



European Monitoring Centre
for Drugs and Drug Addiction



Drug Control Department
under the Government
of the Republic of Lithuania

**2005 NATIONAL REPORT (2004 data)
TO THE EMCDDA
by the Reitox National Focal Point**

LITHUANIA

**New Development, Trends and in-depth
information on Selected Issues**

REITOX

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Summary

Drug Control Department under the Government of the Republic of Lithuania, nominated to act as REITOX National Focal Point, presents its yearly publication, Annual Report 2005. Reviewed in this annual report are implemented measures on drug control and prevention, the progress of their implementation, prevention of drug addiction and control of illegal drug trafficking, treatment and rehabilitation services provided to individuals suffering from drug addiction, and data on prevalence of narcotic and psychotropic substance use indicators for 2004.

In 2004, the Drug Control Department under the Government of the Republic of Lithuania was established. On April 8, 2004, The Seimas of the Republic of Lithuania approved the National Programme on Drug Control and Prevention of Drug Addiction for 2004–2008. Last year, solutions to a drug problem were based on improved collection of information on drug addiction situation in the country, closer and more efficient collaboration of state institutions and public organization as well as active work of implementing bodies of drug prevention and control policy.

By summarizing Lithuanian prevalence of drug use indicators in 2004, it is valid to claim that spreading of drug addiction in the country tends to stabilize. The future will bring enormous challenge: reduction of drug prevalence. This goal will be achieved by coordinated reduction of drug supply and demand among the highest risk groups, i.e. school students, youth, "street children". Furthermore, increasing awareness of the general public and improving knowledge of various specialists on drug related problems should be noted. Discussions are underway on how to provide high-quality treatment as well as social and psychological rehabilitation and reintegration services to individuals suffering from drug addiction.

One of the key highlights in this year's annual report is a representative study on prevalence of drug use in the general population. This representative study on prevalence of harmful addictions in the country, which was conducted in Lithuania for the first time, showed that 8.2% of Lithuanian residents tried drugs at least once; men (13.1%) used drugs more frequently than women (3.8%), younger people (15–34 year-olds) used drugs more frequently than older (35–64 year-olds) Lithuanian residents (14.4% vs. 4.5%). This research was a very important step forward towards the effective implementation of the drug control and prevention policy in the country. Until last year, Lithuania was one of the few countries in Europe, where the state of the drugs problem in the general population was not researched.

PART A - NEW DEVELOPMENTS AND TRENDS

1. National Policies and Context

Overview

Lithuania consistently implements the policy on drug control and prevention of drug addiction, which is an integral part of national foreign and domestic policy. For execution of the drug policy, both political support and required financial and human resources shall be secured. Implementation of the drug control and prevention policy shall be based on determination of clear priorities, sound evaluation and coordination of measures as well as rational allocation of resources.

One of the fundamental long-term national development priorities set out in the Long-Term National Development Strategy adopted by the Resolution of the Seimas of the Republic of Lithuania (Žin., 2002, Nr. 113-5029)^{*} is a secure society. The main priority of the national policy on drug control and prevention of drug addiction defined in the National Drug Prevention and Drug Control Strategy for 2004–2008 adopted by the Resolution of the Government of the Republic of Lithuania (Žin., 2003, Nr. 94-4251) is primary prevention of drug use in the family, among children and youth. Strategic goal of the National Drug Prevention and Drug Control Programme for 2004–2008 adopted by the Seimas of the Republic of Lithuania (Žin., 2004, Nr. 58-2041) pertains to suspension and reduction of the prevalence of drug addiction, determination and implementation of major guidelines and process trends of national policy on prevention of drug addiction and drug control, as well as to maximization of the efficiency of prevention of drug addiction in Lithuania. By the Law on National Security (Žin., 1997, Nr. 2-16), the National Drug Prevention and Drug Control Programme for 2004–2008 has been enlisted on the schedule of the most critical Long-Term National Security Enforcement Programmes.

Drug Control Department under the Government of the Republic of Lithuania has been delegated the responsibility to effect the drug prevention and drug control policy, to organize implementation of drug prevention and drug control measures, to set the scope of the drug prevention and control policy, and to coordinate activities on the state and municipal levels in the fields of drug prevention and drug control. The latter is very important in seeking to ensure effective collaboration between state institutions and other organizations involved in drug prevention and drug control activities.

1.1. Legal Framework

In 2004, national drug control and prevention legislation continued to undergo the major enhancements. Over 200 legislative documents were improved and newly adopted on this subject. An overview of the most important amendments is given below.

On January 29, 2004, the Seimas of the Republic of Lithuania adopted the *Law on the Amendment of Articles 13, 162, 191, 196, 197, 203, 206, 216, 219, 221, 309 and the Addition of Articles 198(1) and 198(2) to the Penal Code of the Republic of Lithuania* (Žin., 2004, Nr. 25-760); on July 5, 2004, followed the adoption of the *Law on the Amendment of Articles 20, 42, 63, 67, 68, 72, 75, 77, 82, 90, 91, 92, 95, 97, 128, 144, 148, 150, 178, 182, 194, 195, 201, 204, 205, 210, 211, 212, 220, 221, 222, 223, 230, 236, 246, 248, 260, 263, 287, 306 and the Addition of Article 228(1) to the Penal Code of the Republic of Lithuania* (Žin., 2004, Nr. 108-4030). Amendments to Articles 13, 260 and 263 were also noteworthy to drug control. An unlawful production, processing, acquisition, possession, transportation or shipment of narcotic or psychotropic substances with intent to sell or distribute them in any other way is no longer liable to sanction, arrest, and the custodial sentence range was extended (from 5-8 years to 2-8 years). The custodial sentence range was also extended for theft, extortion or any other unlawful acquisition of large amount of narcotic or psychotropic substances, or for theft or any other unlawful acquisition of narcotic or psychotropic substances committed by an organized group (from 5-12 years to 5-15 years).

By Resolution No IX-2110 *On Ratification of the National Programme on Drug Control and Prevention of Drug Addiction 2004–2008* dated April 8, 2004 (Žin., 2004, Nr. 58-2041), the Seimas of the Republic of Lithuania, in support of the Government efforts to implement drug control and prevention of drug addiction, adopted the National Programme on Drug Control and Prevention of Drug Addiction for

^{*} In scopes are reference to legal act publication in the official gazette “Valstybės žinios”

2004–2008. Strategic goal of the Programme pertains to suspension and reduction of the prevalence of drug addiction, determination and implementation of major guidelines and process trends of national policy on prevention of drug addiction and drug control, as well as to maximization of the efficiency of prevention of drug addiction in Lithuania.

By Resolution No X-43 *On the Program of the Government of the Republic of Lithuania* dated December 14, 2004 (Žin., 2004, Nr. 181-6703), the Seimas of the Republic of Lithuania approved the Programme of the Government of the Republic Lithuania, Article 15.11 whereof laid down a provision, which is critical for sustainable execution of drug control and prevention policy: to reinforce the prevention and control system of drug related violence and crime committed by juvenile offenders. Article 8.17 aims at reduction of social isolation and poverty risk, by introduction of active employment programs, development of social welfare instruments, attainment of broader social exposure and better social cohesion, better targeting of social welfare and its administration by taking into account the property and revenue stream of welfare recipients. Article 9.6 of the aforementioned Programme calls for strengthening of mental health, support of favourable social environment for an individual, upbringing of sociality and solidarity feeling among the society members, consolidation of multiple sectors and strengthening of their collaboration in the field of HIV/AIDS and addictive disorders. Article 10.9 seeks to promote a wholesome lifestyle, to strengthen prevention of diseases and to introduce measures aimed against exploitation of children and violence, measures aimed against tobacco, alcohol and drug use, by supporting concerted efforts of state institutions, media, science and society. Youth policy (Article 11.3) provides incentives to cooperation of youth organizations, allowing to develop the public spirit, to solve problems faced by young people in the fields of conscription, education and science, employment and housing, leisure, culture and sports, social and health care, crime prevention and so on. It also promotes the establishment of associated youth organizations, the strengthening of their collaboration with the local government and rural communities. In Article 13.4, the Government of the Republic of Lithuania plans to prepare multiple models of wholesome lifestyle to different communities, so that they could choose the most appropriate ones for themselves.

By Resolution No X-54 *On Parliamentary Drug Addiction Prevention Commission* dated December 16, 2004 (Žin., 2004, Nr. 184-6789), the Seimas of the Republic of Lithuania formed a permanent Drug Addiction Prevention Commission consisting of 11 parliamentaries. For more detailed information, please refer to *Institutional Framework, Strategies and Policies*.

By Resolution No 20 *On the Approval of the Lecture Course Regulations on Alcohol and Drug Related Harm on Human Health* dated January 8, 2004 (Žin., 2004, Nr. 8-183; Nr. 133-4814), the Government of the Republic of Lithuania approved regulations of the lecture course on alcohol and drug related harm on human health. These lectures aimed to provide knowledge to the audience on alcohol and drug related harm to human health, on their detrimental effects on human ability to drive and operate any machinery, on road safety, on accidents in aeronautics, navigation, hunting and fishing under the influence of alcohol or drugs. Lecture course on alcohol and drug related harm on human health is compulsory to persons, who were suspended of the right to drive a motorized vehicle, to fly an aircraft as a crew member, to conduct aircraft maintenance and repairs, to work in air-traffic control, to hunt or fish, to navigate river boats and small craft due to misdemeanours conducted under the influence of alcohol, drugs, medication or other intoxicating substances.

By Resolution No 651 *On the Approval of the Children Health Programme* dated May 27, 2004 (Žin., 2004, Nr. 87-3177), the Government of the Republic of Lithuania approved the Children Health Programme for the year. Objectives of the Programme call for advocacy of a wholesome lifestyle of children in the media, execution of other educational activities such as involvement of children in prevention activities of harmful addictions (especially, drug addiction), conferences, campaigns and other events dedicated to strengthening of children health.

By Resolution No 1166 *On the Approval of Measures to be Implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008* dated September 15, 2004 (Žin., 2004, Nr. 140-5114), the Government of the Republic of Lithuania approved measures to be implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008.

By Resolution No 1525 *On the Approval of National Programme on Childcare Centres 2005–2007* dated December 1, 2004 (Žin., 2004, Nr. 174-6441), the Government of the Republic of Lithuania approved the National Programme on Childcare Centres 2005–2007. The Programme aims to solve social problems of children raised in problem families related to childcare and education: to organize education of children, after-school activities and social work with their parents by so providing favourable conditions for the child to be raised by his/her biological parents. The purpose of the Programme is to

promote the development of social services infrastructure for the care of problem families so that children could be raised in their families and not separated from their parents.

By Order No 1R-27 *On the Approval of the Concept of Drug Prevention and Drug Control in Prisons* dated January 30, 2004 (Žin., 2004, Nr. 23-724), the Minister of Justice approved Concept of Drug Prevention and Drug Control in Prisons. This Concept reviewed the current situation and principal factors calling for the need to improve prevention of drug addiction and drug control system as well as experiences of the European Union member states in prevention of drug addiction and drug control in prisons. The main goal of prevention of drug addiction and drug control in prisons is to stop and reduce the spreading of drug addiction as well as to preclude trafficking of illegal drugs into prisons by coherent and coordinated elimination of causes and conditions that account for origination and spreading of drug addiction; rational use of financial and human resources is the key.

By Order No V-314 *On the Amendment of Order No V-239 of the Minister of Health as of April 23, 2003 On Recommendations On What Shall be Considered Small, Large and Very Large Amount of Narcotic and Psychotropic Substances* dated May 3, 2004 (Žin., 2004, Nr. 77-2696), the Minister of Health amended recommendations on what shall be regarded as small, large and very large amount of narcotic and psychotropic substances.

By Order No ISAK-1462 *On Prevention of Delinquent Behavior, Absenteeism, Substance Abuse, HIV/AIDS, Violence and Crime in Schools* dated September 17, 2004 (Žin., 2004, Nr. 145-5281), the Minister of Education and Science instructed the schoolmasters to set up prevention working groups responsible for prevention of delinquent behaviour at schools, and to prepare yearly status evaluation and action plans for current school year. Also instructed were municipal administrations to form special prevention units for coordination of prevention work involving representatives from police, Children's Rights Ombudsman Office, social, educational, healthcare and other institutions involved in prevention.

By Order No ISAK-1970 *On the Formation of Prevention Working Groups in Schools Coordinated by Special Prevention Units Established under Municipalities and the Approval of Their Scope of Activities* dated December 9, 2004 (Žin., 2004, Nr. 184-6824), the Minister of Education and Science approved the formation of prevention working groups in schools coordinated by special prevention units established under municipalities and the definition of their scope of activities, which instructed the formation of prevention working groups in schools coordinated by special prevention units established under municipal administrations and defined their responsibilities pertaining to prevention work in schools and municipalities in order to ensure children's rights, safety and their welfare. The purpose of the working group is to solve prevention related issues at school pertaining to delinquent behaviour, use of alcohol, tobacco, narcotic and psychotropic substances, violence, trafficking of people, crime, and HIV/AIDS by providing assistance to school student, teacher and parents (custodians or guardians). The purpose of the prevention unit under the municipal administration is to coordinate interdepartmental cooperation by providing educational, informational, counseling and topical assistance to prevention working groups in schools, irrespective of their subordination and ownership forms.

By Order No 2004 V-768 *On the Amendment of Order No 5 of the Minister of Health as of January 6, 2000 On the Approval of the Lists of Narcotic and Psychotropic Substances* dated November 9, 2004 (Žin., 2004, Nr. 166-6074), the Minister of Health removed Buprenorphine from the List III, *Psychotropic Substances Permitted for Medical Use*, and added it to the List II, *Narcotic and Psychotropic Substances Permitted for Medical Use*.

By Order No 1V-397 *On the Amendment of Order No 1V-221 of the Minister of Interior as of July 9, 2004 On the Formation of Working Groups for the European Union Affairs* dated November 30, 2004 (Žin., 2004, Nr. 178-6592), the Minister of Interior amended Order No 1V-221 of the Minister of Interior as of July 9, 2004 *On the Formation of Working Groups for the European Union Affairs* with Article 7 forming the Drug Control Subgroup under the Working Group of Interior headed by the Director of the Drug Control Department under the Government of the Republic of Lithuania.

By Order No V-860 *On the Introduction of Professional Training Courses on Alcohol and Drug Related Harm to Human Health and Approval of Certification Procedure* dated December 6, 2004 (Žin., 2004, Nr. 179-6636), the Minister of Health approved the introduction of professional training courses on alcohol and drug related harm to human health and approval of certification procedure for any professional training courses, seminars, conferences and other forms of professional training on alcohol and drug related harms to human health approved by the Ministry of Health.

1.2. Institutional Framework, Strategies and Policies

Drug Control Coordination Structure in Lithuania

Committees and Commissions of the Seimas of the Republic of Lithuania

Typically, the committees and commissions of the Seimas of the Republic of Lithuania meet to discuss draft laws, submit conclusions, scrutinize issues that require more detailed analysis within the committees, finalize draft laws and other legal acts to be adopted by the Seimas, evaluate the needs for new laws and amendments, discuss the Government Programme as well as programs of other state institutions.

Parliamentary Drug Addiction Prevention Commission

By Resolution No X-54 dated December 16, 2004, the Seimas of the Republic of Lithuania formed a permanent Drug Addiction Prevention Commission consisting of 11 parliamentaries, the successor of Temporary Drug Addiction Prevention Commission. The key long-term goal of this commission shall be to secure the interests of the state and to provide favourable conditions for implementation of national policy objectives aimed at drug control and prevention of drug addiction.

National Health Council

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

Ministries of the Republic of Lithuania

In execution of their relevant state government functions as ordained by law, the Ministries of the Republic of Lithuania and their subordinate institutions also implement measures on drug control and prevention of drug addiction and, within their scope, take part in the joint implementation of the National Drug Prevention and Drug Control Programme for 2004–2008. The following Ministries of the Republic of Lithuania participate in the implementation of the National Drug Prevention and Drug Control Programme for 2004–2008: the Ministry of Education and Science (primary prevention of drug addiction among children and youth), the Ministry of Health (health care for individuals addicted to narcotic and psychotropic substances), the Ministry of Social Security and Labour (rehabilitation and social reintegration of individuals addicted to narcotic and psychotropic substances), the Ministry of Interior (measures aimed at reduction of illegal trafficking of narcotic and psychotropic substances).

Governmental Drug Control Commission

During the period of February 28, 1995 – March 21, 2005, Governmental Drug Control Commission (hereinafter referred to as the Commission) was a permanent interdepartmental establishment engaged in coordination of drug control and prevention of drug addiction. Since the creation of the Drug Control Department under the Government of the Republic of Lithuania in 2004, functions of the Commission in large part were duplicated by the Drug Control Department; therefore, by Resolution No 297 of the Government of the Republic of Lithuania dated March 21, 2005, the activities of the Commission was terminated.

Drug Control Department

Seeking to improve and coordinate the activities of the state and municipal institutions and organizations in the field of prevention of drug addiction and drug control, the Government of the Republic of Lithuania established the Drug Control Department under the Government of the Republic of Lithuania on January 1, 2004 (Resolution No 1059 as of August 21, 2003). The Regulations of the Department were approved by Resolution No 1478 of the Government of the Republic of Lithuania.

This legal act provided legal grounds for establishment of the Department, defined the ambit of competence and set the following key objectives:

- implementation of drug addiction prevention and drug control policy;
- definition of the scope of this policy;
- administration of implementation of drug addiction prevention and drug control measures,

- coordination of activities of other state and municipal institutions in the fields of drug control and prevention of drug addiction.

REITOX National Focal Point

Seeking to ensure the compliance of collection, analysis and dissemination of comparative data on drugs in Lithuania to the standards of the European Monitoring Centre for Drugs and Drug Addiction approved for the European Union, the Minister of Health commanded the establishment of the REITOX National Focal Point at the State Mental Health Centre in 2001. In 2002, by the Order of the Minister of Health, the National REITOX Focal Point was transferred to the State Public Health Service under the Ministry of Health. Since May 2004, functions of the National REITOX Focal Point were taken over by the Drug Control Department under the Government of the Republic of Lithuania. One of its main responsibilities was adaptation of the European Monitoring Centre for Drugs and Drug Addiction requirements and the European Union legislation in the field of drug control and prevention of drug addiction.

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

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

Commission for Licensing of Pharmaceutical Activities and Activities Related to Narcotic and Psychotropic Substances and Precursors

The purpose of the Commission for Licensing pertains to the issue of licenses (permissions) authorizing enterprises, natural persons, healthcare institutions, charity organizations and their subsidiaries to engage in pharmaceutical activities or training of pharmacy experts, as well as the termination or temporary suspension of such licenses.

Police Department under the Ministry of Interior

The Police Department under the Ministry of Interior is responsible for coordination of activities against illegal trafficking of narcotic and psychotropic substances.

Municipal Drug Control Commissions

In 2004, municipalities and regional administrations, for the administration of regional and municipal programs on drug control and prevention of drug addiction, established drug control commissions and approved their statutes and programs. The task of such commissions is to conduct the national drug control and drug prevention policy and coordinate drug control and drug addiction prevention activities on the territory of municipalities. In early 2005, only 4 municipalities in Lithuania (out of 60) had no such commissions established.

1.3. Budget and Public Expenditure

Economic burden of the spreading drug addiction is carried by the entire society in the form of social, healthcare and other costs allocated to drug control and prevention of drug addiction. By Resolution No 110 dated February 3, 2004, the Government of the Republic of Lithuania approved allocations of the state budget funds to respective programs aimed at drug control and prevention (Žin., 2004, Nr. 19-593). The following funds were allocated to measures implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008:

1. Ministry of Social Security and Labour – 808,000 litas¹;
2. Ministry of Health – 350,000 litas;
3. Ministry of Education and Science – 3,404,000 litas;

¹ Official fixed exchange rate of the Lithuania litas against the euro is 3,4528 litas per 1 Euro

4. Kaunas Region Governor's Administration – 822,000 litas;
5. Klaipėda Region Governor's Administration – 1,281,000 litas;
6. Panevėžys Region Governor's Administration – 485,00 litas;
7. Šiauliai Region Governor's Administration – 870,000 litas;
8. Drug Control Department under the Government of the Republic of Lithuania – 1,729,000 litas;
9. Police Department under the Ministry of Interior – 680,000 litas;
10. State Council for Youth Affairs – 100,000 litas.

By Resolution No 140 *On Allocation of Capital Investments by Investment Project and Project Owner Planned for 2004 under the State Institutions Programme 2004–2006* dated February 9, 2004 (Žin., 2004, Nr. 23-707), the Government of the Republic of Lithuania allocated additional funds for implementation of the National Drug Prevention and Drug Control Programme for 2004–2008 in 2004. The Ministry of Health received 100,000 litas and the Drug Control Department under the Government of the Republic of Lithuania received 290,000 litas for acquisitions of fixed assets.

Allocation of budget funds to institutions involved in 2004 in implementation of the National Drug Prevention and Drug Control Programme for 2004–2008 is given in Table 1.1.

Table 1.1. Allocation of State Budget Funds to Measures Implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008

Institutions Allocated Programme Funding	Budget Funds by Article, LTL, thousand	Of Those LTL, thousand		
		Expenses		Assets Purchased
		Total	Salaries	
Drug Control Department under the Government of the Republic of Lithuania	1,325.3	1,045.0	437.4	280.3
Ministry of Health (State Public Health Service under the Ministry of Health)	350.0	350.0	48.0	
Kaunas Centre for Addictive Disorders	864.2	864.2	504.2	
Klaipėda Centre for Addictive Disorders	1,341.4	1,341.4	774.1	
Šiauliai Centre for Addictive Disorders	893.6	493.6	303.0	400.0
Panevėžys Centre for Addictive Disorders	507.3	499.8	302.0	7.5
Ministry of Education and Science	3,372.8	3,078.8	1,142.2	294.0
Police Department under the Ministry of Interior	680.0	182.1		497.9
Ministry of Social Security and Labour (Social Integration Department under the Ministry of Social Security and Labour)	678.0	678.0		
State Council for Youth Affairs	100.0	100.0		
Total:	10,142.6	8,662.9	3,510.9	1,479.7

Information Source: Reports Submitted by Institutions Allocated Funding under the Programme

In addition to funding specified above, Lithuanian institutions utilized for drug control and prevention of drug addiction projects additional funds received from the national budget and municipal budgets, from State Investment Programme and Mandatory Health Insurance Fund as well as other sources, which were designated for general institution needs and execution of other programs. In the nearest future, after receiving methodical recommendations from the European Monitoring Centre for Drugs and Drug Addiction on unified computation of costs, more exact calculations of funds allocated to drug control and prevention of drug addiction will be available.

1.4. Social and Cultural Context

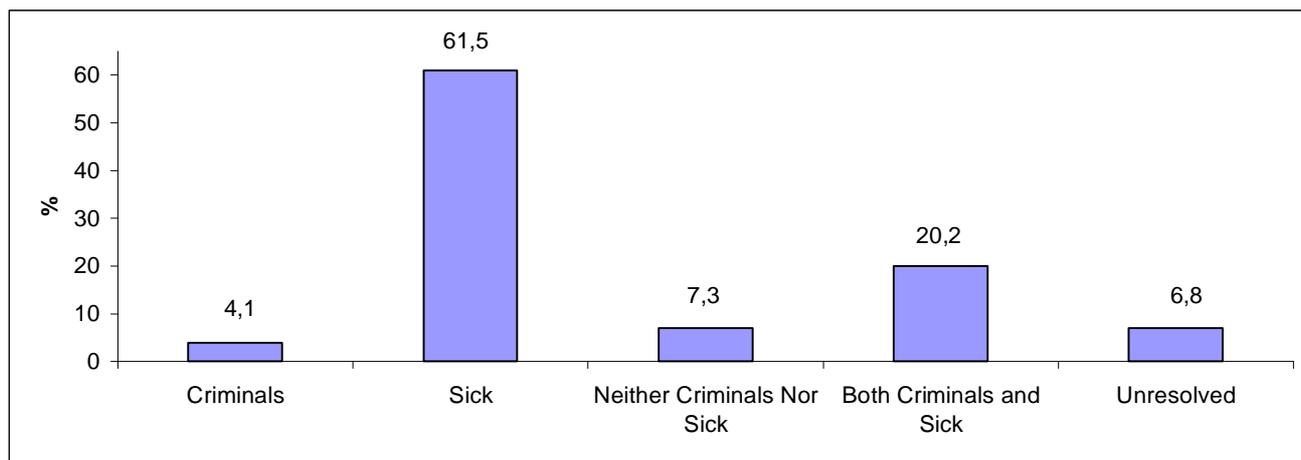
Public Opinions on Drug Issues and Attitudes to Drugs and Drug Users

Late in 2004, the first ever research on harmful addiction prevalence in general population was conducted in Lithuania. It provided a vast amount of valuable information on a drug problem and prevalence of other harmful addictions such as alcohol use and smoking in the country, revealed the largest risk groups and their social and demographic characteristics, and attitudes of Lithuanian residents

towards drug addiction. For more information on the research and research methodology, see Chapter No.2 “Drug Use in the General Population”.

Based on the research data, majority of Lithuanian residents (61%) regard people addicted to drugs as patient. One-fifth (20%) of respondents regarded people addicted to drugs as both criminals and sick (refer to Diagram 1.1).

Diagram 1.1. Distribution of Responses to the Following Question: "What is Your Attitude towards Drugs Users – Do You Think They Should Be Regarded as Criminals or Sick?", %



Majority of Lithuanian residents believe that people should not be allowed to smoke cannabis legally. 66 per cent of Lithuanian residents are firmly against "people smoking weed, i.e. hashish or marijuana, legally". Another 7 per cent are less categorical, but are also against people smoking weed anyplace. Opinions of men and women were rather different. More men than women are inclined to support a legalization of marijuana. 22% (7+15) of men and 12% (4+8) of women say that smoking of cannabis should be fully or at least partly legalized. It is more younger population (15-34 year-olds) rather than older (35-64 year-olds) people support legalization (22% vs. 13%). The most supportive are the young men (9% of them agree completely, another 18% support partial legalization).

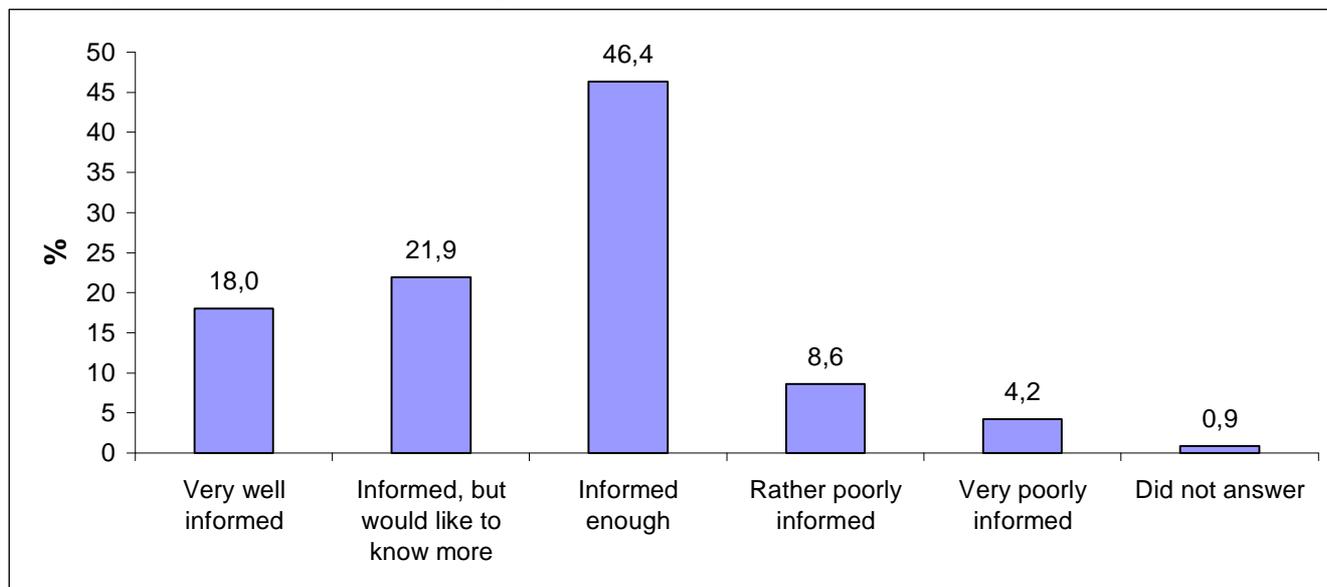
Even a larger part of Lithuanian population do not agree that people should be allowed to use heroin legally. 85 per cent of Lithuanian residents are firmly against "people legally using heroin". Another 4 per cent are less categorical, but are also against people using heroin. Opinions of men and women on this issue were homogenous. Differences among different age groups were also rather negligible (refer to Table 1.2).

Table 1.2. Distribution of Responses to the Following Question: "Do You Agree or Disagree to the Following Statements?", %

	Agree	Neither agree not disagree	Disagree	Did not answer
People should be allowed to legally smoke weed, i.e. hashish or marijuana	16.8	9.2	73.7	0.3
People should be allowed to use heroin legally	6.2	4.8	88.8	0.3

Majority of Lithuanian residents assessed their knowledge on potential effects of drug use rather favorably. Almost half (46 per cent) of residents believe that they are sufficiently informed; almost one fifth (18 per cent) claimed that they are very well informed, another 22 per cent believe that their knowledge is fairly sound, yet they wish they could receive more information about potential effects of drug use (refer to Diagram 1.2).

Diagram 1.2. Distribution of Responses to the Following Question: "How Would You Assess Your Own Knowledge on Potential Effects of Drug Use? Do You Believe That You Are:", %



Young people (15-34 year-olds) more often than older residents (35-64 year-olds) claimed that they were very well informed about potential outcomes of drug use (21% and 15%, respectively). Also, more young people than older residents believe that they are fairly well informed; however, they would be eager to find out more (26% and 19%, respectively). The largest percentage of requests to find out more about potential effects of drug use was reported among young women (30 per cent).

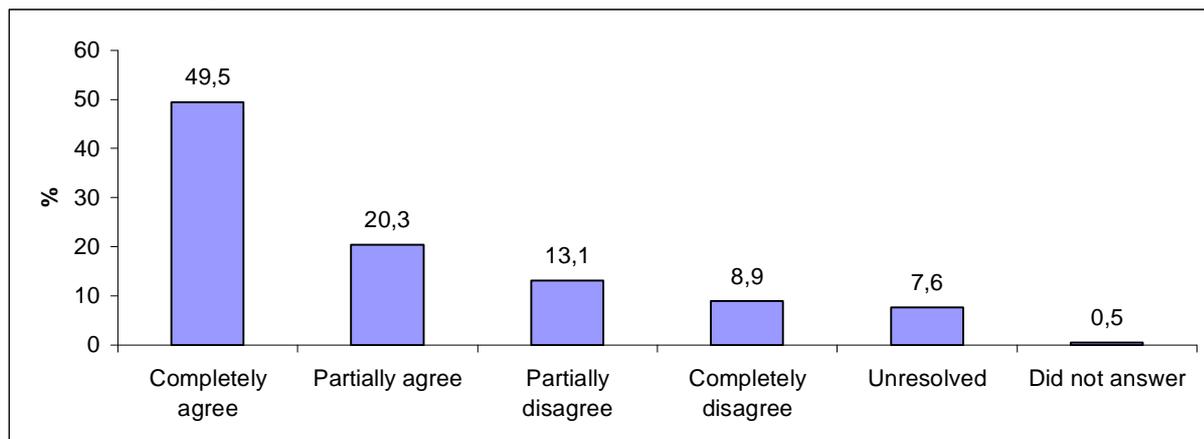
Lithuanian residents believe that the risk of suffering damage to physical and mental health is highest from regular smoking of cannabis or merely several attempts of using cocaine or crack. 82 per cent of population believe that people who regularly smoke marijuana or hashish run the high risk, another 12 per cent believe that they run the moderate risk of harming their health. The majority of respondents believe that the risks of suffering damage to physical and mental health is lowest from regular use of alcohol at the end of each week (5 or more drinks). One third (30 per cent) of respondents believe that 5 or more "shots" of strong drinks at the end of each week may cause low risk, 28 per cent believe that it may cause moderate risk, 34 per cent believe that it may cause high risk (refer to Table 1.3).

