



European Monitoring Centre
for Drugs and Drug Addiction



Drug Control Department
under the Government
of the Republic of Lithuania

**2008 NATIONAL REPORT (2007 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 is a party to the 1988 UN Drug Convention, the 1971 UN Convention against Psychotropic Substances, and the 1961 UN Single Convention as amended by the 1972 Protocol. Lithuania also is a party to the UN Convention against Transnational Organized Crime and its protocols against trafficking in persons, migrant smuggling, and illegal manufacturing and trafficking in firearms.

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. The main objectives of the country's drug policy strategy are: a drug-free society to the extent that this is possible; prevention of drug abuse among young people; drug supply reduction; care of drug addicts; international multilateral, bilateral and inter-institutional co-operation in the field of drug demand and drug supply reduction; and emphasis on the development of co-ordination systems at the local and national level.

Lithuania's Ministry of Interior, Ministry of Education and Science, Ministry of Health Care, Ministry of Justice, Ministry of Social Security and Labour, Drug Control Department under the Government of the Republic of Lithuania, Police department, and other institutions worked to implement the *National Program on Drug Control and Prevention of Drug Addiction for 2004-2008*, adopted in 2004.

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 the drug prevention and drug control activities. In 2007, for the implementation of measures related to the National Strategy on Drug Addiction Prevention and Drug Control 2004–2008 the Government of the Republic of Lithuania allocated about 4685 thousand euros (in 2006 - 4238,27 thousand euros; in 2005 - 3514,9 thousand euros; in 2004 – 2958 thousand euros; in 2003 - 3133 thousand euros; in 2002 - 2516 thousand euros). Besides, budgetary allocations were assigned for the implementation of programs closely linked to the above.

By Decree No. V-957, of November 27, 2007, the Minister of Health of the Republic of Lithuania amended Annex I of controlled drugs and psychotropic substances including the new substance 1-benzylpiperazine (BZP) into the Part Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes.

The first general population survey on the prevalence of drug use in the country was carried out in 2004, 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. The Survey results show, that 8,2 percent of the 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. In Lithuania, the second survey of the general population is being carried out in 2008. The survey results shall be included in the National Report 2009.

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 lifetimes, 12 percent – at least once in the last 12 months, 8 percent – in the last 30 days.

In March-May 2008, for the assessment of availability, prevalence and use habits of drugs and psychotropic substances among Lithuanian night club visitors the Drug Control Department under the Government of the Republic of Lithuania carried out a survey of night club visitors in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. This Survey showed, that every third respondent used drugs in his/her

lifetime, nearly every fourth respondent used drugs within the last year, in the average every tenth respondent used drugs within the last month.

In 2007, 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.

As of December 31, 2007, the healthcare institutions registered 69.365 individuals with mental or behavioural disorders caused by psychoactive substances, including 5.715 individuals with dependence disorders caused by drugs and psychotropic substances. In 2007, the health care institutions registered 318 new cases due to mental or behavioural disorders caused by drugs and psychotropic substances, i.e. 5 individuals (1,5 percent) less compared to 2006.

Based on Decree No. V-636 of August 1, 2007, of the Minister of Health of the Republic of Lithuania On Approval of the Profile of the Monitoring Procedure of Individuals Contacting Health Care Institutions Regarding Mental and Behavioural Disorders (Žin., 2007, No. 88-3496) validated the new monitoring system in Lithuania enabling to collect more comprehensive data for TDI from October 2008.

Estimation of the Prevalence of Problem Drug Use in Lithuania was carried out in 2007. Estimates of the number of problem drug users in Vilnius and for Lithuania have been obtained.

At the end of 2007, the substitution treatment was conducted by the Vilnius Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the City of Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the town of Druskininkai. In 2007, substitution treatment was started in Telsiai (the Zemaitija Mental Health Centre), in April 2008 substitution treatment was also introduced in the Kedainiai Mental Health Centre.

In 2007, in Lithuania 106 new HIV cases were diagnosed, 59 individuals (55,6 percent) were infected HIV by using injecting drugs. By Decree No. V-652 of August 6, 2007, of the Minister of Health of the Republic of Lithuania (Žin., 2007, No. 90-3586), the Standards for Substitution Treatment extend a requirement at least 2 times annually to make analysis regarding HIV infection, tuberculosis, sexually transmitted diseases, general blood and urine tests of the patients participating in the substitute treatment programs.

In 2007 12 harm reduction services units (incl. syringe and needle exchange) were available in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys, Alytus, Mazeikiai and Druskininkai.

In 2007 Lithuanian healthcare institutions recorded 283 cases of poisoning with drugs and psychodysleptics (hallucinogens) (256 individuals), i.e. ca. 4 cases less compared to 2006 (287 cases). Majority of poisonings involved opium - 66 cases.

In 2007, 72 deaths due to drugs and psychotropic substance use were registered (in 2006 m. – 62 cases), and this level accounts for 0,16 percent of all deaths registered in Lithuania. In 2008, the State Mental Health Centre in cooperation with the State Patients' Fund and the Department of Statistics under the Government of the Republic of Lithuania carried out a specialised comparative survey of the existing data aiming at collection of data of death cases of persons dependent on drugs and psychotropic substances from the general death register and causes of these deaths.

1734 acts related to illicit circulation of drugs were registered in 2007, i.e. 61 acts or 3.6 % more than in 2006 (1673). Over the last seven years, the costs of certain types of drugs, especially that of ATS substances, have significantly decreased. The assessment of concentration of drugs and psychotropic substances shows the concentration of these substances continue to remain stable in recent years.

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. The 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 the 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 the drug prevention and drug control activities.

1.1. Legal Framework

Laws of the Republic of Lithuania

The Parliament of the Republic of Lithuania adopted the *Law On Minimum and Mean Care of the Child* of the Republic of Lithuania, of June 28, 2007, which came into effect on 1 January, 2008. The aim of this Law is to establish a system of measures of minimum and mean care for the child in compliance with the child's rights and lawful interests and public security needs, and for providing socialisation, development and social, pedagogical, psychological, special pedagogical, informational and other help for the child with behavioural disorders which would support the child to overcome his set perverse behaviour, to develop conceptions of meaningful individual and public life. Having adopted this legal act the establishment of prevention work groups in schools and prevention work coordination groups in local government administrations is regulated at the legislation level (previously the activities of the above groups were regulated by Decree No. ISAK-1970, of 9 December, 2004, of the Minister of Education and Science of the Republic of Lithuania that became invalid on 1 January, 2008).

In compliance with the *Law On Amendments to articles 2, 7, 11, 12, 16, 17, 18, 26, 29, 33, 34, 35 of the Law On Alcohol Control of the Republic of Lithuania*, of June 21, 2007, of the Parliament of the Republic of Lithuania (Žin., 2007, No. 77-3041), since August 1, 2007, the provision came to force that persons driving transport means in the Republic of Lithuania may be checked regarding intoxication with alcohol and alcohol level in blood, also in exhaled air. Also, since January 1, 2008, the provision came to force that alcohol advertising is prohibited from 6 a.m. to 11 p.m. in all programs by broadcasters and rebroadcasters under jurisdiction of the Republic of Lithuania (this provision was mitigated having established an exception for direct and continuous broadcast and rebroadcast of international art, culture and sports events in the *Law On Amendment to Articles 18, 29 and 34 of the Law On Alcohol*

Control of the Republic of Lithuania, of April 18, 2008, adopted by the Parliament of the Republic of Lithuania; this provision came into force on 26 April, 2008).

The Law *On Amendment to articles 19, 26 of the Law On Tobacco Control of the Republic of Lithuania*, of May 11, 2006, adopted by the Parliament of the Republic of Lithuania (Žin., 2006, No. 61-2175), established provision that in the Republic of Lithuania smoking (use of tobacco products) is prohibited (in addition to earlier provision concerning educational establishments, health care institutions and their premises, internet cafés, internet clubs, etc.) in premises where sports events and other events take place; working places in closed premises; common residential and other common use premises where non-smoking may be forced to breath smoke polluted air; all types of public transport, except for long-distance trains where non-smoking and smoking carriages may be introduced, also aircrafts where separate non-smoking and smoking seats exist) in restaurants, cafés, bars, other catering facilities, clubs, discotheques, except for specially equipped cigar and pipe clubs (by the Law *On Amendment of Articles 10, 11, 12, 19, 26 of the Law On Tobacco Control of the Republic of Lithuania* (Žin., 2008, No. 76-3006) the coverage of this provision (effective from July 5, 2008) was extended with gaming houses (casino), slot-machines or bingo salons, other amusement establishments).

The Parliament of the Republic of Lithuania adopted the Law *On Amendment to the Law On Control of Drugs and Psychotropic Substances (Precursors)*, of May 22, 2008 (Žin., 2008, No. 65-2455) that implements the EU Regulation (EC) No. 273/2004 of the European Parliament and of the Council, of 11 February 2004, on drug precursors, Council Regulation (EC) No. No 111/2005, of 22 December 2004, laying down rules for the monitoring of trade between the Community and third countries in drug precursors, and Commission Regulation (EC) No. 1277/2005 of 27 July 2005 laying down implementing rules for Regulation (EC) No. 273/2004 of the European Parliament and of the Council on drug precursors and for Council Regulation (EC) No. 111/2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors). This Law authorises the Drug Control Department under the Government of the Republic of Lithuania with the new functions (licensing of activities related to precursors of drugs and psychotropic substances of category I; registration of a site where activities related to precursors of drugs and psychotropic substances of categories II and/or III ar performed; issuance of lisences of import, export of drugs and psychotropic substances; control of activities related to precursors of drugs and psychotropic substances) by competence.

Resolutions by the Parliament of the Republic of Lithuania

By Resolution No. X-1010, of December 21, 2006, the Parliament of the Republic of Lithuania approved the *National Program for the Police System Development*. The Program's purpose is to determine the vision for development of the Lithuanian Police system until the end of 2011, to provide a basis for complex improvement of the activities of the police institutions, to establish the activities' priorities, the goals and objectives of the Program facilitating to establish an effective and nationally operating police system. By Resolution No. 606, of June 19, 2007, the Government of the Republic of Lithuania approved the plan of measures for the implementation of development of the Lithuanian Police system. The measures for 2007-2011 shall allow to achieve the objectives (to create a motivation infrastructure; to develop the quality management systems of the police activities; to implement new technologies for improvement of social partnership and the police image) foreseen in the above Program.

By Resolution No. X-1070 of April 3, 2007 (Žin., 2007, No. 42-1572) the Parliament of the Republic of Lithuania approved the Mental Health Strategy. The Strategy projects important measures to implement drug addiction prevention: to improve mental health protection and care of children and juveniles through the implementation of targeted prevention, treatment and rehabilitation programs to increase resistance of children, families and communities and to implement prevention of negative socialisation consequences (the national health care programs aimed at a considerable attention to solve the most topical problems, i.e. prevention of disorders of mental health among children, prevention of emotional and social development disorders, training of parents regarding due raising of children, prevention of suicides in relation to dependence and violence, solving juvenile health problems); to support central and local governments in strengthening mental health care and prevention of mental disorders as integral and prioritised parts of public health, education, social protection programs, first of all ensuring sustained support to the areas of health strengthening and prevention of disorders (training of parents from risk groups how to raise children competently, in the period of infancy and childhood in particular; strengthening of mental health of children and juveniles; prevention of violence of children and juveniles; prevention of suicides; prevention of alcoholism, drug addiction and smoking; etc.); to achieve that equally important attention by the government as well as financial resources were allocated to solve

all most important public mental health problems, i.e. prevention of dependence on alcohol and drugs, suicides, violence and mental disorders; to establish specialised services for juveniles and youth, i.e. in-patient facilities for juveniles, long-term psycho-social rehabilitation (resocialisation) services for juveniles with severe behavioural and socialisation disorders, special rehabilitation services for juveniles dependent on alcohol and drugs.

Having approved the *Strategy*, the Government of the Republic of Lithuania approved the *National Program on Implementation of the Mental Health Strategy 2008–2010*, by Resolution No. 645, of June 18, 2008 (Žin., 2008, No. 76-3014).

Resolutions by the Government of the Republic of Lithuania

By Resolution No. 220, of February 21, 2007, *On Approval of the Concept of the Probation System in Lithuania and the Plan of Measures for the Implementation of the Probation System in Lithuania* (Žin., 2007, No. 27-989) the Government of the Republic of Lithuania approved the *Concept of the Probation System in Lithuania and the Plan of its implementation measures*. Probation means a form of realisation of penal amenability (suspension of sentence, probationary release from imprisonment before the end of the term and probationary release from correctional institutions) applied to an individual having committed a crime as an alternative of probationary nature to an imprisonment sentence, and executed carrying out supervision of a convict and providing social support to him. The Action Plan includes measures important to convicted persons dependent on drugs and psychotropic substances having committed light crimes and which are subject to probation.

For the implementation of part 1 of article 5 of Regulation (EC) No. 1920/2006 of the European Parliament and of the Council of 12 December 2006 *On the European Monitoring Centre for Drugs and Drug Addiction*, by Resolution No. 615, of June 19, 2007, the Government of the Republic of Lithuania assigned the Drug Control Department under the Government of the Republic of Lithuania as the Reitox National Focal Point.

By Resolution No.1071, of October 2, 2007, the Government of the Republic of Lithuania approved *The Profile of Procedure for Organising Identification of Children Using Drugs, Psychotropic and Other Psychoactive Substances* which regulates organising of identification of children using drugs, psychotropic, other psychoactive substances in primary, secondary and vocational schools, children care institutions and public places.

By Resolution No.1404, of December 19, 2007, the Government of the Republic of Lithuania approved the implementation measures for 2008 in relation to the *National Strategy on Drug Addiction Prevention and Control 2004–2008*.

By Resolution No. 19, of January 9, 2008, the Government of the Republic of Lithuania approved *The Temperance Year Program* and authorised the Ministry of Health to coordinate the implementation of the *Program*. The *Program* is designed to materialise and spread the ideas of the Temperance Year, to formulate a positive approach to temperance, to strengthen healthy lifestyle attitudes. The aim of the *Program* is to develop temperance attitudes of the society, children and youth in particular, to encourage life habits following temperance approaches, to develop cooperation of the central and local government institutions and organisations, NGOs and the community in spreading temperance ideas among the public, inoculating healthy lifestyle values among children and youth.

By Resolution No. 309, of March 26, 2008, the Government of the Republic of Lithuania approved *The Program on Integration of Romas into the Lithuanian Society 2008–2010* and authorised the Department of National Minorities and Emigration by the Government of the Republic of Lithuania to coordinate the implementation of this *Program*. The aim of this *Program* is to preserve the identity of Romas, to reduce social exclusion and at the same time to ensure their integration into the Lithuanian society, to encourage its trust in Romas. The *Program* objectives are as follows: to develop education of Romanic children, juveniles and adults; to involve Romas into the labour market; to collect information on the living environment of Romas; to provide information on healthy lifestyle to Romas; to implement prevention of drug addiction and law offence (the measures for this objective: to organise tenders for prevention of psychoactive substance use for Romas; to implement the measures concerning supply and demand reduction of drugs and psychotropic substances among Romas); to strengthen capacity of Romas to solve problems of their community by themselves.

Other legal acts

By Decree No. V-138, of March 2, 2007, the Minister of Health of the Republic of Lithuania approved *The Profile of the Procedure for Issuance of a Note to Carry Drugs and/or Psychotropic*

Substances for Personal Use with Medical Treatment Purposes which establishes the procedure of issuance notes to carry drugs and/or psychotropic substances for personal use with medical treatment purposes for persons travelling to a Schengen state and providing information related to issuance of such notes, also approved the form of a *Note to Carry Drugs and/or Psychotropic Substances for Personal Use with Medical Treatment Purposes*.

By Decree No. V-636, of August 1, 2007, the Minister of Health of the Republic of Lithuania approved *The Profile of the Procedure for Monitoring of Persons Who Contacted Health Care Institutions Due to Mental and Behavioural Disorders Using Drugs and Psychotropic Substances* which regulates the goals and objectives, subject, organisation and execution of this activity, monitoring indicators, providing information and funding of monitoring, also authorised the Public Mental Health Centre to carry out monitoring of persons who contact health care institutions due to mental and behavioural disorders using drugs and psychotropic substances, and the State Patients' Fund by the Ministry of Health was authorised to establish and maintain the information system of monitoring.

By Decree No. V-653, of August 6, 2007, the Minister of Health of the Republic of Lithuania approved *The Profile of the Procedure for Prescription and Application of Substitute Treatment against Addiction to Opioids* which regulates purposes of prescription of substitute treatment with methadone and buprenorphine and the procedure for organising and funding substitute treatment, also *The Profile of the Procedure for Prescription, Delivery, Keeping and Accounting of Substitute Opioid Pharmaceutical Preparations in Health Care Institutions* which regulates prescription, delivery, keeping, accounting and control of such pharmaceutical preparations.

By Decree No. V-957, of November 27, 2007, the Minister of Health of the Republic of Lithuania amended Annex I of controlled drugs and psychotropic substances including the new substance 1-benzylpiperazine (BZP) into the Part *Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes*.

By Decree No. V-1033, of December 14, 2007, the Minister of Health of the Republic of Lithuania amended the *Recommendations Concerning Estimation of Small, Big and Very Big Quantities of Drugs and Psychotropic Substances* and produced new wording.

By Decree No. 1V-390, of November 13, 2007, the Minister of Interior of the Republic of Lithuania approved *The Profile of the Procedure for Exchange of Samples of Controlled Substances with Competent Institutions of the EU Member States* which regulates transfer of samples of controlled substances (note: including samples of drugs and psychotropic substances) to competent institutions of other EU member states and the procedure for receipt of samples of these substances from institutions in other EU member states.

By Decree No. T1-107, of June 4, 2007, *On Approval of the Form* the Director of the Drug Control Department under the Government of the Republic of Lithuania approved the *Report Form* (annual F-No. NKD-KD-F1) of statistical data concerning prevalence of drugs and psychotropic substance use, undergoing prevention, treatment, rehabilitation programs, also criminal activities related to drugs and psychotropic substances in imprisonment places which is provided to the Drug Control Department under the Government of the Republic of Lithuania by the Department of Prisons by the Ministry of Justice of the Republic of Lithuania.

International agreements

By Law of May 17, 2007, *On Ratification of Agreement between the Government of the Republic of Lithuania and the Government of the Republic of Latvia on Cooperation in Combating Organised Crime and other Offences and on Joint Actions in Border Regio*, (Žin., 2007 No. 66-2550) the Parliament of the Republic of Lithuania ratified the *Agreement between the Government of the Republic of Lithuania and the Government of the Republic of Latvia on Cooperation in Combating Organised Crime and other Offences and on Joint Actions in Border Regions* signed on 7 May 2006 in Vilnius.

By Law of May 17, 2007, *On Ratification of Agreement between the Government of the Republic of Lithuania and the Government of the Republic of Poland on Cooperation in Combat against Organized Crime and Other Crimes and Cooperation in the Border Territories* (Žin., 2007 No. 66-2551) the Parliament of the Republic of Lithuania ratified the *Agreement between the Government of the Republic of Lithuania and the Government of the Republic of Poland on Cooperation in Combat against Organized Crime and Other Crimes and Cooperation in the Border Territories* signed on 14 May 2006.

Following the above Agreements and the respected national legislation the states committed to strengthen cooperation in combat against organized crime and other crimes on joint actions in border

regions of both countries, including crimes related to illicit production and trafficking of drugs, psychotropic substances and other toxic substances and their precursors.

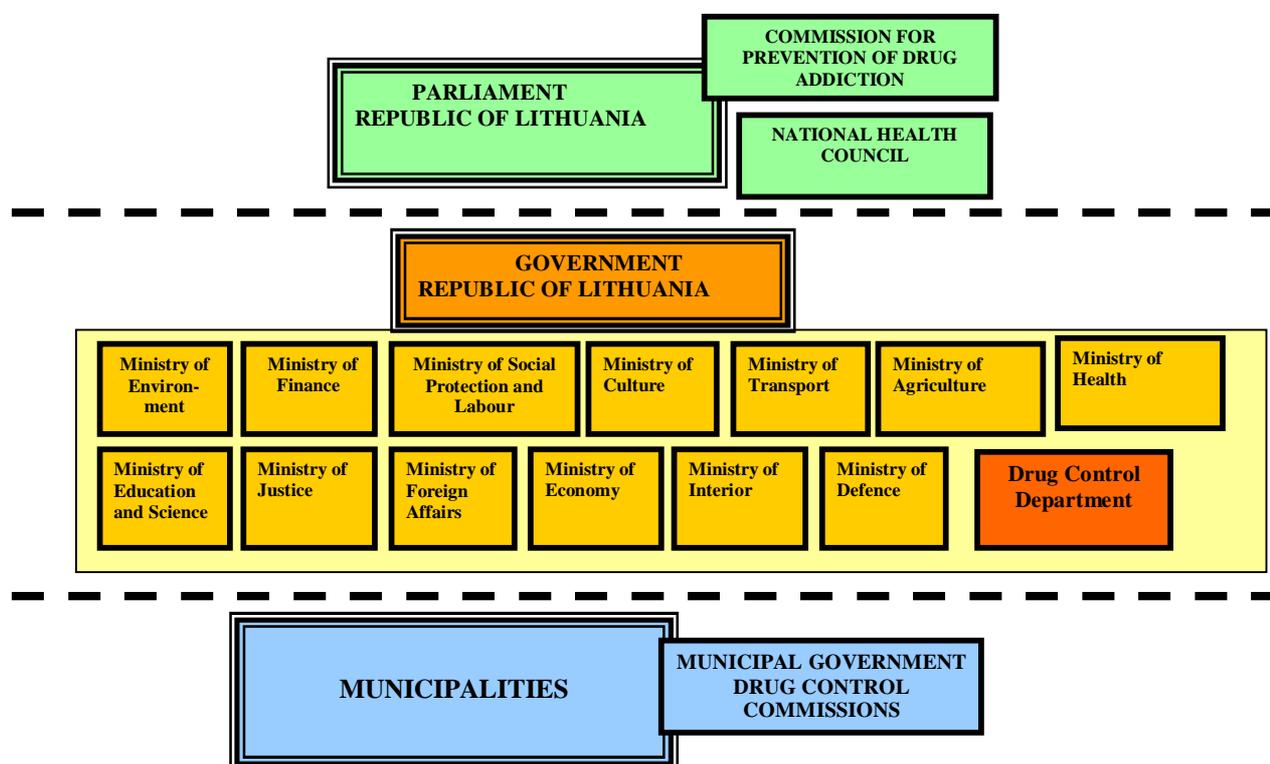
1.2. Institutional Framework, Strategies and Policies

Coordination Structure in Lithuania

No significant changes applied in coordination structure in the reporting year. 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 the 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 organizations involved in drug prevention and drug control activities.

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 (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 .

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 (*precursors control function is re-delegated to the Drug Control Department under the Government of the Republic of Lithuania from the 1st of October, 2008*).

Prison Department under the Ministry of Justice

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

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. In 2007 all 60 Lithuania municipalities had such drug commissions.

National plan and strategies

Within the last three years, Lithuania has been formulating the country's drug policy in compliance with the international requirements and standards in terms of drug control and drug prevention with assistance by the UN organizations, the WHO, EUROPOL, EMCDDA, Northern Dimension, the EU Phare program, the EC Pompidou Group and other bilateral support. The National Drug Strategy is based on the *National Drug Prevention and Drug Control Strategy for 2004–2008*¹ and the *National Programme on Drug Control and Prevention of Drug Addiction 2004–2008*². These documents are the main strategic programmes for the drug control and addiction policy in Lithuania for the coming years. The main objectives of the country's drug policy strategy are as follows: a drug-free society to the extent possible; prevention of drug abuse among young people; drug supply reduction; care of drug addicts; international multilateral, bilateral and inter-institutional co-operation in the field of drug demand and drug supply reduction; and emphasis on the development of co-ordination systems at the local and national levels. Linked to its objectives the *Programme* contains a list of measures concerning drug demand reduction, drug supply reduction, drug use monitoring, information, coordination, and international cooperation. Additional information also available in Structured Questionnaire 32 Policy and Institutional Framework (submitted in 2006).

Taking into consideration the completion of the implementation of the *National Drug Prevention and Drug Control Strategy for 2004–2008*³ and the *National Programme on Drug Control and Prevention of Drug Addiction 2004–2008* in 2008 and seeking to ensure continuity and sustainability of the drug control and addiction prevention measures the Drug Control Department under the Government of the Republic of Lithuania produced the Draft Resolution of the Parliament of the Republic of Lithuania *On Approval of the National Programme on Drug Control and Prevention of Drug Addiction 2009-2016* and coordinated it with other governmental institutions. The *Programme's* goal is to implement the provision of the Law on the Principals of National Security of the Republic of Lithuania and to stem and reduce the spread of drug addiction through strengthening of public and individual health and security. The Draft *Programme* prioritises the following areas:

- 1) demand reduction, among children and youth in particular;
- 2) supply reduction;
- 3) strengthening cooperation and coordination among public and municipal institutions and organisations as well as coordination in the areas of drug control and prevention of drug addiction on the international and national levels;

¹ Resolution on the approval of the national drug prevention and drug control strategy for 2004-2008 (EN). URL:

<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=6406&slanguageISO=EN>

² Resolution of the Parliament of the Republic of Lithuania on Approval of the National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008 (EN). URL:

<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=7285&slanguageISO=EN>

³ Resolution on the approval of the national drug prevention and drug control strategy for 2004-2008 (EN). URL:

<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=6406&slanguageISO=EN>

4) development of IT and scientific research.

The objectives of the *Draft Programme* are as follows: to stem and reduce illicit use of drugs and psychotropic substances through demand reduction; to reduce illicit supply of drugs and psychotropic substances and their precursors through strengthening control of circulation of these substances; to implement monitoring and assessment of illicit use of drugs and psychotropic substances, its consequences, demand and supply, and to develop scientific research; to ensure inter-institutional and international cooperation and coordination in the areas of drug prevention and drug control.

In Autumn 2008, the *Draft National Programme on Drug Control and Prevention of Drug Addiction 2009-2016* was submitted for consideration and approval to the Parliament of the Republic of Lithuania. This new *Program* is scheduled for approval by 2009.

Implementation of policies and strategies

Government institutions are responsible for the implementation of the *National Programme on Drug Control and Prevention 2004-2008*. The local governments are merely advised to follow the Programme statements when implementing drug control and prevention strategies at the local government level. The actions included in the annual action plan of the *National Programme on Drug Control and Prevention 2004-2008* are legally binding. The annual action plan facilitating the implementation of the *National Programme on Drug Control and Prevention 2004-2008* is adopted by the Government of the Republic of Lithuania. Each year having collected information on the previous year's activities regarding the implementation of the *National Programme on Drug Control and Prevention 2004-2008* from the implementing agencies the Drug Control Department produces a report which is submitted to the Government.

Evaluation of policies and strategies

No new information available

1.3. Budget and Public Expenditure

In 2007, for the implementation of measures related to the National Strategy on Drug Addiction Prevention and Drug Control 2004–2008 the Government of the Republic of Lithuania allocated about 4685 thousand euros (in 2006 - 4238,27 thousand euros; in 2005 - 3514,9 thousand euros; in 2004 – 2958 thousand euros; in 2003 - 3133 thousand euros; in 2002 - 2516 thousand euros).

The reports regarding the use of budgetary funds of the Republic of Lithuania submitted by the institutions executing the implementation measures of the *Program* in 2007 included the following information:

- allocations for prevention accounted for ca. 1064,6 thousand euros, with the biggest share used to fund prevention projects, raising of qualification, information dissemination;
- allocations for treatment and rehabilitation accounted for 2615,9 thousand euros.
- allocations for strengthening of illicit trafficking control accounted for 765,6 thousand euros.
- allocations for coordination, scientific research, development of the information systems, international cooperation accounted for 239,7 thousand euros.

