



European Monitoring Centre  
for Drugs and Drug Addiction



Drug Control Department  
under the Government  
of the Republic of Lithuania

**2006 NATIONAL REPORT (2005 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

Lithuania's national policy on drug control and prevention of drug addiction is established in the *National Strategy on Drug Addiction Prevention and Control 2004–2008* adopted by the Resolution of the Government of the Republic of Lithuania and in the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* adopted by the Parliament of the Republic of Lithuania.

In 2005, for the implementation of the measures foreseen in the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* the Government of the Republic of Lithuania allocated 3514,9 thousand euros. Besides, budgetary allocations were assigned for the implementation of programs closely linked to the above.

Formation of the national legal framework policy in drug control and prevention of drug addiction continued actively throughout 2005, including improvement and adoption of new documents, i.e. *Concept of Provision of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substances*, *Profile of Monitoring Procedure of Drug and Psychotropic Substance Use, its Consequences and Circulation of Drugs and Psychotropic Substances and their Precursors*, *Program of Dependence Disorders 2005 –2008*, *Profile of Procedure of Information Exchange Concerning Emergence of New Psychotropic Substances*, and others.

8,2 percent of Lithuanian population aged 15 to 64 used drugs at least once in their lifetimes. 13,1 percent of men and 3,8 percent of women reported that they had tried drugs at least once in their lifetimes. Younger Lithuanian population (aged 15 to 34) more frequently than older population (35-64 years) indicated they had tried drugs at least once in their lifetimes (14,1 percent vs. 3,8 percent, respectively) (*2004 National Survey data*).

Cannabis is the most commonly used drug, and 7,6 percent of the Lithuanian population reported they had used it at least once in their lifetimes. The rate of cannabis use at least once in their lifetimes among men is three times higher than among women, i.e. 12,1 and 3,4 percent, respectively. In Lithuania, besides cannabis the most common drugs are amphetamine and ecstasy, with very similar use rates. Prevalence of drug use at least once in lifetime among the Lithuanian population is as follows: amphetamine - 1,1 percent, ecstasy – 1,0 percent, hallucinogenous mushrooms – 0,5 percent, cocaine – 0,4 percent, heroin and LSD – 0,3 percent (*2004 National Survey*).

In 2006, prevalence of psychoactive substance use among inmates in foster homes of local governments and counties was as follows: 19 percent for the subgroup aged 15 to 17 reported using at least one drug in their lifetime, 12 percent – at least once in the last 12 months, 8 percent – in the last 30 days.

In 2005, general, selective and targeted drug prevention measures were implemented, occupation of children was promoted, professionals, parents, teachers and community are involved into the prevention activities. The Drug Control Department started implementation of drug distribution and use prevention Project "*Clubbing without Drugs*".

As of 31 December 2005, in health care institutions 5 371 persons including 4372 men and 999 women were registered due to mental and behavioural disorders using drugs and psychotropic substances. 91,8 percent of the registered above used injecting drugs, mainly opioids. 349 persons were newly registered patients in health care institutions due to mental and behavioral disorders using drugs and psychotropic substances in 2005. This number is lower by 75 persons compared to 2004 (18 percent).

At the beginning of 2006, Lithuania had 268 registered institutions granted the right to provide psychiatric, dependence disorders' psychiatric, psychotherapy and juvenile psychiatric services.

In 2005, in-patient treatment and rehabilitation services to individuals with dependence disorders were provided by 5 Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys.

410 patients were covered by the methadone treatment program in the Vilnius Centre for Addictive Disorders, the Mental Health Centres of primary health care institutions in Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders, the Panevezys Centre for Addictive Disorders and the Druskininkai Mental health Centre at the end of 2005 (436 patients in 2004).

31 death cases related to use of drugs and psychotropic substances were registered, including 29 men and 2 women (38 in 2004). The biggest number of death cases was in the age group 20-34 (18 persons). The most common death cause was incidental intoxication with drugs or psychotropic substances.

In 2005, out of 141 HBV infected patients 25 were injecting drug users (solely male), i.e. 4 patients less compared to 2004. Out of 68 registered acute HCV patients 12 were injecting drug users (in 2004 out of 83 patients 19 were infected using drugs).

In 2005, 120 new HIV patients were diagnosed (in 2004 – 135, in 2003 – 110; as of 1 January 2006 -1100 HIV infected patients in Lithuania). A tendency of HIV infection caused by injecting drugs persists (76 persons infected, i.e. 70.8 percent) throughout 2005.

At the end of 2005, in Lithuanian prisons 254 HIV infected persons were registered (1100 HIV infected persons nationally), including 59 newly registered ones, 12 patients infected with HBV (141 nationally), 7 patients infected with HCV (68 nationally), mainly infection was caused by intravenous use of drugs and psychotropic substances.

In 2005, 257 contacts (181 persons) with health institutions were made due to intoxications with drugs and psychodysleptics (hallucinogens), i.e. 14 percent less compared to 2004 (300 contacts).

In 2005, Lithuania continued harm reduction programs. Needle and syringe exchange programs were implemented in Alytus, Druskininkai, Klaipeda (2 points), Mazeikiai, Siauliai and Vilnius (2 points). The number of participants in these programs increased.

In 2005, in Lithuanian prisons out of 8155 persons 18.1 percent (1476 persons) were dependent on drugs and psychotropic substances, and this rate increased compared to 2004 (1265 persons, i.e. 15.6 percent). In Lithuanian prisons 254 HIV infected persons stayed, including 59 newly registered ones, 12 - HBV infected, 7 - HCV infected, mainly infection was caused by intravenous use of drugs and psychotropic substances.

In 2005, more criminal acts were registered (total 1818) related to disposal of drugs and psychotropic substances or precursors of category I (in 2004 -1552). More than half of the registered acts related to illicit disposal were related to distribution of drugs and psychotropic substances. 1011 persons (in 2004 – 869) were registered having committed criminal acts related to disposal of drugs and psychotropic substances, including 165 women, 7 foreign citizens, 17 without citizenship. In 2005, 106 Lithuanian citizens were detained for illicit trafficking of drugs and psychotropic substances or smuggling abroad.

## PART A - NEW DEVELOPMENTS AND TRENDS

### 1. National Policies and Context

#### Overview

Lithuania consistently implemented the policy on drug control and prevention of drug addiction being an integral part of its national foreign and domestic policy. For execution of the drug policy, both political support and needed financial and human resources shall be secured. Implementation of the drug control and prevention policy shall be based on the establishment of clear priorities, sound evaluation and coordination of measures as well as efficient 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 Parliament of the Republic of Lithuania (Žin., 2002, No. 113-5029)\* is a secure society. The main priority of the national policy on drug control and prevention of drug addiction established in the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* adopted by the Resolution of the Government of the Republic of Lithuania (Žin., 2003, No. 94-4251) is primary prevention of drug use in the family, among children and youth. A strategic goal of the *National Strategy on Drug Addiction Prevention and Drug Control 2004–2008* adopted by the Parliament of the Republic of Lithuania (Žin., 2004, No. 58-2041) pertains to suppression and reduction of the prevalence of drug abuse, determination and implementation of guidelines and process trends of the national policy on drug control and prevention of drug addiction, as well as to maximisation of prevention efficiency of drug addiction in Lithuania. Based on the *Law on the Basics of National Security* (Žin., 1997, No. 2-16) the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* was enlisted on the agenda of the most critical long-term national security enforcement programs.

The Drug Control Department under the Government of the Republic of Lithuania is delegated the responsibility to effect the drug prevention and drug control policy, to organize implementation of drug prevention and control measures, to set the scope of the drug prevention and control policy, and to coordinate drug prevention and drug control activities on the national and local levels. The latter is very important in seeking to ensure effective collaboration between public institutions and different organisations involved in drug prevention and drug control activities.

#### 1.1. Legal Framework

The Parliament of the Republic of Lithuania adopted the Resolution *On the Implementation of the Health Program of Lithuania* of June 14, 2005, (Žin. No. 78-2813). The Resolution establishes that for planning distribution of EU financial support funds for 2007–2013, investments into health shall be treated as a national strategic priority. Also, the Resolution focuses on healthy lifestyle education aiming at increased responsibility of an individual for his health, control of alcohol, tobacco, drug and other dependence causing substances, prevention of drug addiction, traumatism, control and prevention of other most spread chronic non-infectious and infectious diseases, mental health, children and youth health, formation of health friendly environment.

The Government of the Republic of Lithuania by Resolution No. 250 of March 7, 2005, (Žin., 2005, No. 33-1066) approved the *Implementation Measures of the National Program on Drug Control and Prevention of Drug Addiction 2004–2008*.

The Government of the Republic of Lithuania by Resolution No. 315 of March 24, 2005 (2005, No. 40-1290) approved the *Implementation Measures of the Program of the Government of the Republic of Lithuania 2004–2008* seeking to improve legislation aiming at reduced use of psychoactive substances; to implement special training programs in schools for road transport drivers seeking to reduce use of psychoactive substances, to ensure safety of schoolchildren in educational establishments – to promote implementation of technical protection facilities (video observation systems, etc.) on the premises of educational establishments.

The Government of the Republic of Lithuania by Resolution No. 759 of July 8, 2005, (Žin., 2005, No. 84-3117) approved the *National Program on Safe Road Traffic 2005–2010* which established a goal

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

to reduce the number of people intoxicated with alcohol, drugs, psychotropic and other psychoactive substances steering transport means. For the implementation of this objective, the following implementation measures were foreseen: to train police staff to identify drivers intoxicated with drugs; to produce long-term safe traffic campaigns to identify drivers intoxicated with alcohol and drugs, to encourage intolerance among the community towards such drivers; to organize at random checks of drivers of all transport means on roads at least once each quarter with particular focus on identification of drivers intoxicated with alcohol or drugs; to provide traffic police units with devices to measure alcohol and drug intoxication level (with printers). The Government of the Republic of Lithuania by Resolution No. 537 of March 17, 2005, (Žin., 2005, No. 64-2285) approved the *Concept of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substances* regulating the main goals, principals, objectives and activities of medical, psychological, social children rehabilitation services, measures of these activities to be implemented, also supporting the necessity to carry out scientific research and develop information on children using psychoactive substances, rehabilitation system, establishes basics for assessment of rehabilitation services' efficiency and accounting. The objective of this Concept is to ensure availability and quality of medical, psychological, social rehabilitation services aiming at strengthening of children's health, to support them in coping with their psychological, physical dependence on psychoactive substances and integration into the society.

The Government of the Republic of Lithuania by Resolution No. 591 of May 30, 2005, (Žin., 2005, No. 69-2470) approved *Profile of the Monitoring Procedure of Drug and Psychotropic Substance Use, its Impact and of the Circulation of Drugs and Psychotropic Substances and their Precursors* regulating the organisation and implementation of monitoring activities. For monitoring of drug and psychotropic substance use, its impact and of the circulation of drugs and psychotropic substances and their precursors targeted collection, accumulation, processing, analysis and submission of data on drug and psychotropic substance use, its impact and illicit circulation of drugs and psychotropic substances and their precursors are organized.

The Government of the Republic of Lithuania by Resolution No. 1210 of November 10, 2005 approved the *Implementation Measures for 2006 of the National Program on Drug Control and Prevention of Drug Addiction 2004–2008*.

The Government of the Republic of Lithuania by Resolution No. 1407 of December 22, 2005, (Žin., 2005, No. 151-5548) approved the *Implementation Measures for 2006–2008 of Concept of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substances*.

The Government of the Republic of Lithuania by Resolution No. 1.2 – 107 of December 29, 2005, approved the *Report Format of Provision of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substances*.

The Health Minister of the Republic of Lithuania by Decree No. V-53 of January 24, 2005, amended Decree No. 5 of January 6, 2000, by the Health Minister of the Republic of Lithuania *On Approval of List of Drugs and Psychotropic Substances* (Žin., 2000, No. 4-113; 2001, No. 66-2428; 2002, No. 79-3362; 2003, No. 20-869; 2004, No. 54-1842; 2004, No. 166-6074), deleting Tramadol from List III *Psychotropic Substances Allowed for Medical Purpose* and including it into List II *Drugs and Psychotropic Substances Allowed for Medical Purpose*.

The Health Minister of the Republic of Lithuania by Decree No. V-182 of March 22, 2005, (Žin., 2005, No. 43-1380) approved *The Program of Dependence Disorders 2005–2008* seeking to strengthen mental health in the implementation of health care regarding dependence disorders, to improve availability of specialized services, to organize and develop early diagnostics of dependence disorders, to provide medical and psychological services of adequate quality to children and juveniles having dependence disorders, as well as to HIV infected and HIV positive adults, tubercular, pregnant women and those growing babies and preteen children, individuals of social exclusion risk groups, aiming at reduction of their social exclusion, to improve rehabilitation of the above patients and their integration into the community; the above seeks the following objectives: in compliance with the procedures established in legislation, without violation of the patient's rights and offence to their dignity, in dependence disorders' Centres to improve and ensure accessibility and adequate quality of medical services to drug users and alcohol abusers, as well as to patients of dependence disorders prioritising patients of certain subgroups; to develop the infrastructure of dependence disorders' Centres pursuing better quality and provisions of the services.

The Health Minister of the Republic of Lithuania by Decree No. V-563 of July 8, 2005, (Žin., 2005, No. 85-3184) approved a new *Profile of the Procedure of Issuance of Import and Export Permits for Drug and Psychotropic Pharmaceuticals and Pharmaceutical Substances*.



The Minister of Social Affairs and Labour of the Republic of Lithuania Decree No. A1-38 of February 8, 2005, (Žin., 2005, No. 21-670) approved *Regulations Regarding Formation of the Commission for Evaluation of Projects of Psychological and Social Rehabilitation of Drug Users and Selection of Projects Submitted to a Tender in 2005*, which defines the criteria for projects submitted to a tender concerning psychological and social rehabilitation of drug users, establishes the project priorities, the procedure for submission of tenders, project evaluation, funding and accounting/reporting on the use of funds, the implementation and control of the projects, the organisation of the work of the project evaluation commission. The objective of this tender is selection projects to provide social and psychological rehabilitation services to drug users and their families.

The Minister of Education and Science of the Republic of Lithuania by Decree No. ISAK-212 of February 14, 2005, (Žin., 2005, No. 26-848) approved *Profile of Procedure of Support to Primary Drug Prevention Projects in 2005* which established procedure of tendering primary drug prevention projects, their funding and reporting for the use of funds and control. The goal of this Profile is to provide important primary drug prevention knowledge to children, parents and teachers, to inculcate general skills and traditional values supporting prevention of social risk factors; the objectives aim at organisation of primary drug prevention and early intervention in schools involving schoolchildren, teachers and parents; to implement primary drug prevention and early intervention programs among delinquent behaviour children having negative social experience and victims due to using drugs and psychotropic substances; to develop cooperation among schools and local communities, police and institutions engaged in drug prevention.

The Minister of Education and Science of the Republic of Lithuania Decree No. ISAK-2567 of December 16, 2005, (Žin., 2005, No. 149-5453) approved *Profile of Evaluation Criteria for Children and Youth Occupation Programs* which established evaluation criteria for children and youth occupation programs implemented by public, local government schools and other education providers. This program based on health promotion and healthy life style approach, to implement prevention of addiction, drug use and AIDS.

The Director of the Drug Control Department under the Government of the Republic of Lithuania by Decree No. 1.2-2 of January 17, 2005, (Žin., 2005, No. 9-318), approved the *Profile of Procedure of Information Exchange Concerning Emergence of New Psychotropic Substances* which regulates the procedure of collection, provision, use and distribution of this information, establishes institutions participating in the information exchange. The goal of this Profile is to ensure immediate information exchange concerning emergence of new psychotropic substances and their risk assessment aiming at prevention of abuse of these substances and application of control measures in the Republic of Lithuania.

The Director of the Drug Control Department under the Government of the Republic of Lithuania by Decree No. 1.2-56 of September 20, 2005, (Žin., 2005, No. 114-4183) approved *Methodology of Pricing of Psychological and Social Rehabilitation Services* which established pricing of psychological and social rehabilitation services provided to individuals dependent on alcohol, drugs, psychotropic and other intoxicating substances (hereinafter psychoactive substances) and the basics of payment for goods, services and works funded from the state in compliance with the procedure established by decree of the Director of the Drug Control Department under the Government of the Republic of Lithuania.

The Director of the Drug Control Department under the Government of the Republic of Lithuania by Decree No. 1.2-58 of January 4, 2005 (Žin., 2005, No. 119-4319) approved the *Profile of Procedure Concerning Collection of Information on Prevention Projects of Psychoactive Substance Use and Report Form of Prevention Projects of Psychoactive Substance Use and Instruction on Filling in a Report Form of Prevention Projects of Psychoactive Substance Use*. The Profile regulates procedure of collection, provision, use and distribution of this information and establishes institutions which collect the above information from institutions, establishments or organisations, having implemented such projects, and submits it to the Drug Control Department under the Government of the Republic of Lithuania. The goal of this Profile is to establish a data basis of implemented and evaluated projects in the Republic of Lithuania and to provide information regarding the implemented projects to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), EDDRA data base.

The Lithuanian Police Commissioner General by Decree No. 5-V-208 of March 29, 2005, (Žin., 2005, No. 44-1436) approved job description of an investigator (neighbourhood inspector) of the public police prevention unit; job description of a public police specialist (police officer for juvenile matters). The job description of an investigator (neighbourhood inspector) of the public police prevention unit establishes that a neighbourhood inspector, having detected law offences related with drug use

disorders or abuse of psychoactive substances, in compliance with the procedure established in the *Law On Narcological Care* (Žin., 1997, No. 30-711) can inform health care institutions thereof. The job description of a public police specialist (police officer for juvenile matters) establishes that a police officer for juvenile matters on the service territory organises and implements prevention of drug use and use of other psychoactive substances; identifies children using drugs and other psychoactive substances; provides immediate social support to them and informs parents or other representatives in compliance with laws thereof; in compliance with laws provides information regarding institutions (services) and organisations competent to assist the child and family to parents or other representatives of the child; identifies adults having involved them into drug or any other psychoactive substance use and in compliance with the established procedure informs the head of the territorial police headquarters thereof, and if the act imposes solely administrative responsibility – prepares files of administrative offences; summarises, systemises and analyses the situation, reasons and environment regarding children's criminal activities and other law offences, drug use, violence against children on the serviced area, implements measures to abolish them; cooperates with other police units, staff of the child's right protection service, local government, educational establishments, medical and other interested institutions as well as NGOs, local community when solving issues in relation to prevention of juvenile criminal activities, violence against children, drug use and use of other psychotropic substances, prostitution; implements measures to protect rights and licit interests of children having committed law offences and rights of the aggrieved; manages the information file of the serviced neighbourhood accumulating also data of persons having a negative impact on children, involving them into criminal activities, drinking, drug use; organises training of policemen in charge of juvenile affairs in prevention of criminal activities and other violations of laws, drug and psychoactive substance use, violence, also protection of the child's rights, legal education; ensures cooperation of policemen in charge of juvenile affairs with other police units, interested institutions, NGOs and movements, mass-media regarding prevention of violations of the child's rights, drug and psychoactive substance use, violence, protection of the rights and licit interests of children.

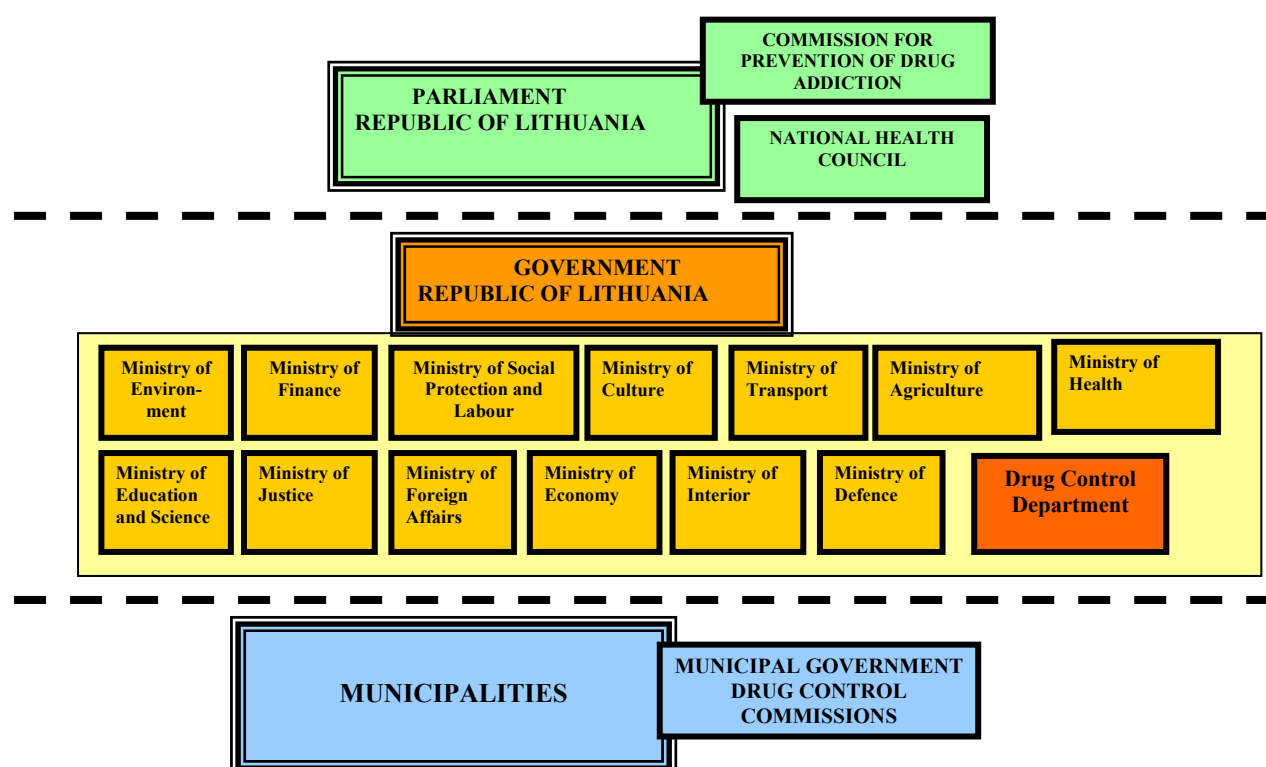
## **1.2. Institutional Framework, Strategies and Policies**

### **Drug Control Coordination Structure in Lithuania**

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



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



### **Parliament Level**

#### *Parliamentary Committees and Commissions of the Republic of Lithuania*

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

#### *Parliamentary Commission for Prevention of Drug Addiction*

By Resolution No X-54 of December 16, 2004, the Parliament of the Republic of Lithuania established a permanent Commission for Prevention of Drug Addiction consisting of 11 members of the Parliament. The key long-term goal of this Commission is to secure the interests of the state and to provide favourable conditions for implementation of the national policy objectives aimed at drug control and prevention of drug addiction.

#### *National Health Council*

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

### **Central Government Level**

#### *Ministries of the Republic of Lithuania*

In execution of their relevant central 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 the scope of their activities, take part in the joint implementation of the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*. The following Ministries of the Republic of Lithuania participate in the implementation of the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*: the Ministry of Education and Science (primary

drug prevention among children and youth), the Ministry of Health (health care for individuals using drugs and psychotropic substances), the Ministry of Social Security and Labour (rehabilitation and social reintegration of individuals using drugs and psychotropic substances), the Ministry of Interior (measures aimed at reduction of illegal trafficking of drugs and psychotropic substances).

#### *Drug Control Department under the Government of the Republic of Lithuania*

Seeking to improve and coordinate the activities of the central and local government institutions and organisations in the field of drug control and prevention of drug addiction 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 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 the establishment of the Department, defined the ambit of competence and set the following key objectives:

- implementation of drug prevention and control policy;
- definition of the scope of this policy;
- administration of the implementation of drug addiction prevention and control measures,
- coordination of the activities of other central and local government institutions in the field of drug control and prevention of drug addiction.

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

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

#### *Commission for Licensing of Pharmaceutical Activities and Activities Related to Drugs and Psychotropic Substances and Precursors*

The purpose of the Commission for Licensing pertains to the issue of licenses (permits) authorising enterprises, natural persons, health care institutions, charity organisations and their subsidiaries to engage in pharmaceutical activities or training of pharmaceutical experts, as well as 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 the activities against illicit trafficking in drugs and psychotropic substances.

### **Local Government Level**

#### *Municipal Government Drug Control Commissions*

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

## **1.3. Budget and Public Expenditure**

For the implementation of measures in 2005 related to the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* approved by Resolution No. 250 of January 7, 2005, *On Approval of Implementation Measures in 2005 of the National Program on Drug Control and Prevention of Drug Addiction 2004–2008* (Žin., 2005, No. 33 – 1066), the Government of the Republic of Lithuania allocated 3514,9 thousand euros (in 2004 – 2958 thousand euros; in 2003 – 3133 thousand euros; in 2002 – 2516 thousand euros), including:

1. Implementation of the primary drug prevention measures – 273,4 thousand euros;

2. Improvement of activities by law enforcement institutions and inter-institutional cooperation – 163,6 thousand euros;
3. Specialist training and education – 47,8 thousand euros;
4. Development of psychological and social rehabilitation and counselling – 243,3 thousand euros;
5. Ensurance of health care and treatment services in the Counties' Dependence Disorders Centres, prevention of communicable diseases – 2283,2 thousand euros;
6. Ensurance of efficient management, control and inter-institutional coordination of the activities by public institutions engaged in prevention of drug addiction and drug control – 411,6 thousand euros;
7. Development of a system for collection and analysis of information on prevention of drug addiction and drug control – 78,2 thousand euros;
8. Encouragement and support to international cooperation in prevention of drug addiction and drug control – 21,7 thousand euros.

