



European Monitoring Centre
for Drugs and Drug Addiction



Drug Control Department
under the Government
of the Republic of Lithuania

**2010 NATIONAL REPORT (2009 DATA) TO THE EMCDDA
BY THE REITOX NATIONAL FOCAL POINT**

LITHUANIA

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

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Summary

Lithuania 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. Also, Lithuania 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 until 2008 was established in the *National Strategy on Drug Addiction Prevention and Control 2004–2008* adopted by the Resolution of the Government of the Republic of Lithuania and in the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* adopted by the Parliament of the Republic of Lithuania. In 2009 Lithuania did not have a valid *National Program on Drug Control and Prevention of Drug Addiction*. On the 4th of November 2010 *National Program on Drug Control and Prevention of Drug Addiction 2010 – 2016* was approved by the Parliament.

By Resolution No. XI-210, of March 26, 2009, On Approval of the Regulations of the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence (Žin., 2009, No. 38-1446) the Parliament of the Republic of Lithuania approved the Regulations of the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence. The Regulations establish that the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence shall be a permanent Commission of the Parliament of the Republic of Lithuania formed for the term of office of the Parliament in compliance with the procedure established in the Statute of the Parliament.

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 the implementation of the drug prevention and control measures, to set the scope of the drug prevention and control policy, and to coordinate the drug prevention and drug control activities on the national and local levels. Since 2008 the Drug Control Department under the Government of the Republic of Lithuania is responsible for licensing and controlling of the activities related to legal circulation of drugs and psychotropic substances precursors.

The Lithuanian programme prioritises prevention of drug use in the family, among children and youths. The drug prevention projects executed in Lithuania in 2009 focused mainly on universal and selective prevention in local communities and schools, aiming at protecting young people against drug use.

In 2008, the second research (first in 2004) on drug use 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. The target group of the study was permanent residents of Lithuania aged 15 to 64. According 2008 survey data in Lithuania 12,5 percent of the population used at least one drug at least once in their lifetimes, 6,2 percent - at least once in the last 12 months, 1,5 percent - at least once in the last 30 days.

Also, the Report presents data from the ESPAD survey conducted in 2007, which shows that one fifth (20 percent) of the surveyed Lithuanian schoolchildren tried any drug at least once in their lifetimes, including 26 percent of the boys and 14 percent of the girls. Lifetime experience for cannabis, the most frequent illicit drug experimented with in this age group, disclosed 18 percent having used cannabis at least once during their lifetime in 2007 (13 percent in 2003 and 12 percent in 1999). With regard to amphetamines, ecstasy and inhalants, results of the Survey indicated a lifetime prevalence of 3 percent. The results also showed 12 percent for the last year prevalence of cannabis use (11 percent in 2003, 10 percent in 1999), 5 percent for the last month prevalence of cannabis (6 percent in 2003, 4 percent in 1999). In addition, the reported lifetime prevalence of cannabis use among males was 24 percent and 13 percent among females.

In 2010, in Lithuania the first more comprehensive and accurate Survey on prevalence of problem drug use was carried out. The Survey results disclose that in Lithuania, in 2007 the number of estimated problem drug users was 5458 (95 percent PI (Poisson) 5314 - 5605). The Survey calculated prevalence of problem drug users in Lithuania per 1000 population in the age group of 15 – 64 years in 2005, 2006 and 2007, i.e. in 2005 - 2,3 problem drug users per 1000 population in the age group of 15 – 64 years, in 2006 – 2,5, and in 2007 – 2,4.

Drug treatment in Lithuania is provided mostly by public agencies, followed by private agencies and NGOs. Coordination, implementation and provision of drug treatment is conducted at the local level. The main funding bodies of the different treatment services are the national health insurance, county budgets and municipalities budgets. Four regional counties and one municipality finance specialised treatment centres at regional level in 2009. In Lithuania, outpatient drug treatment is provided by public mental health centres or by psychiatric clinics, and through private medical institutions that have obtained a special license. Furthermore, outpatient drug treatment is also provided in Centres for Addictive Disorders. There are five regional public specialised Centres for Addictive Disorders which are located across the country. These centres offer treatment of one to three months by group psychotherapy, acupuncture and counseling, and they also provide methadone treatment. Inpatient treatment such as withdrawal treatment and residential treatment is delivered by the specialised Centres for Addictive Disorders. According to data of the Lithuanian Health Information Centre, in Lithuania primary mental health care is being implemented by 89 mental health care institutions, 14 of them were private. Out – patient treatment is provided in primary health care institutions, mental health Centres or clinics of mental disorders and private centres. In-patient treatment is provided by 5 specialised Centres for Addictive Disorders in Vilnius, Klaipeda, Siauliai, Panevezys and Kaunas. These 5 centres also provide out –patient treatment services.

According to data of the State Patients' Fund under the Ministry of Health, in 2009 medical services in relation to behavioural disorders using drugs and psychotropic substances were provided 2402 times (in 2008 - 2532 times) for 937 individuals (including 687 men and 250 women). The biggest number of services was provided in the following age groups: women over 65 and men aged 25 – 29.

In 2009, the health care institutions registered 345 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances, i.e. 73 individuals (26,8 percent) more, compared to 2008. In 2009, the first treatment rate accounted for 10,4 cases/100 thousand population and was highest in the last 4 years. In 2009, as in previous years the biggest number of first time registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users.

Lithuania is among the countries with limited application of substitution treatment, and high requirements are applied to it. In Lithuania, methadone hydrochloride (methadone) and buprenorphine hydrochloride (buprenorphine) are allowed to register and use for substitution treatment. In Lithuania, also a composite pharmaceutical subuxon containing buprenorphine and naloxon (opioid antagonist) was registered. As of January 1, 2010, substitution treatment was applied in 17 health care institutions (units) located in 10 Lithuanian cities. As of January 1, 2010, in Lithuanian substitution treatment programmes 562 persons participated. In 2009, substitution treatment was applied to 815 persons, including 760 persons treated with methadone, 26 persons – with buprenorphine (subutex) and 29 persons – with Subuxone.

In 2009, in Lithuania 180 new HIV cases were diagnosed, i.e. by 85 individuals more compared to the previous year. In 2009, among new HIV cases 117 individuals (65 percent) were infected with HIV by using injecting drugs. Within the period since 1988 when the first HIV case was diagnosed in Lithuania through to January 1, 2010, 1314 HIV infected individuals were diagnosed, 1145 persons (72,4 percent) were infected HIV by using injecting drugs.

In 2009, in Lithuania 12 (in 2008 -14 units) harm reduction services units (incl. syringe and needle exchange) were available in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys, Alytus, Mazeikiai, Druskininkai, Kedainiai.

According to data by the State Patients' Fund under the Ministry of Health, in 2009 Lithuanian healthcare institutions recorded almost the same number of cases due to poisoning with drugs and psychodysleptics (hallucinogens), as in the previous four years; in 2009 - 308 cases of intoxication by drugs (250 individuals: male – 204 and female - 46), i.e. ca. 18 cases more, compared to 2008 (290 cases).

According to data of the Department of Statistics under the Government of the Republic of Lithuania in 2009, 68 deaths due to drugs and psychotropic substance use were registered (in 2008 – 60 cases), and this level accounts for 0,16 percent of all deaths registered in Lithuania (in 2008 – 0,14 percent).

In 2009 there were 2189 acts related to illicit circulation of drugs registered, i.e. 350 acts or 19.2 percent more than in 2008 (1839 acts). 1513 individuals (who committed criminal acts related to the possession of narcotic or psychotropic substances) were registered in 2009 (2008 – 1226, 2007 – 1113,

2006 – 1042), 196 of them were women, 16 citizens of foreign countries and 13 persons having no citizenship. The males detained make up 87 percent, last year they made up 83 percent.

According to data of Information Technology and Communications Department under the Ministry of the Interior, in 2009, 631 criminal activities related to use of drugs and psychotropic substances was registered (in 2008 – 718 cases), including 465 (in 2008 – 500 cases) criminal actions committed by drug addicts, and 166 (in 2008 – 218 cases) criminal actions committed by persons intoxicated with drugs or psychotropic substances.

In 2009, in Lithuania 3827 traffic accidents were registered (in 2008 - 4897, in 2007 – 6600), including 299 (in 2008 – 508) accidents due to the fault of driver intoxicated with alcohol or drugs and psychotropic substances.

In 2009, in the Lithuanian courts of first instance 16832 criminal cases were accomplished (16472 cases in 2008), including 1135 cases (886 cases in 2008) 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 2008).

According the Police Department under the Ministry of Interior of the Republic of Lithuania report, Lithuania is one of the states which imports a larger quantity of illegal drugs in comparison with the quantity produced. Lithuania is mostly known for illegal production of methamphetamine and the production itself is meant not only for the local market of consumers but it is also shipped to Scandinavia (via Latvia, Estonia and Denmark), Russia, Belarus and the Ukraine. The ways of smuggling created are used for the shipment not only for the drugs produced in Lithuania but also ecstasy and the imported amphetamine.

Making an overview of the prices of narcotic and psychotropic substances in Lithuania in 2009 it may be stated that there were no significant changes in street prices since 2008 (slight variations also depend on the amount of information analyzed). Bigger changes are observed in the highest fixed prices (amphetamine, heroin and marihuana). According to intelligence information, wholesale prices of amphetamine, methamphetamine, heroin and cocaine have risen up in the country.

The assessment of concentration (purity) of narcotic and psychotropic substances shows the concentration remains stable in recent years.

The report also presents information for two Selected issues: “History, methods and implementation of national treatment guidelines” and “Mortality related to drug use: a comprehensive approach and public health implications”.

PART A - NEW DEVELOPMENTS AND TRENDS

1. Drug policy: legislation, strategies and economic analysis

Overview

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

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

Having adopted by the Parliament of the Republic of Lithuania the Law, of July 15, 2009, *On Amendments to Articles 13, 15, 41, 142, 172(19), 172(21), 173(5), 214, 214(10), 214(19), 221, 224, 232, 232(1), 233, 246(1), 246(6), 259(1), 262, 281, 288, 320 of the Administrative Code, Invalidation of Articles 41(12), 43(11), 43(12), 142(11), 187(13) and 214(12), 214(13) of the Amendments to the Code* (Žin., 2009, No. 89-3805), the Code was amended with new Article 41¹²: "Presence of a Worker Intoxicated with Alcohol or Drugs and Toxic Substances in Work Places, Premises of Enterprises, Institutions, Organizations or on the Territory During or Beyond Work Hours, and Non-Removal of Such Worker from Work" which regulates the limits of administrative responsibility for law offences as follows:

1. Presence of a worker intoxicated with alcohol or drugs and toxic substances in work places, premises of enterprises, institutions, organizations or on the territory during or beyond work hours, also evasion of a worker to be tested for intoxication with alcohol or inebriation (a fine imposed on the worker amounts to 100 - 300 Litas (~30-90 Euro)).

2. Non-removal of a worker intoxicated with alcohol or drugs and toxic substances from work (a fine imposed on the employer or a person authorized by him/her amounts to 500 - 1000 Litas (~150-300 Euro)).

3. Non-removal of a worker engaged in dangerous work and intoxicated with alcohol or drugs and toxic substances from work (a fine imposed on the employer or a person authorized by him/her amounts to 2000 - 5000 Litas (~600-1500 Euro)).

The Law *On Protection of Juveniles Against a Negative Impact of Public Information* (Žin., 2002, No. 91-3890; 2009, No. 86-3638) was amended and establishes that public information which provides favourable approach towards dependence on drugs, toxic, psychotropic substances, tobacco or alcohol, also other substances that are used or may be used for intoxication purposes, encourages their use, production, distribution or acquisition shall be deemed as public information having a negative impact on juvenile mental health, physical, mental or moral development. Also, information advising how to produce, acquire or use explosives, drugs or psychotropic substances as well as other items dangerous to one's life or health shall be considered as above.

The Law *On Amendment to the Law On the Support to Employment* of the Republic of Lithuania (Žin., 2009, No. 86-3638) was adopted to amend the *Law On the Support to Employment* of the Republic of Lithuania and to introduce new wording. Article 4 of the *Law On the Support to Employment* of the Republic of Lithuania establishes individuals who are provided additional support on the labour market, including individuals dependent on drugs, psychotropic and other psychoactive substances having accomplished psychological-social and/or professional rehabilitation programs.

Resolutions by the Parliament of the Republic of Lithuania

By Resolution No. XI-210, of March 26, 2009, *On Approval of the Regulations of the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence* (Žin., 2009, No. 38-1446) the Parliament of the Republic of Lithuania approved the *Regulations* of the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence. The Regulations establish that the Republic of Lithuania Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence shall be a permanent Commission of the Parliament of the Republic of Lithuania formed for the term of office of the Parliament in compliance with the procedure established in the Statute of the Parliament. The main long-term objective of the Commission is to ensure interests of the state creating favourable conditions to implement the policy for prevention of drug addiction and alcohol dependence, also control of drugs and alcohol. The Commission seeks to achieve this goal taking into consideration the existing situation in Lithuania regarding drug addiction and alcohol dependence, prioritizing directions for control of drug addiction and alcohol dependence, implementing measures improving effectiveness of prevention of drug addiction and alcohol dependence in Lithuania in a sustainable manner.

Resolution No. 1K, of October 22, 2009, of the Parliament of the Republic of Lithuania *On Sustainability of the Drug Control Policy* (Žin., 2009, No. 128-5534) notes that continuously spreading drug addiction impairs human health, hinders their social development, also provides conditions for organised crimes and poses threat to public safety and welfare, strictly expresses its opinion against attempts to legalize drugs and against a policy encouraging drug addiction. The Parliament also expressed its support to prevention and treatment of drug addiction, rehabilitation and mandatory constraints or prohibitions as the main directions of effective drug control policy and urges the Lithuanian NGOs and community to contribute to the implementation of joint measures to fight distribution of drugs.

Resolutions by the Government of the Republic of Lithuania

By Resolution No. 617, of June 17, 2009, *On Amendments to Resolution No. 452, of May 12, 2006, of the Government of the Republic of Lithuania On Approval of Regulations for Identification of Intoxication (incl. Intoxication with alcohol) of persons steering vehicles and other persons* (Žin., 2009, No. 76-3123) expanded the number of positions entitled to test individuals suspected with intoxication (incl. intoxication with alcohol), also authorising the staff of the State Inspectorate of Inland Navigation to test steersmen of inland water traffic.

By Resolution No. 777, of July 22, 2009, *On Approval of the Procedural Profile Regarding Monitoring of Use of Drugs and Psychotropic Substances, its Consequences and Circulation of Drugs and Psychotropic Substances and their Precursors* (Žin., 2009, No. 90-3847), the Government of the Republic of Lithuania provided new wording of the procedural profile regarding monitoring of use of drugs and psychotropic substances, its consequences and circulation of drugs and psychotropic substances and their precursors. The profile regulates organization and implementation of monitoring of use of drugs and psychotropic substances, its consequences and circulation of drugs and psychotropic substances and their precursors. Monitoring is organized, coordinated and implemented by the Drug Control Department under the Government of the Republic of Lithuania. Data concerning use of drugs and psychotropic substances, its consequences and circulation of drugs and psychotropic substances and their precursors are collected, accumulated, processed, analyzed and submitted by public institutions and agencies (the Ministry of Defence, the Ministry of Health, the Ministry of Education and Science, the Environmental Agency, the State labour Inspectorate, the Department of Informatics and Communications under the Ministry of Interior, the Department of Prisons under the Ministry of Justice, the department of Customs under the Ministry of Finance the Police Department under the Ministry of Interior, the Department of Statistics under the Government of the Republic of Lithuania, the State Environmental Inspectorate, the State Food and Veterinary Service, the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania) according to their functions and areas of activities.

By Resolution No. 1247, of September 16, 2009, *On Amendments to Resolution No. 1160 On Approval and Implementation of the National Sustainable Development Strategy* (Žin., 2009-No. 121-5215) the Government of the Republic of Lithuania provided new wording of the *National Sustainable Development Strategy* and approved the *Plan of Measures for the Implementation of the National*

Sustainable Development Strategy. In 2009–2020, the Drug Control Department under the Government of the Republic of Lithuania together with other public institutions implements the following measures:

1. To assess a potential impact on the public health, to foresee and implement measures reducing a negative impact of dependence disorders.
2. To implement prevention of chronic non-infectious diseases, with a particular attention focused on prevention of dependence disorders and public mental health.
3. To carry out control of drugs, prevention of drug addiction and psychoactive substances.

Other legal acts

By Decree No. T1-15, of January 28, 2009, *On Forming a Joint Commission for Risk Assessment of New Substances Causing Psychoactive Effect and Approval of its Work Procedures* (Žin., 2009, No. 14-576), the Director of the Drug Control Department under the Government of the Republic of Lithuania set up a joint commission for risk assessment of new substances causing psychoactive effect and approval of work procedures of the Commission.

By Decree No. T1-17, of February 2, 2009, *On Approval of the Procedural Profile Regarding Control of Activities of Subjects in Relation to Drugs and Precursors of Psychotropic Substances* (Žin., 2009, No. 15-617), the Director of the Drug Control Department under the Government of the Republic of Lithuania approved the Procedural Profile regarding control of activities of subjects in relation to drugs and precursors of psychotropic substances which establishes the aim and types of control activities of subjects in relation to drugs and precursors of psychotropic substances, the procedures for assignments, organization and implementation of control, checking of documents, sampling of drugs and precursors of psychotropic substances for laboratory tests, actions for checks having identified offences of the legal acts.

By Decree No. V-1288, of December 31, 2008 (Žin., 2009, No. 4-108), the Minister of Health of the Republic of Lithuania approved the *Program for Treatment of Dependence Disorders 2009–2012* with the aim to provide health care services of dependence disorders to children and juveniles, also to adolescents having mandatory health insurance, and to improve quality and accessibility of these services. The task of the *Program* is to improve the health care services of dependence disorders in the Centres for Addictive Disorders and Primary Mental Health Centres prioritizing the following groups of patients: a) children brought by parents, staff of schools and children care institutions, or those contacting on a prevention basis; b) children ill with dependence disorders; c) adolescents ill with dependence disorders and having mandatory health insurance; d) the Centres for Addictive Disorders to be provided with medications (seeking to ensure assignment of substitution treatment) based on financial resources and/or Primary Mental Health Centres to be provided with diagnostic means.

In 2009, *the Lists of Drugs and Psychotropic Substances* approved by Decree No. 5, of January 6, 2000, by the Minister of Health of the Republic of Lithuania *On Approval of the Lists of Drugs and Psychotropic Substances* were amended with the chemical substances which are added to Spice mix (CP-47,497, CP-47,497-C6, CP-47,497-C8, CP-47,497-C9, HU-210, JWH-018, JWH-073), 4-fluoramphetamine was included in List I *Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes*, also several plants characterized by psychoactive effect and their active substances - Hawaiian baby wood rose (*Argyreia nervosa*) and its parts, extract of Hawaiian baby wood rose and its parts, Morning glory (*Ipomoea violacea*) and its parts, extract of Morning glory and its parts, Ayahuasca (*Banisteriopsis caapi*) and its parts, extract of Ayahuasca and its parts, lysergic acid diethylamide, isolysergic acid amide and analogues (active substances of Hawaiian baby wood rose and Morning glory), – in List I *Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes*; harmaline and harmine (active substances of Ayahuasca), tapentadol (drug substance) – in List II *Drugs and Psychotropic Substances Allowed to Use for Medical Purposes*. Besides, in the first half of 2010 the *Lists of Drug and Psychotropic Substances* were amended with the following substances: bk-PMMA, DOI, 3-fluorometkatinon, JWH-200, JWH-250, JWH-398, mephedrone, TFMPP (all substances included in List I *Drugs and Psychotropic Substances Prohibited to Use for Medical Purposes*).

Decree No. V-424, of May 28, 2009, and Decree No. V-582, of July 10, 2009, of the Minister of Health of the Republic of Lithuania amended Decree No. V-239, of April 23, 2003, of the Minister of Health of the Republic of Lithuania *On Recommendations for Identification of Small, Big or Very Big Quantities* and established recommended small, big or very big quantities for substances newly included in the Lists of drugs and psychotropic substances in 2009.

By Decree No. V-578, of July 10, 2009 the Minister of Health of the Republic of Lithuania amended the *Program of Mandatory First Aid Training* with a new topic: „Mental conditions dangerous for own

health or life, also health and life of adjacent people, their identification, first aid and organizing of medical health.“

Decree No. A1-499, of August 13, of the Minister of Social Protection and Labour, *On Approval of implementation Conditions of Measures Concerning Active Labour Market Policy and Procedural Profile* (Žin., 2009, No. 98-4133) establishes measures of active labour market policy, including support of placement with subsidies, and it means that unemployed of working age and individuals seeking work, dependent on drugs, psychotropic and psychoactive substances, having accomplished psychological-social and/or professional rehabilitation programs may be supported additionally.

Decree No. V-978, of October 14, 2009, of the Minister of Defence of the Republic of Lithuania *On Approval of Procedural Profile of Identification of Intoxication (Including Alcohol) in the National Defence System* (Žin. 2009, No. 126-5455) approved the Profile which establishes the procedure for organising identification of intoxication with alcohol or psychoactive substances of soldiers, civil servants and employees, also among employees working in environment exposed to dangerous factors, or working with potentially dangerous equipment.

Decree No. 1R-88, of March 20, 2009, of the Minister of Justice of the Republic of Lithuania *On Approval of the List of Violent Crimes Causing Harm Subject to Compensation* establishes the List of violent crimes causing harm subject to compensation providing such criminal actions as „theft of drugs or psychotropic substances, abuse or any other illegal overtaking“ and „bending to use drugs and psychotropic substances“, at which harm to the individual was incurred. In this case the person is entitled to seek compensation for harm.

1.2. National action plan, strategy, evaluation and coordination

National action plan and strategy

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.

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

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

Taking into consideration the completion of the implementation of the *National Drug Prevention and Drug Control Strategy for 2004–2008* and the *National Program 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 Program on Drug Control and Prevention of Drug Addiction 2009-2016* and coordinated it with other governmental institutions.

The *Draft Programme's* goal was 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 public and individual health and security. The *Draft Program* 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;

4) development of IT and scientific research.

The objectives of the *Draft Program* 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 Program on Drug Control and Prevention of Drug Addiction 2009-2016* (the first Draft) was submitted for consideration and approval to the Parliament of the Republic of Lithuania. The Parliament of the Republic of Lithuania returned the *Draft National Program on Drug Control and Prevention of Drug Addiction 2009-2016* to the Government of the Republic of Lithuania to amend and upgrade taking into consideration the comments provided by the Parliamentary Committees and Commissions.

In July 2009, in its meeting the Government of the Republic of Lithuania approved the second updated *Draft National Program on Drug Control and Prevention of Drug Addiction 2009-2016* which was repeatedly submitted to the Parliament for approval. The second *Draft Program* submitted to the Government of the Republic of Lithuania after the consideration was not approved either. In 2009, it was decided not to return the *Draft* to the Government of the Republic of Lithuania, and to authorize the work group drawn up in the Parliament of the Republic of Lithuania to produce a new *Draft Program*. By Decree No. SV-S-670, of April 23, 2010, *Concerning the Resolution of the Work Group of the Parliament Concerning Approval of the National Program on Drug Control and Prevention of Drug Addiction 2009–2016* the Board of the Parliament of the Republic of Lithuania approved drew up the work group which had to prepare new and amended the *Draft National Program on Drug Control and Prevention of Drug Addiction* (the third draft) by September 1, 2010. On the 4th of November 2010 *National Program on Drug Control and Prevention of Drug Addiction 2010 – 2016* was approved by the Parliament. More information about this *Program* will be provided in the 2011 Lithuania National Report.

Implementation and evaluation of national action plan and/or strategy

In 2009, in Lithuania the implementation of the drug control and prevention policy went without a *National Programme on Drug Addiction Prevention and Control* approved by the Parliament of the Republic of Lithuania, as the earlier *National Program on Drug Control and Prevention of Drug Addiction 2004–2008* expired and the new one was not approved in 2009. The public institutions implemented the measures on drug addiction prevention and drug control of 2009 according to the strategy plans approved by these institutions individually. In 2009, in Lithuania the legal bases in respect of the drug control policy was further improved, as well as the cooperation between the public institutions and local government institutions; public awareness, campaigns of social prevention promotion were executed, early intervention services were organized, accessibility of social psychological rehabilitation services for individuals using drugs and psychotropic substances was increased.

Other drug policy developments

Parliamentary Initiatives

In 2009, the Lithuanian Republic Parliamentary Commission for Prevention of Drug Addiction and Alcohol Dependence carrying out parliamentary control analyzed the implementation of drug addiction and alcoholism prevention, drug and alcohol control in Lithuania, examined information of the existing situation. In its meetings the Commission drew conclusions and adopted decisions, submitted proposals to the Government of the Republic of Lithuania. In 2009, the Commission carried out parliamentary control in the areas as follows:

a) Regarding intoxication of juveniles with pharmaceuticals, alcohol, drugs and psychotropic substances, other substances and poisoning with them;

b) Implementation of the Law *On Minimum and Medium Care of a Child of the Republic of Lithuania*;

- c) EU structural support to Lithuania dealing with the policy concerning family and child welfare in Lithuania in 2007 – 2013;
- d) Regarding control of drugs, alcohol and tobacco;
- e) Regarding the implementation of the *Program of Dependence Disorders in Lithuania for 2005 – 2008*;
- f) Regarding development of efficient complex help to children with dependence disorders;
- g) Treatment of dependence disorders: primary health care;
- h) Control of drugs and precursors of psychotropic substances;
- i) Regarding improvement of accessibility of services to individuals in imprisonment places dependent on alcohol, drugs and psychotropic substances.

By initiative of the Commission the Parliament of the Republic of Lithuania adopted the Resolution *Concerning Sustainability of Drug Control Policy*, of October 22, 2009.

Activities of the Committee for Health Affairs of the Parliament of the Republic of Lithuania¹

In 2009, the Committee considered and provided its opinion concerning the position of the Republic of Lithuania regarding the Communiqué of the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions „Solidarity in the Area of Health. Reduction of Health Care Disparities in the EU“. The Committee analyzed and approved the provisions of the Communiqué and the position prepared by the Ministry of Health of the Republic of Lithuania, and proposed the Ministry of Health of the Republic of Lithuania as follows: 1) to implement readjustment of the Lithuanian health system (optimization of the health care institutions) in line with the principle contained in the Communiqué, i.e. to reduce the national salutatory situation; 2) when distributing the EU structural funds to avoid increasing of disparities among health care institutions of the same level; 3) to maintain and strengthen the network of public health bureaus at local governments; 4) to pay particular attention to the implementation of the measures concerning control of alcohol, tobacco and drugs in Lithuania.

In 2009, the Committee also addressed the Government of the Republic of Lithuania requesting to authorise respective services to investigate whether psychotropic substances and those harmful to health are not distributed in shops and shopping centres. Also, the Chairman of the Committee addressed the Commission for Prevention of Drug Addiction and Alcohol Dependence asking to attend this problem.

Coordination arrangements

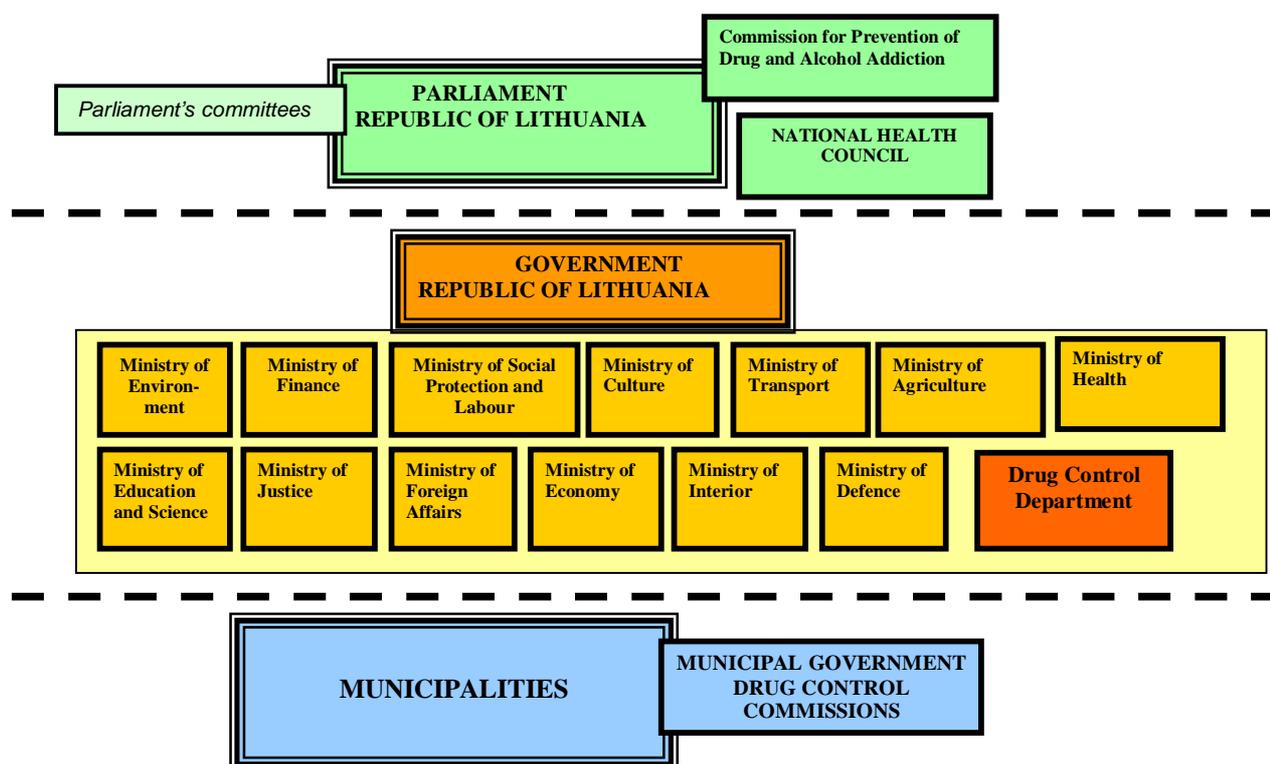
In the Parliament of the Republic of Lithuania the policy issues regarding drug control and prevention of drug addiction, amendments of laws in this area mainly are drafted and discussed in the Parliamentary Committee of Health Affairs, the Commission for Prevention of Drug Addiction and Alcohol Dependence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

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, 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).