Table 1.3. Distribution of Responses to the Following Question: "What Effects May Smoking and Use of Alcohol or Addictive Substances Cause on Your Physical and Mental Health?", %

	Bears no risk	Bears slight risk	Bears moderate risk	Bears great risk	Did not answer	Total
Smoking of one or more packs of cigarettes per day	1.7	9.6	26.1	62.5	0.1	100
Drinking of 5 or more drinks at the end of each week	6.6	30.2	28.1	34.4	0.7	100
Smoke marijuana or hashish regularly	0.8	3.9	12.5	81.7	1.2	100
Experimenting with ecstasy (trying once or twice)	4.1	19.4	24.7	50.7	1.1	100
Experimenting with cocaine or crack (trying once or twice)	1.8	9.8	19.7	67.6	0.9	100

Majority of the general public tend to believe that drug use shall be prosecuted as criminal activity, and that heavier sentences would help to reduce the drug use. 74 per cent of respondents completely or partially agree that "drug users shall be criminally prosecuted". 70 per cent of respondents completely or partially agree that "heavier sentences would help to reduce the drug use" (refer to Diagram 1.3).

Diagram 1.3. Distribution of Responses to the Following Statement: "Heavier Sentences Would Help to Reduce the Drug Use", %



The greater part of residents believe that services facilitating withdrawal from drug use shall be rendered free of charge. The majority (71 per cent) of Lithuanian residents agree that "treatment with methadone shall be provided free of charge". 60 per cent of respondents completely or partially agree that "to prevent transmission of HIV/AIDS and other infections, drug users shall be distributed disposable syringes free of charge".

The people are strict enough towards drug dealers. 61 per cent of respondents completely or partially agree that "drug dealers shall be ordained perpetual imprisonment"; 62 per cent of respondents completely or partially disagree that "currently applicable punishments for drug dealing are adequately strict" (refer to Table 1.4).

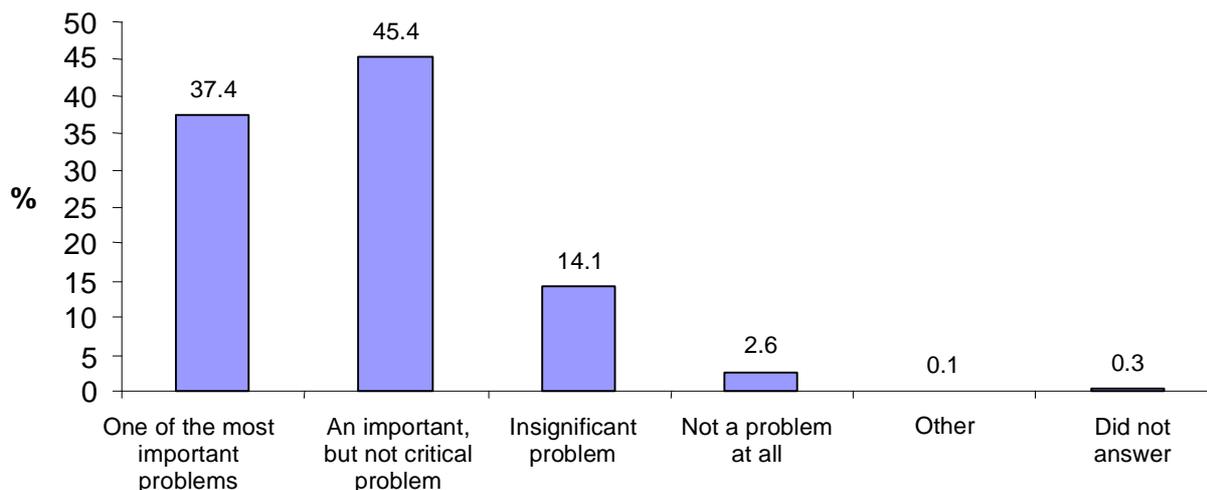
Table 1.4. Distribution of Responses to the Following Question: "Do You Agree With the Following Statements?", %

	Agree	Disagree	Hard to say	Did not answer	Total
To prevent transmission of HIV/AIDS and other infections, drug users shall be distributed disposable syringes for free	60.2	32.8	6.7	0.3	100
Treatment with methadone shall be provided free of charge	70.7	15.9	13.0	0.5	100
The number of treatment and rehabilitation institutions providing assistance to people with addictive disorders free of charge shall be increased	83.2	10.6	5.9	0.3	100
Drug dealers shall be ordained perpetual imprisonment	60.2	29.6	9.6	0.6	100
Currently applicable punishments for drug dealing are adequately strict	20.6	62.3	18.6	0.5	100

Most of all, Lithuanian residents deprecate the use of heroin, marijuana or hashish. The least disapproved of is the use of alcohol and tobacco. Smokers of 10 and more cigarettes per day and consumers of 1 or 2 "shots" of strong drinks at least several times a week could not be condemned by more than half of Lithuanian population (54% and 55%, respectively).

45 per cent of Lithuanian residents aged from 15 to 64 consider the alcohol problem as the significant, but not the most critical in Lithuania. 37 per cent of respondents believe that it is one of the most critical problems. 14 per cent of respondents believe that alcohol problem is not in any way exceptional in our country. 3 per cent of respondents think that alcohol use is not a problem at all (refer to Diagram 1.4).

Diagram 1.4. Distribution of Responses to the Following Question: "How Would You Rate the Problem of Alcohol Use in Our Country?", %



Respondents were also asked to assess the prevalence of alcohol and drug use in Lithuania overall and specifically, in the place of their residence (city or village). Residents tend to discern the alcohol and drug problem more in Lithuania overall rather than in their specific locality. This distinction is particularly clear when the prevalence of drug use is evaluated. Only 1 per cent of Lithuanian residents believe that the drug problem does not exist in Lithuania; meanwhile, 26 per cent believe that the drug use poses no problem in their locality. 24 per cent of Lithuanian residents believe that drugs are too widespread in Lithuania, 45 per cent say that drugs are rather moderately prevalent. Most of Lithuanian residents (92%) believe that alcohol use in Lithuania is either too widespread or at least moderately prevalent (46% and 46%, respectively). In their own locality, people see slightly lower prevalence of alcohol use. 80 per cent believe that the prevalence of alcohol in their locality is very high or moderate (33% and 47%, respectively) (refer to Diagrams 1.5 and 1.6).

Diagram 1.5. Distribution of Responses to the Following Question: "How Would You Rate the Prevalence of Alcohol Use in Lithuania (overall vs. your locality)?", %

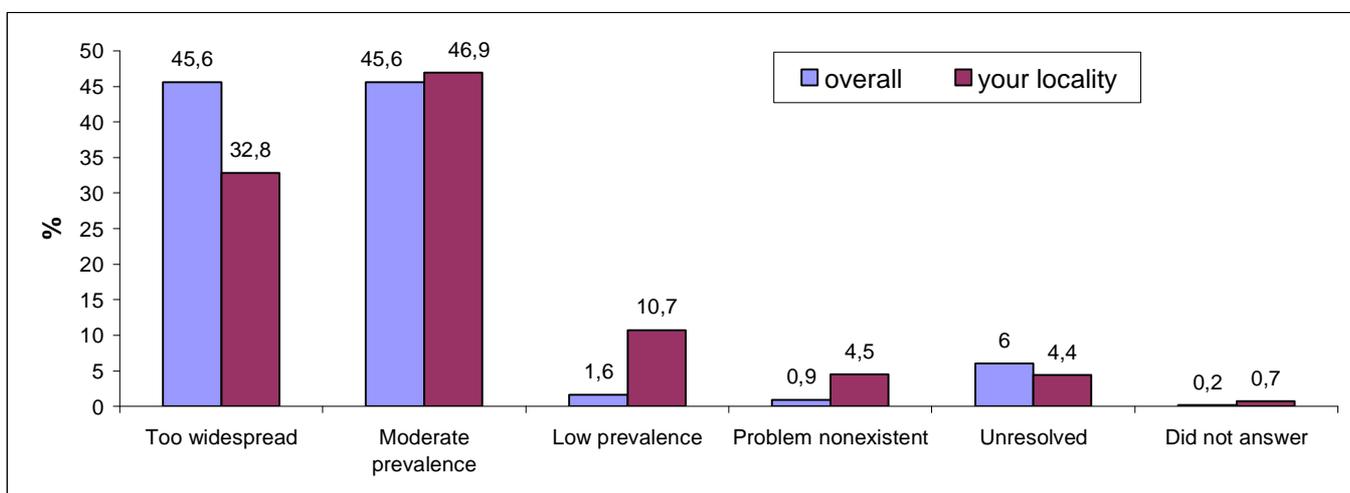
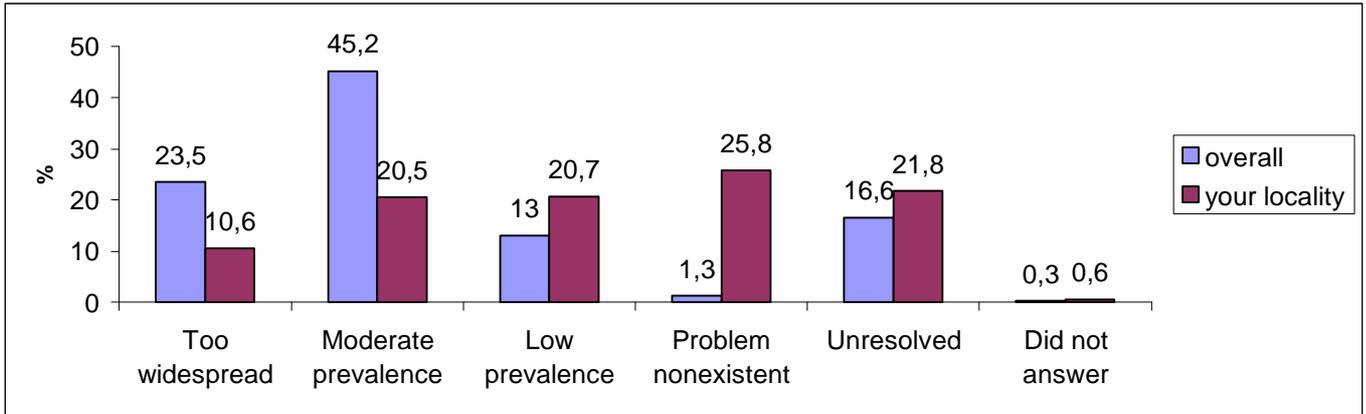


Diagram 1.6. Distribution of Responses to the Following Question: "How Would You Rate the Prevalence of Drug Use in Lithuania (overall vs. your locality)?", %



Media Representations

The Drug Control Department under the Government of the Republic of Lithuania carried out the analysis of articles on drug control and addiction prevention published in Lithuanian media in 2004. The goal of this study was to learn how drug control and drug addiction prevention issues were represented in the media. Reviewed were national and regional press publications, reports of *BNS* and *ELTA* news agencies, publications in *Delfi*, *Omni*, and *Takas* internet portals, television and radio reports during the January-December months in 2004. The total of 1,592 reports were analyzed.

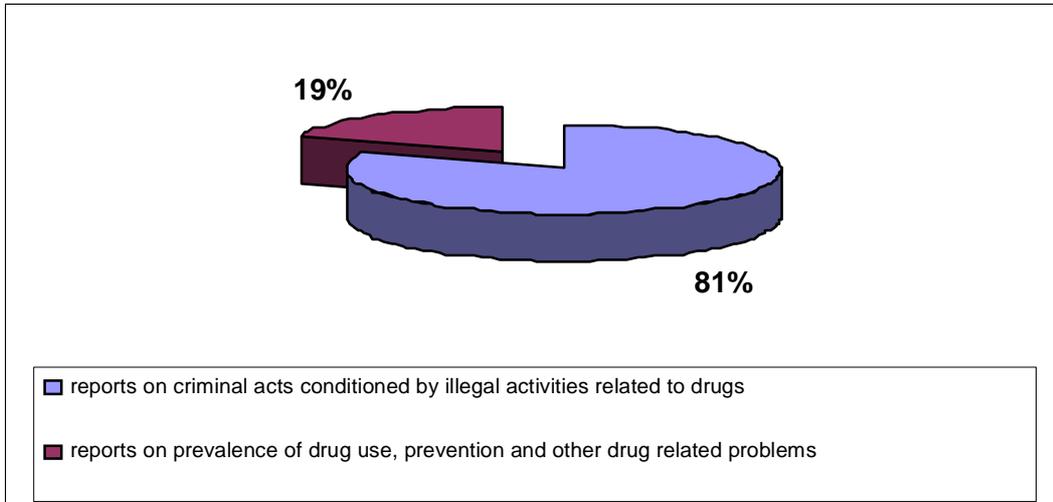
All reports pertaining to media representations analysis were broken down into two groups, i.e.:

1. Reports on criminal acts conditioned by illegal activities related to drugs (criminal news);
2. Other reports (all other information concerning drug control and prevention of drug addiction).

As the analysis shows, Lithuanian media paid the highest attention to reports on criminal acts conditioned by illegal activities related to drugs. Most commonly, the media outlook was limited to information on attempts to smuggle drugs to convicts in prisons. The media also frequently informs the public on drug seizures, on arrests of drug traffickers and dealers. In 2004, the media paid particularly high attention to attempts of Vilnius Municipality to impose the order in the gipsy district of Vilnius – that alone had great impact on increased number of reports on criminal acts conditioned by illegal activities related to drugs. The examination of reports provided by different media sources on criminal acts conditioned by illegal activities related to drugs showed that most attracted to criminal news were internet portals, largest national daily newspapers (*Lietuvos rytas*, *Respublika*), television newscasts specializing in criminal news.

Lithuanian media devoted much less attention to information on drug related problems (this news category includes all information on drug control and prevention issues that cannot be classified under criminal news) than it did to criminal news (refer to Diagram 1.7)

Diagram 1.7. Comparison of Numbers of Reports on Drug Control and Prevention Issues, %

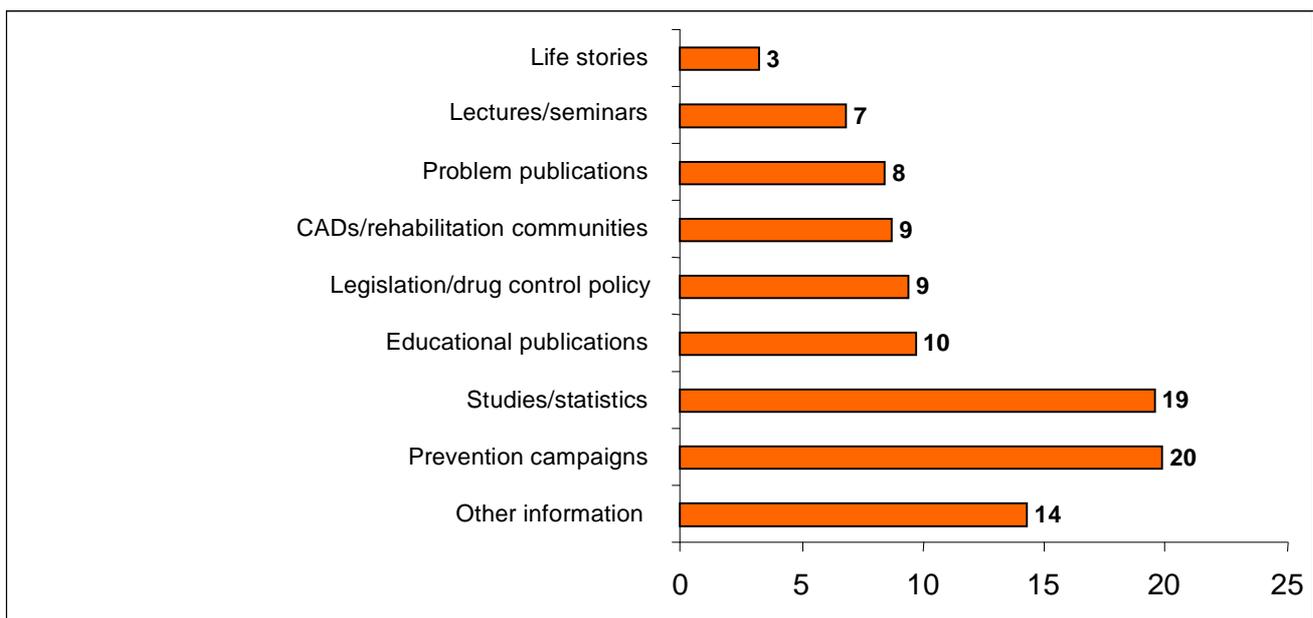


In 2004, Lithuanian media featured the total of 308 reports presenting results of the drug use prevalence research, prevention campaigns, legislation changes, drug control policies, activities run and problems faced by centres for addictive disorders and rehabilitation communities, life stories of people treated for drug addiction, educative information on drug problems. Reports of this character received four times less coverage compared to criminal news.

Analysis of Media Reports by Topic

To learn what specific aspects of drug control and prevention issues mostly interested Lithuanian media in 2004, reports not falling under the criminal news category were examined in more detail. The analysis showed that the media was mostly interested in studies and statistics on drug prevalence in Lithuania and other EU countries as well as prevention campaigns aimed against the drug use. It was noted that regional press, compared to other media sources, paid considerably more attention to the problem of drug addiction. *Diagram 1.8* shows what topics (excluding criminal news) were the most popular ones in Lithuanian media in 2004.

Diagram 1.8. Analysis of Reports of Non-criminal Character on Drug Control and Prevention Issues in Lithuanian Media in 2004, by Topic



Life stories. Lithuanian media (mostly, press) told life stories of former drug addicts and other people who had faced drug related problems. By quoting personal experiences, the general public was advised of harmful effects of the drug use.

Lectures and seminars. In 2004, major attention was paid to specialists working in the field of drug control and prevention. The media, particularly the regional media, covered multiple seminars, conferences, lectures, and discussions on drug problems, including their possible solutions. In 2004, a significant portion of reports in this category dealt with the international seminar on new synthetic drugs held by the Drug Control Department.

Problem publications. Those are analytical publications generally aiming to present a certain topical problem to the public. The greater part of problem publications in 2004 were comprised of articles devoted to the issue of testing children for drug use. These articles discussed whether such testing could be reliable, whether children's rights would not be violated. The general complaints were that drugstores lack such tests and parents cannot access results of children urinary tests. Lithuanian media also paid attention to the criticism expressed by the Drug Control Department on indiscipline at the syringe and needle exchange units.

Centres for addictive disorders, rehabilitation communities. Even though media features occasional articles on benefits provided by rehabilitation communities, more media attention is drawn to the conflicts between rehabilitation communities and local neighborhoods, i.e. tenacious resistance of local communities to the establishment of drug addict rehabilitation centres in close vicinity. The media gave wide coverage of the conflict between the drug addict rehabilitation centre in Nemunaitis and local residents of the village.

Legislation, drug control policy. The Resolution of the Minister of Health on introduction of mandatory health training on alcohol and drug related harms; adoption of heavier sentences into the Penal Code for distribution of narcotic and psychotropic substances; proposition of the Drug Control Department to tighten charges to managers of recreational establishments involving drug distribution or drug use on the premises of their establishments were those legislation changes that received the broadest coverage in the media.

Educational publications. These publications are particularly important to the general Lithuanian public, since they contain unbiased information on drug related harm, drug prevention, specific advice to parents, discuss possible ways to stop the spreading of drugs. Despite significant of these topics, educative publications comprised merely one tenth of all publications on drug control and prevention of drug addiction.

Studies, statistics. Studies on drug prevalence in the general population and specific groups in particular are most intriguing to the media. Last year, the media was absorbed by the results of ESPAD research on drug use among 15–16 year old school students in Lithuania and other countries; it also quoted information from Annual Report 2004 published by the Drug Control Department and Annual Report 2004 published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Prevention campaigns. The greatest media response in 2004 was received by the national prevention campaigns involving stars of entertainment business and sports. Probably the most popular event last year was *The Key of Success: Excellent Health* campaign initiated by the Ministry of Health together with the Drug Control Department and the Parliament of Lithuanian School Students. The bulk of media attention was also caught by *Disarm!* social campaign carried out by *Žingsnis (Step Forward)* and *Bendraamžiai (Peers)* youth organizations. Creativity was what distinguished the social campaign (photo-session) of the Kaunas Centre for Support of Youth Drug Addicts, which expressed protest against smoking. Regional media often draws its attention to various artistic or social campaigns against drugs run at local schools.

Other information not directly related to drugs. The majority of such publications in 2004 was information on the possibilities to return to drugstores the leftovers of unused medication that contain narcotic or psychotropic substances.

The largest share of information on drug control and drug addiction (excluding criminal news) in 2004 was presented to the media by the Drug Control Department, the Ministry of Health, and the Ministry of Education and Science. Unbiased educative information was also provided to the media by Kaunas Public Health Centre, Kaunas Mental Health Centre, representatives of the Lithuanian AIDS Centre.

2. Drug Use in the Population

2.1 Drug Use in the General Population

Until 2005, Lithuania was among the few countries, where the prevalence of drug use in the general population was not researched. The general population survey on the prevalence of drug use in the country was carried out according to the methodology of the European Monitoring Centre for Drugs and Drug Addiction (hereinafter referred to as EMCDDA). The target group of the study were permanent residents of Lithuania from 15 to 64 years of age. The study of addiction prevalence among the general population of Lithuania conducted before the end of 2004 provided a large amount of valuable information on a drug problem and prevalence of other harmful addictions (alcohol use and smoking) in the country; exposed the high-risk groups and their social and demographic characteristics; revealed the attitudes of Lithuanian inhabitants towards drug addiction.

This chapter presents the methodology and the key findings of the study. Comprehensive analysis of its results will be published in a separate publication.

Goals and Methodology of the Study

The principal goals of the study were following:

- to collect and assess standardized data on the drug use in the general population;
- to collect and assess standardized data on the tobacco and alcohol use;
- to estimate the correlation factors in the general use of tobacco, alcohol and drugs;
- to estimate the correlation factors between the social and demographic indicators and the use of tobacco, alcohol and drugs and compare them with the findings in other countries based on EMCDDA questionnaires presented.

The questionnaire was based on the European Model Questionnaire supplied by EMCDDA. The goal was to ensure international comparability of the survey data. To check the validity of the questionnaire, it was tested and adapted prior to the survey. The questions were grouped into several sections devoted to different psychotropic substances. The data is reported based on frequency of use of psychotropic substances (prevalence of use):

- lifetime prevalence (LTP);
- last year prevalence (LYP);
- last month prevalence (LMP).

To better understand the most vulnerable groups and their motivations, the questionnaire was supplemented with questions on social and demographic indicators, social and economical data, behavior patterns and attitudes of respondents.

Respondents were examined during face-to-face interviews by using questionnaires prepared in advance, which were filled in by the interviewers. In those cases when participation of outsiders could not be avoided during the interview, the part of the questionnaire on respondent's experiences with drugs was filled in by the respondent himself/herself. Such measures were expected to ensure the absolute privacy of respondents and to reduce the social bias of responses and data error on substance use. 49 per cent of all questionnaires were filled in by the interviewer only. 46 per cent of respondents filled in the first section of the questionnaire. 3 per cent of questionnaires were entirely filled by respondents. Younger respondents (15–34 year-olds) preferred to complete the section on personal experiences and habits of tobacco, alcohol and drug use themselves. The average duration of one interview was 39 minutes.

Interviewers -Training and Quality Control

The survey was conducted by 195 interviewers trained for professional administering of surveys, after completing a special training course. Considering novelty and specificity of the surveyed topic, interviewers were given additional training. Training sessions were held at the regional centers. Questioners were explained particulars of the study, sampling methods, questionnaire peculiarities and filling principles.

The research was conducted in accordance with ESOMAR (European Society for Opinion and Marketing Research) quality standards. The quality of questioner efforts was verified. 20 per cent of all

respondents were later contacted by telephone and checked for compliance to respondent sampling principles and questionnaire requirements.

Sample Size and the Margins of Error

The total of 4,207 permanent Lithuanian residents aged from 15 to 64 participated in the study. The users of (specific) narcotic substances were expected to constitute only a small fraction (up to 5 per cent) of the general population, hence the standard sample size of 1,000 respondents was not acceptable. Larger samples ensure higher accuracy of data in separate smaller target groups. Since young respondents are considered high risk, 200 more respondents were surveyed in the age group of 15-24 year olds. By so structuring the sample, the upper bound for the absolute margin error for percentage estimates with a sample size did not exceed 1.5%. The margins of error was 3.0% in the age group of 15-24 year olds, 2.3% in the age group of 15-34 year olds, and 2.0% in the age group of 35-64 year olds.

The total of 7,272 households were visited; 4,207 respondents were questioned. 3,065 (42 per cent) of respondents did not participate due to various reasons, of those: 1,232 refused to cooperate, 431 were sick or could not participate due to other causes; 1,402 were not home. Overall response rate was 56.3 per cent.

The survey was carried out in November/December, 2004.

Sampling Procedure

The research method was representative probabilistic sampling. Lithuanian residents aged from 15 to 64 were surveyed as a function of region, residence, age and gender. By carrying multistage stratified random sampling, respondents were chosen in several steps:

- Location sampling: locations (towns and villages) in ten administrative regions of Lithuania were selected in proportion to their population;
- Household sampling: using random number, house was selected within a given locality; then, an apartment was selected within a given house;
- Respondent sampling: within selected household, specific respondent was selected following the "closest birthday rule".

For sampling, national population census data from 2001 published by the Department of Statistics under the Government of the Republic of Lithuania were used. To avoid incorrect interpretation of the data, distribution of respondents by region is presented in *Table 2.1* below.

Table 2.1. Distribution of Participating Respondents by Region

Region	Number of Respondents	Per cent
Alytus	229	5.4
Kaunas	865	20.5
Klaipėda	474	11.3
Marijampolė	230	5.5
Panevėžys	369	8.8
Šiauliai	372	8.8
Tauragė	155	3.7
Utena	225	5.3
Telšiai	216	5.1
Vilnius	1,072	25.5
Total	4,207	100.0

Analysis of the data collected from the regions, where the number of respondents was very small, was prone to substantial error, therefore more reliable differentiating factor for the comparison of addiction prevalence in different locations was chosen – grouping of all locations by size:

- Three biggest cities (Vilnius, Kaunas, Klaipėda), where number of residents exceeds 190,000;
- Other towns, where number of residents falls between 30,001 and 190,000;

- District centers and small towns, where number of residents falls between 2,001 and 30,000;
- Villages with less than 2,000 residents.

Table 2.2. Distribution of Participating Respondents by Residence

Residence	Number of Respondents	Per cent
Villages	1,328	31.6
District centers and small towns	690	16.4
Other towns	727	17.3
Three biggest cities	1,462	34.8
Total	4,207	100.0

Table 2.3. Distribution of Participating Respondents by Age Group and Gender

Age Group	Men		Women		TOTAL	
	Total Number	%	Total Number	%	Total Number	%
15-34	905	44,8	908	41,5	1,814	43,1
35-64	1,115	55.2	1,279	58.5	2,393	56.9
Total	2,020	100.0	2,187	100.0	4,207	100.0

As the age group of 15-24 year-olds were oversampled by 200 respondents, the age distribution structure of all Lithuanian residents aged 15-64 was distorted; hence, data weighing was introduced. The data was weighed by age and gender. Weighing factors were calculated for the age groups of 15-34 and 35-64 year-olds. The weighted data represents the real distribution of Lithuanian residents by region, residence, age and gender.

Terminology

The questionnaire was based on the European Model Questionnaire supplied by EMCDDA and adapted for Lithuania. In the section on prevalence of alcohol use, the differentiation was made between:

- persons using alcoholic drinks (drinkers) and persons not using (non-drinkers) them. These groups were defined by comparing those who used alcoholic drinks in the last twelve months with those who used alcoholic drinks in the last month;
- prevalence of heavy and normal or occasional alcohol use. These groups are distinguished by supplementing the questionnaire with questions on major alcohol use disorders as per *AUDIT* test². According to this test, binge drinking is indicated for respondents who indicate drinking of six and more standard alcohol drinks at once³.

These questions helped to ascertain the prevalence of normal or occasional alcohol use and binge drinking.

The term "any drugs" was used to refer to the following substances: cannabis (hashish, marijuana, "weed"), ecstasy, amphetamine, cocaine, heroin, LSD, hallucinogenic mushrooms (magic mushrooms, "mushrooms")⁴, and other narcotic substances indicated by respondents themselves.

Prevalence of Drug Use

8.2 per cent of Lithuanian residents used drugs at least once in their lifetime. 13.1% of men and 3.8% of women indicated that they had tried drugs at least once. Younger Lithuanian residents (15-34 year-olds) more frequently than older residents (35-64 year-olds) indicated that they had tried drugs at least once (14.1% vs. 3.8%, respectively). It was noted that young men three times more frequently than young women indicated that they had tried drugs at least once (20.8% vs. 7.3%, respectively). Increasingly more young women try drugs at least once compared to older women (refer to Table 2.4).

² Alcohol Use Disorders Identification Test (AUDIT, Sanders et al., 1993);

³ Respondents were explained that "standard alcoholic drink" equals a shot of a strong drink (40 ml), a glass of wine (120-150 ml), or a small glass of beer (330 ml);

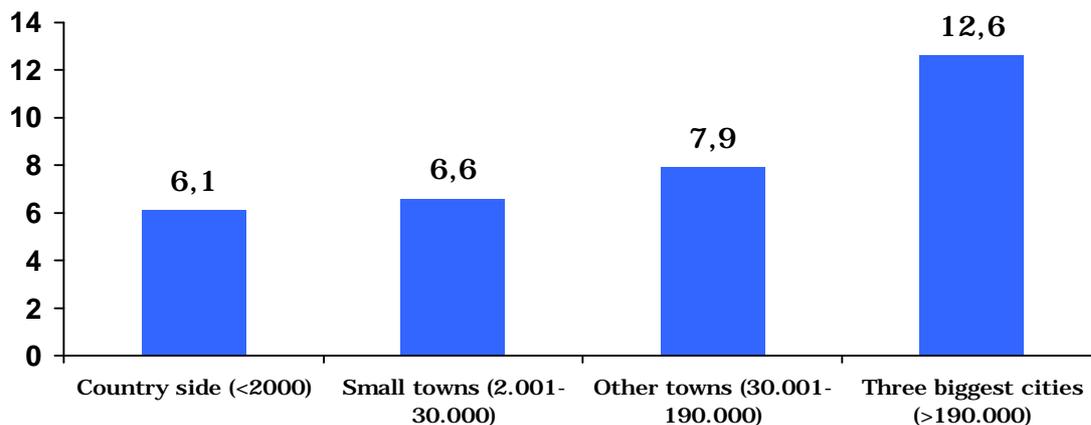
⁴ Mushrooms of genus *Psilocybe* containing Psilocybin or Psilocin that cause hallucinations;

Table 2.4. Lifetime Prevalence of Any Drug Use by Gender and Age, %

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Lifetime prevalence (LTP)	13.1	3.8	8.2	20.8	7.3	14.1	6.8	1.2	3.8
Last year prevalence (LYP)	3.9	1.2	2.5	7.5	2.8	5.2	0.1	0.0	0.1
Last month prevalence (LMP)	1.4	0.1	0.7	2.9	0.2	1.5	0.0	0.0	0.0

City dwellers use drugs more often than people from rural areas and smaller towns. 6.1% of rural residents, 6.6% of people living in district centers, 7.9% of people living in other towns, and 12.6% of people living in three biggest cities (Vilnius, Kaunas and Klaipėda) tried using drugs at least once in their lifetime (refer to Diagram 2.1).

