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for Drugs and Drug Addiction

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KONTROLĖS DEPARTAMENTAS

**2014 NATIONAL REPORT (2013 DATA) TO THE EMCDDA
BY THE REITOX NATIONAL FOCAL POINT**

LITHUANIA
New Development, Trends

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 of 4 November 2010 adopted by the Parliament of the Republic of Lithuania.

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. The 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. The 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 were carried out in line with the EMCDDA guidelines, and was conducted among persons aged 15–64. According to the Survey 2012 results, prevalence of at least single-time use of drugs and psychotropic substances is 11,1 percent among residents aged 15-64, 2,6 percent of Lithuania's residents used drugs and psychotropic substances in the last year and 0,8 percent - in the last month. Cannabis is the most popular drug (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 of residents, in the last month - by 0,7 percent of residents of Lithuania. Indicators of other drugs 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 percent having used cannabis at least once in their lifetime in 2011. In comparison with the ESPAD 2007 study, the cannabis use lifetime prevalence increased by 2 percent: 18 percent in 2007, 13 percent in 2003 and 12 percent in 1999. Prevalence of ecstasy, the second most popular drug used in 2007 decreased in 2011. 2 percent of students (in 2007 – 3 percent) used ecstasy at least once in their lifetime in 2011, amphetamine type substances were used by 2 percent of 15-16 year old students. Results for the last year (last 12 months) also showed 12.5 percent prevalence in the use of cannabis (12 percent in 2007, 11 percent in 2003, 10 percent in 1999), 5 percent prevalence of cannabis use for the last month (5 percent in 2007, 6 percent in 2003, 4 percent in 1999). Additionally, the reported lifetime prevalence of cannabis use among males was 25 percent and 14 percent among females.

In 2011, the Eurobarometer results showed that every third young man (32 percent) and every fifth young woman (20 percent) 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 percent. In Lithuania, every fourth youth (aged 15 – 24) used cannabis. One out of ten said having used this drug in the last year, 2,8 percent used the last month.

In 2010, a capture–recapture study based on data from the Ministry of Health, the Ministry of Justice and the Ministry of Interior was implemented to estimate the number of problem drug users in 2005–

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

2007. According to the study, in 2007 there were around 5 458 problem drugs users (more than 90 percent 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 On Targeted Policy of Prevention and Control of Drugs, Tobacco and Alcohol Consumption of the Parliament of the Republic of Lithuania prioritised the development of mature values and building of skills for a healthy lifestyle among children and young people through integrated and evidence based prevention programmes. The 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 for different treatment services are the national budget, the 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 possessing a special licence. Outpatient drug treatment is also provided in Centres for Addictive Disorders. Five regional public specialised Centres for Addictive Disorders 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 2013 was implemented by 107 mental health care institutions. 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 2013, health care institutions registered 223 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances. In 2013, 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 Lithuania, methadone hydrochloride (methadone) and buprenorphine hydrochloride (buprenorphine) are allowed to be registered and used for replacement treatment. As of January 1, 2014, 539 persons took part in the Lithuanian replacement treatment programmes (all treated with methadone).

In Lithuania, implementation of syringe/needle exchange programmes for injecting drug users was started a decade ago. In 2013, 12 harm reduction services units (including syringe and needle exchange) were available in Lithuania. In 2013, the number of distributed syringes decreased as compared to 2012.

In 2013, 177 new HIV cases were diagnosed, among new HIV cases 35 percent of individuals were infected with HIV by using injecting drugs.

According to data of the Institute of Hygiene in 2013, 54 deaths (45 males and 9 females) due to drugs and psychotropic substance use were registered and this rate accounts for 0,13 percent of all deaths registered in Lithuania.

As of December 31, 2013, the imprisonment establishments placed 9261 persons (8 831 males and 430 females), of them 12,1 percent (1127 persons) were registered as having mental and behavioural disorders caused by the use of drugs and psychoactive substances.

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 2013, 2354 cases related to illicit circulation of drugs were registered. 1455 individuals, who committed criminal acts related to the possession of drugs or psychotropic substances, were registered in 2013.

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 of 4 November 2010, of the Parliament of the Republic of Lithuania. Before April 1, 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 April 1, 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 Grown for Fibre* 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 November 4, 2010, of the Parliament of the Republic of Lithuania;
- The National Strategy of Public Health Care 2006–2013, approved by Resolution No. 941, of July 27, 2006, of the Government of the Republic of Lithuania;

Information concerning Lithuanian legislation adopted or amended from January 1, 2013 to June 30, 2014 is provided below.

Laws of the Republic of Lithuania

The *Law On Hemp Grown for Fibre* of the Republic of Lithuania (Official Gazette, 2013, No. 61-3025) establishes the procedure for activities in relation to growing, surveillance of hemp grown for fibre and activities in relation to admission of hemp for fibre from the third countries, maintenance and licensing in the Republic of Lithuania. The Law came into effect on 1 January, 2014. In relation to the above legislation the *Law On Amendments to Article 1 and Annex of the Law On the Control of Narcotic Drugs and Psychotropic Substances* (Official Gazette, 2013, No. 61-3024) was adopted establishing that the requirements of the *Law On the Control of Narcotic Drugs and Psychotropic Substances* for narcotic drugs and psychotropic substances when they are used for the purposes of health care, veterinary and science, legal circulation and circulation control based on requirements of international agreements are not be applied to hemp for fibre regulated by the *Law On Hemp Grown for Fibre* of the Republic of Lithuania.

By Law On Amendments to Articles 107-2, 237, 241-3 and Amendments to Article 107-5 of the Code of Administrative Transgressions of the Republic of Lithuania (Official Gazette, 2013, No. 62-3061) liability for illegal growing of opioid poppy plants, cannabis and coca was tightened envisaging that such legal violations impose a fine from EUR 29 to EUR 145. Besides, the Code of Administrative Transgressions is amended with new article 1075 regulating liability for violations of procedures for growing, import, supply to the market, storage of hemp for fibre imposing warning or a fine up to EUR 87. The amendment came into force on 1 January, 2014.

The amendments of respective articles to the Code of Administrative Transgressions of the Republic of Lithuania tightened the administrative liability applicable to drivers steering vehicles intoxicated with alcohol or drugs, psychotropic or other psychoactive substances, also for evasion to check their intoxication status, together with a fine providing a possibility to confiscate the vehicle. Also, the liability for illegal growing of opioid poppy plants, cannabis and coca was tightened envisaging that such legal violations impose a fine from EUR 29 EUR 145. Besides, the Code of Administrative Transgressions is amended with new article 107-5 regulating liability for violations of procedures for growing, import, supply to the market, storage of hemp for fibre imposing warning or a fine up to EUR 87. The amendment came into force on 1 January, 2014.

Other legal acts

Decree No.T1-126, of July 23, 2013, of the Director of the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania approved the forms of declarations by legal entities concerning compliance with the requirements for storage and keeping drugs and psychotropic substances of category I (precursors) and drugs and psychotropic substances of category II and/or category III. The legal entities engaged in activities related to drugs and psychotropic substances (precursors) filing their declarations of such approved form verify their compliance with the requirements for storage and keeping drugs and psychotropic substances (precursors).

Decree No. V-601, of June 10, 2013, of the Minister of Health of the Republic of Lithuania *Concerning Amendments to Decree No 5, of January 6, 2000, of the Minister of Health of the Republic of Lithuania Concerning Approval of Schedules of Drugs and Psychotropic Substances* (Official Gazette, 2013, No. 64-3185) amended the definitions of compound groups of phenethylamine, piperazine, pyrovalerone, synthetic canaboids and tryptamine with specific chemical structure changes (radicals), thus, including 59 new chemical substances into the Schedules of Drugs and Psychotropic Substances. Aiming at harmonization of the definitions of compound groups and to expand the definitions of the above compound groups in order to cover a broader number of combinations of drugs and psychotropic substances, accordingly salts, ethers, esters or amides of the above compound groups, when such possible, were included.

Decree No.T1-186, of June 12, 2013, of the Director of the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania *Concerning Approval of the Format of the Annual Report of Circulation of Precursors of Drugs and Psychotropic Substances* (Official Gazette, 2013, No. 65-3286) approved the Format of the annual report of circulation of precursors of drugs and psychotropic substances based on which the legal entities shall provide information concerning circulation of precursors of drugs and psychotropic substances.

Decree No. 4-759, of August 27, 2013, of the Minister of Economy of the Republic of Lithuania *Concerning Amendments to Decree No. 4-200, of May 26, 2004, of the Minister of Economy of the Republic of Lithuania Concerning Approval of Regulations for Transporting and Keeping Alcohol Products and Tobacco Products Applicable to Natural Persons* (Official Gazette, 2013, No. 92-4590) reduced the number of cigarette packs per natural person allowed to bring in and keep on the territory of the Republic of Lithuania from 20 to 10 packs.

Decree No. 3D-867, of December 19, 2013, of the Minister of Agriculture of the Republic of Lithuania *Concerning Approval of Profile of Procedure for Surveillance of Growing Hemp for Fibre and Control of Supply to the Market* (Official Gazette, 2013, No. 135-6907) approved the Profile of procedure for surveillance of growing hemp for fibre and control of supply to the market, which establishes the requirements for growing and supply to the market of hemp plant for fibre containing not more than 0,2 percent of tetrahydrocannabinol (THC). The Profile shall not be applicable to products of hemp for fibre.

Decree No. V-1254, of December 30, 2013, of the Minister of Health of the Republic of Lithuania *Concerning Amendments to Decree No. 5, of January 6, 2000, of the Minister of Health of the Republic of Lithuania Concerning Approval of Lists of Drugs and Psychotropic Substances* (Register of Legal Acts, 2013, No. 2013-00262) establishes that from January 1, 2014, cannabis (Cannabis plant) shall mean

surface parts of cannabis, except for hemp grown for fibre and their certified seeds regulated by the Law *On Hemp Grown for Fibre* of the Republic of Lithuania. Also, the exemption is established that oil of cannabis seeds shall not be deemed a drug substance.

Decree No. V-1253, of December 30, 2013, of the Minister of Health of the Republic of Lithuania *Concerning Amendments to Decree No. V-239, of April 23, 2003, of the Minister of Health of the Republic of Lithuania Concerning Amendments to Recommendations for Assessment of Small, Big and Very Big Quantity of Drugs and Psychotropic Substances* (Register of Legal Acts, 2013, No. 2013-00261) establishes that any quantity of mushroom spores, mycelium of mushrooms of the *Psilocybe* genus shall be deemed a small quantity. Editing changes are being introduced in relation to amendments to the Lists of drugs and psychotropic substances establishing that ground surface parts of cannabis shall be deemed a drug substance, except for hemp grown for fibre and their certified seeds regulated by the Law *On Hemp Grown for Fibre* of the Republic of Lithuania.

Decree No. 3D-908, of December 30, 2013, of the Minister of Agriculture of the Republic of Lithuania *Concerning Approval of Rules for Issuance of Licences for Import of Hemp Grown for Fibre* (Register of Legal Acts, 2014, No. 2014-00342) approved the Rules for issuance of licences for import of hemp grown for fibre which regulate the procedure of issuance of licences, adjustment of licences, warning concerning suspension of their validity, annulment of valid suspension, annulment of validity, granting importer status and issuance of the entitlement document.

The aim of methodology approved by Decree No. 6D-914, of December 30, 2013, of the Minister of Agriculture of the Republic of Lithuania *Concerning Approval of Methodology to Determine Tetrahydrocannabinol Content when Examining Samples of Hemp Grown for Fibre* (Register of Legal Acts, 2014, No. 2014-00054) is to establish procedure ensuring adequate sampling of cannabis and examining to determine THC content. The determined values must show the average THC content of the sampling field.

1.3. National action plan, strategy, evaluation and coordination

Within the last 10 years, Lithuania has been formulating the national 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 disorders (drug addiction, alcohol addiction, toxic mania, etc.) is named as an important health policy direction.

The National Security Strategy approved by the Parliament of the Republic of Lithuania 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 inter-state crimes – human trafficking, 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 *the 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 the 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 narcotic drugs and weapons, money laundering, smuggling, destruction of economical foundation of criminal groups, contributing to combating international organized crime and terrorism, development of cooperation with the EU member states and other states, strengthen protection of the external EU borders (paragraph 16.4.2), whereas while insuring social security and health care – to implement prevention of dependence disorders (alcohol addiction, addiction to drugs and psychotropic substances) (paragraph 16.9.4).

Drug dependence prevention and drug control policy, which was implemented in Lithuania in 2012, was coordinated with the national and international strategic documents and programmes. While

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

implementing the Lithuanian 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 the assessment and analysis of favourable and unfavourable factors which may have impact on the implementation of drug addiction prevention and drug control policy analysing the data on the incidence of psychoactive substance use among different groups of residents in Lithuania, other national statistical indicators such as population mobility and migration, the employment and labour market, health and social security, criminality, as well as evaluating external factors.

The Lithuanian Progress Strategy "Lithuania 2030" approved by Resolution No. XI-2015³, of May 15, 2012, of the Parliament of the Republic of Lithuania outlined the vision, priorities of development and their implementation directions of the Lithuanian State until 2030, named the priority - To develop healthy lifestyle as an important precondition of the active society. *To concentrate efforts of 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 lifestyle* (paragraph 5.9.1) is named as one of the priorities.

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

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

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

Since 2011, the 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, of November 4, 2010, of the Parliament of the Republic of Lithuania (Official Gazette, No. 132-6720, 2010,). The *National Programme on Drug Control and Prevention of Drug Addiction 2010–2016* (hereinafter – 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;

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

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

3. Ensure and strengthen inter-institutional 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 Parliament 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 2012 – 2016 approved by Resolution No. XII-51, of December 13, 2012, of the Parliament of the Republic of Lithuania (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, *ensure* 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 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 *lifestyle*, include education of healthy *lifestyle* in the programmes of pre-school and education establishments, support initiatives of higher education schools in the area of healthy *lifestyle*. 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.

Resolution No. 228, of March 13, 2013, of the Government of Republic of Lithuania On approval of priority measures for the implementation of the Programme of the Government of the Republic of Lithuania *for 2012-2016* (Official Gazette, 2013, No. 29-1406) approved priority measures for the implementation of Programme 2012-2016 of the Government of the Republic of Lithuania including the following measures relating to the control of drugs 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 Inter-institutional 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 drugs and psychotropic substances, tobacco and alcohol and seeking to ensure bigger effectiveness of the control of drugs and psychotropic substances, precursors of drugs and psychotropic substances, tobacco and alcohol, the Government of the Republic of Lithuania Resolution No. 1277, of October 27, 2011, approved a concept of drugs and psychotropic substances, precursors of drugs 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, drugs 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 the Resolution of December 13, 2011, of the Parliament of the Republic of Lithuania 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*.

Resolution No. XII-964, of June 26, 2014, of the Parliament of the Republic of Lithuania approved the Lithuanian Health Programme for 2014–2025 establishing national long-term goals and objectives, anticipated health level targets, One of the objectives of Goal 3 "To Provide Foundation for Healthy Lifestyle and its Culture" of the Lithuanian Health Programme for 2014–2025 is "to reduce consumption of alcoholic beverages, tobacco, illicit use of and accessibility for drugs and psychotropic substances, also accessibility for gambling, computer games, etc."

The Lithuanian Health Programme for 2014–2025 establishes that seeking to reduce illicit supply and demand of drugs and psychotropic substances it is necessary:

- to reduce illegal supply of drugs and psychotropic substances and their precursors through strengthening of control of circulation of these substances;
- to strengthen development of healthy lifestyle in families and school;
- to facilitate development of prevention of use of drugs and psychotropic substances at workplaces and in communities;
- to develop health care, social, rehabilitation and reintegration services for persons with and mental disorders due to use of drugs and psychotropic substances;
- to develop cooperation with the civic society, social partners, the NGO sector organising prevention measures and delivering required services, reducing illicit use of drugs and psychotropic substances;
- to strengthen inter-institutional and international cooperation and coordination in the areas of drug control and prevention of drug addiction.