¹ Committee for Health Affairs of the Parliament of the Republic of Lithuania 2009 report http://www3.lrs.lt/pls/inter/w5_show?p_r=6232&p_k=1 [accessed 2010.06.14]

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



Parliament Level

Parliamentary Committees and Commissions of the Republic of Lithuania

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

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

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

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

Parliamentary Commission for Prevention of Drug and Alcohol Addiction²

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

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

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

The Commission carries out the following functions:

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

National Health Council

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

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

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

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

Central Government Level

In 2009, the measures of the policy implementation concerning drug control and prevention of drug addiction were executed by the following public institutions: the Drug Control Department under the Government of the Republic of Lithuania, the Ministry of Defence, the Ministry of Social Protection and Labour of the Republic of Lithuania, the Ministry of Health of the Republic of Lithuania, the Ministry of Culture of the Republic of Lithuania, the Ministry of Education and Science, the Ministry of Justice of the Republic of Lithuania, the Ministry of Foreign Affairs of the Republic of Lithuania, the Department of Prisons under the Ministry of Justice of the Republic of Lithuania, the Department of Customs under the Ministry of Finance of the Republic of Lithuania, the State Border Protection Service, the Police Department under the Ministry of Interior of the Republic of Lithuania, the Financial Crime Investigation Service under the Ministry of Interior, the Department of Youth Affairs under the Ministry of Social Protection and Labour of the Republic of Lithuania, heads of the counties, the local governments, NGOs.

Drug 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 into 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. By Resolution No. 1174, of November 19, 2008, the Government of the Republic of Lithuania amended the *Statute* of the Drug Control Department under the Government of the Republic of Lithuania and provided its new wording. The *Statute* was amended with the new functions established in the Law *On Control of Drugs and Psychotropic Substances (Precursors)* (Žin., 1999, No. 55 – 1764; 2008, No. 65-2455).

The Drug Control Department under the Government of the Republic of Lithuania pursues the key objectives as follows:

- 1) to participate in the formulation of the national policy regarding reduction of demand and supply of drugs and psychotropic substances, as well as in the areas of control of precursors of these substances;
- 2) to implement the national policy in the areas of drug control and prevention of drug addiction – to ensure the implementation of measures concerning reduction of demand and supply of drugs and psychotropic substances.

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

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

Police Department under the Ministry of Interior

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

Department of Prisons under the Ministry of Justice

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

Lithuania Children's Rights Ombudsman institution³

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

- 1) encouraging to gamble, proposing to participate in gambling, lotteries and other games which produce an impression of easy winning;
- 2) which provides a favourable approach towards dependence on drugs, psychotropic substances, tobacco and alcohol, also on other substances which are used or may be used for intoxication, encourages their use, production, distribution or acquisition;
- 3) not to refuse an attitude based on which public information is deemed to make a negative impact on mental or physical health, physical, mental, emotional or moral development and which is used to taunt over a person;
- 4) which encourages sexual abuse and exploitation of juveniles, sexual relations of juveniles.

Local Government Level

Local Government Drug Control Commissions

For the management of regional and local government programs on drug control and prevention, in 2004-2005, the municipalities and regional administrations established drug control commissions and approved their statutes and programs. The objective of these commissions is to conduct the national drug control and prevention of drug addiction policy and to coordinate drug control and prevention of drug addiction activities on the territory of the local governments. In 2009, all 60 Lithuanian municipalities had such drug commissions.

Mass media information analysis

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

In 2009, the Drug Control Department under the Government of the Republic of Lithuania communicated information to the Lithuanian mass-media, as below: produced 58 press-releases, including 49 distributed to the Lithuanian mass-media, organised 4 press-conferences, prepared 13 articles for the national mass-media. The staff of the Drug Control Department under the Government of the Republic of Lithuania gave interviews to journalists preparing articles in newspapers and magazines, also provided additional information to the mass-media and the public on a permanent basis.

The mass-media responding to the information communicated by the Drug Control Department under the Government of the Republic of Lithuania published articles and produced reportages for the public 363 times.

1.3. Economic analysis

In 2009, Lithuania did not have a valid *National Program on Drug Control and Prevention of Drug Addiction* as the *Program 2004-2008* was accomplished. Thus, not all public institutions allocated funds

³ Lithuania Children's Rights Ombudsman institution 2009 activities report [online] <http://www3.lrs.lt/docs2/TTVQIDQD.PDF> [accessed 2010.08.30]

from their budgets for the implementation of measures for drug control and prevention of drug addiction. Thus, for 2009, the statistical data are not very comprehensive.

In 2008, for the implementation of measures related to the *National Programme on Drug Addiction Prevention and Drug Control 2004–2008* the Government of the Republic of Lithuania allocated about 6047,9 thousand euros (in 2007 – 4685 thousand euros, in 2006 - 4238,27 thousand euros; in 2005 - 3514,9 thousand euros; in 2004 – 2958 thousand euros).

In 2009, in their strategy plans these institutions specified the allocations for drug control and prevention of drug addiction: the Drug Control Department under the Government of the Republic of Lithuania - 725,21 thousand euros, Police Department under the Ministry of Interior– 323,50 thousand euros, the Department of Prisons under the Ministry of Justice – 71,82 thousand euros, the Centres for Addictive Disorders of Kaunas, Klaipeda, Panevezys, Siauliai– in total 1757,41 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 in the drug control and prevention field.

In Lithuania no survey was conducted to assess full (incl. indirect costs) drug-related expenditures.

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

2.1 Drug Use in the General Population

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

No new information available for 2009.

In 2008, the general population Survey⁴ on the prevalence of drug use in Lithuania was carried out. As in the first Survey (2004) the main goal was to collect and evaluate standardised data on the prevalence of drug use among the general population by gender and age groups; to evaluate the behaviour models of the Lithuanian population and its attitudes towards use of tobacco, alcohol beverages, drugs and psychotropic substances as well as to evaluate the relationship between the socio-demographic characteristics of the respondents and the use of tobacco, alcohol beverages, drugs and psychotropic substances.

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

According to the National Survey data 2008, in Lithuania 12,5 percent of the population used at least one drug⁵ at least once in their lifetimes, 6,2 percent - at least once in the last 12 months, 1,5 percent - at least once in the last 30 days. A bigger number of men (16,4 percent) compared to women (9,2 percent), younger respondents (aged 15-34) compared to older ones (aged 35-64), 22,1 percent and 4,7 percent respectively, used drugs at least once in their lifetimes (*Table 2-1*).

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

	15-64 years			15-34 years			35-64 years		
	males	fe- males	total	males	fe- males	total	males	fe- males	total
Lifetime prevalence (LTP)	16,4	9,2	12,5	28,3	16,5	22,1	6,4	3,3	4,7

⁴ Astrauskienė A., Gasperas V., Jasaitis E. (2009) Prevalence of Psychoactive Substance use in Lithuania in 2004 and 2008 (LT) [online]. Available: <http://www.nkd.lt/bylos/dokumentai/leidiniai/narkotiku-paplitimas-2009-web.pdf> [accessed 2009.10.29]

⁵ The term “at least one drug“ was used when speaking about cannabis (hashish, marihuana), ecstasy, amphetamines, cocaine, heroine, LSD, hallucinogenous mushrooms and other illegally used substances indicated by the respondents themselves.

Last year (12 months) prevalence (LYP)	8,4	4,2	6,2	14,3	7,4	10,6	3,5	1,6	2,5
Last month (30 days) prevalence (LMP)	2,2	0,9	1,5	4,1	1,8	2,9	0,6	0,2	0,4

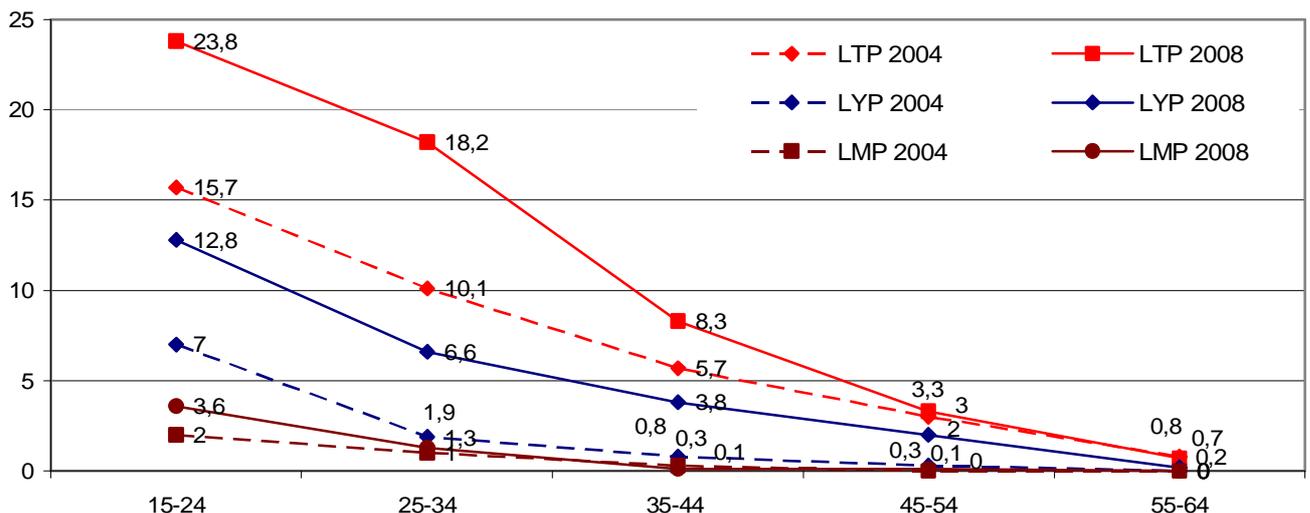
As in 2004, in the country among drugs and psychotropic substances use of cannabis prevails: 11,9 percent of the Lithuanian population used cannabis at least once in their lifetimes (LTP), 5,6 percent - at least once in the last 12 months (LYP), 1,2 percent - at least once in the last 30 days (LMP) (Table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

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

	15-64 years			15-34 years			35-64 years		
	males	fe-males	total	males	fe-males	total	males	fe-males	total
Lifetime prevalence (LTP)	15,8	8,5	11,9	27,6	15,6	21,2	6,0	2,8	4,3
Last year (12 months) prevalence (LYP)	7,7	3,8	5,6	13,4	6,9	9,9	3,0	1,3	2,1
Last month (30 days) prevalence (LMP)	1,7	0,7	1,2	3,6	1,6	2,6	0,1	0,1	0,1

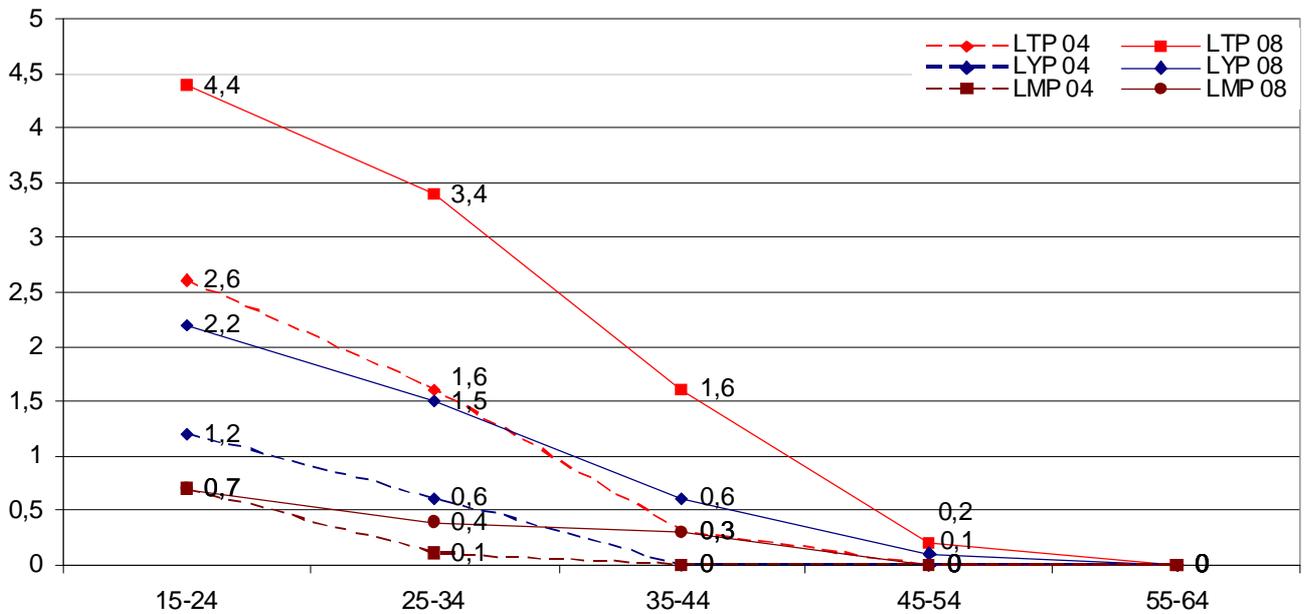
The result compared to the previous Survey shows that in 2008 the prevalence of cannabis use increased significantly in all categories, i.e. at least once in lifetime (LTP), at least once in the last 12 months (LYP), at least once in the last 30 days (LMP). The most significant increase of cannabis use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

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



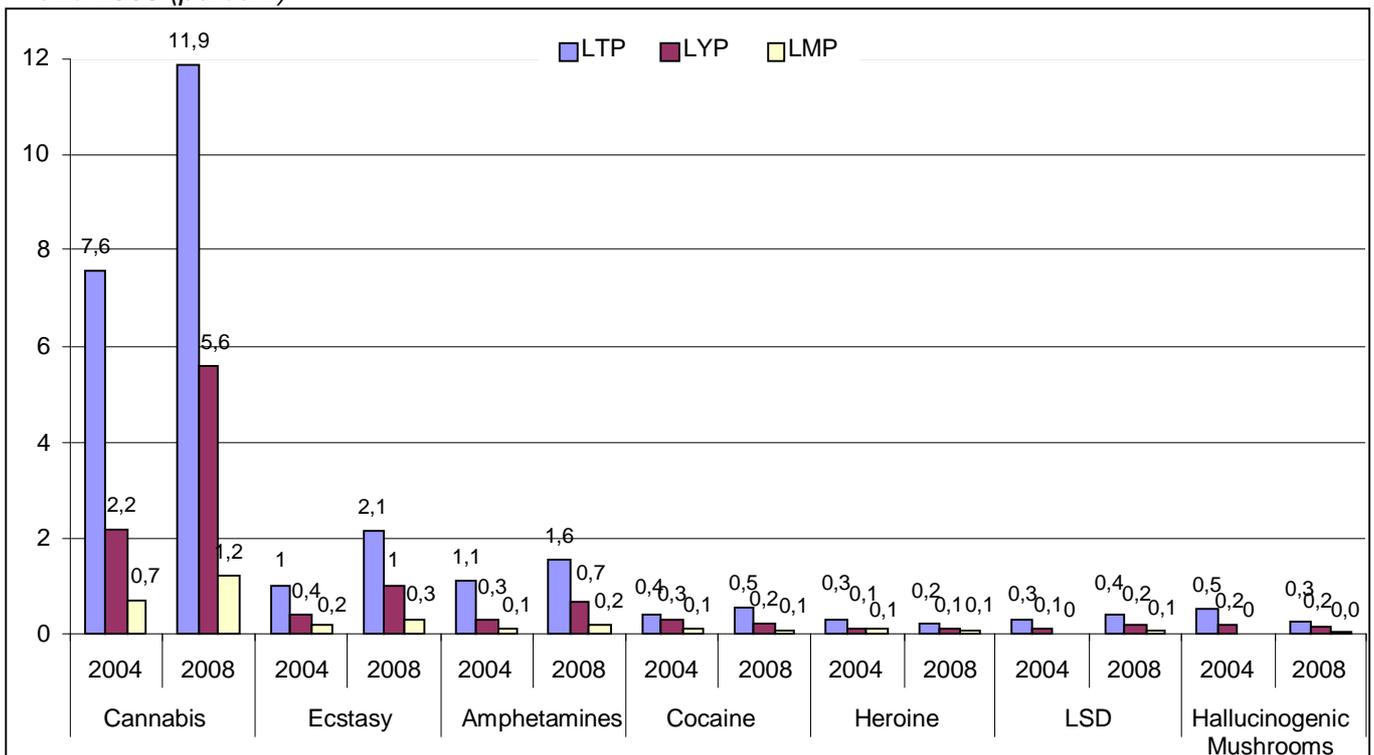
According to the Lithuanian Survey 2008, 2,1 percent of the Lithuanian population aged 15 to 64 used ecstasy at least once in their lifetimes (LTP), 1 percent - at least once in the last 12 months (LYP), 0,3 percent - at least once in the last 30 days LMP). The result compared to the Survey 2004 shows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

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



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

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



1. Two out of three (66,0 percent) of the Lithuanian population aged 15 to 64 smoked at least once in their lifetimes (LTP), one out of three of the Lithuanian population aged 15 to 64 smoke currently (LMP). Compared to the Survey 2004, the share of the respondents who smoked in the last 12 months and in the last 30 days reduced. In all age groups prevalence of tobacco use among men is higher than among women. The highest prevalence rate both among men and women is in the age group 25 to 34.

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

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

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

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

2.2. Drug Use in School and Youth Population

2007 European School Survey Project on Alcohol and Other Drugs (ESPAD) in Lithuania results⁶

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

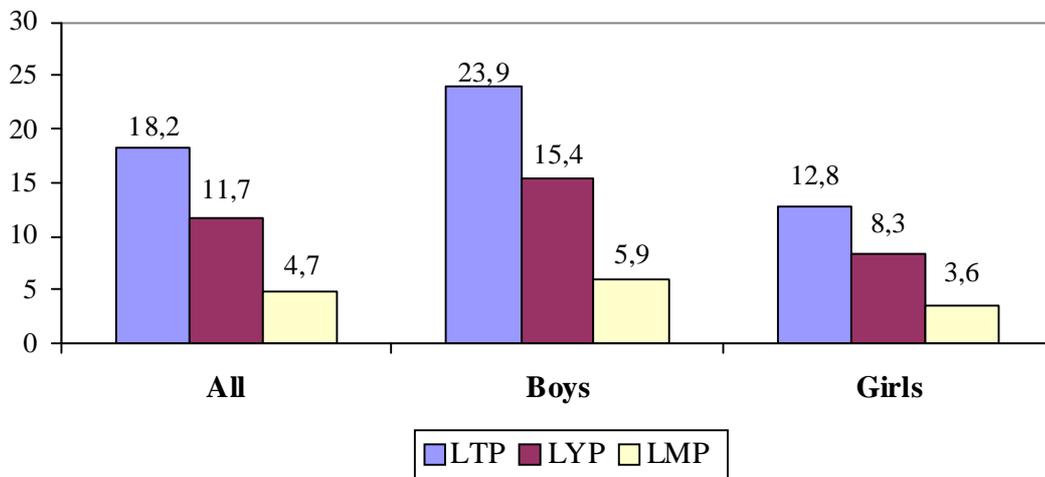
No new information available for 2009.

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

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

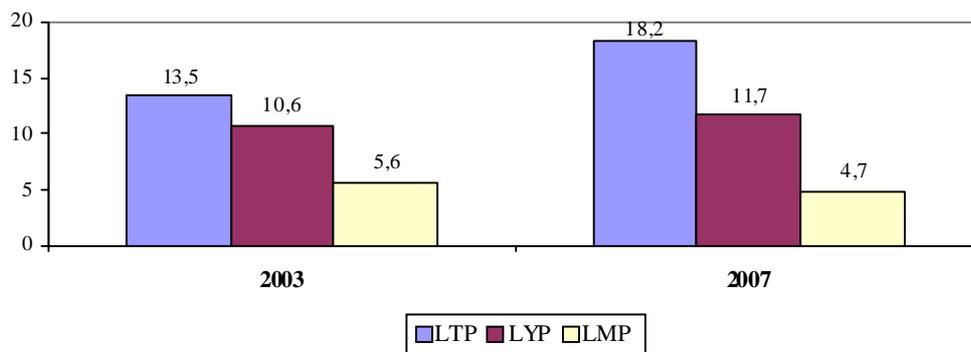
⁶ Tamošiūnas T., Šutinienė I., Šimaitis A., (2008). European School Survey Project on Alcohol and Other Drugs ESPAD 2007 (LT) [online]. Available: http://www.nkd.lt/files/Apklausos_ir_tyrimai/ESPAD_2007_leidiny.pdf [accessed 2009.10.25]

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



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

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



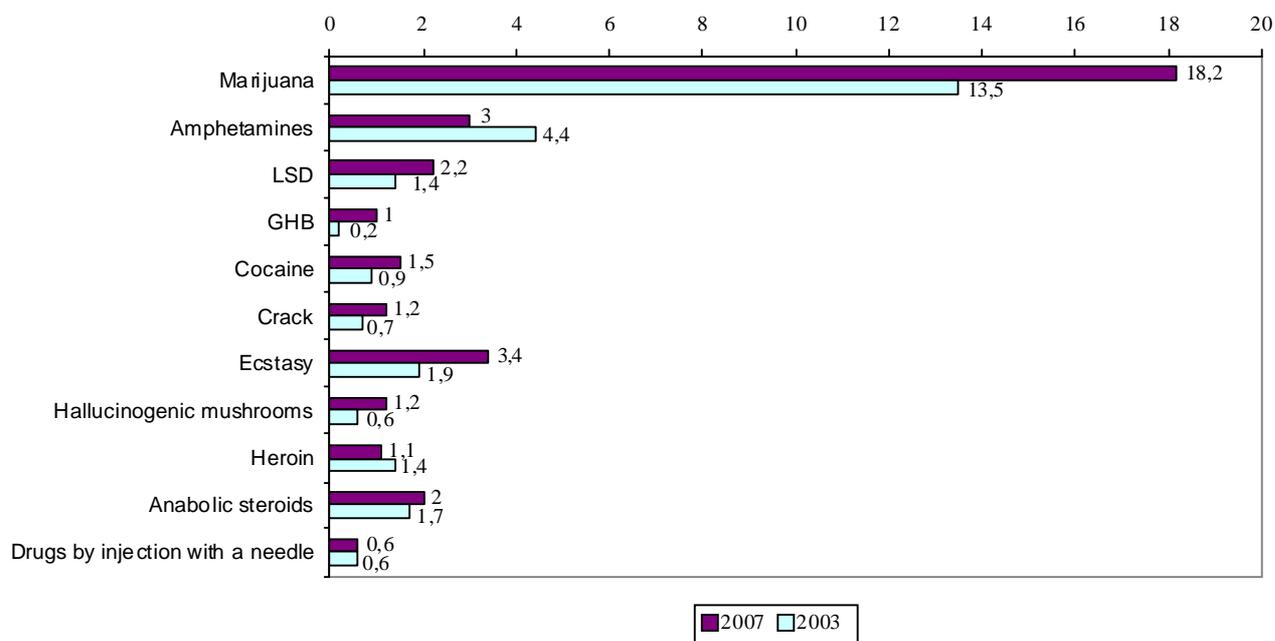
The comparison of findings regarding use of marihuana/hashish in the last 12 months and in the last 30 days shows that the increase of use in the last 12 months was less compared to use of drugs at least once in lifetime; and use of this drug in the last 30 days even reduced; this finding shows that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

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

By popularity marihuana/hashish is followed by ecstasy. 3,4 percent of all schoolchildren used this drug one or two times in their lifetimes. This drug is followed by amphetamines; 3 percent of the

teenagers used the drugs one or two times in lifetime. The rate of prevalence of this drug and its change since 2003 is shown in *Figure 2-6*.

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



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

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

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

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

Lithuanian ESPAD 2007 survey main conclusions

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

2. The most significant reduction of prevalence is observed for heroine and amphetamines. Marihuana, hashish use at least once in lifetime increased from 13,5 percent to 18,2 percent. By popularity, marihuana/hashish are followed by ecstasy use of which at least 1 or 2 times in lifetime

increased from 1,9 percent to 3,4 percent, the latter is followed by amphetamines reported by 3,0 percent of juveniles who used at least 1 or 2 times in their lifetimes. The rate of use prevalence of LSD, hallucinogenic (“magic”) mushrooms and other hallucinogens, GHB and other drugs increased too.

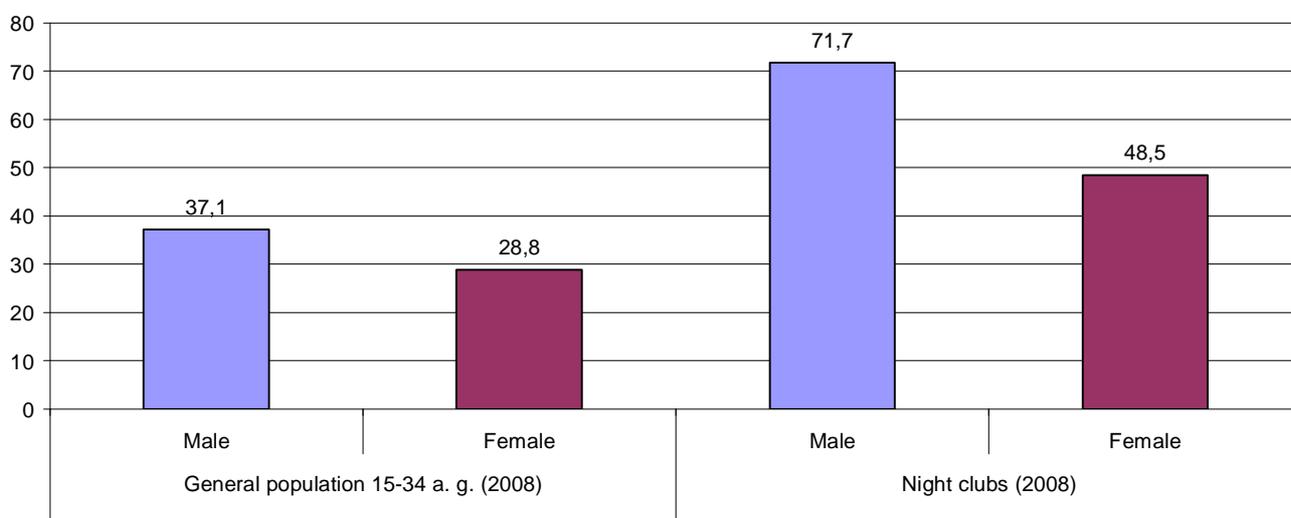
2.3. Drug Use among targeted groups / settings at national and local level

Prevalence of drug use among night club visitors in Lithuania

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

60 percent of all persons who attend clubs conceded having been proposed to try drugs. The number of men having been proposed to try drugs was statistically significantly higher, compared to women. Comparison of the above survey to the survey of prevalence of use of psychoactive substances in Lithuania (2008) found that in the age group from 15 to 34 years of general population men are approached with a proposal to try drugs more often than women. The data in Figure 2-7 show that both, men and women, are proposed nearly two times more often, compared to general population.

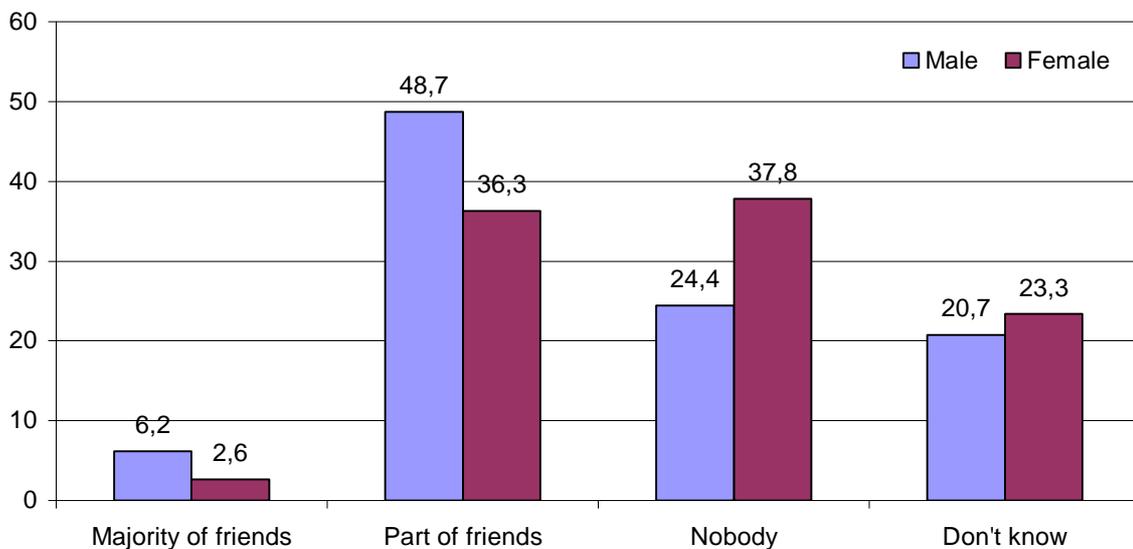
Figure 2-7. Comparison of club visitors and general population who was offered to try drugs, by sex (percent)



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

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

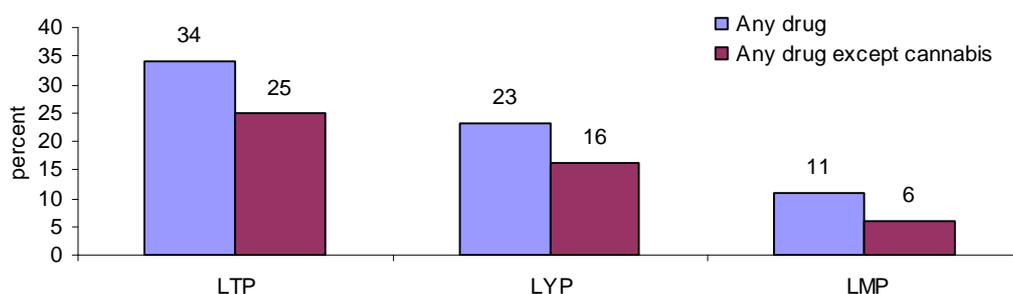
Figure 2-8. Distribution of club visitors answering the question „Do you have/know friends who use drugs“ by sex (percent)



The club visitors survey results show that the respondents aged 22-25 years, compared to the groups of younger and older respondents, statistically significantly more often indicated that a part of their friends used drugs. That was indicated by the respondents as follows: 35,9 percent - younger than 21 years, 51,9 percent – aged 22-25 years, and 39,4 percent – older than 25 years.