In 2005, besides the above allocations, for the implementation of the measures in relation to the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*

Other closely linked programs were funded as follows:

1. Public Program on HIV/AIDS Prevention and Control 2003-2008 (Žin., 2003, No. 98-4399);
2. Public Alcohol Control Program (Žin., 1999, No. 21-603);
3. National Program of Children Day Care Centres 2005-2007 (Žin., 2004, No. 174-6441);
4. National Program on Prevention and Control of Criminal activities (Žin., 2003, No. 32-1318);
5. Dependence Disorders Program 2005-2008 (Žin., 2005, No. 43-1380);
6. Suicide Prevention Program 2003-2005 (Žin., 2003, No. 36-1575);
7. Program Children and Youth Socialisation (Žin., 2004, No. 30-995);
8. National Prevention and Control Program on Sexually Communicable Diseases 2006-2009 (Žin., 2005, No. 138-4973);
9. National Tobacco Control Program (Žin., 1998, No. 69-2010);
10. National Program on Prevention of Violence Against Children and Help to Children 2005-2007 (Žin., 2005, No. 58-2021);
11. Program on Juvenile Justice 2004–2008 (Žin., 2004, No. 83-3008);
12. Program on Prevention and Control of Trafficking in People 2005–2008 (Žin., 2005, No. 65-2333);
13. Program on Social Adaptation of Convicted and Released from Imprisonment 2004–2007 (Žin., 2004, No. 23-709);
14. National Program on Safe Road Traffic 2005–2010 (Žin., 2005, No. 84-3117);
15. Program on Prevention of Use of Alcohol, Tobacco and Other Psychoactive Substances (Žin., 2006, No. 33-1197);
16. Social Rehabilitation Program for Persons Having Committed Crimes Against Transport Traffic Safety (Žin., 2004, No. 7-167);
17. Lithuanian Health Program (Žin., 1998, No. 64-1842).

#### **1.4. Social and Cultural Context**

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

More information for this chapter are available in 2005 LITHUANIA NATIONAL REPORT (2004 data)

In late 2004, the first research on harmful addiction prevalence among the general population was conducted in Lithuania. It provided nationally a vast amount of valuable information on the drug problem and prevalence of other harmful addictions such as alcohol abuse and smoking, revealed the largest risk groups as well as their social and demographic characteristics and attitudes of Lithuanian population towards drug addiction. According to the Lithuanian Population Survey 2004 the majority of Lithuanian population (61 percent) regards drug dependent people as patients/sick. One-fifth (20 percent) of the respondents regard drug dependent individuals as both criminals and sick people.

The majority of the Lithuanian population follow the view that legal smoking of cannabis should not be allowed. 66 percent of Lithuanian population are firmly against "people smoking grass, i.e. hashish or marihuana, legally". Another 7 percent are less categorical, but are also against people smoking grass anywhere. Even a larger part of Lithuanian population disagree that people should be

allowed to use heroin legally. 85 percent of Lithuanian population are firmly against "people legally using heroin". Another 4 percent are less categorical, but are also against people using heroin.

The 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 levels. 74 percent of the respondents completely or partially agree that "drug users shall be criminally prosecuted". 70 percent of the respondents completely or partially agree that "heavier sentences would facilitate drug use reduction".

The respondents were also asked to assess the prevalence of alcohol and drug use in Lithuania nationally and locally (in their resident area - a city or village). The residents tend to point out that the alcohol and drug problem in Lithuania is national, rather than local. This opinion is particularly distinct in the evaluation of drug use prevalence. Only 1 percent of Lithuanian population believe that drug problem does not exist in Lithuania; meanwhile, 26 percent believe that drug use poses no problem in their locality. 24 percent of Lithuanian population think that drugs are highly prevalent in Lithuania, whereas 45 percent say that drugs are moderately prevalent. Most of the Lithuanian residents (92 percent) think that alcohol use in Lithuania is either highly prevalent or at least moderately prevalent (46 percent and 46 percent, respectively). In their own locality, people see slightly lower prevalence of alcohol use. 80 percent believe that the prevalence of alcohol in their locality is very high or moderate (33 percent and 47 percent, respectively).

### **Parliamentary Initiatives**

In 2005, the Parliamentary Commission for Prevention of Drug Addiction organized 19 meetings involving officers of institutions, individuals submitting proposals, representatives of NGOs and other organisations .

In 2005, the Commission initiated the establishment of 2 work groups approved by the Board of the Parliament of the Republic of Lithuania and their work was extended into 2006, as follows:

1. Concerning analysis of legal framework regarding health care, rehabilitation and social integration of individuals using drugs and psychotropic substances and drafting necessary legal acts (Decision No. 351 of June 17, 2005, of the Board of the Parliament)

2. Concerning the establishment of a minimum and medium care system for delinquent-minded and delinquent juveniles, drafting necessary legal acts (Decision No. 252 of May 6, 2005, of the Board of the Parliament)

In 2005, for the implementation of parliamentary control the Parliamentary Commission for Prevention of Drug Addiction considered issues concerning the implementation the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* and funding of the measures in 2004 -2006, submitted conclusions, comments and proposals to the Government of the Republic of Lithuania, also debriefed information on the situation of drug addiction prevention and drug control in Lithuania and proposals regarding improvement of legislation provided by the Police Department under the Ministry of Interior of the Government of the Republic of Lithuania, the State Frontier Protection Service under the Ministry of Interior of the Government of the Republic of Lithuania, the Customs Department under the Ministry of Finance of the Government of the Republic of Lithuania, the Department of Prisons under the Ministry of Justice of the Government of the Republic of Lithuania, the Drug Control Department under the Government of the Republic of Lithuania.

The Parliamentary Commission for Prevention of Drug Addiction considered the draft *EU Drugs Strategy (2005-2012)* and the position of the Republic of Lithuania regarding the draft *EU Action Plan on Drugs (2005-2008)*. Also, the Commission discussed how to prevent using the internet for promotion of drugs and psychotropic substances and illicit trafficking in these substances.

The members of the Parliamentary Commission for Prevention of Drug Addiction gave press conferences, lectured at conferences and seminars, participated in the meetings with EMCDDA Chairman Marcel Reimen Marcel Reimen, EMCDDA Director Wolfgang Götz, Director of the organisation *European Cities Against Drugs* (ECAD) Tom Hallberg and others.

In 2005, the Parliamentary Commission for Prevention of Drug Addiction organised conferences, workshops and other events: an international conference *Alternatives for Harm Reduction Policy* on 20 May, an international conference *Drug and Alcohol Prevention at Work* on 21 May, an international scientific and practice workshop *Drug Courts in the USA: Experience and Impact on Complex Drug Addiction Treatment* on 9 September. The Parliamentary Commission for Prevention of Drug Addiction contributed to the international conference *Establishment of Re-Socialisation of Marginal Youth Groups*

*Based on Good Practice*; on 22 February organised a round-table discussion with the Kaunas Centre for Addictive Disorders. The members of the Parliamentary Commission for Prevention of Drug Addiction visited the Kaunas Centre for Addictive Disorders and the Kaunas penitentiary inquiry ward for juvenile. Joint meetings were organized with Parliamentary Committees and Commissions, i.e. the Committee on Health Affairs, the Committee on European Affairs, the Committee on Education, Science and Culture, the Commission for Family and Child Affairs, the Commission for Youth and Sports Affairs.

## **Media Representations**

In 2005, the total number of mass-media communications on drug addiction (TV, radio, news agencies, website) was 3.472 (source: research company TNS Gallup). In 2005 (as is 2004), in Lithuania criminal news prevailed and amounted to 2.188 information pieces, i.e. 63 percent of all communications on drug control and prevention of drug addiction. 37 percent of the communications dealt with information concerning prevention activities, treatment, rehabilitation possibilities and problems, changes in drug control policy, research data and statistics, as well as other information of non-criminal nature. However, in Lithuania mass-media started to focus more on public education and counselling regarding problems caused by drugs, the number of publications and reportages analysing a drug addiction problem in a professional manner increased, and the number of information sources increased. Also, the share of non-criminal communications increased: in 2004 the share of non-criminal news accounted for 20 percent, while in 2005 - 37 percent of all communications on drug control and prevention of drug addiction. In 2005, the criminal news mainly focused on arrests and courts of drug distributors, seizure of drug substances, criminal acts committed by drug users. The topic of inventive methods to smuggle drugs to prisoners persisted to be a popular one in mass-media and accounted for a major share of the criminal news. In 2005, in non-criminal news topics initiated by politicians prevailed (for example, the future of harm reduction programs in Lithuania, legitimating of alternative service for convicts) and accounted for 1/3 of all non-criminal communications. Information on prevention activities (presentation of different prevention projects and campaigns, advice by professionals, a series of advice arrangements to parents *Let's Talk about Drug Harm* prepared by the Drug Control Department) was also popular. Communications on prevention accounted for 29 percent of all non-criminal communications, treatment and rehabilitation - 13 percent (the most popular topics were elucidation of methadone treatment specifics and the establishment of rehabilitation system for children in Lithuania), survey - 10 percent (survey of prevalence of psychoactive substance use among the national population carried out by the Drug Control Department, statistics of the Centres for Addictive Disorders, information from foreign press sources), HIV/AIDS - 4 percent. The category "other topics" was assigned all non-criminal topics not mentioned above and accounted for ca. 13.8 percent of all non-criminal communications. This category embraced frequently the following topics: integration of Romas, problems in relation to the rights of Romas, more prudent control of prescriptions and shipping of pharmaceuticals through the borders, violence, prostitution, a role of tracker dogs in drug detection, uncontrolled information on drugs on the website.

## **2. Drug Use in the Population**

### **2.1 Drug Use in the General Population**

More information for this chapter is available in 2005 LITHUANIA NATIONAL REPORT (2004 data) and Standard Table 01 Basic results and methodology of population surveys on drug use (2005)

Before 2005, Lithuania was among a few countries, where the prevalence of drug use in the general population was not surveyed. 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 was permanent residents of Lithuania aged 15 to 64.

8.2 percent of Lithuanian population used drugs at least once in their lifetimes. 13.1 percent of men and 3.8 percent of women indicated that they had tried drugs at least once in their lifetimes. Younger Lithuanian population (aged 15 to 34) more frequently than older population (aged 35 to 64) indicated that they had tried drugs at least once in their lifetimes (14.1 percent vs. 3.8 percent, respectively). It was noted that young men three times more frequently than young women indicated that they had used drugs at least once in their lifetimes (20.8 percent vs. 7.3 percent, respectively).

Increasingly more young women tried drugs at least once in their lifetimes compared to older women (Table 2.1).

*Table 2-1: Prevalence of any drug use, by gender and age (percent), 2005*

Age	15-64			15-34			35-64		
	M	F	Total	M	F	Total	M	F	Total
Lifetime prevalence (LTP)	13, 1	3, 7	8, 2	20, 8	7, 4	14, 1	6, 8	1, 2	3, 8
Last year prevalence (LYP)	3, 9	1, 3	2, 6	7, 5	3, 0	5, 2	0, 1	0, 0	0, 1
Last month prevalence (LMP)	1, 6	0, 2	0, 9	3, 3	0, 4	1, 9	0, 0	0, 0	0, 0

Cannabis is the most prevalent drug, 7,6 percent of Lithuanian population reported having used it at least once in their lifetimes. Men indicated three times more frequently than women having tried cannabis at least once in their lifetimes - 12,1 percent of men and 3,4 percent of women. Besides cannabis, in Lithuania the most prevalent drugs are amphetamine and ecstasy. Their prevalence rates are very similar. 1,1 percent of Lithuanian population used amphetamine at least once in their lifetimes, 1,0 percent - ecstasy, 0,5 percent – hallucinogenic mushrooms, 0,4 percent – cocaine, 0,3 percent – heroin and LSD each. The most prevalent hallucinogenic substance is hallucinogenic mushrooms tried by 0,5 percent of Lithuanian population (Table 2-2).

*Table 2-2: Distribution of drug use prevalence, by gender (percent.), 2005*

	Lifetime prevalence (LTP)			Last year prevalence (LYP)		
	M	F	Total	M	F	Total
Cannabis	12,1	3,4	7,6	3,4	1,1	2,2
Amphetamine	1,8	0,5	1,1	0,5	0,2	0,3
Ecstasy	1,5	0,5	1,0	0,7	0,1	0,4
Hallucinogenic mushrooms	0,8	0,2	0,5	0,4	0,0	0,3
Cocaine	0,8	0,1	0,4	0,5	0,0	0,3
Heroin	0,6	0,1	0,3	0,2	0,0	0,1
LSD	0,4	0,1	0,3	0,2	0,0	0,1

*Note: Distribution of drug use in the last month is not included due to extremely low distribution*

The highest prevalence rate of drug use is among Lithuanian population aged 15 to 24 (Table 2-3). In this subgroup the prevalence rate of cannabis use at least once in lifetime accounts for 15,7 percent, in the recent year – 7 percent and in the last month – 2 percent.

*Table 2-3: Distribution among young respondents having used any drug, by age and gender (percent.)*

Age group	Lifetime prevalence (LTP)			Last year prevalence (LYP)			Last month prevalence (LMP)		
	males	females	total	males	females	total	males	females	total
15-17 years	11,6	7,1	9,5	7,2	3,9	5,7	2,8	0	1,5
18-19 years	25,9	11,2	19,2	9,5	7,1	8,4	4,3	2	3,3
20-21 years	35,8	17,6	26,5	18,5	8,2	13,3	8,6	1,2	4,8
22-24 years	30,3	9,3	19,3	10,1	0,9	5,3	3	0	1,4
25-34 years	18,5	4,3	11,1	4,4	1,1	2,7	2,1	0,2	1,1
35-44 years	10,4	2,6	6,4	2,1	0	1	0,6	0	0,3

The prevalence levels of cannabis, ecstasy, amphetamine and cocaine use in the subgroup of 15-24 years exceed the general prevalence of drug use nationally by two-three times (Figure 2-1, Figure 2-2, Figure 2-3, 2-4).

Figure 2-1: Distribution of cannabis use prevalence, by age ( percent)

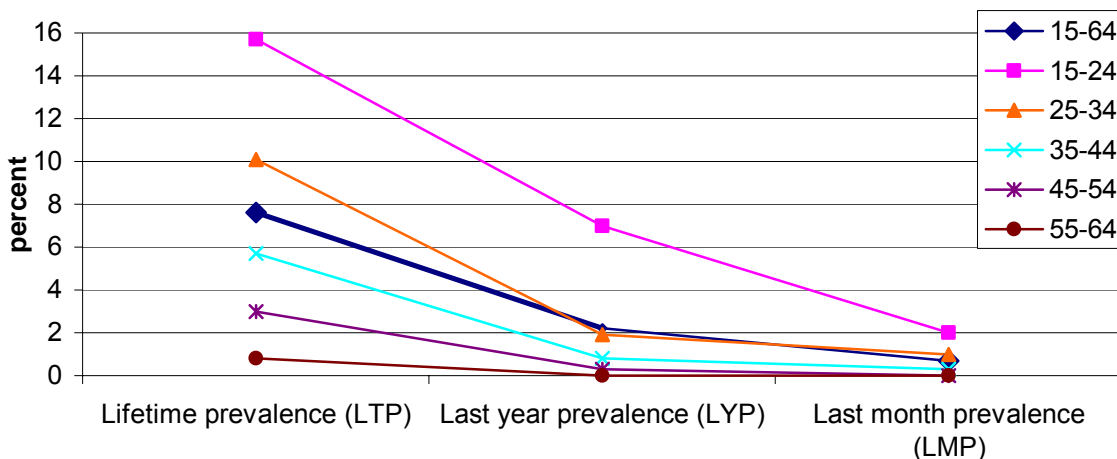


Figure 2-2: Distribution of ecstasy use prevalence, by age ( percent)

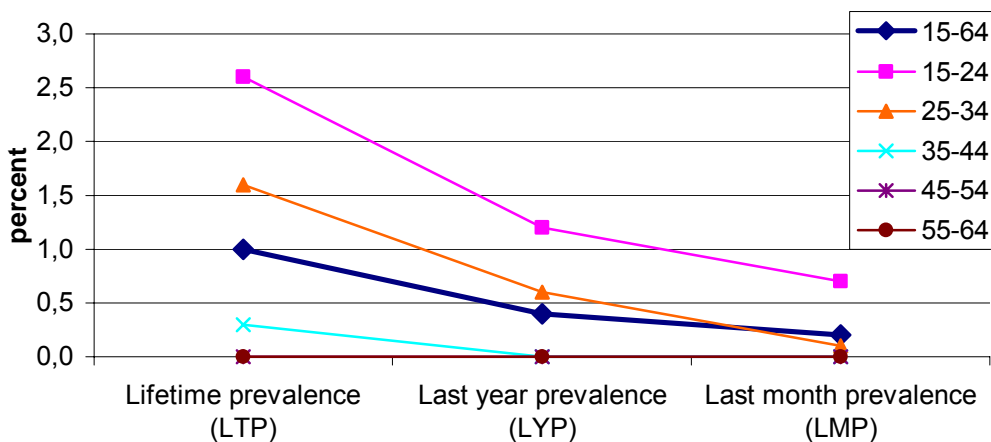


Figure 2-3: Distribution of amphetamine use prevalence, by age ( percent)

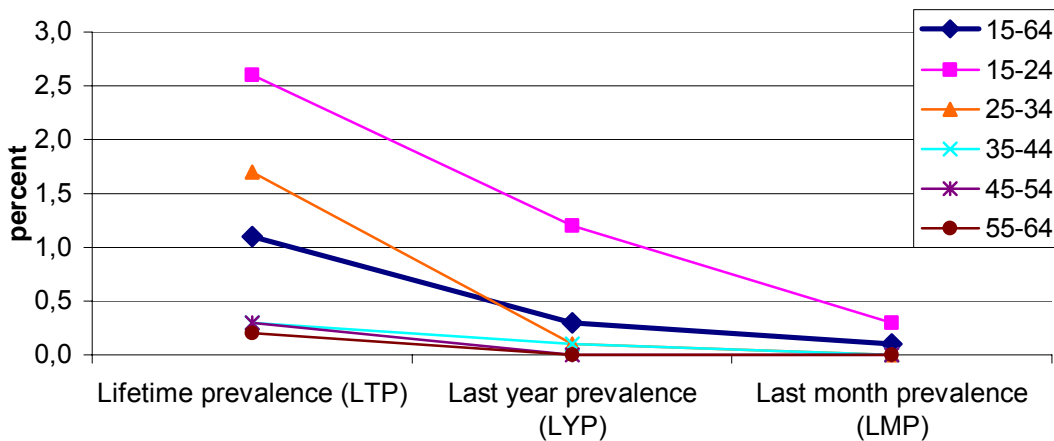
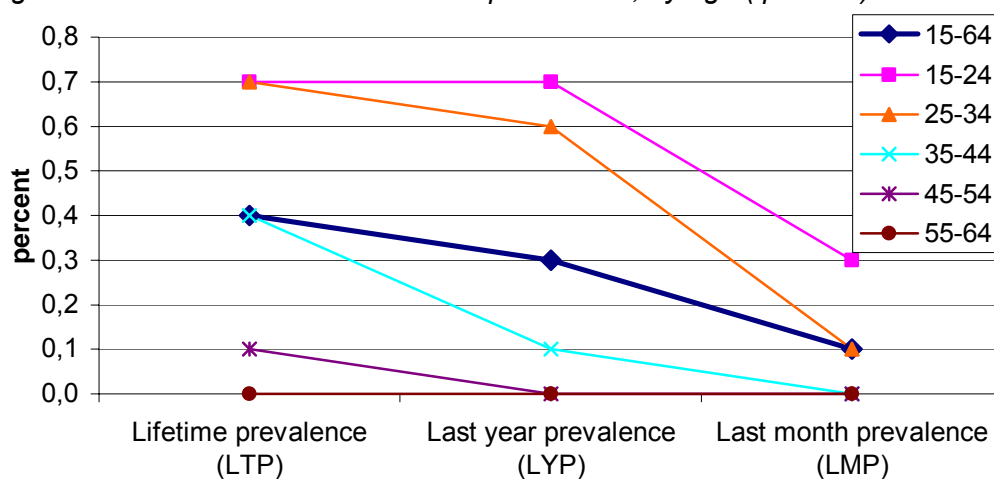




Figure 2-4: Distribution of cocaine use prevalence, by age ( percent)



## 2.2. Drug Use in School and Youth Population

### Prevalence of psychoactive substance use among inmates of foster homes and schoolchildren

In Spring of 2006, by order of the Drug Control Department under the Government of the Republic of Lithuania a representative survey of prevalence of psychoactive substance use in children foster homes of local governments and the counties (hereinafter – VGN 06 Survey) was conducted covering 631 respondent from 47 children foster homes of local governments and the counties.

The VGN 06 Survey pursued the following objectives:

- to survey prevalence of psychoactive substance use in subgroup of children aged 15 to 17 having lost parents' care and living in children foster homes of local governments and the counties;
- to assess/disclose the children's experience in experimenting or using psychoactive substances;
- to survey approach of these children towards use of psychoactive substances;
- to identify reasons of the use of psychoactive substances that encourage juveniles to experiment or use psychoactive substances.

#### Method of the Survey

The VGN 06 Survey represents a subgroup of children aged 15 to 17 living in foster homes of local governments and the counties. The Survey was conducted by filling in the questionnaire. The Department of Drug Control under the Government of the Republic of Lithuania based the VGN 06 Survey questionnaire on the standardised questionnaire of the European School Survey Project on Alcohol and Other Drugs (ESPAD).

The VGN 06 Survey was conducted by surveying the whole target group, i.e. surveying all children aged 15 to 17 who live in children foster homes of local governments and the counties, having agreed to participate in the Survey. As all target group was surveyed the statistical error equals to zero. However, as not all children were surveyed due to different reasons (refusal, sickness, absence, etc.) a minor systemic error may occur that was not calculated mathematically.

The VGN 06 Survey was conducted February 27 – March 16, 2006, The Survey coverage was 47 children foster homes, 631 respondent was surveyed (657 questionnaires answered, including 26 questionnaires were rendered null).

#### Definitions

The Report includes general distribution of answers and distribution based on social-demographic characteristics and the parameters provided below:

- tried or used at least once in his lifetime ( LTP) (*lifetime prevalence*);
- at least once in the last 12 months (LYP) (*last year prevalence*);

- at least once in the last 30 days (LMP) (*last month prevalence*).

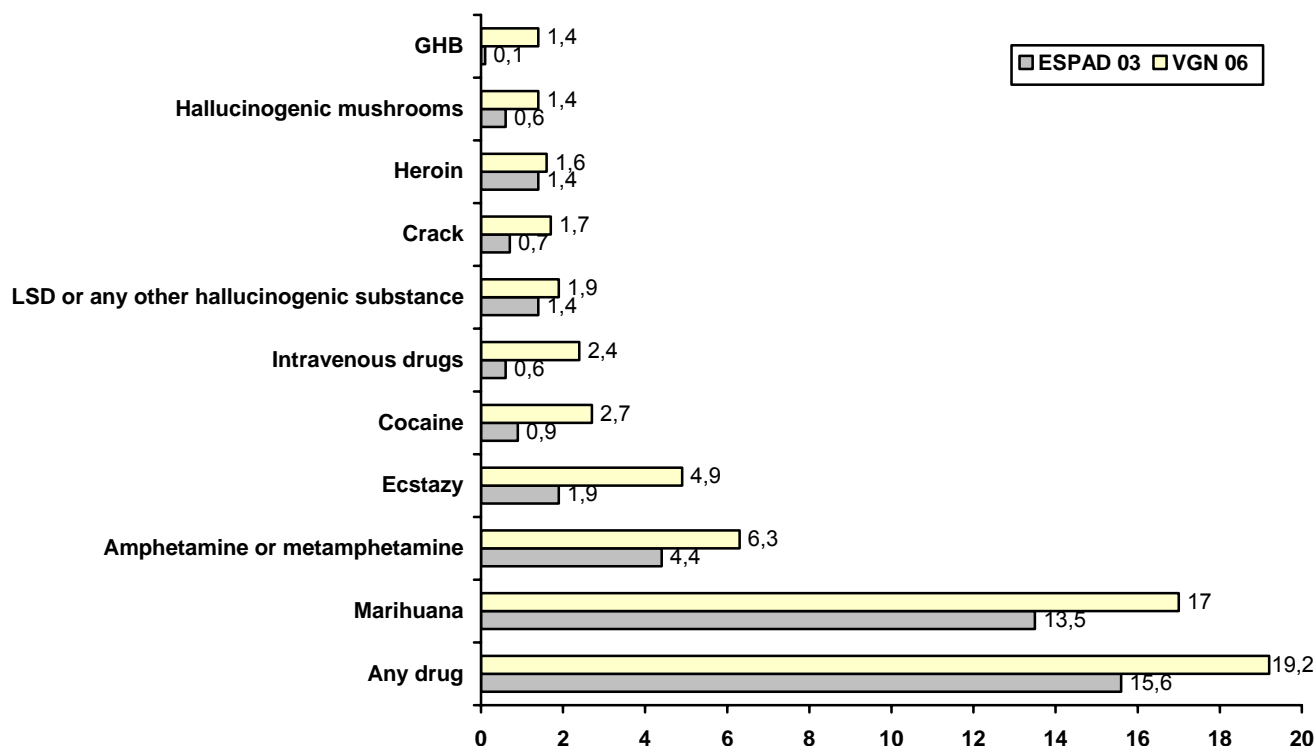
The main definitions used in the Survey data description:

- **drugs** – drugs and psychotropic substances established in the *Law on Control of Drugs and Psychotropic Substances* of the Republic of Lithuania (Žin., 1998, No. 8-161). For the Survey, *drugs* cover marihuana or hashish, amphetamine or methamphetamine, LSD or any other hallucinogenic substance, crack, cocaine, ecstasy, heroin, hallucinogenic mushrooms, GHB, injecting drugs, poppy extract (*Shirka*);
- **psychoactive substances** – besides drugs include psychoactive pharmaceuticals, alcohol, tobacco, volatile substances;
- **regular users** – used in the chapter *Prevalence of Alcohol Use* based on the Report of the European School Survey Project on Alcohol and Other Drugs conducted in 35 countries among schoolchildren aged 15-16 in 2003; regular users mean respondents having used alcohol beverages more than 40 times in their lifetimes;
- **ESPAD03** – Lithuanian Survey on Alcohol and Other Drugs conducted among schoolchildren aged 15-16 in 2003;
- **VGN 06** – the Survey of prevalence of psychoactive substance use in children foster homes of local governments and the counties in 2006.

