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2013 NATIONAL REPORT (2012 DATA) TO THE EMCDDA BY THE REITOX NATIONAL FOCAL POINT

LITHUANIA

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

REITOX

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National report, produced each year by the national focal point of the Reitox network, following the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) guidelines, draw an overall picture of the drug phenomenon at national level.

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Summary

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

Provisions of the Law on the Basics of National Security¹ of the Republic of Lithuania (Official Gazette, 1997, No. 2-16) state that determined and effective efforts in combating criminality, in particular organized crime, shadow business, corruption and drug addiction, is an important direction of the public security policy of the Republic of Lithuania, and prevention of dependence diseases (drug addiction, alcohol addiction, toxic mania and etc.) is named as an important health policy direction.

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

Since 1 April 2011, the Drug, Tobacco and Alcohol Control Department is responsible for the implementation of the drug prevention and drug control policy, organization of the implementation of drug prevention and control measures, setting of the scope of the drug prevention and control policy and coordination of the drug prevention and drug control activities on the national and local levels.

The Lithuanian National programme on Drug Control and Prevention of Drug Addiction 2010–2016 prioritizes prevention of drug use in the family, among children and young people. Drug prevention projects executed in Lithuania are mainly focused on universal prevention in local communities and schools, aiming at protecting young people against drug use. Selective and indicated prevention projects in Lithuania were targeted mainly at recreational settings, such as nightclubs, at-risk groups and families.

The first national general population survey on drug use in Lithuania was carried out in 2004 and the second – in 2008, the third – in 2012. The surveys was carried out in line with the EMCDDA guidelines, and was conducted among persons aged 15–64. According to the 2012 survey results, prevalence of at least single-time use of narcotic and psychotropic substances is 11,1 percent among residents aged 15-64, 2,6 percent of Lithuania's residents used narcotic and psychotropic substances over the recent years and by 0,8 percent of residents over the last month. Cannabis is the most popular narcotic (illegal drug) in Lithuania. 10,5 percent of residents aged 15-64 used it at least once in their lifetime. During the recent years following the survey, cannabis was used by 2,3 percent residents, during the last month - by 0,7 percent of residents of Lithuania. Indicators of other narcotic and psychotropic substance use are significantly lower.

Lifetime experience with illegal drugs increased significantly during the 1990s, as shown by the ESPAD surveys conducted in 1995 and 1999. Except for lifetime prevalence rates of inhalants use and heroin, experimentation with illegal drugs increased among students in Lithuania between 1995 and 2007. Data from the latest ESPAD survey conducted in 2011 show lifetime experience for cannabis, the most frequently illicit drug experimented with among this age group, with 20 per cent having used cannabis at least once during their lifetime in 2011. In comparison with 2007 ESPAD study, the cannabis use lifetime prevalence increased by 2 per cent: 18% in 2007, 13% in 2003 and 12% in 1999. Prevalence of ecstasy, the second most popular drug used in 2007 decreased in 2011. 2 per cent of students (in 2007 – 3%.) used ecstasy at least once in their lifetime in 2011, amphetamine type substances were used by 2 per cent of 15-16 year old students. Results for the last year (last 12 months) also showed 12.5 per cent prevalence in the use of cannabis (12 per cent in 2007, 11 per cent in 2003, 10 per cent in 1999), 5 per cent prevalence of cannabis use for the last month (5 per cent in 2007, 6 per cent in 2003, 4 per cent in 1999). Additionally, the reported lifetime prevalence of cannabis use among males was 25 per cent and 14 per cent among females.

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

¹Law on the Basics of National Security¹ of the Republic of Lithuania. URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc?p_id=442449

In 2010 a capture–recapture study based on data from the Ministry of Health, Ministry of Justice and Ministry of Interior was implemented to estimate the number of problem drug users between 2005–07. According to the study, in 2007 there were around 5 458 problem drugs users (more than 90 % of them opiate users) in Lithuania (range: 5 314 to 5 605) at a rate of 2.4 per 1 000 population aged 15–64.

The Lithuanian Drug Strategy prioritises the prevention of drug use in the family, among children and youths. In 2011 the Resolution of the Parliament of the Republic of Lithuania, On Targeted Policy of Prevention and Control of Drugs, Tobacco and Alcohol Consumption, prioritised the development of mature values and building of skills for a healthy life among children and young people through integrated and evidence based prevention programmes. Drug prevention projects are focused mainly on universal prevention in local communities and schools, aiming to protect young people from drug use.

Drug treatment in Lithuania is provided mostly by public and private agencies. Coordination, implementation and provision of drug treatment are conducted at the local level. The main funding bodies of the different treatment services are the national budget, national health insurance and municipal budgets. Four regional counties and one municipality finance specialised treatment centres at the regional level. Outpatient drug treatment is provided by public mental health centres, and through private medical institutions that have obtained a special licence. 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 counselling, and they also provide methadone treatment. Inpatient treatment, such as withdrawal treatment and residential treatment, is delivered by the specialised Centres for Addictive Disorders. Special treatment programmes are available for children dependent on psychoactive substances, including two long-term rehabilitation communities. According to the data of the Lithuanian Health Information Centre, in Lithuania primary mental health care in 2012 was implemented by 107 mental health care institutions, 28 of them were private. The staff positions of all 107 institutions included 173 psychiatrists for adults, 36 juvenile psychiatrists, 199 medical nurses, 153 social workers, 103 psychologists. In addition, 19 long-term rehabilitation centres are operating across the country.

In 2012, health care institutions registered 212 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances.

In Lithuania, methadone hydrochloride (methadone) and buprenorphine hydrochloride (buprenorphine) are allowed to be registered and used for replacement treatment. As of January 1, 2013, replacement treatment was applied in 19 health care institutions (units) located in 12 Lithuanian cities, the same as in previous year. In 2012, replacement therapy was applied to 687 persons, as As of January 1, 2013, 452 patients underwent the treatment.

In Lithuania, implementation of syringe/needle exchange programmes for injecting drug users was started a decade ago. In 2012, 11 harm reduction services units (incl. syringe and needle exchange) were available in Lithuania.

In 2012, 160 new HIV cases were diagnosed, among new HIV cases 38,8 per cent of individuals were infected with HIV by using injecting drugs.

According to data of the Institute of Hygiene in 2012, 70 deaths (66 males and 4 females) due to drugs and psychotropic substance use were registered (in 2011 – 45 cases, in 2010– 51 case; in 2009– 68 cases), and this level accounts for 0,17 percent of all deaths registered in Lithuania (in 2011 – 0,12 percent, in 2010 – 0,12 percent; in 2009 – 0,16 percent).

As of December 31, 2012, the imprisonment establishments placed 9 729 persons (9 287 males and 442 females), of them 14,6 per cent (1422 persons) were registered as having mental and behavioural disorders caused by the use of drugs and psychoactive substances. This number remains similar throughout the period from 2004 to 2011, it includes from 15 to 20 per cent of all prisoners in the imprisonment establishments.

Lithuania is considered a transit country for the trafficking of illicit substances between west European and east European countries, mainly by land. Cannabis arrives in Lithuania from the Netherlands or Spain, while small quantities of cannabis are also cultivated within the country under artificial conditions. In 2012, there were registered 3006 cases related to illicit circulation of drugs. 1489 individuals, who committed criminal acts related to the possession of narcotic or psychotropic substances, were registered in 2012.

PART A - NEW DEVELOPMENTS AND TRENDS

1. Drug policy: legislation, strategies and economic analysis

1.1. Introduction

Lithuania has been consistently implementing the policy on drug control and drug addiction prevention as an integral part of its national foreign and domestic policy. Since 2011, the Lithuanian policy of prevention of drug addiction and drug control is implemented through the *National programme on Drug Control and Prevention of Drug Addiction 2010–2016* approved by Resolution No. XI-1078 adopted by the Parliament of the Republic of Lithuania on 4 November 2010. Before 1 April 2011, the Drug Control Department under the Government of the Republic of Lithuania was delegated a responsibility to effect the drug prevention and drug control policy, organise implementation of drug prevention and control measures, set the scope of the drug prevention and control policy and coordinate drug prevention and drug control activities on the national and local levels. Since 1 April 2011, the responsibilities and functions related with the implementation and coordination of the drug control and prevention policy were transferred to the newly established government agency – The Drug, Tobacco and Alcohol Control Department.

1.2. Legal Framework

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

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

Information concerning Lithuanian legislation adopted or amended in from 2012.01.01 to 2013.06.30 is provided below.

Laws of the Republic of Lithuania

On 23 May 2013, *Law on Hemp* of the Republic of Lithuania was adopted (Official Gazette, 2013, No. 61-3025), which specifies activities relating to hemp cultivation, supervision and activity of the import of hemp products from the third countries, control and licensing procedure in *the Republic of Lithuania*. This Law will enter into force on 1 January 2014. This Law relates to the Law on the amendment of the annex and Article 1 of the Law on Control of Drugs and Psychotropic Substances of the Republic of Lithuania (Official Gazette, 2013, No. 61-3024) and it establishes that requirements of the Law on Control of Drugs and Psychotropic Substances of the Republic of Lithuania for the legal turnover and for the control of the legal turnover of narcotic and psychotropic substances under international agreements, when they are used for health care, veterinary and scientific purposes, shall not apply to hemp regulated by the Law on Hemp of the Republic of Lithuania.

Resolutions by the Parliament of the Republic of Lithuania

The new edition of the National Security Strategy adopted by the Republic of Lithuania Seimas Resolution No XI-2131 of 26 June 2012 „On the amendment of the approval of the National Safety Strategy“ (Official Gazette, 2012, No. 76-3945) names international organized crime and other interstate crimes – trafficking in humans, smuggling, trafficking of illegal drugs, weapons, dual use goods, money laundering, illegal migration, cybercrimes and other criminal acts as one of the external risk factors, dangers and threats that may have a big potential impact on the national security, whereas worsening of the public health – spread of dangerous diseases (AIDS among them), alcohol addiction, toxic mania, drug addiction – are referred to as being among internal risk factors, dangers and threats which have a significant effect on the national security. While setting internal security insurance implementation priorities and objectives in the political area, maintaining and strengthening public safety, it is undertaken to pay big attention to the control of illicit trafficking of narcotics and weapons, money laundering, smuggling, destruction of economical foundation of criminal groups, contributing to the combating international organized crime and terrorism, development of cooperation with the EU member states and other states, strengthen protection of external EU borders, whereas while insuring social security and health care – to implement prevention of dependence diseases (alcohol addiction, addiction to narcotics and psychotropic substances).

The Republic of Lithuania Seimas Resolution No XII-51 of 13 December 2012 „On the Agenda of the Government of the Republic of Lithuania“ (Official Gazette, 2012, No. 149-7630) approved Agenda of the Sixteenth Government 2012-2016 whereby the newly created Government delineates directions and priorities of its activity for the years 2012-2016. Intentions pertaining to the implementation of public health improvement programmes are declared to carry out active prevention of dependence diseases, particular attention being paid to prevention of harmful habits and crime of children, juveniles and youth. It is intended to concentrate different sectors and strengthen their interaction in the fields of control and prevention of HIV(AIDS), drug addiction, alcoholism, in particular among children and youth.

Resolutions by the Government of the Republic of Lithuania

The Republic of Lithuania Government Resolution No.1246 of 10 October 2012 „On the Approval of the concept (guidelines) for the creation of the system of services of prevention, treatment, rehabilitation and reintegration“ (Official Gazette, 2012, No. 121-6078) approved the directions for the development of services of prevention, treatment, rehabilitation and reintegration. The aim is to create legal, administrative, financial conditions for the development and improvement of the system of services of prevention, treatment, rehabilitation and reintegration the Republic of Lithuania and to seek that persons ill with dependence diseases return back to the society, families and labour market.

The National Progress Programme 2014-2020 approved by the Republic of Lithuania Government Resolution No.1482 of 28 November 2012 „On the Approval of the National Progress Programme 2014-2020“ embraces not only the main provisions of the national policy primarily laid down in the main national long-term strategic planning document (strategy „Lithuania 2030“), but also the main European Union provisions laid down in the EUROPE 2020 strategy for smart, sustainable and inclusive growth. Priority „Health for everyone“ sets out strategic directions whereby public health must be improved and inequalities of public health resolved. While implementing the objective "To promote healthy life style and formation of its culture", it is intended to develop public awareness, education and training on the themes of harmful habits (use of alcohol, tobacco, narcotic and psychotropic substances) and healthy life style, also to strengthen general health literacy. While implementing the objective „To carry out disease prevention, implement targeted public health and preservation measures“, it is intended to develop and carry out targeted measures promoting skills of healthy nutrition increasing physical activeness and prevention of harmful habits, to implement measures of strengthening public mental health, behavioural disorders, mental diseases, suicide and violence prevention.

With the aim of reducing administrative burden on economic entities, the Republic of Lithuania Government Resolution No. 1492 of 5 December 2012 „On the amendment of the Republic of Lithuania Government Resolution No. 221 of 9 March 2006 „On the approval of the rules for licensing the activity relating to the precursors of narcotic and psychotropic substances, registration of place, issue of import and export permits and enforcing control over this activity“ (Official Gazette, 2012, No. 145-7453) establishes that an entity wishing to obtain a licence, special licence, registration certificate, must, apart from all other documents, submit an entity statement on compliance to the requirements for keeping and

storing narcotic and psychotropic substances of Categories I, II and (or) III in accordance with the form established by a responsible authority.

Other legal acts

On 1 January 2012, a Description of the Conditions of the Storage of the Precursors of Drugs and Psychotropic Substances approved by the Drug, Tobacco and Alcohol Control Department Director Order No T1-358 of 28 December 2011 "On the approval of the Description of the Conditions of the Storage of the Precursors of Drugs and Psychotropic Substances" (Official Gazette, 2011, No. 162-7726) entered into force prescribing minimal requirements for safety against breaking in and entry by unauthorized persons to the premises and for the exploitation of the premises in which subjects carry out activities related with the entry of precursors of drugs and psychotropic substances and their preparations to the market and in which precursors of drugs and psychotropic substances of categories I, II and III are kept and stored.

The Republic of Lithuania Minister of Health Order No. V-69 of 1 February 2012 „On the amendment of the Republic of Lithuania Minister of Health Order No. V-239 of 23 April 2003 „On the recommendations for the establishment of the small, large and very large quantity of narcotic and psychotropic substances" (Official Gazette, 2012, No. 18-814) sets recommendations for the establishment of the small, large and very large quantity of the substance bk-PMMA(Methedrone/Methoxyphedrine,1-(4-methoxyphenyl)-2-(methylamino)propan -1-one) of Schedule I „Narcotic and Psychotropic Substances Prohibited for Medical Use" of the 1971 Psychotropic Substances Convention's Schedule I.

The Republic of Lithuania Minister of Health Order No. V-70 of 1 February 2012 „On amendment of the Republic of Lithuania Minister of Health Order No. 5 of 6 January 2000 „On the approval of the list of narcotic and psychotropic substances"" (Official Gazette, 2012, No. 18-815) establishes that halogenated formations of the group of synthetic cannabinoid formations are also deemed to be narcotic and psychotropic substances.

The Republic of Lithuania Minister of Health Order No. V-449 of 18 May 2012 „On the amendment of the Republic of Lithuania Minister of Health Order No. 5 of 6 January 2000 „On the approval of the list of narcotic and psychotropic substances"" (Official Gazette, 2012, No. 59-2945) supplemented Schedule I „Narcotic and Psychotropic Substances Prohibited for Medical Use" of the 1971 Psychotropic Substances Convention's Schedule I with new groups of substances – groups of formations of Amphetamine, Phenethylamine, Piperazine, Pirovaleron, Triptamine.

The Republic of Lithuania Minister of Health Order No. V-468 of 28 May 2012 "On the amendment of the Republic of Lithuania Minister of Health Order No. V-239 of 23 April 2003 „On the recommendations for the establishment of the small, large and very large quantity of narcotic and psychotropic substances"" (Official Gazette, 2012, No. 63-3185) sets recommended small, large and very large quantity sizes of Schedule I „Narcotic and Psychotropic Substances Prohibited for Medical Use" of the 1971 Psychotropic Substances Convention's Schedule I for the substances of the groups of formations of Amphetamine, Phenethylamine, Piperazine, Pirovaleron, Triptamine. Their halogenated formations are attributed to the group of synthetic cannabinoid formations.

New edition of the Republic of Lithuania Minister of Health Order No. V-793 of 23 August 2012 „On the Republic of Lithuania Minister of Health Order No. V-584 of 5 July 2006 „On the amendment of the approval of the description of the procedure for the implementation of the programmes for the reduction of harm of narcotic and psychotropic substances"" (Official Gazette, 2012, No. 100-5113) lays down Description of the Procedure for Providing Low Threshold Services containing provisions which specify the aim and tasks of the Low threshold services, a list of these services, their provision and sources of funding. It is established that the aim of Low threshold services is to reduce incidence of infections relating to risky behaviour and use of injection narcotic and psychotropic substances for non-treatment purposes, to lower the risk of overdosing and death cases, criminality, other negative health, social, economic, legal consequences to public and a person.

The Republic of Lithuania Minister of Health Order No.V-1072 of 27 November 2012 „On the amendment of the Republic of Lithuania Minister of Health Order No. 5 of 6 January 2000 „On the approval of the list of narcotic and psychotropic substances"" (Official Gazette, 2012, No. 139-7137) supplemented Schedule IV of the 1971 Psychotropic Substances Convention's Schedule III „Psychotropic Substances Allowed for Medical Use" with a new substance – Zopiclone.

The Republic of Lithuania Minister of Health Order No. V-1071 of 27 November 2012 "On the supplementation of the Republic of Lithuania Minister of Health Order No. V-239 of 23 April 2003 „On the

recommendations for the establishment of the small, large and very large quantity of narcotic and psychotropic substances” (Official Gazette, 2012, No. 139-7136) sets recommendations for a small, large and very large quantity sizes for a new substance Zopiclone of Schedule III „Psychotropic substances Allowed for Medical Use“ of the 1971 Psychotropic Substances Convention's Schedule IV.

1.3. National action plan, strategy, evaluation and coordination

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

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

Provisions of the Law on the Basics of National Security² of the Republic of Lithuania (Official Gazette, 1997, No. 2-16) state that determined and effective efforts in combating criminality, in particular organized crime, shadow business, corruption and drug addiction, is an important direction of the public security policy of the Republic of Lithuania, and prevention of dependence diseases (drug addiction, alcohol addiction, toxic mania and etc.) is named as an important health policy direction.

National Security Strategy approved by the Republic of Lithuania Seimas Resolution No. IX-907 on 28 May 2002 (Official Gazette, 2002, No. 56-2233; 2012, No. 76-3945) „On the amendment of the approval of the National Safety Strategy“ (Official Gazette, 2012, No. 76-3945) names *international organized crime and other interstate crimes – trafficking in humans, smuggling, trafficking of illegal drugs, weapons, dual use goods, money laundering, illegal migration, cyber crimes and other criminal acts* as one of external risk factors, dangers and threats that may have a big potential impact on national security (paragraph 11.8), whereas *worsening of the public health – spread of dangerous diseases (AIDS among them), alcohol addiction, toxic mania, drug addiction* (paragraph 13.7) – are referred to as being among internal risk factors, dangers and threats which have a significant effect on national security. While setting internal security insurance implementation priorities and objectives in the political area, maintaining and strengthening public safety, it is committed to pay big attention to the control of illicit trafficking of narcotics and weapons, money laundering, smuggling, destruction of economical foundation of criminal groups, contributing to the combating international organized crime and terrorism, development of cooperation with the EU member states and other states, strengthen protection of external EU borders (paragraph 16.4.2), whereas while insuring social security and health care – to implement prevention of dependence diseases (alcohol addiction, addiction to narcotics and psychotropic substances) (paragraph 16.9.4).

Drug addiction prevention and drug control policy, which was implemented in Lithuania in 2012, was coordinated with national and international strategic documents and programmes. While implementing Lithuania's drug control and drug addiction prevention policy, account is also taken of the EU Drugs Strategy (2005-2012) provisions and measures set in the European Union Drugs Action Plan 2009-2012. On 7 December 2012, the Council of the European Union approved the EU Drug Strategy 2013 – 2020, and on 29 July 2013 – the EU drugs Action Plan 2013–2016.

In Lithuania the main directions of the activity in the area of drug addiction prevention and drug control are set upon assessing and analysing favourable and unfavourable factors which may have impact on the implementation of drug addiction prevention and drug control policy while analysing the data on the incidence of psychoactive substance use among different groups of residents in Lithuania, other statistical indicators of the country such as population mobility and migration, employment and labour market, health and social security, criminality, as well as while evaluating external factors.

Lithuanian Progress Strategy „Lithuania 2030“, which was approved by the Republic of Lithuania Seimas Resolution No. XI-2015³ on 15 May 2012 and which outlined the vision, priorities of development and their implementation directions of the State of Lithuania until 2030, names the priority - To develop healthy life style as an important precondition of the active society. *To concentrate efforts of*

²Law on the Basics of National Security² of the Republic of Lithuania. URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc?p_id=442449

³The Republic of Lithuania Seimas Resolution No. XI-2015 of 15 May 2012 "On the approval of State Progress Strategy „Lithuania's Progress Strategy" "Lithuania 2030“. URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=425517&p_query=&p_tr2=2

the society and of government institutions in order to strengthen public health: to implement alcohol, tobacco and drug use prevention measures, increase public understanding of the benefit of the healthy life style (paragraph 5.9.1) - as one of the priorities.

Priorities and directions of the policy of Lithuanian State in the areas of drug, tobacco and alcohol control and drug addiction prevention are set in the National Drug Control and Drug Addiction Prevention Programme. 2 programmes have been implemented until 2010:

1. National Drug Control and Drug Addiction Prevention Programme for 1999–2003 approved by the Republic of Lithuania Government Resolution No 970 of 6 September 1999 (Official Gazette, 1999, No. 76-2291)⁴.

2. National Drug Control and Drug Addiction Prevention Programme for 2004–2008 approved by the Republic of Lithuania Seimas Resolution No. IX-2110 of 8 April 2004 (Official Gazette, 2004, No. 58-2041)⁵.

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

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

The Programme's priorities are as follows:

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

The Programme's objectives are as follows:

1. Reduce supply of illicit drugs and psychotropic substances and their precursors through the tightened control over circulation of these substances;
2. Impede and reduce illicit use of and demand for drugs and psychotropic substances through the development of the negative attitude to drugs and psychotropic substances among children and juveniles, in families, communities and general public by introducing a conception of the meaning of human life and appreciation of values and healthy style of life;
3. Ensure and strengthen interagency and international cooperation and coordination in the areas of prevention of drug control and drug addiction;
4. Carry out monitoring and evaluation of illicit use of drugs and psychotropic substances, consequences, measures of supply and demand reduction, also to develop scientific research.

Parliamentary control of the Programme is carried out by the Seimas of the Republic of Lithuania, whereas implementation is organized and coordinated by the Government of the Republic of Lithuania. Drug, Tobacco and Alcohol Control Department coordinates execution of the Programme implementation measures and each year by 1 March prepares a Report on the execution of the Programme implementation measures, submits it to the Government of the Republic of Lithuania, state institutions concerned and establishments, associations, presents to the public by indicating effectiveness of the implemented measures.

The programme of the Sixteenth Government for the period 2012 – 2016 approved by the Republic of Lithuanian Seimas Resolution No. XII-51 on 13 December 2012 (Official Gazette, 2012, No. 149-7630) contains provisions relating to the area of drug control and drug addiction prevention:

Paragraph 147: „We will defend child's interests, insure proper protection of his rights. We will take care of the protection of the child's rights as one of the most important priorities of the State. We will

⁴National Drug Control and Drug Addiction Prevention Programme for 1999–2003. URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=85890&p_query=&p_tr2=2

⁵National Drug Control and Drug Addiction Prevention Programme for 2004–2008. http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=231163&p_query=&p_tr2=2

seek that child's rights are not violated and that no violence is used against children, that children are never involved in drug addiction, prostitution, commit no crimes;

Paragraph 169: „We will carry out prevention of harmful habits and criminality of children and young people “;

Paragraph 252: „We will advocate principles of healthy life style, include education of healthy life style in the programmes of pre-school and education establishments, support initiatives of higher education schools in the area of healthy life style. We will not save at the cost of health programmes “;

Paragraph 262: „We will carry out active prevention of disease dependence. Public health improvement programmes, which would help fight harmful habits, in particular those of the youth, are implemented using state and municipal funds. We will create all preconditions for reducing alcohol and tobacco use-related deaths in Lithuania. We will create an effective system for inviting residents for preventive health checks “.

The Republic of Lithuania Government Resolution No. 228 of 13 March 2013 „On the approval of priority measures for the implementation of the 2012-2016 Programme of the Government of the Republic of Lithuania“ (Official Gazette, 2013, No. 29-1406) approved priority measures for the implementation of the 2012-2016 Programme of the Government of the Republic of Lithuania including the following measures relating to the control of narcotic and psychotropic substances and drug addiction prevention to be carried out at the responsibility of the Ministry of Health:

1. To prepare a Draft Public Health Development Programme aiming at the encouragement of healthy nutrition, physical activeness, making environment more healthy, improving monitoring of public health, reducing consumption of tobacco, alcohol and narcotic substances, consequences of a certain external impact;

2. To prepare Interagency Drug, Tobacco and Alcohol Prevention Plan of the Republic of Lithuania and foresee assignments from the State budget to the measures of the Plan.

With the aim of setting out guidelines for improving control over narcotic and psychotropic substances, precursors of narcotic and psychotropic substances, tobacco and alcohol and seeking to insure bigger effectiveness of the control of narcotic and psychotropic substances, precursors of narcotic and psychotropic substances, tobacco and alcohol, the Government of the Republic of Lithuania Resolution No. 1277 of 27 October 2011 approved a concept of narcotic and psychotropic substances, precursors of narcotic and psychotropic substances, tobacco and alcohol control (hereinafter referred to as the Concept). In the Concept the Government of the Republic of Lithuania intends to merge drug, tobacco and alcohol use prevention and control programmes and draft a single Drug addiction, tobacco and alcohol use prevention, drug, tobacco and alcohol control programme by changing respectively provisions of the legal acts regulating these areas. A regulatory foundation for drafting complex state alcohol, tobacco, narcotic control and drug addiction prevention programmes is an authorisation provided for in Article 70¹ of the Law on Health System of the Republic of Lithuania (Official Gazette, 1994, No. 63-1231; 1998, No. 112-3099; 2010, No. 139-7112) for the Drug, Tobacco and Alcohol Control Department to draft these programmes, control and coordinate their implementation. This position of the Republic of Lithuania is also reflected in Seimas Resolution of 13 December 2011 „On targeted drug, tobacco and alcohol use prevention and control policy “ (Official Gazette, 2011, No. 154-7265) which urges to form and implement *<a complex and integrated drug, tobacco and alcohol use prevention and targeted policy for the alcohol control and reduction of drug supply and demand in Lithuania >*.

The Government of the Republic of Lithuania Resolution No. 513 of 5 June 2013 approved the project⁶ of the Seimas of the Republic of Lithuania "On the approval of the plan for the development of the long-term state security strengthening programmes" prepared by the Ministry of Defence of the Republic of Lithuania and submitted this project for the consideration of the Seimas of the Republic of Lithuania. The draft legal act proposes to the Seimas of the Republic of Lithuania to approve the plan for the preparation of long-term state security strengthening programmes. The list of the programmes proposed in the project includes „State Alcohol, Tobacco, Drug Control and Drug Addiction Prevention Programme“. In the submitted proposal the period of the implementation of the said Programme would be the years 2017-2026, and the Programme itself should be prepared in the first quarter of 2017, when the implementation of the National Drug Control and Drug Addiction Prevention Programme for 2010–2016 approved by the Seimas of the Republic of Lithuania is finished.

⁶Draft of the Seimas Resolution "On the long-term state security strengthening programmes". URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=450776

Implementation and evaluation of the national action plan and/or strategy

National Drug Control and Drug Addiction Programme of 2010–2016 (hereinafter referred to as the Programme) sets out that the Government of the Republic of Lithuania approves annual implementation measures of the Programme, establishes public institutions and organisations responsible for them, foresees funds to implement the measures, sets forth the terms to implement the measures of the Programme. The Programme appoints public institutions and organisations responsible for the implementation measures of the Programme provided for in the Annex to the Programme and for the evaluation criteria of these measures.

Since 1 April 2011, Drug, Tobacco and Alcohol Control Department coordinates implementation of the measures of the Programme and each year, by 1 March, prepares a Report on the implementation of the measures of the Programme, submits it to the Government of the Republic of Lithuania, institutions, organisations and associations concerned, presents to the general public indicating effectiveness of the measures that are implemented.

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

The Programme establishes that Drug, Tobacco and Alcohol Control Department shall make a mid-term evaluation of the Programme implementation for 2010–2013 and shall prepare a report which shall be submitted to the Government of the Republic of Lithuania, public institutions, organisations and associations concerned, to the general public indicating effectiveness of the measures that are implemented.

National Drug Control and Drug Addiction Prevention Programme 2010–2016 was carried out in 2011 and 2012 through the implementation of the measures of the 2011–2013 Interagency Activity Plan of the National Drug Control and Drug Addiction Prevention Programme 2010–2016. Implementation of the Interagency Activity Plan is coordinated by the Drug, Tobacco and Alcohol Control Department. The results achieved in 2011 and 2012 are included in the activity reports of the Drug, Tobacco and Alcohol Department for 2011 and 2012⁷⁸.

Coordination arrangements

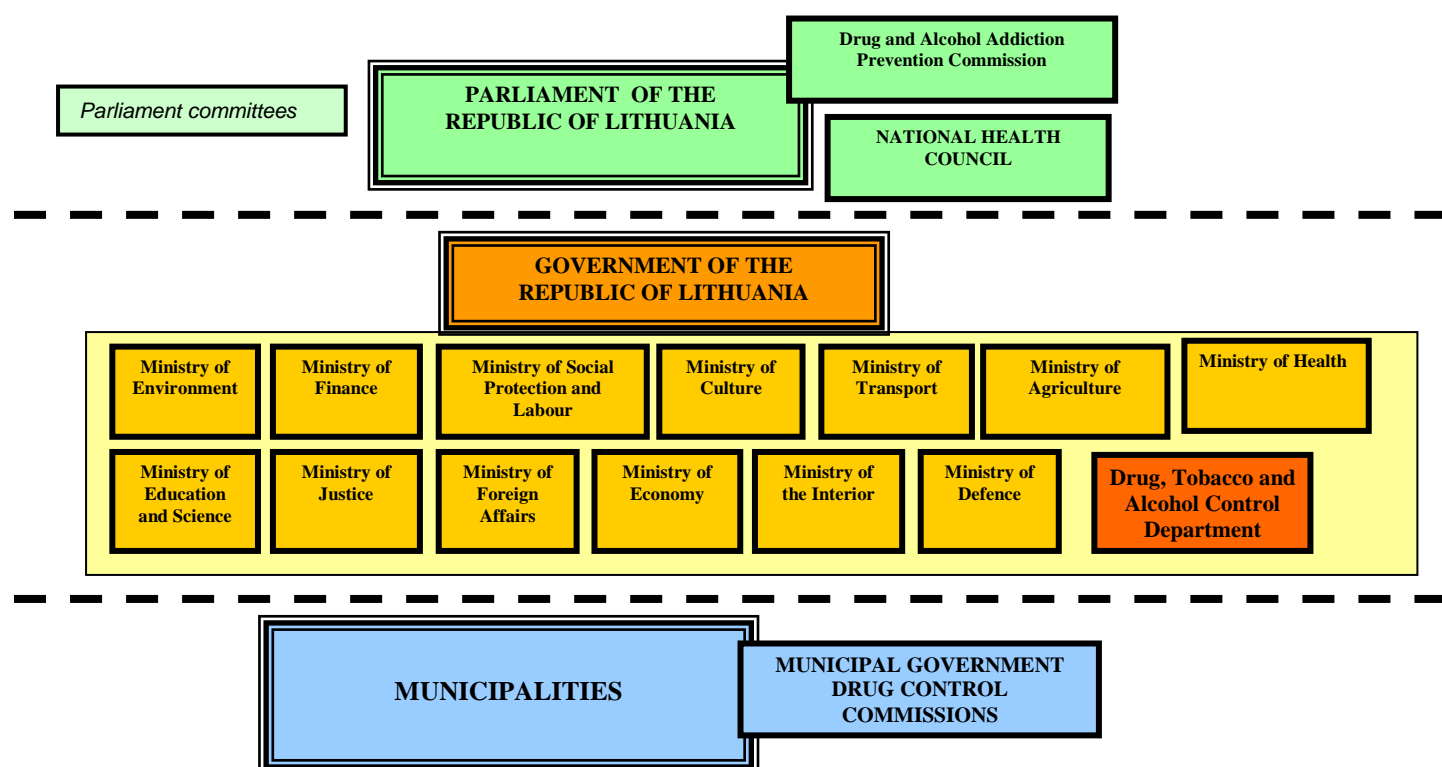
Policy issues regarding drug control and prevention of drug addiction, amendments of laws in this area in the Parliament of the Republic of Lithuania are mainly drafted and discussed in the Parliamentary Committee of Health Affairs, the Commission for Prevention of Drug Addiction and Alcohol Dependence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

Lithuania has been consistently implementing drug control and drug addiction prevention policy as an integral part of the national foreign and internal policy. This policy is implemented based on political will and allocation of financial and human resources. Public and local government institutions participate in the formation and implementation of drug control and prevention policy (Figure No. 1-1).

⁷Drug, Tobacco and Alcohol Control Department report for 2012. URL: <http://www.ntakd.lt/images/kiti/dokumentai/2012-veiklos-ataskaita.pdf>

⁸Drug, Tobacco and Alcohol Control Department report for 2011. URL: <http://www.ntakd.lt/images/kiti/dokumentai/2011-veiklos-ataskaita.pdf>

Figure 1-1. Implementing and controlling institutions responsible 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, submit conclusions, scrutinise in the committees issues that require a more detailed analysis, finalise draft laws and other legal acts to be adopted by the Parliament, evaluate the need for new laws and amendments, discuss the Government Programme, as well as programmes of other public institutions.

Health Affairs Committee of the Parliament of the Republic of Lithuania

Health Affairs Committee pursues activity in the following directions:

- 1) Drafting of the laws regulating public health care and public health, as well as health strengthening activities and submission of conclusions regarding such draft laws and other legal acts submitted to the Committee for consideration;
- 2) Coordination of work of public institutions and other organizations concerned while preparing draft laws based on the competence attributed to the Committee;
- 3) Consideration and submission of proposals concerning formation of the national policy on health;
- 4) Implementation of the parliamentary control of health system institutions and other institutions related with the handling of the problems concerning individual and public health, submission of proposals and recommendations for the improvement of their activities;
- 5) Control of the implementation of the health care reform and the process of the development of Lithuanian national health system

Parliamentary Commission for Prevention of Drug and Alcohol Addiction⁹

Commission for Prevention of Drug and Alcohol Addiction of the Republic of Lithuania (hereinafter referred to as the Commission) – a permanent commission of the Seimas of the Republic of Lithuania, is formed for the term of the Seimas following the procedure laid down by the Statute of the

⁹Parliamentary Commission for Prevention of Drug and Alcohol Addiction WEB site [online] Available: http://www3.lrs.lt/pls/inter/w5_show?p_r=9120&p_k=2 [accessed 2013.07.15]

Seimas of the Republic of Lithuania. The main long-term goal of the Commission is to insure interests of the State while creating favourable conditions for implementing State drug and alcohol addiction and smoking prevention, drug, tobacco and alcohol control policy. The Commission pursues this goal taking into account the current drug and alcohol addiction and smoking situation in Lithuania while distinguishing priority directions of drug and alcohol addiction and smoking prevention, drug, tobacco and alcohol control through the consistent implementation of the measures improving effectiveness of drug and alcohol addiction and smoking prevention in Lithuania. One of the functions of the Commission is to form and oversee how State strategy and policy are implemented in the areas of prevention of drug, tobacco and alcohol control, drug and alcohol addiction and smoking prevention.

In 2012, Commission for Prevention of Drug and Alcohol Addiction established by the 10th Seimas of the Republic of Lithuania (term of 2008–2012) on 2 December 2008, considered the following main questions relating to drug control and drug addiction prevention:

- Implementation and funding of the measures of the National Drug Control and Drug Addiction Prevention Programme 2010-2016 in 2012;
- Drug addiction prevention and prevention of drugs in Kirtimai Roma Settlement in Vilnius;
- Control of the legal turnover of the precursors of narcotic and psychotropic substances;
- Issue of special permits for the import and export of the medicinal preparation „Methadone“ and packaging of this medicinal preparation;
- Monitoring of the external border and strengthening of the internal border control, insurance of effective cooperation of state institutions performing checks on the border control check points while interdicting alcohol and tobacco smuggling and entry of narcotic and psychotropic substances;
- Application of the measures reducing supply of and demand for narcotic and psychotropic substances in imprisonment places, use of alternative penalty serving (probation).
- Creation of the system for re-socializing juveniles who committed crimes;
- Control of narcotic and psychotropic substances, precursors of narcotic and psychotropic substances and their illicit trafficking, reduction of their supply;
- Presentation and discussion of the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD);
- Results and funding of psychological and social rehabilitation, reintegration back to the society of persons dependent on narcotic, psychotropic or toxic substances, licensing of the activity of the disease dependence rehabilitation communities;
- Draft concept of the single system of the services for the prevention and treatment of dependence diseases, rehabilitation and reintegration;
- Most relevant questions/themes in the drug supply and demand reduction area during Lithuanian Presidency of the Council of the European Union in 2013.

The Commission organized 3 conferences:

1. 1 June 2012: conference „What does it take to defend the child's rights, insure that children have proper personal development possibilities?“
2. 12 September 2012: conference „Scientific progress for the effective drug use prevention“
3. 25 October 2012: conference „Psychoactive substance use prevention in schools of general education “.

In 2012, the Commission organized meetings - discussion on the following themes:

- „Prevention of psychotropic substance use among youth“;
- „Prevention of psychotropic substance and alcohol use in children's care homes“;
- „Work of the municipal child's welfare commissions while implementing provisions of the Republic of Lithuania Law on the Implementation of the Measures for the Child's Minimal and Average Care “.

On 4 December 2012, Drug Addiction and Alcohol Addiction Prevention Commission¹⁰ of the 11th Seimas of the Republic of Lithuania (term of 2012–2016) was drawn and its composition was approved, and the sitting of the Commission of 6 December 2012 elected the Chairman of this Commission (Larisa Dmitrijeva) and Deputy Chairman (Vincė Vaidevutė Margevičienė). The Commission consists of 12 members of the Seimas. Resolution No. XII-184 of 17 January 2013 of the Seimas of the Republic of Lithuania approved provisions for the activity of the Commission¹¹. The first quarter of 2013, the Commission considered the following most important questions relating to drug control and drug addiction prevention:

- Law on Hemp and related legal acts of the Republic of Lithuania. Law on Hemp¹², which was adopted on 23 May 2013 with the effect from 1 January 2014, sets the procedure for the activity relating to the growth and supervision of the hemp and for the activity relating to the entry of hemp products from the third countries, supervision and licensing in the Republic of Lithuania;
- Implementation of the National Drug Control and Drug Addiction Prevention programme 2010–2016 over the period between 2012 and 2013;
- Implementation of the provisions of the Law on Control of Precursors of Drugs and Psychotropic Substances of the Republic of Lithuania.
- In 2013, Dependence Disease Centres were subject to the reform. As of 2013, funding of the activity of 4 Dependence Disease Centres (in Kaunas, Klaipėda, Panevėžys and Šiauliai) is received from the State budget (until then funding was received from the City Municipality budget);
- Pursuance of drug, alcohol and tobacco use prevention among children and youth;
- Spread of narcotic and psychotropic substance use in Lithuania, incidence of morbidity of dependence diseases, infection disease and their prevention among persons using narcotic and psychotropic substance;
- Provision of health care, psychological and social rehabilitation, social integration services to persons depending on psychoactive substances;
- Control of narcotic and psychotropic substances, precursors of narcotic and psychotropic substances and illicit trafficking, reduction of the supply of these substances;
- Application of the measures reducing supply of and demand for narcotic and psychotropic substances in imprisonment places, use of alternative penalty serving (probation), creation of the system for re-socializing juveniles who committed crimes

National Health Council

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

Levels of the Central Government. In 2012, measures for the implementation of the policy concerning drug control and prevention of drug addiction were executed by the following public institutions: Drug, Tobacco and Alcohol Control Department, Ministry of Defence, Ministry of Social Protection and Labour of the Republic of Lithuania, Ministry of Health of the Republic of Lithuania, Ministry of Culture of the Republic of Lithuania, Ministry of Education and Science, Ministry of Justice of the Republic of Lithuania, Ministry of Foreign Affairs of the Republic of Lithuania, Department of Prisons under the Ministry of Justice of the Republic of Lithuania, Customs Department under the Ministry of Finance of the Republic of Lithuania, State Border Protection Service, Police Department under the Ministry of the Interior of the Republic of Lithuania, Financial Crime Investigation Service under the Ministry of the Interior, the

¹⁰The Republic of Lithuania Seimas Resolution No. XII-35 of 4 December 2013 „On the formation of Drug Addiction and Alcohol Addiction Prevention Commission of the Seimas of the Republic of Lithuania“. URL:

http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=438700&p_query=&p_tr2=2

¹¹The Republic of Lithuania Seimas Resolution No. XII-184 of 17 January 2013 „On the approval of the provisions of the Republic of Lithuania Seimas Drug Addiction and Alcohol Addiction Prevention Commission“. URL:

http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=441857&p_query=&p_tr2=2

¹²Law on Hemp. URL: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=449687&p_query=&p_tr2=2

Department of Youth Affairs under the Ministry of Social Protection and Labour of the Republic of Lithuania, heads of the counties, local governments and NGOs.

Drug, Tobacco and Alcohol Control Department

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

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

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

- 1) participates in the formation of the state policy in the area of drug, tobacco and alcohol control and organises its implementation;
- 2) in compliance with the procedures laid down by the laws, carries out supervision and coordination functions of the institutions implementing state control of precursors of drugs and psychotropic substances, tobacco and alcohol;
- 3) in compliance with the procedures laid down by the laws, carries out monitoring of the activities related to the precursors of drugs and psychotropic substances, use of drugs and psychotropic substances, tobacco and alcohol;
- 4) drafts national programmes of alcohol, tobacco, drug control and prevention of drug addiction, coordinates and controls their implementation;
- 5) organises and coordinates risk assessment for new psychoactive substances;
- 6) in compliance with the procedures laid down by the laws, carries out functions of licensing tobacco and alcohol production and wholesale, licensing, registration of the place of activities related to the precursors of drugs and psychotropic substances, issuance of import and export permits;
- 7) controls compliance of economic entities with the Laws on Control of Drugs and Psychotropic Substances, Tobacco and Alcohol;
- 8) in compliance with the procedures laid down by the laws, carries out functions of the REITOX National Focal Point for the EMCDDA;
- 9) carries out other functions laid down by the laws, the Regulation of the Department and other authorities.

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 the Interior

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

Department of Prisons under the Ministry of Justice

The Department of Prisons under the Ministry of Justice is responsible for the coordination of the activities against illicit trafficking of drugs and psychotropic substances, prevention, treatment and harm reduction activities in prisons. There are 15 penal institutions subordinated to the Department of Prisons and 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. The Training Centre of the Department of Prisons organizes training of the new staff of the institutions subordinated to the Department of Prisons.

Local Government Level

Local Government Drug Control Commissions

For the management of regional and local government programmes on drug control and prevention, the municipalities and regional administrations established drug control commissions and approved their statutes and programmes. 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 2011, all 60 Lithuanian municipalities had such drug commissions.

Mass media information analysis

In this chapter we provide a concise review of the types of topics in the area psychoactive substances which received biggest attention in the Lithuanian media. In 2012, the media paid biggest attention to the topic of alcohol and tobacco consumption; however, it also dwelled considerably on the problem of psychotropic substances in Lithuania and across the world. The Roma settlement in Vilnius, trafficking and use of drugs in its environs has remained the main theme related to narcotics in Lithuania. Use of methadone for the treatment of drug addiction has also been mentioned by the media more than once; this has been also discussed in the Parliament of the Republic of Lithuania. Columns of criminal news traditionally described events associated with trafficking or distribution of narcotic substances.

Articles have been also noted in which the famous people of Lithuania shared their experience in the area of narcotic substances and their use. Journalists have come to a conclusion of stating the fact of Lithuania taken by a trend to use a psychotropic substance cocaine as a proof of a better standing in life. The articles noted quite often that use of narcotic substances in Lithuania is not as high as in other countries, and the most popular illegal substances are cannabis and light narcotics, whereas abuse of cocaine in Lithuania goes down.

1.4. Economic analysis

In Lithuania no survey was conducted to assess full (including indirect costs) drug-related expenditures, and information about 2012 or earlier drug-related expenditures is not available.

4263 thousand Euros have been envisaged in 2011 for the implementation of the measures of the 2011–2013 Interagency Activity Plan of the National Drug Control and Drug Addiction Prevention Programme 2010–2016 (hereinafter referred to as Interagency Activity Plan) approved in 2011 by the Government of the Republic of Lithuania and updated in 2012 (Official Gazette, 2011, No. 134-6359; 2012, No. 110-5596). In 2012 – 5112 thousand Euros, and in 2013 – 842 thousand Euros were foreseen.