Every third respondent used drugs in his/her lifetime, nearly every fourth respondent used drugs within the last year, in the average every tenth respondent used drugs within the last month (Figure 2-11). More frequent users were men, over 22 years of age, having jobs, financially stronger (for amusement affording over 200 Litass 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 2-9).

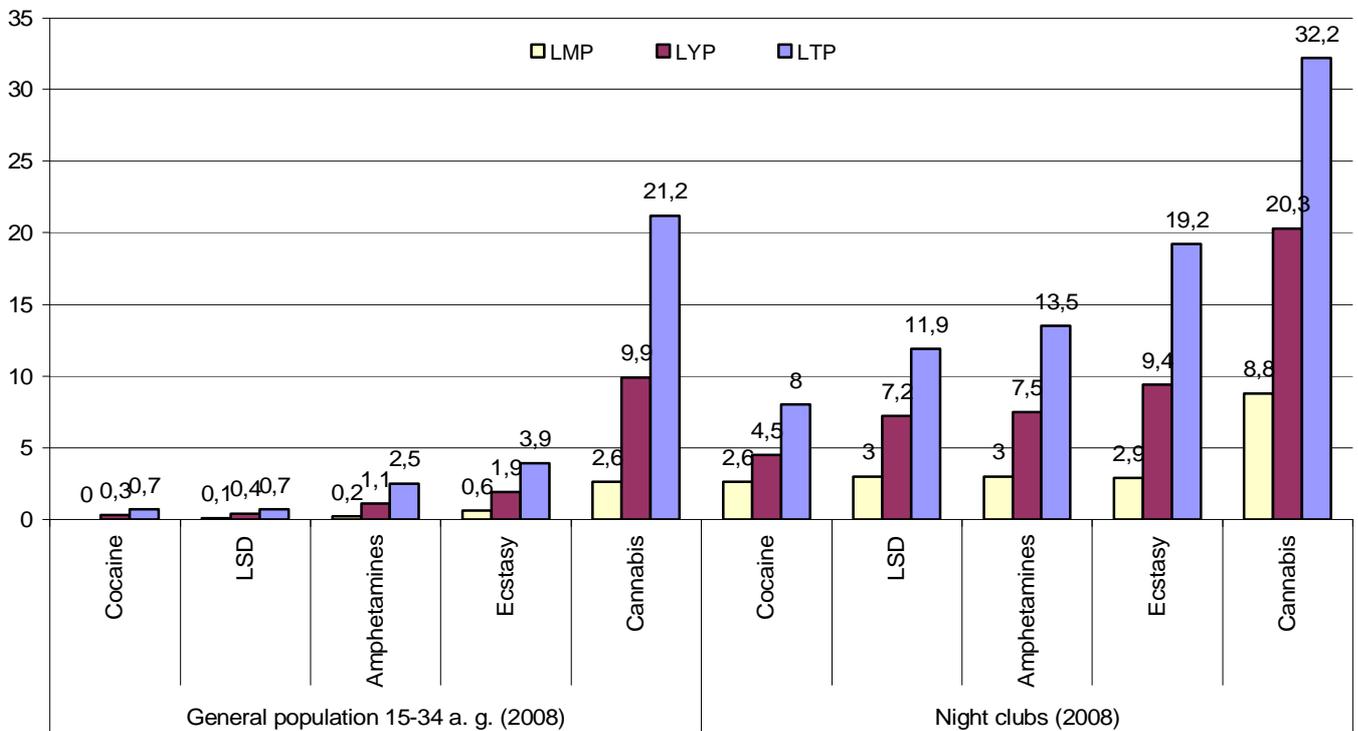
Figure 2-9. Distribution of club visitors according to the drug use period of at least one drug or at least one drug, except for marihuana and hashish (percent)



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

The comparison of drug use prevalence among night club visitors and the general population (aged 15-34) discloses that in entertainment places all types of drugs in lifetime, in the last 12 months and in the last 30 days are used more often than among general population. The most spread types of drugs are marihuana, ecstasy and amphetamine/methamphetamine (Figure 2-10).

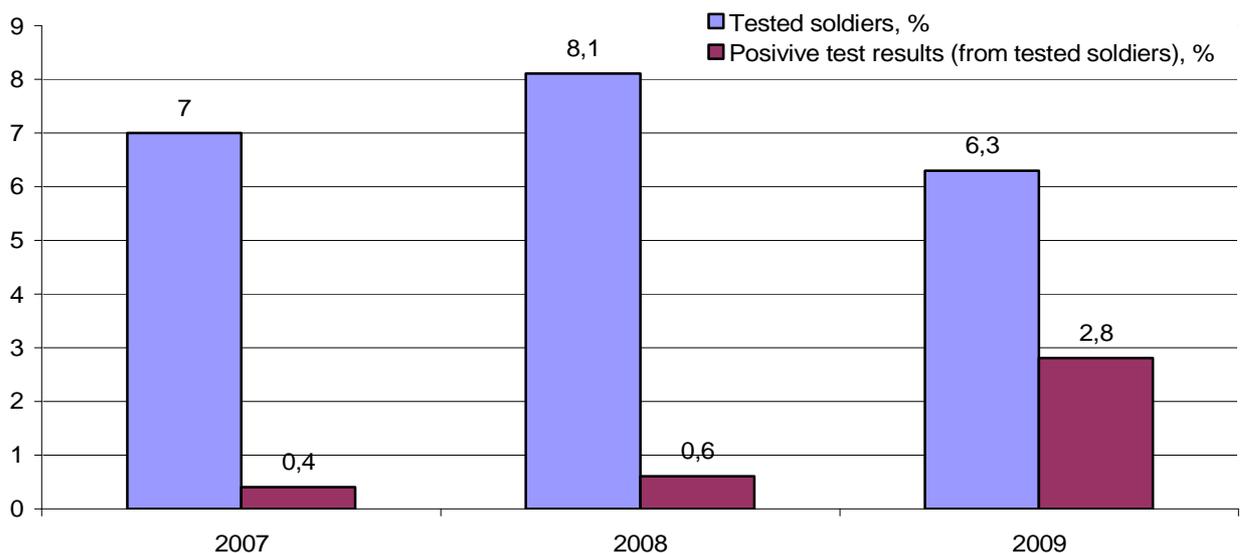
Figure 2-10. Distribution of club visitors by used drug type and use period (percent)



Drug Use among Army Soldiers and Conscripts

Since 2002 instant drug tests regarding use of drugs and psychotropic substances⁷ have been carried out in the institutions and their units of the National Defence System on a yearly basis. In 2009, 497 soldiers from the Professional Military Service were randomly sampled and tested regarding possible use of drugs and psychotropic substances. It comprises 6.3 percent of all Professional Military Service soldiers (Figure 2-11).

Figure 2-11 Part of tested for drug use soldiers and positive results (percent) in 2007 – 2009.



⁷ Used for tests: ON CALLTM; Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key™ Cup (Urine); REFDOA-1107 (MET/COC/THC) + (BZO/TCA/BAR) + (AMP/OPI) + (MTD/MDMA) instant test to identify drugs and psychotropic substances.

The tests identified 14 positive results and these account for 2,8 percent of all tested soldiers, including 4 persons entering military educational establishments (marihuana (THC) – 1 case; tricyclic antidepressants (TCA) – 1 case; benzodiazepines (BZO) – 2 cases). Also, positive test results were identified for 2 soldiers from the Professional Military Service having returned from international operations (marihuana (THC) – 1 case and ecstasy (MDMA) – 1 case); for 2 persons entering Professional Military Service - marihuana (THC); 1 soldier from the Professional Military Service was identified use of opiates (OPI), 1 conscript was identified use of benzodiazepines (BZO).

3. Prevention

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

Overview of the National Drug Prevention Policy

Aiming at more adequate implementation of the policy of drug control the Drug Control Department under the Government of the Republic of Lithuania executed a number of important works. In Lithuania, modern measures of prevention and their evaluation system are being implemented, methodological material is under preparation, information is communicated to the public, the specialists are trained. As in many EU countries, in Lithuania measures and activities for prevention of psychoactive substance use are generated and implemented based on projects. The public institutions allocate funding to prevention projects implemented by NGOs with the aim to encourage initiatives of these organizations to implement prevention of psychoactive substance use. This is foreseen in measure No. 1379 of the *Measures for the Implementation of the Government Program of the Republic of Lithuania 2008–2012* approved by Decree No. 189, of February 25, 2009, of the Government Program of the Republic of Lithuania (Žin., 2009, No. 33-1268),: “In the Program for reduction of availability and use of alcohol and tobacco as well as in other programs to envisage funds for projects prepared by NGOs, also from these programs to foresee a possibility to support membership in and cooperation with international organizations“.

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

3.1. Universal Prevention

- School

The Ministry of Education and Science is responsible for the implementation of prevention of psychoactive drug use.

As in 2009 allocations for the public institutions (including the Ministry of Education and Science) were reduced, organization of procurement for funding prevention of psychoactive drug use ceased to be among the top priorities. General prevention of psychoactive drug use is implemented through individual prevention measures in schools for children, teachers, parents of schoolchildren; various social campaigns, panel games, competitions, leader trainings based on such prevention methods as “peers-to-peers“, “Snowball“ were organized and funded in 2009.

Life skills education of children and juveniles gradually finds its adequate and important place in the Lithuanian educational establishments. Comprehensive methodological material (*Zip's friends, Drug-free School, Program for Life Skills Education, The Second Step, the Lions Quest Program Crossroads of Teens, the Program Bridges, Let's Pass Together*) were designed for education of social and life skills,

and it is available for all educational establishments, specific training for school psychologists, social teachers, other specialists working with children was organized.

In 2009, the Drug Control Department under the Government of the Republic of Lithuania in cooperation with the European Council Pompidou Group since 2007 started to implement the project of life skills education. For this purpose 5 day training was organized for specialists of educational establishments based on the draft methodological material concerning life skills education of children. Since September 1, 2008, the trained staff of the educational establishments applied the methodological material in their educational establishments for one year taking efforts to adapt the material to use in Lithuania. The adapted and adjusted material to use in Lithuania was published in 2009. In 2010, the Drug Control Department under the Government of the Republic of Lithuania started to organize and execute training for psychologists and social workers of educational establishments; children care institutions, as well as for other specialists working with children and juveniles based on the methodological material *Education of Children Life Skills*. The above training was organised in Vilnius, Panevezys, Kaunas, 6 trainings are planned to organize in the future.

Since 2009 the Association Mentor Lithuania has been successfully implementing an international program for prevention of psychoactive drug use *Live* (according to the international project *European Drug Abuse Prevention*) pursuing the main aim – to deliver life skills to schoolchildren of forms 6-8, necessary for healthy lifestyle and not involving in smoking, use of alcohol and drugs. It is very important that training also involved schoolchildren's parents .

The Drug Control Department under the Government of the Republic of Lithuania seeking, to help teachers to inform children of the impact of psychoactive substances presented a new film on prevention *Your Choice*. The Drug Control Department under the Government of the Republic of Lithuania adapted the film produced by the Latvian Public Health Centre to the population of our country and was given to experts working in the area of prevention of psychoactive substances, schoolchildren of 10-12th classes and their parents. The film is exclusive because the spectators are proposed to chose a plot line, encouraged to discuss and present their own opinions.

The Drug Control Department under the Government of the Republic of Lithuania produced a publication *Together with a Child* which communicates information about psychoactive substances, their impact, harm and consequences. Also, it provides advice to parents how to talk about psychoactive substances with children. The publication contains case studies which may be considered by parents and children jointly.

- Family and Community

Decree No. (1.3) V-263, of December 29, 2007, of the Director of the Centre of Special Pedagogic and Psychology approved the training program for primary prevention of psychoactive substance use for parents of schoolchildren. For the implementation of this Program the Ministry of Education and Science of the Republic of Lithuania together with the specialists of the Drug Control Department under the Government of the Republic of Lithuania drafted methodological material for teachers concerning their work with parents. In 2010, based on the prepared methodological material it is planned to organise training for teachers how to work with parents.

The Drug Control Department under the Government of the Republic of Lithuania administers the website www.nkd.lt/visuomene for parents and teachers. The visitors to this website, i.e. parents, may get advice on concerned issues in the areas of prevention, rehabilitation and treatment.

Within the framework of the *Positive Parentship Program* the Psychological-Pedagogical Service of the city of Vilnius continues the implementation of the training program *School for Parents and Teachers* to develop education skills among parents and teachers. The main aim of the *Program* is to teach parents and educators to constructively communicate with children and juveniles, to develop respectful mutual relationship.

In Lithuania, according to this *Program* 24 psychologists were trained who are able to implement the above *Program* in Vilnius, Panevezys, Siauliai, Telsiai, Prienai, Utena, Ukmerge.

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

The information campaign concerning drug harm of the prevention Project *Clubbing Without Drugs* developed in 2007 was continued – 4 stickers of an advertising format informing juveniles of drug harm were further distributed based on demand.

Besides, the stickers of the national prevention campaign *FORGET* encouraging young people first to think whether it is really worth starting to use drugs were distributed. Thus, a negative attitude of youth towards psychoactive substance use based on information about its harm is formed.

The visitors of the website www.benarkotiku.lt could see video clips, stickers of an advertising format and the film of the campaign providing information of drug harm. In 2009, the total number of visitors to this website exceeded 12 000 of internet users.

When providing information regarding drug harm and advice to youth how to help his/her friend the leaflets *Get Rid Of Myths About Drugs* and *How To Help Your Friend* published by the Police Department under the Ministry of Interior based on the information material provided by the Department were distributed.

The Police Department under the Ministry of Interior prepared and implemented measures of demand and supply reduction of psychoactive substances in youth entertainment places. Officers of the territorial police establishments and their structural units organised and executed various measures in youth rally and entertainment places, i.e. visiting discotheques and youth events, communication with organizers of such events and managers of cafés and clubs, patrolling for individuals intoxicated with drugs, their distributors, checking for drivers intoxicated with drugs or transporting drugs, etc., also educational activities were carried out among youths and their parents.

Since the end of 2007, the Drug Control Department under the Government of the Republic of Lithuania has been participating in the international project *Early Interventions for Psychoactive Drug Users (FreD goes net)*. Project is funded from the EU *Public Health Program*. The Project *FreD goes net* is aimed at short-term intervention (8-hour sessions in groups) for children after they have been noticed to use (i.e. experimenting, without exposed dependence symptoms) alcohol and/or drugs. June 7-11, 2010, in Berlin and June 21-25, 2010, in Vienna training of trainees was organised where prevention experts were trained to apply short-term interventions for children having detected they have used psychoactive substances (before a child has exposed dependence symptoms and a need to assign treatment or rehabilitation services). In the training Lithuania was represented by a manager of programs working with the non-profit foundation *Global Initiative on Psychiatry*.

September 13-16, 2010, the National Bureau for Drug Prevention of Poland organized training in Warsaw (Poland) aiming at providing information on the early intervention methods and motivational interview, and 2 Lithuanian experts participated in this training. The above training was organised within the framework of the international project *Early Intervention for Juvenile Drug Users*.

The Drug Control Department under the Government of the Republic of Lithuania plans to adjust the international project *Early Intervention for Psychoactive Drug Users* to the Lithuanian situation and to implement short-term interventions for juveniles.

According to the data of the Ministry of Social Protection and Labour in 2009, in Lithuania 11,1 thousand of social risk families were entered into the records of social risk families (in 2008 – 11,4 thousand, in 2007 -12 thousand, in 2006 – 13,5 thousand), and the number of children in the new entries was 24,2 thousand (in 2008 - 25,5 thousand, in 2007 – 27,9 thousand, in 2006 – 31,4 thousand). As the number of social risk families reduces the number of children deprived of parents' care also reduces. In 2009, 2175 children lost care of their parents (in 2008 – 2691, in 2007 – 2824, in 2006 - 3006 children) and as of end of 2009 this number accounted for 11,6 thousand (in 2008 – 12,3 thousand, in 2007 – 12,9 thousand, in 2006 – 13,3 thousand).

According to data of the Department of Supervision of Social Services under the Ministry of Social protection and Labour 162 children day centres were funded in 2009 (in 2008 – 169, in 2007 – 151).

The number of children day centres in rural areas increases, 30 percent out of 162 projects funded in 2009 were implemented in rural areas (in 2008 – 32 %), 65 % – in cities (in 2008 - 68 %). The biggest share of the projects came to the county of Vilnius (47 projects), the county of Kaunas (24 projects), the county of Marijampole (22 projects). The smallest number of funded projects fell on the county of Taurage - only 5. In 2009, the average project implementation period was 10 months. Children from social risk families could attend a centre in the average 5 times per week and could spend there in the average 6 hours per day.

The number of children attending the children day centres reduced. In 2009, the number of children attending the children day centres accounted for ca. 5,8 thousand (in 2008 – nearly 6,5 thousand), including 4,9 thousand (in 2008 – 5,1 thousand) were provided permanent social and educational services. As in 2008, the biggest share of children attending the children day centres accounted for primary schoolchildren (aged from 7 to 11 years), i.e. – 45 percent.

The problem regarding organizing of leisure time for pre-school aged children of problematic families and ensurance of safety of small children in families continues to exist. In numerous cases social risk families due to their financial difficulties and shortage of institutions lack opportunities to place their children in kindergartens, they are not reached by the services of children day centres or social services offered by other institutions. In 2009, the children day centres worked with 3,7 thousand families, including 2,8 thousand – on a permanent basis.

3.3. National and local Media campaigns

Drug use Prevention Campaigns in Mass media

Pursuing the information campaign about the drug harm produced in 2007, the Drug Control Department under the Government of the Republic of Lithuania further distributed the methodological material and 4 stickers informing of drug harm to human health to educational establishments and other interested institutions based on their needs.

In 2009, the stickers were distributed to the population. In May – June, 2009, TV clips were broadcasted on visual screens afield in the cities and towns of Alytus, Kaunas, Kedainiai, Klaipeda, Mazeikiai, Panevezys, Siauliai, Telsiai, Utena and Vilnius. The survey carried out by the market research agency *RAIT* shows that 39 percent of individuals (15-24 years of age) saw the clips which appeared on the screens afield at least 33 630 times

In 2009, the Drug Control Department under the Government of the Republic of Lithuania started the information campaign *Do you need it?* aiming to communicate information of drug harm to youth and to urge parents to note conduct of their children. During the prevention campaign communications were broadcasted on the radio (sound records): *Impact of substances from plants*, *Impact of chemical substances*, *Communications to youth: what do you need?* (4 records), *Communication to parents: the closer the child, the further the drugs* (4 records). The radio records were also presented on the website www.nkd.lt of the Drug Control Department under the Government of the Republic of Lithuania.

4. Problem Drug Use

4.1. Prevalence and incidence estimates of PDU

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

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

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

In 2010, in Lithuania the first more comprehensive and accurate Survey on prevalence of problem drug use was carried out. To identify the indicator for prevalence of problem drug use information was collected using data from routine registers or data bases. The data required for the survey was provided by 3 public institutions, i.e. the State Mental Health Centre (hereinafter – HMHC), Department of Prisons under the Ministry of Justice (hereinafter – DP) and the Department of Informatics and Communications under the Ministry of Interior (hereinafter – DIC) . For the survey, the above institutions provided encoded

personal data records preventing identification of a specific individual, however, allowing to make a comparison of the data basis provided by the above institutions and to select the same repeated records about the same person in different data bases. The capture-recapture method was used in the survey of prevalence of problem drug use. The provided data covered several years, thus, the calculations regarding the number of problem drug users included 2005, 2006 and 2007.

The Survey results disclose that:

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

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

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

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

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

4.2. Data on PDUs from non-treatment sources

No information available

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

No information available

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

5.1. Strategy/policy

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

5.2. Treatment Systems

No significant changes were made in 2009, but some information was updated.

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

The types, duration, etc. of the services of treatment and rehabilitation of dependence disorders was established in Decree No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* and amended in 2007. These standards of treatment and rehabilitation of dependence disorders are mandatory when organising the individual's health care in respectively licensed in-patient clinics of dependence and mental health and out-patient clinics related to them. The institutions must be equipped to diagnose psychoactive substances in biologic fluids (Alco testers, instant tests for identification of drugs, etc.). For treatment of heavy abstinences (including abstinence condition with delirium) and other conditions with indications, in health care institutions medical equipment and pharmaceuticals for hemosorption, short-term narcosis, electro impulse therapy, artificial blood approved by respective legal acts, also other medical equipment and pharmaceuticals approved by respective legal acts should be used.

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

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

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

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

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

Currently, two long-term rehabilitation communities for children operate in Lithuania which were established by the Public Institution *Apsisprendimas* and the Centre for Addictive Disorders in Kaunas; in total about 40 places providing medical, psychological and social rehabilitation for children using

psychoactive substances exist in Lithuania. In the village of Lenas, Ukmerge district, the Juvenile and Children Rehabilitation and Integration Centre for juveniles and children from 14 to 23 years old dependent on psychoactive substances was established. In all Centres for Addictive Disorders treatment and psychological-social rehabilitation services to children due to mental and behavioural disorders in relation to psychoactive substance use are free of charge.

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

Drug Free Treatment

In 2009, as in the previous years, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys. In-patient treatment methods include short-term in-patient treatment under the Minnesota Pattern lasting for 4-6 weeks, and medium- to long-term in-patient treatment (lasting up to 14 months) at a rehabilitation centre. These treatment programs are based on application of therapeutic community principles implying active involvement of patients in the treatment and rehabilitation process.

In 2009, out-patient treatment Minnesota Programs were executed in public health institutions - Centres for Addictive Disorders in Vilnius, Panevezys and Kaunas. The services provided under this program include drug-free treatment, i.e. the out-patient program of Minnesota Pattern lasting for 1-3 months, building of social skills, group psychotherapy, acupuncture and counselling services provided to the family members. The program is intended for patients who had undergone withdrawal treatment. The program has a strict structure; patients must participate in group and individual sessions with a doctor, psychologist and social worker. A certain focus is made on adaptation of a 12-step program for anonymous drug users, therefore, a patient is recommended to join self-help groups for anonymous drug users. Patients participating in the program are screened for drug use. Sessions for family members are common.

Nationally, the rehabilitation services for addicts of psychoactive substances are being developed based on the implementation of the *National Program on Drug Control and Prevention of Drug Addiction 2004–2008*. The network of rehabilitation institutions was expanded since 2000, and 18 long-term rehabilitation centres with more than 300 places operated as of beginning 2010.

Since 2005, the number of all people who were provided long-term social and psychological services grew, i.e. in 2005 - 319 persons, in 2006 - 426 persons, in 2007 - 430 persons, in 2008 – 510 persons, however, in 2009, because of economic reasons, the number decreased to 450 persons. In the course of three years the community involvement in the psychological and social rehabilitation program was evaluated. In 2009, the number of individuals having accomplished a rehabilitation program decreased by 27,6 percent (76 individuals in total), compared to 2008, and the biggest share of them, i.e. 46 percent, work and study simultaneously. 165 individuals did not accomplish the program and the major share of them (62 percent) departed upon their own will. *Table 5-1* below provides comparisons of the results of psychological and social rehabilitation of the community members of the psychological and social institutions in 2007 and 2008.

Table 5-1. Results of psychological and social rehabilitation of the community members of the psychological and social institutions in 2007, 2008 and 2009

	2007	2008	2009
Number of the community members as of December 31.	161	209	228
Number of the community members who accomplished the rehabilitation program in the calendar year	83	105	76
Including those who accomplished:			
study	11	9	13
work	49	64	21
study and work	11	2	1
do not work or study	2	5	5
registered with the labour exchange	2	7	19
no data available	8	18	17
Number of the community members who departed from the rehabilitation program total:	177	210	165

Departure reasons:			
departure upon his/her own will	138	174	101
sent out due to violation of the internal regulations	25	14	21
referred to a health care institution	10	12	3
other	4	10	9

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

Summarising the results of psychological and social rehabilitation of persons dependent on psychoactive substances it may be pointed out that the process of rehabilitation of dependent persons performs successfully as a greater number of individuals accomplish the rehabilitation programs and integrate into the society.

In 2008, the implementation of the Project supported by the EU Structural Funds *Rehabilitation and Social Reintegration of Persons Using Drugs and Psychotropic Substances, Establishment of Innovative Module of Social Services* was completed. Within the *Project* implementation period the services were provided to 621 individuals of the target group. Seeking to implement one of the main objectives of the *Project*, i.e. reintegration of the target group into the labour market, the occupational opportunities of 445 individuals were assessed, 1173 consultancies regarding the labour market and 1267 other consultancy services were provided. Occupational competencies were acquired by 69 individuals, 75 members of the *Project* were employed (including 11 women). 363 members of the target group participated in training. 293 *Project* participants acquired computer literacy basics, 199 persons started to learn foreign languages. One more important objective of the *Project* was providing psychological assistance to individuals of the target group and development of their social skills. In the run of the *Project* assistance was received by 494 persons, social skills were developed for 359 persons. 237 participants started a rehabilitation program. Seeking to ensure material conditions that would not humiliate human dignity during the *Project* 349 participants were provided with temporary accommodation. During the *Project* period 26 new work places were established.

Pharmacologically Assisted Treatment / Substitution Treatment

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

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

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

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

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

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

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

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

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

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

At the end of 2007, the substitution treatment was conducted by the Vilnius Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in the City of Vilnius, the Klaipeda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in Druskininkai. In 2007, substitution treatment was started in Telsiai (the Zemaitija Mental Health Centre). Since 2008, substitution treatment is applied in the Centres of Mental Health of Mazeikiai and Silute. Since January 2009 substitution treatment was started for 3 patients in the Mental Health Centre in Siauliai.

As of January 1, 2010, substitution treatment was applied in 17 health care institutions (units) located in 10 Lithuanian cities.

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

As of January 1, 2010, in Lithuanian substitution treatment programmes 562 persons participated. In 2009, substitution treatment was applied to 815 persons, including 760 persons treated with methadone, 26 persons – with buprenorphine (subutex) and 29 persons – with Subuxone.

Table 5-2. Number of patients who participated in the substitution treatment programs from 2005 to 2010 January 1st.

Treatment institution	2005	2006	2007	2008	2009	2010
Vilnius Centre for Addictive Disorders (CAD) and Health care institutions (7 units) in Vilnius city (total)	202	198	186	192	228	269
Klaipeda CAD ⁸	50	51	57	50	66	86
Kaunas CAD	122	108	79	78	130	94
Panevezys CAD	41	31	38	47	52	43

⁸ CAD - Centre for Addictive Disorders

Druskininkai	21	22	21	19	18	13
Zemaitija CAD (Telsiai city)	-	-	-	9	8	9
Kedainiai CAD	-	-	-	-	4	10
Mazeikiai CAD	-	-	-	-	3	8
Silutė CAD	-	-	-	-	3	10
Šiauliai CAD	-	-	-	-	-	17
Total	436	410	381	395	512	562

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

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

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

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

The following long-term recommendations were provided:

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

Other Medically Assisted Treatment

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

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

Treatment system in prisons

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

- 1) level one – ambulant medical assistance; these services are provided by health care services established in each imprisonment setting;
- 2) level two – in-patient medical assistance; these services are provided by the Hospital of Prisons;
- 3) level three – medical assistance in public health care institutions; such medical assistance is provided to prisoners when the Hospital of Prisons has no possibility or the right (based on its licence) to provide required medical assistance.

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

As of end of 2009, the staff of health care services in prisons and the Hospital of Prisons included 100 medical doctors, 180 medical nurses and other medical staff, also 12 pharmaceutical workers.

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

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

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

Additional information for this chapter is also available in the TDI data (submitted in 2010)

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.

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. Due to technical and legal problems the computerized monitoring system was not established by 2010, and thus, the above Decree by the Minister was not implemented to its full scope. In 2009, the data in compliance with the new procedure were not collected by all health care institutions or they collected data not through the whole year, thus, the data collected in 2009 are fragmented and do not reflect the actual situation in the country, so for this reason they were not used writing this Report.

Definitions

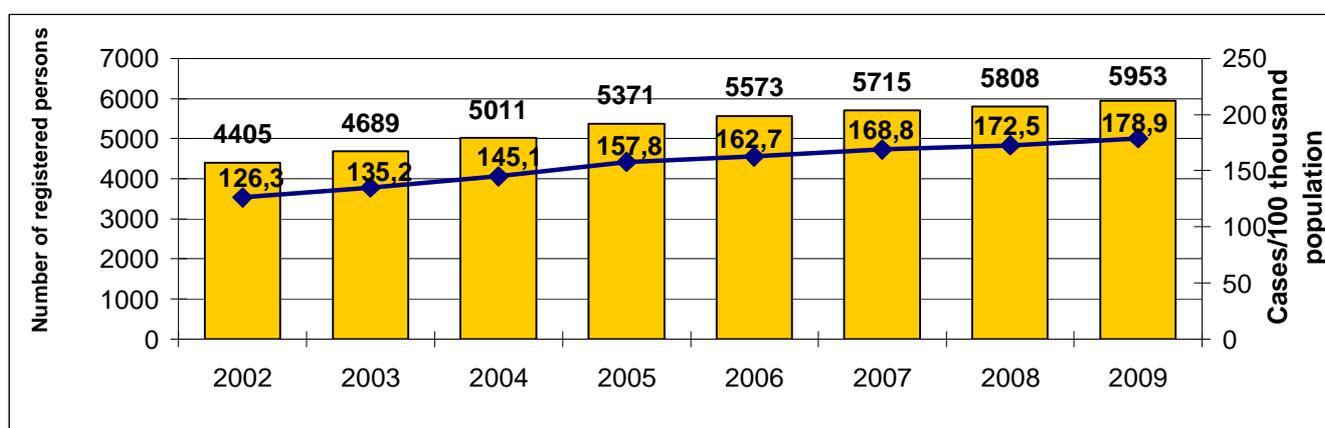
All treatments – refers to the number of all individuals who were treated for a drug problem and were registered in the registration system according to the criteria provided above. It should be noted that these individuals may not be treated during the reporting year.