Diagram 2.1. Lifetime Prevalence of Any Drug Use by Residence, %



Prevalence of Cannabis Use

Same as in Europe, cannabis is the most prevalent drug in Lithuania. Lifetime prevalence (LTP) of cannabis use was reported by 7.6% of Lithuanian residents. Last year prevalence (LYP) or last month prevalence (LMP) of cannabis use was reported by 2.2% and 0.7% of Lithuanian residents aged from 15 to 64, respectively. All prevalence indicators of cannabis use are higher among men (compared to women), and among younger population (compared to older respondents). Lifetime prevalence percentage of cannabis use is 3.7 times higher among younger (15-34 year-olds) Lithuanian residents (12.9%) compared to older (35-64 year-olds) respondents (3.5%).

Cannabis is most frequently used in the biggest Lithuanian cities. This difference is particularly large in the last month prevalence group (refer to Tables 2.5 and 2.6).

Table 2.5. Lifetime Prevalence of Cannabis Use by Gender and Age, %

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Lifetime prevalence (LTP)	12.1	3.4	7.6	19.0	6.9	12.9	6.5	0.9	3.5
Last year prevalence (LYP)	3.4	1.1	2.2	6.5	2.6	4.6	0.8	0.1	0.4
Last month prevalence (LMP)	1.4	0.1	0.7	2.9	0.2	1.5	0.3	0.0	0.1

Table 2.6. Lifetime Prevalence of Cannabis Use by Residence, %

	Villages	District Centers and Small Towns	Other Towns	The Biggest Cities
Lifetime prevalence (LTP)	5.1	5.1	7.2	11.2
Last year prevalence (LYP)	1.1	1.1	2.0	3.8
Last month prevalence (LMP)	0.5	0.4	0.2	1.4

Prevalence of Other Drug Use (Excluding Cannabis)

2.3 per cent of Lithuanian residents used other drugs than cannabis at least once. Other drugs than cannabis were more frequently used by men, younger population and people living in larger cities

rather than women, older residents and people from rural areas. Men more often than women indicated that they had tried other drugs at least once. (3.8% vs. 1.0%, respectively). Younger people (15-34 year-olds) more often than older residents (35-64 year-olds) indicated that they had tried other drugs at least once (4.3% vs. 0.8%, respectively).

Excluding cannabis, the most widespread drugs in Lithuania are amphetamine and ecstasy. Prevalence of their use is very similar. Amphetamine was used at least once by 1.1%, ecstasy – by 1.0%, hallucinogenic mushrooms (magic mushrooms) – by 0.5%, cocaine – by 0.4%, heroin – by 0.3% and LSD – by 0.3% of Lithuanian residents. The most common kind of hallucinogens are "magic mushrooms"; 0.5% of Lithuanian residents tried them at least once (refer to Table 2.7).

Table 2.7. Lifetime Prevalence of Other Drug Use (Excluding Cannabis) by Age and Gender, %

Substance	Age	15-64			15-34			35-64		
		M	F	Total	M	F	Total	M	F	Total
Any drugs except cannabis		3.8	1.0	2.3	7.1	1.6	4.3	1.1	0.5	0.8
Amphetamine		1.8	0.5	1.1	3.4	1.0	2.2	0.5	0.1	0.3
Ecstasy		1.5	0.5	1.0	3.2	1.1	2.1	0.2	0.1	0.1
Hallucinogenic mushrooms (magic mushrooms)		0.8	0.2	0.5	1.5	0.1	0.8	0.3	0.2	0.2
Cocaine		0.8	0.1	0.4	1.3	0.1	0.7	0.4	0.1	0.2
Heroin		0.6	0.1	0.3	1.1	0.1	0.6	0.2	0.1	0.1
LSD		0.5	0.1	0.3	0.9	0.1	0.5	0.1	0.1	0.1

The highest percentage of people who used ecstasy and amphetamine at least once was reported in the age group of 15-24 year olds: 2.7% and 2.6%, respectively. Compared to other localities, residents of three biggest cities far more frequently reported the use of these drugs at least once in a lifetime.

2.2. Drug Use in the School and Youth Population

NO NEW INFORMATION AVAILABLE.

2.3. Drug Use among Specific Groups

Drug Use among Army Soldiers and Conscripts

In 2004, the Military Medical Service of the Lithuanian Armed Forces in all military medical commissions (hereinafter, MMCs) conducted medical examinations on the prevalence of substance use in the Army. 9,739 individuals selected for initial mandatory military service (hereinafter, IMMS), professional military service (hereinafter, PMS), and applying to the military training institutions were surveyed.

372 IMMS soldiers (10.57% of the total number of IMMS soldiers) were tested in 2004 upon suspecting their use of narcotic substances (after returning to their military unit from home after holidays). 23 of those individuals tested positive (6.18% of IMMS soldiers suspected, or 0.65% of all IMMS soldiers in service). Another 155 soldiers were tested selectively; no positive test results were recorded among them. MMCs conducting medical examinations, in observance of the military medical commission regulations, attributed 144 individuals to surveillance groups upon registering incidental cases of drug use. 157 IMMS soldiers were suspected with incidental use of narcotic substances within the military units. They were also attributed to surveillance groups (301 IMMS soldier, in total). Soldiers attributed to surveillance groups remained under observation of medical corps and their direct commanders; discussions were held with them on harmful effects of drug addiction on health; they were repeatedly tested. The measures taken paid off, since only 56 soldiers were tested positive for drug use (18.7% of the total number of soldiers attributed to surveillance groups). This extra work with soldiers attributed to surveillance groups yielded positive results – only 18.7% of individuals, who used narcotic substances earlier, attempted to use them again while in military service. PMS soldiers were tested for drug use after returning to their military unit from home after holidays; no positive test results were reported either in 2003 or 2004.

Hence, the following conclusion is drawn: soldiers did not start using narcotic substances while in military service; they used them during holidays, but not in their military unit. Those were incidental or isolated cases of drug use.

3. Prevention

Overview of National Drug Prevention Policy

In Lithuania, considerable attention is paid to primary prevention, the most operative and efficient solution of drug use problem. Both state institutions and non-governmental organizations allocate fair amounts of money to implementation of primary prevention measures in schools, families, and community. Primary prevention encompasses measures aimed at elimination of the social risks. Thus, primary prevention promotes a wholesome lifestyle by building immunity against harmful influences ahead of time – before a person is confronted with them.

Implementation of drug addiction prevention measures is projected in the National Drug Prevention and Drug Control Programme for 2004–2008, which stipulates that primary prevention of drug addiction shall be coordinated with prevention of alcohol and tobacco use and shall be based on sustainable education in the family, at school and in the community, by paying particular attention to prevention among high-risk children and youth. Another important document, the National Drug Prevention and Drug Control Strategy for 2004–2008, points out one of the priorities of this strategy – primary prevention of drug use in the family, among children and youth. Drug prevention projects executed in Lithuania in 2004 were most commonly concerned with universal prevention in local communities and schools so as to protect young people from drug use.

In 2004, municipal drug control commissions were set up in Lithuanian municipalities, the purpose whereof is to coordinate drug control and drug prevention programs run by respective municipalities. In early 2005, such commissions were established in 56 of the total of 60 municipalities.

With the purpose to build in Lithuania an information system for prevention of drug addiction meeting requirements of the European Monitoring Centre for Drugs and Drug Addiction, the draft questionnaire for evaluation of prevention projects and procedure for collection of information on prevention projects currently executed in the country were prepared. In the future, information on prevention projects and surveys run in Lithuania will be stored in the database accessed directly from the Internet; later on, the best model projects will be stored in EDDRA (Exchange on Drug Demand Reduction Action) database.

3.1. Universal Prevention

In 2004, the following measures were implemented under the projects and programs aimed at prevention of drug addiction:

1. Dissemination of information to the general public through multiple sources of media.

Institutions running prevention activities provided information to the general public on drug prevention and control activities executed in Lithuania: published newsletters, disseminated information through multiple sources of media on drug prevention policy and drug related harms, measures taken in the field of drug control and prevention of drug addiction, problems caused by the use of psychotropic substances and possible ways to solve them at school. Specialists participated in radio and television broadcasts; topical articles were written and published in national and local daily newspapers.

The Key of Success: Excellent Health program was implemented in 2004 by the Drug Control Department in cooperation with the Ministry of Health. The purpose of this program was to instill the fundamentals of a wholesome lifestyle in the minds of school students by precluding them from tobacco, alcohol and drug use. Program resources were used for production of short videos and airing them on television as well as for production of posters for outdoor advertising all over the country. The media campaign was targeted at young people. The aim was to inform them about harmful effects of rapidly spreading addictive disorders using most attractive to them means of communication and to develop correct attitude of juveniles towards health fundamentals. This campaign was very effective and received very positive feedback from adolescents. The key for this projects was successful selection of the most effective for this target group (14-18 year old boys and girls; the size of the target group was 273,000 people) communication means (photo-sessions, videos, posters, famous people). Creative solutions for

the media campaign (scenarios for posters, videos, photo-sessions) were chosen based on opinions and suggestions of young people, in order to make them as effective and comprehensible to the target audience as possible.

2. Preparation, publishing and distribution of information materials. To inform the general public on activities of drug prevention and control in Lithuania, a number of Lithuanian institutions and organizations published and distributed methodical and informational publications: books, reviews, posters, booklets, CDs, postcards, flyers, etc. aimed at various groups (general public, school students, prisoners, parents, specialists), built specialized websites dedicated to prevention of drug addiction.

3. Training. Trainings and seminars, including professional training courses, were held to a variety of specialist groups:

The Drug Control Department in cooperation with the State Health Centre and the Nordic Council of Ministers Office in Lithuania prepared and implemented the training program on effective teamwork to members of municipal drug control commissions. The aim of the training program was to teach municipal drug control commission members the teamwork principles, creative decision-making, to promote introduction of more versatile and more effective cooperation forms, to foster interactive and cooperative working culture in targeted, consistent and systematic management of drug control prevention measures in municipalities. 113 drug control commission members from 40 municipalities were trained.

The Training Centre of the Prison Department held professional training courses to prison staff on prevention of drug addiction and seminars to specialists of prison healthcare services on medical examination of individuals diagnosed with alcohol or drug intoxication. 90 physicians and medical specialists were trained.

The Ministry of Education and Science held training seminars on drug prevention issues to medical specialists, social workers, psychologists and social mentors, public healthcare specialists working at schools.

The Training Centre of Social Workers under the Ministry of Social Security and Labour prepared three training programs for social workers: *Harmful Habits: The Outcome of Crises, Addictions and Family, Addictions and Crime* and ran 12 seminars attended by 222 specialists from municipal social welfare divisions, social service centres, centres for addictive disorders, mental health centres, rehabilitation communities of drug users, day-care centres, and prisons.

The Ministry of Health and its subordinate institutions in cooperation with municipalities held seminars, lectures, discussions, professional training courses and seminars on drug addiction, alcohol and tobacco use, HIV/AIDS, and STI prevention issues to parents, school students, school teachers, social workers, physicians, psychologists and representatives of the local communities.

The Police Department held training seminars and professional training courses for the police officers on drug control and prevention of drug addiction issues.

4. Financing of projects. The State Council for Youth Affairs announced the tender for the best drug prevention projects and financed 12 selected proposal aimed at youth socialization, social integration, solution of psychological problems, prevention of addictions among high-risk children groups, helping children raised in problem families. The aforementioned projects received 100,000 litas in funding. In the process of project implementations, numerous seminars, conferences, trainings sessions and camps, weekend tours, art therapy sessions, meetings, public awareness campaigns, festivals, excursions, contests, tournaments, music shows were held. The total of 2,916 individuals participated in project implementations.

The Police Department ran a countrywide *Themis* contest for school students competing in their knowledge of the legal system, summer camp for young police supporters and young riflemen (200 children from 9 regions were participating), as well as the prevention program in Panevėžys schools *Safe and Healthy at School*.

The Ministry of Education and Science supported the primary drug prevention measures implemented in comprehensive schools (for more information refer to *School Based Universal Prevention*).

Financial support to a variety of projects throughout the country was also provided by municipalities, international and non-governmental organizations, foundations and private companies.

Coordination of Drug, HIV/AIDS, Alcohol, Tobacco and STI Prevention Measures

Measures aimed at prevention of drug addiction implemented in Lithuania under the National Drug Prevention and Drug Control Programme for 2004–2008 are coordinated with other projects that conducted under other public health programs: State Alcohol Control Programme, Lithuania Health Programme, State Tobacco Control Programme, Addictive Disorders Programme 2005–2008, State Programme on Prevention of Mental Disorders, National Action Programme for Environmental Health, State Program on HIV/AIDS Prevention and Control 2003–2008, and program implementation plans.

In 2004, the majority of projects on prevention of drug addiction executed in Lithuania by public healthcare centres were dedicated to primary prevention of drug addiction, HIV/AIDS, alcohol, tobacco use and STI transmission among juveniles and young people. With the purpose to build a negative approach towards the use of addictive psychotropic substances, the measures taken at comprehensive schools and youth camps included seminars, events, lectures, discussions, quizzes on drug, tobacco and alcohol harms and dangers, and involved parents, teachers, healthcare and social workers, psychologists employed at educational institutions. In 2004, Lithuanian public healthcare centres paid utmost attention to children: building of wholesome life skills, developing psychological resistance, implementing prevention of drug use and HIV/AIDS, identifying those teenagers who use narcotic substances, and finding ways to help them.

School Based Universal Prevention

Legislation Developments

By Order No ISAK-1462 of the Minister of Education and Science dated September 17, 2004, *On Prevention of Delinquent Behavior, Absenteeism, Substance Abuse, HIV/AIDS, Violence and Crime in Schools*, prevention working groups were set up in schools coordinated by special prevention units established under municipal administrations. The Minister of Education and Science also approved the project schedule of prevention measures and responsibilities delegated to prevention working groups in schools and coordination units under municipal administrations.

By Resolution of the Government of the Republic of Lithuania dated December 1, 2004, the National Programme on Childcare Centres 2005–2007 was approved. The Programme is dedicated to children raised in problem families. It proposes solutions to social problems related to childcare and education and organize the education of children, after-school activities and social work at the childcare centres by so providing favourable conditions for the child to be raised by his/her biological parents.

Prevention Actions

In carrying of drug prevention actions and execution of programs in Lithuanian educational institutions, actively involved were the Ministry of Education and Science, the Ministry of Health, the Drug Control Department, the Police Department, public healthcare centres, municipalities and non-governmental organizations.

a) Financing of prevention projects. The Ministry of Education and Science implemented primary prevention of drug addiction in comprehensive schools. 83 projects received financing to provide information to members of school communities throughout the country on drugs, addictive disorders, prevention of drug addiction, and early intervention methods applied in Lithuania and abroad. Parents and teachers were given lectures on prevention of drug addiction, were trained to detect whether their child uses drugs, to render first aid to children intoxicated with drugs. 5,000 teachers, 180 psychologists and nearly 2,500 volunteers participated in running of the aforementioned projects.

To promote targeted activities of children and their socialization in 2004, the Ministry of Education and Science financed 98 projects to provide social and educational function at schools; it also supported operation of day-care centres. Projects supported: 25 educational projects involving athletic training of children and youth; 22 educational projects involving musical training of children and youth; 14 educational projects involving figurative art training of children and youth; 28 educational projects encouraging other forms of self-expression of children and youth. In the course of project implementations children and youth activities were coordinated, targeted activities encouraged, national traditions cherished. Children and youth participated in competitions and festivals attended by hundreds of spectators. Artistic charity and educational activities were organized to socially and educationally abandoned children and young people with special needs. Numerous after-school activities in comprehensive schools involved varieties of hobby groups, clubs, day-care centres and other programs

and projects. In the course of such projects, leisure and self-expression possibilities for school students suffering from social isolation were created. Socially neglected children from high-risk groups were taught social integration skills, how to recognize dangerous situations, ask for help, and communicate in socially acceptable ways, etc.

b) Training. The Ministry of Education and Science financed 30 projects to provide training to teachers on primary prevention of drug addiction. 500 seminars were attended by 10,000 teachers. To provide with deeper psychological and educational knowledge, which is necessary in working with children and family, training seminars were held to medical and public healthcare specialists, social workers, psychologists and social mentors employed in schools on prevention of drug addiction issues. The training seminars were co-organized by public health specialists.

c) Dissemination of information to the general public through multiple sources of media.

To inform school students, their parents and teachers on alcohol, tobacco and drug related harms, a number of Lithuanian institutions and organizations published and distributed methodical and informational publications in schools: books, reviews, posters, booklets, CDs, postcards, flyers, etc.

d) Preparation, publishing and distribution of information materials. The Ministry of Education and Science in cooperation with public healthcare centres organized publication and distribution of methodical materials on primary prevention of drug addiction, i. e. compact discs, booklets, brochures, posters, books and other visuals. The materials prepared were disseminated at training courses and events; they were also distributed to schools and local communities for use in coordination of drug prevention activities. In preparation of visuals and methodical materials, not only specialists participated – they were also assisted by school students themselves.

f) Leisure activities. Together with local municipalities, The Ministry of Education supported numerous after-school activities in comprehensive schools including varieties of hobby groups, clubs, day-care centres and other programs and projects.

g) Establishment of social mentoring and educational psychology services. The Ministry of Education and Science financed the establishment of social mentoring and educational psychology services in schools. Under the Social Mentor Programme 2001–2005, approximately 800 new social mentor positions were set up in schools; another 69 social mentor positions were financed in 2004.

Universal Prevention in the Lithuanian Army

The Military Medical Service of the Lithuanian Armed Forces approved educational programs on prevention of drug addiction to commanders (3 hours in duration) and soldiers (2 hours). Based on key provisions of the *Army Substance Abuse Program* adapted for Lithuania, prevention of drug addiction was carried out in the national defense system. As a result of drug control, surveillance and education measures implemented in military units, awareness of soldiers of drug related harm grew. Under aforementioned programs, 90 lectures were given to the total of 5,529 initial mandatory military service soldiers, and 60 lectures were given to the total of 1,870 professional military service soldiers.

3.2. Selective/Indicated Prevention

Groups at Risk

a) Individuals (Including Juveniles) Sentenced to Prison

By Order No V-946 of the Minister of Health dated December 23, 2004, the list of measures on prevention of drug addiction was approved for implementation at juvenile interrogation/penitentiary institution. Seminars were held to the staff of the Kaunas Juvenile Interrogation/Correction Facility.

In 2004, the Prison Department conducted a variety of drug prevention measures in all institutions subordinate to the Department. Bulletin boards in all institutions constantly provided information on drug related harms to human health and threats of drug addiction and HIV/AIDS. Drug use prevention issues were incorporated in social, legal and ethical training programs held in prisons.

Penitentiaries organized contest of convicts for the best poster on drug addiction and HIV/AIDS. The best works from this contest were published in a separate catalogue; exhibition of the best works was held at the American Center to mark the World AIDS Day. Arrestees and convicts arriving to interrogation facility were informed about dangers related to drug use and handed brochures on HIV/AIDS and drug prevention. Prisons organized meetings with ex-convicts, who started attending

rehabilitation sessions for drug users while in prison, and now lead successful life in freedom without drugs.

Specialists of public healthcare centres and Lithuanian AIDS Centre held seminars, training sessions, discussions to prison employees and convicts, disseminated informational and methodical materials on issues related to prevention of drug addiction, HIV/AIDS, and sexually transmitted infections.

b) Children Living in Childcare and Educational Institutions

The Training Centre of Social Workers under the Ministry of Social Security and Labour prepared organized training seminars at childcare and educational institutions. 60 specialists from childcare institutions were trained.

In October-December 2004, the State Mental Health Centre held 12 seminars to children living at childcare and education institutions. 60 specialists from childcare institutions were trained. Informational publications were also circulated among the staff of the childcare centres.

At-Risk Families

In 2004, the State Council for Youth Affairs announced the tender for the best drug prevention projects and financed 12 selected proposals dedicated to social integration, solution of psychological problems, prevention of addictions among high-risk children groups, helping children raised in problem families. In the process of project implementations, numerous seminars, conferences, trainings sessions and camps, weekend tours, art therapy sessions, meetings, public awareness campaigns, festivals, excursions, contests, tournaments, music shows were held.

The Ministry of Social Security and Labour selected and financed 80 projects to support the activities of NGOs running childcare centres. Day-care programs run by childcare centres helped to solve social problems of children raised in problem families, to organize their education and after-school activities, to ensure social work with their parents, by not depriving the child of the family. The Ministry also prepared methodical reference to social workers who work with children raised in problem families, one or both of the parents whereof abuse psychotropic substances. The publication was distributed to social welfare divisions at regional administrations and municipalities, training centres of social workers, centres for addictive disorders, mental health centres, a number of non-governmental organizations working with children.

The Ministry of Education and Science supported projects aimed at creating leisure and self-expression possibilities for school students suffering from social isolation. Socially neglected children from high-risk groups were taught social integration skills, how to recognize dangerous situations, ask for help, and communicate in socially acceptable ways, etc. Particular attention was paid to day childcare centres serving social and educational functions. During the summer, schools ran *Exercise Whenever You Wish* campaign targeted at high-risk children and children staying for the summer in the local community. 366 comprehensive schools took participation in the campaign. More than 150,000 children throughout the country, who spent the summer at home, had opportunities to go to school next-door and play there anytime.

4. Problem Drug Use

4.1. Prevalence and Incidence Estimates

No information available

4.2. Profile of Clients in Treatment

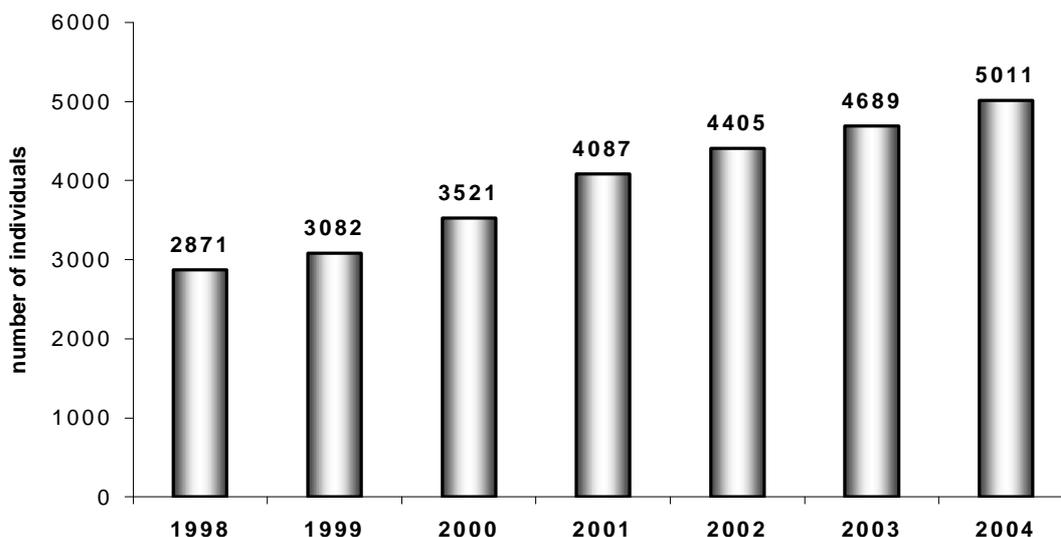
Number of treatment cases for a drug problem ("All treatments") means the number of individuals (cases) registered with the healthcare institutions for treatment of drug addiction.

Number of people seeking treatment for a drug problem for the first time ("First treatments") means the number of new individuals (cases) registered with the healthcare institutions for treatment of drug addiction within current year.

All Treatment Cases or Prevalence of Drug Addiction

According to the data provided by the State Mental Health Centre, as of December 31, 2004, healthcare institutions registered 68,653 individuals suffering from addictions to psychotropic substances (alcohol and drugs), or 378 persons less than in 2003. Of that number, 5011 individuals were suffering from drug addiction (*refer to Diagram 4.1*).

Diagram 4.1. Numbers of Individuals Suffering from Drug Addiction in 1998-2004 ("All treatments")

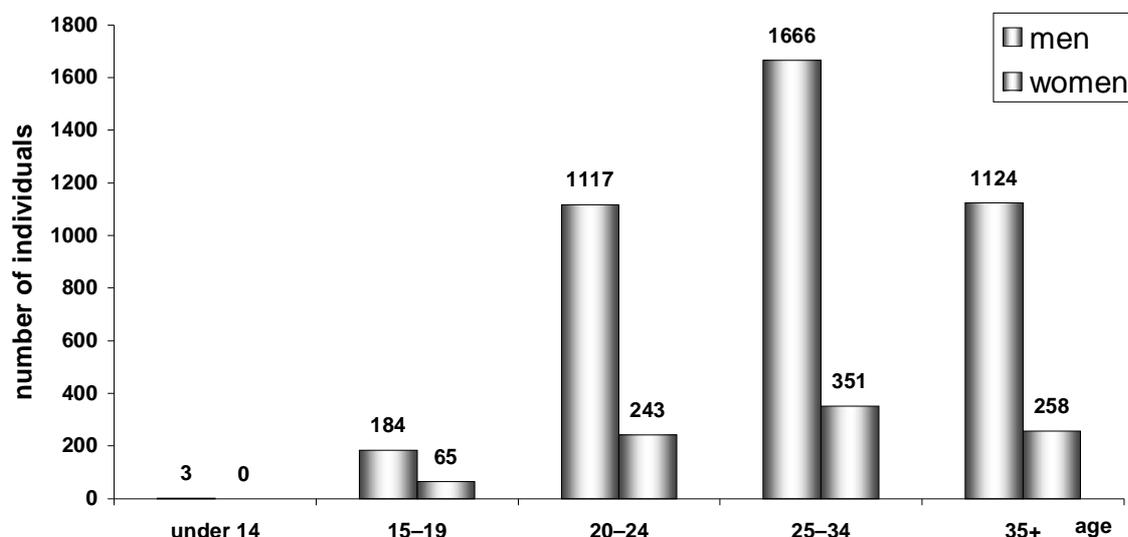


The number of registered individuals suffering from drug addiction is growing every year. Of all individuals suffering from drug addiction registered with healthcare institutions in 2004, 81.7 per cent were men (4,094 persons) and 18.3 per cent were women (917 persons).

Of those suffering from drug addiction registered with healthcare institutions in 2004, 94.1 per cent were city dwellers and 5.9 per cent lived in the rural areas. Of this number, 2,159 individuals (43 per cent) were adjudicated. The largest number of drug addicts in 2004, i.e. 2,301 person or 45.9 per cent of all registered individuals, was reported by Vilnius healthcare institutions.

Based on the 2004 data provided by the State Mental Health Centre in 2004, healthcare institutions reported drug addictions in the following age groups: 3 men under 14 years (0.1 per cent); 249 individuals, i.e. 184 men and 65 women, of 15–19 years old (4.9 per cent); 1,360 individuals, i.e. 1,117 men and 243 women, of 20–24 years old (27.1 per cent); 2,017 individuals, i.e. 1,666 men and 351 woman, of 25–34 years old (40.2 per cent); 1,382 individuals, i.e. 1,124 men and 258 women, of 35 years and older (27.5 per cent) (*refer to Diagram 4.2*). There were 54 registered juveniles (under 18) suffering from drug addiction, of that number 12 were girls.

Diagram 4.2. Numbers of Individuals Suffering from Drug Addiction in 2004, by Age Group



During the period from 2000 to 2004, the number of persons registered with healthcare institutions for treatment of drug addiction rose from 3,521 to 5,011 (+1,490 individuals), the number of treatment cases for a drug problem per 100,000 inhabitants also increased from 101.0 in 2000 to 145.42 in 2004 (refer to Table 4.1).

Table 4.1. Number of Treatment Cases for a Drug Problem in Lithuania in 2000–2004

	2000	2001	2002	2003	2004
Total number of individuals registered for treatment of drug addiction	3,521	4,087	4,405	4,689	5,011
male	2,868	3,352	3,600	3,824	4,094
female	653	735	805	865	917
per 100,000 inhabitants					
Number of treatment cases for a drug problem per 100,000 inhabitants	101.0	117.6	127.2	136.1	145.42
Number of treatment cases for a drug problem per 100,000 male inhabitants	175.9	206.3	222.6	237.7	254.2
Number of treatment cases for a drug problem per 100,000 female inhabitants	35.2	39.7	43.6	47.0	50.1

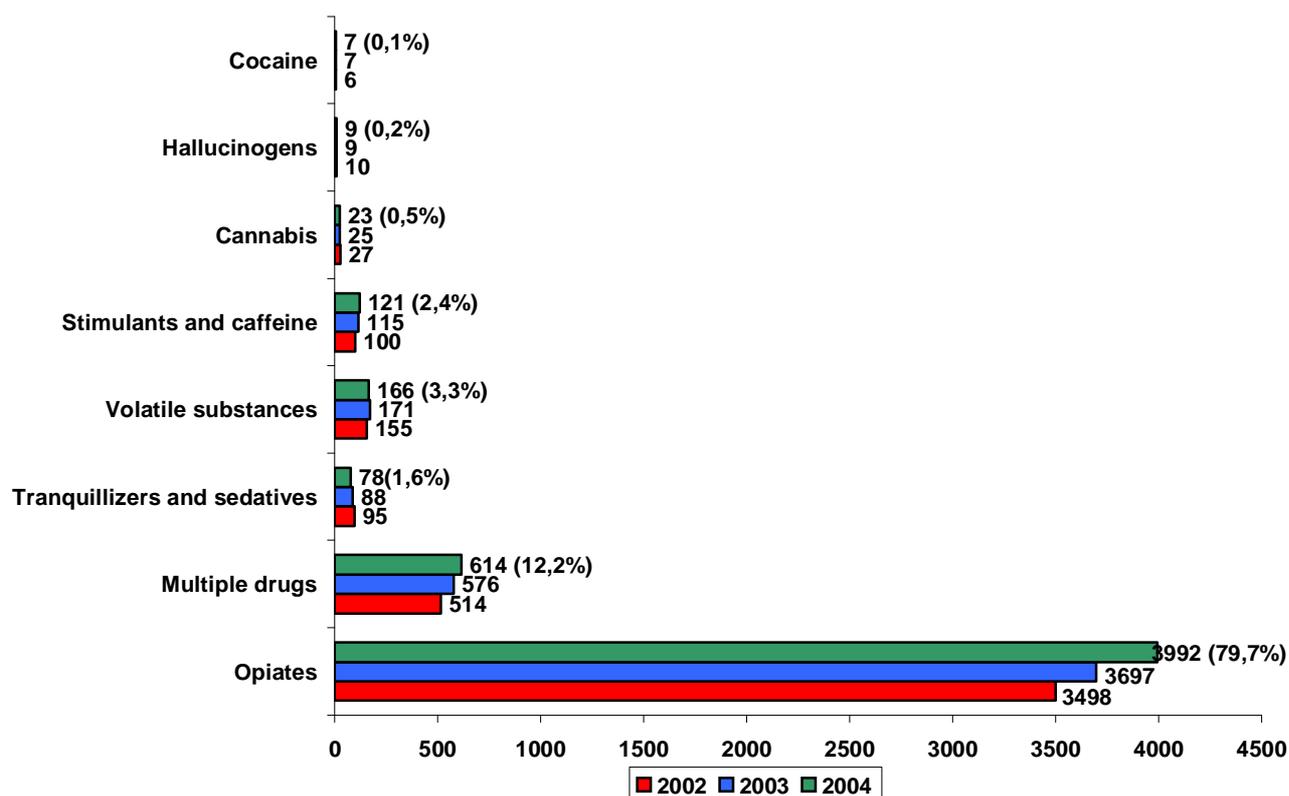
According to the data provided by the State Mental Health Centre, the majority of patients registered with healthcare institutions for treatment for drug addiction in 2004 were addicted to opiates. The least of them were addicted to cocaine.

Distribution by groups of psychotropic substances used in 2004 is shown in *Diagram 4.3*.

