegal growth of poppies and cannabis” and in **5** cases charges were brought according to article 266 of the CC of RL “Illegal disposal of precursors of drugs and psychotropic substances of category I” (Table 9-3).

Table 9-3. Report on criminal cases related to illegal disposal of drugs or psychotropic substances accomplished in the Lithuanian courts of first instance, 2005-2010

	2005	2006	2007	2008	2009	2010
Total number of criminal cases received:	888	894	926	886	1135	1306
Accomplished criminal cases with passed sentence:	800	871		880	838	1317
Convicted physical persons, including:	960	970	1023	1123	1454	1346
- females;	152	137	162	173	201	192
- juveniles.	38	23	27	41	52	61
Discharged physical persons¹⁵	25	8	19	14	11	10
Non-suited persons	15	8	8	17	23	24
Persons applied forced medical measures	7	7	1	2	2	5

Information Source: the National Court administration

The persons convicted of crimes related to illegal disposal of drugs were imposed the sentences as provided below (Table 9-4).

Table 9-4. Analysis of sentences for persons for crimes related to illegal disposal of drugs and psychotropic substances, 2005-2010

Types of sentence	2005	2006	2007	2008	2009	2010
Public works	18	27	18	23	16	19
Confinement	35	40	66	61	120	108
Imprisonment	203	458	462	492	633	565
Arrest	345	133	110	171	158	152
Penalties	337	394	396	390	527	502

¹⁵ The main cause of the discharge – absence of criminal attributes in the actions of the inductees

Information Source: the National Court administration

Analysis of the convictions in 2005 – 2010 containing a imprisonments show that the average term of imprisonment imposed to them by courts was about 5 years, and the arrest term more then 1 month 10 days (Table 9-5).

Table 9-5. Dynamics of the average term of punishment for imprisonment and arrest of persons who made crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2010

Year/ Type of sentence	Imprisonment	Arrest
2010	5 years 10 months 16 day	1 months 4 days
2009	6 years 0 months 1 day	1 months 27 days
2008	5 years 2 months 8 days	2 months 6 days
2007	4 years 7 months. 17 days	1 month 14 days
2006	4 years 8 months 5 days	1 month 25 days
2005	4 years 10 months 24 days	1 month 15 days

Information Source: the Department of Prisons by the Ministry of Justice

However, in reality the continuance of the convicts was shorter and the statistical data analysis shows that the convicts stayed in the correctional institutions in the average 2 years 1 months and the convicted with arrest – and 1 month 3 days (Table 9-6).

Table 9-6. Dynamics of the average of the actual continuance of the convicts punished with imprisonment or arrest, who made crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2010

Year/ Type of sentence	Imprisonment	Arrest
2010	2 year 3 months 27 days	1 month 4 days
2009	2 year 2 months 27 days	28 days
2008	1 year 9 months 2 days	1 month 4 days
2007	1 year 11 months 25 days	29 days
2006	2 years 2 months 11 days	1 months 8 days
2005	2 years 29 days	1 month 9 days

Information Source: the Department of Prisons by the Ministry of Justice

Analysis of the convictions and their actual execution show that the convicts imposed arrests execute the punishment term of the arrest, however, the imprisonment convicts in reality execute only half of the punishment term.

Legal issues on imposition and serving of a sentence are governed by the Criminal and Penal Codes of the Republic of Lithuania. Following paragraph 1 of Article 77 of the CC of RL „Release on probation from imprisonment before the term and replacement of unserved part of the sentence with a milder punishment“, **the court** may release a person, who is serving an imprisonment punishment, before the term or to replace the unserved part of the imprisonment sentence with a milder punishment (except the fine) if this person:

1) has served:

- no less than half of the punishment imposed for negligent, **light or semi-serious** premeditated crime or;

- no less than two thirds of the imposed punishment for a **serious** crime, or;

- no less than three fourths of the imposed punishment for a **grave** crime, or if the person is a **habitual criminal**, or;

- no less than one third of the imposed punishment for the negligent, minor or semi-serious premeditated crime committed by a pregnant woman, also by a **single farther (mother)** having a child up to 7 years of age or two and more juvenile children in cases when he/she has not been subject to a restriction imposed by the court on parental rights to children;

2) has fully compensated the material damage caused by the crime, or has compensated it in part or eliminated it and undertaken to compensate it in full or eliminate during the period of the unserved punishment;

3) his **behaviour or work at the time of serving an imprisonment sentence has justified** his release on probation before the term or the substitution of the imprisonment with a milder punishment.

Following paragraph 3 of Article 157 of the Penal Code of RL „*Conditions for the release on probation from correctional institutions*“ release on probation from correctional institutions can be granted to:

1) persons sentenced to imprisonment up to 6 years inclusively for negligent offences, also persons sentenced to imprisonment for **minor** crimes in open colonies, juveniles, pregnant women, also persons having **children up to 7 years of age or two and more juvenile children** (if their parental rights have not been restricted), - when they have served in fact no less than one third of the imposed imprisonment sentence;

2) persons kept in correctional institutions in the conditions of the free group, as well as the persons convicted of over 6 years of imprisonment for negligent offences to be served, - when they have served in fact no less than half of the imposed imprisonment sentence;

3) persons kept in correctional institutions in the conditions of a general group, - when they have served in fact no less than two thirds of the imposed imprisonment sentence;

4) persons kept in the prison in the conditions of a general group, as well as dangerous habitual criminals, - when they have served in fact no less than three fourths of the imposed imprisonment sentence.

Assessment of the legal aspects of the crimes associated to drugs and psychotropic substances and their precursors enables to see that such a crime as „illegal disposal of drugs or psychotropic substances with no intent to dispatch them“ (CC, par. 1, Art. 259) may be recognised as a **misdemeanour** crime, „manufacturing of the devices to produce drugs or psychotropic substances <...>“ (CC Art. 262), „theft, exaction or any other illegal overtake of drugs or psychotropic substances“ (CC, par. 1, Art. 263), „pressure to use drugs or psychotropic substances“ (CC, par. 1, Art. 264), „illegal growth of poppies and cannabis“ (CC, par. 1, Art. 265), „illegal disposal of precursors of drugs and psychotropic substances of category I“ (CC, par. 1, Art. 266) – as **semi-serious** crimes, other crimes of this type may be acknowledged as serious and grave crimes.

Thus, such legal governance prescribed for the imposition of punishments for criminal acts associated to the illegal disposal of drugs, psychotropic substances and their precursors and for the release from them before the term creates legal preconditions for the persons who committed these criminal acts to serve imprisonment sentences imposed by the courts only in part.

Drug crime in prisons

In 2010 in the places of imprisonment in total 205 criminal acts were registered, out of them 93 criminal acts (45 percent) related to illicit circulation of drugs (in 2009 - 123 criminal acts related to drugs). In 42 cases out of 93 the pre-trial investigations were initiated having suppressed the delivery of drugs and psychotropic substances by parcels, postal packages, handovers and in the course of interception of items being thrown over, in 51 case the pre-trial investigations were initiated having found drugs and psychotropic substances on the territories of the places of imprisonment and in possession of convicts.

Just the same as before, the main way of the entrance of drugs and psychotropic substances remains throwing them over or sending to the places of imprisonment in order to avoid direct contact and increase the possibility to avoid criminal responsibility.

Analysis of Reports of the Department of Prisons reveal a tendency that the number of individuals serving their sentence for criminal activities related to drugs and psychotropic substances increases. As of January 1, 2009, a share of individuals serving their sentence for criminal activities related to drugs accounted for 8,2 percent of the total number of the sentenced, as of January 1, 2010, - 9,2 percent, as of January 1, 2011, - 9,7 percent.

As of January 1, 2011, in imprisonment places 100 (in 2010/01/01 – 118) citizens of foreign countries were kept, including 16,2 percent sentenced for actions related to illegal disposal of drugs and psychotropic substances.

In 2010, the number of individuals detained in regard to actions related to drugs and psychotropic substances decreased compared to 2009, i.e. from 13,7 percent to 7,1 percent.

In 2010, the quantity of drugs and psychotropic substances confiscated in imprisonment settings increased compared to previous years. In 2010, officers of imprisonment places during searches and inspections found and collected 1381 g. (compare: in 2006 – 638,3 g, in 2007 – 1185,3 g, in 2008 – 1415,0 g., in 2009 - 307,89 g.) of drugs and psychotropic substances. In 2010, in imprisonment places 188 g were taken away from sentenced persons, 0 g from officers and other staff (non-statutory) of imprisonment places and 1193 g. from citizens (visitors) attempting to hand it over to the persons in the imprisonment places.

9.2 Prevention of drug related crime

In 2010, in Lithuanian penitentiaries the following prevention measures against drugs were implemented:

1. Since 2006 the convicts do not have the right to receive postal or delivered parcels containing food, as in most cases, drugs and psychotropic substances, mobile telephones and other prohibited items were attempted hidden in such parcels.

2. In 2010, 8 imprisonment settings had introsopes (X-ray device to inspect things).

3. The Department of Prisons under the Ministry of Justice of the Republic of Lithuania organised a workshop regarding training of dogs, work with dogs trained to detect drugs and psychotropic substances.

4. Patrol of public police and prison personnel was organized in risk areas for slinging of prohibited items to convicted/detained persons.

5. Cooperation and information exchange among the penitentiaries and Police Department under the Ministry of Interior of the Republic of Lithuania is developed regarding new methods of access of drugs and psychotropic substances into imprisonment units.

6. The convicts in penitentiaries were provided information regarding harmful use of drugs and psychotropic substances; in penitentiaries and correction inspectorates staff of the institutions organised educational lectures and sessions according to the drug prevention programs.

7. Information publications on drug prevention topics were prepared and distributed.

8. Based on Decree No. 4/07-174 of September 24, 2003, of the Minister of Justice, in all penitentiaries legal and social education program for persons to be released from penitentiaries was implemented envisaging providing information to the convicts on drug harm to mental health, potential negative legal and social consequences, also ways of spreading HIV/AIDS and preventive measures against the infection. Besides, in penitentiaries three mandatory social rehabilitation programs are implemented: the Program for adaptation of new inmates of a penitentiary, the corrective Program of the convicts and the Program for integration of convicts into the society. All the above Programs include elements related to drug problems in penitentiaries. In communication with new inmates information on their health status, dependence on alcohol drugs and psychotropic substances is collected. Assistance is provided, as necessary. The convicts to be released are given references regarding further treatment and rehabilitation in relation to dependence disorders after they leave a penitentiary.

9. Aiming at more efficient combat against slinging of packages (also drugs) a mobile patrol team was established which watches on the access to the four imprisonment places in Pravieniskes and immediately reacts at suspicious persons or cars entering the areas next to the imprisonment places. It should be noted that persons organising handover of drugs more often send or sling to the premises. Thus, without a direct contact the drug suppliers encounter a lesser risk and increase a chance to avoid criminal responsibility.

9.3 Interventions in the criminal justice system

Additional information for this chapter is also available in the Structured Questionnaire 31 Treatment as an alternative to imprisonment (submitted in 2010)

Probation – the form of implementing criminal responsibility (postponement of servicing the punishment, release on probation from imprisonment sentence before the term and release on probation from correctional institutions) is to be applied to a person, who committed a criminal act, as an alternative of a probation character to the imposed imprisonment punishment and it is executed by maintaining supervision over the convicted person and by granting social support to him.

In 2008, the implementation of the *Concept* of a probation system in Lithuania and the *Action Plan of the Concept* were continued approved by Resolution No. 220, of February 21, 2007, of the Government of the Republic of Lithuania. (Žin., 2007, No. 27-989; 2008, No.: 61-2308). Seeking to adequately implement the *Concept* of the probation system in Lithuania, to ensure smooth cooperation among the participating public institutions, associations and volunteers in the improvement of socialisation and integration of the convicts into the society and taking into consideration willingness of proposals by the public institutions and associations to participate in the process the Director of the Department of Prisons by the Ministry of Justice of the Republic of Lithuania, by Decree No. V-322, of November 15, 2007, established a Multi-institutional Coordination Probation Board to the Director of the Department of Prisons which also includes a representative of the Drug Control Department under the Government of the Republic of Lithuania. In its meetings the Board considered the *Draft Law On Probation*, provided its

comments and proposals. Based on provisions of the Law the convicts shall have to be provided with social assistance complying with their needs and approved probation programs shall be implemented aiming at management of person's risk to offend repeatedly and to encourage coverage of harm incurred by criminal actions. This will help to ensure that taking into account social characteristics, resocialisation needs and behaviour on probation of a convict, it will enable adequate supervision and social assistance. The Draft Law provides a possibility to use electronic monitoring means and other special technical means for control of responsibilities of the convict established in laws and by court. It also provides that health care institutions where the probationers do their duty to undergo treatment of dependence disorders, when a convict agrees, will provide information concerning treatment progress and results upon request by the Lithuanian Probation Service.

According to data of the Department of Prisons by the Ministry of Justice of the Republic of Lithuania 125 persons (99 men and 26 women), 2 of them was juvenile. In 2010 were assigned binding treatment against alcoholism, drug addiction or a infection disease when a convict agrees (in 2009 the number of such individuals was 126, in 2008 – 87, 2007 – 90).

The Correctional Inspectorate of the city and district of Vilnius and the Vilnius Centre for Addictive Disorders concluded a cooperation agreement aiming at the improved coordination. At the end of each quarter the Correctional Inspectorate of the city and district of Vilnius sends a list of persons who were assigned binding treatment by court and referred by the Inspectorate to the Vilnius Centre for Addictive Disorders for treatment.

In 2009, to the Vilnius Centre for Addictive Disorders 110 persons (in 2009 – 79 persons) including 88 persons (in 2009 – 62, in 2008 – 31 persons) who were assigned binding treatment against addiction by court, were referred to. Medical doctors together with social workers evaluated the condition of patients referred to by the Correctional Inspectorate of the city and district of Vilnius and proposed various treatment options, coordinated individual treatment plans. Pagrindinė dalis iš Pataisos inspekcijos nukreiptų asmenų – 61 (69,3 proc.), kreipėsi dėl psichikos ir elgesio sutrikimų vartojančių opioidus.