2. Drug use among the general population and specific targeted groups

2.1 Introduction

Starting from 2004, surveys in the prevalence of use of psychoactive substances among Lithuanian inhabitants are carried out every four years in Lithuania. The latest survey was done in 2012. The main goal of this survey, as of the first and the second one carried out in 2004 and 2008, was to collect and evaluate standardized data on the prevalence of drug use within general population by gender and age groups; to evaluate the behaviour models of the Lithuanian population and its attitudes to the 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. The Survey of 2012 used a representative random sample. The total number of participating respondents was 4831, i.e. permanent residents of Lithuania aged 15–64, including 2342 men (48.5 percent) and 2489 women (51.5 percent), their distribution by age - 1994 respondents (41.3 percent) aged 15-34 and 2837 respondents (58.7 percent) aged 35-64.

The third survey of the general population, carried out in Lithuania in 2012 revealed that prevalence of single-time use of narcotic and psychotropic substances is 11,1 percent among residents

aged 15-64, 2,6 percent of Lithuania's residents used narcotic and psychotropic substances over the recent years. Narcotic and psychotropic substances were used by 0,8 percent of residents over the last month. Cannabis is the most popular narcotic (illegal drug) in Lithuania. 10,5 percent of residents aged 15-64 used it at least once in their lifetime. During the recent years following the survey, cannabis was used by 2,3 percent residents, during the last month - by 0,7 percent of residents of Lithuania. Indicators of other narcotic and psychotropic substance use are significantly lower. For example, 1,2 percent of Lithuania's residents used amphetamine at least once during their lifetime, 1,3 percent used ecstasy and 0,9 percent of Lithuania's residents used cocaine at least once in their lifetime.

In Lithuania, as in other countries of the European Union, surveys in the prevalence of use of psychoactive substances among school-aged children are carried out: in 2010, a survey of Health Behaviour of School-Aged Children (HBSC) was carried out and in 2011– European School Survey Project on Alcohol and Other Drugs (ESPAD).

Since 1995, ESPAD survey in Lithuania is carried out every four years. The main aim of ESPAD is to collect data suitable for comparison on the use of alcohol, tobacco and drugs in the group of students of 15-16 years of age in different European states. As planned in the recommendations of the Project Plan, the survey of 2011 intended to represent all students of secondary education and other schools, who were born in 1995, except students of special schools or special classes with serious learning or mental disorders. In 2010, 38,524 young people born in 1995 lived in Lithuania. Of them 37,376 students (97 percent of the cohort) school year studied at schools of general education (including gymnasiums, adult, youth and special schools etc.) in the beginning of the 2010/2011. An absolute share of the studied population (part of the students sought to be represented) – 98,8 percent – studied in three study stages in the 2010/2011 school year: in the 8th form of the general education schools – 9% of the population studied – 3,425 students, in the 9th form (or in the 1st gymnasium form corresponding to this stage) – 80% of the population studied – 29,566 students, and in the 10th form (or in the 2nd gymnasium form corresponding to this stage) – 10% of the population studied – 3,747 students. About 1.3 percent of the students of the general education schools of the studied age studied at schools not included in the studied entirety (population). Due to practical circumstances of the 2011 survey (lower funding and time postponed due to late funding), selective entirety was reduced to the representative 80 percent of the studied population entirety: only students from the 9th forms have been selected for the survey. Having excluded students of the cohort of the 8th, 10th and other forms and the said schools, selective entirety is made of 29,369 students. A survey was carried out in Lithuania on May 17-31, 2011. The survey was carried out in Vilnius and nearby schools by surveyors of Vilnius Pedagogical University, in other schools – by teachers recommended by school principals or their deputies. 2,625 students in 128 schools have been questioned in Lithuania. Having excluded students' questionnaires, that do not comply with survey requirements of the syntax provided by the research centre (among them of the students born not in 1995), responses of 2476 students have remained in the survey data base as suitable for use.

HBSC is carried out every four years at the same time under the single methodology surveying representative groups of students of 11, 13 and 15 years. In Lithuania such a survey for the first time was carried out in March-April of 1994 (N=5428). Later, at the same time of the year, four more surveys of the students were carried out: in 1998 (N=4513), in 2002 (N=5645), in 2006 (N=5632) and 2010 (N=5338). Data of the surveys provide information on the scope of smoking, use of alcoholic beverages and narcotic substances by young people and changes over the period of 1994 – 2010. In this work we also pointed out to social differences which evolved due to a different residential place (cities or villages), family composition (life with both biological parents or in a family of the impaired structure) and family's financial standing which the surveyed assessed individually (life in a poor, average or very wealthy family). Data on the use of narcotic substances are provided only about juveniles of 15 years of age.

In Lithuania prevalence of the psychoactive substance use is also studied including visitors of the night clubs and students of higher education institutions. Both surveys were completed in 2008. A survey of the night club visitors in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys was carried out in order to assess availability, prevalence and drug/psychotropic substance use habits among the visitors of Lithuania's night clubs. The survey was based on 545 questionnaires filled in by the respondents. The survey's task was to analyse prevalence of psychoactive substance use among students of higher education establishments in Lithuania, to explore students' approach to the of psychoactive substance use and to assess differences of psychoactive substance use modes according to social and demographic characteristics. The survey was implemented using the method of live interviews in education establishments (universities, colleges or academies) covering 1025 students of the first-fourth

study years in Lithuanian establishments of higher education. A second survey of the night club visitors is currently being carried out in Lithuania.

2.2 Drug Use among the general population (based on probabilistic sample)

Additional information for this chapter is also available in the Standard Table 01 Basic results and methodology of population surveys on drug use (2013)

According to the National Survey data 2012, in Lithuania 11.1 percent of the population used at least one drug¹³ at least once in their lifetime, 2.6 percent - at least once in the last 12 months, 0.8 percent - at least once in the last 30 days. A bigger number of men (17.5 percent) compared to women (5.0 percent), younger respondents (aged 15-34) compared to older ones (aged 35-64), 17.8 percent and 6.4 percent respectively, used drugs at least once in their lifetimes (*Table 2-1*).

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

	15-64 years			15-34 years			35-64 years		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Lifetime prevalence (LTP)	17.5	5.0	11.1	24.9	10.4	17.8	11.8	1.6	6.4
Last year's (12 months) prevalence (LYP)	4.0	1.2	2.6	7.8	3.1	5.5	1.1	0.0	0.5
Last month (30 days) prevalence (LMP)	1.2	0.4	0.8	2.5	0.9	1.7	0.3	0.0	0.1

As in previous surveys, use of cannabis prevails in the country among drugs and psychotropic substances: 10,5 percent of the Lithuanian population used cannabis at least once in their lifetimes (LTP), 2,3 percent - at least once in the last 12 months (LYP), 0,7 percent - at least once in the last 30 days (LMP) (*Table 2-2*).

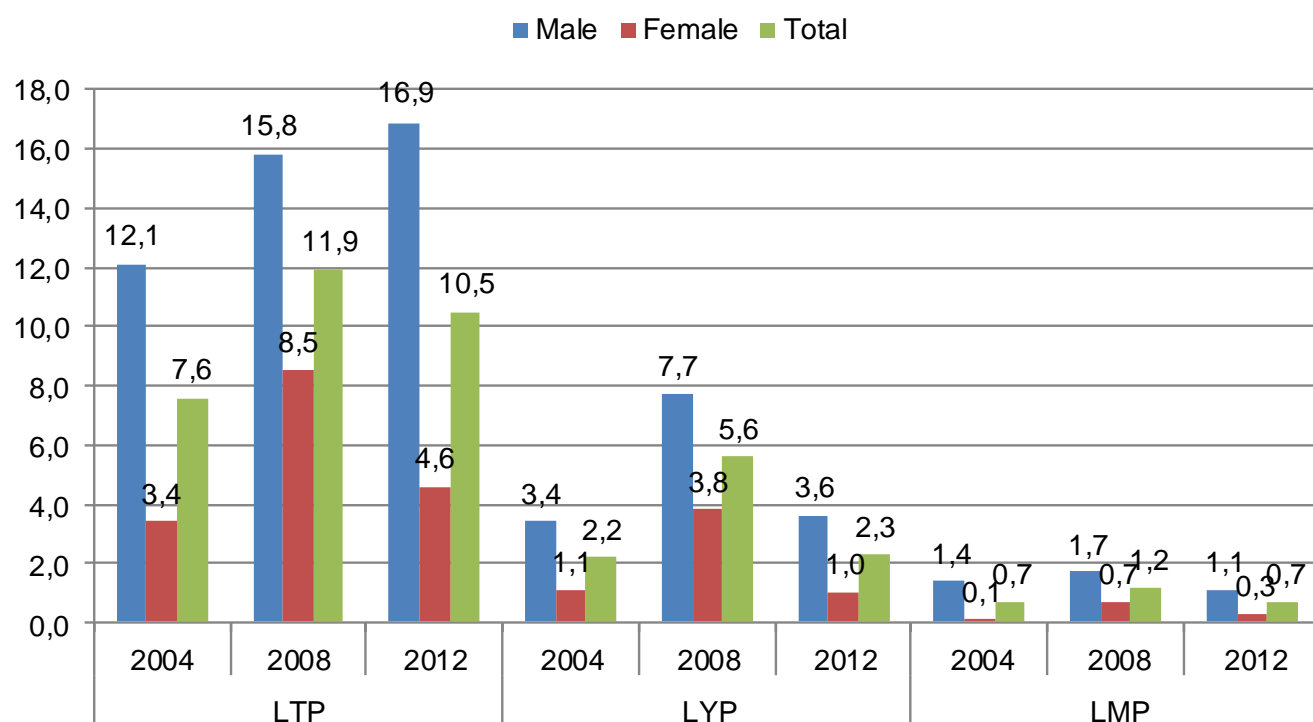
Table 2-2. Distribution of cannabis users by age and gender (percent)

	15-64 years			15-34 years			35-64 years		
	men	women	total	men	women	Total	men	women	total
Lifetime prevalence (LTP)	16.9	4.6	10.5	24.2	9.6	17.1	11.2	1.4	6.0
Last year' (12 months) prevalence (LYP)	3.6	1.0	2.3	7.5	2.7	5.1	0.7	0.0	0.3
Last month (30 days) prevalence (LMP)	1.4	0.1	0.7	2.4	0.8	1.6	0.1	0.0	0.0

In 2012, as in the previous year, the share of women, who used cannabis, in all age groups is significantly smaller than that of men. Comparing results of 2012 and 2008, consumption by women decreased in all categories of use (LTP, LYP, LMP), whereas consumption of men decreased in categories LYP and LMP, but the share of men who used drugs at least once in their lifetime, increased, but this difference is not statistically significant (fig. 2.8).

¹³The term "at least one drug" was used when speaking about cannabis (hashish, marihuana), ecstasy, amphetamines, cocaine, heroin, LSD, hallucinogenous mushrooms and other illegally used substances indicated by the respondents themselves.

Figure 2-1. Prevalence of cannabis use in categories LTP, LYP and LMP according to gender of respondents aged 15-64, 2004 and 2008, percent



While comparing the results with the data of the previous survey – prevalence of cannabis use in 2012 significantly dropped in cases of single-time use in the lifetime, single-time use in the last 12 months, single-time use in the last 30 days. Among single-time users of cannabis during four years, significant statistical differences are not seen only in the groups of respondents aged 25-34 and 35-44 (fig. 2-2). Among persons, who used cannabis over the last 12 months, significant statistical differences are not seen only in the groups of respondents aged 55-64 (fig. 2-3). Among persons, who used cannabis over the last 30 days, significant statistical differences are seen only among youngest respondents aged 15-24 (fig. 2-4).

Figure 2-2. Prevalence of a single-time cannabis use in the lifetime in Lithuania, 2004 – 2012, 5 age groups, percent

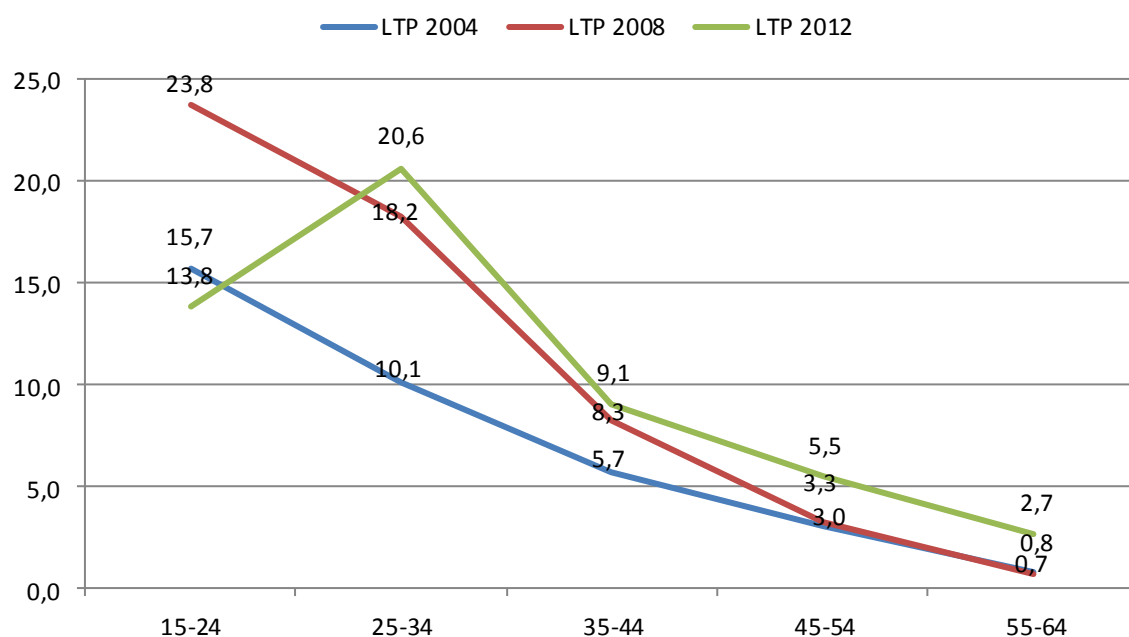


Figure 2-3. Prevalence of cannabis use over the last 12 months in Lithuania, 2004 – 2012, 5 age groups, percent

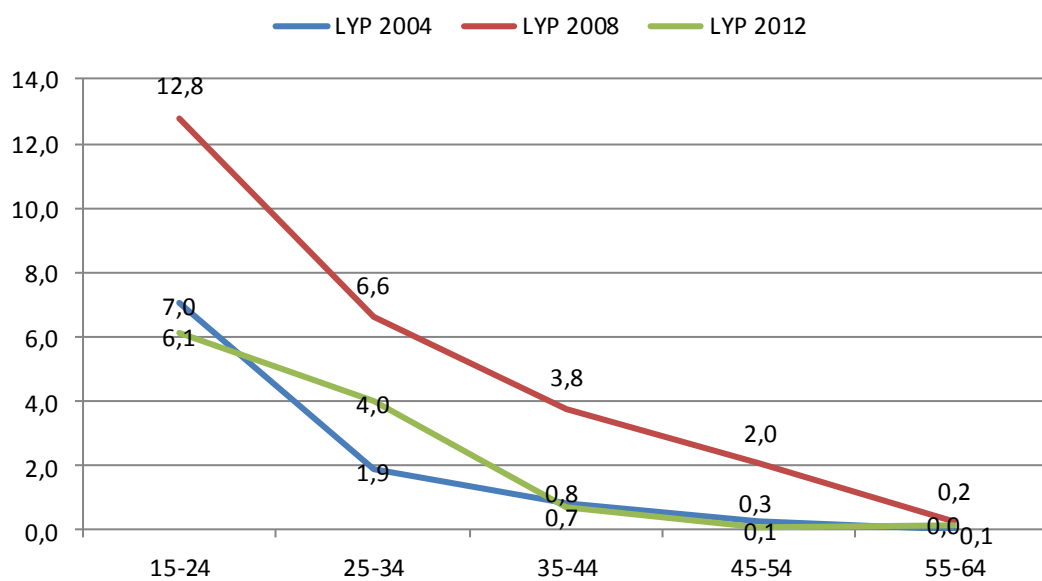
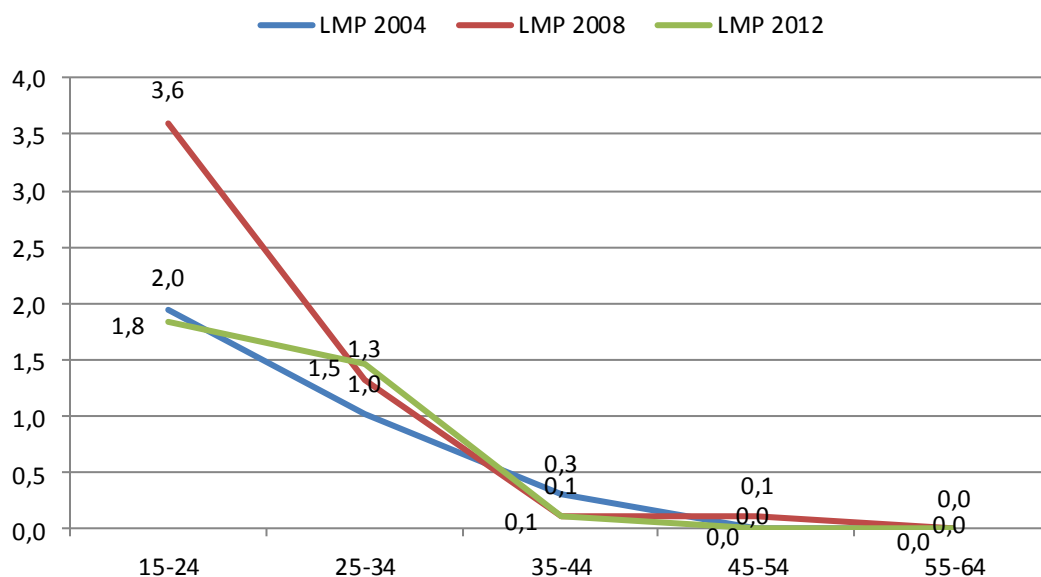


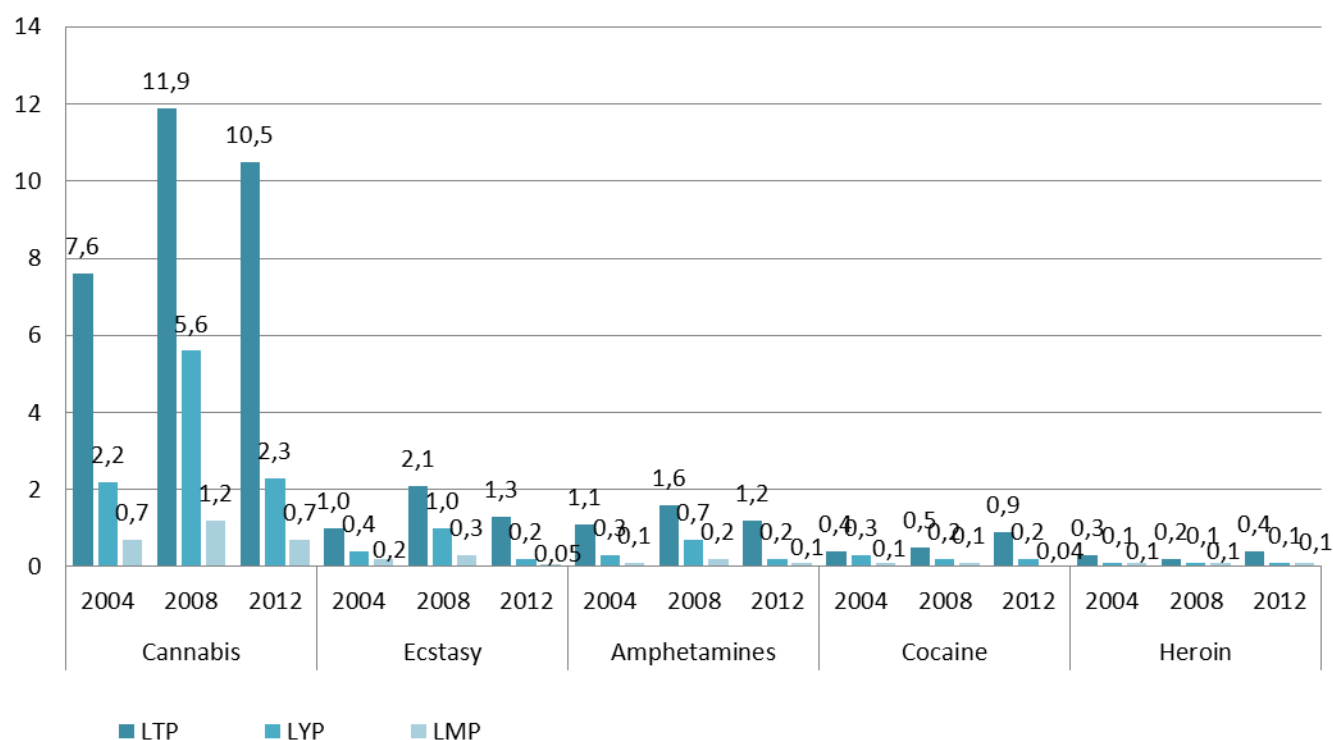
Figure 2-4. Prevalence of cannabis use over the last 30 days in Lithuania, 2004 – 2012, 5 age groups, percent



After cannabis, the most popular drugs in Lithuania are amphetamine and ecstasy. Use of ecstasy, which in 2008 was the most popular drug, declined in 2012. Based on the survey carried out in 2012, amphetamine and ecstasy use is nearly at the same level as in 2004. Based on the survey carried out in Lithuania in 2012, 1,3 percent of Lithuania's residents aged 15-64 used ecstasy at least once in a lifetime, over the last 12 months – 0,2 percent, over the last 30 days – 0,05 percent. 1,2 percent of residents aged 15-64 used amphetamine at least once in their lifetime. 0,2 percent of the questioned people used the said drug over the recent year, and over the last month – 0,1 percent of the population which was surveyed.

The results, as compared to the Survey of 2008, show that in 2012 the prevalence of ecstasy use decreased significantly, changes in the use of amphetamine, as well as of other drugs, are not statistically significant. Prevalence of other drug use is provided below (Figure 2-5).

Figure 2-5. Prevalence of drug use by categories LTP (lifetime), LYP (12 months), LMP (30 days) in 2004, 2008 and 2012 (percent)



2.3. Drug Use in the school and youth population (based on probabilistic samples)

Prevalence of use of psychoactive substances among students of 15 – 16 years of age (ESPAD)

Information source – „Survey of alcohol and other narcotics in schools of Europe ESPAD – 2011“, Irena Šutinienė

No new information is available for 2012.

In 2011, there were 21 percent (27 percent of boys and 16 percent of girls) of juveniles who consumed some narcotic at least once in lifetime.¹⁴ From 2007, the number of such students increased by about 1 percent.

The biggest part of the students used cannabis – 20 percent (25 percent of boys and 14 percent of girls) (Figure 2-6). Use of cannabis at least once in lifetime from 2007 increased in Lithuania by almost 2 percent, from 18,2 percent to 20 percent, over the last 12 months increased by almost 1 percent, from 11,7 percent to 12,5 percent, and prevalence of cannabis use over the last 30 days remained nearly unchanged (in 2007– 4,7 percent, in 2011 – 5 percent) (Figure 2-7). Both among the juveniles who attempted to use marijuana/hashish at least once in their lifetime and in particular among those who attempted to use it over the last 12 months and the last month, boys exceed the number of girls by nearly two times, therefore the use of this narcotic, as of other narcotics, in Lithuania among the boys is more popular than among the girls.

¹⁴The study analysed use of the following narcotics: marijuana (hashish, cannabis, „grass“), amphetamines, ecstasy, LSD and other hallucinogens, heroin, cocaine, crack, hallucinogenic mushrooms, GHB (gamma-hydroxybutyrate), anabolic steroids

Figure 2-6. Prevalence of use of marihuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP) among all schoolchildren; 2011 (percent)

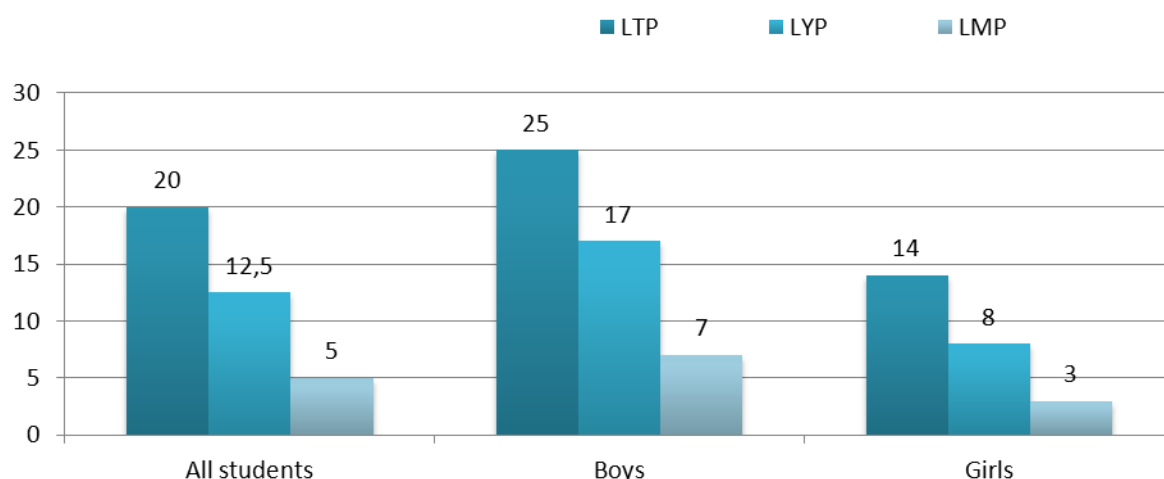
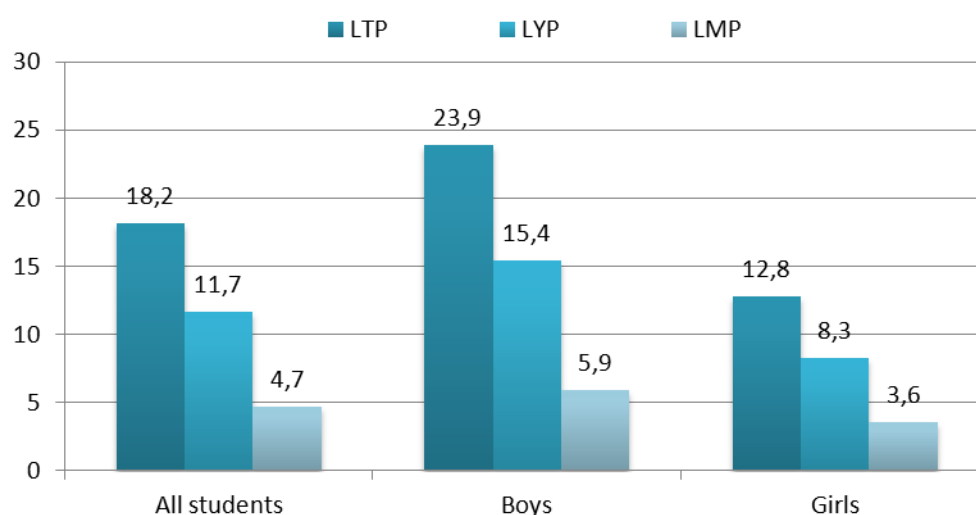


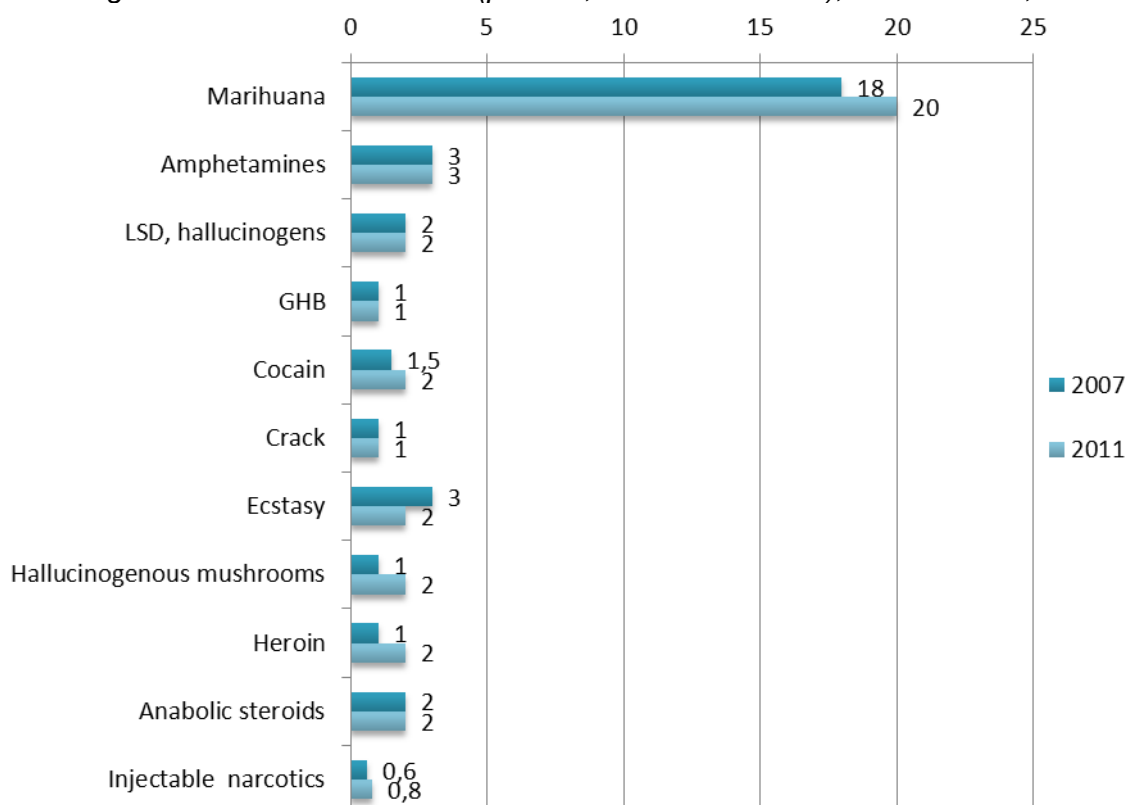
Figure 2-7. Prevalence of use of marijuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP) among all schoolchildren; 2007 (percent)



From 2007, prevalence of the use of ecstasy, which was the second most popular narcotic after cannabis, decreased. In 2011, 2 percent of all students used it at least once in a lifetime (in 2007 – 3,4 percent), amphetamines, which have been tried at least once in a lifetime by 2,8 percent of the juveniles and which now are in the second place, do not lag behind a lot, but their consumption also decreased slightly. Prevalence and dynamics of the use of narcotic and psychotropic substances from 2007 is shown in Figure 2-8.

All narcotics are more widely spread among boys than among girls, gender differences from 2007 increased due to the decrease of use among girls. Boys also dominate among more frequent users, but the total number of juveniles, who used illegal narcotics 40 and more times in their lifetime, decreased from 2 percent in 2007 to 1,6 percent in 2011. Prevalence of use of cannabis and other narcotic and psychotropic substances differs significantly by the degree of the urbanization of the location – in largest cities their prevalence is by nearly two times bigger than in rural areas.

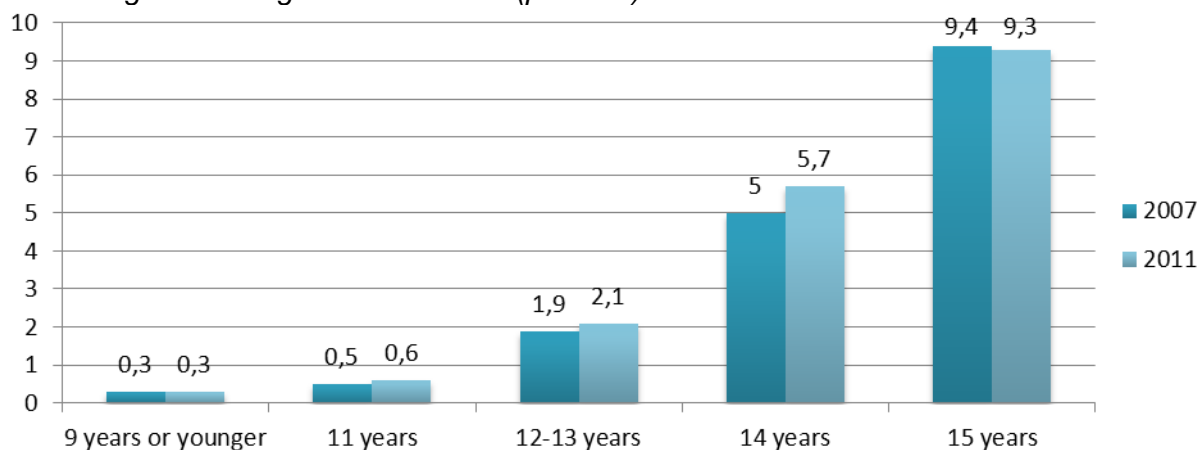
Figure 2-8. Use of drugs at least once in a lifetime (percent, all schoolchildren), ESPAD 2007, 2011 data



Use of sedatives and hypnotics among juveniles without physician's prescription in Lithuania grew from 1999 to 2007 and was the highest in Europe. From 2007 to 2011, prevalence of their use at least once in a lifetime among juveniles slightly reduced. Juveniles who used sedatives and hypnotics without physician's prescription in Lithuania at least once in a lifetime made 13 percent (in 2007 – 15,6 percent), among them 7 percent of boys and 19 percent of girls. 7 percent of Lithuania's juveniles indicated having used inhalants at least once in their lifetime. Prevalence of the use of inhalants among Lithuanian students from 2007 increased by more than twice (3 percent of students indicated having used them in 2007).

Most of the students tried narcotic and psychotropic substances at the age of 13-15. But quite a big part of students try them for the first time being very young (9-11), although their share among those who used them is not large. Boys start using narcotic and psychotropic substances at a younger age. Data show that the number of the first attempts to use the most popular narcotic cannabis is growing in proportion with age and grows significantly at the age from 14 to 15. (Figure 2-9). Trends in the age dynamics of the first trials to use other illegal narcotics for the first time are similar.

Figure 2-9. Age of starting to use cannabis (percent)



According to students, accessibility of drugs slightly decreased, more students than four years ago sceptically think of the possibility to get them. A quarter of all students (24,6 percent) think that it would be easy or very easy for them to get cannabis (27,7 percent of them thought the same in 2007). 35,5 percent of students think that it would be very or rather difficult for them to get cannabis, the other 22 percent think it would be impossible. While assessing the possibility to get ecstasy and amphetamine, more than 67-68 percent of students think it would be rather and very difficult or impossible to get them (in 2007 – 60 percent), to get them rather easy and very easy –10,7 and 10,9 percent of students respectively (in 2007 – 16-17 percent).

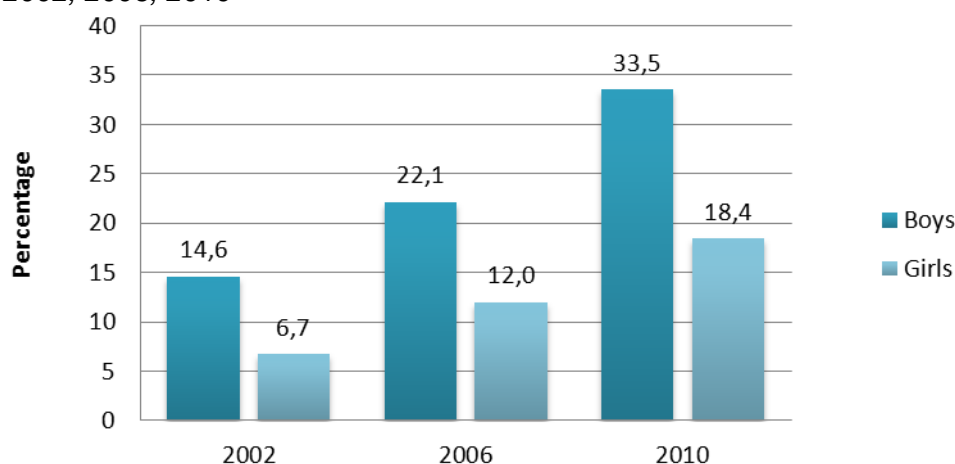
Prevalence of use of psychoactive substances among students of 11, 13 and 15 years (HBSC)

Information source – „Use of tobacco, alcoholic drinks and drugs among Lithuanian juveniles in 1994 – 2010 “, Lithuanian University of Health Sciences, Apolinaras Zaborskis.

No new information is available for 2012.

In 2010, narcotics have been already tried by every third boy aged fifteen (33,5 percent) and by every fifth girl of the same age (18,4 percent), which is significantly more than in 2002, when this problem started receiving attention at the time of the survey (Figure 2-10).

Figure 2-10. Share of boys and girls, who admitted having used some type of narcotics at least once in their lifetime, in 2002, 2006, 2010



In Lithuania, as in many European states, products of cannabis remain among the most popular narcotics. Among students of the 9th form, who took part in the survey in 2010, 28,6 percent of boys and 13,4 percent of girls admitted having used a narcotic of this type at least once in their lifetime. Of them 19,4 percent of boys and 8,6 percent of girls indicated that they had been using narcotics the last 12 months.

As a result of the survey performed, juveniles living in cities had more opportunities to use narcotics than their contemporaries in rural areas (respectively 28,1 percent and 18,5 percent between the boys and 16,9 percent and 8,0 percent – between the girls), and the juveniles coming from families of impaired structure, – more often than juveniles living with both parents (respectively 28,1 percent and 22,6 percent between the boys and 20,9 percent and 14,1 percent – between the girls). Children of better-off families were more often inclined to use narcotics.

Prevalence of psychoactive substance use among youth aged 15 – 24¹⁵

No new information is available for 2012.

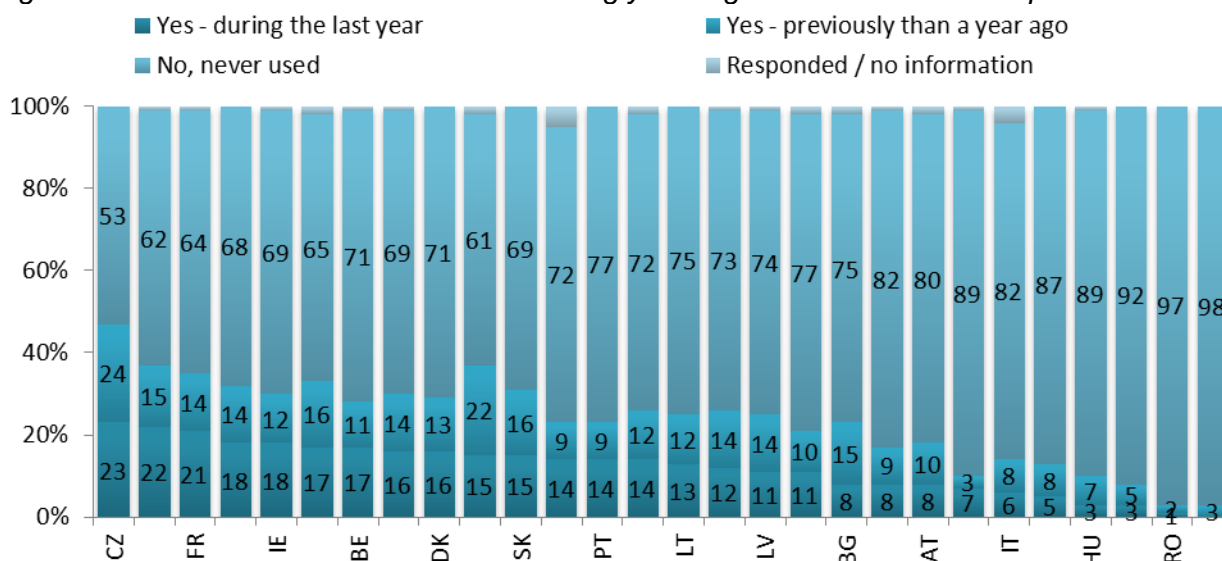
For a decade, the European Commission had been surveying prevalence of drug use among youth in the EU countries: in 2002 and 2004, the survey was carried out in 15 EU countries, in 2008 – in

¹⁵ Flash Eurobarometer “Youth attitudes on drugs”, 2011[online]. Available: http://ec.europa.eu/public_opinion/flash/fl_330_en.pdf [accessed 2011.09.20]

27 EU countries¹⁶. The latest survey was carried out in May 2011 in 27 EU countries. The survey estimated the trends in the EU youth attitudes to drugs and new psychoactive substances. In 2011, the survey covered over 12 thousand youths aged 15 to 24 in 27 EU countries. In Lithuania, as in other EU Member States randomly selected 501 youths (aged 15 – 24) were interviewed by phone.

In 2011, the *Eurobarometer* results show that every third young man (32 percent) and every fifth young woman (20 percent) in Europe state that they used cannabis at least once in their lifetime, and total prevalence of cannabis use among youth in Europe accounts for 26 percent. In Lithuania, every fourth youth (aged 15 – 24) used cannabis (*Figure 2-11*). One out of ten said used this drug in the last year, 2,8 percent used in the last month (*Figure 2-12*). Though in *Fig. 2-11* insignificant increase of cannabis use at least once in a lifetime (LTP) is observed, decrease of cannabis use at least once in the last 12 months (LYP) and once in the last 30 days (LMP) is observed (from 12,8 percent to 9,8 percent (LYP) and from 3,6 percent to 2,8 percent (LMP) respectively).

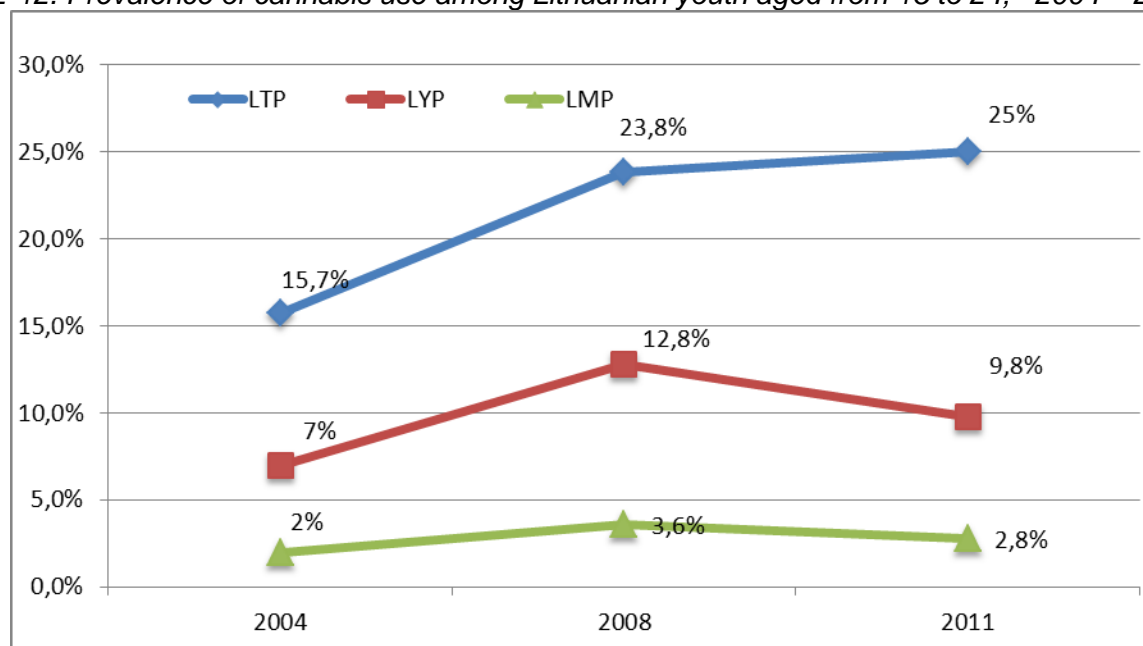
Figure 2-11. Prevalence of cannabis use among youth aged 15 – 24 in the European Union countries



¹⁶EuropeanCommission- Press release „European Commission to strengthen rules to fight dangerous new synthetic drugs”, 2011 [online].