There were 54 juveniles (under 18 years old) registered with healthcare institutions, of those:

- 28 individuals (51.9 per cent) had addiction to opiates;
- 1 individual (1.9 per cent) had addiction to cannabis;
- 5 individuals (9.2 per cent) had addiction to stimulants;
- 2 individuals (3.7 per cent) had addiction to hallucinogens;
- 16 persons (29.6 per cent) had addiction to volatile substances.

Diagram 4.3. Distribution by Groups of Psychotropic Substances Used among Individuals Suffering from Drug Addiction in 2000–2004



Of all patients registered with healthcare institutions for treatment of drug addiction in 2004:

- 4,603 individuals (91.9 per cent) injected narcotic substances;
- 154 individuals (3 per cent) sniffed narcotic substances;
- 52 individuals (1 per cent) smoked narcotic substances;
- 229 individuals (4.6 per cent) ingested narcotic substances.

Number of New Treatment Cases Registered

In 2004, healthcare institutions registered 424 new individuals addicted to drugs: 359 men (84.7 per cent) and 65 women (15.3 per cent). First treatments index in 2004 was 12.3 cases per 100,000 inhabitants. Number of people seeking treatment for a drug problem for the first time increased from 10.3 cases per 100,000 inhabitants in 2003 to 12.2 cases per 100,000 inhabitants in 2004. Men first treatments index in 2004 was 22.2 cases per 100,000 men, women first treatments index was 3.5 cases per 100,000 women (*refer to Table 4.2*).

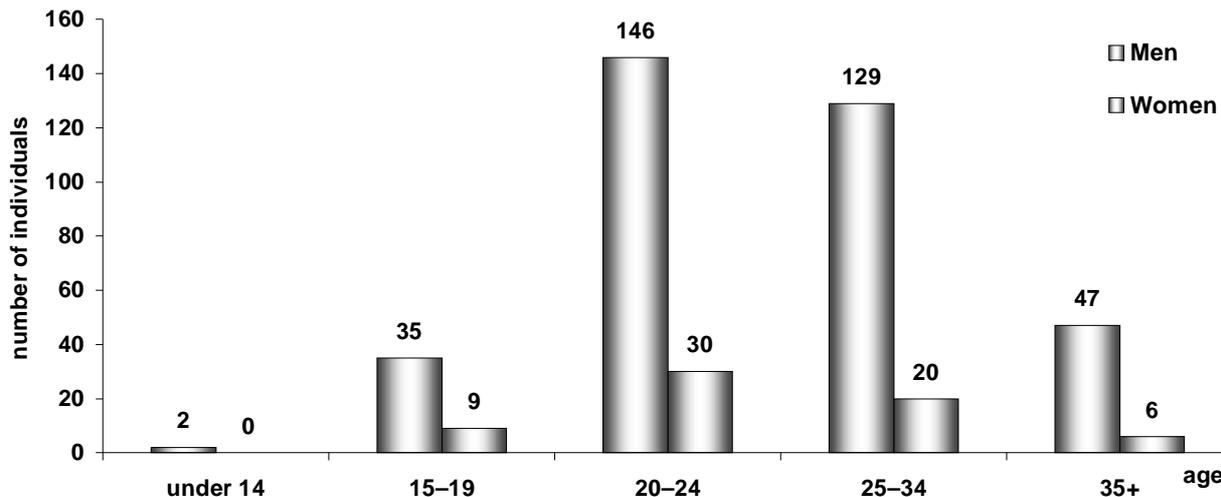
Table 4.2. Number of People Seeking Treatment for a Drug Problem for the First Time, 2000–2004

	2000	2001	2002	2003	2004
Total number of new treatment cases registered	546	653	471	356	424
male	481	553	383	282	359
female	85	100	88	74	65
per 100,000 inhabitants					
Number of people seeking treatment for a drug problem for the first time (cases per 100,000 inhabitants)	15.6	18.8	13.6	10.3	12.3
<i>Number of people seeking treatment for a drug problem for the first time (cases per 100,000 male inhabitants)</i>	29.4	34.0	23.6	17.5	22.2
<i>Number of people seeking treatment for a drug problem for the first time (cases per 100,000 female inhabitants)</i>	4.6	5.4	4.8	4.0	3.5

Distribution of New Treatment Cases by Age Group

In 2004, healthcare institutions registered 424 individuals (359 men and 65 women) seeking treatment for a drug problem for the first time: 2 men under 14 years (0.5 per cent); 35 men and 9 women (44 individuals or 10.3 per cent) of 15–19 years old; 146 men and 30 women (176 individuals or 41.5 per cent) of 20–24 years old; 129 men and 20 women (149 individuals or 35.1 per cent) of 25–34 years old; 47 men and 6 women (53 individuals or 12.5 per cent) of 35 years and older (refer to Diagram 4.4).

Diagram 4.4. Distribution of New Treatment Cases in 2004, by Age Group



In 2004, healthcare institutions registered 16 juveniles (12 men and 4 women) under 18 years old seeking treatment for a drug problem for the first time. Half of them had problems with opiates, 25 per cent – with stimulants. Of those seeking treatment for a drug problem for the first time in 2004, 276 men and 59 women (336 individuals or 79.8 per cent) were addicted to opiates, 67 individuals (15.8 per cent) were addicted to multiple drugs, 7 individuals (1.6 per cent) were addicted to volatile substances, 2 individuals (0.5 per cent) were addicted to tranquillizers and sedatives, 10 individuals (2.4 per cent) were addicted to stimulants.

Of all patients seeking treatment for a drug problem for the first time in 2004:

- 389 individuals (91.7 per cent) injected narcotic substances;
- 4 individuals smoked narcotic substances;
- 7 individuals sniffed narcotic substances;
- 19 individuals ingested narcotic substances.

4.3. Main Characteristics and Patterns of Use from Non-Treatment Sources

No information available

5. Drug Related Treatment

5.1. Treatment System and Legal Framework

Treatment and healthcare of individuals addicted to alcohol, narcotic and psychotropic substances and other stimulants are regulated by the Law on Addiction Treatment of the Republic of Lithuania (Žin., 1997, Nr. 30-711). To prevent addictions and to reduce their dire social consequences to patients and their communities, the law stipulates conditions for prevention of addictive disorders, early diagnostics of addictions, and healthcare and social integration of individuals suffering from addictions. Healthcare for individuals undergoing the treatment for addiction is carried out in line with the procedure defined by Order No 204 of the Minister of Health dated May 3, 2002 "On Addiction Treatment and Rehabilitation Standards (Žin., 2002, Nr. 47-1824). Addiction treatment and rehabilitation standards shall be followed by both state and private healthcare institutions. Standards call for treatment for opiate addiction with or without medication, e.g. with opiate agonists and antagonists by combining them with psychological and social help as well as control of substance use.

The underlying principle of the Law on Addiction Treatment (Article 4) stipulates that healthcare services rendered to individuals suffering from addictive disorders shall be supported by the state (provided free of charge). However, Article 6 (part 4) of the Law on Health Insurance of the Republic of Lithuania (Žin., 1996, Nr. 55-1287, 2002, Nr. 123-5512) prohibits state financed treatment of individuals aged under 18. Therefore, young patients aged under 18 undergoing treatment for addiction shall be compensated from the Mandatory Health Insurance Fund.

By Order No 544 *On the Approval of Subordinate Legal Acts under the Law on Addiction Treatment* dated September 25, 1998 (Žin., 1998, Nr. 86-2407), the Ministry of Health defined implementation procedure for the provisions of the Law on Addiction Treatment.

In recent years, special attention is paid to healthcare of juveniles addicted to psychotropic substances. In 2004, the Drug Control Department under the Government of the Republic of Lithuania prepared the draft resolution on the approval of the concept for provision of medical, psychological, social rehabilitation services to juveniles addicted to psychotropic substances, which was approved by the Government of the Republic of Lithuania in 2005.

Other legal instrument adopted by Order No 129/518 of the Ministry of Social Security and Labour and the Ministry of Health as of October 4, 2001 laid down the *Concept of Social Reintegration of Individuals Suffering from Addictions to Psychotropic Substances* (Žin., 2001, Nr. 88-3106), wherein the principles of social integration of persons suffering from addictive disorders were laid out. The principles of provision of healthcare and social services shall be common, notwithstanding the fact whether an individual is addicted to alcohol or illegal drugs. Healthcare institutions shall work in close cooperation with social care institutions and provide social services to patients suffering from addictive disorders. Healthcare, rehabilitation and social reintegration of individuals addicted to narcotic and psychotropic substances shall be among the main priorities in the National Drug Prevention and Drug Control Programme for 2004–2008 adopted by Resolution No IX-2110 of the Seimas of the Republic of Lithuania (Žin., 2004, Nr. 58-2041).

Within the Lithuanian healthcare system, healthcare for individuals with addictive disorders is provided under the auspices of mental healthcare system, hence prevention of addictive disorders and compilation of first treatments and all treatments indices are coordinated by the State Mental Health Centre. On the municipal level, the mental healthcare is taken care of by the established mental health centres. On December 31, 2004, 65 mental healthcare centres were operating in Lithuania.

The medical standard for the General Practitioners (GP) does not provide for the independent diagnostics and treatment of mental disorders, including addictions. The GP may suspect the addiction and forward the patient to psychiatrist for diagnostic procedure. The General Practitioner can, in cooperation with the psychiatrist (or psychiatrist specializing in addictive disorders), take an active participation in compilation and implementation of an individual treatment schedule.

According to the statutes of the mental health centres, the expert team shall organize mental observation, healthcare and social support. In 2004, outpatient aid at state institutions was rendered by 60 psychiatrists specializing in addictive disorders, 25 psychologists, 71 nurse, and 45 social workers. In-patient withdrawal treatment of individuals suffering from addictive disorders is provided by 5 regional centres for addictive disorders and psychiatric hospitals.

In-patient treatment methods offered by specialized centres for addictive disorders better suit the needs of people addicted to drugs. In 2004, specialized centres for addictive disorders also rendered a range of out-patient treatment services such as withdrawal treatment, miscellaneous treatment programs, day-care and in-patient rehabilitation services. Some specialized centres carried out "low threshold" programs for social counseling as well as infection prevention programs such as syringe and needle exchange and outreach services.

Institutions providing out-patient and in-patient treatment and rehabilitation services must be accredited with the Ministry of Health of the Republic of Lithuania and licensed to provide addiction psychiatry or psychiatry services. Thus minimal requirements for the quality of specialized healthcare services provided at healthcare institutions shall be met. Based on the data provided by the State Health Care Accreditation Agency under the Ministry of Health, there were 30 private institutions licensed to provide addiction treatment services and 80 private institutions licensed to provide psychiatry services in 2004.

According to the data of the State Mental Health Centre, the centres for addictive disorders altogether combined for 5,021 in-patients who completed the treatment in 2004; 4,344 of that number received treatment for alcohol addiction and 633 received treatment for drug addiction:

- 556 individuals with mental and behavioral disorders resulting from the use of opiates (F-11); of those, 354 were first treatments, 23 persons were under 18 years old;
- 2 individuals with mental and behavioural disorders resulting from the use of cannabis (F-12);
- 7 individuals with mental and behavioral disorders resulting from the use of tranquillizers/sedatives (F-13), 6 of them were first treatments;
- 17 individuals with mental and behavioral disorders resulting from the use of stimulants and caffeine (F-15); of those, 14 were first treatments, 1 person was under 18 years old;
- 3 individuals with mental and behavioral disorders resulting from the use of volatile substances (F-18); all of them were first treatments;
- 112 individuals with mental and behavioral disorders resulting from the use of multiple drugs and other psychotropic substances (F-19); 105 of them were first treatments.

Among those in treatment for mental and behavioral disorders (F11-F19), there were 86 women, 18 people from rural areas, 24 juveniles under 18 years old.

Treatment of Teenagers

In 2004, Vilnius Centre for Addictive Disorders had 10 beds for teenagers suffering from drug addiction (allocated since 2001), Klaipėda Centre for Addictive Disorders had 6 beds for detoxification and rehabilitation of teenagers (allocated in late 2004). Juveniles poisoned with alcohol or drugs were also treated in intensive care units of general purpose hospitals.

In 2004, 25 teenagers under 18 year old received in-patient treatment: 1 teenager received treatment for alcohol addiction, 23 – for opiate addiction, and 1 – for stimulant addiction. At the end of 2004, there were 57 juveniles under care and surveillance group. 3 of them suffered mental and behavioral disorders due to alcohol use, and 54 – due to drug use. Vilnius Centre for Addictive Disorders provided in-patient treatment to 20 teenagers and out-patient treatment to 52 teenagers; 49 of them were treated for addiction to drugs and 3 were treated for addiction to alcohol. Klaipėda Centre for Addictive Disorders provided treatment to 2 teenagers suffering from drug addiction in 2004.

5.2. Drug Free Treatment

In 2004, in-patient treatment and rehabilitation services to individuals suffering from drug addiction were provided by 5 centres for addictive disorders: Vilnius Centre for Addictive Disorders, Kaunas Centre for Addictive Disorders, Klaipėda Centre for Addictive Disorders, Šiauliai Centre for Addictive Disorders and Panevėžys Centre for Addictive Disorders. 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 an active involvement of patients in treatment and rehabilitation process. In recent years, alongside the patients with alcohol problem, Minnesota Programs admit increasingly more individuals suffering from drug addiction.

In 2004, out-patient treatment Minnesota Programs were carried out in Vilnius, Panevėžys, and Kaunas centres for addictive disorders. Services provided under the program include a 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 counseling services provided to the family members. The program is intended for patients who underwent 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 12-step program for anonymous drug addicts, therefore a patient is recommended to join mutual assistance groups for anonymous drug addicts. Patients participating in the program are screened for the use of narcotic substances. Sessions for family members are common.

5.3. Medically Assisted Treatment

Withdrawal Treatment

For the treatment of withdrawal symptoms of different origin, various combinations of medications depending on symptoms are recommended. Treatment standards require that, prior to the withdrawal treatment, the initial examination of the patient by physician-psychiatrist involved testing for HIV/AIDS, tuberculosis, and sexually transmitted diseases. Withdrawal treatment is controlled by detection of psychotropic substances based on concentration of alcohol in the expiratory air, traces of drugs in urinary samples. Counseling services shall be provided by psychologists and social workers. In-patient treatment deals with more complicated and complex abstention conditions using various medications. Standards of withdrawal treatment institute short-term (up to 7 days) and longer-term (up to 28 days) withdrawal treatment and unlimited follow-up treatment.

Some private institutions for treatment of addictive disorders have been applying rapid opiate detoxification (ROD) and instant opiate detoxification (IOD), when the course of withdrawal is accelerated by prescription of opiate antagonists, large doses of tranquilizers, and – in case of instant detoxification – narcosis. By application of the aforementioned methods of intensive therapy, the withdrawal treatment may be shortened to 2-5 days, however it requires an intensive nursing, as the risk of complications is high. The aforementioned treatment methods are not listed under standards of addiction treatment and rehabilitation adopted by the Ministry of Health of the Republic of Lithuania, and no assessments of their efficiency and complication risks have been conducted yet.

Substitution Treatment

In Lithuania, a substitution treatment with methadone was started in 1995, following the Order No 252 of the Ministry of Health of the Republic of Lithuania as of May 15, 1995 (*On Application of Methadone Program*), Order No 303 of the Ministry of Health of the Republic of Lithuania as of May 28, 1997 (*On Application of Methadone Program*; Žin., 1997, Nr. 55-1282), Order No 702 of the Ministry of Health of the Republic of Lithuania as of December 22, 1997 (*On Approval of Substitution Treatment Procedure for Patients Suffering from Opiate Addiction*; Žin., 1998, Nr. 13-326), and Order No 68 of the Ministry of Health of the Republic of Lithuania as of February 3, 1998 (Žin., 1998, Nr.13-327). In application of substitution treatment, general treatment and rehabilitation standards for addictive disorders shall be followed.

Legal acts and treatment and rehabilitation standards adopted by the Ministry of Health of the Republic of Lithuania stipulate that methadone substitution treatment may be applied to those individuals who regularly used opiates for the last 2 years and had failed previous treatments for addiction. The treatment is prescribed by decision of the medical examination commission. Healthcare institution applying the treatment shall regularly test patients for HIV/AIDS, sexually transmitted diseases, tuberculosis. Patients of the substitution treatment program shall receive counseling from social workers who shall also provide social services. Social personnel shall provide assistance to patients willing to acquire personal identification documents, direct the unemployed to the national labour exchange which runs free competence courses, etc. The purpose of social personnel is to mobilize social aid (such as

lodging, food, clothing, charity medications, and assistance with legal issues and courts) in a specific municipality.

The treatment is based on prescription of methadone solution taken under observation of medical personnel. Subject to approval of the medical examination commission, stable and socially adapted patients are usually allowed to take a dose of medication on weekends or upon arrival at healthcare institution twice or three times a week. Patients of unstable condition, who use illegal psychotropic substances, are required to arrive at the healthcare institution on a daily basis. A substitution treatment with methadone is integrated with the treatment of all types of addiction conditions at centres for addictive disorders and centres of mental health. In 2004, the costs of methadone and other medication prescribed for out-patient treatment at the CADs or mental health centres were largely covered by patients or by their family members. As of January 1, 2005, the total of 436 patients, or approximately 10 per cent of all registered patients addicted to opiates, received substitution treatment. In 2004, the total of 3,992 patients suffering from addiction to opiates were registered (79.7 per cent), 614 patients used multiple narcotic substances (12.3 per cent). Substitution treatment with methadone was available in Vilnius, Kaunas, Klaipėda, Panevėžys and Druskininkai (refer to Diagram 4.2.1). In 2004, substitution treatment program at the Vilnius Centre for Addictive Disorders had 202 clients: 101 of them were first-timers, and 48 were relapsed patients. Substitution treatment program at the Kaunas Centre for Addictive Disorders had 122 clients: 53 of them were first-timers, and 13 were relapsed patients. Klaipėda Centre for Addictive Disorders had 50 patients: 14 of them were first-timers and 19 were relapsed patients. Substitution treatment program at the Panevėžys Centre for Addictive Disorders had 41 client: 29 of them were first-timers, 15 were relapsed patients. Substitution treatment program at the Druskininkai Primary Healthcare Centre had 21 patient: 3 of them were first-timers, 2 were relapsed patients. Approximately 80 per cent of all individuals, who received substitution treatment, were men; 20 per cent were women.

Treatment of methadone program clients insured at the Vilnius Center for Addictive Disorders was financed from the Mandatory Health Insurance Fund. Centralized records of all patients undergoing the substitution treatment are kept by Vilnius Centre for Addictive Disorders, hence any possible doubling of methadone prescriptions is avoided. Municipality willing to launch a methadone substitution treatment program shall apply to the Ministry of Health of the Republic of Lithuania, which, provided that certain requirements are met (for premises, staff competence), will issue the licence to engage in this type of activity.

Buprenorphine (*Subutex*) was registered for the treatment for addiction to opiates in the late 2002. Until 2005, Buprenorphine was on the list of psychotropic medications and available at drugstores with the 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 taken under observation of medical staff only. In 2003, the Ministry of Health of the Republic of Lithuania prepared guidelines on how to administer and prescribe *Subutex* for withdrawal and maintenance treatments. However, the general procedure and standards were not yet approved in 2004.

Under the draft version of treatment and rehabilitation standards, the substitution treatment with Buprenorphine shall be non-termed, and combined with psychological and social support, and controlled for the use of other illegal drugs.

Other Medically Assisted Treatment

Naltrexon tablets (REVIA), antagonist of opiate receptors, was registered in Lithuania for the treatment of addiction to opiates in 2000. Naltrexon may be acquired by patients with a doctor's prescription in drugstores. The medication should be avoided during substitution treatment and prophylactics of relapses. The availability of treatment is restricted due to a relatively high price of the medication, which is not compensated by the state.

As of January 1, 2005, the total of 436 patients, or approximately 10 per cent of all registered patients addicted to opiates, received substitution treatment.

The substitution treatment with methadone in Vilnius is decentralized across 6 different mental health centres. Patients are directed to the mental health centres once their health and social condition has been stabilized at Vilnius Centre for Addictive Disorders.

In 2004, Vilnius, Kaunas and Klaipėda centres for addictive disorders in cooperation with Kaunas University of Medicine continued the WHO study *Substitution Treatment for Addiction to Opiates and Prevention of HIV/AIDS* started in 2003. The purpose of this research is to assess the efficiency of substitution treatment in various spheres of patients' lives (health, quality of life, criminal, risk behaviour).

6. Health Correlates and Consequences

6.1. Drug Related Deaths and Mortality of Drug Users

Mortality of Drug Users

Sources of Information: State Mental Health Centre; Department of Statistics under the Government of the Republic of Lithuania; Institute of Forensic Medicine of the Mykolas Riomeris University

According to the data of the State Mental Health Centre, the number of deaths among drug addicts registered with the healthcare institutions amounted to 39 in 2004 (refer to *Tables 6.1 and 6.2*). Of that number, 33 men and 6 women died. As in previous years, majority of them were abusing opiates. Most deaths were recorded in the age group of 30–49 year-olds (28 individuals) (refer to *Table 6.3*).

Table 6.1. Distribution of Deaths of Individuals Suffering from Drug Addiction in 2001-2004, by Gender and Type of Drug Used (as diagnosed)

	2001	2002	2003	2004
<i>Deaths, total</i>	49	40	48	39
<i>Male</i>	41	34	41	33
<i>Female</i>	8	6	7	6
According to ICD-10				
<i>F11</i>	41	32	38	29
<i>F12</i>	1		1	
<i>F13</i>		1	1	1
<i>F14</i>	1			
<i>F15</i>		1		
<i>F18</i>	1	1		2
<i>F19</i>	5	5	8	7

Source: State Mental Health Centre

Note:

F11 - mental and behavioural disorders resulting from the use of opiates

F12 - mental and behavioural disorders resulting from the use of cannabis

F13 - mental and behavioural disorders resulting from the use of sedatives and tranquilizers

F14 - mental and behavioural disorders resulting from the use of cocaine

F15 - mental and behavioural disorders resulting from the use of stimulants including caffeine

F18 - mental and behavioural disorders resulting from the use of volatile substances

F19 - mental and behavioural disorders resulting from the use of multiple drugs and other psychotropic substances

Table 6.2. Death Causes of Individuals Suffering from Drug Addiction Registered with Healthcare Institutions in 2002-2004

Causes/Years	2002	2003	2004
<i>suicides</i>	5 cases (12.5%)	5 cases (10.4 %)	4 cases (10.3 %)
<i>accidents</i>	1 case (2.5 %)	1 case (2.1 %)	5 cases (12.8 %)
<i>intoxication with drug</i>	5 cases (12.5 %)	4 cases (8.3 %)	4 cases (10.3 %)
<i>infections</i>	3 cases (7.5 %)	2 cases (4.2 %)	0 cases (0.0 %)
<i>somatic diseases</i>	2 cases (5 %)	10 cases (20.8 %)	9 cases (23 %)
<i>unknown</i>	24 cases (60 %)	26 cases (54.2%)	17 cases (54.2%)

Source: State Mental Health Centre

Table 6.3. Distribution of Deaths of Individuals Suffering from Drug Addiction in 2000-2004, by Age Group

Age/Year	2000	2001	2002	2003	2004
under 15	-	-	-	-	
15-19	-	1	-	-	0
20-24	3	4	4	3	3
25-29	7	8	4	5	7
30-34	10	11	8	16	9
35-39	15	12	14	5	4
40-44	16	7	4	8	8
45-49	5	3	3	10	7
50-54	2	2	3	-	1
55 and over	3	1	-	1	0
Total	61	49	40	48	39

Source: State Mental Health Centre

Drug Related Deaths

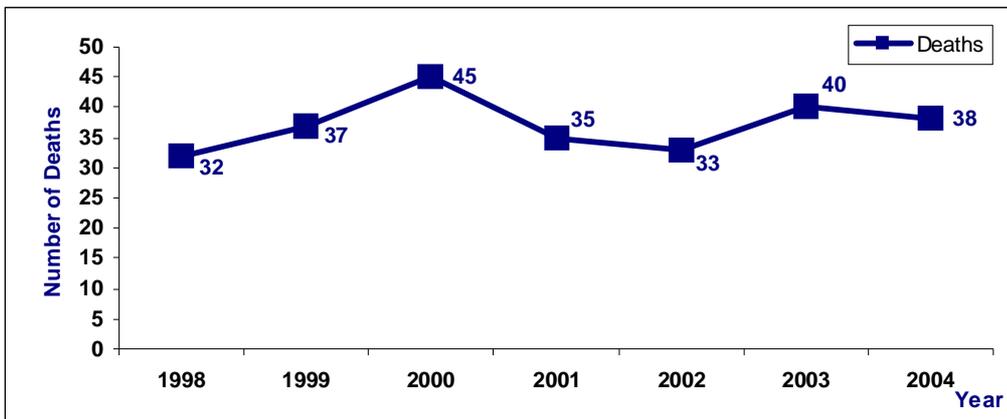
According to the data provided by the Department of Statistics under the Government of the Republic of Lithuania, the mortality rate due to abuse of narcotic and psychotropic substances nearly doubled during the period of 1996-2000 (from 23 to 45 cases per year). During the period of 2001–2004, however, the number of drug related deaths has stabilized (35 to 40 cases per year). In fact, only 38 cases were recorded last year, a slight decrease from 40 deaths in 2003. In 2004, most deaths were recorded in the age group of 20–34 year-olds (24 individuals) (refer to Table 6.4 and Diagram 6.1).

Table 6.4. Number of Deaths Caused by Substance Abuse in 2000-2004*, by Age Group

	2000	2001	2002	2003	2004
Total	45	35	33	40	38
under 15	1	-	-	-	-
15–19	6	4	5	2	1
20–24	9	6	4	14	9
25–29	5	9	7	7	6
30–34	12	7	8	10	9
35-39	5	4	5	3	6
39 and over	7	5	4	4	7

Source: Department of Statistics under the Government of the Republic of Lithuania

Diagram 6.1. Number of Deaths Caused by Substance Abuse in 1998–2004*



Source: Department of Statistics under the Government of the Republic of Lithuania

***Note.** According to the data provided by the Department of Statistics under the Government of the Republic of Lithuania, these are lethal cases, when a direct cause of death recorded in the Certificate of Death is "substance abuse".

Statistically, men deaths continue to dominate over women deaths (33 men and 5 women died in 2004), mainly because of the fact that it is mostly men who use drugs. According to the Department of Statistics, major causes of drug related deaths in 2004 were following:

- mental and behavioural disorders resulting from the use of opiates;
- mental and behavioural disorders resulting from the use of multiple drugs and other psychotropic substances;
- accidental intoxication with or elsewhere unclassified effect of drugs and psychodysleptics;
- intoxication with or elsewhere unclassified effect of drugs and psychodysleptics, when motivations are unknown (refer to Table 6.5 and Diagram 6.2).

Table 6.5. Causes of Deaths Resulting from Substance Abuse in 2004, by Age Group

Death Cause by ICD-10/ Age Group	Total	under 15	15-19	20-24	25-29	30-34	35-39	39+
Total Deaths	38	-	1	9	6	9	6	7
F11	3	-	-	-	1	1	-	1
F19	8	-	-	1	2	1	1	3
X42	17	-	1	6	1	5	3	1
X62	1	-	-	-	-	-	-	1
Y12	9	-	-	2	2	2	2	1

Source: Department of Statistics under the Government of the Republic of Lithuania

Note:

F11 - mental and behavioural disorders resulting from the use of opiates

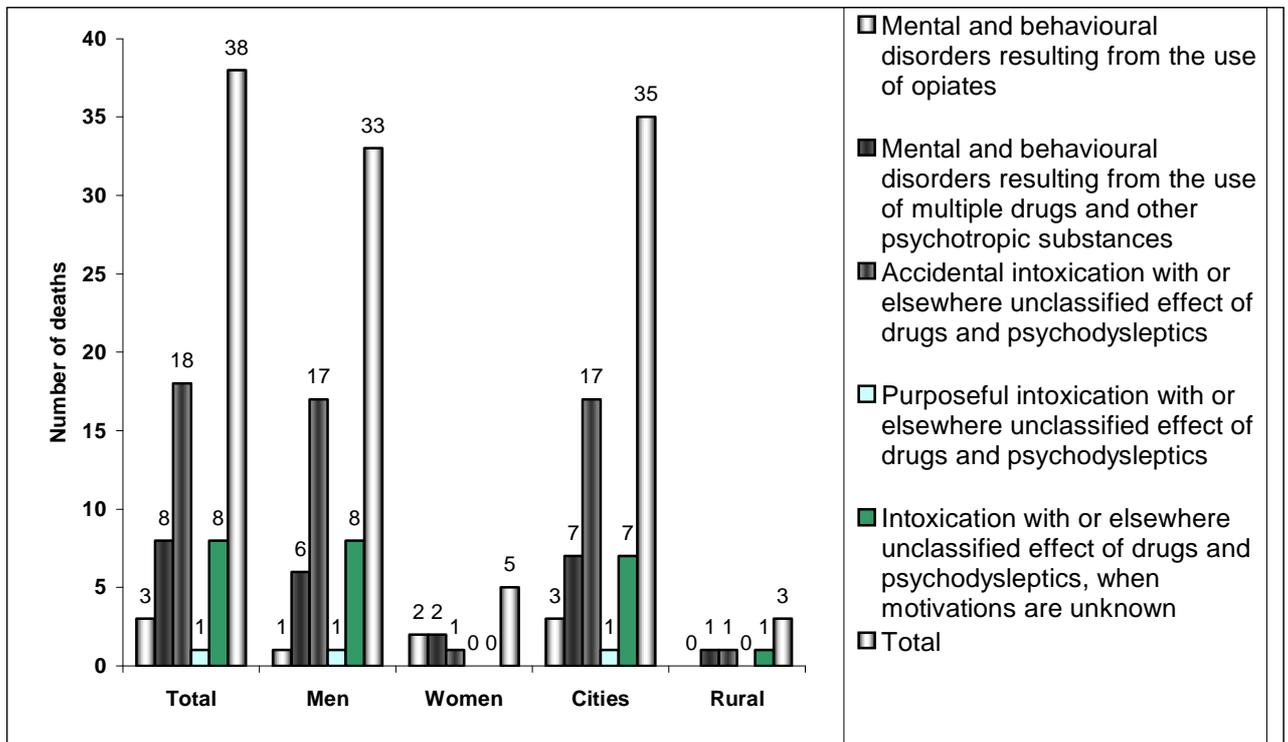
F19 - mental and behavioural disorders resulting from the use of multiple drugs and other psychotropic substances

X42 - accidental intoxication with or elsewhere unclassified effect of drugs and psychodysleptics

X62 - purposeful intoxication with or elsewhere unclassified effect of drugs and psychodysleptics

Y12 - intoxication with or elsewhere unclassified effect of drugs and psychodysleptics, when motivations are unknown.