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

By the January 1, 2010, the healthcare institutions registered 66872 individuals with mental or behavioural disorders caused by psychoactive substances (incl. alcohol, tobacco, drugs and etc.), including 5953 individuals with dependence disorders caused by drugs and psychotropic substances. In 2009, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 178,9 cases/100 thousand population, whereas in 2004 – 145,1 cases/100 thousand population) (Figure 5-1).

Figure 5-1. Dynamics of all treatments per 100 thousand of population of drug dependence and the number of all individuals registered due to mental or behavioural disorders caused by drugs and psychotropic substances in 2002-2009



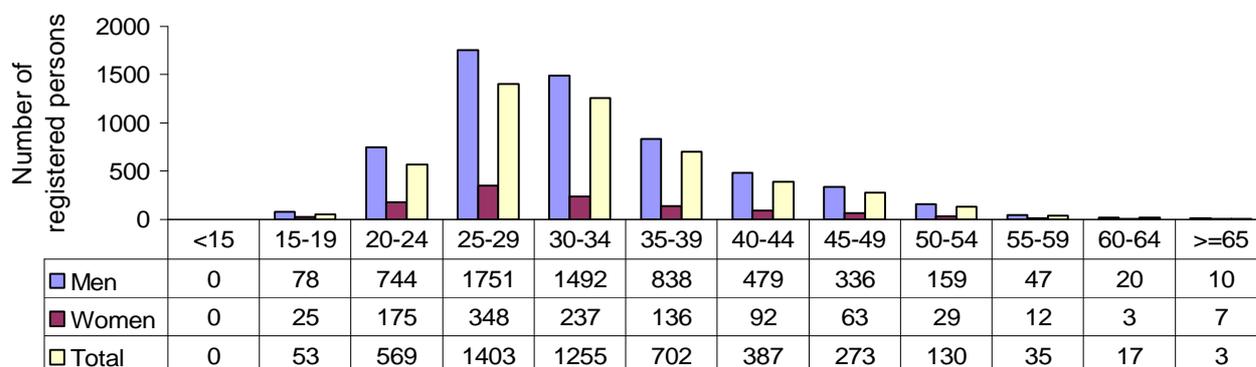
In 2009, out of the total number of registered individuals with mental or behavioural disorders caused by psychoactive substances men accounted for 81 percent (4827 men) and women – 19 percent (1127 women). In 2009, male drug dependence morbidity accounted for 309,6 cases/100 thousand population, and female drug dependence morbidity – 62,9 cases/100 thousand population (Table 5-3).

Table 5-3. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2003-2009

Year	2003	2004	2005	2006	2007	2008	2009
All treatments (registered individuals)							
Total	4689	5011	5371	5537	5715	5808	5953
Men	3824	4094	4372	4529	4638	4708	4827
Women	865	917	999	1044	1077	1100	1127
Drug dependence morbidity (number of cases/100 thousand population)							
Total	136.1	145.4	157.8	162.7	168.8	172,5	178,9
Men	237.7	254.2	273.6	287.2	294.1	298,5	309,6
Women	47.0	50.1	54.6	57.7	59.6	60,8	62,9

In 2009, the biggest share of individuals registered for drug dependence treatment were in the group aged 20 to 35, and accounted for 67 percent (3987 persons, 3227 men and 760 women) of the total registered number (Figure 5-2); in the group of children (under 18 years of age) – 11 individuals registered (4 girls and 7 boys).

Figure 5-2. Distribution of all registered individuals for drug dependence treatment, by gender and age, 2009



By counties, in 2009 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. 3262 individuals (383,6 cases/100 thousand population), in the county of Klaipeda – 906 persons (240,6 cases/100 thousand population), Kaunas – 558 individuals (83,7 cases/100 thousand population), in the county of Panevezys – 296 individuals (106,3 cases/100 thousand population), in the county of Siauliai – 234 individuals (68,5 cases/100 thousand population), in the county of Utena – 232 individuals (138 cases/100 thousand population), in the county of Alytus – 200 individuals (115,3 cases/100 thousand population), in the county of Telsiai – 130 individuals (75,9 cases/100 thousand population), in the county of Taurage – 63 individuals (50,5 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 – 2991 individuals (534 cases/100 thousand population), in Klaipeda – 806 individuals (411,1 cases/100 thousand population). However, among the cities nationally the highest morbidity level exceeding the national average still was in Visaginas – 154 individuals (543,6 cases/100 thousand population).

In 2009, as in previous years the biggest number of all registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users. In 2009, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) accounted for 4752 individuals (79,8 percent); cannaboids (F12) – 40 individuals (0,7 percent); tranquillizers and sedatives (F13) – 75 individuals (1,3 percent); cocaine (F14) – 8 individuals (0,13 percent); stimulants including caffeine (F15) – 161 individuals (2,7 percent); hallucinogenic (F16) – 7 individuals (0,12 percent); volatile substances (F18) – 136 (2,3 percent); multiple drugs and other psychoactive substances (F19) – 774 individuals (13 percent).

Route of administration

As in previous years, in 2009, 93,5 percent of the individuals registered due to mental or behavioural disorders caused by drugs and psychotropic substances were injecting drug users (Table 5-4). The registered IDUs mainly used opioids (84,8 percent), multiple drugs (12,9 percent) and stimulants including caffeine (1,8 percent).

Table 5-4. Route of administration of drugs and psychotropic substances in 2009 (all registered drug addiction cases)

Drug group		Route of administration				Total
		Injected	Smoked	Ingested	Sniffed	
Opiates	Persons.	4 722	2	23	8	4 752
	%	99,4	0,04	0,48	0,17	100
Volatile substances	Persons	6	17	16	99	136
	%	4,4	12,5	11,8	72,8	100
Stimulants and caffeine	Persons	101	-	55	5	161
	%	62,7	-	34,2	3,1	100
Tranquillizers/sedatives	Persons	16	1	59	-	75
	%	21,3	1,3	78,7	-	100

Cannabioids	Persons.	2	26	10	2	40
	%	5	65	25	5	100
Hallucinogens	Persons	-	-	7	-	7
	%	-	-	100	-	100
Cocaine	Persons	3	-	1	4	8
	%	37,5		12,5	50	100
Multiple drugs or other psychoactive substances	Persons	717	1	63	10	774
	%	92,6	0,13	8,14	1,3	100
Total	Persons	5 567	48	234	128	5 953
	%	93,5	0,8	3,9	2,15	100

In-patient treatment centres: persons treated for drug addiction in 2009

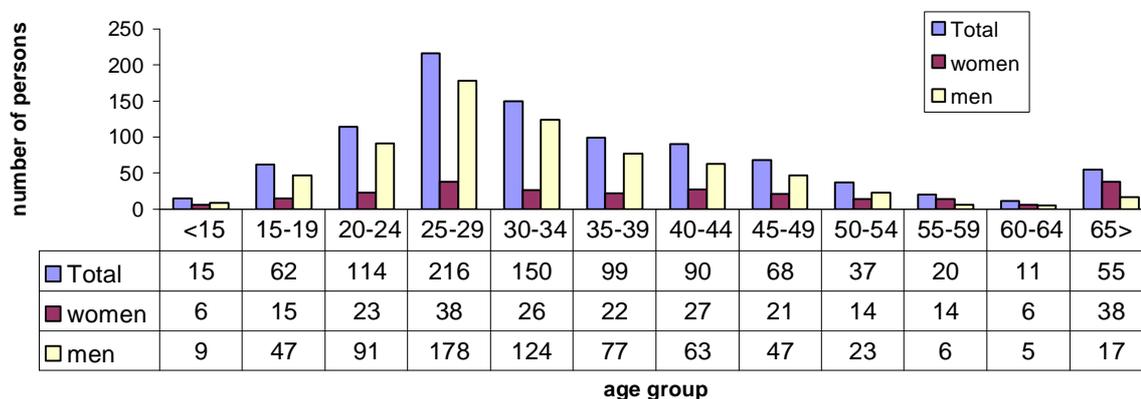
According to data provided by the State Mental Health Centre, in 2009 the total number of patients treated at in-patient treatment centres accounted for 1194 individuals (in 2008 - 1185 individuals) due to mental and behavioural disorders using drugs as follows:

- Opiates (ICD-10 code „F11“) - 811 individuals;
- Cannabioids (marihuana, hashish and others) (ICD-10 code „F12“) - 3 individuals;
- Cocaine (ICD-10 code „F14“) - 0 individuals;
- Stimulants (ICD-10 code „F15“) - 22 individuals;
- Hallucinogens (ICD-10 code „F16“) – 2 individuals;
- Volatile substances (ICD-10 code „F18“) – 5 individuals;
- Multiple drugs and other psychoactive substances (ICD-10 code „F19“) – 331 individuals.

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

According to data of the State Patients' Fund under the Ministry of Health, in 2009 medical services in relation to behavioural disorders using drugs and psychotropic substances were provided 2402 times (in 2008 - 2532 times) for 937 individuals (including 687 men and 250 women). The biggest number of services was provided in the following age groups: women over 65 and men aged 25 – 29 (*Figure 5-3*). In most cases the services were provided by the following staff: a psychiatrist of dependence disorders, a psychiatrist of adults (in a mental health centre), a therapist; also, psychoses caused by use of drugs and psychotropic substances were treated. Medical help due to mental and behavioural disorders was provided to 536 individuals using opioids, to 21 - using cannabioids, to 89 - using tranquilizers, to 10 - using cocaine, to 52 - using stimulants, also caffeine, to 12 - hallucinogens, to 24 - using volatile substances, 193 - using several drugs and other psychotropic substances. Most medical services due to dependence on drugs and psychotropic substances were provided in municipalities of three biggest cities - Vilnius, Kaunas and Klaipeda.

Figure 5-3. Distribution of persons provided medical services due to use of drugs and psychotropic substances, by age and gender in 2009

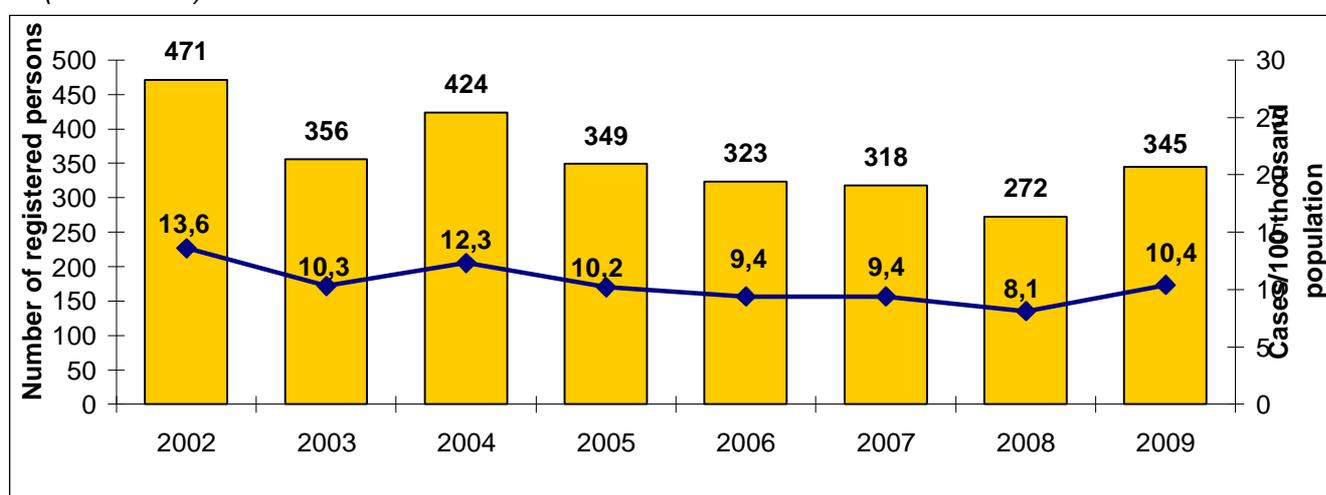


In 2009, medical services due to mental and behavioural disorders using drugs and psychotropic substances were provided 96 times to 62 juveniles (individuals under 18 years of age) (in 2008 - 131 times to 88 juveniles). Medical services due to mental and behavioural disorders were provided to 11 juveniles using multiple drugs and other psychotropic substances, to 15 - using opioids, to 13 - using volatile substances. The biggest number of children due to mental and behavioural disorders using drugs and psychotropic substances were provided counselling by juvenile psychiatrists in out-patient clinics.

First treatments for drug addiction

In 2009, the health care institutions registered 345 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances, i.e. 73 individuals (26,8 percent) more, compared to 2008 (Figure 5-4). In 2009, the first treatment rate accounted for 10,4 cases/100 thousand population and was highest in the last 4 years.

Figure 5-4. Level of new drug addiction rates per 100 thousand population and the number of new registered cases due to mental or behavioural disorders caused by drugs and psychotropic substance use (2002-2009)



Information source: data of the State Mental Health Centre

First treatments by gender and age

In 2009, first treatment cases registered in health care institutions were as follows: 286 men (82,9 percent) and 59 women (17,1 percent); the rate of first time treatment accounted for 10,3 cases/100 thousand population, the rate of male first time treatments – 18,3 cases/100 thousand population, the rate of female first time treatments – 3,3 cases/100 thousand population (Table 5-5).

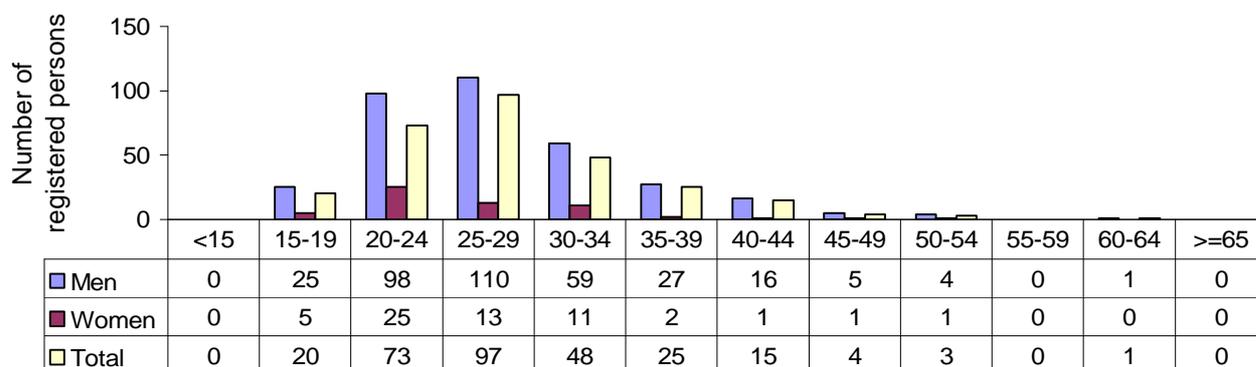
Table 5-5. Registered first treatment cases and rate per 100 thousand population in Lithuania, by gender, 2003-2009

Year	2003	2004	2005	2006	2007	2008	2009
Number of new treatment cases							
Total	356	424	349	323	318	272	345
Men	282	359	273	258	252	207	286
Women	74	65	76	65	66	65	59
Number of cases per 100 thousand population							
Total	10,3	12,3	10,2	9,4	9,4	8,1	10,4
Men	17,5	22,2	17,0	16,4	16,0	13,1	18,3
Women	4,0	3,5	4,1	3,6	3,6	3,6	3,3

Data of the State Mental Health Centre

In 2009, in health care institutions the biggest number of first treatment cases was registered among women in the age group from 20 to 24 years – 25 persons, and among men – in the age group from 25 to 29 years – 97 persons (Figure 5-5).

Figure 5-5. Distribution of registered new cases for the first treatment due to mental or behavioural disorders caused by drugs and psychotropic substances, by gender and age, 2009



Data of the State Mental Health Centre

In 2009, the biggest number of first treatment cases of dependence on drugs and psychotropic substances was in the county of Vilnius – 205; in the county of Klaipeda – 70; in the county of Kaunas – 9; in the county of Utena – 18, in the county of Alytus – 21 person. In 2009, the addiction morbidity rate was as follows: in the county of Vilnius - 24,1 cases/100 thousand population ; in the county of Utena – 10,7 cases/100 thousand population; in the county of Klaipeda – 18,6 cases/100 thousand population; in the county of Kaunas – 1,4 cases/100 thousand population.

In 2008, the distribution in the cities was as follows: in the municipality of Visaginas - 9 new drug addiction cases, i.e. 31,8 cases/100 thousand population; in Vilnius city – 30,2 cases/100 thousand population, in the district of Panevezys – 8,8 cases/100 thousand population, in Klaipeda – 30,6 cases/100 thousand population, in the district of Vilnius– 13,7 cases/100 thousand population, in Kaunas city – 0,3 cases/100 thousand population.

In 2009, as in previous years the biggest number of first time registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances accounted for opioid users. In 2009, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) accounted for 254 individuals (79,8 percent); cannaboids (F12) – 7 individuals (2 percent); tranquillizers and sedatives (F13) – 6 individuals (1,7 percent); cocaine (F14) – 0 individuals (0 percent); stimulants including caffeine (F15) – 15 individuals (4,3 percent); hallucinogenic (F16) and volatile substances (F18) – 0 individuals (0 percent); multiple drugs and other psychoactive substances (F19) – 63 individuals (18,3 percent) (Figure 5-6).

Table 5-6. Distribution of first time registered individuals for drug dependence treatment, by used drug (addiction diagnosis), 2006-2009

Drug group (addiction diagnosis by ICD-10)	First treatment cases for drug addiction			
	2006	2007	2008	2009
Opiates (F11)	247	224	184	254
Cannaboids (F12)	5	5	1	7
Tranquillizers/ sedatives (F13)	2	3	8	6
Cocaine (F14)	1	0	0	0
Stimulants and caffeine (F15)	14	21	13	15
Hallucinogens (F16)	1	0	1	0
Volatile substances (F18)	0	20	2	0
Multiple drugs or other psychoactive substances (F19)	53	45	56	63
Total	323	318	265	345

Data of the State Mental Health Centre

6. Health Correlates and Consequences

6.1. Drug Related Infectious Diseases

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

Registered acute viral Hepatitis B

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

In 2009, the Lithuanian health care institutions registered 58 cases of acute viral hepatitis B (hereinafter – HBV) (in 2008 – 90 cases). The morbidity rates of acute viral hepatitis B tends to consistently decline over the last decade. Compared to 2008, the morbidity rate of acute viral hepatitis B decreased from 2,67 cases/100 thousand population in 2008 to 1,74 cases/100 thousand population in 2009. Out of 85 HBV infected individuals 1 male was an injecting drug user. In 2001-2009, among all registered new HBV cases the share of injecting drug users continues to decline from 42,4 percent (2001) to 1,7 percent (2009). 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, in 2009 – 65,6 percent. Taking into consideration the above, the reduced rate of injecting drug users among all registered HBV cases should be assessed cautiously.

Seroprevalence studies

In 2009, 83160 (in 2008 – 63364) blood tests were made to identify carriers of surface antigens of hepatitis B virus (HBsAg), in 727 (0,9 percent) cases - diagnosed HbsAg positive. Mainly donors were tested, i.e. 71956 tests were made, including 168 cases (0,23 percent) with HBsAg diagnosed. 227 blood tests for HBsAg among injecting drug users were made and for 6 (2,64 percent) of them - HbsAg diagnosed positive.

Registered acute viral Hepatitis C

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

In 2009, the Lithuanian health care institutions registered 47 cases (in 2008 - 43 cases) of acute viral hepatitis C (hereinafter – HCV). The morbidity rate of acute viral hepatitis C tends to consistently decline over the last 5 years. Compared to 2001, the morbidity rate of acute viral hepatitis C continued to decline from 5,36 cases/100 thousand population in 2001 to 1,4 cases/100 thousand population in 2009. A big number of cases in 2009 (53,2 percent or 25 cases) implied an unidentified contraction factor causing HCV. Out of 47 registered acute HCV cases 7 individuals (14,9 percent) were injured because of injecting drugs. In 2001-2009, the share of injecting drug users among all registered HCV cases reduced from 59 percent (2001) to 14,9 percent (2009).

Seroprevalence studies

In 2009, in Lithuania 82701 (in 2008 – 63197) blood tests against anti – HCV were made and in 2478 cases (3 percent) anti – HCV positive was detected. Mainly donors were tested, i.e. 41010 tests were made, including 346 cases (0,84 percent) with anti – HCV positive. Blood tests were made for 5929 patients, including 385 cases (6,5 percent) with anti – HCV positive. Blood tests for anti – HCV carriers was also made for 227 injecting drug users and for 112 (49,34 percent) of them HCV was diagnosed positive.

Registered HIV/AIDS cases

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

In 2009, in Lithuania 180 new HIV cases were diagnosed, i.e. by 85 individuals more compared to the previous year (in 2008 – 95, in 2007 – 106, in 2006 – 100, in 2005 – 120). In 2009, among the new HIV cases 117 individuals (65 percent) were infected with HIV by using injecting drugs. The spurt increase of the indicator of HIV morbidity was determined by the mistake in the register of HIV cases. In 2009, from the institutions subordinate to the Department of Prisons where persons were diagnosed with HIV infection at the end of 2008, delivery of 40 protocols of epidemiological tests for sexually transmitted infection, HIV positive and HIV disease were delayed. Thus, the number of new HIV cases in 2009 was added 40 cases in addition, though HIV was actually diagnosed in 2008.

Within the period since 1988 when the first HIV case was diagnosed in Lithuania through to January 1, 2010, 1314 HIV infected individuals were diagnosed, 1145 persons (72,4 percent) were infected HIV by using injecting drugs.

In 2009, among new HIV cases 117 individuals (65 percent) were infected with HIV by using injecting drugs. The most of new HIV cases were diagnosed in 20-34 age group (101 case). The average age of new HIV infected persons at the infection diagnosis moment was 33,4 years, for males -33,5 , females - 33. In Lithuania, HIV infection mostly is diagnosed in the age group 20 to 34 years. Among the new HIV cases men prevailed – 131 individuals.

By counties, in 2009 the biggest number– 51 new HIV infection cases – were diagnosed in the county of Vilnius and 35 HIV infection cases - in the county of Klaipeda. The total HIV infection prevalence indicator in Lithuania was 4,94 cases per 100 thousand population in 2009 (2,83 cases – in 2008, 3,86 cases – in 2007, 2,94 cases – in 2006, 2,61 cases – in 2005).

In 2008, 46 new AIDS cases were diagnosed among the HIV positive group; in previous years AIDS cases distributed as follows: in 2008 – 55, 2007 – 28, in 2006 – 27, in 2005 – 10. 13 individuals died with AIDS in 2009 (14 individuals – in 2008).

In 2009, in Lithuanian health care institutions 190530 diagnostic tests for HIV were conducted (in 2008 - 178245, in 2007 – 151313, in 2006 – 118059 tests). In 2009, the total number of diagnostic tests for HIV was 1405 (0,74 percent of all tests), the tests were prescribed for individuals grouped as drug users. As the mode of getting HIV infection is identified only when an HIV test is positive as then a patient's interview form is filled in, thus, the persons using drugs and psychotropic substances possibly could be also included into other surveyed groups, and it means that in 2009 the number of tested persons who used drugs and psychotropic substances is higher than 1405 tests.

HIV, HBV and HCV seroprevalence among tested injecting drug users

No new information available for 2009.

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

Aiming at comprehensive goals of HIV prevention it is necessary to learn the factors making an impact on the spreading process of HIV and other infections. The majority of high risk subpopulations including injecting drug users (hereinafter – IDU) with high risk to infect and transmit HIV are difficult to access, and thus the usual sampling methods are not usable. Up to now the surveys covering IDUs followed mainly institutional approach and gathered information was not comprehensive or representative. For the first time the Lithuanian AIDS Centre conducted a survey regarding prevalence of HIV and other infections among IDUs producing the sample based on one of the most efficient sampling method applicable for hard to reach and hidden subpopulations, i.e. Respondent Hidden Sampling (RDS). Using the above method 400 active injecting drug users in Vilnius were surveyed. The survey period lasted from October 2007 to end of January 2008. The aim of the survey was to identify specifics of risk behaviour and social networks of the IDUs related to HIV, to identify prevalence of HIV, syphilis, viral hepatitis B (hereinafter – HBV) and C (hereinafter – HCV). In the survey a questionnaire for evaluation of risk behaviour (injecting and sexual) was used and blood of IDUs to identify the above infectious markers was tested. 329 men and 71 women participated in the survey. The preliminary results of the survey were as follows: the average age was 30,5 years (min = 18, max = 57). The majority of the respondents had basic or secondary education. 57 percent (n=228) of the respondents indicated that mainly they used poppy decoction, 32 percent (n=128) – heroine, 8,8 percent (n=35) – amphetamine,

and the rest – other substances. The average age when the surveyed started to use injecting drugs for non-medical purpose was 17,5 years (min=12, max=36). 5,8 percent (n=23) of the respondents indicated the first drug injection was made with a used syringe or needle and it could pose a real threat to receive infectious diseases with the first injection. The respondents were enquired about both types of sharing injecting tools and their experience. According to preliminary data, among the surveyed indirect injecting tools (filters, cotton, common containers to wash injecting tools, drug solution, etc.) were more spread instead of direct sharing of needles and syringes. The above habit may be important for interpretation of high prevalence of viral hepatitis C (94,8 percent) identified among the surveyed. As HCV reached the Lithuanian subpopulation using injecting drugs earlier than HIV and a HCV infecting dose is significantly lower than HIV, thus, high prevalence of HCV possibly verifies risky injecting behaviour of IDUs. For example, 67,5 percent (n=270) of the respondents answered that within the last 6 months they injected drugs taking solution into their syringe from a common drug mixing container in which another person had dipped his/her syringe, and 86,8 percent indicated they had shared drug doses several of these being together in one syringe. However, the question whether within the last 6 months the respondents always used new needles and syringes was answered as follows: 61 percent (n=244) answered “yes”, 39 percent (n=156) – “no”. Though the majority of the respondents said that within the last 6 months they had not used needles and syringes used by others, about one fifth of the respondents said they lend, sell or give away his/her injecting tool to another user. Though the majority of the respondents said they had not used needles and syringes used by others in the last 6 months, however, one fifth of the respondents indicated they lend, sell or give to another user their injecting tools after use. It shows the respondents do not care about health of other IDUs and possible distribution of infections. This significant circumstance may increase the spreading risk of HIV and other infections. To the question where within the last 4 weeks a respondent acquired needles and syringes 54,3 percent answered they bought in pharmacies, 58 percent – from the stationary needle/syringe exchange program, 56,3 percent – from a worker on the street or a mobile needle/syringe exchange unit, 22,3 percent – from a drug dealer. 51,8 percent indicated they had injecting cases together with an HIV positive individual and 91 percent injected together with an individual infected with hepatitis being aware thereof. The majority, i.e. 70,8 percent (n=283) of the surveyed were imprisoned at least once in their lifetime. 26,5 percent of the latter said they had used injecting drugs in imprisonment places, including 18,8 percent of the respondents who injected using needles and syringes used by other persons.

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

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

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

According to data of the Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania in 2009 in the Lithuanian health care institutions 190530 HIV tests for HIV were run, including 12874 cases (6,76 percent) when individuals in custody institutions or prisons were tested.

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

According to data of the Department of Prisons under the Ministry of Interior of the Republic of Lithuania, as of January 1, 2010, in total 301 person ill with HIV (HIV carriers) were in imprisonment establishments, including 22 women and 2 juveniles.

The biggest share of the diagnosed new HIV positive cases were infected outside imprisonment, though in numerous cases HIV positive was diagnosed in imprisonment establishments. Prior to January 1, 2010, the total number of registered HIV positive persons was 1581 including 336 (21,3 percent) HIV positive cases diagnosed in the imprisonment establishments. In 2009, in imprisonment establishments 75 new cases of HIV (65 men and 10 women, including one pregnant) were registered, all persons were infected using injecting drugs. 10 of them were HIV infected in an imprisonment establishment, whereas in 2008 - 1, in 2007 – 3 persons. As of January 1, 2010, in imprisonment establishments 18 prisoners were ill with AIDS. The period of drug use experience of the HIV new cases diagnosed in imprisonment establishments in 2009 was varying from 3 to 20 years. 15 persons who were HIV diagnosed in imprisonment establishments participated in the methadone program outside imprisonment earlier. For 6 new HIV cases also tuberculosis was diagnosed.

In 2009, in Lithuanian imprisonment establishments 10 persons were diagnosed acute viral hepatitis B (HBV) and 4 persons - acute viral hepatitis C (HCV). All these persons were infected using injecting drugs.