For the implementation of the *Action Plan of the Concept* of the probation system in Lithuania, the Department of Prisons by the Ministry of Justice of the Republic of Lithuania acquired three methodologies for risk assessment of repeated criminality and two cognitive behavioural programs for working with the convicts in the imprisonment places and correctional inspectorates. The application of the risk assessment methodologies enables to forecast future crimes and also to assess the need of intervention corrective measures for the particular convict. The acquired programs enable to realise these needs. The cognitive-behavioural program *Only You and Me* is meant for psycho-social therapy of adolescents, the EQUIP Program – for the juvenile therapy. It should be pointed out that the *Programs* above have special modules for working with dependent persons.

9.4 Drug use and problem drug use in prisons

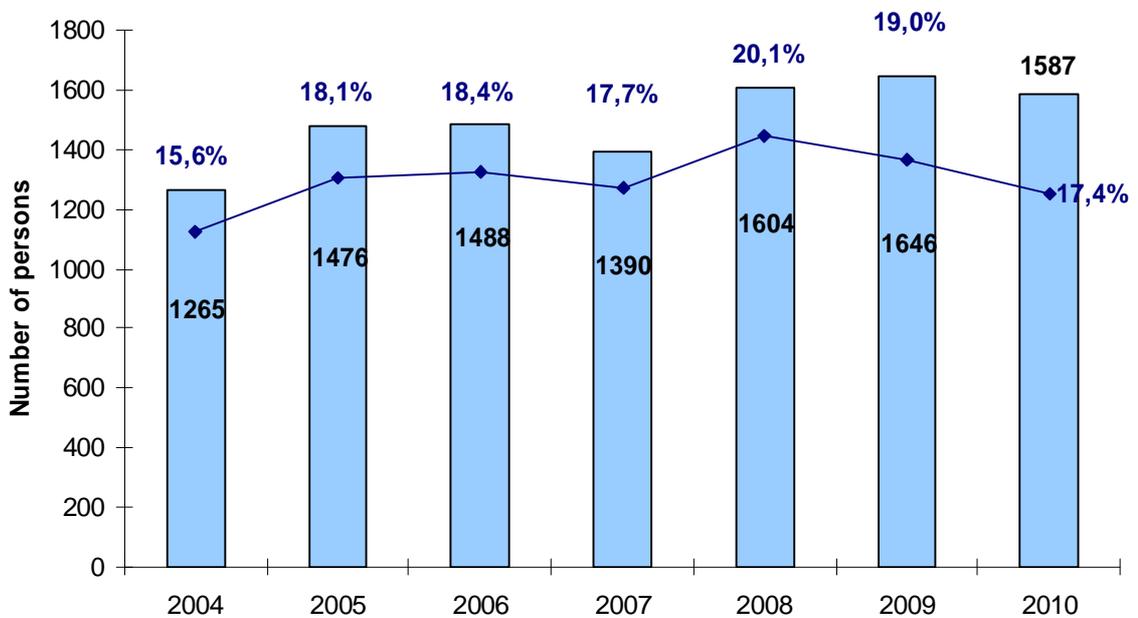
Information Source: the Department of Prisons under the Ministry of Justice

As of December 31, 2010, the imprisonment establishments placed 9139 persons (8718 males and 421 females), including:

- 1195 detained, waiting for court (1127 males and 69 females);
- 7944 sentenced (7 591 males and 352 females).

Out of the total number of prisoners, 17,4 percent (1587 persons) were registered as having mental and behavioural disorders using drugs and psychoactive substances. This number remains similar throughout the period from 2004 to 2010, composed of 16 to 20 percent of all prisoners in the imprisonment establishments (*Figure 9-1*). As of December 31, 2010, in Lithuanian imprisonment establishments men registered due to behavioural and mental disorders using drugs or psychotropic substances accounted for 91,2 percent of the total number of such registered persons, women – 8,8 percent. The proportional drug use among all imprisoned women is higher compared to men, i.e. in 2010. – 33 percent of all imprisoned women used drugs and psychotropic substances, while this indicator among men was lower – 16,6 percent. Corresponding numbers from previous years: 2009 – 30,8 percent females and 18,5 percent males, 2008 – 31,6 percent females and 19,5 percent males (Table 9-7). The statistical data shows that the biggest share (25,5 percent) of all imprisoned drug and psychotropic substance users as of December 31, 2010, was a group of young people aged 25-29 and persons of age group 30-34 years accounted for 21,9 percent.

Figure 9-1. Number of imprisoned persons dependent on drugs and psychotropic substances and their share (percent) of all imprisoned persons, 2004 - 2010



Information Source: the Drug Control Department under the Government of the Republic of Lithuania and the Department of Prisons under the Government of the Republic of Lithuania

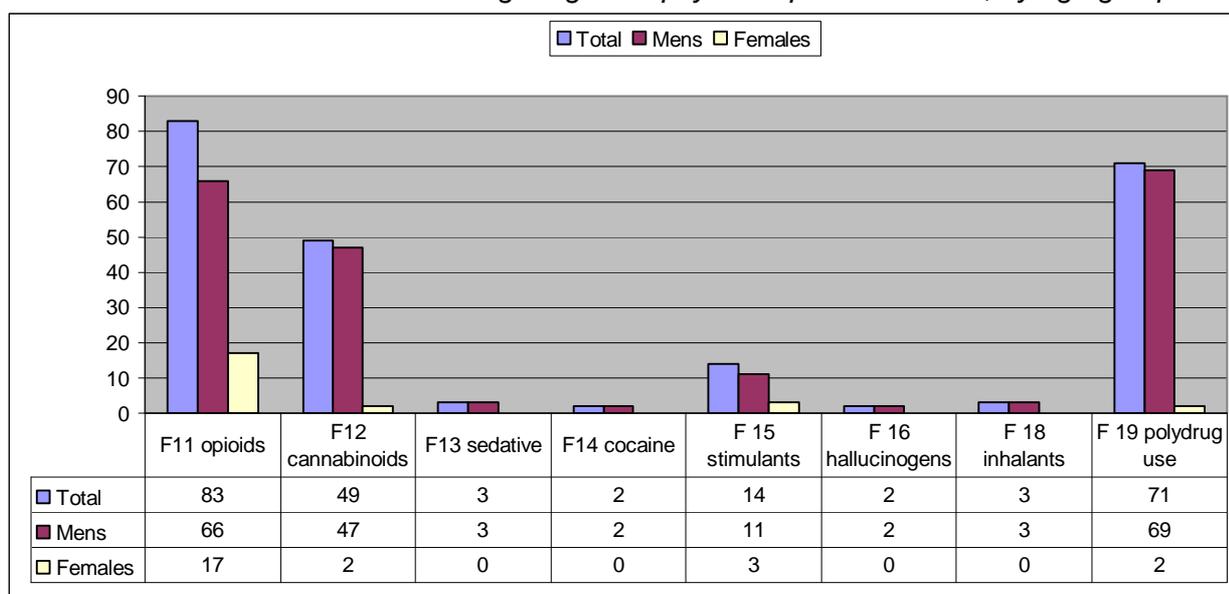
Table 9-7. Number of imprisoned persons dependent on drugs and psychotropic substances, 2008 – 2010

Item	2008		2009		2010	
	Total number of drug addicts, including (% of total imprisoned persons):	1604	20,1%	1646	19%	1587
- men	1492		1530		1448	
- women	112		116		139	
Detained (before sentence) including:	128		140		113	
- men	115		121		91	
- women	13		19		22	
Convicts, including:	1476		1506		1474	
- men	1377		1409		1357	
- women	99		97		117	

Information Source: The Department of Prisons under the Ministry of Justice of the Republic of Lithuania

In 2010, persons in Lithuanian imprisonment places registered for the first time due to mental and behavioural disorders using drugs and psychotropic substances, in most cases used opioids – 36,6 percent (83 cases) and multiple drugs or psychotropic substances – 31,3 percent (71 cases), more rarely used cannabis – 21,6 percent (49 cases) and stimulants (amphetamine, ecstasy) – 6,2 percent (14 cases) (Figure 9-2).

Figure 9-2. Distribution of persons in Lithuanian imprisonment places registered for the first time due to mental and behavioural disorders using drugs and psychotropic substances, by age groups



Information Source: The Department of Prisons under the Ministry of Justice of the Republic of Lithuania

In 2010, in the Lithuanian imprisonment places the number of detained and sentenced who were registered for the first time in lifetime due to mental and behavioural disorders using drugs and psychotropic substances decreased significantly, compared to 2009. In 2010, in the Lithuanian imprisonment places 227 persons (203 males and 24 females) were registered having diagnosed dependence on drugs and psychotropic substances for the first time in lifetime, whereas in 2009 – 454, in 2008 - 641, in 2007 – 520, in 2006 – 821 persons. The statistical data show that the biggest group among those registered in 2010 for the first time dependent on drugs and psychotropic substances accounted for detained and imprisoned from 15 to 19 years of age - 80 persons (35,2 percent) and 67 persons aged from 25 to 29 (29,5 percent). A bigger number of these persons used opioids – 36,6 percent (83 cases) and multi drugs or psychotropic substances - 31,3 percent (71 cases), more rarely cannabis – 21,6 percent (49 cases) and stimulants (amphetamine, ecstasy) – 6,2 percent (14 cases).

In 2010 (i.e. from January 1, 2010, through to December 31, 2010), in the Lithuanian imprisonment places 3203 persons (585 detained and 2618 sentenced, 2830 males and 373 females) were registered due to mental and behavioural disorders using drugs and psychotropic substances, 123 persons were younger than 18 years of age. For the majority of these persons dependence on opioids was diagnosed, i.e. 48,6 percent (1557 cases), and multi drugs and psychotropic substances – 36,1 percent (1157 cases) (Table 9-8).

Table 9-8. Distribution of persons in Lithuanian imprisonment places registered from January 1, 2010 to December 31, 2010 for the first time due to mental and behavioural disorders using drugs and psychotropic substances, by diagnosis (ICD-10 codes)

Diagnosis code by ICD-10	Number of persons	Of them younger than 18 years
F11 - Mental and behavioural disorders using opiates	1557	12
F12 - Mental and behavioural disorders using cannabis	171	36
F13 - Mental and behavioural disorders using tranquillisers and sedatives	26	-
F14 - Mental and behavioural disorders using cocaine	5	-
F15 - Mental and behavioural disorders using stimulants, also caffeine	265	7
F16 - Mental and behavioural disorders using hallucinogens	7	-
F18 - Mental and behavioural disorders using volatile	15	4

substances,		
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	1157	64
Total:	3203	123

Information Source: *The Department of Prisons under the Ministry of Justice of the Republic of Lithuania*

Prevalence of drug use among juvenile detainees and convicts

In June 2007, the Department of Prisons carried out a survey of behaviours and approaches among juvenile arrestees and convicts. The goals of the survey was as follows: 1) to ascertain approaches of imprisoned juveniles (under 18) towards drugs and psychotropic substances and alcohol; 2) to ascertain the impact of approaches towards drugs and psychotropic substances on behaviour of juvenile detainees or prisoners. The survey was based on a questionnaire and interview with a respondent.

The survey respondents were 106 juveniles, including 6 girls serving their sentence in the Panevezys Penitentiary Institution, 42 arrested pre-trial juveniles and 58 juvenile convicts serving their sentence in the Kaunas Juvenile Inquisition-Penitentiary Institution. The questionnaire was processed with the arrestees individually, groups of 10 persons were invited into school classrooms.

The distribution of the respondents based on schooling education was as follows: 24 percent - 8 years, 23,1 percent – seven, 19,2 – nine, 13,5 percent graduated basic school, 4,78 percent – 12-year secondary school, and only 1,9 percent of the surveyed were in the fifth form. 77, 9 percent of the surveyed juveniles served their sentence for the first time, 18,3 percent – the second time, 1,9 – the third time and 1 percent – the fourth time. It should be pointed out that 1 percent of the respondents did not know the ordinal number of their imprisonment. 3,8 percent of the surveyed juveniles were imprisoned in relation to drugs at the time of the survey or earlier.

The survey disclosed that 56 percent of the respondents used drugs at least once in their lifetimes, 27 percent reported using drugs on a permanent basis before imprisonment. The biggest share of the juvenile drug users (40 percent) could not specify duration of their drug use. Concerning causes of their drug use, 44 percent of the respondents could not name them, 25 percent reported drugs being a way to play, 10 percent started to use because their friends used, 50,8 percent felt disappointed in life. 57 percent of the surveyed declared their approach that they would like to live without drugs, 26 percent reported not knowing their intentions, and 4,8 percent said they would not like to live without drugs. Analysis of the answers to this question clearly shows approaches of the juveniles towards drugs, i.e. 2/3 of the juvenile drug users and non-users would like to live without drugs in the future. 36,5 percent of the juvenile arrestees tried to quit using drugs, 20 percent – did not do it in their lifetimes. The fact that the juveniles estimate the dependence problem inadequately and have no sufficient knowledge of dependence consequences is supported by their unreasonable self-confidence. Nearly 70 percent of the juveniles think they have enough will to help themselves in refusing drugs, 7 percent reported they lack will to refuse drugs. 44,2 percent of the respondents treat drug use being a direct cause of degenerated behaviour, 42,3 percent did not have their opinion on this. 4,8 percent were convinced that behaviour did not change having started to use drugs, and 6,7 percent stated drug use determined better behaviour. 99 percent of the juveniles would not like a person close to them to use drugs, 1 percent – had no answer to this. 78,8 percent of the juveniles responded it was very easy to get drugs outside imprisonment. Only 3,8 percent think acquisition of drugs being problematic.

Rapid Assessment and Response on Drug use in Marijampole Correction House, Lithuania, 2007¹⁶

This research project was performed within 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 Lithuania, Latvia and Estonia* (XEE/J20). One of the project objectives is to increase coverage and quality of evidence-informed HIV prevention and care in prison settings. The project provides for assessment of the nature and extent of drug use in prison as a basis for introduction and scaling-up of appropriate health promotion / harm reduction measures. This research was implemented in 2007.

¹⁶ Semėnaitė B., Janulevicienė R., Kėžys G., Cepulis R., Rapcevic E., Ilevicius V., et al. (2007) Rapid Assessment and Response on Drug Use in Marijampole Correction House (EN) [online]. Available: http://www.unodc.org/documents/baltics/RAR_summary_Eng.pdf [accessed 2009.10.25]

Main research objective: Identification of the attitudes and knowledge of prisoners and prison officers regarding drugs substances; mapping drug use problems for the long-term planning of activities in the field of drug use and HIV prevention in prisons, including suggestions for the development of appropriate health and risk reduction programs.