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

In Lithuania no survey has been conducted to assess drug-related expenditures.

1.4. Social and Cultural Context

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

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 the 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 the 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 the Lithuanian population disagree that people should be allowed to use heroin legally. 85 percent of the 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 a criminal activity, and that heavier sentences would help to reduce the drug use levels. 74 percent of the respondents fully or partially agree that "drug users should be criminally prosecuted". 70 percent of the respondents fully or partially agree that "heavier sentences would facilitate drug use reduction".

The respondents also were 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 the Lithuanian population believe that a drug problem does not exist in Lithuania; meanwhile, 26 percent believe that drug use poses no problem in their locality. 24 percent of the Lithuanian population think that drugs are highly prevalent in Lithuania, whereas 45 percent state 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).

The aim of the Social Tolerance Study 2005 organised through round table discussions in the municipalities by the Coalition I Can Live together with the National Health Board was to survey the tolerance level of staff of local governments, health care, educational and social sectors towards vulnerable groups. The survey was conducted based on a questionnaire including 23 questions prepared modifying the Bogardus social tolerance scale. The questionnaire distinguished four vulnerable groups: drug users, released from imprisonment, individuals HIV positive and engaged in prostitution. The Social Tolerance Study was conducted in the municipalities of Vilnius, Kaunas, Klaipeda, Siauliai, Alytus, Ignalina, Druskininkai and Mazeikiai. 1000 of respondents were surveyed.

Analysis of the Study data showed the respondents are most tolerant to individuals released from imprisonment, relatively less- to individuals HIV positive and engaged in prostitution, an least tolerant – to drug users. The respondents indicated they would strictly disagree to live in a neighbourhood of: a drug user - 47,8%, an individual engaged in prostitution - 33,2%, an individual HIV positive - 27,4%, a person released from imprisonment - 26,6% of the surveyed. Analysis of the distribution of the answers to the social tolerance questionnaire revealed that the highest intolerance to the vulnerable groups above is paid by professionals of health care, pharmaceutical, nursing and obstetrics sectors. 54,5% of health care professionals, 46,9% of educational professionals (primary, pre-schooling, special education and other schooling professionals), 41,6% of social workers and 33,3% of managers and representatives of other occupations. The Study data evidence that in tolerance education and improvement of discriminatory approach integral actions have to be oriented primarily towards health care professionals as their opinion towards socially vulnerable groups is most intolerant at present. Analysis of the distribution of the answers to the social tolerance questionnaire by age show differences among age groups – younger respondents are more tolerant towards the vulnerable groups compared to the age group above 45 years. A numerous group of the respondents recognized that negative approach towards these groups would change if "this distress affected their families, relatives or close people", if the vulnerable groups were better integrated into the society, a system of social support, health and other services were established subsequently "the undesirables" would not cause threat to the society.

Parliamentary Initiatives

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

In 2007, members of the Committee proposed to establish a joint system for early diagnostics, treatment of drug addiction, rehabilitation, integration into the society, as well as a joint information system to provide help to drug dependent persons. The Centres for Addictive Disorders are

proposed to get reorganised into public institutions or to transfer them under subordination of health care institutions and to allocate mixed funding (from the state or local government budgets and the budget of the Mandatory Health Insurance Fund) through the territorial Patients' Fund. It was decided to advise the Government to draft respective legal acts and to provide drug addicts having committed light crimes with an alternative to choose treatment programs instead of imprisonment, to approve a procedure to test intoxication with alcohol or other substances in imprisonment places. The Committee proposed the Ministry of Health to draft respective legal acts establishing provisions that anonymous patients using psychotropic substances were included into medical records (addicts). Also, it was proposed to review and amend the *Recommendations Concerning Identification of Small, Big and Very Big Quantities of Drugs and Psychotropic Substances*, approved by Decree No. V-239, of April 23, 2003, of the Minister of Health of the Republic of Lithuania. The *Recommendations Concerning Identification of Small, Big and Very Big Quantities of Drugs and Psychotropic Substances* were amended and new wording of December 14, 2007, was produced.

Activities of the Commission for Prevention of Drug Addiction of the Parliament of the Republic of Lithuania

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. During the Spring and Autumn sessions in 2007, the Commission organized 11 meetings, with participation of responsible officers from various institutions, NGOs and other organizations. The Commission prepared, facilitated organising of and actively participated in the workshops and conferences on drug addiction prevention, policies of drug control and drug addiction as follows: on 12 September 2007 - the international conference *Changes of Drug Addiction Prevention in Lithuania and Europe*; on 9 October 2007 - the international conference *To Recognise our Needs: Discussions on Sexuality and Homosexuality*; on 12 October, 2007 - the international conference *Family Conception in Changing Society*. In its meetings the Commission considered the Report *Organisation of Drug Addiction Prevention and Organisation of Support* and conclusions by the State Audit Office, the annual Report of the activities of the Commission for Prevention of Drug Addiction of 2006 and the Action Plan of 2007 of the Commission for Prevention of Drug Addiction. The Commission approved the *Report* of the activities of the Commission for Prevention of Drug Addiction of 2007 and the *Action Plan of 2007* of the Commission for Prevention of Drug Addiction. The Commission participated in a joint meeting of the Parliamentary Committee for National Security and Defence and the Commission for Prevention of Drug Addiction which considered the item *On the Implementation of the National Strategy on Drug Addiction Prevention and Drug Control 2004–2008*. The joint meeting of the Health Committee and Commission for Prevention of Drug Addiction considered the item *On the Activities of the Drug Control Department under the Government of the Republic of Lithuania*. Also, the joint meeting of the Parliamentary Committee for National Security and Defence and the Commission considered the progress of the implementation of the *National Strategy on Drug Addiction Prevention and Control 2004–2008*. The Commission members participated in the circuit meetings in the rehabilitation community of dependence disorders “Pilnu Namu Bendruomene”, the Correction Institution in Alytus where information on drug addiction and infectious diseases in imprisonment places, access routes of drugs and prevention measures in imprisonment places, identification of intoxications in the Correction Institution in Alytus today and problems arising from this and employment programs being implemented in the Correction Institution in Alytus encouraging not to use drugs, etc. The Commission organised a meeting to discuss proposals regarding imposing constraint on access of drugs to penitentiary institutions based on amendments to the Penal Procedure Code and the Rules for internal order in penitentiary institutions, as well as a meeting which provided information on primary drug addiction prevention in Lithuania (according to the classifications: general, selected and targeted).

Mass Media Campaigns

Each year the Lithuanian mass media pays more attention to the topic of drug control and drug addiction prevention – more criminal news, also more news pieces of educational nature providing information on surveys, prevention activities, treatment and rehabilitation possibilities occur. In 2007, the total number of information pieces on drug themes accounted for 5190; these were in 144 mass

communications (37 national and 84 regional publications), 6 TV channels, 5 radio stations, 2 news agencies, 10 website news portals (source: *TNS Gallup* (a public opinion and market survey company)). By type of the information access to the public, the most active type of mass communication was press, having published over half (65 percent) of all information pieces, i.e. 3364 publications. It paid more attention to analytical articles compared to electronic mass media (TV, radio, news agencies and website news portals) providing analysis of causes of events, extended comments by professionals, along with collected data.

Meanwhile, the radio stations followed the drug theme least (329 communications) and it was noticed that a big share fell on criminal news distributed mainly by commercial radio stations. The national mass media was more active compared to the regional mass media – in total communications distributed nationally, broadcasting TV and radio stations, news agencies and news portals provided information to the public 3549 times. The regional mass media provided 1641 communications. However, the latter focused mainly on topicalities in their region. In 2007, criminal news prevailed and accounted for 2336 communications informing of detained persons and court cases, confiscation of drugs, crimes committed by drug users, etc. The share of criminal information accounted for 45 percent of all mass media communications on a drug addiction topic, 55 percent was information on consequences of drug use, fight against harmful habits. It was noticed that 3 percent of criminal news (72 times) report on juveniles in the reach of police who possessed, used or distributed drugs. Comparing communications by the Lithuanian mass media on criminal activities involving drugs it was noticed that in 2007 criminal news accounted for a smaller share among all publications on drug control and drug addiction prevention (81 percent in 2004, 63 percent in 2005 and 2006). In 2007, mass media informed the public mainly on prevention activities, and such communications accounted for 27 percent of non-criminal news: information on prevention projects and campaigns, advice by experts, the national prevention campaign *FORGET* of the Drug Control Department and prevention project *Clubbing Without Drugs*, etc. Treatment and rehabilitation topics accounted for 15 percent, policy news - 13 percent, survey -12 percent, HIV/AIDS – 7 percent of all non-criminal news communications.

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)

The first general population survey on the prevalence of drug use in the country was carried out in 2004, 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

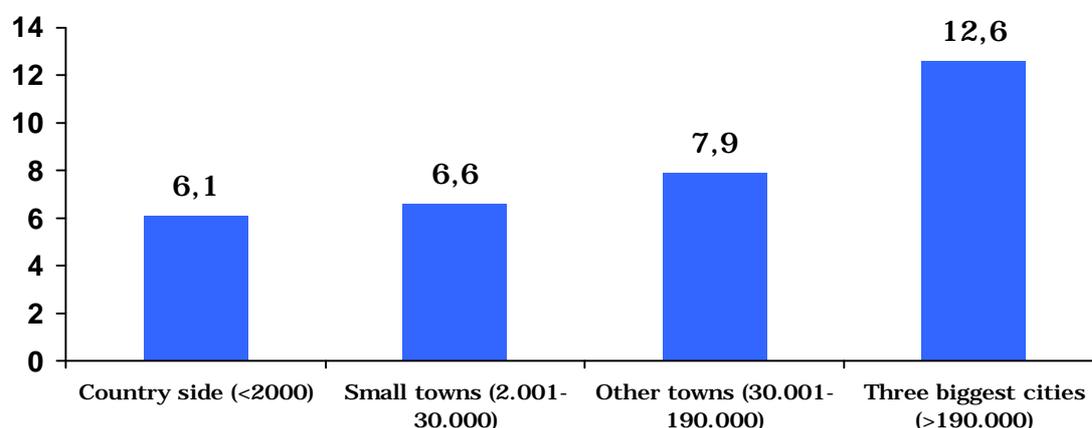
The highest prevalence rate of drug use is among Lithuanian population aged 15 to 24 (Table 2-3). In this subgroup the prevalence rate of cannabis use at least once in lifetime accounts for 15,7 percent, in the recent year – 7 percent and in the last month – 2 percent.

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

City dwellers use drugs more often than people from rural areas and smaller towns. 6.1 percent of rural residents, 6.6 percent of people living in district centres, 7.9 percent of people living in other towns, and 12.6 percent of people living in three biggest cities (Vilnius, Kaunas and Klaipeda) tried using drugs at least once in their lifetime (refer to Figure 2-3).

Figure 2-1. Lifetime prevalence of any drug use by residence (percent)



Next national general population survey will be conducted in autumn of 2008. Result will be presented in 2009 Lithuania Annual report.

2.2. Drug Use in School and Youth Population

„European Cities Against Drugs“ (ECAD): International Programme *European Youth - Drug Prevention Programme*

In 2005, the Organisation “European Cities Against Drugs” (ECAD) launched a five-year *European Youth – Drug Prevention Programme* anticipating to include 15 cities in Europe. Three Lithuanian cities, i.e. Vilnius, Kaunas and Klaipeda, participate in this programme. In 2006, 2008 and 2010, for the implementation of this programme 3 comparable studies shall be carried out among schoolchildren aged 15-16 based on the research methodology and questionnaire prepared by the Centre of Social Survey and Analysis of the Reykjavik University (Iceland). In compliance with the established methodological criteria for the survey performance the data shall be collected within the same period, i.e. the same week in October-November in all cities applying a standardised selection system, a surveyed group including at least 2800 individuals for each survey in order to obtain at least 2400 responses. *Figure 2-2* and *Figure 2-3* below provide the main results of the survey on the prevalence of use of psychoactive substances (2006).

Figure 2-2. Distribution of respondents according to used psychoactive substances in the participating cities (%).

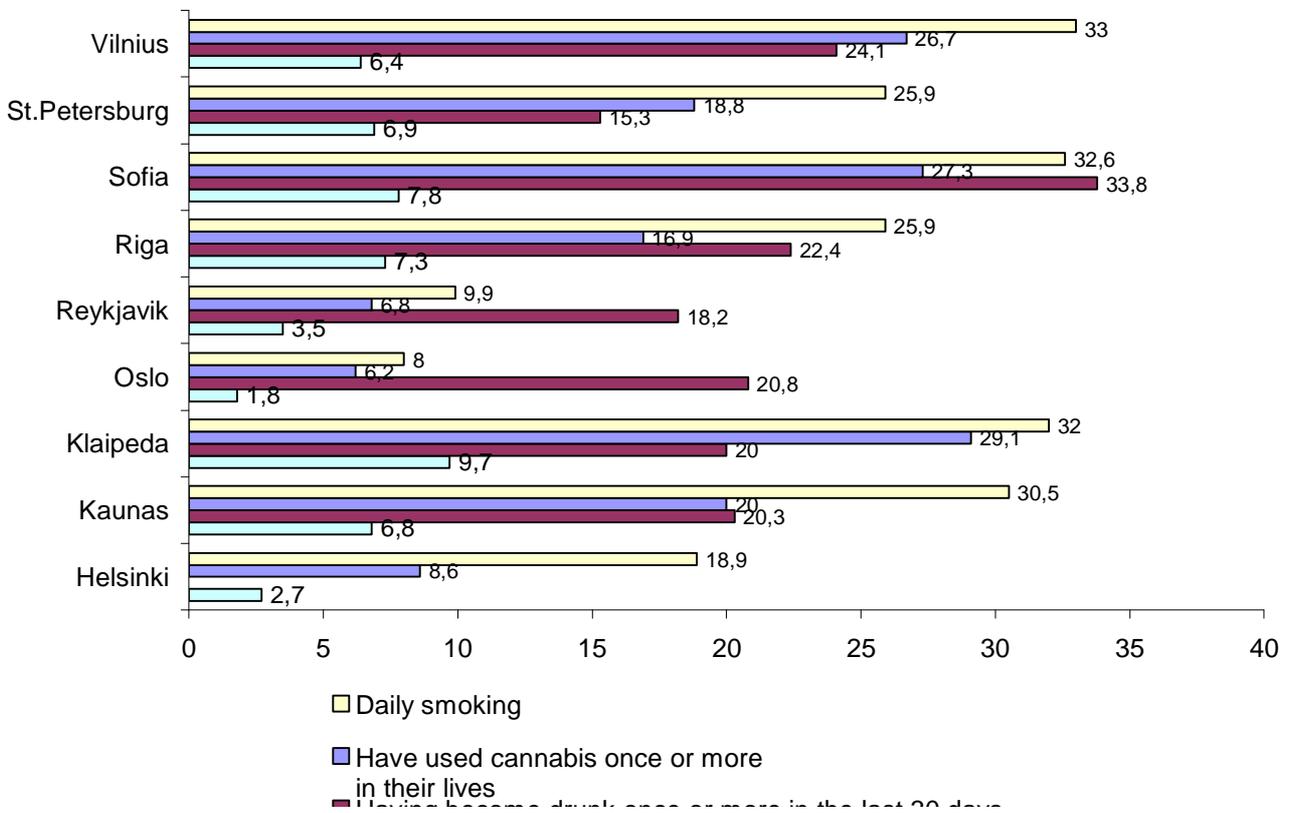
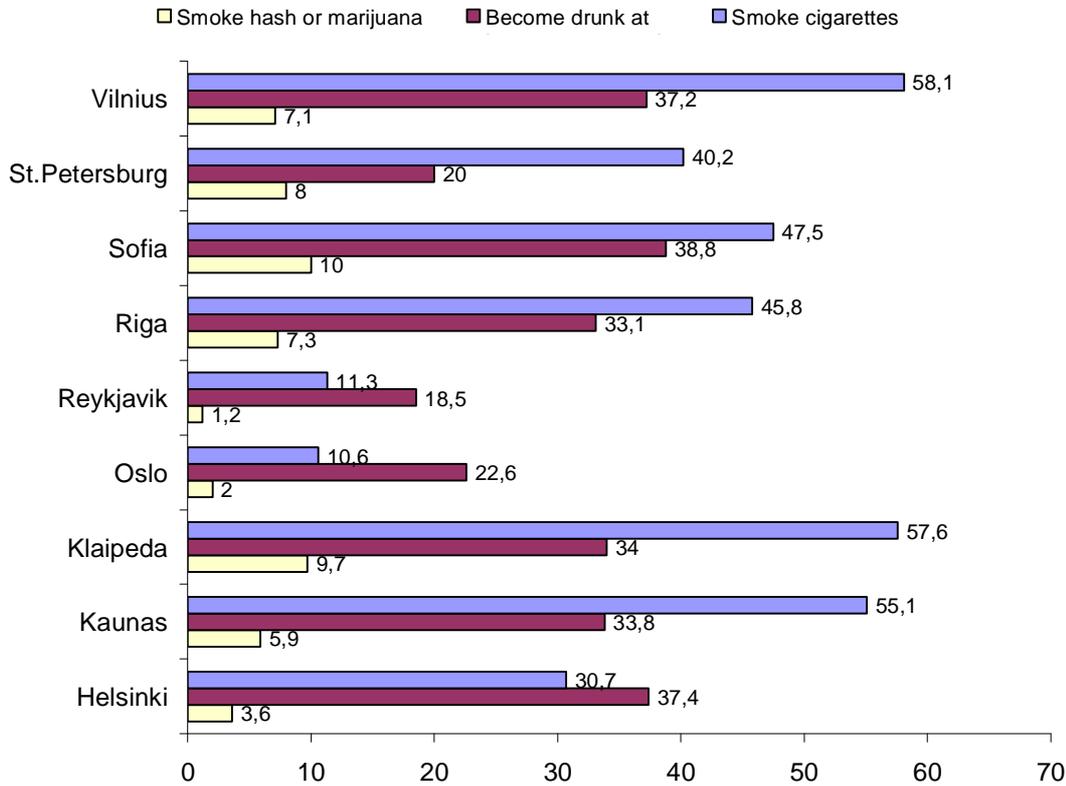


Figure 2-3. Rates of adolescents in all participating cities that claim most or all of their friends smoke cigarettes, become drunk at least once a month and smoke hashish or marijuana percent



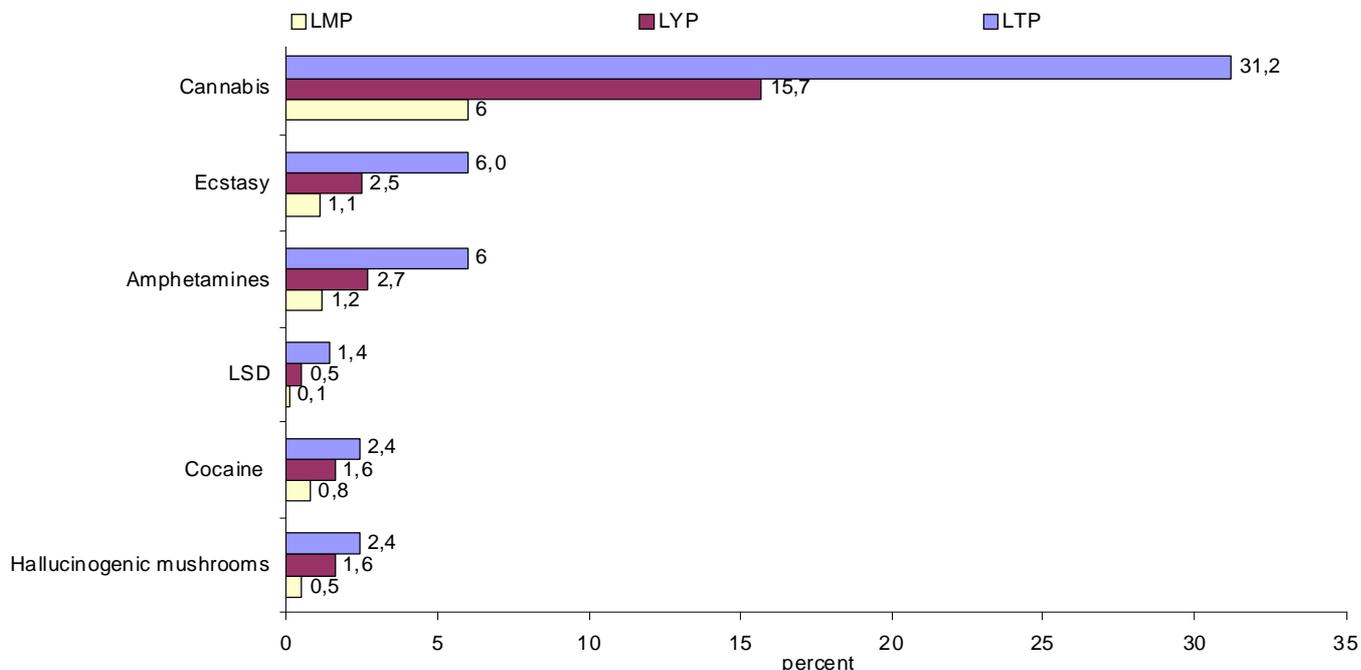
Prevalence of psychoactive substances among students of higher educational establishments in Lithuania

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

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

The average age of the students for the first try of the majority of drugs was 18 years. Having attained this average age, for the first time "grass", ecstasy, amphetamine, LSD and "magic mushrooms" were used. The average age for cocaine use was 19 years. "Grass" (marihuana, hashish) is the most spread drug among students. The biggest group among students having used drugs confessed use of the above drug (31 percent of the surveyed students used "grass" in their lifetimes). The popularity of "grass" among students is also proved by the fact that the biggest share of students (60 percent) indicated they personally knew people who used this drug. Other more frequently used drugs are ecstasy, amphetamine, inhalants. The surveyed students indicated that 24 percent of the people they know use ecstasy, 21 percent – amphetamine and 15 percent – inhalants. Distribution of the respondents according to use of individual drugs in relation to the use period is provided below in Figure 2-4.

Figure 2-4. Distribution of the respondents according to use of individual drugs in relation to the use period (percent)



One third of the respondents (31 percent) used hashish or marihuana, “grass” at least once in their lifetimes. In most cases smoking of hashish and marihuana were started at the age of 16-18 years: 61 percent of the students using this drug started to use hashish or marihuana at this age. The earliest age for use of hashish and marihuana was 13 years. Within the last 12 months hashish and marihuana were used by half of the students having used this drug in their lifetimes (50 percent). Within the last 30 days hashish, marihuana were used by 39 percent of the students having used this drug. No respondent indicated having used hashish or marihuana on a daily or nearly daily basis. In most cases this drug is used more rarely than once a week, i.e. this mode of use fell on 50 percent of students having used hashish or marihuana within the last 30 days. 23 percent of the target group respondents used hashish or marihuana once or more times a week, i.e. in the group of students having used hashish or marihuana within the last 30 days 15 percent used several times a week and 8 percent - at least once a week.

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

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

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

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

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

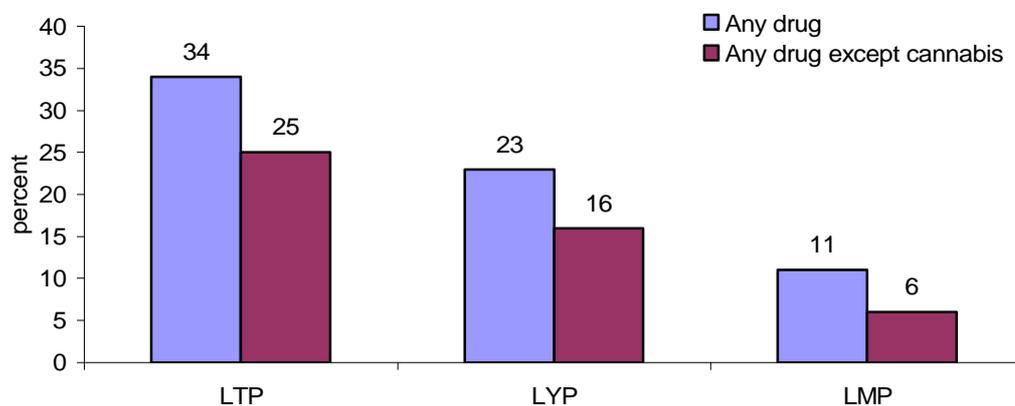
Distribution of use of drugs and psychotropic substances among night club visitors

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

Nearly one third of the respondents were frequent and regular club visitors (attending each weekend or several times a week), 30 percent attended clubs 1-2 times a month, the rest – 3-4 times a year. Nearly 60 percent of the respondents were offered to try drugs at least once in their lifetimes. More offers were provided to men, aged 22 – 25 years, spending bigger amounts on amusement (over 100 Litas per weekend), more frequent visitors, respondents in Vilnius and Kaunas.

Every third respondent used drugs in his/her lifetime, nearly every fourth respondent used drugs within the last year, in the average every tenth respondent used drugs within the last month (Figure 2-5). More frequent users were men, over 22 years of age, having jobs, financially stronger (for amusement affording over 200 Litas per weekend), more frequent visitors of night clubs (at least once a week), respondents in Vilnius. Every fourth respondent used at least one drug, except for marihuana and hashish, at least once in his/her lifetime, nearly every sixth – within the last year, and 6 percent – within the last month. As regarding cases of any drug use, drugs were used more frequently by men, over 22 years of age, having jobs, financially stronger and more frequent visitors, respondents in Vilnius and Klaipeda.

Figure 2-5. Distribution of respondents according to the drug use period of at least one drug or at least one drug except for marihuana and hashish (percent)



The most spread types of drugs are marihuana, ecstasy and amphetamine/methamphetamine (Figure 2-6). The main users of the above drugs are men, having jobs, spending larger amounts of money on weekends and more frequent visitors. Higher prevalence of drugs is observed among night club visitors in Vilnius and Kaunas.