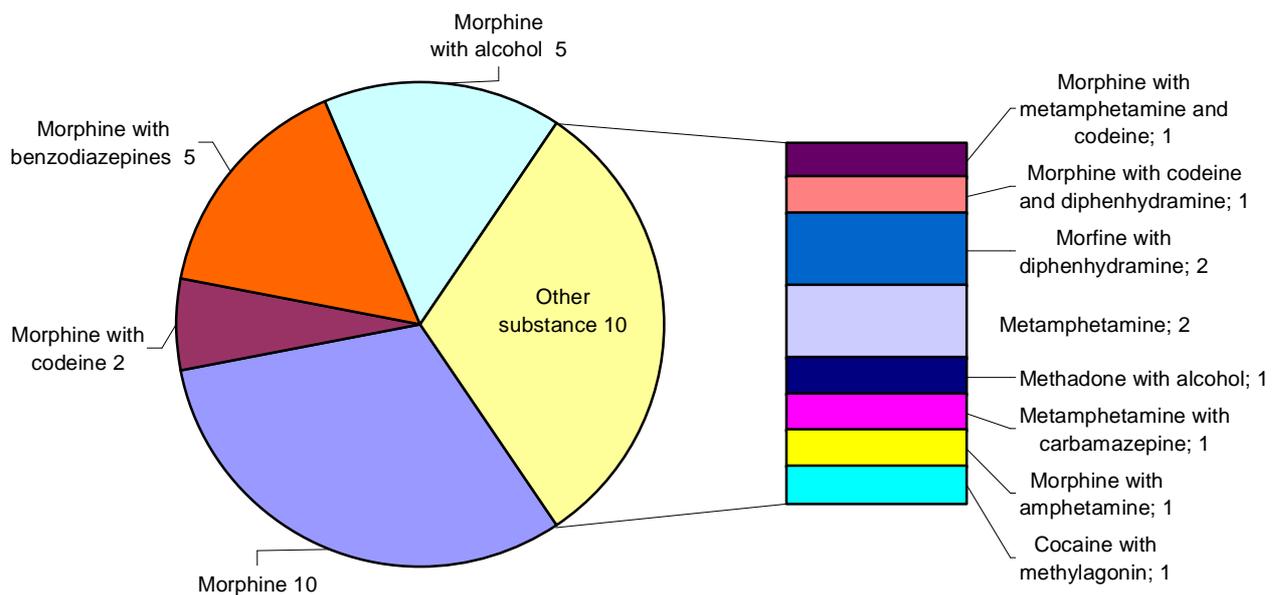
Diagram 6.2. Causes of Deaths Resulting from Substance Abuse in 2004, by Gender and Locality



Source: Department of Statistics under the Government of the Republic of Lithuania

According to the data provided by Institute of Forensic Medicine of the Mykolas Romeris University, there were 32 cases registered in Lithuania in 2004, when direct cause of death was drug poisoning; 1 woman and 31 man. Based on the chemical analysis of narcotic substances, most commonly abused substance remains morphine. In majority of cases, morphine was detected mixed with medicines (benzodiazepines, diphenhydramine, codeine), and alcohol (refer to Diagram 6.3).

Diagram 6.3. Distribution of Deaths Due to Drug Poisoning, by Substances Found in Bodily Fluids, 2004



6.2. Drug Related Infectious Diseases

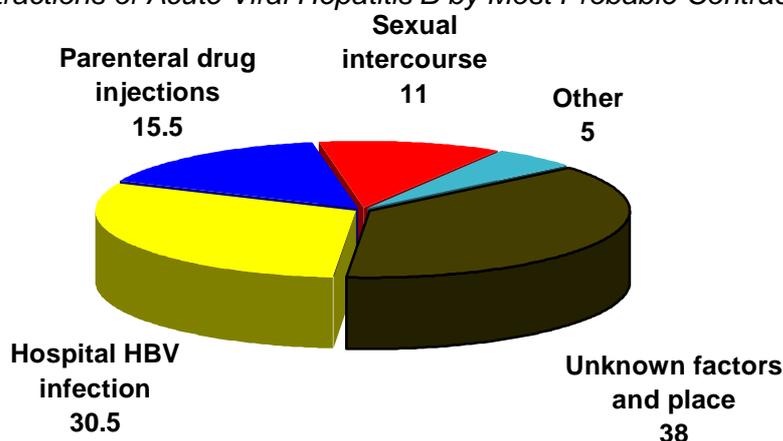
Contractions of Viral Hepatitis B

Source of Information: Infection Prevention and Control Centre under the Public Health Service

By Order No V-646 of the Minister of Environment of the Republic of Lithuania *On Approval of Children Vaccination Calendar* as of September 16, 2004 (Žin., 2004, Nr. 142-5210), newborn babies and 12 year-old children shall be vaccinated against viral hepatitis B at the expense of the state.

In 2004, Lithuanian healthcare institutions registered 187 new cases of acute viral hepatitis B (5.4 cases per 100,000 inhabitants), whereof 29 individuals were drug addicts (refer to *Diagram 6.4*). The incidence rates of acute viral hepatitis B were consistently declining over the last decade. However, the year 2004 showed a slight increase over the previous year: from 5.0 cases per 100,000 inhabitants in 2003 to 5.4 cases per 100,000 inhabitants in 2004. Most contractions with acute viral hepatitis B were recorded in the age groups of 20–29 year-olds (14.5 cases per 100,000 inhabitants) and 50–59 year-olds (7.7 cases per 100,000 inhabitants).

Diagram 6.4. Contractions of Acute Viral Hepatitis B by Most Probable Contraction Factor in 2004, %



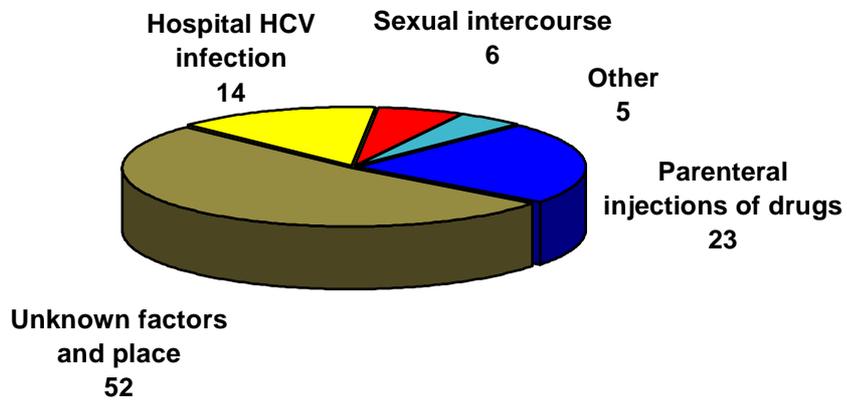
The analysis of contraction causes shows that the number of registered patients infected with acute viral hepatitis B via parenteral injections of drugs during the last 4 years decreased from 42.4% in 2001 to 15.5% in 2004 (162 cases in 2001, 72 cases in 2002, 38 cases in 2003, and 29 cases in 2004). *Diagram 6.4* reflects the distribution of acute viral hepatitis B contraction cases by the most probable contraction factor and place in 2004. As in previous years, higher incidence rates were recorded among men and city dwellers.

Contractions of Viral Hepatitis C

Source of Information: Infection Prevention and Control Centre under the Public Health Service

In 2004, Lithuanian healthcare institutions registered 83 new cases of acute viral hepatitis C (2.8 cases per 100,000 inhabitants). Of that number, 19 individuals contracted the infection via parenteral injections of drugs, which account for 22.9% of all cases (refer to *Diagram 6.5*). The number of registered contractions of acute viral hepatitis C decreased from 2.8 cases per 100,000 inhabitants in 2003 to 2.4 cases per 100,000 inhabitants in 2004.

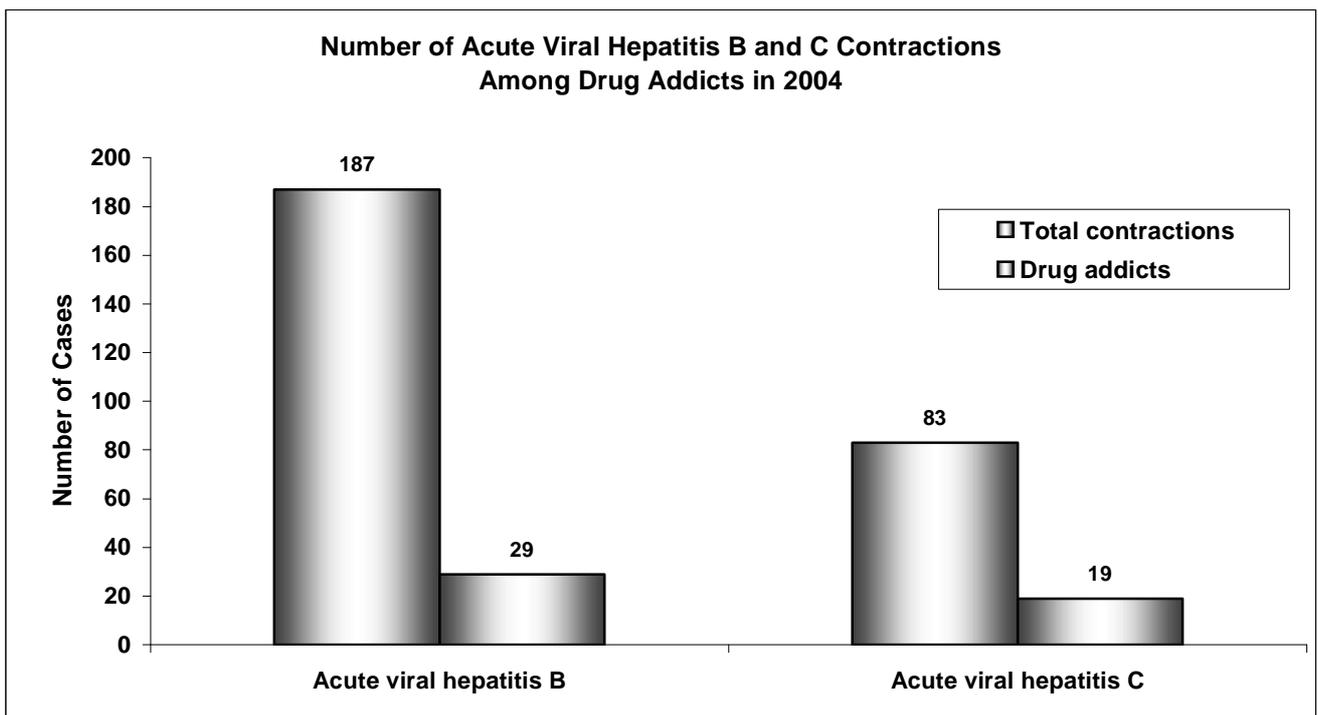
Diagram 6.5. Contractions of Acute Viral Hepatitis C by Most Probable Contraction Factor in 2004, %



In 2004, the highest HCV incidence rates were recorded among young adults, i.e. in the age group of 15–25 year-olds (5.5 cases per 100,000 inhabitants). In 2003, the highest HCV incidence rates were recorded in the age group of 25–29 year-olds (8.3 cases per 100,000 inhabitants). As in previous years, higher incidence rates were recorded among men and city dwellers.

It was also noted that the number of registered substance users infected with acute viral hepatitis C during the last 4 years was consistently decreasing: in 2001, 117 cases were reported (59% of all cases reported that year); in 2002, 55 cases were reported (43%); in 2003, 31 case was reported (32%); in 2004, 19 cases were reported (22.9%). These numbers, however, are not precise, as the significant portion (30–55%) of viral hepatitis contraction factors are unknown. Not all patients inform their doctors about risks they were exposed to, therefore assumption is made that some of them might have contracted acute viral hepatitis B or C while injecting drugs. *Diagram 6.6* reflects the distribution of acute viral hepatitis C contraction cases by the most probable contraction factor in 2004.

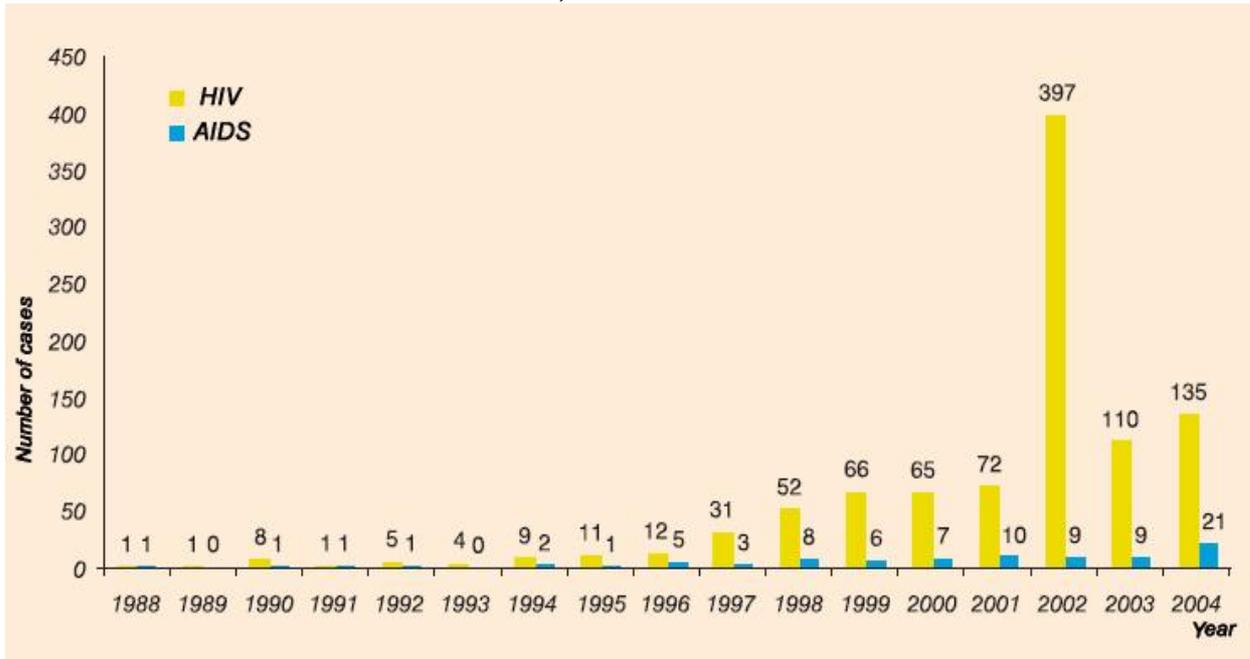
Diagram 6.6.



Information Source: Lithuanian AIDS Centre

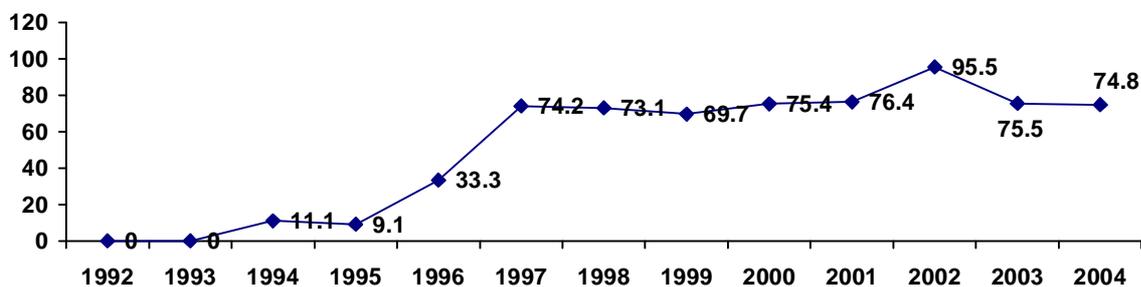
During the period of 1998–2004, the total of 980 individuals in Lithuania were diagnosed with HIV (Human immune deficiency virus). In 2004, 135 new cases of HIV infection were diagnosed vs. 110 new cases in 2003 and 397 new cases in 2002 (refer to Diagram 6.7). Majority, i.e. 82 (60.7 per cent), of new cases in 2004 were diagnosed in detention institutions and prisons. Out of 1,420 injecting drug users tested at the Lithuanian AIDS Centre, 17 individuals were diagnosed with HIV; out of 16,617 prisoners tested in prisons, 82 new cases of HIV were diagnosed.

Diagram 6.7. HIV/AIDS Prevalence in Lithuania, 1988-2004



During the entire period of tracking HIV prevalence in Lithuania, the total of 67 individuals contracted the virus through homosexual intercourse, 94 contracted HIV through heterosexual intercourse, and 781 were infected through drug injections. As in earlier years, most common way of contracting the human immune deficiency virus in Lithuania in 2004 (74.8% of all cases) was through drug injections. This number follows closely the average HIV prevalence rate calculated since 1988: on average, 78.6% per cent of all individuals infected with HIV contracted the virus while injecting drugs (refer to Diagram 6.8).

Diagram 6.8. HIV Infection Prevalence Among Injecting Drug Users, %

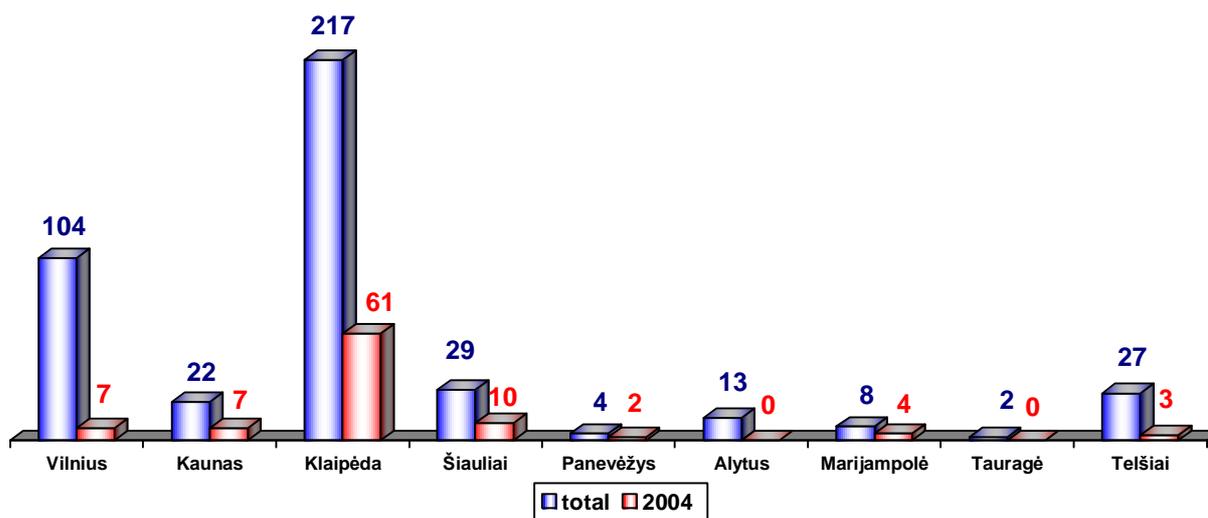


As of December 31, 2004, there were 876 males and 104 females diagnosed with HIV. The ratio between HIV positive men and women continued to decline. In 2002, the ratio of diagnosed men to women was 12:1; in 2003, 7:1; in 2004, already 5:1. The largest increases in numbers of women diagnosed with HIV were recorded in 2001 (23 new cases) and in 2004 (21 case).

In terms of geography, majority of new HIV cases in 2004 were reported in Klaipeda Region (63). Of those, as many as 61 contracted the virus while injecting drugs, a notable increase over 24 cases in 2003, and 25 cases in 2002.

16 new HIV infections apiece were reported both in Vilnius and Kaunas regions (refer to Diagram 6.9).

Diagram 6.9. Total Number of Individuals Infected with HIV vs New HIV Infections Through Drug Injections in 2004, by Administrative Regions of Lithuania

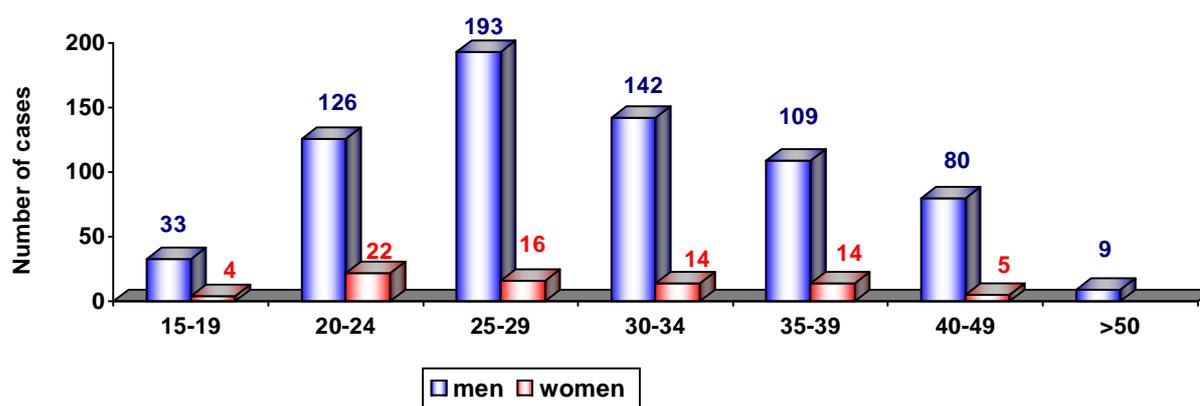


In 2004, six new districts and towns were added to HIV prevalence map, where first HIV infection cases were reported last year.

Klaipėda retained the highest HIV prevalence rate per 100,000 inhabitants at 105 cases. The average HIV prevalence rate in Lithuania in 2004 was 28.1 cases per 100,000 inhabitants, whereas in 2003, the rate was 24.5 cases per 100,000 inhabitants.

The average age of HIV positive men is 32 years, HIV positive women – 30 years. Recently, the average age of people infected with HIV tends to grow younger. In terms of age, HIV in Lithuania is most often diagnosed to 20–34 year-olds (62% of all infected with HIV) (refer to Diagram 6.10).

Diagram 6.10. Distribution of All Reported HIV Cases among Injecting Drug Users, by Age Group/Gender



In 2004, 12 persons infected with HIV developed AIDS. Last year, AIDS was diagnosed to as many as 9 individuals (their average age is 51), the highest number throughout the entire HIV tracking period in Lithuania. Overall, there were total of 86 persons living with AIDS in Lithuania (77 men and 9 women). 8 people died of AIDS in 2004; 4 people died in 2003.

Since 1988, 85 persons infected with HIV died in Lithuania. 37 of those died of AIDS; deaths of the remaining 48 were not related to AIDS.

6.3. Psychiatric Co-Morbidity (Dual Diagnosis)

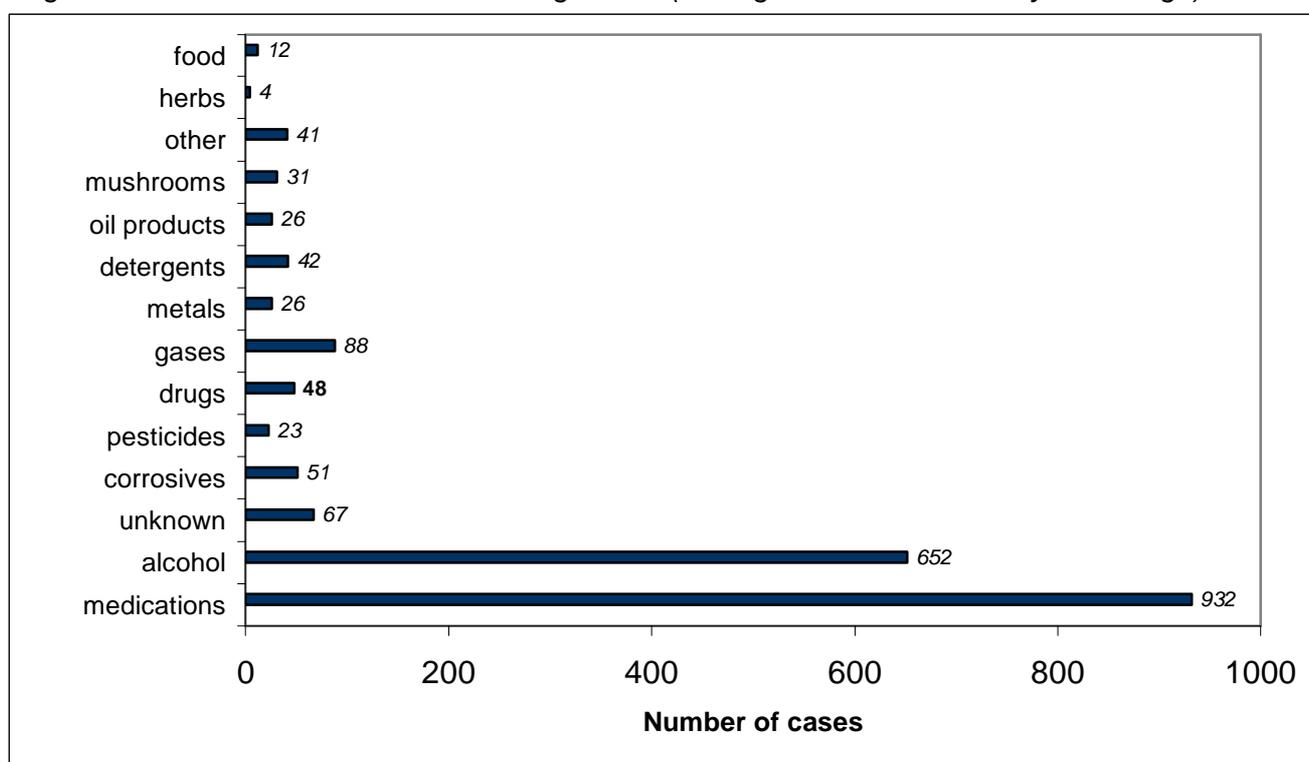
No information available

6.4. Other Drug-Related Health Correlates

Poisonings with Narcotic and Psychotropic Substances

In 2004, the Poisoning Control and Information Bureau collected 2,043 poisoning investigation reports from regional public health centres. The analysis of reported data revealed that 48 severe poisonings with narcotic substances were recorded among adults (18 years and over). Much more frequent were severe poisonings with medications and alcohol: 932 and 652 cases, respectively (*refer to Diagram 6.11*). Furthermore, regional public health centres recorded 32 poisonings with narcotic substances among juveniles (under 18 years of age).

Diagram 6.11. Number of Severe Poisoning Cases (among individuals over 18 years of age) in 2004



According to the data provided by the State Patient Fund under the Ministry of Health, Lithuanian healthcare institutions recorded 300 cases of poisoning with drugs and psychodysleptics (hallucinogens) in 2004. The majority of poisonings involved opium (83 cases) and heroin (71 cases). There were only 4 cases of poisoning with methadone recorded (*refer to Table 6.5*).

Table 6.5. Number of Poisoning Cases with Drugs and Psychodysleptics (Hallucinogens) in 2004

ICD-10 Code	Diagnosis	Number of Cases		
		Out-patients	In-patients	Total
T40	Poisoning with drugs and psychodysleptics	6	20	26
T40.0	Opium	2	81	83
T40.1	Heroin	2	69	71
T40.2	Other opiates (codeine, morphine)	1	17	18
T40.3	Methadone	0	4	4
T40.4	Other synthetic drugs (Petidin)	0	11	11
T40.5	Cocaine	4	2	6
T40.6	Other non-specified drugs	2	46	48
T40.7	Cannabis (derivatives)	0	13	13
T40.8	Lysergic acid derivatives (LSD)	0	2	2
T40.9	Other and non-specified psychodysleptics, or hallucinogens (Mescaline, Psilocin, Psilocybin)	3	15	18
				300

Information Source: State Patient Fund under the Ministry of Health

7. Responses to Health Correlates and Consequences

7.1 Prevention and Treatment of Drug Related Infectious Diseases and Deaths

The National Drug Prevention and Drug Control Programme for 2004–2008 approved by The Seimas of the Republic of Lithuania on April 8, 2004 proclaims that "all individuals with drug addiction disorders shall receive adequate psychological and medical assistance; disease transmissions related to drug addiction shall be prevented; "low threshold" measures shall be implemented <...>".

In 2003, syringe/needle exchange programs ran in Alytus, Druskininkai, Klaipėda, Mažeikiai, and Vilnius. In 2004, the similar programs aimed at drug users were launched in Biržai and Šiauliai.

The purpose of these programs is to prevent spreading of HIV/AIDS and other infections among injecting drug users and sex workers by rendering them medical, social and legal assistance.

Most programs run the following activities: syringe and needle exchange; condom and disinfecting towellete distribution; counseling; patient referrals to receive free medical assistance; disposal of used syringes and needles, etc.

Syringe and needle exchange units are regulated by special legislation. Employees are in direct contact with syringes disposed of by drug users. These syringes shall be disposed of in observation of hygiene norms, HN 47-1:2003 *Healthcare Institutions. Hygienic and Epidemiological Care Requirements*, and HN 66:2000, *Disposal of Medical Waste*, adopted by the Ministry of Health.

It was noted that the number of individuals participating in these programs is increasing each year. The total number of distributed syringes is slightly dropping every year (refer to Table 7.1), but the number of needles distributed is growing⁵. More syringes and needles are collected.

⁵ In cases when syringe kit (pack) contains oversized needles, smaller needles are distributed simultaneously for safer injections.

Table 7.1. Number of Syringes and Needles Distributed in Lithuanian Cities in 2003-2004

City	2003		2004	
	Syringes/Needles		Syringes/Needles	
	Distributed	Collected	Distributed	Collected
Alytus	29,770	N/A	36,371	N/A
Biržai	N/A	N/A	N/A	N/A
Druskininkai	4,300	N/A	1,200	N/A
Klaipėda	102,551	98,266	69,029	70,418
Mažeikiai	1,774/867	N/A	5,032/2,171	5,280/5,652
Šiauliai	262	N/A	870	N/A
Vilnius (LAC)	20,971/22,247	28,539/30,149	27,428/28,709	33,570/35,437
Vilnius (VCAD)	144,376/88,168	N/A	109,010/131,934	232,656
Total	304,004/111,282		248,940/162,814	

Each year, the volumes of healthcare services and the number of accessed drug users are growing, possibilities of receiving medical assistance are more widely advertised. Harm reduction programs became better accessible geographically. In 2004, in addition to injecting drug users, increasingly larger emphasis was put on other high-risk groups. Vilnius and Klaipėda Centres for Addictive Disorders devoted considerable attention to sex workers. The "low threshold" services unit at the Lithuanian AIDS Centre provides free testing for HIV/AIDS, viral hepatitis B and C, and other sexually transmitted infections.

Since 1997, harm reduction programs in Vilnius are run by Vilnius Centre for Addictive Disorders and Lithuanian AIDS Centre. In 1998, the latter opened the "low threshold" services unit aimed at injecting drug users. **Vilnius Centre for Addictive Disorders** operates a mobile syringe and needle exchange unit, so-called *Blue Bus*. *Blue Bus* arrives to meeting places of injecting drug users and sex workers according to the fixed schedule. Every client is serviced once a day, and is limited to a maximum of 30 new syringes during one visit; syringes are exchanged at a ratio 1:10 (new-to-used). The program employs 3 social workers from the methadone program and 2 professional social workers. Program has employed 1 volunteer as well as medical professionals (surgeons, dermatologists/venereologists, gynaecologists) providing services at healthcare institutions based on cooperation agreements. 2,825 clients visited the mobile unit during 2004, 736 (26.1 per cent) of them were women. The number of new clients during the year reached 1,485. The number of total visits during the year amounted to 19,053. 109,010 syringe kits, 131,934 needles, 129,610 disinfecting towelettes and 13,844 condoms were distributed; 232,656 used syringes and needles were collected.

Information is provided to program participants on safer injection techniques, overdosing, safer sex, available treatment options including withdrawal treatment, substitution treatment with methadone, rehabilitation, social care and psychological assistance services, drug user rights. For resolution of their social problems, patients are referred to the social care and prevention unit of the Vilnius Centre for Addictive Disorders. Its staff typically acts as a liaison between the patient and the institution competent to resolve their problems. Depending on the problem faced by the patient, appointments may be arranged with Vilnius Social Welfare Centre, Labour Exchange, Prisoner Care Society, Law Clinics of the Vilnius University, passport offices, etc.

In 2004, "low threshold" services unit at the **Lithuanian AIDS Centre** registered 397 new visitors; of those, 325 (81.9 per cent) were men, and 72 (18.1 per cent) were women. The majority of clients (375 or 94.5 per cent) are injecting drug users and family members or sexual partners of these individuals. The number of visits is increasing every year; 10,635 visits involving syringe exchange were registered in 2004 (compared to 8,271 visits in 2003). 27,428 syringes and 28,709 injection needles were exchanged; 33,570 syringes and 35,437 needles were collected. More syringes and needles were collected than distributed.

In addition to syringe and needle exchange, the unit provides free testing for HIV/AIDS, viral hepatitis B and C, and other sexually transmitted infections; distributes condoms; teaches drug users safer health practices. They are motivated and encouraged to undergo treatment for addiction; if necessary, the visitors are referred for treatment and counseling appointments with specialists or to receive social support. The Centre also conducts monitoring of infection transmission (second generation HIV surveillance) in this risk group.