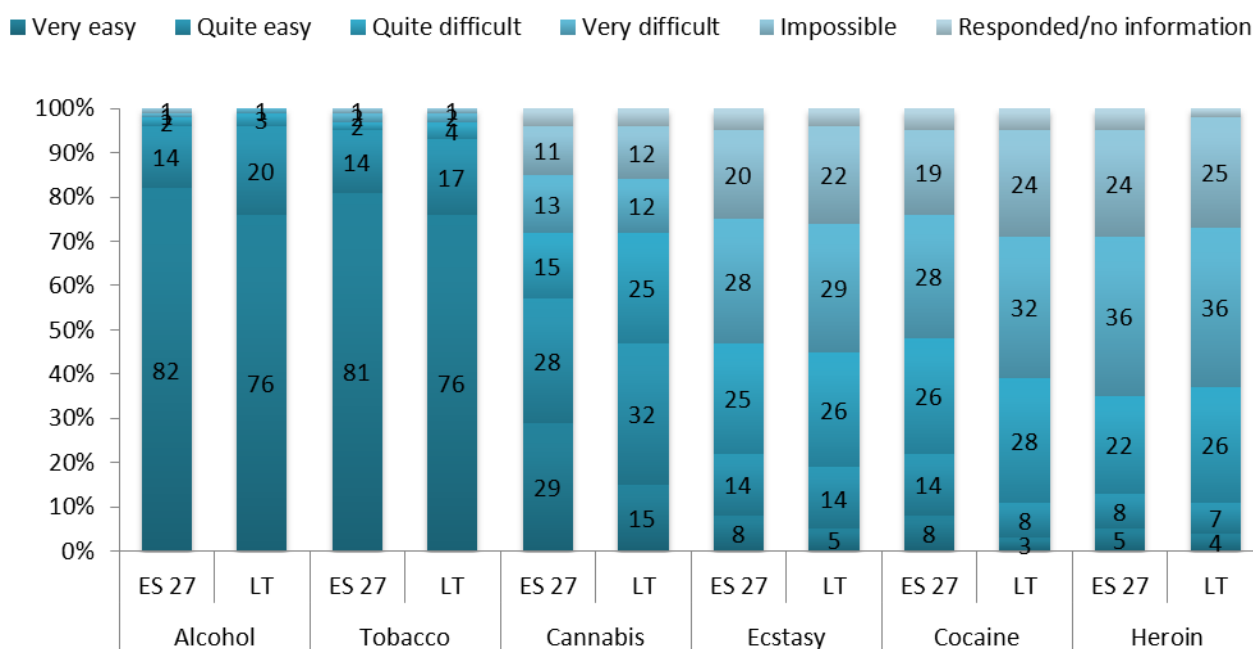
Available:<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/855&format=HTML&aged=0&language=LT&guiLanguage=en> [accessed 2011.09.20]

Figure 2-12. Prevalence of cannabis use among Lithuanian youth aged from 15 to 24, 2004 – 2011



Nearly all interviewed young people in Lithuania when asked whether it would be difficult to obtain alcoholic beverages and tobacco products within 24 hours replied they could obtain them very easily or easily enough within this period of time. According to Lithuanian respondents, cannabis out of all drugs has highest availability (47 percent). 57 percent of the European respondents think they can get cannabis easily within 24 hours. 22 percent of the European respondents can say the same about ecstasy and cocaine. In Lithuania, these indicators are 19 percent and 11 percent respectively (Figure 2-13).

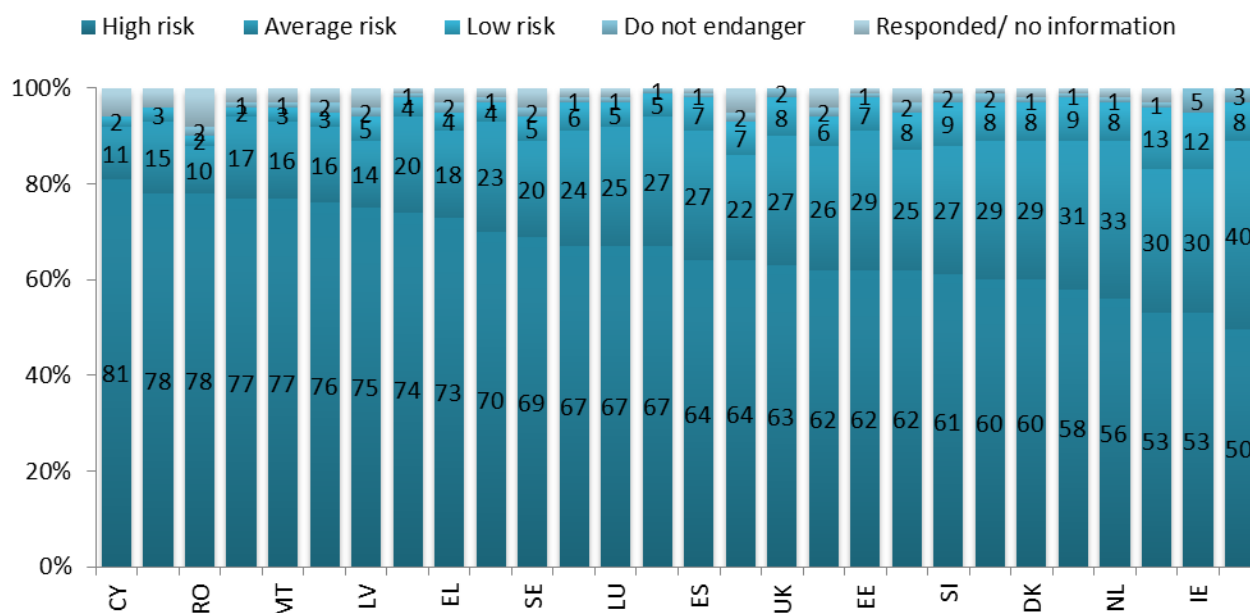
Figure 2-13. Comparison of availability of psychoactive substances in Lithuania and the EU in average



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

only by 36 percent¹⁷. 95,8 percent of Lithuanian respondents think that regular use of cocaine poses a big threat to health, 92,5 percent think the same in terms of regular use of ecstasy, 77,4 percent – of cannabis (Figure 2-14), 72,8 percent – of alcohol.

Figure 2-14. Attitude of Europeans to long-term use of cannabis and threat to health caused by it



According to the Report from the European Commission¹⁸, in 2010 the EU identified a record number (41) of psychoactive substances which imitate the effects of drugs and are sold legally. In the previous year 24 such substances were identified. Therefore, the Eurobarometer survey asked about use of new psychoactive substances. The survey data reveal that new substances become increasingly popular, i.e. 4,8 percent of young Europeans say they have used them. The young Lithuanians also know new drugs - 5,2 percent of the respondents have used them. In Europe, new drugs are mainly distributed through friends - 54,2 percent, who came across new substances, indicated they got them from friends, 36,4 percent – at parties or in night clubs, 32,6 percent – in specialist shops, 7,3 percent - through the Internet. In Lithuania, these figures slightly differ: distribution in specialist shops takes the first place, i.e. 46,5 percent of young people get them in such shops, 45 percent – from friends, 19,1 percent – at parties or in clubs, and 4,1 percent - through the Internet. According to the Eurobarometer survey, across all 27 EU Member States, nearly all 15 to 24 year-olds are in favour of banning these substances.

Prevalence of psychoactive substance use among 14- to 29-year olds

Source of information – Comparative Analysis of the Problems of Youth, dr. Jolita Buzaitytė-Kašalynienė, Vilnius

Comparative Analysis of the Problems of Youth has been made at the request of the Youth Affairs Department at the Ministry of Social Affairs and Labour while implementing a project „Development of Integrated Youth Policy“. A report has been prepared using the data on youth problem studies carried out by Lithuanian municipalities. The aim of the report is to carry out a comparative analysis of the surveys on youth problems carried out in 60 municipalities.

Youth problem surveys at the municipalities were carried out using two methods: surveys according to standardized youth questioning form and quality questioning using open questions. The

¹⁷European Commission, Press-release *European Commission to strengthen rules to fight dangerous new synthetic drugs*, 2011

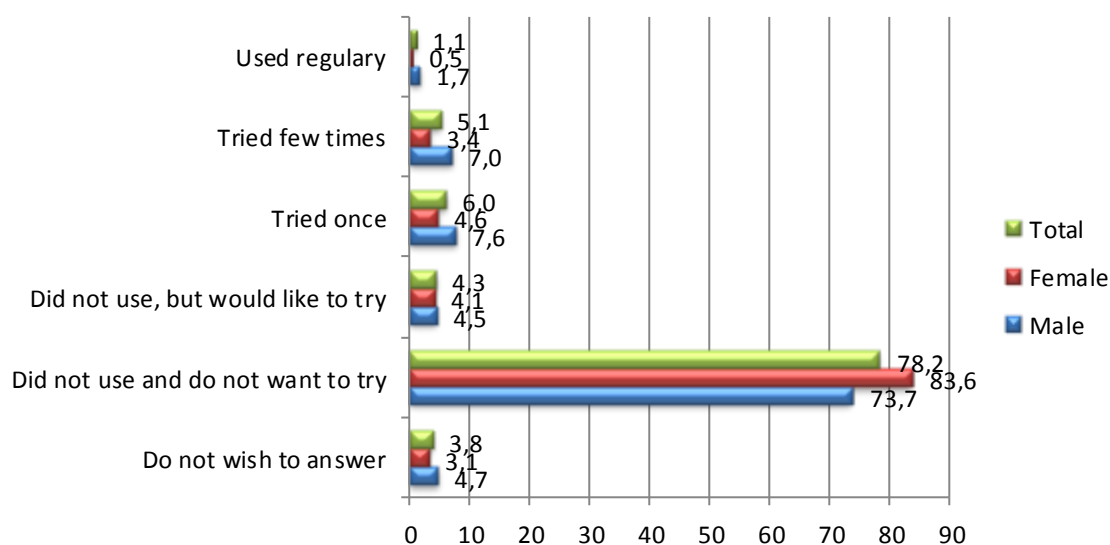
(<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/855&format=HTML&aged=0&language=LT&guiLanguage=en>)

¹⁸European Commission, Report from the Commission on the assessment of the functioning of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances, 2011 (http://ec.europa.eu/justice/policies/drugs/docs/com_2011_430_en.pdf)

population (general entirety) of the surveys of youth problems consisted of 14- to 29-year olds who lived, studied or worked in Lithuania at the time of the survey. Different selections were used during the quality survey in the municipalities during the first and second stage. During the first stage a random route sampling was used; this sampling was recommended for the methodology, and during the second stage a quota sampling was applied; this sampling was selected by executors of the second stage. The size of the quality survey sample – 23805 young people. Quality survey involved 1200 young people.

Bigger majority of the young people (78,2 percent) indicated that they have never tried drugs and had no wish to do so, and 4,3 percent of the young people have not tried them but would like to try. 6 percent of the 14- to 29-year olds tried drugs one time, 5.1 percent – tried several times. 1,1 percent of young people indicated that they used drugs regularly, 3,8 percent of them did not want to answer to this question (Figure 2-15).

Figure 2-15 Frequency of drug use among youth aged 14-29, percent.



There are differences among men and women in terms of drug use. More women than men never tried and would not wish to try drugs (men – 83,6 percent, women – 73,7 percent). More men than women did not try but would like to try drugs (men – 4,5 percent, women – 4,1 percent). One trial of drugs by men – 7,6 percent, by women – 4,6 percent), several trials by men – 7,0 percent, by women – 3,4 percent), consume regularly: men – 1,7 percent, women – 0,5 percent).

The biggest number of young people (36,8 percent) indicated that information on where to apply for help due to drug use was not relevant to them. One fourth (25,1 percent) of them knew where they could ask for help, and 21,6 percent said they could easily find out about this. More than one tenth of the young people thought that help for drug users was not available.

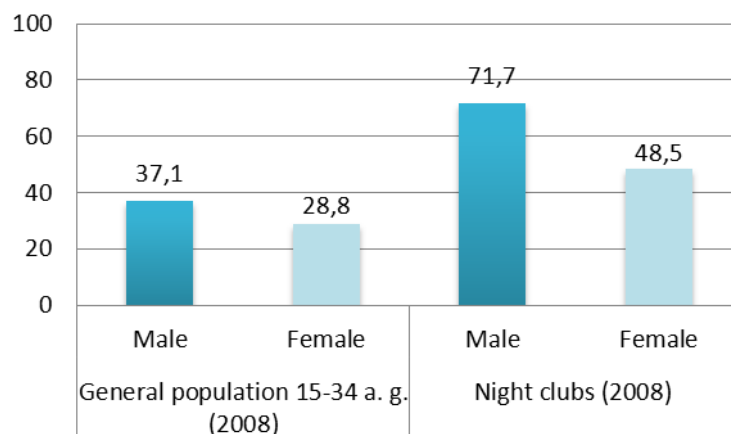
2.4. Drug Use among targeted groups / settings at national and local level

Prevalence of drug use among night club visitors in Lithuania

No new information is available for 2012.

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 survey above to the survey of prevalence of use of psychoactive substances in Lithuania (2008) revealed 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 2-16 show that both, men and women are proposed by nearly two times more often as compared to general population.

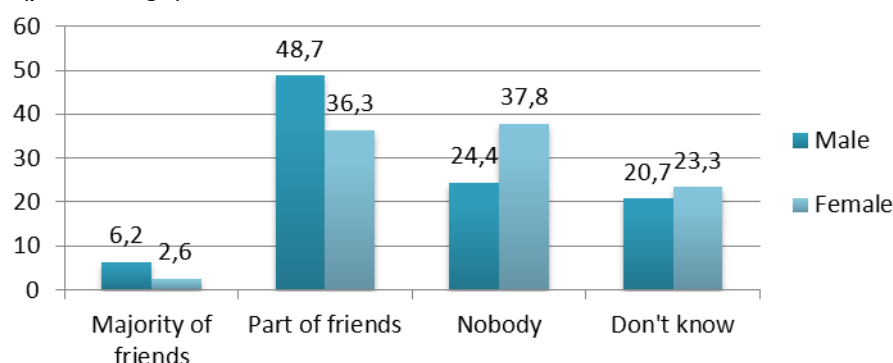
Figure 2-16. Comparison of club visitors and general population approached with the offer to try drugs, by gender (percent)



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 visitor 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 used 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 2-17).

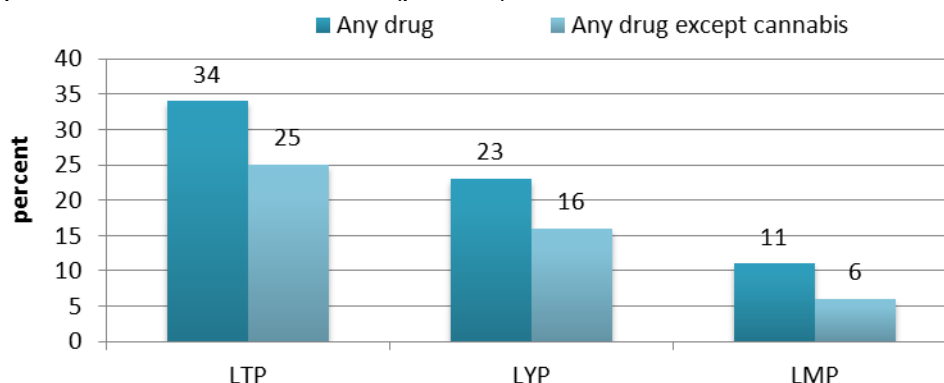
Figure 2-17. Distribution of club visitors answering to the question “Do you have/know friends who use drugs”, by gender (percentage)



The results of the club visitor survey show that the respondents aged 22-25 years, compared to the groups of younger and older respondents, statistically significantly more often indicated that part of their friends used drugs. This 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 over the last year, in the average every tenth respondent used drugs over the last month (Figure 2-18). More frequent users were men, over 22 years of age, having jobs, financially stronger (can afford to spend 200 Litas for entertainment 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 – over the last year, and 6 percent – over the last month. Regarding the cases of any drug use, drugs were used more frequently by men who were over 22 years of age, had jobs, lived in Vilnius and Klaipeda, were financially stronger and were more frequent visitors of the night clubs.

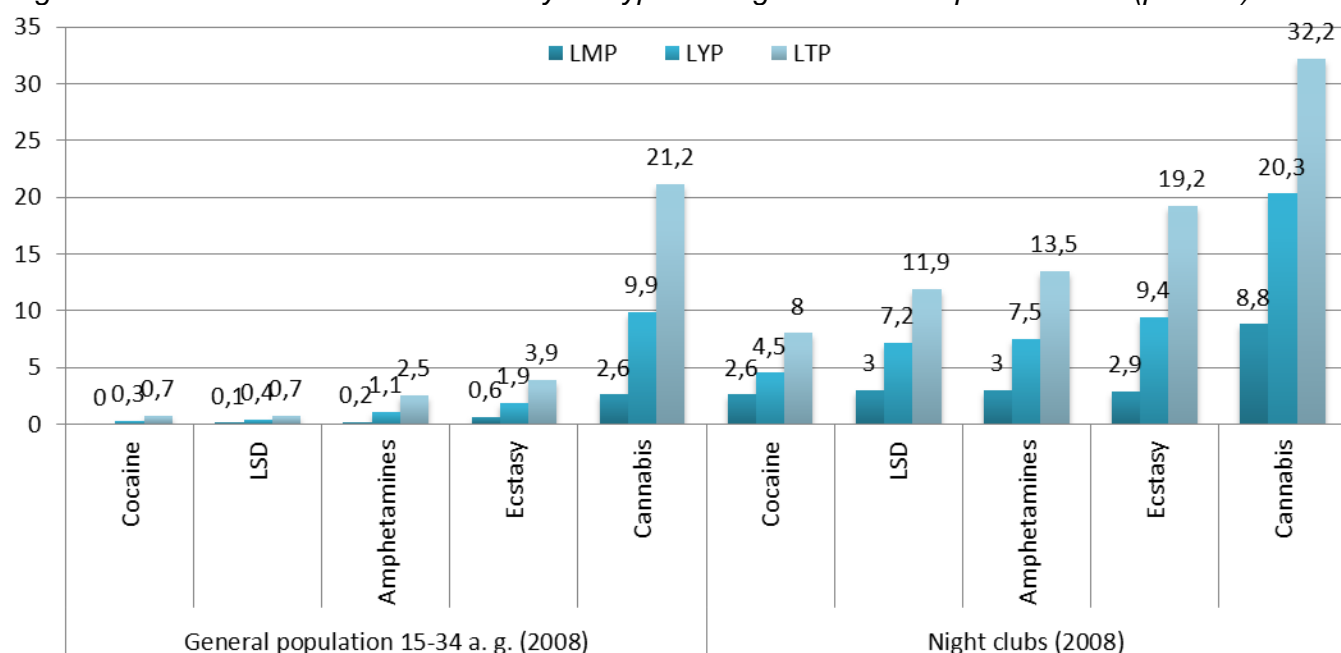
Figure 2-18. Distribution of club visitors according to the drug use period of at least one drug or at least of one drug, except for marihuana and hashish (percent)



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 a lifetime in the age group of 22-25 years was higher than in the age group under 21 years ((21,0 percent and 40,4 percent). The results show that more frequent use of drugs was 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) reveals that in entertainment places all types of drugs are used once in a lifetime, in the last 12 months and in the last 30 days more often than among general population. The most spread types of drugs are marihuana, ecstasy and amphetamine/methamphetamine (Figure 2-19).

Figure 2-19. Distribution of club visitors by the type of drug used and the period of use (percent)



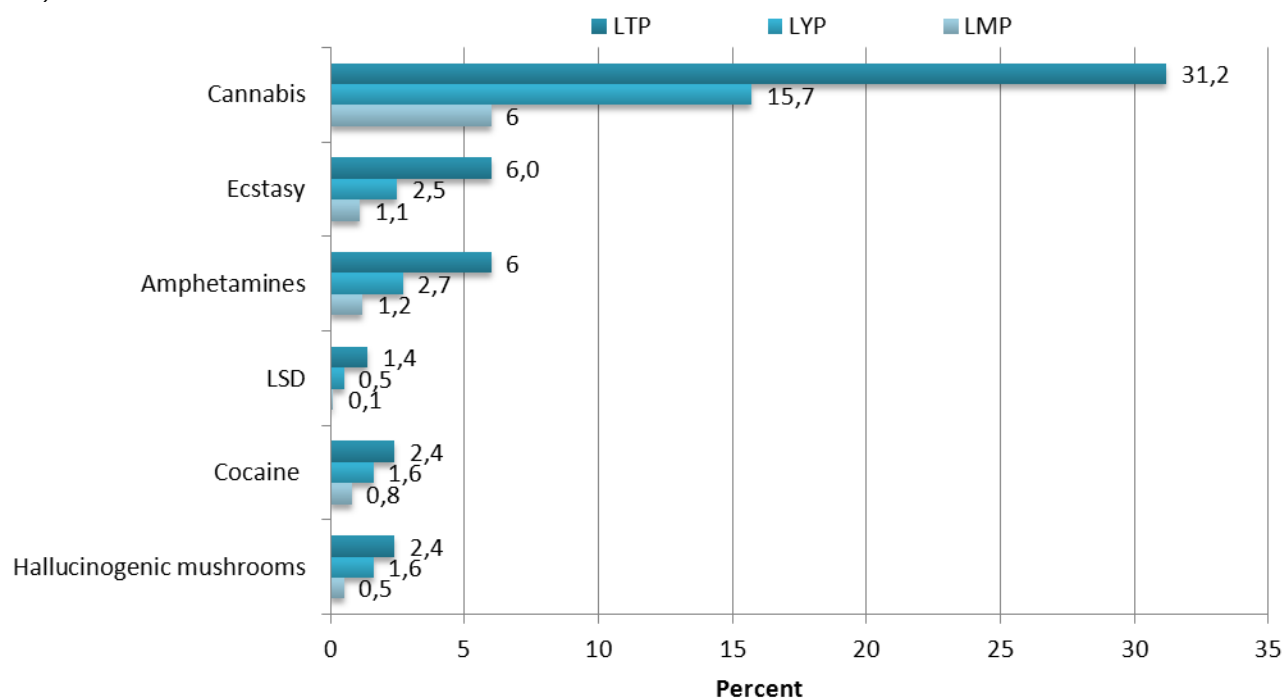
Prevalence of psychoactive substances among students of higher education establishments in Lithuania

No new information is available for 2012.

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

The average age of the students for the first try of the majority of drugs was 18 years. At this age “grass”, ecstasy, amphetamine, LSD and “magic mushrooms” were used for the first time. The average age for cocaine use was 19 years. “Grass” (marihuana, hashish) is the most spread drug among students. The biggest group among students, who used drugs, confessed use of the above drug (31 percent of the surveyed students used “grass” in their lifetimes). The popularity of “grass” among students is also proved by the fact that the biggest number of students (60 percent) indicated they personally knew people who used this drug. Other, more frequently used drugs are ecstasy, amphetamine, inhalants. The surveyed students indicated that 24 percent of the people they know use ecstasy, 21 percent – amphetamine and 15 percent – inhalants. Distribution of the respondents by use of individual drugs in relation to the use period is provided below in *Figure 2-20*.

Figure 2-20. Distribution of the respondents by use of individual drugs in relation to the use period (percent)



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

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

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

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

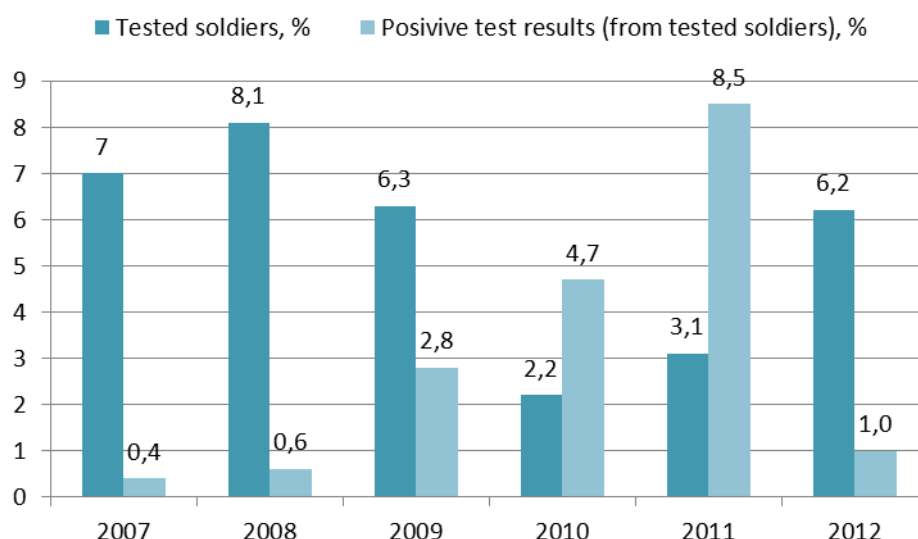
1 percent of the respondents used LSD. About one third (36 percent) used LSD during the last 12 months. A bigger number of respondents used LSD at the age of 17 or 18 years.

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

Drug Use among Army Soldiers and Conscripts

Since 2005, instant drug tests for use of drugs and psychotropic substances¹⁹ have been carried out in the institutions and their units of the National Defence System on a yearly basis. In 2012, randomly sampled or upon suspicion of having used drugs or psychotropic substances, 497 soldiers from the Professional Military Service (hereinafter - PMS) were tested, accounting for 6,2 percent of the total number of PMS soldiers. The percentage of PMS soldiers tested in 2007 – 2012 is provided in Figure 2-20 below. As compared to 2011, the number of tested PMS soldiers increased twice (from 246 soldiers in 2011 to 497 soldiers in 2012), the number of breaches identified decreased by more than 4 times (in 2011 – 21, in 2012 - 5) (Figure 2-21).

Figure 2-21. Share of soldiers tested for drug use and positive results (percent) in 2007 – 2012



The tests identified 5 positive results and these account for 1,0 percent of all tested soldiers, or 0,1 percent out of the total number of PMS soldiers. Among them 2 used amphetamines, 2 – opiates, 1 – marihuana.

3. Prevention

Additional information for this chapter is also available in the Structured Questionnaire 25 Universal Prevention + MUSTAP (submitted in 2013) and Structured Questionnaire 26 Selective and Indicated Prevention (submitted in 2013)

3.1. Introduction: definitions, data collection tools and background information

Aiming at more adequate implementation of the policy of drug control, the Drug, Tobacco and Alcohol Control Department did a number of important works. In Lithuania, modern measures of

¹⁹Used 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.

prevention and evaluation are implemented, methodological material is prepared, information is communicated to the public and specialists are trained.

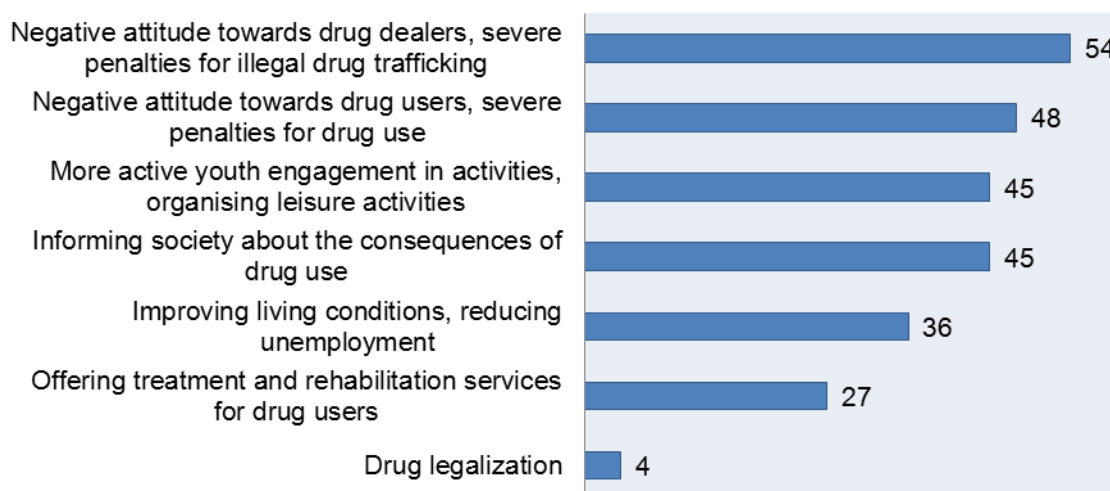
In 2012, the implementation of the *Programme for Prevention of use of Alcohol, Tobacco and Other Psychoactive Substances* approved by the Minister of Education and Science of the Republic of Lithuania Resolution No. ISAK-494 on 17 March 2006 (Official Gazette, 2006, No. 33-1197) was continued. Early intervention services to children were provided, the *Training Programme on Prevention of Psychoactive Substance Use for Parents of Schoolchildren* was prepared and approved following Resolution No. (1.3) V-263 of 23 December 2007 adopted by the Director of the Centre of Special Pedagogic and Psychology; also methodological material for work with parents was prepared.

3.2. Environmental prevention

Environmental prevention strategies

In 2012, at the request of the Drug, Tobacco and Alcohol Control Department, public opinion and market research company 'Spinter tyrimai' carried out a **survey to find out the opinion of the adult Lithuanian residents about the use of psychoactive substances**. In total 1008 permanent residents of Lithuania aged between 18 and 74 were questioned. The survey revealed that most respondents attribute environmental prevention measures to the most effective means of addressing drug use problems. In the opinion of more than half (54 per cent) of the respondents, one of the most effective activities in resolving a drug use problem in the country is a strict attitude to drug distributors and tightening of penalties. 48 per cent referred to a strict attitude to drug traffickers and tightening of penalties to them (see fig 3.1). Youth aged 18-29 has also chosen such environmental prevention strategies as a stricter approach and penalties to drug distributors (54 per cent) and users (43,3 per cent) as the most effective means of addressing drug use problems.

Figure 3-1. The most effective means of addressing drug use problems (3 variants of the answer are possible) (%) N=1008



(Source of information: Drug, Tobacco and Alcohol Control Department)

Environmental prevention strategies deployed in Lithuania, favourable and unfavourable factors of the current situation

Lithuania started implementing alcohol and tobacco control policy after adopting Law on Alcohol Control and Law on Tobacco Control, State Alcohol Control Programme approved by the Government of the Republic of Lithuania Resolution No. 212 of 25 February 1999 (Official Gazette, 1999, No. 21-603), State Tobacco Control Programme approved by the Government of the Republic of Lithuania Resolution No. 954 of 30 July 1998 (Official Gazette, 1998, No. 69-2010), also a Temperance Year Programme approved by the Government of the Republic of Lithuania Resolution No. 19 of 9 January 2008 (Official Gazette, 2008, No. 8-277). The goals set in these programmes are based on the goals of Lithuanian Health Programme approved by the Republic of Lithuania Parliament Resolution No. VIII-833 of 2 July 1998 (Official Gazette, 1998, No. 64-1842), i.e. to reduce alcohol use by 25 per cent, smoking – by 10 per cent by the year 2010.

According to the data of the Lithuanian Department of Statistics, use of alcohol beverages (only legal), which from 1999 consistently grew, has stabilized in 2008, and in 2009 it even decreased, however, the growth of use, which started in 2010, increased even more in 2011, the already high alcohol use over 2011 grew as much as by 9,2 per cent:

In 2012, one inhabitant of the country consumed in average 13 litres, and one inhabitant aged 15 and above consumed 15,2 litres of legal absolute (100 per cent) alcohol – this is by 0,3 litres more than in 2011.

Consumption of legal alcohol²⁰

Sold in retail trade and catering enterprises

	2009	2010	2011	2012
Quantity of absolute (100 per cent) alcohol, litres				
Per capita	11,1	11,6	12,7	13,0
Per one resident aged 15 and above	13,1	13,6	14,9	15,2

According to the preliminary estimations of the Lithuanian Department of Statistics, in 2012 retail trade and catering enterprises sold in average 45 packs of cigarettes, and 53 packs per inhabitant aged 15 and above which makes respectively by 1 pack more than in 2011.

Retail prices of tobacco products in 2010, as compared with 2009, increased by 26,5 per cent, and in 2011, as compared with 2010, – by 3,1 per cent, and in 2012 the prices increased by 4,7 per cent as compared with 2011. Cigarettes with filters belonging to the fourth (cheapest) segment by the level of prices experienced the biggest increase of the price (by 5,4 per cent). The increase of the prices of the cigarettes was determined by a higher excise tariff introduced since 1 March 2012.

On 1 January 2013, prohibition of the Law on Alcohol Control to bottle bear and other fermented drinks into containers bigger than 1 litre came into force, later the Seimas of the Republic of Lithuania adopted the Draft Alcohol Control Law which entered into force from 7 May 2013. This law set a prohibition to sell in retail trade places cider, bear mixtures with non-alcoholic beverages, alcoholic beverages belonging to the groups of bear and alcohol cocktails bottled into containers exceeding one litre, except bottled into glass, ceramic, wooden or metal containers when the volume of ethyl alcohol concentrations is bigger than 7,5 per cent, bottled into bigger than 0,5 litres containers, except bottled into glass, ceramic, wooden or metal containers. At the same time this Law established the following restrictions for trade in alcohol beverages as of 26 October 2013: 1) prohibition to sell in retail trade places bear, fermented beverages, alcoholic beverages belonging to the groups of alcohol cocktails bottled into containers exceeding one litre, except bottled into glass, ceramic, wooden or metal containers and a prohibition to sell bear, fermented beverages, alcoholic beverages belonging to the groups of alcohol cocktails with the volume of ethyl alcohol concentrations is bigger than 7,5 per cent, bottled into bigger than 0,5 litres containers, except bottled into glass, ceramic, wooden or metal containers.

Unfavourable factors of the current situation:

1. Increase of production of alcoholic beverages and alcoholic cocktails. Following the data of the Lithuanian Department of Statistics, production of spirit alcoholic drinks and alcoholic cocktails, having recalculated into an absolute (100 per cent) alcohol, in the country in 2012, as compared with 2011, increased by 0,1 per cent, wine production increased by 5,8 per cent, production of fermented beverages has also grown: in 2012 – 5,5 million dekalitres, in 2010 – 4,9 million dekalitres (by 12,2 per cent more than in 2010).

2. Increase of trade in alcoholic beverages and alcoholic cocktails: 0,9 million dekalitres of spirit alcohol beverages recalculated to absolute (100 per cent) alcohol were produced in 2012. As compared to 2011, their production grew by 0,1 per cent. In 2012, production of fermented beverages increased and made 5,5 million dekalitres, this is by 11,6 per cent more than in 2011. Production of non-fizzy drinks grew by 31,9 per cent, of fizzy drinks – by 26,6 per cent, of fermented drinks, fruit-berries wine - by 0,9 per cent, bet production of cider decreased by 1 per cent. In 2012, production of grape wine and vermouth was 0,6 million dekalitres or by 5,8 per cent more than in 2011. Production of bear was the biggest – 28,4 million dekalitres, but its production over one year reduced by 6,9 per cent. Import of all

²⁰ Statistical indicators have been adjusted according to the number of the population recalculated based on the results of the 2011 Population and Housing Census of the Republic of Lithuania.

types of alcoholic beverages grew rapidly, in particular of spirit (by 32 per cent) and fermented drinks (by 23 per cent).

3. Reduction of the price of alcoholic beverages based on the data of Lithuanian Statistical Department, retail prices of alcoholic beverages in 2012, as compared to 2011, grew by 2,4 per cent. Imported vodka also became more expensive – by 13,5 per cent, bear by – 5,7 per cent, strong herbal vodka – by 2,2 per cent, table wine – by 1,5 per cent, but whisky went down by 4,5 per cent, liqueur – by 2,9 per cent, vodka produced in Lithuania – by 1,4 per cent.

4. The number of economic entities engaged in retail trade in alcoholic beverages and tobacco products has been constantly growing. Pursuant to the data of the Drug, Tobacco and Alcohol Control Department held on 1 July 2012, there were 19 446 valid licenses issued by municipalities to run a business of retail trade in alcoholic beverages and 17 216 licenses issued by municipalities to run a business of retail trade in tobacco products. Due to that alcoholic beverages and tobacco products became easier available.

5. The scope of illegal turnover of alcoholic beverages and tobacco products is not known.

Feasibility study on the need and application of the means to prevent psychoactive substance use in targeted youth groups

In order to ensure effectiveness of prevention, it should be necessary first of all to identify the need of prevention and to know the target group better. Assessment of the needs allows foreseeing possible aims of prevention, gives a lot of important information on how these aims should be pursued, enables justifying necessity of applying planned prevention and ensures that they are directed to the target group and meet its needs²¹.

In August of 2012, at the request of the Drug, Tobacco and Alcohol Control Department, public opinion and market research company 'Spinter tyrimai' carried out a survey to find out the opinion of the adult Lithuanian residents about the use of psychoactive substances. In order to find out the need and possibilities of using prevention in youth target groups, responses of the respondents aged 18-29 (age average - 24,07) were separately assessed and evaluated. 224 persons aged 18-29 answered to the questions of the survey: 122 young men (54,5 per cent) and 102 young women (45,5 per cent). 57 persons in the group of the young people aged 18-25 studied at schools or other higher education establishments.

In the opinion of the youth, measures of psychoactive substance use prevention would be most purposeful if they are applied for schoolchildren, students, those who experiment or use psychoactive substances irregularly, and said measures would be least purposeful for children of pre-school age (see table 3.1). In the opinion of young people who have been using some type of drug in the recent 12 months, contrary to the opinion of those who haven't been using drugs during the same period ($p < 0,05$), it is more purposeful to implement prevention of psychoactive substance use in social risk groups.

Table 3-1. Expedience of applying drug, tobacco and alcohol use prevention among different target groups (1 – not purposeful at all; 5 – very purposeful)

Groups of persons	Average	Std. deviation
Schoolchildren	4,24	0,90
Students	4,06	1,00
Experimenting or using psychoactive substances irregularly	3,83	1,19
Social risk groups	3,79	1,18
Visitors of night clubs	3,73	1,21
Adults	3,53	1,14
Representatives of certain professions (for example, drivers, policemen, pedagogues and etc)	3,46	1,17
Children of pre-school age	3,04	1,29

(Source of information: Drug, Tobacco and Alcohol Control Department)

²¹ European drug prevention quality standards: A manual for prevention professionals. EMCDDA, Lisbon, December 2011.

More than half of the survey respondents (aged 18-29) think that it is important or very important to implement prevention of all types of psychoactive substance among persons of their age. Results show that more attention should be paid to the prevention of the use of psychoactive substances among the youth (see table 3.2). Prevention of cannabis use is more important with respect to senior respondents and men (26-29), whereas prevention of narcotics (except cannabis) is more important with respect to younger respondents (18-25).

Table 3-2. Importance of implementing psychoactive substance use prevention (1 – not important at all; 5 – very important)

Division of prevention by psychoactive substances use	Average	Std. deviation
Prevention of use of narcotic and psychotropic substances (except cannabis)	3,79	1,23
Prevention of cannabis use	3,76	1,21
Prevention of alcohol use	3,59	1,23
Prevention of tobacco smoking	3,52	1,22

(Source of information: Drug, Tobacco and Alcohol Control Department)

In the opinion of the youth, the most effective measures preventing use of psychoactive substances among persons of their age are: boosting employment, organizing of leisure, penalties and tests of the use of psychoactive substances, prevention in places of learning and development of life skills. Least effective measures preventing use of psychoactive substances for the youth target group are competitions, actions and social-information campaigns (see table 3.3). Senior respondents of the survey (aged 26-29) are more inclined to think that social-information campaigns, lectures, seminars, prevention in learning places are effective measures of prevention than younger respondents (aged 18-25) ($p<0,05$). Students and schoolchildren aged 18-25 tend to think that competitions, actions, lectures, seminars, development of life skills, boosting employment, organizing of leisure, prevention in places of learning and application of prevention for all members of the family are more effective measures than their peers who do not learn or study ($p<0,05$).

Table 3-3. Effectiveness of the measures preventing drug, tobacco and alcohol use (1- not effective at all; 5 – very effective)

Measures	Average	Std. deviation
Boosting employment, organizing leisure	3,75	1,093
Sanctions for illegal disposal of drugs, tobacco products and alcohol products	3,48	1,075
Prevention in places of learning	3,39	1,176
Testing for the use of psychoactive substances	3,34	1,200
Development of life skills	3,30	1,065
Prevention in work places	3,16	1,195
Lectures, seminars	3,14	1,098
Application of prevention measures to all members of the family	3,14	1,093
Promoting healthy style of life	3,13	1,115
Social-information campaigns	3,01	1,099
Competitions, actions	2,92	1,112

(Source of information: Drug, Tobacco and Alcohol Control Department)

Prevention of youth psychoactive substance use is most purposeful when it is implemented in health care establishments, in places of learning, on the Internet and other places of public information (for example, on TV, in newspapers), least effective are public places (for example, public transport, squares) (see table 3.4). 18-25 years old young people, who are studying or learning, are more inclined to think that places of learning, public, entertainment and leisure spending places (for example, clubs, cafes, mass events) are better for prevention than non-studying and non-learning peers ($p<0,05$). Young

persons, who have been using any type of drug during the recent 12 months, were more inclined to think that internet was a better place to carry out psychoactive substance use prevention than the respondents who haven't been using any drugs during the same period ($p < 0,05$).

Table 3-4. Places which are most effective for the implementation of drug, tobacco and alcohol use prevention (1- not effective at all; 5 – very effective)

Places	Average	Std. deviation
Health care establishments	3,60	1,142
Other public information media (for example, TV, newspapers etc)	3,57	1,071
Places of learning	3,54	1,186
Internet	3,52	1,189
Entertainment, leisure spending places (for example, clubs, cafes, mass events)	3,43	1,292
Work places	3,41	1,113
Public places (for example, public transport, squares)	3,32	1,184

(Source of information: Drug, Tobacco and Alcohol Control Department)

3.3. Universal Prevention

- School

Each year the Ministry of Education and Science gathers information concerning the implementation of measures for prevention of psychoactive substance use in educational establishments. In 2012, education establishments distinguished breaches of law, tobacco use, unemployment of parents and other family members, bullying and violence as relevant social risk factors among schoolchildren (see table 3.5). In 2012, 80,78 per cent of schoolchildren of these establishments referred to tobacco use as an important or very important social risk factor. Consumption of tobacco in 2011 and 2010 was named as a highly relevant problem. Over half of education establishments deem alcohol use to be a relevant social risk factor, but compared to the data of 2011, its relevance declined. In 2010, 7,68 per cent of the establishments indicated that 30 per cent and more schoolchildren used alcohol, in 2011 the number of thus thinking establishments doubled – 16,83 per cent, and in 2012 this number dropped down to 12,03 per cent as compared to the previous year. In 2012, the number of establishments which deemed use of drugs and other psychoactive substances to be a very significant social risk factor among schoolchildren increased. In 2010, only 1,34 per cent of establishments indicated that 30 and more per cent of schoolchildren used drugs and other psychoactive substances, in 2011, there were 7,07 per cent of such establishments, in 2012 – 8,12 per cent.

Table 3-5. Relevance of social risk factors in education establishments

To what extent below indicated social risk factors among schoolchildren are relevant in your municipality?				
Social risk factors		Number of answers of municipal education establishments		
		Very relevant ¹	Relevant ²	Not relevant ³
		1	2	3
1	Tobacco use	299	567	206
2	Alcohol use	127	580	349
3	Use of narcotics and other psychotropic substances	85	181	781
4	Bullying and violence	231	676	173
5	HIV/AIDS risk*	44	20	999
6	Child suicidal risk**	2	146	830
7	Violations of laws***	827	459	488
8	Human trafficking ****	3	33	960

9	Non-attendance of schools	163	527	374
10	Poverty in the family	147	592	243
11	Gambling	11	133	827
12	Smuggling	2	36	950
13	Dependence on the computer	171	461	405
14	Manifestations of discrimination (due to race, origin, nationality, age, language, gender, faith, convictions or attitudes)	66	108	862
15	Manifestations of discrimination (due to disability and social standing)	67	244	727
16	Vagabondage and begging	6	101	856
17	Emigration and immigration	102	437	508
18	Immigration	5	140	850
19	Unemployment of parents and other family members	284	617	131
20	Other	1	3	47

NOTES:

1. 30 and more per cent of schoolchildren in a school with risk factors
2. Up to 10 per cent of schoolchildren in a school with risk factors
3. No schoolchildren in a school with risk factors

* Schoolchildren infected with HIV / having AIDS or schoolchildren whose family members are infected with HIV/have AIDS

** Schoolchildren suicides or schoolchildren who constantly think of a suicide, intend or attempt to kill themselves

*** Schoolchildren who committed administrative or criminal law offences

**** Schoolchildren or their family members who became victims of human trafficking

(Information source: Ministry of Education and Science)

Implementation of programmes for life skills education of children in Lithuanian education establishments

Quite many programmes and methodological materials to develop life and social skills of children were prepared for Lithuanian educational establishments which are available for all educational establishments (see table 3.6).

5 programmes can be distinguished as the most popular programme for life skills education of children implemented in 2012 in Lithuanian schools (see table 3.6):

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

Life skills education programmes in Lithuanian schools become increasingly popular. Comparing results of the programmes implemented in 2010-2012 in Lithuanian schools for the purpose of developing children's life skills, it is noticed that in 2012 only one life skills education programme ('Zippy's friends') received less popularity. In 2012 popularity of the programme 'Development of life skills' for the schoolchildren of forms 5-8 remained the same, and popularity of all other programmes increased. Although popularity of the two said programmes from 2011 did not grow, they were implemented by a bigger number of Lithuanian schools than in 2010.