Figure 2-6. Distribution of respondents according to the use of individual drugs in relation to the use period (percent)

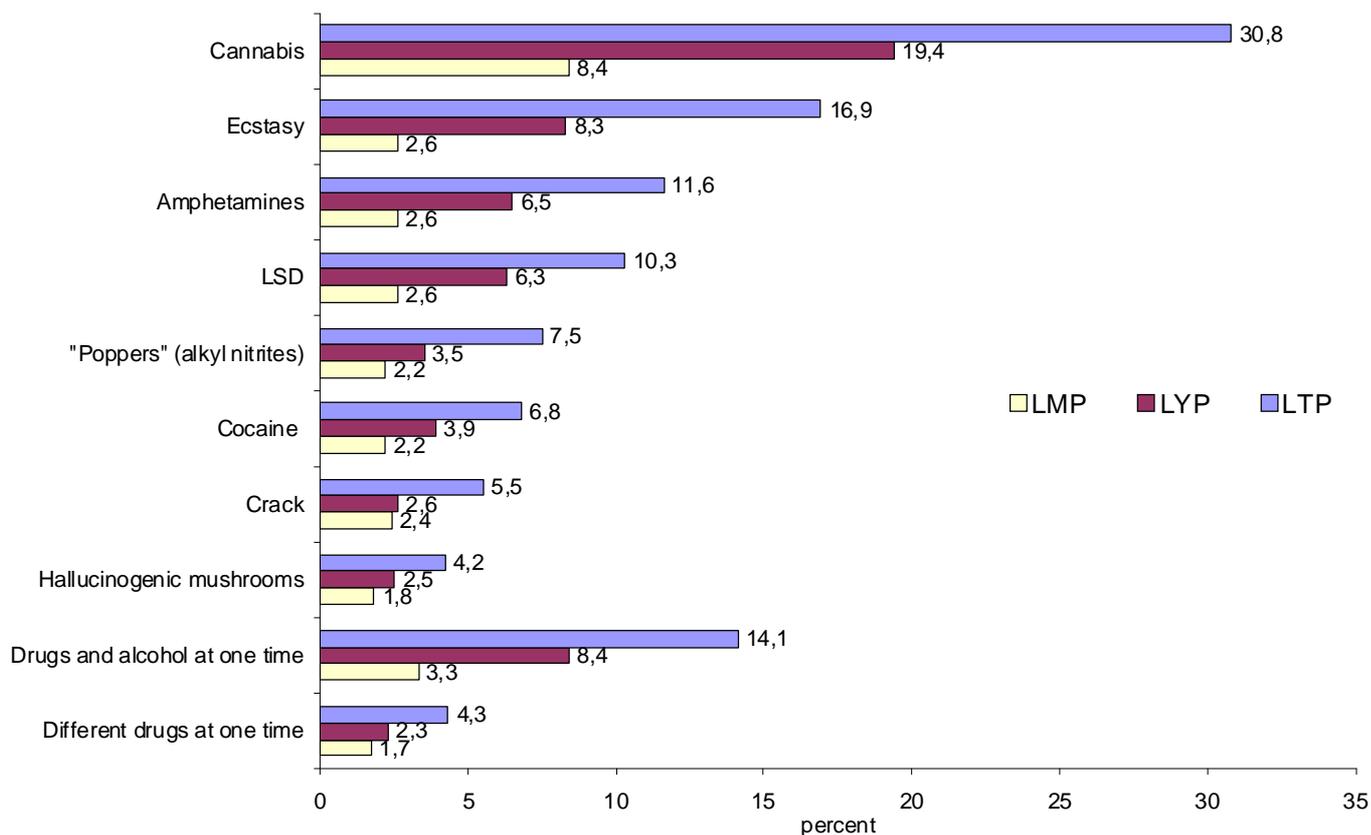
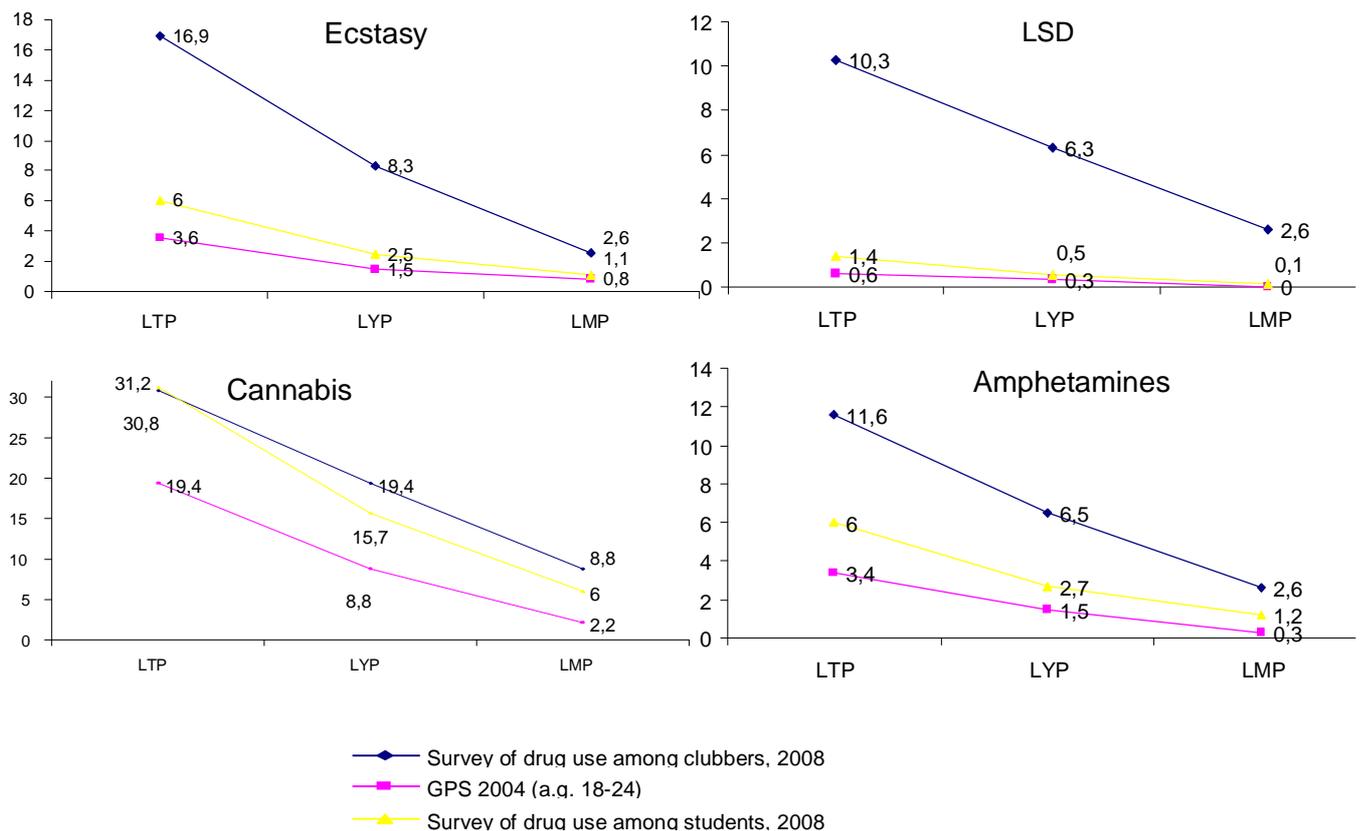


Figure 2-7. Prevalence of drug use of LTP, LYP, LMP by a drug type, based on different surveys (percent)



2.3. Drug Use among Specific Groups

Drug Use among Army Soldiers and Conscripts

Since 2002 instant drug tests regarding use of drugs and psychotropic substances⁴ have been carried out in the institutions and their units of the National Defence System on a yearly basis. In 2007, 1170 conscripts and 493 soldiers from the Professional Military Service (PMS) were tested regarding possible use of drugs and psychotropic substances having returned from sites outside the military units (a holiday, day off, etc.). Soldiers from the PMS for testing are randomly sampled.

Table 2-4 provides numbers of tested conscripts and soldiers from the PMS in 2004 – 2007. Compared to 2006, the number of tested conscripts increased by 3,6 percent (1417 conscripts tested in 2006), as in previous years the percentage share of positive tests decreased. 493 soldiers from the PMS were tested in 2007, i.e. 7 percent of the total number of the soldiers from the PMS.

Table 2-4. The number of tested conscripts and PMS soldiers in 2004 – 2007

Year	2004		2005		2006		2007	
	conscripts	PMS soldiers	conscripts	PMS soldiers	conscripts	PMS soldiers	conscripts	PMS soldiers
Total number soldiers	3363	7370	3258	6985	3000	7300	2300	7000
Tested soldiers	729 (21,6%)	60 (0,8%)	1177 (36,1%)	162 (2,3%)	1417 (47,2%)	75 (1,1%)	1170 (50,8%)	493 (7%)
Positive tests	73 (10% of the tested)	0	36 (3,1% of the tested)	0	48 (3,4% of the tested)	0	34 (2,9% of the tested)	2
Assigned to the supervised group due to potential use of drugs	323 (9,6% of all soldiers)	0	379 (10,6% of all soldiers)	0	224 (6,9% of all soldiers)	0	161 (7% of all soldiers)	2
Released from military service due to dependence on drugs	4	0	5	0	4	0	1	0

The tendencies of tests for drug use among the conscripts have remained at the same level: in 2007, positive test results among the conscripts accounted for 34 cases (1,5 percent of the conscripts). In 2006, positive test results accounted for 45 cases (1,6 percent of the conscripts); in 2005 – 48 cases (1,5 percent of the conscripts); in 2004 – 73 cases (2,2 percent of the conscripts). The share (percent) of tested conscripts and positive test cases out of the total number of conscripts in 2004 – 2007 is provided in Figure 2-8 below.

In the course of 4 years, 2 cases of drug and psychotropic substance use were identified when testing soldiers from the PMS (psychoactive substances of opioids, tranquilizers and soporifics were found).

During each conscription preventive control campaigns, with support of inspector-kinologists from the Territorial Customs Units of Vilnius and Kaunas, are organized in the Basic Soldier's Training Regiment seeking to identify use or holding of drugs. 8 spot-checks were performed in 2007. The service dogs identified 50 soldiers having a contact with drugs and psychotropic substances, including 3 cases

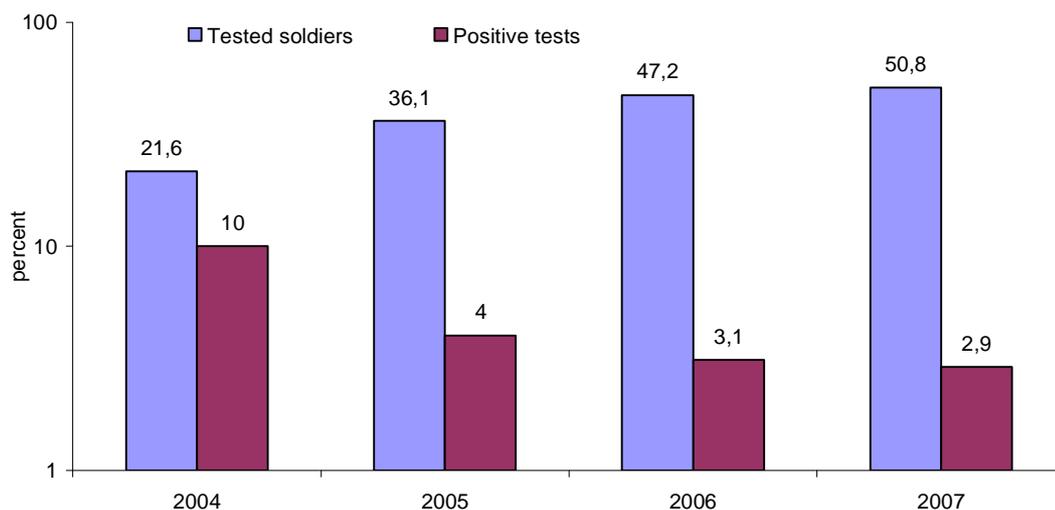
⁴ Used for tests: ON CALL™; Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key™ Cup (Urine); REFDOA-1107 (MET/COC/THC) + (BZO/TCA/BAR) + (AMP/OPI) + (MTD/MDMA) instant test to identify drugs and psychotropic substances.

verified by instant drug tests regarding use of drugs and psychotropic substances. These soldiers were assigned to the supervised group, tested additionally, observed by their commanders.

The Second Department for Strategic Services by the Ministry of Defence implementing control of persons engaged in work with information comprising government confidential information regarding possible use of drugs and psychotropic substances identified 1 person using drugs and 14 persons having used drugs in the past.

Military units were patrolled by military police, thus, supporting control of access and perimeter sites of the military units. 2 spot checks in military units were carried out, 1 pre-trial investigation related to drugs kept by a conscript was initiated.

Figure 2-8. The percentage of tested soldiers and soldiers with positive tests of all conscripts in 2004 – 2007



3. Prevention

Overview of the National Drug Prevention Policy

The implementation of drug addiction prevention measures is tailored 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 2006 were most commonly concerned with universal prevention in local communities and schools so as to protect young people from drug use. Since 2007, the distribution of support to prevention projects has changed: tenders for providing support to prevention projects have been announced, with focus on individual prevention support directions and channelling support separately for general prevention projects, selected and earmarked prevention projects, as well as the implementation of early intervention.

In 2007, particular attention was paid to the implementation of general, selective and targeted prevention of psychoactive substance use, also to early intervention. For the organisation of the implementation of prevention measures the public and local government institutions brought priorities for the executors seeking to clearly assess and identify the risk factors of psychoactive substance use selecting effective measures to deal with them as no universal prevention measures exist for different target groups. Also, in the implementation of psychoactive substance prevention significant attention should be paid to the development of life skills of children and juveniles. In 2007, the Drug Control Department under the Government of the Republic of Lithuania started preparation of the project *Development of Children's Life Skills* in Lithuanian schools in cooperation with the EC Pompidou Group.

The tendering procedures for funding prevention of psychoactive substance use are organised and funds for the implementation of the projects are allocated by the Ministry of Education and Science of the Republic of Lithuania, the Department for Youth Affairs at the Ministry of Social Affairs and Labour,

the Police Department under the Ministry of Interior of the Republic of Lithuania, the Drug Control Department under the Government of the Republic of Lithuania.

Table 3-1. The number of projects concerning prevention of psychoactive substance use implemented in 2005, 2006 and 2007; and funds allocated from the state budget

	2005 m.	2006 m.	2007 m.
Number of implemented projects	217 projects	523 projects	813 projects
Funding of projects	239,1 thousand Euro	507 thousand Euro	762 thousand Euro

In 2006, upon the initiative by the Drug Control Department an Inter-institutional commission for evaluation of the executed projects aiming at prevention of psychoactive substance use was set up. Having evaluated the implemented projects on prevention of psychoactive substance use, the Commission pointed out the advantages and disadvantages of the projects and produced its proposals.

Advantages of the projects in 2007:

- the executors of the projects possess the capacity to produce and formulate goals and objectives of a project on an adequate quality level;
- a greater number of executors of the projects before planning to implement prevention measures for a target group take efforts to assess the situation and problems of the concerned project implementation locality without constraining themselves solely to provision of the survey results in Lithuania; it enables to conclude that the project executors seek for attaining improvement of their prevention activities;
- in the implementation the project executors cooperate more actively with competent specialists, i.e. they invite more experts from the Public Health Centres, Police Offices, etc. to tell, discuss and deliver lectures concerning psychoactive substances and related topics, instead of leaving schools (school teachers and other staff) to take this initiative on their own;
- more projects include activities and exercises to develop social skills, follow programs approved by the Ministry of Education and Science of the Republic of Lithuania, i.e. *School Without Drugs, Development of Life Skills, Maryte's Diary*, etc.;
- a tendency that children's participation in organising the prevention activities was observed, thus, resulting in selection of prevention methods and ways that are innovative and attractive for children.

Disadvantages of the projects in 2007

Having compared the selected project reports of 2005 – 2007, the Commission drew a conclusion that despite the fact that funding for the implementation of the projects increases annually the project implementation situation may not be assessed as optimistic, i.e. the prevention measures are short-term, unable to produce expected results, planned qualitative and quantitative results. It is expedient to fund long-term and sustainable projects with activities of permanent nature, engagement in groups, development of children's social skills, formation of approach against psychoactive substance use, development of innovation methods encouraging young people to reason, make choices and be creative, thus, providing grounds to anticipate the prevention effect. Evaluation of the project efficiency is one of the weakest points of the project implementation and the project executors focus scarcely on it. If the project executors indicate they have made efficiency evaluation, however, they provide no evaluation criteria and results. The Commission members pointed out one more weak point - the project executors do not provide information how they motivate and involve a target group (for example, experimenting children) into the project activities. Also, the project executors do not differentiate prevention activities in relation to the selected target group; for example, experimenting children are applied general prevention measures.

Taking into consideration the conclusions of the Commission (2006) that the project executors do not have sufficient information on the project efficiency evaluation the Drug Control Department under the Government of the Republic of Lithuania produced the methodological recommendations for persons implementing primary prevention for psychoactive substance use among children *How to Evaluate Prevention Efficiency- Methodological Recommendations for Evaluation of Prevention Measures of Psychoactive Substance Use* (2007).

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 2006 were most commonly concerned with universal prevention in local communities and schools aiming at protection of young people against drug use.

The Ministry of Education and Science is responsible for universal prevention of psychoactive substance use in schools. Aiming at ensurance of efficiency of universal prevention in schools Decree No. ISAK-494 of March 17, 2006, by the Minister of Education and Science approved the *Program on Prevention of Use of Alcohol, Tobacco and Psychoactive Substances* (hereinafter – *Program*). Taking into consideration specifics of the educational experience and needs of respective prevention activities the contents of the *Program* was adapted to each age period and covers preschool, primary, basic and secondary education. This *Program* is a component of the educational content, integrated into the activities of the preschool education groups, lessons of subjects. At least 5-6 hours per school year should be devoted to the *Program* implementation.

The prevention measures are implemented in schools mainly based on project activities aiming to protect children against psychoactive substance use. The public institutions and NGOs prepared and published various training publications for experts working with children in the prevention area of psychoactive substance use, information publications for parents; in schools the annual legal education tender “Temide” was organised and implemented in 2007 (400 general education schools from 55 cities and districts participated; the total number of participants – 25.000 schoolchildren). In 2007, the Ministry of Education and Science organised training for self-governing bodies of schoolchildren in the prevention area, i.e. 3 self-governing bodies of schoolchildren were trained; they delivered 30 training sessions on topics *Schoolchildren- to- Schoolchildren about Psychoactive Substances, Influence by Peers, How to Identify Social Problems Among Peers, How to Organise Prevention Measures, Management of a Group in Prevention Events, How to Provide Help to a Peer and Refer to Help Providing Institutions, Resolution of Crisis and Problem Situations*. 350 schoolchildren participated in the sessions.

Evaluating the types of prevention events carried out in local government educational and development institutions in the school year of 2006 – 2007 it should be noted that from the theoretical point of view the prevention activities in the educational establishments may be divided into the main areas of activities as follows:

- educational activities (organising workshops and lectures, production of information publications, leaflets, etc.);
- informal development activities (organising various events – sports competitions, visits, tours, etc.);
- monitoring and counselling activities (organising open days in schools, parent days facilitating parents of the schoolchildren to receive counselling regarding problems the child faced or to obtain requested information regarding prevention of psychoactive substance use);
- evaluation of the results of activities (organising surveys to evaluate prevention activities and to assess the scope of existing problems).

Analysis of the data regarding applied types of prevention activity results in 2006 – 2007 submitted by the local governments shows that educational activities and informal development activities prevail (over 70 percent of the local governments organised this type of events in relation to a specific type of prevention activities). Assessment of activities' results (significant survey for prevention organisation) was performed in 70 percent of all local governments in relation to a specific type of prevention activities. For the implementation of some types of prevention activities (for example, prevention of suicides, prevention of HIV/AIDS, prevention of trafficking people), assessment of activities' results was carried out in 30 percent of local governments. In most cases (nearly in all local governments) the forms to evaluate the activities' results were analysis of discussions with the schoolchildren, their parents and teachers, also observation of behaviour of the schoolchildren. Finally, it should be underlined that the local governments did not provide with data regarding monitoring and counselling activities in the educational and development institutions, as one of potential forms of prevention work. Regarding topicality of specific types of prevention activities (for identification of topicality level of social problems being subjects of an individual prevention activity), it was observed that in the reports of 2006 – 2007 schooling year the local governments indicated alcohol and tobacco use

being the most topical problem (the problem significant in more than 50 percent of local governments). The reports of local governments also pointed out that in recent years the following problems were becoming topical: drug use (ca. 50 percent of local governments), aggression and violence (ca. 50 percent of local governments), violation of laws (56 percent of local governments). Among prevailing types of aggression and violence in the local government educational and development establishments psychological aggression was named – harassment, taunting, nicknaming, also excluding from communication, ignoring.

Analysis of cooperation with the parents of schoolchildren in local government educational and development establishments for prevention activities shows that nearly all local governments indicated that cooperation of parents in the prevention activities was fragmented and haphazard. Based on the information provided by the local governments in most cases parents participated in the educational prevention activities – lectures, discussions and meetings of preventive nature (over 90 percent of local governments), individual discussions of preventive nature with the staff of educational establishments (75 percent of local governments). Concerning assessment of cooperation with the local community in the implementation of prevention activities, 78 percent of the local governments pointed out that the local community was passive in the prevention activities and did not show firm initiative in the organisation of prevention activities.

Aiming at ensurance of effective involvement of the family into prevention of psychoactive substance use a project of educational program for primary prevention of psychoactive substance use for parents of the schoolchildren was prepared. In 2007, the Ministry of Education and Science organised education of primary prevention of psychoactive substance use for parents of the schoolchildren. In the tendering procedure for projects of prevention of psychoactive substance use 4 projects were awarded and funded. The projects approached education of parents and dealt with issues in relation to prevention of psychoactive substance use, workshops for parents were conducted using interactive training methods applied in the *Snowball Program*. Over 400 parents participated in all projects.

Taking into consideration better public accessibility of internet services the Drug Control Department under the Government of the Republic of Lithuania updated specialised website for three target groups, i.e. parents, pedagogues and mass-media; its address is www.nkd.lt/visuomene. This specialised website provides information regarding a role of parents, pedagogues and mass-media in prevention, as well as practical advice what has to be focused on when talking to children and youth about psychoactive substance use, how to recognise in an early stage that a child uses these substances, what to do having suspected that a child may have used psychoactive substances and whom to address for assistance. The parents may check their knowledge using a special test. It is expected that this website for parents, pedagogues and mass-media will become an easily assessable information source about the latest prevention methods. In 2007, the number of visits at this website was 32.407. In 2007, the Drug Control Department introduced reference for counselling *Ask an Expert Boldly* providing the public with a possibility to receive counselling on drug use from prevention, treatment, rehabilitation and legal experts. The website provides visual materials which can be effectively used by the website visitors organising prevention measures.

In 2007, the Drug Control Department under the Government of the Republic of Lithuania underlying the role of parents in prevention and seeking to inform parents how to behave avoiding children to start using drugs or when a child uses drugs produced, published and distributed the leaflet *Practical Advice to Parents How to Behave Avoiding Children to Start Using Drugs* (in Lithuanian and Russian) for family prevention of psychoactive substance use and the leaflet *Advice to Parents How to Help a Child Using Drugs* (in Lithuanian and Russian) providing information how to solve the problem and useful contacts for parent to address if a child uses psychoactive substances. Information regarding availability of the leaflets was provided to all institutions working with children and implementing protection of the child's rights nationally. The public institutions provide information to the public on a permanent basis preparing articles in mass-media and press-releases. Experts participate in TV and radio programs, give interviews to the national and regional publications, provide additional information to different mass-media channels and the public.

3.2. Selective/Indicated Prevention

Selective/indicated prevention of psychoactive substance use based on projects is implemented by the Drug Control Department under the Government of the Republic of Lithuania, the Department for

Youth Affairs of the Ministry of Social Affairs and Labour and the Police Department by the Ministry of Interior.

Table 3-2. The budget provided by institutions for funding selective and indicated prevention of psychoactive substance use in 2007

Name of institution	Number of funded projects and allocations
Department for Youth Affairs of the Ministry of Social Affairs and Labour	29 thousand Euro (9 projects)
Drug Control Department under the Government of the Republic of Lithuania	56,3 thousand Euro (25 projects)
Police Department by the Ministry of Interior	31 thousand Euro (18 projects)

Recreational settings – (Prevention project *Clubbing without Drugs*)

In 2005, the Drug Control Department started the implementation of the Project *Clubbing without Drugs* on prevention of drug distribution and use in nightclubs. 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.

Continuing the prevention Project *Clubbing without Drugs* the first national information campaign on drug harm urging the Lithuanian night clubs to join it was established. 4 unconventional advertisements and a short film provided new data regarding drugs harm for youth, and those who want to learn more are offered to visit the website www.benarkotiku.lt. The basis for the information campaign *Clubbing without Drugs* contained stickers of an advertising format distributed in different places of the nightclubs (WCs, near the cloak-rooms, etc.). The latest information of the Project *Clubbing without Drugs*, the campaign samples and the film may be loaded from the website www.benarkotiku.lt. The information material of the campaign was distributed among the nightclubs and bars in Vilnius, Kaunas, Siauliai, Panevezys, Palanga. Taking into consideration that the drug problem in the coastal resorts increases in summertime the meetings with the management and security staff of the nightclubs in Klaipeda and Palanga were organised seeking to encourage them to communicate with police and exchange information with them. A particular attention was focused on the nightclubs in the coastal resorts due to the fact that resort Palanga with the population of 18000 attracts visitors up to 50000 in summertime. Besides, the surveys show that youth being on holiday is apt to try drugs or to use drugs more often.

At-risk groups (risk families, children, etc.)

Social risk families

The children who do not attend school, get bad marks, grow in at-risk or poor families are more inclined to use psychoactive substances. According to data of the Department of Statistics in Lithuania 11.958 social risk families growing 27.881 children were registered in Lithuania in 2007; 7321 families were included into the risk group due to drinking parents, their psychotropic substance use; for 740 children growing in at-risk families temporary custody was established. In 2006, every 5th inhabitant of Lithuania lived below the poverty line. In 2007, according to data of the Ministry of Education and Science of the Republic of Lithuania 303 children including 49 disabled did not attend school. In 2007, the number of divorced families accounted for 11,3 and 10 thousand juveniles grew in them. Within this group primary prevention of psychoactive substance use was implemented without distinguishing individual substances (alcohol, tobacco, drugs and psychotropic substances).

According to the project reports of 2007 the Children Day Care Centres were visited by 5,5 thousand children, and out of this number continuous social and development services were provided to

4,5 thousand children. In 2007, the number of attending children increased by nearly 31 percent, and the number of children under long-term care – by 25 percent, compared to 2006. In 20056, the biggest share of the children under long-term care were schoolchildren of primary schools (aged 7-11) and accounted for 45,9 percent.

In 2007, 45 percent of the children under long-term care were referred to the Children Day Care Centre by the Services of the Protection of the Child's Rights.

The Centres provided meals to 4,2 thousand of the children under long-term care (94 percent). In 2 Centres the children were not provided with meals.

Material support was provided to 65 percent of the children under long-term care, 48 percent – psychological help in a centre – for 53 percent, 11 percent were referred to a specialised institution. Organisation of work with children and its quality improved. It is pointed out that in the beginning of the *Program* implementation only 50 percent of the children were provided with the services based on individual plans, in 2006 – 70 percent, and in 2007 – 83 percent. This indicator increased despite the increased number of projects participating in this *Program* by nearly 40 percent.

The Children Day Care Centres facilitated various activity arrangements. Each day the Centres organised sessions based on various hobbies, every second day – development sessions in groups based on different topics, physical training, development of computer literacy. Twice a week in the Centres psychological help is provided and individual development is being implemented. Three times a month excursions are organised (see *Fig. 3.1*).

According to the project reports of 2007, care was provided to 3,2 thousand families, including long-term care for 2,7 thousand. Compared to 2006, both numbers of the above indicators increased by 22 percent. Material support was delivered to 66 percent (65 percent in 2006) of long-term care families, psychological help – to 42 percent (49 percent in 2006).

In most cases the services were provided based on the needs of the families, i.e. counselling, provision of information concerning the child and other issues/

Mainly the services were provided based on the family needs, i.e. counselling, providing information regarding the child and other issues, intermediation concerning arrangements of documents or daily affairs. Over 93 percent of the project executors organised arrangements in groups, i.e. lectures, discussions, meetings; 77 percent – attended families at home, 80 percent – invited for individual meetings in a centre.

In 2007, the implementation of the projects involved 1887 experts of various qualifications (increased by ca. 22 compared to 2006). In the average each Day Care Centre had 7 staff members (social workers, social pedagogues, pedagogues, psychologists and health care specialists) engaged in direct work with children, as well as 5 more experts of different areas.

In 2007, the ratio was as follows: 4 children per expert engaged in direct work with children, ca. 9 children per staff member, 4 regularly attending children per volunteer.

4. Problem Drug Use

Additional information for this chapter is also available in Standard Table 07/08 „National/Local prevalence estimates on problem drug use“

4.1. Prevalence and incidence estimates of PDU

Estimation of the Prevalence of Problem Drug Use in Lithuania was carried out by Dr. Gordon Hay, as part of the UNODC Project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania”, in 2007. Estimates of the number of problem drug users in Vilnius and for Lithuania have been obtained, as have estimates of the number of drug injectors in Klaipeda and Vilnius, as well as national estimates for Lithuania. Apart from the problem drug use estimate for Vilnius, all these estimates should be seen as provisional and approximate. Using the capture-recapture method, it can be estimated that there are 2,167 problem drug users (95% CI 1,663 – 2,934) in Vilnius.