In 2014, the inter-institutional work group set up by Decree No.T1-58, of February 4, 2014, of the Director of the Drug, Tobacco and Alcohol Control Department prepared the Draft Resolution *Concerning Approval of the National Programme for Control and Use Prevention of Drugs, Tobacco and Alcohol* (hereinafter – Draft Programme). The purpose of the Draft Programme is to develop long-term goals and objectives of the national strategy in relation to control and use prevention of drugs and psychotropic substances and their precursors and new psychoactive substances (hereinafter together - drugs), tobacco and alcohol. The foreseen strategic goal of the Draft Programme is to strengthen safeguarding and health of the Lithuanian population through reduction of use, supply and demand of drugs, tobacco and alcohol. The Draft Programme envisages three implementation goals as follows:

1. to reduce supply of drugs, tobacco and alcohol;
2. to reduce demand of drugs, tobacco and alcohol;
3. to strengthen management and coordination of the activities, monitoring, inter-institutional and international cooperation, development of competencies in the areas of control and use prevention of drugs, tobacco and alcohol.

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

The National Drug Control and Drug Addiction Prevention Programme for 2010–2016 (hereinafter - Programme) sets out that the Government of the Republic of Lithuania approves the 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 April 1, 2011, the Drug, Tobacco and Alcohol Control Department coordinates the implementation of the measures of the Programme and each year, by March 1, 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 the Drug, Tobacco and Alcohol Control Department makes a mid-term evaluation of the Programme implementation for 2010–2013 and prepares a report which to 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.

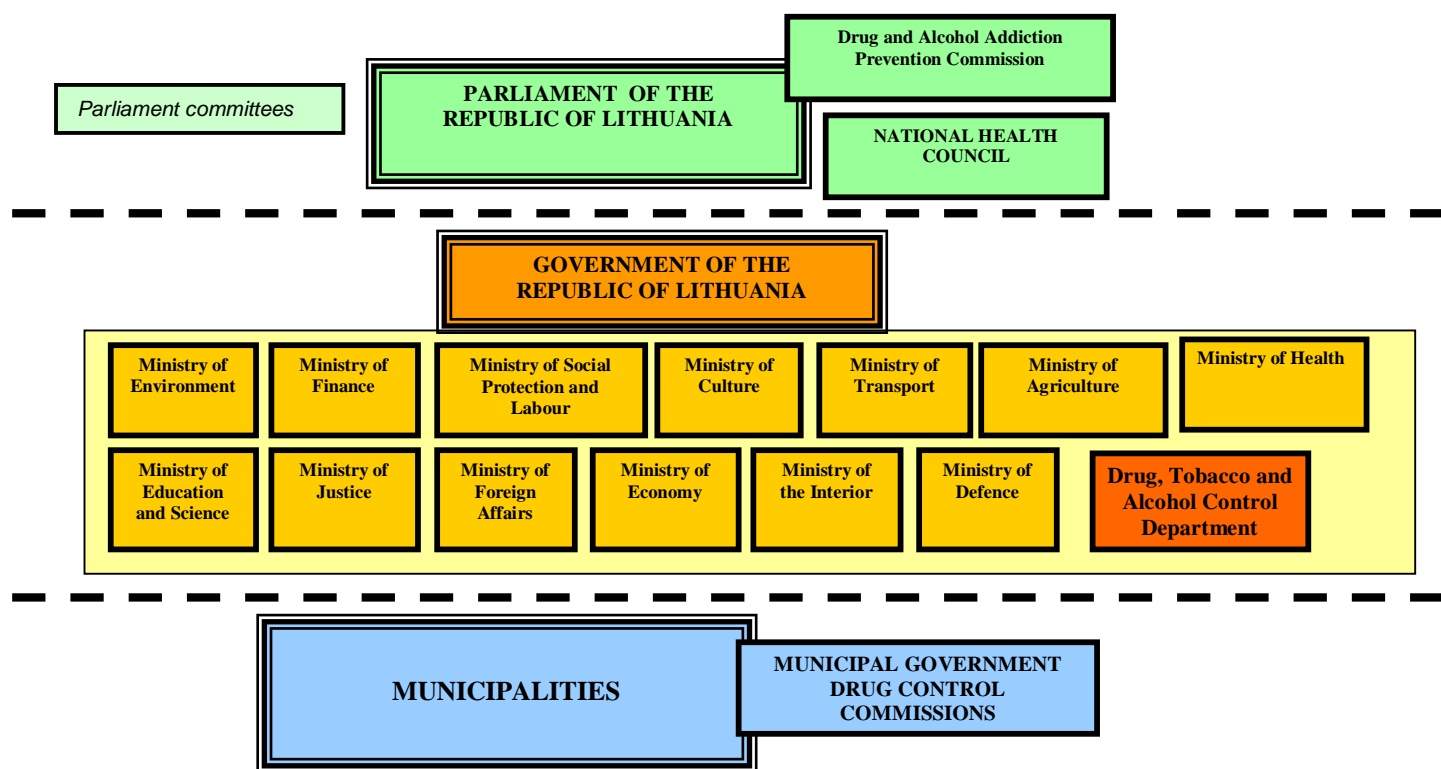
The National Drug Control and Drug Addiction Prevention Programme for 2010–2016 was carried out in 2011, 2021 and 2023 through the implementation of the measures of the Inter-institutional Action Plan for 2012–2014 of the National Drug Control and Drug Addiction Prevention Programme for 2010–2016. The Implementation of the Intra-institutional Action Plan is coordinated by the Drug, Tobacco and Alcohol Control Department. The results achieved in 2011, 2021 and 2023 are included in the activity reports of the Drug, Tobacco and Alcohol Department for 2011⁶, 2021⁷ and 2023⁸.

Coordination arrangements

The 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 the National Security and Defence, the Committee for European Affairs, the Committee for Social Affairs and Labour, and other Parliamentary committees.

Lithuania has been consistently implementing the drug control and drug addiction prevention policy as an integral part of the national foreign and domestic policy. This policy is implemented based on the political will and allocations of financial and human resources. Public and local government institutions participate in the formation and implementation of drug control and prevention policy (Figure 1-1).

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



⁶Drug, Tobacco and Alcohol Control Department report for 2011. URL: <http://www.ntakd.lt/images/kiti/dokumentai/2011-veiklos-ataskaita.pdf>

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 2013. URL: <http://www.ntakd.lt/images/kiti/dokumentai/2013-veiklos-ataskaita.pdf>

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 legislation 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

The 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

The Commission for Prevention of Drug and Alcohol Addiction of the Republic of Lithuania (hereinafter referred to as the Commission) – a permanent commission of the Parliament of the Republic of Lithuania, is formed for the term of the Parliament following the procedure laid down by the Statute of the Parliament of the Republic of Lithuania. The main long-term goal of the Commission is to ensure 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 the 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, the Commission for Prevention of Drug and Alcohol Addiction established by the 10th Parliament of the Republic of Lithuania (term of 2008–2012) on 2 December 2008, considered the following main issues relating to drug control and drug addiction prevention:

- Implementation and funding of the measures of the National Drug Control and Drug Addiction Prevention Programme for 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 drugs 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 drugs and psychotropic substances;
- Application of the measures reducing supply of and demand for drugs 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 drugs and psychotropic substances, precursors of drugs and psychotropic substances and their illicit trafficking, reduction of their supply;

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]

- 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.

On 4 December 2012, the Drug Addiction and Alcohol Addiction Prevention Commission¹⁰ of the 11th Parliament 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 (Vince Vaidevute Margeviciene). The Commission consists of 12 members of the Parliament. Resolution No. XII-184, of January 17, 2013, of the Parliament of the Republic of Lithuania approved provisions for the activities of the Commission¹¹. In 2013, the Commission considered the following most important issues relating to drug control and drug addiction prevention:

- Law on Hemp *Grown for Fibre* and related legal acts of the Republic of Lithuania. Law on Hemp *Grown for Fibre*¹², 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 for fibre and for the activity relating to the entry of hemp for fiber 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, the Centres for Dependence Disorders were subject to the reform. As of 2013, funding of the activity of 4 Centres for Dependence Disorders (in Kaunas, Klaipeda, Panvezys and Siauliai) is received from the State budget (until then funding was received from the municipal budgets);
- Pursuance of drug, alcohol and tobacco use prevention among children and youth;
- Spread of drugs and psychotropic substance use in Lithuania, incidence of morbidity of dependence diseases, infectious diseases and their prevention among persons using drugs and psychotropic substances;
- Provision of health care, psychological and social rehabilitation, social integration services to persons dependent on psychoactive substances;
- Control of drugs and psychotropic substances, precursors of drugs and psychotropic substances and illicit trafficking, reduction of the supply of these substances;
- Application of the measures reducing supply and demand of drugs and psychotropic substances in imprisonment places, use of alternative penalty serving (probation), development of the system for integration of juveniles who committed crimes

National Health Council

The 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. The National Health Council coordinates health policy, alcohol, tobacco and drug control policy, public health care policy,

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

disease prevention and control policy, and it analyses the process for health policy formulation and implementation.

Levels of the Central Government.

In 2013, 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 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.

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 2013, 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 concerning psychoactive substances which received the biggest attention in the Lithuanian media. In 2013, the media paid biggest attention to the topic of alcohol and tobacco consumption; however, it also dwelt considerably on the problem of psychotropic substances in Lithuania and globally. The Roma settlement in Vilnius, trafficking and use of drugs in its environs has remained the main theme related to drugs 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 were also noted in which famous people of Lithuania shared their experience in the area of drugs and their use. Journalists came to a conclusion stating the fact in Lithuania a trend to use a psychotropic substance cocaine was noticed and it could be as a proof of a better standing in life. The articles noted quite often that the level of use of drugs in Lithuania is not as high as in other countries, and the most popular illegal drugs are cannabis and other light drugs, 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 2013 or earlier drug-related expenditures is not available.

The amount of EUR 1159 thousand was envisaged in 2013 for the implementation of the measures of the Inter-institutional Action Plan of the National Drug Control and Drug Addiction Prevention Programme for 2010–2016 (hereinafter referred to as Action Plan) approved in 2011 by the Government of the Republic of Lithuania and updated in 2012 and 2013. The Action Plan foresees EUR 678 thousand for the implementation of measures in 2014.

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

2.1 Introduction

Starting from 2004, surveys of 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 ones 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 drugs and psychotropic substances is 11,1 percent among residents aged 15-64, 2,6 percent of Lithuania's residents used drugs and psychotropic substances in the last year. Drugs and psychotropic substances were used by 0,8 percent of residents in the last month. Cannabis is the most popular drug (illegal) 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 of residents, in the last month - by 0,7 percent of residents of Lithuania. Indicators of other drugs and psychotropic substances use are significantly lower. For example, 1,2 percent of Lithuania's residents used amphetamine at least

once in 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 for students of special schools or special forms with serious learning or mental disorders. In 2010, 38,524 young people born in 1995 lived in Lithuania. Out of this number, 37,376 students (97 percent of the cohort) 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 surveyed population (part of the students sought to be represented) – 98,8 percent – studied in three educational stages in the 2010/2011 school year: in the 8th form of the general education schools – 9 percent of the population surveyed – 3,425 students, in the 9th form (or in the 1st gymnasium form corresponding to this stage) – 80 percent of the population surveyed – 29,566 students, and in the 10th form (or in the 2nd gymnasium form corresponding to this stage) – 10 percent of the population surveyed – 3,747 students. About 1.3 percent of the students of the general education schools of the surveyed age studied at schools not included in the surveyed 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 surveyed population entirety: only students from the 9th forms were 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 were interviewed in Lithuania. Having excluded students' questionnaires, that do not comply with the survey requirements of the syntax provided by the research centre (among them of the students born not in 1995), responses of 2476 students 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 latest surveys were completed in 2013. A survey of the night club visitors in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys was carried out in order to assess availability, prevalence and psychoactive substance use patterns among night club visitors in Lithuania. The survey was based on 541 questionnaires filled in by the respondents. The survey task was to analyse prevalence of psychoactive substance use among students of higher education establishments in Lithuania, to explore students' approach to psychoactive substance use and to assess differences of psychoactive substance use patterns according to the social and demographic characteristics. The survey was implemented using the method of interviews (pen and paper) in education establishments (universities, colleges or academies) covering 1824 students of the first-fourth study years in Lithuanian establishments of higher education.

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)

No new information is available for 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).

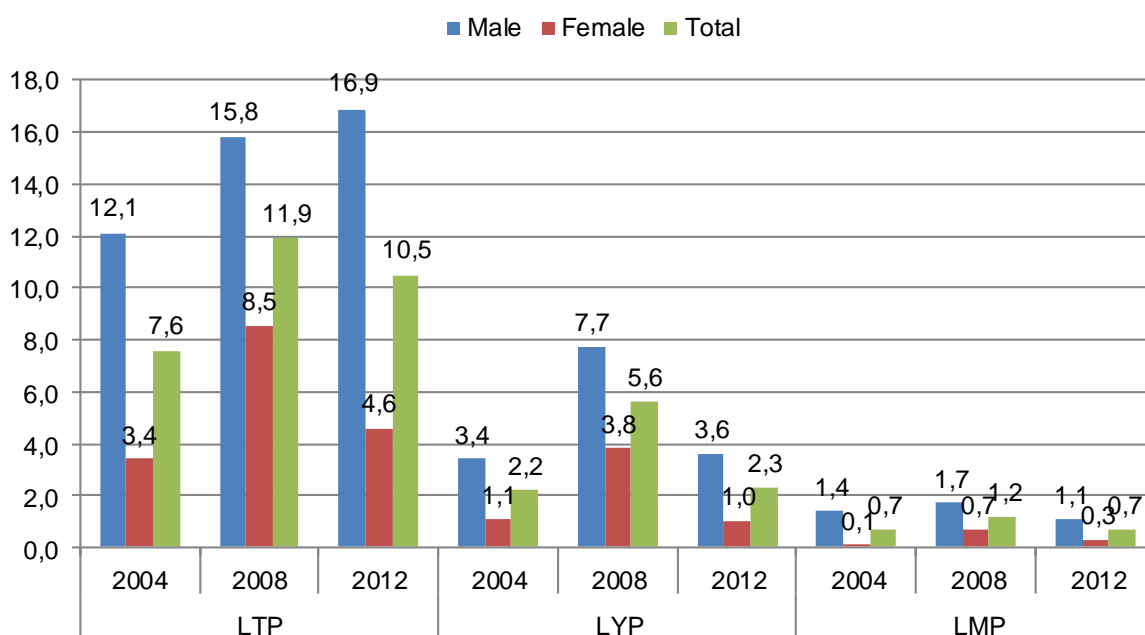
Table 2-2. Distribution of cannabis users by age and gender (percent)

	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 (Figure 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 among respondents aged 15-64, by gender, in 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 in the course of 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 in the last 12 months, significant statistical differences are not seen only in the groups of respondents aged 55-64 (Figure 2-3). Among persons, who used cannabis in the last 30 days, significant statistical differences are seen only among the youngest respondents aged 15-24 (Figure 2-4).