Table 3-6. Implementation of the programmes for Life skills education in Lithuanian schools in 2012

Name of the programme		Number of schools implementing the Programme		
		2010	2011	2012
1	<i>Healthy Lifestyle Education</i> - Life skills education Programme for Schoolchildren (forms 1 – 8)	610	554	564
2	<i>Programme for Life Skills Education</i> (primary school). L. Bulotaite, V. Gudzinskiene, O. Rugeviciene. 2004	392	479	483
3	<i>Programme for Life Skills Education</i> (forms 5 - 8). L. Bulotaite, V. Gudzinskiene, A. Davidaviciene. 2005	367	428	428
4	<i>Programme for Life Skills Education</i> (forms 9 - 10). L. Bulotaite, V. Gudzinskiene, I. Pilkauskiene. 2005	268	329	365
5	<i>Zippy's Friends</i> - Early Prevention and Socio-Emotional Development Programme for Children Aged 5-7 Years	281	320	312
6	<i>Second Step</i> - Programme of Socio-Emotional Skills Development for Schoolchildren (forms 1 – 4)	181	225	236
7	<i>Programme Bridges</i> – Social Skills Development Programme for Teenagers. N. Struliene, 2007	178	189	204
8	Social Skills Guide to Develop Skills in Primary Forms. S.Kemerienė, R.Mazūrienė, A.Petronis and others.		139	146
9	<i>Let's Pass Together</i> – early prevention programme oriented towards child and family's social skills development for children aged 7 - 9	91	121	161
10	Development of Children's Life Skills, intended to implement prevention of psychoactive substances use in educational establishments. DCD, 2010		96	110
11	<i>Crossroads of Teens - Lions Quest Programme of Life skills education</i> (forms 5 - 8).	66	84	86
12	<i>A Good Start</i> - methodology oriented to a child and family and intended for pupils of forms 1-4			62
13	Programme <i>Big Brother, Big Sister</i>			12
14	<i>SEAL - Social and emotional aspects of learning</i> , UK			7

(Information source: Ministry of Education and Science)

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

In 2012, the Drug, Tobacco and Alcohol Control Department continued the implementation of the Project addressing education of children life skills started in 2007 in cooperation with the European Council Pompidou Group. In 2012, following the methodological material *Education of Children Life Skills*, 10 training events for pedagogues and specialists (psychologists, social pedagogues and others) were organized. 221 specialists participated in the training.

(Information source: Drug, Tobacco and Alcohol Control Department)

Implementation of psychoactive substance use prevention programmes in Lithuanian education establishments

Out of 8 programmes for prevention of psychoactive substance use the absolute majority of schools, i.e. 950 schools, chose and implemented in 2012 the *Programme for Prevention of Use of Alcohol, Tobacco and Other Psychoactive Substances* which was approved by the Minister of Education and Science of the Republic of Lithuania Resolution No. ISAK-494 of 17 March 2006 (Official Gazette, 2006, No. 33-1197) (Table 3.7).

Table 3-7. Implementation of programmes for prevention of psychoactive substance use in Lithuanian schools in 2010-2012

	Name of the programme	Number of schools implementing the Programme		
		2010	2011	2012
1	<i>Programme for Prevention of Use of Alcohol, Tobacco and Other Psychoactive Substances</i> , approved by the Minister of Education and Science of the Republic of Lithuania Resolution No. ISAK-494 of 17 March 2006 (Official Gazette, 2006, No. 33-1197)	964	953	950
2	<i>Snowball</i> - Programme for prevention of psychoactive substance use and social skills development for schoolchildren (forms 8-12)	129	114	99
3	<i>'Linas'- help to children</i> - programme for prevention of psychoactive substance use for children aged 6-12 (15)	67	55	49
4	<i>UNPLUGGED</i> - programme for prevention of tobacco, alcohol and drug use for schoolchildren aged 12-14 (Association Mentor LIETUVA)	35	16	40
5	Marytė's Diary. Training tool about life, love and alcohol for the 7 th and 8 th forms		39	39
6	<i>How to Protect the School of Dreams Against Drug Addiction</i> – intended for the implementation of HIV/AIDS prevention among schoolchildren (forms 7-10). S. Čaplinskas, L. Stoniene	50	35	32
7	Implementation of alcohol and other drug use prevention in education establishments applying scientific achievements in sobriology	40	20	26
8	<i>Stalker</i> - Programme for prevention of children and juvenile criminality for schoolchildren aged 11-18, focusing on formation of a stable life position protecting against drug, alcohol and tobacco use	24	4	8

(Information source: Ministry of Education and Science)

Absolute majority of schools (950 schools) have chosen and implemented in 2012 a **Programme for the Prevention of Use of Alcohol, Tobacco and other Psychotropic Substances** approved by the Republic of Lithuania Ministry of Education and Science Order No. ISAK-494 of 17 March 2006 (Official Gazette, 2006, No. 33-1197). In 2011 and 2010, this programme was also implemented by an absolute majority of schools (respectively in 953 and 964 schools).

Programme '**Snowballs**' seeks to form a negative attitude to the use of psychoactive substance taking into account age, culture, traditions of target group persons and other peculiarities. In 2012 this programme was implemented in 99 schools (in 2011 – in 112 schools, in 2010 – in 129 schools).

In 2012, 49 schools have been carrying out a Swedish programme adapted for Lithuania and called '**Linas – Assistance to Children**'. It was intended to provide support to children and juveniles growing in families where one or both parents are alcohol addicted (in 2011– in 55 schools, in 2010 – 67 schools). The core idea of the programme 'Linas – Assistance to Children' is returning to children their childhood. This programme seeks to emphasize a child's right to be a child, creates for children conditions to share their misery and pain with other children, play, develop skills and at least partly get rid of responsibility and sense of guilt for the life style of their parents. The method of 'Linas' is implemented in line with the thoroughly described programme of 18 group meetings. This includes conversations, joint activity, world-cognition exercises, emotion analyses, recreation of real everyday situations in a group and efforts to resolve problems caused by such situations.

In 2012, a programme '**Gyvai**' ('**Live**') for 6–7 form pupils to prevent psychoactive substance use received big popularity. Based on the data of the Ministry of Education and Science, in 2012 the programme 'Gyvai' was implemented in 40 schools of Lithuania (in 2011 – in 16 schools, in 2010 – in 35 schools).

-Youth

In 2012, the Department of Youth Affairs under the Ministry of Social Protection and Labour of the Republic of Lithuania (hereinafter – the Department of Youth Affairs) funded programmes and projects of youth or organisations working with youth the activities of which were directly or indirectly related with prevention of psychoactive substance use.

It should be pointed out that since 2008 the Department of Youth Affairs has been organising competitions to fund more than just prevention.

In total, 11 open youth centre programmes / projects have been funded in 2012 (see table 3.8). All in all 120,000 litas were allocated for their implementation. The funded open youth centre programmes / projects involved in total 4069 persons. 89 per cent of participants were young persons.

Table 3-8. Open youth centre programmes / projects funded by the Department of Youth Affairs and their indicators in 2012

	Name of the open youth centre programmes / projects funded in 2012	Number of participants	Number of young participants	Allocated amounts (Lt)
1	Šiauliai Region youth centre programme 'Veikliukai'	466	426	9 000
2	Rokiškis Town youth centre programme 'Rokiškis youth centre activity development programme 2012'	577	550	15 000
3	Zarasai Town youth centre programme 'Awaken the new centre - improvement of insurance and accessibility of the Zarasai open youth centre services in new Zarasai open youth centre premises'	150	130	9 000
4	Alytus City community centre programme 'Education of community sense and fostering of leisure activities in Alytus City community center'	445	376	5 000
5	Kupiškis Town youth center programme 'Judesio daugiau' ('More of the action')	232	219	6 000
6	Youth leisure center programme 'Įskrisk į erdvę' ('Fly into the space')	491	387	15 000
7	Eastern Lithuanian Land youth center 'Arka' programme 'Užeik' ('Come by')	140	140	6 000
8	Duke Giedraitis ancestor's programme 'Kitoks kaimas' ('A different village')	20	20	5 000
9	Telšiai Town youth center programme 'Noriu ir galiu 2012' ('I want and I can')	248	220	18 000
10	Plungė Town open youth center programme 'Galiu'	1000	940	14 000
11	Actio Catholica Patria programme 'Gate to Tolerance'	300	200	18 000
In total:		4 069	3 608	120 000

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

In 2012, the Department of Youth Affairs funded 11 open youth spaces projects / programmes (see table 3.9). 60 thousand litas were allocated for the implementation of open youth spaces projects / programmes in 2012. 81 per cent of the participants of these projects / programmes were young persons.

Table 3-9. Implemented open youth spaces projects / programmes funded by the Department of Youth Affairs and their indicators in 2012

	Name of funded and implemented open youth spaces projects / programmes in 2012	Number of participants	Number of young participants	Funds allocated (Lt)
1	Druskininkai Town youth involvement center programme 'Atrandu' ('I find')	68	57	6 500,00
2	Trakai Region youth tourism and leisure center (Lentvaris subsidiary's youth center) programme 'Išlaisvink save!' ('Free yourself!')	539	506	6 500,00
3	Jonava Town youth center programme 'Jonava youth boosting employment in 2012'	1247	1077	6 500,00
4	Rietavas Town open youth center programme 'Implementation of the open work with youth'	510	460	4 600,00
5	Klaipėda District public enterprise I. Simonaitytė library programme 'Travelling open space'	672	546	5 300,00
6	Panevėžys District Gabrielė Petkevičaitė Bitė public library programme 'Creation of the open youth space in the library'	272	261	4 500,00
7	Visaginas center of culture programme 'Svajonių išsipildymo erdvė – 2' ('Space for the dreams to come true')	50	41	6 500,00
8	Kupiškis Region municipality center of culture programme 'Sužinok, ateik, tu gali' ('Find out, come, you can')	300	100	3 000,00
9	Telšiai Region municipality, Varniai ward center of culture and youth programme 'Veikime kartu' ('Let's act together')	98	75	4 600,00
10	Ukmergė Town center of culture programme: 'Mes esame, veikiamė, bendraujame' ('Safe and meaningful leisure in Dainava: we are, we act, we communicate')	159	62	5 500,00
11	Švenčionys Town center of culture programme 'Kultūra-atvira, tik ateik 2' ('Culture is open, just come 2')	542	409	6 500,00
In total:		4 457	3 594	60 000,00

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

Psychoactive substance use prevention measures intended for youth were included into some open youth centres and spaces projects / programmes funded and implemented in 2012.

- Family and community

Training programmes for parents

In 2012, three programmes for the parents of schoolchildren were implemented in schools of general education in Lithuania (see table 3.10).

Table 3-10. In schools of general education 3 programmes for parents were implemented in 2012

	Name of the programme	Number of schools implementing the Programme		
		2010	2011	2012
1	<i>Training Programme on prevention of psychoactive substance use for parents of schoolchildren approved by Order No. (1.3) V-263 adopted by the Director of the Center of Special Pedagogy and Psychology on 29 December 2007</i>	125	112	101
2	<i>School for parents and schoolmasters - skill development training programme for parents and schoolmasters (implemented by Vilnius Pedagogical Psychological Service)</i>	30	26	42
3	<i>Gordon Training International Parent Effectiveness Training (P.E.T.)</i>	5	4	3

(Information source: Ministry of Education and Science)

Training Programme for Parents on Prevention of Psychoactive Substance Use (approved by Order No. (1.3) V-263 adopted by the Director of the Center of Special Pedagogy and Psychology on 29 December 29, 2007)

In order to facilitate the work of heads and pedagogues in schools and child care homes according to the Training Programme for Parents of Schoolchildren on Prevention of Psychoactive Substance Use in 2012, a publication containing methodological material was funded by the Ministry of Education and Science for use by schoolmasters, social pedagogues and other pedagogical staff in educational establishments when they conduct sessions with parents of schoolchildren.

The Programme encourages parents pay more attention to cooperation with their children, learn to recognize their needs, peculiarities of child development, form a healthy lifestyle in a family, strengthen their own and children's physical and mental health. The Programme also seeks to provide to the parents of the schoolchildren information on the school, social, pedagogical, psychological, legal, medical and special assistance rendered by its social partners and other public organizations, increase parents' skills of communication and collaboration with other members of the school community, motivation and responsibility while organizing and implementing prevention of psychoactive substance use. This prevention programme devoted for the parents was the most popular programme in Lithuanian schools in 2012 and it was carried out by 101 schools.

Positive parenting programme School for parents and schoolmasters

In 2012, a universal skills development training programme 'School for Parents and Class Supervisors' for different groups of adults taking part in the education of children was implemented in 42 schools. This positive parenting programme aims to train parents and class supervisors in the field of constructive communication with children and juveniles, how to create respective mutual relationships and develop psychological resistance of children. Active training methods are used to achieve these aims: psychological exercises, simulation, discussions, sharing personal experience, independent reading of literature and homework to enable application of adopted skills.

Gordon Training International Parent Effectiveness Training (P.E.T.)

The *Parent Effectiveness Training* is a programme for developing skills of parents who would raise a generation of independent, self-confident children endowed with respect to others.

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

In 2012, Gordon Training International P.E.T. was implemented in 3 Lithuanian schools (Information source: Public Institution 'Pro Coaching' representing Gordon Training International).

The Association Mentor Lithuania parenting programme

The Mentor Parenting Programme aims at prevention of drugs, with a particular attention paid to risk and protective factors in the family. The Programme is for parents raising children from 7 years of age. The methodology of the Programme has been adapted based on that of the parenting programme

designed by 'Mentor Sweden' and it is successfully implemented for 7 years already. The Programme was created based on humanistic psychology and conceptions of C. Rodgers and T. Gordon.

Results of the 2011 'Mentor' parenting programme (Information source: Association Mentor Lithuania). In 2012, 3 training sessions of 'Mentor' parenting programme were organized. 35 parents took part in five 2-hour exercises of the parenting training sessions with the aim of granting to parents knowledge and skills needed to protect children from tobacco, alcohol and drugs in adolescence. Participants of the training acquired knowledge about adolescence, discussed, shared experience and collectively tried to find ways of better understanding their children, maintain good relationships and feel better in unexpected situations at the time when a child starts going along the road of growing independence.

2012 Training events organized in Lithuanian municipalities about prevention of psychoactive substance use

In 2012, the Drug, Tobacco and Alcohol Control Department (hereinafter referred to as the Department) organized 11 training events on the questions of psychoactive substance use while implementing Objective No 3 'To ensure and strengthen interagency cooperation and coordination in the fields of drug control and drug addiction prevention' of the National Drug Control and Drug Addiction Prevention Programme 2010-2016 (approved by the Republic of Lithuania Seimas Resolution XI-1078 (Official Gazette, 2010, No. 132-6720) adopted on 4 November 2010 and while implementing the 2011–2013 National Drug Control and Drug Addiction Prevention Programme's Interagency Activity Plan's implementation measure 3.3.1 'Involvement of the members of the municipality Drug Control and Child Welfare Commission in the training events on the questions of reducing demand for psychotropic substances', together with the Ministry of Education and Science, Education Development Center, Special Pedagogy and Psychology Center and the Department of Youth Affairs at the Ministry of Social Security and Labour.

In total 315 specialists took place in the training. At least 29 participants of the training represented Municipal Drug Control Commissions and at least 119 participants represented Municipal Administration Child Welfare Commissions (representatives of the Commissions did not register themselves with all training events organized in education centres) (see table 3.11).

Table 3-11. Number of participants and commission representatives in the training events organized in different education centres

No	Place	Number of participants	Representatives of the Child Welfare Commission	Representatives of the Drug Control Commission	Representatives of the Youth Affairs Council	Participated in the survey
1	Šilalė Region Education Center	39	18	1	0	28
2	Pakruojis Adult and Youth Education Center	24	7	4	2	22
3	Joniškis Region Education Center	14	7	3	0	10
4	Lazdijai education Center	20	12	2	0	16
5	Varėnos Education center	43	No data	4	No data	34
6	Zarasai Education center	37	16	1		23
7	Raseiniai Region Education Center	28	24	0	1	27
8	Alytus Region Education and Pedagogical Psychological Aid	23	17	0	0	17

	Center					
9	Biržai Region Center for Help to a Pupil, Teacher and School	21	11	4	1	9
10	Šilutė Region Education Help Service	45	No data	8	No data	38
11	Ignalina Region Center for Help to a Pupil, Teacher and School	21	7	2	0	16
In total:		315	119	29	4	240

(Source of information: Drug, Tobacco and Alcohol Control Department)

Training Assessment

240 participants of the training (76,2 per cent) completed training assessment and needs' questionnaires with questions on the reduction of psychoactive substance use. The results showed that participants positively rated the organization of the training (average=4,37±0,69) (see fig. 3.2). It should be noted that participants' answers to this question were from 3 to 5 scores, so not a single of them indicated that the training was organized poorly. Participants of the training indicated that they supplemented their knowledge (average=3,92±1,05) and would use the acquired knowledge in practice (average=3,87±0,94). The training for the participants were useful (average=3,86±0,94), interesting (average =3,75±1,05) and fulfilled their expectations (average=3,65±1,07). Although the participants evaluated the training more positively than negatively, they indicated that the training was somewhat too long. It is important to take into account the comments of the participants while organizing for the specialists of the municipalities the training on the questions of reducing demand for psychoactive substances.

Figure 3-2. Averages of the training assessment (scale from 1 – 'do not agree at all' to 5 – 'fully agree')

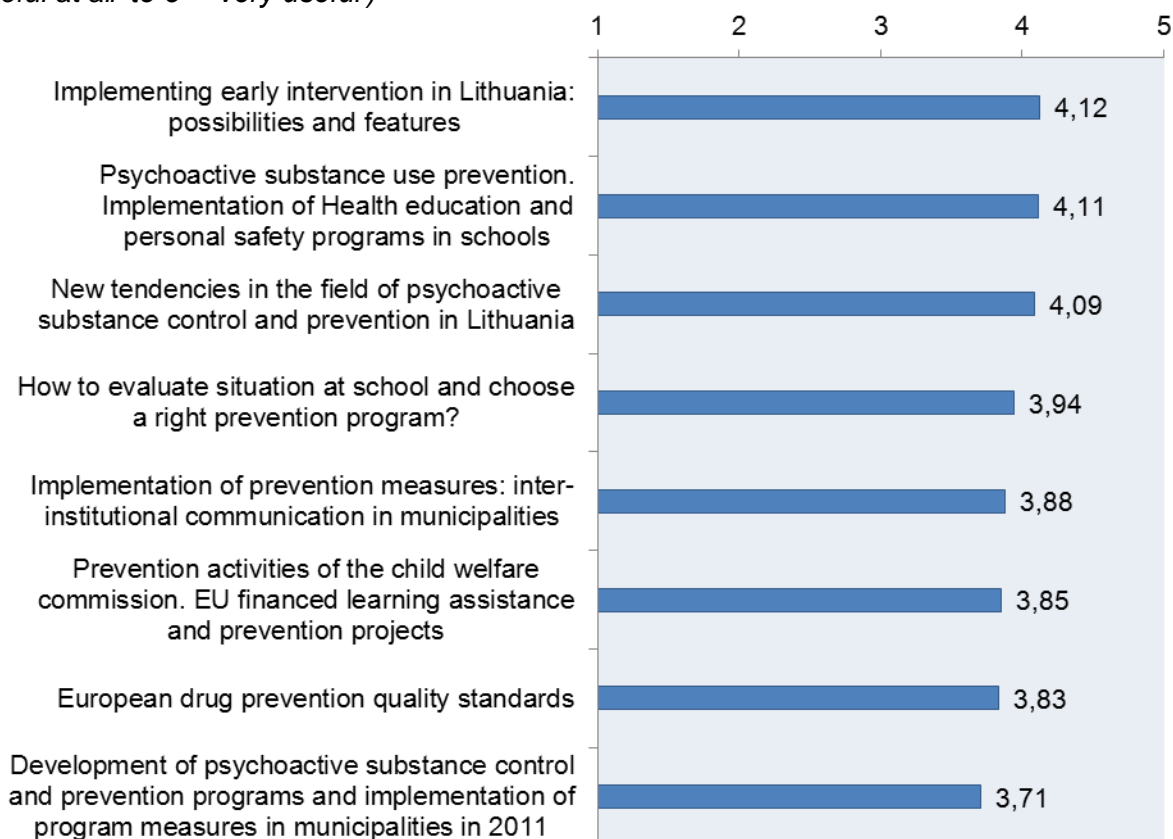


(Source of information: Drug, Tobacco and Alcohol Control Department)

Participants indicated that all the themes were more or less useful (see fig.3.3). Participants of the training indicated that most useful for them were the themes on the possibilities and methods of using early intervention in Lithuania, psychoactive substance use prevention and implementation of Health Nourishment and Human Safety general programmes in Lithuanian schools. It is important to mention that in 2013 the Department is carrying out early intervention training for the specialists of the primary

and secondary level health care institutions based on the 'Early Intervention Manual' compiled, adapted and issued by the Department in 2011.

Figure 3-3. Averages of the assessment of the usefulness of the training themes (scale from 1 – 'not useful at all' to 5 – 'very useful')

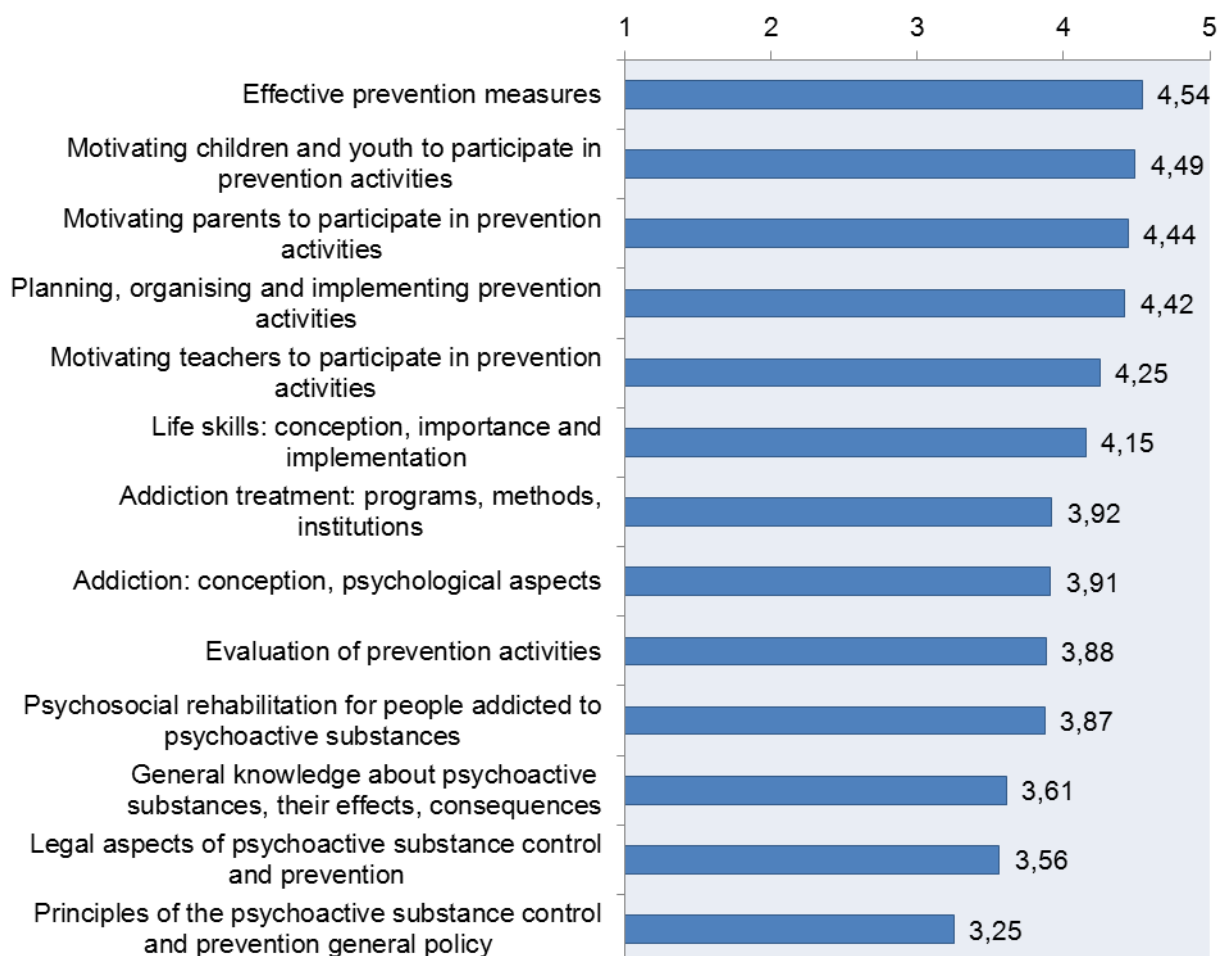


(Source of information: Drug, Tobacco and Alcohol Control Department)

Need for training

Participants also indicated the themes they would wish to learn about in future (see fig. 3.4). Participants mostly wish to learn about: effective measures preventing psychoactive substance use (average=4,54±0,68); motivating children, youth (average=4,49±0,77), parents (average=4,44±0,87) and teachers (average=4,25±0,95) to take part in a preventive activity, prevention planning, organization and implementation (programme, methods, target groups, cooperation etc) (average=4,42±0,74). Participants expressed less need for learning about the general policy of the country (average=3,25±1,2) and legal acts (average=3,56±1,2) relating to the control and prevention of psychoactive substance use, about psychoactive substances, their effect and consequences (average=3,61±1,24).

Figure 3-4. Averages of the necessity for potential training themes (scale from 1 – ‘not needed at all’ to 5 – ‘very necessary’)



(Source

e of information: Drug, Tobacco and Alcohol Control Department)

Participants of the training indicated other themes they would like to include in the training. Themes relating to the questions of psychoactive substance use can be divided into four main groups:

- **Knowledge about psychoactive substances and energy drinks, their effects, consequences and causes** (harm caused by the use of volatile substances and energy drinks; psychological and social preconditions due to which children and juveniles start using psychoactive substances)
- **Strengthening of cooperation and coordination between separate target groups** (cooperation with other establishments in the implementation of preventive programmes; coordination of activities and training: drug commissions, child welfare commissions, responsibility and accountability of schools and other institutions)
- **Improvement of competencies** (improvement of the head teachers' competencies in understanding significance of prevention, improvement of the competencies of the specialists; organizing the activity of the child welfare commission; communication with persons already using drugs; pupils with behavioural, emotional and social development disorders, possibilities of prevention applied to them; teacher's attitude, rights in acting to prevent psychoactive substance use)
- **Assistance to persons using psychoactive substances and to their relatives** (main steps of helping children who use psychoactive substances; assistance to parents who are dependent on alcohol; assistance to parents raising children who use drugs, alcohol; targeted prevention).

Methodological recommendations ‘Development of psychoactive substance control and prevention programmes in the municipalities of Lithuania’

The data collected by the Department in 2011-2012 from the municipalities of Lithuania on their Drug Control Commissions, their activity and measures of the 2010-2016 National Drug Control and Drug

Addiction Prevention Programme implemented in the municipalities in 2011 showed that Drug Control Commissions of the municipalities lack knowledge on the proper designing of psychoactive substance control and prevention programmes and assessment of the implementation of the projected measures. Taking into account the rights and competencies of the municipalities in the field of psychoactive substance control and prevention, the Department prepared methodological recommendations for the designing of psychoactive substance control and prevention programmes in the municipalities (available on the Department's Internet web site - http://www.ntakd.lt/images/ntakd-inf-medz/metodines_rekomendacijos_2012.pdf).

The Recommendations described composite parts of psychoactive substance control and prevention programme, aspects pertaining to their designing and specific examples. The Department expects that these methodological recommendations will be useful not only for the members of the municipal Drug Control and Child Welfare Commissions, but also for other specialists who participate in the preparation, implementation and assessment of psychoactive substance control and prevention programmes and that methodological recommendations will contribute to a more effective implementation of psychoactive substance control and prevention measures.

3.4. Selective prevention in at-risk groups and settings

Selective prevention at places of leisure time

Prevention measures for ensuring public order in public places and other places of gatherings were prepared and implemented in 2012 by the officers of Territorial Police Establishments and their structural units with the aim of reducing demand for psychoactive substances by paying a lot of attention to ensure public order in youth entertainment venues, visiting discotheques and other youth events, communicating with event organizers, managers of cafes and clubs (see table 3.12).

Table 3-12. Measures which Police Commissariats were implementing in 2012 in order to reduce demand for psychoactive substances in youth gatherings and entertainment places

KAUNAS COUNTY POLICE HEADQUARTERS		
Prevention measure 'Club'	Purpose – to interdict distribution and use of narcotic substances in cafes, bars, night clubs, youth entertainment and leisure spending places	3 violators of the administrative law (Article 44 of the Code of Administrative Violations (CAV) of RL) have been identified during the measure, 1 pre-trial investigation has been initiated under Article 259 of the Criminal Code of LR, 5 persons suspected of having used narcotic substances have been delivered to the Dependence Diseases Center.
Visits to the families with children included in the risk group data base due to the use of narcotic, psychotropic or other intoxicating substances	To reduce supply of narcotic and psychotropic substances, prevent law violations relating to psychotropic and narcotic substance use and disposal	2 protocols have been drawn under Article 44 of the Criminal Code of RL
KLAIPĖDA COUNTY POLICE HEADQUARTERS		
Check visits to youth gathering locations and problem families according to separately created work schedules.	Identify adults who befuddled children, involved them in alcohol, drinking, drug use or use of other psychotropic substances.	Youth gathering places in Kretinga City and region were visited, public order was maintained while accomplishing 23 check visits. Also problem families were visited (26 visits) with the aim of preventing them from committing crimes and law offences. 37 administrative law violation protocols have been drawn for the juveniles and their parents for using or possessing alcoholic drinks in public places.

TELŠIAI COUNTY POLICE HEADQUARTERS

January and April of 2012. Prevention measure seeking to identify places where violations could be committed under Article 44 of the RL CAV.	Non-public patrolling in youth entertainment and gathering places.	1 breach under Article 163 ² of the RL CAV; 1 breach under Articles 177 and.
Prevention measure 'Youth'	Prevention, disclosure and investigation of criminal acts committed by youth while using and possessing narcotic substances	Officers of KPS and PP organized 13 target measures. At the time of implementing the measures, trade places located in regional cities and villages were monitored, cafeterias, bars were visited and other places of youth gathering were observed in order to find out if juveniles use alcoholic drinks, tobacco products, narcotic or psychotropic substances. At the time of implementing the measure, 31 administrative violation cases have been instituted. Of them 2 under Article 185 ² of the RL CAV, 1 - under Article 185 ¹ of the RL CAV, 20 - under Article 178 of the RL CAV.

UTENA COUNTY POLICE HEADQUARTERS

Organization of prevention check visits seeking to interdict use and distribution of narcotic and psychotropic substances	At the time of implementing prevention, check visits to discotheques, youth gathering and entertainment places in Zarasai region were carried out seeking to detect persons using or distributing narcotic and psychotropic substances	Over 2012 in Utena district. VPK Zarasai PK executed about 50 prevention raids
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VILNIUS COUNTY POLICE HEADQUARTERS

Prevention measure 'Homeless'	1. To carry out prevention of law violations in youth gathering places 2. To identify socially neglected children who are not occupied with positive activity 3. To detect children up to 16 years of age who do not go to school and children of 16-17 who do not study nor work.	1. 215 juveniles who committed violations of the CAV have been identified, of them 36 children belonged to the group of children interesting to police; 2. 360 problem families were visited; 3. 277 children included in the risk data base were visited; 4. 31 children living as tramps were identified; 5. 2 begging children were identified.
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Psychoactive substance use prevention and safety measures in the night clubs

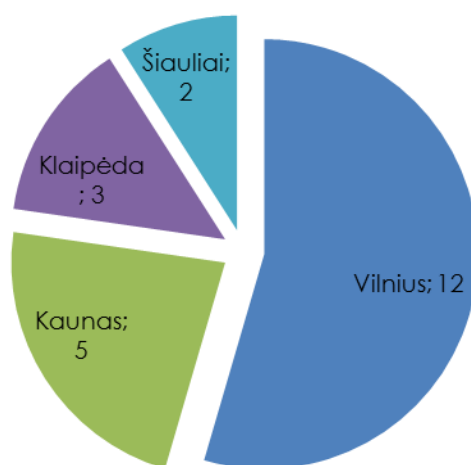
Although flourishing business of the night clubs can have a favourable impact on local economy (for example, it can create new jobs, develop tourism), but at the same time it causes quite many different health and social problems: excessive drinking, drug use, accidental injuries, aggression, risky sexual behaviour, driving intoxicated from psychoactive substances and etc.²² In order to prevent such problems, initiatives of the night club administration and employees have an important role to play. Different measures could be used to prevent psychoactive substance use and insure visitors' safety in the night clubs: by creating unfavourable physical and social environment for psychoactive substance use in the night clubs; strengthening employees' awareness and responsibility; avoiding marketing strategies which encourage binge drinking; developing cooperation strategies which reduce problems

²² Calafat A., Duch, Juan, Leckenby N. Health and Safety European Standards for nightlife venues. Addicciones, 2012, 24(4), p. 355-364. http://www.club-health.eu/docs/Standards_venues_Adicciones_2012.pdf

caused by the use of psychoactive substances (for example, cooperation with police, municipality, enterprises supplying public transport services, health care establishments, communities)²³.

In 2013, the Drug, Tobacco and Alcohol Control Department carried out a survey of the night clubs about psychoactive substance use prevention and implementation of safety insurance measures in the night clubs in 2012-2013. Participants of the survey had to complete a questionnaire on the evaluation of psychoactive substance use prevention and implementation of safety insurance measures in the night clubs in accordance with Health and Safety European standards for nightlife venues prepared by European Institute of Studies on Prevention^{22,23}. Visitors of the night clubs were asked to assess psychoactive substance use prevention and implementation of safety insurance measures (in total 40) in the night clubs, financial means necessary for the implementation, complexity of the implementation and effectiveness of the measures using the scale of 5 scores. Representatives of 22 night clubs established in 4 big cities of Lithuania provided answers to the questions (see fig. 3.5).

Figure 3-5. Territorial distribution of the surveyed night clubs



Implementation of psychoactive substance use prevention and safety insurance measures in the night clubs. Results of the survey show that night clubs most often implement measures related to the social environment of the club (average=4,80, std.=0,46): control of entertainments is in place (care is taken that entertainments are of good quality, interesting and not promoting psychoactive substance use and aggression) (average=4,95, std.=0,21), efforts are put to insure diversity of visitors (of different age, sex to avoid gatherings of only women or men) (average=4,82, std.=0,50) (see table 3.13). Often the night clubs take certain measures before closing down in order to manage the process of visitors' departure (average=4,71, std.=0,30): control of the persons going out from the night clubs is in place (employees remind of the closing hours, control of fluent exiting at the exit points, watching whether any visitors need some assistance) (average=4,86, std.=0,35), a quieter atmosphere before the closure is created (more intensive lighting, reduced level of music, preparation for leaving the club) (average=4,86, std.=0,35), transport is organized for the leaving visitors (taxis are invited if needed so that visitors could safely return back home) (average=4,81, std.=0,40). Night clubs often perform checks for the possession of guns (average=4,95, std.=0,21) and drug use (persons intoxicated from drugs are not allowed to enter) (average=4,95, std.=0,21) (see table 3-13).

Most rarely are implemented measures which regulate selling and promoting of alcoholic drinks (average=3,61, std.=0,88): measures encouraging use of alcohol are controlled (rejection of special promotional actions for alcoholic drinks and their advertising) (average=3,32, std.=1,32), prices of alcoholic drinks are controlled (prices of alcoholic drinks are increased, whereas prices of non-alcoholic

²³ Manual: Set of standards to improve the health and safety of recreational nightlife venues.
http://www.irefrea.org/uploads/PDF/STANDARDS_Manual_EN.pdf

drinks are lowered) (average=3,91, std.=0,97) (see table 3-13). 2 night clubs do not apply measures for the control of alcohol use promotion.

Table 3-13. Implementation of psychoactive substance use prevention and safety insurance measures in the night clubs (1 – not implemented, 5 – fully implemented)

No.	Area	Measures		Implementation of the measure	
				Average	Standard deviation
1	Entry to the night club, security	Restriction of the number of visitors <i>(it is controlled that premises are not overcrowded, hours of entry are limited)</i> based on		4,27	1,20
2		Checks:	Age <i>(too young visitors are not allowed)</i>	4,77	0,87
			Inebriety <i>(tipsy persons are not allowed)</i>	4,77	0,53
			Intoxication from drugs <i>(intoxicated persons are not allowed)</i>	4,95	0,21
			Possession of guns	4,95	0,21
			Identification of drug dealers	4,68	0,78
3		Warning signs and notices <i>(visitors are warned in advance of behaviour and procedure rules applied in the night clubs)</i>		4,80	0,41
4		Installation of security cameras:	Outside the night club	3,95	1,50
			Inside the night club	4,32	1,32
5	Physical environment of the night club	Regulation of temperature and ventilation in the premises <i>(normal temperature is maintained)</i>		4,50	0,96
6		Maintaining tidiness <i>(in case of spilled drinks, broken glasses, everything is cleaned to avoid slippery floor and injuries)</i>		4,91	0,29
7		Collection of the emptied containers <i>(bartenders collect glasses, tumblers to avoid their accumulation)</i>		4,86	0,35
8		Plan and design of the night club <i>(to ensure easy movement in the premises and evacuation in case of emergency)</i>		4,86	0,35
9		Controlled use and supply of drugs in the toilets:	Special lighting in the toilets	2,62	1,56
			Proper locks on the doors of the toilets	4,24	1,09
10		Regulation of the volume of music		4,86	0,35
11		Regulation of lighting		4,89	0,32
12		Installation of rest zones for people to stay in a quiet environment <i>(visitors can sit down and relax in the areas which are more quiet and cool than dance-floors)</i>		4,27	1,16
13		Decision not to use glass containers <i>(safer</i>		2,45	1,60

		<i>plastic, disposable or break-resistant containers made of hardened glass are used instead of glass containers)</i>		
14		Possibility to buy food and snacks	3,09	1,87
15		Free water	3,50	1,85
16		Accessibility of non-alcoholic drinks (<i>big choice and affordable prices of non-alcoholic drinks</i>)	4,67	0,66
17	Social environment of the night club	Diversity of visitors (<i>it is ensured that visitors are of different age and gender, avoiding gatherings of just men or women</i>)	4,82	0,50
18		Control of music (<i>for example, music conducive to psychoactive substance use and improper behaviour is not played</i>)	4,62	0,97
19		Control of entertainments (<i>entertainments are of a good quality, interesting, not conducive to psychoactive substance use and aggression</i>)	4,95	0,21
20	Closure of and leaving from the night club	Control of the persons leaving the night clubs (<i>employees remind of the closing hours, manage flows at the exits points, are ready to provide assistance to visitors</i>)	4,86	0,35
21		Warning against driving being intoxicated	4,32	0,99
22		Arranging of transport for leaving people (<i>if requested taxis are offered so that visitors can safely return back home</i>)	4,81	0,40
23		Changing of the employee dislocation getting closer to the time of closure (<i>sufficient numbers and dislocations of employees before closure to avoid jams, checks of the toilets and stairways, preventing visitors from taking away drinks that have been left</i>)	4,73	0,46
24		More quiet atmosphere before closure (<i>before closure lighting is increased, volume of music is set on a quieter regime, visitors can prepare for exit</i>)	4,86	0,35
25	Management	Involvement of persons or institutions concerned (<i>cooperation with stakeholders seeking to resolve arising problems, reduce psychoactive substance use and crime rate</i>)	4,18	1,10
26		Cooperation with police	4,82	0,50
27		Care of visitors' health and safety (<i>employees are trained how to act in emergency cases and provide first aid</i>)	4,55	0,74
28		Principles of operation of the night club (<i>following of the standard business activity principles and agreements on operation hours etc</i>)	4,86	0,47
29		Internal rules of procedure and management (<i>written rules describing appropriate and inappropriate employee and visitor behaviour</i>)	4,80	0,52
30	Training of employees	Training of bartenders and waiters (<i>informing employees, organizing training for them, development of skills, for example, how to refuse selling of alcohol to tipsy persons; supervision of employees; they must know how to resolve</i>	4,76	0,44

		<i>problems and behave responsibly)</i>		
31		Training of security and other staff (<i>security staff and other employees must know how to control drug distribution, address conflicts, recognize too young, intoxicated and aggressively-minded visitors; it is important to develop relevant skills of the employees)</i>	4,77	0,53
32		Training of DJs and event moderators (<i>these employees must be able to convey information responsibly, select music which would not inspire use of psychoactive substances, risky behaviour)</i>	4,48	1,03
33	Regulation of sales and of the promotion of alcoholic beverages	Regulation of the prices of alcoholic beverages (<i>raising the prices of alcoholic beverages, reduction of the prices of non-alcoholic beverages)</i>	3,91	0,97
34		Control over measures which promote use of alcohol (<i>special promotion campaigns and advertising are rejected)</i>	3,32	1,32

(Source of information: Drug, Tobacco and Alcohol Control Department)

Financial costs necessary for the implementation of psychoactive substance use prevention and safety insurance in the night clubs. Based on the results of the survey, least financial costs are required for the implementation of measures related to cooperation: cooperation with police (average=1,55, std.=1,01), involvement of persons or institutions concerned seeking to facilitate resolving of arising problems, reduce psychoactive substance use and criminality (average=2,05, std.=1,13). Implementation of measures pertaining to the closing down and visitors' departure from the night clubs (average=2,10, std.=1,07): quieter atmosphere before the closure (average=1,82, std.=1,14), organized transport for the visitors leaving the night club (average=1,90, std.=1,18), notifying and warning visitors against driving being intoxicated (average=1,91, std.=1,27). Most financial resources are needed for the installation of security cameras inside (average=4,75, std.=0,55) and outside (average=4,58, std.=0,69) the night club, as well as for ventilation and temperature regulation, so that it is neither too hot or sultry in the premises (average=4,73, std.=0,88) (see table 3-14).

Table 3-14. Financial resources necessary to implement psychoactive substance use prevention and safety insurance in the night clubs (1 – insubstantial, 5 – substantial)

No.	Area	Measures		Financial costs necessary for the implementation of the measure	
				Average	Standard deviation
1	Entering a night club, security	Restriction of the number of visitors <i>(it is controlled that premises are not overcrowded, hours of entry are limited)</i> based on		3,09	1,27
2		Checks:	Age <i>(too young visitors are not allowed)</i>	2,91	1,38
			Inebriety <i>(tipsy persons are not allowed)</i>	3,14	1,28
			Intoxication from drugs <i>(intoxicated persons are not allowed)</i>	3,32	1,21
			Possession of guns	3,32	1,36

			Identification of drug dealers	3,52	1,29
3		Warning signs and notices (<i>visitors are warned in advance of behaviour and procedure rules applied in the night clubs</i>)		2,24	1,09
4		Installation of security cameras:	Outside the night club	4,58	0,69
			Inside the night club	4,75	0,55
5	Physical environment of the night club	Regulation of temperature and ventilation in the premises (<i>normal temperature is maintained</i>)		4,73	0,88
6		Maintaining tidiness (<i>in case of spilled drinks, broken glasses, everything is cleaned to avoid slippery floor and injuries</i>)		3,27	0,98
7		Collection of the emptied containers (<i>bartenders collect glasses, tumblers to avoid their accumulation</i>)		3,05	1,13
8		Plan and design of the night club (<i>to ensure easy movement in the premises and evacuation in case of emergency</i>)		3,62	1,40
9		Controlled use and supply of drugs in the toilets:	Special lighting in the toilets	3,05	1,03
			Proper locks on the doors of the toilets	2,70	1,13
10		Regulation of the volume of music		3,68	1,38
11		Regulation of lighting		3,80	1,28
12		Installation of rest zones for people to stay in a quiet environment (<i>visitors can sit down and relax in the areas which are more quiet and cooler than dance-floors</i>)		3,73	1,39
13		Decision not to use glass containers (<i>safer plastic, disposable or break-resistant containers made of hardened glass are used instead of glass containers</i>)		3,38	1,53
14		Possibility to buy food and snacks		3,90	1,29
15		Free water		3,00	1,67
16		Accessibility of non-alcoholic drinks (<i>big choice and affordable prices of non-alcoholic drinks</i>)		2,33	1,28
17	Social environment of the club	Diversity of visitors (<i>it is ensured that visitors are of different age and gender, avoiding gatherings of just men or women</i>)		1,95	1,17
18		Control of music (<i>for example, music conducive to psychoactive substance use and improper behaviour is not played</i>)		1,90	1,09
19		Control of entertainments (<i>entertainments are of a good quality, interesting, not conducive to psychoactive substance use and aggression</i>)		2,82	1,59
20	Closing down, leaving the night club	Control of the persons leaving the night clubs (<i>employees remind of the closing hours, manage flows at the exits points, are ready to provide assistance to visitors</i>)		2,45	1,30

21		Warning against driving being intoxicated	1,91	1,27
22		Arranging of transport for people leaving the club (<i>if requested taxis are offered so that visitors can safely return back home</i>)	1,90	1,18
23		Changing of the employees' dislocation getting closer to the time of closure (<i>sufficient numbers and dislocations of employees before closure to avoid jams, checking of the toilets and stairways, preventing visitors from taking away drinks that have been left</i>)	2,32	1,21
24		More quiet atmosphere before closing down (<i>before closing down lighting is increased, volume of music is set on a quieter regime, visitors can prepare for exit</i>)	1,82	1,14
25	Management	Involvement of persons or institutions concerned (<i>cooperation with stakeholders seeking to resolve arising problems, reduce psychoactive substance use and crime rate</i>)	2,05	1,13
26		Cooperation with police	1,55	1,01
27		Care of visitors' health and safety (<i>employees are trained how to act in emergency cases and provide first aid</i>)	2,45	1,22
28		Principles of operation of the night club (<i>following of the standard business activity principles and agreements on operation hours etc</i>)	2,29	1,38
29		Internal rules of procedure and management (<i>written rules describing appropriate and inappropriate employee and visitor behaviour</i>)	2,11	1,13
30	Training of employees	Training of bartenders and waiters (<i>informing employees, organizing training for them, development of skills, for example, how to refuse selling of alcohol to drunk persons; supervision of employees ; they must know how to resolve problems and behave responsibly</i>)	2,68	1,17
31		Training of security and other staff (<i>security staff and other employees must know how to control drug distribution, address conflicts, recognize too young, intoxicated and aggressively-minded visitors; it is important to develop relevant skills of the employees</i>)	2,82	1,26
32		Training of DJs and event moderators (<i>these employees must be able to convey information responsibly, select music which would not inspire use of psychoactive substances, risky behaviour</i>)	2,62	1,16
33	Regulation of sales and of the promotion of alcoholic beverages	Regulation of the prices of alcoholic beverages (<i>raising the prices of alcoholic beverages, reduction of the prices of non-alcoholic beverages</i>)	2,82	1,47
34		Control over measures which promote use of alcohol (<i>special promotion campaigns and advertising are rejected</i>)	3,32	1,32

(Source of information: Drug, Tobacco and Alcohol Control Department)

Complexity of implementing psychoactive substance use prevention and safety insurance measures in the night clubs. Psychoactive substance use prevention and safety insurance measures in the night clubs related to the closure of the night clubs, visitors' departure from them (average=2,16, std.=0,83) are the easiest to implement: taking care of a more quiet atmosphere before closing down (average=1,64, std.=0,90), organization of transport for the visitors leaving the club (average=1,86, std.=1,01) (see table 3.15). It is also easy to ensure availability of non-alcoholic beverages (big choice of non-alcoholic beverages, affordable prices of non-alcoholic beverages) (average=1,71, std.=1,06), to take care of the possibility for the visitors of the night club to get free water (average=1,95, std.=1,35), use warning signs and notices to warn the visitors of the behaviour and internal rules of procedure to be followed by the visitors of the night club (average=1,90, std.=0,94) (see table 3.15).