Patients of the harm reduction program were tested for blood-borne infections (HIV/AIDS, viral hepatitis B and C). In 2004, serums of 486 injecting drug users were tested for incidence of the aforementioned infections (*refer to Table 7.2*).

Table 7.2. Outcomes of Testing for Blood Infections

Tested for Infection	Persons Tested	Tested Positive
HIV	482	1 (drug addict/non-resident of Lithuania)
Hepatitis B	369	19
Hepatitis C	247	178

In 2004, ***Anonymous Counseling of Drug Users Including Syringe and Needle Exchange*** harm reduction program in **Klaipėda** operated in two anonymous counseling offices (ACOs) and provided outreach services at drug user meeting points. Seven social workers at ACOs render the following services:

- provide information;
- provide prevention information and education;
- provide counseling services;
- arrange for appointments with addiction psychiatrist or psychologist (anonymous);
- issue harm reduction program membership cards upon clients request;
- consult clients on treatment options available (detoxification, substitution treatment with methadone, social rehabilitation, etc.);
- provide individual counseling and refer clients to appropriate social and health care institutions;
- arrange for HIV, hepatitis and syphilis testing;
- circulate information bulletins among client drug users on risk behavior minimization, HIV/AIDS, hepatitis B and C and other blood-borne and sexually transmitted infections, protection measures, safer injection techniques;
- distribute condoms, bandages, cotton-wool, and disinfectants;
- distribute and/or exchange sterile syringes and needles.

During 2004, ACOs registered 14,466 visits of injecting drug users. Injecting drug users were consulted 13,476 times, their used syringes and needles were exchanged for sterile ones; 990 consultations were provided without exchanging injection tools. ACOs and outreach workers allow to disclose more injecting drug users, who otherwise would not turn to social or health care institutions. Throughout the entire period of the program operation, ACOs registered 1,949 anonymous injecting drug users in Klaipėda. 98 new IDUs were reported during 2004 alone.

Alytus. Pasitikėjimas (Trust), an anonymous counseling centre on social diseases, operates on the premises of Alytus Committee of Lithuanian Red Cross Society. Syringe and needle exchange is carried out under the *Help Yourself and Others* social project. The centre also provides medical assistance; tests for HIV/AIDS, hepatitis B and C, and STIs; arranges for appointments with medical institutions. The centre services 329 injecting drug users. 59 new IDUs were registered in 2004: 52 (88.1 per cent) men and 7 (11.9 per cent) women. 5,692 visits were registered and 36,371 syringe was exchanged during the year.

Stop Drugs project in **Mažeikiai** is run by Mažeikiai Police Station since 2002. Needles and syringes are exchanged on the premises of *Aura* Alcoholics Anonymous Club. 106 persons (41 woman and 65 men) regularly attended the meetings of mutual assistance group, altogether combining for 1,369 visits. 30 individual and 15 group counseling sessions (for 6 persons) were held by a psychologist, tests for HIV were taken. About 50 persons participated in syringe and needle exchange program. The project employs one social worker and one person who completed Minnesota Program. In 2004, 5,032 syringes and 2,171 needle were distributed, and 5,280 syringes and 5,652 needles were collected. Mažeikiai Municipality allocated the program 17,000 litas from the health fund.

In **Druskininkai**, syringes and needles are exchanged at Druskininkai Mental Health Centre methadone room. Needle and syringe exchange program receives no earmarked financing, hence substitution treatment program funds are utilized for this purpose. In 2004, around 30 individuals

participated in the substitution treatment program, 1,200 syringes were exchanged. Syringes are exchanged by individuals participating in the substitution treatment program themselves.

In **Šiauliai**, harm reduction program is run by the Šiauliai common lodging-house. The program is financed from the special municipal fund of public health improvement; 10,800 litas was allocated to the program in 2004. In addition to needles and syringes, program participants received condoms and disinfecting towelettes.

7.2. Interventions Related to Psychiatric Co-Morbidity

No information available

8. Social Correlates and Consequences

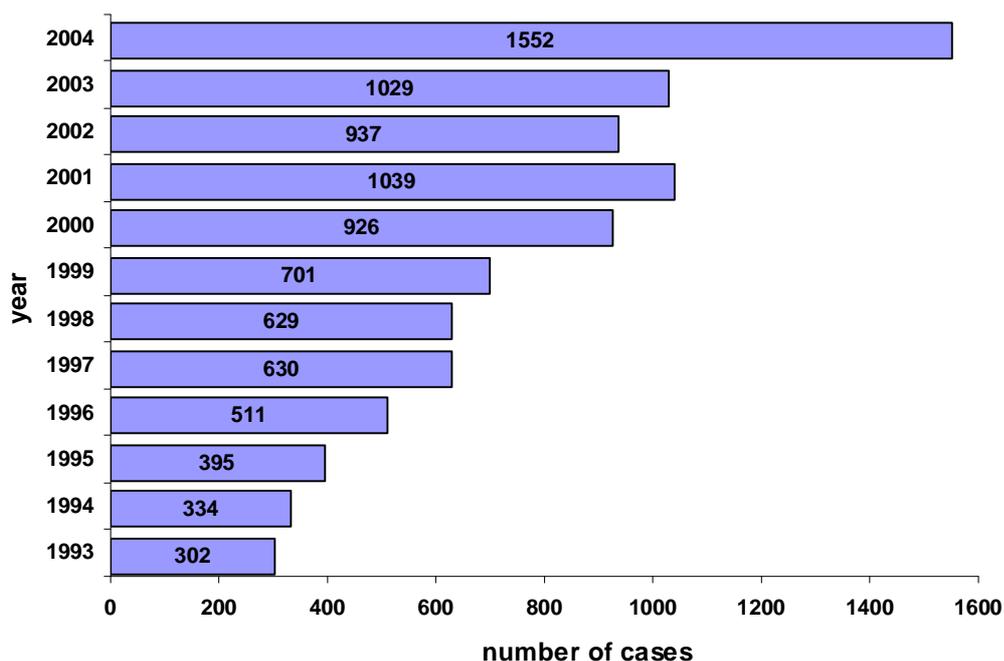
8.1. Social Exclusion

No information available

8.2. Drug Related Crime

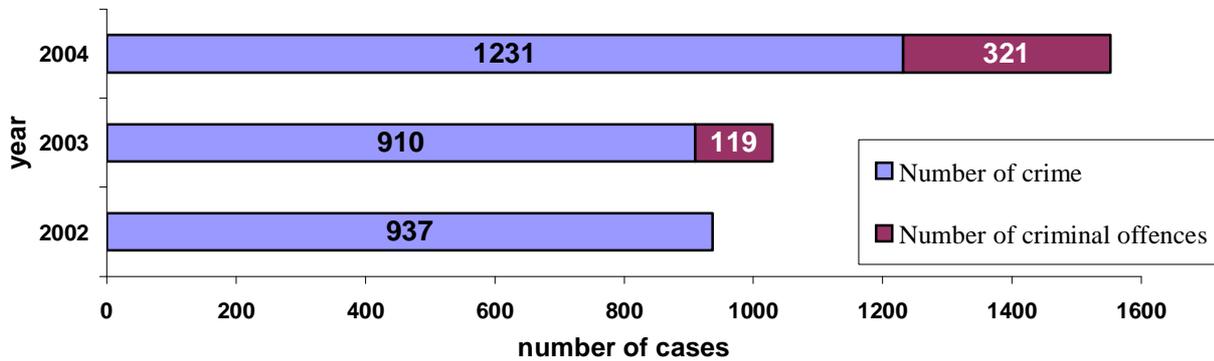
In 2004, 1552 criminal acts related to the disposal of narcotic and psychotropic substances and I-category precursors were registered in Lithuania (refer to diagram 8.1). This is by 523 acts (or 33,7%) more than in 2003. Such a sudden increase of committed criminal acts was determined by the implementation of the new Criminal Code. Since 01-05-2003 the violations related to illegal disposition of drugs in small quantities without the aim to distribute them that were foreseen in the Administrative Law Violations Code are treated like criminal offences foreseen in the Criminal Code and therefore are included into the statistics (321 criminal offences were committed in 2004).

Diagram 8.1 Dynamics of criminal acts related to the illegal circulation of drugs in 1993-2004



Taking it to account, the growth of criminal acts in 2004 comparing with 2003 does not seem shocking: 1,231 and 910 (refer to diagram 8.2).

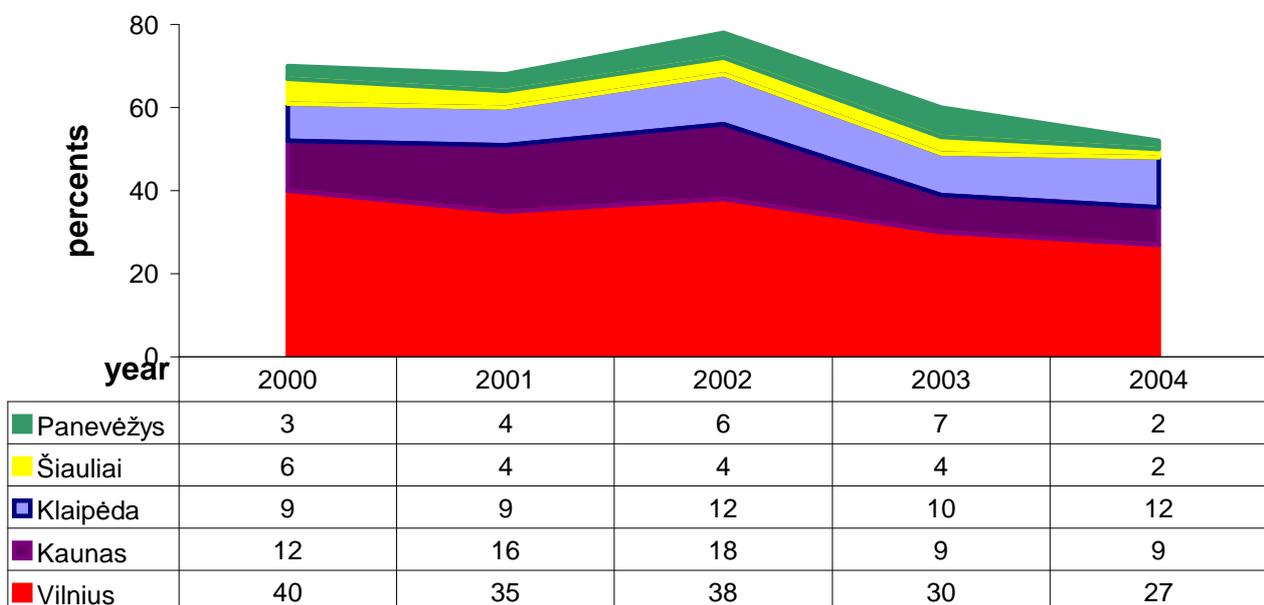
Diagram 8.2 Proportion between crimes and criminal offences in 2002-2004



In 2004, 93,419 various criminal acts were registered in the country. Crimes and criminal offences related to the disposition of narcotic and psychotropic substances as well as I-category precursors compose only 1,7% (1,2% in 2003). In comparison with 2003, proportion of registered criminal acts related to illegal circulation of drugs in the context of all registered crimes increased 0,5% (0,6% during the last 5 years). In 2004, out of 1552 criminal acts related to disposal of drugs it was registered: 832 criminal acts on illegal disposal of narcotic and psychotropic substances without the aim to distribute them (511 in 2003); 673 - on illegal disposal of narcotic and psychotropic substances with the aim to distribute them (484 in 2003); 8 – on illegal disposal of the I-category precursors of narcotic and psychotropic substances (4 in 2003); 3 – on seizure of narcotic and psychotropic substances (1 in 2003); 2 – on production of equipment for production of narcotic and psychotropic substances (0 in 2003); 22 – on illegal cultivation of poppies and cannabis (7 in 2003); 2 on distribution of narcotic and psychotropic substances to the minors (8 in 2003). As in previous years, there is an increase of drug related problems in the places of imprisonment. In 2004, 161 criminal acts related to illegal circulation of drugs were registered there (96 in 2003, 113 in 2002).

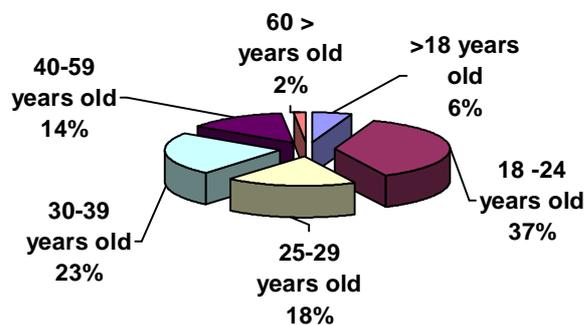
In recent years, distribution of registered criminal activities in the cities fluctuates very insignificantly: Vilnius city still keeps leader's position: in 2004, 27% of all criminal acts related to illegal circulation of drugs were registered there (table No 4). There is a tendency that more and more such acts are registered in smaller towns, rural districts or in the places where previously such acts were not registered at all. It is necessary to pay attention to the fact that, if in 2000 70% of all criminal acts were registered in big cities, in 2004 this number dropped to 52% (table No. 5) (refer to diagram 8.3).

Diagram 8.3 Distribution of registered criminal activities in the cities (percent)



In 2004, 869 persons (580 in 2003) were detained for criminal acts related to the disposal of narcotic and psychotropic substances. 147 of them were women, 3 foreign citizens, and 23 persons without citizenship. Unfortunately, there is no data how many of these persons were detained repeatedly in the same year. This is one of the reasons why the number of detained persons is significantly smaller than the number of registered criminal acts. Another reason is the fact that drugs are detected but not their owners. For example, 161 cases of drug seizures were registered and only 22 persons were detained. Larger part of drugs was found in parcels without indication of addresses of the senders or with no existing family names. 386 persons were detained for illegal trade in narcotic and psychotropic substances, 97 of them were women and 12 minors. The number of the minors who committed criminal acts related to illegal circulation of drugs is increasing. Last year, 49 minors were detained (37 in 2003, 15 in 2002) that composes 6% of all detained persons. Though the number of detained minors is increasing, this number, in comparison with other age groups, is changing very insignificantly (in 2001, the minors composed 4% of all detained persons). In 2004, the youth under 30 years of age composed 55% of all detained persons. More persons under 25 years of age were detained – 322 or 37% (31% in 2003) (refer to diagram 8.4).

8.4 figure: Distribution by the person age of registered criminal activities (percent)

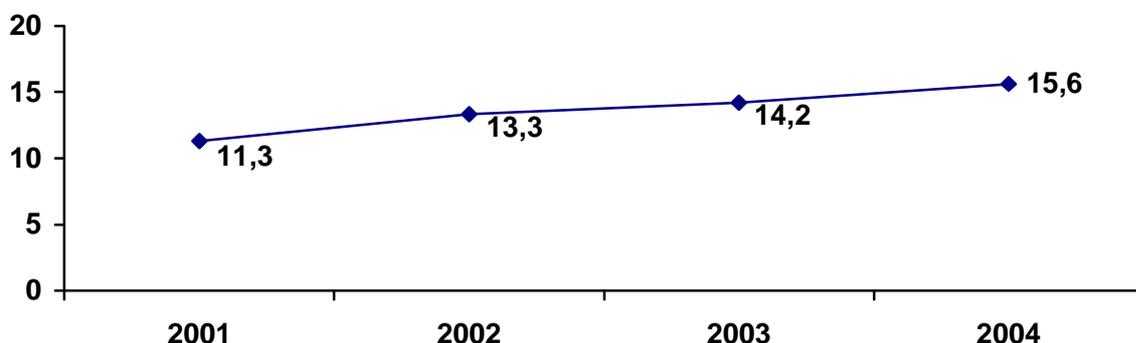


8.3 Drug Use in Prison

Information Source: Prisons Department under the Ministry of Justice

In comparison to 2001 and 2002, the number of imprisoned persons addicted to narcotic substances was growing in 2004. 1,265 of 8,063 imprisoned persons (1,284 arrested and 6,841 convicts), i.e. 15.6% (compared to 14.4% in 2003) of the total number of detainees, were reported to be suffering from drug addiction at the end of 2004. It should be noted that convicts suffering from drug addiction comprised 16.25 per cent of all prisoners sentenced, whereas the fraction of drug users among arrested persons was 11.9 per cent on December 31, 2004 (refer to diagram 8.6).

Diagram 8.6. Drug Use Prevalence among Prisoners in 2001-2004, %



Analysis of the drug user data in prisons showed that most commonly used drugs by prisoners were opioids. In the last five years, however, sharp drop in the opiate use was observed. On the other hand, the number of arrested and convicted individuals using multiple drugs or stimulants is increasing. It

is rather uncommon for imprisoned persons to use cannabis, cocaine or hallucinogens (refer to Table 8.1). The vast majority of users inject drugs, therefore favorable conditions to spread infections exist.

Table 8.1. Distribution of Substance Users in Prisons in 2004, by Substance Used

Narcotic and Psychotropic Substances (ICD-10 Code)	Number of Individuals	%
Opiates (F11)	702	55.5
Cannabis (F12)	35	2.8
Tranquillizers (F13)	46	3.6
Cocaine (F14)	2	0.2
Stimulants (F15)	113	8.9
Hallucinogens (F16)	3	0.2
Inhalants (F18)	32	2.6
Multiple Drugs (F19)	332	26.2
Total:	1265	100

8.4. Social Costs

No information available

9. Responses to Social Correlates and Consequences

9.1. Social Reintegration

Information Sources:

- 1. Report on Measures Implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008 – Ministry of Social Security and Labour*
- 2. Psychological and Social Rehabilitation of Drug Users: Evaluation of Project Implementations Financed from the State Budget in 2004 – Centre for Social Analysis and Consulting, Vilnius, 2004*
- 3. Psychological and Social Rehabilitation of Drug Users: Report on Project Implementations in 2004 – Ministry of Social Security and Labour*
- 4. Information on Psychological and Social Rehabilitation Community of Drug Users – Lithuanian AIDS Centre, 2004*
- 5. Report on Measures Implemented in 2004 under the National Drug Prevention and Drug Control Programme for 2004–2008 – Vilnius Centre for Addictive Disorders, 2004*
- 6. Information provided by a number of non-governmental organizations rendering psychological and social rehabilitation services to individuals suffering from drug addiction, 2004*

Besides legal measures that help reduce drug circulation, drug control policy involves elements of drug prevention, rehabilitation, and social reintegration or resocialization. Rehabilitation and social reintegration aims at psychological and social rehabilitation and resocialization of former drug users.

Projects for Psychological and Social Rehabilitation of Drug Users Implemented in 2004

In 2004, the Ministry of Social Security and Labour supported projects of rehabilitation communities and day-care centres for drug users and allocated 668,000 litas for their implementation; of those, approximately 100,000 litas were designated for professional training of workers involved with high-risk social groups. Of 31 project submitted, 19 best projects were financed. Out of 19 projects that received financial support, 13 were dedicated to development, operation and improvement of rehabilitation communities and adaptation homes of drug users; 5 – to development of day-care centres. 1 project involved volunteer training on how to work with individuals addicted to drugs. In the same year, the Ministry of Social Security and Labour conducted evaluations of the implemented projects.

Summary

Design and implementation of the universal EU policy on social reintegration of drug users puts the emphasis on three fundamental things: accommodation, education and professional training and employment. The analysis of submitted projects for psychological and social rehabilitation of drug users and their subsequent reports showed that project coordinators paid more attention to accommodation aspect and relied on psychological rather than social rehabilitation; they also paid less attention to education, professional training and professional resocialization aspects. Professional training and employment was the weakest link of rehabilitation communities. Only a few communities, primarily those with extensive experience, took steps towards professional rehabilitation. The majority of the communities, however, settled for work therapy, which is regarded more of a psychotherapy rather than professional rehabilitation.

Lithuanian employers are provided with no tangible incentives to employ former drug users, who completed psychological and social rehabilitation. If the system of professional integration of drug users was properly organized, the subsidies to employers would pay off, as former drug users, after having established in the labour market, would be less susceptible to relapses and avoid all dire consequences of such relapses.

Two largest Lithuanian regions (Vilnius and Kaunas) ran the largest number of psychological and social rehabilitation projects. The majority of projects were operated by non-profit organizations. The majority of project participants received psychological assistance; the least helpful were they in solving educational, retraining and employment issues. All project coordinators ran some sort of psychological and educational sessions. The largest share of professionals participating in the projects was comprised by social workers and psychologists.

Requirements to Psychological and Social Rehabilitation Institutions; Evaluation of Projects for Psychological and Social Rehabilitation Submitted by These Institutions

Evaluation of projects for psychological and social rehabilitation of drug users in 2004 was based on four evaluation criteria (specialist team, professional rehabilitation or career, network of project partners, and theory underlying the project activities) and Order No A1-25 of the Minister of Social Security and Labour of the Republic of Lithuania dated February 11, 2003, *On Requirements to Psychological and Social Rehabilitation Institutions Providing Services to Individuals Suffering from Addictions to Psychotropic Substances*, where minimal requirements of recommendational character to institutions rendering rehabilitation services are laid out. Staff requirements include the following specialist groups to support the reintegration of individuals suffering from drug addiction:

1. Staff groups in direct contact with clients:

- *social workers and their assistants;*
- *psychologists or psychotherapists;*
- *social mentors.*

2. Employment and work therapy groups. The institution shall provide opportunities and favourable conditions to clients to develop working and social skills that will help them lead self-sufficient life and facilitate their social reintegration, to look for job, to study, to retrain, etc. These activities were run both in individual and group sessions.

3. Professional consulting and professional training services provided based on availability and clients needs.

To improve the quality, versatility and accessibility of services provided by psychological and social rehabilitation centres, to ensure more efficient spending of funds allocated to psychological and social rehabilitation services to individuals suffering from addictions to psychoactive substances, to improve organizational aspects of services provided, to improve interaction between service providers and recipients, to determine the demand and financing principles of such services, and to improve their evaluation and coordination practices, the Drug Control Department under the Government of the Republic of Lithuania formed the working group, the principal task whereof will be to develop the pricing schedules for psychological and social rehabilitation services.

State and Municipal Institutions Providing Long-Term Psychological and Social Rehabilitation Services to Individuals Suffering from Drug Addiction

There are two facilities providing long-term rehabilitation services in Lithuania: in Vilnius Centre for Addictive Disorders (for 12 individuals) and in Lithuanian AIDS Centre (for 13 individuals).

1. *Community of psychological and social rehabilitation of drug users at the Lithuanian AIDS Centre.* Communities of psychological and social rehabilitation of drug users engage in treatment and rehabilitation of drug users under *Minnesota* and *Daytop Programs*. From January 1 to December 31, 2004, the total of 24 individuals suffering from drug addictions underwent treatment at the Division for Addictive Disorders of the Lithuanian AIDS Centre. 11 of them started the rehabilitation treatment in 2003; another 13 drug users were admitted in 2004. Four persons completed the rehabilitation treatment, 7 patients dropped out of the treatment, 13 patients continue rehabilitation.

During the period of 1993–2004, Division for Addictive Disorders of the Lithuanian AIDS Centre admitted 127 drug users. Of those, 68 individuals successfully completed rehabilitation (53.54%), another 13 continue rehabilitation treatment. Those patients who dropped out of the treatment were provided short-term psychiatric therapy; as a result, another 16 of them stopped using drugs. Hence, out of all 127 patients treated at the Division for Addictive Disorders of the Lithuanian AIDS Centre, 97 individuals (76.38%) do not use drugs at the moment. The underlying principle of the *Daytop Program* is a therapeutic community, which helps to change habits of drug users and adopt healthy and sober lifestyle. Duration of rehabilitation treatment is 14 months.

2. *Rehabilitation facility for drug users at the Vilnius Centre for Addictive Disorders* provides an 8-month rehabilitation treatment to individuals suffering from drug addiction based on the program of medical, psychological and social rehabilitation. In 2004, 53 individuals suffering from drug addiction were in treatment: 42 men and 11 women. 37 of them completed the rehabilitation course. 12 persons remained in the program since 2003. In 2005, 16 patients addicted to drugs continued the treatment.

Rehabilitation facility operates since 1994. The following services are provided: in-patient long-term rehabilitation program based on psychotherapy; individual and group psychotherapy; counseling (psychologist, psychiatrist, social workers); *12-step Program*. These programs are aimed at drug addicted individuals aged from 18 to 35.

EQUAL Community Initiative Project in Lithuania: Developmental Community for Lithuanian Youth Employment Improvement

In 2004, the Council of Lithuanian Youth Organizations (LiJOT) in cooperation with the Drug Control Department under the Government of the Republic of Lithuania, the State Council for Youth Affairs, Vilnius, Kaunas, Klaipėda, Alytus, Panevėžys, Šiauliai Labour Exchanges, the Institute of Labour and Social Studies, the Prisons Department under the Ministry of Justice of the Republic of Lithuania, Penitentiary Inspection of Vilnius Region, International Youth Cooperation Agency, Confederation of Employers of Vilnius City and Vilnius Region and international partners participated in the EQUAL Community Initiative Project: Developmental Community for Lithuanian Youth Employment Improvement. The aim of this project was to promote employment, social integration and (re)integration of high-risk youth groups into Lithuanian labour market.

9.2 Prevention of Drug Related Crime

Prevention of Drug Related Crime in Prisons

There are two ways of fighting against spreading use of narcotic and psychotropic substances in prisons:

1. blocking the trafficking of narcotic substances into prisons (introduction of additional security posts; improvements to engineering systems to detect throwing of drugs over the fences; introduction of tighter inspection measures of parcels and packages).
2. introducing educational activities and treatment (preventive registration, educational programs to persons addicted to narcotic substances, treatment of drug addicts at prison hospitals).

In 2004, 161 criminal acts related to illegal drug trafficking in prisons have been reported (compared to 96 in 2003, and 113 in 2002).

The following are the most commonly used methods of transfer of narcotic and psychotropic substances to convicts:

- parcels or packages, wherein prohibited things are hidden;
- short-term and long-term visits, whereupon prohibited things are brought to the convicts;
- throwing of prohibited things over the protective fence into the territory of prisons;
- involvement of dishonest officials and employees of prisons in bringing in of prohibited things.

To tackle a drug problem in prisons, extensive attention continued to be paid to enforcement of prison security, improvements to access regime, employee selection, body searches of convicts (arrestees) arriving to and departing from prisons, inspections of personal belongings, parcels, packages and miscellaneous printed matter. Most convenient zones for throwing of things over the fence are under camera surveillance. The last three year data shows that approximately 52.8% of the total amount of narcotic and psychotropic substances seized in prisons is found in postal parcels or hand-delivered packages.

In consideration of large amounts of narcotic substances finding their way into prisons in parcels and packages addressed to convicted persons, the Seimas of the Republic of Lithuania adopted the Law on the Amendment of Penitentiary Code on April 21, 2005. Once these amendments come into effect, the convicts will be deprived of the right to receive postal parcels and packages containing food: in most cases, narcotic and psychotropic substances, mobile telephones and other prohibited things were attempted to be transferred hidden in these packages.

The practice showed that enforcement of prison security and improved supervision of arrested and convicted persons yielded remarkable results in the field of drug control and prevention of drug addiction; however, these measures require considerable outlays. To implement measures under the National Drug Prevention and Drug Control Programme for 2004–2008 planned for 2004, The Prisons Department allocated 389,000 litas for the purchase of narcotic and psychotropic substance detection and identification equipment (2 x-ray machines) and 39,000 litas were allocated to prison officers in order to provide arrested and convicted persons with methodical and visual materials on drug prevention.

By Order No 1R-27 of the Minister of Justice of the Republic of Lithuania dated January 30, 2004 (Žin., 2004, No 23-724), the Concept of Drug Control and Prevention of Drug Addiction in Prisons was approved. The Concept identified the key goals, objectives and trends in drug control and prevention of drug addiction including specific implementation measures; it also emphasized principal factors that led to the spreading of drug addiction in prisons and provided the mechanism for prevention of drug addiction including evaluation, control and reporting of drug prevention activities in prisons.

Healthcare of Convicts

Healthcare of prisoners is based on applicable healthcare legislation and the equality principle, which postulates that prisoners shall be entitled to the same quality of healthcare services as other citizens of the Republic of Lithuania. To adopt diagnostic, referral, counseling, and treatment procedures of patients suffering from viral hepatitis B and C in prisons hospitals and continuation of out-patient treatment in prisons, Guidelines for Referral, Examination and Treatment of Arrestees and Convicts Suffering from Viral Hepatitis B and C in Prisons were developed and approved by Order No 4/07-186 of the Director of the Prisons Department dated September 29, 2003.

Drug addiction provides favorable conditions for transmission of HIV/AIDS. To ensure effective prevention of HIV/AIDS, sexually transmitted infections and drug addiction, the HIV/AIDS prevention and treatment offices were set up at prison hospitals providing healthcare services to hospitalized prisoners.

The majority of patients with abstention symptoms for narcotic and psychotropic substances are moved to interrogation facility, and from there – to psychiatry division of the prison hospital, where they are treated from 2 to 4 weeks. Once this individual in-patient treatment is completed, the prison psychiatrist takes over. Today, prison hospitals suffer from the shortages of professional doctors, especially, psychiatrists. Whereas convicts having submitted motivated requests to undergo treatment for addictive disorders in prisons should be paid the first rate attention.

10. Drug Markets

10.1. Availability and Supply

Availability of Drugs in the General Population

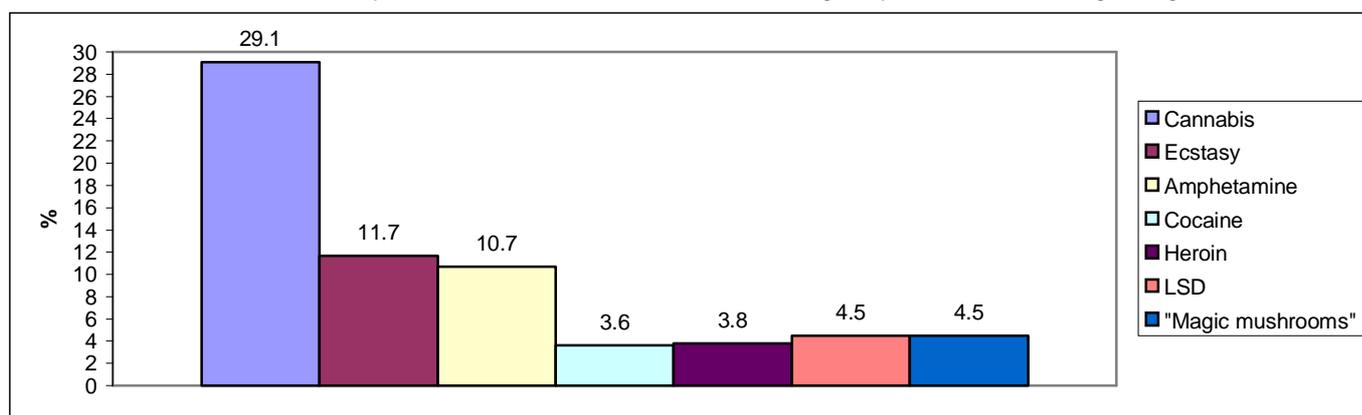
Based on the 2004 survey data, 11.8% of Lithuanian residents indicated that at least one of their friends or acquaintances used drugs. Younger people (15-34 year-olds) had more such friends and acquaintances than older (35-64 year-olds) respondents (20.8% vs. 4.7%, respectively), men had more such friends and acquaintances than women (14.7% vs 8.9%, respectively) (refer to Table 10.1). Substantial differences were also reported size of settlement: residents of three biggest cities (Vilnius, Kaunas and Klaipėda) much more frequently than those living in smaller towns and rural areas reported acquaintances with people using drugs. 18.4% of residents of the biggest cities have acquaintances with people using drugs.