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

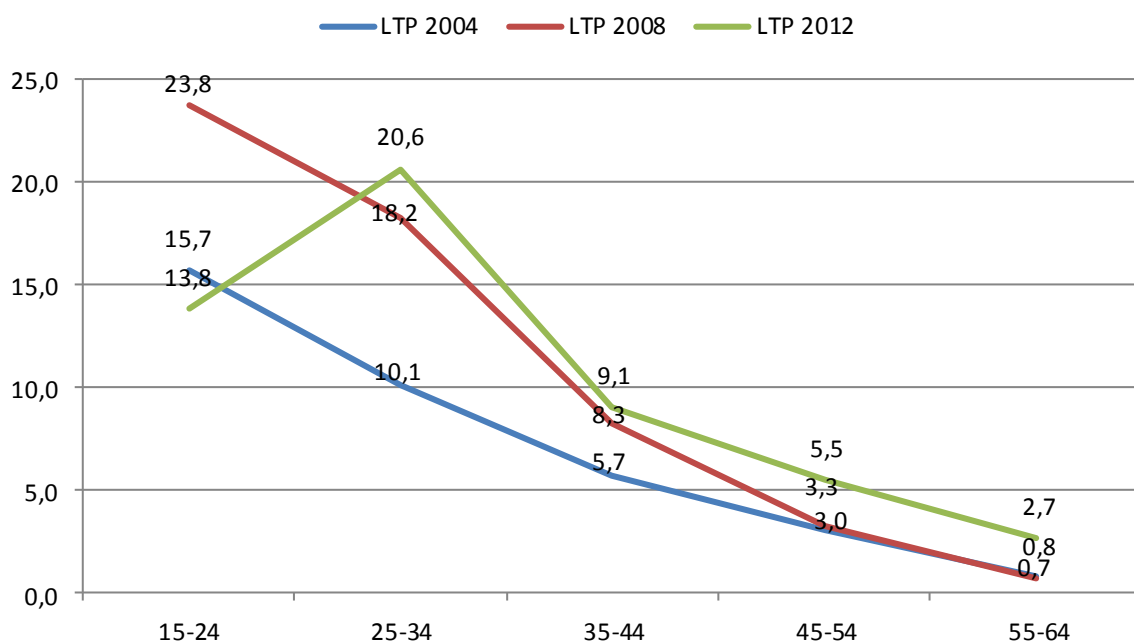


Figure 2-3. Prevalence of cannabis use in the last 12 months in Lithuania, 2004 – 2012, 5 age groups (percent)

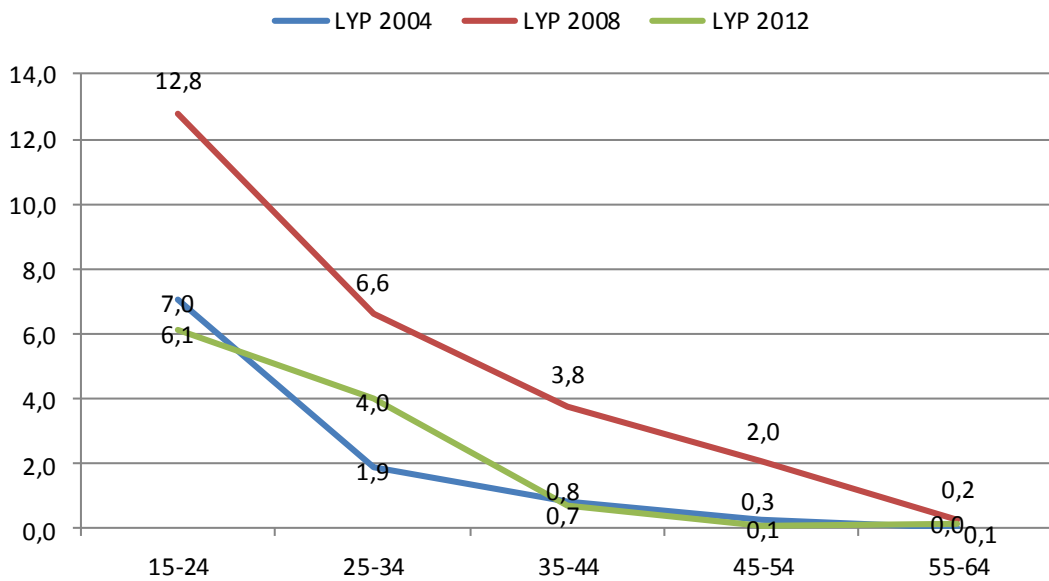
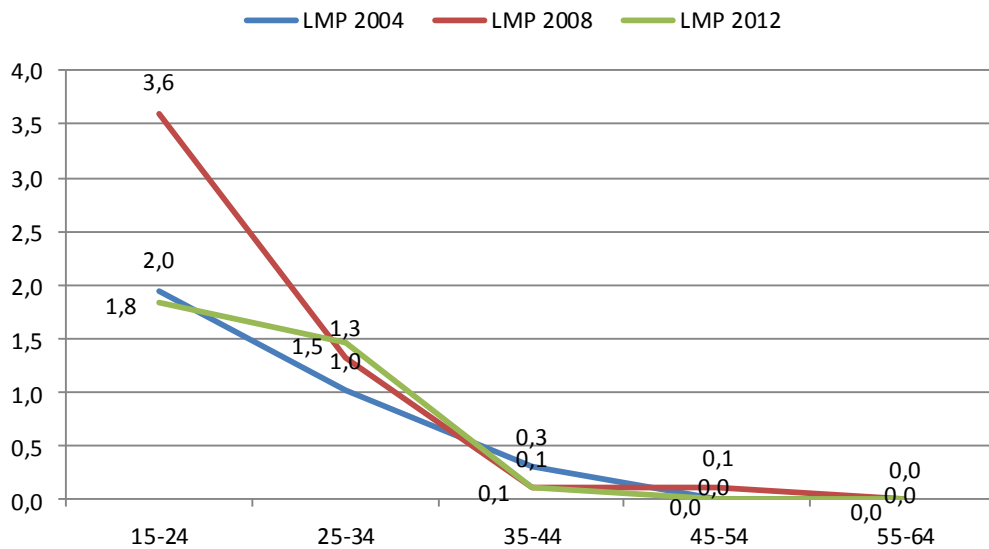


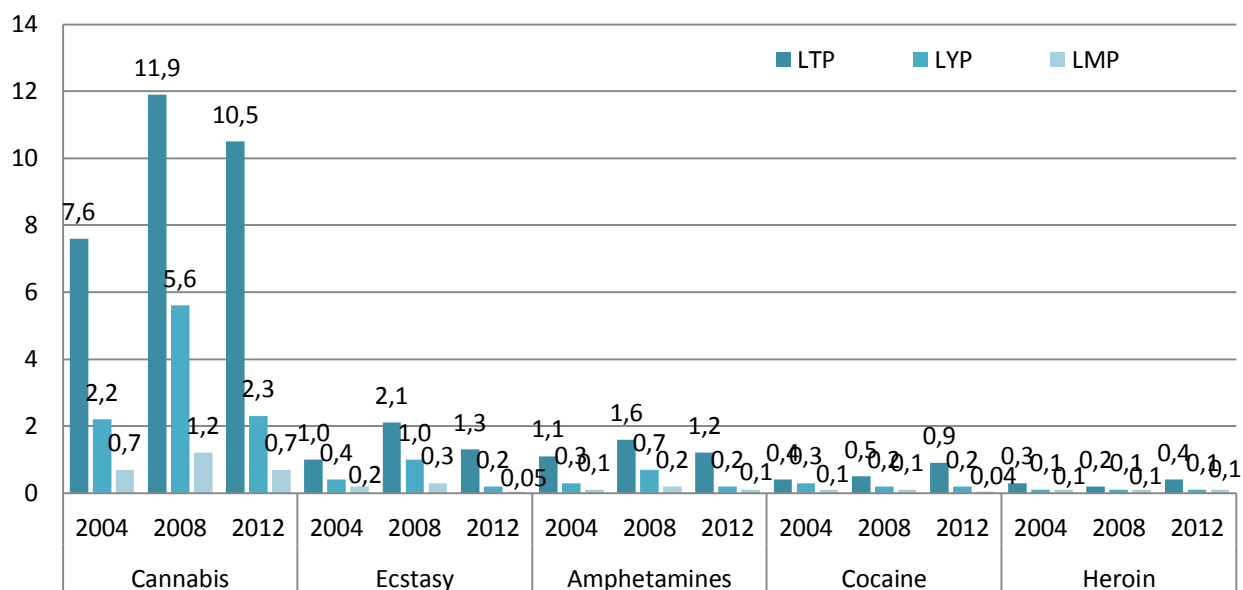
Figure 2-4. Prevalence of cannabis use in the last 30 days in Lithuania, 2004 – 2012, 5 age groups (percent)



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 the lifetime, in the last 12 months – 0,2 percent, in the last 30 days – 0,05 percent. 1,2 percent of residents aged 15-64 used amphetamine at least once in the lifetime. 0,2 percent of the questioned people used the said drug in the recent year, and in the last month – 0,1 percent of the surveyed population .

The results, as compared to the Survey 2008, show that in 2012 the prevalence of ecstasy use decreased significantly, changes in the use of amphetamine 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 15 – 16 years of age (ESPAD)

Information source – “Survey of alcohol and other drugs in schools of Europe ESPAD – 2011“, Irena Sutiniene

No new information is available for 2013.

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

The biggest share of the students used cannabis – 20 percent (25 percent of boys and 14 percent of girls) (Figure 2-6). Since 2007, Use of cannabis at least once in the lifetime increased in Lithuania by almost 2 percent, i.e. from 18,2 percent to 20 percent, in the last 12 months increased by almost 1 percent, from 11,7 percent to 12,5 percent, and prevalence of cannabis use in 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 in the last 12 months and in the last month, boys exceeded the number of girls by nearly two times, thus, the use of this drug, compared to other drugs, among boys is more popular than among girls in Lithuania.

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 marijuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP) among all schoolchildren; 2011 (percent)

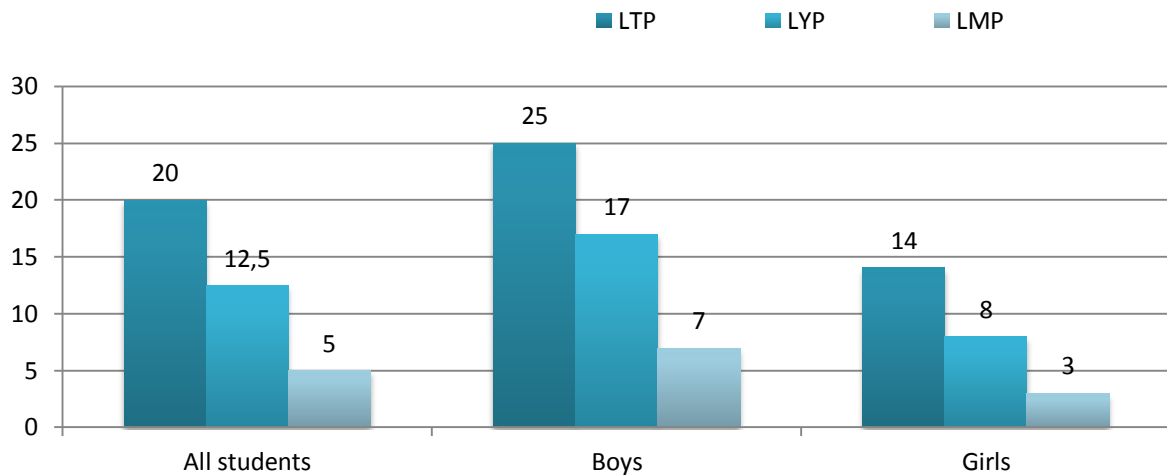
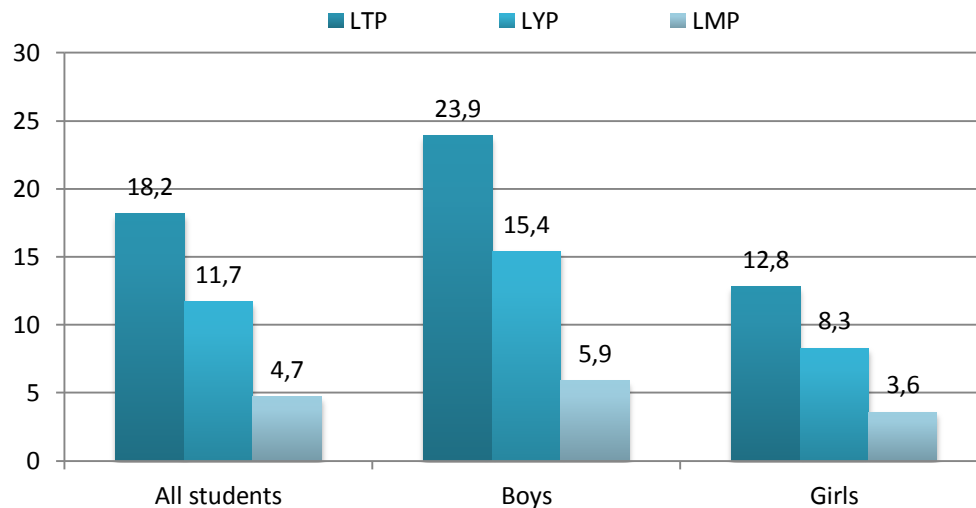


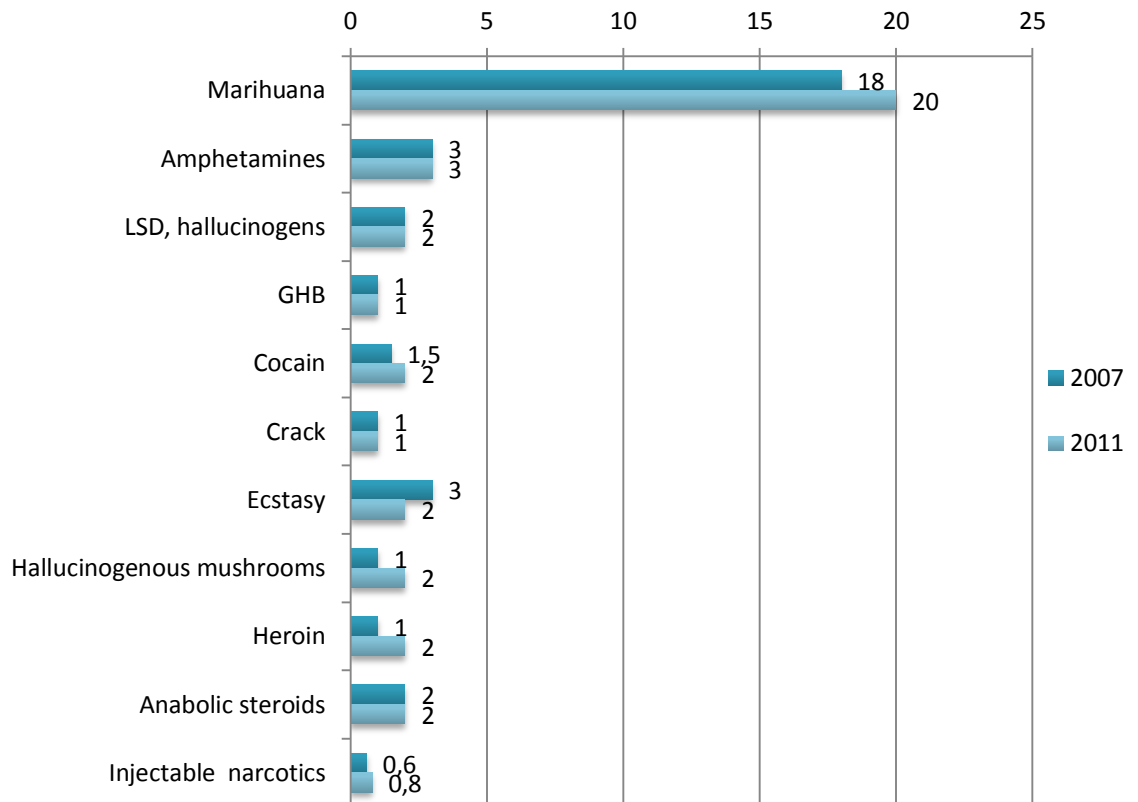
Figure 2-7. Prevalence of use of marijuana/hashish at least once in lifetime (LTP), in 12 months (LYP), in 30 days (LMP) among all schoolchildren; 2007 (percent)



Since 2007, prevalence of the use of ecstasy, which was the second most popular drug after cannabis, decreased. In 2011, 2 percent of all students used it at least once in the lifetime (in 2007 – 3,4 percent), amphetamines were tried at least once in the lifetime - by 2,8 percent of the juveniles, and which now are in the second place, but their consumption also decreased slightly. Prevalence and dynamics of the use of drugs and psychotropic substances from 2007 is shown in Figure 2-8.

All drugs 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 drugs 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 drugs and psychotropic substances differs significantly by the degree of the urbanization of the location – in the largest cities their prevalence is nearly two times bigger than in rural areas.

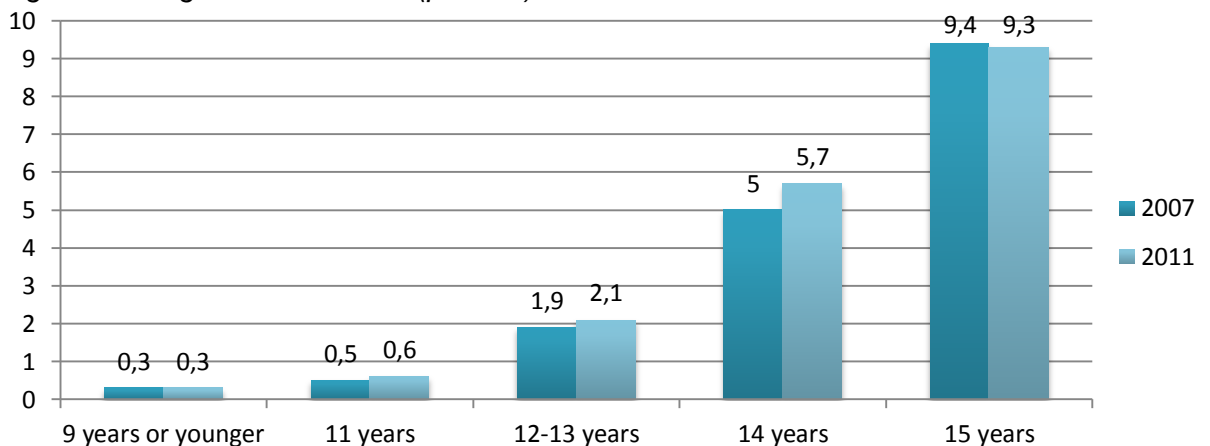
Figure 2-8. Use of drugs at least once in the lifetime (percent, all schoolchildren), ESPAD 2007, 2011



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 the lifetime among juveniles slightly reduced. Juveniles who used sedatives and hypnotics without physician’s prescription in Lithuania at least once in the lifetime accounted for 13 percent (in 2007 – 15,6 percent), among them 7 percent of boys and 19 percent of girls. 7 percent of Lithuanian juveniles indicated having used inhalants at least once in the lifetime. Prevalence of the use of inhalants among Lithuanian students since 2007 increased more than twice (3 percent of students indicated having used them in 2007).