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

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

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

Analysis of the data collected for survey 2009 identified that records of 1584 persons were received in 2009 who were in the imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances, including 113 women (7,1 percent) and 1471 men (92,9 percent). The average age of the surveyed was 30,7 years, i.e. for women – 31,6 years, for men – 30,7 years (*Table 6-1*); the majority of the registered persons had mental and

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

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

	2008			2009		
	Female	Male	Total	Female	Male	Total
Persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances	111	1414	1525	113	1471	1584
-average age	31,7	30,5	30,6	31,6	30,7	30,7
- used injecting drugs (persons)	111	1193	1304	107	1228	1335
Persons in the imprisonment establishments registered due to dependence on drugs and psychotropic substances and HIV positive	14	119	133	18	136	154
-average age	34	33,6	33,7	30,2	34,2	33,7
- used injecting drugs	14	119	133	18	136	154

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

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

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

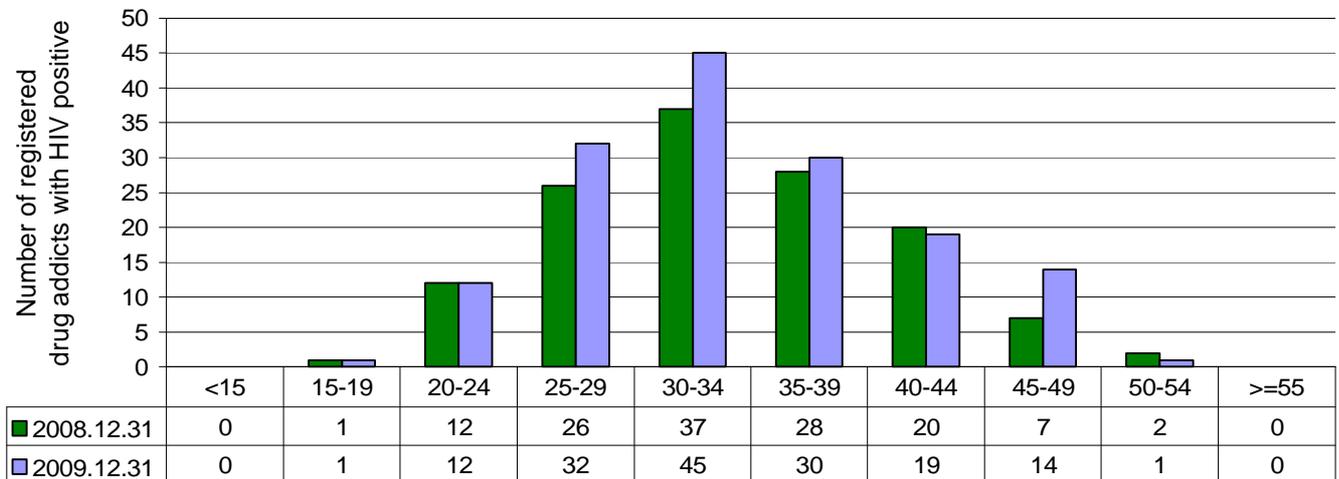
Information Source: Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania

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

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

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

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



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

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

6.2. Other Drug-Related Health Correlates

Poisonings (Intoxication) with Drugs and Psychotropic Substances

According to data by the State Patients' Fund under the Ministry of Health, in 2009 Lithuanian healthcare institutions recorded almost the same number of cases due to poisoning with drugs and psychodysleptics (hallucinogens), as in the previous four years; in 2009 - 308 cases of intoxication by drugs (250

individuals: male – 204 and female - 46), i.e. ca. 18 cases more, compared to 2008 (290 cases). The majority of poisonings involved opioids - 118 cases, out of this number with opium – 38, heroine – 62 cases. Reanimation services in relation to intoxication with drugs and psychodysleptics (hallucinogens) were rendered 75 times to 68 persons (in 2008 - 118 times to 106 persons). Comparison of the statistical data of 2008 and 2009 shows a higher number of registered cases of intoxication with cannabis (marihuana, hashish) and other unidentified drugs or psychotropic substances, intoxications with opium and Methadone decreased significantly. In 137 cases Intoxication substance was unknown or non-specified (*Table 6-3*).

Table 6-3. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by poisoning diagnosis, 2005 - 2009

ICD-10 Code	Diagnosis	2005	2006	2007	2008	2009
T40	Poisoning with drugs and psychodysleptics	18	28	47	45	81
T40.0	Opium	75	55	66	53	38
T40.1	Heroin	36	49	45	67	62
T40.2	Other opioids (codeine, morphine)	17	22	7	21	18
T40.3	Methadone	2	5	12	11	6
T40.4	Other synthetic drugs (Petidin)	8	15	20	8	16
T40.5	Cocaine	17	40	19	35	19
T40.6	Other and non-specified drugs	42	46	39	30	37
T40.7	Cannabis (derivatives)	17	9	11	1	12
T40.8	Lysergic acid derivatives (LSD)	4	2	2	1	0
T40.9	Other and non-specified psychodysleptics, (hallucinogens)	21	16	15	18	19
Total		257	287	283	290	308

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 5 times: men – 257 cases (204 persons), women – 51 cases (46 persons). Men were registered mainly intoxicated with opium – 12,8 percent, and with heroin – 21,7 percent. Mainly young people (aged 15-29) were registered intoxicated with drugs and psychotropic substances – 126 cases (in 2008 - 160 cases) (*Table 6-4*), the biggest number of cases was registered in the largest cities, i.e. in Vilnius – 81, in Kaunas – 32, in Klaipeda – 32 cases. In 2009, the average age of persons intoxicated with drugs and psychodysleptics (hallucinogens) was 28,8 years, i.e. for men – 29,1, for women – 27,4 years.

In 2009, the number of registered juvenile (under 18 years of age) cases due to poisonings with drugs and psychotropic substances remained nearly at the same level. In 2009, 45 cases of 40 juveniles (under 18 years of age) were registered (in 2007 – 41 cases), including 24 boys and 16 girls; among them individuals under 15 years of age contacted 14 times (14 individuals, including 6 boys and 8 girls). In most cases persons under 18 years of age contacted due to poisonings with unknown, other or non-specified drugs, in 10 cases (22 percent) services of intense therapy were provided.

Table 6-4. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by age and poisoning diagnosis, 2009

Age group	Codes of diseases according to ICD-10											
	T40	T40.0	T40.1	T40.2	T40.3	T40.4	T40.5	T40.6	T40.7	T40.8	T40.9	Total
Males												
under 15	4	0	1	0	1	0	0	0	0	0	0	6
15-19 years	9	0	3	0	0	5	1	3	6	0	5	32
20-24 years	11	8	14	2	0	2	3	10	3	0	3	56
25-29 years	19	8	22	4	0	0	3	5	2	0	1	64
30-34 years	6	7	6	6	1	2	0	3	0	0	2	33
35-39 years	4	3	5	0	0	3	3	2	0	0	1	21
40-44 years	4	5	2	2	4	0	0	2	0	0	1	20
45-49 years	2	0	1	1	0	0	0	1	0	0	0	5
50-54 years	5	1	0	0	0	0	2	0	0	0	0	8
55-59 years	1	1	0	0	0	0	0	3	0	0	0	5
60-64 years	0	0	2	0	0	0	0	0	0	0	0	2
Over 64 years	1	0	0	2	0	0	2	0	0	0	0	5
Total	66	33	56	17	6	12	14	29	11	0	13	257
Females												
under 15	2	0	1	0	0	1	0	1	0	0	3	8
15-19 years	2	0	1	0	0	1	1	3	0	0	2	10
20-24 years	0	0	2	0	0	0	0	3	0	0	0	5
25-29 years	5	1	1	0	0	1	1	0	0	0	0	9
30-34 years	3	3	0	0	0	1	0	1	0	0	0	8
35-39 years	0	0	0	1	0	0	0	0	0	0	1	2
40-44 years	1	0	0	0	0	0	0	0	1	0	0	2
45-49 years	0	0	1	0	0	0	0	0	0	0	0	1
50-54 years	0	0	0	0	0	0	0	0	0	0	0	0
55-59 years	0	0	0	0	0	0	2	0	0	0	0	2
60-64 years	0	0	0	0	0	0	1	0	0	0	0	1
64 years and more	2	1	0	0	0	0	0	0	0	0	0	3
Total	15	5	6	1	0	4	5	8	1	0	6	51
TOTAL (M+F)	81	38	62	18	6	16	19	37	12	0	6	308

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, sepses, endocarditis, dental health etc.), other health consequences

No new information available for 2009.

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

In 2007, in the Vilnius Centre for Addictive Disorders 441 persons were treated due to psychic and behavioural disorders using drugs and psychotropic substances, mainly use of opioids (F11). 290 persons underwent treatment at in-patient clinics, 151 participated in substitute treatment with

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

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

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

In 2007, in the Klaipeda Centre for Addictive Disorders out of 176 registered persons dependent on drugs and psychotropic substances 127 persons underwent treatment, i.e. 72 percent of the total registered number. In 2007, due to psychic and behavioural disorders using drugs (F11) 36 persons were treated (28,3 percent), due to use of several drugs and psychotropic substances (F19) - 91 persons (71,7 percent). 40,9 percent of them participated in substitution treatment. Out of 127 treated persons 45 persons (35,4 percent) were diagnosed HIV positive; 68 persons (53,5 percent) were ill with viral hepatitis C; 6 persons (4,7 percent) were ill with other infectious and parasitic diseases (tuberculosis, 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 cannabioids (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 - ulcerated corneal. No other mental disorders were diagnosed. Correlate diseases related to use of drugs and psychotropic substances were not registered only for 10 persons (15,6 percent) out of the total number of 64 persons, 54 persons (84,4 percent) were diagnosed 1, 2 or 3 correlate diseases.

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

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

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

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

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

6.3. Drug Related Deaths and Mortality of Drug Users

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2010) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2010)

According to data of the Department of Statistics, as of beginning of 2010, the number of the population in Lithuania was 3 mln. 329 thousand inhabitants, i.e. 20,9 thousand inhabitants less compared to the rate one year ago. Within the recent five years the number of the population reduced by 96,3 thousand, i.e. 2,8 percent. In Lithuania, the rate of mortality reduced again: in 2009 the total number of deaths was 42032 accounting for 1800 deaths less, compared to 2008. In Lithuania, in 2009 the number of deaths per 1000 population accounted for 12,6 cases (in 2008- 13,1 cases), the highest rate since 1950 was registered in 2007 - 13,5 cases per 1000 population. The difference of the male and female morbidity rate is shown by the average of life expectancy to the most accurate extent. In Lithuania, in 2009 the average life expectancy was for men - 66,3 years, and for women - 77,6 years. In 2009, more than half (55,5 percent), i.e. 23,3 thousand cases of the total number of deaths were caused by diseases of the blood circulation system, 19,3 percent – by cancer, 9,9 percent, i.e. 4,2 thousand cases – by external causes. The major share of the external death causes accounted for suicides – 1135

cases, deaths in traffic accidents - 460 cases (in 2008 – 500 cases), incidental intoxications with alcohol – 345 cases (in 2008 – 462 cases), incidental commissions of murder – 198 cases.

Drug-induced deaths (overdoses/poisonings)

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2010) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2010)

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

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

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

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

According to data of the Department of Statistics under the Government of the Republic of Lithuania in 2009, 68 deaths due to drugs and psychotropic substance use were registered (in 2008 – 60 cases), and this level accounts for 0,16 percent of all deaths registered in Lithuania (in 2008 – 0,14 percent).

In 2009, in the Lithuanian imprisonment establishments in total 32 persons died, including 1 person due to intoxication with drugs and psychotropic substances (overdosing).

According to age distribution in 2009, the biggest number of deaths was in the young subgroup aged from 20 to 29 (30 individuals) (*Table 6-6*), with the average age in time of death was 32,6 years (for men – 32,4, women – 34,2).

Table 6-6. Number of deaths caused by drug and psychotropic substance use, by age 2004-2009

Age group	2004	2005	2006	2007	2008	2009
Under 15	-	-	-	-	-	-
15–19 years	1	3	2	3	1	-
20–24 years	9	6	11	12	10	6
25–29 years	6	6	23	25	22	24
30–34 years	9	6	13	20	6	16
35-39 years	6	2	10	4	11	10
39 years and more	7	8	3	8	10	12
Total	38	31	62	72	60	68

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

In the young age group from 25 to 29 years the incidence rate of deaths caused by drug and psychotropic substance use in 2009 is about 5 times higher (99,09 cases per 1 million population) compared to the rate of all deaths in all age groups, i.e. the rate of drug related mortality nationally per 1 million population in 2009 - 20,43 cases (in 2008 - 17,91 cases) (*Table 6-7*).

Table 6-7. Number of deaths caused by drug and psychotropic substance use, by age, comparative index, 2009

Age group	Number of population in Lithuania, beginning of 2009	Number of deaths and comparative indicators				
		Total number of deaths	Including drug related deaths	Share of the total number of deaths (percent)	Drug related deaths per 1 million population	Comparative value compared to the total*
under 15 years	499299	289	0	0,00	0,00	0,00
15–19	241075	197	0	0,00	0,00	0,00
20–24	268121	292	6	2,05	22,38	1,10
25–29	242212	315	24	7,62	99,09	4,85
30–34	217406	456	16	3,51	73,60	3,60
35–39	233825	691	10	1,45	42,77	2,09
40–44	242430	1010	9	0,89	37,12	1,82
45–49	260884	1638	3	0,18	11,50	0,56
50–54	234485	2030	0	0,00	0,00	0,00
55–59	192189	2555	0	0,00	0,00	0,00
60–64 m.	162712	3053	0	0,00	0,00	0,00
65 years and more	534401	29506	0	0,00	0,00	0,00
Total	3329039	42032	68	0,16	20,43	1,00

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 2009 – 62 male deaths and 6 female deaths. Higher death rates are registered in the cities, primarily in Vilnius (42 deaths); and in 2009, the main death cause was intoxication with drugs and psychotropic substances (54 deaths), mostly opiates (Table 6-8).

Table 6-8. Number of deaths caused by drug and psychotropic substance use, by age and death cause, 2008

Death causes by ICD-10 code/ age group	Total	Under 15	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	39 years and more
F11	2	0	0	0	1	1	0	0
F18	1	0	0	0	0	0	1	0
F19	10	0	0	1	0	2	3	4
X42	54	0	0	5	22	13	6	8
X62	0	0	0	0	0	0	0	0
Y12	1	0	0	0	1	0	0	0
Total - deaths	68	0	0	6	24	16	10	12

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

Note:

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

Mortality of Drug Users

Information Source: the State Mental Health Centre

The State Mental Health Centre collects data regarding persons registered in the Lithuanian health care institutions due to mental and behavior disorders using dugs and psychotropic substances (ICD codes: F11-F14, F15, F18 , F19). As of January 1, 2010, the total number of registered was 5953 persons (in 2009 – 5808 persons). According to the State Mental Health Centre, in 2009, 80 individual registered as

patients dependent on drugs and psychotropic substances died, i.e. 70 men and 10 women (Table 6-9). As before, in 2009, among the deaths the biggest number was opioid dependent persons - 64. According to distribution by age the biggest number of deaths was in the age group 35 to 44 (38 individuals) (Table 6-10), the average age of the deceased was 32,6 years (for men – 39,1 years, women – 31,7 years), the most frequent death causes – somatic diseases (Table 6-11), but for 45 drug addict death cases (56,3 percents) the cause was unknown, because the State Mental Health Centre collects data on drug dependent persons from health care institutions and does not have permission to access general mortality registry data to find out information about registered persons' death causes.

Table 6-9. Distribution of death cases of patients dependent on drugs and psychotropic substances, by gender and dependence diagnosis, 2006 -2009

	2006	2007	2008	2009
Total - deaths	42	62	71	80
Incl. men	35	55	62	70
Incl. women	7	7	9	10
Codes of dependence diseases according to ICD-10				
F11	33	47	60	64
F12	-	-	-	-
F13	2	3	-	2
F14	-	1	-	-
F15	-	1	1	1
F18	1	-	1	2
F19	6	10	9	11

Information Source: the State Mental Health Centre

Note:

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

Table 6-10. Distribution of death cases of patients dependent on drugs and psychotropic substances, by age groups, 2006-2009

Age/ years	2006	2007	2008	2009
Under 15	-	-	-	-
15-19 years	-	3	-	1
20-24 years	6	3	4	1
25-29 years	5	8	11	14
30-34 years	2	10	9	7
35-39 years	8	13	11	14
40-44 years	9	5	12	24
45-49 years	4	11	15	8
50-54 years	4	4	4	8
55 years and more	-	5	5	3
Total	38	42	62	80
Dead persons age average	38,3	39,0	38,3	39,6

Information Source: the State Mental Health Centre

Table 6-11. Distribution of death cases of patients dependent on drugs and psychotropic substances, by death cause, 2005 -2008

Causes/year	2006	2007	2008	2009
Suicides	2	7	2	4
Accidents	-	9	1	3
Intoxication with drugs or psychotropic	7	10	12	4

<i>substances</i>				
<i>Infections</i>	6	8	3	7
<i>Somatic diseases</i>	5	26	10	17
<i>Unknown (information not available)</i>	22	2	43	45
Total	42	62	71	80

Information Source: the State Mental Health Centre

Other indirect drug related deaths

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

In 2009, the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania executed 7693 tests of dead bodies. In 1082 cases internal organs and biological fluids of the deceased were tested against drugs, psychotropic substances and other officinal substances. In 415 cases positive results were identified, including 95 cases where only ethyl alcohol was found.

In 2009, according to data by the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania, for 15 deaths (14 male deaths and 1 female) drug and psychotropic substance use was not recorded as direct cause, however, the tests evidenced occurrence of drugs and psychotropic substances in organs and biologic fluids of the deceased. The most frequent direct causes of deaths were as follows: homicide, body injuries in accidents or caused otherwise. Chemical tests in the above deaths most frequently evidenced presence of morphine and cocaine type substances, in 6 cases both drugs and alcohol were identified. The average age of the deceased was 31,7 years.

7. Responses to Health Correlates and Consequences

7.1 Prevention of drug related emergencies and reduction 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 are obliged to have naltroxone in their pharmaceutical stock. In 2009, 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

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

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

The main objective of the UNODC project in Lithuania is to halt and reverse the HIV/AIDS epidemics among injecting drug users and in prison settings. The project aims to achieve the following results by the end of 2010:

- improved institutional and professional capacity to address HIV/AIDS among injecting drug users and in prisons,
- increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings,
- all stakeholders are provided with strategic information and analysis on which they can base policy decisions concerning HIV/AIDS prevention and care among injecting drug users and in prison settings,
- national AIDS strategy amended.

To increase access to needle and syringe programs, methadone maintenance therapy and HIV and drug education and care in prison settings, the UNODC provided grants to addiction treatment and mental health centres, social services in municipalities and non-governmental organisations.

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

In Lithuania, the implementation of syringe/needle exchange programs for injecting drug users were started a decade ago. A legal basis for these programs was established in Decree No. V-584 of July 5, 2006, of the Minister of Health of the Republic of Lithuania *On Approval of Profile of the Implementation 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.

The providers of low threshold services mainly are funded from local government budgets, also from the state budget and international funds (mostly from UNODC project). In 2009, allocations from the state budget were not made for harm reduction projects.

In 2009, in Lithuania 12 (in 2008 -14 units) harm reduction services units (incl. syringe and needle exchange) were available in Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys, Alytus, Mazeikiai, Druskininkai, Kedainiai. One harm reduction services unit was closed in Visaginas city and one in Klaipėda city in 2009. The staff of these units includes social workers, health care specialists, trained street workers who visit gathering palaces of drug and psychotropic substance users, look for contacts with them and inform them of the opportunity to get help. In 2009, the number of distributed syringes and additional needles decreased compared to 2008, also reduced number of other social services for drug users provided in harm reduction units (Table 7-1).

Table 7-1. Harm reduction services activities in 2005 – 2009.

No.	Services	2005	2006	2007	2008	2009
	Total in Lithuania					
1.1.	Distributed needles	281 069	252 840	226 674	313 894	188 364
1.2.	Distributed syringes	256 384	197 152	187 227	238 745	242 890
1.3.	Collected needles	492 270	351 315	272 933	277 109	225 857
1.4.	Collected syringes	490 012	337 807	271 248	371 217	270 206
2.	Disinfections, distribution of condoms	244 007	354 844	214 285	280 591	256 532
3.	Distribution of condoms	25 287	13 865	22 793	42 848	34 722
4.	Health teaching and education	769	1241	6 877	6 768	5 878

5.	Providing information	11 609	12 066	13 908	20 847	14 053
6.	Counselling	3 894	3 597	5 547	8 443	9 534
7.	Personal hygiene and care services	-	-	-	3 425	2 458
8.	Providing of dressing	6 627	6 482	9 037	39 968	21 035
9.	Wound dressing	253	258	1 405	2 715	2 606
10.	Taking samples and sending them for tests	875	768	817	1 166	893
11.	Catering services	-	-	-	206	-
12.	Transport services	-	-	26	74	22
13.	Facilitation and representation	663	682	1 146	1 209	1 738

Information Source: the Low Threshold Services Units

The number of distributed and collected syringes only partially reflects the activities of the low threshold services units. A more important area of the activities is communication of information and counselling regarding tests to diagnose infectious diseases, motivation for treatment among persons using drugs and psychotropic substances. According to data provided by the low threshold services units over 47 thousand visits and about 6000 regularly attending persons were registered in 2009 (*Table 7-2*).

Table 7-2. Visitors of the low threshold services units in 2005 – 2009

	2005	2006	2007	2008	2009
Number of visits	48 002	45 615	43 856	56 548	47 375
Number of regularly attending persons*	2 582	3 438	3 399	5 942	6 047
Number of new visitors*	794	433	774	977	1 209

Seeking for information regarding the structure of the beneficiaries of the low threshold services and improved planning of the services development surveys are carried out – visitors to the low threshold services units fill in the questionnaires. According last low threshold services survey, done in 2009 (based on 2008 visitors data), showed, that the visitors to the low threshold services units are 80,4 percent men and 19,6 women. The average age of the visitors to the low threshold services units is 30,4 years; the youngest visitor was 14 years of age, and the oldest – 63 years. The average age of the surveyed visitors to the low threshold services units when they used their main drug was 20,4 years. The respondents reported they had begun to use drugs and psychotropic substances at the age from 11 to 46 years, the range being 35 years. 46,6 percent of the surveyed visitors to the low threshold services units underwent out-patient or in-patient treatment (including rehabilitation) due to drug and psychotropic substance use. 11,3 percent of the surveyed visitors to the low threshold services units had permanent jobs, 10,2 percent did not have permanent jobs, 58,7 percent were unemployed, 13,5 percent were registered with the Labour Exchange, 2,6 percent studied, 1,3 percent – disabled. 98,2 percent of the surveyed visitors to the low threshold services units in the last 30 days injected drugs and psychotropic substances, 58,5 percent had sexual intercourse with an accidental partner and only 30,8 percent used condoms.

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

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

Objectives of the project:

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

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

During the Project implementation period (2006 – 2010) all low threshold centres operating in the country were provided support by the UNODC small grants program (setting/renovation of premises, acquisition of office items, training, distribution of information, etc.). In 2010, a new low threshold centre was opened in Visaginas as a mobile low threshold unit that functioned in Visaginas in 2008 interrupted its services due to lack of funding. Seeking to provide health care services to injecting drug users not using services of the low threshold centres and to train them to provide information on health preservation based on the principle of the peer-driven intervention method was started to use, funded by the UNODC. In January – September 2009, in Vilnius using this method 133 IDUs were reached. In the course of 8 months of 2010 using this method in Kaunas, Mazeikiai, Visaginas and Druskininkai more than 360 IDUs were reached. Though the survey shows that ca. 320 of them are new clients of the low threshold centres, however, 21,9 percent of them indicated that received free syringes from staff of the low threshold centres. 78,1 percent or 250 IDUs never used services of low threshold centres. The results show that the peer-driven intervention method is efficient for reaching new IDUs through educators of peer groups and providing information on harm reduction for health.

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

In 2008, the mid-term project evaluation carried out by Roger Drew, an external international consultant, showed that the UNODC project was exceptionally useful and timely, and the implemented activities were directly related to the existing situation in Lithuania where the main HIV spreading goes through injecting drug use. For Lithuania, the evaluation *Report* extends 3 recommendations: 1. Review and revise the new *National Program for Prevention and Control of HIV/AIDS* ensuring, in particular, that the program is appropriate for the epidemiology of HIV in Lithuania; 2. Commit to piloting the provision of methadone maintenance therapy in at least one prison in Lithuania. This could be seen as an extension of the current pilot in arrest houses and/or might be commencement of the program a month prior to release from prison. 3. Explore ways in which antiretroviral therapy can be financed in prison settings.

The UNODC might consider financing of a study of available options provided it were acceptable in Lithuanian national authorities. Also, the *Report* on mid-term project evaluation points out the necessity to ensure sustainability of the Project activities and funding continuation upon completion of the implementation of the UNODC Project in the country. The first recommendation delivered by the Report was implemented in July 2010 (Resolution of the Government of Lithuania approved the *National Program for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases 2010–2012*), the implementation of the other two was started and will be completed in Autumn 2010. In 2009-2010, the UNODC Project supported conducting of 3 surveys in Lithuania, i.e. „Qualitative survey of evaluation of vulnerability of persons infected with HIV/ill with AIDS in Lithuania“, „Analysis of Klaipeda and Alytus municipalities providing social and health care services to persons released from prison settings“, „Evaluation of accessibility of HIV illness treatment and care in Lithuania“. Aiming at improvement of the coverage of the programs of needle and syringe exchange, pharmacotherapy with opioid medical preparations, prevention and supervision of HIV and drug addiction in prison settings the UNODC provided grants to fund the implementation of 31 projects. In 2010, two projects were supported for the implementation of new services, i.e. establishment of services concerning pharmacotherapy with opioid medical preparations in Alytus (Public Institution Out-Patient Clinics in Alytus) and establishment of a stationary low-threshold centre in Visaginas. During the Project implementation various visits to share the best practice, workshops, meetings of experts, conferences were organized. In 2009, in total 658 specialists participated in 30 events organized by the UNODC.

Research results of the availability of sterile injecting equipment in pharmacies⁹

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

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

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

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

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

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

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

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

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

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

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

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

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

⁹ Gurevičius R., Stonienė L. (2008). Availability of sterile injecting equipment in pharmacies (LT) [online]. Available: <http://www.unodc.org/documents/baltics/ReportPharmaciesLT.pdf> [accessed 2009.10.25]

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

The research showed that a visual identification of a drug user is problematic for 65.3 percent of pharmacists and isn't related to pharmacist's previous experience. The vast majority of pharmacists indicated that an IDU for them associated with certain attributes: saleable item (one syringe or water for injection), appearance (strange looks/eyes, skinny body and tremor) and behaviour (on the run, nervous, fast disappeared). IDUs visited pharmacies mostly alone, at a different time of the day and this data coincided in both researches. The analysis of the study results showed that pharmacists perceived a level of drug using in the pharmacy's neighbourhood associated with the number of IDUs visits, i.e., pharmacists who saw more than 50 IDUs per month evaluated drug using level as high.

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

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

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

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

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

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

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

Pharmacist's attitude to prevention programmes, especially to needle and syringe exchange is very sceptical, and may be conditioned due to the lack of information. More than 60 percent think that a pharmacy shouldn't participate in prevention programmes and are uncertain if providing support to IDUs

is their professional duty. But more than half of the pharmacists are ready to supply leaflets about safer injections, HIV/AIDS and virus hepatitis, tuberculosis, about half of them agree to provide referrals to drug treatment services. Worse situation is with spirit sponges, which are required for IDUs, cotton wool and condoms. It is opposed by more than half of pharmacists. The majority doesn't agree to provide free sharp containers or think that a pharmacy is not a favourable place for needles/syringes exchange. The majority of pharmacists think that active involvement in drug abuse prevention programs reduces the number of customers, the safety of staff, increase a negative attitude from the community and, the general question arises, whether it is be important for HIV prevention at the national level. In addition, pharmacist's questions or syringe exchange will help to improve the health of IDUs. This clearly shows that they lack the evidence-based knowledge and facts about HIV/AIDS and drug prevention programs.

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

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

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

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

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

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

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

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

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

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

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

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

7.3. Responses to other health correlates among drug users

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

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

In 2009, officers of the Police Department organised special safe traffic campaigns at which drivers of transport means were checked for intoxication with alcohol or drugs.

8. Social correlates and social reintegration

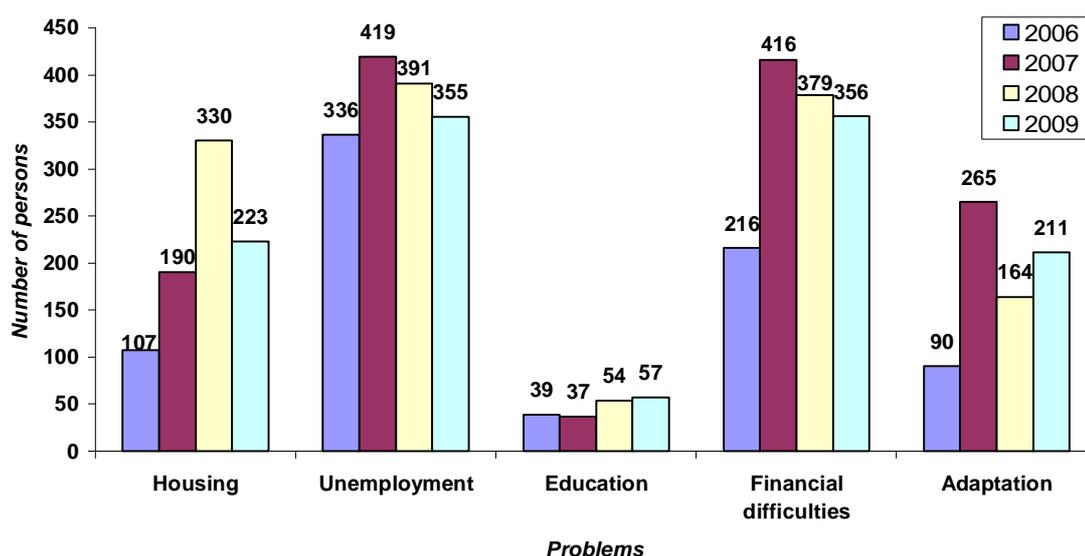
8.1. Social exclusion and drug use

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

In the beginning of 2010, the Drug Control Department under the Government of the Republic of Lithuania (hereinafter – Department) as in previous years carried out annual analysis of psychological, social rehabilitation and integration problems of persons dependent on psychoactive substances and finding ways to resolve them carried out survey of institutions providing psychological and social rehabilitation services to persons dependent on psychoactive substances. In Lithuania, currently 19 long-term psychological and social rehabilitation communities and 3 day care centres for persons dependent on psychoactive substances operate. Filled in questionnaires were received from 20 institutions and organizations, 588 persons dependent on psychoactive substances participating in the rehabilitation programs were surveyed. According to the survey data the most acute problem for the participants of the rehabilitation programs remained unemployment (like in previous years), and in 2009, this number accounted for 355 (60,4 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 356 persons (60,5 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, 2006-2009



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

In 2009, a frequent item among socially excluded persons also was inadaptability to the community (223 persons, i.e. 37.9 percent) problem. The dependent person lacks social, natural communication skills. In the rehabilitation process difficulties also arise due to adaptation problems: the

mental and emotional state of some inmates in the community is not fully stabilised and preconceived approach results in dissatisfaction with other community members, internal regulations of the order. All this may provoke conflicts that are usually solved by sending the non adapted persons into other communities. The wish to resume earlier life habits, a lack of motivation to change encumber their adaptation in the community and the society as well.