Capture-recapture analysis – Vilnius

The Vilnius Addictive Behaviours Centre is the primary drug treatment service in Vilnius. It provides various services for the city's problem drug users. It collates information within three distinct databases. The first includes information on clients who are on a detoxification programme with Subutex. The second database includes information on clients who are receiving outpatient treatment. The final database is constructed from people who have been brought to the service following contact with the police.

Table 4-1. Overlap between three sources of data on problem drug users in Vilnius

		Police			
		Yes		No	
		Outpatient Treatment			
		Yes	No	Yes	No
Detox with Subutex	Yes	4	7	52	144
	No	24	131	226	-

From Table 4-1, there were 4 people who were in all three data sources. There were 7 people who were in both the Detox data and the Police data, but not in the Outpatient Treatment data. The largest cell in Table 4-1 gives the number of people who were in the outpatient treatment (226) but not in the Detox or Police data. The capture-recapture analysis can be used to estimate the size of the hidden population, and fitting different statistical (log-linear) models to this overlap pattern gives Table 4-2.

Table 4-2. The results from the log-linear analysis of the data in Table 4- 1

Model	Deviance	Df	Estimate	Total	P	AIC	SIC
Independence	17.72	3	970	1,558	0.00	11.72	-1.41
S1xS2	3.51	2	1,579	2,167	0.17	-0.49	-9.24
S2xS3	16.35	2	871	1,459	0.00	12.35	3.60
S1xS3	7.57	2	797	1,385	0.02	3.57	-5.18
S1xS2+S2xS3	0.35	1	2,695	3,283	0.55	-1.65	-6.03
S1xS2+S1xS3	0.48	1	1,234	1,822	0.49	-1.52	-5.90
S1xS3+S2xS3	2.62	1	626	1,214	0.11	0.62	-3.76
S1xS2+S1xS3+S2xS3	0.00	0	1,952	2,540	1.00	0.00	0.00

In Table 4-2, S1 denotes the Detox with Subutex data, S2 denotes the Outpatient Treatment data and S3 denotes the Police data. Thus the model S1xS2 (which has a deviance value of 3.51) is the model that accounts for a relationship between the Detox data and the Outpatient Treatment data.

The model with the lowest AIC value is the one that has an interaction between the Detox and Outpatient data sources and an interaction between the Outpatient data and the Police data. This model would give an estimate of 3,283 (95% CI 1,897 – 6,948). The model with the lowest SIC value (interaction between the Detox and Outpatient data sources) gives an estimate of 2,167 (95% CI 1,663 – 2,934). The interactions present within this model appear to be quite sensible.

Truncated Poisson analysis – Vilnius.

In total, data were available on 1,444 individuals who had attended the needle exchange in Vilnius at any point during 2006. Those data were used to suggest that the total number of drug injectors in Vilnius in 2006 would be 1,622. The truncated Poisson analysis also suggests that over the summer months, there are around 600 to 700 drug injectors active in Vilnius. There does appear to be a seasonal pattern, with lower numbers of injectors attending needle exchange in the winter.

Truncated Poisson analysis – Klaipeda.

On average there are approximately 280 drug injectors active in Klaipeda in any month. The Vilnius estimates suggest that the total number of injectors across 2006 is 2.7 times the average number of active injectors per month. If this ratio for Vilnius is applied to the analysis for Klaipeda, then the total number of injectors in Klaipeda will be approximately 750.

National Prevalence Estimate. Published statistics from the Ministry of the Interior suggest that drug offences in the Vilnius municipality account for approximately half of the offences for the whole country. Data supplied to the EMCDDA suggest that half the new demands for treatment in Lithuania are from the Vilnius municipality. If it is valid to assume that half of the country's problem drug users (and drug injectors) live in the Vilnius municipality, then there would be approximately 3,200 drug injectors and 4,300 problem drug users in the whole country.

4.2. Treatment Demand Indicator

Additional information for this chapter is also available in Standard Table 03 Characteristics of persons starting treatment for drugs (2008) and TDI data Table (2008)

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 not provided by all health care institutions 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 90, which provided data (most of them are public, not private, health care institutions) have bigger capacity than the private treatment centres.

Drug addicts' registration system and TDI development

In 2005, the Department carried out analysis of the system for collection of information on the Treatment demand indicator (TDI) and identified that the official statistical data collected in the health care institutions reflect solely a minor scope of the problems in relation to dependencies on psychoactive substances. The statistics of registered disorders records only tendencies for contacting specialists of mental health care, though not the actual prevalence of mental and behavioural disorders, thus not complying with the common European data collection standards for this indicator established by the EMCDDA. Thus, it was necessary to basically review the information system for collection, provision and

use of the Lithuanian mental health statistical data, and having established inconsistencies to modify it and approach to the established standards in order to make them comparable to the information collected in the EU members. Based on Decree No. V-636 of August 1, 2007, of the Minister of Health of the Republic of Lithuania *On Approval of the Profile of the Monitoring Procedure of Individuals Contacting Health Care Institutions Regarding Mental and Behavioural Disorders* (Žin., 2007, No. 88-3496) validated the new monitoring system in Lithuania enabling to collect more comprehensive data for TDI from October 2008. Based on the above Decree the State Mental Health Centre is authorised to implement monitoring of the persons having contacted health care establishments in relation to psychic and behavioural disorders caused by drugs and psychotropic substances, while the State Patients' Fund under the Ministry of Health – to organise the establishment and exploitation of the monitoring information system. The data shall be collected from all health care institutions having the right to provide health care services in the areas of psychiatry, dependence psychiatry, psychotherapy, juvenile psychiatry.

Definitions

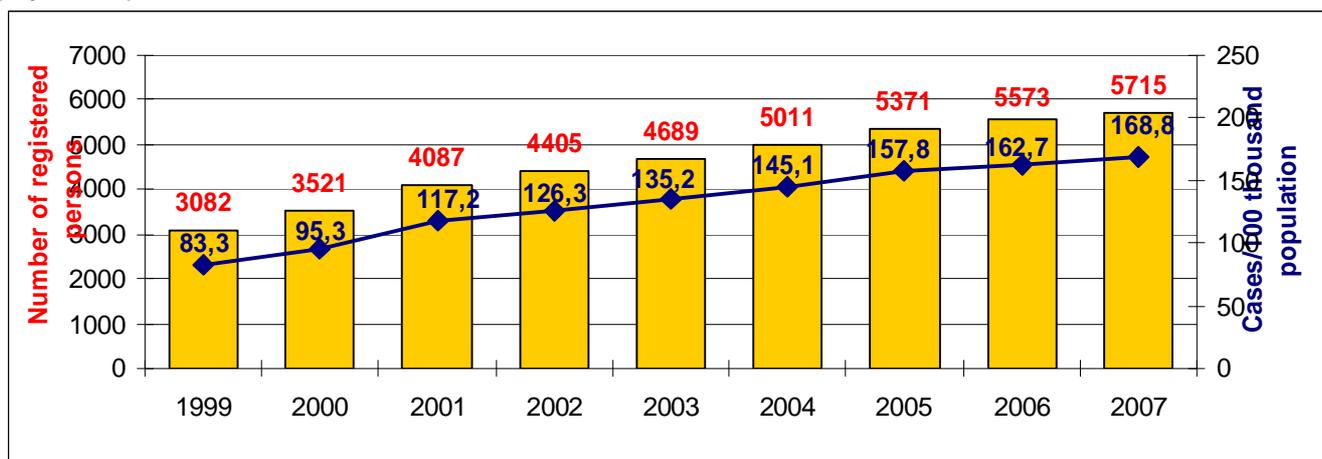
All treatments – refers to the number of all individuals who were treated for a drug problem and were registered in the registration system according the criteria provided above. It should be noted that these individuals might not being treated during the reporting year.

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, 2007, the healthcare institutions registered 69.365 individuals with mental or behavioural disorders caused by psychoactive substances, including 5.715 individuals with dependence disorders caused by drugs and psychotropic substances. In the last 6 years the number of registered individuals increased on a permanent basis, and from 2000 to 2007 the number of registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances increased by 2194 individuals, or 1,6 times. In 2007, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 168.8 cases/100 thousand population, whereas in 2004 – 145.1 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 behavioural disorders caused by drugs and psychotropic substances in 1999-2007



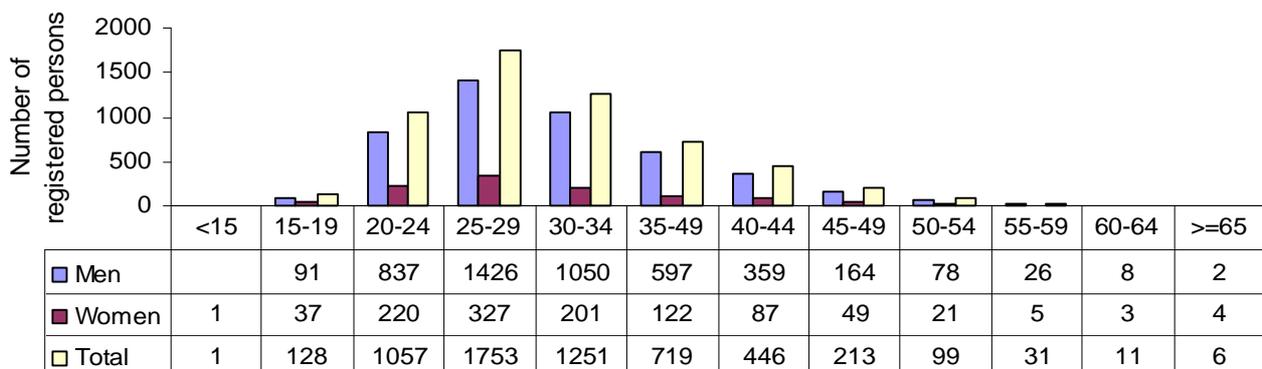
In 2007, out of the total number of registered individuals with mental or behavioural disorders caused by psychoactive substances men accounted for 81,2 percent (4638 men) and women – 18,8percent (1077 women). In 2007, male drug dependence morbidity accounted for 294,1 cases/100 thousand population, and female drug dependence morbidity – 59,6 cases/100 thousand population (Table 4-3).

Table 4-3. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2001-2007

Year	2001	2002	2003	2004	2005	2006	2007
All treatments (registered individuals)							
Total	4087	4405	4689	5011	5371	5537	5715
Men	3352	3600	3824	4094	4372	4529	4638
Women	735	805	865	917	999	1044	1077
Drug dependence morbidity (number of cases/100 thousand population)							
Total	117.6	127.2	136.1	145.4	157.8	162.7	168.8
Men	206.3	222.6	237.7	254.2	273.6	287.2	294.1
Women	39.7	43.6	47.0	50.1	54.6	57.7	59.6

In 2007, the biggest share of individuals registered for drug dependence treatment were in the subgroup aged 20 to 29 and accounted for 49,2 percent of the total registered number; the subgroup aged 30 to 34 – 1251 registered persons (1050 men and 201 women), i.e. 21,9 percent of the total registered number (Figure 4-2); in the subgroup of children (under 18 years of age) – 11 individuals registered.

Figure 4-2. Distribution of all registered individuals for drug dependence treatment, by gender and age, 2007



By counties, in 2007 the biggest number of individuals registered due to mental and behavioural disorders using drugs and psychotropic substances was in the county of Vilnius, i.e. 2962 individuals (349,4 cases/100 thousand population), in the county of Klaipeda – 813 persons (214,2 cases/100 thousand population), Kaunas – 609 individuals (89,9 cases/100 thousand population), in the county of Panevezys – 370 individuals (128,9 cases/100 thousand population), in the county of Siauliai – 238 individuals (67,3 cases/100 thousand population), in the county of Utena – 237 individuals (135,6 cases/100 thousand population), in the county of Alytus – 206 individuals (115,1 cases/100 thousand population), in the county of Telsiai – 142 individuals (81,3 cases/100 thousand population), in the county of Taurage – 68 individuals (52,8 cases/100 thousand population). By cities, the biggest number of individuals registered due to mental and behavioural disorders using drugs and psychotropic substances was in Vilnius – 2727 individuals (491,9 cases/100 thousand population), Klaipeda – 728 individuals (391,5 cases/100 thousand population). However, among the cities nationally the highest morbidity level exceeding the national average was in Visaginas – 166 individuals (580,9 cases/100 thousand population).

In 2007, as in previous years the biggest share of all registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users. In 2007, the number of registered individuals with mental or behavioural disorders caused by using opioids accounted for 4616 individuals (80,8 percent); cannaboids – 34 individuals (0,6 percent); tranquillizers

and sedatives – 79 individuals (1,4 percent); cocaine – 9 individuals (0,2 percent); stimulants including caffeine – 146 individuals (2,6 percent); hallucinogenic – 7 individuals (0,1 percent); volatile substances – 146 (2,6 percent); multiple drugs and other psychoactive substances – 668 individuals (12,1 percent).

Route of administration

The same as in previous years 92,7 percent of the individuals registered due to mental or behavioural disorders caused by drugs and psychotropic substances were injecting users (Table 4-4). The registered injecting users mainly used opioids (80,8 percent), other drugs (12 percent) and stimulants including caffeine (2,6 percent).

Table 4-4. Route of administration of narcotic and psychotropic substances in 2007 (all registered drug addiction cases)

Drug group	Route of administration, number of individuals (percent)				Total
	Injected	Smoked	Ingested	Sniffed	
Opiates	4542 (79,5%)	4 (0,07%)	63 (1,1%)	6 (0,1%)	4616 (80,8%)
Volatile substances	9 (0,2%)	18 (0,3%)	16 (0,3%)	103 (1,8%)	146 (2,6%)
Stimulants and caffeine	88 (1,5%)	-	52 (0,9%)	7 (0,1%)	146 (2,6%)
Tranquillizers/ sedatives	16 (0,3%)	-	47 (0,8%)	-	79 (1,2%)
Cannaboids	-	19 (0,3%)	13 (0,2%)	2 (0,03%)	34 (0,6%)
Hallucinogens	-	-	7 (0,1%)	-	8 (0,1%)
Cocaine	2 (0,03%)	1 (0,02%)	3 (0,05%)	3 (0,05%)	8 (0,1%)
Other drugs	640 (11,2%)	3 (0,05%)	41 (0,7%)	3 (0,05%)	688 (12%)
Total	5297 (92,7%)	45 (0,8%)	242 (4,2%)	126 (2,2%)	5715 (100%)

Treated persons for drug addiction in 2006

According to the data provided by the State Mental Health Centre in 2007 the total number of in-patients accounted for 993 individuals due to mental and behavioural disorders using drugs as follows:

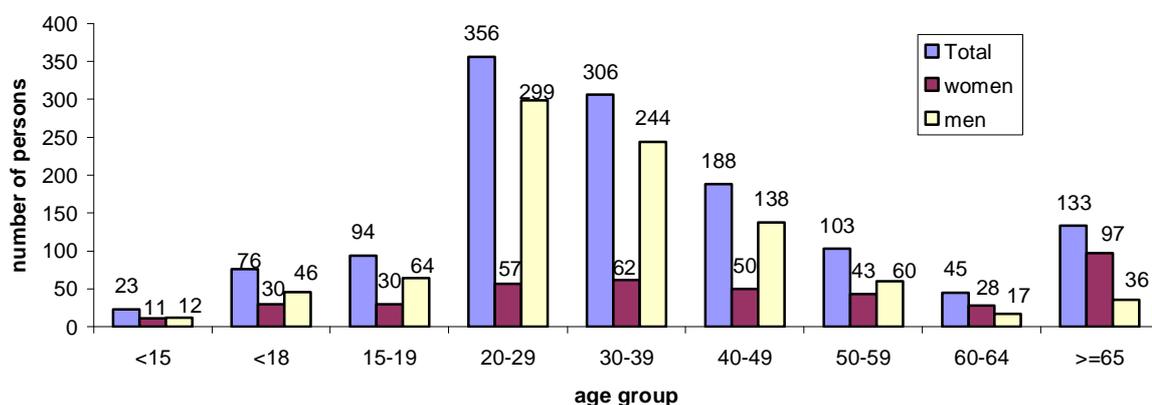
- Opiates (ICD-10 code „F11“) - 648 individuals, including 505 individuals first time (121 women, 527 men and 19 individuals under 18 years of age);
- Cannaboids (marihuana, hashish and others) (ICD-10 code „F12“) - 5 individuals, all first time (all men), including 1 individuals under 18 years of age;
- Cocaine (ICD-10 code „F14“) - 1 individuals, all first time (1 man);
- Stimulants (ICD-10 code „F15“) - 38 individuals, including 34 individuals first time, including 4 individuals under 18 years of age;
- Multiple drugs (ICD-10 code „F19“) - 301 individuals (39 women, 262 men and 6 individuals under 18 years of age).

Medical services provided due to mental and behavioural disorders using drugs and psychotropic substances in 2007

According to data of the State Patients' Fund under the Ministry of Health in 2007 medical services in relation to and behavioural disorders using drugs and psychotropic substances were provided 2111 times (including 713 - for women, 1398 - for men), for 1245 individuals (including 378 women, 867 men). The biggest number of services was provided in the following age groups: women over 65 and

men aged 25 – 34 (Figure 4-3). Mainly these were the services provided by psychiatrists for adults and general practitioners, also psychoses caused by drugs and psychotropic substances were treated. Medical help was provided to 689 individuals due to mental and behavioural disorders using opioids, to 32 - due to mental and behavioural disorders using cannabinoids, to 165 - due to mental and behavioural disorders using tranquilizers, to 165 - due to mental and behavioural disorders using cocaine, to 92 - due to mental and behavioural disorders using stimulants, also caffeine, to 18 - due to mental and behavioural disorders using hallucinogens, to 33 - due to mental and behavioural disorders using volatile substances, 205 - due to mental and behavioural disorders using several drugs and other psychotropic substances. Medical services provided due to dependence on drugs and psychotropic substances distributed among the municipalities as follows: 280 individuals - Vilnius, 93 – Kaunas, 74 – Klaipeda, and 64 –Salcininkai district.

Figure 4-3. Distribution of persons provided medical services due to use of drugs and psychotropic substances, by age and gender

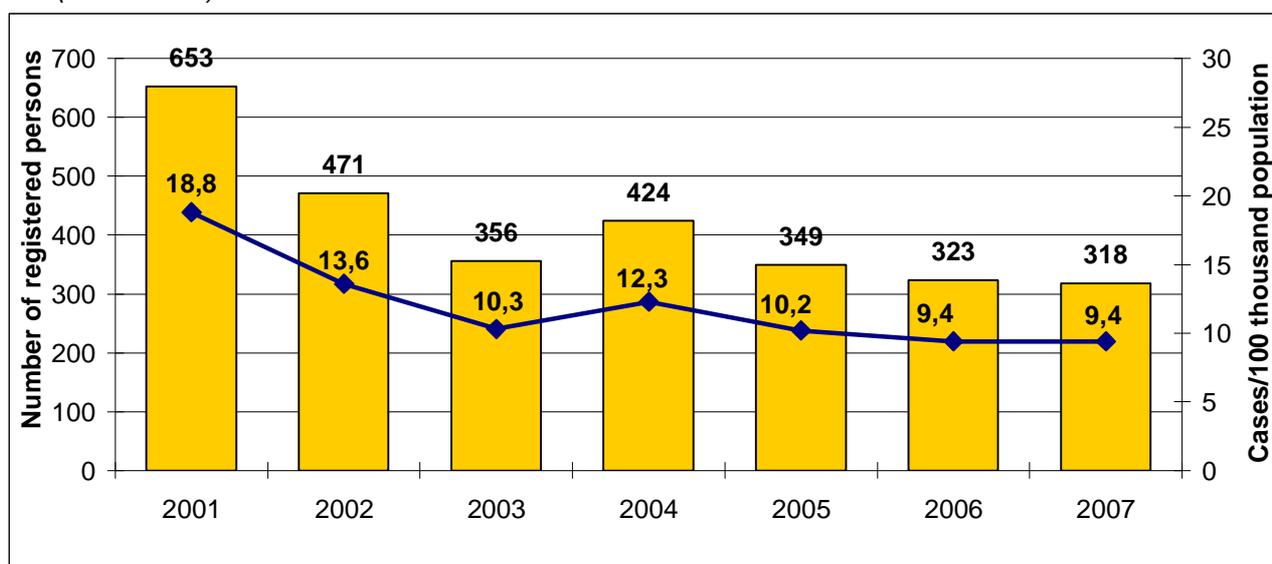


In 2007, medical services due to mental and behavioural disorders using drugs and psychotropic substances were provided 103 times to 76 children (individuals under 18 years of age), including 23 children under 15 years of age. Medical services were provided to 18 children due to mental and behavioural disorders using several drugs and other psychotropic substances, to 16 – due to mental and behavioural disorders using stimulants, also caffeine, to 13 - due to mental and behavioural disorders using opioids, to 13 - due to mental and behavioural disorders using volatile substances. The biggest number of children due to mental and behavioural disorders using drugs and psychotropic substances were provided counselling by juvenile psychiatrists in out-patient clinics.

New treatments for drug addiction

In 2007, the health care institutions registered 318 new cases due to mental or behavioural disorders caused by drugs and psychotropic substances, i.e. 5 individuals (1,5 percent) less compared to 2006 (Figure 4-4). The new treatments level per 100 thousand population tends to be stable in the last 4 years, and in 2005 it accounted for 9,4 cases/100 thousand population.

Figure 4-4. Level of new drug addiction rates per 100 thousand population and the number of new registered cases due to mental or behavioural disorders caused by drugs and psychotropic substance use (2001-2007)



Information source: data of the State Mental Health Centre

New treatments by gender and age

In 2007, new cases registered by health care institutions were as follows: 252 men (79,9 percent) and 66 women (20,1 percent); the rate of male drug addiction per 100 thousand population accounted for 16,0 cases/100 thousand population, the rate of female drug addiction – 3,6 cases/100 thousand population (Table 4-5).

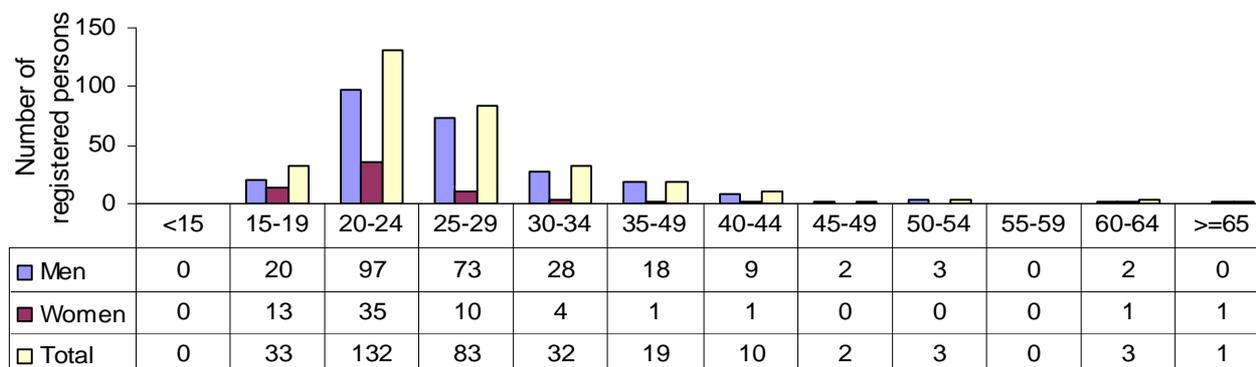
Table 4-5. New registered cases and dynamics of drug dependence rate per 100 thousand population in Lithuania, by gender, 2000-2005 (number of cases per 100 thousand population)

Year	2001	2002	2003	2004	2005	2006	2007
Number of new treatment cases							
Total	653	471	356	424	349	323	318
Men	553	383	282	359	273	258	252
Women	100	88	74	65	76	65	66
Number of cases per 100 thousand population							
Total	18,8	13,6	10,3	12,3	10,2	9,4	9,4
Men	34,0	23,6	17,5	22,2	17,0	16,4	16,0
Women	5,4	4,8	4,0	3,5	4,1	3,6	3,6

Data of the State Mental Health Centre

In 2007, the health care institutions registered new cases for the first treatment as follows: 33 individuals aged 15 to 19 (10,4 percent); the biggest group accounted for 67,6 percent in age groups 20 to 24 and 25 to 29 - 132 and 83 individuals, respectively (Figure 4-5).

Figure 4-5. Distribution of registered new cases for the first treatment due to mental or behavioural disorders caused by drugs and psychotropic substances, by gender and age, 2007



In 2007, the biggest number of new registered cases of dependence on drugs and psychotropic substances was in the county of Vilnius – 181; in the county of Klaipeda – 47; in the counties of Kaunas – 38; in the county of Utena – 20. The average addiction morbidity in Lithuania was - 9,4 cases/100 thousand population; in the county of Vilnius– 21,4 cases/100 thousand population; in the county of Utena – 11,4 cases/100 thousand population; in the county of Klaipeda – 12,4 cases/100 thousand population; in the county of Kaunas – 5,6 cases/100 thousand population.

In 2007, the distribution in the cities was as follows: in the municipality of Visaginas - 17 new drug addiction cases, i.e. 59,5 cases/100 thousand population; in Vilnius – 28,9 cases/100 thousand population, in the district of Panevezys – 12,2 cases/100 thousand population, in Klaipeda – 21,5 cases/100 thousand population, in the district of Vilnius– 13,8 cases/100 thousand population, in Kaunas – 6,4 cases/100 thousand population.

4.3. PDUs from non-treatment sources

No information available

4.4. Intensive or frequent patterns of uses

No information available

5. Drug Related Treatment

5.1. Treatment System

Additional information for this chapter is also available in Structured Questionnaire 27 (I& II) „Treatment programmes“ (part I) and „Quality Assurance treatment“ (part II)

No significant changes were made in 2007.

According to the data of the Lithuanian Health Information Centre in Lithuania medical assistance is provided by 1011 out-patient institutions providing respective services and 172 institutions providing in-patient medical assistance services. General practitioners, therapists, paediatricians working in primary health care institutions, having suspected a patient of dependence on psychoactive substances of having identified any symptoms of such disorders send the patient to a psychiatrist for counselling. In Lithuania, primary mental health care is being implemented by 85 mental health care institutions. The staff positions of all 85 institutions include 155 psychiatrists for adults, 39 juvenile psychiatrists, 185 medical nurses and social workers, 94 psychologists.

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

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.

Social and psychological help to children using drugs and psychotropic substances is provided by the specialists working in municipal pedagogical-psychological services and social pedagogues, psychologists, health care specialists in educational and care institutions. In the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda 18 places were established for treatment and short-term rehabilitation of children addicted to psychoactive substances (9 – in the Centre for Addictive Disorders in Vilnius; 4 - in the Centre for Addictive Disorders in Klaipeda; 5 – in the Centre for Addictive Disorders in Kaunas) where treatment and rehabilitation services are provided for 1-3 months (including detoxication, treatment using pharmaceuticals, development of motivation, social psychological rehabilitation services). In March 2008, in the Centre for Addictive Disorders in Kaunas a long-term social psychological rehabilitation unit with 10 places was introduced for children dependent on psychoactive substances. Currently, two long-term rehabilitation communities for children operate in Lithuania which were established by the Public Institution *Apsisprendimas* and the Centre for Addictive Disorders in Kaunas; in total 40 places providing medical, psychological and social rehabilitation for children using psychoactive substances exist in Lithuania. It is planned to open a children treatment unit in the Centre for Addictive Disorders of the Panevezys district in 2008.

In 2007, according to data of the State Mental Health Centre 15378 individuals underwent treatment in in-patient clinics due to mental and behavioural disorders caused by drugs and psychotropic substances. 14353 patients had mental and behavioural disorders due to use of alcohol, including 16 patients under 18 years of age; 648 patients had mental and behavioural disorders due to use of opioids, including 121 women and 19 individuals aged under 18 years of age. Specialised help to juveniles using alcohol, drugs, psychotropic substances and other psychoactive substances is provided by the Centres for Addictive Disorders in Vilnius, Kaunas and Klaipeda where special units for children treatment were established. In March 2007, a long-term rehabilitation unit for juveniles and children was opened in the Kaunas Centre for Addictive Disorders. In 2007, a unit for children treatment was opened in the Panevezys Centre for Addictive Disorders.