Most of the students tried drugs and psychotropic substances at the age of 13-15. But quite a big number 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 drugs and psychotropic substances at a younger age. Data show that the number of the first attempts to use the most popular drug cannabis grows in proportion with age and a significant growth is observed at the age from 14 to 15 (Figure 2-9). Trends in the age dynamics of the first trials to use other illegal drugs 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 of 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).

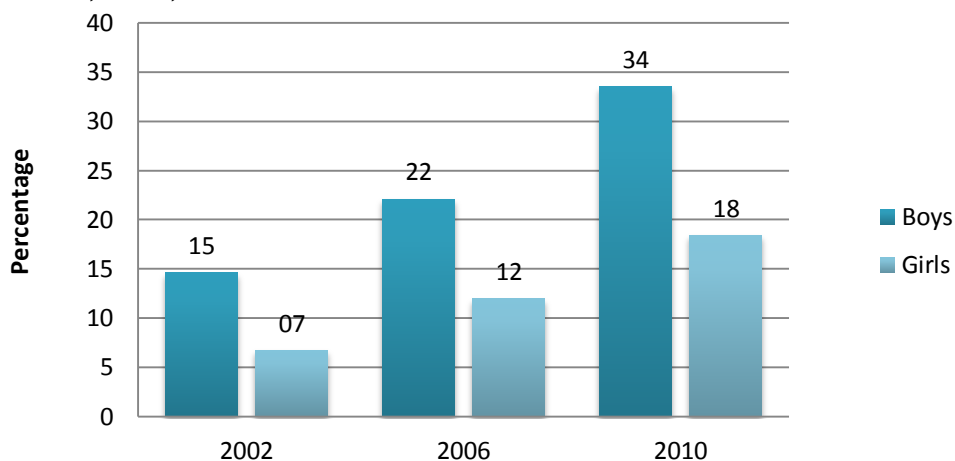
Prevalence of use of psychoactive substances among students of 11, 13 and 15 years (HBSC)

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 2013.

In 2010, drugs were tried a by every third boy 15 years of age (33,5 percent) and by every fifth girl of the same age (18,4 percent), which is significantly more compared to 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 drugs 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 drugs. 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 drug of this type at least once in their lifetime. 19,4 percent of boys and 8,6 percent of girls indicated that they used drugs in the last 12 months.

According to the survey, juveniles living in cities had more opportunities to use drugs than juveniles in rural areas (respectively 28,1 percent and 18,5 percent of boys, 16,9 percent and 8,0 percent – of 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 of boys and 20,9 percent and 14,1 percent – of girls). Children of better-off families were more often inclined to use drugs.

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

No new information is available for 2013.

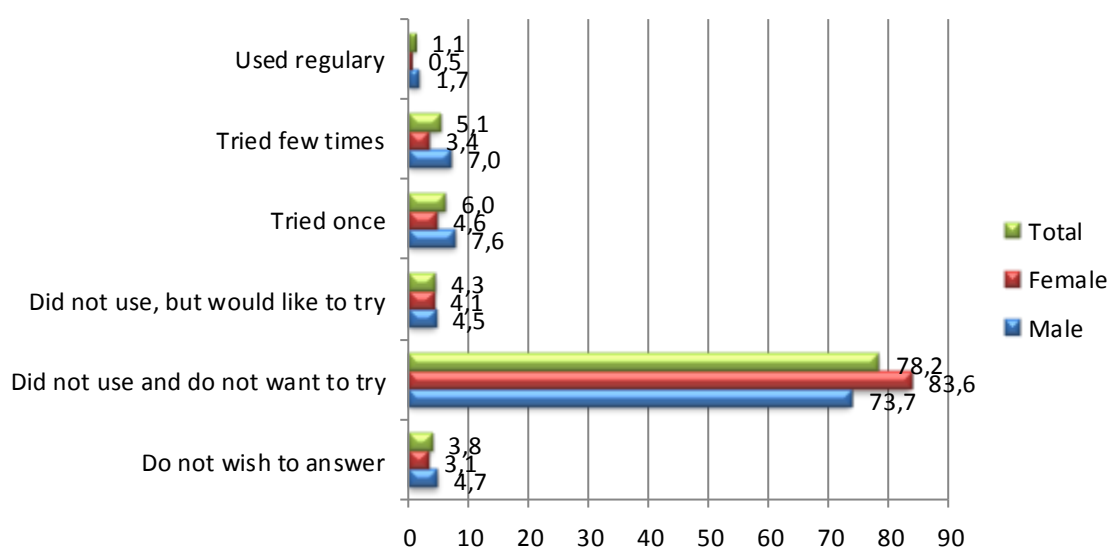
Source of information – Comparative Analysis of the Problems of Youth, dr. Jolita Buzaitytė-Kašalynienė, Vilnius

Comparative Analysis of youth problems was made at the request of the Youth Affairs Department at the Ministry of Social Affairs and Labour while implementing the project “Development of Integrated Youth Policy“. A report was produced using the data on youth problem research carried out by the Lithuanian municipalities. The aim of the report was to conduct 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 questionnaires and quality questioning using open questions. The 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. The Quality survey involved 1200 young people.

A Bigger majority of the young people (78,2 percent) indicated that they never tried drugs and had no wish to do so, and 4,3 percent of the young people did not try 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 this question (Figure 2-15).

Figure 2-15 Frequency of drug use among youth aged 14-29 (percent)



Differences between males and females in terms of drug use were observed. More females than males never tried and would not wish to try drugs (females – 83,6 percent, males – 73,7 percent). More males than females did not try but would like to try drugs (males – 4,5 percent, females – 4,1 percent). One trial of drugs by males – 7,6 percent, by females – 4,6 percent, several trials by men – 7,0 percent, by females – 3,4 percent), consume regularly: males – 1,7 percent, females – 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

In September-November of 2013, aiming at assessment of prevalence of psychoactive substance use among night club visitors the Drug, Tobacco and Alcohol Control Department conducted a Survey of prevalence of psychoactive substance use among night club visitors in Vilnius, Kaunas, Klaipeda, Siauliai and Panevezys.

The Survey was carried out in two stages. In the first stage the computer assisted web interview (CAWI) was carried out with the aim to identify the night clubs with the top attendance rate in the biggest cities of Lithuania and to select those in which, or in their nearby areas the second stage of the Survey shall be performed. During the second stage visitors of the selected night clubs were interviewed: initially,

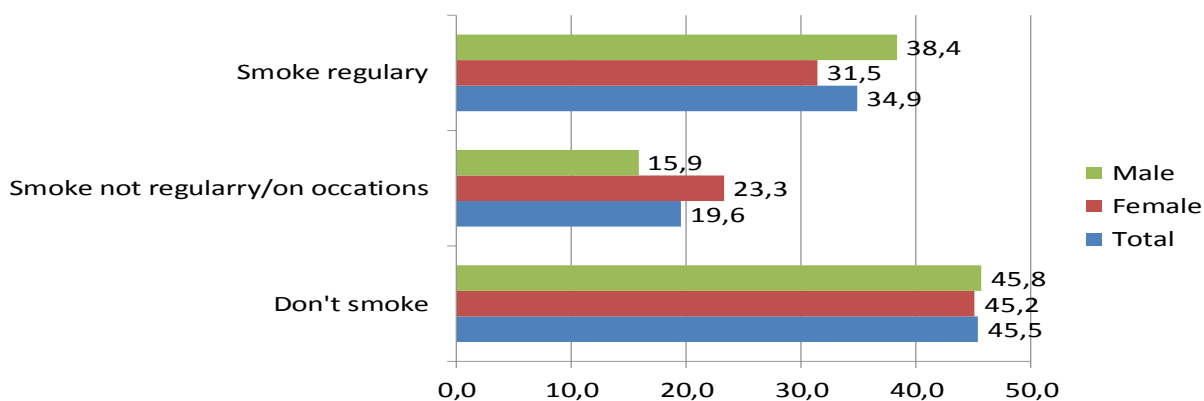
a pilot Survey was conducted to test and improve the questionnaire, and having upgraded the questionnaire the principle Survey was conducted.

Within the scope of the Survey in total 541 questionnaires were completed. 1009 individuals were invited to participate in the Survey, 41 of them did not comply with the selection criteria (were under the influence of alcohol, aggressive), 16 of them faced the language barrier. Due to various reasons 400 respondents refused to participate in the Survey, and 11 did not complete the questionnaire in the full scope. For the Survey, quota sampling based on the site (city) and gender was used. Distribution of the respondents by cities was as follows: Vilnius – 253 respondents, Kaunas – 126, Klaipeda – 77, Siauliai – 46, Panevezys – 39; distribution of the respondents by gender - 271 men and 270 women.

Smoking is widely spread among the night club visitors: 34,9 percent of the respondents smoke regularly, 19,6 percent smoke irregularly, in certain situations (*Figure 2-16*). Nearly half (45,5 percent) of the night club visitors stated being non-smokers.

Among regular smokers, individuals without higher education and frequent night club visitors (visit each weekend or more) smoke more often. No significant differences between genders or age groups were discovered. However, among those who smoke irregularly, in certain situations the number of women was higher.

Figure 2-16. Prevalence of tobacco use among night club visitors, 2013 (percent)



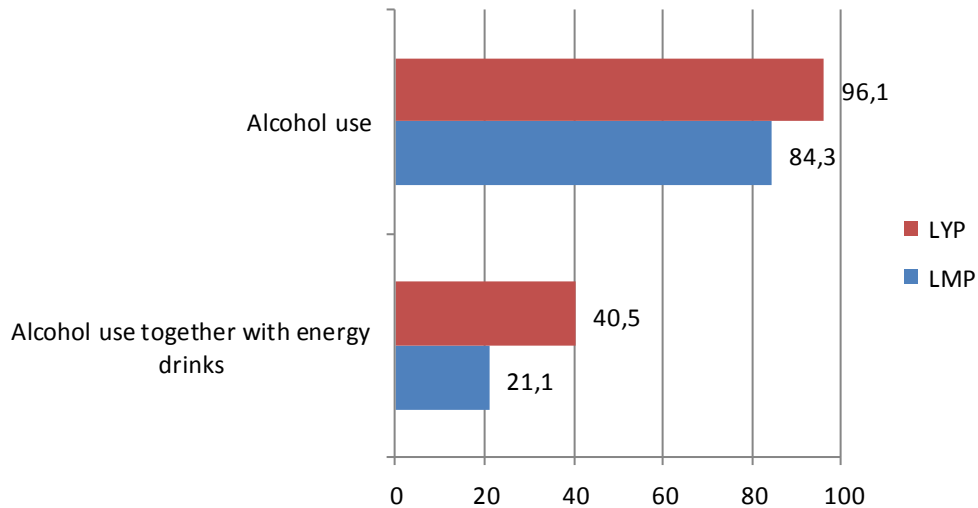
According to the Survey 2013, the biggest share (96,1 percent) of the surveyed night club visitors used alcoholic beverages in the last 12 months (*Figure 2-17*). 84,3 percent of the respondents used alcoholic beverages in the last 30 days. 3.9 percent of the respondents did not use alcoholic beverages in the last 12 months.

Alcohol is more used by night club visitors in Vilnius and persons rather often visiting night clubs (one visit a month, or more).

Night club visitors are not shying away from alcoholic beverages together with energy drinks. According to the Survey data 40,5 percent of the respondents used alcoholic beverages together with energy drinks in the last 12 months, and 21,1 percent - in the last 30 days.

Frequent visitors of night clubs (visit each weekend) tend to use alcoholic beverages together with energy drinks more often, compared to less frequent visitors of night clubs.

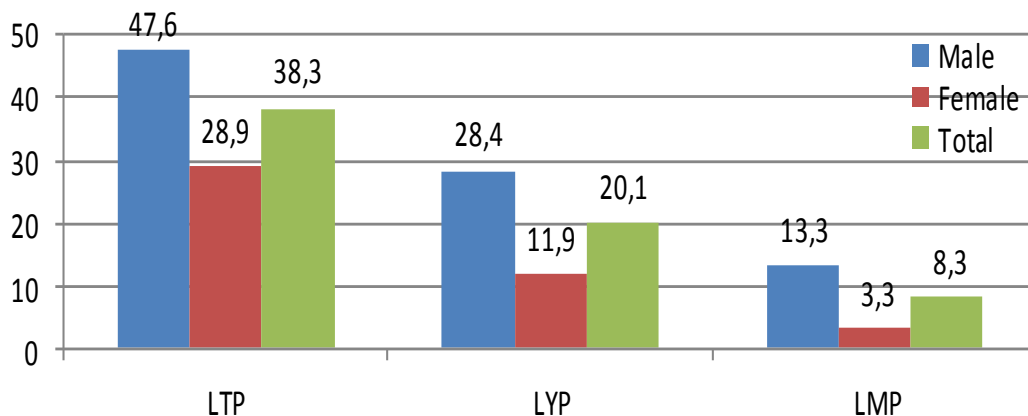
Figure 2-17. Prevalence of use of alcoholic drinks among night club visitors, 2013 (percent)



According to the Survey data carried out among night club visitors in Lithuania (2013), 38,3 percent of the night club visitors used at least one drug once in their lifetimes (LTP), 20,1 percent - in the last 12 months, and 8,3 percent - in the last 30 days (Figure 2-18).

Drugs at least once in their lifetimes were used more by men, visitors of the Vilnius' night clubs, visitors attending night clubs at the average rate (1–2 times per month). Use of any drug in the last 12 months was more reported by men, individuals without higher education and persons attending night clubs several times a week, whereas among night club visitors having used at least one drug in the last 30 days the share of men, respondents aged 25–29 and persons without higher education was bigger.