A housing problem in most cases is acute for socially excluded persons too. Disturbed family relationship, asocial way of life, inability to preserve immovable property, arrears for utilities or other indebtedness result in situations that dependent persons do not have their permanent residence place. In 2009 the number of persons who named, that have housing problems was 223, i.e. 37,9 percent.

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 do not have profession or work experience.

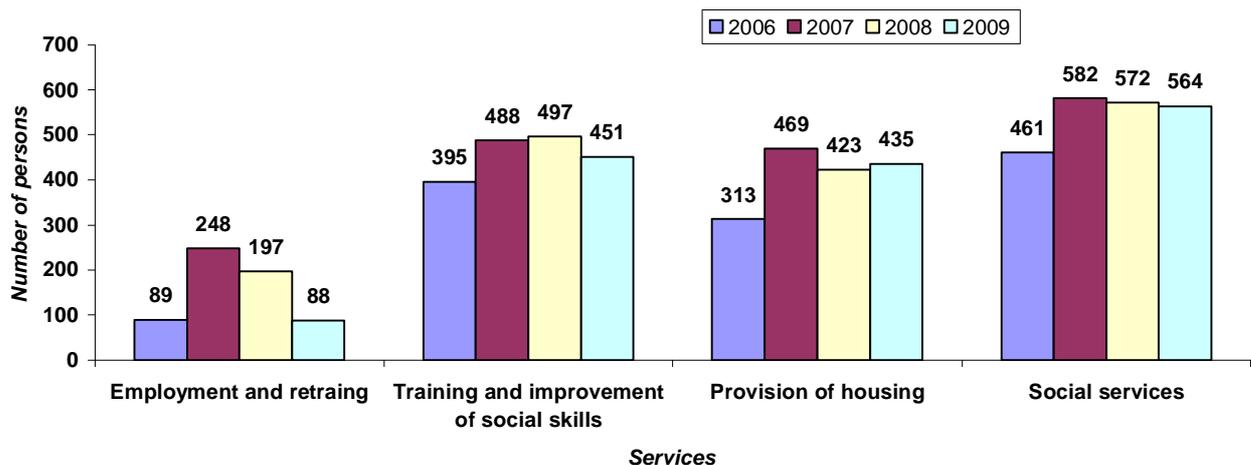
8.2. Social Reintegration

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

Provision of social services

According to data submitted by the Lithuanian rehabilitation institutions regarding services provided to persons dependent on drugs and psychoactive substances, in 2009 social services prevailed, i.e. counselling by social workers, development of social skills, counselling to family members, etc. In 2009, social services were provided to 564 persons, i.e. 95,9 percent of all persons participating in the rehabilitation programs (Figure 8-2).

Figure 8-2. Services provided by rehabilitation institutions to persons dependent on psychoactive substances, 2006-2009



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. In the community of the Charity and Support Foundation „Vilties švyturys“ (Kedainiai district) such people are trained to become welders and metalworkers.

In the communities social skills are developed teaching to resist the demand to use drugs and prevention of relapse is carried out, it is taught to manage feelings and express them, self-development and self-esteem, developing an awareness of problems, restoration of relations with the family, resolution of conflicts and problems in the family are encouraged. The services of training and improvement of social skills took the second place following the social services – they were provided to 451 individuals, or 80 percent of the total number of participants in the rehabilitation programs in 2009 (*Figure 8-2*).

Work placement and retraining

In researches it was found that those individuals who found work resumed the use of psychoactive substances two times less frequently, compared to the jobless ones. Only a small number of them go back to the same workplaces as they were released because of psychoactive substance use. According to the surveyed employers in Lithuania, in 2007 the main reason why the employers are not willing to employ dependent persons is that after rehabilitation programs the risk of relapse, possible discipline problems and lack of responsibility exist. For the persons with dependence disorders, the main obstacles to get a job are a lack of motivation and qualification, health problems.

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 (88 persons, i.e. 15,6 percent) compared to other services (*Figure 8-2*).

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.

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.

The Survey data received from rehabilitation establishments show that in 2009, the share of placement and retraining services, as in previous years, was smallest compared to other services (rendered to 88 persons, i.e. 15,0 percent), and it reduced compared to 2008.

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

For development of placement and retraining services of persons who used drugs European Union funding is provided to projects aiming at reduction of social exclusion and implementation of its prevention, facilitating social risk and social exclusion individuals to integrate into labour market and to lead a full life. It should be noted, that in the implementation of such projects the indicator concerning placement of dependent persons is most difficult to achieve. In September 2010, 12 rehabilitation establishments received financial support for psychological and social services from the EU Social Support Fund according to measure „Integration of social risk and social exclusion individuals into labour market“. The total amount provided to those 12 projects accounted for 8.883.859 euros, i.e. from 125 thousand euros to 1 million 662 thousand euros per project.

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

9.1. Drug Related Crime

Additional information for this chapter is also available in the Standard Table 11 Arrests/Reports for drug law offences (submitted in 2010)

- Drug law offences

With reference to the data of Information Technology and Communications Department under the Ministry of the Interior (hereinafter referred to as ITC under Mol) the number of all the criminal acts registered in Lithuania, in 2009 was higher by 6.4 % than in 2008 (accordingly 83 273 and 78 266) or by 14.6 percent than in 2002 (i.e. 72 646), where the lowest criminality existed in the country registered through the recent decade. In the general criminal context, criminal acts pertaining to illicit possession of drugs make up 2.63 percent or 0.3 percent more than it was last year. A decade ago criminal acts of this kind made up 1.1 percent of the total number of criminal acts. 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 a half (ca. 65 percent) of all the criminal acts registered.

The density of criminal acts related to psychotropic and narcotic substances in the country in 2008 made up 55 criminal acts per 100 thousand population, and in 2009 this figure accounted for 65.5 criminal acts per 100 thousand population, nevertheless, whereas the lever was two times lower (27.7 acts respectfully) ten years ago. The density of the criminal acts of this kind is highest after the criminal acts against property, interest and material interests (ca. 1621 acts per 100 thousand inhabitants) and public order violations (ca. 92 acts respectfully).

In 2009 there were 2189 acts related to illicit circulation of drugs registered, i.e. 350 acts or 19.2 percent more than in 2008 (1839). With reference to the statistics provided by ITC under the Mol, 2189 criminal acts registered in 2009 related to the possession of drugs include:

1313 – due to illicit possession of drugs and psychotropic substances with no aim of distribution (2008 – 1042, 2007 – 966) – Article 259 of the Criminal Code of the Republic of Lithuania¹⁰;

832 – due to illicit possession of drugs and psychotropic substances with an aim of distribution (2008 – 747, 2007 – 728),

57 criminal acts of which regard distribution of big quantities – Article 260 of the Criminal Code of the Republic of Lithuania;

15 – due to distribution of drugs to minors (2008 – 14, 2007 – 8) – Article 261 of the Criminal Code of the Republic of Lithuania;

2 – due to the manufacture of equipment for the production of drugs and psychotropic substances (2008 – 2, 2007 – 2) – Article 262 of the Criminal Code of the Republic of Lithuania;

2 – due to seizure of narcotic and psychotropic substances (2008– 7, 2007 – 4) – Article 263 of the Criminal Code of the Republic of Lithuania;

8 – promotion (persuasion) to use drugs (2008 – 8, 2007 – 8) Article 264 of the Criminal Code of the Republic of Lithuania;

9 – due to unlawful cultivation of poppies or cannabis (2008 – 8, 2007 – 4) – Article 265 of the Criminal Code of the Republic of Lithuania;

3 – due to illegal possession of precursors of drugs and psychotropic substances (precursors) of 1st category (2008– 3, 2007– 7) – Article 266 of the Criminal Code of the Republic of Lithuania;

4 – due to drug smuggling (2008-3, 2007-8) – Article 199 of the Criminal Code of the Republic of Lithuania.

¹⁰ LAW ON THE APPROVAL AND ENTRY INTO FORCE OF THE CRIMINAL CODE [online][EN]. Available: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=366707) [accessed 2010.09.14]

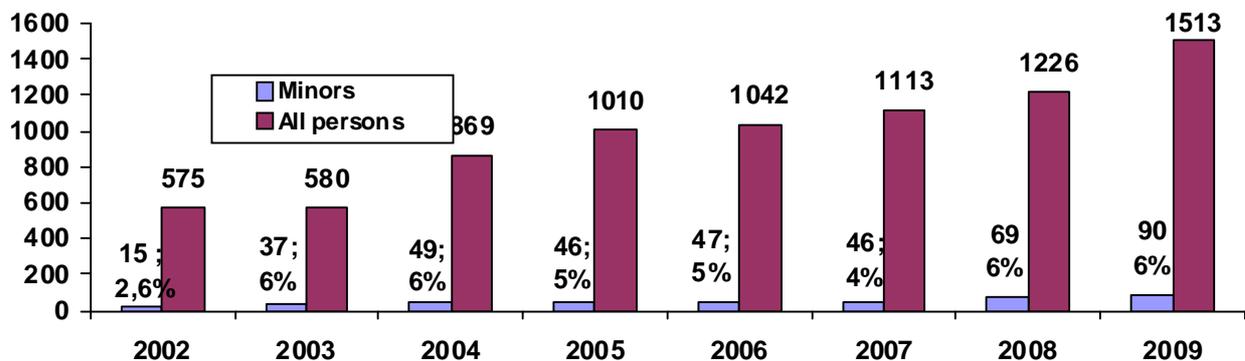
Distribution of criminal acts related to the illicit circulation of drugs in the territory of the country is constantly varying, however, more than 65 % of them are still registered in five biggest cities, a third of all the crimes of this kind registered in the country are registered in the capital (2009 – 35 percent, 2008 – 33 percent). The activeness of such criminality is preconditioned by the following unbiased reasons: concentration of people (especially the youth), the greatest income, offer of entertainment and development of infrastructure; the largest forces of law enforcement agencies are also based in Vilnius.

Individuals

With reference to the data of ITC under Mol, 1513 individuals (who committed criminal acts related to the possession of narcotic or psychotropic substances) were registered in 2009 (2008 – 1226, 2007 – 1113, 2006 – 1042), 196 of them were women, 16 citizens of foreign countries and 13 persons having no citizenship. The males detained make up 87 percent, last year they made up 83 percent (Figure 9-1).

The characteristics of the detainees for the illicit circulation of drugs have remained unchanged, these are usually young persons, under 30 years of age (66 percent), having scarce education (80 percent), unemployed and not engaged in any studies (53 percent). Unfortunately, the delinquents become younger and younger every year, in 2007 persons under 30 years of age made up 60 percent; the age of the delinquents is characterized by their occupation, e.g. 12 percent of the persons registered followed studies in educational institutions at the time of crime commission, even 70 persons of this kind went to secondary schools. There is more and more information received about involvement (or they join this activity voluntary) of minors under 16 into the distribution of drugs. Their older "friends" are aware of their impunity and they often presume themselves that law enforcement officers cannot take active measures against them. It is planned to generalize this information in 2010 and to look for ways of solution.

Figure 9-1. Number of minors suspected of having committed crimes related to drugs, 2002-2009



Drug offences by Administrative Code

In 2009, 2986 (in 2008- 1958, in 2007- 2400) administrative offences related to illicit trafficking or use of drugs or psychotropic substances were registered (Table 9-1).

Table 9-1. Discovered administrative offences related to illicit trafficking of drugs or psychotropic substances, 2008

Administrative offence	Number of offences	
	total	Including juvenile
Total number of Discovered administrative offences according RL Administrative Code ¹¹ Article 44 - Illicit acquisition or disposal drugs or psychotropic substances in small amounts without intention to sell or distribute otherwise or Use of drugs or psychotropic substances without doctor's prescription	2380	81
Illicit growing of opioid poppies, cannabis or coca trees	606	-

¹¹ Administracinių teisės pažeidimų kodeksas [online] [LT] http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=376299

article (107 ² , RL Administrative Code)		
Total	2986	81

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

- Other drug related crime

Property crimes, violence under the influence

According to data of Information Technology and Communications Department under the Ministry of the Interior, in 2009, 631 criminal activities related to use of drugs and psychotropic substances was registered (in 2008 – 718 cases), including 465 (in 2008 – 500 cases) criminal actions committed by drug addicts, and 166 (in 2008 – 218 cases) criminal actions committed by persons intoxicated with drugs or psychotropic substances. The figures under consideration do not reflect the real situation because, firstly, the detained persons are rarely checked about being under influence of drugs; secondly, the checking of this kind is purposeful only upon detention of a person in a crime scene or right away after it has been committed.

Table 9-2. Detection of persons suspected (accused) having committed criminal acts intoxicated with drugs or psychotropic substances, 2006 - 2008

Date	2007	2008	2009
Detected persons suspected (accused) having committed criminal acts, including:	22703	23249	24122
- by persons intoxicated with drugs or psychotropic substances	175	191	192
1) murders, incl.:	294	306	302
- intoxicated with drugs or psychotropic substances	7	0	9
2) thefts, incl.:	7701	8067	8584
- intoxicated with drugs or psychotropic substances	43	44	36
3) robberies, incl.:	2093	1967	1892
- intoxicated with drugs or psychotropic substances	11	11	10
4) property destruction or damage, incl.:	958	1081	1260
- intoxicated with drugs or psychotropic substances	8	8	3

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

Statistical analysis of criminality of this type shows that in 2009, 9 persons intoxicated with drugs and psychotropic substances committed assassination, though in 2008 none of cases like the above were registered.

Driving offences

In 2009, in Lithuania 3827 traffic accidents were registered (in 2008 - 4897, in 2007 – 6600), including 299 (in 2008 – 508) accidents due to the fault of driver intoxicated with alcohol or drugs and psychotropic substances. In 2009, 116 drivers (in 2008 – 143, in 2007 - 115) were identified driving vehicles intoxicated with drugs, medicines or other intoxicating substances. In most cases such drivers committed offence of the administrative law, i.e. steering a transport means by drivers intoxicated with drugs, psychotropic and other psychoactive substances; evasion of tests against intoxication and use of drugs, psychotropic or other psychoactive substances after the traffic event before its circumstances have been established.

Sentencing statistics

In 2009, in the Lithuanian courts of first instance 16832 criminal cases were accomplished (16 472 cases in 2008), including 1135 cases (886 cases in 2008) 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 2008).

Out of 1135 completed cases when adopting a penal order or conviction in **940** 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 **236**

cases charges were brought according to article 260 (part 1) of the CC of RL “Illegal disposal of drugs or psychotropic substances with a purpose to dispatch them”, in **82** cases charges were brought according to article 260 (parts 2 and 3) of the CC of RL “Illegal disposal of drugs or psychotropic substances in big or very big quantities”, in **9** cases charges were brought according to article 261 of the CC of RL “Distribution of drugs to juveniles”, in **3** cases charges were brought according to article 263 of the CC of RL “Theft, exaction or any other illegal overtake of drugs or psychotropic substances”, in **6** cases charges were brought according to article 264 of the CC of RL “Pressure to use drugs or psychotropic substances”, in **11** cases charges were brought according to article 265 of the CC of RL “Illegal growth of poppies and cannabis” and in **3** cases charges were brought according to article 266 of the CC of RL “Illegal disposal of precursors of drugs and psychotropic substances of category I” (Table 9-3).

Table 9-3. Report on criminal cases related to illegal disposal of drugs or psychotropic substances accomplished in the Lithuanian courts of first instance, 2005-2009

	2005	2006	2007	2008	2009
Total number of criminal cases received:	888	894	926	886	1135
Accomplished criminal cases with passed sentence:	800	871		880	838
Convicted physical persons, including:	960	970	1023	1123	1454
- females;	152	137	162	173	201
- juveniles.	38	23	27	41	52
Discharged physical persons¹²	25	8	19	14	11
Non-suited persons	15	8	8	17	23
Persons applied forced medical measures	7	7	1	2	2

Information Source: the National Court administration

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

Table 9-4. Analysis of sentences for persons for crimes related to illegal disposal of drugs and psychotropic sentences, 2003-2008

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

Information Source: the National Court administration

Analysis of the convictions in 2005 – 2009 containing a imprisonments show that the average term of imprisonment imposed to them by courts was about 6 years, and the arrest term more then 1 month (Table 9-5).

Table 9-5. Dynamics of the average term of punishment for imprisonment and arrest of persons who made crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2009

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

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

¹² The main cause of the discharge – absence of criminal attributes in the actions of the inductees

However, in reality the continuance of the convicts was shorter and the statistical data analysis shows that the convicts stayed in the correctional institutions in the average 2 years 2 months and 27 days, the convicted with arrest – 28 days (*Table 9-6*).

Table 9-6. Dynamics of the average of the actual continuance of the convicts punished with imprisonment or arrest, who made crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2008

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

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

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

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

1) has served:

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

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

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

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

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

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

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

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

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

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

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

Assessment of the legal aspects of the crimes associated to drugs and psychotropic substances and their precursors enables to see that such a crime as „illegal disposal of drugs or psychotropic

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

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

Drug crime in prisons

In 2009 in the places of imprisonment in total 193 criminal acts were registered, out of them 123 criminal acts (64 percent) related to illicit circulation of drugs (in 2008 - 140 criminal acts). Out of 123 criminal acts (64 percent) related to illicit circulation of drugs. In 66 cases out of 123 the pre-trial investigations were initiated having suppressed the delivery of drugs and psychotropic substances by parcels, postal packages, handovers and in the course of interception of items being thrown over, in 57 cases the pre-trial investigations were initiated having found drugs and psychotropic substances on the territories of the places of imprisonment and in possession of convicts.

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

Analysis of Reports of the Department of Prisons reveal a tendency that the number of individuals serving their sentence for criminal activities related to drugs and psychotropic substances increases. As of January 1, 2007, a share of such persons accounted for 5,3 percent of the total number of the sentenced. As of January 1, 2008, a share of individuals serving their sentence for criminal activities related to drugs accounted for 6,6 percent of the total number of the sentenced, as of January 1, 2009, - 7,5 percent, as of January 1, 2010, - 8,6 percent.

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

In 2009, the number of individuals detained in regard to actions related to drugs and psychotropic substances increased significantly, compared to 2007 and 2008, i.e. from 1,9 percent to 13,7 percent.

In 2009, the quantity of drugs and psychotropic substances confiscated in imprisonment settings increased, compared to previous years. In 2009, officers of imprisonment places during searches and inspections found and collected 307,89 g of drugs and psychotropic substances. In 2009, in imprisonment places 1771,1 g were taken away from sentenced persons, officers and other staff (non-statutory) of imprisonment places, citizens (visitors) attempting to hand it over to the persons in the imprisonment places (compare: in 2006 – 638,3 g, in 2007 – 1185,3 g, in 2008 – 1415,0 g).

9.2 Prevention of drug related crime

In 2009, in Lithuanian penitentiaries the following prevention measures against drugs were implemented:

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

2. In 2009, 8 imprisonment settings had introsopes (X-ray device to inspect things).

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

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

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

6. The convicts in penitentiaries were provided information regarding harmful use of drugs and psychotropic substances; in penitentiaries and correction inspectorates staff of the institutions organised 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.

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

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

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

9.3 Interventions in the criminal justice system

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

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

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

According to data of the Department of Prisons by the Ministry of Justice of the Republic of Lithuania 126 persons (96 men and 30 women) were assigned binding treatment against alcoholism, drug addiction or a infection disease when a convict agrees (in 2007 the number of such individuals was 87, in 2007 - 90).

The Correctional Inspectorate of the city and district of Vilnius and the Vilnius Centre for Addictive Disorders concluded a cooperation agreement aiming at the improved coordination. At the end of each quarter the Correctional Inspectorate of the city and district of Vilnius sends a list of persons who were assigned binding treatment by court and referred by the Inspectorate to the Vilnius Centre for Addictive Disorders for treatment. In 2009, to the Vilnius Centre for Addictive Disorders 79 persons including 62 persons (in 2008 – 31 persons) who were assigned binding treatment against addiction by court, were referred to. Medical doctors together with social workers evaluated the condition of patients referred to

by the Correctional Inspectorate of the city and district of Vilnius and proposed various treatment options, coordinated individual treatment plans. 34 persons were assigned non-medicament treatment, regular supervision by the staff and control of biological fluids with regard to drug use, for 17 patients the Centre's the staff started or continued opioid substitution treatment, 19 patients were referred to out- or in-patient treatment, 5 patients – to various rehabilitation programs. In 2009, for 16 patients assigned binding treatment by court expired, 6 patients of them accomplished the above treatment successfully and did not use psychoactive substances, continued treatment; 2 patients died.

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

9.4 Drug use and problem drug use in prisons

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

As of January 1, 2010, in Lithuania 15 imprisonment places operated, with the total number of 9062 imprisonment places; in 2009, the average monthly occupancy - 8267 persons.

As of January 1, 2010, the imprisonment establishments placed 8655 persons (260 imprisoned individuals per 100 population), including:

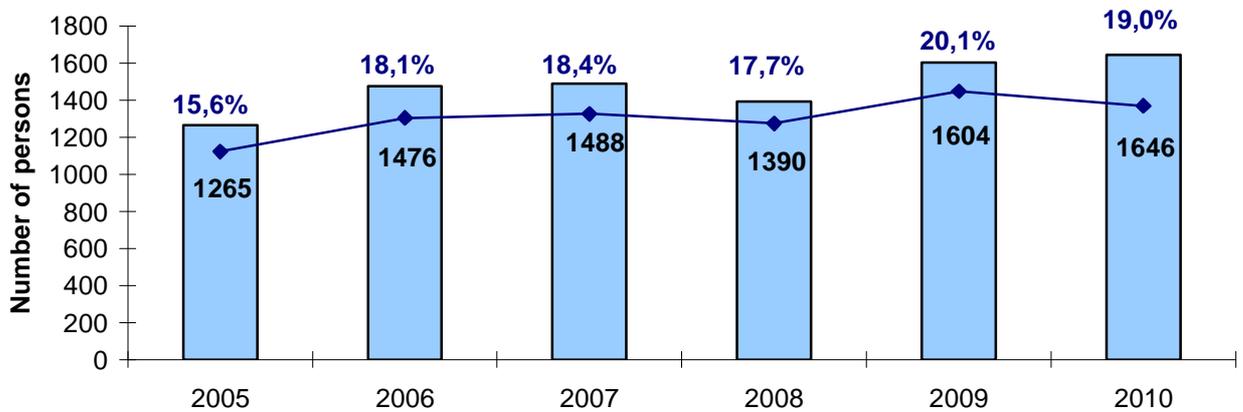
- 1208 detained, waiting for court;
- 7447 sentenced;
- 188 juveniles; (under 18 years of age)
- 372 women;
- 118 foreign citizens.

In 2009, the number of persons kept in imprisonment places varied from 7975 to 8655.

As of January 1, 2010, out of the total number of 8665 persons in Lithuania imprisonment settings 19 percent (1646 persons) were registered as users or dependent on drugs or psychotropic substances (use identified by testing or confession) and the number of registered increased, compared to 2008 (20,1 percent, i.e. 1604 persons from total 8000) (*Figure 9-2; Table 9-7*). Though the number of male users of drugs and psychotropic substances is higher more than 13 times compared to that of females, however, the proportional drug use among all imprisoned women is higher compared to men, i.e. in 2010 January 1st. – 30,8 percent of all imprisoned women used drugs and psychotropic substances, while this indicator among men was lower - 18,5 percent. The statistical data show that the biggest share (50,4 percent) of all imprisoned drug and psychotropic substance users as of January 1, 2010, was a group of young people aged 25-35, and persons under 25 years of age accounted for 23 percent. As of January, 1, 2010, out of 1646 persons in imprisonment places who were diagnosed mental and behavioural disorders using drugs and psychoactive substances 46 were persons under 18 years of age.

79,5 percent of all persons registered in imprisonment settings for the January 1st 2010 (in 2009/01/01 - 79,6 percent) as users or dependent on drugs or psychotropic substances were injecting drug users. It shows that in the imprisonment establishments a big danger exists for spreading such diseases as HIV, hepatitis. In the imprisonment places to the extent possible some imprisonment establishments apply some harm reduction measures, though such measures as exchange of needles and syringes are not applied in the imprisonment establishments.

Figure 9-2. Number of imprisoned persons dependent on drugs and psychotropic substances and their share (percent) of all imprisoned persons, 2004-2010 January 1st.



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

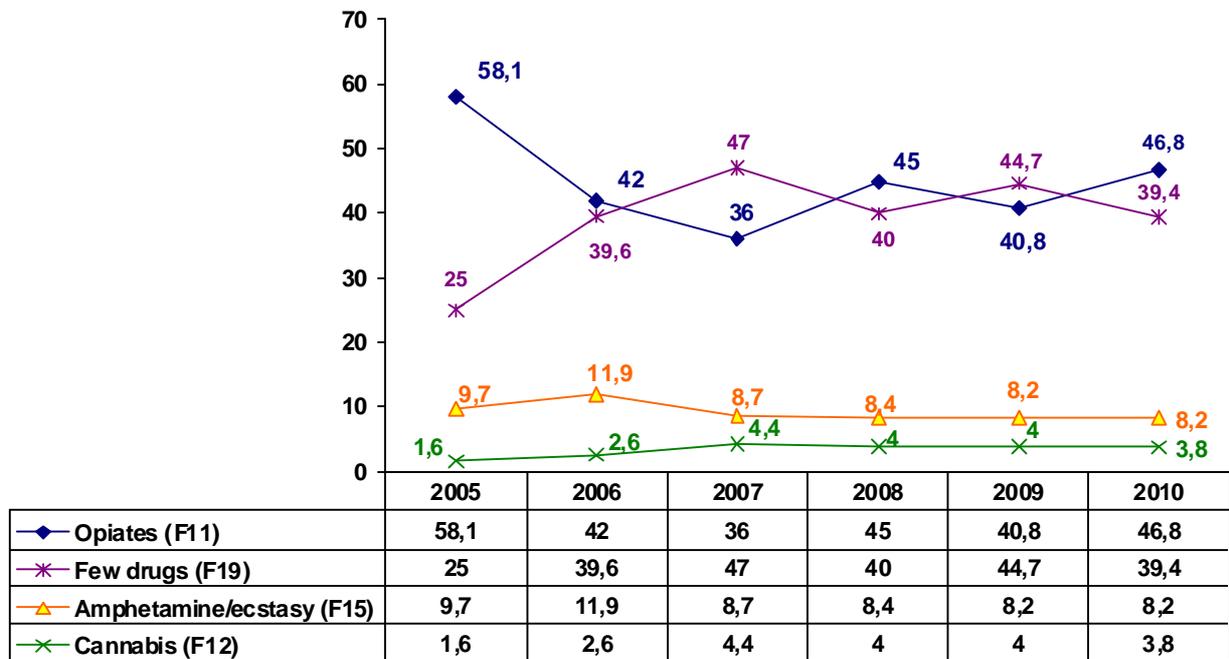
Table 9-7. Number of imprisoned persons dependent on drugs and psychotropic substances, 2008 – 2010 January 1st.

Item	2008		2009		2010	
	Total number of drug addicts, including (% of total imprisoned persons):	1390	17,7%	1604	20,1%	1646
- men	1277		1492		1530	
- women	113		112		116	
Detained (before sentence) including:	128		128		140	
- men	114		115		121	
- women	14		13		19	
Convicts, including:	1262		1476		1506	
- men	1163		1377		1409	
- women	99		99		97	

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

The statistical data show that of all persons registered in imprisonment settings for the January 1st 2010 as users or dependent on drugs or psychotropic substances only few used cocaine, i.e. 0,1 percent (2 persons), and hallucinogens - 0,3 percent (5 persons); however, a bigger share used stimulants (amphetamine, ecstasy) - 8,2 percent (135 persons), several drugs or psychotropic substances – 39,4 percent (647 persons) and opioids – 46,8 percent (770 persons) (Figure 9-3).

Figure 9-3. Trends of drug use among drug users in prisons, 2005 – 2010 January 1st. (percent)



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

In 2009, in the Lithuanian imprisonment places the number of detained and sentenced who were registered **for the first time in lifetime** due to mental and behavioural disorders using drugs and psychotropic substances decreased significantly, compared to 2008. In 2009, in the Lithuanian imprisonment places 454 persons (412 men and 42 women) were registered having diagnosed dependence on drugs and psychotropic substances for the first time in lifetime, whereas in 2008 - 641, in 2007 – 520, in 2006 – 821 persons. The statistical data show that the biggest group among those registered in 2009 for the first time dependent on drugs and psychotropic substances accounted for detained and imprisoned from 25 to 29 years of age - 143 persons (31 percent), a bigger number of these persons used opioids - 38,1 percent (173 cases) and multi drugs or psychotropic substances - 36,3 percent (165 cases), more rarely cannabis - 10,4 percent (47 cases) and stimulants (amphetamine, ecstasy) – 11,2 percent (51 cases), rarely cocaine - 0,7 percent (3 cases), hallucinogen - 0,4 percent (2 cases).