### Drug use

One fifth (19 percent) of the VGN 06 Survey respondents reported having tried at least one drug at least once in their lifetimes: 12 percent - in the last 12 months, 8 percent –in the last 30 days. The ESPAD 03 Survey finds that 15,6 percent of Lithuanian schoolchildren have used any drug (10,5 percent of schoolgirls and 20,7 percent of schoolboys) (*Figure 2-5*).

*Figure 2-5. Lifetime prevalence of drug use in children foster homes (VGN 06), compared to ESPAD 03 (percent.)*



The results of the Survey in children foster homes revealed that any drug at least once in their lifetimes was tried more frequently by schoolboys (23 percent) than schoolgirls (16 percent), and more frequently by urban population (25 percent) than rural population (11 percent). The distribution of inmates

in children foster homes by geographical location was as follows: Kaunas - 42 percent and Klaipeda - 50 percent.

According to ESPAD 03 data in Lithuania minor difference in prevalence levels by gender were observed only in cocaine use. The difference in use levels by gender of other drugs is rather high. The results of the Survey in children foster homes (VGN 06) revealed that any drug at least once in their lifetimes was tried more frequently by schoolboys (23 percent) than schoolgirls (16 percent). The greater number of schoolboys compared to schoolgirls tried at least once in their lifetimes heroin (2.6 percent of schoolboys, 0.6 percent of schoolgirls), injecting drugs (3.9 percent of schoolboys, 0.9 percent of schoolgirls), poppy extract Shirka (3.5 percent of schoolboys, 0.3 percent of schoolgirls), marihuana together with alcohol (7.7 percent of schoolboys, 4.0 percent of schoolgirls). The prevalence rates of marihuana and hashish use by gender have no statistical significance, i.e. the rates of marihuana and hashish use are very close (19 percent - schoolboys, 15 percent - schoolgirls). Comparison of differences in lifetime prevalence levels of drug and psychotropic substance by gender is provided in *Table 2-4*.

*Table 2-4. Differences in lifetime prevalence levels of drugs and psychotropic substances, by gender, based on comparison of VGN 06 and ESPAD 03 Survey in Lithuania (percent)*

Drug	ESPAD 03			VGN 06		
	Boys	Girls	Total	Boys	Girls	Total
Amphetamine or metamphetamine	6,1	4,0	5,0	6,5	6,2	6,3
LSD or any other hallucinogenic substance	2,5	0,9	1,7	2,6	1,2	1,9
Crack	1,4	0,7	1,0	2,6	0,9	1,7
Cocaine	1,5	1,3	1,4	3,2	2,2	2,7
Heroin	1,9	0,9	1,4	2,6	0,6	1,6
Ecstasy	2,9	1,2	2,0	5,8	4,0	4,9
Hallucinogenic mushrooms	1,0	0,3	0,6	1,9	0,9	1,4
GHB	0,2	0	0,1	2,3	0,6	1,4
Marihuana	18,4	8,6	13,6	18,7	15,3	17,0

In children foster homes in the last 12 months at least one drug was used more frequently by schoolboys (11 percent) than schoolgirls (4 percent), distribution by geographical location – more urban (17 percent) than rural (5 percent), inmates of children foster homes in Kaunas (35 percent), Klaipeda (34 percent) and Siauliai (33 percent). In the last 30 days, at least one drug was used by more schoolboys (11 percent) than schoolgirls (4 percent), distribution by geographical location – more urban (11 percent) than rural (3 percent), in particular among inmates of children foster homes in Kaunas (23 percent) and Siauliai (28 percent). Comparison of use prevalence of individual drugs in children foster homes (VGN 06) and schools (ESPAD 03) is provided in *Table 2-5* below.

*Table 2-5: Comparison of use prevalence of individual drugs in terms of time period since the last use (ESPAD 03 and VGN 06 survey data)*

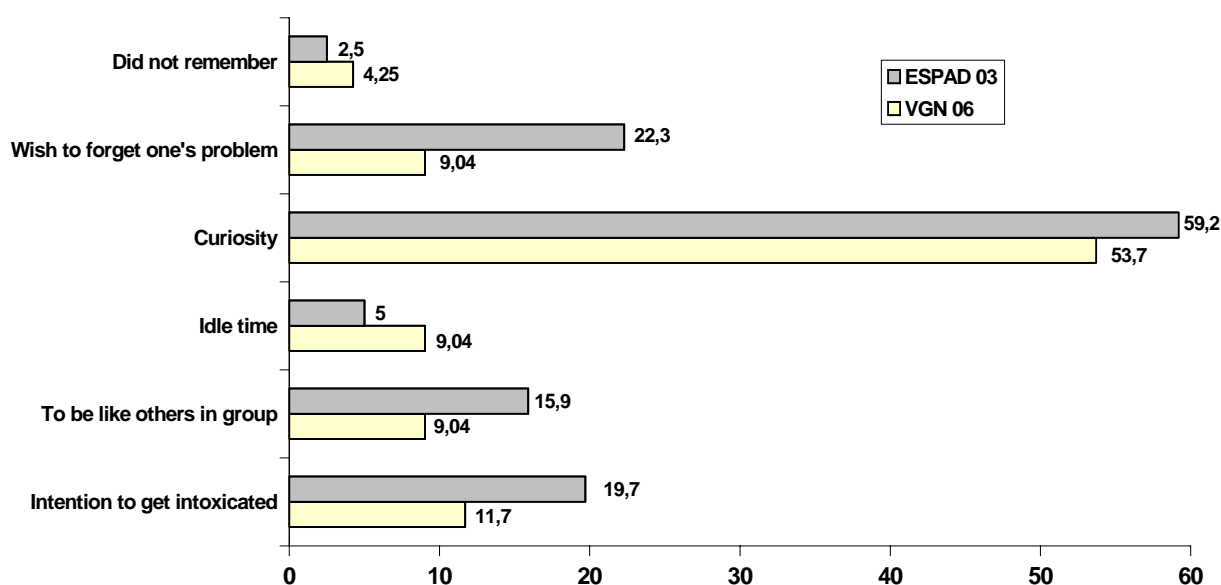
Drug name	Lifetime prevalence (LTP)		Last year prevalence (LYP)		Last month prevalence (LMP)	
	ESPAD 03	VGN 06	ESPAD 03	VGN 06	ESPAD 03	VGN 06
Marihuana hashish	13,6	17,0	10,6	9,7	5,6	5,2
Amphetamine	4,4	6,3	3,2	3,3	1,1	2,1
Ecstasy	1,9	4,9	1,5	3,5	0,5	1,9
Magic mushrooms	0,6	1,4	0,4	1,1	0,1	0,3
Heroin	1,4	1,6	1,1	1,0	0,3	0,6
LSD or other hallucinogenic substances	1,4	1,9	1,2	1,7	0,2	1,0
Cocaine	2,7	0,9	0,8	1,6	0,2	0,8

Multiple use - marihuana and alcohol	6,9	5,9	2,5	2,9	2,2	1,4
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### Reasons of drug use

In children foster homes 79,9 percent of respondents have never used drugs. Figure 2-6 provides the most frequent reasons reported by the respondents based on the number of users on any drug. According to the ESPAD 03 survey the following reasons prevail among the respondents: curiosity (15 percent), wish to forget one's problems (6 percent) and wish to intoxicate (5 percent). In children foster homes (VGN 06) curiosity was reported by 10,1 percent, wish to intoxicate - 2,2 percent, wish to forget one's problems – 1,7 percent of the respondents.

Figure 2-6. Reasons of drug use (percent) based on number of any drug users (VGN 06 and ESPAD 03 survey data)



## 2.3. Drug Use among Specific Groups

### Drug Use among Army Soldiers and Conscripts

Since 2002, in Lithuanian Army units tests of biologic fluids regarding drug use are carried out for soldiers of the Lithuanian Army War Medicine Service, conscripts and soldiers of the Professional Military Service (PMS). The target group covers individuals suspected in using drugs or assigned to the supervised group due to drug use, also sampled individuals from the PMS.

In 2005, due to potential use of drugs 158 conscripts and 1090 PMS soldiers were tested, i.e. 2,1 percent of all conscripts, or 1,3 percent more than in 2004 (60 conscripts) and 31 percent of PMS soldiers, or 12 percent more than in 2004 (729 PMS soldiers). (Table 2-6).

Table 2-6. Results of the tests of biologic fluids regarding drug and psychotropic substance use among conscripts and soldiers of the PMS in 2004 – 2005

	2004		2005	
	PMS*	Conscripts	PMS*	Conscripts
Total number of soldiers	3363	7370	3258	6985
Number of soldiers tested regarding possible use of drugs	729 (21,6 % of the total number of soldiers)	60 (0,8 %)	1090 (33,4 %)	158 (2,2 %)
Assigned to the supervised group due to drug use	323 (9,6 % of the total number of soldiers)	-	158 (4,8 percent of the total number of soldiers)	-
Positive test	73 (10 % of the tested)	-	36 (3,3 % of the tested)	-
Released of the military service due to drug dependence	4	-	5	-

\***Abbreviation: PMS** - soldiers of the Professional Military Service.

In 2005, due to dependence on drugs releases of the military service were as follows: 5 conscripts (0,14 percent of the total number of conscripts in 2005; in 2004 - 4 conscripts, i.e. 0,11 percent of the total number of conscripts in 2004).

### 3. Prevention

#### Overview of the National Drug Prevention Policy

The implementation of drug addiction prevention measures is projected in the *National Program on Drug Control and Prevention of Drug Addiction 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 Strategy on Drug Addiction Prevention and Drug Control 2004–2008*, points out one of the priorities of this Strategy – primary prevention of drug use in the family, among children and youth. The drug prevention projects executed in Lithuania in 2005 were most commonly concerned with universal prevention in local communities and schools so as to protect young people from drug use.

In 2006, upon the initiative by the Drug Control Department an inter-institutional Commission for evaluation of executed projects aiming at prevention of psychoactive substance use. The Commission evaluated 217 projects of prevention of psychoactive substance use implemented in 2005 based on report forms and provided recommendations regarding quality improvement of prevention projects. Information on the best 8 projects was proposed to place in the EDDRA Information System.

#### 3.1. Universal Prevention

The National Strategy on Drug Addiction Prevention and Drug Control 2004–2008 prioritises 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 aiming at protection of young people from drug use.

#### Universal prevention in educational establishments

Universal prevention in educational establishments is organised by the Ministry of Education and Science of the Republic of Lithuania through support to announced tenders of primary drug prevention projects. In 2005, the Ministry of Education and Science of the Republic of Lithuania allocated 100 thousand Euro to support 117 projects submitted to the tender of primary drug prevention projects (252 submitted in total). The projects were funded based on the following activities:

1. to organise preparation and production of methodological material, CDs, video- and other technical tools for primary school-based drug prevention for schoolchildren, teachers and parents (8 projects);

2. to organise training for teachers and parents on primary drug prevention and early intervention (23 projects).

3. to organise school-based primary drug prevention and early intervention for targeted schoolchildren risk-groups (86 projects, including 21 with involvement of families).

In 2005, the number of participants in these projects covered 53000 children and youths, 3000 adults – parents, school staff and professionals working with children.

#### *Evaluation of school-based prevention activities*

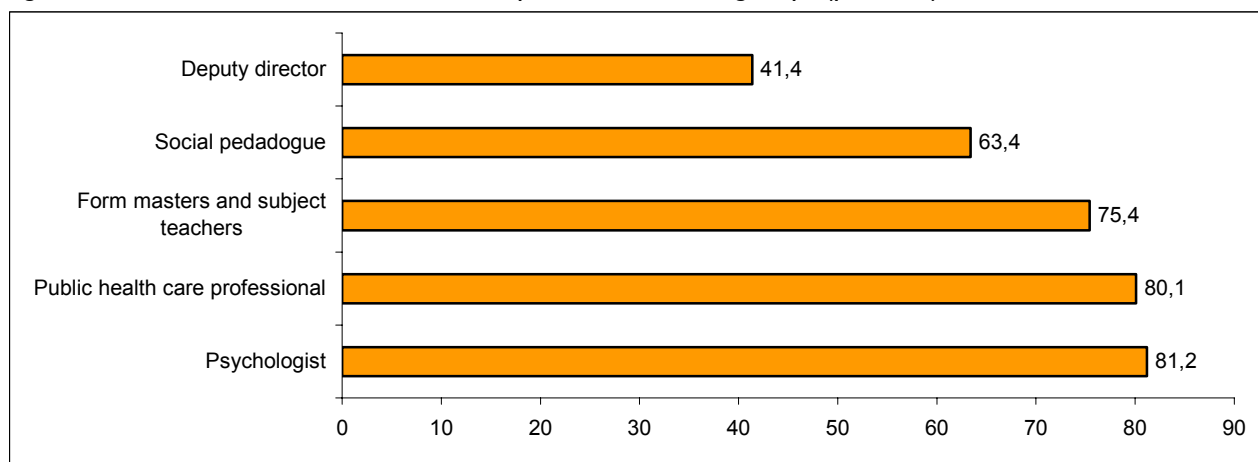
*Information source: the Ministry of Education and Science of the Republic of Lithuania. Evaluation of activities of the prevention work groups in schools and coordination groups in municipalities Survey Report 2005 ([http://www.smlt/svietimo\\_bukle/docs/tyrimai/Prevencines\\_veiklos\\_percent20ataskaita\\_2005\\_factus\\_dominus.pdf](http://www.smlt/svietimo_bukle/docs/tyrimai/Prevencines_veiklos_percent20ataskaita_2005_factus_dominus.pdf))*

In Lithuanian schools prevention work groups operate engaged in prevention work including prevention issues related to use of alcohol, tobacco, drugs and psychotropic substances, as well as organisation of support to a schoolchild, a teacher or parents (foster parents or foster carers). Aiming at the identification of specifics of school-based prevention, to evaluate efficiency of the prevention activities and forms used by the work groups in schools the Ministry of Education and Science of the Republic of Lithuania initiated a survey *Evaluation of Activities of the Prevention Work Groups in Schools and Coordination Groups in Municipalities*. The goal of this Survey was to identify specifics of school-based prevention, the major hindrances, inter-institutional obstacles in the implementation of prevention work related to urgent problems and to produce recommendations for removal thereof.

The Survey sample covered 120 educational establishments (comprehensive schools, basic schools, secondary schools, gymnasiums, boarding schools, youth and special schools). 1000 schoolchildren of 8-12 grades, 300 parents, 300 teachers, 120 heads and deputy heads of schools, 200 members of school-based prevention groups, 30 members of local government coordination groups and 30 professionals from different institutions (total 1980 respondents) participated in the Survey. 1624 respondents were surveyed.

The Survey data reveal that members of a school-based prevention work group mainly include deputy directors, a social pedagogue, form masters and subject teachers, a public health care professional, a psychologist (Figure 3-1). It is important to note that very few school-based prevention work groups included representatives of self-governing bodies of the schools (school councils, schoolchildren, communities).

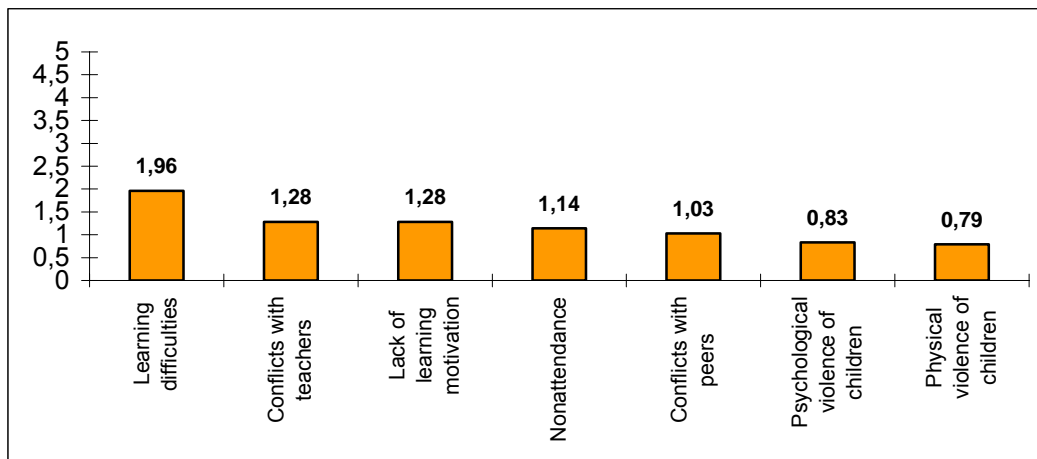
*Figure 3-1. Members of a school-based prevention work group (percent), 2005*



*Information Source: Evaluation of Activities of the Prevention Work Groups in Schools and Coordination Groups in Municipalities; Survey Report 2005.*

The major share of the implementation workload falls to a social pedagogue (59,8 percent) and a school director (30,5 percent). The Survey data revealed ca. 70 percent of the respondents never contact a social pedagogue or psychologist for help, though they are the ones to become professional advisers to a child having got into a mess. The surveyed children reported that they primarily contact a grade master, subject teachers and deputy directors for help. It is important to point out that schoolchildren mainly contact for help to solve problems related to the educational process (Figure 3-2). However, the members of the prevention work groups reported that schoolchildren refer to them for help regarding personal problems, i.e. harmful behaviour, conflicts with parents, thefts, etc.

Figure 3-2: Problems reasoning schoolchildren to refer to the school staff for help (average)\*, 2005

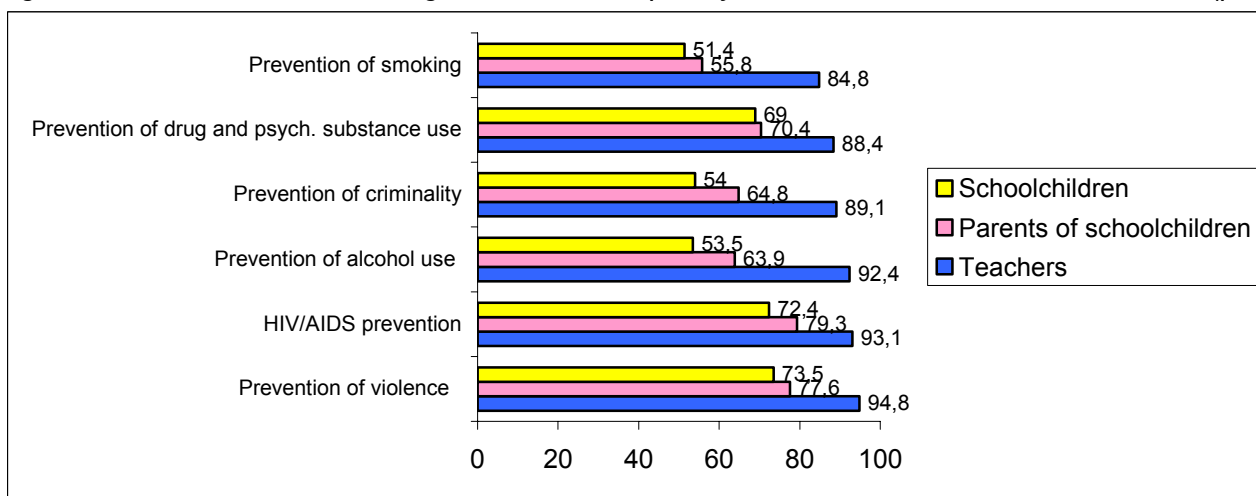


\* Arithmetical average of the score based on the sum of all evaluation scores divided by the number of respondents.

*Evaluation of Activities of the Prevention Work Groups in Schools and Coordination Groups in Municipalities; Survey Report 2005.*

Regarding the most frequent events of prevention activities organised in school in 2004/2005, analysis of the answers of the surveyed respondents (teachers, parents of schoolchildren and schoolchildren) evidence that teachers indicate a bigger number of prevention events organised in schools than schoolchildren and their parents. Schoolchildren indicate the smallest number of prevention events organised in the school (Figure 3-3).

Figure 3-3. Prevention events organised most frequently in Lithuanian schools in 2004/2005 (percent)



\* Arithmetical average of the score based on the sum of all evaluation scores divided by the number of respondents.



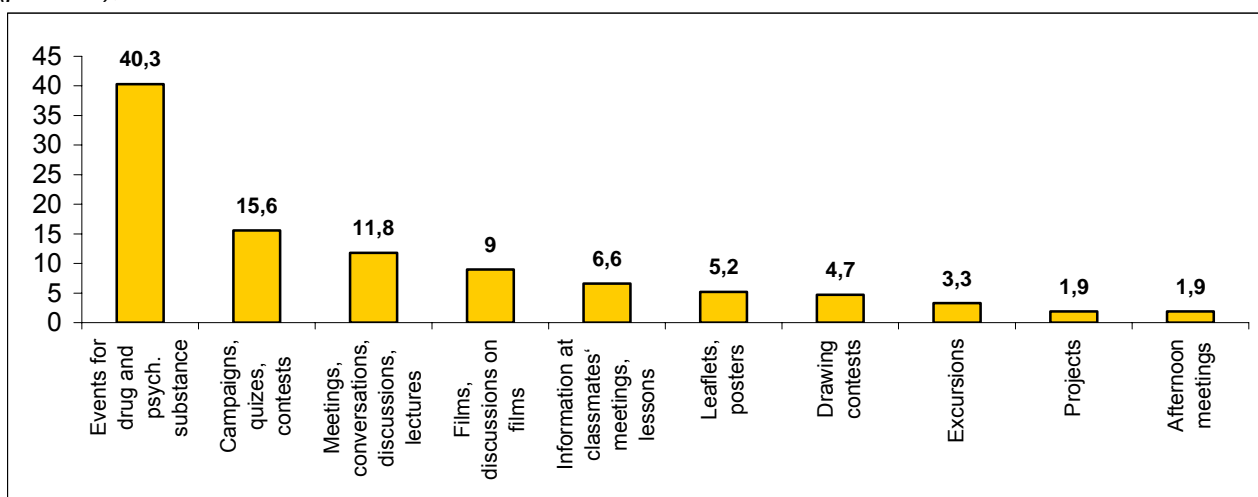
*Evaluation of Activities of the Prevention Work Groups in Schools and Coordination Groups in Municipalities; Survey Report 2005.*

According to the respondents the problem of drug and psychotropic substance use is not the most topical one. It is important to point out that 58,4 percent of the respondents state that the problem of drug and psychotropic substance use is not topical for them, however, 24,9 percent of the schoolchildren state it is topical. 16,7 percent of the schoolchildren state the problem of drug and psychotropic substance use is both topical and not topical to the same extent. All sub-groups of the respondents indicate smoking as the most topical area of prevention activities. Also, they accentuate such topical problems as attendance of lessons, alcohol use, bullying and non-participation in after-school activities. According to the respondents the least topical problems is lack of information on HIV/AIDS, drug and psychotropic substance use, etc.

The Survey finds that the main tools applied in prevention by the work group members are individual conversations, drawing contests and preparation of information stands. Besides, various campaigns, events, contests and prevention activities are integrated into the studies. A survey to identify needs of the school community and gaps in relation thereof is conducted. The school radio and TV programs are unpopular, very few schools have such facilities (Figure 3-4).

According to the Survey the most popular prevention tools reported by the schoolchildren are information stands, organisation of drawing contests, discussions on prevention activities in the class.

*Figure 3-4. Schoolchildren's approach: events related to prevention of psychoactive substance use (percent), 2005*



*Information source: Evaluation of activities of the prevention work groups in schools and coordination groups in municipalities. Survey Report 2005.*

80,1 percent of the schoolchildren report the prevention projects implemented in schools being beneficial to them, and only 19,9 percent reported these activities bringing no benefit to them. Analysis of the answers provided by the respondents to the question *What are benefits of the prevention activities?* showed that schoolchildren acquire new knowledge and information from the prevention projects, information dissemination takes place in seminars and discussions among peers. An important factor is accessibility to express one's opinion.

According to the Survey data, from the view of schoolchildren, the implementation of prevention activities in schools is adequate and needs no improvement (27,7 percent). According to the respondents, improvement of the prevention activities can be related only to the following: it should be organised at various events, meetings, lectures, campaigns (ca. 47 percent), or integrated into various subjects and classmates' meetings (1,4 percent). 2,3 percent of the respondents reported no prevention activities were necessary in school. Such uneven distribution of the opinions by the respondents reveals fragmentation of prevention activities in schools and a major lack of information dissemination.

## Universal prevention at the local level

In 2005, in Lithuania at the local level drug prevention measures were mainly implemented in educational establishments having received funding for project activities from the budget for primary drug prevention projects of the Ministry of Education and Science, as well as from local government budgets. Analysis of the Reports on the implementation of psychoactive substance use prevention submitted by the local government drug control Commissions points out that the main drug addiction prevention activities are based on organisation of campaigns, panels, contests which provide correct information on drugs and psychotropic substances to schoolchildren, parents and teachers, organisation of lectures, discussions and conversations concerning harm, consequences, dependences on these substances, however, these activities are fragmented, with short-term impact as very few projects are sustainable or continue longer than 6 months.