Figure 2-18. Prevalence of drug use by categories LTP (lifetime), LYP (12 months), LMP (30 days) among night club visitors, 2013 (percent)



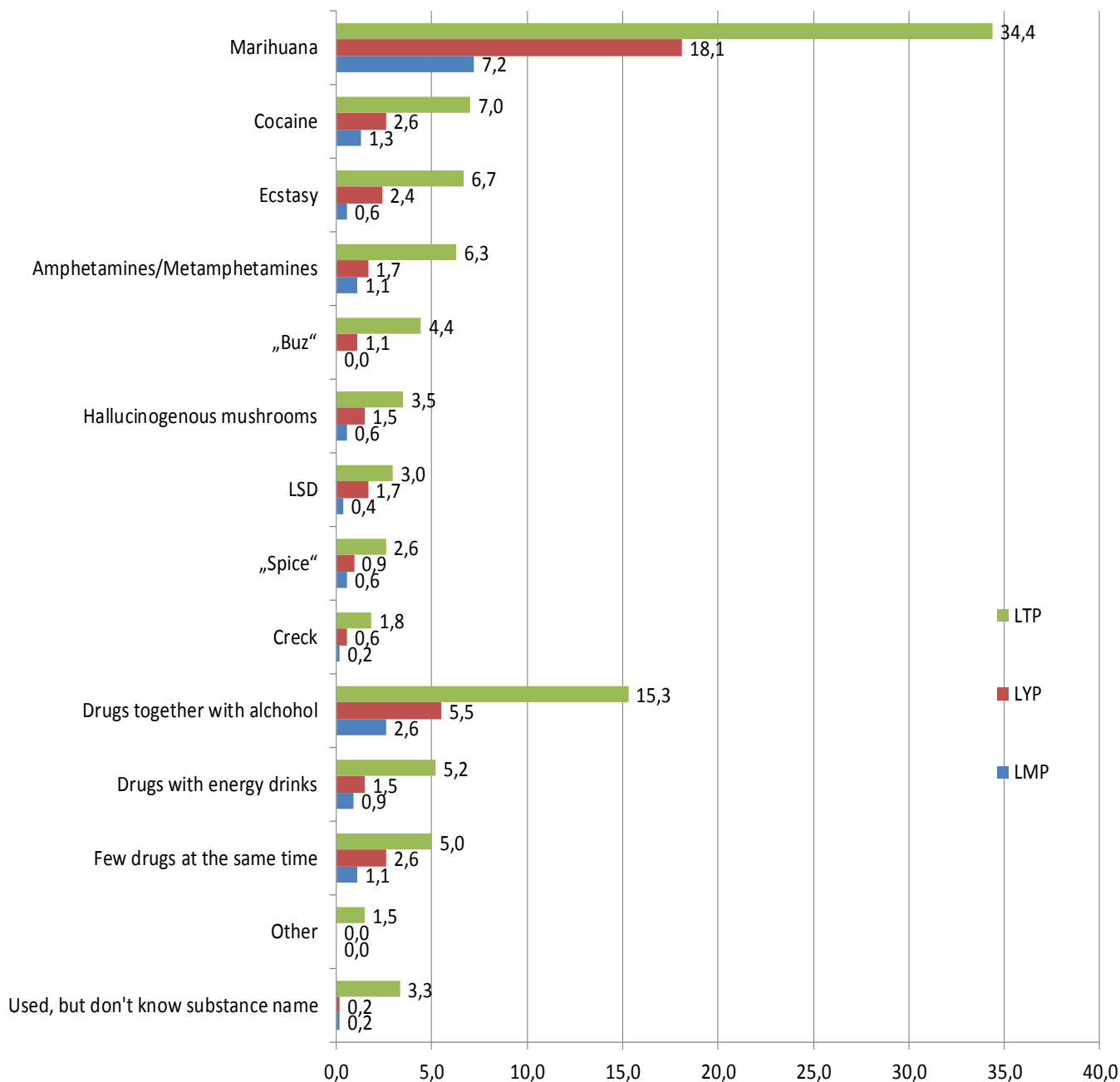
Cannabis continues to be the most popular drug among night club visitors. The Survey data show that 34,4 percent of the night club visitors used cannabis at least once in their lifetimes (Figure 2-17). 18,1 percent of the night club visitors used this drug in the last 12 months, 7,2 percent – in the last 30 days.

Among Lithuanian nightclub visitors cannabis is followed by another most frequently used drug – cocaine (Figure 2-19). According to the Survey data (2013) this drug was used at least once in their lifetimes by 7,0 percent of the respondents, by 2,6 percent - in the last 12 months, by 1,3 percent – in the last 30 days. According to the popularity feature, cocaine is followed by ecstasy and amphetamine. Amphetamine was used by 6,3 percent of the night club visitors at least once in their lifetimes. 1,7 percent of the respondents used the above drug in the last 12 months, 1,1 percent - in the last 30 days.

Among night club visitors drug use together with alcoholic beverages continues to be popular. In 2013, every seventh (15,3 percent) of night club visitors used drugs together with alcoholic beverages at least once, used drugs together with alcoholic beverages in the last 12 months - 5,5 percent of the

respondents, in the last 30 days – 2,6 percent. Night club visitors do not avoid to use drugs together with energy drinks: used drugs together with energy drinks - 5,2 percent of the respondents, in the last 12 months - 1,5 percent, and in the last 30 days – 0,9 percent. Similar distribution was observed among the respondents using multi-drugs at a time: LTP – 5,0 percent, LYP – 2,6 percent and LMP – 1,1 percent.

Figure 2-19. Prevalence of drug use among night club visitors in Lithuania, 2013 (percent)



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

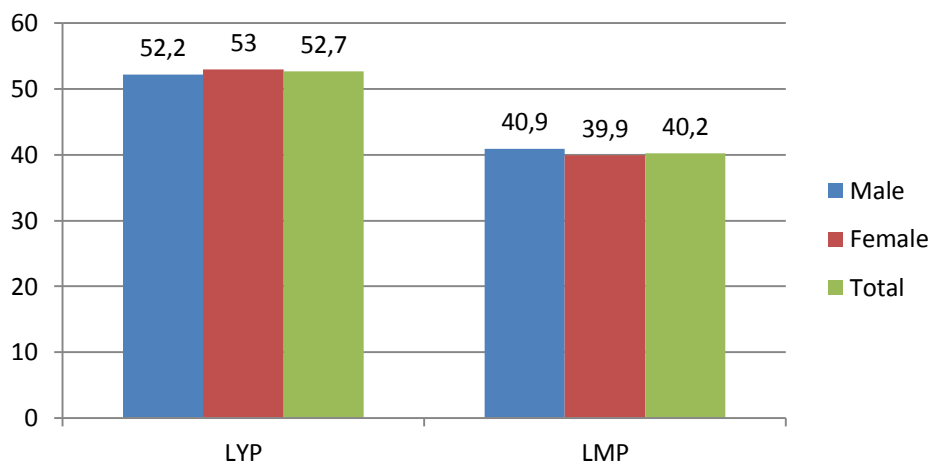
Information source: Dobrovolskij V., Stukas R. Characteristics of Psychoactive Substance Use Among Students of Higher Education Establishments in Lithuania, *Visuomenės sveikata (Public Health)*, 2014 / 3 (66), 16-22.

In 2013, the Public Health Institute of Vilnius University Medical Faculty carried out the Survey to determine prevalence of psychoactive substance use among students of higher education establishments

in Lithuania. In total 1824 full-time students of higher education establishments in Lithuania were surveyed by method of a questionnaire survey.

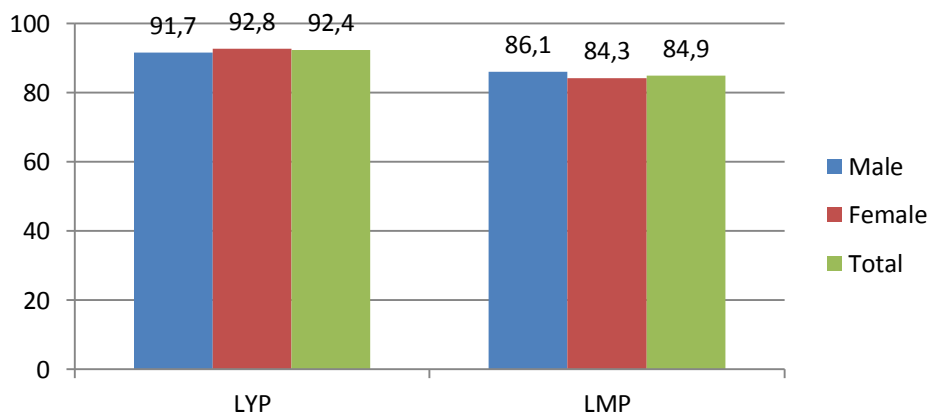
The Survey results were categorised based on the use patterns: at least once in the lifetime (lifetime prevalence, LTP), in the last 12 months (last year prevalence, LYP), in the last 30 days (last month prevalence, LMP). The Survey results revealed that 52,7 percent of the students of higher education establishments in Lithuania smoked in the last 12 months, 40,2 percent – smoked in the last 30 days, The number of male smokers ((52,2 percent) in the last 12 months was insignificantly smaller compared to female smokers (53 percent), and prevalence of smoking in the last 30 days among males (40,9 percent) was higher than among females (39,9 percent), however, these differences are insignificant statistically (*Figure 2-20*). Analysis of smoking prevalence among students by socio-demographic characteristics disclosed statistically significant differences solely in relation to occupancy of students and living environment of students. Working students more tend to smoke compared to non-working students. It was also established the number of students who smoked in the last 30 days was bigger among students who rented living premises or indicated another living place than among students living in student's homes or with parents.

Figure 2-20. Prevalence of smoking in the last 12 months (LYP) and in the last 30 days (LMP) among students of higher education establishments in Lithuania, 2013 (percent)



More than half of the students (53,1 percent) who smoke in the last 30 days disclosed they smoke irregularly. 38,1 percent of the students who smoke in the last 30 days in the average consume up to a half pack of cigarettes. According to the Survey data 92,4 percent of the respondents used alcoholic beverages in the last 12 months. 91,7 percent of male students and 92,8 percent of female students consumed alcohol in the last 12 months (*Figure 2-21*). Consumption in the last 30 days among students is lower - 84,9 percent, i.e. 86,1 percent of males and 84,3 percent of females. Analysis of prevalence of consumption of alcoholic beverages by socio-demographic characteristics did not identify any statistically significant differences by any socio-demographic feature.

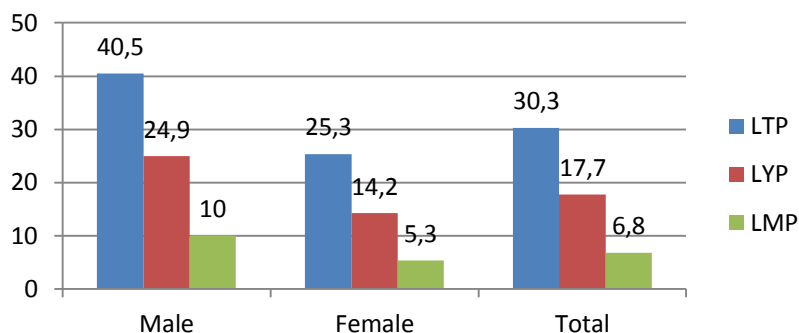
Figure 2-21. Consumption of alcoholic beverages in the last 12 months and in the last 30 days among students of higher education establishments in Lithuania, 2013 (percent).



31 percent of the surveyed students used drugs and/or psychotropic substances at least once in the lifetime. More males (41 percent) than females (26,1) used drugs at least once in the lifetime.

Among students, cannabis is the most prevalent drug. 30,3 percent of the respondents used cannabis at least once in the lifetime, in the last 12 months – 17,7 percent, and in the last 30 days – 6,8 percent of the respondents. Prevalence of cannabis use is higher among males than females (Figure 2-22).

Figure 2-22 Distribution of respondents who used cannabis, by gender, 2013 (percent)



The Survey disclosed that besides cannabis ecstasy and amphetamine are most popular among students of higher education establishments in Lithuania: they were used at least once in the lifetime by 2,6 percent and 2,5 percent of the surveyed students, respectively. Males used ecstasy more often than females, though the difference is insignificant statistically.

Table 2-3. Prevalence of drugs and/or psychotropic substances among students of higher education establishments in Lithuania, 2013 (percent)

Substance	LTP			LYP			LMP		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ecstasy	3,7	2,1	2,6	1,0	0,7	0,8	0,3	0,2	0,3
Amphetamines/ Metamphetamines	2,8	2,3	2,5	0,7	0,7	0,7	0,3	0,2	0,3
Cocain	2,2	1,6	1,8	0,8	0,7	0,7	0,5	0,3	0,4
Heroin	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,2
Poppy extract	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,2
LSD	1,0	1,2	1,2	0,3	0,5	0,4	0,3	0,2	0,3
Hallucinogenous mushrooms	3,5	1,6	2,3	1,2	0,7	0,9	0,5	0,2	0,3

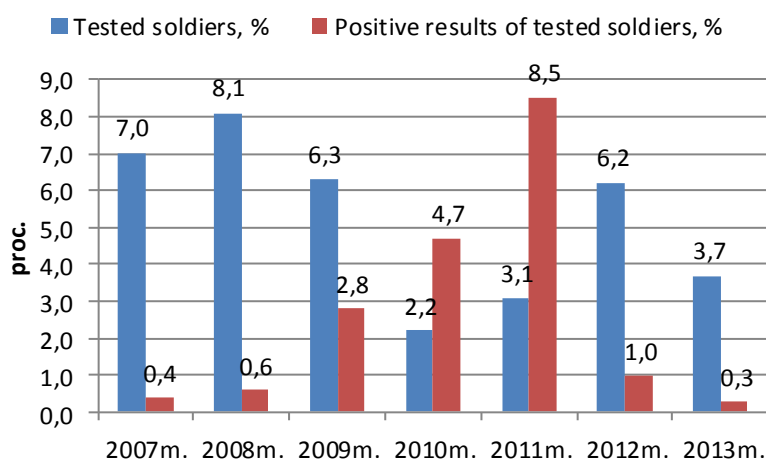
Drug Use among Army Soldiers and Conscripts

Since 2005, instant drug tests for use of drugs and psychotropic substances¹⁵ were carried out in the institutions and their units of the National Defence System on a yearly basis. In 2013, randomly sampled or upon suspicion of having used drugs or psychotropic substances, 312 soldiers from the Professional Military Service (hereinafter - PMS) were tested, accounting for 3,7 percent of the total number of PMS soldiers.

¹⁵Used for tests: ON CALLTM; Multi-Drug One Step Multi-Line Screen Test Panel with Integrated E-Z Split Key™ Cup (Urine); REFDOA-1107 (MET/COC/THC) + (BZO/TCA/BAR) + (AMP/OPI) + (MTD/MDMA) instant test to identify drugs and psychotropic substances.

The percentage of PMS soldiers tested in 2007 – 2013 is provided in Figure 2-24 below. As compared to 2012, the number of tested PMS soldiers decreased by 1,6 times (from 497 soldiers in 2012 to 312 soldiers in 2013), the number of breaches identified decreased as well (in 2012 – 5, in 2013 – 1) (Figure 2-23).

Figure 2-23. Share of soldiers tested for drug use and positive results (percent) in 2007 – 2013



The tests identified 1 positive case and these account for 0,3 percent of all tested soldiers, or 0,01 percent out of the total number of PMS soldiers. That person used 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

Aiming at more adequate implementation of the policy of drug control, the Drug, Tobacco and Alcohol Control Department executed a number of important works. In Lithuania, modern measures of prevention and evaluation are implemented, methodological material is prepared, information is communicated to the public and specialists are trained.

In 2013, the implementation of the *Programme for Prevention of use of Alcohol, Tobacco and Other Psychoactive Substances* approved by Resolution No. ISAK-494, of March 17, 2006, of the Minister of Education and Science of the Republic of Lithuania (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 December 23, 2007, of 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

Environmental prevention measures in relation to alcohol use reduction

For strengthening public health, developing healthy lifestyle and implementing psychoactive substance use prevention, the national policy goals, it's direction of activities and actions are very important. In 1995, taking into consideration that human and public health is one of the most important values the Parliament of the Republic of Lithuania adopted the Law On *Tobacco Control* of the Republic of Lithuania and the Law On *Alcohol Control* of the Republic of Lithuania aiming at reduction of use of alcohol and tobacco products, their availability (for juveniles, in particular) and negative consequences for public health due to use of these products. Also, seeking to improve control of drug use the Parliament of the Republic of Lithuania adopted the Law On *Control of Narcotic Drugs and Psychotropic Substances* in 1998.

Environmental prevention measures in relation to alcohol use reduction are being implemented in two directions:

1. limitation of alcohol accessibility;
2. Reduction and control of use of alcohol beverages.

For development of the first direction, Lithuania applies a licensing system for alcoholic beverages (licences for import, admission and export of alcoholic beverages, also licences for production, retail trade and wholesale of alcoholic beverages are issued). Other measures are implemented in conformity with the direction of physical and economic limitation for alcohol accessibility:

- *prohibition of home-made alcoholic beverages* (except for cases of personal use when alcoholic beverages of natural fermentation are produced not exceeding 18 percent of alcohol concentration, and for beer - 9,5 percent);
- *definition of sites for alcohol sale* establishing places where trade in alcoholic beverages is allowed and prohibited;
- *setting of the minimum age to buy alcoholic beverages* granting the sellers the right to request a document certifying the person's age, and prohibiting persons younger than 18 years of age to use or possess alcoholic beverages, and for such violations enterprises can be imposed penalties, i.e. a fine from LTL 1000 (about 290 EUR) to LTL 3000 (about 870 EUR);
- *prohibition to sell alcoholic beverages to intoxicated persons* establishing that sellers must ensure unavailability for intoxicated persons to acquire alcoholic beverages;
- *regulation of sale hours establishing sale prohibition for alcohol from 22:00 to 8:00 in retail establishments;*
- *reduction of alcohol use through taxation.* Also, to reduce alcohol availability pricing policy is used when different excise duties are imposed on different types of beverages. The Law *On Excise Duty* establishes the excise duty rates as follows: on beer (per 1 hectolitre of the product) - LTL 9,35 for 1% of actual alcoholic strength by volume, on wine and other fermented beverages with an actual alcoholic strength by volume (in case of other fermented beverages – received only by fermentation) of not more than 8,5% vol. - LTL 85 per 1 hectolitre of the product, on other fermented beverages – LTL 225 per 1 hectolitre of the product, on intermediate products with an actual alcoholic strength by volume not exceeding 15% vol. - LTL 281 per 1 hectolitre of the product, on intermediate products with an actual alcoholic strength by volume exceeding 15 % vol. - LTL 400 per 1 hectolitre of the product, on ethyl alcohol - LTL 4460 per 1 hectolitre of absolute ethyl alcohol. It should be noted that In Lithuania the excise duty policy is applied in more cases as a means for budget collections rather than reduction of alcohol consumption.