In 2009 (i.e. from January 1, 2009, through to December 31, 2009), in the Lithuanian imprisonment places 3525 persons (3167 men and 358 women) were registered due to mental and behavioural disorders using drugs and psychotropic substances, 182 persons were younger than 18 years of age. For the majority of these persons dependence on opioids was diagnosed, i.e. 52,3 percent (1842 cases), and multi drugs and psychotropic substances – 34,6 percent (1221 cases) (Table 9-8).

Table 9-8. Distribution of number of imprisoned persons dependent on drugs and psychotropic substances registered by diagnosis during 2009

Diagnosis code by ICD-10	Number of persons	Of them younger than 18 years
F11 - Mental and behavioural disorders using opiates	1842	20
F12 - Mental and behavioural disorders using cannabis	142	28
F13 - Mental and behavioural disorders using tranquillisers and sedatives	35	-
F14 - Mental and behavioural disorders using cocaine	5	-
F15 - Mental and behavioural disorders using stimulants, also caffeine	253	33
F16 - Mental and behavioural disorders using hallucinogens	7	-
F18 - Mental and behavioural disorders using volatile	20	5

substances,		
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	1221	96
Total:	3525	182

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

Prevalence of drug use among juvenile detainees and convicts

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

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

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

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

Rapid Assessment and Response on Drug use in Marijampole Correction House, Lithuania, 2007¹³

This research project was performed within the framework of the United Nations Office on Drugs and Crime (UNODC) project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia” (XEE/J20). One of the project objectives is to increase coverage and quality of evidence-informed HIV prevention and care in prison settings. The project provides for assessment of the nature and extent of drug use in prison as a basis for introduction and scaling-up of appropriate health promotion / harm reduction measures. This research was implemented in 2007.

¹³ Semėnaitė B., Janulevicienė R., Kėžys G., Cepulis R., Rapcevic E., Ilievicius V., et al. (2007) Rapid Assessment and Response on Drug Use in Marijampole Correction House (EN) [online]. Available: http://www.unodc.org/documents/baltics/RAR_summary_Eng.pdf [accessed 2009.10.25]

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

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

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

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

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

Key questions on drugs, set and setting:

1: Who is using drugs in prison?

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

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

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

Key questions on interventions

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

6: What health risk interventions are needed?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.5 Responses to drug-related health issues in prisons

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

intervention corrective measures for the particular convict. The acquired programs enable to realise these needs. The cognitive-behavioural program *Only You and Me* is meant for psycho-social therapy of adolescents, the EQUIP Program – for the juvenile therapy. It should be pointed out that the *Programs* above have special modules for working with dependent persons.

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

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

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

9.6 Reintegration of drug users after release from prison

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

In Lithuania, in 2009 several programs were implemented with the goal to help the persons released from the imprisonment places to integrate into the community. These programs were implemented by both public institutions and NGOs. Some programs (projects) were funded from the state budget and EU funds.

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

The persons released from the imprisonment places were provided with both single or long-term assistance services.

Mostly the convicts in the imprisonment establishments and persons released from them are provided with the social integration services as follows:

1. Assistance to the persons released from imprisonment establishments. Mostly these services are provided in day care centres:

- direct help (material, psycho-social, legal);
- social assistance (self-help groups, management of documents, facilitation, providing information, referral, counselling);

- cultivation of relationship with the families of the persons released from imprisonment establishments;
 - cooperation with other institutions, referral of the clients.
2. *The services to convicts in imprisonment places:*
- psycho-social assistance (through individual counselling, group sessions);
 - programs to grow out of harmful habits;
 - pastoral work (organization of religious holidays, counselling, preparation for the sacrament);
 - reintegration program (informing the convicts of the integration possibilities having returned from the imprisonment place, counselling);
 - various events (cultural, sports);
 - various group sessions (for example, devoted to reduction of person's aggression).

10. Drug Markets

10.1. Availability and Supply

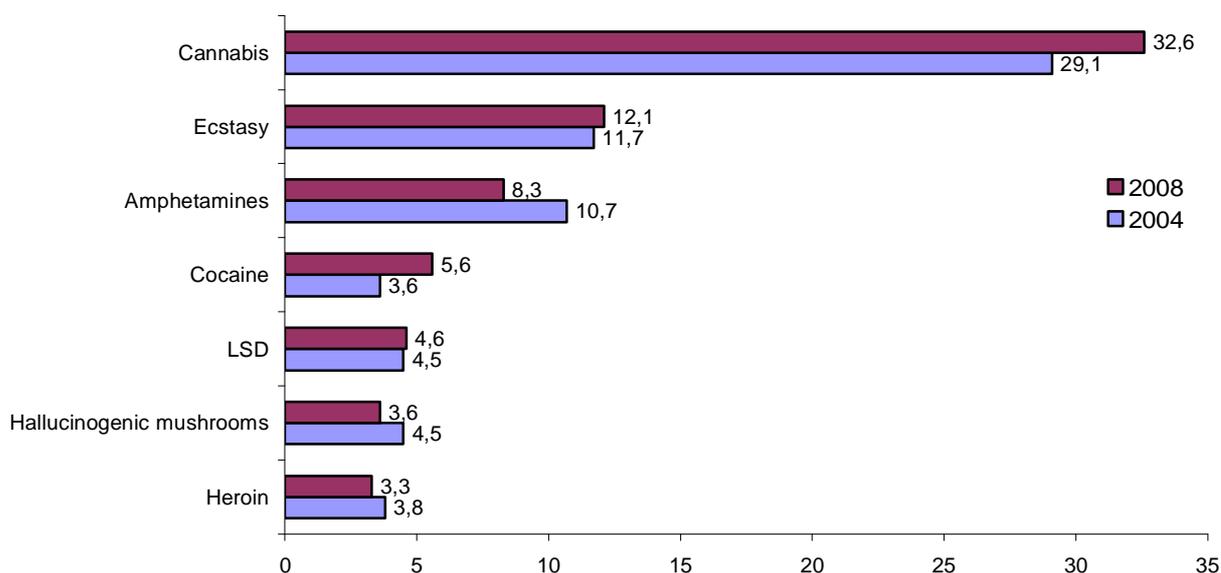
Availability and Supply

Drugs Availability (General Population Survey 2008 data)

Based on the general population Survey 2008, 84,1 percent of the respondents indicated that nobody among his/her friends used drugs. 14,5 percent of the respondents reported they had few friends, 0,9 percent of the respondents indicated that half of his/her friends used drugs. Older respondents indicated more often that none of their friends used drugs compared to younger respondents (93,9 percent and 72,1 percent, respectively). Younger respondents indicated more often they had several friends/acquaintances using drugs, compared to older respondents (25,3 percent and 5,7 percent, respectively).

According to the Survey 2008, 32,6 percent of the Lithuanian population reported they knew cannabis users; 12,1 percent said they knew ecstasy users, 8,3 percent – knew amphetamine users. The least number of the respondents (3,3 percent) reported they knew heroine users (Figure 10-1).

Figure 10-1. Distribution of respondents in the subgroup aged 15 to 34 having answered positively to the question "Do you personally know people who use a certain drug?", 2004 and 2008 (percent)



Compared to the Survey 2004, the number of respondents who personally knew users of cannabis, ecstasy, cocaine and LSD increased, and the number of respondents who personally knew users of amphetamines, hallucinogenic mushrooms and heroine decreased.

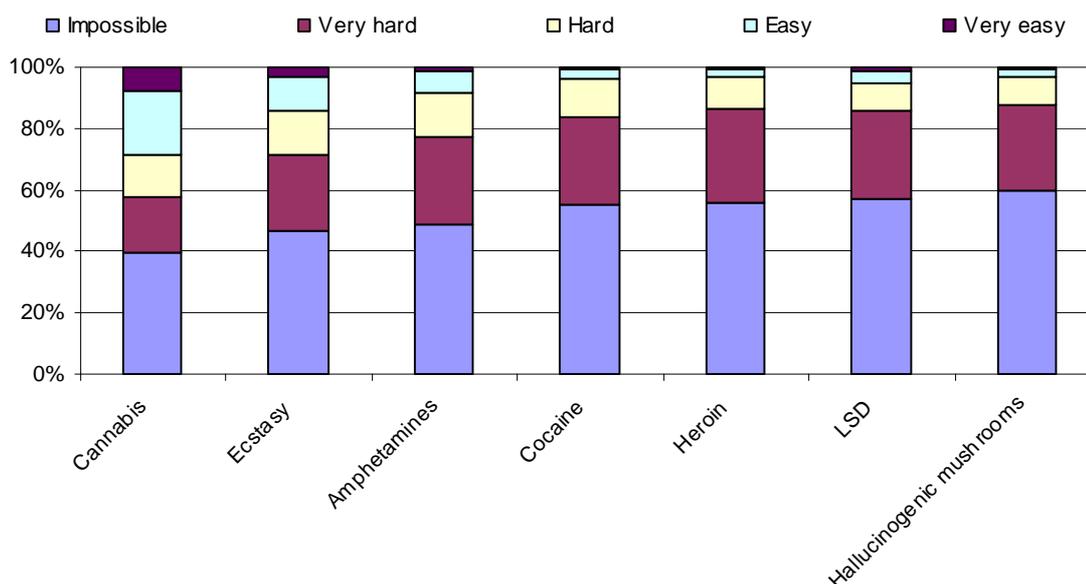
According to the Survey 2008, half of the Lithuanian population (49,9 percent) claimed that it would be impossible for them to obtain cannabis in 24 hours if they wished to (women - 52,4 percent, men – 47,2 percent). 6,7 percent of men and 3,1 percent of women said it would be very easy for them to obtain cannabis in 24 hours and a four times bigger number of younger respondents compared to older ones (8 percent vs. 2,1 percent) reported as above (Table 10-1).

Table 10-1. Distribution of respondents having answered to the question “Would it be difficult for you personally to obtain cannabis within 24 hours if you wished so?” (percent)

	15-64 years (N = 4777)			15-34 years (N = 2152)			35-64 years (N = 2625)		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Impossible	47,2	52,4	49,9	36,3	42,7	39,7	56,3	60,2	58,4
Very difficult	20,3	22,2	21,3	16,7	19,0	17,9	23,2	24,9	24,1
Fairly difficult	10,8	10,6	10,7	12,8	14,8	13,8	9,0	7,3	8,1
Fairly easy	14,8	11,3	12,9	22,6	18,1	20,2	8,4	5,8	7,0
Very easy	6,7	3,1	4,8	11,4	5,0	8,0	2,8	1,5	2,1
No answer	0,3	0,4	0,3	0,2	0,4	0,3	0,3	0,4	0,4

As in 2004, persons aged 15 to 34 years assigned cannabis to the most easily obtainable drugs. For 8,1 percent of the population aged 15 to 34 years it would be very easy to get it. Among drugs to be the most difficult to obtain the following ones were named: hallucinogenous mushrooms (59,6 percent said it would be impossible to obtain this in 24 hours) and LSD 57,1 percent of the Lithuanian population aged 15 to 34 said it would be impossible to obtain it in 24 hours) (Figure 10-2).

Figure 10-2. Distribution of respondents aged 15 to 34 years having answered to the question “Would it be difficult or easy for you personally to obtain a certain drug within 24 hours if you wished so?” (percent)



-Circulation of illegal drugs and psychotropic substances

Lithuania is one of the states which imports a larger quantity of illegal drugs in comparison with the quantity produced. Lithuania is mostly known for illegal production of methamphetamine and the production itself is meant not only for the local market of consumers but it is also shipped to Scandinavia (via Latvia, Estonia and Denmark), Russia, Belarus and the Ukraine. The ways of smuggling created are used for the shipment not only for the drugs produced in Lithuania but also ecstasy and the imported amphetamine. This is the reason why the extents of drug production in Lithuania are often unreasonably overestimated. According to the unconfirmed data, synthetic drugs are shipped to the United Kingdom or

Ireland and Spain from Lithuania, however, we tend to suppose that this information is misleading, it is more likely Lithuanians smuggle drugs from Holland or Belgium.

According to the analysis of various indicators the situation of illicit drug market in Lithuania is characterized by the following trends:

- Wide range of drug offer: one distributor possesses several substances;
- Cannabis and ATS substances (amphetamine type stimulants) are the most popular among users;
- Methamphetamine is the most popular of all ATS substances;
- The quantity of amphetamine in home market is decreasing;
- The quantity of MDMA tablets is decreasing, they are superseded by mCPP and its mixtures;
- The increase of heroin market is proportionate to the decrease of drugs produced from poppies in local places;
- Heroin is the most popular intravenous drug;
- The offer of cocaine and hashish has increased;
- There exists the cultivation of cannabis under artificial conditions;
- There exists illegal production of methamphetamine;
- Difference of heroin popularity in the country;
- Short-term fluctuations in cannabis and heroin prices (price increase) were influenced by the buyers, over.
- Transit of drugs from the West to the East and vice versa;
- Activeness of Lithuanian citizens as drug couriers.

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* distributed in the country are grown either in Lithuania or brought from the Netherlands and Spain. Even though the circulation of hashish is not high, it is an imported drug from Spain or Holland. Lithuania as other EU countries faced a spreading phenomenon – cultivation of cannabis in artificial conditions (“indoors cultivation”), it concerns cannabis cultivation ranging from small quantities in places of residence to specially equipped cultivation locations of high capacity. Apart from several areas of cannabis cultivation in Lithuania in 2009 outside, two specifically equipped cannabis cultivation places were identified (5.3 kg were seized in one of them, and 13 kg of cannabis were seized in the other one). Besides the specially equipped cultivation places, several other cases were disclosed where several tens of cannabis seedlings were grown in places of residence, e.g. 36 cannabis plants (1.8 kg) were found in a flat in Kedainiai, 49 cannabis plants (1.1 kg) were found in a village homestead in the Klaipeda district, 39 cannabis pots were found in Taurage, 5 pots with cannabis plants were found in a balcony of a flat in Kaunas city and the like. The latter cases were not connected with organized crime and did not have a high impact on the illicit circulation of drugs in the country. Analysis of conversations in chat websites on cannabis cultivation in Lithuania allows to state that some people addicted to cannabis grow cannabis for their own needs outdoors or in greenhouses specially built in remote places (e.g. from 2 to 3 square meters), for this reason they have some particular cannabis seeds, fertilizers and instructions on soil handling, watering and other useful advice sent to them ordered via Internet.

Hashish continues to be not a very popular drug in Lithuania, however, it should be noted that Lithuanian citizens acting as drug couriers (including hashish couriers) and drug transit influence the Lithuanian consumer market. More and more information can be obtained on the fact that hashish is used in Lithuania, and it may be assumed that sometimes couriers high-handedly appropriate a small part of the shipped hashish, or hashish is used as a payment for their services.

Hashish is smuggled via Lithuania from Spain, via/from Holland to Russia and Scandinavia.

b) AMPHETAMINE TYPE STIMULANT SUBSTANCES

As in previous years, amphetamine type stimulant (ATS) substances remained one of the most popular drugs in the country. A rather significant part of these substances is brought from abroad. Detentions and other information evidence that illicit production of methamphetamine and amphetamine in the country, but this production is not large-scale.

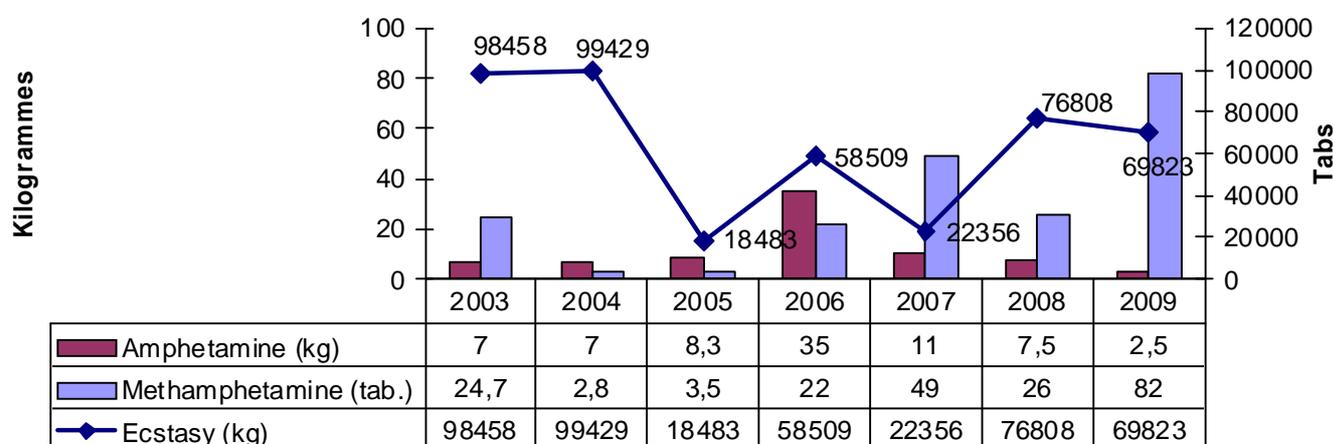
In 2009, an illegal methamphetamine laboratory of medium capacity was detected in the Alytus district. In the revealed laboratory methamphetamine was produced via cold (reductive amination) method. The laboratory for methamphetamine production was equipped in three premises of the

homestead's outbuilding. In one room drugs were crystallized, in another – purified and in the third room they were dried. The laboratory was stormed during the process of methamphetamine production, therefore, 50 kg of intermediate products, from which 33.7 kg of free methamphetamine base were extracted by staff of the Forensic Science Center, were seized. Big quantities of chemical substances were found in the homestead, which were used for the production of methamphetamine, i.e. 1148 ml of BMK; more than 7 kg of aluminium foil pieces, 7 litres of acetone, more than 100 kg of methylamine hydrochloride, about 5 kg of sodium alkali and the same amount of calomel and de-naturated alcohol and 4 sacks of fabric pieces. In the aforementioned laboratory the same as in the one disclosed in 2006 methamphetamine sulfate was produced. It is separated from unreacted BMK and by-products products of reaction using fabric bags and fabric pieces by centrifugating reaction products in a laundry centrifuge.

There was the prepacking equipment found in the homestead. It is assumed that methamphetamine was prepacked in some other place. The methamphetamine produced in that homestead was shipped to the Scandinavian countries. In the Netherlands laboratories are sometimes traced by the dumped waste. In the aforementioned laboratory waste was taken not to the dump, but it was simply disposed of in the same homestead, i.e. the plastic container was burnt and the chemical by-products of synthesis were buried; the experts have established that the waste included some methamphetamine.

The conclusion of the previous year stating that amphetamine would become the most rarely used synthetic drug in Lithuania was verified. It is still believed that users, in particular those, who try substances from time to time, usually cannot distinguish whether they use amphetamine or methamphetamine, and distributors usually call both substances as amphetamine, because it is hard to distinguish them externally and their effect is analogous. The only difference is that methamphetamine is stronger (and more harmful) than amphetamine and it is harder to remain abstinent.

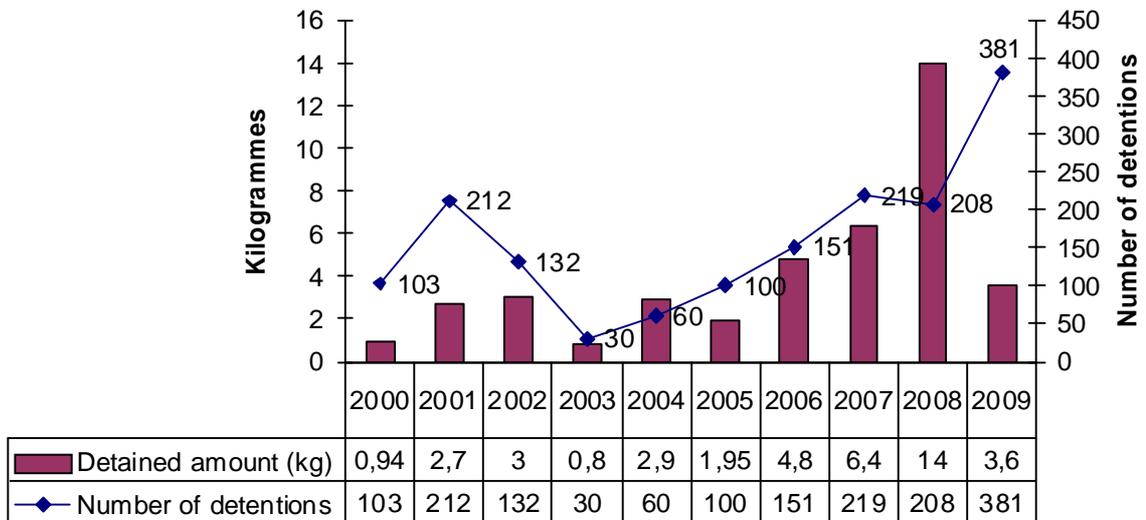
Figure 10-3. Dynamics of quantities of ATS substances in Lithuania, 2003-2009



In 2008, the routes of smuggling of ATS substances remained basically unchanged. Ecstasy is mostly shipped from the Netherlands and Belgium. Some quantities of this substance remain in Lithuania and some are shipped to the East, i.e. Belarus, Ukraine and Russia. From/via Lithuania amphetamine and methamphetamine are mostly shipped to the Scandinavian countries, Russia, Ukraine and Belarus.

c) **HEROIN.** In Lithuania, demand for heroin significantly increased three years ago; according to the detentions' data heroin almost dislodged concentrate of poppies, which used to be the most popular among IDUs. However, the spread of heroin is not the same in all regions of the country, for example, cannabis is most often found in street trade in Vilnius, Alytus (minor numbers methamphetamine and amphetamine seizures), in Visaginas and Klaipeda. Due to the fact that heroin is a drug, causing great tolerance and dependence, it is probable that demand for this substance will not decrease for some time. In 2009, in Lithuania heroin prevailed among drugse seized in doses. The consumption of heroin is more apparent than of, for example, ecstasy, which is more often used "occasionally" and does not cause addiction so quickly.

Figure 10-4. Dynamics of the detained amount of heroin and number of detentions, 2000-2009



The routes of smuggling of heroin did not change much in 2009. Most often heroin reached Lithuania from Russia from/via Belarus, however, several smuggling routes were detected, when heroin destined for Lithuania was transported from Kirghizstan. A new case was traced last year, namely, the movement of Lithuanian heroin couriers from Turkey via Greece to Western Europe. An interesting fact may be mentioned, when a Lithuanian was detained in Azerbaijan, who was recruited as a courier to ship heroin from Pakistan to Italy.

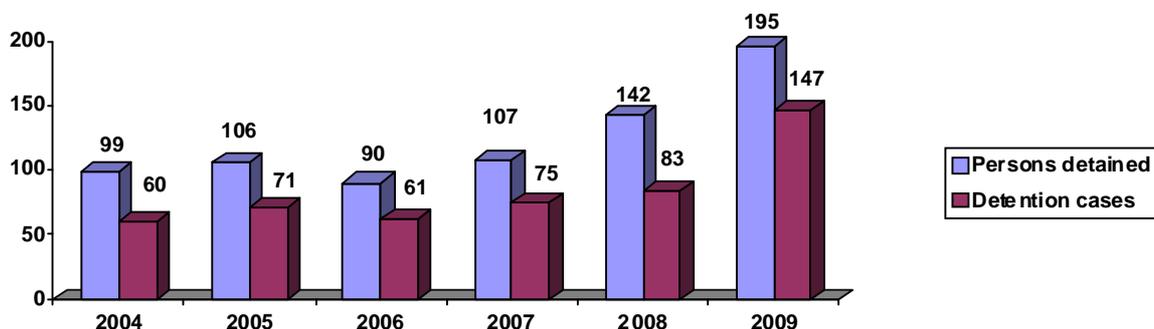
d) **COCAINE.** Cocaine is traditionally brought to Lithuania from South America or Spain and Holland. There is also another interesting trend becoming significant – large quantities of cocaine are brought to Lithuania, later on they are shipped to Europe or Russia; thus, an attempt is made to mislead law enforcement institutions of the destination of a legal cargo (which contains concealed drugs) in Lithuania which has a very small market of cocaine consumers. Cocaine remained the most expensive drug in Lithuania. Although the number of cases of cocaine withdrawal from circulation by law enforcement agencies slightly increased, it is too premature to claim that consumption of cocaine in the country will increase. More frequent detentions may be explained by transit and by Lithuanians acting as cocaine couriers. Surely, another reason for that may be the increase in cocaine consumption in the European Union.

Sources of supply and trafficking patterns within countries

This section presents the information known to the law enforcement agencies about the detentions of Lithuanian citizens related to illicit circulation of drugs in foreign countries. Detentions are reported by the related foreign services, Europol, Interpol and diplomatic and consular representations of the Republic of Lithuania. However, not all countries expeditiously provide such information, especially if the detention takes place in provinces of the country, and a consular representation learns about the detention only upon request of a detainee, or relatives of a detainee for some reason address a consular representation.

Annual analysis of the information of year 2009 regarding detentions of Lithuanian citizens abroad related to illicit circulation of drugs and comparison of this information with data of the previous years, an obvious increase in quantities of drugs and psychotropic substances withdrawn from illicit circulation, in the number of actual detentions and in the number of detained Lithuanian citizens may be observed. In 2009, 147 cases of drug detentions were registered (in 2008 - 83 cases) and 195 citizens of the Republic of Lithuania were detained (in 2008 - 142 citizens) (Figure 10-5).

Figure 10-5. Ratio of the number of citizens of the Republic of Lithuania arrested and arrests abroad, 2004-2009



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

The number of detainees and detentions abroad within the period from 2000 to 2009 increased, and last year the largest number of detentions were registered throughout the recent decade, as well as within the entire period after restoration of independence of Lithuania; thus, further increase of the figures under consideration within 2010 and 2011 might be predicted.

In 2009, as previously, various drugs and psychotropic substances were confiscated from detained Lithuanian citizens abroad, i.e. cocaine, amphetamine, heroin and others (Table 10-2).

Table 10-2. Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs, 2009

Country	Number of detained	Substance	Amount	Number of cases
Ireland	5	heroin		1
Argentina	4	Cocaine	24,5 kg	4
Azerbaijan	1	heroin	7,4 kg	1
Byelorussia	6	heroin	494 gr	5
		Methamphetamine	1 kg	
		Ecstasy	997 tab.	
		Hashish	15,5 kg	
Brazil	7	Cocaine	9,8 kg	5
Denmark	3	Amphetamine	14,5 kg	2
		Methamphetamine	2,9 kg	
		Ecstasy	4200 tab.	
Ecuador	9	Cocaine	13 kg	8
Greece	7	heroin	50,7 kg	7
Iceland	2	Cocaine	696,4 gr	2
Spain	25	Cocaine	5 kg	19
		Cannabis	500 kg	
		Hashish	247 kg	
Italy	3	Heroin	7,5 kg	3
United Kingdom	13	Cocaine	28,1 kg	9
Colombia	3	Cocaine		3
Latvia	4	Cannabis	3,365 gr	3
Poland	3	Cannabis	32 gr	3
		Amphetamine	10,5 kg	
Malta	1	Cannabis	450 kg	1
Netherlands	1	Cocaine		1
Norway	18	Amphetamine	61 kg	9
		Methamphetamine	12,5 kg	
Panama	1	Cocaine		1
Peru	7	Cocaine	6,6 kg	7
Portugal	1	Cocaine	1,2 kg	1
France	9	Hashish	153,6 kg	7
		Cannabis	74,8 kg	
		Cocaine	7,1 kg	

Russia	10	Cocaine Cannabis Hashish mCPP Methamphetamine	800 gr 110 gr 85,6 kg 770 tab. 7 kg	9
Finland	1	Amphetamine	2 kg	1
Sweden	25	Hashish Ecstasy Amphetamine Methamphetamine Katha edulis	600 gr 2,4 kg 26,2 kg 112,9 kg 85 kg	13
Switzerland	3	Cocaine	1,5 kg	2
Trinidad and	1	Cocaine	618,8 g	1
Turkey	2	Heroin		2
Ukraine	1	Methamphetamine	12 kg	1
Venezuela	5	Cocaine		5
Germany	14	Hashish Cannabis Heroin Ecstasy	34 gr 13,3 kg 4,2 kg 69400 tab.	11
TOTAL:	195	Cocaine Hashish Cannabis Heroin Amphetamine Methamphetamine Ecstasy katha edulis	99,1 kg 502,3 kg 1 ton 38,2 kg 70,2 kg 114,2 kg 148,3 kg 75367 tab., 2,4 kg 85 kg	147

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

Most frequently cases of detention of Lithuanian citizens for illicit drug circulation occurred in Sweden and Spain, and in 2008 - in Germany and Sweden.

9 percent of the detainees out of 195 persons were detained abroad in 2009, and law enforcement agencies are aware of the above cases, which were related to drugs possession and trafficking, however, the remaining part concerned drugs smuggling, thus, it should be concluded that this part of detainees consists of drug couriers.

The age of the citizens of the Republic of Lithuania, who were detained abroad in 2009 ranges from 19 to 61 (the average age is about 30 years); the most frequent age of detainees ranged from 25 to 30 years.

The analysis of data on detentions abroad in 2009 shows that the majority of the citizens of the Republic of Lithuania were detained with cocaine, whereas the minority were detained with ecstasy.

In 2009, in Spain 19 cases of drugs detention were registered (in 2008 - 5 cases) and 25 citizens of the Republic of Lithuania were detained (in 2008 - 7 citizens). From all the detention cases 3 were related to storage of drugs and psychotropic substances and the rest were related to smuggling. The majority of the citizens of the Republic of Lithuania, who were detained in Spain, possessed cocaine. The majority of the citizens of the Republic of Lithuania were detained at the airport of Madrid, in most cases cocaine was transported in stomach. According to data available, to/via Spain Lithuanians were shipping cocaine from Argentina, Costa Rica, Colombia and Peru. The increase in the number of citizens of the Republic of Lithuania, who were detained for illicit cocaine circulation, is the indicator of couriers, activeness and increase of the flows of cocaine shipped with the help of couriers. Cocaine couriers may be hired not only by Lithuanian citizens, but also by foreign citizens or by citizens of the Republic of Lithuania, who live abroad, as cocaine smuggling is organized not by single persons, but by international organised criminal groups.