5.2. Drug Free Treatment

In 2007, as in the previous years, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. In-patient treatment methods include short-term in-patient treatment under the Minnesota Pattern lasting for 4-6 weeks, and medium- to long-term in-patient treatment (lasting up to 14 months) at a rehabilitation centre. These treatment programs are based on application of therapeutic community principles implying 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 2007, 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 counselling services provided to the family members. The program is intended for patients who had undergone withdrawal treatment. The program has a strict structure; patients must participate in group and individual sessions with a doctor, psychologist and social worker. A certain focus is made on adaptation of a 12-step program for anonymous drug users, therefore a patient is recommended to join 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.

Nationally the rehabilitation services for addicts of psychoactive substances are being developed based on the implementation of the *National Strategy on Drug Addiction Prevention and Control 2004–2008*. The network of rehabilitation institutions has been expanded since 2000, and 17 long-term rehabilitation centres with 300 places operated as of beginning 2008. Each year allocations for the implementation of rehabilitation projects from the state budget grow, i.e. in 2006, the allocation amounted to 225,8 thousand Euros (12 rehabilitation establishments/projects), in 2007 - 220,9 thousand Euros (10 rehabilitation establishments/projects), in 2008 - 285,5 thousand Euros (12 rehabilitation

establishments/projects). In 2007, social and psychological rehabilitation services were provided to 457 persons addicted to psychoactive substances, including 430 persons provided the services in long-term rehabilitation communities. Support was provided to 257 members of families having individuals addicted to psychoactive substances, the services were provided by 81 employees. Annual evaluation of the community participation in the psychological and social program was carried out in two recent years. In 2007, the number of participants having completed the program increased by 22 percent compared to 2006 and accounted for 83 percent (65 percent in 2006), the biggest number of them work (59 percent), study (13 percent), work and study (13 percent). 177 participants did not accomplish the program, as a big number of them (78) discontinued upon their own will. Summarizing the results concerning psychological and social rehabilitation of persons dependent on psychoactive substances it may be pointed out that the rehabilitation process of addicted persons proceed successfully as the number of participants having accomplished the rehabilitation programs grows and they integrate into the community.

5.3. Pharmacologically Assisted Treatment

Withdrawal Treatment

No new information available.

Substitution Treatment

Lithuania is among the countries with limited application of substitution treatment, high requirements are applied to it. Substitution 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 or buprenorphine solution taken under observation of the medical personnel. Subject to approval of the medical examination commission, stable and socially adapted patients are usually allowed to take a dose of medication 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 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 2007, the substitution treatment was conducted by the Vilnius Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the City of Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the town of Druskininkai. In 2007, substitution treatment was started in Telsiai (the Zemaitija Mental Health Centre), in April 2008 substitution treatment was also introduced in the Kedainiai Mental Health Centre.

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

- To improve gradually somatic and psychic condition of opioid addicts, to improve their social adaptation and integration into the society;
- To better organize prevention of HIV and hepatitis B and C, as well as other infectious diseases among drug users;
- To have more efficient treatment of correlate diseases;
- To have more efficient treatment of drug injection complications;
- To provide improved conditions for prenatal and post-natal care of pregnant drug users.

On 1 January of 2007, substitution treatment with methadone was applied to 381 persons, including 90 women (24 %) and 291 men (76 %). According to the age distribution of the participants in the substitution treatment program 1 individual was in the age subgroup under 20 years (0,3 percent), 93 – in the age subgroup from 21 to 30 years old, 126 individuals - in the age subgroup from 31 to 40 years old (33.1 percent), 23 individuals - in the age subgroup from 51 to 60 years old (6 percent) and 4 individuals – in the age subgroup over 60 years old (1 percent). As of 1 January 2008, in Lithuania substitution treatment was applied to 395 persons, i.e. 24 percent women and 76 percent men. In 2007, 141 persons started and 127 persons completed treatment. In 2007, substitution treatment was used for 522 persons (in 2006, substitution treatment was used at least once for 524 persons; *Table 5-1*).

Table 5-1. Number of patients who participated in the substitution treatment programs from 2000 to January 2007

Treatment institution	2000	2001	2002	2003	2004	2005	2006	2007
Vilnius PLC	189	182	149	135	202	198	186	192
Klaipeda CAD	68	69	43	37	50	51	57	50
Kaunas CAD	63	74	98	113	122	108	79	78
Panevezys CAD	0	0	13	26	41	31	38	47
Druskininkai	20	19	19	21	21	22	21	19
Zemaitija CAD (Telsiai)	-	-	-	-	-	-	-	9
Total	340	344	322	332	436	410	381	395

Survey of the substitute methadone treatment program

In December 2006, the Drug Control Department under the Government of the Republic of Lithuania together with the Public Health Institute of the Medical Department of Vilnius University and the Public Institution *Training, Development and Research Centre* carried out a survey *Characteristics of Persons in Substitute Methadone Treatment*.

A targeted survey group included participants in the substitute treatment program throughout Lithuania. Sampling of the survey was based on the data June 2006, i.e. 392 persons participated in the substitute treatment program. All patients receiving substitute treatment program services or those coming to consume methadone during the survey period were proposed to participate in the survey. In total 288 patients receiving methadone services who agreed to answer the questionnaire and gave consent to specify some data in their personal medical records were surveyed.

The biggest share 75 percent (n=217) of the participants in the substitute treatment program were treated in the Centres for Addictive Disorders and 24 percent (n=71) in the Mental Health Centres. 76 percent (n=220) of the interviewed were men and 24 percent (n=68) were women. The average age of the surveyed participants the substitute treatment program was 37,3 years, the most frequent age of the sampled patients (moda) was 43 years, half of the surveyed were younger than 38 years old, and the other half of the surveyed - 38 (mediana). The youngest participant in the program was 20 years old, and the eldest – 63.

Nearly 2/3 of the patients (n=197) receiving substitute methadone treatment earlier underwent treatment against dependence on drugs and psychotropic substances, another group of 30 percent stated they had never been in treatment and 1 percent (n=4) did not answer this question.

The survey identified that 25 percent of the participants in the methadone program have permanent jobs (n=71) or are registered with labour exchange (n=70), ca. 20 percent (n=53) are unemployed, 18 percent (n=53) – disabled, 9 percent (n=25) have part-time jobs and 5 percent (n=14) are schoolchildren, retired, housewives or another unemployed group. The data analysis by gender identified that a bigger number of women have permanent jobs (28 percent) or part-time jobs (12 percent) compared to men (24 and 8 percent respectively), and among men the number of unemployed (21 percent) and disabled (20 percent) was higher compared to women (12 and 13 percent respectively). Though the employment result of the participants in the methadone program depends on their presence duration in the program the data show that more than half of the able-bodied patients did not work during the survey. This high unemployment level could be related to many factors, such as motivation, education or other external factors, i.e. stigmatisation and others. It may firmly be stated this problem of the patients should be paid more attention and analysed how such patients could be integrated into the labour market.

Absolutely all 288 participants in the methadone program addressed treatment against dependence on opioids. Before the treatment the biggest share of them, i.e. 77 percent (n=223) used extract of poppies and a smaller share, i.e. 22 percent (n=64) – heroine, also 1 patient stated use of other opioids. The average age when the patients started to use these substances is 21 years, most frequently the first use of the main substance was indicated by the patients at the age of 18 years (moda). 97 percent (n=279) of the surveyed patients said that before the treatment the main pattern of use of drugs and psychotropic substances was injection and 94 percent (n=270) indicated daily use of these substances.

The surveyed show that nearly all, i.e. 98 percent (n=283) were tested against HIV. 10 percent (n=29) were HIV positive, 2 percent (n=5) of the patients said they had never been tested against HIV, the same percentage said they were tested but their infection status was not known.

The collected data show that the average participation time if the methadone program was 49 months, the surveyed sample included most frequently participants in the treatment ca. 30 months (moda) and one part of the participants in the methadone program was in the treatment for 38 months while the other – more than 38 months (mediana).

The doses of this pharmaceutical recorded in the accounting journal for all participants of the methadone program were written into the questionnaires. The average methadone dose prescribed to a participant is 54,7 ml, the most frequent dose is 60 ml. (moda), and one part of the program participants are prescribed under 50 ml, and the other part - over 50 ml (mediana). The smallest prescribed dose was 10 ml, and the biggest – 170 ml. Recommendations by the World Health Organisation (WHO) regarding substitute methadone treatment say the most effective methadone dose is 60-80 ml. However, the survey data show that the average prescribed methadone dose is 55 ml. no correlation was identified between a methadone dose and use of illegal drugs and injecting, though clinical research show direct correlation.

The survey showed that 14 percent of the participants in the methadone program used in addition drugs or psychotropic substances within last 30 days and 12 percent injected within the same period. However, longer period of participation in the program reduces risk to of inject drugs. Among the participants of the first year in the program 28 percent used additional drugs, while among the participants who stayed in the program longer than one year - only 10 percent, and among those of extensive duration – 5 percent

High correlation exists between drug use and injecting, and positive urine tests regarding drugs could be used as an indicator to adjust treatment and providing services. Optimal treatment results depend on sufficient duration of its application, its continuity and adequate doses of the pharmaceutical. Interventions targeted against prevention of relapses or behaviour could make a positive impact on HIV prevention as the data show that several HIV positives behave with risk.

Other Medically Assisted Treatment

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

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

6. Health Correlates and Consequences

6.1. Drug Related Deaths and Mortality of Drug Users

Additional information for this chapter is also available in Standard Table 05 „Acute/direct related deaths“ and Standard Table 06 „Evolution of acute/direct related deaths“

Direct drug related deaths

Information Source: the 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 highest in 2007 throughout the last five years. In 2007, 72 deaths due to drugs and psychotropic substance use were registered (in 2006 m. – 62 cases), and this level accounts for 0,16 percent of all deaths registered in Lithuania (in 2006 m. – 0,14 percent). Increase of drug related deaths in 2007 could be both due to subjective causes (total increase of mortality in Lithuania) asnd objective ones – in recent years new and more accurate laboratory equipment, methodologies, staff trainings and raising of qualification, IT implementation in the Institute of Forensic Medicine, inter-institutional cooperation, exchange of information and other factors enabled to improve quality and comprehensiveness of collected data. In 2007, all 72 death certificates indicating direct cause being drug and psychotropic substance use were issued by the Forensic Medicine Institute of Mykolas Riomeris' University.

According to age distribution in 2007, the biggest number of deaths was in the young subgroup aged from 20 to 34 (57 individuals) (Table 6-1), with the average age of 30,3 years (for men – 29,9, women – 30). In Lithuania, in 2007 the expected life expectancy for men was 65 years, and for women – 77 years.

Table 6-1. Number of deaths caused by drug and psychotropic substance use, by age 2002-2007

Age group	2002	2003	2004	2005	2006	2007
Under 15	-	-	-	-	-	-
15–19 years	5	2	1	3	2	3
20–24 years	4	14	9	6	11	12
25–29 years	7	7	6	6	23	25
30–34 years	8	10	9	6	13	20
35-39 years	5	3	6	2	10	4
39 years and more	4	4	7	8	3	8
Total	33	40	38	31	62	72

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 2007 – 62 male deaths and 10 female deaths. Higher death rates are registered in cities (60 deaths), most of them in Vilnius (47 deaths), and in 2007 the main death cause was intoxication with drugs and psychotropic substances (53 deaths), mostly opiates (Table 6-2).

Table 6-2. Number of deaths caused by drug and psychotropic substance use, by age and death cause, 2007

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	3	0	0	0	2	1	0	0
F19	16	0	0	4	4	4	2	2
X42	47	0	3	7	16	14	2	5
X62	1	0	0	0	1	0	0	0
Y12	5	0	0	1	2	1	0	1
Total - deaths	72	0	3	12	25	20	4	8

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.

Other indirect Drug Related Deaths

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

In 2007, according to data by the Institute of Forensic Medicine of Mykolas Riomeris University for 7 deaths drug and psychotropic substance use was not recorded as direct cause, however, the tests evidenced occurrence of drugs and psychotropic substances in organs and biologic fluids of the deceased. The most frequent direct causes of deaths were as follows: homicide, body injuries in accidents or caused otherwise, intoxications with various substances or gas. Chemical tests in the above deaths most frequently evidenced presence of morphine and amphetamine type substances, in 3 cases drugs and alcohol were identified (1,1- 3,61 promiles). The average age of the deceased was 29,7 years.

Mortality of Drug Users

Information Source: the State Mental Health Centre

The State Mental Health Centre collects data regarding persons registered in the Lithuanian health care institutions due to mental and behaviour disorders using dugs and psychotropic substances (ICD codes: F11-F14, F15, F18 , F19). As of January 1, 2008, the total number of registered was 5715 persons (in 2007 – 5573 persons). According to the State Mental Health Centre, in 2007, 62 individuals registered as patients dependent on drugs and psychotropic substances died, i.e. 55 men and 7 women (Table 6-3). As before, in 2007, 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 (39 individuals) (Table 6-4), the average age of the deceased was 38,3 years (for men – 40,2 years, women – 33,4 years), the most frequent death causes – somatic diseases and accidents (Table 6-5).

Table 6-3. Distribution of death cases of patients dependent on drugs and psychotropic substances, by gender and dependence diagnosis, 2004 -2007

	2004	2005	2006	2007
Total - deaths	39	38	42	62
<i>Incl. men</i>	33	33	35	55
<i>Incl. women</i>	6	5	7	7
Codes of diseases according to ICD-10				
<i>F11</i>	29	20	33	47
<i>F12</i>	-	-	-	-
<i>F13</i>	1	-	2	3
<i>F14</i>	-	-	-	1
<i>F15</i>	-	1	-	1
<i>F18</i>	2	2	1	-
<i>F19</i>	7	15	6	10

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 6-4. Distribution of death cases of patients dependent on drugs and psychotropic substances, by age groups, 2004-2007

Age/ years	2004	2005	2006	2007
Under 15	-	-	-	-
15-19 years	-	-	-	3
20-24 years	3	3	6	3
25-29 years	7	5	5	8
30-34 years	9	8	2	10
35-39 years	4	4	8	13
40-44 years	8	5	9	5
45-49 years	7	11	4	11
50-54 years	1	1	4	4
55 years and more	-	1	-	5
Total	39	38	42	62

Information Source: the State Mental Health Centre

Table 6-5. Distribution of death cases of patients dependent on drugs and psychotropic substances, by death cause, 2004 -2007

Causes/year	2004	2005	2006	2007
Suicides	4	3	2	7
Accidents	5	5	-	9
Intoxication with drugs or psychotropic substances	4	2	7	10
Infections	0	1	6	8
Somatic diseases	9	8	5	26
Unknown	17	19	22	2
Total	39	38	42	62

Information Source: the State Mental Health Centre

Survey to identify death causes of persons dependent on drugs and psychotropic substances

Information Source: the State Mental Health Centre, the Department of Statistics under the Government of the Republic of Lithuania, the State Patients' Fund

In 2008, the State Mental Health Centre in cooperation with the State Patients' Fund and the Department of Statistics under the Government of the Republic of Lithuania carried out a specialised comparative survey of the existing data aiming at collection of data of death cases of persons dependent on drugs and psychotropic substances from the general death register and causes of these deaths. This survey was in particular important for the improvement of the quality, particularity and reliability of the collected data. Prior to this survey the State Mental health Centre did not receive exact and reliable data from the Centres of Dependence Disorders and the Mental Health Centres concerning death cases of persons dependent on drugs and psychotropic substances and causes of these deaths, or the data it used to receive were not adequately reliable and particular due to incompleteness of the data collection system. During the survey the Department of Statistics under the Government of the Republic of Lithuania compared the data delivered by the State Mental Health Centre to the existing data concerning registered death cases in Lithuania and provided information including the year of death of the above persons, their gender, area of residence and the death case. All covered persons were registered as having dependence on drugs and psychotropic substances. Having analysed the obtained data for 2001-2007, it was established that 316 deaths of persons dependent on drugs and psychotropic substances were registered, including 279 men and 37 women, 268 urban population and 48 – rural population, the biggest number of deaths was registered in 2006, i.e. 69 deaths, and the smallest – in 2003, i.e. 34 deaths. The most frequent death causes were as follows: somatic diseases (heart failure, blood circulation, liver diseases, etc.) – 26,3 percent, direct deaths related to use of drugs and psychotropic

substances – 24,1 percent, and deaths caused by accidents (watery death, freezing, asphyxiation, electric shock, etc.) – 11,4 percent (Table 6-6).

Table 6-6. Distribution of deaths of persons dependent on drugs and psychotropic substances in 2001 – 2007, by death cause

Death cause (TLK-10) /year	2001	2002	2003	2004	2005	2006	2007	Total	Share of total (percent)
1. Incidental intoxication with alcohol (X45)	2	1	-	2	2	-	-	7	2,2
2. Traffic accident (V01-V99)	1	1	1	2	1	2	1	9	2,8
3. intoxication with chemicals and hazardous substances (X46, X49, Y19)	4	3	-	1	-	-	-	8	2,5
4. Infectious diseases (Pneumonia, tuberculosis, septicemia, etc.)	1	3	4	6	2	7	4	27	8,5
5. intoxication with pharmaceuticals and other unspecified substances (X41, X44, Y11, Y14)	2	1	1	1	4	3	-	12	3,8
6. Direct deaths related to use of drugs and psychotropic substances (F11, F19, X42, X62, Y12), including:	6	10	8	13	7	22	10	76	24,1
6.1 Mental and behavioural disorders using opiates (F11)	1	4	1	1	1	2	-	10	-
6.2 Mental and behavioural disorders using several drugs and other psychoactive substances (F19)	-	1	-	3	2	6	3	15	-
6.3 Incidental intoxication with drugs and other psychodysleptics (X42)	5	4	6	6	4	13	6	44	-
6.4 Deliberate intoxication with drugs and other psychodysleptics (X62)	-	-	-	-	-	-	1	1	-
6.5 Intoxication with drugs and other psychodysleptics (Y12)	-	1	1	3	-	1	-	6	-
watery death, freezing, asphyxiation, electric shock, etc.)	4	4	7	5	6	5	5	36	11,4
7. Unknown death cause (R98, R99)	-	-	-	2	-	7	2	11	3,5
8. Murder (X70, X78)	6	1	3	5	9	4	1	29	9,2
9. Somatic disease (heart failure, blood circulation, liver and other diseases)	7	9	6	10	16	18	17	83	26,3
10. Died due to injuries	2	2	4	2	1	1	3	15	4,7
11. Death due to HIV (B20, B22, B24)	-	-	-	1	1	-	1	3	0,9
Total	35	35	34	50	49	69	44	316	100,0

Also, during the survey the calculations were made that among persons who died in 2001- 2007 caused by use of drugs and psychotropic substances the share of persons dependent on drugs and psychotropic substances accounted for from 14 to 34 percent, the majority of their deaths were caused by incidental or deliberate intoxication with drugs or psychotropic substances (over dosage). The survey enabled to identify that from 66 to 86 percent of persons (62 persons in 2007, 40 – in 2006, 24 – in 2005, 25 – in 2004, 32 – in 2007) whose direct death cause was drug and psychotropic substance use were not registered in health care institutions regarding dependence on drugs and psychotropic substances, and this situation verifies that death may occur having used drugs only once or few times, also a conclusion may be drawn that a significant share of drug and psychotropic substance users do not contact health care institutions regarding treatment of dependence.

6.2. Drug Related Infectious Diseases

Additional information for this chapter is also available in Standard Table 09 „Prevalence of hepatitis B/C and HIV infection among injecting drug users“

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

Registered acute viral Hepatitis B

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

In 2006, the Lithuanian health care institutions registered 84 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 2006, the morbidity rate of acute viral hepatitis B continued to decline from 3,14 cases/100 thousand population in 2006 to 2,48 cases/100 thousand population in 2007. Out of 84 HBV infected individuals 11 were injecting drug users (10 men and 1 women). In 2001-2007, among all registered new HBV cases the share of injecting drug users continues to decline from 42,4 percent (2001) to 13,09 percent (2007). 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 2007 – 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 2007, the Lithuanian health care institutions registered 46 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 1,36 cases/100 thousand population in 2007. A big number of cases (45,65 percent) implied an unidentified contraction factor causing HCV. Out of 46 registered acute HCV cases 11 individuals were injecting drug users. In 2001-2007, the share of injecting drug users among all registered HCV cases reduced from 59 percent (2001) to 24 percent (2007).

Registered HIV/AIDS cases

Information Source: the Lithuanian AIDS Centre

In 2007, in Lithuania 106 new HIV cases were diagnosed, i.e. by 6 individuals more compared to the last year (in 2006 – 100, in 2005 – 120, in 2004 – 135). Among the new HIV cases men prevailed – 74 individuals. Within the period since 1988 when the first HIV case was diagnosed in Lithuania to January 1, 2007, 1306 HIV infected individuals were diagnosed. The number of HIV infected men exceeds that of women by 7 times, however, the comparative rate of infected female increases. The ratio of newly infected men and women in 2002 was 12:1, in 2003 - 7:1, 2004. 5:1, in 2005 reduced to 3:1, in 2006 - 3,5:1, and in 2007 - 2,3:1. In 2007, among new HIV cases 59 individuals (55,6 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. The average of new HIV infected men decreases each year: the average age of HIV infected men at the infection detection moment was 33 years (in 2006 – 31). By counties, in 2007 the biggest number– 28 new HIV infection cases – were detected in the county of Vilnius. In 2006, in the county of Klaipeda - 27 cases were detected (in 2006 – 40), in the county of Kaunas – 10, in the county of Siauliai – 13, in the county of Alytus – 4, in the county of Telsiai – 5, in the county of Utena – 4 cases and in the county of Marijampole – 2 HIV infection cases. The total HIV infection prevalence indicator in Lithuania was 38,56 cases per 100 thousand population in 2007 (29,41 cases – in 2006, 26,13 cases – in 2005).

HIV, HBV and HCV seroprevalence among tested injecting drug users

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

Aiming at comprehensive goals of HIV prevention it is necessary to learn the factors making an impact on the spreading process of HIV and other infections. The majority of high risk subpopulations including injecting drug users (hereinafter – IDU) with high risk to infect and transmit HIV are difficult to access, rare, and thus the usual sampling methods are not usable. Up to now the surveys covering IDUs followed mainly institutional approach and gathered information was not comprehensive and representative. For the first time the Lithuanian AIDS Centre conducted a survey regarding prevalence of HIV and other infections among IDUs producing the sample based on one of the most efficient sampling method applicable for hard to reach and hidden subpopulations, i.e. Respondent Hidden Sampling (RDS). Using the above method 400 active injecting drug users in Vilnius were surveyed. The survey period lasted from October 2007 to end of January 2008. The aim of the survey was to identify specifics of risk behaviour and social networks of the IDUs related to HIV, to identify prevalence of HIV, syphilis, viral hepatitis B (hereinafter – HBV) and C (hereinafter – HCV). In the survey a questionnaire for evaluation of risk behaviour (injecting and sexual) was used and blood of IDUs to identify the above infectious markers was tested. 329 men and 71 women participated in the survey. The preliminary results of the survey were as follows: the average age was 30,5 years (min = 18, max = 57). The majority of the respondents had basic or secondary education. 57 percent (n=228) of the respondents indicated that mainly they used poppy decoction, 32 percent (n=128) – heroine, 8,8 percent (n=35) – amphetamine, and the rest – other substances. The average age when the surveyed started to use injecting drugs for non-medical purpose was 17,5 years (min=12, max=36). 5,8 percent (n=23) of the respondents indicated the first drug injection was made with a used syringe or needle and it could pose a real threat to receive infectious diseases with the first injection. The respondents were enquired about both types of sharing injecting tools and their experience. According to preliminary data among the surveyed indirect injecting tools (filters, cotton, common containers to wash injecting tools, drug solution, etc.) were more spread instead of direct sharing of needles and syringes. The above habit may be important for interpretation of high prevalence of viral hepatitis C (94,8 percent) identified among the surveyed. As HCV reached the Lithuanian subpopulation using injecting drugs earlier than HIV and a HCV infecting dose is significantly lower than HIV, thus, high prevalence of HCV possibly verifies risky injecting behaviour of IDUs. For example, 67,5 percent (n=270) of the respondents answered that within the last 6 months they injected drugs taking solution into their syringe from a common drug mixing container in which another person had dipped his/her syringe, and 86,8 percent indicated they had shared drug doses several of these being together in one syringe. However, the question whether within the last 6 months the respondents always used new needles and syringes was answered as follows: 61 percent (n=244) answered “yes”, 39 percent (n=156) – “no”. Though the majority of the respondents said that within the last 6 months they had not used needles and syringes used by others, about one fifth of the respondents said they lend, sell or give away his/her injecting tool to another user. Though the majority of the respondents said they had not used needles and syringes used by others in the last 6 months, however, one fifth of the respondents indicated they lend, sell or give to another user their injecting tools after use. It shows the respondents do not care about health of other IDUs and possible distribution of infections. This significant circumstance may increase the spreading risk of HIV and other infections. To the question where within the last 4 weeks a respondent acquired needles and syringes 54,3 percent answered they bought in pharmacies, 58 percent – from the stationary needle/syringe exchange program, 56,3 percent – from a worker on the street or a mobile needle/syringe exchange unit, 22,3 percent – from a drug dealer. 51,8 percent indicated they had injecting cases together with an HIV positive individual and 91 percent injected together with an individual infected with hepatitis being aware thereof. The majority, i.e. 70,8 percent (n=283) of the surveyed were imprisoned at least once in their lifetime. 26,5 percent of the latter said they had used injecting drugs in imprisonment places, including 18,8 percent of the respondents who injected using needles and syringes used by other persons.

Analysis of sexual behaviour related to spread of HIV and other infections identified that the majority (91,8 percent) of the respondents are sexually active and had sexual intercourses (including vaginal, oral and anal) within the last 6 months and 83,4 percent never used condoms during intercourse. 50,3 percent of the respondents indicated they had accidental sexual partners within the last 6 months, 4,8 percent (n=19) had commercial sexual intercourses, i.e. a respondent received a reward in the form

of money, things or drugs for provided sexual services. 49,3 percent of the respondents said they had accidental sexual intercourses with HIV positive individuals. Blood tests of the respondents regarding markers of viral hepatitis B (anti – HBc) identified 82 percent prevalence. Only 1,5 percent of the respondents said they were vaccinated against HBV. Prevalence of syphilis accounted for 7 percent. The most frequent places for acquisition of condoms according to a frequency rate were as follows: shops, pharmacies and needle/syringe exchange programs.

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

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 2007 Lithuanian healthcare institutions recorded 283 cases of poisoning with drugs and psychodysleptics (hallucinogens) (256 individuals), i.e. ca. 4 cases less compared to 2006 (287 cases). Majority of poisonings involved opium - 66 cases. Reanimation services in relation to intoxication with drugs and psychodysleptics (hallucinogens) were provided 106 times to 98 persons. Comparison of statistical data of 2006 and 2007 shows increase of registered intoxications with methadone (5 cases in 2006, 12 cases in 2007) and opium (55 cases in 2006, 66 cases in 2007), and decrease on intoxications with cocaine (40 in 2006, 19 cases in 2007); (Table 6-7).