According to the results of the survey, implementation of the measures, which require big financial resources, are most difficult to implement in the night clubs: regulation of the temperature, ventilation in the premises (average=4,00, std.=1,07), installation of security cameras outside (average=3,80, std.=1,06) and inside (average=3,75, std.=0,79) the night club and identification of drug dealers (average=4,00, std.=1,35) (see table 3.15).

Table 3-15. Complexity of the implementation of psychoactive substance use prevention and safety insurance measures in the night clubs (1 – very easy, 5 – very complicated)

No.	Area	Measures		Complexity of the implementation of the measure	
				Average	Standard deviation
1	Entering a night club, security guard	Restriction of the number of visitors <i>(it is controlled that premises are not overcrowded, hours of entry are limited)</i> based on		2,45	1,10
2		Checks:	Age <i>(too young visitors are not allowed)</i>	2,00	0,95
			Inebriety <i>(tipsy persons are not allowed)</i>	2,55	1,30
			Intoxication from drugs <i>(intoxicated persons are not allowed)</i>	2,86	1,49
			Possession of guns	2,77	1,27
			Identification of drug dealers	4,00	1,35
3		Warning signs and notices <i>(visitors are warned in advance of behaviour and procedure rules applied in the night clubs)</i>		1,90	0,94
4		Installation of security cameras:	Outside the night club	3,80	1,06
			Inside the night club	3,75	0,79
5	Physical environment of the night club	Regulation of temperature and ventilation in the premises <i>(normal temperature is maintained)</i>		4,00	1,07
6		Maintaining tidiness <i>(in case of spilled drinks, broken glasses, everything is cleaned to avoid slippery floor and injuries)</i>		2,95	1,17
7		Collection of the emptied containers <i>(bartenders collect glasses, tumblers to avoid</i>		2,86	1,13

		<i>their accumulation)</i>		
8		Plan and design of the night club <i>(to ensure easy movement in the premises and evacuation in case of emergency)</i>	3,48	1,29
9		Controlled use and supply of drugs in the toilets:		
		Special lighting in the toilets	2,89	0,94
		Proper locks on the doors of the toilets	2,25	1,12
10		Regulation of the volume of music	2,63	1,30
11		Regulation of lighting	2,68	1,38
12		Installation of rest zones for people to stay in a quiet environment <i>(visitors can sit down and relax in the areas which are more quiet and cooler than dance-floors)</i>	3,36	1,50
13		Decision not to use glass containers <i>(safer plastic, disposable or break-resistant containers made of hardened glass are used instead of glass containers)</i>	3,00	1,58
14		Possibility to buy food and snacks	3,53	1,31
15		Free water	1,95	1,35
16		Accessibility of non-alcoholic drinks <i>(big choice and affordable prices of non-alcoholic drinks)</i>	1,71	1,06
17		Diversity of visitors <i>(it is ensured that visitors are of different age and gender, avoiding gatherings of just men or women)</i>	2,00	1,11
18	Social environment of the club	Control of music <i>(for example, music conducive to psychoactive substance use and improper behaviour is given up)</i>	2,05	1,36
19		Control of entertainments <i>(entertainments are of a good quality, interesting, not conducive to psychoactive substance use and aggression)</i>	2,52	1,50
20		Control of the persons leaving night clubs <i>(employees remind of the closing hours, manage flows at the exits points, are ready to provide assistance to visitors)</i>	2,55	1,22
21		Warning against driving being intoxicated	2,09	1,38
22		Arranging of transport for people leaving the club <i>(if requested taxis are offered so that visitors can safely return back home)</i>	1,86	1,01
23	Closing down, leaving the night club	Changing of the employees' dislocation when the time of closure gets closer <i>(sufficient numbers and dislocations of employees before closure to avoid jams, checking of the toilets and stairways, preventing visitors from taking away drinks that have been left)</i>	2,59	1,18
24		More quiet atmosphere before closing down <i>(before closing down lighting is increased, volume of music is set on a quieter regime, visitors can prepare for exit)</i>	1,64	0,90
25	Management	Involvement of persons or institutions concerned <i>(cooperation with stakeholders seeking to resolve arising problems, reduce</i>	2,68	0,99

		<i>psychoactive substance use and crime rate)</i>		
26		Cooperation with police	2,09	1,31
27		Care of visitors' health and safety (<i>employees are trained how to act in emergency cases and provide first aid</i>)	2,73	1,08
28		Principles of operation of the night club (<i>following of the standard business activity principles and agreements on operation hours etc</i>)	2,29	1,23
29		Internal rules of procedure and management (<i>written rules describing appropriate and inappropriate employee and visitor behaviour</i>)	2,11	0,96
30	Training of employees	Training of bartenders and waiters (<i>informing employees, organizing training for them, development of skills, for example, how to refuse selling of alcohol to drunk persons; supervision of employees ; they must know how to resolve problems and behave responsibly</i>)	2,91	1,06
31		Training of security and other staff (<i>security staff and other employees must know how to control drug distribution, address conflicts, recognize too young, intoxicated and aggressively-minded visitors; it is important to develop relevant skills of the employees</i>)	2,81	0,98
32		Training of DJs and event moderators (<i>these employees must be able to convey information responsibly, select music which would not inspire use of psychoactive substances, risky behaviour</i>)	2,67	0,91
33	Regulation of sales and promotion of alcoholic beverages	Regulation of the prices of alcoholic beverages (<i>raising the prices of alcoholic beverages, reduction of the prices of non-alcoholic beverages</i>)	2,86	1,21
34		Control over measures which promote use of alcohol (<i>special promotion campaigns and advertising are rejected</i>)	2,85	1,42

(Source of information: Drug, Tobacco and Alcohol Control Department)

Effectiveness of psychoactive substance use prevention and safety insurance measures in the night clubs. Participants of the survey attributed the following measures to the most effective psychoactive substance use prevention and safety insurance measures in the night clubs: checks of age (average=4,77, std.=0,43), drug use (average=4,68, std.=0,57), inebriety (average=4,64, std.=0,58) and gun possession (average=4,62, std.=0,67), cooperation with police (average=4,59, std.=0,59) (see table 3.16). Although all representatives of the night clubs indicated that age checks are effective and no one said that it would be complicated to implement it, one night club does not perform age checks at all.

Results of the survey revealed that effective are the measures which are related to the training of the staff (average=4,46, std.=0,60): training of security guards (they must know how to control drug distribution, address conflicts, recognize too young, intoxicated and aggressively-minded visitors; it is important to develop relevant skills of the employees) (average=4,59, std.=0,67), waiters, bartenders (informing employees, organizing training for them, development of skills, for example, how to refuse selling of alcohol to tipsy persons; supervision of employees; they must know how to resolve problems and behave responsibly) (average=4,55, std.=0,80) (see table 3.16).

In the opinion of the participants of the survey, least effective psychoactive substance use prevention and safety measures in the night clubs are those which regulate sales and promotion of alcoholic beverages (average=3,25, std.=0,86): Control over the measures which encourage use of alcohol (average=3,05, std.=1,02), regulation of the prices of alcoholic beverages (average=3,55, std.=1,01). Such measures as replacement of glass containers with safer plastic, disposable or shock-resistant glasses of hardened glass) (average=2,61, std.=1,60), possibility for the visitors to receive free water (average=3,06, std.=1,47), possibility to buy food and snacks (average=3,32, std.=1,53), controlled use and supply of drugs in the toilets: special lighting in the toilets (average=3,53, std.=1,47), proper locks on the doors of the toilets (average=3,55, std.=1,54) (see table 3.16). We should note that all least effective measures in the night clubs are implemented most rarely.

Table 3-16. Effectiveness of psychoactive substance use prevention and safety insurance measures in the night clubs (1 – not effective at all, 5 – very effective)

No.	Area	Measures		Effectiveness of the implementation of the measure	
				Average	Standard deviation
1	Entering a night club, security guard	Restriction of the number of visitors <i>(it is controlled that premises are not overcrowded, hours of entry are limited) based on</i>		4,05	1,17
2		Checks:	Age <i>(too young visitors are not allowed)</i>	4,77	0,43
			Inebriety <i>(tipsy persons are not allowed)</i>	4,64	0,58
			Intoxication from drugs <i>(intoxicated persons are not allowed)</i>	4,68	0,57
			Possession of guns	4,62	0,67
			Identification of drug dealers	4,25	1,07
3		Warning signs and notices <i>(visitors are warned in advance of behaviour and procedure rules applied in the night clubs)</i>		3,80	1,06
4		Installation of security cameras:	Outside the night club	4,00	0,91
			Inside the night club	4,10	0,94
5	Physical environment of the night club	Regulation of temperature and ventilation in the premises <i>(normal temperature is maintained)</i>		4,45	0,67
6		Maintaining tidiness <i>(in case of spilled drinks, broken glasses, everything is cleaned to avoid slippery floor and injuries)</i>		4,59	0,67
7		Collection of the emptied containers <i>(bartenders collect glasses, tumblers to avoid their accumulation)</i>		4,45	0,80
8		Plan and design of the night club <i>(to ensure easy movement in the premises and evacuation in case of emergency)</i>		4,57	0,81
9		Controlled use and supply of drugs in the toilets:	Special lighting in the toilets	3,53	1,47

		Proper locks on the doors of the toilets	3,55	1,54
10		Regulation of the volume of music	4,00	1,17
11		Regulation of lighting	4,05	1,10
12		Installation of rest zones for people to stay in a quiet environment (<i>visitors can sit down and relax in the areas which are more quiet and cool than dance-floors</i>)	4,14	0,96
13		Decision not to use glass containers (<i>safer plastic, disposable or break-resistant containers made of hardened glass are used instead of glass containers</i>)	2,62	1,60
14		Possibility to buy food and snacks	3,32	1,53
15		Free water	3,06	1,47
16		Accessibility of non-alcoholic drinks (<i>big choice and affordable prices of non-alcoholic drinks</i>)	4,05	1,16
17	Social environment of the club	Diversity of visitors (<i>it is ensured that visitors are of different age and gender, avoiding gatherings of just men or women</i>)	4,24	0,94
18		Control of music (<i>for example, music conducive to psychoactive substance use and improper behaviour is given up</i>)	4,29	0,96
19		Control of entertainments (<i>entertainments are of a good quality, interesting, not conducive to psychoactive substance use and aggression</i>)	4,33	0,91
20	Closing down, leaving the night club	Control of the persons leaving night clubs (<i>employees remind of the closing hours, manage flows at the exits points, are ready to provide assistance to visitors</i>)	4,32	0,78
21		Warning against driving being intoxicated	3,82	0,96
22		Arranging of transport for people leaving the club (<i>if requested taxis are offered so that visitors can safely return back home</i>)	4,48	0,93
23		Changing of the employees' dislocation getting closer to the time of closure (<i>sufficient numbers and dislocations of employees before closure to avoid jams, checking of the toilets and stairways, preventing visitors from taking away drinks that have been left</i>)	4,14	0,89
24		More quiet atmosphere before closing down (<i>before closing down lighting is increased, volume of music is set on a quieter regime, visitors can prepare for exit</i>)	4,59	0,67
25	Management	Involvement of persons or institutions concerned (<i>cooperation with stakeholders seeking to resolve arising problems, reduce psychoactive substance use and crime rate</i>)	4,05	1,13
26		Cooperation with police	4,59	0,59
27		Care of visitors' health and safety (<i>employees are trained how to act in emergency cases and provide first aid</i>)	4,38	0,80
28		Principles of operation of the night club	4,48	0,75

		<i>(following of the standard business activity principles and agreements on operation hours etc)</i>		
29		Internal rules of procedure and management <i>(written rules describing appropriate and inappropriate employee and visitor behaviour)</i>	4,56	0,62
30	Training of employees	Training of bartenders and waiters <i>(informing employees, organizing training for them, development of skills, for example, how to refuse selling of alcohol to drunk persons; supervision of employees ; they must know how to resolve problems and behave responsibly)</i>	4,55	0,80
31		Training of security and other staff <i>(security staff and other employees must know how to control drug distribution, address conflicts, recognize too young, intoxicated and aggressively minded visitors; it is important to develop relevant skills of the employees)</i>	4,59	0,67
32		Training of DJs and event moderators <i>(these employees must be able to convey information responsibly, select music which would not inspire use of psychoactive substances, risky behaviour)</i>	4,24	0,89
33	Regulation of the sales and of the promotion of alcoholic beverages	Regulation of the prices of alcoholic beverages <i>(raising the prices of alcoholic beverages, reduction of the prices of non-alcoholic beverages)</i>	3,55	1,01
34		Control over measures which promote use of alcohol <i>(special promotion campaigns and advertising are rejected)</i>	3,05	1,02

(Source of information: Drug, Tobacco and Alcohol Control Department)

Mass media information analysis

Seeking to inform Lithuanian mass media, the Department prepared and publicized 52 press releases in 2012. Specialists of the Department also took part in 6 meetings with media representatives providing information for the journalists' publications. All press releases and conference presentations can be found on the Internet web site www.ntakd.lt (column 'Naujienos'). Also a competition was organized to create a design and content management system for the Department's web site and to create an image logo characterizing the Department.

Drug Use Prevention Campaigns in Mass media

In 2012, the Department, in cooperation with the Pompidou Group of the Council of Europe, organized and successfully implemented in Lithuania broadcasting of the adapted video clip of the Pompidou Group called 'Driving intoxicated with narcotics can be disastrous' (duration – 30 seconds).

In 2012 the video clip was demonstrated:

- 30 times by LNK TV in January 2012;
- 30 times by TV1 TV in January 2012;
- broadcasting on the LCD screens installed on public transport in Vilnius, Kaunas, Šiauliai and Klaipėda from 7 March 2012 and 7 April 2012. Video clips were broadcasted 696600 times;
- On Telšiai Regional TV: April 2012 – 24 times; May 2012 – 93 times; June 2012 – 87 times; July 2012 – 66 times.

The said video clip is accessible on internet website: <http://www.youtube.com/watch?v=NJzNCIFtnAQ>).

Lithuanian School Students Union, in cooperation with the Ministry of Education and Science and the Department, organized social action 'Pour out'. 'Pour out' in order to encourage Lithuanian students take most effective measures intended to alarm the public and students and pay attention to this painful problem – use and availability of alcohol for juveniles and harm caused by alcohol to a young organism. The programme 'Pour out' aimed to inspire students creatively resolve the problem of alcohol use – create prevention posters and write social advertising scenarios.

The programme had 2 main stages: creation of the prevention poster and writing of prevention-education advertising scenario. The first stage — creation, evaluation and selection of prevention posters took place from the 5th of November to the 20th of December 2012. The second stage — creation, evaluation and selection of social advertising scenarios took place from the 5th of January to the 10th of March 2013. Posters created by students were used while developing and performing prevention programmes for schools. The programme involved students from forms 7-12 of general education schools of Lithuania.

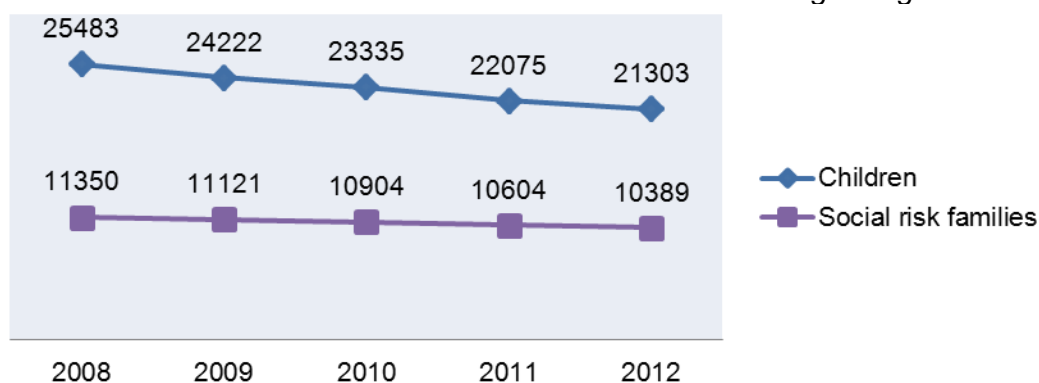
In 2013, short films were created based on the award-winning posters.

Selective and targeted prevention for social risk children and families

Pursuant to the data of the State Child Rights Protection and Adoption Service (<http://www.vaikoteises.lt/media/file/2012mataskaita3.pdf>), families are most often included in the record of social risk families because of heavy drinking and lack of social skills. At the end of 2012, the record of social risk families raising children included 5072 families known for heavy drinking or 49 per cent of the total number of social risk families, and 3985 families (or 38 per cent) with insufficient social skills and inability to take care of their children

Pursuant to the data of the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour, 10,4 thousand social risk families were included in the social risk families' record on 31 December 2012. The number of children growing in them was 21,3 thousand. Comparison of 2012 and 2011 (see fig. 3.6) shows that the number of social risk families slightly reduced and made 3,80 per cent of all children living in the country (in 2011 – 3,83 per cent). Analysis of the changes over the longer period, i.e. from 2008, shows that the number of both social risk families, children in them and children, who lost the care of their parents, has been consistently reducing. This trend gives hope that, thanks to a positive impact on the social risk family, a risk for their children to start using psychoactive substances can also reduce.

Figure 3-6. The number of social risk families and the number of children growing in them in 2008-2012



(Information source: State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour)

On 31 December 2012, out of 10337 families listed in the social risk families of the municipality (by 2,5 per cent less than at the end of 2011), 3291 families or 31,8 per cent of all social risk families received children day center services. In 2012, agreements on the implementation of 175 children day center projects were signed on the same conditions as in 2011.

Children growing in social risk or poor families often have no possibilities to eat properly and prepare lessons. Due to irresponsible attitude or financial lack, not every child can attend circles or other additional education establishments. Failure to ensure minimal hygiene conditions at home make children growing in social risk families feel rejected, therefore they often avoid attending the school. Getting no

adequate support in their families, they faster get under a negative influence. Such children often lack motivation to learn and involve in meaningful activity, they face a risk of finding themselves on the street. Therefore, services provided by children day centres give them a possibility to be full members of the community, not to feel rejected by their contemporaries. In 2012, based on the data of the reports of project implementers, children day centres were attended by 5011 children, i.e. in average 28 children of different age received services in one day center a month. The centres provided the following services for children: organization of feeding, leisure, development of social skills, information, consultation, psychological assistance, minimal personal hygiene etc.

4. Problem Drug Use

4.1. Introduction

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

4.2. Prevalence and incidence estimates of PDU

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

No new information is available for 2012.

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 Klaipėda 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 the 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 said 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 identified problem drug users was 5699 persons (95 per cent 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 calculated problem drug users was ca. 5800 (95 per cent PI (Poisson) 5652 - 5951). Having identified 482 monitored problem drug users and having calculated 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 per cent 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 the number of problem drug users in Lithuania remained nearly on the same level in 2005-2007

The Survey estimated 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.

4.3. Data on PDUs from non-treatment sources

No information is available

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

No information is available

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

5.1. Introduction

This chapter contains information about drug-related treatment demand and treatment availability in Lithuania: description of the national context, i.e. overall drug treatment system and organisation; latest available treatment demand data including new clients entering treatment for the first time and a breakdown by addiction diagnosis, gender, age and etc.; availability and provision of treatment services in the country, with a specific focus on replacement treatment and other related information.

Drug treatment in Lithuania is provided mostly by public and private agencies. Coordination, implementation and provision of drug treatment are conducted at the local level. The main funding bodies of the different treatment services are the national budget, national health insurance fund, municipality budgets. Four regional and one municipality finance specialised treatment centres at regional level.

5.2. General description, availability & quality assurance

Lithuania applicable law provides that a person with a health disorders must first apply to must first apply to the primary outpatient (family doctor) health care institutions. General practice doctors, therapists, pediatricians working in primary outpatient medical care offices, suspecting that the patient is suffering from addiction to drugs and psychotropic substances, or set of mental and behavioral drugs and psychotropic substance use disorders symptoms, sends the patient psychiatrist consultation.

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 Resolution No. 204 *On the Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* adopted by the Minister of Health of the Republic of Lithuania on 3 May 2002 (Official Gazette, 2002, No. 47-1824; Official Gazette, 2007, No. 90-358). An individual may contact a psychiatrist directly or may be referred 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. The treatment process includes 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 and psychotherapy sessions in groups are organised. Having drawn up a treatment plan, treatment services of dependence on drugs and psychoactive substances may be provided by a general practitioner, a therapist, a paediatrician working in primary health care institutions. They get advice from the psychiatrist and refer the patient with dependence disorders to other specialists for counselling, as necessary.

Implementing the *Law on Rights of Patients and Remuneration of Harm to Health* (Official Gazette, 1996, No. 102-2317; 2009, No. 145-6425) the *Procedural Profile Concerning Providing Health Care Services without Disclosure of Person's Identity* (hereinafter – Profile) was approved by the Minister of

Health of the Republic of Lithuania Resolution No. V-178 of May 4, 2010 (Official Gazette, 2010, No. 30-1389). The Profile establishes the main requirements for providing health care services when person's identity is not disclosed. The Profile establishes that pharmaceuticals used for the treatment of anonymous patients, if abused, may cause development of dependence or addiction, also no replacement treatment for opioid dependence may be prescribed.

The types, duration, etc. of the services of treatment and rehabilitation of dependence disorders were set in the May 3, 2002 Minister of Health of the Republic of Lithuania Resolution No. 204 *On the Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* which was amended in 2007. These standards of treatment and rehabilitation of dependence disorders are mandatory when organising the individual's health care in accordingly licensed in-patient clinics of dependence and mental health. Out-patient clinics related to the institutions must be properly 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 health care institutions should deploy such medical equipment and pharmaceuticals for hemosorption, short-term narcosis, electro impulse therapy, artificial blood and other medical equipment and pharmaceuticals that have been approved by respective legal acts.

In Lithuania, outpatient drug treatment is provided by public mental health centres, and through private medical institutions that have obtained a special licence. Furthermore, out-patient 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 counselling, and they also provide methadone treatment. In-patient treatment such as withdrawal treatment and residential treatment is delivered by the specialised Centres for Addictive Disorders.

Replacement treatment with methadone was implemented in 1995, and treatment commenced in three cities in 1996. Buprenorphine treatment has been available since late 2002, throughout the specialised mental healthcare institutions. According to Order No 702 of the Ministry of Health, methadone and buprenorphine treatment can only be initiated by treatment centres.

5.2.1. Strategy/policy

All *National Drug Control and Drug Addiction Prevention Programmes* (1999 – 2003, 2004-2008, 2010-2016) implemented in Lithuania emphasized 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 resulting in the increase and improvement of quality and accessibility of treatment and health care services for drug users each year.

5.2.2. Treatment Systems

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

According to the data of the Lithuanian Health Information Centre, in Lithuania primary mental health care in 2012 was implemented by 107 mental health care institutions, 28 of them were private. The staff positions of all 107 institutions included 173 psychiatrists for adults, 36 juvenile psychiatrists, 199 medical nurses, 153 social workers, 103 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, Klaipėda, Šiauliai, Panevėžys and Kaunas. These 5 centres also provide out –patient treatment services.

The first aid treatment in case of intoxication or coma 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, Klaipėda, 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 Klaipėda; 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 Panevėžys 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, Ukmergė 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 Programme, Cognitive Behavioural Therapy, Psychodynamic Therapy.

The Republic of Lithuania Government Resolution No.1246 of 10 October 2012 „On the Approval of the concept (guidelines) for the creation of the system of services of prevention, treatment, rehabilitation and reintegration“ (Official Gazette, 2012, No. 121-6078) approved the directions for the development of services of prevention, treatment, rehabilitation and reintegration. The aim is to create legal, administrative, financial conditions for the development and improvement of the system of services of prevention, treatment, rehabilitation and reintegration the Republic of Lithuania and to seek that persons ill with dependence diseases return back to the society, families and labour market. The concept has been estimated that in order to ensure personal health care services to insured and not covered by compulsory health insurance for persons, addicted to psychoactive substance use, it is appropriate to reorganize in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys addiction centers and set up a health care budget office - the state addiction center. Its structure makes provision for branches in Vilnius, Kaunas Klaipėda, Šiauliai and Panevėžys and assistance to individuals (adults and children) suffering from addictions, providing staff training and qualification development center. Suggest to municipalities to transfer municipal ownership and the addiction centers occupied property to public ownership. Ensure that the State Center for Addictive Disorders (and its affiliates) would provide health care and social services.

Implementing the provisions of the Concept in 2012 Kaunas, Klaipėda, Šiauliai and Panevėžys addiction centers have been transferred from the municipalities to under the Ministry of Health of the Republic of Lithuania, and the funding of 2013 was already in place from the state budget (until then centers were funded by individual municipal budgets). Vilnius Centre for Addictive Disorders transfer from Vilnius city municipality executed in 2013.

Drug Free Treatment

In 2012, as in the previous years, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 state budget institutions - Centres for Addictive Disorders in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys. 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 2012, out-patient treatment Minnesota Programs were executed in the same 5 Centres for Addictive Disorders in Vilnius, Panevėžys, Klaipėda 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.

Information about rehabilitation institutions, who were provided long-term social and psychological services, and their clients are presented in the Chapter 8.2 „Social exclusion and drug use“.

Pharmacologically Assisted Treatment / Replacement Treatment

Lithuania is among the countries with limited application of replacement treatment which is subject to high requirements. Replacement 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 replacement treatment. In Lithuania, also a composite pharmaceutical subuxon containing buprenorphine and nalaxon (opioid antagonist) was registered.

In Lithuania, the procedures of treatment prescription and administration of replacement treatment are regulated by the 22 December 1997 Minister of Health of the Republic of Lithuania Resolution No. 702 *“On the Approval of the Procedures for Application of Replacement Therapy for Individuals Dependent on Opioids”* and by the 3 May 1997 Minister of Health of the Republic of Lithuania Resolution No. 204 *“On the Approval of Standards of Treatment of Dependence Disorders and Rehabilitation* (resolutions were amended in 2007).

Replacement treatment is prescribed as abstinence treatment or replacement 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 of time which is measured by the doctor and patient.

Replacement 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 per cent) throughout the years. The treatment is based on prescription of methadone or buprenorphine solution taken under supervision 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 to a healthcare institution on a daily basis. Replacement 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 replacement treatment and its implementation procedures are regulated by Resolutions of the Minister of Health issued in 1997 and 2002. The August 6, 2007 Minister of Health of the Republic of Lithuania Resolution No. V-653 *“On the Approval of Procedural Profiles Regarding Prescription and Application of Replacement Treatment Against Opioid Dependence, and Prescription, Delivery, Keeping and Accounting of Substitution Opioid Pharmaceuticals in Health Care Institutions* (Official Gazette, 2007, No. 90-3587) (effective from September 7, 2007) allowed to use methadone hydrochloride and buprenorphine hydrochloride in Lithuania for replacement treatment and revised the requirements for replacement treatment. The aims of replacement treatment are as follows:

- Gradual improvement of somatic and psychic condition of opioid addicts, improvement of their social adaptation and integration into the society;
- Better organization of prevention of HIV and hepatitis B and C, as well as other infectious diseases among drug users;
- More efficient treatment of correlate diseases;
- More efficient treatment of drug injection complications;
- Improved conditions for prenatal and post-natal care of pregnant drug users.

In 2010, the Lithuanian Psychiatrists' Association, striving to improve and harmonize the quality of pharmacological (substitution) treatment for opioid users, in compliance with the established procedures, prepared, coordinated with respective institutions and issued the following clinical methodologies: *Treatment of opioid dependence with Methadone* and *Treatment of Opioid Dependence with Buprenorphine and Buprenorphine/naloxon*.

Starting from 2010, aiming to reduce concentration of patients in one place and further improve accessibility of health care and social services, 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 caretaker, etc) in mobile clinics acquired with the support of UNODC.

At the end of 2007, the replacement 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 Klaipėda Centre for Addictive Disorders, the Kaunas Centre for Addictive Disorders and Mental Health Centres of the primary health care institutions in Druskininkai. In 2007, replacement treatment was started in Telšiai (the Žemaitija Mental Health Centre). Since 2008, replacement treatment is applied in the Centres of Mental Health of Mažeikiai and Šilutė. Since January 2009, replacement treatment was started for 3 patients in the Mental Health Centre in Šiauliai; since August 2010 – in the Mental Health Centre of the Alytus Out-patient Clinic and in the Mental Health Centre of the Švenčionys Primary Health Care Centre.

As of January 1, 2013, replacement treatment was applied in 19 health care institutions (units) located in 12 Lithuanian cities, the same as in previous year.

As of January 1, 2013, 452 persons took part in Lithuanian replacement treatment programmes (in 2012-01-01 – 513 persons) (all treated with methadone) (*Table 5-1*). In 2012, a replacement therapy programme participated in total 687 persons (in 2011 – 798 persons, in 2010 – 904 persons). In 2012, the replacement therapy programme was started for 175 persons, of them 225 persons terminated it due to various reasons (cancelled, finished, changed to another treatment programme, died etc).

Table 5-1. Number of patients who participated in the replacement treatment programmes from 2007 to 2013 January 1st.

Treatment institution	2007	2008	2009	2010	2011	2012	2013
Vilnius Centre for Addictive Disorders (CAD) and health care institutions (7 units) in Vilnius city (total)	186	192	228	269	375	266	241
Klaipėda CAD ²⁴	57	50	66	86	96	71	50
Kaunas CAD	79	78	130	94	79	80	70
Panevėžys CAD	38	47	52	43	41	33	34
Druskininkai	21	19	18	13	13	12	12
Žemaitija CAD (Telšiai city)	-	9	8	9	8	6	5
Kėdainiai CAD	-	-	4	10	8	11	9
Mažeikiai CAD	-	-	3	8	11	5	2
Šilutė CAD	-	-	3	10	11	6	8
Šiauliai CAD	-	-	-	17	16	11	11
Alytus CAD	-	-	-	-	15	8	5
Švenčionys	-	-	-	-	13	4	5
Total	381	395	512	562	676	513	452

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 there exist no legal obstacles for continuation of the treatment. 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,

²⁴ CAD - Centre for Addictive Disorders

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 not only means 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 program before entering a police detention unit. If a person was in the Methadone maintenance therapy before getting into a police detention unit, therapy could be continued until person's release from the police detention unit, if persons express such a need. A person could not apply for methadone maintenance therapy anew in the police detention unit. Methadone maintenance therapy, as a drug dependence treatment option, is available in the police detention units from 2008.

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 only under supervision of medical staff. The use of Buprenorphine for replacement treatment of opiate addiction entered into force from September of 2007.

Naltrexon tablets (REVIA), antagonist of opiate receptors, were 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 replacement treatment and prevention of relapses. The availability of treatment is restricted due to a relatively high price of the medication, which is not compensated 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.

Applying respective treatment and rehabilitation for the persons dependent on drugs and psychotropic substances, the standard requirements for treatment of dependence disorders and rehabilitation approved by the 3 May 2002 Minister of Health of the Republic of Lithuania Order No. 204 "On the Approval of Standards for Treatment of Dependence Disorders and Rehabilitation" (Official Gazette, 2002, No. 47-1824; Official Gazette, 2007, No. 90-358) are followed.

Much attention was paid to the 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. Four imprisonment institutions have operating rehabilitation centres in which the convicted live and participate in various rehabilitation programmes, also one institution has a day centre. In other seven imprisonment institutions function groups of anonymous alcoholics and anonymous drug addicts working according to the 12 step *Minnesota Programme*. Besides that, individual work with persons dependent on drugs and psychotropic substances is carried out in the prisons based on individual counselling, also the programme *Behaviour- Dialogue -Change* is used not only by psychologists in prisons and correctional institutions, but also by the staff of social-psychological rehabilitation.

5.3. Access to treatment

5.3.1. Characteristics of treated clients (TDI data included)

Additional information for this chapter is also available in the TDI data (submitted in 2012)

Drug addicts' registration system overview

The Law *On Addiction Treatment* of the Republic of Lithuania (Official Gazette, 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 the 25 September 1998 Minister of Health of the Republic of Lithuania Order No. 544 "*On the Approval of Implementing Legal Acts of the Law on Addiction Treatment*" (Official Gazette, 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 Resolution establishes criteria for removal of drug addiction patients from the addiction registration system as follows:

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

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

Drug addicts' registration system and TDI development

Based on the 1 August 2007 Minister of Health of the Republic of Lithuania Order No. V-636 "*On the Approval of the Profile of the Monitoring Procedures of Individuals Contacting Health Care Institutions Regarding Mental and Behavioural Disorders*" (Official Gazette, 2007, No. 88-3496), a new monitoring system in Lithuania enabling to collect more comprehensive data for TDI entered into force from October 2008. Due to technical, financial and legal problems, the computerized monitoring system was not established by 2011. Orders of the Minister of Health No. V-1118 of December 23, 2010 and No. V-682 of July 11, 2011 amended Resolution No. V-636 of August 1, 2007 prescribing gathering of monitoring data from July 1st, 2012 and approving a new monitoring data gathering form and filing instructions.

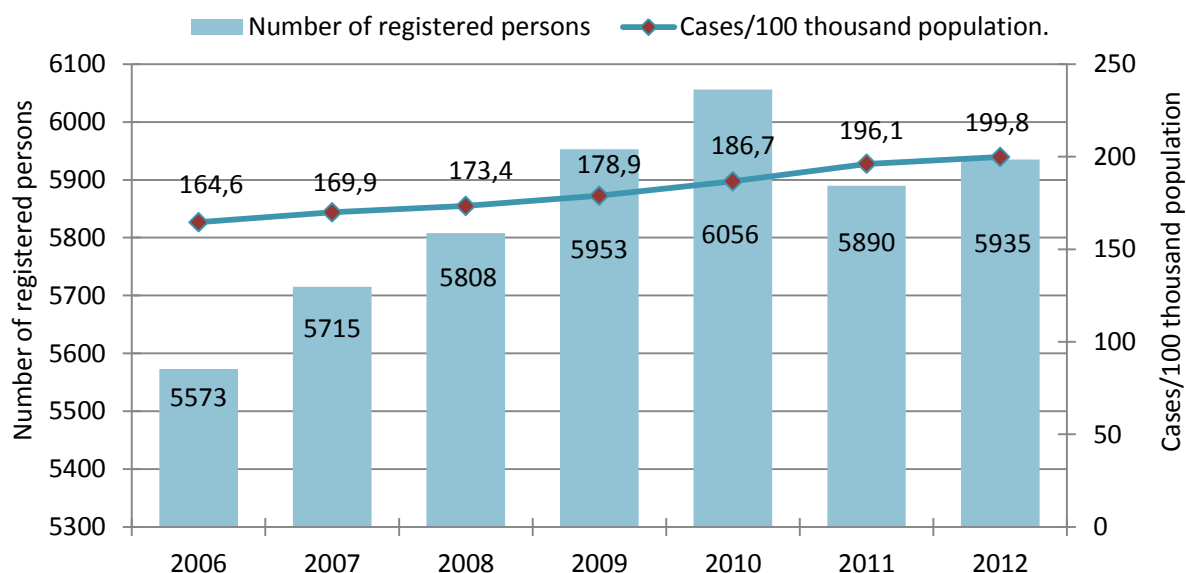
Based on the above orders, the State Mental Health Centre is authorised to implement monitoring of the persons contacting health care establishments in relation to psychic and behavioural disorders caused by drugs and psychotropic substances and to organise the establishment and exploitation of the monitoring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

All Treatments of drug addiction

By the December 31, 2012, the healthcare institutions registered 67181 individuals with mental or behavioural disorders caused by psychoactive substances (incl. alcohol, tobacco, drugs and etc.),

including 5 935 individuals with dependence disorders caused by drugs and psychotropic substances. In 2012, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 199,8 cases/100 thousand population, it is by 1,9 per cent higher than in 2011 (in 2011 – 196,1 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 2003-2012



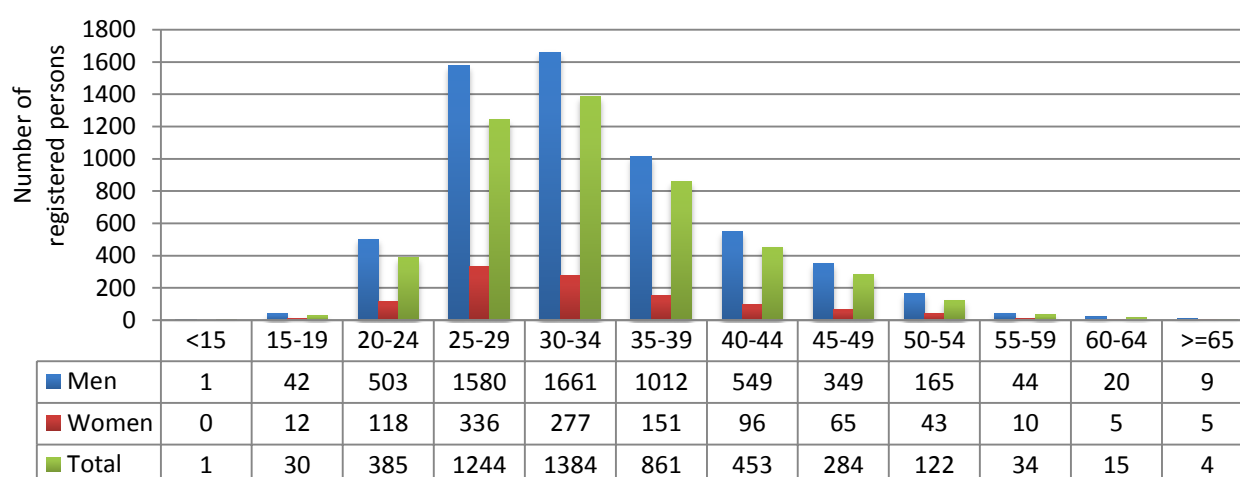
In 2012, out of the total number of registered individuals with mental or behavioural disorders caused by psychoactive substances men accounted for 81 per cent (4817 men) and women – 19 per cent (1118 women). In 2012, male drug dependence morbidity accounted for 341,6 cases/100 thousand population, and female drug dependence morbidity – 68,9 cases/100 thousand population (Table 5-2).

Table 5-2. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2005-2012

Year	2005	2006	2007	2008	2009	2010	2011	2012
All treatments (registered individuals)								
Total	5371	5573	5715	5808	5953	6056	5890	5935
Men	4372	4529	4638	4708	4827	4906	4778	4817
Women	999	1044	1077	1100	1127	1150	1112	1118
Drug dependence morbidity (number of cases/100 thousand population)								
Total	157.8	162.7	168.8	172,5	178,9	186.7	184.1	199.8
Men	273.6	287.2	294.1	298.5	309.6	325.5	335.3	341.6
Women	54.6	57.7	59.6	60.8	62.9	66.2	67.6	68.9

In 2012, the biggest share of individuals registered for drug dependence treatment were in the group aged 25 to 39, and accounted for 71,6 per cent (3489 persons, 3489 men and 764 women) of the total registered number (Figure 5-2).

Figure 5-2. Distribution of all registered individuals for drug dependence treatment, by gender and age, 2012



In 2012, as in previous years, the biggest number of all registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances represented opioid users. In 2012, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) represented 4664 individuals (78,6 per cent); cannabinoids (F12) – 51 individuals (0,9 per cent); tranquillizers and sedatives (F13) – 86 individuals (1,4 per cent); cocaine (F14) – 10 individuals (0,2 per cent); stimulants including caffeine (F15) – 160 individuals (2,7 per cent); hallucinogens (F16) – 3 individuals (0,1 per cent); volatile substances (F18) – 127 (2,1 per cent); multiple drugs and other psychoactive substances (F19) – 834 individuals (14,1 per cent).

Route of administration

According to the data of the State Mental Health Centre, of all individuals registered as of December 31, 2012 with mental and behavioural disorders using drugs and psychotropic substances, due to mental and behavioural disorders 93,1 per cent used drugs and psychotropic substances by injecting. Injecting route of administration was mainly used for opioids (99,2 per cent), multi-drugs (92,8 per cent) and stimulants (63,8 per cent) (Table 5-3).

Table 5-3. Route of administration of drugs and psychotropic substances in 2011 (all registered drug addiction cases)

Drug group		Route of administration				Total
		Injected	Smoked	Ingested	Sniffed	
Opiates	Persons.	4 625	20	18	8	4 664
	%	99,2	0,4	0,4	0,2	78,6
Volatile substances	Persons	7	1	21	97	127
	%	5,5	0,8	16,5	76,4	2,1
Stimulants and caffeine	Persons	102	7	45	6	160
	%	63,8	4,4	28,1	3,8	2,7
Tranquillizers/sedatives	Persons	19	5	63	0	86
	%	2,1	5,8	73,3	-	1,4
Cannabinoids	Persons.	2	33	15	1	51
	%	3,9	64,7	29,4	2	0,9
Hallucinogens	Persons	0	0	2	1	3
	%	-	-	66,7	33,3	0,05
Cocaine	Persons	1	1	3	4	10
	%	10	10	30	40	0,17
Multiple drugs or other	Persons	774	7	65	5	834

psychoactive substances	%	9,8	0,8	7,8	0,6	14,1
Total	Persons	5 530	75	234	122	5 935
	%	93,2	1,3	3,9	2,1	100

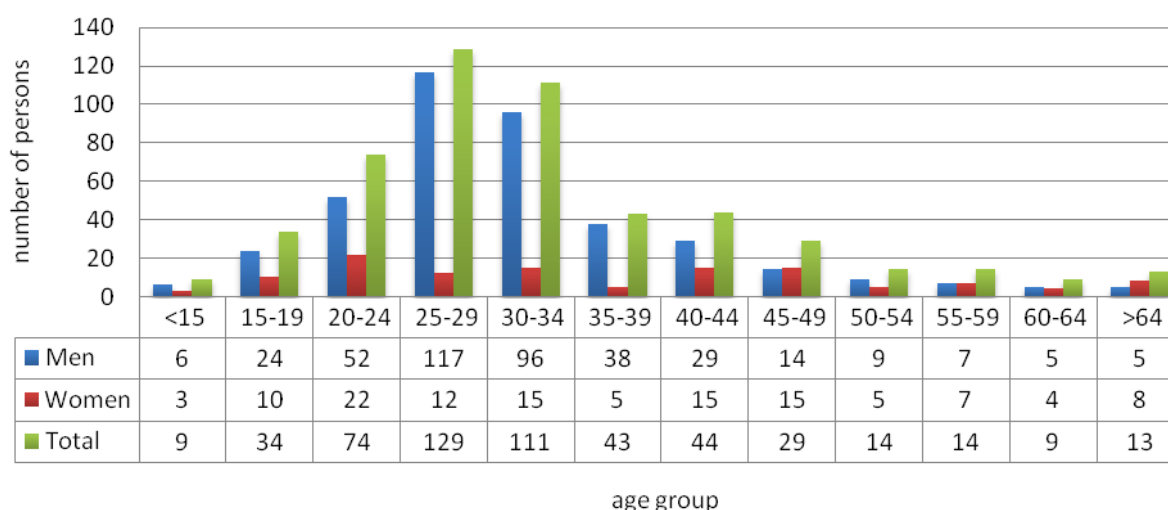
5.3.2 Trends of treated population and treatment provision (incl. numbers)

No new information is available for 2012.