In 2009, in Sweden 13 cases of drug detention were registered (in 2008 - 9 cases), and 25 persons were detained (in 2008 - 16 persons). All cases of detention were related to drugs smuggling. The majority of the persons detained in Sweden possessed methamphetamine. In 2008, no citizens of the Republic of Lithuania were detained in Sweden with methamphetamine, whereas in 2009, 7 cases of methamphetamine detection were recorded and 16 citizens of the Republic of Lithuania were detained. In 2009, in Sweden 112.9 kg of methamphetamine were withdrawn from illicit circulation. Drugs and psychotropic substances were most often transported by vehicles and hidden in different places, eg. in a gas tank, in a bag, between a motor vehicle engine section and a fender. When hiding drugs the citizens

of the Republic of Lithuania become more and more inventive. Several cases were registered when psychotropic substances were hidden in tin cans, extinguishers and in storage compartments above cars. Smuggling routes to/via Sweden did not change. Most often persons came to Stockholm from Riga by a ferry boat. Also, drugs were smuggled to/via Sweden via Germany and Denmark. However, detention of drugs and psychotropic substances on the territory of Sweden did not mean that they were intended for the market of that country as via that country some drugs were transported to Norway.

In 2009, a new tendency was revealed, i.e. the participation of the citizens of the Republic of Lithuania in heroin smuggling from Turkey to Greece. All detentions in Greece were related to heroin smuggling. Heroin was transported by land and waterborne transport, e. i. by bus, yacht. Most often heroin was hidden in luggage, i.e. in trunks. The citizens of the Republic of Lithuania, who were detained in Greece, originated from different Lithuanian regions. One case was registered when together with drugs a lot of cinnamon sticks were found in a trunk, which were placed there in order to mislead drug tracking dogs. In 2009, in Greece 7 cases of drugs detention were registered and 7 citizens of the Republic of Lithuania were detained (in 2008, no cases of detention were registered in Greece), 50 kg of heroin were seized.

The comparison of both cases of detention and the number of Lithuanian citizens, who were detained in Russia and Belarus, showed no significant changes during the past two years. The intelligence obtained during several past years and successfully conducted international investigations verified the assumptions that synthetic drugs via/from Lithuania were smuggled to Russia and Belarus, whereas heroin reached Lithuania from Russia (via Belarus).

In 2009, in cooperation with police units in the EU Member States and the third countries the Lithuanian Police conducted 14 international operations related to illicit drug circulation. Joint international operations were conducted in cooperation with staff of drug control units of Belarus, Russia, Latvia, Norway and Sweden. In the course of international operations 57 kg of methamphetamine, 34 kg of hashish, about 9 kg of ecstasy, 500 litres of BMK, 3 kg of heroin and 1 kg of cocaine were withdrawn from circulation. Not only the central drugs unit, one of the main priority of which is international investigations, but also regional organized crime investigation units cooperated with foreign colleagues and provided information significant to investigations.

In 2009, in the course of cooperation of the Customs Criminal Service with foreign law enforcement agencies international operations were carried out, during which 500 kg of hashish, 1.2 kg of amphetamine and 10 litres of gamma-Butyrolactone (GBL) were detained. In the course of cooperation with law enforcement officers of Iceland 2 citizens of the Republic of Lithuania were detained in Iceland; they tried to transport amphetamine in their stomachs, 100 g each.

10.2. Drug seizures

Additional information for this chapter is also available in the Standard Table 13 Number and quantity of seizures of illicit drugs (submitted in 2010)

The amount of drugs withdrawn from the circulation each year varies since the quantities depend on the circumstances of detentions: if contraband with larger quantities is detained or illegal laboratories are disclosed, there is often a sharp increase observed in the quantities (Table 10-3).

Table 10-3. Number of quantities of narcotic and psychotropic substances as well as their 1st category precursors removed from illegal circulation, number of confiscation cases and arrested persons in 2009

Name of the substance	Total confiscated amount					Number of confiscation cases	Number of arrested people
	From production/cultivation	Selling	Possessing	Smuggling	Total		
Poppies and their parts (g)			15957		15 957	15	15
Extract of poppies and their parts (ml)		4,1	0,87		4,97	3	3
Concentrate of poppies and their parts			1850		1 850	3	7
Heroin (g)		877	2700	100	3 677	381	366
Cocaine (g)		350	1041	4737	6 128	31	28
Herbal cannabis (Marijuana) (g)	41149	6285	26813	7423	81 670	313	356
Cannabis resin (Hashish) (g)		8194	190	2097	10 481	33	41
Amphetamine (g)		86	2365		2451	60	52
Methamphetamine (g)	38453	15100	26793	2070	82 416	202	206
Ecstasy (tab.)		6881	23968	38974	69 823	88	106
BMK (l)			4,1	112,3	116,4	2	5
Safrole (ml)			943		943	2	5
Methadone (ml)		899	0,2		899,2	7	13
Halluc. mushrooms		3,8	15	3990	4 008,8	J	6
LSD (pc)		3	1		4	3	4
Banisteriopsis caapi (g)		1,2			1,2	1	2
Mitragyna speciosa (g)			6,1		6,1	1	1
Psychotropic medicine		385 g 13 ml 260 tab	17 g 2 ml 576 tab		402 g 15 ml 836 tab	128	152

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

10.3. Price/Purity

Additional information for this chapter is also available in the Standard Table 16 Price in Euros at street level of illicit drugs (submitted in 2010) and Standard Table 14 Purity at street level of illicit drugs (submitted in 2010)

Analysis of prices of narcotic and psychotropic substances in the country is implemented with reference to the data received from central and territorial organized crime police units and Customs Criminal Service. The information on prices mentioned is collected from various unverified and public sources of information, however, in order to receive an objective result, prices are calculated with reference to the information received employing the model of criminal act simulation or technical means.

In case of absence of such data, the price is calculated with reference to other sources available (Table 10-4).

Making an overview of the prices of narcotic and psychotropic substances in Lithuania in 2009 it may be stated that there were no significant changes in street prices since 2008 (slight variations also depend on the amount of information analyzed). Bigger changes are observed in the highest fixed prices (amphetamine, heroin and marihuana). According to intelligence information, wholesale prices of amphetamine, methamphetamine, heroin and cocaine have risen up in the country.

The largest amount of information in respect of prices is provided about marihuana, heroin, amphetamine and methamphetamine, however, differently from 2008, less of it is received about ecstasy. The amount of information on hashish is also increasing.

Table 10-4. Prices of drugs and psychotropic substances in 2009

Name of the substance	Price in euro									
	Street price				Price for 50 g/tab -1000 g/tab			Wholesale price*		
	The lowest price fixed	The highest price fixed	Average price	Number of analysis counts	Average price	Number of analysis counts	The lowest price fixed	The highest price fixed	Average price	Number of analysis counts
Poppies and their parts (1 glass about 150 g)	2,6	8,7	6,1	6						
Concentrate of poppies and their parts (1 ml)	1,7	2,9	2,3	4						
Marijuana (1 g)	5,8	23,2	11,6	60	5,2	3	4,1	7,5	5,8	20
Hashish (1 g)	5,8	11,6	8,4	4					1,7	1
Methamphetamine (1 g)	4,3	23,2	11,3	51	4,1	3	2,6	4,3	3,2	3
Methamphetamine (dose)	5,8	11,6	9,6	9						
Amphetamine (1 g)	4,3	23,2	10,4	15	4,3	8	1,7	5,2	3,2	6
Amphetamine (dose)	2,9	7,2	5,5	5						
Amphetamine (1 tab.)	3,8	4,3	4,1	3						
Ecstasy (1 tab.)	1,4	7,2	3,8	43	2,0	10	1,2	2,6	1,4	4
mCPP (1 tab.)	3,2	4,3	3,8	3	2,6	4			2,3	1
Heroin (1 g)	34,8	81,1	52,1	16	37,7	40	26,1	46,3	38,8	5
Heroin (dose)	11,6	17,4	14,5	28						
Heroin (small dose)	5,8	11,6	7,8	4						
Cocaine (1g)	43,4	72,4	61,1	7	43,4		34,8	43,4	39,1	4
LSD	3,5	10,1	7,0	2						
BMK (1 l)							492,4	579,2	550,3	3

Remark: * According to the Europol method, the wholesale price is the price for 1 kg, or 1000 tab and more substance.

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

The assessment of concentration (purity) of narcotic and psychotropic substances shows the concentration remains stable in recent years (Table 10-5).

Table 10-5. Purity of drugs and psychotropic substances on the national illegal market, 2008-2009

Name of the substance	Number of analysis units		Fixed lowest purity (%)		Fixed highest purity (%)		Average purity (%)	
	2008	2009	2008	2009	2008	2009	2008	2009
Heroin	385	572	0,06	0,01	69,9	64,9	32	34
Cocaine	58	53	0,2	0,1	82,5	81,3	36	37
- Amphetamine (powder)	104	83	0,1	0,05	49,3	49,4	20	23
Methamphetamine	287	451	0,4	0,04	73,6	72,1	29	24
Ecstasy type substances (MDMA)	106	34	0,4	0,02	44,6	16,3	23	20
mCPP	36	59	0,15	0,02	18,5	16,3	10	9

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

PART B - SELECTED ISSUES

11. History, methods and implementation of national treatment guidelines

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History and overall framework

May 3, 2002, the Minister of Health signed the Decree *On standards of dependence treatment and rehabilitation* (ref. No. 1), which listed and briefly described approved methods for outpatient and inpatient treatment of dependence disorders. These Standards were implemented in outpatient mental health care centres and medical dependence treatment centres (both outpatient and inpatient services). They include essential descriptions of withdrawal management, long-term pharmacotherapy and psychosocial treatment services for patients with dependence disorders.

The legal acts of the Ministry of Health assigned diagnosis of dependence disorders to psychiatrists (ref. No. 2). Outpatient medical treatment of dependence was assigned primarily to multidisciplinary teams of mental health specialists (which consisted from a psychiatrist, a nurse, a social worker, and a psychologist). State Patients' Fund provided funding for a multidisciplinary team of mental health specialists on the community (primary health care) level for patients with health insurance. Patients without health insurance received medical treatment in 5 Centres for Addictive Disorders. Family physicians on a primary health care level according to legal acts could continue medical treatment of substance dependence after a psychiatrist initiated the treatment.

Long-term drug free inpatient treatment was provided by state and municipality Centres for Addictive Disorders as well as NGOs, which employed specialists (social workers and psychologists).

Existing guidelines for treatment and assessment

The requirements and process for development and adoption of medical Guidelines were regulated by Order No. V-1148, of November 26, 2008 (ref. No. 3), of the Ministry of Health. According this legal act, development of clinical guidelines could be initiated by medical professional associations, medical universities, and groups of medical practitioners. The Draft Guidelines should be reviewed and approved by the Vilnius University Medical Faculty and the Kaunas Medical University. Subsequently, the drafts should be submitted to the Ministry of Health, which should send for the reviews of the State Patients' Fund, the State Medicines Control Agency, the State Mental Health Centre and/or other relevant agencies of the Ministry of Health. The final version of Guidelines not necessarily should be approved by the Ministry of Health, and could function as a document, endorsed by a professional association or university clinic.

The above mentioned legal act on the development of Guidelines required the uniform structure for Guidelines and also indicating in the text 1) the Level of Evidence for given recommendations and 2) the Class of the Recommendation. The Evidence level A of the recommendation meant that the recommendation was based on multiple randomized clinical trials or methanalysis; the Evidence level B meant that the recommendations was based on 1 randomized clinical trial or several non-randomized trials; the Evidence level C meant that the recommendation was based on expert consensus and/or small studies. The recommendation of Class I meant that the procedure/treatment, based either on evidence or on expert consensus, was beneficial for a patient and effective; Class II meant that there were controversial data on the usefulness/effectiveness of the procedure/treatment. Class II included 2 subclasses: Class IIa meant that there was more evidence/opinions that procedure/treatment might be beneficial/effective and Class IIb meant that more evidence/opinions existed that procedure/treatment might be not beneficial/ineffective. Class III meant that there was evidence/opinions that procedure/treatment was not beneficial or ineffective, or in some cases could be even harmful to a patient.

The Lithuanian Psychiatrists' Association during 2008-2010 developed 3 national clinical *Guidelines* on the treatment of opioid dependence: 1) *Guidelines of Treatment of Opioid Dependence with Naltrexone* (2008), 2) *Guidelines of Treatment of Opioid Dependence Methadone* (2010) and 3) *Guidelines of Treatment of Opioid Dependence with Buprenorphine and Buprenorphine/Naloxone* (2010).

The *Guidelines of Treatment of Opioid Dependence with Naltrexone* (ref. No. 4) was targeted primarily for psychiatrists and family physicians. It described the diagnosis of opioid dependence and assessment of a patient, indications for treatment with Naltrexone. The *Guidelines* provided recommendations for the initiation of treatment and administration of the first oral doses of Naltrexone (7-10 days after the last intake of heroin and 10 -14 days after the last intake of methadone), the average daily dose (recommended 50 mg), treatment of patients with concomitant illegal drug use, infectious disease management and psychosocial assistance. They recommended duration of treatment 6 months or longer, also described management of co-morbid mental health problems, evaluation of the effectiveness of treatment, remission criteria. The use of the injectable slow release naltrexone for opioid dependence treatment was attributed to Class II recommendation due to controversial data for the treatment of opioid dependence. Rapid Opioid Detoxification (ROD) for opioid withdrawal management was attributed to Class IIb recommendation (controversial evidence and opinions regarding usefulness/effectiveness of procedure/treatment) and opioid withdrawal management under heavy sedation or anesthesia was attributed to Class III recommendation (not beneficial/ineffective, potentially harmful).

Two guidelines for opioid dependence pharmacotherapy with methadone (ref. No. 5) and buprenorphine, buprenorphine/naloxone (ref. No. 6) were developed in accordance with legal requirements by Decree No. V-653, of August 6, 2007, *On Approval of Procedural Profile of Administration and Delivery of Substitution Treatment for Opioid Dependence and Prescription, Dispensing, Storage and Stocktaking of Substitution Opioid Pharmaceuticals in Individual Health Care Institutions*. This legal act set some important legal requirements for prescribing methadone and buprenorphine. According this legal act methadone and buprenorphine could be delivered through medical institutions only (not through pharmacies). Patients were allowed to take their medications to use at home maximum up to six days. The minimal age for prescription of methadone was established in this Decree as 18 years, and 15 years for buprenorphine (to be used in withdrawal management, as well as maintenance treatment). Both *Guidelines* were targeted primarily for psychiatrists and multi-disciplinary teams (nurses, social workers, psychologists) engaged in delivering pharmacotherapy for patients.

Guidelines of Treatment of Opioid Dependence with Methadone (2010) and *Guidelines of Treatment of Opioid Dependence Buprenorphine and Buprenorphine/Naloxone* (2010) recommended pharmacotherapy with long acting opioid agonists as preferable treatment of opioid dependence (Class I, evidence level A recommendation). Both *Guidelines* provided recommendations on indications and contraindications, pharmacokinetics and pharmacodynamics of medications, initiation of treatment and administration of first doses, prescription of maintenance daily doses (recommended 60-100 mg of methadone and at least 8 mg of buprenorphine), prescription of medications to use at home, duration of pharmacotherapy, side effects of medications and strategies to cope with them, social and psychological assistance, prescription of medications to special groups of patients (pregnant and breastfeeding women, patients with co-morbid mental problems, patients in prison settings or under custody), patients, which use other psychoactive substances, adolescents, those driving vehicles and operating machinery and suffering pain). Both *Guidelines* included recommendations on treatment of opioid overdose, evaluation of the effectiveness of treatment as well as use of medications for opioid withdrawal management. Both *Guidelines* included detailed description on the management and prevention of infectious diseases among patients in pharmacotherapy (HIV, hepatitis B and C, as well as TB).

In 2009, the two national *Guidelines* were developed on treatment of children and adolescents, who used psychoactive substances. The Lithuanian Association of Child and Adolescent Psychiatry developed clinical *Guidelines for Early Diagnosis and Treatment of Children, who Use Drugs, Psychotropic and Other Psychoactive Substances* (ref. No. 8). These *Guidelines* included recommendations for children and adolescent psychiatrists, who work on the community level on the assessment (including urine screening) and counselling of children and adolescents who use drugs. They also included recommendations on the use of buprenorphine in opioid withdrawal management and maintenance treatment. Psychiatry Clinic at Kaunas Medical University developed *Guidelines of Treatment and Pain Management of Children and Adolescents, who Use Psychoactive Substances* (9), which provided recommendations on the use of buprenorphine for opioid dependence withdrawal management and pain management in children and adolescents.

Guidelines for long-term psychosocial treatment were developed in 2008 - *Reintegration of Individuals, Dependent on Illicit Drugs Into the Society and Labour Market* (ref. No. 10). These *Guidelines* were recommended to be used by professionals (social workers and psychologists) in NGOs (therapeutic communities) and in Centres for Addictive Disorders.

In 2008-2010, a Lithuanian version of the Addiction Severity Index (ASI – UNODC version) with appropriate software was in the stage of development by Vilnius Centre for Addictive Disorders. The Addiction Severity Index was planned to be used in multidimensional assessment of a patient and individualized treatment planning.

Coherence of *Guidelines*: Comparison of national *Guidelines* of pharmacological treatment of opioid dependence with WHO *Guidelines*

1. Choice of treatment. The national *Guidelines* suggest that a physician and patient should discuss different types of available treatments, while pharmacotherapy with long acting opioid agonists should be considered as one of the first line options due to existing evidence on its effectiveness. The physician may prescribe pharmacotherapy with methadone, buprenorphine or buprenorphine/naloxone if a patient is diagnosed as opioid dependent, has an ID and is capable to sign an informed consent. There are no major discrepancies between the WHO and national *Guidelines* in regard to indications and contraindications for treatment. There are some differences on the recommendation on the minimal age, when methadone and buprenorphine could be prescribed (minimum 18 years for methadone, and 15 years for buprenorphine in Lithuania) .
2. Opioid agonist maintenance treatment. There are no major discrepancies between the WHO and national *Guidelines* regarding the recommended pharmacotherapy induction and maintenance doses (which are recommended as average 60-100 mg for methadone, and average minimum 8 mg for buprenorphine). The treatment with long acting opioid agonists is recommended according to the individual needs with a recommended minimum duration of 12 months. The national *Guidelines* include recommendations on management and prevention of infectious diseases, driving vehicles and operation machinery, continuation of treatment in closed settings (prison, custody), treatment of patients with co-morbid disorders, dependence on multiple substances and are coherent with the WHO *Guidelines*.
3. Management of opioid withdrawal. There are no major discrepancies between the WHO and national *Guidelines* regarding the recommended schemes of withdrawal management with methadone, buprenorphine, buprenorphine/naloxone or adrenergic alpha2 receptor agonists (the latter were not registered in the country).
4. Pregnancy. There are no major discrepancies between the WHO and national *Guidelines* regarding the recommended treatment for pregnant women. According to the recommendation women, who became pregnant were recommended to start or continue pharmacotherapy with methadone or buprenorphine, while buprenorphine/naloxone was contraindicated. According to the *Guidelines* treatment with methadone or buprenorphine is generally indicated for breastfeeding women, if they are not HIV positive or use other psychoactive substances, including alcohol.

Implementation of *Guidelines*

The State Health Care Accreditation Agency under the Ministry of Health ensured that the health care institutions which provided medical dependence treatment were capable to provide services according the *Standards*, approved in 2002.

It was not clear to what extent and how widely the health care institutions implemented the national *Guidelines* on pharmacotherapy of opioid dependence and other. So far, the *Guidelines* were introduced through the Lithuanian Psychiatrists' Association at annual conferences. The *Guidelines* were introduced on a regular basis in training of physician residents in psychiatry, regular continuous medical training courses for medical practitioners at the Vilnius University Psychiatry Clinic.

Since 2010 the “Intervision” sessions were introduced. These sessions were based on methodology of non-directive discussions and sharing of experience on problems in clinical practice, discussion of case studies in small groups of specialists without avoiding hierarchical relations (ref. No. 11). “Intervision” as a quality assurance methodology was introduced in the Baltic States (Estonia, Latvia

and Lithuania) by the Regional UNODC project for the Baltic States in 2010, by adapting the Trimbos Institute (The Netherlands) experience. Sessions for multi-and mono-disciplinary specialist groups in a single health care institution or from different institutions seemed to have a promising potential in the implementation of the *Guidelines* and best practices in treatment of dependence.

Comparison of the national *Guidelines* for treatment of drug dependence in closed settings with the WHO *Guidelines* is presented in Appendix 1.

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12. Mortality related to drug use: a comprehensive approach and public health implications

Mortality cohort study among persons registered by treatment centers as dependent on drugs and psychotropic substances use, 2008

Author – Ernestas Jasaitis

Information Source: the State Mental Health Centre, the Department of Statistics under the Government of the Republic of Lithuania, the State Patients' Fund. Data analysis was made by Drug control department under the Government of the Republic of 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 by request of the Drug Control Department 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 (in total 4461 personal records) to the existing data concerning registered all death cases in Lithuania before 1st January, 2008 and provided information including the year of death of the above persons, their gender, area of residence and the death case. All covered by study dead persons (n=316) were registered in the national database as having dependence on drugs and psychotropic substances (Problem drug users (PDU) in treatment settings)).

Overall mortality among PDUs

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: External causes of morbidity and mortality – 52,85 percent, and diseases of the circulatory system – 14,87 percent (*Table 12-1*).

Table 12-1. Distribution of deaths of persons dependent on drugs and psychotropic substances in 2001 – 2007, by death cause (N=316; all causes of deaths)

ICD-10 codes block	Title	2001	2002	2003	2004	2005	2006	2007	Total
A00-B99 (exc B20-B24)	Certain infectious and parasitic diseases (exc. HIV)	2	1	1	1	1	2	1	9
B20-B24	Human immunodeficiency virus [HIV] disease	0	0	0	1	1	0	1	3
C00-D48	Neoplasms	0	3	1	1	1	1	3	10
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0	0	0	0	0	0	0	0
E00-E90	Endocrine, nutritional and metabolic diseases	0	0	1	0	0	0	0	1
F00-F99	Mental and behavioural disorders	1	5	1	4	3	8	3	25
G00-G99 & H00-H59 & H60-H95	Diseases of the nervous system; Diseases of the eye and adnexa; Diseases of the ear and mastoid process	0	1	0	0	0	2	1	4

I00-I99	Diseases of the circulatory system	3	4	2	8	12	10	8	47
J00-J99	Diseases of the respiratory system	1	1	2	3	2	4	4	17
K00-K93	Diseases of the digestive system	1	1	1	3	2	4	4	16
N00-N99	Diseases of the genitourinary system	0	1	0	0	0	0	0	1
O00-O99	Pregnancy, childbirth and the puerperium	0	0	0	0	0	0	0	0
L00-L99	Diseases of the skin and subcutaneous tissue	0	0	0	0	0	2	0	2
M00-M99	Diseases of the musculoskeletal system and connective tissue	1	0	0	0	0	0	0	1
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	0	0	1	0	0	0	0	1
P00-P96	Certain conditions originating in the perinatal period	0	0	0	0	0	0	0	0
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0	0	1	2	0	7	2	12
V01-Y98	External causes of morbidity and mortality	26	18	23	27	27	29	17	167
Total		35	35	34	50	49	69	44	316

The survey identified that the highest number of deaths fell on the age group 25-29 years and the average age of the deceased in the entire period of 7 years was 32,9 years of age (for men – 33,1 years, for women – 33,2 years), and varied from 31,7 years. – in 2005, to 34 years – in 2007 (Table 12-2).

Table 12-2. Distribution of deaths of persons dependent on drugs and psychotropic substances in 2001 – 2007, by age group (N=316; all causes of deaths)

Age group / Year	2001	2002	2003	2004	2005	2006	2007	Total
<15	0	0	0	0	0	0	0	0
15-19	2	1	3	1	1	0	1	9
20-24	6	7	3	10	15	10	4	55
25-29	6	7	9	14	8	20	13	77
30-34	8	8	9	6	10	6	10	57
35-39	5	4	1	11	7	15	3	46
40-44	5	5	5	1	4	4	4	28
45-49	2	0	1	4	4	7	3	21
50-54	1	2	1	1	0	5	2	12
55-59	0	1	2	2	0	0	2	7
60-64	0	0	0	0	0	1	0	1
>=65	0	0	0	0	0	1	2	3
Total	35	35	34	50	49	69	44	316
Mean age	32,3	32,7	32,6	32,9	31,7	32,8	34	32,9

Drug-induced deaths

The survey also calculated that out of 316 persons ill with dependence disorders due to drugs and psychotropic substances and deceased in 2001- 2007, 76 persons (24 percent) died due to incidental or intentional intoxication (overdosing) with drugs and psychotropic substances, including 11 women and

65 men (Table 12-3). The biggest number of such death cases was registered in 2006 – 22, the smallest number - in 2001, i.e. 6.

Table 12-3. Distribution of deaths of persons dependent on drugs and psychotropic substances in 2001 – 2007, when cause of death was recorded on death certificates as **drug-induced deaths** (N=76)

ICD-10 code / Year	2001			2002			2003			2004			2005			2006			2007		
	W	M	T	W	M	T	W	M	T	W	M	T	W	M	T	W	M	T	W	M	T
F11	0	1	1	2	2	4	1	0	1	1	0	1	0	1	1	1	1	2	0	0	0
F19	0	0	0	0	1	1	0	0	0	1	2	3	1	1	2	0	6	6	2	1	3
Y12	0	0	0	0	1	1	0	1	1	0	3	3	0	0	0	0	1	1	0	0	0
X42	0	5	5	0	4	4	0	6	6	0	6	6	0	4	4	1	12	13	1	5	6
X62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	0	6	6	2	8	10	1	7	8	2	11	13	1	6	7	2	20	22	3	7	10

W- women; M- man; T –total.

The survey enabled to identify that from total in Lithuania particular year registered death cases as drug-induced deaths in the General mortality registry 66 to 86 percent of persons (62 persons in 2007 (total, 40 – in 2006, 24 – in 2005, 25 – in 2004, 32 – in 2007) 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 who died because of drug use did not contact health care institutions regarding treatment of dependence.

PART C

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Annexes

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- Standard Table 02 Methodology and results of school surveys on drug use (submitted in 2009)
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Appendix 1. Comparison of national guidelines for treatment of drug dependence in closed settings with WHO guidelines

The WHO guidelines and their recommendations, information about the methods for attributing the strength of the recommendations and the level of evidence can be found at the WHO website: http://whqlibdoc.who.int/publications/2009/9789241547543_eng.pdf (link verified in October 2009)

	Name of Assessors:	Yes	No	Not Applicable specify	No answer
1.	Choice of treatment				
1.2	For the pharmacological treatment of opioid dependence, clinicians should offer opioid withdrawal, opioid agonist maintenance and opioid antagonist (naltrexone) treatment, but most patients should be advised to use opioid agonist maintenance treatment. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	For opioid-dependent patients not commencing opioid agonist maintenance treatment, consider antagonist pharmacotherapy using naltrexone following the completion of opioid withdrawal. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Opioid agonist maintenance treatment				
2.1	For opioid agonist maintenance treatment, most patients should be advised to use methadone in adequate doses in preference to buprenorphine. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	During methadone induction, the initial daily dose should depend on the level of neuroadaptation; it should generally not be more than 20 mg, and certainly not more than 30mg. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	On average, methadone maintenance doses should be in the range of 60–120 mg per day. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Average buprenorphine maintenance doses should be at least 8 mg per day. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Methadone and buprenorphine doses should be directly supervised in the early phase of treatment. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Take-away doses may be provided for patients when the benefits of reduced frequency of attendance are considered to outweigh the risk of diversion, subject to regular review. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Psychosocial support should be offered routinely in association with pharmacological treatment for opioid dependence. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Management of opioid withdrawal				
3.1	For the management of opioid withdrawal, tapered doses of opioid agonists should generally be used, although alpha-2 adrenergic agonists may also be used. Do the present guidelines include this recommendation?	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Clinicians should not routinely use the combination of opioid	ŷ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	antagonists and minimal sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?				
3.3	Clinicians should not use the combination of opioid antagonists with heavy sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?	ý	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Psychosocial services should be routinely offered in combination with pharmacological treatment of opioid withdrawal. Do the present guidelines include this recommendation?	ý	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Pregnancy				
4.1	Opioid agonist maintenance treatment should be used for the treatment of opioid dependence in pregnancy. Do the present guidelines include this recommendation?	ý	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Methadone maintenance should be used in pregnancy in preference to buprenorphine maintenance for the treatment of opioid dependence; although there is less evidence about the safety of buprenorphine, it might also be offered. Do the present guidelines include this recommendation?	ý	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHO guidelines coherence: only to be applied to guidelines applied for guidelines on closed settings

In case your guidelines are about closed settings (“closed settings” refers to prisons, work camps, compulsory drug treatment centres and any other institution in which people are detained), state whether they agree with the “Clinical guidelines for withdrawal management and treatment of drug dependence in closed settings” freely downloadable at: (http://www.who.int/hiv/pub/idu/wpro_withdrawl/en/index.html).

For each recommendation, please state whether your guidelines include them (even if not with exactly the same wording). Please select only one answer.

		Yes	No	Not Applicable specify	No
1.	Do the present guidelines agree with the “Clinical guidelines for withdrawal management and treatment of drug dependence in closed settings” ?	<input type="checkbox"/>	ý	<input type="checkbox"/>	<input type="checkbox"/>

PART D

Standard tables and Structured Questionnaires

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