Table 6-7. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by poisoning diagnosis, 2004 - 2007

ICD-10 Code	Diagnosis	2004	2005	2006	2007
T40	Poisoning with drugs and psychodysleptics	26	18	28	47
T40.0	Opium	83	75	55	66
T40.1	Heroin	71	36	49	45
T40.2	Other opioids (codeine, morphine)	18	17	22	7
T40.3	Methadone	4	2	5	12
T40.4	Other synthetic drugs (Petidin)	11	8	15	20
T40.5	Cocaine	6	17	40	19
T40.6	Other and non-specified drugs	48	42	46	39
T40.7	Cannabis (derivatives)	13	17	9	11
T40.8	Lysergic acid derivatives (LSD)	2	4	2	2
T40.9	Other and non-specified psychodysleptics, (hallucinogens) (Mescaline, Psilocin, Psilocybe)	18	21	16	15
Total		300	257	287	283

Information Source: the State Patient Fund

According to the 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 4 times: men – 229 cases (205 persons), women – 54 cases (51 persons). Men were registered mainly intoxicated with opium – 24,9 percent and with heroin – 19,2 percent. Mainly young people (aged 15-29) were registered intoxicated with drugs and psychotropic substances – 182 cases (Table 6-8). In 2007, 56 juveniles, including 34 boys and 22 girls; among them individuals under 15 years of age contacted 17 times (17 individuals, including 8 boys and 9 girls). Persons under 18 years of age contacted due to poisonings with synthetic drugs, cannabis and hallucinogens, in 20 cases (35 percent) services of intense therapy were provided. The highest number of intoxication registrations was observed in health care establishments in the biggest cities in Lithuania: Vilnius – 127, Kaunas – 15, Klaipeda – 19 cases, and in Visaginas – 15 cases.

Table 6-8. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by age and poisoning diagnosis, 2006

Age group	Codes of diseases according to ICD-10											
	T40	T40.0	T40.1	T40.2	T40.3	T40.4	T40.5	T40.6	T40.7	T40.8	T40.9	Tota
Males												
under 15	1	-	-	1	3	1	-	-	2	-	-	8
15-19 years	12	4	5	-	-	9	-	5	4	-	3	42
20-24 years	7	15	12	-	-	3	2	6	1	-	2	48
25-29 years	4	11	17	1	-	2	5	6	1	-	2	49
30-34 years	2	19	2	-	2	-	3	4	1	-	1	34
35-39 years	4	5	5	-	-	-	-	2	-	-	1	17
40-44 years	1	1	-	-	-	-	-	4	-	-	-	6
45-49 years	2	-	-	-	1	-	3	5	-	-	-	11
50-54 years	-	1	3	-	-	-	-	-	-	-	-	4
55-59 years	2	-	-	-	-	-	-	-	1	-	2	5
60-64 years	-	-	-	-	-	-	-	-	-	-	-	0
Over 64 years	1	1	-	-	-	-	2	1	-	-	-	5
Total	36	57	44	2	6	15	15	33	10	-	11	229
Females												
under 15	2	-	-	2	-	3	-	-	-	1	1	9
15-19 years	4	-	-	2	1	2	-	4	1	1	2	17
20-24 years	-	-	-	-	-	-	1	2	-	-	-	3
25-29 years	1	4	1	-	-	-	-	-	-	-	-	6
30-34 years	-	3	-	-	-	-	-	-	-	-	1	4
35-39 years	-	-	-	-	2	-	-	-	-	-	-	2
40-44 years	-	2	-	-	-	-	1	-	-	-	-	3
45-49 years	-	-	-	1	-	-	-	-	-	-	-	1
50-54 years	1	-	-	-	3	-	-	-	-	-	-	4
55-59 years	1	-	-	-	-	-	-	-	-	-	-	1
60-64 years	-	-	-	-	-	-	-	-	-	-	-	0
over 64 years	2	-	-	-	-	-	2	-	-	-	-	4
Total	11	9	1	5	6	5	4	6	1	2	4	54
TOTAL (M+F)	47	66	45	7	12	20	19	39	11	2	15	283

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

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

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

The Drug Control Department under the Government of the Republic of Lithuania seeking to assess the situation of persons dependent on drugs and psychotropic substances, other health disorders related to use of drugs and psychotropic substances in the Republic of Lithuania, together with staff of the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys carried out analysis of the medical documentation of persons dependent on drugs and psychotropic substances who underwent treatment in 2007 (*Table 6-9*).

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

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

In 2007, in the Centre for Addictive Disorders of the Kaunas County 94 persons were treated due to psychic and behavioural disorders using drugs and psychotropic substances. All of them, including 77 men and 17 women were opioid users (F11). For all 94 persons dependent on opioids viral hepatitis C was diagnosed (100 percent); 10 persons were ill with hepatitis B (10,6 percent); 13 persons had trophic sores (13,8 percent); 10 persons were diagnosed HIV positive (10,6 percent); 5 were ill with tuberculosis (5,3 percent); 5 persons (5,3 percent) had other psychic disorders (3 were ill with schizophrenia or schizoaffective disorders, 1 person - depression, 1 person - alcoholism), 2 persons were diagnosed syphilis (2,1 percent). 2 persons were established disability status. Out of 94 treated persons 58 persons (61,7 percent) were diagnosed 1 correlate disease related to use of drugs and psychotropic substances, i.e. viral hepatitis C. 36 persons (38,6 percent) were diagnosed 2 and more (3-4) correlate diseases.

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

In 2007, in the Centre for Addictive Disorders of the Panevezys County due to mental and behavioural disorders using drugs and psychotropic substances 64 persons underwent treatment, including 52 men and 12 women; out of the total number 58 persons (11 women) used opioids (F11) and accounted for 90,6 percent, others used several drugs (F19), tranquillisers and sedatives (F13), stimulants (F15), 2 persons used cannabiods (F12). In 2007, out of the total number of 64 persons who underwent treatment 54 persons were ill with viral hepatitis C (84,4 percent), 7 persons were ill with hepatitis B (10,9 percent), 3 persons were diagnosed HIV positive (4,7 percent), 6 persons had

inflammation of veins of legs, trophic sores (9,4 percent), 3 persons had chronic bronchitis (4,7 percent), 1 was ill with tuberculosis (1,6 percent), 2 persons had head traumas and broken limbs (3,1 percent), 1 person - ulcered corneal. No other mental disorders were diagnosed. Correlate diseases related to use of drugs and psychotropic substances were not registered only for 10 persons (15,6 percent) out of the total number of 64 persons, 54 persons (84,4 percent) were diagnosed 1, 2 or 3 correlate diseases.

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

Table 6-9. Health correlates diagnosed for persons who underwent treatment due to use of drugs and psychotropic substances in the Centres for Addictive Disorders in 2007

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

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

In 2007, 469 questionnaires were collected from all units providing low threshold services in Lithuania and analysed. Visitors of the low threshold services' units included 370 men (80,4 percent) and 90 women (19,6 percent). The average age of the visitors of the low threshold services' units was 30,4 years. The youngest visitor was aged 14 years, and the oldest visitor – 63. The average age of the surveyed visitors of the low threshold services' units when they used the main drug is 20,4 years. The surveyed indicated the beginning age of use of drugs and psychotropic substances from 11 to 46 years, the interval being 35 years. 46,6 percent of the surveyed visitors of the low threshold services' units previously underwent treatment at out- and in-patients clinics (including rehabilitation) due to use of drugs and psychotropic substances. Among the surveyed visitors of the low threshold services' units 11,3 percent had permanent jobs, 10,2 percent had no permanent work, 58,7 percent were unemployed, 13,5 percent were registered with the Labour Exchange, 2,6 percent studied, 1,3 percent were disabled. 98,2 percent of the surveyed visitors of the low threshold services' units injected within the last 30 days; 58,5 percent had sexual intercourse with an accidental partner and only 30,8 percent used condoms. Only 72,6 percent of the surveyed visitors of the low threshold services' units were tested regarding infectious diseases in the last 12 months. 7,7 percent of the visitors of the low threshold services' units tested regarding infectious diseases were diagnosed HIV positive, 12,6 percent - hepatitis B, 67,7 percent – hepatitis C.

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, all medical

units obligatory must have naltroxone in their medicaments stock. In 2007, few Low-threshold services provided a safer use training programs for drug users. The consumption rooms in Lithuania did not exist.

7.2 Prevention and treatment of drug-related infectious diseases

Additional information for this chapter is also available in Standard Table 10 „Syringe availability“ and Structured Questionnaires 23 & 29 „Prevention and reduction of health-related harm associated with drug use“

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

Resolution No. 1273 of October 14, 2003, of the Government of the Republic of Lithuania approved the *National HIV/AIDS Prevention and Control Program 2003-2008* (Žin., 2003, No. 98-4399), prioritizing HIV prevention measures among high risk groups, injecting drug users in particular. The Program targets to achieve that “80 percent of injecting drug users visiting harm reduction units should have anonymous checkups and counselling” and that “85 percent of injecting drug users should not use repeatedly used syringes”. The implementation measures of the *National HIV/AIDS Prevention and Control Program* foresees to establish more “low threshold” units taking into consideration HIV status and epidemiological situation of infections related to the above, to prepare and approve model regulations for their operations.

In 2006, implementation of the project *HIV/Aids Prevention and Supervision among Injecting Drug Users and Prisoners in Lithuania, Estonia and Latvia* of the United Nations Office on Drugs and Crime was started. It aims at stopping and reduction of HIV/AIDS epidemics among injecting drug users and prisoners in three Baltic states. The total budget of the project accounts for 5 million US dollars. The main goal of the projects is to establish favourable environment in all three countries participating in the project in order to better implement HIV/AIDS prevention and supervision activities among injecting drug users and prisoners taking into account regulating policies, capacity strengthening and program aspects in relation to the national HIV/AIDS prevention activities. In 2007, the financial support of the United Nations Office on Drugs and Crime amounting to 214,48 thousand Euro was used by 13 services providers in Lithuania to implement harm reduction programs: 8 needle/syringe exchange programs in Alytus, Druskininkai, Klaipeda, Mazeikiai and Vilnius, establishment of 2 new places for substitute treatment with methadone in Telsiai and Kedainiai, 3 projects to work with a target group, i.e. convicts of and persons released from penitentiary institutions - the Alytus Corrective Institution, the Vilnius Second Corrective Institution and the Siauliai Inquiry Ward.

Patients infected with viral hepatitis B and C undergo treatment in health care institutions in compliance with the approved schemes in out- and in-patient clinics. In Lithuania, all HIV positive persons and those ill with AIDS are provided with mandatory health insurance using public funds. Medical doctors (infectologists, dermatovenerologists, internists) provide counselling to HIV positive persons and those ill with AIDS regarding HIV infection, monitor the process of their disease, prescribe antiretrovirus (ARV) treatment. ARV is available in the biggest cities of Lithuania - Vilnius, Kaunas, Klaipeda, Siauliai which are evenly distributed in the country from the geographically. All ARV pharmaceuticals registered with the Register of pharmaceutical preparations of the European Community may be used in Lithuania. ARV treatment is reimbursed from the budget of the Mandatory Health Insurance Fund. 28 persons underwent treatment in 2003, in 2004 – 47 persons, in 2005 – 56 persons, in 2006 – 79 persons, in 2007 – 98 persons (data provided by the State Patients' Fund and the Lithuanian AIDS Centre). According to the infection pattern the patients treated at the end of 2007 were distributed as follows: 36 percent were injecting drug users, 35 percent caught infection via homosexual intercourse, 23 percent – via heterosexual intercourse, 6 percent – unknown pattern.

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 behaviour, providing of information and counselling. 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 2007, in Lithuania 12 harm reduction services units (incl. syringe and needle exchange) were available in Vilnius, Kaunas, Klaipėda, Siauliai, Panevezys, Alytus, Mazeikiai and Druskininkai. In 2007, the number of distributed syringes and additional needles decreased compared to 2006 from 197152 in 2006 to 187227 in 2007 (Table 7-1).

Table 7-1. Number of syringes and needles distributed in Lithuanian cities in 2007

City	Syringes/Needles	
	Distributed	Collected
Vilnius	93 140	173 440
Kaunas	971	1 169
Klaipėda	32 306	33 436
Siauliai	4 052	2 670
Panevezys	305	209
Alytus	43 177	43 619
Mazeikiai	2 312	2 761
Druskininkai	10 964	13 433
Total in Lithuania	187 227	271 248

The number of distributed and collected syringes only partially reflects activities of the low threshold services units. A more important area of the activities is communication of information and counselling regarding tests to diagnose infectious diseases, motivation for treatment among persons using drugs and psychotropic substances. According to data provided by the low threshold services units over 43 thousand visits and 4000 regularly attending persons were registered in 2007 (Table 7-2).

Table 7-2. Visitors of the low threshold services units in 2004 – 2007

	2004	2005	2006	2007
Number of visits	49 882	48 002	45 615	43 856
Number of regularly attending persons	3 354	2 582	3 438	3 399
Number of new cases	2 044	794	433	774

Decree No. T1-34 (Žin., 2007, No. 21-817) of February 9, 2007, of the Director of the Drug Control Department under the Government of the Republic of Lithuania approved the *Regulations* for the tender to select projects on the implementation of drug and psychotropic substance harm reduction programs in 2007 and announced the tender. According to the tender output from May 2007 onwards five projects were funded. Funding was allocated to the activities of the low threshold services units of Klaipėda, Panevezys, Druskininkai, Lithuanian AIDS centre targeting risk groups, a project of the Charity and Support Foundation *Vilties Svyturys* implemented at the Romas' labor in Vilnius, and in Panevezys. Total funding accounted for 239 thousand Litas. For the staff of the low threshold services units four scientific-practical workshops were organised involving 156 participants.

7.3. Interventions Related to Psychiatric Co-Morbidity

No information available

7.4. Interventions related to other health correlates and consequences

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

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

In 2008, officers of the Police Department organised special safe traffic campaigns at which drivers of transport means were checked for intoxication with alcohol or drugs.

8. Social Correlates and Consequences

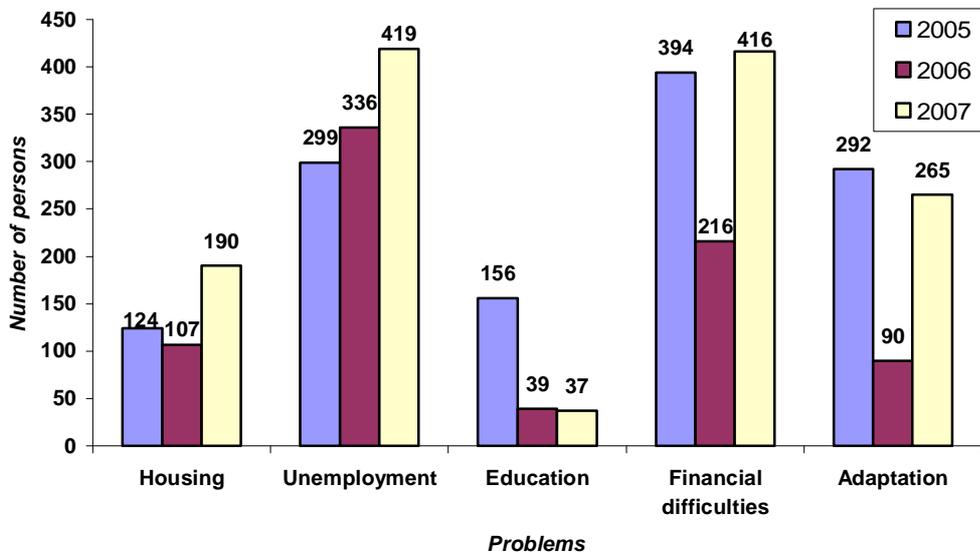
8.1. Social Exclusion

For numerous persons dependent on psychoactive substances social exclusion is a typical case as they do not have permanent housing, regular employment and often have a considerable imprisonment experience. Also, social exclusion is increased by a negative approach towards dependent persons. Thus, aiming at support to these people to recover it is necessary to satisfy a complex of their needs, instead of just one. The government faces a task to resolve their housing, employment and other problems along with development of psychological and social services.

In the beginning of 2008, the Drug Control Department under the Government of the Republic of Lithuania (hereinafter – Department) carrying out annual analysis of psychological, social rehabilitation and integration problems of persons dependent on psychoactive substances and finding ways to resolve them carried out survey of institutions providing psychological and social rehabilitation services to persons dependent on psychoactive substances. In Lithuania, currently 17 long-term psychological and social rehabilitation communities and 4 day care centres for persons dependent on psychoactive substances operate. Filled in questionnaires were received from 16 institutions and organizations, 598 persons dependent on psychoactive substances participating in the rehabilitation programs were surveyed. According to the survey data the most acute problem for the participants of the rehabilitation programs remained unemployment (like in 2005 and 2006), and in 2007 this number accounted for 419 persons (70,07 percent) (*Figure 8-1*). A tendency of decreasing employment level among dependent persons should be pointed out. Lack of elementary work skills, absence of qualification and specialization reduces competitiveness of persons dependent on psychoactive substances on the labour market. Some persons hinder their search of permanent job by themselves due to their psychological instability and reluctance to work. The employment problem is encumbered by inauspicious attitude of employers towards dependent on psychoactive substances.

Another topical problem is financial difficulties, reported by 416 persons (69,56 percent). Because of growing debts caused by use of drugs, unemployment, reluctance to achieve higher goals, lack of elementary skills to manage one's financial matters in numerous cases encourage criminal behaviour, such as thefts, drug trafficking, etc. They confine themselves in a vicious circle, as interdependence among unemployment and financial problems is obvious.

Figure 8-1. Problems of persons dependent on psychoactive substances, 2005-2007



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

In 2007, the third acute problem frequent among socially excluded persons was inadaptability to the community (265 persons, i.e. 44,31 percent). It should be pointed out that in 2006 the third acute problem was absence of permanent residence. The dependent lack social, natural communication skills. In the rehabilitation process difficulties also arise due to adaptation problems: the mental and emotional state of some inmates in the community is not fully stabilised and preconceived approach results in dissatisfaction with other community members, internal regulations of the order. All this may provoke conflicts that are usually solved by sending the unadapted persons into other communities. The wish to resume earlier life habits, a lack of motivation to change encumber their adaptation in the community and the society as well.

A housing problem in many cases is acute for socially excluded persons. Disturbed family relationship, asocial way of life, inability to preserve immovable property, arrears for utilities or other indebtedness result in situations that dependent persons do not have their permanent residence place. In 2007 the number of persons without their permanent residence place increased two times compared to 2006, and accounted for 190.

Compared to previous years problems of non-attendance of school and education slightly decreased, however, it continues to remain topical. School age persons dependent on psychoactive substances do not attend school. Its cause is weak motivation or absolute lack of motivation. Besides, negative approach by the school, a wish "to get rid" of youths using psychoactive substances are also reported. The majority of the clients of rehabilitation institutions possess no profession, work experience.

8.2. Drug Related Crime

Additional information for this chapter is also available in Standard Table 11 „Arrests/Reports for drug law offences“

Drug offences

1734 acts related to illicit circulation of drugs were registered in 2007, i.e. 61 acts or 3.6 % more than in 2006 (1673).

In 2007 there were 10.2% of all the criminal acts less than in 2006 (73776 and 82255 respectfully) registered in Lithuania. In the general context, criminal acts related to illicit possession of drugs make up 2.34 %, i.e. 0.3 % more than last year and 1 % more than five years ago. This percentage is not high in comparison with the percentage of criminal acts against property, interest and material interests; the latter make up more than half of all the criminal acts registered. The density of criminal acts related to psychotropic and narcotic substances in the country in 2007 made up 51 criminal acts per 100 thousand

inhabitants. Most of the crimes among territorial police agencies per 100 thousand inhabitants related to psychotropic and narcotic substances were registered in Visaginas (157), Klaipeda city (98), Vilnius city (89), Kaunas city (60), Kalvarija municipality (59), Panevezys city (56). In order to make comparisons, we will provide the density of vehicle thefts in the country which made 74 criminal acts per 100 thousand inhabitants in 2007.

According to the data of Information Technology and Communications Department under the Ministry of the Interior, in 2007, persons intoxicated by narcotic or psychotropic substances committed 246 criminal acts; this makes up 0.3 % of all criminal acts committed in Lithuania (this is 0.1 % more than last year (192)). These figures do not reflect the real situation as the detained persons are rarely tested on the fact of intoxication with drugs (this is frequently motivated by large expenses to carry out such tests). Criminal acts committed by persons intoxicated with alcohol (5782) made up almost 8 % of all criminal acts, i.e. the percentage has remained unchanged; it was 8 % in 2006.

In accordance with the statistics provided by Information Technology and Communications Department under the Ministry of the Interior 1734 criminal acts related to the possession of drugs registered in 2007 included the following: 965 criminal acts were due to unlawful possession of narcotic and psychotropic substances without an intent for their distribution (in 2006 there were 966 of them); 728 ones were related to unlawful possession of narcotic and psychotropic substances with an intent for their distribution (in 2006 there were 673 of them); 7 ones were related to illicit unlawful possession of 1st category precursors of narcotic and psychotropic substances (in 2006 there were 3 of them); 1 criminal act was related to theft of narcotic or psychotropic substances (in 2006 there was 1 of them); 2 criminal acts related to the production of equipment meant to produce narcotic or psychotropic substances (in 2006 there was 1 of them); there were 4 criminal acts due to unlawful cultivation of poppies or cannabis (in 2006 there were 4 of them); 6 ones were due to promotion (persuasion) to use drugs (in 2006 there were 10 of them); 8 criminal acts regarded the distribution of narcotic or psychotropic substances to minors (in 2006 there were 5 of them) and 8 acts regarded the smuggling of drugs (in 2006 there were 8 of them).

Apportionment of criminal acts related to illicit circulation of drugs in the territory of the country is constantly changing, however, more than 60 % are still registered in five biggest cities (See Picture 3). The largest change was registered in 2002 where almost 80 % of the criminal acts under consideration were registered in 5 biggest cities; this fact is related to the number of detentions of "club drugs" (amphetamine and methamphetamine) which increased 4 times in the country that year and the number of heroin detentions which was popular at that time. Detentions of these substances were mostly registered in cities.

In 2007 there were less criminal acts related to illicit circulation of drugs registered in the territories of municipalities of Vilnius city which determined the decreasing rate of the crimes mentioned in cities. One of the reasons indicating why there were less criminal acts registered in Vilnius was that long-term operations were implemented in the labor of gypsies aiming to detain persons engaged in the production and trading in narcotic and psychotropic substances.

In 2007 there were 1113 individuals registered (in 2006 there were 10420 of them, in 2005 there were 1010 of them and in 2004 there were 869 of them) who committed criminal acts related to the possession of narcotic and psychotropic substances, including 168 women, 13 foreign nationals, 7 persons having no citizenship. Males make up 85 %. There were 395 persons (in 2006 there were 320 of them) detained for illicit trafficking in narcotic and psychotropic substances, which included 100 women (58) and 3 foreign citizens (3). According to some data providers, younger and younger people are involved in the circles of distributors. Several years in turn the same number of minors who committed criminal acts related to illicit circulation of drugs is registered. In 2007 there were 46 of them, in 2006 there were 47 of them, in 2005 there were 46 of them and in 2004 there were 49 of them registered. Since the number of criminal acts registered is increasing, and the number of minors detained is not changing, it may be stated that their involvement in the illicit circulation of drugs is of a lower extent, however, intelligence indicates that minors under 16 years of age are purposefully involved in the commission of criminal acts related to illicit circulation of drugs more and more frequently. Young people still constitute a part of the community that most often tends to commit crimes. In 2007 more than 50 % of persons detained for illicit drug circulation were younger than 30 years. 61 % of all the detained persons were socially unoccupied and 7 % of them attended educational establishments. 1.5 % of the detained people (17) committed a criminal act in the duration of 1 year after the discharge from imprisonment establishment. Over the last five years, the characteristics of the detained has barely changed; most often it is a young male under 30, having basic education, not attending any educational establishment

and unemployed at the time of committing a criminal act and having no previous convictions. There is a tendency observed that more and more minors are becoming involved in illegal activity; criminal liability is not applied to them and they seek for easily achieved gain and are not afraid of risk since very often only a pecuniary penalty is imposed for keeping of a small quantity of narcotic and psychotropic substances.

Drug offences by Administrative Code

In 2007, 2400 (in 2006- 3043) administrative offences related to illicit trafficking of drugs or psychotropic substances were registered. The biggest number of administrative offences, i.e. 1661 cases (69 percent), were committed due to use of drugs or psychotropic substances without doctor's prescription (see Table 8-1).

Table 8-1. Registered administrative offences related to illicit trafficking of drugs or psychotropic substances, 2007

Administrative offence	Number of offences	
	total	Including juvenile
Illicit acquisition or disposal drugs or psychotropic substances in small amounts without intention to sell or distribute otherwise (part 1 of article 44, RL Administrative Code)	144	7
Use of drugs or psychotropic substances without doctor's prescription (part 2 of article 44, RL Administrative Code)	1661	59
Illicit acquisition or disposal drugs or psychotropic substances in small amounts without intention to sell or distribute otherwise, by juveniles aged 14 to 16 (part 3 of article 44, RL Administrative Code)	32	—
Illicit growing of opioid poppies, cannabis or coca trees article (107 ² , RL Administrative Code)	563	0
Total	2400	66

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

Other drug related crime

Property crimes, violence under the influence

In 2007, on the national level 22703 physical persons were suspected (accused) in having committed criminal acts, whereas in 2006 – 2481. Among those individuals detected in 2006, 175 individuals were intoxicated with drugs or psychotropic substances at the moment of crime commitments (in 2006 -192) (Table 8-1). These persons committed different criminal acts, such as murders, robberies, property destruction, etc. Analysis of the above data shows decrease of the number of persons having committed criminal acts being intoxicated with drugs or psychotropic substances, but a number of persons involved in thefts being intoxicated with drugs or psychotropic substances increased.

Table 8-2. Detection of persons suspected (accused) having committed criminal acts intoxicated with drugs or psychotropic substances, 2005 - 2007

Date	2005	2006	2007
Detected persons suspected (accused) having committed criminal acts, including:	26048	24831	22703
- crimes	23304	22136	20458
- criminal offences	427	2648	2159
- by persons intoxicated with drugs or psychotropic substances	144	192	175
- murders, incl.:	377	313	294
- intoxicated with drugs or psychotropic substances	2	5	7
- thefts, incl.:	8224	8801	7701
- intoxicated with drugs or psychotropic substances	42	35	43

- robberies, incl.:	2854	2459	2093
- intoxicated with drugs or psychotropic substances	10	28	11
- property destruction or damage, incl.:	913	1022	958
- intoxicated with drugs or psychotropic substances	10	7	8

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

Driving offences

In 2007, in Lithuania 6600 traffic accidents were registered (in 2006 – 6658), including 944 (in 2006 – 920) accidents due to the fault of intoxicated with alcohol or drugs and psychotropic substances. In 2006, 115 drivers (in 2006 - 116) were identified driving vehicles intoxicated with drugs, medicines or other intoxicating substances.

Drug crime in prisons

With reference to the information by Information Technology and Communications Department under the Ministry of the Interior there were 152 criminal acts related to the possession of drugs registered in places of imprisonment in 2007, i.e. 23 % more than the previous year (in 2006 there were 123 of them). "Having prohibited the convicts to receive postal packages or parcels handed over with eatables as of 1 January 2006, in comparison with 2005, there was almost double decrease in criminal acts related to illicit circulation of drugs in 2006 (in 2005 there were 201 acts of this kind registered). Since the demand for narcotic and psychotropic substances in places of imprisonment is remaining, convicts and their next of kin, as well as other persons have been trying to get adjusted to the changes of punishment enforcement during a relatively short time and they direct the main flows of drugs through the means of throwing them to the territories of prisons. In 2007, 84 cases were registered in which narcotic and psychotropic substances gaining access to places of imprisonment were prevented (when checking parcels, postal packages, handovers and in the course of interception of items being thrown over), 27 cases were registered in which narcotic or psychotropic substances were found and seized from the convicts.