Table 10.1. Distribution of Responses to the Following Question: "Do You Have Any Friends/Acquaintances Who Use Drugs?", %

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Majority of my friends/acquaintances use drugs	0.9	0.7	0.8	1.5	0.8	1.2	0.4	0.7	0.5
Some of my friends/acquaintances use drugs	13.8	8.2	10.8	22.9	16.3	19.6	6.3	2.3	4.2
No one of my friends/acquaintances is in the habit of using drugs	54.9	63.9	59.5	48.8	56.5	52.7	59.7	69.1	64.7
Did not know/unaware	26.1	24.6	25.3	23.2	24.0	23.6	28.4	25.1	26.6
Unresolved/did not answer	4.5	2.6	3.5	3.6	2.4	3.0	5.2	2.8	3.9

15.5% of Lithuanian residents aged from 15 to 64 indicated that they personally knew people, who used cannabis. Almost every fourth (23.9%) resident from the three biggest cities reported acquaintances with people using cannabis compared to every tenth resident from the small towns. Percentage of younger people who personally know users of cannabis (29.1%) is higher compared to older Lithuanian population (5.2%) (refer to Diagram 10.1).

Diagram 10.1. Distribution of Positive Responses Provided by Young People (aged from 15 to 34) to the Question: "Do You Personally Know At Least One Person Using Any of the Following Drugs?", %



Cannabis is the most easily obtainable drug in Lithuania. As many as 14.3% of Lithuanian residents reported that it would be fairly easy (9.5%) or very easy (4.8%) for them to obtain cannabis in

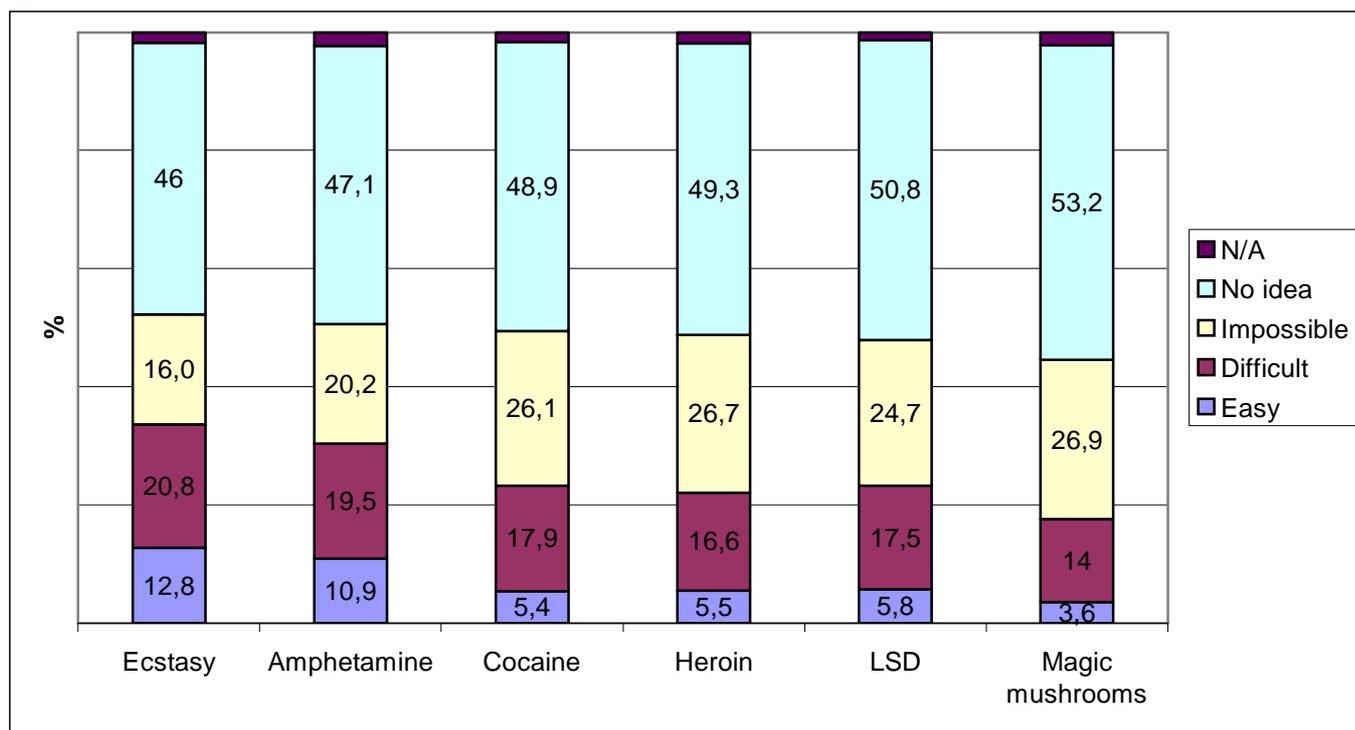
24 hours. 12.9% of respondents indicated that it would be fairly difficult (6.2%) or very difficult (6.7%) for them to obtain cannabis in 24 hours. Every third (29.2%) Lithuanian resident claimed that it would be impossible for them to obtain cannabis in 24 hours. More than half (52.0%) of Lithuanian residents claimed that they had no idea/did not know whether they could obtain cannabis in 24 hours.

Cannabis is easier obtainable to younger people. In the age group of 15-34 year-olds, nearly every fourth (24.3%) person responded that they could fairly easily or very easily obtain this drug in 24 hours, if they wanted it (refer to Table 10.2 and Diagram 10.2). This percentage is even higher in the age group of 15-24 year-olds, where every third (32.6%) person could fairly easily or very easily obtain this drug in 24 hours.

Table 10.2. Distribution of Positive Responses to the Following Question: “How difficult or easy do you think it would be for you personally to get cannabis within 24 hours, if you wanted some?”, %

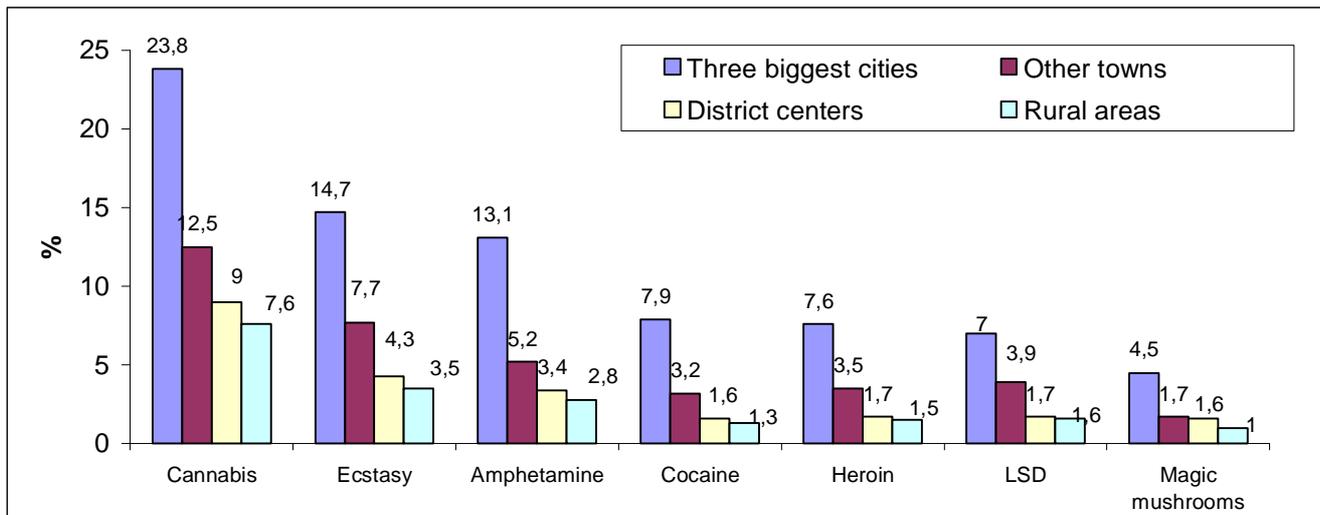
Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Impossible	16.1	22.1	19.2	13.3	18.7	16.0	18.3	24.6	21.7
Very difficult	6.6	6.8	6.7	6.6	8.0	7.3	6.6	6.0	6.3
Fairly difficult	7.8	4.7	6.2	11.2	7.2	9.2	5.0	2.9	3.8
Fairly easy	12.5	6.8	9.5	20.0	12.3	16.1	6.4	2.9	4.5
Very easy	6.6	3.1	4.8	11.2	5.1	8.1	2.8	1.7	2.2
Did not know/had no idea	48.6	55.0	52.0	35.5	47.3	41.4	59.3	60.5	59.9
Did not answer	1.8	1.4	1.6	2.2	1.3	1.8	1.5	1.5	1.5

Diagram 10.2. Distribution of Positive Responses Provided by Young People (aged from 15 to 34) to the Question: “How difficult or easy do you think it would be for you personally to get <drug> within 24 hours, if you wanted some?” %



Reportedly, residents of three biggest cities could most easily obtain drugs. 23.8% of Vilnius, Kaunas and Klaipėda residents reported that they could fairly easily or very easily obtain cannabis in 24 hours, if they wanted it (refer to Diagram 10.3). Similar trends were observed with regard to availability of other drugs.

Diagram 10.3. Distribution of Respondents Claiming They Could Easily Obtain "Drugs" in 24 Hours, by Settlement Size (% of 15-64 year-olds)



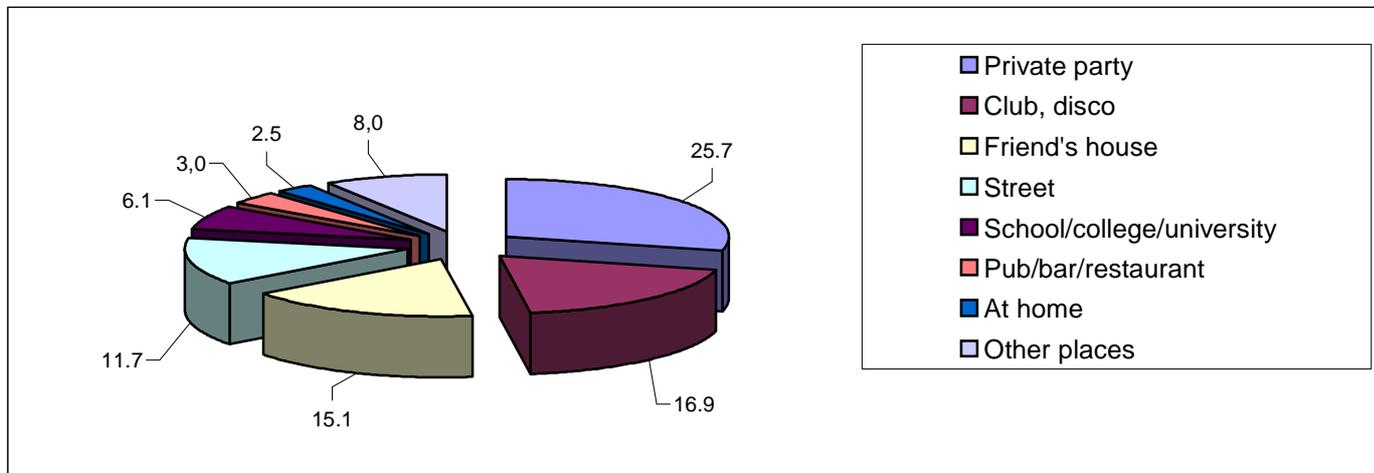
Drug Supply

18.5% of all Lithuanian residents claim that they were offered drugs at least once in their lifetime. More frequently, drugs were offered to men rather than women (25.5% vs. 12.1%, respectively), to younger people rather than older respondents (31.3% vs. 8.8%, respectively). The highest numbers of respondents reporting that they were offered drugs were registered among 15-34 year old men (39.2%), the lowest percentage was registered among 35-64 year old women (3.9%). Of those, who were offered some kind of drug, 44.6% tried it at least once.

Every tenth Lithuanian resident (10.7%) was offered cannabis at least once in their lifetime; 6.5% were offered cannabis during the last 12 months. Cannabis was more frequently offered to men rather than women.

Of those respondents, who were offered cannabis during the last 12 months (*refer to Diagram 10.4*), every fourth (25.7%) reported that this drug was last offered them at a private party, 16.9% – at a club/disco, 15.1% – at a friend's place, 11.7% – on the street, 6.1% – at school/college/university, 3.0% – in a pub/bar/restaurant, 2.5% – at home. 8.0% of those, who were offered marijuana or hashish during the last 12 months, reported other places.

Diagram 10.4. Distribution of Responses to the Following Question: "Within the last 12 months, on the last occasion you were offered cannabis, where was it?" *, %



*Note: Only those offered any drug during the last 12 months were asked this question.

4.4% of Lithuanian residents were offered ecstasy at least once in a lifetime; 2.7% were offered the drug in the last 12 months. 2.9% of Lithuanian residents were offered amphetamine at least once in a lifetime; 2.0% were offered amphetamine in the last 12 months. Hence, ecstasy was more frequently offered drug compared to amphetamine.

Of those respondents, who were offered ecstasy during the last 12 months, every fourth (26.1%) reported that this drug was last offered them at a club/disco, 22.8% – at a private party, 12.5% – at a friend's place, 11.7% – on the street/park, 3.4% – in a pub/bar/restaurant, 2.4% – at work. 7.52% of those, who were offered ecstasy during the last 12 months, reported other places.

Of those respondents, who were offered amphetamine during the last 12 months, every fifth (21.5%) reported that this drug was last offered them at a friend's place or at a club/disco (20.7%). 15.4% claimed that amphetamine was last offered them at a private party, 13.4% – on the street/park, 2.2% – at their academic institution, 2.0% – at a concert. 4.3% of respondents reported other places.

Circulation of illegal narcotics and psychotropic substances

The main tendencies of circulation of illegal narcotics and psychotropic substances as well as their 1st category precursors in 2004:

1. Increase of synthetic drugs problem within the country:

- Illegal production of ATS substances is operating within the country, the use of these substances grows up;
- Illegal market of ATS substances is filled up with local and imported production;
- Reduction of the prices of ATS substances;
- ATS substances produced in Lithuania rapidly penetrate in to Swedish and Norwegian drug markets. Most often, ATS substances are transported by lorries.

2. Opium origin substances remain popular in Lithuania:

- Illegal areas of poppies crops are increasing;
- Recently, illegal market of poppies and their parts concentrate has stabilized;
- The price for poppies' stalks and their concentrate remains uniform;
- It is likely that if heroine transit becomes more intensive, the supply of this drug will increase in country's market.

3. Increase of illegal circulation of cannabis:

- In these latter two years the number of cannabis detention increased for two times.

4. Lithuania is cocaine transit country:

- The limited market of users has formed in the country;
- The grand and repeating cocaine detentions are registered in country's territory;
- Lithuanian citizens constantly are detained as cocaine carriers in foreign countries.

5. Organized crime groups that are operating in the western part of Lithuania penetrate into German illegal drugs market.

6. Cocaine is transported from South America and the Caribbean Sea countries through Western Europe;

7. Amphetamine from Lithuania is usually transported to Sweden and Norway by "the southern" route i.e. through Poland, Germany and Denmark;

8. The major part of Ecstasy comes by land and sea from the Netherlands.

Sources of supply and trafficking patterns within countries

Criminal activity of Lithuanian citizens related to the illegal trafficking of drugs abroad

Lithuania Police department has information about 60 cases (Table 10.3) when Lithuanian citizens were arrested abroad for illegal circulation of drugs in 2004 (in 2003 there were 62 cases). The largest number of arrests was registered in Germany. This composes one fourth of all arrests of Lithuanian citizens abroad. The presented scheme indicates that there is a big variety of countries but they remained the same. It would be worth to mention one novelty – smuggling of ATS substances and

cocaine to Island. Lithuanian citizens raise most problems to the German, Norwegian and Swedish law enforcement institutions.

In 2004, 9 cases of cocaine smuggling from South America related to Lithuanian citizens (16 person were detained) were registered in foreign countries.

During one police operation in Germany 11 Lithuanian citizens were arrested for illegall heroin trade . The model of group's activity was very simple and similar to the model of other Lithuanian criminal groups that operate in Germany: the organizers usually are in Lithuania, couriers transport heroin and other substances from the Netherlands to Germany, in the street level trade participate Lithuanians and Russians and money goes to Lithuania. Recently, German colleagues informed about the changes: according to them, drugs are possibly transported from Lithuania.

In other countries, the larger parts of Lithuanian citizens are arrested not for organizing of drug trade or street level dealing but for drugs smuggling. Exceptional transportation of ATS substances to Scandinavian countries, namely to Sweden and Norway, can be pointed out. Drugs to Sweden and Norway are transported in large quantities, always more than 1 kilo (4-6 kilos in average), sometimes even 20 and more kilos. Transportation of drugs in such large quantities allows presuming that cost price of the substances is relatively small and hiring of couriers is expensive or it is difficult to find reliable persons. The age of couriers is various: it fluctuates from 20 to 56 years.

Table 10.3: Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs in 2004

Country	Number of arrested people	Substance	Amount	Number of arrests
Germany	33	heroin ecstasy hashish amphetamine	3 kg 1500 tab 605 g 2,2 kg	15
Sweden	16	rohypnol amphetamine cocaine ecstasy metamphetamine	119500 tab. 59,6 kg 1750 g 24000 tab 1 kg	10
Norway	20	amphetamine metamphetamine rohypnol cocaine PCP	33,2 kg 9,92 kg 124000 tab. 200 g 500 tab	10
Holand	5	cocaine	1,6kg	2
France	4	cocaine hashish	5,9 kg 10,5 kg	4
South America and Caribbean Islands	5	cocaine	14 kg	4
Poland	2	amphetamine cocaine	6 kg 200 g	2
Russia	7	amphetamine ecstasy	0,1 kg 700 tab	7
Spain	2	cocaine	1 kg	2
Ukraine	1	cocaine ekstasy	1 kg 490 g	1
Island	2	cocaine amphetamine	289 g 0,4 kg	2
Great Britain	1	heroin		1
Byelorussia	1	amphetamine	1 kg	1
Total:	99 persons	heroin cocaine amphetamine ecstasy rohypnol hashish	3 kg 26 kg 103 kg 26 200 tab 243 500 tab 11 kg	60 cases

10.2. Drug seizures

Since 2002, there is a rapid spread of ATS substances in Lithuania. In 2004, on the basis of number of detentions and frequency, these substances occupied 40% (or by 9% more than in 2003) of country's drug market. In comparison with 2003, the number of amphetamine detention cases increased more than twice. For the first time, methamphetamine was confiscated in the country in 2000, after disclosure of clandestine laboratory. The growth of the popularity of the substance is obvious: during 5 years the number of confiscation cases of this substance increased 200 times. Methamphetamine is also popular in the places of imprisonment. Out of 161 drug confiscation cases 45 were methamphetamine, 28 amphetamine and 5 Ecstasy (Figure 10.5, Tables 10.4 and 10.5).

Diagram 10.5 Cases of detention in 2004(in percents)

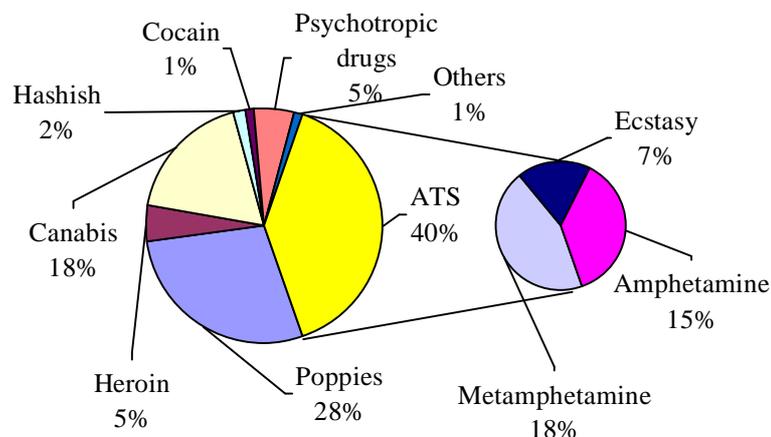


Table 10.4: Confiscated Narcotic and Psychotropic Substances and Precursors, Number of arrest in Lithuania in 2004

Substance	Total Quantity seized in					Number of arrests	Number of arrested people
	Total Quantity seized	dealing	keeping	production	Trafficking (in customs)		
Poppies and their parts	380 412 g	95 334 g	285 078 g			139	153
Extract of poppies	55 l 173 ml	13 l	33 l 875 ml	8298 ml		109	123
Concentrate of poppies	721 g	294g	320 g	7 g		132	156
Heroin	2886 g	1999 g	887 g			67	73
Cocaine	13449 g	37 g	842 g		12570 g	16	20
Marihuana	16 338 g	1139 g	15 199 g		400 g	239	247
Cannabis plants	415 kg		415 kg			3	3
Hashish	2316 g	72 g	2 244 g		2,2 g	23	26
Amphetamine	7046 g 1050 tab	5960 g 600 tab	1086 g 450 tab		400 g	198	186
Methamphetamine	2782 g	2 135	311 g		300 g	237	153
Ecstasy (MDMA, MDE)	99429 tab	6230 tab	62479 tab		30720 tab	98	130
Ephedrine	23 ml		23 ml			1	1
Diazepam (Relanium)	320amp 134 tab		320 amp 134 tab			41	41
LSD	18 748 units	5 vnt	18 743 units			3	4
Klonazepam	1 044 tab	151 tab	893 tab			41	36

BMK	21 l		6 l		15 l	2	10
Safrol	21 650 ml	20 l	1 650 ml			2	3
Nitrazepam	0,4g		0,4 g			2	2
Magic mashrooms	6,599 g	0,001 g	6,598 g			6	7
Tramadol	27,74 g 306 tab	1,3 g	26,44 g 306 tab			13	13
Lorazepam	0,779 g 12 tab		0,779g 12 tab			7	6
Other psychotropic substances	0,067g 25 ml		0,067g 25 ml			6	6
Methadone	250 g		250 g			4	5

The market of poppies and their parts decreases but there is an increase of cannabis popularity: since 2002 the number of cannabis detention increased 3 times. Methcathinone (ephedrone) and ephedrine almost withdrew from illegal market. The market of diazepam, as well as other medicines users is almost stable (Tables 10.4 and 10.5).

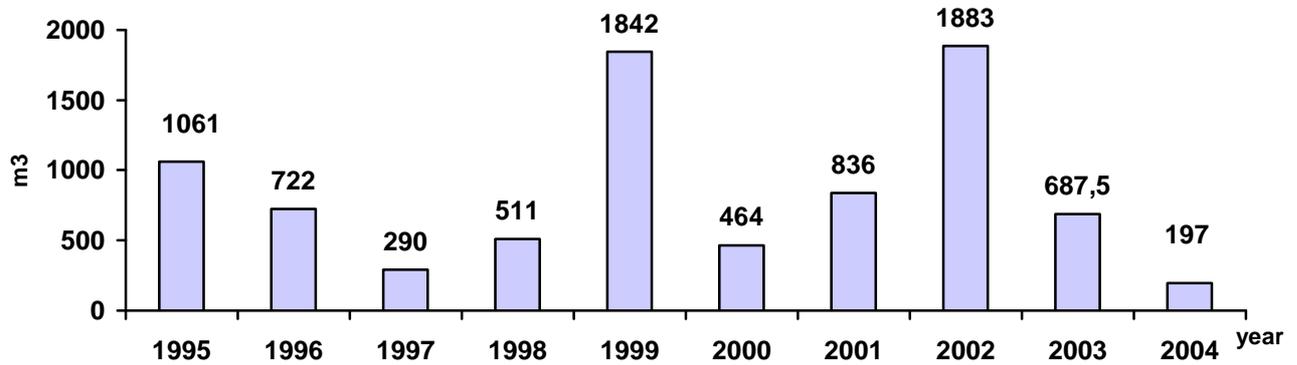
Table 10.5 Comparative table of quantities of narcotic and psychotropic substances as well as their 1st category precursors removed from illegal circulation in 2003 and 2004

Name of the substance	2003	2004	Increase /Decrease
Poppies and their parts	269 kg	380 kg	-
Extract and concentrate of poppies	53 liters+252 g	55 liters+721 g	-
Marihuana	30,1 kg +600 kg (raw)	16,4 kg+415 kg (raw)	-
Hashish	262,6 kg	2,3 kg	-
Heroin	806 g	2,9 kg	-
Cocaine	183 g	13,5 kg	-
Amphetamine	6,96 kg + 219 tab	7 kg +1050 tab	-
Methamphetamine	24,7 kg + 24 tab	2,8 kg	-
Ecstasy	98 458 tab + 440 g	99 429 tab	-
LSD	191 units	18 747 units.	-
Medicines	140 g; 545 tab	304 g; 1584 tab; 320 amp	-
Saphrol	20,2 liters	21,7 liters	-
BMK	34,6 liters	21 liters	-

Cannabis

Cannabis is popular in Lithuania. As it was already mentioned, there was a significant increase of detention numbers of this substance; the questionings show that cannabis is the most often used drug. Three years in a row there was registered a large amount of seized raw cannabis: 68 kilos in 2002, 600 kilos in 2003, 415 kilos in 2004. These numbers would testify that cultivation of cannabis is the most popular in the country. However, destroyed cannabis crops areas do not reflect this (Figure 10.6).

Diagram 10.6 Destroyed cannabis fields in 1995-2004



Amphetamine type stimulants

The market of ATS substances is spreading in Lithuania: more and more often the use of such substances is observed not only in the largest cities but in country's rural districts as well. The number of detention of these substances in Vilnius city increased by 71%.

In 2003, metamphetamine, 26% by amphetamine and 24 – by Ecstasy, occupied half of the market of ATS substances. Last year, methamphetamine and Ecstasy market insignificantly decreased. Methamphetamine in Lithuania is usually used in the form of powder. There was only one case of detention of methamphetamine in tablets. The average purity of this substance is 38,3%. The purity of methamphetamine on the street level varies from 04% to 86,5%. It is interesting that the highest purity methamphetamine (82,5% and 77,1%) was confiscated in the places of imprisonment. Amphetamine is usually confiscated in the form of powder as well (94% of all cases and only 6% in tablets). It is not difficult to ground such unpopularity of tablets: the effect of the tablets is weaker and the purity of them was averagely only 16,7% (average purity of powder was 28,7%). Another reason of unpopularity is a fact that the tablets produced within the country often are of poor quality, they crumble and so loose their marketable look.

Average purity of confiscated Ecstasy tablets in the country was 38% (the lowest purity – 6,89%, the highest - 80,8%). In 2004, for the first time Ecstasy powder was confiscated in the country (74% purity). In total, 32 Ecstasy tablets with different logo were confiscated. In the end of 2004, during one operation, 58 424 Ecstasy tablets (53 436 tablets of them are with „AJ“ logo and others with „Mitsubichi“) and 18 743 units of LSD line were confiscated. Supposedly, these drugs were delivered from Holland and were intended for the country's market. However, this information is not confirmed as some uncertainty arose comparing confiscated LSD quantity with the circulated one for several years in Lithuania. The main countries that supply Lithuania with Ecstasy tablets remain the Netherlands and Belgium. Amphetamine is produced in Lithuania in illegal clandestine laboratories and is usually transported to Scandinavian countries by “southern” route i.e. from Lithuania through Poland, Germany and Denmark to Sweden and Norway. Amphetamine produced in Lithuania is also transported to Russia and Belarus. Precursors that are use in the production of ATS substances are imported from Russia and the Ukraine. The part of precursors is transported further to Poland or the Netherlands, where they are bartered to amphetamine or Ecstasy tablets.

In 2004, one ATS substances laboratory was disclosed. This was first disclosed laboratory in Vilnius district. Laboratory was arranged by young 19-20 years old persons who intended to produce amphetamine.

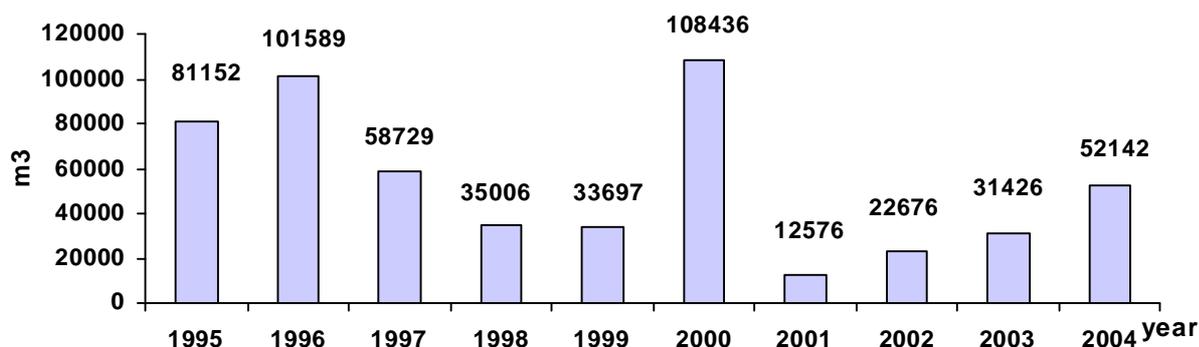
Heroin and poppies

Two large heroin detention cases were registered in Lithuania in 2004: two Kazakhstan and one Russian citizens sold to Lithuanian citizens one kilo of heroin that was transported from Kazakhstan; in another case the citizen of Kirghizstan tried to sell one kilo of heroin.

The purity of heroin fluctuates from 0,2% to 74% (average purity is about 36%). The purity of imported in large quantities heroin was only 51% and 65%. According to the information, it is possible to state that the price of heroin on the street level remains stable – at an average 160 litas (about 45 euros) (lowest 60 litas (about 17 euros), highest 180 litas (about 52 euros)) for one gram. On the basis of statistics, it is

possible to assert that in 2001, when the popularity of heroin reached its peak, the cultivation of poppies decreased within the country. However, due to the decrease of heroin demand and regaining of lost positions of the concentrate produced from poppies, cultivation of crops in Lithuania increased again (Figure 10.7).

Diagram 10.7 Destroyed poppy fields (m³) in 1995-2004



Cocaine

In 2004, the officers of Customs Criminal Service and State Security Department detained 12 kilos of cocaine that was transported from Germany through Poland to Lithuania. The average purity of cocaine within the country is 48% (the purity fluctuates from 6,99% to 87,89%). It is necessary to notice that there is almost no trade of cocaine on the street level. This is determined by relatively limited circle of cocaine users. Also, there are no significant changes related to the price of cocaine. Purchasing small amount of the substance, 1 gram costs about 200 litas (about 55-60 euros). Consumption of cocaine is very limited within the country. The number of cocaine detention cases can prove this. Big seizures usually indicate that the substance is transported to the neighboring countries.

10.3. Price and purity of drugs at stress level

Table 10.7 Average prices of narcotic and psychotropic substances in the country's illegal market

Name of the substance	Price (litas)				
	Street price		Average price for 50 g/tab - 1000 g/tab	Wholesale price	
	The highest and the lowest price fixed	Average		The highest and the lowest price fixed	Average
Poppies and their parts (1 glass – about 150 g)	5-20	9,5		5-12	8
Poppies and their parts concentrate (1 ml)	5-10	7,83	10		
Marihuana (1 g)	30-40	36,5	15		
Methamphetamine (1 g)	14-40	28	10,5	8	8
Amphetamine (1 tab.)				4	
Amphetamine (1 g)	15-40	24	12	16	16
Ecstasy (1 tab.)	8-20	9,4	7,6	3,9-9,5	6,5
Heroin (1 g)	60-180	160	80	53-62	57,5
Heroin (1 dose ± 0,015 g)	20	20			
Cocaine (1 g)	180-220	200			

Remarks: a) 1 Lithuania Litas = 0,29 Euro

- b) In 2004, statistically justified calculation method of average price (and also, substance purity) was implemented: all fixed trade prices for gram is summed up and this sum is divided into number of trades.
- c) According to the Europol method, the wholesale price is the price for 1 kg, or 1000 tab and more substance.