Applying taxation on alcoholic beverages with excise duties regulated in detail by the Law *On Excise Duty* of the Republic of Lithuania the only limitation applied in daytime to sell alcohol was prohibition to sell alcohol on September 1. Later this prohibition was mitigated allowing to sell alcohol in the public catering establishments, and the prohibition is applicable solely to the retail establishments. For violations of these requirements the establishments may be imposed penalties – a fine from LTL 500 to LTL 2000, and for violation in relation to the above requirement committed repeatedly within two years from the date the previous fine was imposed – a fine from LTL 2000 to LTL 5000,

The second direction of the alcohol control policy development - *reduction and control of use of alcohol beverages – includes such measures as:*

- *communication of information on alcohol, its harm to health and economy, establishment of the procedure for determining insobriety (drunkenness) control* when driving transport means, setting the maximum blood ethyl alcohol level of 0,4 promille when driving, except for drivers who have had a licence for less than two years - the maximum blood ethyl alcohol level of 0,2 promille.
- *prohibition to use, have and transport alcoholic beverages in open packaging in the passenger compartment of automobiles;*
- *organisation of narcological supervision including treatment interventions for alcohol dependent persons and providing restrictions of action in the cases of dependence;*

- *restriction of promotion of sale and advertising of alcoholic beverages* establishing specific prohibitions of promotion of consumption for the establishments trading in alcoholic beverages, and setting forth partial limitation on alcohol advertising. Advertising of alcoholic beverages is limited in the radio and TV programmes during the daytime;

Environmental prevention measures related to reduction of tobacco consumption;

In recent years Lithuania has made a considerable progress reducing prevalence of tobacco use, however, the consequences of tobacco use are usually long-term and adopted decisions do not produce fast anticipated results, thus, it is necessary to tighten the tobacco control consistently. The environmental prevention strategies in relation to tobacco use in Lithuania are developed in two directions:

1. Regulation and labelling of ingredients and quality of tobacco products;
2. Reduction and control of consumption of tobacco products.

Developing the first direction *the general requirements for ingredients and quality of tobacco products is clearly regulated* envisaging the requirement for cigarettes marketed, produced, imported and exported in the Republic of Lithuania the yield of cigarettes not to be greater than: 10 mg per cigarette for tar, 1 mg per cigarette for nicotine and 10 mg cigarette for carbon monoxide. The requirements for labelling of tobacco products marketed in the Republic of Lithuania are set as follows: it is prohibited to provide information misleading consumer; it is prohibited to use such texts as “low-tar”, “light”, “ultra-light”, “mild” on packaging and to supply such information at tobacco sales outlets, including showcases used to display tobacco products, and also on information leaflets, folders or circulars provided together with tobacco products or their packets or by any other means of presenting information, also to use any other texts, names, trademarks, pictures and figurative or other signs asserting or creating an impression that a particular tobacco product is less harmful than other tobacco products; it is required to mark each unit packet/package by batch numbering which the tobacco product belongs to and the place and time of manufacture; in accordance with the established procedure it is required to place health warnings in the state language of the Republic of Lithuania describing the harmful effects of tobacco use on each unit packet/package of tobacco products and on any outside packaging used for the retail sale of tobacco products; when labelling cigarettes – to print the tar, nicotine and carbon monoxide yields of cigarettes.

Lithuania applies *a licensing system for tobacco products*; in Lithuania, it is allowed to engage in tobacco growing, manufacture, wholesale and retail sale of tobacco products only after a licence issued in accordance with the prescribed procedure has been obtained.

Lithuania imposes *restrictions on the assortment of tobacco products* prescribing prohibition to sell tobacco for oral use as well as sniffing tobacco; requirements are set forth for sale, storage and transportation of tobacco products including prohibition to sell: tobacco products by single units; cigarettes, if less than 20 are contained in a packet; to persons under 18 years of age; it is prohibited to purchase or otherwise transfer tobacco products to persons under 18 years of age; Restrictions on sales outlets and sales manner of tobacco products are set forth prohibiting sales through automatic vending machines, through communication tools, at retail undertakings where the goods intended for children comprise 50 and more percent of the total turnover of retail goods, at pharmacies, health care, educational and cultural establishments, Internet cafés (Internet clubs, etc.), also to persons under 18 years of age; restrictions on the sale of goods to be used for smoking tobacco products or preparing to smoke tobacco products are established prohibiting to sell goods to be used for smoking tobacco products (or preparing to smoke tobacco products), i.e. pipes, cigarette holders, scrapers for pipes, cigarette holders, home cigarette rolling machines, any type of cigarette (smoking) paper to persons under 18 years of age.

Much attention is allocated to prohibition of advertising tobacco products. In Lithuania, advertising of tobacco products is prohibited, except for the cases specified in the Law (for example, publications intended exclusively for specialists (professionals) in the tobacco trade, names and trademarks of tobacco product manufacturers (if the name of the tobacco product manufacturer or trademark constitute an integral part of the registered name of these undertakings or branches of foreign undertakings). The Law *On Tobacco Control* prescribes what information may be presented on showcases used to display tobacco products at tobacco sales outlets. Health warnings describing harmful effects of tobacco products printed on packaging must occupy 10 percent of only one external side of the packet. In Lithuania, only text warnings are used.

Developing the second direction *the restrictions on the consumption of tobacco products are established*:

It is prohibited to smoke in all educational establishments, health care facilities and the territories of these institutions; at indoor workplaces; in common-use residential and other public premises where non-smokers may be forced to breathe tobacco smoke-polluted air; in all types of public transport, except for long-distance trains where individual cars must be designated for smokers and non-smokers and also on aircraft where separate places shall be designated for non-smokers and smokers; in restaurants, coffee shops, bars and other public catering establishments, clubs, discotheques, Internet cafés (Internet clubs, etc.), gaming establishments (casino), gaming machine halls, bingo halls, other establishments in which leisure time is spent, premises in which sports competitions or other events take place as well as in other premises in which services are provided to people, except for cigar and (or) pipe clubs specially fitted out for this purpose. The Law prescribes that enterprises, undertakings and organisations may set aside special premises fitted out for smoking in compliance with the prescribed requirements.

After Lithuania joined the EU and harmonised the legislation of the Republic of Lithuania with the EU legislation the new version of the *Law On Tobacco Control* came into force. A big share of the amendments to the Law was executed in harmonisation with the EU legal basis. Taking into consideration that Lithuania as a Member State of the EU must transpose the EU Tobacco Products Directive (Directive 2001/37/EC) into the legislation of Lithuania, within the nearest two years to prepare a new version of the *Law On Tobacco Control* as on 26 February 2014 the European Parliament approved the revised EU Tobacco Products Directive. The new legal act tightens the rules for manufacture and marketing in the EU and establishes rules for certain products related to tobacco.

Following the revised EU Tobacco Products Directive no later than 2016 Lithuania shall:

- prohibit cigarettes and hand-rolled tobacco of characteristic odour and flavour;
- demand from the tobacco sector to deliver comprehensive reports concerning ingredient substances in tobacco products, first of all in cigarettes and hand-rolled tobacco to the Member States;
- demand warnings of health threats on packaging of tobacco and related products, The warnings (common text and pictorial) must occupy 65 percent of the front and back part of packages of cigarettes and hand-rolled tobacco;
- establish the minimum size of the warnings and remove small packages of certain tobacco products;
- prohibit all elements of tobacco products advertising as well as those misleading;
- introduce EU-wide monitoring system seeking to combat illegal trade in tobacco products;
- allow Member States to prohibit Internet-based trade in tobacco and related products;
- establish safety and quality requirements for electronic cigarettes;
- Oblige manufacturers to inform about new tobacco products before supplying them onto the EU market.

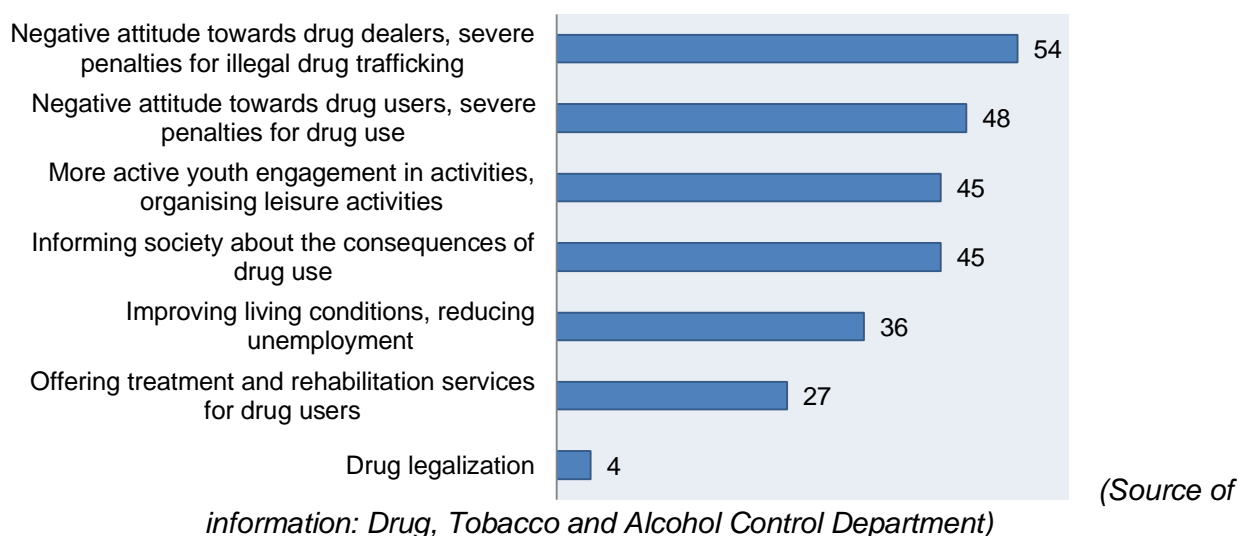
The EU Tobacco Products Directive for the first time establishes surveillance and monitoring system of the legal supply chain and invisible security features (for example, holograms) which should facilitate activities of law enforcement institutions and facilitate government institutions and consumers to recognise illegal products.

Opinion of adult Lithuanian residents about the use of psychoactive substances

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 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 percent) 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 percent referred to a strict attitude to drug traffickers and tightening of penalties to them (Figure 3-1). Youth aged 18-29 also

chose such environmental prevention strategies as a stricter approach and penalties to drug distributors (54 percent) and users (43,3 percent) 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) (percent) N=1008



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 needs¹⁶.

In August 2012, at the request of the Drug, Tobacco and Alcohol Control Department the public opinion and market research company 'Spinter tyrimai' carried out a survey to find out the opinion of 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 percent) and 102 young women (45,5 percent). 57 persons in the group of 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 the said measures would be least purposeful for children of pre-school age (table 3-1). In the opinion of young people who used some type of drugs in the recent 12 months, contrary to the opinion of those whodid not use 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

¹⁶ European drug prevention quality standards: A manual for prevention professionals. EMCDDA, Lisbon, December 2011.

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)

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 youth (Table3-2). Prevention of cannabis use is more important with respect to senior respondents and men (26-29), whereas prevention of other drugs (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 (table 3-3). Senior respondents of the survey (aged 26-29) are more inclined to think that socio-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, online and other places of public information (for example, on TV, in newspapers), least effective are public places (for example, public transport, squares) (table 3-4). young people aged 18-25 who are studying or learning are more inclined to think that places of learning, public, entertainment and leisure spending places (for example, clubs, cafés, mass events) are better for prevention than non-studying and non-learning peers ($p < 0,05$). Young persons, who used any type of drug during in the last 12 months were more inclined to think that internet was a better place to carry out psychoactive substance use prevention than the respondents who did not use drugs in 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. According to data of the Ministry of Education and Science of the Republic of Lithuania in 2013 the implementation of prevention programmes was continued in the Lithuanian general education establishments (Table 3-5).

The Programme for Prevention of Use of Alcohol, Tobacco and Other Psychoactive Substances, approved by Resolution No. ISAK-494 of 17 March 2006, of the Minister of Education and Science of the Republic of Lithuania aims at assurance of effectiveness of the general (primary) prevention activities. In 2013, its implementation was carried out in 977 schools. Taking into consideration specificity and the need for respective prevention activities the content of this Programme was adapted to each age stage and covers pre-school, pre-primary, primary, lower secondary and upper secondary education.

It is important to teach children of different age groups to knowledge and skills concerning safe behaviour, health fostering and strengthening. Taking into consideration the above, in 2012 the Ministry of Education and Science approved two new Programmes: the *Framework Programme for Human Safety* and the *Framework Programme for Health Education*. The *Framework Programme for Human Safety* establishes goals and objectives of human safety education, the structure of competencies for human safety, integration opportunities, the guidelines for education, the features of learning-friendly environment, characterises achievements of the schoolchildren and the scope of content. The Programme is an integral part of the *Framework Programmes for Primary and Secondary Education*. The Programme is devoted to development the human safety competencies – the ability and determination to use the knowledge and decisions based on the individual and collective experience ensuring safety of oneself and of other people by adequate behaviour. It seeks that the schoolchildren identified, named threat and danger causing situations, were ready to take up practical actions, saved life and health, environment and assets. In 2013, this Programme was in progress in 803 schools. The purpose of the *Framework Programme for Health Education* is to ensure successful development of health of the child at school, to contribute to the spiritual,

physical, mental, social performance and welfare of the child. The goal of health education seeks to assist the schoolchildren to acquire overall understanding of health, to develop abilities, skills and principles beneficial for health, responsibility for one's own health and that of others, to encourage them to choose a healthy lifestyle. In 2013, the Framework Programme for Health Education was implemented in 520 schools.

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 (*Table 1*): in 2013, the programme for development of life skills for 1- 8 grade schoolchildren "Development of a Healthy Lifestyle" was implemented in 490 schools, the programme for primary schoolchildren "Development of Life Skills" was implemented in 521 schools, the programme for 5-8 grade schoolchildren - in 431 schools, for 9-10 grade schoolchildren – in 390 schools.

In 2013, a number of other prevention programmes were implemented in schools in Lithuania. The programme "Zip's Friends" was implemented in 386 schools. 23 schools started the implementation of the prevention programme against aggression and taunts "Apple's Friends" which is the continuation of the programme "Zip's Friends". The methodological material, training items for the interactive board, methodological guidance kits, information material for workshops, kits for children, handouts for children's parents. The programme "The Second Step" was implemented in 294 schools. 183 schools implemented the programme for development of social skills for juveniles "The Bridges", 182 schools – the early prevention programme for children 7-9 years of age oriented towards development of child and family's social skills, and 180 schools guided their activities for development of social skills for primary schoolchildren following the *Guide of Social Skills*.

It is very important to involve parents of schoolchildren into the activities of psychoactive substance prevention. According to data of the Ministry of Education and Science in 2013 few programs were implemented for parents of schoolchildren in schools in Lithuania. The *Training Programme* on prevention of psychoactive substance use for parents of schoolchildren approved by Order No. (1.3) V-263, of 29 December 2007, of the Director of the Centre of Special Pedagogy and Psychology was implemented in 104 schools, and Parent effectiveness training (P.E.T.) was implemented in 9 schools.