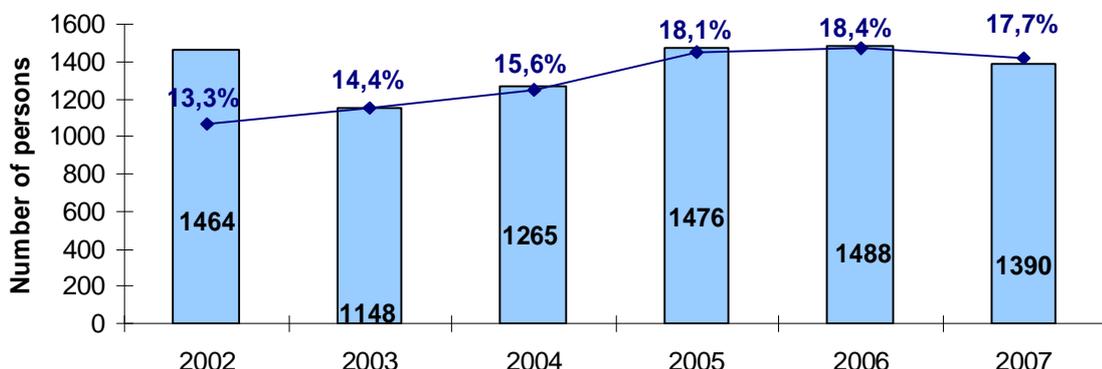
8.3 Drug Use in Prison

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

In 2007, out of the total number of 7866 persons 17,7 percent (1390 persons) were registered as users or dependent on drugs or psychotropic substances (use identified by testing or confession) and this number reduced, compared to 2006 (18,4 percent, i.e. 1488 persons) (Figure 8-2; Table 8-2).

Though the number of male users of drugs and psychotropic substances is higher more than 11 times compared to that of females, however, the proportional drug use among all imprisoned women is higher compared to men, i.e. in 2007 – 32,9 percent of all imprisoned women used drugs and psychotropic substances, while this indicator among men was lower - 17,0 percent. The statistical data show that the biggest share (56 percent) of all imprisoned drug and psychotropic substance users was a group of young people aged 25-34, 80 percent of them were injecting users.

Figure 8-2. Number of imprisoned persons dependent on drugs and psychotropic substances and their share (percent) of all imprisoned persons, 2002-2007



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

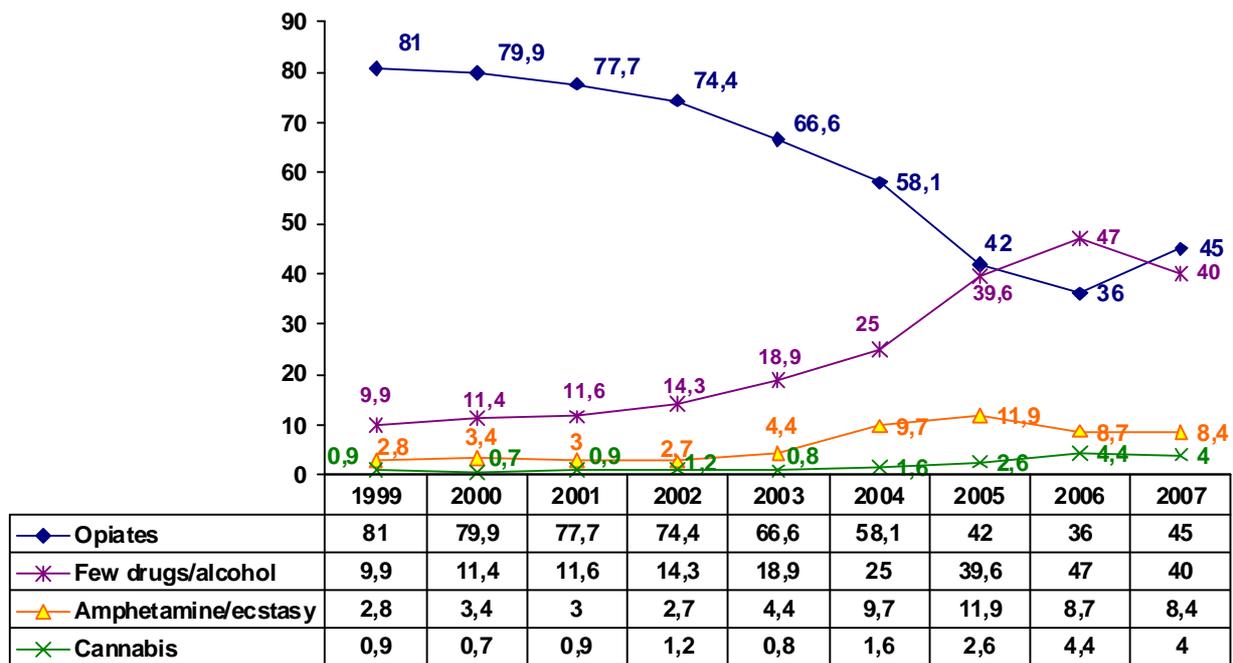
Table 8-2. Number of imprisoned persons dependent on drugs and psychotropic substances, 2006 – 2007

Item	2006		2007	
Total number of drug addicts, including (% of total imprisoned persons):	1488	18,4%	1390	17,7%
- men	1399		1277	
- women	89		113	
Detained (before sentence), including:	181		128	
- men	166		114	
- women	15		14	
Convicts, including:	1307		1262	
- men	1233		1163	
- women	74		99	

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

The statistical data show that in 2007 persons in prisons rarely used cocaine, i.e. 0,1 percent, and hallucinogens - 0,2 percent; however, a bigger share used stimulants (amphetamine, ecstasy) - 8,4 percent, several drugs or psychotropic substances - 40 percent and opioids - 45 percent (Figure 8-3).

Figure 8-3. Trends of drug using among drug users in prisons, 1999 - 2006 (percent)



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

Prevalence of drug use among juvenile detainees and convicts

In June 2007, the Department of Penitentiaries carried out a survey of behaviours and approaches among juvenile arrestees and convicts. The goals of the survey was as follows: 1) to ascertain approaches of imprisoned juveniles (under 18) towards drugs and psychotropic substances and alcohol; 2) to ascertain the impact of approaches towards drugs and psychotropic substances on

behaviour of juvenile detainees or prisoners. The survey was based on a questionnaire and interview with a respondent.

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

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

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

8.4. Social Costs

No information available

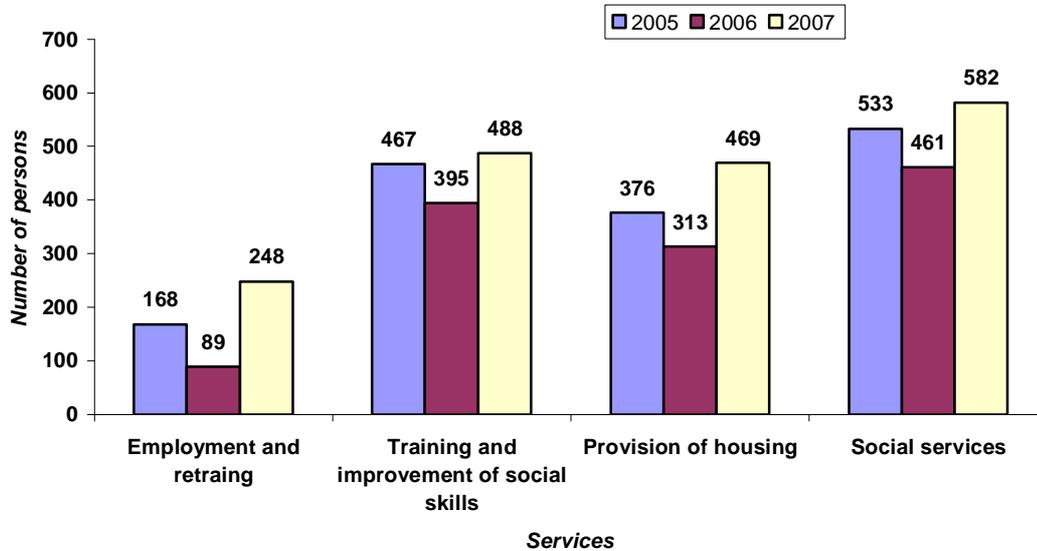
9. Responses to Social Correlates and Consequences

9.1. Social Reintegration

Provision of social services

According to the data submitted by the Lithuanian rehabilitation institutions regarding services provided to persons dependent on drugs and psychoactive substances in 2006 (Figure 9-1) social services prevailed i.e. counselling by social workers, development of social skills, counselling to family members, etc. In 2007, social services were provided to 582 persons, i.e. 97,2 percent of all persons participating in the rehabilitation programs (Figure 9-1).

Figure 9-1. Services provided by rehabilitation institutions to persons dependent on psychoactive substances, 2005-2007



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 of healthy lifestyle values, work therapy, arts therapy arrangements, computer literacy courses and other trainings of professional skills. In many rehabilitation communities their customers are engaged in repair works, acquire skills of carpenters, brick-layers and other building occupations. In the community „Pilnu namu bendruomene“ (the district of Varena) the customers grow herbs used for their own treatment and delivered for wider consumption, attend secondary school, if not finished.

Work placement and retraining

In numerous rehabilitation communities dependent persons are engaged in repair works, acquire skills of a carpenter and brick-layer’s professions, as well as other building occupations. The survey data received from the rehabilitation institutions show that work placement and retraining services accounted for a smallest share (248 persons, i.e. 41,47 percent) compared to other services, however, a significantly increased number of placed to work and retrained persons compared to 2006 is observed (2,8 times) (Figure 9-1). Support from the EU Structural Funds through the projects implemented by the rehabilitation institutions stimulated it.

In 2004, in Vilnius the 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. Since 2005, this social project is supported by the EU EQUAL initiative. 70 percent of the cafe staff are persons dependent on psychoactive substances who completed successfully rehabilitation programs in communities. The project owners encourage dependent persons to develop self-confidence and responsibility commitment. Working in the cafe that requires communication with people teaches them to constructively resolve encountered problems. Also, this project aims at positive public awareness building towards recovering drug addicts, their opportunities and abilities. The methodology prepared, adapted and tested by 2009 will be applied in enterprises of at least two regions in Lithuania working with dependent persons. Within two years of its existence 80 percent of the participants successfully accomplished the working rehabilitation program and half of them (45 percent) took up jobs.

Currently, in Lithuania another EU EQUAL initiative project, i.e. Lithuanian youth occupation development community, is under implementation (project implementation December 2004 - December 2007). The main aim of the project is to reduce the social exclusion of the youth in risk groups through development and putting in practice a model for employment and (re)integration into the labour market

and society, to integrate proved methods into practice and public policy. Supported by youth NGO sector and with Youth Work Centres (operating at territorial labour exchanges in 6 biggest cities of Lithuania) to facilitate (re)integration of the youth in risk groups into the labour market. The project target group is youth aged 14-29. The project aims to establish a system facilitating a youth in the targeted risk groups to (re)integrate into the labour market using the services. Individuals at social risk from the Correction Work Inspectorate, labour exchange and rehabilitation centres for dependent persons are sent to 6 Youth Work Centres under territorial labour exchanges where services are provided, such as individual counselling, sessions of self-help groups, work and learning placement, open counselling and information providing. Afterwards, persons intending to be employed participate in the activities of 13 NGOs for motivation, involvement, development of general skills and, finally, through intermediation of the project coordinators they are placed at work. 179 persons participated throughout the implementation of the project.

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

Providing housing

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

The Public Institution *Gyvybes Versme* established *Adaptation Home* to provide provisional housing services for persons formerly dependent on drugs and psychotropic substances.

9.2 Prevention of Drug Related Crime

In 2007, aiming at prevention of accessing drugs and psychotropic substances into prisons the following measures were organised:

1. Since 2006 the convicts do not have the right to receive postal or delivered parcels containing food, as in most cases, narcotic and psychotropic substances, mobile telephones and other prohibited items were attempted hidden in such parcels.
2. In 2007, 8 imprisonment units had introsopes (X-ray device to inspect things).
3. The Department of Prisons under the Ministry of Justice of the Republic of Lithuania organised a workshop regarding training of dogs, work with dogs trained to detect drugs and psychotropic substances.
4. Training and use of trained dogs was organized to carry out general searches and targeted on drugs and psychotropic substances. 3 dogs trained to detect drugs and psychotropic substances were acquired.
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 the penitentiaries and Police Department under the Ministry of Interior of the Republic of Lithuania is developed regarding new methods of access of drugs and psychotropic substances into imprisonment units.
7. The Prisons Department acquired tests „NIK Master Pack 600-LT“ for identification of drugs and psychotropic substances, also neutralising agents, cases, instructions for use and colour schemes of chromatic reactions, spatulas for taking samples and filter paper. In 2007, 3360 units of instant tests for identification of drugs and psychotropic substances in body fluids. In 2007, 1105 medical check-ups were conducted to identify intoxication with drugs and psychotropic substances.

Assistance to drug users in prisons

In 2007, in Lithuanian penitentiaries the following prevention measures against drugs were implemented:

1. The convicts in penitentiaries were provided information regarding harmful use of drugs and psychotropic substances; in penitentiaries and correction inspectorates staff of the institutions organised 60 educational lectures and sessions according to the drug prevention programs with participation of 4000 persons from penitentiaries, a contest of drawings was organized, prevention films were watched by 1393 convicts.

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

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

10. Drug Markets

10.1. Availability and Supply

Availability and Supply of Drugs in the General Population

Based on the survey data in 2004, 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. 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 Klaipeda 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. Out 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 years the following trends were observed:

a) *CANNABIS (MARIHUANA) AND HASHISH*. The number of cannabis detentions is exceeded only by that of ATS substance and heroin detentions. Last year the trends of the cultivation of cannabis which have a great quantity of THC has in unnatural conditions become prominent. Since old days cannabis was grown in Lithuania for food, fibre and for deterring garden vermin. Later on, their cultivation lost traditions and ordinary fibre cannabis or wild cannabis grew in neglected fields by themselves or was grown as material for intoxication. However, it should be known that cannabis grown in natural weather conditions cannot mature a sufficient quantity of THC, thus, they do not give the hallucinogenic effect expected. However, when cultivating them in greenhouses or premises equipped for this purpose cannabis suitable for intoxication may be grown. The first plantation of cannabis grown in unnatural conditions in Lithuania was detected in 2005. It was established that a foreign national hired the premises of a former kindergarten via the representatives of the underworld of Lithuania and equipped them as a laboratory of cannabis: the premises had the systems of artificial lightening, humidity, ventilation and special drying areas. Last year six plantations of cannabis cultivation were disclosed, two of them were located in Vilnius district while the other ones were detected in the localities of Kaunas. Neglected and remote buildings (greenhouses, former farm buildings, unfinished houses or garages) are chosen for cultivation. Most investment is required in order to equip the place of cultivation and acquire special seeds for the first crop to plant. Later on, seeds are not bought and the plantation is renewed by the help of sprouts. The latter are planted into the soil directly and watered using special fertilizers initiating the growing. The crops get mature in 10 or 11 weeks. Sometimes, when seeking to mask the places of cultivation as well as possible, "the growers" do not use electricity from distribution networks but produce the electricity meant for the substitute of the plantation by generators. In order to prevent the spread of the specific smell of the cannabis, they install air filters. However, the means of security of this kind is not used when individuals grow several bushes of cannabis at home illegally; such cultivation for the use of their own is becoming a fashionable, inexpensive and almost a secure way because the risk of being caught during the purchase of it disappears. In 2007 plants of cannabis (350 pcs) which were being shipped from the Netherlands were detained at the Lithuanian customs point, the Polish - Lithuanian border.

Hashish is not a very popular drug in Lithuania. It must be the only drug the market of which inside the country is stable. First of all, there are no traditions of consumption, secondly, it is not a drug of mass parties and it is more often used in small companies in domestic environment. In 2006 the conduit of hashish smuggling was disclosed which determined the increased frequency of detentions of this substance. Last year there were no detentions of great amounts of this substance and it might be assumed that the smugglers changed their routes of transit or *modus operandi*.

b) *AMPHETAMINE TYPE STIMULANT SUBSTANCES*. As it was last year ATS, has remained one of the most popular drug in the country. Even though there was not a single laboratory of synthetic drugs disclosed in 2007, the quantity of drugs withdrawn from illicit circulation made up a significant part of all the narcotic and psychotropic substances withdrawn. Even though quite a significant part of these substances is brought from foreign states, a presumption can be made that there are illegal laboratories of synthetic drugs operating in Lithuania. It can be certified by the fact indicating that the activity of the citizens of Lithuania when organizing and shipping chemical substances meant for the illegal production of drugs has been noticed. One case was disclosed in which a person ordered 1 litre of safrole from a French company on the Internet and was intending to produce synthetic drugs in domestic conditions. Both implements meant for production and instructions on the process of production were found at home of the person mentioned. When comparing the amounts of the ATS withdrawn from illicit circulation in

2007 and those of 2006 it is noticed that there was a double withdrawal of methamphetamine in 2007 in comparison with 2006. With regard to the fact mentioned, it can be stated that there was a significant increase of the demand of methamphetamine in Lithuania last year. It is witnessed by other figures as well. Even though average concentration of this substance has remained the same (31 %), average street price of it decreased considerably, namely, from 40 LTL for a gram in 2006 to 28 LTL last year, which means that the street price of methamphetamine became equal with the street prices of amphetamine. It can be presumed that due to the increased demand for methamphetamine, there was a considerable decrease in the quantity of other popular synthetic drugs withdrawn. The amount of amphetamine withdrawn was three times smaller and the amount of ecstasy tablets withdrawn was more than two times smaller in 2007 than in 2006, even though both the price and concentration of these substances remained almost unchanged. The routes of ATS smuggling in 2007 remained basically unchanged. Ecstasy is mostly shipped from the Netherlands and Belgium. Part of this substance remains in Lithuania and part of it is shipped to the East, i.e. Belarus and Russia. Amphetamine and methamphetamine is mostly shipped to Scandinavian states, Russia and Belarus from Lithuania.

c) *PIPERAZINES*. The most important change related to new psychoactive substances during the recent years is the spread of innovative piperazine derivatives which appeared in Europe within the period of 2004 and 2006. The group of these synthetic substances has been received from an initial compound of piperazine. It includes BZP (1 - benzyl piperazine) and mCPP (1-(3-chlorophenyl)piperazine).

In 2007 BZP appeared in the circulation of drugs in Lithuania. 1 case of seizure where tablets and capsules of several kinds and colours were withdrawn was registered. The tablets contained the following lettering: "Majik", "ELEVATE", "dp" and "EXOTIC". The substances under consideration were ordered via Internet and sent from New Zealand. As of 27 November 2007 BZP was entered into the list of narcotic and psychotropic substances controlled in Lithuania.

mCPP is described as having stimulating and hallucinogenic effect similar to that of ecstasy. The tablets which include mCPP are often produced to resemble ecstasy and are mostly sold as ecstasy; sometimes both drugs are mixed together. It can be assumed that mCPP is added into MDMA in order to increase or decrease the effect.

A great quantity of 3 chlorophenyl - piperazine (mCPP) (both, in the form of powder and tablets) withdrawn from circulation in 2007 may be considered to be a new trend in Lithuania. The first time when this substance was withdrawn in Lithuania was in 2005, however, these were individual cases and the quantity of mCPP tablets varied from one to several ones. Criminal liability for illegal possession of this substance was not defined at that time (mCPP was entered into the list of narcotic and psychotropic substances as of 1 July 2006). In 2006 not a single case of withdrawal of CPP from illicit circulation was registered in 2006. In comparison with ecstasy (which has a similar effect to that of mCPP), concentration of mCPP is almost two times lower and the prices of these substances are similar. We might have come into this situation because of "fraud" where mCPP is sold instead of ecstasy which does not differ in its appearance.

d) *HEROIN AND CONCENTRATE PRODUCED FROM POPPIES AND THEIR PARTS*. In Lithuania heroin emerged with a new force and a worse scenario can be expected in comparison to that one five years ago, i.e. it might be there will not be such a considerable decrease in the consumption of heroin as it was in 2003. Concentrate produced from poppies and their parts has almost left the illicit market, the quality of the latter has gone worse and poppies are grown less and less while the concentration of doses of heroin in "street" trade is rather high (it is mostly by 30% higher); some cities observe the decreasing age of consumers (the youth do not know how to produce the concentrate of poppies and their parts themselves). In 2007 heroin was seized more frequently than any other substance but almost twice more seldom than all the ATS. The concentrate of poppies and their parts will not disappear from the consumer market regardless of the reasons indicated since it is cheaper and it is produced in the country by consumers who know how to produce it themselves and it is a drug which is used in the country for the longest time in comparison with the others.

Heroin reaches Lithuania through Russia from Middle Asia and is further shipped to Kaliningrad Region from the Russian Federation and Western Europe. There is some intelligence available indicating that the citizens of Middle Asia coming to buy used vehicles in Lithuania bring heroin as well. Sometimes drugs are offered as the means of payment for vehicles.

While executing the National Drug Control and Drug Addiction Prevention Programme 2004-2008 approved under the Decision No. IX-2110 ("Žinios", 2004, No. 58-2041) dated 8 April 2004 by the Parliament of the Republic of Lithuania and with the view to promote the activity of the police preventing drug proliferation, 11 June 2007 – 9 September 2007 an integrated measure "Poppy 2007" was

conducted in the country. "In the course of the integrated measure "Poppy 2007" implemented by the regional police agencies the following actions were carried out:

- 301438 square metres of poppy crops were destroyed (295005 of them were naturally spreading long-headed poppies (*papaver dubium*)), i.e. 6433 square meters.
- 438 persons (687 in 2006) were brought to administrative liability according to Article 44 of the Code of Administrative Violations of Law of the Republic of Lithuania "Unlawful acquisition of psychotropic or narcotic substances or keeping in great quantities or consumption of narcotic substances without a prescription of a doctor".
- 570 persons (685 in 2006) were brought to administrative liability according to Article 107² of the Code of Administrative Violations of Law of the Republic of Lithuania "Unlawful cultivation of opium poppies, cannabis and coca-trees".

e) *COCAINE*. As it was the previous year, cocaine has remained the most expensive drug in Lithuania. Due to this reason, it has remained unpopular among consumers. The main consumers of cocaine have remained people receiving income which is larger than average and the ones who participate in private parties. Withdrawal of cocaine has been registered only in the biggest cities of Lithuania: Vilnius, Kaunas, Klaipeda and Siauliai.

The average purity of the cocaine being withdrawn is rather high, i.e. about 46 % (the lowest purity recorded was 26 % and the highest one was 86 %). As it has been mentioned before, cocaine has remained the most expensive drug in Lithuania; the average street price is 189 LTL.

Cocaine is unpopular in Lithuania, however, Lithuanian nationals are often used as couriers for cocaine trafficking both from South America to Europe and to the countries of Western Africa or it goes to Europe through these countries. There is some information available about the activity of the representatives of underworld of Lithuania regarding the organization of cocaine smuggling to Europe or through Europe to the Russian Federation in the countries of South America. This information is certified by the data received with regard to detentions of Lithuanian nationals for illicit circulation of cocaine on a large scale in various countries of South America.

There were 24 cases of detentions of Lithuanian nationals in 2007 abroad known to the Lithuanian police in which they shipped cocaine. In 4 cases cocaine was transported in a stomach. Cocaine is mostly shipped in hidden compartments made in suitcases, however, there were cases where this substance was shipped in considerably greater amounts than several kilograms. For instance, there was a group of the citizens of the Republic of Lithuania detained who had tried to ship 600 kg of cocaine mixed with fertilizers from Peru to the Ukraine; there was another case where three citizens of the Republic of Lithuania detained were trying to bring 1.5 tones of cocaine to Spain. Cases of this kind are only the emphasis of uneasiness that the representatives of Lithuania have occupied fairly strong positions in the organization of cocaine smuggling from the countries of South America to Europe.

f) *OTHER PSYCHOACTIVE SUBSTANCES*. In 2007 there were leaves and stems of *Chata edulis* detained in Lithuania for the first time. Consignments with the substance mentioned were tried to be sent using the services of express consignment companies. The substances "travelled" from Western Africa (Somalia) to Great Britain and they reached Lithuania from there, further on it went to the USA and Canada. The dispatch was organized by the Somalis residing in Great Britain. Lithuania was used as a transit country to reduce the risk of shipment of the substances.

Salvia divinorum. Numerous discussions have been recently generated in Lithuania because of a plant, namely, *Salvia Divinorum*, which comes from the Southern part of Mexico. Discussions have been generated because of the fact that the plant contains substances having effect on the psyche and it is uncontrolled in Lithuania as in many other countries of the world. As of 16 May 2008 *Salvia divinorum* was entered into the list of narcotic and psychotropic substances controlled in Lithuania.

Nitrite compounds. One more group of substances used for intoxication in Lithuania is made up of nitrite compounds. The main component of these substances is amyl and isobutyl nitrite. These substances can often be found in air fresheners or other chemical preparations. Nitrite compounds are used by inhaling them. In order to prohibit the circulation of the substances mentioned it must be proved that health disorders are caused by constant use of these substances. It is rather difficult to prove it, moreover, people using these substances change their habits quickly and look for new sensations using other substances, including the narcotic ones.

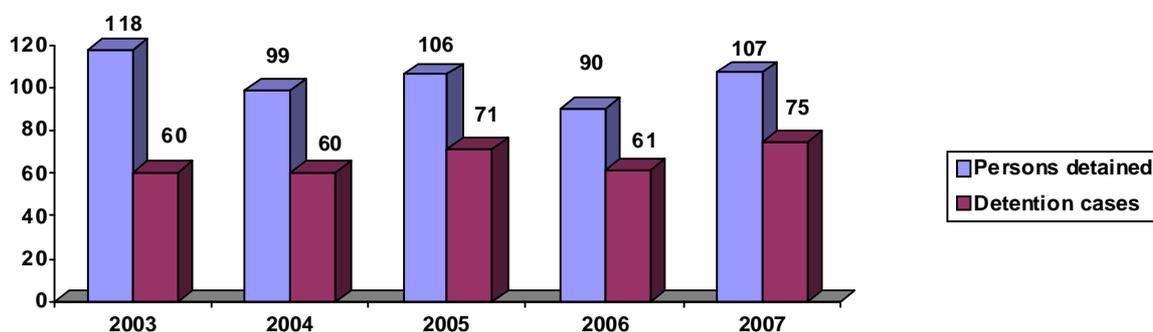
g) *PRECURSORS OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES*. Criminals engaged in the manufacture of synthetic drugs attempt to obtain chemical substances in various ways: by using companies, the Internet, by shrewdness of the underworld, etc. As we have already mentioned in the previous chapter, in 2007 a case was recorded where a citizen of the Republic of Lithuania ordered a litre

of safrole from one French company by the Internet and shipped it to himself with the help of express mail service. We tend to think that this was an experimental order. Law enforcement institutions of Lithuania have earlier received information of similar kind suggesting that the citizens of this country were trying to order precursors on the Internet from their producers in foreign countries. However, for some reasons, e.g. the terms of the payment for the goods, such deals were not fulfilled. One more popular way of the entrance of precursors to Lithuania has recently been related to the use of motor vehicles; this concerns the delivery from the countries of Eastern Europe (most often from the Russian Federation). In 2007 officers of Lithuanian State Border Guard Service and the Customs Criminal Service seized two consignments of 1-phenyl-2 propanone (BMK), the precursor of the first category, having the weight of 100 l and 5.6 l. It is suspected that the BMK was supposed to be further shipped to Western Europe.

Sources of supply and trafficking patterns within countries

Criminal activities of the Lithuanian nationals is related to illicit international drug circulation. It is well organized and is becoming more professional each year due to stable, reliable contacts with foreign “associates” as well as due to new and broader circle of acquaintances, more experience gained (years spent in prisons abroad, information about measures implemented and methods used by law enforcement officers) and possibilities to invest into more sophisticated ways of concealment. It can be observed that the number of citizens of the Republic of Lithuania detained for smuggling of drugs in foreign countries in 2007, has again increased; the quantities of drugs they possessed have rose as well. (Figure 10-1).