Target group: Adult male prisoners serving their sentences in a camp type prison and having problems, and/or running health risks because of drug use and drug related risk behaviour.

Target setting: Drug use and the spread of infectious diseases are a matter of attention for all prisons. In this project it was not possible to focus on all prisons in Lithuania at the same time. One prison, Marijampole Correction House, was chosen to start the assessment. The methodology and results of this project can be a starting point for further assessment in the other prisons. Marijampole Correction House where 328 persons defined as the target group (20 – 30 percent of the prison population at this correction house) are serving their term of imprisonment..

Methodology: In this project the Rapid Assessment and Response methodology (RAR) has been used. RAR is a scientifically-led rapid survey method for recording the type, origin and need for action in respect of a recognised or presumed problem within a short period of time, with limited expenditure and with high practical relevance.

Key questions. The RAR process in this project is structured by seven elementary key questions.

Key questions on drugs, set and setting:

1: Who is using drugs in prison?

2: What kinds of drugs are being used in prison?

3: What patterns of drug injecting are there in prison?

4: What unsafe injecting drug use is there in prison?

Key questions on interventions

5: What successful health risk interventions exist in this prison?

6: What health risk interventions are needed?

7: What do inmates know about health risk of injecting drug use?

Throughout the assessment the seven key questions have been subdivided into more detailed questions formed on the basis of the findings at the previous stages of information collection.

Data collection and processing. Respondents for the interviews and focus groups were selected from the target group (inmates from different sections of prison and from different castes, who - like key informants - could tell about the behaviour of their fellow inmates and prison situation) and from the regular infrastructure in and around the closed setting (medical staff, Deputy Director for social rehabilitation, Head of Security Division, heads of social rehabilitation units, psychologists, the probation officer and other staff members). Data was collected by 20 semi-structured interviews (SSI with 10 inmates, 9 staff members and 1 probation officer), 26 structured interviews (half inmates, half staff) to check the results from the SSI, and three focus groups (4 staff/4 higher cast inmates/4 working inmates) to double check results and discuss possible interventions. The data were analysed and reported with the help of a grid data management tool.

Results. a) Drug users in prison (Key question 1).

Depending on the prison sections and housing units where inmates were selected as key informants, the estimated proportion of inmates using drugs at least once a month varied from 1 percent to 80 percent . Most inmates agreed on something between 50 and 70 percent . Staff members estimated monthly use between 16 and 50 percent . Most of the drug using inmates already used before they went to prison. According to inmates less than 10 percent and according to staff less than 5 percent of all inmates start using drugs in prison. The ones who start using drugs in prison do so because of other inmates influence (sharing and talking about drugs; peer pressure seems quite rare) and curiosity. Especially for inmates with a long term imprisonment tension, stress, despair, monotony and lack of family contacts are mentioned as reasons to start using drugs in prison. According to the respondents inmates who start using drugs in prison are mostly quite young (20-25 years) and have sufficient money to afford drugs (by work or outside support). There are no differences between nationality or other background features.

According to inmates less than 15 percent of all inmates inject drugs on a daily base. The proportion mentioned varies by the housing locations of the interviewed inmate (from 1 percent up to 50 percent); in some units many inmates inject drugs, in others only a few. According to staff less than 5 percent of all inmates inject drugs on a daily base. Most respondents describe injecting drug users as

relatively young (20-30 years) and financially sustainable (work or external support). They mention psychological problems and family problems (broken social ties) as features of injecting drug use. Nationality seems not to be a feature.

Some inmates stop using drugs in prison. Reasons that are mentioned are financial problems, (prevention of) health problems, fear of being caught and penalised and the fear of losing their job or family ties.

b) Drug use in prison (Key question 2).

Drugs that can be injected such as heroin and amphetamine are the most popular and most used type of drugs in this correction house because they give a quick and strong effect for a relatively low price. Next mentioned are drugs that can be used orally and drugs that can be smoked.

Heroin is the main drug due to its distribution factor, stronger intoxication and smaller quantities required, while amphetamine is a popular drug because of its lower price (10 Lt while a dose of heroin costs 50 Lt), better stimulation and better availability. Because of the lower price amphetamine is the most used substance by injection, closely followed by heroin. In prison heroin is being used by better-off inmates, amphetamine is used by working inmates.

c) Patterns of injecting drug use in prison (Key question 3).

According to the respondents there are no real patterns or rituals of injecting drug use in prison. Some inmates mention that drugs will be used and injected whenever available and that extra effort is made to get drugs on special occasions like birthdays. A few inmates mentioned the ritual that the one who owns a syringe claims a dose for free and that the one who prepares a syringe is the first in line to inject.

According to both staff and inmates drug use has changed in prison over the years. In earlier days homemade vodka, poppy extract and psychotropic medicines were used in prison, nowadays amphetamine and heroin are used.

Furthermore, the payment system changed from paying in cash to reimbursement by clothes, food or cigarettes.

d) Unsafe injecting drug use in prison (Key question 4).

All respondents agree that syringes are being shared in prison. Inmates estimate the number of people sharing the same syringe between 10 and 200 (according to most inmates about 40), depending on the local sector and housing unit and the number of inmates living in that unit. Staff members think no more than 10 persons share syringes and that the number also depends on the status in prison hierarchy; the higher the status the less the sharing. According to staff the 'smart ones' have their own syringes and don't share, while the inmates state that only very few inmates have syringes exceptionally for their own use.

There is no opportunity to get a new or clean syringe in prison in a legal way, so inmates obtain (buy, borrow, share) syringes from other inmates or try to get a syringe from outside (thrown over the wall or smuggled in through working zone or by staff etc). A clean syringe costs between 6 – 9 packets of cigarettes. Syringes, if not confiscated, are being used for a long time until totally wear and tear. Although bleach is available, most often used ways to clean syringes (if cleaned at all) are by water from the tap or hot boiling water. Inmates are afraid to get caught and penalized while using bleach. Furthermore, they believe that there are no HIV infected in Marijampole correction house and take the chance of getting infected.

e) Existing successful health risk interventions for injecting drug users in prison (Key question 5).

Both staff and inmates agree that medical and psychological aid are the most successful existing interventions for injecting drug users in prison. Furthermore inmates mention social rehabilitation programs and staff members mention bleach as successful interventions. Inmates agree that bleach is a useful intervention but don't use it because they are afraid to get caught and penalized while using it.

Staff members also mentioned extra investments in drug reduction activities (X-ray and video equipment, dogs, additional walls and fences) during the last year to prevent drugs smuggling into prison. Although staff members consider this intervention successful the majority of inmates oppose and state that drugs will always be available in prison.

f) Needed health risk interventions for injecting drug users (Key question 6).

Respondents were asked to assess the existing knowledge on interventions which are available and used in prisons across Europe for injecting drug users. Most respondents were aware of interventions like bleach and drug treatment. Less than half of the respondents heard about harm reduction measures like syringe exchange programs, psychological counselling for drug users, drug free

units or methadone treatment. Except for methadone treatment - which was more known by staff - there were no big differences in the knowledge between staff or inmates.

Both inmates and staff were told about the possible harm reduction measures and asked to rank them in order of usefulness. The top five will be discussed next.

1. Intensive psychological counselling for injecting drug users was ranked first among the top five of most useful interventions. The large majority of respondents (both staff and inmates) agreed that psychological support and counselling is a useful intervention for injecting drug users. Some respondents (most staff) state that it should be compulsory while others say that it will only work while voluntary. Due to low and temporality funding NGO initiatives and activities in prison are unable to continue on a regular base. According to the respondents good psychologists are needed who are able to counsel on the complex aid needed.

2. Syringe exchange programs. All inmates and some staff members rated this as useful while a majority of staff members disagreed. Staff members think that this program will only be useful if it is implemented in a separate unit but not in the correction house overall. Inmates solidly agree that syringe exchange would only be useful if it is carried out anonymously and without being punished after getting a syringe. According to them, neither syringe exchange slot machine, nor the possibility to buy syringes in the prison store or syringe exchange in the medical division would be useful if inmates were punished.

3. Bleach programs. Nearly all staff members rated it as a useful intervention to prevent infectious diseases like HIV. Most inmates disagree and state that bleach is not very popular because inmates are afraid to get caught while cleaning the syringe and get penalized by prison administration. Besides all inmates strongly believe that in Marijampole Correction House there are no HIV infected inmates and therefore they take the chance using unclean syringes.

4. Drug free units. A majority of respondents believe that drug free zones are useful. The ones opposing mention logistical and practical problems or are sceptic about the concept and state that there is always a possibility that drug users and drugs find a way into that unit and that it is too difficult to stop. Others say that a drug free unit can be useful because inmates who are willing to give up drug use will be accommodated in this drug free unit; they would feel much stronger psychologically in this unit seeing that they are not alone dealing with such problems and feel supported by the others.

5. Methadone treatment. A minority of the respondents rated this intervention as useful while most of the respondents (both staff and inmates) do not think positively about methadone treatment in prison. They are afraid that it will be an encouragement to start using drugs (free methadone) even for those who had not tried it before and that it will develop dependency in inmates that use once in a while but basically are not dependent on anything. The ones who are in favour state that opiate dependency is a disease and therefore needs treatment, not punishment. They state that it might have to do with the lack of knowledge that there are so many negative opinions on it.

Respondents also mentioned more general interventions that might help improve health of injecting drug users like sports activities, promotion of a healthy life style, medical treatment and more involvement of NGO's during and after imprisonment.

g) Knowledge about health risk of injecting drug use (Key question 7).

In general, all respondents indicated that most inmates are aware of the infectious diseases like HIV/ AIDS, hepatitis B and C one can get by injecting drug use. They also know what to do about it but mostly are not able to protect themselves against the risks. They try to purchase a clean syringe, to disinfect with bleach or at least with water or lemon juice. Furthermore they try to share syringes only with the ones they know and trust not to be HIV positive. Because clean syringes are difficult to purchase, inmates are afraid to get caught while cleaning a syringe. They believe that there are no HIV positives in Marijampole Correction House and therefore accept the risk of sharing unclean syringes. Furthermore, it is unclear whether inmates know that it takes 15 minutes to clean a syringe properly with bleach and that water and lemon juice are not sufficient to protect against HIV.

9.5 Responses to drug-related health issues in prisons

For the implementation of the *Action Plan of the Concept* of the probation system in Lithuania, the Department of Prisons by the Ministry of Justice of the Republic of Lithuania acquired three methodologies for risk assessment of repeated criminality and two cognitive behavioural programs for working with the convicts in the imprisonment places and correctional inspectorates. The application of the risk assessment methodologies enables to forecast future crimes and also assess the need of intervention corrective measures for the particular convict. The acquired programs enable to realise these

needs. The cognitive-behavioural program *Only You and Me* is meant for psycho-social therapy of adolescents, the EQUIP Program – for the juvenile therapy. It should be pointed out that the *Programs* above have special modules for working with dependent persons.

The Project *HIV/Aids Prevention and Supervision among Injecting Drug Users and Prisoners in Lithuania, Estonia and Latvia* of the United Nations Office on Drugs and Crime supports the activities of NGOs organising trainings in imprisonment places for convicts covering topic on drugs and HIV. In 2009, in imprisonment places training programs *Risk reduction for drug users in imprisonment places* were started to implement with the objective to reduce harm for health in relation to drug use, using interactive training methods. The methodological recommendations were translated into Lithuanian language; the recommendations were adjusted to the existing needs and situation. In 2009, training of staff was organised, pilot tries of application of the methodological recommendations in practice were conducted, the final content of the methodological recommendations was prepared and coordinated with all interested institutions, and the recommendations were published.

In their work with drug dependent persons the imprisonment establishments focus on social and psychological rehabilitation of the dependent persons. In five imprisonment establishments social and psychological rehabilitation centres exist where convicts live and participate in various rehabilitation programs. In few imprisonment establishments groups of anonymous alcoholics and anonymous drug users function working according to the 12 step *Minnesota Program*. Besides, the individual work with drug dependent persons is carried out applying individual counselling, also applying the *Behaviour-Talk-Change Program* which has been mastered by the psychologists of the imprisonment places and correctional inspectorates and the officers of the social-psychological rehabilitation units.

Much attention is paid to improvement of quality of health care for imprisoned persons through the implementation of the quality management system, to quality diagnostics of viral hepatitis B and C, HIV/AIDS, tuberculosis, continuous adequate treatment and prevention.

9.6 Reintegration of drug users after release from prison

The persons released from the imprisonment places in their reintegration process face numerous difficulties. Often they are stigmatised, have no possibilities to satisfy the basic human needs; have no identification documents, etc. In the imprisonment establishments psycho-social assistance is very important and needy: the convicts isolated from the society loose important social network ties. Besides, because of helplessness learnt in an imprisonment establishment gradually those tiny social skills are lost.

In Lithuania, in 2010 several programs were implemented with the goal to help the persons released from the imprisonment places to integrate into the community. These programs were implemented by both public institutions and NGOs. Some programs (projects) were funded from the state budget and EU funds.

Each imprisonment establishment implements a legal and social educational program for persons who are prepared to release from imprisonment places which envisages introduction of knowledge among the convicts concerning harm of drugs to mental health, potential negative legal and social consequences, also concerning specifics of HIV/AIDS spreading, methods and measures of protection against the infection. The preventive measures are applied as follows: lectures, individual conversations, demonstration of films, radio lectures, individual counselling, information exposed on boards. The convicts to be released are informed what to contact regarding further treatment of dependence disorders and rehabilitation.

The persons released from the imprisonment places were provided with both single or long-term assistance services.

Mostly the convicts in the imprisonment establishments and persons released from them are provided with the social integration services as follows:

1. Assistance to the persons released from imprisonment establishments. Mostly these services are provided in day care centres:

- direct help (material, psycho-social, legal);
- social assistance (self-help groups, management of documents, facilitation, providing information, referral, counselling);
- cultivation of relationship with the families of the persons released from imprisonment establishments;
- cooperation with other institutions, referral of the clients.