Table 10.8 Purity of narcotic and psychotropic substances in the country's illegal market

Name of the substance	Purity		
	Average	(From - till) in 2003	(From - till) in 2004
Heroin	36 %	0,5 % – 81 %	0,2 % – 74 %
Cocaine	48 %	4 % - 68 %	6,9 % - 87,9 %
Methamphetamine (powder)	38,3 %	20 % - 60 %	0,4 % - 86,5 %
Amphetamine (powder)	28,7 %	4,5 % - 79 %	0,5 % - 76,5 %
Amphetamine (tablets)	16,7 %	20 % - 40 %	12 % -27, 4 %
Ecstasy	38 %	15 % - 45 %	6,9 % - 80,8 %

Remark: All fixed purities of substance are summed up and the sum is divided into the number of investigated (fixed) cases.

PART B - SELECTED ISSUES

11. Gender Differences

11.1. Situation

The analysis of available statistical and drug addiction data shows that prevalence of narcotic and psychotropic substance use, drug addiction and its related effects (infection diseases, deaths, crime, etc.) in Lithuania are much more widespread among men rather than among women.

Drug Use in the General Population

8.2 per cent of Lithuanian residents used drugs at least once. 13.1% of men and 3.8% of women indicated that they had tried drugs at least once. It was noted that young men three times more frequently than young women indicated that they had tried drugs at least once (20.8% vs. 7.3%, respectively). Increasingly more young women try drugs at least once compared to older women (*refer to Table 11.1*).

Table 11.1. Lifetime Prevalence of Any Drug Use by Gender and Age, %

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Lifetime prevalence (LTP)	13.1	3.8	8.2	20.8	7.3	14.1	6.8	1.2	3.8
Last year prevalence (LYP)	3.9	1.2	2.5	7.5	2.8	5.2	0.1	0.0	0.1
Last month prevalence (LMP)	1.4	0.1	0.7	2.9	0.2	1.5	0.0	0.0	0.0

All prevalence indicators of cannabis use are higher among men compared to women, and among younger population compared to older respondents (*refer to Table 11.2*).

Table 11.2. Lifetime Prevalence of Cannabis Use by Gender and Age, %

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Lifetime prevalence (LTP)	12.1	3.4	7.6	19.0	6.9	12.9	6.5	0.9	3.5
Last year prevalence (LYP)	3.4	1.1	2.2	6.5	2.6	4.6	0.8	0.1	0.4
Last month prevalence (LMP)	1.4	0.1	0.7	2.9	0.2	1.5	0.3	0.0	0.1

Other drugs than cannabis were also more frequently used by men rather than women. Men more often than women indicated that they had tried other drugs at least once (3.8% vs. 1.0%, respectively).

Excluding cannabis, the most widespread drugs in Lithuania are amphetamine and ecstasy (*refer to Table 11.3*).

Table 11.3. Lifetime Prevalence of Other Drug Use (Excluding Cannabis) by Age and Gender, %

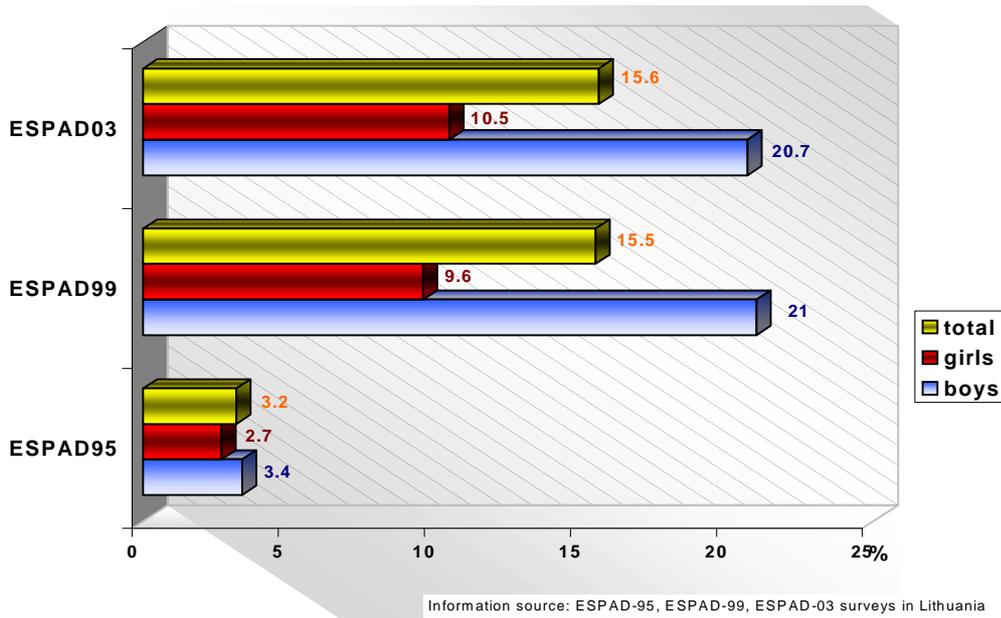
Substance	Age	15-64			15-34			35-64		
		M	F	Total	M	F	Total	M	F	Total
Any drugs except cannabis		3.8	1.0	2.3	7.1	1.6	4.3	1.1	0.5	0.8
Amphetamine		1.8	0.5	1.1	3.4	1.0	2.2	0.5	0.1	0.3
Ecstasy		1.5	0.5	1.0	3.2	1.1	2.1	0.2	0.1	0.1
Hallucinogenic mushrooms (magic mushrooms)		0.8	0.2	0.5	1.5	0.1	0.8	0.3	0.2	0.2
Cocaine		0.8	0.1	0.4	1.3	0.1	0.7	0.4	0.1	0.2
Heroin		0.6	0.1	0.3	1.1	0.1	0.6	0.2	0.1	0.1
LSD		0.5	0.1	0.3	0.9	0.1	0.5	0.1	0.1	0.1

The study of the general population also showed that men were offered drugs twice as many times as women (25.5% vs. 12.1%, respectively). That can also be the cause, even though an indirect one, why men tend to try drugs more frequently.

Drug Use Gender Differences among Young People

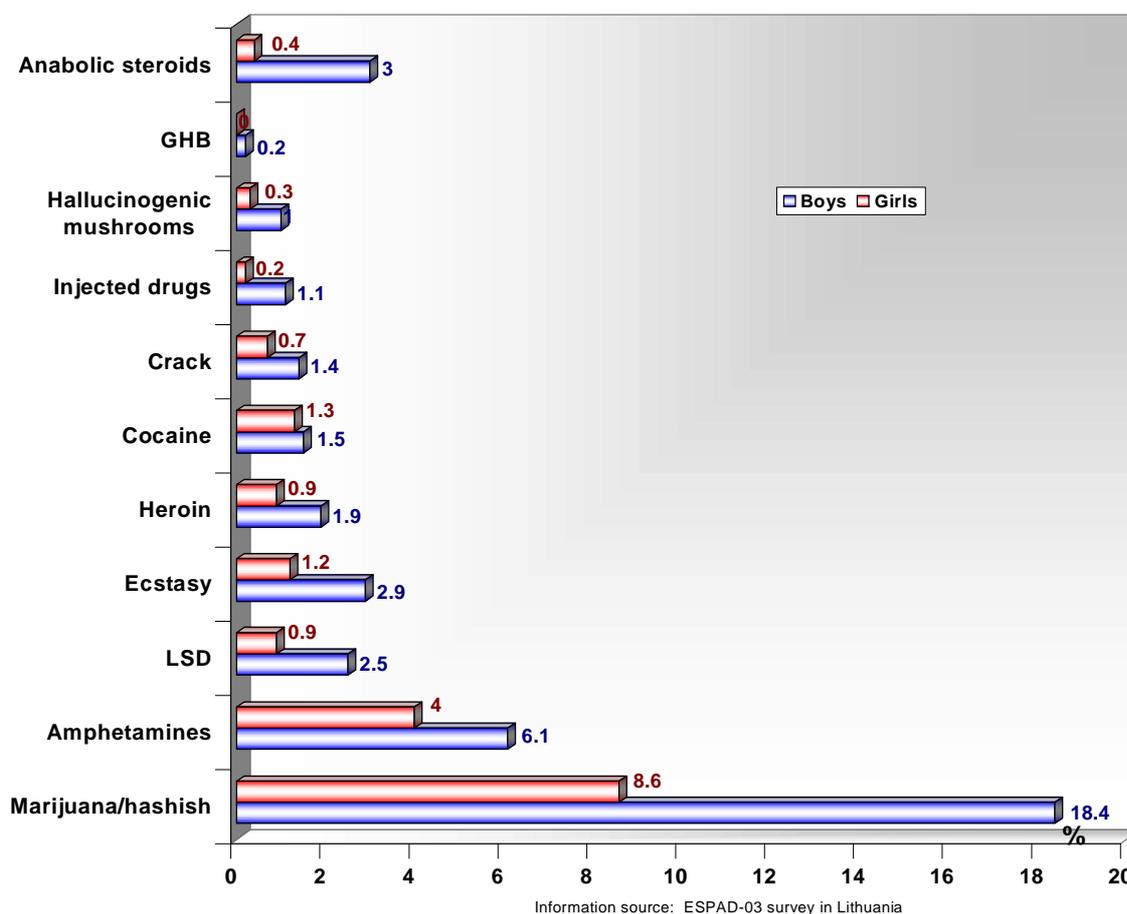
ESPAD surveys conducted in 1995, 1999, 2003 among 15-16 year old Lithuanian school students showed that the drug use was more widespread among boys rather than girls and this indicator remained almost unchanged from 1999 to 2003. ESPAD 03 survey results showed that 15.6% of Lithuanian school students tried using drugs at least once. As far as trends of drug prevalence among the school students are concerned, prevalence of drug use for the last four years remained unchanged (refer to Diagram 11.1).

Diagram 11.1. Prevalence of Drug Use among Lithuanian School Students in 1995, 1999 and 2003, %



Prevalence of illegal drug use differs among boys and girls: Lithuanian boys more frequently than girls experiment with all kinds of drugs (refer to Diagram 11.2).

Diagram 11.2. Prevalence of Drug Use among Lithuanian School Students in 2003, by Gender, %



As the survey showed, Lithuanian school students *know well* what drugs are. Knowledge of girls and boys on any specific narcotic or psychotropic substance are similar. One fifth of all 15-16 year old adolescents had desire to test one or another drug. It is worth noting that this desire is rather similar both for boys and girls (refer to Table 11.4).

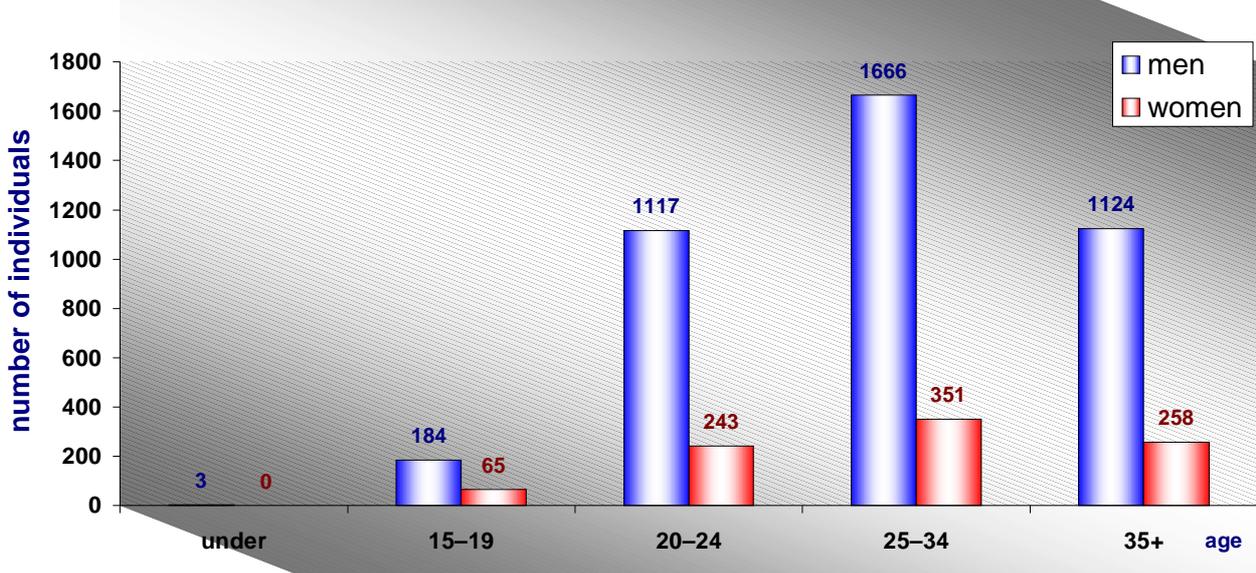
Table 11.4. Knowledge of 15-16 Year Old Lithuanian School Students on Various Drugs in 2003 (ESPAD-03), %

Substance	Boys	Girls	Total
Marijuana/hashish	92.2	92.8	92.5
LSD	63.6	48.3	56.0
Amphetamines	84.6	80.5	82.5
Crack	61.0	51.1	56.0
Cocaine	88.4	92.8	90.6
Heroin	87.8	92.4	90.1
Ecstasy	87.7	91.4	89.6
GHB	12.6	9.8	11.2
Methadone	32.5	24.6	28.6
"Magic mushrooms"	43.6	35.6	39.6
Tranquillizers and sedatives	64.1	75.6	69.8
Had desire to test any of the above drugs	22.6	20.6	21.6

Problem Drug Use

Based on the data provided by State Mental Health Centre, the number of individuals suffering from addiction to narcotic and psychotropic substances registered with healthcare institutions reached 5,011 as of December 31, 2004. 81.7% (or 4,094 persons) of all registered individuals suffering from drug addiction were men; 18.3% (or 917 persons) were women. Distribution by age group is shown in Diagram 11.3. There were 54 registered juveniles (under 18 years old) suffering from drug addiction disorders; 12 of them were women.

Diagram 11.3. Number of Registered Individuals Suffering from Drug Addiction in 2004, by Age Group

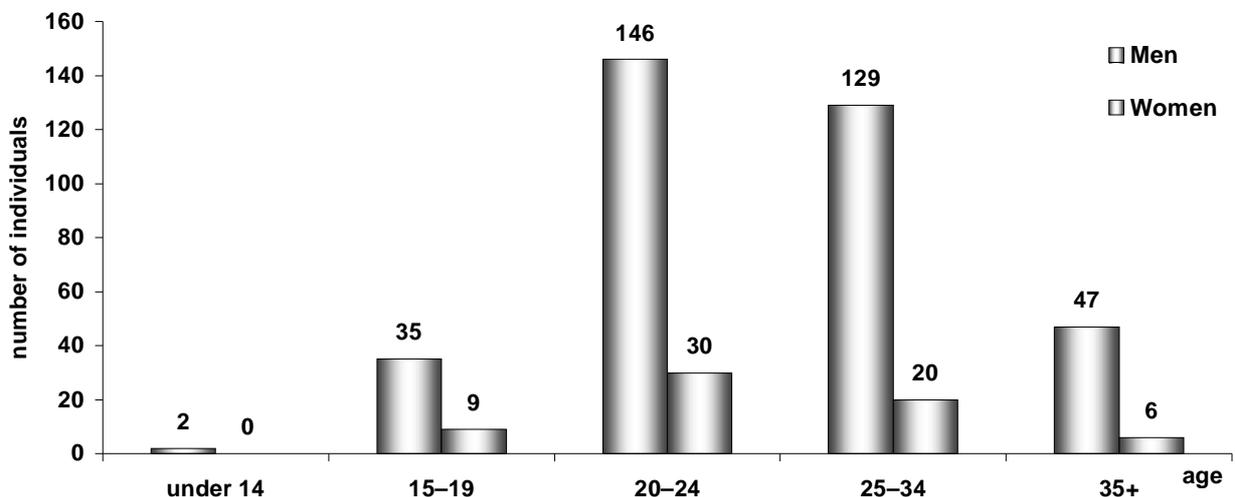


In 2004, healthcare institutions registered 424 new individuals addicted to drugs: 359 men (84.7 per cent) and 65 women (15.3 per cent) (refer to Table 11.5).

Table 11.5. Number of People Seeking Treatment for a Drug Problem for the First Time, 2000–2004

	2000	2001	2002	2003	2004
Total number of new treatment cases registered	546	653	471	356	424
male	481	553	383	282	359
female	85	100	88	74	65

Diagram 11.4. Distribution of New Treatment Cases in 2004, by Age Group and Gender



Of those seeking treatment for a drug problem for the first time in 2004, 276 men and 59 women (336 individuals or 79.8 per cent) were addicted to opiates, 67 individuals (15.8 per cent) were addicted to multiple drugs, 7 individuals (1.6 per cent) were addicted to volatile substances, 2 individuals (0.5 per cent) were addicted to tranquillizers and sedatives, 10 individuals (2.4 per cent) were addicted to stimulants.

Infection Diseases

In the last four years, contractions of hepatitis B and C infections were far more frequent (from 1.5 to 2 times) among men than among women.

As of December 31, 2004, there were 876 males and 104 females diagnosed with HIV. The ratio between HIV positive men and women continued to decline. In 2002, the ratio of diagnosed men to women was 12:1; in 2003, 7:1; in 2004, already 5:1. The largest increases in numbers of women diagnosed with HIV were recorded in 2001 (23 new cases) and in 2004 (21 case). The average age of men and women infected with HIV was 32 and 30 years, respectively. AIDS was diagnosed to 86 individuals (77 men and 9 women).

Mortality and Drug Related Deaths

In 2004, the number of deaths among drug addicts registered with the healthcare institutions amounted to 39 in 2003. Of that number, 33 men and 6 women died (*refer to Table 11.6*). As in previous years, majority of them were abusing opiates.

Table 11.6. Distribution of Deaths of Individuals Suffering from Drug Addiction in 2001-2004, by Gender

	2001	2002	2003	2004
<i>Deaths, total</i>	49	40	48	39
<i>Male</i>	41	34	41	33
<i>Female</i>	8	6	7	6

Based on the data of the Department of Statistics under the Government of the Republic of Lithuania, 38 individuals died last year due to abuse of narcotic and psychotropic substances: 33 men and 5 women. The most common cause of death was poisoning with morphine.

Crimes and Arrests

Men 4 times more often than women were arrested for illegal distribution of narcotic and psychotropic substances: in 2004, 386 individuals were arrested; 97 of them were women. In 2003, 580 individuals were arrested, 129 of them were women.

11.2. Responses

No data was available on differentiation of measures with regard to gender of substance users aimed at prevention of drug addiction and crimes, treatment of drug addicts, implementation of rehabilitation and social integration measures in Lithuania in 2004 and earlier years. The same services and measures were applied to all individuals irrespective of their gender.

Apparent differentiation of measures based on gender was registered only in low threshold services, where part of services were targeted at women sex workers.

In 2004, harm reduction programs put increasingly higher emphasis not only on injecting drug users, but also on other high risk groups. Vilnius and Klaipėda centres for addictive disorders paid considerable attention to sex workers. "Low threshold" services unit at the Lithuanian AIDS Centre provided them with free testing for HIV/AIDS, viral hepatitis B and C, sexually transmitted infections, as well as other services and counseling.

Most commonly, sex workers were consulted on the following issues:

- available kinds of treatment for addiction to narcotic substances (withdrawal treatment; substitution treatment with methadone, Subutex or REVIA; addiction psychiatrist counseling);

- possibilities for people without health insurance to receive medical assistance (appointments with gynaecologist, dermatologist/venereologist, therapist, surgeon);
- possibilities for pregnant sex workers to receive methadone treatment;
- social insurance issues;
- issuance of personal identity papers;
- legal issues (who to contact when facing legal problems, problems with bailiffs, violations of human rights, aggressive actions of police officers and clients, etc.)

Other services were also provided: counseling by social workers, free medication for treatment of STIs, distribution of means of protection (condoms, lubricants).

In 2004, "low threshold" services unit at the Lithuanian AIDS Centre detected 11 new women appointed to STI contraction risk group. 18 women took part in STI prevention program. 15 of them were diagnosed addiction to drugs. The program clients received 94 counseling sessions provided by social workers.

12. European Drug Policies: Extended Beyond Illicit Drugs?

Lithuania has two principal "drug laws": 1) Law on the Control of Narcotic and Psychotropic Substances (Žin., 1998, No 8-161) and 2) Law on the Control of Precursors of Narcotic Drugs and Psychotropic Substances (Žin., 1999, No 55-1764), and two principal legal acts, where national policy on drug prevention and control is defined:

1. National Drug Prevention and Drug Control Strategy for 2004–2008 (Žin., 2003, No 94-4251)
2. National Drug Prevention and Drug Control Programme for 2004–2008 (Žin., 2004, No 58-2041), including action plans of the Programme implementation for each year.

These acts do not have extended scope for "drug" meaning and only serve as instruments of control and prevention of narcotic and psychotropic substances.

The term ***Narcotic and Psychotropic Substances*** in national law acts means all biological and synthetic substances included in the lists of controlled substances approved by the Ministry of Health, the harmful effects or misuse whereof give rise to serious deterioration of human health marked by mental and physical addictions, or pose danger to human health. Narcotic and psychotropic substances are included in the lists of controlled substances approved by the Ministry of Health under their international names, and in the absence thereof, under their chemical names. Included also may be another name of common use, which is more familiar to users.

One of the articles in the National Drug Prevention and Drug Control Programme for 2004–2008 stipulates that "*primary prevention of drug addiction shall be coordinated with prevention of alcohol and tobacco use and based on sustainable education in the family, at school and in the community*", and links the programme with other national programmes such as State Alcohol Control Programme (Žin., 1999, Nr. 21-603), State Tobacco Control Programme (Žin., 1998, Nr. 69-2010), Lithuania Health Programme (Žin., 1998, Nr. 64-1842) and Addictive Disorders Programme (Žin., 2005, Nr. 43-1380).

13. Developments in Drug Use within Recreational Settings

13.1. Situation

Drugs are widespread in Lithuanian nightclubs, discos and other recreational settings. Although the last specialized survey of club visitors was carried out in 2000, the available data of the general population survey conducted in 2004, as well as police records and concerns of the general public reflected in the media lets to assume that this problem persists. Most widespread in Lithuanian clubs are synthetic drugs (amphetamine, ecstasy) and cannabis. Not only nightclub visitors use these substances themselves, but they also try to distribute them.

General Population Survey Data (2004)

18.5% of all Lithuanian residents claim that they were offered drugs at least once in their lifetime. More frequently, drugs were offered to men rather than women (25.5% vs. 12.1%, respectively).

Every tenth Lithuanian resident (10.7%) was offered cannabis at least once in their lifetime; 6.5% were offered cannabis during the last 12 months. Of those respondents, who were offered cannabis during the last 12 months (*refer to Diagram 10.4*), every fourth (25.7%) reported that this drug was last offered them at a private party, 16.9% – at a club/disco, 15.1% – at a friend's place, 11.7% – on the street, 6.1% – at school/college/university, 3.0% – in a pub/bar/restaurant, 2.5% – at home. 8.0% of those, who were offered marijuana or hashish during the last 12 months, reported other places.

Of those respondents, who were offered ecstasy during the last 12 months, every fourth (26.1%) reported that this drug was last offered them at a club/disco, 22.8% – at a private party, 12.5% – at a friend's place, 11.7% – on the street/park, 3.4% – in a pub/bar/restaurant, 2.4% – at work. 7.52% of those, who were offered ecstasy during the last 12 months, reported other places.

Of those respondents, who were offered amphetamine during the last 12 months, every fifth (21.5%) reported that this drug was last offered them at a friend's place or at a club/disco (20.7%). 15.4% claimed that amphetamine was last offered them at a private party, 13.4% – on the street/park, 2.2% – at their academic institution, 2.0% – at a concert. 4.3% of respondents reported other places.

Recreational Settings Survey Data (2000)

Under the WHO Global Initiative on Primary Prevention of Substance Abuse, the survey of drug use in Lithuanian recreational settings was conducted in 2000. The purpose of this study was to find out the prevalence of drug use in nightclubs and discos among Lithuanian youth, what are the drugs used, and what are the attitudes of young people towards drug use. The aim of the research was to find out: the most popular drugs in nightclubs; perceptions and knowledge of young people of drug effects on their bodies; information sources on drugs; and necessary recommendations on primary prevention measures. The total of 290 visitors (125 women and 142 men) of Vilnius and Kaunas nightclubs were surveyed; majority of them were 18–24 years old (87.3%). All of them more or less regularly visit the nightclubs; 18.6% of them go there several times a week. The study showed that 51.4% of respondents tried to use drugs (typically, "weed"). As many as 46.6% of respondents smoked it, some of them did it regularly (4.5%). Also frequently used were amphetamines (18.9%), ecstasy (10.6%), cocaine, heroin, LSD. Gender differences were considerable. As many as 60.4% of boys tried marijuana and hashish as opposed to 34.7% of girls. 29% of boys and 11.8% of girls used amphetamines, 19.7% of boys and 3.3% of girls used heroin; 16.1% of boys and 19.7% of girls used LSD. Prevalence of drug use by age group: 50% of 17 year old and younger respondents, 58.3% of 18 year olds, 44.9% of 19 year olds, 54% of 20 year olds, and up to 60% of 21–23 year olds tried narcotic substances. Hence, no significant differences across different age groups were disclosed. Comparison of drug prevalence numbers among school students, university students and working people showed that the highest percentage of those, who tried drugs at least once, were club visitors from school: as many as 56.5% school students, 52.1% of university students and 42.9% of working people tried using drugs. The frequency of drug use depends on the frequency of going to the club: the more often they go there, the more often they use it. Around 26.2% of respondents admitted that they mixed alcohol with drugs. Of those, who visited nightclubs every weekend, as many as 65.4% used drugs. 32.8% of club visitors indicated that they had no problem to obtain drugs. The average amount of money spent on one dose is 23–27 litas (minimum – from 5 to 15 litas, maximum – 125 litas). Monthly spending on drugs ranged from 168 to 800 litas. Respondents quoted various reasons for drug use. The majority obtained drugs through friends and acquaintances. As many as 47.2% of nightclub respondents admitted that they had faced problems related to their drug use: money shortages; conflicts with nightclub security, parents, and police; health disorders; absenteeism at work and school. Money shortages and problems with nightclub security were mostly faced by users of synthetic drugs. Conflicts with police mostly involved crack and heroin users. Most health problems were suffered by amphetamine and heroin users. The majority of respondents claimed that their parents did not even suspect them using drugs. Drug use caused exhaustion and sleep disorders for most of them, whereas users of hashish and marijuana also indicated anxiety. Attitudes of nightclub visitors towards drug use are rather diverse: majority (86.9%) argue that anyone should be free to choose to use or not to use drugs; 26.9% think that drugs should be used safely; 53.1% claim that some drugs should be legalized; 34.1% believe that nothing will happen if they use drugs once or twice. As many as 30.3% of respondents believe that "light" drugs are better than alcohol. Almost everyone (90.3%) agrees that drug use causes health problems. Around 31.4% of respondents believe that drugs are inseparable part of nightclubs and discos. Not everyone could provide the answer to the question on drug related harms; part of respondents quoted the lack information on this issue. Drug use is believed to be the least harmful among school students and younger nightclub visitors.

13.2. Responses

Crimes

Every year, local police units throughout the entire country run drug prevention campaigns during public events and in recreational settings. The police also carries measures aimed at disclosure of drug users and distributors and prevention of criminal behavior as well as joint campaigns with organizers of mass events aimed at prevention of criminal behavior related to illegal possession and use of narcotic or psychotropic substances at nightclubs. In summer of 2004, the utmost attention of the Police Department under the Ministry of Interior was drawn to youth recreational settings located in and around Palanga. One employee of a night bar was arrested for drug dealing. Another four persons were arrested in close proximity to recreational settings for possession of narcotic substances; criminal cases were filed against them.

In 2005, the police undertake even more extensive control measures during public mass events and in recreational settings and arrested several individuals charged with distribution of narcotic and psychotropic substances at the *Pure Future* progressive music festival, which took place in Trakai and Vilnius. Four individuals in Trakai and three individuals in Vilnius were arrested for attempts to distribute various drugs – marijuana, amphetamine, ecstasy, hallucinogenic mushrooms – at the event. Furthermore, the police arrested a number of persons, who sold drugs at Vilnius and Kėdainiai nightclubs.

National Policies

In the implementation plan for 2005 of the National Drug Prevention and Drug Control Programme for 2004–2008, one of the measures calls for: "*adoption of prevention measures that will reduce supply and demand for narcotic and psychotropic substances within recreational settings and near schools*". The following institutions are responsible for implementation of this measure: Police Department under the Ministry of Interior, Municipalities, Drug Control Department under the Government of the Republic of Lithuania, State Council for Youth Affairs, Ministry of Education and Science.

Legal Developments Addressed to Drug Use within Recreational Settings

Lithuanian legal acts bear no specific provision, which stipulates control and prevention of drug use in recreational settings. Therefore, universal legal norms and liabilities apply. In 2004, the Drug Control Department turned to the Police Department for proposals on how the control of illegal narcotic and psychotropic substance circulation in recreational settings could be tightened. It also recommended special measures targeted against distribution of narcotic and psychotropic substances in recreational settings. A proposal was also submitted to the Ministry of Justice of the Republic of Lithuania in the form of amendment to the draft version of the Administrative Code: owners of recreational settings shall be prosecuted for taking no action to prevent and report distribution and use of narcotic and psychotropic substances in recreational settings they control. This proposal was rejected due to potential issues pertaining to assessment of such crimes: an individual (nightclub owner, security guard, etc.) may find it difficult or even impossible to immediately determine chemical composition of the substance seized, and taking action without knowing for sure whether the seizure involves narcotic substance or ordinary medication may violate the principle of legal certainty and presumption of innocence.

Prevention

Drug Control Department supported by the Nordic Council of Ministers Office in Lithuania prepared and will implement the project entitled *Recreational Drug Use Prevention 2005-2006* with the budget of 30,000 litas. The project is cross-sectorial and activities involve social, educational and health sectors. It is very important to mention that this project also involves private sector, not only public or government institutions.

The principal goal of the project is information based prevention of recreational drug use and drug control in youth entertainment places.

The tasks of the project are: 1) to inform owners of youth entertainment places (mainly, nightclubs) about the harms of recreational drug use and motivate them to be more active against drug use in their places; 2) to organize media campaign targeted at young active people and their parents informing them about the harms of recreational drug use; 3) to inform the representatives of media,

municipalities, non-governmental organizations about the harms of recreational drug use and recommended ways to fight this problem.

The project is integrated and concentrates on implementation of three principal measures:

1. Development of methodical recommendations. The recommendations will consist of useful and practical information about recreational drug use problem in youth entertainment places and recommended ways how to solve it. The recommendations will be prepared with support of foreign and local experts. Expected 500 copies of publication will be circulated among the representatives of youth entertainment places, municipal drug control commissions, non-governmental organizations and media.

2. Training of representatives of youth entertainment business (mainly owners of nightclubs) involving a one-day training program for Lithuanian owners or representatives of youth entertainment places held by foreign expert (presumable a representative of a foreign nightclub), representatives of the Lithuanian Police Department and prevention experts. The main goal of the training is to start cooperation with private sector in order to be more active against recreational drug use in night clubs and other youth entertainment places.

3. Media campaign on the harms of recreational drug use targeted at young people and parents. Dissemination of factual information about harms of recreational drug use to national and regional mass media and media sources that are popular among young people (websites, special publications circulated free of charge, etc.)

The target groups of the project are: 1) the owners and representatives of nightclubs and other youth entertainment places (mainly located in three biggest towns of Lithuania); 2) the young people (mainly inhabitants of biggest Lithuanian towns; men and women aged from 15 to 24); 3) the representatives from municipal drug control commissions, non-governmental organizations and media.

PART C - BIBLIOGRAPHY, ANNEXES, STANDARD FOR BIBLIOGRAPHIC REFERENCES

15. Bibliography

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