Table 3-5. Implementation of the programmes for Life skills education and programmes for prevention of psychoactive substance use in Lithuanian schools in 2010-2013

No.	Name of the programme	Number of schools implementing the Programme			
		2010	2011	2012	2013
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	977
2.	<i>Human Security Framework Programme</i> , approved by the Minister of Education and Science of the Republic of Lithuania Resolution No. V-1159 of 18 July 2012				803
3.	<i>Health Education Framework Programme</i> , approved by the Minister of Education and Science of the Republic of Lithuania Resolution No. V-1290 of 31 August 2012				520
4.	<i>Healthy Lifestyle Education - Life skills education Programme for Schoolchildren (forms 1 – 8)</i>	610	554	564	490
5.	<i>Programme for Life Skills Education (primary school)</i> . L. Bulotaite, V. Gudzinskiene, O. Rugeviciene. 2004	392	479	483	521
6.	<i>Programme for Life Skills Education (forms 5 - 8)</i> . L. Bulotaite, V. Gudzinskiene, A. Davidaviciene. 2005	367	428	428	431
7.	<i>Programme for Life Skills Education (forms 9 - 10)</i> . L. Bulotaite, V. Gudzinskiene, I. Pilkauskiene. 2005	268	329	365	390
8.	<i>Zippy's Friends - Early Prevention and Socio-Emotional Development Programme for Children Aged 5-7 Years</i>	281	320	312	386
9.	<i>Second Step - Programme of Socio-Emotional Skills Development for Schoolchildren (forms 1 – 4)</i>	181	225	236	294

10.	<i>Programme Bridges – Social Skills Development Programme for Teenagers. N. Struliene, 2007</i>	178	189	204	183
11.	<i>Let's Pass Together – early prevention programme oriented towards child and family's social skills development for children aged 7 - 9</i>	91	121	161	182
12.	<i>Social Skills Guide to Develop Skills in Primary Forms. S.Kemerienė, R.Mazūrienė, A.Petronis and others.</i>		139	146	180
13.	<i>Crossroads of Teens - Lions Quest Programme of Life skills education (forms 5 - 8).</i>	66	84	86	112
14.	<i>Snowball - Programme for prevention of psychoactive substance use and social skills development for schoolchildren (forms 8-12)</i>	129	114	99	97
15.	<i>UNPLUGGED - programme for prevention of tobacco, alcohol and drug use for schoolchildren aged 12-14 (Association Mentor LIETUVA)</i>	35	16	40	46
16.	<i>'Linās'- help to children - programme for prevention of psychoactive substance use for children aged 6-12 (15)</i>	67	55	49	39
17.	<i>„Apple friends“ - early prevention program for children 7-9 years</i>				23
18.	<i>Implementation of alcohol and other drug use prevention in education establishments applying scientific achievements in sobriology</i>	40	20	26	20
19.	<i>SEAL - Social and emotional aspects of learning, UK</i>			7	1
20.	<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	104
21.	<i>Gordon Training International Parent Effectiveness Training (P.E.T.)</i>	5	4	3	9

Information source: Ministry of Education and Science, 2013

Accreditation of prevention programmes

The Centre of Special Pedagogy and Psychology together with six partners implements the state planning project *Development of a Safe Environment in School* with the aim to develop a safe environment in school. The Project commencement date is January 3, 2012 and the end date – January 3, 2015. For the implementation of the Project activities the *Procedural Profile Concerning Accreditation of Prevention Programmes* was prepared and approved by Decree No. (1.3)V-404, 12 November 2012, of the Director of the Centre of Special Pedagogy and Psychology. In compliance with this document programmes for the implementation in secondary schools and focusing on prevention of violence, suicides, abuse, human trafficking, use of alcohol, tobacco and other psychoactive substances, HIV/AIDS, violations of law are accredited, as well as programmes for socio-emotional development and development of life skills. The purpose of accreditation of prevention programmes is to evaluate and select effective prevention programmes. The selected programmes are financed from the funds of the Project *Development of a Safe Environment in School*.

In February – March 2013, an invitation to submit prevention programmes for accreditation was extended. In total 17 prevention programmes were received for accreditation in the following prevention areas: development of social skills, alcohol, tobacco and psychoactive substance use, violations of law, also programmes for parents of schoolchildren. The applications were submitted by NGOs and natural persons. All received programmes were forwarded for evaluation. The accreditation commission taking into account observations and proposals by the independent evaluators decided to accredit 7 prevention programmes (Table 3-6).

Table 3-6. Accredited prevention programmes

Name of programme	Executors of programme	Detailed information about programme
Programme for development of socio- emotional skills "The Second Step"	Public Institution „Paramos vaikams centras"/Centre for Support to Children	
Early prevention programme "Apple's Friends"	Public Institution „Vaiko labui"/For the Sake of the Child	
Early prevention programme "Zip's Friends"	Public Institution „Vaiko labui"/For the Sake of the Child	
Training Programme for Parents <i>STEP</i>	Dr. Jolita Jonyniene	
Educational Programme for Control of Expression of Child's Emotions	Public Institution „Šeimos santykių institutas"/Institute of Family Relationship	
Programme for Prevention of psychoactive substance use "Live"	Association „Mentor Lietuva"	
"Mentoring"	Association „Mentor Lietuva"	

The accreditation process of prevention programmes shall continue through the entire Project implementation period. Prevention programmes for accreditation may be submitted by legal entities and natural persons possessing the copyright of the prevention programme or possessing the right to implement the prevention programme in Lithuania.

-Youth

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 setting forth 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 needs¹⁷.

In 2013, the Department of Youth Affairs under the Ministry of Social Security and Labour organised two tenders for selection of the programmes: Programmes for activities of Open Youth Centres and Programmes for activities of Open Youth Spaces. One of the open work objectives is to implement primary and secondary prevention of psychoactive substance use, crimes, etc. In 2013, 25 programmes/projects were financed: 12 programmes of open youth centres and 13 programmes of open youth spaces. In 2013, for the implementation of the programmes LTL 195000 were allocated: LTL 135000 – for the executors of the programmes of open youth centres and LTL 60000 – for the executors of the programmes of open youth spaces.

For the implementation of the programme goals the executors of the programmes carried out two types of activities: rendered direct services to the beneficiaries (provided social, psychological counselling, provided information and counselling concerning various issues) and implemented other activities not related to the directly rendered services (ensured development of voluntary activities, long-term engagement of youth participating in the activities of the executors, development of the principle social,

¹⁷ European drug prevention quality standards: A manual for prevention professionals. EMCDDA, Lisbon, December 2011.

educational, emotional and professional competencies, enabling to take responsibility and to actively participate in the public life, organising various trainings, workshops, conferences and other events). In 2013, the executors of the programmes organised 1861 events for the target groups: 149 trainings, 53 workshops, 12 camps, 1 conference; 1646 other events – individual meetings with members of the target groups: fun-fair, creative events; activities for language education and skills development, sittings, meetings of Board members and volunteers).

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 2013 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 cafés and clubs (Table 3-7).

Table 3-7. Measures which Police Headquarters implemented in 2013 in order to reduce demand for psychoactive substances in youth gatherings and entertainment places

KAUNAS COUNTY POLICE HEADQUARTERS		
Ensurance of fight against illicit circulation of drugs and psychotropic substances among youth in places of entertainment, public places, educational establishments.	To identify persons using drugs and abusing other psychotropic substances	249 raids, where 64 persons identified having violated part 2 of art. 44 of RL CAT
Prevention measure 'Club'	Purpose – to interdict distribution and use of narcotic substances in cafés, bars, night clubs, youth entertainment and leisure facilities	15 persons identified having violated art. 44 of RL CAT; 3 pre-trial investigations stated based on art. 259 of RL CC; 8 persons brought to the Centre for Dependence Disorders suspected in use of drugs; 10 persons identified having violated art. 44 of RL CAT
Visits to the families with children included in the risk group data base due to use of drugs, psychotropic or other intoxicating substances	To reduce supply of drugs and psychotropic substances, prevent law violations relating to drugs and psychotropic substance use and disposal	.
KLAIPEDA COUNTY POLICE HEADQUARTERS		
Kretinga district PH 26 raids to youth entertainment places (involving handlers with service dogs)	To keep public order because of juvenile use of psychotropic substances, tobacco products and alcoholic beverages in public places	33 protocols of administrative law violations (alcohol use and intoxicated appearance in public places) for juveniles and their parents; 14 protocols of administrative law violations for juveniles smoking on school premises
Plunge district PH raids to youth entertainment places, cafés, bars,	To identify cases of drug use and distribution; to prevent distribution of drugs and psychotropic substances	16 raids organised, where 28 persons using drugs identified (protocols of RL CAT violation)

discotheques; Prevention measure "Youth"		
TELSIAI COUNTY POLICE HEADQUARTERS		
2013 Prevention measure seeking to identify places where violations could be committed under Article 44 of the RL CAT	Public/non-public patrols in youth entertainment and gathering places	63 preventive measures, 26 violations of art. 44 of RL CAT
UTENA COUNTY POLICE HEADQUARTERS		
Organising raids in public places (youth gathering places)	To implement drug and psychotropic substance use prevention measure in youth gathering places, organised events	Police staff together with police supporters focus on youth in organised events, public places, cafés, bars; at the same time prevention of drug and psychotropic substance use conducted; 2 social risk families permanently monitored and controlled due to drug use (police staff and social workers cooperate)
Prevention measure "Family"	To implement drug use prevention measure in social risk families	
MARIJAMPOLÉ COUNTY POLICE HEADQUARTERS		
Check-ups in youth gathering places	To prevent and identify psychoactive substance use	9 administrative violations based on art. 178 of RL CAT; jointly with other services 21 raids to deprived families,
Check-ups of slummy-homes, deserted buildings and other premises and places where deprived persons gather in Marijampole district	To identify persons using drugs and psychotropic substances	Youth gathering places, Internet sites seeking to identify persons involving children into drinking, use of drugs and psychotropic substances; social workers of local municipal units, staff of children's rights protection joined the raids; 1 person called for administrative account based on art. 107 ² of RL CAT, 1 person - based on art. 44 of RL CAT, 11 persons - based on art. 180 of RL CAT
SIAULIAI COUNTY POLICE HEADQUARTERS		
Radviliskis district PH Drug Prevention Programme (continued)	To identify and disclose persons intoxicated with drugs or psychotropic substances	21 persons checked up for intoxication with drugs or psychotropic substances; 9 identified having used drugs
PANEVEZYS COUNTY POLICE HEADQUARTERS		
Targeted raids in Panevezys city	To identify persons using or disposing of drugs and psychotropic substances; to provide drug users with information what to address seeking to get rid of harmful habits; to focus on juveniles	22 prevention raids in youth gathering places; 94 persons identified using drugs, including 2 juveniles
ALYTUS COUNTY POLICE HEADQUARTERS		
Assurance of prevention of law violations, drug	In cooperation with various institutions of the Druskininkai	In 2013, identified 4 criminal actions due to illegal disposal of

and psychotropic substance use, HIV/AIDS, aggression and criminal activities; control of alcohol and tobacco	municipality to develop safe environment in the serviced area	drugs or narcotic substances; 6 violations of art. 44 of RL CAT including 2 juveniles
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Racket of the night life is a part of modern urban life, however, disagreements often rise between enjoying visitors in the public places and inhabitants in the surrounding areas, urban police rather often are noticed of violations and non-compliance with laws. Aiming at solution of problems in relation to the public peace, alcohol use by juveniles and other problems due to which complains of the inhabitants and violations of the public order are reported public and criminal police officers of Vilnius City Police Headquarters No. 3 together with the Vilnius Municipality and Labour Inspectorate organised on-the-spot checks in cafés, bars and nightclubs in 2013. The visitors of the public places were encouraged to follow responsible behaviour, whereas the staff – to organise their work without any violations. Nightclubs, bars, 24-hour internet cafés and other catering establishments were visited. Besides, compliance with the provisions of the Law On Personal and Property Safety by guards or public order staff in the clubs was checked. Such measures are implemented on a regular basis each year. During such checks law violations are recorded in the nightclubs and their surrounding areas the owners and visitors of which are urged not to neglect neighbours who live next to the social venues and to respect their peace and the right to rest periods which are disturbed by the night life in Vilnius City. Thus, attention of the bars, cafés and other catering establishments, as well as that of their visitors is drawn to the youth using alcohol, the cases of illegal work, violations in terms of safety at work, special permits and rights of the employers to engage in such activities.

In 2013, in parallel with the above prevention measure the traditional competition “The Safest Night Bar in Vilnius” initiated by the Vilnius County police was started. The goal of the competition was to choose the safest night clubs on the territory of the city of Vilnius encouraging the initiatives by the night club administrations to develop the safe environment, to reduce the number of violations of law both inside the night bar and in the surrounding areas, and to disseminate the best practice experience aiming at ensurance of peaceful relationship between the visitors of the social places and the inhabitants in the surrounding areas. In 2013, 10 night clubs operating on the territory of the city of Vilnius participated in the competition. The bar “,Nino“, the clubs „Exit“ and „Tamsta“ were recognised as safest to spend one's leisure time in Vilnius (information source: Vilnius County Police Headquarters).

Psychoactive substance use prevention and safety measures in night clubs

Although flourishing business of 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 with psychoactive substances, etc.¹⁸ In order to prevent such problems, initiatives of night club administrations and employees have an important role to play. Different measures could be used to prevent psychoactive substance use and ensure visitors' safety in night clubs: by creating unfavourable physical and social environment for psychoactive substance use in night clubs; strengthening employees' awareness and responsibility; avoiding marketing strategies which encourage binge drinking; developing cooperation strategies which reduce problems caused by the use of psychoactive substances (for example, cooperation with police, municipality, enterprises supplying public transport services, health care establishments, communities)¹⁹.

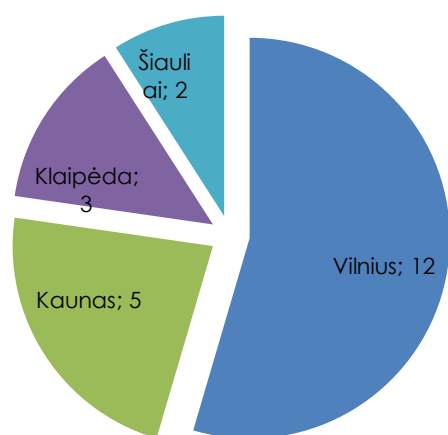
In 2013, the Drug, Tobacco and Alcohol Control Department carried out a survey of the night clubs regarding psychoactive substance use prevention and implementation of safety insurance measures in the night clubs in 2012-2013. Participants of the survey had to complete a questionnaire on the evaluation of psychoactive substance use prevention and implementation of safety insurance measures in night clubs

¹⁸ 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

¹⁹ Manual: Set of standards to improve the health and safety of recreational nightlife venues. http://www.irefrea.org/uploads/PDF/STANDARDS_Manual_EN.pdf

in accordance with Health and Safety European standards for night life venues prepared by the European Institute of Studies on Prevention. Visitors of 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 (Figure 3-2).

Figure 3-2. Territorial distribution of the surveyed night clubs



Implementation of psychoactive substance use prevention and safety insurance measures in 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 ensure diversity of visitors (of different age, sex to avoid gatherings of only women or men) (average=4,82, std.=0,50) (table 3-13). Night clubs often 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) (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 drinks are lowered) (average=3,91, std.=0,97) (table 3-8). 2 night clubs do not apply measures for the control of alcohol use promotion.

Table 3-8. 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 (it is controlled that premises are not overcrowded, hours of entry are limited) 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 plastic, disposable or break-resistant containers made of hardened glass are used instead of glass containers</i>)	2,45	1,60	
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 (for example, music conducive to psychoactive substance use and improper behaviour is not played)	4,62	0,97	
19		Control of entertainments (entertainments are of a good quality, interesting, not conducive to psychoactive substance use and aggression)	4,95	0,21	
20	Closure of and leaving from the night club	Control of the persons leaving the night clubs (employees remind of the closing hours, manage flows at the exits points, are ready to provide assistance to visitors)	4,86	0,35	
21		Warning against driving being intoxicated	4,32	0,99	
22		Arranging of transport for leaving people (if requested taxis are offered so that visitors can safely return back home)	4,81	0,40	
23		Changing of the employee dislocation getting closer to the time of closure (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)	4,73	0,46	
24		More quiet atmosphere before closure (before closure lighting is increased, volume of music is set on a quieter regime, visitors can prepare for exit)	4,86	0,35	
25		Management	Involvement of persons or institutions concerned (cooperation with stakeholders seeking to resolve arising problems, reduce psychoactive substance use and crime rate)	4,18	1,10
26			Cooperation with police	4,82	0,50
27	Care of visitors' health and safety (employees are trained how to act in emergency cases and provide first aid)		4,55	0,74	
28	Principles of operation of the night club (following of the standard business activity principles and agreements on operation hours etc)		4,86	0,47	
29	Internal rules of procedure and management (written rules describing appropriate and inappropriate employee and visitor behaviour)		4,80	0,52	
30	Training of employees	Training of bartenders and waiters (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)	4,76	0,44	
31		Training of security and other staff (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)	4,77	0,53	
32		Training of DJs and event moderators (these employees must be able to convey information responsibly, select music which would not	4,48	1,03	

		<i>inspire use of psychoactive substances, risky behaviour)</i>		
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 (special promotion campaigns and advertising are rejected)	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 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) (Table 3-9).

Table 3-9. 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		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) (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) (Table 3-10).