## 3.2. Selective/Indicated Prevention

### Recreational settings

In 2005, the Drug Control Department started the implementation of the drug distribution and use in nightclubs prevention Project *Clubbing without Drugs*. The main goal of this project is to establish cooperation among representatives of respective institutions and nightclubs based on the implementation of drug use and distribution prevention in nightclubs and to implement information campaigns concerning drug harm, primarily focusing on youth. *Clubbing without Drugs* is a selective prevention project aiming at a specifically defined target group, i.e. youth having a liking for nightclubs and other public entertainment settings. For the first time nationally, with participation of the best foreign experts this Project solves drug distribution and use problems in nightclubs in a complex manner, also it involves the private sector into solving this problem, i.e. management of nightclubs and organisers of entertainments for youth.

In 2005, the Project *Clubbing without Drugs* implemented the following measures:

1. A workshop/discussion *Prevention of Recreational Drug Use: a Role of Nightclubs* was organised for nightclubs, with participation of Swedish expert Johanna Gripenberg and owner of the biggest chain of nightclubs in Sweden Lennart Karlsson who is actively engaged in prevention activities. At the workshop joint recommendations of the Drug Control Department and the Police Department under the Ministry of Interior were presented how to solve the drug problem in nightclubs, a video film on problems caused by drugs in nightclubs produced by Swedish professionals was showed.
2. A meeting with Swedish experts on drug use and distribution prevention in nightclubs was organised for representatives of Lithuanian institutions, organisations and NGOs (total number of participants – 30).
3. Methodological recommendations on the implementation of drug use prevention at recreational settings for recreational entrepreneurs were prepared and published (1000 copies). The publication is distributed to nightclubs, local governments, police officers, drug control and drug addiction prevention professionals.
4. A website page [www.benarkotiku.lt](http://www.benarkotiku.lt) for youth providing information on drug harm was produced and introduced through popular mass media channels. This website information provides simple and clear communication about clubbing culture and drug phenomenon, drug harm, a problem of drug purity, consequences of multiple drug use, avoiding any moralisation provides advice on help and first aid to an intoxicated friend or any other person nearby. The website also provides progress information of the Project *Clubbing without Drugs*.

### At-risk groups

In 2005, the Ministry of Health, the Ministry of Education and Science of the Republic of Lithuania, the National Council for Youth Affairs and local governments organized tendering of primary drug prevention projects for targeted at-risk groups and funded the implementation of awarded projects.

### *Selective school-based drug addiction prevention*

The prevention projects in schools focused on children facing occupational problems at their leisure time, also on children living in families abusing alcohol or drugs, unemployed families and families where poverty, emotional and physical violence, lack of social skills and knowledge, inadequate

attention to children prevail. The project implementation was based on the following methods: work with children in groups or individually, targeted occupation in leisure time, visits and camps, the implementation of programs for development of social and personal skills, education of children and teenagers on various topics, participation in campaigns and other public events. The selective prevention measures aimed at the reduction of impact of risk factors through strengthening of social and healthy lifestyle skills.

In 2005, selective drug prevention in schools was organised also by the Ministry of Health of the Republic of Lithuania, providing targeted allocations amounting to 58 thousand Euro for children and youth at-risk groups to support primary drug prevention projects. Out of 42 tendered projects 33 were awarded.

According to the data of the Ministry of Health of the Republic of Lithuania, in 2005, the implementation of prevention measures of the projects involved 11 primary schools, 197 basic schools, 37 secondary schools, 24 gymnasiums, 3 vocational schools.

#### *Selective prevention in foster care institutions*

In 2005, selective drug addiction prevention in foster care institutions was executed based on project activities. In 2005, the National Council for Youth Affairs funded 4 projects implemented in children foster care institutions. The project activities involved 5 foster care institutions. The main activities of the target project groups included organisation of occupational activities, development of resistance skills, youth education on harmful impact of psychoactive substances (i.e. workshops, discussions, simulation of situations, case studies, etc.).

In 2005, the Ministry of Education and Science of the Republic of Lithuania funded 19 projects implemented in foster care institutions. The prevention activities covered 30 foster care institutions. The prevention measures were applied to 3 target groups:

- Education and training for teachers, staff of foster care institutions, social workers (workshops, lectures) – 7 projects.
- Education for parents – 7 projects.
- For children – 12 projects. The principle activities included development of social skills, organisation of leisure time, education, psychological counselling.

The Ministry of Health of the Republic of Lithuania funded 7 projects with the coverage of 17 foster care homes. The principle activities included workshops, lectures, showing video material, preparation and distribution of leaflets and recommendations, camps, etc.

In 2005, 5 local governments implemented projects in 9 foster care institutions (source: Reports). The activities included education of parents, children, and teachers, promotion of healthy lifestyle and occupation.

#### **At-risk families**

Based on the data by the Statistics Department under the Government of the Republic of Lithuania in 2005 the number of children from social risk families who attended day care Centres was 8,4 thousand (in 2004 – 7,7 thousand).

Aiming at reduction of the number of social risk families and social exclusion of children from these families, also aiming at protection of the rights and legitimate interest of the child, by Resolution No. 1525, of December 1, 2004, *On the Approval of National Program on Children Day Care Centres 2005–2007* (Žin., 2004, Nr. 174-6441) the Government of the Republic of Lithuania approved the *National Program on Childcare Centres 2005–2007* seeking to solve social problems of children from social risk families in relation to care and development, i.e. to organise education for children attending the Centres and after-school activities, to conduct social work thus providing adequate conditions for a child to grow in his biological family.

According to the data by the Ministry of Social Protection and Labour social, psychological and other assistance was provided to 9 thousand individuals from risk families (in 2004 – 7,7 thousand). In 2005, social services of day care Centres were provided by 1,8 thousand employees and 1,9 thousand volunteers. In 2005, 108 children day care Centre projects were funded (total amount 0,9 million Euro). According to the project Reports of 2005, the children day care Centres engaged in projects funded

from the Program were attended by 4,5 thousand children, including 3,255 thousand children provided social and educational services on permanent basis. Children from social risk families were able to visit a day care Centre 5 times a week with an average stay of 4,5 hours/day. In 2005, 47 percent of all children attending a day care Centre were referred to by the Services of the Protection of the Child's Rights. 82 percent (2,7 thousand) of all children in the day care Centres provided long-term care were provided also with food. 69 of all children in the day care Centres provided long-term care were provided with material support, 47 percent –psychological help, 7 percent - referred to a specialised institution. 45 percent of the children and their families were provided services based on individual plans.

According to the project Reports of 2005, ca. 1,9 thousand families were given care, including 1,5 thousand – care on continuous basis. 56 percent of the families having been provided care on continuous basis were also provided with material support, 33 percent – psychological support. The services were mainly provided based on the family needs as follows: counselling, providing information regarding a child and other issues, intermediation concerning arrangements of documents or daily affairs.

## 4. Problem Drug Use

### 4.1. Prevalence and Incidence Estimates

No information available

### 4.2. Profile of Clients in Treatment

#### *Drug addicts' registration system overview*

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

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

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

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

The State Mental Health Centre under the Ministry of Health administers the registration system of mental diseases and mental disorders, collects and analyses data on prevalence of mental diseases and mental disorders of the population. The data included in this chapter should be estimated cautiously as data to the State Mental Health Centre is provided by 74 health care institutions out of 268 eligible to engage in health care activities providing health care services of psychiatry, dependence disorders' psychiatry, psychotherapy, child's and juvenile psychiatry. On the other hand those 74 health care institutions have bigger capacity than private treatment centers.

## Definitions

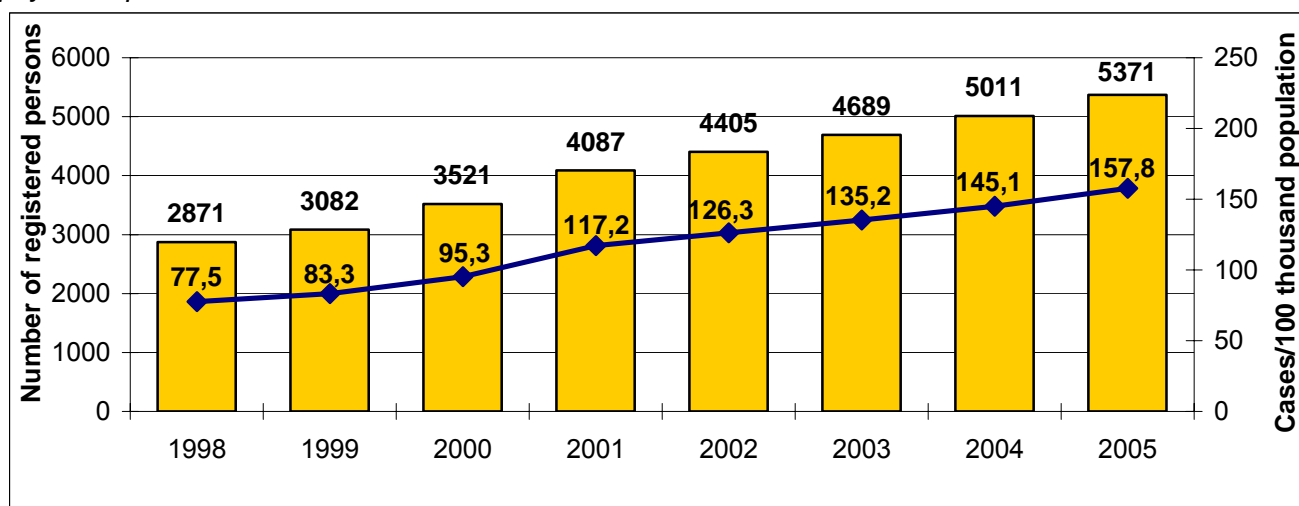
*All treatments* – refers to the number of all individuals who were treated for a drug problem and were registered in registration system according criteria provided above. Note that these individuals might not being treated during the reporting year.

*First treatments* – refers to the number of individuals who were treated for a drug problem for the first time in their lifetime and were registered during a reporting year.

## All Treatments of Drug Addiction

As of December 31, 2005, the healthcare institutions registered 68.701 individuals with mental or behavioral disorders caused by psychoactive substances, including 5.371 individuals with dependence disorders caused by drugs and psychotropic substances. In the last 5 years the number of registered individuals increased on a permanent basis and from 2000 to 2005 the number of registered individuals with mental or behavioral disorders caused by drugs and psychotropic substances increased by 1850 individuals, or 1,5 times. In 2005, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 157.8 cases/100 thousand population, whereas in 2004 – 146.3 cases/100 thousand population) (Figure 4-1).

Figure 4-1. Dynamics of all treatments per 100 thousand of population of drug dependence and the number of all individuals registered due to mental or behavioral disorders caused by drugs and psychotropic substances in 1998-2005



In 2005, out of the total number of registered individuals with mental or behavioral disorders caused by psychoactive substances men accounted for 81 percent (4372 men) and women – 19 percent (999 women). In 2005, male drug dependence morbidity accounted for 273,6 cases/100 thousand population, and female drug dependence morbidity – 54,6 cases/100 thousand population (Table 4-1).

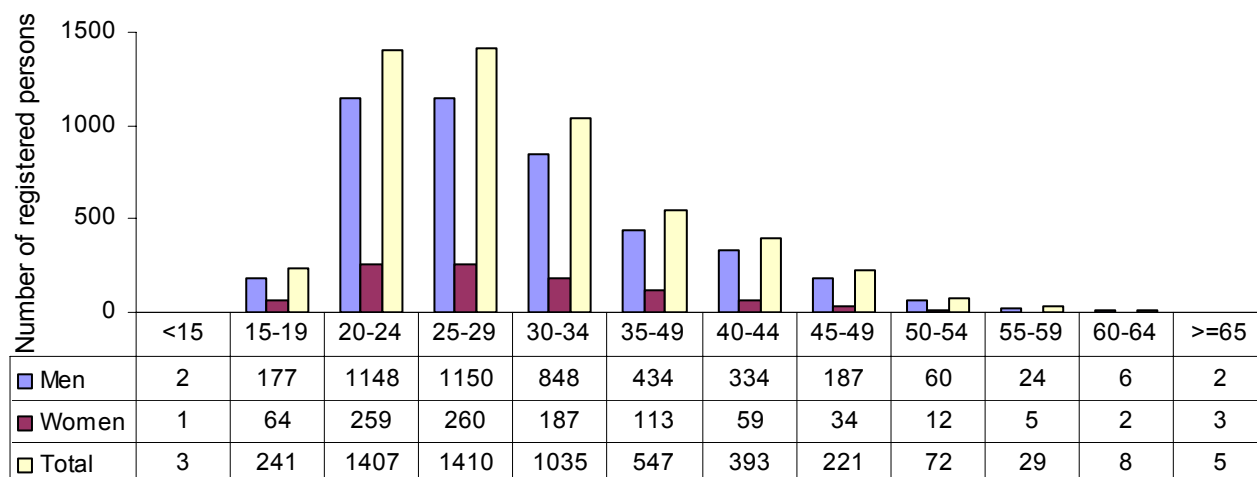
Table 4-1. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2000-2005,

year	2000	2001	2002	2003	2004	2005
<b>All treatments (registered individuals)</b>						
Total	3521	4087	4405	4689	5011	5371
Men	2868	3352	3600	3824	4094	4372
Women	653	735	805	865	917	999
<b>Drug dependence morbidity (number of cases/100 thousand population)</b>						
Total	101,0	117,6	127,2	136,1	145,4	157,8

Men	175.9	206.3	222.6	237.7	254.2	273.6
Women	35.2	39.7	43.6	47.0	50.1	54.6

In 2005, the biggest proportion of individuals registered for drug dependence treatment were in the subgroup aged 20 to 29 and accounted for 52 percent of the total registered number; subgroup aged 30 to 34–1035 registered persons (848 men and 187 women) – 19 percent of the total registered number (Figure 4-2).

Figure 4-2. Distribution of all registered individuals for drug dependence treatment, by gender and age, 2005



In 2005, at local level drug dependence morbidity in cities was 4.5 times higher compared to districts: in cities – 280.5 cases/100 thousand population, in districts – 61,8 cases/100 thousand population. According to the distribution by cities, the biggest number of registered individuals with mental or behavioral disorders caused by psychoactive substances was in Vilnius – 2463 individuals (445.0 cases/100 thousand population), in Klaipeda – 677 individuals (355,7 cases/100 thousand population). Among the cities the highest morbidity rate exceeding the national average level was in Visaginas – 170 individuals (594 cases/100 thousand population). In 2005, as in previous years the biggest share of all registered individuals with mental or behavioural disorders caused by narcotic and psychotropic substances accounted for opioid users. In 2005, the number of registered individuals with mental or behavioural disorders caused by using opioids accounted for 4311 individuals (80,3 percent); cannaboids – 25 individuals (0,5 percent); tranquillizers and sedatives – 84 individuals (1,6 percent); cocaine – 8 individuals (0,1 percent); stimulants including caffeine – 133 individuals (2,5 percent); hallucinogenic – 10 individuals (0,1 percent); volatile substances– 165 (3 percent); multiple drugs and other psychoactive substances – 632 individuals (11,8 percent).

#### Route of administration

91,8 percent of the individuals registered due to mental or behavioral disorders caused by drugs and psychotropic substances were injecting users (Table 4-2). The registered injecting users mainly used opioids (78,8 percent), other drugs (10,9 percent) and stimulants including caffeine (1,5 percent).

Table 4-2. Route of administration of narcotic and psychotropic substances in 2005 (all registered drug addiction cases)

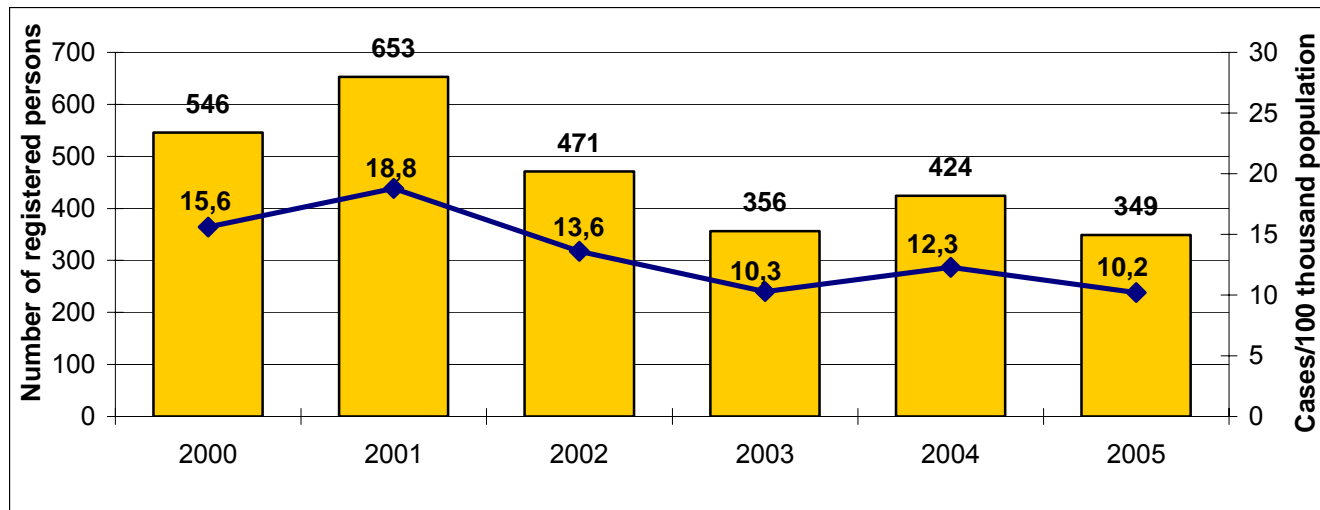
Drug group	Route of administration, number of individuals (percent)					Total
	Injected	Smoked	Ingested	Sniffed	No data available	
Opiates	4237 (78,8%)	2 (0,0 %)	65 (1,2 %)	7 (0,1 %)	-	<b>4311</b> <b>(80,3 %)</b>
Volatile substances	-	32 (0,6 %)	16 (0,3 %)	111 (2, %)	6 (0,1%)	<b>165</b> <b>(3,0 %)</b>
Stimulants and	83	3	36	13	1	<b>136</b>

Drug group	Route of administration, number of individuals (percent)					Total
	Injected	Smoked	Ingested	Sniffed	No data available	
caffeine	(1,5 %)	(0,0 %)	(0,7 %)	(0,2 %)	(0,0%)	<b>(2,5 %)</b>
Tranquillizers/ sedatives	28 (0,5 %)	-	52 (1,0 %)	-	4 (0,1 %)	<b>84 (1,6 %)</b>
Cannaboids	-	15 (0,3 %)	10 (0,2 %)	-	-	<b>25 (0,5 %)</b>
Hallucinogens	-	-	10 (0,2 %)	-	-	<b>10 (0,2 %)</b>
Cocaine	1 (0,0 %)	-	1 (0,0 %)	6 (0,1 %)	-	<b>8 (0,2 %)</b>
Other drugs	584 (10,9 %)	7 (0,1 %)	27 (0,5 %)	3 (0,0 %)	11 (0,2 %)	<b>632 (11,8 %)</b>
<b>Total</b>	4933 (91,8 %)	59 (1,1 %)	207 (3,8 %)	140 (2,6 %)	22 (0,4 %)	<b>5371 (100 %)</b>

### New treatments for drug addiction

In 2005, the health care institutions registered 349 new cases due to mental or behavioral disorders caused by narcotic and psychotropic substances, i.e. 75 individuals (18 percent) less compared to 2004 (Figure 4-3). The new treatments level tends per 100 thousand population to be stable in the last 4 years and in 2005 was 10,2 cases/100 thousand population.

Figure 4-3. Level of new drug addiction rates per 100 thousand population and the number of new registered cases due to mental or behavioral disorders caused by narcotic and psychotropic substance use (2000-2005)



formation source: data of the State Mental Health Centre  
New treatments by gender and age

In 2005, health care institutions registered new cases as follows: 273 men (78 percent) and 76 women (22 percent); the rate of male drug addiction per 100 thousand population accounted for 17,0 cases/100 thousand population, the rate of female drug addiction – 4,1 cases/100 thousand population (Table 4-2).



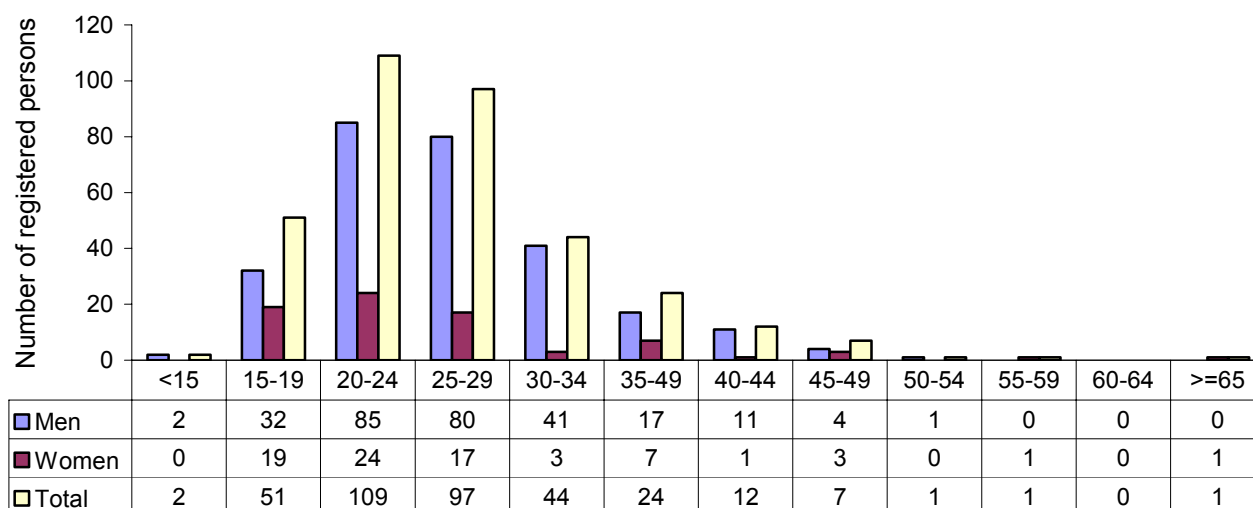
Table 4-3. New registered cases and dynamics of drug dependence rate per 100 thousand population in Lithuania, by gender, 2000-2005 (number of cases per 100 thousand population)

	2000	2001	2002	2003	2004	2005
<b>Number of new treatment cases</b>						
<b>Total</b>	<b>546</b>	<b>653</b>	<b>471</b>	<b>356</b>	<b>424</b>	<b>349</b>
Men	481	553	383	282	359	273
Women	85	100	88	74	65	76
<b>Number of cases per 100 thousand population</b>						
<b>Total</b>	<b>15,6</b>	<b>18,8</b>	<b>13,6</b>	<b>10,3</b>	<b>12,3</b>	<b>10,2</b>
Men	29,4	34,0	23,6	17,5	22,2	17,0
Women	4,6	5,4	4,8	4,0	3,5	4,1

Data of the State Mental Health Centre

In 2005, health care institutions registered new cases for the first treatment: 2 children under 15 years of age, 48 individuals aged 15 to 19 (13,7 percent); the biggest group accounted for 59 percent in age groups 20 to 24 and 25 to 29 - 109 and 97 individuals, respectively (Figure 4-4).

Figure 4-4. Distribution of registered new cases for the first treatment due to mental or behavioral disorders caused by drugs and psychotropic substances, by gender and age, 2005



In Lithuania, at municipal level in the cities the new drug addiction rate was 20,8 cases/100 thousand population, in districts – 3,2 cases/100 thousand population. According to data of the State Mental Health Centre in 2005 out of 349 new registered cases 176 individuals (50,4 percent) were registered in Vilnius. In Lithuania, 25 out of 60 municipalities registered no new cases due to mental or behavioral disorders caused by drugs and psychotropic substances, 10 municipalities registered 1 new case each. In 2005, among persons registered for the first treatment 25 individuals had no education, 309 individuals – secondary school education, 11 individuals – vocational training, 4 – higher education.

### 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

No new information available. Information on Lithuania Treatment System and Legal Framework is available in 2005 and 2004 LITHUANIA NATIONAL REPORTS. No significant changes were made in 2005.

According to data of the State Service for Accreditation of Health Care Activities under the Ministry of Health of the Republic of Lithuania, as of beginning 2006, 268 institutions possessed the right to engage in individual health care activities including services of psychiatry, dependence disorders' psychiatry, psychotherapy, juvenile psychiatry. According to data of the State Mental Health Centre statistical data was provided only by 74 individual health care institutions of (27,6 percent) of all accredited institutions.

Out –patient treatment is provided in primary health care institutions, mental health Centres or psychiatric clinics and private Centres. According to data of the State Mental Health Centre out-patient services were provided by 64 Mental Health Centres. Besides, out-patient treatment is provided in out-patient units in Centres Addictive Disorders.

In-patient treatment is provided by 5 specialised Centres for Addictive Disorders in Vilnius, Klaipeda, Siauliai, Panevezys and Kaunas.

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

According to data of the State Mental Health Centre as of December 31, 2005, in-patient treatment due to mental and behavioural disorders due to use of drugs, psychotropic or other psychoactive was provided by 76 psychiatrists, 30 psychologists, 88 medical nurses and 51 social workers.

## **5.2. Drug Free Treatment**

In 2005, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. In-patient treatment methods include short-term in-patient treatment under the Minnesota Pattern lasting for 4-6 weeks, and medium- to long-term in-patient treatment (lasting up to 14 months) at a rehabilitation centre. These treatment programs are based on application of therapeutic community principles implying an active involvement of patients in the treatment and rehabilitation process. In recent years, alongside the patients with alcohol problem, Minnesota Programs admit increasingly more drug addicted individuals.