2. *The services to convicts in imprisonment places:*

- psycho-social assistance (through individual counselling, group sessions);
- programs to grow out of harmful habits;
- pastoral work (organization of religious holidays, counselling, preparation for the sacrament);
- reintegration program (informing the convicts of the integration possibilities having returned from the imprisonment place, counselling);
- various events (cultural, sports);
- various group sessions (for example, devoted to reduction of person's aggression).

The *Law On Support to Employment* of the Republic of Lithuania provides that persons having returned from imprisonment establishments after imprisonment period longer than 6 months are provided with additional support on the labour market. It should be mentioned that legal assumptions for persons to ensure professional education in prison settings are provided. The *Law On Professional Training* establishes that persons who are deprived of freedom or constrained thereof, in compliance with the procedures established by the Government of the Republic of Lithuania or an institution authorised by it shall be provided conditions to study in special educational or sentence places. Professional training for groups of such persons is coordinated with social integration measures. It is important to mention that Lithuania has the *Law On Social Enterprises*. The aim of social enterprises is to employ persons from target groups who have lost professional or general working capacity, are economically inactive, unable to compete on an equality on the labour market, to encourage return of these persons to the labour market, their social integration and to reduce their social exclusion.

Currently, two different preparation ways exist for convicts released from prison settings: persons having finished service of their sentence in the best case get only a check-list including addresses of potential help, and convicts released on probation undergo preparation two months in advance (they attend lectures). The range of services for persons released from imprisonment is sufficiently broad (however, not always accessible): health care, psychological counselling, social services, but no institution provides all services or a bigger part of them in one place, i.e. the services are scattered among different institutions. Persons released from imprisonment have to contact several institutions to obtain assistance solving the main problems. It should be noted that persons of this target group often do not have sufficient skills and motivation to collect all information regarding possible assistance sources or to address for help. At present the biggest responsibility lies on the municipalities taking care of social integration of persons released from imprisonment places. A person who contacts the municipality may get certain assistance and information (mostly it limits to information of other institutions and a onetime benefit), however, intermediation and coordination of assistance is not ensured. Currently, solution of housing for persons released from prison settings limits to referral to a common lodging-house, but it is a temporary solution of the problem, and the above persons often refuse such temporary solution. Employment, housing and social sectors are problematic areas of social integration for persons released from imprisonment. Though legal basis to provide basic social and health care services exists, thus, to conduct the social integration process, however, it lacks initiative by local governments when it is necessary to realise unambiguous provisions of laws and secondary legislation. Solely measures specifically established in laws are implemented, but those which are left for decisions to be taken by the municipalities, also those of recommendation nature are realised scarcely.

According to the *Law On Support to Employment* of the Republic of Lithuania persons dependent on drugs, psychotropic and other psychoactive substances having accomplished psychological social and/or professional rehabilitation programs are considered on the labour market as persons supported additionally if they contacted the territorial labour exchange within 6 months beyond accomplishment of psychological social and/or professional rehabilitation program and the territorial labour exchange office cannot offer suitable work. Such persons are paid social benefits.

Other measures of supported employment (persons looking for work may be applied only one measure of supported employment at a time):

- **Subsidised employment**, i.e. employment of a person sent to by the territorial labour exchange reimbursing a part of his/her remuneration costs to the employer. Employers having employed such persons are paid subsidies to partially cover remuneration costs up to 6 months and the amount to 50 percent of the wage, not exceeding the amount of two minimum wages established by the RL Government (ca. 463 Euros).

- **Support to acquiring work skills.** May be organised to persons starting their work activities based on acquired qualification. If a person prior to registration with the labour exchange did not work 2 or more years support to acquiring work skills may also be applied. Employers having employed such persons are paid subsidies to partially cover his/her remuneration costs up to 3 months and the amount to 50 percent of the wage, not exceeding the amount of two minimum wages established by the RL Government (ca. 463 Euros).

- **Public works.** They provide an opportunity to provisional employment and earnings for living. The term of public works can be up to 6 months. Remuneration is calculated according to the minimum hourly amount established by the RL Government (ca. 463 Euros). Upon completion of participation in public works the persons are paid for unused leave. In public works transport costs are subsidised when working outside town.

Analysis in the municipalities of Klaipeda and Alytus concerning social and health services provided to persons released from imprisonment

Information Source: Study Analysis in the municipalities of Klaipeda and Alytus concerning social and health services provided to persons released from imprisonment, Vilnius, 2009, prepared by the coalition of non-governmental organisations and experts "Galiu gyventi"

In the implementation of the UNODC Project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia* the study *Analysis in the municipalities of Klaipeda and Alytus concerning social and health services provided to persons released from imprisonment* was prepared, which is a part of the Project *Strengthening of primary and secondary HIV prevention among persons released from imprisonment at a local level*.

The aim of the Study is to identify a range and availability of social and health services provided to persons released from imprisonment, to identify existing problems and their causes in the HIV prevention context.

Two municipalities were selected – Alytus and Klaipeda. The survey used quantitative and qualitative survey methods. In December 2008, the institutions and organisations selected by a targeted selection method in Alytus and Klaipeda were surveyed (in Alytus – 11 organisations and 1 representative of the local government administration, in Klaipeda - 16 organisations and 2 representatives of the local government administration). In both municipalities discussion groups with persons released from imprisonment were organised. In Alytus 13 respondents participated in the discussion group, in Klaipeda – 11 respondents.

The survey results show a distinct problem concerning publicizing and coordinating the services. It may be stated that both in Klaipeda and Alytus availability of services to persons released from imprisonment is very limited. Persons released from imprisonment have double or triple stigma, for example, they are unemployed, dependent on psychoactive substances, have no place to live, etc. Both in Klaipeda and Alytus services able to meet specialised needs of persons released from imprisonment are insufficient. Availability of health care services is very limited due to absence of health insurance, money to buy pharmaceuticals and other problems. One of the biggest gaps revealed by the survey is absence of coordination of services. Each institution provides services prescribed by their functions and if a receiver of services need services of different nature it may supply only partial information. A person has to coordinate assistance to him by himself and to do so is difficult in particular for a person released from imprisonment due to a lack of certain skills. No institution exists which could draw up a plan of all needed services/assistance for a specific person and to coordinate and assess it. Each institution works by itself. The labour exchange registers persons released from imprisonment as unemployed, the Social Assistance Centre of local government provides onetime material support, refers to a lodging-house, if necessary. However, the basic problems remain unresolved, persons released from imprisonment feel unsecured, separated from the society, have no motivation to work, are susceptible to conflicts, do not know how to overcome stress, with distinctive communication skills. As said above, no institution which could help to solve or coordinate a set of challenges exists.

In both municipalities a network of harm reduction services for injecting drug users is developed and it brings them closer to certain institutions providing assistance. In Klaipeda, a dependent person may get a rather comprehensive assistance but in Alytus the assistance is very limited, except for harm reduction services, therefore, persons of this target group are pushed into the group of exclusion.

Both in Alytus and Klaipeda, no institution mentioned that takes efforts to change the public opinion, though among the challenges they face when rendering assistance this problem was mentioned. Persons not accepted in one group seek assistance in another group which often leads to one or another social risk group. A negative attitude by employers hinders finding work, and without work they have no earnings to live, sometimes they are not able to get their personal documents and come back to their previous behaviour, and often come back to imprisonment places.

In both municipalities HIV prevention is carried out only among persons dependent on psychoactive substances. In Klaipeda, a self-help group exists where HIV positive persons receive backing, get necessary information. In the Alytus municipality services concerning HIV are limited only to tests for HIV, hepatitis B and C.

10. Drug Markets

10.1. Availability and Supply

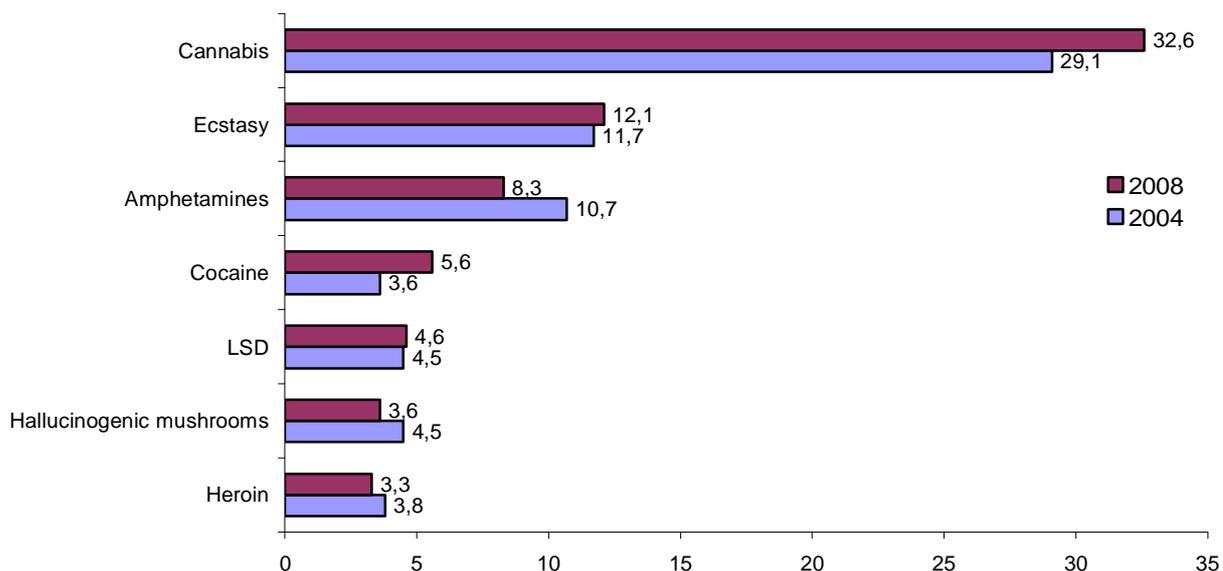
Availability and Supply

Drugs Availability (General Population Survey 2008 data)

Based on the general population Survey 2008, 84,1 percent of the respondents indicated that nobody among his/her friends used drugs. 14,5 percent of the respondents reported they had few friends, 0,9 percent of the respondents indicated that half of his/her friends used drugs. Older respondents indicated more often that none of their friends used drugs compared to younger respondents (93,9 percent and 72,1 percent, respectively). Younger respondents indicated more often they had several friends/acquaintances using drugs, compared to older respondents (25,3 percent and 5,7 percent, respectively).

According to the Survey 2008, 32,6 percent of the Lithuanian population reported they knew cannabis users; 12,1 percent said they knew ecstasy users, 8,3 percent – knew amphetamine users. The least number of the respondents (3,3 percent) reported they knew heroine users (Figure 10-1).

Figure 10-1. Distribution of respondents in the subgroup aged 15 to 34 having answered positively to the question “Do you personally know people who use a certain dug?”, 2004 and 2008 (percent)



Compared to the Survey 2004, the number of respondents who personally knew users of cannabis, ecstasy, cocaine and LSD increased, and the number of respondents who personally knew users of amphetamines, hallucigenous mushrooms and heroine decreased.

According to the Survey 2008, half of the Lithuanian population (49,9 percent) claimed that it would be impossible for them to obtain cannabis in 24 hours If they wished to (women - 52,4 percent, men – 47,2 percent). 6,7 percent of men and 3,1 percent of women said it would be very easy for them to

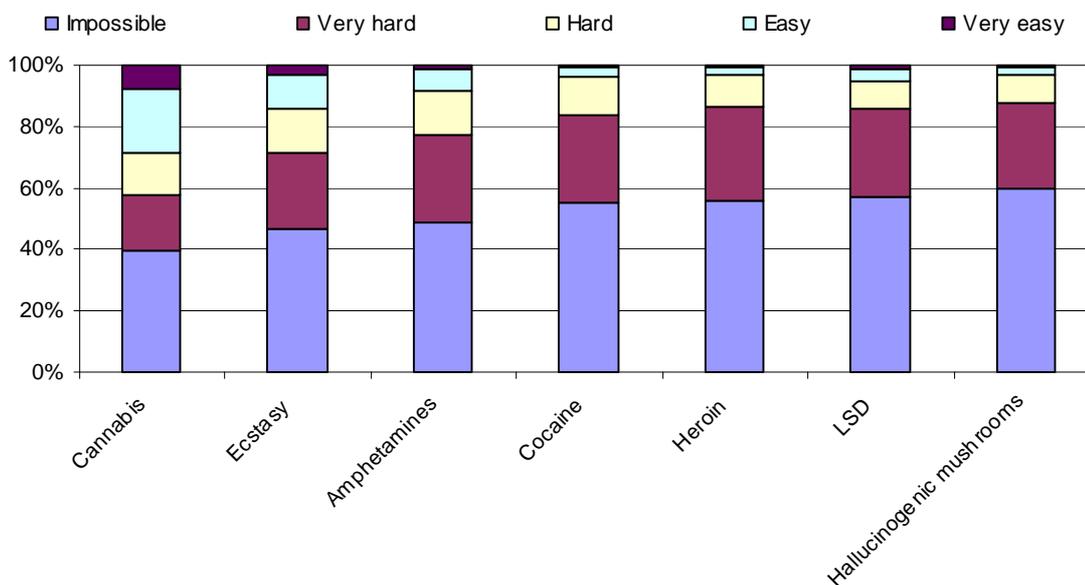
obtain cannabis in 24 hours and a four times bigger number of younger respondents compared to older ones (8 percent vs. 2,1 percent) reported as above (Table 10-1).

Table 10-1. Distribution of respondents having answered to the question “Would it be difficult for you personally to obtain cannabis within 24 hours if you wished so?” (percent)

	15-64 years (N = 4777)			15-34 years (N = 2152)			35-64 years (N = 2625)		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Impossible	47,2	52,4	49,9	36,3	42,7	39,7	56,3	60,2	58,4
Very difficult	20,3	22,2	21,3	16,7	19,0	17,9	23,2	24,9	24,1
Fairly difficult	10,8	10,6	10,7	12,8	14,8	13,8	9,0	7,3	8,1
Fairly easy	14,8	11,3	12,9	22,6	18,1	20,2	8,4	5,8	7,0
Very easy	6,7	3,1	4,8	11,4	5,0	8,0	2,8	1,5	2,1
No answer	0,3	0,4	0,3	0,2	0,4	0,3	0,3	0,4	0,4

As in 2004, persons aged 15 to 34 years assigned cannabis to the most easily obtainable drugs. For 8,1 percent of the population aged 15 to 34 years it would be very easy to get it. Among drugs to be the most difficult to obtain the following ones were named: hallucinogenous mushrooms (59,6 percent said it would be impossible to obtain this in 24 hours) and LSD (57,1 percent of the Lithuanian population aged 15 to 34 said it would be impossible to obtain it in 24 hours) (Figure 10-2).