Figure 10-1. Ratio of the number of citizens of the Republic of Lithuania arrested and arrests abroad, 2003-2007



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

In 2007, as previously, various drugs and psychotropic substances were confiscated from detained Lithuanian citizens abroad, i.e. cocaine, amphetamine, heroin and others (Table 10-1).

Table 10-1. Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs, 2006

Country	Number of detained persons (Lithuania citizens)	Substance	Quantity	Number of detains
Norway	30	Amphetamine Rohypnol Methamphetamine Ecstasy	176,743 kg 10000 tab. 5 kg 474 tab.	15
Sweden	19	Amphetamine Methamphetamine Xanax alprazolam Diazepam Lorazepam Bronazepam	39,400 kg 12 kg 59 tab. 856 tab. 69 tab. 10 tab.	15

		Auparin	4 tab.	
Germany	16	Amphetamine Hashish Heroin Cocaine Ecstasy Marihuana	3 kg 1,2 g 931 g 14 kg 1,209 kg. 360,42 g	13
Spain	7	Marihuana Cocaine Hashish	2,420 kg. 1507,28 kg 1200 kg	5
Russia	5	Heroin Ecstasy mCPP	734 g 5000 tab. 21 kg	4
Poland	5	Ecstasy Cocaine Methamphetamine	10000 tab. 750 g 5,527 kg	3

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

Analysis of the information available discloses trends of crimes by the citizens of the Republic of Lithuania related to illicit international circulation as follows:

It is in Scandinavian countries (Norway and Sweden) that the citizens of the Republic of Lithuania were most often detained (30 times) and the number of the detainees was the largest there (49 persons) in 2007. Synthetic drugs are most often shipped to the latter countries. The age of citizens of the Republic of Lithuania detained abroad, fluctuates from 17 to 61 years (the average is approximately 36 years of age).

In 2007 15 cases of smuggling of drugs were recorded and 30 citizens of the Republic of Lithuania were detained in Norway. 12 cases are related to the smuggling of amphetamine (while the other two deal with methamphetamine (5 kg) and ecstasy (474 kg)). This year 18 Lithuanian citizens were detained for the smuggling of amphetamine and 176.743 kg of the drug was withdrawn from illicit circulation in Norway (in 2006, 23.6 kg of amphetamine were withdrawn). In comparison to the year 2006, the ways of shipment of drugs have not changed: amphetamine is chiefly shipped by ferries and motor vehicles by land. Concealments of drugs have remained the same: spare wheels, fuel tanks, boots, airbags and the like. Among Lithuanian citizens detained in Norway for the smuggling of amphetamine, residents of Kaunas district strongly dominate. The age of citizens of the Republic of Lithuania detained in Norway, fluctuates from 22 to 43 years (the average is approximately 35 years of age).

Last year 15 cases of smuggling of drugs were recorded (in 2006 there were 6 cases) and 19 citizens of the Republic of Lithuania were detained for the smuggling of drugs (in 2006 there were 8 citizens) in Sweden. 39.4 kg of amphetamine (in 2006 it was 18.6 kg of amphetamine) and 12 kg of methamphetamine (in 2006 it was 2 kg) were withdrawn from illicit circulation in Sweden in 2007. Having compared the statistical data of detentions of the last year and the year 2006, a dramatic increase of cases of drug smuggling and the number of detained Lithuanian citizens in Sweden is observed. The age of citizens of the Republic of Lithuania detained in Sweden, fluctuates from 20 to 48 years (the average is approximately 32 years of age).

The trends regarding the criminality of the citizens of the Republic of Lithuania related to illicit circulation of drugs on an international level have remained unchanged:

- *Smuggling of amphetamine and methamphetamine from/via Lithuania to Scandinavia (Lithuania is not always the country of origin of the amphetamine seized, sometimes it has to do with the transit of ATS substances via Lithuania to Scandinavia);*
- *BMK smuggling from Russia to the Netherlands or Belgium (the mode of action was widely described in the Review of 2006);*
- *Ecstasy smuggling from the Netherlands to/via Lithuania (there is no data available indicating that ecstasy tablets are produced in Lithuania, some detentions of contraband are registered);*
- *Smuggling of ATS substances to Belarus and Russia (this statement is certified by joint operations annually conducted with similar services of these states);*
- *Smuggling of cocaine from South America and the region of the Caribbean Sea to Europe (including Lithuania) (See the chapter on Cocaine).*

In cooperation with police units of EU Member States and the third countries Lithuania police conducted 9 international operations in 2007 related to illicit drug circulation. Joint international operations were conducted in cooperation with the officers of drug control units of Belarus, Russia, Poland and France. In the course of international operations 16700 tablets of MDMA; 11.8 kg of amphetamine; 300 tablets of amphetamine; 1 litre of safrole oil; 21 kg of mCPP; 13 kg of cannabis; 750 g. of cocaine and 1 kg of heroin were seized. In the course of international operations there were 17 persons detained. In the course of cooperation of the Customs Criminal Service with the authorities of law enforcement agencies of other states, 2 citizens of the Republic of Lithuania were detained who were shipping cocaine from Venezuela and 1.4 kg of cocaine were seized as a result of it.

10.2. Drug seizures

Additional information for this chapter is also available in Standard Table 13 „Number and quantity of seizures of illicit drugs“

The analysis of different indices indicates that the following tendencies of illegal market of drugs show up:

- Over 7 years, the market of local production of drugs made from poppies, has reduced 8 times as much as has reached the limit of 6 %, which was the same for ATS substances in 2000;
- Methamphetamine is the most popular of all ATS substances; - The cultivation of cannabis under artificial conditions is spreading;
- The market of heroine is increasing;
- The market of cocaine and hashish remains stable;
- New (in the market of our country) controlled and uncontrolled psychoactive substances, such as BZP, Chata edulis, mCPP, Salvia Divinorum and other, are emerging in the market of drugs;
- The import of the psychoactive substance tramadolom from India from/through Russia;
- The average concentrate of substances fluctuate very insignificantly.

The amount of drugs withdrawn from the circulation each year varies since the quantities depend on the circumstances of detentions: if contraband with larger quantities is detained or illegal laboratories are disclosed, there is often a sharp increase observed in the quantities (Table 10-2).

Table 10-2. Comparison of amounts of drugs and psychotropic substances seized in Lithuania in 2006-2007

Name of a substance	2006	2007	Increase/ Decrease
Poppies and their parts	51 kg	26 kg	↓
Extract and concentrate of poppies and their parts	48 litres 104 g	83 litres 71 g	↑
Cannabis	72 kg 55 tons (raw material)	160 kg	↑
Hashish	106 kg	1,2 kg	↓
Heroin	4,8 kg	6,4 kg	↑
Cocaine	3 kg	1,2 kg	↓
Amphetamine	35 kg + 1870 tab	11 kg +1000 tab	↓
Methamphetamine	22 kg + 235 tab	49 kg	↑
Mixture of Methamphetamine and Amphetamine	2009 g	122 g	↓
Ecstasy	~58 509 tab	~22 356 tab	↓
BMK	3, 7 litres	105,7 litres	↑

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

10.3. Price/Purity

Additional information for this chapter is also available in Standard Table 14 „Purity at street level of illicit drugs“, Standard Table 15 „Composition of tablets sold as illicit drugs“ and Standard Table 16 „Price in Euros at street level of illicit drugs“

Over the last seven years, the costs of certain types of drugs, especially that of ATS substances, have significantly decreased. The decrease of the costs of amphetamine and methamphetamine can be accounted for by their illicit production in the country, as for lower prices of other substances, it could be affected by the global price slump as well as the simplified import (logistics, crossing of internal borders).

Having analysed the gathered information on the costs of narcotic and psychotropic substances in Lithuania, it can be stated that the prices of drugs in 2007 have remained stable in comparison to the year 2006 (Table 10-3). Annual costs of narcotic and psychotropic substances are counted on the basis of the information provided by territorial police units, central departments and the Customs Criminal Service.

The so-called “street price” is one of the indicators, describing illicit supply of drugs; the cost of large-scale dealings is not such an exact indicator because the price varies depending on the fact through how many persons the drugs were bought. The largest amount of information obtained is on the “street costs” of amphetamine and ecstasy.

Both, in 2006 and in 2007, there is very little information indicating the costs of hashish in Lithuania; this could only confirm the statement that there are not many hashish users in Lithuania.

Table 10-3. Comparison of Prices of narcotic and psychotropic substances in 2006 and 2007

Name of the substance	Highest and lowest street price (euro)	
	2006	2007
Marihuana (1 g)	5,8-12,7	5,8-19,1
Hashish (1 g)	4,3-7,2	4,3-11,6
Methamphetamine (1 g)	11,6-13,6	6,7-11,6
Amphetamine (1 tab.)	1,7-8,7	2-3,8
Amphetamine (1 g)	1,7-11,6	2,6-11,6
Ecstasy (1 tab.)	2,3-4,3	1,7-7,2
Heroin (1 g)	23,2-52,1	34,8-57,9
Cocaine (1g)	46,3-72,4	40-72,4

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

The assessment of concentration of drugs and psychotropic substances shows the concentration of these substances continue to remain stable in recent years (Table 10-4).

Table 10-4. Purity of drugs and psychotropic substances on the national illegal market, 2006-2007

Name of the substance	Number of analysis units		Fixed lowest purity (%)		Fixed highest purity (%)		Average purity (%)	
	2006	2007	2006	2007	2006	2007	2006	2007
Heroin	352	461	4	0,1	88,7	72	34	35
Cocaine	28	37	20	26	88	86	46	46
- Amphetamine (tablets)	12		0,18		21,5		7,4	
- Amphetamine (powder)	216	166	0,3	0,1	68	70	24	29
Methamphetamine	348	369	1	1	68	68	31	31
Ecstasy type substances	191	290	0,17	0,4	42	52,9	25	27
mCPP		26		9		18,3		15

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

PART B - SELECTED ISSUES

11. Sentencing statistics

In 2007, in the Lithuanian courts of first instance 16066 criminal cases were accomplished (17225 cases in 2006), including 926 cases (894 cases in 2006) where accusations regarding illegal disposal of drugs or psychotropic substances and their precursors were brought, i.e. ca. 6 percent of all received criminal cases (5 percent in 2006).

Out of 926 completed cases when adopting a penal order or conviction in 754 cases charges were brought according to article 259 of the Criminal Code of Republic of Lithuania (hereinafter – CC of RL) “Illegal disposal of drugs or psychotropic substances without a purpose to dispatch them”, in 182 cases (185 cases in 2006) charges were brought according to article 260 (part 1) of the CC of RL “Illegal disposal of drugs or psychotropic substances with a purpose to dispatch them”, in 59 cases (60 in 2006) charges were brought according to article 260 of the CC of RL “Illegal disposal of drugs or psychotropic substances in big or very big quantities”, in 5 cases (4 in 2006) charges were brought according to article 261 of the CC of RL “Distribution of drugs to juveniles”, in 2 cases (2 in 2006) charges were brought according to article 263 of the CC of RL “Theft, exaction or any other illegal overtake of drugs or psychotropic substances”, in 5 cases (2 in 2006) charges were brought according to article 264 of the CC of RL “Pressure to use drugs or psychotropic substances”, in 9 cases (4 in 2006) were brought according to article 265 of the CC of RL “illegal growth of poppies and cannabis” and in 4 cases (2 in 2006) charges were brought according to article 266 of the CC of RL “Illegal disposal of precursors of drugs and psychotropic substances of category I” (Table 11-1).

Table 11-1. Report on criminal cases related to illegal disposal of drugs or psychotropic substances examined in the Lithuanian courts of first instance in 2003-2007

	2003	2004	2005	2006	2007
Total number of criminal cases	1017	764	888	894	926
Completed criminal cases adopting conviction	1069	724	800	871	
Number of convicted physical persons, including:	1161	834	960	970	1023
- women		140	152	137	162
- juveniles		53	38	23	27
Number of discharged physical persons⁵	13	17	25	8	19
Number of nonsuit persons	18	11	15	8	8
Number of persons imposed obligatory medical measures	4	4	7	7	1

Information Source: National Administration of Courts

Persons charged due to criminal acts related to illegal disposal of drugs were convicted as provided below (Table 11-2).

Table 11-2. Analysis of sentences to persons for disposal of drugs or psychotropic substances in 2003-2007

	2003-2004	2005	2006	2007
Public works	85	18	27	18
Confinement	78	35	40	66
Imprisonment	579	203	458	462
Arrest	345	345	133	110
Penalties	324	337	394	396

Information Source: The National Administration of Courts

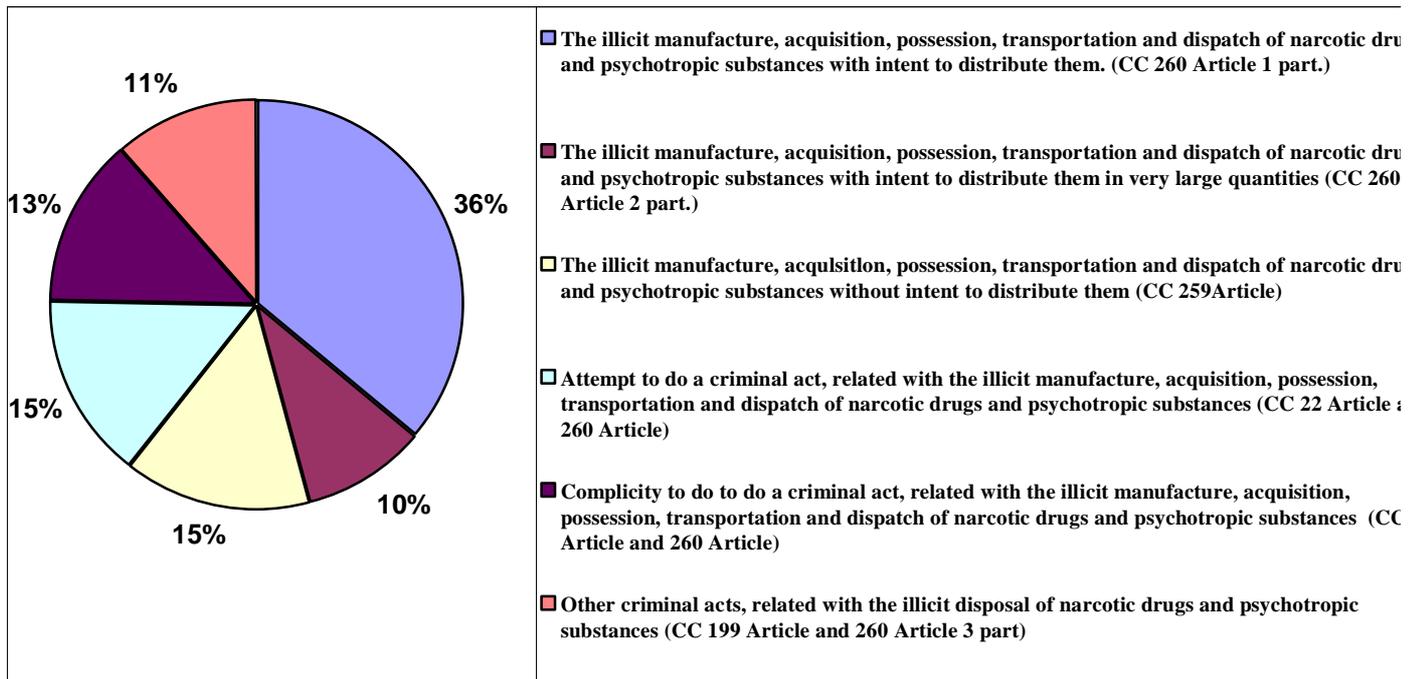
⁵ The main reason of discharge – absence of nature of criminal activities in actions of charged persons

Analysis of convictions issued by the Criminal Division of the Lithuanian Supreme Court in 2006-2007 reveals the situation in relation to examination of cassation appeals and enables to draw conclusions concerning realisation of the punishment inevitability principle concerning persons convicted for criminal acts related to illegal disposal of drugs and psychotropic substances.

The majority of cassators were convicted for criminal acts established in articles 259 - 260 of the Criminal Code of the Republic of Lithuania, i.e. for illegal disposal of drugs or psychotropic substances without or with a purpose to dispatch.

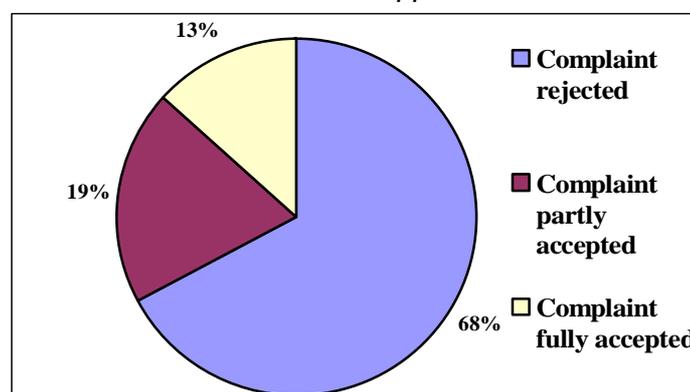
Fig. 11-1 provides distribution of cassators – convicts who entered cassation appeals according to criminal acts based on which they were convicted in Lithuanian courts prior to a cassation appeal.

Figure 11-1. of convicts who entered cassation appeals according to criminal acts



Our society follows opinion that Lithuanian courts exculpate and release distributors of drugs and psychotropic substances but this analysis of the convictions issued by the Division of Criminal Cases of the Lithuanian Supreme Court rebuts this statement as the biggest number of all entered cassation appeals is rejected by the Juridical Board of the Criminal Division of the Lithuanian Supreme Court (Fig. 11-2).

Figure 11-2. Legal outcome of evaluation of cassation appeals



Only a small share of cassation appeals were met fully or partially, and these were lodged by public prosecutors.

The convicts who lodged their cassation appeals complained about penal orders or convictions of the Juridical Boards of the Criminal Division of the Kaunas District Court.

129 cassation appeals were lodged with the Lithuanian Supreme Court in 2006 -2007, the main reason grounding such lodging was inappropriate (unfair) application of provisions of the Criminal Code of the Republic of Lithuania and laws of the criminal process of the Republic of Lithuania which may be grouped as follows:

1. provisions of the criminal law establishing presence of elements concerning offence or misdemeanour in relation to illegal disposal of drugs and psychotropic substances;
2. provisions of the criminal law establishing passing sentence for these criminal acts; provisions of the criminal law regulating features qualifying criminal actions;
3. provisions of the criminal process law regulating legitimacy and validity in the view of the Law on operational activities and the Code of Criminal Procedure of the Republic of Lithuania;
4. provisions of the criminal process law regulating legitimacy and validity of the juridical nature and averment process;
5. provisions of the criminal process law establishing hearing of criminal cases in courts of first instance;
6. provisions of the criminal process law establishing hearing of criminal cases according to the appellate procedure.

The summary of analysis of the *arguments contained in the cassation appeals of the convicts* is provided below.

The arguments of the cassators stating that courts of first instance imposed a too strict penalty in numerous cases contradicted the content of the case documents. For instance, in his cassation appeal convict Y motivates that the appeal court abolished the sentence of court of first instance having imposed penalty on him not related to imprisonment, and such sentence of the appeal court is untenable. According to the cassator's opinion the court of first instance followed a humaneness approach to stay judgement as thus it provided a chance for him to undergo treatment against drug addiction. In his appeal the convict states that the most recent crime committed by him was a consequence of the above disease. The cassator claims he regrets about the criminal acts committed by him and being aware of these as a consequence of his disease strives to throw off his dependence on drugs. In his appeal convict Y states he underwent detoxication and is preparing himself to participate in the Minnesota program, expects to get quit of his bent for drugs and become an adequate member of the community. The convict thinks that the punishment to imprison him shall not actually help him to refuse the disease persecuting him, shall break him psychologically. However, the appeal court drew attention to the fact that convict Y had been given a trial three times previously (two times for a robbery and one time for disposal of drugs); two times the judgement was suspended; prior to the end of the judgement suspension convict Y committed criminal acts repeatedly, did not study or work, registered with the labour exchange just before the case examination in the appeal court; prior to the beginning of the trial being dependent on drugs did not make any efforts to undergo treatment. The appeal court concluded that the data contained in the case provide no grounds to assume that the goals of the punishment assigned to convict Y would be achieved without the actual fulfilment of his punishment, and repealed the part of the sentence issued by court of first instance which suspended the actual fulfilment of his punishment for convict Y following article 75 of the Criminal Code of the Republic of Lithuania.

The common principals to impose punishment established in article 54 of the Criminal Code of the Republic of Lithuania commit courts to inflict punishment within the boundaries of the sanction prescribed in the article of the criminal law establishing liability for the committed criminal act and to take into consideration the jeopardy level, motivation and goals of the committed act, a compunction form, a personality of the perpetrator, the palliatives and aggravating circumstances. Selection of the punishment level is considered in part 2 of article 61 of the Criminal Code of the Republic of Lithuania establishing that court having assessed the palliatives and/or aggravating circumstances, their quantity, nature and inter-relationship, as well as other circumstances provided in part 2 of article 54 of the Criminal Code of the Republic of Lithuania, reasonably selects milder or stricter type of punishment, also the size of the punishment computing from its average. Part 4 of this article provides that in the cases when the perpetrator conceded upon his own will having committed the crime, repents it, helped actively to solve the crime and no aggravating circumstances for the liability exists the court imposes on him the custodial

punishment or the punishment not related to imprisonment not exceeding the punishment average prescribed in the article sanction for the committed crime.

One of the statements contained in cassators' appeals regarding inadequate application of the criminal law refers to qualification of several uniform criminal acts individually, instead of one criminal action. For example, convict X acting in accorded deliberacy at the same time illegally acquired, transported and kept in his apartment drugs and psychotropic substances without intention to dispatch them. The amount of one substance (amphetamine) found with him exceeded a small amount, and the amount of another substance (cannabis) was small.

One of the most frequent statements contained in cassators' appeals is related to legitimacy and validity in application of the simulated model of criminal activities (hereinafter - SM). This model means sanctioned actions formally containing features of criminal acts or any other offence of law performed aiming at defence of rights and freedoms, ownership, public and state security protected by law. Such operational actions are performed when it is not possible or is complicated to defend interests of a person, the public and state using other means. The data obtained from a SM may be recognized as evidence in the criminal process in compliance with the principals and procedure established for SM performance prescribed in the Law on Operational Activities of the Republic of Lithuania. When applying SM a person cannot be provoked to commit a criminal act. According to part 5 of article 6 of the Law On Operational Activities of the Republic of Lithuania a provocation means pressure, active induce or instigation to commit a criminal act limiting freedom of the person to act provided due to that the person commits or intends to commit a criminal act which he had not intended to commit before. The definition of provocation is also established in Ruling No. 2K-52/2001, of February 27, 2001, of the Board of Criminal Division of the Lithuanian Supreme Court (by 7 judges) prescribing that provocation means bending (instigation) to commit a crime having intention to dispose of him later with the help of law enforcement institutions, instituting criminal proceeding in relation to the criminal act having been committed at the instigation. Provocation as an act can be evidenced as bending another person to commit specific criminal act through convincing him, posing threats to him, blackmailing, asking or using other actions breaking person's willpower and governing his decision to behave criminally. For example, a convict states in his appeal that the SM was applied for him unlawfully as he was provoked to commit an act established in part 1 of article 260 of the Code of Criminal Procedure of the Republic of Lithuania. According to his assertion the material of the case makes obvious that the participants of the SM (the police officers and witness provided anonymity in compliance with the procedure established in the Law On Criminal Procedure) instigated him to commit the criminal acts. The provocation determined the criminal acts of the cassator, and no criminal liability may be imposed on such acts, as the state cannot originate such "crimes" and impose punishment due to them later. Besides, any information obtained as the result of provocation does not satisfy the criteria established in article 20 of the Code of Criminal Procedure of the Republic of Lithuania and may not be recognized as evidence. However, court of cassation in most cases rejected such statements contained in appeals of convicts verifying that courts of first instance and review of the case by appeal judged on legality and validity of application of SMs legitimately.

In compliance with provisions of point 2 of part 1 of article 305 of the *Code of Criminal Procedure* of the Republic of Lithuania court justifies its judgement on evidence assessed in compliance with the regulation established in part 5 of article 20 of the *Code of Criminal Procedure* of the Republic of Lithuania. The above article establishes that judges assess evidence based on their inner conviction justified by comprehensive and impartial examination of all circumstances of the case in compliance with laws.

Court of cassation instance stated absence of grounds to challenge inner conviction of judges not being justified by comprehensive and impartial examination of all circumstances of the case when assessing evidence. Part 1 of article 301 of the *Code of Criminal Procedure* establishes that judgement must be justified solely with evidence examined at penal sitting. This provision must not be understood in its direct meaning that judgement is justified solely by evidence of persons provided at penal sitting. Court has a right to provide justification by all evidences, i.e. collected in the pre-trial period and new evidence but must examine all of them at penal sitting: to examine the persons, to read evidence of the accused, aggrieved and witness provided to the judge of pre-trial examination or procurator. For verification of the evidence in the case, evidence of the accused, aggrieved and witness given to the pre-trial officer or procurator can be read provided material contradictions between the evidences provided to the penal sitting and the evidences given to the pre-trial investigation or in court previously arise (parts 1 and 4 of article 276 of the *Code of Criminal Procedure*). Another provision includes that evidence must

always be assessed following laws, primarily their compliance with the requirements established in article 20 of the *Code of Criminal Procedure* has to be established.

The purpose of case procedure in court of appeal instance is to ensure avoidance of illegitimate and unjustified sentences or judgements of courts of first instance to stand up. Court of appeal instance checks legitimacy and justification not exceeding the boundaries of an appeal. Judgement is legitimate if it is adopted and written in compliance with criminal law and law of criminal procedure as well as other legal provisions. Judgement is justified when conclusions drawn regarding a criminal event, elements of a criminal act, culpability or innocence of the accused, imposed penalty and other issues solved in the judgement are justified comprehensively and impartially with examined and fairly assessed evidence.

In their cassation appeals convicts state that examining their appeals had to carry out investigation of evidence. However, in compliance with part 6 of article 324 of the *Code of Criminal Procedure* of the Republic of Lithuania court of appeal instance may but not must execute investigation of evidence. Investigation of evidence must be executed having identified that court of first instance has not examined or examined all circumstances of the case not to the full extent. In such cases with a help of cassation appeals the parts of judgement of court of appeal instance are abolished by which convicted persons are recognised guilty and convicted according to respective articles of the *Code of Criminal Procedure* of the Republic of Lithuania but parts regarding their exculpation of judgement of court of first instance continue being valid without any changes.

The summary of analysis of legal consequences of assessment of cassation appeals are provided below as follows: court of cassation instance having adopted judgement to satisfy a cassator's appeal partially motivated that courts of appeal instance made material violations of criminal procedure, such as – inappropriate application of criminal law (imposing punishment or mistakes of qualifying criminal acts); inappropriate application of criminal procedure law (violations of general principles of appellate examination of cases, non-compliance with the requirements for writing conviction or adoption of judgement) and a case was returned for new review in accordance with appeal procedure.

Court of cassation instance having adopted judgement to satisfy a cassator's appeal motivated, for example, that court of first instance convicting a person for X acts that in the meaning of article 11 of the *Code of Criminal Procedure* of the Republic of Lithuania inappropriately applied provisions of the general part of the *Code of Criminal Procedure* of the Republic of Lithuania, including provisions of article 11 of the *Code of Criminal Procedure* of the Republic of Lithuania, conviction concerning acts X of the person is abolished and a case is discontinued.

Analysis of cassation appeals of persons convicted for criminal acts of a two year period in relation to illegal disposal of drugs and psychotropic substances disprove the opinion prevailing in the public that courts release distributors of drugs and psychotropic substances and show that the penal policy in the area of drug control and addiction prevention is executed properly.

PART C - BIBLIOGRAPHY, ANNEXES, STANDARD FOR BIBLIOGRAPHIC REFERENCES

14. Bibliography

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15. Annexes

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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

Standard Table 07/08 National/Local prevalence estimates on problem drug use

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