In 2005, out-patient treatment Minnesota Programs were executed in Centres for Addictive Disorders in Vilnius, Panevezys and Kaunas. Services provided under this 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 had undergone withdrawal treatment. The program has a strict structure; patients must participate in group and individual sessions with a doctor, psychologist and social worker. A certain focus is made on adaptation of a 12-step program for anonymous drug users, therefore a patient is recommended to join mutual assistance groups for anonymous drug users. Patients participating in the program are screened for the use of drugs. Sessions for family members are common.

## **5.3. Medically Assisted Treatment**

### **Withdrawal Treatment**

No new information available. More information available in 2005 LITHUANIA NATIONAL REPORT

### **Substitution Treatment**

Information on substitution treatment legal framework is available in 2005 and 2004 LITHUANIA NATIONAL REPORTS

In Lithuania, availability of substitution treatment is rather limited geographically. Lithuania is among countries with limited application of such treatment, high requirements are applied to it. Substitution methadone treatment is used only for treatment of opioid addiction. In Lithuania, the number of persons registered due to mental or behavioural disorders caused by opioids made up the major share of all registered due to mental or behavioural disorders caused by drugs and psychotropic substances (ca. 78- 80 percent) throughout the years. 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 a healthcare institution twice or three times a week. Patients in unstable condition, who use illegal psychotropic substances, are required to arrive at a healthcare institution on a daily basis. Substitution methadone treatment is integrated with the treatment of all types of addiction conditions at the Centres for Addictive Disorders and Mental Health Centres. At the end of 2005, the methadone program conducted by the Vilnius Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the City of Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the town of Druskininkai covered 410 patients (in 2004 - 436 patients).

### *Survey of Influence of Substitute Methadone Treatment on Life Quality and Health of Opioid Dependent Persons*

In 2003 the Department of Mental Health and Substance Dependence of the World Health Organisation (hereinafter – WHO) prepared, *The Practices and Context of Pharmacotherapy of Opioid Dependence in Central and Eastern Europe*<sup>1</sup>. The survey covered Central and Eastern Europe – Lithuania, Poland, Ukraine and Asian countries (Indonesia, Iran, China and Thailand). In Lithuania the above survey was carried out in Centres for Addictive Disorders in Vilnius, Kaunas and Klaipeda in cooperation with the Kaunas Medical University.

In Lithuania, the Survey aimed at assessment of advantages and disadvantages of the existing and new substitute methadone treatment programs, their effectiveness and to implement evidence based opioid dependence treatment integrating HIV prevention, treatment and care in Vilnius, Kaunas and Klaipeda.

For evaluation of the treatment result, 102 patients were accepted on the substitute methadone treatment program (57 in Vilnius, 25 in Kaunas and 20 in Klaipeda); the survey duration was 6 months. The patients' health status was evaluated upon acceptance on the treatment program, after 3 and 6 months. Within the 6 month observation period 31 patient withdrew from the methadone treatment program.

One of the treatment effectiveness evaluation criteria was survey of the patients' life quality and self-assessment of health status. For this evaluation, a questionnaire including 26 questions was used which defines patient's subjective evaluation of functioning in these areas: evaluation of health, psychological self-assessment of physical body and appearance (psychological), of social and personal relations (social), of environment and financial resources (environmental).

Health status of a patient was evaluated based the Opiate Treatment Index. The treatment results found that within 6 months of methadone treatment, out of 102 patients, for 71 patient participating in the methadone treatment statistical significant improvement was observed in the subjective evaluation of health status (health, psychological and environmental areas), with particular reduction of health complications due to injecting drugs and psychotropic substances, with significant reduction of illicit drug and psychotropic substance use, criminal behaviour. Also, among the surveyed participants improvement of health status in cardio-vascular, digestion, nervous and skeleton-muscular systems was registered<sup>2</sup>.

### **Other Medically Assisted Treatment**

Buprenorphine (Subutex) was registered for the treatment for opiate addiction in late 2002. Until 2005 Buprenorphine was on the list of psychotropic medications and available at drugstores with a doctor's prescription. By order of the Minister of Health, strict control of Buprenorphine was enacted, i.e. the medication can now be prescribed by mental healthcare institutions and consumed under observation of medical staff only. In Lithuania, in 2005 the use of Buprenorphine for substitution treatment was not regulated on a legal basis, and this pharmaceutical was used for drug abstinence treatment. In 2005, the Ministry of Health of the Republic of Lithuania started to draft legislation for approval leading to use of Buprenorphine for substitution treatment of opiate addiction.

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<sup>1</sup> Robert Ali and others. **Jungtinis PSO pakaitinio gydymo nuo opioidų priklausomybės ir ŽIV/AIDS tyrimas: Preliminarūs tyrimo, atlikto Indonezijoje, Lietuvoje ir Tailande, rezultatai.** – World Health Organisation, 2005. [URL: [http://www.vplc.lt/?\\_nm\\_shot=files.1.1-265&\\_nm\\_nosession=1](http://www.vplc.lt/?_nm_shot=files.1.1-265&_nm_nosession=1)]

<sup>2</sup> Padaiga, Z., Subata, E., Vanagas, G. Methadone maintenance treatment impact on quality of life and health of opioid dependent persons in Lithuania. Longitudinal study (in press)

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

## 6. Health Correlates and Consequences

### 6.1. Drug Related Deaths and Mortality of Drug Users

#### Direct overdoses and (differentiated) indirect drug related deaths

*Information Source: Department of Statistics under the Government of the Republic of Lithuania; the Institute of Forensic Medicine of Mykolas Riomeris University*

According to data of the Department of Statistics under the Government of the Republic of Lithuania the morbidity rate the main cause being drug and psychotropic substance use was lowest in 2005 throughout the last five years. In 2005, 31 deaths caused by drug and psychotropic substance use were registered and accounted for 0,07 percent of the total number of registered deaths in Lithuania (43799 death cases). According to age distribution in 2005 the biggest number of deaths was in the young subgroup aged 20 to 34 (18 individuals) (Table 6-1), with the average age of 32,2 years (for men – 32,8, women – 22,5).

*Table 6-1. Number of deaths caused by drug and psychotropic substance use, by age 2001-2005*

Age group	2001	2002	2003	2004	2005
Under 15	-	-	-	-	0
15–19 years	4	5	2	1	3
20–24 years	6	4	14	9	6
25–29 years	9	7	7	6	6
30–34 years	7	8	10	9	6
35-39 years	4	5	3	6	2
39 years and more	5	4	4	7	8
<b>Total</b>	<b>35</b>	<b>33</b>	<b>40</b>	<b>38</b>	<b>31</b>

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

According to the statistical data the rate of male deaths continues to exceed the rate of female deaths, i.e. in 2005 – 29 male deaths and 2 female deaths, reasoned by the fact the number of men using drugs and psychotropic substances exceeds that of women. Higher death rates are registered in cities (30 deaths), and in 2005 the main death cause was incidental intoxication with drugs and psychotropic substances (Table 6-2).

*Table 6-2: Nuber of deaths caused by drug and pasychotropic substance use, by age and death cause, 2005*

Death causes by ICD-10 code/ age group	Total	Under 15	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	39 years and more
F11	2	-	-	-	-	-	-	2
F19	4	-	1	-	-	-	1	2
X42	18	-	2	5	4	4	1	2
X62	-	-	-	-	-	-	-	-
Y12	7	-	-	1	2	2	-	2
<b>Total - deaths</b>	<b>31</b>	<b>-</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>8</b>

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

**Note:**

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

The Institute of Forensic Medicine of Mykolas Romeris University at postmortem examination to identify drugs and psychotropic substances in body organs and biological fluids (urine, blood, gastric lavage, rinse from face, hands, etc.) in 2005 registered 19 cases (all men) the direct cause referred to incidental or deliberate intoxication with drugs or psychotropic substances. The average age of the above cases was 29 years (Table 6-3).

Table 6-3. The number of deaths caused by incidental or deliberate intoxication with drugs or psychotropic substances, by age and death cause, 2005

Death causes/ age group	Total	Under 15	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	39 years and more
<b>X42</b>	15	-	2	4	2	5	-	2
<b>X62</b>	1	-	-	-	1	-	-	-
<b>Y12</b>	3	-	-	-	1	1	1	-
<b>Total - deaths</b>	<b>19</b>	<b>-</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>2</b>

Information Source: Institute of Forensic Medicine of Mykolas Romeris University

**Note:**

**X42** - Incidental intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere; **X62** - Deliberate intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere; **Y12** - Intoxication with drugs and other psychodysleptics and their effect, unclassified elsewhere, motivation unknown

According to drugs identified by chemical tests the distribution by drug occurrence continues to be the same, with morphine\* taking the first place. This substance occurred in 18 cases, including 12 cases morphine together with other substances (codeine, amphetamine, methamphetamine, diphenhydramine), 1 case – occurrence of amphetamine with methylenedioxyamfetamine. Alcohol occurred in 8 cases out of 19, and it evidences that half of the deceased individuals multiple users of alcohol and drugs or psychotropic substances.

**Other indirect Drug Related Deaths**

Information Source: the Institute of Forensic Medicine of Mykolas Riomeris University

According to data by the Institute of Forensic Medicine of Mykolas Romeris University in 2005, besides the deaths caused directly by intoxication with drugs or psychotropic substances as mentioned above, 9 fatal cases were registered caused by intoxication with psychotropic pharmaceuticals, including 4 cases recorded as deliberate intoxication. The chemical tests evidence that such deaths are mainly caused by the following pharmaceuticals: diazepam (7 cases), phenobarbitals, oksizepam and others.

Besides, in 2005, 32 deaths were recorded drug and psychotropic substance use not being the direct cause, however, the tests evidenced occurrence of drugs and psychotropic substances in organs and biologic fluids of the deceased. In most of the above cases the direct causes of the deaths were hart disorders, general body freezing, refraction of skull or chest bones with injuring of viscera, deliberate self-injuring (hanging, jumping from heights), etc. Chemical tests of the above cases evidence most frequent occurrence of morphine\* in biologic fluids; alcohol occurred in 18 cases out of 32 registered cases.

**Mortality of Drug Users**

Information Source: the State Mental Health Centre

According to the State Mental Health Centre, in 2005, 38 individuals registered as patients dependent on drugs and psychotropic substances died, i.e. 33 men and 5 women (Table 6-4). As before, in 2005, among the deaths the biggest number was opioid dependent persons. According to distribution by age the biggest number of deaths was in age group 30 to 49 (28 individuals) (Table 6-5), the average age

of the deceased was 38,3 years (for men – 39,2 years, women – 32,4 years), the most frequent death causes – somatic illnesses and accidents (Table 6-6).

Table 6-4. Distribution of death cases of patients dependent on drugs and psychotropic substances, by gender and dependence diagnosis, 2002 -2005

	2002	2003	2004	2005
Total - deaths	40	48	39	38
Incl. men	34	41	33	33
Incl. women	6	7	6	5
<b>Code of disease according to TLK-10</b>				
F11	32	38	29	20
F12	-	1	-	-
F13	1	1	1	-
F14	-	-	-	-
F15	1	-	-	1
F18	1	-	2	2
F19	5	8	7	15

Information Source: the State Mental Health Centre

**Note:**

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

Table 6-5. Distribution of death cases of patients dependent on drugs and psychotropic substances, by age groups, 2002-2005

Age/ years	2002	2003	2004	2005
Under 15	-	-	-	-
15-19 years	-	-	-	-
20-24 years	4	3	3	3
25-29 years	4	5	7	5
30-34 years.	8	16	9	8
35-39 years	14	5	4	4
40-44 years	4	8	8	5
45-49 years	3	10	7	11
50-54 years	3	-	1	1
55 years and more	-	1	-	1
<b>Total</b>	<b>40</b>	<b>48</b>	<b>39</b>	<b>38</b>

Information Source: the State Mental Health Centre

Table 6-6. Distribution of death cases of patients dependent on drugs and psychotropic substances, by deat cause, 2002 -2005

Causes/year	2002	2003	2004	2005
Suicides	5	5	4	3
Accidents	1	1	5	5
Intoxication with drugs or psychotropic substances	5	4	4	2
Infections	3	2	0	1
Somatic diseases	2	10	9	8
Unknown	24	26	17	19

Information Source: the State Mental Health Centre

## **6.2. Drug Related Infectious Diseases**

### **Registered acute viral Hepatitis B**

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

In 2005, the Lithuanian health care institutions registered 141 cases of acute viral hepatitis B (hereinafter – HBV). The morbidity rates of acute viral hepatitis B tends to consistently decline over the last decade. Compared to 2004, the morbidity rate of acute viral hepatitis B continued to decline from 5,42 cases/100 thousand population in 2004 to 4,1 cases/100 thousand population in 2005. Out of 141 HBV infected individuals 25 were injecting drug users (all men). In 2001-2005, among all registered new HBV cases the share of injecting drug users continues to decline from 42,4 percent (2001) to 17,7 percent (2005). However, the number of cases with not known transmission factor causing this infection increased each year: in 2004 such cases accounted for 38 percent of all new HBV cases, in 2005 – nearly 50 percent. Taking into consideration the above, the reduced rate of injecting drug users among all registered HBV cases should be assessed cautiously.

### **Registered acute viral Hepatitis C**

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

In 2005, the Lithuanian health care institutions registered 68 cases of acute viral hepatitis C (hereinafter – HCV). The morbidity rates of acute viral hepatitis C tends to consistently decline over the last 5 years. Compared to 2004, the morbidity rate of acute viral hepatitis C continued to decline from 2,41 cases/100 thousand population to 1,98 cases/100 thousand population. A big number of cases (44,1 percent) implied an unidentified contraction factor causing HCV. Out of 68 registered acute HCV cases 12 individuals were injecting drug users. In 2001-2005, the share of injecting drug users among all registered HCV cases reduced from 59 percent (2001) to 17,6 percent (2005.).

### **Registered HIV/AIDS cases**

*Information Source: the Lithuanian AIDS Centre*

In 2005, in Lithuania 120 new HIV cases were diagnosed, i.e. by 15 individuals less compared to the last year (in 2004 – 135, in 2003 – 110). Among the new HIV cases men prevailed – 90 individuals. Within the period since 1988 when the first HIV case was diagnosed in Lithuania to January 1, 2006, 1100 HIV infected individuals were diagnosed. The number of HIV infected men exceeds that of women by 7 times (966 and 134, respectfully), however, the comparative rate of infected female increases. In 2005, among new HIV cases 76 individuals (70,8 percent) were infected HIV by using injecting drugs. Within the last three years a trend that more persons were infected with HIV through sexual intercourse was observed. As of beginning 2006, the highest urban rate of HIV prevalence occurred in the city of Klaipeda, i.e. 126 HIV infection cases/1000 thousand population; this indicator in Mazeikiai was 43,7, in Druskininkai – 36,2, in Vilnius – 22,8, in Siauliai – 26,9, in Marijampole – 15,7, in Kaunas – 9,3. As of beginning 2006, in Lithuania the total prevalence rate of HIV infection accounted for 26,1 cases/1000 thousand population.

### **HIV, HBV and HCV seroprevalence among tested injecting drug users**

*Information Sources:*

Currently, Lithuania does not have approved unified surveillance system procedures of prophylaxis checkups on communicable diseases for injecting drug users based on which epidemiological care could be carried out in this risk group. This chapter provides information on prevalence rates of serological markers among injecting drug users who agreed to be tested with serological tests.

*Data collection methodology*



According to data of the Drug Control Department, in Lithuania 4 institutions executed prophylaxis tests with a purpose to identify prevalence of serologic markers to HIV, HBV and HCV infection among persons attending low threshold services units, on their territories. Data collection from these institutions was collected with a standard statistical form (STD9) requesting information on prevalence of infections among injecting drug users, prevalence levels by gender, age groups, injecting experience and use of opiates, risk behaviour, etc. The methodological part requested to submit information on the survey place, data collection methods (i.e. continuous or random sampling) and a selection method for random sampling, if any, data collection regularity, verification of data by a laboratory, if any, a type of tested sample (serum or saliva) and researched serologic response. Finally, if information was published a publication source was requested, and for unpublished information – to name the information provider (institution) as well as the name of a person responsible for the research. Also, complementary information concerning any issues not included in the standard form, potential bias on prevalence facilitating data interpretation could be provided.

### Results

In 2005, staff of Anonymous Counselling Centre for Social Diseases "Pasitikejimas" of the Alytus Red Cross Society provided information on the existing situation in Alytus, in Klaipeda the prevalence survey was conducted by the Klaipeda Public Health Centre together with the Klaipeda Centre for Addictive Disorders and the Klaipeda Branch of the Public Institution National Blood Centre, in Vilnius – by the Vilnius Centre for Addictive Disorders (VCAD) and the Lithuanian AIDS Centre.

In the above institutions no random sampling procedure for selecting of injecting drug users was made – all injecting drug users were proposed to be tested for certain serologic marker, and data was provided solely concerning those who agreed to participate. Due to the above reason prevalence of these infections should be treated as prevalence among the tested IDU's.

Institutions provided data on tests regarding age, gender, injecting experience (period up to 2 years and more than 2 years). The personnel of the Alytus and Lithuanian AIDS Centre's institutions propose the injecting drug users to be tested twice a year, and the personnel of the Blue Bus of the Klaipeda and Vilnius Centres for Addictive Disorders executed single test campaigns in the course of 3-5 months.

It should be pointed out that the Lithuanian AIDS Centre provided data of new HIV positive cases (incidence) among the sample, and the staff of the Centres for Addictive Disorders in Klaipeda, Alytus and Vilnius surveyed the prevalence frequency of serologic markers in the tested sample of injecting drug users irrespective whether the tested individuals knew about their infection status.

### HIV prevalence among injecting drug users

In 2005, the Anonymous Counselling Unit *Pasitikėjimas* of the Alytus Red Cross Society made HIV tests of 95 individuals; 6 HIV positive cases (6,23 percent) were diagnosed (Table 6-7).

The Klaipeda Public Health Centre together with the Klaipeda Centre for Addictive Disorders and the Klaipeda Branch of the Public Institution National Blood Centre organized the Project *HIV Tests for Risk Groups*. Among the tested risk group individuals (351) nearly half were injecting drug users (174), including 47 individuals (27 percent) diagnosed HIV positive during the test 27 of which already knew of their HIV status.

For the clients of the mobile needle syringe exchange unit Blue Bus of the Vilnius Centre for Addictive Disorders 681 tests for HIV were conducted. Before and after the test the clients were provided counseling. Blood for testing was taken at the Blue Bus parking sites accommodated at gathering places of injecting drug users. Positive HIV result was diagnosed for 22 individuals (3 percent).

The Lithuanian AIDS Centre diagnosed 4 new HIV cases (1,16 percent) among individuals who contacted a their low threshold unit in 2005.

Table 6-7. Prevalence of HIV among tested injecting drug users

City	Year	Annual number of persons	Number of tested	Incl. infected		Type of test
				Number	Percent	
Alytus	2001	89	44	0	0	Serological test
	2002	132	128	0	0	
	2003	156	144	4	2,78	

City	Year	Annual number of persons	Number of tested	Incl. infected		Type of test
				Number	Percent	
	2004	172	156	7	4,49	
	2005	158	95	6	6,32	
Klaipeda	2005	1358	174	47	27,01	Serological test
Vilnius (LAC)	2002	n/a	641	4	0,62	Diagnostic test
	2003	1971	375	4	1,07	
	2004	2259	469	1	0,21	
	2005	2723	345	4	1,16	
Vilnius (CDD)	2005	2181	681	22	3,23	Diagnostic test

#### *Prevalence of HBV and HCV among tested injecting drug users*

In 2002 – 2004, in Alytus the prevalence rate of positive HBsAg antibodies cases among the tested injecting drug users continued stable, though in 2005 increased by 6 percent compared to the level in 2004, i.e. 3,47 percent and 9,47 percent, respectively. Among the attendants of the mobile unit Blue Bus of the Vilnius Centre for Addictive Disorders the prevalence rate of HBsAg antibodies was 10,72 percent. Both in Vilnius and Alytus, the serologic tests to detect antibodies to HCV among individuals visiting low threshold units evidence the level of infection with this virus varying from 82 percent to 94 percent among tested injecting drug users (Table 6-8 and Table 6-9)

*Table 6-8. Prevalence of antibodies to HBV (HBsAg) among injecting drug users*

City	Year	Annual number of persons	Number of tested	Incl. infected		Type of test
				Number	Percent	
Alytus	2001	89	44	0	0	Serologic test
	2002	132	78	4	5,13	
	2003	156	151	6	3,97	
	2004	172	144	5	3,47	
	2005	158	95	9	9,47	
Vilnius (VCAD)	2005	2181	681	73	10,72	Diagnostic test

*Table 6-9. Prevalence of antibodies to HCV among injecting drug users*

City	Year	Annual number of persons	Number of tested	Incl. infected		Type of test
				Number	Percent	
Alytus	2001	59	44	37	84,09	Serologic test (HCV RNR)
	2002	132	78	70	89,74	
	2003	156	151	147	97,35	
	2004	172	144	131	90,97	
	2005	158	95	89	93,68	
Vilnius (VCAD)	2005	2181	681	557	81,79	Diagnostic test (HCV Ab)

#### **Prevalence and prevention of infectious diseases in prison**

International statistics evidence higher prevalence of infectious diseases in prisons in various countries, than in general population. This situation is correlated with unsafe sexual behavior of the prisoners and intravenous drug use. According to data of the Prisons Department under the Ministry of Justice and the Lithuanian AIDS Centre at the end of 2005 in Lithuanian prisons 254 individuals were

HIV infected (at that time 1100 HIV-infected individuals were registered in Lithuania), including 59 new registered cases, 12 acute HBV patients (in Lithuania - 141), 7 acute HCV patients (in Lithuania - 68), the biggest number of the above individuals were infected injecting drugs and psychotropic substances.

Currently, according to the effective procedure applied in prisons all incoming and outgoing prisoners are, on a compulsory basis, tested for HIV, also long-term prisoners are screened for HIV on a regular basis. Due to shortage of funds not all prisoners are screened for HBV and HCV. Prisoners dependent on drugs and psychotropic substances are not tested on a compulsory basis, though presumably a number of them are chronically ill with HBV or HCV. According to the survey data by the Lithuanian AIDS Centre, in 2005, among 254 tested prisoners, 19 were ill with HBV; HCV was detected for 143 prisoners out of 268 tested ones (53 percent). In 2004, out of 242 tested prisoners in the Marijampole Penitentiary 168 prisoners (70 percent) were detected HCV; out of 772 inmates in the Vilnius 2nd Penitentiary 330 individuals were tested, and 200 of the tested (ca. 60 percent) detected HCV.

In the implementation HIV/AIDS prevention measures, for control of spreading HIV, hepatitis, tuberculosis and other infections in the imprisonment units, in 2005 juvenile convicts, medical personnel of health care services and officers of the imprisonment institutions having a direct contact with imprisoned persons were vaccinated.

### 6.3. Psychiatric Co-Morbidity (Dual Diagnosis)

No information available

### 6.4. Other Drug-Related Health Correlates

#### Poisonings with Narcotic and Psychotropic Substances

According to data by the State Patients' Fund under the Ministry of Health, in 2005 Lithuanian healthcare institutions recorded 257 cases of poisoning with drugs and psychodysleptics (hallucinogens) (181 individual), i.e. ca. 14 percent less compared to 2004 (300 cases). As in 2004, majority of poisonings involved opium - 75 cases. In 2005, the number of poisonings with cocaine increased 3 times, while the number of poisonings with heroin decreased twice, compared to 2004 (Table 6-10). According to statistical data, the number of men registered at in-patient medical institutions (hospitals) due to poisonings with drugs and psychotropic substances exceeded the number of women 3 times (men – 169 cases, women – 56 cases). This reported group of poisonings included mainly young people (15-29 years) – 155 cases.

*Table 6-10. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by treatment institutions and poisoning diagnosis, 2004 - 2005*

ICD-10 Code	Diagnosis	Number of cases					
		Out-patient		In-patient		Total	
		2004	2005	2004	2005	2004	2005
<b>T40</b>	Poisoning with drugs and psychodysleptics	6	7	20	11	26	18
<b>T40.0</b>	Opium	2	0	81	75	83	75
<b>T40.1</b>	Heroin	2	2	69	34	71	36
<b>T40.2</b>	Other opioids (codeine, morphine)	1	1	17	16	18	17
<b>T40.3</b>	Methadone	0	0	4	2	4	2
<b>T40.4</b>	Other synthetic drugs (Petidin)	0	0	11	8	11	8
<b>T40.5</b>	Cocaine	4	14	2	3	6	17
<b>T40.6</b>	Other and non-specified drugs	2	3	46	39	48	42
<b>T40.7</b>	Cannabis (derivatives)	0	0	13	17	13	17
<b>T40.8</b>	Lysergic acid derivatives (LSD)	0	2	2	2	2	4

<b>T40.9</b>	Other and non-specified psychodysleptics, (hallucinogens) (Mescaline, Psilocin, Psilocybe)	3	3	15	18	18	21
<b>Total</b>		<b>20</b>	<b>32</b>	<b>280</b>	<b>225</b>	<b>300</b>	<b>257</b>

*Information Source: the State Patient Fund under the Ministry of Health*

### **Somatic co-morbidity (as abscesses, sepses, endocarditis, dental health etc.), non-fatal drug emergencies, other health consequences**

In 2005, the Vilnius Centre for Addictive Disorders carried out a survey of health problems of opiate dependent patients receiving substitute methadone treatment in this Centre. Health problems of 120 patients (including 35 women) were analysed. Among the patients participating in the substitute methadone treatment hepatitis C (105 cases), thrombophlebitis of legs (28 cases), hepatitis B (19 cases), trophic sores on legs (17 cases) were diagnosed (Table 6-11).