Figure 10-2. Distribution of respondents aged 15 to 34 years having answered to the question “Would it be difficult or easy for you personally to obtain a certain drug within 24 hours if you wished so?” (percent)



-Circulation of illegal drugs and psychotropic substances

Drug phenomenon in our country is relatively new, it became significant only in the ninth decade of last century. A new phenomenon or a process is usually dynamic in the initial stages and only later does it acquire features of stability and the main trends that became prominent several years ago remain unchanged. According to the analysis of various indicators the situation of illicit drug market in Lithuania is characterized by the following trends:

Wide range of drug offer, there is no competition among psychoactive substances with different effect: one distributor possesses several substances: heroin, cannabis or ATS substances;

- Cannabis and ATS substances (amphetamine type stimulants) are the most popular among users;
- Methamphetamine is the most popular of all ATS substances;

- In 2010 recovery of amphetamine market is observed:
- The quantity of MDMA tablets is decreasing, they are superseded by mCPP and other psychoactive tablets;
- There is illegal production of ATS substances;
- Cultivation of cannabis (usually for one's own needs) of small scale in artificial conditions is spreading;
- Heroin is the most popular intravenous drug but its consumption in the country is spread unequally;
- Popularity of mephedrone and "spice" is increasing, however, it still has little competition with regard to "traditional" substances:
- Distribution of new, usually uncontrolled psychoactive substances in specialized shops or shops online.

After successful long-term international operations in the country in 2010, top quantities of cocaine and hashish were withdrawn from the circulation, however, these consignments were shipped through Lithuania by transit, thus, they did not have any influence on the local market.

Based on analysis of seized amounts of drugs and psychotropic substances in the last years the following trends were observed:

a) CANNABIS (MARIHUANA) AND HASHISH

As it was last year, cannabis has remained the most popular drug in Lithuania. With regard to the data of EMCDDA annual account 2010, 1.2 % of all the inhabitants took cannabis the last month of the year in Lithuania². This number is one of the lowest in Europe. In 2010 almost 68 kg of cannabis were withdrawn in Lithuania. In most cases (even 76 % of all the cannabis withdrawal cases) the weight of the cannabis withdrawn did not exceed 10 g.

Just as in the whole world, rise in the cultivation of cannabis in artificial conditions has been observed in Lithuania. It is influenced by different things but the main of them are the following: availability of information on cannabis cultivation, possibility to order cannabis seeds and necessary equipment from foreign countries. Having made a search of the key word "cannabis in doors" in one of many search systems on the Internet, even 2 270 000 Internet pages were found which provide detailed description of indoor cannabis cultivation methodology, offers are given on where and how to purchase seeds and equipment.

In 2010 there were 11 cases of cannabis cultivation in artificial conditions disclosed in Lithuania. There is no data indicating that these facts are connected with organized crime.

In 2010 24 cases of hashish detention were recorded in Lithuania. Even 271 kg of hashish were withdrawn from illicit circulation, in 3 cases of which 100 kg, 92 kg and 75 kg of hashish were withdrawn during successful operations. These numbers look impressive and may show more activity in hashish market but they have to be assessed objectively and only along with other indicators. Hashish market in Lithuania is not extensive. Great amounts of hashish detained were not meant for the Lithuanian market, it is thought they were supposed to be shipped to Russia. These detentions only confirm it once again that really great amounts of drugs are transported through Lithuania by transit. In 2010 8 cases were disclosed in which hashish was found in separate doses. In comparison with cannabis, hashish makes up 3 % of "soft" drug market. Moreover, operational investigations conducted by law enforcement agencies are often long-term and sometimes it is more than one year since their beginning till successful handling. Even though the role of Lithuanian citizens as drug couriers (including hashish) in the illicit worldwide market cannot be disputed, these detentions indicate professionalism of Lithuanian law enforcement officers and should be assessed positively.

Cannabis distributed in Lithuania is either cultivated in Lithuania or brought from Spain or the Netherlands. Hashish which is not popular in our country is brought from Spain and Marocco by vehicles. Part of hashish shipped by the Lithuanian citizens is meant for the Baltic countries, Nordic countries and Russia.

b) AMPHETAMINE TYPE STIMULANT (ATS) SUBSTANCES

ATS in Lithuania and Europe is the second most widespread narcotic substance among consumers after cannabis. It is preconditioned by the fact that these substances are popular in entertainment places of the youth. Amphetamine and methamphetamine are the most popular ATS substances in Lithuania which are similar in influence and the way they look, thus, consumers often find it

difficult to tell them apart and distributors deceive buyers. The price of these drugs does not differ 7 either. With reference to the data of 2010 and previous years showing detentions, it can be stated that it is methamphetamine that is mostly distributed in Lithuania the influence of which is stronger (it is also more harmful).

It can be seen from the above diagram that the number of detentions does not make direct influence on the amounts of substances withdrawn. It can be concluded that the quantity of methamphetamine was detained in 2010 in smaller quantities but it happened quite often, amphetamine, however, was detained rarer but in larger quantities (detentions of couriers and wholesalers). In comparison with the last two years, there was a slight increase in the number of amphetamine detentions in 2010.

Amphetamine and methamphetamine are listed among the most popular drugs of psychotropic substances in Lithuania illicit production of which to a small scale exists in Lithuania and it is shipped through/from Lithuania through Latvia and Estonia to Scandinavian countries, also to Belarus, Russia and Ukraine. Amphetamine is brought to Lithuania from the Netherlands, Belgium and Poland. As far as methamphetamine is concerned, Lithuanians are recruited by the aliens from Asia (e.g. Iranians residing in Sweden) to ship it even to Japan or New Zealand. The number of detentions of **ecstasy** (MDMA, mCPP, 2-CB and the like) is decreasing in the country; law enforcement is aware of only one detention of a citizen of the Republic of Lithuania abroad with this substance on him in 2010; ecstasy is brought to the country from the Netherlands.

c) HEROIN

Heroin is the most frequently used intravenous drug in Lithuania. Contrary to other narcotic and psychotropic substances, heroin causes strong addiction and tolerance (longer consumption requires larger doses), thus, its demand and supply cannot change rapidly. This substance is mostly detained in doses; in 73 % of all heroin detention cases the quantity of the substance withdrawn was less than 1g. Last year there was only one case when more than 1kg of heroin was detained, i.e. it was a 5.5 kg consignment smuggled from Russia to Lithuania.

The illicit drug market almost does not have the concentrate of poppies and their parts which used to be the most popular intravenous drug in the past. In 2010 only 11 cases were disclosed where this substance was withdrawn from the circulation.

In 2010 11.4 kg of heroin were withdrawn from the illicit circulation in Lithuania, even though it is a significantly bigger amount in comparison with 2009 (3,7 kg), but a smaller amount in comparison with 2008 (14 kg). The quantities of drugs withdrawn cannot be separately assessed as indicators of supply, thus, conclusions on the decrease or increase of the supply cannot be made. In part a more reliable indicator of supply is substance purity. In Lithuania heroin withdrawn from illicit circulation has rather high purity, in the bigger part of detentions heroin purity exceeded 30 % and only in 14% of all the cases the purity was lower than 20%.

In 2010 Lithuanians were detained for heroin smuggling in Australia and China.

d) COCAINE

Europe cocaine consumption has not declined, however, this is a not frequently used drug in Lithuania. Must be the main reason for low circulation in our country is a high price of the drug. Costs of cocaine delivery are high, consumer market is small, thus, it is more frequent when this substance is shipped via Lithuania and even more frequent when it is avoided and shipped directly to the destination places.

The fact that cocaine supply in Lithuania is limited can be inferred judging from rare detentions of this substance and detention geography: in 2010 almost half of all cocaine detentions happened in Vilnius, no withdrawals from circulation were made in Tauragė, Marijampolė, Utena and Šiauliai counties. The fact that there were no cocaine detentions in the latter county and the residents of this county were the most active couriers in cocaine shipment from South America to Europe, may confirm the conclusion that the organizers of cocaine smuggling are not always Lithuanian organized criminal groups. This presumption can be confirmed by the results of a joint investigation with the Swiss colleagues.

Lithuanian nationals were recruited as cocaine couriers by an organized group of one of the countries of Africa that acted in Europe. Law enforcement agencies are aware of 4 cases (2010) when Lithuanians were detained shipping large consignments of cocaine by ships (yachts), however, Lithuanians acted as organizers of smuggling only in one of those cases, in other cases they were there only for logistic matters. In 2010 there was a top amount consignment of cocaine detained in Klaipėda Sea Port – 396.4 kg from South Africa were detained, however, the drugs were not meant for the Lithuanian market.

Cocaine is brought to Lithuania from South Africa, West Africa, the Netherlands and Spain. However, cocaine gives its positions of popularity to amphetamine type stimulants in Lithuania significantly due to its expensiveness. Despite the fact that last year several large consignments of this drug were detained, the cocaine was not meant for the Lithuanian market. It is thought that it was supposed to reach Russia and Western Europe. Lithuanian citizens, recruited by OCGs of other countries as drug couriers, ship drugs to Western Europe from South America avoiding Lithuania.

e) *PRECURSORS OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES*

Activity related to precursors and legal bases of its control are determined by Law on Control of Precursors of Narcotic and Psychotropic Substances (Official Gazette *Valstybės žinios*, 1999, No. 55-1764; 2002, No. 102-4547). Provisions of this law are harmonized with the legal acts of the European Union – Regulations No. 273/2004, No. 111/2005 and No. 1277/2005 of the European Parliament (EC). Lists of precursors are made with reference to the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 of the United Nations. They are prepared by the European Commission. Thus, contrary to the situation with the lists of narcotic and psychotropic substances controlled that are approved of by an individual state and can have amendments made afterwards (e.g. include names of new substances into it), lists of precursors cannot be independently amended by member states. It should also be reminded that control of legal activity concerning precursors is conducted by Drug Control Department under the Government of the Republic of Lithuania.

As of 30 June 2010 the Seimas of the Republic of Lithuania adopted the amendment of Article 266 of the Criminal Code of the Republic of Lithuania (Official Gazette *Valstybės žinios*, 2010, No. 86-4527) which determined stricter criminal liability for illegal possession of precursors of 1st category in great and really great quantities. Having this amendment been adopted, Drug Control Department under the Government of the Republic of Lithuania approved of recommendations with regard to the definition of large and very large quantities of precursors of 1st category on 20 July 2010 (Official Gazette *Valstybės žinios*, 2010, No. 88-4692).

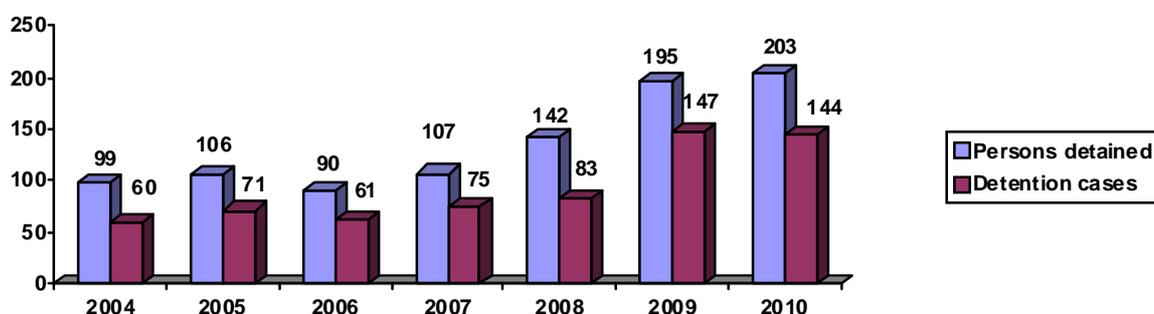
Lithuanian nationals have played an important role in BMK smuggling from Russia to Western Europe for several years; however, control of circulation of BMK precursor was made considerably stricter in Russia in 2010, liability for illicit BMK circulation was equated to the liability for illicit drug circulation. With reference to the data of the officers of law enforcement of the Russian Federation, there is presently no illicit BMK production in Russia (the factory of Perm is closed), moreover, the intelligence of our officers confirms this data as well and shows that a large part of BMK used in illegal factories of synthetic drugs in Holland, Belgium and Poland is nowadays produced by the Polish OCGs or brought from China by the OCGs of other states avoiding Russia. This chain does not have any influence of Lithuanian OCGs.

Sources of supply and trafficking patterns within countries

This section presents the information known to the law enforcement agencies about the detentions of Lithuanian citizens related to illicit circulation of drugs in foreign countries. Detentions are reported by the related foreign services, Europol, Interpol and diplomatic and consular representations of the Republic of Lithuania. However, not all countries expeditiously provide such information, especially if the detention takes place in provinces of the country, and a consular representation learns about the detention only upon request of a detainee, or relatives of a detainee for some reason address a consular representation.

Just as every year we have made an overview of illegal activity of citizens of the Republic of Lithuania abroad related to drug circulation. In 2010 law enforcement agencies were aware of 144 cases of detention (147 in 2009) and 203 citizens of the Republic of Lithuania were detained (195 in 2009). In 2010 an increase of quantities of cocaine, amphetamine and khat (*catha edulis*) and decrease of quantities of hashish, cannabis, heroin and methamphetamine withdrawn from illicit circulation were noticed. Unfortunately, data of law enforcement agencies regarding detentions abroad are not extensive for there are cases which are not reported or reported with a considerable delay, e.g. next calendar year (Figure 10-3).

Figure 10-3. Ratio of the number of citizens of the Republic of Lithuania arrested and arrests abroad, 2004-2010



Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

Having made an overview of the statistics of recent years indicating detentions abroad, it is obvious that new countries appeared in the statistics of 2010 in which no previous detentions of Lithuanian citizens were registered. The list of countries was supplemented by the following states: New Zealand, Japan, China, Uruguay and Grenada. Nevertheless, the main countries in which Lithuanians are detained have remained the same: countries of Scandinavia and South America, Russia and Belarus.