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

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

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

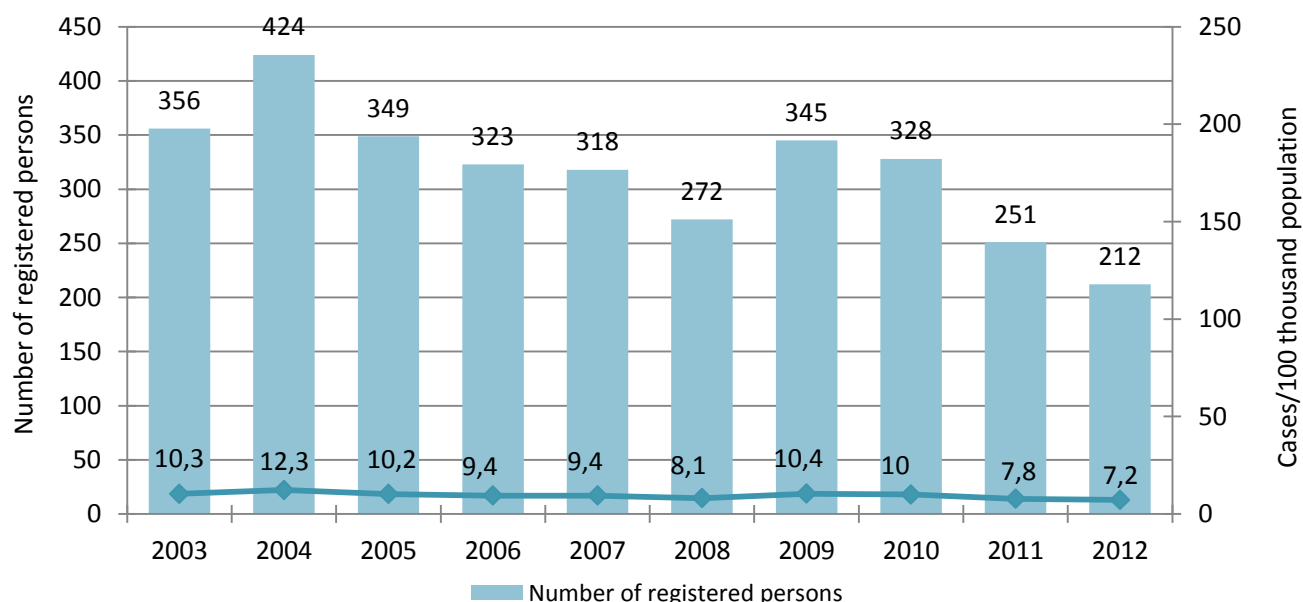


In 2010, medical services due to mental and behavioural disorders using drugs and psychotropic substances were provided 22 times to 22 juveniles (individuals under 18 years of age). Medical services due to mental and behavioural disorders were provided to 9 juveniles using multiple drugs and other psychotropic substances, to 6 - using stimulants, also caffeine, to 5 - using volatile substances. The biggest number of children due to mental and behavioural disorders using drugs and psychotropic substances received counselling by juvenile psychiatrists in out-patient clinics.

First cases of treatment for drug addiction

In 2012, the health care institutions registered 212 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances (Figure 5-4). In 2012, the first treatment rate made 7,2 cases/100 thousand population.

Figure 5-4. Level of new drug addiction rates per 100 thousand population and the number of new registered cases due to mental or behavioural disorders caused by drugs and psychotropic substance use (2003-2012)



Information source: State Mental Health Centre

First cases of treatment by gender and age

In 2012, first cases of treatment registered in health care institutions were as follows: 168 men (79,2 per cent) and 44 women (20,8 per cent); the number of first time treatment cases was 7,2 cases per 100 thousand population, the number of male first time treatments was 12,5 cases per 100 thousand population, the rate of female first cases of treatments – 2,5 cases per 100 thousand population (Table 5-4).

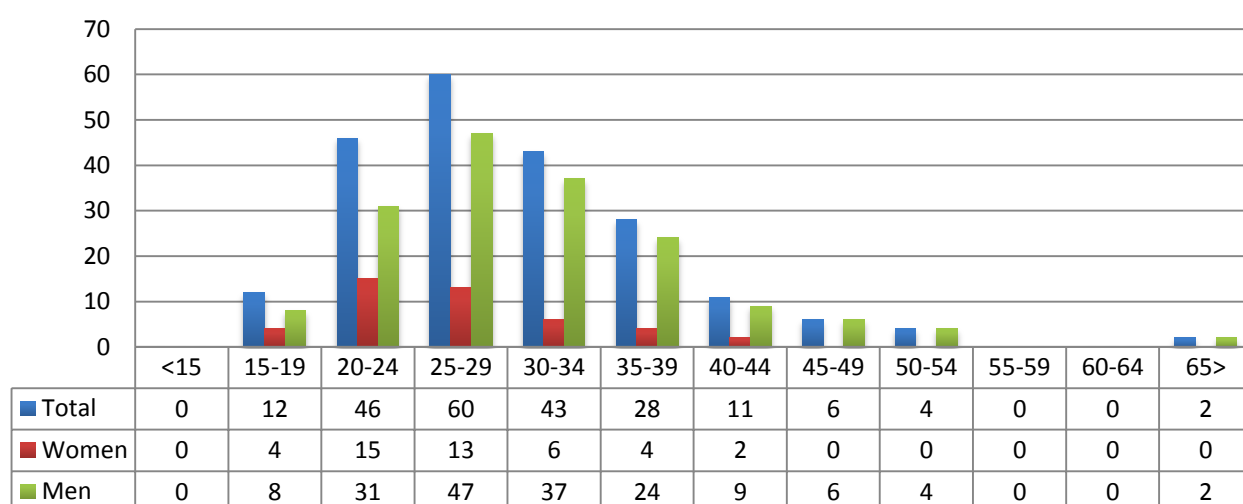
Table 5-4. Registered first treatment cases and rate per 100 thousand population in Lithuania, by gender, 2005-2012

Year	2005	2006	2007	2008	2009	2010	2011	2012
Number of new treatment cases								
Total	349	323	318	272	345	328	251	212
Men	273	258	252	207	286	264	203	168
Women	76	65	66	65	59	64	48	44
Number of cases per 100 thousand population								
Total	10,2	9,4	9,4	8,1	10,4	10	7,8	7,2
Men	17,0	16,4	16,0	13,1	18,3	17,5	13,6	12,5
Women	4,1	3,6	3,6	3,6	3,3	3,7	2,8	2,5

Data of the State Mental Health Centre

In 2012, in health care institutions the biggest number of first treatment cases was registered among women in the age group from 20 to 29 years – 28 persons, and among men – in the same age group as women (20 to 29 years) – 106 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, 2012



Information source: State Mental Health Centre

In 2012, as in previous years, the biggest number of first time registered individuals with mental or behavioural disorders caused by drugs and psychotropic substances represented opioid users. In 2012, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) represented 140 individuals (66 per cent); cannabioids (F12) – 7 individuals (3,3 per cent); tranquillizers and sedatives (F13) – 5 individuals (2,4 per cent); cocaine (F14) – 0 individuals (0 per cent); stimulants including caffeine (F15) – 12 individuals (5,7 per cent); hallucinogenic substances (F16) - 0 individuals (0 per cent), volatile substances (F18) – individuals (0 per cent); multiple drugs and other psychoactive substances (F19) – 48 individuals (22,6 per cent) (Table 5-5).

Table 5-5. Distribution of first time registered individuals for drug dependence treatment, by used drug (addiction diagnosis), 2009-2012

Drug group (addiction diagnosis by ICD-10)	First treatment cases for drug addiction			
	2009	2010	2011	2012
Opiates (F11)	254	254	181	140
Cannabioids (F12)	7	2	9	7
Tranquillizers/ sedatives (F13)	6	5	11	5
Cocaine (F14)	0	1	2	0
Stimulants and caffeine (F15)	15	9	5	12
Hallucinogens (F16)	0	0	0	0
Volatile substances (F18)	0	3	4	0
Multiple drugs or other psychoactive substances (F19)	63	54	39	48
Total	345	328	251	251

Information source: State Mental Health Centre

6. Health Correlates and Consequences

6.1. Introduction

This chapter contains information about health correlates and consequences related with drug use: new developments and trends regarding drug related infectious diseases (mainly HIV/AIDS and viral hepatitis), non-fatal overdoses and drug-related emergencies, drug related deaths and mortality of drug users.

6.2. Drug Related Infectious Diseases

Additional information for this chapter is also available in the Standard Table 09 Prevalence of hepatitis B/C and HIV infection among injecting drug users (submitted in 2013)

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 viral Hepatitis B

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

In 2012, the Lithuanian health care institutions registered 24 cases of acute viral hepatitis B (hereinafter – HBV) (in 2011 – 60 cases, in 2010 – 71 cases). 50 percent of acute viral hepatitis B places of infection remained unidentified. 2 cases (8 percent) were due to the use of injecting drugs: both of them were male in the age range between 25 and 34 years.

In 2012, the Lithuanian health care institutions registered 9 cases of chronic viral hepatitis B (hereinafter – HBV). 8 case of chronic viral hepatitis B places of infection remained unidentified, 1 case was due to the use of injecting drugs: it was male in the age range between 25 and 34 years.

Registered viral Hepatitis C

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

In 2012, the Lithuanian health care institutions registered 40 cases (in 2011 – 43 cases, in 2010 – 41 cases) of acute viral hepatitis C (hereinafter – HCV). A big number of cases in 2012 (85 percent or 34 cases) implied an unidentified contraction factor causing HCV. Out of 6 cases, which transmission factor was known, all 6 cases were due to the use of injecting drugs. Majority of the infected with acute viral hepatitis C were males (83 percent). Three of them was aged in the age range 25 – 34 and three – aged more than 34 years. One of them had been an injecting drug user up to 1 years, one – from 5 to 9 years, three – more than 10 years.

In 2012, the Lithuanian health care institutions registered 69 cases of chronic viral hepatitis C (hereinafter – HCV). Majority of cases in 2012 (94 percent or 65 cases) implied an unidentified contraction factor causing HCV. Out of 4 cases, whose transmission factor was known, 4 cases were due to the use of injecting drugs, all of them were male, two in the age range 25 – 34 and two – aged more than 34 years. One of them had been an injecting drug user more than 10 years, three – up to 2 years.

Registered HIV/AIDS cases

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

During the whole Human immunodeficiency virus (HIV) infection registration period in Lithuania (1988-2012), 2 060 HIV infected individuals were diagnosed, from whom 1 687 (82 percent) were males and 373 (18 per cent) females.

In 2012, 160 new HIV cases were diagnosed (respectively in 2011 – 166, in 2010 – 153, in 2009 – 180, in 2008 – 95, in 2007 – 106, in 2006 – 100, in 2005 – 120). The total HIV infection prevalence indicator in year 2012 was 0,53 cases per 10 thousand population (0,52 cases per 10 thousand population in 2011, 0,47 cases – in 2010).

Data, analysed by gender, showed that most of the newly registered HIV infected people, 71,3 per cent were males (114 cases) and 28,8 per cent females (46 cases). The highest numbers of new HIV cases were diagnosed in age groups 25-29 (35 cases) and 30-34 (27 cases).

Compared by Lithuania counties (total 10 counties), the highest indicators of HIV morbidity in 2012 were diagnosed in Vilnius, Telsiai, Klaipeda and Kaunas counties, the lowest indicators in Panevezys, Utena and Marijampole counties.

Among the new HIV cases, 38,8 per cent (62 cases) of individuals were infected with HIV by using injecting drugs, 28,8 per cent (46 cases) - during the heterosexual intercourse, 6,9 per cent (11 cases) – during the homosexual intercourse, 25,6 per cent (41 cases) whose way of infection is unknown. Among injecting drug users, the majority among newly infected HIV cases, registered in 2012, were male (87.1 per cent, or 54 men (persons) and 12.9 per cent, or 8 women), and those aged 25 to 29 years of age (22.6 per cent. or 14 individuals) from 30 to 34 years of age (27.4 per cent., or 17 people), and from 35 to 39 years of age (19.4 per cent., or 12 individuals).

HIV, HBV and HCV seroprevalence among tested injecting drug users

No new information available for 2012.

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

According to data of the Department of Prisons under the Ministry of Interior of the Republic of Lithuania, as of December 31, 2012, in total 390 persons (in 2011-12-31 – 385 persons, in 2010-12-31 – 387 persons) ill with HIV (HIV carriers) were in imprisonment establishments. In 2011, in imprisonment establishments 49 new cases of HIV were registered (in 2011 – 44, in 2010 – 130), all persons were infected using injecting drugs.

In 2012, in Lithuanian imprisonment establishments no person was diagnosed acute viral hepatitis B (HBV) or acute viral hepatitis C (HCV). In 2011, in Lithuanian imprisonment establishments 5 persons were diagnosed acute viral hepatitis B (HBV) and 1 persons - acute viral hepatitis C (HCV). All these persons were infected using injecting drugs.

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

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

Analysis of the data collected for survey 2008 identified that records of 1525 persons were received in 2008 who were in imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances, including 111 women (7,3 percent) and 1414 men (92,7 percent). The average age of the surveyed was 30,6 years, i.e. for women – 31,7 years, for men – 30,5 years (*Table 6-1*); the majority of the registered persons had mental and behavioural disorders using several drugs and psychotropic substances (*Table 6-2*); the biggest share

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

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

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

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

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

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

Diagnosis code by ICD-10	2008				2009			
	Female	Male	Total	Including HIV positive	Female	Male	Total	Including HIV positive
F11 - Mental and behavioural disorders using opiates	39	581	620	49	45	695	740	74
F12 - Mental and behavioural disorders using cannabis	0	60	60	0	0	60	60	0
F13 - Mental and behavioural disorders using tranquillisers and sedatives	0	10	10	0	1	12	13	0
F14 - Mental and behavioural disorders using cocaine	0	2	2	0	0	2	2	0

F15 - Mental and behavioural disorders using stimulants, also caffeine	8	119	127	3	11	122	133	6
F16 - Mental and behavioural disorders using hallucinogens	0	4	4	0	0	5	5	0
F18 - Mental and behavioural disorders using volatile substances,	0	16	16	0	0	9	9	0
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	64	622	686	81	56	566	622	74
Total:	111	1414	1525	133	113	1471	1584	154

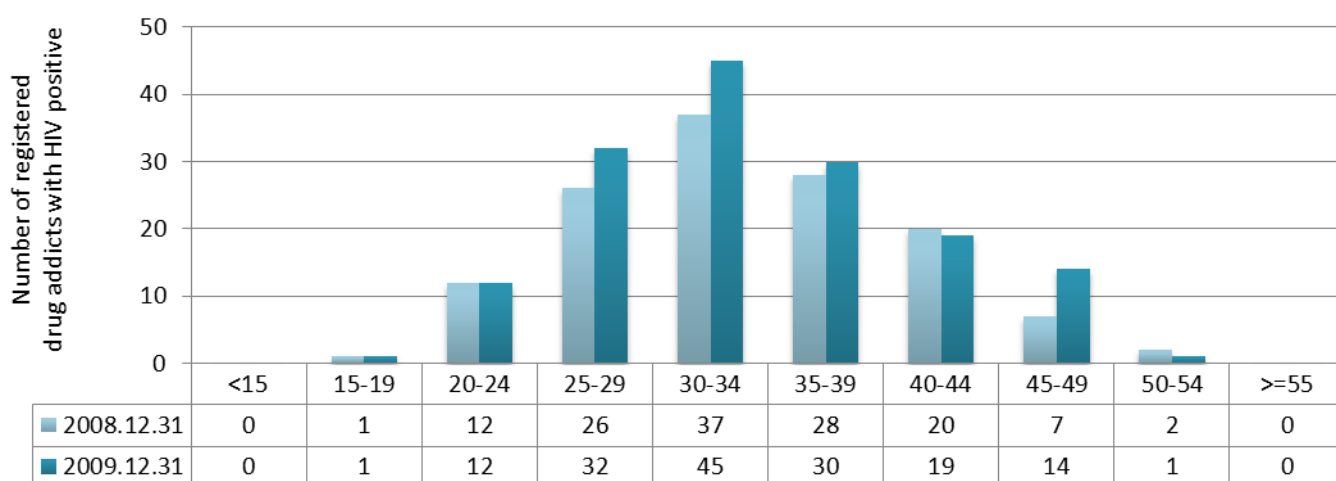
Information Source: Drug Control Department under the Government of the Republic of Lithuania and Department of Prisons under the Ministry of Justice of the Republic of Lithuania

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

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

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

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



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

The Survey compared the records of persons registered in 2008 and 2009 in imprisonment establishments and registered due to mental and behavioural disorders caused by drugs and psychotropic substances and identified that 863 persons, including 47 women (5,5 percent) and 816 men (94,5 percent) were registered in both years (the records of the person were in the groups of both years). The biggest number of persons in both year groups were registered due to mental and behavioural disorders using opioids (359 persons) or multiple drugs and psychotropic substances (378 persons), and the biggest number of them, i.e. 734 (85 percent) used injecting drugs. Besides, it was identified that out

of 863 persons 85 persons (9,8 percent) in 2009 were infected with HIV, including 8 women (17 percent) and 77 men (9,4 percent). 3 persons (2 men and 1 woman) were infected with HIV outside imprisonment, i.e. in 2008 - 2009. Those 3 persons used injecting drugs, had mental and behavioural disorders caused by opioids (F11).

6.3. Other drug-related health correlates and consequences

Non-fatal overdoses and drug-related emergencies

According to data by the State Patients' Fund under the Ministry of Health, in 2012 Lithuanian healthcare institutions recorded almost the same number of cases due to poisoning with drugs and psychodysleptics (hallucinogens), as in the previous year; in 2012 - 126 cases of intoxication by drugs (116 individuals: male – 87 and female - 29), i.e. ca. 13 cases less, compared to 2011 (139 cases). The majority of poisonings involved opioids - 49 cases, out of this number with opium – 20, heroine – 29 cases. Comparison of statistical data of 2012 and 2011 shows that the number of registered cases of intoxications by opium, other synthetic drugs and cocaine decreased, but increased the number of intoxications by heroin, other opioids, cannabis and non-specified psychodysleptics. Also, in 2012 the number of cases without indicating specific substance reduced comparing with 2011 (Table 6-4).

Table 6-4. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by poisoning diagnosis, 2008 - 2012

ICD-10 Code	Diagnosis	2008	2009	2010	2011	2012
T40	Poisoning with drugs and psychodysleptics	34	16	24	8	4
T40.0	Opium	47	47	36	24	20
T40.1	Heroin	52	44	54	27	29
T40.2	Other opioids (codeine, morphine)	13	10	12	13	15
T40.3	Methadone	5	2	1	2	1
T40.4	Other synthetic drugs (Petidin)	8	10	11	16	9
T40.5	Cocaine	18	10	12	9	3
T40.6	Other and non-specified drugs	26	31	30	22	12
T40.7	Cannabis (derivatives)	1	7	23	13	16
T40.8	Lysergic acid derivatives (LSD)	1	0	1	0	2
T40.9	Other and non-specified psychodysleptics, (hallucinogens)	13	12	18	5	15
	Total	218	189	222	139	126

Information Source: the State Patient Fund under the Ministry of Health, 2012

According to the statistical data, the number of men registered in 2012 at in-patient and outpatient medical institutions due to poisonings with drugs and psychotropic substances exceeded the number of women about 3 times: men – 95 cases (87 persons), women – 31 cases (29 persons). Men were registered mainly intoxicated with opium – 17,9 percent, and with heroin – 22,1 percent. Mainly young people (aged 15-29) were registered intoxicated with drugs and psychotropic substances – 75 cases (in 2010 – 100 cases; in 2009 - 130 cases; in 2009 - 126 cases) (Table 6-5), the biggest number of cases was registered in these Vilnius municipality – 58 cases. In 2012, the average age of persons intoxicated with drugs and psychodysleptics (hallucinogens) was 29,2 years (in 2011 –29,0), i.e. for men – 28,2, for women – 29,9 years.

In 2012, the number of registered juvenile (under 18 years of age) cases due to poisonings with drugs and psychotropic substances increased comparing with 2011. In 2012, 31 cases of 30 juveniles

(under 18 years of age) were registered (in 2011 – 25cases), including 21 boys and 9 girls; among them individuals under 15 years of age contacted 9 times (9 individuals, including 6 boys and 3 girls). In most cases persons under 18 years of age contacted due to poisonings with cannabis (14 cases).

Table 6-5. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by age and poisoning diagnosis, 2012

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	1	0	0	2	0	0	0	2	1	0	0	6
15-19 years	1	2	1	1	0	1	0	3	9	1	3	22
20-24 years	0	0	2	0	0	1	0	1	0	0	0	4
25-29 years	0	6	5	4	0	3	0	0	1	0	1	20
30-34 years	0	4	8	0	0	2	1	0	1	1	4	21
35-39 years	1	3	1	3	0	1	0	0	0	0	0	9
40-44 years	0	0	2	0	0	0	0	1	0	0	0	3
45-49 years	0	1	2	0	0	0	0	1	0	0	0	4
50-54 years	0	1	0	0	0	0	2	0	0	0	0	3
55-59 years	0	0	0	0	0	0	0	0	0	0	0	0
60-64 years	0	0	0	0	0	0	0	0	0	0	0	0
Over 64 years	1	0	0	1	0	0	0	0	0	0	1	3
Total	4	17	21	11	0	8	3	8	12	2	9	95
Females												
under 15	0	0	0	0	0	0	0	0	2	0	1	3
15-19 years	0	1	0	2	0	0	0	1	2	0	2	8
20-24 years	0	1	3	0	0	0	0	1	0	0	2	7
25-29 years	0	0	3	0	0	0	0	1	0	0	0	4
30-34 years	0	0	1	0	0	0	0	0	0	0	0	1
35-39 years	0	1	0	0	1	0	0	0	0	0	0	2
40-44 years	0	0	1	0	0	0	0	0	0	0	0	1
45-49 years	0	0	0	0	0	0	0	1	0	0	1	2
50-54 years	0	0	0	0	0	0	0	0	0	0	0	0
55-59 years	0	0	0	0	0	0	0	0	0	0	0	0
60-64 years	0	0	0	0	0	1	0	0	0	0	0	1
64 years and more	0	0	0	2	0	0	0	0	0	0	0	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	3	8	4	1	1	0	4	4	0	6	31
TOTAL (M+F)	4	20	29	15	1	9	3	12	16	2	15	126

Information Source: the State Patient Fund under the Ministry of Health, 2012

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 2012.

6.4. 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 2013) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2013)

According to data of the Department of Statistics, as of beginning of 2013, the number of the population in Lithuania was 2 million 971,9 thousand (1 million 368,9 thousand males and 1 million 603 thousand females), i.e. 31,7 thousand inhabitants less compared to the rate one year ago. The main reason of shrinking population was a negative netto migration and negative natural population change (more deaths than births). In 2012, 21,3 thousands emigrants declared leaving Lithuania (in 2011–38,6 thousands). In 2012, natural changes in the Lithuanian population again was again negative minus 10479 persons (in 2011 - minus 10769 persons), i.e. more deaths than births.

According to data of the Institute of Hygiene (responsible since 2010 for National deaths register) in 2012 the total number of deaths was 40 938 (20 691 males and 20 247 females) (in 2011 – 41037) accounting for 99 deaths less, compared to 2011. In Lithuania, in 2012 the number of deaths per 1000 population accounted for 13,7 cases (in 2011 –13,6 cases). The difference of the male and female morbidity rate is shown by the average of life expectancy to the most accurate extent. In 2012, more than half (56,6 percent) of the total number of deaths were caused by diseases of the blood circulation system, 19,5 percent – by cancer, 8,9 percent– by external causes.

Drug-induced deaths (overdoses/poisonings)

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2013) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2013)

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

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

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

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

According to data of the Institute of Hygiene in 2012, 70 deaths (66 males and 4 females) due to drugs and psychotropic substance use were registered (in 2011 – 45 cases, in 2010– 51 case; in 2009– 68 cases), and this level accounts for 0,17 percent of all deaths registered in Lithuania (in 2011 – 0,12 percent, in 2010 – 0,12 percent; in 2009 – 0,16 percent).

According to age distribution in 2012, the biggest number of deaths was in the young subgroup aged from 25 to 29 (21 individuals) (*Table 6-6*), with the average age in time of death was 33,2 years (in 2011– 33,4 years), for men – 33,5, women – 28,3, the youngest was 18 years old, the oldest - 58 years old. In 2012, city residents made the bigger part of the people who died due to use of narcotic and psychotropic substances: 47 person died in the city and 23 persons died in the village.

Table 6-6. Number of deaths caused by drug and psychotropic substance use, by age 2008-2012

Age group	2008	2009	2010	2011	2012
Under 15	-	-	1	0	0
15–19 years	1	-	0	1	1
20–24 years	10	6	12	6	9
25–29 years	22	24	9	14	21
30–34 years	6	16	10	10	16
35-39 years	11	10	11	6	8
39 years and more	10	12	8	8	15
Total	60	68	51	45	70

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

In the young age group from 25 to 29 the incidence rate of deaths caused by drug and psychotropic substance use in 2012 is about 4,6 times higher (107,88 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 2012–23,55 cases (in 2011 - 14,06; in 2010 - 15,72 cases; in 2009 - 20,43 cases) (Table 6-7).

Table 6-7. Number of deaths caused by drug and psychotropic substance use, by age, comparative index, 2012

Age group	Number of population in Lithuania, beginning of 2013	Number of deaths and comparative indicators				
		Total number of deaths in 2012	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	436 576	195	0	0,00	0,00	0,00
15–19	187 705	115	1	0,87	5,33	0,23
20–24	214 878	212	9	4,25	41,88	1,78
25–29	194 659	263	21	7,98	107,88	4,58
30–34	175 956	391	16	4,09	90,93	3,86
35–39	189 225	581	8	1,38	42,28	1,79
40-44	212 264	871	6	0,69	28,27	1,20
45-49	216 934	1 330	5	0,38	23,05	0,98
50-54	238 522	2 098	1	0,05	4,19	0,18
55-59	191 340	2 349	3	0,13	15,68	0,67
60-64	171 648	2 970	0	0,00	0,00	0,00
65 years and more	542 198	29 563	0	0,00	0,00	0,00
Total	2 971 905	40 938	70	0,17	23,55	1,00

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

Higher death rates in 2012 were registered in the cities, primarily in Vilnius city municipality (36 deaths); and in 2012, the main death cause was intoxication with drugs and psychotropic substances (68 deaths), mostly opiates – 44 deaths cases (of them in 1 case was found methadone), unknown or non-specified narcotic or psychotropic substance – 23 cases, cocaine – 1 case. (Table 6-8).

Table 6-8. Number of deaths caused by drug and psychotropic substance use, by death cause in 2007-2012

Death causes by ICD-10 code/ age group	2008	2009	2010	2011	2012
F11	2	2	1	1	1
F18	0	1	0	0	0
F19	12	10	5	0	1
X42	42	54	37	40	57
X62	0	0	1	0	1
Y12	4	1	7	4	10
Total – deaths	60	68	51	45	70

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

Note:

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

Mortality and causes of deaths among drug users

Information Source: the State Mental Health Centre

The State Mental Health Centre collects data regarding persons registered in the Lithuanian health care institutions due to mental and behaviour disorders using dugs and psychotropic substances (ICD codes: F11-F14, F15, F18 , F19). As of December31, 2012, the total number of registered was 5935 persons (in 2011/31/01 - 5890 persons;in 2010/31/01 –6056 persons). According to the State Mental Health Centre, in 2012, 42 individuals registered as patients dependent on drugs and psychotropic substances died, i.e. 32 men and 10 women (Table 6-9). As before, in 2012, among the deaths the biggest number was opioid dependent persons - 33. According to distribution by age the biggest number of deaths was in the age group 25 to 34 (14 individuals) (Table 6-10), the average age of the deceased was 42,1 years (in 2011– 42,5 years): for men – 41,5 years, women – 44,4, the most frequent known death cause – somatic diseases and accidents (Table 6-11), but for 30 drug addict death cases (71,4 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, 2008 -2012

	2008	2009	2010	2011	2012
Total deaths -	71	80	47	50	42
Incl. men	62	70	44	40	32
Incl. women	9	10	3	10	10
Codes of dependence diseases according to ICD-10					
F11	60	64	38	31	33
F12	-	-	-	-	–
F13	-	2	2	2	–
F14	-	-	-	1	–
F15	1	1	1	2	–
F18	1	2	3	1	1
F19	9	11	3	13	8

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, 2008-2012

Age/ years	2008	2009	2010	2011	2012
Under 15	-	-	-	-	-
15-19 years	-	1	1	-	-
20-24 years	4	1	4	2	-
25-29 years	11	14	4	1	7
30-34 years	9	7	7	8	7
35-39 years	11	14	7	6	5
40-44 years	12	24	7	14	5
45-49 years	15	8	11	12	7
50-54 years	4	8	5	2	5
55 years and more	5	3	1	5	6
Total	62	80	47	50	42
Dead persons age average	38,3	39,6	38,9	42,5	42,1

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, 2008-2012

Causes/year	2008	2009	2010	2011	2012
Suicides	2	4	2	-	2
Accidents	1	3	9	5	3
Intoxication with drugs or psychotropic substances	12	4	5	2	-
Infections	3	7	1	2	2
Somatic diseases	10	17	11	15	5
Unknown (information not available)	43	45	20	26	30
Total	71	80	47	50	42

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 2012, the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania executed 6946 tests of dead bodies (in 2011 – 6965; in 2010 – 7395; in 2009 - 7691)²⁵. Investigations of the deceased in the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania are carried out in cases of suspicion of a violent death and when a task of the pre-trial investigation establishment or a court decision is submitted.

In 2012, according to data by the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania, for 23 deaths: 18 male deaths and 5 female (in 2011 – 11 cases; 2010 – 15 cases; in 2009 – 15 cases) drug and psychotropic substance use was not recorded as direct cause, however, the tests evidenced occurrence of drugs and psychotropic substances in organs and biologic fluids of the deceased. The most frequent direct causes of deaths were as follows: body injuries in accidents or caused otherwise, hypothermia, cardiac disorders.

²⁵ State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania report for 2011 01 01 - 2012 01 01 period; URL: http://www.vtmt.lt/media/PDF_bylos/VTMT%202011%20%20VEIKLOS%20ATASKAITA.pdf

Chemical tests in the above deaths most frequently evidenced presence of morphine (mentioned in 6 cases) and amphetamine type substances (mentioned in 2 cases), one case mentioned methadone and one case - cocaine. 11 cases of 23 - both drugs and alcohol were identified. The average age was 41,8 years (in 2011 - 32,4 ; in 2010 - 34,8 years; in 2009 - 28,3 years), the youngest was 16 years old, the oldest - 66 years old.

7. Responses to Health Correlates and Consequences

7.1 Introduction

This chapter contains information about responses to health correlates and consequences related with drug use. Lithuania has a few responses to health Correlates and Consequences prevention measures of drug related deaths and infection disease, mainly these are prevention measures based on needle and syringes exchange, information provision, i.e. information brochures, leaflets, etc., medical personnel, medical first aid staff trainings, vaccination programmes and etc. In 2012, there were 11 harm reduction units of services in Lithuania (incl. syringe and needle exchange), in the cities of Vilnius, Kaunas, Klaipėda, Šiauliai, Alytus, Mažeikiai, Kėdainiai and Visaginas. 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 2012, the number of distributed syringes was a bit higher than in 2011.

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

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

Lithuania has been applying a few measures of preventing drug related deaths, mainly these are information-based prevention measures, 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. Following the 2004 Order No. V-468 of the Minister of Health titled „Essential kit for antidotes of health care facilities and arrangements for the acquisition of antidotes used in the treatment of poisoned patients at health care facilities” approved the list of all medical units in Lithuania (in-patient and out-patient), including first aid units, which are obliged to have naloxone in their pharmaceutical stock. Naloxon could be obtained by patient in the pharmacies with special doctor’s prescription. In 2010, few low-threshold services provided a safer use training programmes for drug users. The consumption rooms in Lithuania do not exist.

7.3 Prevention and treatment of drug-related infectious diseases

Additional information for this chapter is also available in the Structured Questionnaire 23 “Harm reduction measures to prevent infectious diseases” (submitted in 2013)

Based on the 16 September 2004 Minister of Health of the Republic of Lithuania Resolution No. V-646 “*On the Approval of Children’s Vaccination Calendar* (Official Gazette, 2004, No. 142-5210), infants and 12 year-old children are vaccinated against viral hepatitis B at the expense of the state, however, Lithuania has no vaccination programmes against viral hepatitis B for injecting drug users.

In 2006, the United Nations Office on Drugs and Crime launched the implementation of the Project *HIV/Aids Prevention and Supervision among Injecting Drug Users and Prisoners in Lithuania, Estonia and Latvia*. The project aims at stopping and reducing HIV/AIDS epidemics among injecting drug users and prisoners in the three Baltic States. The total budget of the project is 5 million US dollars. The main goal of the project is to create a favourable environment in all three countries participating in the project in order to implement HIV/AIDS prevention and supervision activities among injecting drug users and prisoners more effectively and taking into account regulating policies, capacity building and programme aspects in relation to the national HIV/AIDS prevention activities.

Patients infected with viral hepatitis B and C undergo treatment in health care institutions in compliance with the approved schemes at out-patient and in-patient clinics. In Lithuania, all HIV positive persons and those ill with AIDS are provided with mandatory health insurance using public funds.

Medical doctors (infectologists, dermatovenerologists, internists) provide counselling to HIV positive persons and those ill with AIDS regarding HIV infection, monitor the process of their disease, prescribe antiretroviral (ARV) treatment. 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. 291 persons underwent ARV treatment in 2012, in 2011 – 226, 2010 – 182, in 2009 - 135, in 2008 – 130, in 2007 – 98, in 2006 – 79 persons.

In Lithuania, the implementation of syringe/needle exchange programmes for injecting drug users was started a decade ago. A legal basis for these programmes was established in the 5 July 2006 Minister of Health of the Republic of Lithuania Resolution No. V-584 “*On the Approval of Profile of the Implementation Procedures for Drug and Psychotropic Substance Drug Reduction Programmes* (Official Gazette, 2006, No. 77-3020, 2008, No. 46-1743, 2012, No 100-5113). This legislation establishes the mandatory package of services for injecting drug users: syringe/needle exchange, distribution of disinfecting tools, distribution of condoms, health education to reduce risk behaviour, providing of information and counselling. This legislation seeks for attraction of drug users and their partners to institutions and organisations providing health and social services, services of adequate quality and qualification, and their integration into the society. This legislation is expected to facilitate the development of harm reduction services in Lithuania.

In 2012, there were 11 harm reduction units of services in Lithuania (incl. syringe and needle exchange), in the cities of Vilnius, Kaunas, Klaipėda, Šiauliai, Alytus, Mažeikiai, Kėdainiai and Visaginas. 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 2012, the number of distributed syringes increased as compared to 2011 (Table 7-1).

Table 7-1. Activities of harm reduction services in 2007 – 2012.

No.	Services	2007	2008	2009	2010	2011	2012
	In total in Lithuania						
1.1.	Distributed needles	226 674	313 894	188 364	102 763	110 726	103 536
1.2.	Distributed syringes	187 227	238 745	242 890	192 350	181 408	196 446
1.3.	Collected needles	272 933	277 109	225 857	136 553	157 145	126 867
1.4.	Collected syringes	271 248	371 217	270 206	205 914	161 615	140 239
2.	Disinfections, distribution of condoms	214 285	280 591	256 532	209 428	234 342	238 791
3.	Distribution of condoms	22 793	42 848	34 722	30 051	32 697	32 031
4.	Health teaching and education	6 877	6 768	5 878	9 187	4 410	
5.	Providing information	13 908	20 847	14 053	16 550	12 523	17 534
6.	Counselling	5 547	8 443	9 534	7 759	8 348	
7.	Personal hygiene and care services	-	3 425	2 458	3 224	1 617	
8.	Providing of dressing	9 037	39 968	21 035	17 426	20 555	21 724
9.	Wound dressing	1 405	2 715	2 606	1 257	696	1 150
10.	Taking samples and sending them for tests	817	1 166	893	30	65	-
11.	Rapid tests				1 739	3 775	4 420
12.	Catering services	-	206	-	126	1092	
12.	Transport services	26	74	22	62	166	
13.	Facilitation and representation	1 146	1 209	1 738	2 502	2 672	3 094

Information Source: The Center For Communicable Diseases And AIDS

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 concerning tests to diagnose infectious diseases, motivation for treatment among persons using drugs and psychotropic substances. According to the data provided by the Center For Communicable Diseases

And AIDS, over 46 thousand visits and about 5000 attending persons were registered in 2012 (*Table 7-2*).

Table 7-2. Visitors of the low threshold services units in 2006 – 2012

	2006	2007	2008	2009	2010	2011	2012
Number of visits	45 615	43 856	56 548	47 375	42 736	39 266	46 344
Number of attending persons [*]	3 438	3 399	5 942	6 047	6136	5632	4 719
Number of new visitors ^{**}	433	774	977	1 209	1176	1611	1 943

A study on the characteristics of the clients of low threshold services
No new information is available for 2012.

Information on the structure of the beneficiaries of the low threshold services and improved planning of the services is obtained through the surveys – visitors to the low threshold services units fill in the questionnaires. The last survey of the low threshold services done in 2010 (based on the data of the visitors in 2010), showed that men make 80,1 per cent and women make 19,9 per cent of the visitors of the low threshold services units. The average age of the visitors to the low threshold services units is 30,4 years; the youngest visitor was 14 years of age, the oldest was 63 years old. The average age of the surveyed visitors to the low threshold services units when they used their main drug was 32,8 years. The respondents reported they had begun using drugs and psychotropic substances at the age from 16 to 66 years. 71,0 per cent of the respondents receiving low threshold services had been in imprisonment places (for men - 75,9 per cent and for women - 51,7 per cent); 13,5 per cent – within the last 30 days participated in the methadone/buprenorphine replacement programme, 10,2 per cent or the respondents participated in the programme at present time.

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

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

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

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

* Counts all persons through the year (at least once) come to the low threshold office (persons with different client code, per year).

** 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.

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

Objectives of the project:

- Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons.
- Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings.
- Generate and share strategic information to keep the 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 2011, the UNODC Small Grants Facility supported low threshold services units in Alytus, Vilnius, Kaunas, Kėdainiai, Klaipėda, Visaginas and Mažeikiai. The allocated amount accounted for 62102 Euros. During the Project implementation period from 2007 to the middle of 2011, the Small Grants Facility provided grants in the amount of 537 thousand Euro to 44 projects implemented in Lithuania (Table 7-3).

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

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

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

In 2010, a new low threshold centre was opened in Visaginas as a mobile low threshold unit that functioned in Visaginas in 2008 and interrupted its services due to the 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, activity based on a peer-driven intervention method and funded by the UNODC was initiated in Lithuania. In January – September 2009, 133 IDUs were reached in Vilnius using this method. In the course of 8 months of 2010, more than 360 IDUs were reached in Kaunas, Mažeikiai, Visaginas and Druskininkai using this method. Though the survey shows that ca. 320 of them are new clients of the low threshold centres, however, 21,9 per cent of them indicated having received free syringes from staff of the low threshold centres. 78,1 per cent 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 and based on the 12 January 2010 Minister of Health Resolution No V-16, a working 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 adequately regulated in the legislation.

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

7.4. Responses to other health correlates among drug users

Following the 6 August 2007 Minister of Health of the Republic of Lithuania Resolution No. V-652 (Official Gazette, 2007, No. 90-3586), the *Standards for Replacement Treatment* extend a requirement to perform the analysis on HIV infection, tuberculosis, sexually transmitted diseases, general blood and urine tests of the patients participating in the replacement treatment programmes at least 2 times a year.

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

In 2010-2012, officers of the Police Department organised special safe traffic campaigns at which drivers of the vehicles were checked for intoxication with alcohol or drugs.

8. Social correlates and social reintegration

8.1. Introduction

This chapter contains information about Social correlates and social reintegration services (housing, education, training, employment) availability in Lithuania. In 2012, there operated 19 long-term psychological and social rehabilitation communities and 6 day care centres for persons dependent on psychoactive substances in Lithuania.

8.2. 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, in order to help such 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.

The network of Lithuanian rehabilitation and social reintegration institutions²⁶, which provides rehabilitation²⁷ and social reintegration²⁸ services was expanded since 2000, and 19 long-term rehabilitation and social reintegration institutions with 328 places operated in the beginning of 2013. Since 2005, the number of people who were provided long-term rehabilitation and social reintegration services grew, i.e. in 2005 - 319 persons, in 2006 - 426 persons, in 2007 - 430 persons, in 2008 – 510 persons, in 2009 – 450 persons (decreased because of economic reasons), in 2010 – 621 persons, in 2011 – 668 persons, in 2012 -614 persons.

The Department carries out monitoring of clients participating in long-term rehabilitation programmes and analyses its results. The number of individuals having accomplished a rehabilitation programme was 166 in 2012 and it is 56 per cent of all participants dependent on psychoactive substances in the long-term rehabilitation programmes completed them. The biggest share of such individuals, i.e. 59 per cent, work or study and work and study simultaneously. 220 individuals did not accomplish the programme and the major share of them (75 per cent) left on their own will.

Table 8-1 below provides comparisons of the results of rehabilitation of the community members of the psychological and social institutions in 2008, 2009, 2010, 2011 and 2012.

Table 8-1. Results of long-term rehabilitation and social reintegration services of the community members of the rehabilitation institutions in 2008, 2009, 2010, 2011 and 2012

	2008	2009	2010	2011	2012
Number of the community members on December 31	209	228	254	317	292

²⁶ Rehabilitation and social reintegration institutions do not have legal medical license and cannot provide treatment for drug addicts.

²⁷ Rehabilitation - is defined as “services provided in a physical setting in the community with specific psychosocial (psychological and social rehabilitation) techniques aiming at reducing or abstaining from illegal drug use thereby improving the general health and social behaviour of the client”.

²⁸ Social reintegration - is defined as “any social intervention with the aim of integrating former or current drug users into the community”.

Number of the community members who accomplished the rehabilitation program in the calendar year	105	76	145	241	166
Including those who accomplished:					
Study	9	13	15	25	26
Work	64	21	37	87	73
Study and work	2	1	3	-	-
Do not work or study	5	5	23	17	11
Registered with the labour exchange	7	19	31	77	40
No data is available	18	17	36	35	
Total number of the community members who left the rehabilitation programme:	210	165	206	221	220
Leaving reasons:					
left upon his/her own will	174	101	163	175	170
Excluded due to violation of the internal regulations	14	21	37	26	22
Referred to a health care institution	12	3	3	11	6
Other	10	9	3	9	22

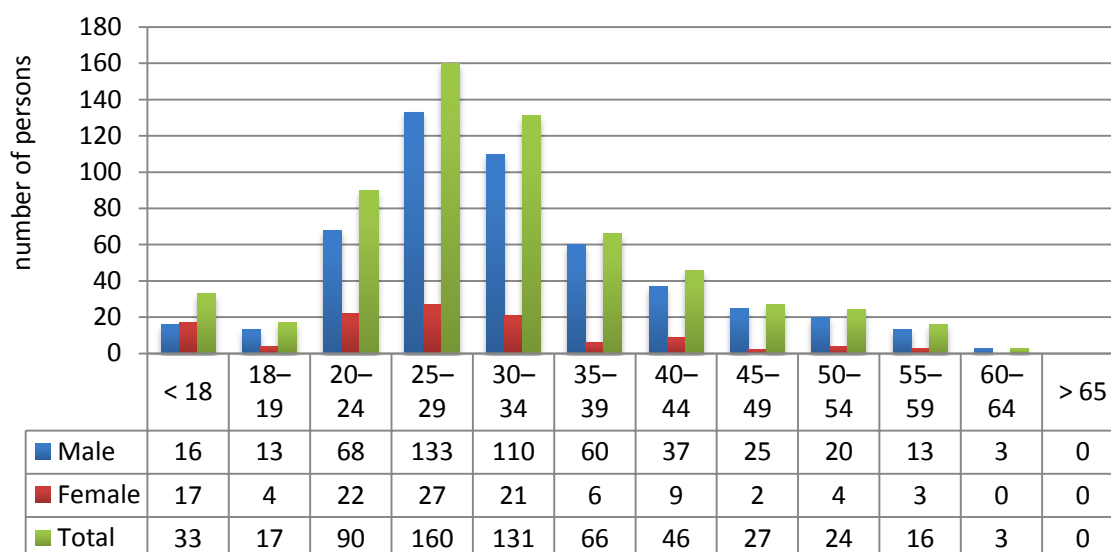
Information Source: the Drug, Tobacco and Alcohol Control Department

In the beginning of 2013, Drug, Tobacco and Alcohol Control Department (hereinafter referred to as the Department), as in previous years, carried out an annual analysis (survey) of problems of persons dependent on psychoactive substances (clients of rehabilitation and social reintegration institutions) and ways of resolving them and a survey of institutions providing long-term rehabilitation and social reintegration services to persons dependent on psychoactive substances. Currently there operate 19 long-term psychological and social rehabilitation institutions (communities) and 6 day care centres for persons dependent on psychoactive substances in Lithuania. For survey 4 questionnaires have been developed – demographical features of the participants of the programmes, social rehabilitation and social integration problems, assessment of the results of the supplied services and rehabilitation programmes. Completed questionnaires were received from 17 institutions and organizations, 614 persons dependent on psychoactive substances participating in the rehabilitation programs were questioned in the survey.

In order to identify the features of the persons dependent on psychoactive substances who took part in psychological and social rehabilitation programmes and also their needs, the data of 2012 on the gender, age, distribution of psychoactive substances by gender was collected from rehabilitation institutions in 2013. Analysis of the data obtained showed that the majority of dependent persons taking part in a rehabilitation programme are men (81 per cent), in 2011 was – 79 per cent). This only confirmed the fact that, in terms of use of psychoactive substances, men exceed women both in Europe and in Lithuania.