*Table 6-11. Health problems of patients receiving substitute methadone treatment in the vilnius Centre for Addictive Disorders, 2005*

<b>Health problem</b>	<b>Number of patients</b>
HIV infection /AIDS	12
Hepatitis C	105
Hepatitis B	19
Lung tuberculosis	2
Thrombophlebitis of legs	28
Trophic sores on legs	17
Strong dependence on alcohol	8
Other somatic diseases (cardio-vascular diseases, lung diseases, kidney deficiency, digestion disorders, etc.)	9

*Information Source: the Vilnius Centre for Addictive Disorders*

## **7. Responses to Health Correlates and Consequences**

### **7.1 Prevention of drug related deaths**

In Lithuania, a few prevention measures of drug related deaths exist, mainly these are prevention measures based on information, i.e. information brochures, leaflets, etc. Medical personnel, medical first aid staff in particular, is trained to provide medical first aid to a person intoxicated with drugs. In 2005, in Lithuania safer use training and first aid training programs for drug users were not organized, consumption rooms did not exist.

### **7.2 Prevention and Treatment of Drug Related Infectious Diseases**

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

In Lithuania, the implementation of syringe/needle exchange programs for injecting drug users were started a decade ago, however, until this year these programs were not regulated by legislation. A legal basis for these programs was established in Decree No. V-584 of July 5, 2006, of the Minister of Health of the Republic of Lithuania *On Approval of Profile of the Implementation Procedure of Drug and Psychotropic Substance Drug Reduction Programs* (Žin., 2006, No. 77-3020). This legislation

establishes the mandatory package of services for injecting drug users: syringe/needle exchange, distribution of disinfecting tools, distribution of condoms, health education to reduce risk behavior, providing of information and counseling. This legislation seeks for attraction of drug users and their partners to institutions and organizations providing health and social services, services of adequate quality and qualification, and their integration into the society. This legislation is expected to facilitate development of harm reduction services in Lithuania.

In 2005, in Lithuania accessibility of harm reduction programs from the geographical point of view remained the same as in previous years. Syringe and needle exchange was implemented in Alytus, Druskininkai, Klaipeda (2 units), Mazeikiai, Siauliai and Vilnius (2 units). Annual increase of participants in these programs is observed. In 2005, the number of distributed syringes and additional needles increased compared to 2004 (Table 7-1).

Table 7-1. Number of syringes and needles distributed in Lithuanian cities in 2004-2005

City	2004		2005	
	<b>Syringes/Needles</b>		<b>Syringes/Needles</b>	
	Distributed	Collected	Distributed	Collected
Alytus	36 371	N/A	30 240 / 31 700	30 692 / 31 420
Druskininkai	1 200	N/A	N/A	N/A
Klaipeda	69 029	70 418	104 453	106 487
Mazeikiai	5032/ 2171	5280/ 5652	4600 / 3075	N/A
Siauliai	870	N/A	5033	3372
Vilnius (Lithuanian AIDS Centre)	27 428 / 28709	33 570 / 35 437	12 808 / 15 275	14 512 / 17 204
Vilnius (Centre for Addictive Disorders)	109 010 / 131 934	232 656	101 516 / 126 694	336 230
<b>Total:</b>	<b>248 940/ 162 814</b>		<b>258 650 / 176 744</b>	

Higher collections of syringes and needles show that repeated use of a syringe or harm to other community members were prevented. The annual scope of health care services increased, a greater number of drug users is reached, more information is provided on availability of medical care. Based on data of the Lithuanian AIDS Centre and the Centre for Control and Prevention of Infectious Diseases, according to the number of registered acute hepatitis B and C, diagnosed HIV cases a decreasing number of injecting drug users becomes infected with these infections.

### 7.3. Interventions Related to Psychiatric Co-Morbidity

No information available

### 7.4. Interventions Related to Psychiatric Co-Morbidity

No information available

## 8. Social Correlates and Consequences

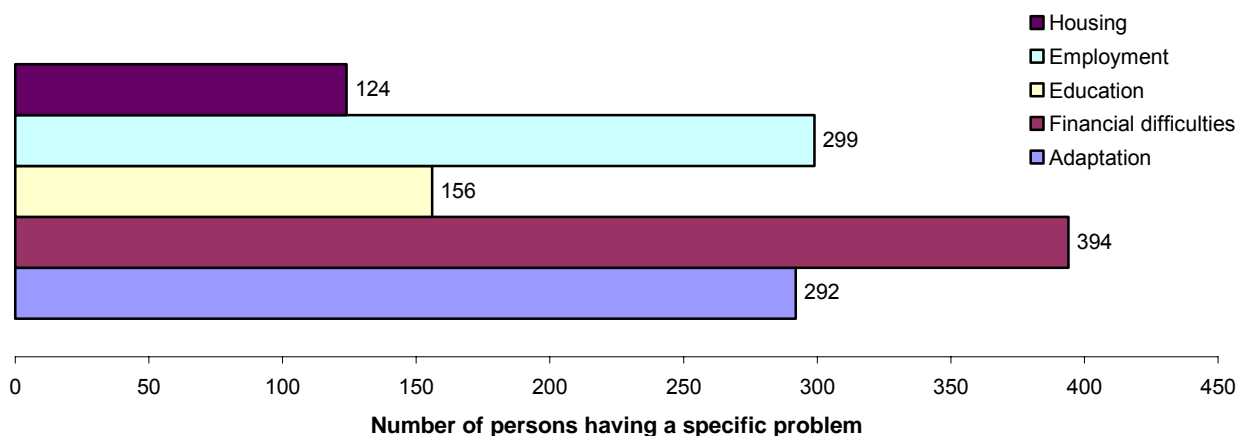
### 8.1. Social Exclusion

For assessment of psychological and social rehabilitation as well as social integration problems of persons dependent on psychoactive substances and solutions thereof in 2005, the Drug Control Department under the Government of the Republic of Lithuania requested 27 institutions and organisations to provide respective information. Responses containing requested information obtained from 19 institutions and organisations were analysed and summed up.

The problems of persons dependent on psychoactive substances may be grouped into the following: material, psychological and social.

According to data submitted by the institutions providing rehabilitation services to persons dependent on psychoactive substances, the most topical problem experienced by persons undergoing rehabilitation is material, i.e. **financial difficulties** met by 394 clients in 2005 (Figure 8-1). Growing debts, lack of elementary skills to manage one's financial matters in some cases encourage criminal behaviour (thefts), often deprive accessibility to rehabilitate due to the fee to the rehabilitation program. The fee in rehabilitation communities established by NGOs vary from 80 to 300 Euro/month, and the treatment period extends in 8 – 12 months or longer. Ex gratia or partially paid treatment is scarce – only for 25 individuals (in the Vilnius Centre for Addictive Disorders and the rehabilitation community of the Vilnius AIDS Centre.)

Figure 8-1. Problems of persons dependent on psychoactive substances, 2005



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

The second topical social problem reported by 299 is **employment**. The occupational problem may be viewed from different angles: lack of elementary work skills, absence of qualification and specialisation reduces competitiveness of persons dependent on psychoactive substances on the labour market. On the other hand, some persons hinder their search of permanent job by themselves due to their psychological instability and reluctance to work. Finally, solution of employment problem is encumbered by inauspicious attitude of employers towards dependent on psychoactive substances.

Factors hindering integration into the labour market are defined as follows:

- inability to assess one's abilities correctly;
- lack of information on employment offer;
- distrust in such persons by employers;
- lack of education;
- insufficient qualification;
- lack of work competence.

Observations evidence that persons after treatment or rehabilitation programs do not always have adequate skills to find a job and maintain it. They find difficult to adapt to the work schedule, lack flexibility in communication with colleagues and management, fail to manage anger fireworks.

The third topical problem is **inadaptability to the community**. In Fig. 6.1 it is reflected as an adaptation problem. The main causes hindering persons dependent on psychoactive substances to integrate into the community are as follows:

- inability to seek for a legitimate way to create personal welfare;
- asocial system of values;
- psychological and social problems;
- inability to meet basic needs;
- negative approach from the society.

The above persons simply lack social, natural and communication skills. In the rehabilitation process difficulties also arise due to adaptation problems: the mental and emotional state of some inmates in the community is not fully stabilised and preconceived approach results in dissatisfaction with other community members, internal regulations of the order. All this may provoke conflicts that are

usually solved by sending undated persons into other communities. The wish to resume earlier life habits, a lack of motivation to change encumber their adaptation in the community and the society as well.

**Education problem** is also very topical. School age persons dependent on psychoactive substances do not attend school. Weak motivation or absolute lack of motivation is reported as the most frequent reason of such non-attendance. Besides, negative approach by the school, a wish "to get rid" of youths using drugs are also reported.

A number of clients of rehabilitation institutions possess no profession, work experience due to drug use in early age.

**Housing** problem is acute for socially excluded persons. Acquisition or maintenance of **housing** are hindered not only by financial but also by socio-psychological and legal obstacles. Destitution or loss of a permanent residence place in numerous cases resulted from disturbed family relationships and inadequate knowledge of legislation, inability to preserve immovable property (arrear for utilities).

#### *Analysis of social problems, needs and behaviour of HIV infected persons released from prisons*

In 2005, the Lithuanian AIDS Centre conducted a survey of HIV infected individuals released from prisons aiming at analysis of their social problems, needs and behaviour, with focus on problem solutions, selected problem solutions, collection of data concerning behaviour of this risk group, identification of the main HIV infection factors, identification of behaviour models for this risk group, social behaviour to be changed by application of targeted intervention. 70 HIV infected individuals released from prisons (42 men and 28 women) were surveyed. The majority of the surveyed individuals after their release from imprisonment continued to inject drugs, mainly opiates (63 percent), opiates together with tranquillizers (37 percent). Nearly half of them (46 percent) shared drug injecting tools. Besides, among the surveyed population of intravenous drug users unsafe behaviour related to the risk of HIV infection prevails: used drug injecting tools are used by 46 percent of intravenous drug users. 50 percent of the surveyed used new syringes and needles obtained in the Lithuanian AIDS Centre's harm reduction unit, 7 percent of the surveyed – in the Romas' tabor in Vilnius, and 1 percent – from friends. Also, among the surveyed unsafe sexual behaviour prevailed, such as condom use on rare occasions, frequent change of incidental sexual partners. It evidences the lack of safe behaviour and lifestyle skills, motivation, responsibility, thus, the work with this risk group should be continued. 70 percent of the respondents pointed out they faced problems in life due to their imprisonment and HIV infection. The social services' needs to the surveyed were identified: arrangements related to their personal documents, being out of work and without any profession, without a permanent place of residence, disrupted social relations with kinship or absence thereof. 55 percent of the respondents reported they did not know any contacts for social services.

## **8.2. Drug Related Crime**

### **Drug offences**

In 2005, 1818 criminal acts related to disposal of drugs and psychotropic substances and their precursors of category I were registered in Lithuania. In 2004, 1552 such acts were registered, i.e. 266 acts (17,1 percent) less compared to 2005. In the general criminal context of 2005 criminal acts related to illicit disposal of drugs and psychotropic substances accounted for 2,02 percent, in 2004 – 1,7 percent; in 2003 – 1,2 percent, i.e. within the three years this level grew by 0,8 percent. 1818 criminal acts related to disposal of drugs and psychotropic substances registered in 2005 include 808 criminal acts related to illicit disposal of drugs and psychotropic substances without intention to distribute (in 2004 - 832); 977 – related to illicit disposal of drugs and psychotropic substances with intention to distribute (in 2004 – 673); 2 - related to disposal of drugs and psychotropic substances (precursors) of category I (in 2004 – 8); 6 - related to seizure of drugs and psychotropic substances (in 2004 – 3); 2 – related to produce of equipment for production of drugs and psychotropic substances (in 2004 - 2); 8 – related to illegal cultivation of poppies and cannabis (2004 - 22); 2 – related to distribution of drugs and psychotropic substances to juveniles (in 2004 - 4), 49 – related to smuggling of drugs and psychotropic substances (2004 – 10). More than half of the registered criminal acts concerning illicit disposal of drugs and psychotropic substances were related to distribution of drugs and psychotropic substances, including 12 percent – distribution of very big quantity of drugs and psychotropic substances. Nationally, distribution of criminal acts related to illicit circulation of drugs and psychotropic substances continued

nearly at the same level as in the previous three years, half of the actions were committed in 6 biggest cities (in 2005 - 54 percent)

Nationally, since 2000 decreased number of detentions of poppies and their parts that mainly occurred in rural areas is observed. Along with increased popularity of amphetamine type stimulants and decreased popularity of poppies a tendency for increased level of registered criminal actions related to illicit circulation of drugs and psychotropic substances in smaller towns and rural districts is observed.

In 2005, 1011 persons were registered to have committed criminal acts related to disposal of drugs and psychotropic substances (in 2004 – 869), including 165 women, 7 foreign citizens, 17 without citizenship. For illicit distribution of drugs and psychotropic substances 329 were detained, including 53 women, 14 juveniles. In the course of several consecutive years more than half of detained individuals were youths under 30 years of age. The number of detained persons over 40 years of age decreased, leading to the following presumable conclusions: either older persons refused their criminal lifestyle, or their criminal activities became more conspirative, intellectual, integrated into legal business. In 2005, more than every second criminal act related to illicit circulation of drugs and psychotropic substances was committed by socially unoccupied individuals, i.e. 63 percent. Detention levels of persons with higher education related to illicit circulation of drugs and psychotropic substances continued stable in the course of five years and accounted for 2 percent of all detainees.

## Other drug related crime

### *Property crimes, violence under the influence*

In 2005, on the national level 26048 physical persons suspected (accused) in having committed criminal acts, whereas in 2004 – 27880, i.e. 6,6 percent more compared to 2005. Among those individuals detected in 2005, 144 individuals were intoxicated with drugs or psychotropic substances at the moment of crime commitments, (in 2004 -192) (Table 8-1). These persons committed different criminal acts, such as murders, robberies, property destruction, etc.

*Table 8-1. Detection of persons suspected (accused) having committed criminal acts intoxicated with drugs or psychotropic substances, 2004 - 2005*

Date	2004	2005
<b>Detected persons suspected (accused) having committed criminal acts, including:</b>	27880	26048
- crimes	24424	23304
- criminal offences	645	427
<b>- by persons intoxicated with drugs or psychotropic substances</b>	<b>192</b>	<b>144</b>
- murders, incl.:	339	377
<b>- intoxicated with drugs or psychotropic substances</b>	<b>1</b>	<b>2</b>
- thefts, incl.:	9048	8224
<b>- intoxicated with drugs or psychotropic substances</b>	<b>67</b>	<b>42</b>
- robberies, incl.:	2822	2854
<b>- intoxicated with drugs or psychotropic substances</b>	<b>18</b>	<b>10</b>
- property destruction or damage, incl.:	122	913
<b>- intoxicated with drugs or psychotropic substances</b>		<b>10</b>

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

### *Prostitution*

In Lithuania, no accurate statistical data enabling to learn the number of individuals engaged in prostitution exists. The level may be assessed indirectly based on secondary sources. The number of street sex workers is assessed based on their detention and administrative offence cases. In 2005, the number of such registered offences accounted for 386, whereas in 2004 - 593. The prostitution supply level in Lithuania is evidenced by the number of women engaged in prostitution. According to data by the Lithuanian AIDS Centre the estimated number of sex workers in Vilnius is from 1000 to 3000 persons.

In 1998, the Counselling Unit for Social Diseases *Demetra* surveyed 73 street prostitutes (in 2001 – 220). The objective of the survey was to identify the health status, income, motivation and circumstances having moved them into prostitution. The majority of women engaged in sex work use drugs and psychotropic substances. It should be pointed out that in this respect the situation is



worsening, i.e. in 1998 only 23 percent of the surveyed prostitutes used drugs or psychotropic substances, whereas in 2001 this rate accounted for 65 percent.

In 2000, in Vilnius the Lithuanian AIDS Centre surveyed 96 commercial sex workers. The majority, i.e. 80,2 percent of the surveyed in the last 12 month used drugs. Among the surveyed sex workers the most popular drugs were cannabis (64,6 percent), tranquillizers (44,8 percent), heroin (36,5 percent). The survey of intravenous drug use habits revealed that in the last 12 months more than 1/3 of the surveyed (34,4 percent) were injecting drug users.

#### *Driving offences*

In 2004, in Lithuania 6357 traffic accidents were registered, including 754 accidents due to the fault of intoxicated with alcohol or drugs and psychotropic substances. In 2005, 6790 traffic accidents were registered, including 850 accidents caused by intoxicated drivers. In 2004, 139 drivers were identified driving vehicles intoxicated with drugs, medicines or other intoxicating substances, whereas in 2005 - 105 drivers, i.e. 24,5 percent less compared to 2004.

#### *Drug crime in prisons*

In 2005, the amount of drugs and psychotropic substances confiscated from imprisoned persons or at attempt to smuggle in to them increased three times (ca. 2060 g), whereas in 2004 - 729,38 g. In 2005, in prisons demand for drugs and psychotropic substances (by type) was very similar to that among the general population, the biggest confiscated amounts were cannabis (1342 g), amphetamine (236 g) and metamphetamine (140 g). In 2005, in prisons 307 criminal acts were registered, including 201 case (in 2004 – 161) related to illicit disposal of drugs and psychotropic substances (in 156 cases pretrial examination was initiated due to detected drugs and psychotropic substances in parcels and packages addressed to convicts or detainees, visitors' meetings with convicts or detainees, also due to slinging of such substances into premises of penitentiaries, in 21 case – due to drugs and psychotropic substances detected with detainees or convicts).

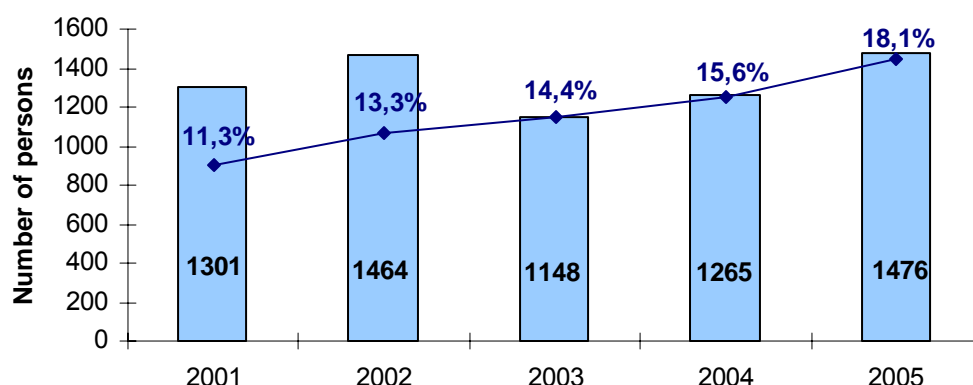
In 2005, the main methods of gaining access of drugs and psychotropic substances into prisons was concealing such substances in parcels and packages addressed to convicts/detainees, food parcels, also slinging into imprisonment premises over the fence or handing over at short- or long-term meetings with prisoners.

### **8.3 Drug Use in Prison**

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

In 2005, in Lithuanian out of 8155 persons 18,1 percent (1476 persons) were dependent on drugs or psychotropic substances, and this rate increased compared to 15,6 percent (1265 persons) in 2004, as well as before (Figure 8-2; *Table 8-2*). The increased number of registered dependent persons may be assessed, on one hand, as an increasing problem, whereas, on the other hand, the situation may reflect positive consequences of applied prevention and education measures among prisoners in last years involving information on harm of drug and psychotropic substance use on human health, availability of medical aid, and a number of such persons having become aware of their problems contact medical personnel of prisons for help. This increase could also result from the preventive measures imposed on access of drugs and psychotropic substances into prisons (more prudent control on delivered parcels, introsopes, trained dogs, increased level of qualification and knowledge of personnel, technical security facilities, etc.) which reduced external availability of drugs and psychotropic substances, and a part of prisoners having not consumed a dose of drugs or psychotropic substances and upon abstinence were forced to contact medical personnel of the imprisonment institutions for help.

Figure 8-2. Number of imprisoned persons dependent on drugs and psychotropic substances and their share (percent) of all imprisoned persons, 2001-2005



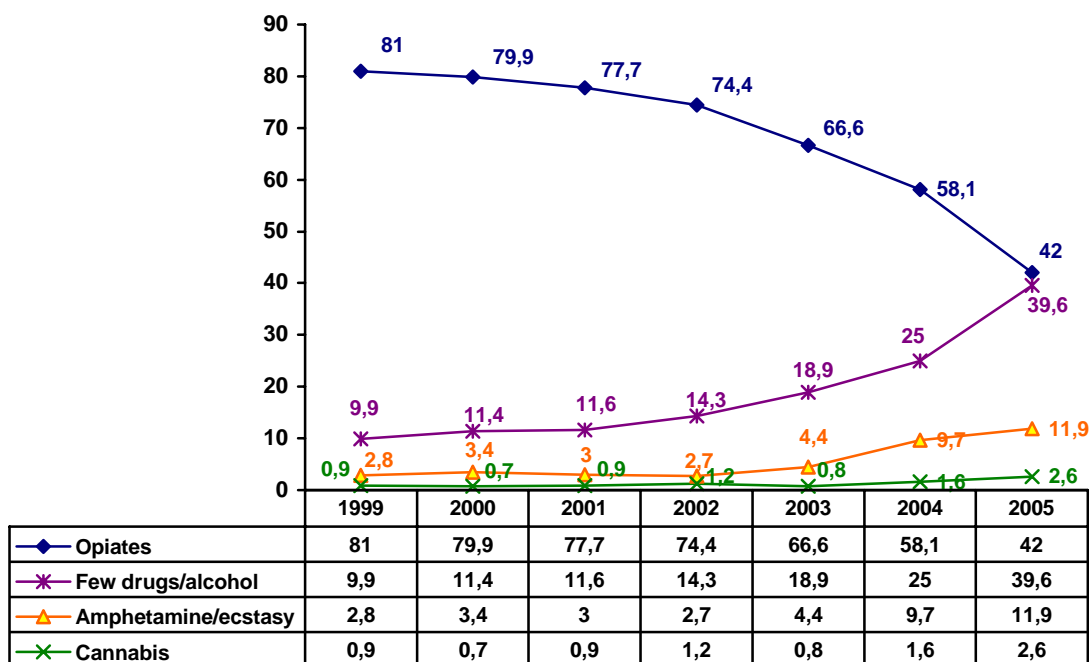
Information Source: the Drug Control Department under the Government of the Republic of Lithuania and the Department of Prisons under the Government of the Republic of Lithuania

Table 8-2: Number of imprisoned persons dependent on drugs and psychotropic substances, 2004 – 2005

Item	2004		2005	
	<b>1. Total number of drug addicts, including:</b>	<b>1265</b>	<b>15,6 percent</b>	<b>1476</b>
- men	1204		1414	
- women	61		62	
<i>Detained (before sentence), including:</i>	153		157	
- men	146		149	
- women	7		8	
<i>Convicts, including:</i>	1112		1319	
- men	1058		1265	
- women	54		54	

Data analysis of the dispensary records of drug users identified the main drug used in prison, as previously, are opioids (42 percent), however, significant decrease of this drug use is observed. In 2005, the observed tendencies of increased number of multiple drug and psychotropic substance use among imprisoned persons were verified, also, the number of stimulant users increased (amphetamine, ecstasy). Presumably, increased popularity of stimulants is related to a number of reasons, i.e. a low acquisition price, availability in illicit trafficking outside prisons, compactness (tablets, powder) and light weight constrain detection by the personnel, a relatively small quantity (1-2 tablets) is sufficient to achieve desirable stimulating effect, no any extra tools (for example, a syringe) are needed, oral consumption reduces risk of infections, etc. In 2005, imprisoned persons rather rarely used cannabis (2,6 percent), cocaine (0,2 percent) and hallucinogens (0,2 percent).

Figure 8-2: Trends of drug using among drug users in prisons, 1999 - 2005 metais ( percent)



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

#### 8.4. Social Costs

No information available

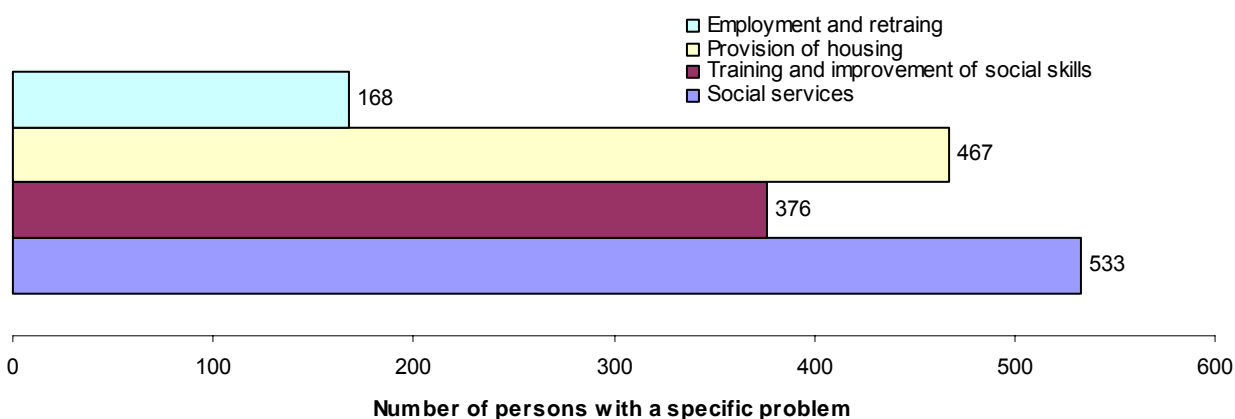
### 9. Responses to Social Correlates and Consequences

#### 9.1. Social Reintegration

##### Provision of social services

According to data submitted by 19 Lithuanian rehabilitation institutions regarding services provided to persons dependent on drugs and psychoactive substances in 2005 (Figure 9-1) social services prevailed (provided to 533 persons), i.e. counselling by social workers, development of social skills, counselling to family members, etc.