In 2010 as in the previous years, most of the detentions had to do with cocaine (32 %) and the lowest number of them was related to ecstasy (1 detention). Even though the percentage of detentions for cocaine smuggling slightly decreased, it is too early to state that the number of cases of smuggling of this kind will be also decreasing in the future. When cocaine is smuggled from South America to Europe carrying cocaine in the body or some items, Lithuanians are hired as couriers and the organizers of smuggling usually come from OCGs of other countries. Lithuanians are also hired for courier recruitment. The cocaine shipped by Lithuanians is usually meant for the markets of the United Kingdom, Spain and Holland (Table 10-2).

Table 10-2. Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs, 2010

Country	Number of detained persons	Substance	Amount	Number of cases
Norway	25	amphetamine methamphetamine hashish	64,5 kg 12 kg 5 kg	13
Sweden	22	amphetamine catha edulis methamphetamine cannabis heroin rohypnol	71 kg 525,5 kg 42 kg 20,1 kg 2,8 kg 10440 tab.	17
Finland	5	amphetamine methamphetamine cocaine catha edulis	14 kg 14 kg 200 g 101 kg	4
Iceland	6	cocaine catha edulis	1 kg 35 kg	4
The Netherlands	1	no data	1	
Belgium	1	cocaine	15 kg	1
Germany	6	hashish catha edulis heroin cocaine amphetamine	22,1 kg 285 kg 522 g 1,4 kg 2,4 g	6
Switzerland	1	cocaine	3,8 kg	1
Czech	2	cocaine	1,6 kg	2
Ireland	3	no data		1
The United Kingdom	20	cocaine catha edulis cannabis	217 kg 30 kg 14,5 kg	14
France	8	hashish cocaine cannabis	123,5 kg 11,2 kg 1 kg	8

Greece	1	heroin	3,6 kg	1
Spain	18	cocaine hashish ecstasy	35,5 kg 160 kg 150 tab.	8
Italy	4	heroin	1,6 g	4
Malta	1	catha edulis	29 kg	1
Bulgaria	1	no data		1
Cyprus	1	no data		1
Turkey	5	heroin	32,4 kg	3
Japan	3	methamphetamine	3,9 kg	3
China	1	heroin	2,9 kg	1
New Zealand	2	methamphetamine	728 g	1
Australia	1	heroin	1 kg	1
St. Martin	1	cocaine	350 kg	1
Cape Verde	2	no data		1
Grenada	1	no data		1
Uruguay	1	cocaine	no data	1
Peru	8	cocaine	11,2 kg	5
Panama	1	no data		1
Ecuador	5	cocaine	12 kg	4
Brazil	4	cocaine	531 g	1
Marocco	2	cocaine hashish	1 g 50 kg	2
USA	1	no data		1
Poland	2	no data		1
Latvia	3	cannabis cocaine	2,7 g 1 g	2
Estonia	2	cannabis	1,3 kg	1
Ukraine	8	methamphetamine amphetamine cocaine	15,2 kg 3 kg 2 kg	6
Russia	10	heroin BMK methamphetamine hashish cannabis	1,1 kg 40 l 441 g 33 kg 6,9 kg	9
Belarus	11	methamphetamine mCPP cannabis heroin hashish	466 g 55000 tab. 11 g 6,9 kg 15,6 kg	8
Kyrgyzstan	1	heroin	5,3 kg	1
Tajikistan	2	heroin	3,3 kg	1
IN TOTAL:	203	amphetamine methamphetamine cocaine hashish catha edulis cannabis heroin ecstasy rohypnol mCPP BMK	152,5 kg 89 kg 663,4 kg 409 kg 100520 kg 45,8 kg 60,2 kg 150 tab. 10440 tab. 55000 tab. 40 l	144

Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

Generalization of criminal activity of the citizens of the Republic of Lithuania related to transnational illicit drug circulation:

- The main distribution countries to which drugs are trafficked by the citizens of the Republic of Lithuania: Scandinavia, the United Kingdom, Russia and Belarus;
- New route of smuggling – smuggling of heroin from Turkey to Europe and khat smuggling to Scandinavia;
- New and exotic destination countries: Japan, China, New Zealand;
- 78 percent of all the detainees were related to smuggling;
- A third of the citizens of the Republic of Lithuania detained were related to cocaine smuggling;
- Average age of the detainees was 30 years of age;
- The place of residence of most of the detainees declared was in Vilnius county.

The age of the citizens of the Republic of Lithuania detained abroad in 2010 varies from 17 to 60. The persons detained were usually from 25 to 29. In comparison to the age of the detainees in 2009,

persons detained in 2010 made a lower percentage of detainees under 24. Other groups of age remained the same.

With reference to the information of law enforcement, in 2010 most of the citizens of the Republic of Lithuania were detained in Sweden. 17 cases of detention (13 in 2009) were registered and 22 citizens of the Republic of Lithuania (25 in 2009) were detained in this country. As it was last year, all the cases of detention were related to drug smuggling. Most of the persons detained in Sweden had amphetamine on them. Last year a larger number of persons detained in Sweden had methamphetamine on them. Narcotic and psychotropic substances are mostly transported to Scandinavian countries by ferries, cars, they are hidden in car batteries, spare wheels, gear boxes, etc. It should be mentioned that narcotic substances were shipped to Norway through Sweden too, thus, their detention does not mean that the country of destination is Sweden. The age of the persons detained in Sweden varies from 20 to 46 (average age of the detainees is about 30).

The second place with regard to the detentions "belongs" to the United Kingdom and Norway. In the latter, 13 cases of detention were registered (9 in 2009) and 25 citizens of the Republic of Lithuania were detained (18 in 2009). Speaking about the total number of detentions, 8 of them were related to drug smuggling, 3 of them were related to possession of drugs and 2 of them had to do with drug distribution. Citizens of the Republic of Lithuania were mostly detained in Norway with amphetamine on them. Narcotic substances were mostly shipped by cars, rarer by ferries, coaches and trains. Drugs are mostly carried from Lithuania to Norway through Sweden or Poland, Germany and Sweden. Inhabitants of Kaunas County prevail among the citizens of the Republic of Lithuania detained in Norway in 2010. The age of the detained ones in Norway varies from 17 to 49 (the average age of the detainees is about 30). Cases occur when the same person is detained twice for the same criminal act: a person was related to smuggling of 18 kg of methamphetamine in Sweden in January and in February he was detained with 4 kg on him.

In 2010 there were 14 detentions known to us in the United Kingdom related to citizens of the Republic of Lithuania.

Lithuanians were mostly engaged into trafficking of cocaine into this country (217 kg in total). A case should be mentioned where a truck (which arrived from Belgium) was stopped in a sea port in which 100 kg of cocaine were found in the cargo section in the course of its inspection. The truck was driven by a Lithuanian driver. There was another and more interesting case when about 80 kg of cocaine were detected in a cruise ship "MV Orchestra" in the United Kingdom and four citizens of Lithuania as well as three citizens of Bulgaria were detained. Cocaine was sewed in clothes. The destination of these people was Rotterdam (the Netherlands). Taking all the 9 detentions related to cocaine in the United Kingdom into account, 3 cases showed cocaine transportation by ships, 1 case had to do with carrying by car and 5 cases were related to carrying by plane (1 case of putting it in a suitcase, 4 cases of carrying it in a stomach). Thus, having analyzed all the information available, it is obvious that the United Kingdom is becoming a quasi-sharing (allotment) point which is certified by the cases of drug detentions and movement routes, e.g. cocaine was shipped from South America to the Netherlands through the United Kingdom or from Brazil through Portugal and was detained in the United Kingdom. The increase in the number of the citizens of the Republic of Lithuania detained with drugs on them in the United Kingdom is conditioned by emigration of our citizens into this country and the economic crisis that influenced many of the European countries, i.e. quite a number of emigrants lost their jobs which means losing a source of income; moreover, emigrants are a more vulnerable social group which is targeted by recruiters of drug couriers.

If we compare both cases of detention and the number of the detained citizens of the Republic of Lithuania in Russia and Belarus, they have almost remained the same during the period of two years' time. International investigations are conducted successfully and close cooperation with the counterparts of Russia and Belarus have confirmed that trends of crime related to illicit circulation of narcotic and psychotropic substances do not change.

As it was mentioned in the overview last year, a new trend started to emerge in 2009 which shows smuggling of heroin from Turkey to Italy through Greece. In 2010 3 cases of heroin detentions where 5 citizens of the Republic were detained were registered in Turkey. All heroin detentions were related to smuggling, two cases were registered in which heroin was transported by plane (in the baggage) and one case when it was carried by train from Turkey to Italy through Greece.

In the beginning of the chapter it was mentioned that the year 2010 was special by the fact that geography of Lithuanians as that of couriers expanded. A female citizen of the Republic of Lithuania was detained with 2.9 kg of heroin on her in Pudong Airport, Shanghai, who had arrived from Russia

(Moscow). Two inhabitants of Šiauliai County were detained for methamphetamine smuggling in New Zealand. These people carried methamphetamine in their stomachs (77 and 105 latex rolls). The route taken by the citizens of the Republic of Lithuania covered Russia (Moscow) – Thailand (Bangkok) – New Zealand (Auckland). 3 cases of detention were registered in Japan when 3 citizens of the Republic of Lithuania were detained. One of them was detained with methamphetamine on him and his route was: Benin – Libya – Egypt – Japan. In the other two cases the identification of the substance carried was impossible but it is known that one of them arrived from Nepal (Katmandu) and the other one arrived from Thailand.

10.2. Drug seizures

Additional information for this chapter is also available in the Standard Table 13 Number and quantity of seizures of illicit drugs (submitted in 2010)

The amount of drugs withdrawn from the circulation each year varies since the quantities depend on the circumstances of detentions: if contraband with larger quantities is detained or illegal laboratories are disclosed, there is often a sharp increase observed in the quantities (Table 10-3).

Table 10-3. Number of quantities of narcotic and psychotropic substances as well as their 1st category precursors removed from illegal circulation, number of confiscation cases and arrested persons in 2010

Name of the substance	Total confiscated amount					Number of confiscation cases	Number of arrested people
	From production/cultivation	Selling	Possessing	Smuggling	Total		
Poppies and their parts (g)			7325		7325	10	12
Extract of poppies and their parts (ml)			469.5		469.5	2	2
Concentrate of poppies and their parts			0.72		0.72	3	2
Heroin (g)		8512	792	1056	10 360 560 ml	212	299
Cocaine (g)		167	35	403 442	403 644	45	73
Herbal cannabis (Marijuana) (g)	69 284	3283	11 855	1121	85 543	268	337
Cannabis resin (Hashish) (g)		679.5	0.45	270 675	271 355	11	31
Amphetamine (g)		1948	984		2932	40	52
Methamphetamine (g)		4992	13 368		18 360	128	193
Ecstasy (tab.)		2966	2765	868	6 599	23	61
Methadone (ml)		9.5 g 1806 ml	17.7 g 155.7 ml		27.2 g 1962 ml	12	17
Halluc. mushrooms				34.3	34.3	2	2
Salvia divinorum (g)				9.9	9.9		
Mitragyna speciosa (g)			1.9	226.9	228.9		

Psychotropic medicine		76.6 g 4 ml	2.6 g 25.8 ml 391 tab	1634 tab	79.2 g 29.8 ml 2025 tab	51	59
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Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

10.3. Price/Purity

Additional information for this chapter is also available in the Standard Table 16 Price in Euros at street level of illicit drugs (submitted in 2011) and Standard Table 14 Purity at street level of illicit drugs (submitted in 2011)

Analysis of prices of narcotic and psychotropic substances in the country is implemented with reference to the data received from central and territorial organized crime police units and Customs Criminal Service. Analysis of street prices of narcotic and psychotropic substances may reflect the supply of drugs in the country, it also lets us make some approximate calculations of the profit received from drug business, moreover, street price is a more definite indicator of drug market than the wholesale price. It has been noticed that the same high wholesale price is paid both for a significantly smaller quantity than a kilogram and for a kilogram of a narcotic substance in the Lithuanian market of narcotic substances. A noticeable decline if the price was noticed when a higher quantity than 10 grams is bought. (Table 10-4).

In the light of the price situation of narcotic and psychotropic substances in Lithuania in 2010 it could be stated that the prices have remained the same as in 2009 (minor fluctuations depend on the amount of the information analyzed as well). Irrespective of the lowest and highest price known to us, the average price of almost all the main substances has remained stable.

Bigger changes can be seen in the fixed highest prices of amphetamine, methamphetamine, heroin, cocaine and marijuana.

The highest fixed price of amphetamine and methamphetamine decreased, however, it should be noted that even though methamphetamine is withdrawn during detentions more often, in 2010 more information was received about amphetamine price. It can be related to the fact that methamphetamine is distributed as amphetamine and the prices of these substances are basically the same. There was a slight decrease in the price of marijuana and amphetamine.

Table 10-4. Prices of drugs and psychotropic substances in 2010

Name of the substance	Price in euro									
	Street price				Price for 50 g/tab -1000 g/tab			Wholesale price*		
	The lowest price fixed	The highest price fixed	Average price	Number of analysis counts	Average price	Number of analysis counts	The lowest price fixed	The highest price fixed	Average price	Number of analysis counts
Poppies and their parts (1 glass about 150 g)	2,6	8,7	6,1	6						
Concentrate of poppies and their parts (1 ml)	1,7	2,9	2,3	4						
Marijuana (1 g)	5,8	23,2	11,6	60	5,2	3	4,1	7,5	5,8	20
Hashish (1 g)	5,8	11,6	8,4	4					1,7	1
Methamphetamine (1 g)	4,3	23,2	11,3	51	4,1	3	2,6	4,3	3,2	3
Methamphetamine (dose)	5,8	11,6	9,6	9						
Amphetamine (1 g)	4,3	23,2	10,4	15	4,3	8	1,7	5,2	3,2	6
Amphetamine (dose)	2,9	7,2	5,5	5						
Amphetamine (1 tab.)	3,8	4,3	4,1	3						
Ecstasy (1 tab.)	1,4	7,2	3,8	43	2,0	10	1,2	2,6	1,4	4
mCPP (1 tab.)	3,2	4,3	3,8	3	2,6	4			2,3	1
Heroin (1 g)	34,8	81,1	52,1	16	37,7	40	26,1	46,3	38,8	5
Heroin (dose)	11,6	17,4	14,5	28						
Heroin (small dose)	5,8	11,6	7,8	4						

Cocaine (1g)	43,4	72,4	61,1	7	43,4		34,8	43,4	39,1	4
LSD	3,5	10,1	7,0	2						
BMK (1 l)							492,4	579,2	550,3	3

Remark: * According to the Europol method, the wholesale price is the price for 1 kg, or 1000 tab and more substance.

Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

Average concentration of narcotic and psychotropic substances withdrawn in 2010 in comparison with 2009 has remained very similar. Higher concentration was noticed only in ecstasy tablets. (Table 10-5).

Table 10-5. Purity of drugs and psychotropic substances on the national illegal market, 2009-2010

Name of the substance	Number of analysis units		Fixed lowest purity (%)		Fixed highest purity (%)		Average purity (%)	
	2008	2009	2009	2010	2009	2010	2009	2010
Heroin	385	572	0,01	0,8	64,9	67,8	34	34
Cocaine	58	53	0,1	1,4	81,3	83,1	37	37
- Amphetamine (powder)	104	83	0,05	0,3	49,4	68,7	23	24
Methamphetamine	287	451	0,04	0,2	72,1	68,7	24	24
Ecstasy type substances (MDMA)	106	34	0,02	0,86	16,3	76,3	20	28
mCPP	36	59	0,02	6,4	16,3	16,2	9	12

Information Source: the Police Department under the Ministry of Interior of the Republic of Lithuania

PART B - SELECTED ISSUES

11. Drug-related health policies and services in prison

11.1 Prison systems and prison population: contextual information

Information Source: The Department of Prisons under the Ministry of Justice of the Republic of Lithuania

As of December 31, in Lithuania 15 imprisonment places operated, with a total number of 9389 places. Aiming at optimisation of budgetary institutions, reduction of their administration costs, efficient use of material and financial resources to carry out tasks assigned to them, to improve quality of their functions the Government of the Republic of Lithuania by Resolution No. 1063 of July 21, 2010, *Concerning Reorganisation of Imprisonment Places* agreed to reorganise certain imprisonment places. At present, after reorganisation out of 15 former imprisonment places 11 institutions exist: 4 inquiry wards, 6 penitentiaries and 1 hospital. Social characteristics of persons in imprisonment places are provided in *Table 11-1* below.

Table 11-1. Social characteristics of persons in imprisonment places as of January 1, each year

	2007-01-01	2008-01-01	2009-01-01	2010-01-01	2011-01-01
1. Total number of imprisoned persons	8079	7866	8000	8655	9139
2. Numer of imprisoned persons per 100 000 population	238	234	239	260	281
3. Detainees waiting for court sentence	997	955	978	1208	1196
4. Convicts	7082	6911	7022	7447	7943
4.1 Life-sentenced	96	102	108	106	109
4.2 Sentenced to imprisonment	100	107	101	124	126
5. Juveniles	171	192	200	188	158
6. Women	321	343	358	372	421
7. Foreign citizens	76	72	90	118	100

Information Source: the Department of Prisons under the Ministry of Justice of the Republic of Lithuania

11.2 Organization of prison health policies and service delivery

Information Source: the Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Prison health

In Lithuanian imprisonment places health care services to detainees and convicts are provided following legislation of the Republic of Lithuania regulating health care activities. Provision of health care services is funded from the state budget assigned for institutions subordinate to the Department of Prisons under the Ministry of Justice.

In the inquiry wards and penitentiaries health care services are established providing primary health care services. Secondary health care services are provided in the hospital of imprisonment places. If a convict or detainee is needed higher (tertiary) health care services that cannot be provided in health care services in imprisonment places such detainees or convicts are sent for counseling and treatment to public health care institutions.

As of December 2010, the number of staff in the imprisonment places was 3192. In the imprisonment places according to occupied positions the ratio was 2,9 convicts per employee. The total number of medical staff (in the primary health care and in-patient clinics), i.e. medical doctors and nurses, was 201 persons, and accounted for 21,9 medical staff per 1000 convicts (in the primary health care -

15,9 medical staff per 1000 convicts), or 45,5 imprisoned persons per medical staff (in the primary health care – 63 convicts). Out of the total medical staff the number of medical doctors accounted for 51, i.e. 5,6 medical doctors per 1000 convicts (in the primary health care - 3,6 per 1000 convicts), or 179,2 convicts per medical doctor (in the primary health care – 277 convicts). In the primary and secondary levels the total number of nurses was 150 (those of general practice and community) and it accounted for 16,4 nurses per 1000 imprisoned persons (in the primary health care - 12,3), or 1 nurse per 60,9 imprisoned. In the social rehabilitation divisions the number of staff was 212, and it accounted for 23,2 employees per 1000 imprisoned persons, or 43,1 imprisoned persons per employee of the social rehabilitation division. In psychological services the number of staff was 35, and it accounted for 3,8 psychologists per 1000 imprisoned persons, or 261,1 imprisoned persons per psychologist. The social rehabilitation staff and psychologists are not health care specialists. There were no health care specialists who worked as consultants based on agreements.

Drug-related health policies targeting prisoners

In 2010, the Department of Prisons and its subordinate institutions implemented the *Program on Drug Control and Prevention of Drug Addiction*, besides other programs of the Action Plan. The strategic goal of all programs was to seek effective social rehabilitation of the convicts, adequate detention, performance of punishment (except for fines) and probation. The goal of the *Program on Drug Control and Prevention of Drug Addiction* is to arrest spreading drug addiction and HIV infection in the imprisonment places. One of the criteria to evaluate achieved results of the Program was the number of convicts dependent on drugs - it was planned that 1596 such persons will be registered in 2010, the achieved result - 1587. Other evaluation criteria for the results are as follows: registered criminal actions due to illicit trafficking of drugs or psychotropic substances committed by the imprisoned persons or staff of the imprisonment institutions (plan - 74, result – 51); registered criminal actions due to illicit trafficking of drugs or psychotropic substances committed by persons not related by labour relations to the imprisonment institutions (plan - 44, result – 42). The product evaluation criteria are as follows: the number (percentage) of detainees and convicts who have been provided with information concerning prevention, treatment of dependence disorders and rehabilitation (plan – 80 percent, result – 80,4 percent of the total number); the number of detainees and convicts who have been tested for drugs and psychotropic substance use (plan - 2950, result – 2091).

The imprisonment places subordinate to the Department of Prisons use an integrated program of drug control and prevention. The main goals of the program are to reduce supply (prevention of getting drugs into the imprisonment places) and demand of drugs and psychotropic substances (prevention of getting drugs into the imprisonment places) and demand. The measures to achieve the goals were as follows: prevention of spreading psychoactive substance use and HIV infection in the imprisonment places, education of the convicts concerning harm of drugs and psychotropic substance use to human health, training of the staff of the imprisonment institutions and correctional inspectorates to implement drug prevention. This program seeks and budgetary funds are foreseen for the implementation of this program - to prevent potential involvement of detainees and convicts who have never used drugs or psychotropic substances in drug use, to prevent spreading HIV, to conduct education, treatment and rehabilitation for convicted drug users, to conduct educational work concerning harm of drug addiction among the convicts, and training of the staff of the imprisonment institutions and correctional inspectorates to carry out prevention work of drug addiction, penetration of drugs and psychotropic substances into the imprisonment places.

11.3. Provision of drug-related health services in prison

Information Source: The Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Prevention, Treatment, Rehabilitation, Harm reduction

In Lithuania, a person having got to an inquiry ward or penitentiary undergoes a primary check-up by a medical doctor during which his/her health condition is assessed, anamnesis is gathered, and additional tests are prescribed, as necessary. In a primary check-up by a medical doctor specific tests regarding drug use are not carried out, only anamnesis is gathered. If from the anamnesis or an objective check-up by a medical doctor facts turn out that the person used or uses psychoactive

substances a plan for his/her additional examination is drawn up. For each new convict or detainee coming to the institution a primary psychological evaluation of personality is carried out. Having evaluated characteristics of the personality, a problematic range and having identified a dependence problem the convict is recommended various socio-psychological programs. Prevention medical checkups of detainees and convicts regarding infectious diseases in the imprisonment places are conducted in compliance with the procedures for prevention examination concerning dangerous and highly dangerous infectious diseases of persons kept in the institutions subordinate to the Department of Prisons under the Ministry of Justice approved by Decree No. 343/191, of July 2, 2002, of the Minister of Health of the Republic of Lithuania and the Minister of Justice of the Republic of Lithuania (Žin., 2002, No. 71-2992). The detainees having got to inquiry wards are tested for HIV, viral hepatitis (according to clinical indications) and tuberculosis. Concerning other infectious diseases the persons are tested based on medical and epidemiological indications.

In the imprisonment places prevention measures concerning drug and psychotropic substance use, communication of information, educational and other measures/activities are implemented, as provided in *Table 11-2* below.

Table 11-2. Prevention measures concerning drug and psychotropic substance use, communication of information, educational and other measures/activities implemented for convicts

No.	Name of prevention measures, treatment, rehabilitation programs	Aim of the measure
1.	Cognitive-behavioural corrective program <i>Only you and I</i> (implemented in the probation system)	To identify the need of intervention/corrective measures for a specific convict, psycho-social rehabilitation of adults
2.	Cognitive-behavioural corrective program <i>EQUIP</i>	Therapy for delinquent juveniles
3.	<i>12 step Minnesota Program</i> (groups of anonymous alcoholic and drug addicts)	To motivate dependent persons for sober life
4.	Drug-free zones	To strengthen motivation of dependent persons for sober life providing favourable conditions for that
5.	Therapy program for convicted of sexual crimes (SeNAT)	To correct behaviour and thinking with orientation to the drug problem
6.	Program on prevention of drug use and drug addiction	To reduce the rate of growth of the number of convicts dependent on drug use and to hinder penetration of drugs and psychotropic substances to the imprisonment places

Health care services to the convicts and detainees are provided following legislation regulating the health system of the state. Treatment to persons registered due to mental and behavioural disorders using drugs and psychotropic substances is assigned based on clinical symptoms and other manifested troubles, their distribution by gender and diagnosis is provided in *Table 11-3*. In the imprisonment places all persons diagnosed according to the codes ICD-10 F10-F19 are monitored in the supervision group as prescribed in the *Law On Narcological Care*.

Table 11-3. Distribution of persons in the imprisonment places registered due to mental and behavioural disorders using drugs and psychotropic substances as of December 31, 2010, by gender and diagnosis

Drug group (addiction diagnosis by ICD-10)	Total:	
	Male	Female
F11 - Mental and behavioural disorders using opiates	730	57
F12 - Mental and behavioural disorders using cannabis	54	2
F13 - Mental and behavioural disorders using tranquillisers and sedatives	14	1
F14 - Mental and behavioural disorders using cocaine	1	-

Drug group (addiction diagnosis by ICD-10)	Total:	
	Male	Female
F15 - Mental and behavioural disorders using stimulants, also caffeine	123	14
F16 - Mental and behavioural disorders using hallucinogens	5	-
F18 - Mental and behavioural disorders using volatile substances,	5	-
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	516	65
Total	1448	139

Statistical information concerning the number of persons who were detoxicated is not gathered. The substitute treatment with opioids is not applied in the imprisonment establishments. 360 persons underwent treatment in psycho-social rehabilitation and self-help groups in 2010.

In the Lithuanian imprisonment establishments no special survey to evaluate an overdosing risk is carried out. However, prevention of intoxications (overdosing) is implemented at trainings for convicts and detainees concerning harm of drug and psychotropic substance use.

In the Lithuanian imprisonment establishments harm reduction measures are implemented, such as psychological, social counselling and rehabilitation of convicts and detainees, education and training, self-help groups, groups of anonymous alcoholics and drug addicts of convicts, drug-free zones, detoxication, distribution of disinfectants, preservatives, testing for HIV, antiretroviral treatment, prevention and treatment of sexually transmitted diseases. Also, measures can be applied according to individual needs.

In Lithuania, the program of preparation of the convicts to integrate into the society is under implementation. It is mandatory for all convicts, including the convicts having problems due to drug and psychotropic substance use. The program seeks to encourage social integration of the convicts in order to prevent their social exclusion, i.e. through motivation of persons serving their sentence to strive for general and special education and legal income sources, providing a possibility to obtain topical information concerning social support, educational services, employment opportunities, to develop their social skills seeking adequate information, also to provide legal information in relation to return to their free life.

For the work with dependent persons, the cognitive-behavioural corrective programs are prioritised. In the implementation of the *Action Plan of the Concept* of the probation system in Lithuania the Department of Prisons under the Ministry of Interior of the Republic of Lithuania acquired three methodologies for assessment of risk for repeated criminal behaviour and two cognitive-behavioural corrective program to work with the convicts in the imprisonment establishments and correctional inspectorates. Application of the risk assessment methodologies enables to disclose a forecast of future criminal behaviour and to identify the need of interventive measures for a particular convict. The acquired programs enable to meets the needs. The cognitive-behavioural corrective Program *Only you and I* is designed for psycho-social therapy of adults, while the Program *EQUIP* – for therapy of delinquent juveniles. It should be noted that the above Programs include modules for work with dependent persons. Much attention is paid to motivation of the dependent persons for a sober life. This work is conducted through individual counselling provided to a dependent person, also using the method of motivational interviewing. Having decided to lead a sober life the convicts in the imprisonment establishments have a possibility to participate in the groups of anonymous alcoholics and anonymous drug addicts working according to the *12 step Minnesota Program*.

The Annual Report on mental and behavioural disorders using psychoactive substances (Statistical Form No. 14 – health, annual) approved by Decree No. 515, of November 29, 1999, of the Health Minister of the Republic of Lithuania *Concerning Procedures for Accounting and Reporting on Activities by Health Care Institutions* (Žin., 1999, No. 103-2972) is filled in.