While analysing the age of persons receiving long-term psychological and social rehabilitation services, it turned out that, like in 2011, young people from 25 to 29 years of age make the biggest part in the group of people receiving these services (see fig. 7.2), next go people between 30 and 34 years of age, and very young persons from 20 to 24 years of age ill with dependence diseases are in the third place. As is seen from fig. 7.2, rehabilitation programmes also involved 33 juveniles up to 18 years of age (in 2011 - 17) although less people took place in the survey in 2012 than in 2011 – 614 and 668 respectively) of whom there were more girls than boys (17 and 16 persons respectively). This could be explained by the fact that in the younger age female bodies are less resistant to the impact of psychoactive substances and, therefore, they get addicted faster. The trend showing that the number of juveniles who are ill with dependence diseases and participate in rehabilitation programmes is growing is not good, however, on the other hand, this proves that long-term rehabilitation services are accessible to them and they are sufficiently motivated to quit use of psychoactive substances for good an all, because they take part in psychological and social rehabilitation programmes.

Figure 8-1. Distribution of persons, who received psychological and social rehabilitation services in 2013, by age and gender



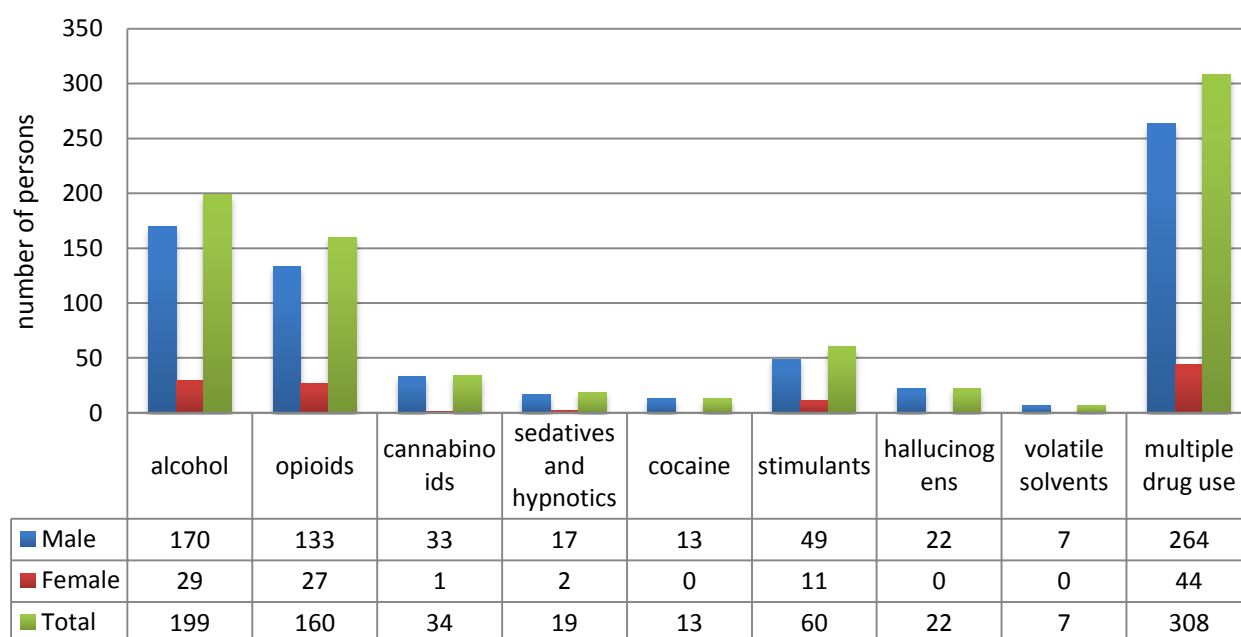
Information source: Drug, Tobacco and Alcohol Control Department

Since the largest part of the participants of the rehabilitation programmes is made of young people, it is evident that most often they have no job experience nor better education or firm life skills. This once again confirms the fact that the task of the rehabilitation institutions is not only to help the persons give up using psychoactive substances, but also to help them prepare for further life outside the walls of the rehabilitation institution, i.e. to provide not only psychological assistance but also to form life skills, create conditions to obtain education and qualification as much as it is possible after the programme has ended and to prepare them for reintegration in the society.

Data on psychoactive substances used by the persons taking part in the rehabilitation programme are shown in Figure 8-2. As shown, dependent persons most often use psychoactive substances of several types, therefore their number is significantly bigger than of all other uses of individual psychoactive substances.

Analysis of the data collected by us showed that in Lithuania persons who used psychoactive substances of several types in 2012 made 50 per cent of all persons who participated in a long-term psychological and social rehabilitation programme (in 2012 made of 43 per cent). As shown in Figure 8-2, the second place by the types of psychoactive substances used is taken by alcohol users, the third – by those ill with dependence on opioid (without much difference), and the fourth – by the persons dependent on the use of stimulators.

Figure 8-2. Distribution of persons, who took part in psychological and social rehabilitation programme in 2012 by the types of psychoactive substances used

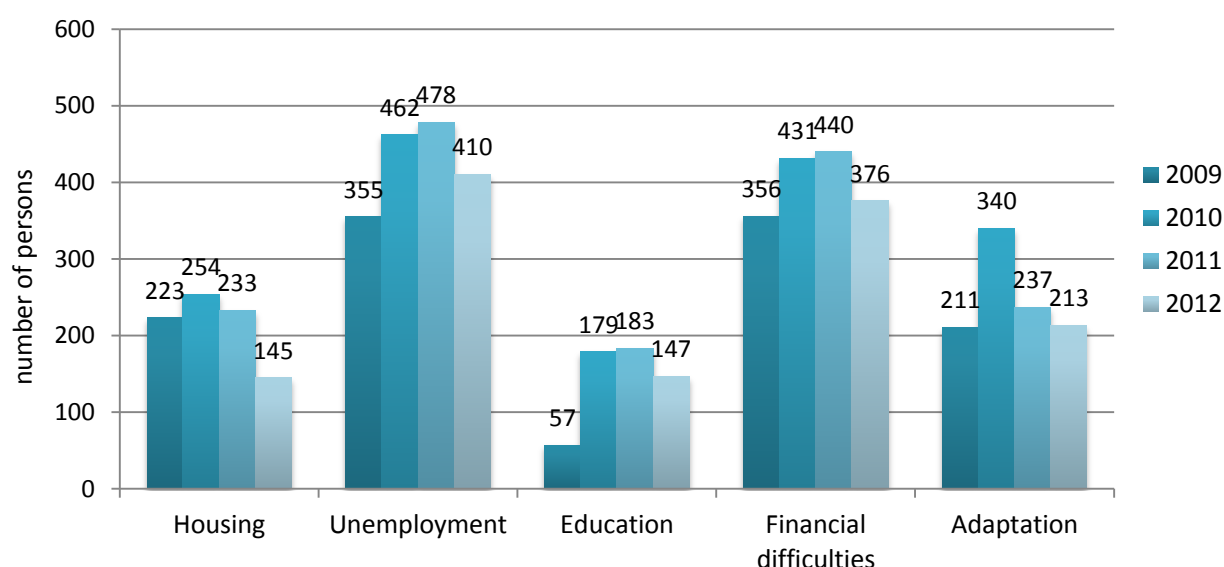


Information source: Drug, Tobacco and Alcohol Control Department

According to the survey data, the most acute problem for the participants of the rehabilitation programs remained unemployment (like in previous years), and in 2012, this number accounted for 410 (66 per cent) (Figure 8-3). A tendency of increasing employment level among dependent persons should be pointed out. Lack of elementary work skills, absence of qualification and specialization reduces competitiveness of persons dependent on psychoactive substances on the labour market. Some persons can not find independently permanent jobs due to their psychological instability and reluctance to work. The employment problem is impeded by a negative attitude of employers towards the persons dependent on psychoactive substances.

Another urgent problem is determined by financial difficulties reported by 376 persons (61 per cent). Growing debts caused by use of drugs, unemployment, reluctance to achieve higher goals, lack of elementary skills to manage one's financial matters encourage criminal behaviour, such as thefts, drug trafficking, etc. in numerous cases. Such persons confine themselves in a vicious circle, as interdependence between unemployment and financial problems is obvious.

Figure 8-3. Problems of persons dependent on psychoactive substances and who received psychological and social rehabilitation services in 2009-2012



Information Source: Drug, Tobacco and Alcohol Control

In 2012, socially excluded persons frequently experienced inability to adapt to the community (213 persons, i.e. 34 per cent). The dependent person lacks social skills and natural skills of communication. 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 a preconceived approach results in dissatisfaction with other community members and general rules of order. All this may provoke conflicts that are usually solved by sending the persons who failed to adapt to other communities. The wish to resume earlier habits of life, a lack of motivation to change create obstacles for their adaptation in the community and the society as well.

A housing problem in most cases is also urgent for socially excluded persons. Broken family relationships, asocial way of life, inability to preserve immovable property, arrears for utilities or other debts result in the losing by dependent persons of their permanent residences. In 2012, the number of persons who indicated the problem of housing was 145, i.e. 23 per cent.

School attendance, education problems, as in previous years, are less relevant than the problems mentioned above. Persons of the school age dependent on psychoactive substances do not attend schools due to weak motivation or an absolute lack of motivation. Besides that, a 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 any profession or work experience.

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 was successful, as a greater number of individuals accomplished rehabilitation programmes and integrated into the society. It should be noted that 56 per cent of all participants dependent on psychoactive substances in the long-term rehabilitation programmes completed them and had a possibility to start a new life.

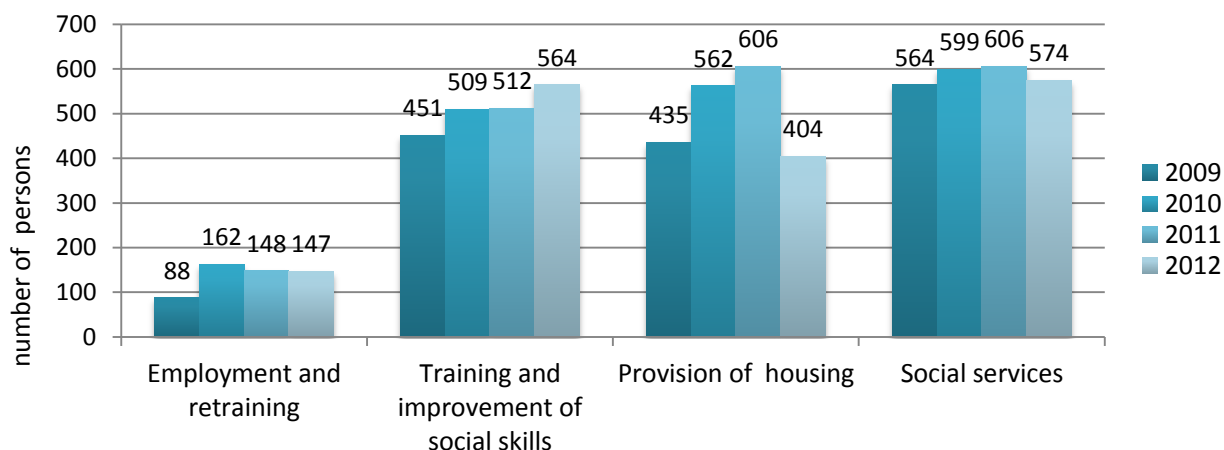
8.3. Social Reintegration

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

Provision of social reintegration services

According to the data submitted by the Lithuanian rehabilitation institutions regarding social reintegration services²⁹ were provided to 574 persons on drugs and psychoactive substances, i.e. to 93 per cent of all persons participating in the rehabilitation programs (*Figure 8-4*).

Figure 8-4. Services provided by rehabilitation institutions to persons dependent on psychoactive substances, 2009-2012



Information Source: Drug, Tobacco and Alcohol Control Department

Training and improvement of social skills

Based on the information submitted by the rehabilitation institutions, dependent persons in many rehabilitation institutions (communities) do repair works, acquire skills of a woodworker, a bricklayer or other professions, they are also taught of computer literacy. For example, in the community *Meikstu dvaras* (computer literacy, English, woodcarving), in the community *Pilnu namu bendruomene* (in the district of Varena) the customers grow herbs used for their own treatment and delivered for wider consumption, they also attend a secondary school, if not finished.

In the communities social skills to resist the demand to use drugs and prevent relapse are developed, as well as skills to manage and express feelings, skills of self-development and self-esteem, awareness of problems, restoration of relations with the family, resolution of conflicts and problems in the family. In 2012, educational and social skills improvement services were provided to 564 persons, i.e. 91 per cent of the total number of participants in the programmes.

Work placement and retraining

The studies disclosed that those individuals who found jobs resumed use of psychoactive substances two times less frequently than the jobless ones. Only a small number of them go back to the same workplaces they lost due to psychoactive substance use. For the persons with dependence disorders, the main obstacles to get a job are a lack of motivation and qualification, health problems. Without adequate occupation the persons return to the old habits very quickly. The main goal becomes integration into the labour market – to help the individuals to adapt to the present day requirements of the labour market, to help to get employed.

Data of the survey of rehabilitation institutions reveal that in 2012, as in previous years, employment and retraining services were provided in the smallest quantities (to 147 persons, i.e. 23 per cent of all clients). In order to help dependent persons, who participate in the programme, find employment, they are offered to attend welding, metalwork, dressmaking (public enterprise „Vilties švyturys), roofers and auto mechanic courses (public enterprise „Pusiaukelis“), to learn in the courses of the assistants of social workers and they receive other services relating to employment and requalification.

²⁹ Social reintegration services aims these types of services: 1) Employment and retraining; 2) Training and improvement of social skills; 3) Provision of housing; 4) Other social services (counselling by social workers, development of social skills, counselling to family members, etc).

The development of these services is supported by the European Union, in particular through the funding of the projects designed to reduce and prevent social exclusion by helping social risk persons and those experiencing social exclusion integrate into the labour market and have a full-fledged social life. For persons, who have completed psychological and social rehabilitation programmes, the implementation of projects for reduction of social exclusion ensures opportunities of employment and acquisition of the qualification – for this purpose the rehabilitation institutions cooperate with the territorial labour exchange offices and training centres.

The heads of rehabilitation institutions surveyed pointed out that the implementation of rehabilitation programmes encounters challenges. The main problem is a lack of more active cooperation between different institutions and personal motivation.

In 2006, the Law *On Support to Employment* of the Republic of Lithuania 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 person. This approach encourages employers to employ ex-dependent persons after their rehabilitation. In turn, the rehabilitation institutions may use this privilege to receive subsidies if they employ a person who accomplished a rehabilitation programme, as in practice a number of such cases is very small.

According to the data of the Lithuanian Labour Exchange, thanks to the said law, 4 persons, who have completed a psychological and social rehabilitation programme, were employed in 2012 by using subsidizing exemptions (in 2011 - 6, in 2010 – 2; in 2009 – 4, in 2008 –1, in 2007–12 persons).

Providing housing

In order to help the dependent persons to solve the problem of losing their housing, rehabilitation institutions intermediate in finding counselling professionals and cooperate 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. Life in the community which is provided with all necessary means makes it difficult to return to the environment of reality because of the factor of self-dependence. Upon accomplishment of a rehabilitation programme, dependent persons are provided housing in adaptation institutions. In these institutions provisional housing services can be provided.

The Public Institution *Sugrįžimas* provides services of this type thanks to the establishment of the Adaptation Home.

Generalising the situation related with social reintegration of dependent persons, it should be noted that in Lithuania social reintegration is developed significantly less than treatment, and this area undoubtedly needs more attention. Integration into the society requires that a person has permanent income, i.e. a job, also housing, and for full satisfaction of one's security he also needs a family. This social task is harder to achieve than termination of psychoactive substance use. Social workers, psychologists may provide required services, counselling, refer to respective institutions for further insurance of the integration process, but decisions are taken by a person himself who has to possess a particularly strong motivation to change.

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

9.1. Introduction

This chapter contains information about drug-related crime, prevention of drug related crime and prisons in Lithuania. Lithuania is located on the Silk route, along which heroin is smuggled from central Asian states through Russia, Ukraine, Poland and the Baltic states. Methamphetamines are the most common illegal drug produced locally and small quantities of cannabis are also cultivated in the country.

9.2. Drug Related Crime

Additional information for this chapter is also available in the Standard Table 11 Arrests/Reports for drug law offences (submitted in 2013)

9.3. Drug law offences

Based on the data of Information Technology and Communications Department under the Ministry of the Interior (hereinafter – the ITCD at the MOI), in 2012, the total number of criminal offences registered in Lithuania increased by 3.7 % as compared to 2011 (82 564 and 79 582 respectively) or by 12 % as compared to 2002 (72 646), when the lowest crime rate was recorded during the last decade. Within the general criminal context, criminal offenses related to unlawful possession of drugs account for only 2.95 % or less by 0.1% in comparison to 2011. In view of the last few years' perspective, an assumption can be made that the drug situation in Lithuania has stabilized and there are no serious reasons noticeable for the situation to grow worse.

In 2012, there were 3006 criminal acts registered in connection with the illicit circulation of drugs. With reference to the statistics provided by ITC under the MOI, 3006 criminal acts registered in 2012 related to the possession of drugs include:

1258 – due to unlawful possession of narcotic or psychotropic substances for the purpose other than distributing them (in 2011 – 1240, in 2010 – 1318, in 2009 – 1313, in 2008 – 1042) – Article 259 of the Criminal Code of the Republic of Lithuania³⁰ (CC of RL);

1646 – due to unlawful possession of narcotic or psychotropic substances for the purpose of distributing them (in 2011 - 906, in 2010 – 816, 2009 – 835, 2008 – 747), of which 46 criminal offenses due to distribution of a very large quantity – Art. 260 of the CC of RL;

18 – due to distribution of narcotic or psychotropic substances among minors (in 2011 – 23, in 2010 – 21, 2009 – 15, 2008 – 14) – Art. 261 of the CC of RL;

4 – due to production of installations for the production of narcotic or psychotropic substances or development of technologies or specifications for the production of narcotic or psychotropic substances (2011 – 7, 2010 – 5, 2009 – 2, 2008 – 2) – Art. 262 of the CC of RL;

5 – due to theft, extortion or other unlawful taking into possession of narcotic or psychotropic substances (in 2011 – 5, in 2010 – 2, 2009 – 2, 2008 – 7) – Art. 263 of the CC of RL;

14 – due to inducing the use of narcotic or psychotropic substances (in 2011 – 24, in 2010 – 10, 2009 – 8, 2008 – 8, 2007 – 8) - Art. 264 of the CC of RL;

12 – Illegal Cultivation of Poppies or Hemp (in 2011 – 16, in 2010 – 14, 2009 – 9, 2008 – 8) – Art. 265 of the CC of RL;

3 – due to unlawful possession of category I precursors of narcotic or psychotropic substances (in 2011 – 3, in 2010 – 6, 2009 – 4, 2008 – 3, 2007 – 7) – Art. 266 of the CC of RL;

3 - unlawful possession of highly active or toxic substances – Art. 267 of the CC of RL;

43 – due to smuggling (in 2011 – 30, in 2010 – 16, 2009 – 4, 2008 – 3, 2007 – 8) – Art. 199 of the CC of RL.

Individuals

Based on the data of Information Technology and Communications Department under the Ministry of the Interior, 1489 persons were registered in 2012 (in 2011 – 1418, in 2010 – 1704, in 2009 – 1513, in 2008 – 1226, in 2007 – 1113) who committed criminal offences related to possession of narcotic and psychotropic substances, of them 172 (11.6 %) were women, 21 – foreign national, 6 - stateless persons. Based on the data of the ITCD at the MOI, the characteristics of persons detained for illicit drug trafficking do not vary; most often these are young persons under 30 years of age (~ 67 %), with low general education (basic or secondary - 77 %).

Table 9-1. Number of persons suspected (accused of) committing criminal acts related with illegal disposal of narcotic and psychotropic substances, 2008-2012

	2008	2009	2010	2011	2012
Total number of persons suspected of (incriminated with) committing criminal acts related with illegal disposal of narcotic and psychotropic substances, of them:	1226	1512	1705	1418	1489
-women;	205	196	211	150	172

³⁰ 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]

-foreign nationals	7	16	19	21	21
-persons without citizenship	5	13	5	9	6
-adolescents	69	90	84	62	64
-persons above 60 years of age	5	6	20	10	6
-in a group of accomplices	245	185	211	138	
-in an organized group	7	42	46	60	
-in a criminal association	0	4	9	0	

Information Source: Information Technology and Communications Department under the Ministry of the Interior

Drug offences by Administrative Code

In 2012, 2957 (in 2011 – 3149, in 2010- 5088, in 2009- 3102) administrative offences related to illicit trafficking or use of drugs or psychotropic substances were registered (Table 9-2).

Table 9-2. Discovered administrative offences related to illicit trafficking of drugs or psychotropic substances, 2010-2012

Administrative offence	Number of offences		
	2010	2011	2012
Possession of a small amount without intent to distribute or supply (RL Administrative Code ³¹ Article 44 ^{part 1})	86	54	50
Illicit acquisition or disposal of drugs or psychotropic substances in small amounts without intention to sell or distribute in any other way or use of drugs or psychotropic substances without doctor's prescription (RL Administrative Code Article 44 ^{part 2})	4590	2860	2419
Juvenile from 14 to 16 years old, illicit acquisition or disposal of drugs or psychotropic substances in small amounts without intention to sell or distribute in any other way or use of drugs or psychotropic substances without doctor's prescription (RL Administrative Code Article 44 ^{part 3})	21	31	22
Article on Illicit growing of opioid poppies, cannabis or coca trees (RL Administrative Code Article 107 ^{part 2})	225	135	200
Offences related with driving while being intoxicated with drugs or psychotropic substances (RL Administrative Code Article 126)	166	169	138
Total	5088	3149	2957

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

9.4. Other drug related crime

No new information is available for 2012.

Property crimes, violence under the influence

According to the data of Information Technology and Communications Department under the Ministry of the Interior, 1058 criminal activities related to use of drugs and psychotropic substances were investigated in 2011 (in 2010 – 1329, in 2009 – 631, in 2008 – 718 cases), including 830 (in 2010 – 1050, in 2009 – 465, in 2008 – 500 cases) criminal actions committed by drug addicts, and 279 (in 2010 – 279, in 2009 – 166, in 2008 – 218 cases) criminal actions committed by persons intoxicated with drugs or psychotropic substances. Analysis of these data leads to the assumption that, first, law enforcement authorities effectively apply the pre-trial disclosure and recommendations for the examination methodology and they also investigate physical condition of the persons detained. This helps to evaluate mechanisms of crime and other facts. The data also shows that the number of persons who committed

³¹ Administrative code [online] [LT] http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=376299

criminal acts intoxicated with narcotic or psychotropic substances reduced, however, the number of persons who committed property crimes (thefts, burglaries and destroyed or damaged property) while being intoxicated with narcotic or psychotropic substances significantly increased.

Table 9-3. Detection of persons suspected (accused of) having committed criminal acts intoxicated with drugs or psychotropic substances, 2008 - 2011

Date	2008	2009	2010	2011
Detected persons suspected (accused of) having committed criminal acts, including:	23249	24122	24512	24345
- by persons intoxicated with drugs or psychotropic substances	191	192	279	212
1) murders, incl.:	306	302	295	263
- intoxicated with drugs or psychotropic substances	0	9	5	4
2) thefts, incl.:	8067	8584	8203	8318
- intoxicated with drugs or psychotropic substances	44	36	39	50
3) robberies, incl.:	1967	1892	1608	1495
- intoxicated with drugs or psychotropic substances	11	10	9	12
4) property destruction or damage, incl.:	1081	1260	1275	1169
- intoxicated with drugs or psychotropic substances	8	3	10	15

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

Statistics on sentencing

In 2012, Lithuanian courts of first instance completed 20665 criminal cases (18128 cases in 2011), including 1272 cases (1066 cases in 2011) with accusations concerning illegal disposal of drugs or psychotropic substances and their precursors, i.e. ca. 6,2 per cent of all criminal cases received (5,8 per cent in 2011).

Out of **1272** completed cases the penal order or conviction was imposed in **900** cases where charges were brought according to article 259 of the Criminal Code of Republic of Lithuania (hereinafter – CC of RL) titled “Illegal disposal of drugs or psychotropic substances without a purpose to distribute them”, in **257** cases charges were brought according to article 260 (part 1) of the CC of RL titled “Illegal disposal of drugs or psychotropic substances with a purpose to distribute them”, in **78** cases charges were brought according to article 260 (parts 2 and 3) of the CC of RL titled “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 titled “Distribution of drugs to juveniles”, in **4** cases charges were brought according to article 262 of the CC of RL titled “Production of Installations for the Production of Narcotic or Psychotropic Substances or Development of Technologies or Specifications for the Production of Narcotic or Psychotropic Substances”; in **2** cases charges were brought according to article 263 of the CC of RL titled “Theft, extortion or any other illegal overtaking of drugs or psychotropic substances”, in **10** cases charges were brought according to article 264 of the CC of RL titled “Pressure to use drugs or psychotropic substances”, in **7** cases charges were brought according to article 265 of the CC of RL titled “Illegal growth of poppies and cannabis” and in **5** cases charges were brought according to article 266 of the CC of RL titled “Illegal disposal of precursors of drugs and psychotropic substances of category I”.

Analysis of the convictions in 2007 – 2012 including imprisonment shows that the average term of imprisonment imposed to them by courts was about 6 years, and the arrest term was more than 1 month and 17 days (*Table 9-4*).

Table 9-4. Dynamics of the average term of punishment for imprisonment and arrest of persons who committed crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2012

Year/ Type of sentence	Imprisonment	Arrest
2012	6 years 8 months and 16 days	2 month and 11 days
2011	6 years 4 months and 6 days	1 month and 17 days
2010	5 years 10 months and 16 days	1 month and 4 days
2009	6 years 0 months and 1 day	1 month and 27 days
2008	5 years 2 months and 8 days	2 months and 6 days

2007	4 years 7 months and 17 days	1 month and 14 days
2006	4 years 8 months and 5 days	1 month and 25 days
2005	4 years 10 months and 24 days	1 month and 15 days

Information Source: Department of Prisons at the Ministry of Justice

However, in reality the serving term of the convicts was shorter and the statistical data analysis shows that the convicts stayed in the correctional institutions in the average about 2 years 3 months and those subject to arrest - about 1 month (Table 9-5).

Table 9-5. Dynamics of the average of the actual serving by the convicts punished with imprisonment or arrest for committing crimes related to illegal disposal of drugs and psychotropic sentences, 2005-2012

Year/ Type of sentence	Imprisonment	Arrest
2012	2 years 6 months and 24 days	1 month and 3 days
2011	2 years 2 months and 29 days	1 month and 3 days
2010	2 years 3 months and 27 days	1 month and 4 days
2009	2 years 2 months and 27 days	28 days
2008	1 year 9 months and 2 days	1 month and 4 days
2007	1 year 11 months and 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: Department of Prisons at the Ministry of Justice

Analysis of the convictions and their actual execution shows that the convicts subject to the arrests serve the punishment term of the arrest, however, persons who received imprisonment punishments in reality served only half or less of the punishment

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 a non-served 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 a non-served part of the imprisonment sentence with a milder punishment (except the fine) if this person:

1) Has served:

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

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

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

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

2) has fully compensated the material damage caused by the crime, or has compensated it in part or eliminated it and undertaken to compensate it in full or eliminate during the period of the non-served 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 demonstrates that such a crime as „illegal disposal of drugs or psychotropic substances with no intent to distribute 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, extortion or any other illegal overtaking 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 2012, places of imprisonment registered 98 criminal acts related to illicit circulation of drugs (in 2011 – 94, in 2010 - 93, in 2009 - 123 criminal acts related to drugs).

In 2012, officers of imprisonment places during searches and inspections found and collected 1817 grammes of drugs and psychotropic substances (in 2006 – 638,3 g, in 2007 – 1185,3 g, in 2008 – 1415,0 g, in 2009 - 307,89 g, in 2010 - 1381 g, in 2011- 1199,74). In 2012, officials of imprisonment places seized 238 g from sentenced persons, 0 g from officers and other staff members (non-statutory) of imprisonment places and 1579 g from citizens (visitors) attempting to hand over the drugs to the persons in the imprisonment places.

9.5. Prevention of drug related crime

In 2012, Lithuanian penitentiaries implemented the following prevention measures against drugs:

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

2. 10 imprisonment settings had introsopes (X-ray device to inspect things). In 2010 – 8 imprisonment settings had introsopes.

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. Patrolling of public police and prison officers 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 the Interior of the Republic of Lithuania are developed to identify new modus operandi for the entry of drugs and psychotropic substances into the imprisonment units.

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

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

8. Based on the 24 September 2003 Minister of Justice Resolution No. 4/07-174, all penitentiaries implemented legal and social education programmes for persons to be released from penitentiaries in order to provide 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 that, three mandatory social rehabilitation programmes are implemented in penitentiaries: the program for the adaptation of new inmates of the penitentiary, the corrective program of the convicts and

the program for the integration of convicts into the society. All the above programmes include elements related with 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. In order to interdict slinging of packages (also drugs) more efficiently, a mobile patrol team was established to carry out surveillance over the access to the four imprisonment places in Pravieniškės and immediately react in cases of suspicious persons or cars entering the areas next to the imprisonment places. It should be noted that persons organising handover of drugs most often use the method of sending or slinging. Thus, without a direct contact the drug suppliers encounter a lesser risk and increase a chance to avoid criminal responsibility.

9.6. 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 system in Lithuania

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.

Based on the data of the Department of Prisons under the Ministry of Justice of the Republic of Lithuania, there were 8776 sentenced persons in Lithuania in the record of territorial units of the regional correctional inspectorates on 1st January 2013, of them 204 (2,3 per cent) were committed to be treated against alcoholism, drug addiction, dependence on toxic substances, venereal disease subject to their agreement to do that (in 2011 – 96, in 2010, there were 125 of such sentenced persons, in 2009 - 126, in 2008 - 87, in 2007 - 90, in 2006 - 95, in 2006 - 94). Of 204 sentenced persons committed for treatment 14 were women and 190 were men.

On 22 December 2011, the Parliament of the Republic of Lithuania adopted the Law on Probation of the Republic of Lithuania (hereinafter referred to as the Law) (No. XI-1860, Official Gazette, 2012, No. 4-108).

The aim of the probation is to ensure effective re-socialization of the probationers and reduce recidivism of their criminal acts.

The Law defines the concept of probation – „Probation is a conditional alternative to a custodial sentence (postponement of servicing the punishment, release on probation from correctional establishments), during which a supervision of a sentenced person is carried out“.

The purpose of the Law is to establish such a procedure and conditions for the execution of probation that a person after probation would seek his aims of life using legitimate ways and measures.

Paragraph 6 of article 6 „Institutional cooperation in executing probation“ of chapter II of the Law provides that „health care establishments, in which probationers carry out a due duty subject to their agreement to be treated against dependence diseases, provide information on the course and results of probation“, and article 19 of chapter V „Social assistance to persons under probation“ provides that probation supervisors help the probationers resolve personal and social problems and „refer them to the establishments of social services, also to the establishments providing services to persons suffering from dependence diseases, and inform of social privileges for persons discharged from imprisonment places“.

After the Law has been adopted, Order No. 1R-134 issued by the Minister of Justice of the Republic of Lithuania on 9 May 2012 „On the approval of the provisions of Kaunas, Klaipėda, Panevėžys, Šiauliai and Vilnius district probation services“ approved the provisions of 5 district probation services. Kaunas, Klaipėda, Panevėžys, Šiauliai and Vilnius regional correctional inspectorates subordinate to the Department of Prisons under the Ministry of Justice of the Republic of Lithuania are replaced by probation services. Provisions entering into force from 1 July 2012 provide that probation services executing probation and other functions „organize and carry out prevention of law breaches by the persons under probation“ and „cooperate with state and municipal institutions and establishments,

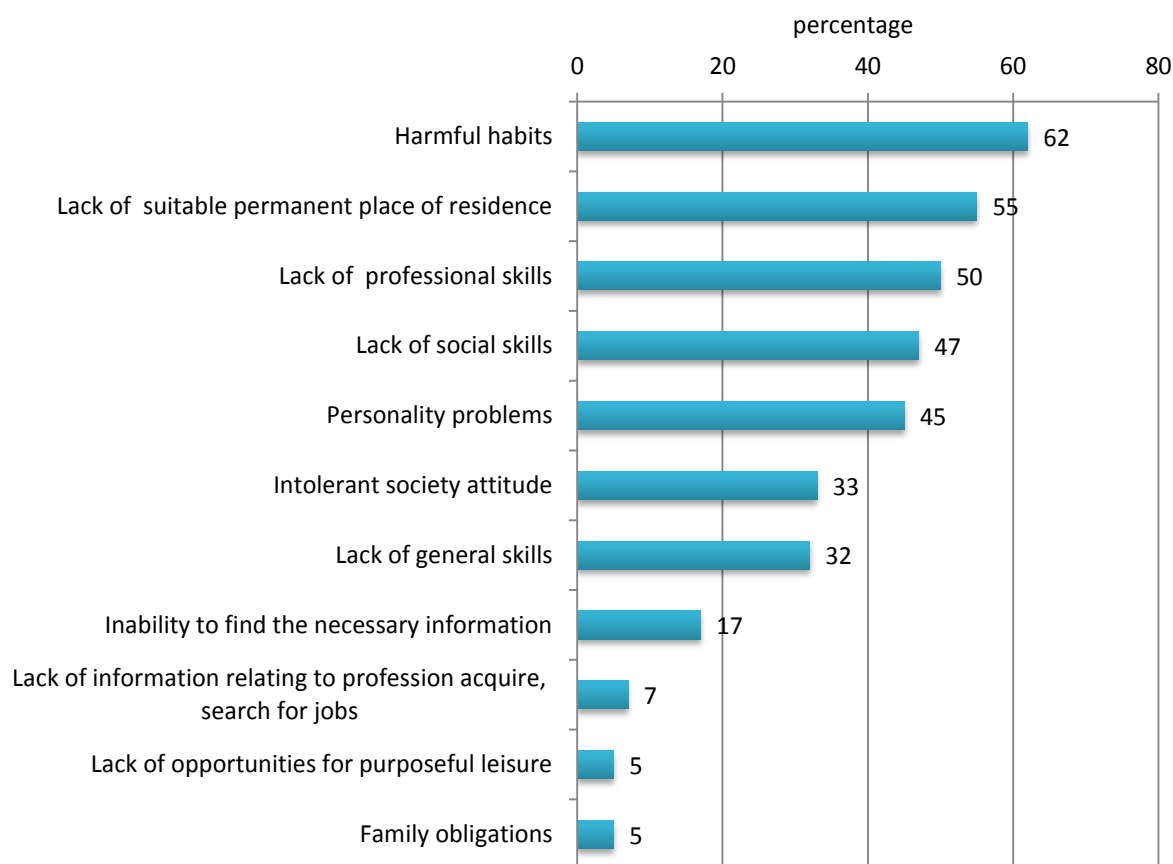
associations, religious communities and communes and volunteers in order to ensure effective re-socialization of the probationers and reduce recidivism of their criminal acts“.

Social reintegration of persons discharged from imprisonment places in Lithuania

No new information is available for 2012.

In 2011, Institute of Labour and Social Research and Public Policy and Management Institute carried out an evaluation called „Evaluation of the situation, needs and effectiveness of social reintegration services for the socially vulnerable and social risk groups to effectively use the EU structural support of for 2007-2013“ and submitted a report (hereinafter referred to as the Report). The Report has analysed the situation of reducing social exclusion of the persons discharged from imprisonment places and of other social risk persons in Lithuania and the problems of social reintegration process in implementing projects funded by the European Union. The needs and social of reintegration of the sentenced persons and persons discharged from imprisonment places (while still in an imprisonment place and later upon discharge) are different. It is recognized that discharged persons are in the most vulnerable situation. In the imprisonment establishment the question of lodging, food and other necessary material resources may be not so relevant for the person in custody as for the discharged person who has no relatives to turn to and ask for lodging. It is possible to distinguish certain groups among the sentenced persons in which integration needs are different. Some of those persons have dependence on psychoactive substances. Specialists who had been working with discharged persons recognize that it is difficult to expect that they would find or retain jobs if they don't give up dependence. Besides that, social workers lack competencies, and human resources are too scarce to help resolve this problem of the ex-convicts. If a person himself does not ask for medical rehabilitation, it is hard to help him. Workers of municipal social support also note the problem of dependence as one of the biggest problems faced by the ex-convicts (*Figure 9-1*).

Figure 9-1. Share of the managers of municipal social support divisions who think that said problems are important factors of the social exclusion of ex-convicts



Source: Data of the survey of the managers of municipal social support divisions carried out by the Institute of Labour and Social Research, 2011.

A possibility to serve an alternative punishment would reduce the scope of social exclusion of the sentenced people and would not result in the loss of their social and professional skills which aggravates the process of their social integration. Therefore, implementation of the Law on probation of the Republic of Lithuania from 1 July 2011 should help to address this problem. Social integration projects funded from the European Union support funds could stimulate a wider application of the probation system.

9.7. Drug use and problem drug use in prisons

Information Source: Department of Prisons under the Ministry of Justice

As of December 31, 2012, the imprisonment establishments placed 9 729 persons (9 287 males and 442 females), including:

- 1 179 detained, waiting for court (1 128 males and 51 females);
- 8 550 sentenced (8 159 males and 391 females).

Out of the total number of prisoners, 14,6 per cent (1 422 persons) were registered as having mental and behavioural disorders using drugs and psychoactive substances. This number throughout the period from 2004 to 2012 accounts for 15 to 20 per cent of all prisoners in the imprisonment establishments. As of December 31, 2012, the number of men registered in Lithuanian imprisonment establishments due to behavioural and mental disorders using drugs or psychotropic substances accounted for 90,6 per cent of the total number of such registered persons, women accounted for 9,4 per cent. The proportional drug use among all imprisoned women is higher than among the men, i.e. in 2012 – 30,1 per cent of all imprisoned women used drugs and psychotropic substances, while this indicator among men was lower – 13,9 per cent. Corresponding numbers from previous years are as follows: in 2011 – 26,3 proc. of females and 14,5 per cent of males, 2010 – 33,0 per cent of females and 16,6 per cent of males, in 2009 – 30,8 per cent of females and 18,5 per cent of males, in 2008 – 31,6 per cent of females and 19,5 per cent of males (Table 9-6). The statistical data show that the biggest share (25,1 per cent) of all imprisoned drug and psychotropic substance users as of December 31, 2012 was a group of young people aged 30-34. The persons of the age group from 35 to 39 years accounted for 21,5 per cent.

Most persons registered in Lithuanian imprisonment places due to behavioural and mental disorders using drugs or psychotropic substances used opioids – 53,3 per cent, and multiple drugs or psychotropic substances – 33,7 per cent.

Table 9-6. Number of imprisoned persons dependent on drugs and psychotropic substances, 2008 – 2012

Item	2008		2009		2010		2011		2012	
Total number of drug addicts, including (% of total imprisoned persons):	1604	20,1%	1646	19,0%	1587	17,4%	1 491	15,0%	1 422	14,6 %
- men	1492		1530		1448		1 380		1 289	
- women	112		116		139		111		133	
Detained (before sentence), including:	128		140		113		109		71	
- men	115		121		91		94		67	
- women	13		19		22		15		4	
Convicts, including:	1476		1506		1474		1 382		1 351	
- men	1377		1409		1357		1 286		1 222	
- women	99		97		117		96		129	

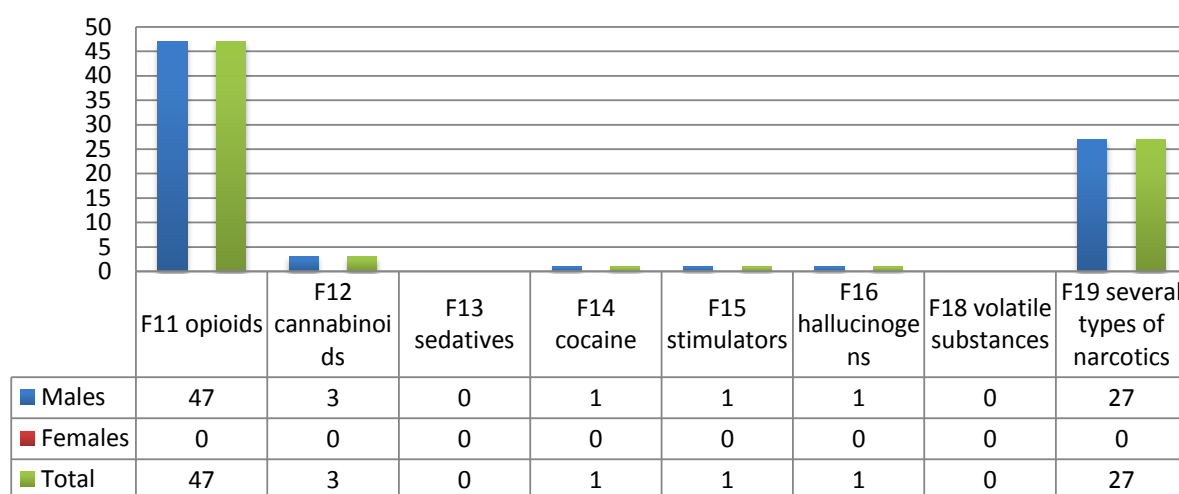
Information Source: Department of Prisons under the Ministry of Justice of the Republic of Lithuania

In 2012, the number of detained and sentenced persons who were registered for the first time in lifetime due to mental and behavioural disorders using drugs and psychotropic substances in the

Lithuanian imprisonment places decreased significantly, as compared to 2011. In 2012, 80 persons (80 males) were registered in the Lithuanian imprisonment places with the diagnosis of dependence on drugs and psychotropic substances for the first time in lifetime, whereas in 2011 this number was 413 persons, in 2010 – 227, in 2009 – 454, in 2008 - 641, in 2007 – 520, in 2006 – 821. The statistical data show that the biggest group among those registered for the use of narcotic and psychotropic substances due to mental and behavioural disorders in 2012 in Lithuanian imprisonment places were the sentenced and detained persons from 25 to 29 years of age – 24 persons (30,0 per cent).

In 2012, the biggest number of persons registered in Lithuanian imprisonment places for the first time due to mental and behavioural disorders using drugs and psychotropic substances used opioids – 58,8 per cent (47 cases) and multiple drugs or psychotropic substances – 33,8 per cent (27 cases) (Figure 9-2).

Figure 9-2. Distribution of persons in Lithuanian imprisonment places registered for the first time due to mental and behavioural disorders using drugs and psychotropic substances, by gender, 2012



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

In 2012 (i.e. from January 1, 2012 to December 31, 2012), 2 614 persons (453 detained and 2 161 sentenced, 2 315 males and 299 females) were registered in the Lithuanian imprisonment places due to mental and behavioural disorders using drugs and psychotropic substances, 8 persons were younger than 18 years of age. The majority of these persons were dependent on opioids, i.e. 53,7 per cent (1 405 cases) and on multi drugs and psychotropic substances – 33,4 per cent (872 cases) (Table 9-7).

Table 9-7. Distribution of persons in Lithuanian imprisonment places registered from January 1, 2012 to December 31, 2012 for the first time due to mental and behavioural disorders using drugs and psychotropic substances, by diagnosis (ICD-10 codes)

Diagnosis code by ICD-10	Number of persons	Of them younger then 18 years
F11 - Mental and behavioural disorders using opiates	1 405	3
F12 - Mental and behavioural disorders using cannabis	95	0
F13 - Mental and behavioural disorders using tranquillisers and sedatives	26	0
F14 - Mental and behavioural disorders using cocaine	5	0
F15 - Mental and behavioural disorders using stimulants, also caffeine	194	0
F16 - Mental and behavioural disorders using hallucinogens	6	0
F18 - Mental and behavioural disorders using volatile	11	0

substances,		
F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	872	5
Total:	2 614	8

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

Illegal turnover of narcotic and psychotropic substances in imprisonment places

In 2012, 98 criminal acts related with illegal turnover of narcotic and psychotropic substances were registered in Lithuanian imprisonment places (in 2011 – 94). Of them: 38 cases (38,8 per cent) – illegal disposal of narcotic or psychotropic substances without intent to distribute or supply (article 259 of the Criminal Code of the RL) and 60 cases (61,2 per cent) – illegal disposal of narcotic or psychotropic substances with intent to distribute or supply (article 260 of the Criminal Code of the RL). In 2011, there were respectively 35 cases (37,2 per cent) of illegal disposal of narcotic or psychotropic substances with intent to distribute or supply (article 259 of CC) and 59 cases (62,8 per cent) – of illegal disposal of narcotic or psychotropic substances with intent to distribute or supply (article 260 of the Criminal Code of the RL) (see table 9-8).

Table 9-8. Number of criminal acts related with illegal turnover of narcotic and psychotropic substances registered in imprisonment places, 2006 – 2012

Criminal acts	2006	2007	2008	2009	2010	2011	2012
Total number of criminal acts related with narcotic and psychotropic substances	123	152	140	123	93	94	98

Data of the Department of Prisons under the Ministry of Justice of the Republic of Lithuania

Over 2012, officers of imprisonment places during searches and checks found and seized from the inmates 238 g of narcotic and psychotropic substances. In total 1 817 g of narcotic and psychotropic substances were seized in 2012 in imprisonment places both from the inmates and officers of imprisonment places, other (non-statute) workers of the establishments of imprisonment places, citizens (visitors) who attempted to hand over them to the persons kept in those establishments. Statistical data of the previous year are provided in table 9-9.