Figure 9-1. Services provided persons dependent on psychoactive substances, 2005



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

## Training and improvement of social skills

Based on the information submitted by the rehabilitation institutions the most frequent provided services are as follows: development healthy lifestyle values, work therapy, arts therapy arrangements, computer literacy courses and other trainings of professional skills. It should be pointed out that in 2005 the clients of the Public Institution *Meikstu Dvaras* participated in trainings of carrier planning, communication psychology, English language courses. In many rehabilitation institutions youths (non-graduates) study in local comprehensive schools. The Public Institution *Apsisprendimas* having established a Children and Youth Rehabilitation Centre for 12 persons in the Ukmerge district last year organised home-based learning in the rehabilitation Centre involving teachers from the local school who provide teaching in the Centre.

*Figure 9-1* shows that services of training and improvement of social skills followed the social services in the second place.

## Work placement and retraining

Information collected from rehabilitation institutions shows that work placement and retraining services occupied the least share of total services in 2005, and 168 persons were placed to work or retrained. In a number of cases persons having completed rehabilitation courses successfully and acquired specialties in professional training Centres found work placements based on these specialties, established their own companies or found jobs abroad. A number of dependent persons possessing the ability to engage in social work as assistants to social workers work in the area of dependence disorders, also find jobs in construction companies. In 2004, in Vilnius a cafe *Mano Guru* was established being the only return-to-work place for drug dependent persons. Upon completion of a rehabilitation course a person is granted a possibility to work in the above café for six months and to acquire profession of a cook or waiter. Having completed the rehabilitation program, clients of some rehabilitation institutions (Giliutai rehabilitation community of Women's Society *Ausrine* of the Ignalina district, Rehabilitation Centre of the Vilnius Centre for Addictive Disorders, Dependence Division of the Lithuanian AIDS Centre) were employed in this café in 2005.

## Providing housing

Seeking for facilitation to dependent persons to solve the problem of loosing housing rehabilitation institutions intermediate in finding counselling professionals, intermediate with local governments in finding suitable premises. If clients of rehabilitation institutions have arrears an institution makes efforts to suspend the arrears for the rehabilitation period.

## 9.2 Prevention of Drug Related Crime

Aiming at prevention of accessing drugs and psychotropic substances into prisons in 2005 the following measures were organised:

1. In 2005 having adopted the *Law on the Amendments to Penitentiary Code* by the Parliament, from 2006 the convicts will be deprived of the right to receive postal or delivered over parcels containing food, as in most cases, narcotic and psychotropic substances, mobile telephones and other prohibited things were attempted to be transferred hidden in such parcels.
2. In 2005, in addition three imprisonment units also were equipped with introsopes (X-ray device to check things). Introsopes were introduced in the Siauliai interrogation unit, Pravieniskes 1<sup>st</sup> Penitentiary and Pravieniskes 2<sup>nd</sup> Penitentiary Open Colony. As of beginning 2006, introsopes operated in 7 imprisonment units.
3. The Department of Prisons under the Ministry of Justice of the Republic of Lithuania organised a workshop regarding training of dogs, work with dogs trained to detect drugs and psychotropic substances.
4. Training and use of trained dogs was organized in carrying out general searches and searching drugs and psychotropic substances.
5. Patrol of public police and prison personnel was organized in risk areas for slinging of prohibited items to convicted/detained persons.

6. Cooperation and information exchange among imprisonment institutions and Police Department under the Ministry of Interior of the Republic of Lithuania is developed regarding new methods of access of drugs and psychotropic substances into imprisonment units, executors of such acts.

## 10. Drug Markets

### 10.1. Availability and Supply

#### Availability and Supply of Drugs in the General Population

Based on the 2004 survey data, 11,8 percent of Lithuanian population indicated that at least one of their friends or acquaintances used drugs. Younger people aged 15 to 34 had a bigger number of such friends and acquaintances than respondents aged 35 to 64 (20.8 percent vs. 4.7 percent, respectively), men had more such friends and acquaintances than women (14.7 percent vs. 8.9 percent, respectively). 15.5 percent of Lithuanian population aged 15 to 64 indicated that they personally knew people who used cannabis. In three biggest cities almost every fourth resident (23.9 percent) knew cannabis users, whereas in small towns - every tenth reported so. The rate in the younger subgroup who personally knew cannabis users (29.1 percent) was higher compared to the older subgroup.

Cannabis is the most easily obtainable drug in Lithuania. As many as 14.3 percent of Lithuanian population reported that it would be fairly easy (9.5 percent) or very easy (4.8 percent) for them to obtain cannabis in 24 hours. 12.9 percent of the respondents indicated that it would be fairly difficult (6.2 percent) or very difficult (6.7 percent) for them to obtain cannabis in 24 hours. Every third (29.2 percent) Lithuanian resident claimed that it would be impossible for them to obtain cannabis in 24 hours. More than half (52.0 percent) of Lithuanian population claimed that they had no idea/did not know whether they could obtain cannabis in 24 hours.

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

18.5 percent of Lithuanian population reported that they were offered drugs at least once in their lifetimes. Every tenth Lithuanian resident (10.7 percent) was offered cannabis at least once in their lifetimes; 6.5 percent were offered cannabis in the last 12 months. Cannabis was more frequently offered to men rather than women. Of those respondents, who were offered cannabis in the last 12 months, every fourth (25.7 percent) reported that this drug was last offered to them at a private party, 16.9 percent – at a club/disco, 15.1 percent – at a friend's place, 11,7 percent – on the street, 6.1 percent – at school/college/university, 3.0 percent – in a pub/bar/restaurant, 2.5 percent – at home. 8.0 percent of those, who were offered marijuana or hashish in the last 12 months, reported other places. 4.4 percent of Lithuanian population were offered ecstasy at least once in their lifetimes; 2.7 percent were offered the drug in the last 12 months. 2.9 percent of Lithuanian population were offered amphetamine at least once in their lifetimes; 2.0 percent 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 in the last 12 months, every fourth (26.1 percent) reported that this drug was last offered to them at a club/disco, 22.8 percent – at a private party, 12.5 percent – at a friend's place, 11,7 percent – on the street/park, 3.4 percent – in a pub/bar/restaurant, 2.4 percent – at work. 7.52 percent of those, who were offered ecstasy in the last 12 months, reported other places. Out of those respondents, who were offered amphetamine in the last 12 months, every fifth (21,5 percent) reported that this drug was last offered to them at a friend's place or at a club/disco (20.7 percent). 15.4 percent claimed that amphetamine was last offered to them at a private party, 13.4 percent – on the street/park, 2.2 percent – at their academic institution, 2.0 percent – at a concert. 4.3 percent of the respondents reported other places.

#### Circulation of illegal narcotics and psychotropic substances

Based on analysis of seized amounts of drugs and psychotropic substances in the last 5 years the following trends were observed:

a) Amphetamine type stimulants (hereinafter – ATS) and cannabis are the most popular substances in Lithuania. It may be affirmed that young people choose cannabis and ATS, these psychotropic substances are also chosen for “cognitive” testing. The youngest user age is 13 years.

b) Within the last 5 years the market of drugs produced from poppies (excluding heroin) reduced, however, these drugs persist to be in demand among a certain user subgroup. Comparison of the percentage level of seizures of drugs produced from poppies evidences that within 5 years the rate of such seizures decreased twofold, however, rapid decrease of these substances may not be affirmed as they continue to have a stable market, prevail in small towns and rural areas, are in demand among drug dependent persons.

c) Supply and demand of heroin is increasing. Analysis of the last 5-year period admits to affirm that heroin is coming back to Lithuania. In 2004, the market share of heroin trafficking was only 5 percent, whereas in 2005 - twofold. Active heroine trafficking is observed in Vilnius and Kaunas, the number of heroin seizures in the cities above is the same as that of drugs produced from poppies. In Klaipeda drugs produced from poppies are in higher demand, and this phenomenon could be related to a big number of long-term users of drugs and psychotropic substances. Though in Alytus, Telsiai and Utena several heroin seizures were registered, in 2005 drug confiscations in small towns did not include this substance.

d) Metkatinon and ephedrine withdrew from trafficking. Previously popular Metkatinon (ephedron produced from ephedrine) disappeared on the market or use cases are unitary.

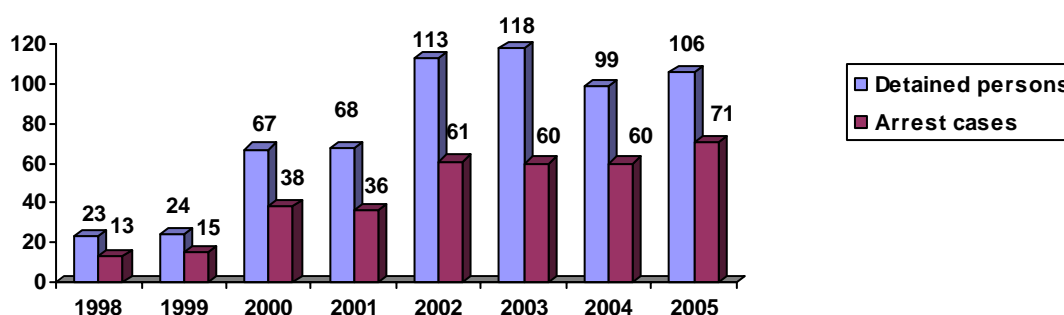
e) Changes of psychotropic pharmaceuticals' market. In 2005, the increased number of seizures of psychotropic pharmaceuticals is related to different legal regulation of licit circulation in the Kaliningrad Region of the Russian Federation. In the Kaliningrad Region individuals legally acquired psychotropic pharmaceutical Phenazepam and tried to bring into Lithuania surreptitiously. Half of the total seizures of Phenazepam, or 1/3 of the seized amount of this substance were seizures of this substance at customs points.

f) Cocaine and hashish have a stable use market. Confiscation frequency of this substance does not vary. Cocaine due to a high price and hashish due to slight influence of North Africa countries are not consumer drugs.

### Sources of supply and trafficking patterns within countries

In 1998, Lithuanian law enforcement institutions were reported of 23 Lithuanian citizens arrested for trafficking or smuggling of drugs and psychotropic substances abroad, whereas in 2005 this number grew in the average 5 times (71 arrests registered, 106 individuals arrested). It is found that within the last 4 years the number of arrests of Lithuanian citizens stabilized (Table 10-1).

Table 10-1. Ratio of number of citizens of the Republic of Lithuania arrested and arrests abroad, 1998-2005



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

The age of detained persons varies from 20 to 60 years, the average age being from 28 to 30 years. The average age of detainees in Germany - 21 years as for trafficking on streets due to conspiracy and low income young persons are used. Analysis of arrests of citizens of the Republic of Lithuania in 1998 – 2005 related to illicit trafficking of drugs and psychotropic substances abroad leads to a conclusion that Lithuanian citizens are hired as drug “couriers”, smuggling organisers or traffickers as at detentions big amounts of drugs are confiscated, and it means these substances were acquired not for

personal use. In 2005, as previously, various drugs and psychotropic substances were confiscated from detained Lithuanian citizens abroad, i.e. cocaine, amphetamine, heroin and others (Table 10-2).

Table 10-2: Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs in 2005

Country	Number of detained	Substance	Quantity	Number of detains
Germany	22	heroin BMK amphetamine	1,4 kg 1330 litres 5 kg	14
Norway	24	amphetamine rohypnol ecstasy	18 kg 285 000 tab. 1500 tab	10
Sweden	11	rohypnol amphetamine cocaine Kath metamphetamine	61 405 tab. 46 kg 0,5 kg 53 kg 3 kg	9
UK	10	ecstasy cocaine cannabis	71 057 tab 12 kg 6,5 kg	9
Russia	9	amphetamine ecstasy metamphetamine Cocaine cannabis	1,5 kg g 20 227 tab 0,7 kg 550 g 10 kg	9
Portugal	3	cocaine	6,5 kg	3
Holland	2	cocaine heroin	1,8 kg 50 kg	2
France	2	cocaine	4,5 kg	2
Spain	4	cocaine	7,5 kg	2
Bulgaria	2	cocaine	10 kg	1
Belarus	2	methamphetamine	3,5 kg	2
Denmark	4	methamphetamine rohypnol	8,5 kg 80 000 tab	2
Latvia	4	Poppy extract. cannabis	3 litres 5 g	2
Poland	3	amphetamine		1
Island	2	amphetamine	4 kg	1
Ireland	1	ecstasy	120 000 tab	1
Ecuador	1	cocaine	12 kg	1
<b>TOTAL:</b>	<b>106 persons</b>	<b>heroin cocaine amphetamine methamphetamine ecstasy rohypnol cannabis kath BMK</b>	<b>51 kg 53 kg 74 kg 16 kg 202 164 tab or 20 kg 426 405 tab or 83 kg 1330 litres</b>	<b>71 cases</b>

## 10.2. Drug seizures

In 2000 – 2005, significant changes took place on the illicit use and trafficking market of drugs and psychotropic substances. Table 10-3 provides comparison of seized drugs and psychotropic substances in 2000 and 2005.

Table 10-3: Comparison of amounts of drugs and psychotropic substances seized in Lithuania in 2000

Drug name	2000	2005	Increase / decrease
Poppies and their parts	623 kg	167 kg	↓
Extract and concentrate of poppies and their parts	77 litres 129 g	184 litres 100 g	↑
Cannabis	14 kg 428 g	104 kg 961 kg (raw material)	↑
Hashish	169 g	68 kg	↑
Heroin	943 g	1, 95 kg	↑
Cocaine	1843 g	0,7 kg	↓
Amphetamine	19 kg 492 g + 42 tab.	8,3 kg+2 580 tab	↓
Ecstasy	50 724 tab.	18 483 tab + 75 g	↓
LSD	26 psc.	0	↓
Safrol	21,7 litres	0	↓
BMK	10 litres 300 ml	2 824 g	↓

## 10.3. Price/Purity

### *Heroin and poppies*

In 2005, the heroin average purity was 52 percent (in 2004 – 36 percent). The purity level of heroin on the street was as high as 77,8 percent, not being unitary cases. The purity level of heroin confiscated in Kaunas and Vilnius varied from 43,8 percent to 77,8 percent, though it occurred as low as 1,19 percent in some cases. In small towns the heroin purity level was lower but on the national level heroin was mostly 52 percent of average purity.

The price of heroin doses on the street continued the same, i.e. 5,8 Euro per dose and 11,6 Euro per dose of a bigger amount. The average price was 35 Euro/ gram when sold in bigger amounts exceeding 50 g, compared to a cheaper price of 46 Euro in 2004.

### *Cocaine*

In 2005, the average purity level of cocaine confiscated in Lithuania was 33,2 percent, i.e. 15 percent less compared to 2004 (48 percent). The situation in 2004 was different in terms of small confiscated amounts (except for 12 kg seizure case), i.e. of the consumer level, and this may be a major indicative reason for lower purity. The price continued stable.

### *Amphetamine type stimulants (ATS)*

As is customary, the ATS purity levels on the market vary not always relating to the traded amount. The prevailing opinion embraces that lowest concentration psychotropic substances are sold on the street. In 2005, 72,3 percent purity amphetamine traded on the street was recorded, whereas in another case of 0,5 kg the purity was only 0,25 percent of amphetamine. Thus, the substance concentration is related to the objectives sought for by a criminal person whether he sells the good to a reliable person expecting to continue sales transactions with him in the future, or he enters into a one time transaction. The substance purity level decreases in respect of the number of resellings. The purity level of amphetamine powder varied from 0,42 percent to 77,6 percent, the average being 32 percent (in 2004 – 28,7 percent). The average purity level of amphetamine tablets was 20 percent (in 2004 – 16,7



percent). The purity level of methamphetamine powder varied from 0,19 percent to 66,5 percent, the average being 29 percent (in 2004 – 38,3 percent).

The purity level of ecstasy tablets varied from 4 percent to 58 percent, mainly being ca. 34 percent. In the course of two successive years ecstasy powder was confiscated from illicit trafficking with the double concentration level in comparison to ecstasy tablets, i.e. ca. 78 percent. Confiscations on the national market included ecstasy tablets with more than 30 different logos. The tablets with the indentation *euro* had high concentration (45 percent); in 2005 the quantity of confiscated high concentration (46 percent) tablets with the indentation *AJ*, being so popular in 2004, was not big. The concentration level of 2000 tablets with the indentation *CK* confiscated in one case was as low as 5,5 percent.

The price of ATS sold on the street did not change. The wholesale (over 1 kg) price of amphetamine reduced, however, the wholesale price information may be misleading due to its scarcity; in 2004 the amphetamine price was 4638 Euro/kg and more whereas in 2005 – 2030 Euro/kg.

## PART B - SELECTED ISSUES

### 11. Drug use and related problems among very young people (under 15 years)

Currently, the Lithuanian legislation, strategies, programs, etc. related to drug control and drug addiction prevention for application of specific prevention measures (for example, publications, trainings, events, etc) do not single children under 15 years of age from the general children group.

Data on drug use prevalence among children under 15 years of age and problems in Lithuania related to the above is rather scarce. Information on comprehensive surveys conducted among this subgroup of the population was not available. Among those having used drug at least once in their lifetimes, the respondent majority (median) of the survey on drug, alcohol and use prevalence conducted among the population aged 15 to 64 in 2004 reported they tried to use drug substances at the age exceeding 15 years.

According to the data of ESPAD 2003 conducted among Lithuanian schoolchildren aged 15-16 found that the majority of the schoolchildren tried drugs at the age of 15 years and older (Table 11-1). For the first use younger schoolchildren (under 11 years) tried marijuana and amphetamines and older schoolchildren aged 12 - 14 tried other drugs.

*Table 11-1. Age at first use of schoolchildren aged 15-16, ESPAD 2003*

<b>Drug name/Age</b>	<b>&lt;=11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
Marihuana or hashish	0.2	0.2	0.7	4.4	6.0	0.8
Amphetamines	0.2	0.1	0.4	1.3	2.5	0.3
LSD or other hallucinogens	0.0	0.1	0.2	0.5	0.3	0.1
Crack	0.0	0.0	0.0	0.2	0.2	0.1
Cocaine	0.0	0.0	0.0	0.3	0.5	0.1
Ecstasy	0.0	0.0	0.2	0.6	0.9	0.2
Heroin	0.0	0.0	0.0	0.6	0.6	0.1
Magic mushrooms	0.0	0.1	0.1	0.1	0.3	0.1
GHB	0.0	0.0	0.0	0.0	0.0	0.0
Drugs by injection	0.0	0.0	0.1	0.2	0.3	0.0

Based on generalisation of the above data a presumable estimation may be drawn that any drug lifetime prevalence among children under 15 years of age is 6-9 percent

According to data of the State Mental health Centre in 2005 in health care institutions due to mental and behavioural disorders using drugs, psychotropic substances and other intoxicating substances 43 children were registered, including 12 females; 3 children were under 15 years of age, including 1 female.

According to data of the Department of Statistics from 1995 to 2005 only one death case related to drugs was registered of a person under 15 years of age.

## 12. Cocaine and crack – situation and responses

### Summary

The cocaine and crack use phenomenon is not widely spread in Lithuania. The price of this drug in Lithuania is high in comparison to other substance prices and due to this reason prevalence of this drug among drug users is not high, also it is rarely traded in the street or found in illicit trafficking. Cocaine and crack users are not subgrouped separately in the application of measures of prevention, treatment, rehabilitation, services availability and harm reduction. Only few problems related to cocaine use (intoxication, death cases, etc.) were registered, constituting a minor share of the total overall problems related to drug and psychotropic substance use.

### 1. Prevalence, patterns and trends of cocaine and crack use

#### *Cocaine use among the general population*

A survey conducted in 2004 found that 8,2 percent of Lithuanian population used any drug at least once in their lifetimes, including 2,3 percent having used other drugs, with the exception of cannabis, at least once in their lifetimes, and only 0,4 percent - cocaine. The cocaine use rates are higher among men, younger population and in three biggest cities in comparison with women, older population and in smaller towns.

#### *Distribution of any drug and cocaine lifetime use among Lithuanian population, by age and gender (percent.)*

Age ranges/DRUGS	All adults			Young adults			Broad age groups														
	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
<b>LIFETIME PREVALENCE ( percent)</b>																					
1. any illegal drugs	13,1	3,8	8,2	20,8	7,3	14,1	22,9	10,5	16,9	18,5	4,2	11,1	10,4	2,5	6,3	6,1	0,8	3,2	2,1	0,0	1,0
6. cocaine (total, including crack)	0,8	0,1	0,4	1,3	0,1	0,7	1,1	0,2	0,7	1,4	0,0	0,7	0,7	0,2	0,5	0,3	0,0	0,1	0,0	0,0	0,0
<b>LAST 12 MONTHS PREVALENCE (percent)</b>																					
1. any illegal drugs	3,9	1,2	2,5	7,5	2,8	5,2	10,3	4,9	7,7	4,4	0,8	2,5	2,1	0,0	1,0	0,3	0,3	0,3	0,0	0,0	0,0
6. cocaine (total, including crack)	0,6	0,0	0,3	1,1	0,1	0,6	1,1	0,2	0,7	1,1	0,0	0,5	0,2	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0
<b>LAST 30 DAYS PREVALENCE percent)</b>																					
1. any illegal drugs	1,4	0,1	0,7	2,9	0,2	1,5	3,4	0,4	2,0	2,2	0,0	1,1	0,7	0,0	0,3	0,0	0,0	0,0	0,0	0,0	0,0
6. cocaine (total, including crack)	0,1	0,0	0,1	0,3	0,1	0,2	0,3	0,2	0,3	0,3	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

Information Source: *Lithuanian Psychoactive Substance Survey 2004*

**M- male; F- female; T- total**

In Lithuania, cocaine is affordable only among higher-income population and persists to be drug for adults. Lithuanian population starts to use cocaine at later age, the average starting age of cocaine users was 23 years (minimum – 17 years), individuals try to use other drugs at a much earlier age (ecstasy and heroin – 18 years, cannabis and amphetamine – 19 years). It is also noted that Lithuanian higher-income population tends to experiment with various drugs, i.e. for the lowest-income subgroup and the highest-income subgroup according to the lifetime prevalence by drug this dependence increases nearly three times. The cocaine use rate rises with the monthly average income increase level per family member.

The majority of Lithuanian population, irrespective of their age and gender, thinks that using cocaine one or two times would cause higher or medium risk to health.

*Distribution of respondents by answers to the question “What risk, in your opinion, to one’s physical or mental health is caused by using cocaine or crack once or twice?”, by gender and age (percent)*

	15-64 years			15-34 years			35-64 years		
	M	F	Total	M	F	Total	M	F	Total
No risk to his/her health	2,1	1,6	1,8	1,9	1,9	1,9	2,2	1,4	1,8
Minor risk to his/her health	11,7	8,1	9,8	13,4	9,7	11,6	10,4	6,9	8,5
Medium risk to his/her health	18,6	20,8	19,7	21,3	24,1	22,7	16,4	18,4	17,5
High risk to his/her health	66,5	68,7	67,6	62,9	63,9	63,4	69,4	72,1	70,9
No answer	1,1	0,8	0,9	0,5	0,3	0,4	1,5	1,2	1,3
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0

*Information Source: Lithuanian Psychoactive Substance Survey 2004*

*Cocaine use among young people (aged 15 to 24).*

Among youth cocaine is not a high prevalence drug. In the subgroup aged 20 to 21 with the highest cocaine use rate only 1,8 percent reported cocaine use at least once in their lifetimes, only 1,2 percent – in the last 30 days, thus, no grounds exist for drawing comprehensive conclusions regarding cocaine prevalence and use levels. The Tables below include data to view the situation, however, not adequate to make in-depth analysis.