Drug testing

In the imprisonment establishments testing for drugs and psychotropic substances is conducted following the *Profile of the Procedures Concerning Detection of Intoxication with Alcohol or Other Psychoactive Substances of Persons in Imprisonment Places* approved by Decree No. V-20, of January 28, 2008, of the Director of the Department of Prisons under the Ministry of Justice of the Republic of Lithuania (Žin., 2008, No. 13-460).

Drug testing is performed upon suspicion that a convict or detainee has used psychoactive substances. Detection of intoxication with alcohol or other substances includes examination (identification of intoxication symptoms) and sampling of testing substance (urine sample). Testing of the environment is not conducted.

11.4 Service quality

Information Source: The Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Practical guidelines and standards of drug-related health services for prisoners

For persons with mental and behavioural disorders using drugs and psychoactive substances, health care services are rendered adequately as to other convicts depending on their health disorders, diagnosed illnesses, following the diagnostics and treatment algorithms, legislation regulating provision of health care services.

Drugs and psychotropic substances are stocked following respective health care legislation.

Training

The Lithuanian imprisonment institutions do not have special staff working solely with convicts or detainees dependent on drugs and psychotropic substances. Social and psychological rehabilitation of dependent persons is carried out by specialists of the psychological services in the imprisonment establishments, staff of the Social Rehabilitation Division, specialists of the Health Care Service. For the staff of the above services special workshops, targeted trainings are organised where specifics of work with dependent persons is underlined, necessary skills are formed to work with delinquent drug addicts and alcoholics.

12. Drugs users with children (addicted parents, parenting, child care and related issues)

12.1 Size of the problem

Information Source: the Drug, Tobacco and Alcohol Control Department; the Institute of Hygiene; the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour

The health data of newborns and stillbirths, parturients have been accumulated since January 1, 1993. The data is collected according to the national integrated system approved by Decree No. 248, of May 4, 1992, of the Health Minister of the Republic of Lithuania *On Approval of Sample Regulation of the Perinatology Centre*. Upon initiative of the Neonatology Clinics of the Vilnius Children Hospital analysis of the data was started, the publication *Medical Data of Births* has been issued since 1995, 14 publications have been produced. The data are gathered, processed and publicized by the Health Information Centre of the Hygiene Institute.

The summary data of the number of parturients in Lithuania and harmful habits of mothers for the period 2003 – 2010 are provided in *Table 12-1*. The number of drug using parturients in the average account for 0,1 percent of the number of births, and this level continues to be rather stable in the recent decade. The percentage of parturients using alcohol out of the total number of births reduced from 0,2 percent to 0,1 percent in the recent decade. Analysing perinatal and newborns' mortality, newborns' morbidity no direct causality between the facts that the mother used drugs and increase or decrease of perinatal mortality, newborns' mortality and morbidity was observed.

In Lithuania, in recent years no particular surveys concerning health disorders of infants of pregnant women using drugs were conducted, and no plans to conduct them in next years exist.

Table 12-1. Data of births in Lithuania and mother's harmful habits, 2003 – 2010

Year	Total number of births Abs. number	Mother smoking prior to pregnancy Abs. number (percent)	Mother smoking during pregnancy Abs. number (percent)	Mother's harmful habit – alcohol Abs. number (percent)	Mother's harmful habit – drug addiction Abs. number (percent)
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2003	29 574	2 386 (8,1%)	1 421 (4,8 %)	45 (0,2%)	11 (0,04%)
2004	29 305	2 303 (7,9%)	1 402 (4,8%)	54 (0,2%)	22 (0,1%)
2005	28 965	2 251 (7,8%)	1 388 (4,8%)	54 (0,2%)	30 (0,1%)
2006	28 878	2 400 (8,3%)	1 454 (5,0%)	37 (0,1%)	18 (0,1%)
2007	29 141	2 590 (8,9%)	1 535 (5,3%)	27 (0,1%)	25 (0,1%)
2008	31 052	2 391 (7,7%)	1 467 (4,7%)	36 (0,1%)	26 (0,1%)
2009	32 145	2 251 (7,0%)	1 371 (4,3%)	34 (0,1%)	24 (0,1%)
2010	30 568	2 141 (7,0%)	1 371 (4,5%)	25 (0,1%)	21 (0,1%)

Information Source: the Institute of Hygiene

Resolution No. 695, of June 8, 2004, of the Government of the Republic of Lithuania *On Approval of the List of Indicators of Statistical Information about Children* (Žin., 2004, No. 92-3364) regulates gathering of demographic and other statistic information about children in Lithuania. The Statute of the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour approved by Resolution No. 1114, of October 20, 2005 (Žin., 2005, No. 126-4501), establishes that the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour collects statistical information about children from municipal Child Rights Protection Services, public institutions and organisations annually. Gathering social security information it is foreseen to gather information about the number of social risk families in urban and rural areas and reasons of their registration with the records, including use of alcohol (drinking) or psychoactive substances. Gathering information about the number of children in social risk families, distribution of children by age, it is foreseen to indicate the number of children in drinking families. Data concerning social risk families, including families registered with the records of social risk families due to drinking or psychoactive substance use, and the number of children in these families is provided in Table 12-2. In 2010, the share of families registered with the records of social risk families due to drinking or psychoactive substance use accounted for 36,1 percent (in 2009 – 36,7 percent) among first time registered risk families and 54,1 percent among of all registered risk families (in 2009 – 56,2 percent). In 2010, the number of children who grow in families newly registered with the records of social risk families due to drinking or psychoactive substance use accounted 35,9 percent (in 2009 – by 35,2 percent). As of December 31, 2010, among the families registered with the records of social risk families due to drinking or psychoactive substance use grew 53,6 percent of total registered children (in 2009 -55,4percent). Šeimose, 2010 m. gruodžio 31 d. esančiose socialinės rizikos šeimų apskaitoje dėl girtavimo ar psichotropinių medžiagų vartojimo, augo 53,6 proc. vaikų (2009 m. – 55,4). Data are not collected separately concerning social risk families using only drugs.

Table 12-2. Data of social risk families and the number of children growing with them in Lithuania, 2005 – 2010

Data		Number of families registered with municipal records of social risk families growing children	Number of children in these families	Including: families registered with records of social risk families due to drinking and psychotropic substance use	Number of children in these families
2005	newly registered per year	2 205	4 701	1 156	2 777
	total registered as of December 31	16 361	36 535	9 943	23 008
2006	newly registered per year	1 612	3 397	814	1 746
	total registered as of December 31	13 496	31 351	8 276	18 941

2007	newly registered per year	2 266	4 812	1 180	2 457
	<i>total registered as of December 31</i>	11 985	27 881	7 321	16 724
2008	newly registered per year	1 772	3 450	744	1 461
	<i>total registered as of December 31</i>	11 350	25 483	6 697	14 778
2009	newly registered per year	1 781	3 354	654	1 179
	<i>total registered as of December 31</i>	11 121	24 222	6 245	13 431
2010	newly registered per year	1 705	3 075	616	1 104
	<i>total registered as of December 31</i>	10 904	23 335	5 896	12 496

Information Source: the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour

Data on violence against children are collected by the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour. Information concerning children who have suffered from violence or committed acts of violence is accumulated and analysed. Gathered information covers the following: general information about children having experienced violence (their age, address, etc), the number of cases, the nature of violence against children (physical, sexual, psychological), information about violators (strange adults, strange juveniles, close adults, close juveniles). Information about violator's attitude towards drug and psychotropic substance use is not gathered.

Data about children in social risk families growing with only one parent because the other serves his/her sentence in penitentiary are gathered and analysed by the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour. The number of families registered with the municipal records of risk families with under-aged children because one parent serves his/her sentence in penitential settings are as follows: in 2007 – 13 families, in 2008 – 49, in 2009 - 44, in 2010 – 59. Information concerning use of drugs or psychotropic substances in such families is not gathered.

In Lithuania, in recent years no particular surveys concerning social risk families using drugs were conducted, and no plans to conduct them in next years exist.

12.2 Policy and legal frameworks

The *National Program on Drug Control and Prevention of Drug Addiction 2010–2016* adopted by Resolution No. XI-1078, of November 4, 2010, of the Parliament of the Republic of Lithuania (Žin., 2010, No. 132-6720) states goals, priorities and objectives of the state policy related to drug control and prevention of drug addiction. The Program seeks to ensure availability and quality of health care and rehabilitation services, integration into the society illegally using drugs and psychotropic substances. No particular strategy documents concerning assistance to parents having children and illegally using drugs and psychotropic substances, to expecting women illegally using drugs and psychotropic substances exist in Lithuania. Organisation of medical and social assistance to persons from risk groups and their children is regulated by general legislation.

The scope and procedures for medical assistance is established by the Ministry of Health of the Republic of Lithuania in compliance with the RL Law *On Health System* (Žin., 1994, No. 63-1231; 2010, No. 51-2476).

The medical assistance for pregnant women illegally using drugs and psychotropic substances is established in general legislation regulating the scope of obstetric-gynaecologic care and

requirements for providing services, i.e. Decree No. 248, of May 10, 1996, of the Minister of Health of the Republic of Lithuania *Concerning Obstetric-Gynaecologic Care at Women's Medical Consultancy* (Žin., 1996, No. 47-1131), Decree No. 117, of March 15, 1999, of the Minister of Health of the Republic of Lithuania *On Approval of Procedure for Health Care of Pregnant Women, Parturients and Newborns* (Žin., 1999, Nr. 28-811; 2011, No. 20-1015), Decree No. V-1135, of December 29, 2006, of the Minister of Health of the Republic of Lithuania *Concerning Health Checkups of Pregnant Women*.

The procedures for provision of health care services for persons ill with dependence disorders, including pregnant women, is established in Decree No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On Approval of Standards for Treatment of Dependence Disorders and Rehabilitation* (Žin., 2002, No. 47-1824; Žin., 2007, No. 90-358).

Seeking to improve the quality and availability of health care services of dependence disorders, Decree No. V-1288, of December 31, 2008, of the Minister of Health of the Republic of Lithuania *On Approval of the Program for Treatment of Dependence Disorders 2009–2012* (Žin., 2009, No. 4-108; Žin., 2009, No. 20-803) approved the *Program for Treatment of Dependence Disorders 2009–2012*. The Program foresees improvement of health care services in the Centres for Addictive Disorders and Primary Centres for Mental Health prioritising children who contacted them (or were brought to), also children ill with dependent disorders. It is foreseen to acquire early diagnostic equipment and pharmaceuticals for treatment of dependence disorders.

Examination and treatment of persons using drugs and psychotropic substances is carried out based on prepared and valid methodologies for treatment of dependence disorders.

Decree No. V-653, of August 6, 2007, of the Minister of Health of the Republic of Lithuania *On Approval of the Profile of the Procedures Concerning Prescription and Application of Substitution Treatment against Opioid Dependence, and Prescription, Delivery, Keeping and Accounting of Substitution Opioid Pharmaceuticals in Health Care Institutions* (Žin., 2007, No. 90-3587) regulates the procedure for substitution therapy using opioid medicinal preparations. The above Profile foresees that one of the priorities for prescription of substitution treatment against opioid dependence is to provide conditions for improved prenatal and postnatal care of pregnant women using drugs. One of the indications to prescribe substitution therapy is pregnancy at presence of the syndrome of opioid dependence. For persons aged from 15 to 18 years, including pregnant women substitution treatment is prescribed to use only opioid medicinal preparation buprenorphine.

The scope of social assistance and procedures for providing it is established by the Ministry of Social Security and Labour of the Republic of Lithuania following the Law On *Social Services* of the Republic of Lithuania (Žin., 2006, No.31-1092; 2010, No. 53-2598).

The types of social services provided by public institutions and municipal organisations or NGOs, the content of social services, social supervision is regulated by Decree No. A1-93, of April 5, 2006, *On Approval of the Checklist of Social Services* (Žin., 2006, No. 43-1570; 2008, No. 2-72). The requirements for specific types of social care and social services are regulated by separate legal acts. The requirements for institutions of psychological and social rehabilitation providing services to persons dependent on psychoactive substances are regulated by Decree No. A1-46, of February 20, 2007, of the Minister of Social Security and Labour *On Approval of the Profile of Standards for Social Care* (Žin., 2007, No. 24-931).

12.3. Responses

According to data of the Ministry of Social Security and Labour, in 2010 in Lithuania 686 social workers (in 2009 – 629, in 2008 – 612) worked with social risk families that are provided social care services in the municipalities. The social workers provide counselling regarding social support issues, social and psychological assistance to social risk families. The information is delivered to the municipal Centres of Social Services that establish the need for social services to the family and provide respective services to the family and children.

According to data of the Department of Supervision of Social Services under the Ministry of Social Security and Labour, in 2010 funds were provided to 179 children day centres, in 2009 – to 162, in 2008 – to 169, in 2007 - to 151. In the children day centres social and educational services are provided free of charge. Children from social risk families could attend the children day centres in the average 5 times a week and spend in the average 6 hours a day there. Specific projects for children of parents using drugs or psychotropic substances do not exist in Lithuania.

Currently, in Lithuania 18 long-term psychological and social rehabilitation institutions with 309 places addressing persons dependent on drugs or psychoactive substances operate. Besides, 6 day

centres function where the risk group persons may receive social services. In the Public Institution *TC – Laisva valia* up to 10 women who used drugs and psychotropic substances may get long-term psychological and social rehabilitation services together with their little children.

In the registration of social care services and social services, separate registration of services provided to families or persons having problems due to drugs or psychotropic substances is not carried out, thus, no such data is available.

Drafting strategy documents concerning development of medical and social services to persons using drugs and psychotropic substances the needs of different risk groups will be taken into account. Drafting particular strategy documents regarding assistance to pregnant women using drugs or psychotropic substances is not planned.

PART C

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Annexes

List of tables and Graphs used in the text

Figure 1-1. Implementing and control institutions for drug control and prevention of drug addiction in Lithuania

Table 2-1. Distribution of respondents having used at least one drug by age and gender (percent)

Table 2-2. Distribution of cannabis users by age and gender (percent)

Figure 2-1. Prevalence of cannabis use in Lithuania in 2004 and 2008, by 5 age groups (percent)

Figure 2-2. Prevalence of ecstasy use in Lithuania in 2004 and 2008, by 5 age groups (percent)

Figure 2-3. Prevalence of drug use by categories LTP (lifetime), LYP (12 months), LMP (30 days) in 2004 and 2008 (percent)

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