Table 9-9. Quantities (in grams) of narcotic and psychotropic substances seized in imprisonment places, 2007 – 2011.

Data name	2007	2008	2009	2010	2011	2012
1. Seized from persons in imprisonment places:						
Substances recognized as narcotic and psychotropic	333,116	244,94	307,9	188	89,74	238
Substances recognized as narcotic and strong acting pharmaceuticals	37,096	-	-	-	-	-
2. Seized from officers of imprisonment places who attempted to transfer them to the persons kept in those establishments:						
Substances recognized as narcotic and psychotropic	24,007	0	0	0	0	0
Substances recognized as narcotic and strong acting pharmaceuticals	0	0	-	-	-	-
3. Seized from other (non-statute) workers of the establishments of imprisonment places who attempted to transfer them to the persons kept in those establishments:						

<i>Substances recognized as narcotic and psychotropic</i>	0	0	0	0	0	0
<i>Substances recognized as narcotic and strong acting pharmaceuticals *</i>	0	-	-	-	-	-
4. Seized from citizens who attempted to transfer them to the persons in the establishments of imprisonment places:						
<i>Substances recognized as narcotic and psychotropic</i>	585,284	1 170,3	1 463,2	1 193	1 110	1 579
<i>Substances recognized as narcotic and strong acting pharmaceuticals *</i>	205,809	-	-	-	-	-
In total substances recognized as narcotic and psychotropic	942,407	1 415,24	1 771,1	1 381	1 199,74	1 817
In total substances recognized as narcotic and strong acting pharmaceuticals *	242,905	-	-	-	-	-
In total:	1 185,31	1 415,24	1 771,1	1 381	1 199,74	1 817

Data of the Department of Prisons under the Ministry of Justice of the Republic of Lithuania

9.8. Responses to drug-related health issues in prisons

No new information is available for 2012.

For the implementation of the *Action Plan of the Concept* of the probation system in Lithuania, the Department of Prisons at the Ministry of Justice of the Republic of Lithuania acquired three methodologies for risk assessment of repeated criminality and two cognitive behavioural programmes for work with the convicts in the imprisonment places and correctional inspectorates. The application of the risk assessment methodologies enables to predict future crimes and also assess the need of intervention corrective measures for the particular convict. The acquired programmes enable to realise these needs. The cognitive-behavioural programme *Only You and Me* is meant for psycho-social therapy of adolescents, the EQUIP Programme – for the juvenile therapy. It should be pointed out that the Programmes 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 on the topic on drugs and HIV. In 2009, imprisonment places initiated training programmes of *Risk reduction for drug users in imprisonment places* based on interactive training methods. Their objective was to reduce harm on health caused by drug use. The methodological recommendations were translated into Lithuanian language; the recommendations were adjusted to the existing needs and situation.

In their work with drug dependent persons the imprisonment establishments focus on social and psychological rehabilitation of the dependent persons. Five imprisonment establishments have social and psychological rehabilitation centres where convicts live and participate in various rehabilitation programmes. In few imprisonment establishments there function groups of anonymous alcoholics and anonymous drug users for working according to the 12 step *Minnesota Programme*. Besides that, the individual work with drug dependent persons is carried out applying individual counselling, also applying the *Behaviour-Talk-Change Programme* 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 the improvement of the quality of health care for imprisoned persons through the implementation of the quality management system, better quality for the diagnostics of viral hepatitis B and C, HIV/AIDS, tuberculosis, continuous adequate treatment and prevention.

9.9. Reintegration of drug users after release from prison

No new information is available for 2012.

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

In 2012, several programs were implemented in Lithuania in order to help the persons discharged from the imprisonment places to integrate into the community. These programmes were implemented by both public institutions and NGOs. Some programmes (projects) were funded from the state budget and EU funds.

Each imprisonment establishment implements a legal and social educational programme for persons who are prepared to leave the places of imprisonment. Such programmes provide to the convicts knowledge on the harm of drugs on mental health, potential negative legal and social consequences, also on the specifics of the modes of spreading HIV/AIDS and measures of protection against the infection. The following preventive measures are applied: lectures, individual conversations, demonstration of films, radio lectures, individual counselling, information exposed on boards. The convicts to be released are informed of contact points for further treatment of dependence disorders and rehabilitation.

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

The convicts of the imprisonment establishments and persons discharged from them receive the following social integration services:

1. Assistance to the persons discharged from imprisonment establishments. These services are mostly 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 relationships with the families of the persons discharged from imprisonment establishments;
- Cooperation with other institutions, referral of the clients.

2. Services provided to the convicts in imprisonment places:

- Psycho-social assistance (through individual counselling, group sessions);
- Programs to give up destructive habits;
- Confessional services (organization of religious holidays, counselling, preparation for the sacrament);
- Reintegration programme (informing the convicts of the integration possibilities after leaving the imprisonment places, counselling);
- Various events (cultural, sports);
- Various group sessions (for example, devoted to the reduction of the person's aggression).

The *Law on Support to Employment* of the Republic of Lithuania provides that persons having returned from imprisonment establishments after imprisonment period longer than 6 months are provided with additional support on the labour market. It should be mentioned that legal assumptions for persons to ensure professional education in prison settings are provided. The *Law On Professional Training* establishes that persons who are deprived of freedom or constrained thereof, shall be provided conditions to study in special educational places or places of sentences in accordance with the procedures established by the Government of the Republic of Lithuania or by authorized institutions. Professional training for groups of such persons is coordinated with social integration measures. It is important to mention that Lithuania has the *Law on Social Enterprises*. The aim of social enterprises is to employ persons from target groups who have lost professional or general working capacities, are economically inactive, unable to compete for equality on the labour market, to encourage the return of these persons to the labour market, their social integration and to reduce their social exclusion.

Currently, two different methods of preparation are deployed for the convicts discharged from prison settings: persons who have served their sentence in full, in the best case get only a list with addresses

and contacts for potential help, and convicts released on probation undergo an upfront preparation of two months (they attend lectures). The range of services for persons released from imprisonment is sufficiently broad (however, not always accessible): health care, psychological counselling, social services, but no institution provides all services or a bigger part of them in one place, i.e. the services are scattered among different institutions. Persons released from imprisonment have to contact several institutions to obtain assistance for the solving of the main problems. It should be noted that persons of this target group often do not have sufficient skills and motivation to collect all information regarding possible assistance sources or to apply for help. At present, the biggest responsibility lies on the municipalities taking care of social integration of persons released from imprisonment places. A person who contacts the municipality may get certain assistance and information (in most cases it is limited to the information of other institutions and is a one-off benefit); however, mediation and coordination of assistance is not ensured. Currently, solution of housing for persons discharged from prison settings is limited to a referral to a common lodging-house, but it is a temporary solution of the problem, and the said persons often refuse such a temporary solution. Employment, housing and social sectors are problematic areas of social integration for persons discharged from imprisonment. Though the legal basis regulating provision of basic social and health care services is in place in order to implement the social integration process, however, local governments lack initiative to implement provisions of laws and secondary legislation. Only specific measures set in the laws are implemented, but those measures which are left for the decisions to be taken by the municipalities, also those carrying a recommendation character are rarely implemented.

According to the *Law On Support to Employment* of the Republic of Lithuania, persons dependent on drugs, psychotropic and other psychoactive substances, after having completed psychological social and/or professional rehabilitation programmes, are considered on the labour market as persons supported additionally if they contacted territorial labour exchanges within 6 months after the fulfilment of psychological social and/or professional rehabilitation programme but received from a territorial labour exchange office no offer for a suitable job. In such cases the said persons are paid social benefits.

Other measures of supported employment (persons looking for work may receive only one measure of supported employment at a time):

- **Subsidised employment**, i.e. employment of a person referred by the territorial labour exchange reimbursing part of his/her salary costs to the employer. Employers who employ such persons are paid subsidies to partially cover salary costs up to 6 months and in the amount making to 50 per cent of the wage, but not exceeding the amount of two minimum wages established by the Government of the Republic of Lithuania (ca. 463 Euros).

- **Support to acquiring work skills.** May be organised to persons starting their work activities based on acquired qualification. If a person, prior to registration with the labour exchange, had not been working for 2 or more years, support to acquiring work skills may also be provided. Employers who employ such persons are paid subsidies to partially cover his/her salary costs up to 3 months and in the amount making to 50 per cent of the wage, but not exceeding the amount of two minimum wages established by the Government of the Republic of Lithuania (ca. 463 Euros).

- **Public works.** This provides an opportunity for provisional employment and earning for living. The term of public works can be up to 6 months. Remuneration is calculated according to the minimum hourly amount established by the Government of the Republic of Lithuania (ca. 463 Euros). Having completed the public work, the person is paid for the unused leave. In public works transport costs are subsidised when working outside the city.

Analysis carried out in the municipalities of Klaipėda and Alytus concerning social and health services provided to persons discharged from imprisonment

Information Source: Study Analysis in the Municipalities of Klaipėda and Alytus Concerning Social and Health Services Provided to Persons Discharged from Imprisonment, Vilnius, 2009, prepared by the coalition of non-governmental organisations and experts called "Galiu gyventi" (I can live).

While implementing the UNODC Project *HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia*, a study analysis in the municipalities of Klaipėda and Alytus concerning social and health services provided to persons discharged from

imprisonment was prepared, which is part of the Project intended for the *Strengthening of primary and secondary HIV prevention among persons discharged from imprisonment at a local level*.

The aim of the Study is to identify a range and availability of social and health services provided to persons discharged from imprisonment, to identify existing problems and their causes in the HIV prevention context.

Two municipalities were selected – Alytus and Klaipėda. The survey used quantitative and qualitative survey methods. In December 2008, the institutions and organisations, which were selected using a targeted selection method, were surveyed in Alytus and Klaipėda (in Alytus – 11 organisations and 1 representative of the local government administration, in Klaipėda - 16 organisations and 2 representatives of the local government administration). In both municipalities discussion groups with persons discharged from imprisonment were organised. 13 respondents participated in the discussion group in Alytus and 11 respondents – in Klaipėda.

The survey results show a distinct problem of publicizing and coordinating the services. It may be stated that both in Klaipėda and Alytus availability of services to persons discharged from imprisonment is very limited. Persons discharged from imprisonment have a double or triple stigma, for example, they are unemployed, dependent on psychoactive substances, have no place to live, etc. Both in Klaipėda and Alytus services able to meet specialised needs of persons discharged from imprisonment are insufficient. Availability of health care services is very limited due to absence of health insurance, money to buy pharmaceuticals and other problems. One of the biggest gaps revealed by the survey is absence of coordination of services. Each institution provides services prescribed by their functions and can supply only partial information about services outside their competence. A person has to coordinate assistance on his own and this is difficult, in particular for a person discharged from imprisonment, because he lacks certain skills. There is no institution in place which could draw up, coordinate and assess the plan of all services/assistance needed for a specific person. Each institution works by itself. The labour exchange registers persons discharged from imprisonment as unemployed, the Social Assistance Centre of the local government provides a one-off material support and refers a person to a lodging-house, if necessary. However, the basic problems remain unresolved, persons discharged from imprisonment feel unsecured, separated from the society, have no motivation to work, are susceptible to conflicts, do not know how to overcome stress, have no proper communication skills. As said above, there is no institution in place which could help to solve or coordinate a set of challenges.

In both municipalities a network of harm reduction services for injecting drug users is developed and it brings them closer to certain institutions providing assistance. In Klaipėda, a dependent person may get a rather comprehensive assistance, but in Alytus assistance is very limited, except for harm reduction services, therefore, persons of this target group are pushed into the group of exclusion.

Both in Alytus and Klaipėda, not a single institution acknowledged taking efforts to change the public opinion, although they all mentioned this problem as a challenge which they face when rendering assistance. Persons not accepted in one group seek for assistance in other groups, thus often finding themselves in one or another group of social risk. A negative attitude of the employers is an obstacle to find a job, and without jobs there is no earning to live on. Sometimes ex-prisoners are not able to get their personal documents and they relapse to their previous behaviour followed by a quick return to imprisonment places.

In both municipalities HIV prevention is carried out only with respect to the persons dependent on psychoactive substances. Klaipėda has a self-help group in which HIV positive persons receive support and necessary information. Alytus municipality has a limited range of services concerning HIV, it can only offer tests for HIV, hepatitis B and C.

10. Drug Markets

10.1. Introduction

Over the past few years the tendencies of illicit drug circulation generally have not changed. The following features pertaining to Lithuanian illegal drug market could be distinguished:

- ✓ ATS (amphetamine-type stimulants) substances are the most prevalent among users.
- ✓ Methamphetamine is the most frequently used synthetic drug.
- ✓ Heroin is the most popular intravenous drug.
- ✓ Limited circulation of cocaine and hashish inside the country.

- ✓ The growing market of new psychoactive substances (synthetic cannabinoids and cathinones)
- ✓ Small extent of the production of ATS substances without using 1st Category precursors;
- ✓ Transportation of cocaine concealed in legal consignments through Lithuania;
- ✓ Smuggling of ATS substances to Scandinavian countries.

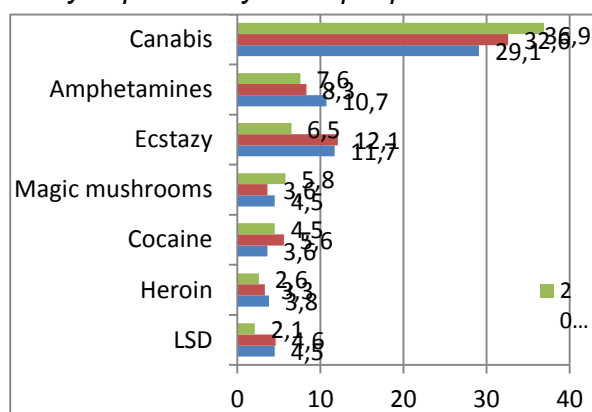
10.2. Availability and Supply

Drugs Availability (General Population Survey 2012 data)

Based on the general population Survey 2012, 86,9 per cent of the respondents indicated that nobody among his/her friends used drugs. 12,2 per cent of the respondents reported they had few friends, 0,9 per cent of the respondents indicated that half or more of his/her friends used drugs. Older respondents indicated more often that none of their friends used drugs compared to younger respondents (93,8 per cent and 77,1 per cent respectively). Younger respondents indicated more often they had several friends/acquaintances using drugs, compared to older respondents (22,9 per cent and 6,2 per cent respectively).

According to the Survey 2012, 36,9per cent of the Lithuanian population reported they knew cannabis users; 7,6 per cent said they knew amphetamine users, 6,5 per cent – knew ecstasy users. The least number of the respondents (2,1 per cent) reported they knew LSD 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, 2008, 2012 (per cent)



Compared to the Survey 2008, the number of respondents who personally knew users of cannabis and hallucinogenous mushrooms increased, and the number of respondents who personally knew users of amphetamines, ecstasy, cocaine, heroin and LSD decreased.

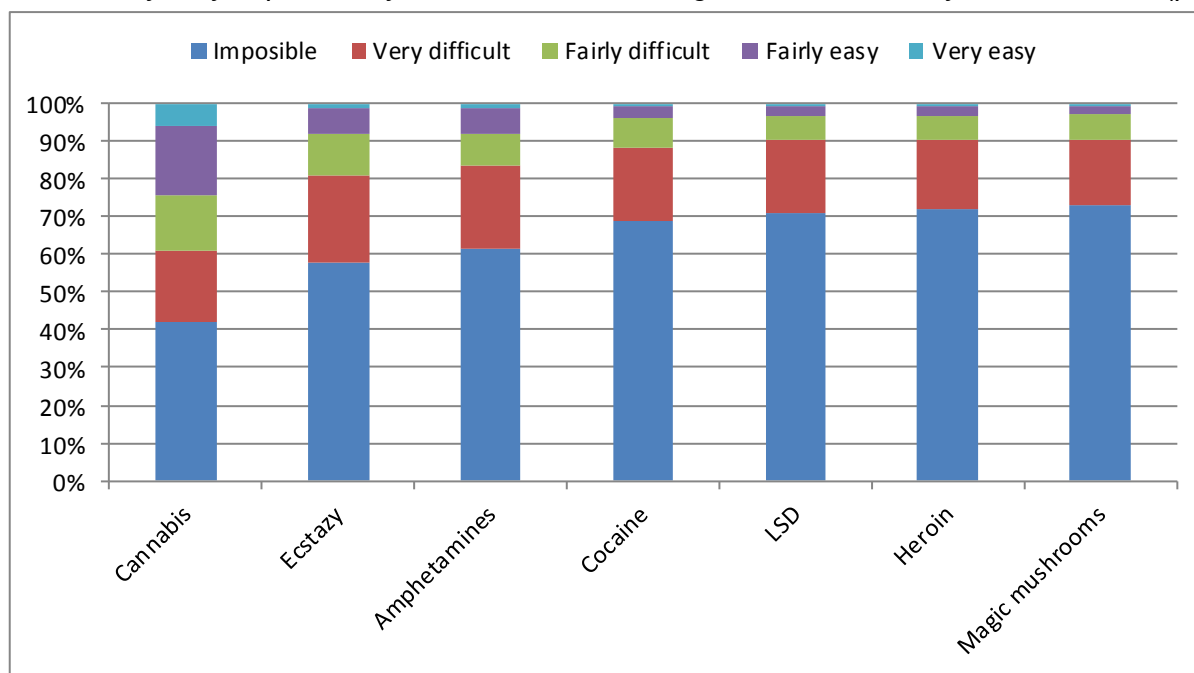
According to the Survey 2012, more than half of the Lithuanian population (56,4 per cent) claimed that it would be impossible for them to obtain cannabis in 24 hours if they wished so (women – 63,2 per cent, men – 49,2 per cent). 4,6 per cent of men and 2,7 per cent of women said it would be very easy for them to obtain cannabis in 24 hours and the number of younger respondents was almost three times bigger than the number of the elder ones (5,8 per cent vs. 2,0 per cent) to report as stated 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?”(per cent)

	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	49,2	63,2	56,4	35,5	48,9	42,0	59,7	72,5	66,5
Very difficult	18,6	16,9	17,7	19,4	18,4	18,9	18,0	15,9	16,9
Fairly difficult	12,7	8,0	10,3	16,6	12,4	14,6	9,7	5,2	7,3
Fairly easy	14,9	9,2	12,0	22,0	15,2	18,7	9,5	5,4	7,3
Very easy	4,6	2,7	3,6	6,5	5,1	5,8	3,1	1,1	2,0
No answer	49,2	63,2	56,4	35,5	48,9	42,0	59,7	72,5	66,5

As in previous surveys, persons aged 15 to 34 years assigned cannabis to the most easily obtainable drugs. For 85,8 per cent 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 (73,2 per cent said it would be impossible to obtain this in 24 hours), heroin (71,8 per cent said it would be impossible to obtain this in 24 hours) and LSD (70,8 per cent 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?” (per cent)



-Circulation of illegal drugs and psychotropic substances

Features of illicit drug market in Lithuania:

- ✓ wide range of drug supply;
- ✓ cannabis and ATS (amphetamine type stimulants) substances are the most well-liked among users;
- ✓ methamphetamine remains the most popular among ATS substances;
- ✓ heroin is the most popular intravenous drug;
- ✓ limited circulation of cocaine and hashish within the country;

- ✓ *synthetic cannabinoids and cathinones gradually get entrenched in the drugs market;*
- ✓ *existence of unlawful production of ATS substances and cultivating cannabis under artificial conditions (most often for personal use).*
- ✓ *The production of ATS substances is characterised by non-usage of traditional category 1 precursors.*

It is land routes that are chiefly used for the smuggling of narcotic and psychotropic substances to/via Lithuania; these routes have become steady in length of time:

- **cannabis**, the number one narcotic substance in Lithuania among users, is brought to Lithuania from the Netherlands. It may further be carried by transit to Russia;
 - **hashish** is brought to Lithuania mainly from Spain, also from the Netherlands. As well as cannabis, it is further carried to Eastern Europe, also to Scandinavian countries by transit.
 - **heroin** is brought to Lithuania from the Central Asian countries via Russia and Belarus. In 2012 there was a case recorded when a package of 2 g of heroin was found on a citizen of the Republic of Lithuania during screening at Vilnius airport while the person was travelling the route Zanzibar - Nairobi – Brussels – Vilnius;
- **cocaine** is brought to Lithuania from both Western European countries as the Netherlands by land and from South America by sea (detentions of previous years). Lithuania is a transit country for cocaine consignments of a large quantity. Cocaine is also imported to Lithuania by air: in 2012 a person who was travelling the route Chile – France -Latvia – Lithuania was detained at Palanga airport and 3.5 kg of cocaine was seized. Furthermore, in 2012 two postal items where the total of 1,5 kg of cocaine was carried were disclosed;
- **ATS substances** may be brought to Lithuania from Western Europe (the Netherlands, Belgium, and Poland) and produced within the country. Production sites of ATS substances disclosed last year prove that both amphetamine and methamphetamine are produced in the country. A modest proportion of these substances are intended for the local market. The remaining part is carried to Belarus, Russia, the Ukraine or Scandinavia via Latvia and Estonia or via Poland and Germany;
- **new psychoactive substances** are linked to Eastern and Southern countries of Asia (China, India). The mentioned substances are transported in consignments by air transport.

The Customs Criminal Service has submitted the information indicating that there is a gradual increase in the number of cases every year when narcotic and psychotropic substances are sent by post or using courier services: in 2012 85 postal items were seized (in 2011 there were 51, in 2010 there were 30). On the grounds of these seizures 55 pre-trial investigations were instigated in the Customs Criminal Service (in 2011 there were 43 and in 2010 there were 27 pre-trial investigations instigated).

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

a) CANNABIS (MARIHUANA) AND HASHISH

As in the previous year, in 2012 cannabis remained the most prevalent drug in Lithuania.

In 2012 almost 96 kg of cannabis was withdrawn from illicit circulation in Lithuania of which 56 kg was from unlawful cultivation. 57 % of all seizures are made up of the seizures of less than 1 g, 29 % is made up of the seizures from 1 g to 10 g and only 0.81 % is constituted of seizures of more than 10 kg. Thus, the cases when seized cannabis did not exceed 10 g make up the greatest proportion of all seized cannabis (86%).

In 2012, 9 illegal places of cultivation of cannabis were disclosed in Lithuania beginning with simple places where cannabis was cultivated in domestic conditions and ending with specially designed laboratories with specific equipment. The largest laboratory was detected in Marijampolė county. 2557 cannabis plants together with all necessary equipment related to cultivation, such as electronic heating, cooling and irrigation devices were detected in specially equipped premises.

In 2012, 23 facts of hashish withdrawal from illicit circulation were recorded. The total of 424 kg of hashish was seized however during 17 seizures in relation to the total withdrawals, the seized amount did

not exceed 4 g. Officers of the Customs Criminal Service disclosed a case of smuggling when almost 413 kg of hashish was smuggled to Belarus by car.

b) AMPHETAMINE TYPE STIMULANT (ATS) SUBSTANCES

Amphetamine-type stimulants (hereinafter referred to as "ATS") are the most prevalent substances after cannabis in Lithuania. These stimulants, such as amphetamine, methamphetamine, ecstasy and other, affect the central nervous system. Based on the studies conducted by the Lithuanian Police Forensic Science Centre, in 2012 (like in the years 2010-2011), law enforcement agencies more frequently seized methamphetamine than amphetamine from illicit circulation of narcotic and psychotropic substances in Lithuania. However, attention should be paid to the fact that users occasionally may not distinguish what they use, either methamphetamine or amphetamine due to the similar effect and almost equal prices. Examinations of the Lithuanian Police Forensic Science Centre have shown that there were such cases in Lithuania when methamphetamine was withdrawn in the mixture with PMMA (para-methoxymethylamphetamine).

In 2012 Lithuanian police officers detected three production locations where ATS substances were produced: in one case methamphetamine was produced and in the other two cases amphetamine was involved. These were the production locations of limited potential. For example, in one of the locations the concentration of the amphetamine seized hardly reached 28 %.

As in previous years, the illicit circulation of ecstasy remained limited. This substance is chiefly imported to Lithuania from Western Europe.

c) HEROIN

In Lithuania, the main trends in the use of heroin have practically remained the same. Heroin in Lithuania remained the most popular intravenous drug. As in previous years, the quantities of this substance withdrawn in the illicit market did not exceed 1 g (in 2012 there were 73% of seizures of this kind, in 2011 the percentage was 74%, in 2010 the percentage was 73 % of the total heroin seizures).

The reduction of the quantities of heroin withdrawn from the illicit circulation in the last 3 years can be observed. However it does not show insufficient regard paid or poorer quality of work carried out by law enforcement agencies. Nor is the shortage of this drug noticeable in the country. Presumably the reason for that is that heroin is most prevalent among persons using intravenous drugs, i.e. among problematic drug users. However, heroin is not a 'nightclub' drug. And the seizures of its larger quantities are often linked to the transit of heroin via the country. This is also consolidated by the fact that in 2012 only 5 pre-trial investigations were instigated on the grounds of paragraph 3 of Article 260 of the Criminal Code of the Republic of Lithuania (unlawful possession of a large quantity of narcotic and psychotropic substances), and the largest amount of heroin withdrawn was 150 g. Whereas last year, with cooperation of law enforcement officers of Lithuania and their foreign counterparts, 5 kg of heroin was withdrawn in other countries. We assume a certain illegal heroin market has established itself in our country which 'has found/reached' its users and if it changes it does only marginally. However taking into account the European trends, the assumption can be made that this market may be subjected to change in future as heroin may be substituted to synthetic substitutes.

Last year, the same as in 2011, heroin withdrawn from the illicit circulation was of poor quality. The purity of heroin seized in 2012 was less than 30% even in 89% of the total of seizures. (in 2011 such purity accounted for 85% of all seizures). It would be useful to remind that in 2010 only 14% of the total of seizures the identified purity of these substances was smaller than 20% and a greater part of the seized heroin was of the purity over 30%.

The purity of the seized heroin in 2012 amounted to 22% on the average. The conclusion is that the quality of heroin seized has been decreasing two years in turn. On the whole last year there were only 5 cases of seizures (2% of the total of the cases), when the purity of heroin seized exceeded 40% and there was not a single case of the substance purity of over 50% to have been recorded. This points to the fact that the supply of heroin in Lithuania was rather limited in 2012 (just as in 2011). Therefore

distributors of heroin are compelled to mix it with similar supplementary materials. This is one more reason explaining the fact why there was no heroin shortage felt in the illicit circulation.

d) COCAINE

Cocaine is not a popular drug in Lithuania. Like earlier, amphetamine-type stimulating substances are by far more well-liked than cocaine. We presume that due to its high cost, cocaine is used by socially better integrated persons (e.g. financially prosperous persons, also during parties, at weekends or on other special occasions). Within internal market of the country low quantities of cocaine (up to 20 g are chiefly withdrawn). Last year cocaine withdrawals not exceeding 5 grams made up 81 % of all cocaine seizures. If law enforcement officers happen to withdraw larger quantities of this type of drugs, e.g. several kilograms or several tens of kilograms, they are not usually intended for the market of Lithuania. The largest proportion of cocaine seizures is conventionally conducted in the major cities of Lithuania.

Lithuania further remained one of the transit routes for carrying cocaine to Russia and Western Europe. Cocaine is imported in different ways: by sea, land, airplanes and postal items. Crime groups exploit diverse methods of concealing cocaine in its carriage: they carry it among short-lived commodities, frozen products, in special concealments, carry it in liquid form, etc. In 2012 two considerable cocaine seizures were conducted in Lithuania; during one of them around 68 kg of cocaine was seized in Klaipėda and during the other approximately 36 kg of cocaine was withdrawn in Šiauliai and Kaunas.

In both the cases cocaine gained access to Lithuania in the same way, i.e. from the Netherlands and in banana consignments legally. The bananas were very likely meant for the internal market. The cocaine seized was of rather high quality, i.e. its purity reached approximately 70 %. This cocaine is believed to be intended for the markets other than our country's. Most probably what happened is that criminal group organising the illegal carriage of cocaine made some mistake at a certain stage of smuggling and it accidentally appeared in our country.

Both foreign and local crime groups continue to employ Lithuanians as couriers to carry cocaine from countries of South and Central America to Europe or from one European country to another. As a tradition, air routes (carrying cocaine inside a human body or concealing among items) and land routes (transporting by car from one European country to another) are exploited for that. The cocaine most often smuggled by Lithuanian is intended for the markets of the United Kingdom, the Netherlands or Belgium.

e) PRECURSORS OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

In order to produce amphetamine-type stimulants, precursors of narcotic and psychotropic substances (hereinafter referred to as "precursors") and a number of other chemical substances are obligatory. Therefore criminal groups engaged in production of drugs put efforts to obtain them by all means. They most often do that by smuggling them to the country, by acquiring illegally and using substances which are merchandised legally or by producing these substances themselves.

Last year 3 places for the manufacture of synthetic drugs were detected in Lithuania. In two of them amphetamine and in the third methamphetamine was manufactured. Rather large quantities of precursors and diverse chemical substances (approximately 15 kg of BMK, approximately 900 l of benzaldehyde, 600 l of nitroethan, vinegar, hydrochloric and sulphuric acids, sodium hydroxide, soda, etc.) were withdrawn from the illicit circulation. What is curious is that when manufacturing amphetamine perpetrators presumably did not use BMK, Category 1 precursor, essential for the production of this type of drug. Phenylnitropropene, which was produced by themselves at that place, was used instead. This demonstrates that the underworld is constantly searching for the ways to produce synthetic drugs as rapidly and safely as possible and thus, handicapping the work by law enforcement in detection of such laboratories.

Last year the increase in the number of cases of transportation of the chemical substance α -phenylacetoacetonitril (APAAN) was observed in Europe. This substance is uncontrolled and is used for the production of the BMK precursor of synthetic drugs. It is brought to the European Union from China.

The quantities carried are diverse, i.e. from several hundred kilograms to several tons. In 2012 a batch of 300 kg of APAAN which was imported from China to Lithuania was suppressed.

f) OTHER NARCOTIC AND PSYCHOTROPIC SUBSTANCES

With the view to combat illicit circulation of narcotic and psychotropic substances more effectively, it was already in 2010 that changes in the legal basis were adopted in Lithuania by which the conceptions of the compounds of narcotic and psychotropic substances were defined. By the Order No. 5 of the Minister of Health of the Republic of Lithuania "On Approval of Amendment of the Lists of Narcotic and Psychotropic Substances" (Official Gazette., 2000, No. 59-2945), lists of narcotic and psychotropic substances were supplemented by groups of amphetamine, piperazine, pirovalerone and tryptamine groups of compounds. As for the amendments of these legal acts, last year we already envisaged that this was going to have not only positive aspects but also negative ones. And this is what happened: experts of Lithuanian Police Forensic Science Centre (hereinafter referred to as "Centre") were not able to identify the majority of new psychoactive substances submitted for the examination due to the fact they did not have these base substances (standards). Then the Centre acquired certain most frequently occurring standards of the substances. However, new psychoactive substances emerged in the internal market and problems related to the identification of such substances repeatedly arose.

A similar state of affairs is believed to remain in future since due to the rapidly developing situation, the Centre will positively be unable to completely fulfil the needs of law enforcement while examining new substances.

While previously (in 2010 – 2011) psychoactive substances in Lithuania were normally distributed via the Internet or sold in specialized stores, in 2012 they are most often sold in streets, night clubs, etc. Some of them, such as 4-MEC (4- *methylmethcathinone*), were sold by different quantities (by doses or by 100 g), some of them, as synthetic cannabinoids (JWH, UR-144, AM-2201) were more frequently distributed by doses, e.g. by spraying them on nasal snuff. The psychoactive substances were brought in the country by cars or sent by post (from china, Brazil, the USA, Canada, the United Kingdom and Portugal). The observation should be made that members of criminal groups even travel themselves to China where they search for uncontrolled psychoactive substances and arrange their carriage to Lithuania.

Compared with the year 2011, last year the market of our country saw new psychoactive substances as UR-144, 3-MeO-PCE, AMT ((α -methyltryptamine) and TFMP (1-(3-*trifluoromethylphenyl*)-*piperazine*). However, synthetic cannabinoids such as JWH-type compounds, AM-2201, cathinones 4-MEC (4-methylcathinone), buprenorphine and piperazines mCPP (1-(3-*chlorophenyl*)piperazine) as well as BZP (1-benzylpiperazine) did not disappear anywhere and have been withdrawn from illicit circulation the past few years.

Nevertheless, the cathinone 4-MEC ought to be distinguished of all the substances specified which is most often detected in the form of white crystal (more rarely in the form of powder) in Lithuania. This stimulant appeared to have found its place in the illegal market of narcotic and psychotropic substances and is comparatively well-liked among users. This is the substance the rate of seizures of which was recorded the largest number of all new withdrawn substances (33 facts of seizures) in 2012. Moreover, the seized quantities which are very different and vary from 0.2 g to 1 kg are also the evidence that the substance 4-MEC has its own market of users. The purity of the stimulant which reached almost 60% on the average is also fairly high. The statistics show that other substances (AM-2201, JWH derivatives, MDPV and others) did not equal 4-MEC by popularity; the number of recorded seizures of the former was far smaller. In 2012 consignments also with exotic plants or the seeds of such plants were seized. Besides such plants already detected in Lithuania as the *salvia divinorum* (Diviner's Sage) and *mitragyna speciosa*, consignments with the plant *ipomoea violacea* and yopo seeds were also seized. It may be predicted that rather small amounts of such substances were being sent for experiment, i.e. to try to cultivate plants containing psychoactive or hallucinogenic substances.

Every year pharmaceutical drugs are also withdrawn from illicit circulation in Lithuania. However, the situation in this respect has not practically changed. As previously, in 2012 in the majority of cases, medicines belonging to the benzodiazepine group, such as clonazepam, lorazepam, bromazepam and diazepam, characterized by the effect of reducing anxiety, were abused. However the amounts of each substance of the pharmaceutical drugs withdrawn from illicit circulation did not exceed a few tens of grams and there were only a few facts of seizures per annum.

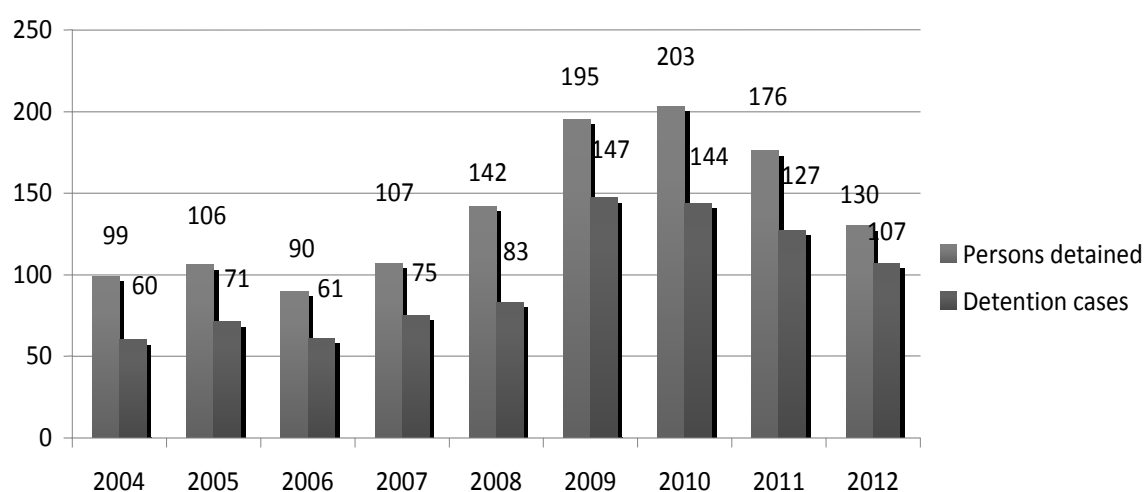
Taking into account the tendencies of a few past years the prediction can be made that psychoactive substances will further proliferate and new substances will emerge. Presumably perpetrators seeking to avoid the risks of being arrested will further be searching for new, still uncontrollable psychoactive substances.

Sources of supply and trafficking patterns in the countries

This section presents the information known to the law enforcement agencies about apprehensions of Lithuanian citizens related with illicit trafficking 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 countries, and a consular representation learns about the detention only upon request of a detainee, or if the relatives of a detainee address a consular representation for some reason.

Just as every year, we have made an overview of illegal activity of citizens of the Republic of Lithuania abroad related with drug circulation. In 2012, law enforcement agencies were aware of 107 cases of detention (127 in 2011) and 130 citizens of the Republic of Lithuania were detained (176 in 2011) (Figure 10-3). Comparison of the data on detentions and detained persons in 2012 and 2011 showed an obvious decline; yet, assessment of the information (of its content) received last year or during previous years presumes that the situation changed very little and it is not possible to state that Lithuanian citizens terminated their criminal activities abroad.

Figure 10-3. Ratio of the number of citizens of the Republic of Lithuania arrested and arrests abroad, 2004-2012



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

Most often Lithuanian nationals were arrested for illicit drug circulation in: Norway, Spain, Germany, Russia and Sweden. As in previous years citizens of the Republic of Lithuania were most frequently arrested in Scandinavian countries. (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, 2012

Country	Number of detained persons	Substance	Amount	Number of cases
Norway	23	amphetamine methamphetamine hashish heroin ecstasy rohypnol	18,6 kg 30,8 kg + 5 l 31,7 kg 3,1 kg 20 000 tab 500 000 units	15

		cocaine	1,2 kg	
Germany	14	catha edulis cocaine heroin	2452 kg 11,4 2 kg	13
Sweden	10	amphetamine methamphetamine cannabis hashish	2 kg 35,9 kg 11 kg 136,7 kg	9
Latvia	4	cannabis	2,7 kg	4
France	6	cannabis cocaine	6,3 kg 6,9 kg	5
Spain	19	cocaine hashish	2,1 kg 25,5 kg	15
Belarus	4	hashish	8,8 kg	4
Russia	12	cocaine heroin	3,4 kg 2,2 kg	10
Finland	7	Hashish cannabis cocaine Subutex	195,4 kg 2,8 kg 0,4 kg 2005 units	5
The United Kingdom	7	Cocaine cannabis heroin	9 kg 4,3 kg 2 kg	7
Denmark	1	catha edulis	194 kg	1
Peru	5	cocaine	5,3 kg	4
Canada	2	n/a	n/a	1
Ireland	2	cannabis	37 kg	2
Argentina	2	n/a	n/a	2
Estonia	1	Cocaine cannabis	1,4 g 2,8 g	1
Čilė	1	Cocaine	4,5 kg	1
Tasmanija	1	Cocaine	4 kg	1
Šveicarija	1	Cocaine	3,1 kg	1
Ukraina	1	Cocaine	1,6 kg	1
Italy	1	Cocaine	1,5 kg	1
Greece	1	Cocaine	1,1 kg	1
Olandija	1	Cocaine	0,5 kg	1
Ekvadoras	1	n/a	n/a	1
IN TOTAL:	130	catha edulis Hashish cannabis methamphetamine Cocaine amphetamine heroin rohypnol ecstasy (MDMA) subutex	2646 kg 399,6 kg 66,9 kg 66,7 kg 60,9 kg 20,6 kg 9,3 kg 50 000 tab 20 000 tab 2005 tab	107

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

Criminal activities of nationals of the Republic of Lithuania related to the international illegal drug circulation may be summed up as follows:

- Nationals of the Republic of Lithuania are principals of smuggling or hired couriers;
- The principal destination countries of drugs are Scandinavian countries, the Russian Federation and the United Kingdom;
- Drugs were most frequently smuggled by cars and planes (the situation has not changed as compared to previous years);
- The majority of arrests were in relation to the transportation of cocaine and cannabis.

Modes of transportation:

As it was already referred to, the modes of transportation remained the same. The majority of drugs were transported by cars, i.e. 29 seizures (59%). Smuggling by plane constitutes second largest proportion of the transportations, i.e. 16 seizures (33%). Almost all cases of smuggling by airplane were in relation to cocaine smuggling from South America to Europe. There were also unconventional occurrences of the carriage, as for example, in Sweden a courier was detained carrying drugs by motorcycle.

Types of drugs:

Just as in 2011, in 2012 most seizures of Lithuanians were with regard to the transportation of cocaine (38%); the number of cannabis seizures holds the second position (17%), just as last year. Subsequently, hashish (14%) and heroin (9%) seizures follow. The number of methamphetamine and amphetamine withdrawals constitutes a relatively low proportion of all drug seizures while ecstasy seizures make up the lowest proportion. In comparison with 2011, the ratio of seizures by the type of substances almost did not change.

Age of persons detained:

The age of the detainees fluctuates from 18 to 67 (the average is approximately 42 years). Persons from 30 to 39 are predominantly inclined to offend. The smallest number of the persons detained was of the age from 18 to 20. Minors also happened to be among the detained (the youngest detainee was 18). The oldest detained person was 67 years of age.

10.3. 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 2013)

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 2012

Name of the substance	Quantity of Substance Seized in total				
	From production/ cultivation	Selling	Possessing	Smuggling	In total
Poppies and their parts (g)			3 139		3 139
Heroin (g)		420	45		465
Cocaine (g)		6	115 139	5 000	120 145
Coca leaf (g)				731	731
Cannabis (Marijuana) (g)	53 347	21 582	12 887	8163	95 979
Hashish (g)		5 766	119	65	424 127
Amphetamine	5 784	129	29 g 147 tab	22	25 964 g 147 tab
Methamphetamine (g)	2 600	4 167 g 30 tab	37 207	10 035	54 009 g 30 tab
PMMA (g)		2 484	0,4		2 485
4-fluoramfetaminas (PFT)(g)		51			51
Ecstasy		1 321	631 g 54 tab		1 952g 54 tab
Group of piperazine (mCPP, BZP, TFMPP, and etc)		9	12		21
AM-2201 (g)		299		78	377

UR-144 (g)		146			146
Metilone (g)				127	127
4-MEC and 4-metil-N-etilcathinone (g)		1 045	106	6 481	7 632
MDPV (g)		0,02		1,3	1,32
JWH (synthetic cannabinoid) (g)		51			51
Puošnioji vožtė (g)				64	64
Gyslotojo vyklis sėklos (g)				139	139
Hallucinogenous mushrooms (units)				2 432	2 432
Methadone		50	77		127
BMK (l)	17		100		117
AMT(α -metiltriptaminas) (g)		0,2			0,2
Psychotropic medicine		187 tab 25 g	137 tab 1 046 g		324 tab 1 071 g

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

10.4. 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 2013 and Standard Table 14 Purity at street level of illicit drugs (submitted in 2013)

Analysis of prices of narcotic and psychotropic substances in the country is implemented taking into consideration the data received from central and territorial organized crime police units and Customs Criminal Service. Analysis of street prices of narcotic and psychotropic substances may reflect the supply of drugs in the country, it also allows making some approximate calculations of the profit received from drug business, moreover, street price is a more definite indicator of drug market than the wholesale price. It has been noticed that the same high wholesale price is paid both for a quantity significantly smaller than a kilogram and for a kilogram of a narcotic substance on the Lithuanian market of narcotic substances. A noticeable decline of the price was noticed when a quantity higher than 10 grams is bought.

In 2012, no greater changes associated with the prices of narcotic and psychotropic substances in Lithuania were noticed. (Table 10-4).

Table 10-4. Prices of drugs and psychotropic substances in 2012

Name of the substance	Price in euro								
	Street price				Price for 50 g/tab - 500 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 highest price fixed	Average price	Number of analysis counts
Poppies and their parts (1 glass about 150 g)	4,34	8,69	6,37	2	-	-	-	-	-
Marijuana (1 g)	3,48	11,58	10,72	25	-	-	-	5,50	-
Hashish (1 g)	1,74	11,58	6,95	7	-	-	-	1,74	-
Methamphetamine (1 g)	1,16	11,58	10,72	11	-	-	-	1,16	-
Amphetamine (1 g)	2,61	11,58	9,85	16	-	-	-	3,48	-
Amphetamine (dose)	-	-	-	-	-	-	-	-	-
Amphetamine (1 tab.)	-	-	-	-	-	-	-	-	-
Ecstasy (1 tab.)	2,90	4,34	3,77	5	-	-	-	-	-
Heroin (1 g)	40,55	86,89	63,72	6	-	-	-	-	-
Heroin (dose)	5,79	14,18	10,72	3	-	-	-	-	-

Cocaine (1g)	46,34	72,41	61,40	5	-	-	-	-	-
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Information Source: Police Department under the Ministry of Interior of the Republic of Lithuania

Average concentration of narcotic and psychotropic substances withdrawn in 2012 in comparison with 2011 has remained very similar. Lower concentration in 2012 in comparison with 2011 is noticed for amphetamine and methamphetamine. (Table 10-5).

Table 10-5. Purity of drugs and psychotropic substances on the national illegal market, 2011-2012

Name of the substance	Fixed lowest purity (%)		Fixed highest purity (%)		Average purity (%)	
	2011	2012	2011	2012	2011	2012
Heroin	0,7	3	54,3	48,2	21	22
Cocaine	4,7	4,7	78,5	85,6	26	38
Amphetamine (powder)	2,6	0,1	71,9	56,3	22	20
Methamphetamine	0,9	0,009	71,9	79,5	20	19
Ecstasy type substances (MDMA)	0,4	17,8	67,5	54	26	36,6
mCPP	1,3	5,4	12,6	13,7	8	8

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

PART B

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