*Distribution of respondents who used cocaine, by gender and age (percent)*

	15–17 years			18–19 years			20–21 years			22–24 years		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Lifetime	0,0	0,0	0,0	1,7	0,0	0,9	2,4	1,2	1,8	2,0	0,0	1,0
Last 12 months	0,0	0,0	0,0	2,4	1,2	1,8	2,0	0,0	1,0	2,0	0,0	1,0
Last 30 days	0,0	0,0	0,0	0,9	0,0	0,5	1,2	1,2	1,2	2,0	0,0	1,0

*Information Source: Lithuanian Psychoactive Substance Survey 2004*

*Distribution of respondents who personally have acquaintances using cocaine, by age (percent)*

Answer	15–17 years	18–19 years	20–21 years	22–24 years
Yes	2,1	5,6	4,8	5,3
No	97,6	94,4	95,2	94,7

*Information Source: Lithuanian Psychoactive Substance Survey 2004*

*Distribution of respondents who specified the number of their friends using cocaine, by age (percent) ,*

	<b>15–17 years</b>	<b>18–19 years</b>	<b>20–21 years</b>	<b>22–24 years</b>
My friends do not use	0,6	1,4	1,2	0,5
My several friends use	<b>1,5</b>	<b>4,2</b>	<b>3,0</b>	<b>4,3</b>
Half of my friends use	0,0	0,0	0,0	0,0
Majority of my friends use	0,0	0,0	0,0	0,0
All my friends use	0,0	0,0	0,6	0,0

*Distribution of respondents by answers to the question “How many times in your lifetime you were offered to cocaine free of charge or to buy?”, by age (percent) )*

	<b>15–17 years</b>	<b>18–19 years</b>	<b>20–21 years</b>	<b>22–24 years</b>
None	97,0	95,3	94,0	95,2
1–2 times	<b>1,2</b>	<b>2,3</b>	<b>3,6</b>	<b>2,4</b>
3–5 times	0,0	0,5	0,0	1,0
6–9 times	0,0	0,0	0,6	0,0
10–19 times	0,0	0,5	0,0	0,0
20 times and more	0,3	0,0	0,6	0,0

*Distribution of respondents by answers to the question “How many times in the last 12 months you were offered cocaine free of charge or to buy?”, by age (percent)*

	<b>15–17 years</b>	<b>18–19 years</b>	<b>20–21 years</b>	<b>22–24 years</b>
None	97,6	94,9	95,8	96,6
1–2 times	<b>0,9</b>	<b>2,8</b>	<b>2,4</b>	<b>1,0</b>
3–5 times	0,0	0,0	0,0	0,5
6–9 times	0,0	0,0	0,0	0,0
10–19 times	0,0	0,5	0,0	0,0
20 times and more	0,3	0,0	0,6	0,0

*Distribution of respondents by answers to the question “ Where were you offered in the last 12 months to acquire cocaine?” (5 main answers), by age (percent)*

	<b>15–17 years</b>	<b>18–19 years</b>	<b>20–21 years</b>	<b>22–24 years</b>
In somebody’s home	0,0	0,0	0,6	0,0
Closed entertainment	0,0	0,0	0,0	0,0
Educational establishment	0,3	0,5	0,0	0,0
Street/park	0,0	<b>0,9</b>	0,6	<b>1,0</b>
Club/disco	0,3	<b>0,9</b>	<b>1,2</b>	<b>0,5</b>

### **Cocaine use among schoolchildren (15-16 years)**

The results of ESPAD 03 find that 15,6 percent of Lithuanian schoolchildren used any drug at least once in their lifetimes. Estimations of the dynamics of drug use prevalence among schoolchildren indicate that the use within the last 4 years remained on the same level. Cocaine and crack use prevalence among Lithuanian schoolchildren aged 15 to16 is not high, i.e. 1,4 percent used cocaine at least once in their lifetimes in 2003 and 1,1 percent - in 1999.

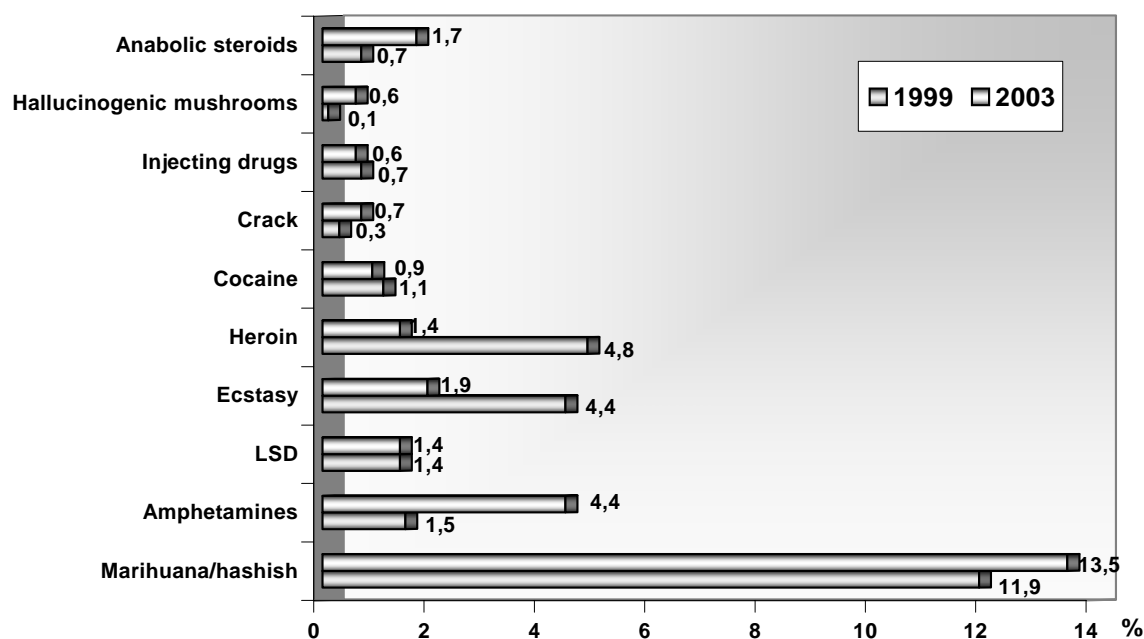
*Distribution of Lithuanian schoolchildren (aged (15-16) who used any drug and cocaine for certain period, by age and gender (percent), ESPAD- 03*

<b>Age ranges/DRUGS</b>	<b>15-16</b>		
	<b>M</b>	<b>F</b>	<b>T</b>
<b>LIFETIME PREVALENCE ( percent)</b>			
1. any illegal drugs	20,7	10,6	15,6

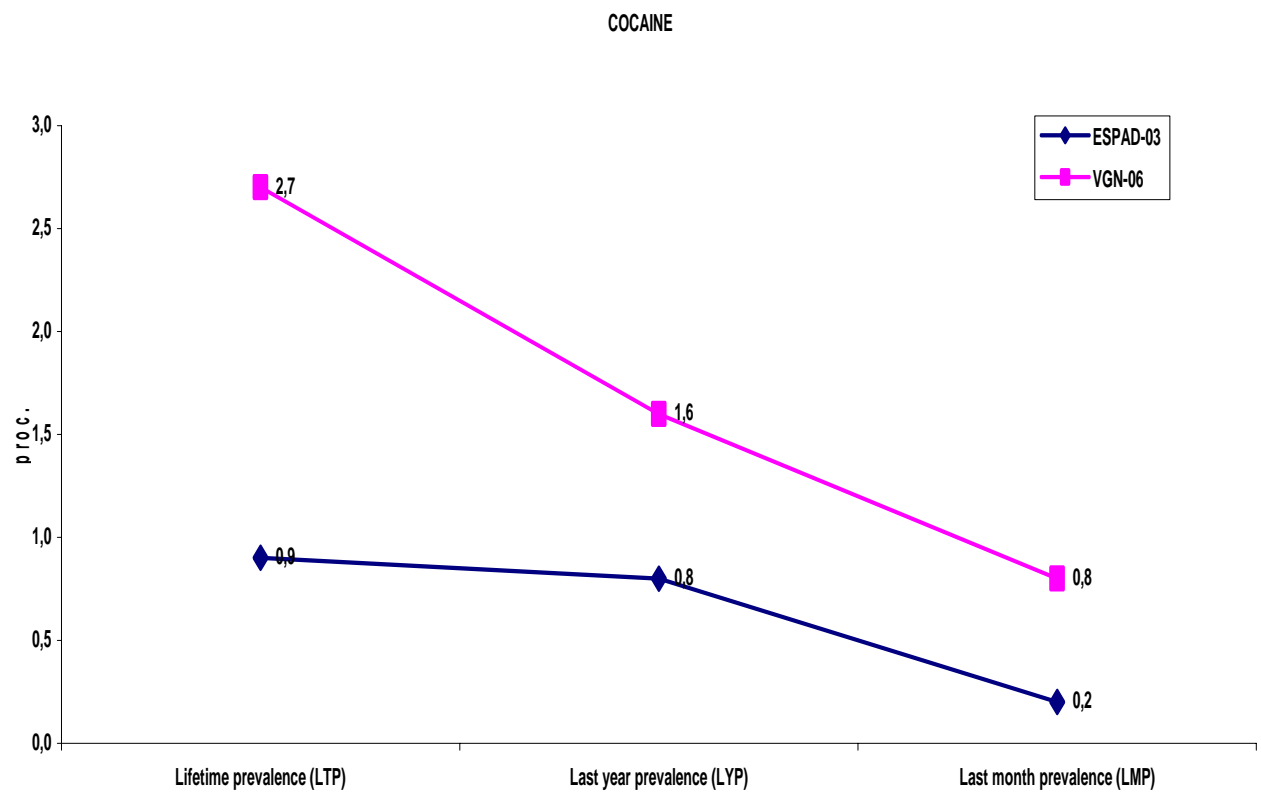
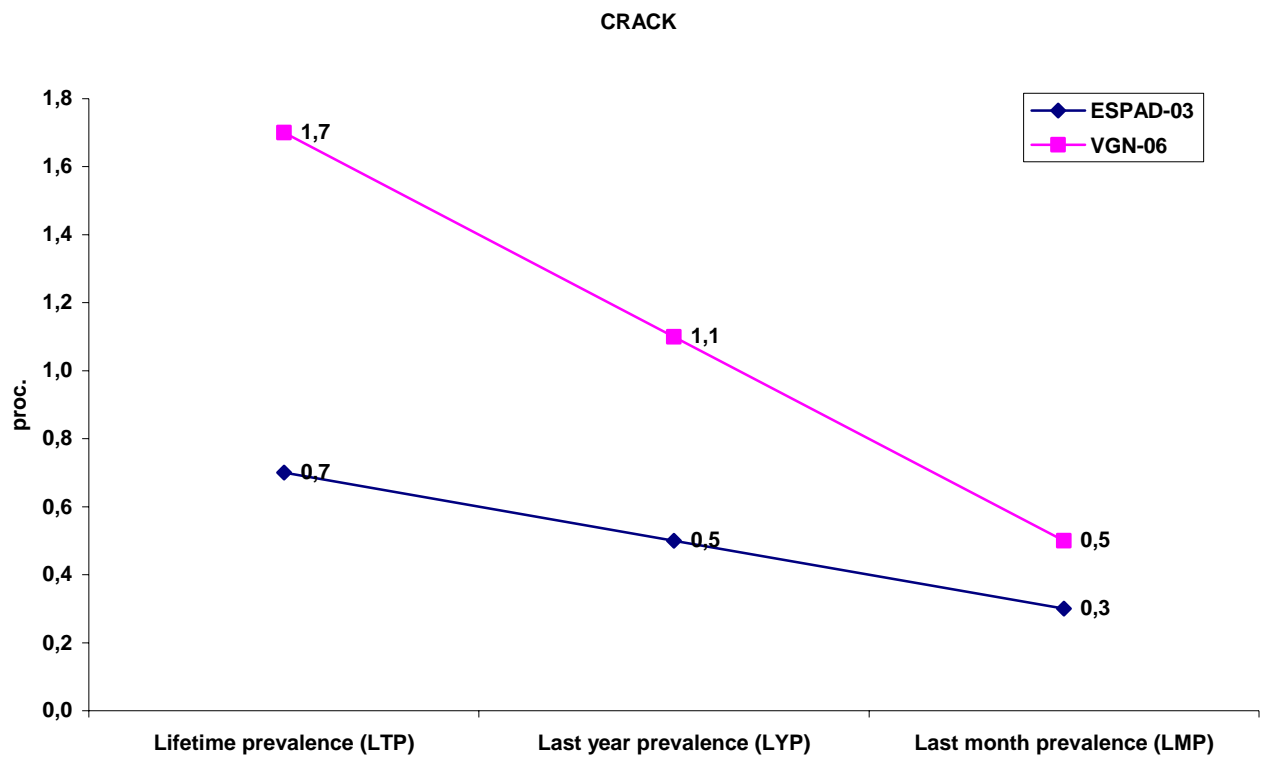
6. Cocaine powder	1,5	1,3	1,4
7. Crack cocaine	1,4	0,7	1,0
<b>LAST 12 MONTHS PREVALENCE ( percent)</b>			
1. any illegal drugs other than cannabis	5,7	3,7	4,7
6. Cocaine powder	0,9	0,5	0,8
7. Crack cocaine	0,6	0,2	0,5
<b>LAST 30 DAYS PREVALENCE ( percent)</b>			
1. any illegal drugs other than cannabis	2,5	1,1	1,8
6. Cocaine powder	0,2	0,2	0,2
7. Crack cocaine	0,5	0,0	0,3

Information Source: Lithuanian Psychoactive Substance Survey 2004

Prevalence of drugs (percent) in 1999 ir 2003  
among Lithuanian schoolchildren aged 15 to16



Information source: ESPAD99, ESPAD03 Survey in Lithuania Lietuvoje



Information Source: VGN-06 - Survey of prevalence of psychoactive substance use in children foster homes of local governments and the counties, 2006. ESPAD -03 - European School Survey Project on Alcohol and Other Drugs (ESPAD) in Lithuania, 2003.

## 2. Problems related to cocaine and crack use

### *Treatment demand for cocaine*

In Lithuania treatment demand for cocaine (crack) is very low. In 2005, 8 individuals were registered due to mental and behavioural disorders using cocaine and accounted for 0,1 percent of the total number of registered (5371 individuals). All registered cocaine users were men, their distribution by use methods was as follows: injecting - 1 (12,5 percent), sniffing 6 (75 percent), drinking/eating -1 (12.5 percent). Cocaine use morbidity was 0,2 cases/100 thousand population. In 2005, 1 case (man) was registered for treatment for the first time due to cocaine and accounted for 0,2 percent of the total number persons registered for the first treatment. The morbidity level accounted for 0,03 cases/100 thousand population. The respective data in previous years is very similar.

### *Other problems related to cocaine use*

According to data provided by the State Patients' Fund under the Ministry of Health in 2005 Lithuanian treatment institutions were contacted due to cocaine intoxication 17 times (total 484 times), in 2004 – 6 times.

Death levels related to cocaine use is not high. According to available data 1 death case (latest) of a cocaine dependent person (F14) was registered in 2001, and 1 death case was registered in 2004 based on a cause of intoxication with drugs and psychotropic substances, though tests of biologic fluids detected cocaine and metilagonin.

## 3. Responses and interventions to cocaine and crack use

### *Treatment for cocaine*

In Lithuania, due to a minor number of cocaine dependent persons consulting treatment institutions specialised pharmacological treatment methodology (for example, substitution treatment) is not applied and no special conditions are established. Cocaine dependent persons are applied medication free treatment (Minnesota Pattern), development of social skills, group psychotherapy, acupuncture and psychologist's counselling to the patient and his family.

### *Harm reduction responses to cocaine*

In Lithuania, no data on the number of times and persons regarding contacts to telephone help lines is available. Also, no prevention publications specialised for cocaine users are available, and information on cocaine use harm may be found in the general drug prevention publications and websites. Cocaine users as any other drug of psychotropic substance users may get free needles and syringes at the places for needle and syringe exchange programs. Other tools for cocaine use are not available or distributed. In Lithuania no specialised safe drug consumption rooms exist.

## 4. Cocaine-related crime and cocaine and crack markets

In Lithuania, the share of cocaine-related crimes is 1 percent in the total number of registered drug and psychotropic substance related crimes in 2003-2005. The annual number of detentions from 2000 to 2005 varied from 6 to 16 cases. In 2005, the average purity level of cocaine confiscated in Lithuania was 33,2 percent, i.e. 15 percent lower compared to 2004 (48 percent). Differently as in 2004 (12 kg seizure case), in 2005 as in 2003 cocaine was confiscated in small amounts, i. e. at the consumer level, an this could be the reason for explanation of lower purity. In 2005, the cocaine street price continued stable in the average being ca. 52 euros/gram (in 2004 – 58 euros). A high cocaine price in comparison to other drug prices taking into consideration affordability of consumers (in Lithuania the average monthly wage was ca. 417 euros in beginning of 2006) is the reason of low demand for cocaine among drug users, youth in particular, and thus, cocaine is detected in the streets rather occasionally. This verifies 2004 Survey results above estimating that highest cocaine prevalence rate is found among high-income population.

Year	Total seized cocaine					Number of drug detention cases	Number of detained persons
	Total	Selling	Disposal	Production/growing	Customs		
2005	0,698 kg	0,005 kg	0,692 kg	0 kg	0,001 kg	12	15



2004	13,449 kg	0,037 kg	0,842 kg	0 kg	12,570 kg	16	20
2003	0,183 kg	0,018 kg	0,154 kg	0 kg	0,012 kg	12	21

Into Lithuania cocaine is smuggled from Latin America and Caribbean Sea countries. Though the cocaine market is not big in Lithuania the smuggling cases from Latin America into the country were recorded long ago. Presumably, earlier cocaine brought in for the national user market as the seized amounts were small (ca. 1 kg) but later the shipments increased, and it leads to an estimation that the drugs are aimed at the markets of West Europe and Russia, instead of local. Though the number of registered cocaine related crimes and confiscated amounts are small, records indicate that Lithuanian organised criminal groups have been strengthening their positions on the world cocaine smuggling market over a decade. Received information reveals that Lithuanian citizens belonging to criminal groups organize big shipments directly to destination places, bypassing Lithuania. As of end of 2005, in Ecuador a big group of cocaine smuggling organisers was detained including a Lithuanian citizen being one of its leaders. This group used to send big shipments (several tens or hundreds of kilograms each) by sea to Russian and European sea ports. As a rule, these shipments bypassed Lithuania but Lithuanian citizens controlled nearly all shipments and received a considerable share of profit

### 13. Drugs and Driving

#### 1. Policy

The *Law on Road Traffic Safety* of the Republic of Lithuania establishes the legal basics of road traffic safety in the Republic of Lithuania, obligations of the public institutions in implementing the policy of road safety, and the principal rights and obligations of traffic participants, institutions of road supervision, police and customs officers, and also the basic requirements linked with the technical condition of motor vehicles, checking of the technical condition of motor vehicles, in striving to safeguard the lives, health and property and improve the traffic conditions of transport and pedestrian traffic and also to reduce the negative effect of motor vehicles on the environment.

The *Road Traffic Regulations* approved by Resolution No. 1950 of December 11, 2002, establish road traffic order on the territory of the Republic of Lithuania. Item 68 of the Regulations establish that "it is prohibited to drive a motor vehicle intoxicated with alcohol or psychoactive substances (drugs, medicines, other intoxicating substances)".

The Government of the Republic of Lithuania by Resolution No. 759 of July 8, 2005, approved *Road Traffic Safety Program 2005-2010* envisaging the purpose to create conditions for improvement of purposeful and long-term safe traffic, to foresee and implement respective measures, facilitating reduction of road accident levels in order to achieve road traffic safety not through reduction of movement freedom of people but increasing its safety. Also, this Program aims at the implementation of the EU objective to reduce the number of people killed in road accidents twice by 2010. The Program provides situation analysis of traffic safety in Lithuania, reasons of road accidents and actions improving traffic safety situation. One of the specified reasons states that "more concerns are raised by traffic accidents caused by use of drugs and some medications. Only specially trained officers may recognize drivers intoxicated with such substances." Also, the Program pursues a goal to aim at reduction of the number of persons driving motor vehicles intoxicated with alcohol, drugs, psychotropic and psychoactive substances.

According to data of the Transport and Road Survey Institute annual losses related to traffic accidents in Lithuania account for 1,5 billion litas, i.e. 3 percent of the gross domestic product (GDP).

#### 2. Prevalence

Information on road accidents and offences of the *Road Traffic Regulations* is collected by the Police Department or the Ministry of Interior under the Government of the Republic of Lithuania.

In 2005, 1789657 motor vehicles were registered in Lithuania. In 2005, traffic intensity of the national status roads increased by ca. 8 percent compared to 2004.

In 2004, 27116 intoxicated drivers were registered, including 139 drivers intoxicated with drugs and psychotropic substances, medications or other intoxicating substances. In 2005, 28927 intoxicated drivers were registered, including 105 drivers intoxicated with drugs and psychotropic substances, medications or other intoxicating substances. Information on drugs and psychotropic substances used was not collected. Collection of such information was started in 2006.

In 2004, in Lithuania 6357 road accidents were registered including 754 accidents due to the fault of intoxicated drivers (intoxicated with alcohol or drugs and psychotropic substances). In 2005, 6790 road accidents were registered including 850 accidents due to the fault of intoxicated drivers. In 2005, in Lithuania 760 people were killed in accidents, 8497 people were injured (1,1 percent and 8,1 percent more than in 2004, respectively).

In 2005, Lithuanian courts of I instance received for examination 243 criminal cases instituting proceedings against persons according to article 281 of the Criminal Code *Offence of road traffic safety or regulations of exploitation of motor vehicles*, including 56 cases regarding violation of road traffic regulations committed by drivers intoxicated with drugs or psychotropic substances.

### **3. Detention measurements and law enforcement**

In Lithuania, procedure for identification of inebriation/intoxication/ (including intoxication with drugs) is provided in Regulations approved by Resolution No. 452 of May 12, 2006, of the Government of the Republic of Lithuania, also *Methodology* of medical examination for identification of inebriation/intoxication (including intoxication with psychoactive substances) was approved by Decree No. V-505 of June 20, 2006, of the Minister of Health of the Republic of Lithuania. According to the above Regulations and Methodology for intoxication identification the following actions are effected:

1. Police officers in order to identify whether a driver of a motor vehicle is intoxicated (not intoxicated) shall:

a) evaluate the general condition of a person based on the features the presence of which enables to suspect intoxication of a person (inadequate behaviour, inarticulation, uncoordinated movements, etc.); for such evaluation a police officer may use legitimate rapid test devices (tests). measurement readings of these devices are preliminary and not final;

b) explain verbally legal consequences of refusal to undergo medical examination in a health care institution;

c) promptly (within 1 hour) deliver the person to a health care institution for medical examination.

2. In a health care institution medical examination is effected: general evaluation of person's condition, sampling for tests, tests of samples, and formulation of conclusion:

a) for tests to measure the level of present psychoactive substances (drugs, psychotropic and other intoxicating substances) at least 50 ml of urine is sampled, in case it is not clear what psychoactive substances the person used – at least 100 ml of urine and at least 10 ml of blood. Samples are taken into containers without any additives. In order to identify whether a person used drugs it is necessary to sample urine.

b) samples are tested by forensic medicine experts of the Toxicology Laboratory of the Forensic Medicine Institute of Mykolas Romeris University; quantity of psychoactive substances in blood and/or urine is measured by chemical analysis methods – gas chromatography, fluid chromatography, mass spectrometry, thin plate chromatography and other methods identifying specific substance;

c) conclusion on the psychoactive substance test is submitted to the requesting institutions not later than within two working days having effected the test.

If health condition of the tested is poor due to injury or any other reasons general evaluation of the person's condition is not effected, blood and/or urine is sampled and tested, and the test result of the toxicology laboratory, or its copy is sent to the requesting institution.

#### *Penalties for driving intoxicated with drugs*

Penalties for driving intoxicated with drugs are established in the Code of Administrative Offences and the Criminal Code of the Republic of Lithuania. When applying penalties a type and identified quantity of drug or psychotropic substance does not influence on the penalty extent. Penalty is applied taking into account solely circumstances and consequences of the offence.

Articles 126 and 129 of the Code of Administrative Offences establish that:

a) Driving of motor vehicles by persons being intoxicated with drugs, medications or other intoxicating substances, evasion of checking for intoxication, also use of drugs, medications or other intoxicating substances after the road accident before identification of its circumstances imposes penalty on drivers ranging from 435 to 870 euros depriving the right to drive a motor vehicle from one to three years;

b) Transfer of a motor vehicle to a person intoxicated with alcohol, drugs, medications or any other intoxicating substance imposes penalty ranging from 87 to 145 euros.

c) Driving of motor vehicles by persons being intoxicated with drugs, medications or other intoxicating substances, having no right to drive or having no right to drive this type of a motor vehicle, or evasion of checking for intoxication, also use of drugs, medications or other intoxicating substances after the road accident before identification of its circumstances imposes penalty ranging from 870 to 1450 euros.

Article 281 of the *Criminal Code* of the Republic of Lithuania establishes that a person who was driving a motor vehicle, intoxicated with alcohol, drugs, medications or any other intoxicating substance offended regulations of exploitation of motor vehicles if caused a road accident:

a) due to which light health disorder was incurred to another person, or the aggrieved was incurred big property loss – a penalty or arrest are established, or imprisonment up to 3 years

b) due to which heavy health disorder was incurred to another person – imprisonment is established up to 6 years;

c) due to which a person was killed - imprisonment is established from 3 to 10 years.

#### **4. Prevention**

Based on the *Road Traffic Safety Program 2005-2010* allocations are foreseen for the implementation of the following prevention measures aiming to reduce the number of persons intoxicated with alcohol, drugs, psychotropic substances or any other psychoactive substances driving motor vehicles:

a) to train police officers to identify drivers intoxicated with drugs;

b) to organize long-term road traffic safety campaigns directed against drivers intoxicated with alcohol or drugs, to encourage public intolerance towards such drivers;

c) at least once a quarter to organize ad hoc checkings of all drivers of motor vehicles on the roads, specifically trying to identify drivers intoxicated with alcohol or drugs;

For the implementation of the above measures, in the average the foreseen annual allocations amount to 260 thousand euros.

Drivers who were, following effective laws, deprived the right to drive a motor vehicle due to offences made being intoxicated with alcohol, drugs, medications or any other psychoactive substances must attend courses on alcohol and drug harm to human health.

In 2004, 6273 individuals participated in such courses, whereas in 2005 - 7365 persons. Such courses may be given by licensed individuals and organisations. In 2004-2005, 185 licenses were issued to physical persons and 34 licenses to juridical persons granting the right to engage in mandatory health training of alcohol and drug harm to human health

In information sheets (annotations) of medications and other medical items sold in Lithuania it is mandatory to include information regarding potential impact of medicines on the ability to drive a motor vehicle. Respective information is included also in cases when such impact on the ability to drive a motor vehicle has not been identified.

## **PART C - BIBLIOGRAPHY, ANNEXES, STANDARD FOR BIBLIOGRAPHIC REFERENCES**

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## **PART D - STANDARD TABLES AND STRUCTURED QUESTIONNAIRES (2006)**

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Standard Table 03 Characteristics of persons starting treatment for drugs  
Standard Table 05 Acute/direct related deaths  
Standard Table 06 Evolution of acute/direct related deaths  
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