According to the results of the survey, implementation of the measures, which require substantial 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) (Table 3-10).

Table 3-10. 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		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 their accumulation</i>)		2,86	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>)	3,48	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	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>)	2,00	1,11	
18		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	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>)	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		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</i>)	2,68	0,99	

		<i>seeking to resolve arising problems, reduce 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 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), insobriety (average=4,64, std.=0,58) and gun possession (average=4,62, std.=0,67), cooperation with police (average=4,59, std.=0,59) (Table 3-11). Although all representatives of 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 staff training (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) (Table 3-11).

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) (T 3.16). We should note that all least effective measures in the night clubs are implemented most rarely.

Table 3-11. Effectiveness of psychoactive substance use prevention and safety insurance measures in 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</i>) based on	4,05	1,17	
2		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)</i>	4,05	1,13	

		<i>seeking to resolve arising problems, reduce psychoactive substance use and crime rate)</i>		
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 <i>(following of the standard business activity principles and agreements on operation hours etc)</i>	4,48	0,75
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

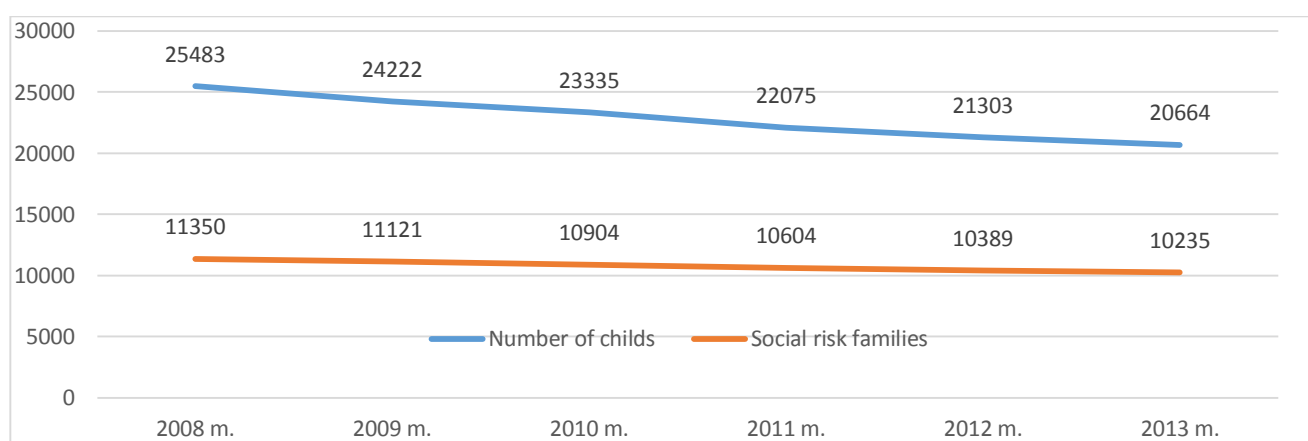
(Source of information: Drug, Tobacco and Alcohol Control Department)

3.5. Indicated prevention

In compliance with Law No. X-493, of 19 January 2006, of the Republic of Lithuania *On Social Services 'family at social risk'* means a family in which there are children under 18 years of age and at least one of the parents abuses alcohol, narcotic, psychotropic or toxic substances, is gambling dependent, due to the lack of social skills, does not know how to or is incapable of properly caring for children, abuses them psychologically, physically or sexually, does not use the state support he receives in the interests of the family, which results in a threat posed to the physical, intellectual, spiritual and moral development and security of the children. A family whose child has been established temporary guardianship (custody) in accordance with the procedure laid down by laws is regarded as a family at social risk too. Since July, 2006, the municipal divisions of the Child Rights Protection keeps a Register of social risk families with children (hereinafter – Register).

Families which abuse alcohol, use drugs and psychoactive substances, due to the lack of social skills, are incapable of properly caring for and looking after children are included into the Register. According to the data as of December 31, 2013, of the State Child Rights Protection and Adoption Agency 1728 social risk families growing 3065 children were included throughout 2013 into the Register. In 2013, the total number of social risk families in the Register was 10235 with 20664 children under 18 years of age. In 2013, the share of children growing in social risk families accounted for 3,80 percent of the national number of children (in 2012 – 3,80 percent, in 2011 – 3,83 percent). Dynamics of the long-term analysis discloses the number of social risk families and children growing in them has been decreasing evenly over the years. In the last 6 years the number of social risk families decreased by 10 percent and the number of children in them – by 19 percent. This tendency brings hopes that threats for children to start using psychoactive substances, due to a negative influence of their family at social risk, may also reduce. However, in recent years the number of social risk families and the number of children in such families grew, though insignificantly. This could be a result of shortcomings of prevention work with a family, insufficiently developed network of social services in the municipalities. Also, it could be due to the reason that the families remain included in the Register for a long period due to minimum changes observed, and sometimes – until adulthood of the child.

Figure 3-3. Dynamics of the number of social risk families and children in them, 2008-2013



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

Families are included into the Register of social risk families mainly due to drinking, use of drugs and psychotropic substances and lack of social skills of the family. As of the end of 2013, the total number of social risk families having children were on the Register as follows: due to drinking, use of drugs and psychotropic substances - 4871 families (in 2012 – 5072), due to the lack of social skills and incapability to properly care for children - 4080 families (in 2012 – 3985), due to other reasons (poverty, insufficient care of children, no formal diagnosis of mental disorders of parents and other reasons) - 498 families (in 2012 – 538).

The social risk families with children are rendered social services of general interest (Information, counselling, mediation and representation, provision of necessary clothes and footwear) and special social services (development and maintenance of social skills). As in the previous year, the child day care centres actively provided services to both children and families. According to the data of the Ministry of Social Security and Labour, 203 projects were financed in 2013, compared to 175 projects in 2012 and 176 projects in 2011. In 2013, 6274 children (5011 - in 2012 and 5100 - in 2011) were provided with the day social care services at the child day care centres. Thus, with each year the number of funded child day care centres' projects increased and the number of children provided with the child day care centres services grew too.

In 2013, the day care centres organised mainly activities based on preferences – after-school activities of children, educational activities in groups, physical training as well as other services: competitions, therapeutic activities involving games and role playing, film watching, discussions, lessons

on the Bible, speech therapy services, etc. Working in groups facilitated to develop social, hygiene, self-expression skills.

3.6. National and local Media campaigns

In 2013, the Drug, Tobacco and Alcohol Control Department communicating information to the Lithuanian mass-media prepared and distributed 62 press-releases. In 2013, the Department organised a number of social information campaigns in relation to the control and prevention of psychoactive substance use. On the occasion of the International Drugs Day the Department organised a social information campaign "I don't Interfere in Anyone's Affairs" seeking to draw the public attention, not to remain indifferent and inform the police of cases concerning distribution of drugs and psychotropic substances. Within the period June 25 - July 9, 2013, the social information campaign postures were placed in 182 public places in the biggest cities in Lithuania (Vilnius, Kaunas, Klaipeda, Siauliai, Panevezys, Alytus and Marijampole).

4. High Risk Drug Use (HRDU)

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 of and trends in HRDU

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 2013.

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

In 2010, in Lithuania the first more comprehensive and accurate survey on prevalence of problem drug use was carried out. To identify the indicator for prevalence of problem drug use, information was collected using data from routine registers or data bases. The data required for the survey was provided by 3 public institutions, i.e. the State Mental Health Centre (hereinafter – HMHC), Department of Prisons under the Ministry of Justice (hereinafter – DP) and the Department of Informatics and Communications under the Ministry of 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 percent PI (Poisson) 5552 - 5849). It means that the Survey covered 1 out of 13 problem drug users in Lithuania in 2005.

In 2006, in the data basis of the HMHC, 298 problem drug users were identified, and in the data bases of the DIC and DP – 193. 9 persons were in both data bases. In Lithuania, in 2006 the number of calculated problem drug users was ca. 5800 (95 percent 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 percent PI (Poisson) 5314 - 5605). It may be affirmed that the Survey covered 1 out of 12 problem drug users in Lithuania in 2007.

The summary of the Survey results established that the number of problem drug users in Lithuania remained nearly on the same level as 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. Characteristics of high risk drug users

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 different treatment services are the national budget, the national health insurance fund, the municipality budgets. Four regional and one municipal specialised treatment centres are at regional level.

5.2. General description, availability & quality assurance

Lithuanian effective law provides that a person with health disorders must first apply to the primary outpatient (family doctor) health care establishments. General practice doctors, therapists, paediatricians working in primary outpatient medical care establishments, suspecting that a patient is suffering from addiction to drugs and psychotropic substances, or diagnoses symptoms of mental and behavioural disorders due to drugs and psychotropic substance use refer such patient to a psychiatrist for consultation.

Specialised medical help to persons with dependence disorders is provided by health care establishments possessing a valid licence for mental health care. The scope of the services was established by Resolution No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *On the Approval of Standard of Treatment and Rehabilitation of Dependence Disorders* (Official Gazette, 2002, No. 47-1824; Official Gazette, 2007, No. 90-358). An individual may contact a psychiatrist directly or may be referred to by a general practitioner. Having diagnosed dependence on drugs and psychotropic substances (mental and behaviour disorders) the psychiatrist draws up an individual plan acceptable to the patient for treatment of dependence and rehabilitation. The treatment process includes a psychologist working in the health care establishment, 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, also 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 establishments. They get advice from a 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 Resolution No. V-

178, of May 4, 2010 of the Minister of Health of the Republic of Lithuania (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 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 Resolution No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *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 hemosorbition, short-term narcosis, electro impulse therapy, artificial blood and other medical equipment and pharmaceuticals that were approved by respective legal acts.

In Lithuania, out-patient drug treatment is provided by public mental health centres, and through private medical institutions possessing 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 was 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 Minister of Health, methadone and buprenorphine treatment can only be initiated by the 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" & "Interventions Quality assurance" (submitted in 2014)

According to the data of the Lithuanian Health Information Centre, in Lithuania primary mental health care in 2013 was implemented in 107 mental health care establishments.

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

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

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

Social and psychological help to children using drugs and psychotropic substances is provided by staff working in municipal pedagogical-psychological services and social pedagogues, psychologists, health care specialists in educational and care institutions. In the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda, 18 places were established for treatment and short-term

rehabilitation of children addicted to psychoactive substances (9 – in the Centre for Addictive Disorders in Vilnius; 4 - in the Centre for Addictive Disorders in 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 Panevezys for treatment of children with problems due to use of drugs and psychotropic substances.

Currently, two long-term rehabilitation communities for children operate in Lithuania which were established by the Public Institution *Apsisprendimas* and the Centre for Addictive Disorders in Kaunas; in total about 40 places providing medical, psychological and social rehabilitation for children using psychoactive substances exist in Lithuania. In the village of Lenas, 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 Panevezys addiction centres and set up a health care budget office - the state addiction centre. Its structure makes provision for branches in Vilnius, Kaunas Klaipėda, Šiauliai and Panevezys and assistance to individuals (adults and children) suffering from addictions, providing staff training and qualification development centre. Suggest to municipalities to transfer municipal ownership and the addiction centres occupied property to public ownership. Ensure that the State Centre 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 Panevezys addiction centres were 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 centres were funded from municipal budgets). The Vilnius Centre for Addictive Disorders transfer from Vilnius city municipality executed in 2013.

Drug Free Treatment

In 2013, as in the previous years, in-patient treatment and rehabilitation services to drug addicted individuals were provided by 5 state budget institutions – the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevezys. In-patient treatment methods include short-term in-patient treatment under the Minnesota Pattern lasting for 4-6 weeks, and medium- to long-term in-patient treatment (lasting up to 14 months) at a rehabilitation centre. These treatment programs are based on application of therapeutic community principles implying active involvement of patients in the treatment and rehabilitation process.

In 2013, out-patient treatment Minnesota Programs were executed in the same 5 Centres for Addictive Disorders in Vilnius, Panevezys, 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 Resolution No. 702, of December 22, 1997, of the Minister of Health of the Republic of Lithuania *On the Approval of the Procedures for Application of Replacement Therapy for Individuals Dependent on Opioids* and by Resolution No. 204, of May 3, 1997, of the Minister of Health of the Republic of Lithuania *On the Approval of Standards of Treatment of Dependence Disorders and Rehabilitation* (the 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 percent) 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. Resolution No. V-653, of August 6, 2007, of the Minister of Health of the Republic of Lithuania *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.

Amendments of July 16, 2014, to the Decree were adopted establishing that the substitution treatment shall be prescribed not by the consultative commission of medical doctors set up in a personal health care establishment, but the substitution treatment shall be prescribed by a psychiatrist having assessed the diagnosis and indications. The substitution treatment is organised in a personal health care establishment in compliance with the procedure established by the personal health care establishment or the person authorised by it.

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.

As of January 1, 2014, 539 persons took part in Lithuanian replacement treatment programmes (in 2013-01-01 – 452 persons) (all treated with methadone). In 2013, the replacement therapy programme was started for 270 persons, of them 202 persons terminated it due to various reasons (cancelled, finished, changed to another treatment programme, died, etc.).

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, 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 pharmacies with a doctor's prescription. By order of the Minister of Health, stringent 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 pharmacies 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 establishments; 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 Order No. 204, of May 3, 2002, of the Minister of Health of the Republic of Lithuania *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 socio-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.

In 2013 having changed the structure of the Hospital of Prisons, the group for prevention and treatment of HIV/AIDS and related diseases started its activities there from August 1, 2013.

In 2013, by order of the Drug, Tobacco and Alcohol Control Department the Survey *Accessibility of Health Care for Children Using Psychoactive Substances in the Lithuanian Mental Health Care Establishments* was carried out. The Survey assessed the services' quality based on the evaluations by children who received the services, their parents and guardians, as well as the evaluations by specialists who provided the services, the recommendations concerning improvement of the accessibility of such services were presented.

For the Survey, the analysis of data of the epidemiological surveys and records of the services, the structured questionnaire survey for specialists possessing mental health care licences of the Lithuanian health care establishments of all ownership forms and structured questionnaire survey for patients (under 18 years of age) who contacted personal health care institutions and were rendered services concerning alcohol, drugs and/or psychotropic substance use, and for their parents (guardians) were used. The researchers surveyed 46 children who used psychoactive substances and received mental health care services in the last 24 months, 46 parents (guardians) of them and 80 mental health care specialists. 100 percent of the parents (guardians) and 95,6 percent of the children indicated they were fully satisfied with the accessibility of the services provided to them. 76,4 percent of the specialists shared this opinion too.

Though the period from the first contact with the mental health care establishment to rendering the services takes less than a week, however, 32,5 percent of the parents (guardians) even being aware of their child's problem in relation to psychoactive substance use contacted the mental health care establishment after 3 months or later. In the view of evaluation by the parents, guardians, children the establishments were contacted mainly due to problems caused by alcohol, tobacco and marijuana use, less contacts – due to other drugs and psychotropic substances. Parents, guardians of the children contacted the mental health care establishments most often. The specialists of schools and child's rights protection, family doctors who are also responsible for health of children referred a small number of the children.

According to the children, their parents and guardians after the treatment major changes of psychoactive substance use pattern were observed: 32,6 percent of the parents, guardians and even 41,3 percent of the children said that having received the services the children ceased using psychoactive substances. 47,8 percent of the parents, guardians, children said that the use of psychoactive substances decreased. In the opinion of the children and guardians the intensity of use by the children after the treatment reduced by 2,7 times (the evaluation average prior to the services accounted for 8,20+/-0,238 points, and after the services accounted for 2,59+/-0,301 points). The children indicated that the services received in the mental health care establishments improved their well-being, health (the evaluation average prior to the services accounted for 8,37+/-0,261 points), also anxiety, problems and conflicts diminished (the evaluation average 8,63 +/-0,299 points).

The results of the *Survey Accessibility of Health Care for Children Using Psychoactive Substances in the Lithuanian Mental Health Care Establishments* revealed that, according to the children, their parents, guardians and health care specialists, the services for children using psychoactive substances provided by the Lithuanian mental health care establishments are accessible and effective. During the Survey specific recommendations were prepared for the providers of educational, health care services.

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 2014) and Standard Table 24 "Access to treatment" (submitted in 2014)

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 Order No. 544, of September 25, 1998, of the Minister of Health of the Republic of Lithuania *On 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:

- dependence disorder of the individual was 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 Order No. V-636, of August 1, 2007, of the Minister of Health of the Republic of Lithuania *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 1, 2012, and approving a new monitoring data gathering form and filing instructions.

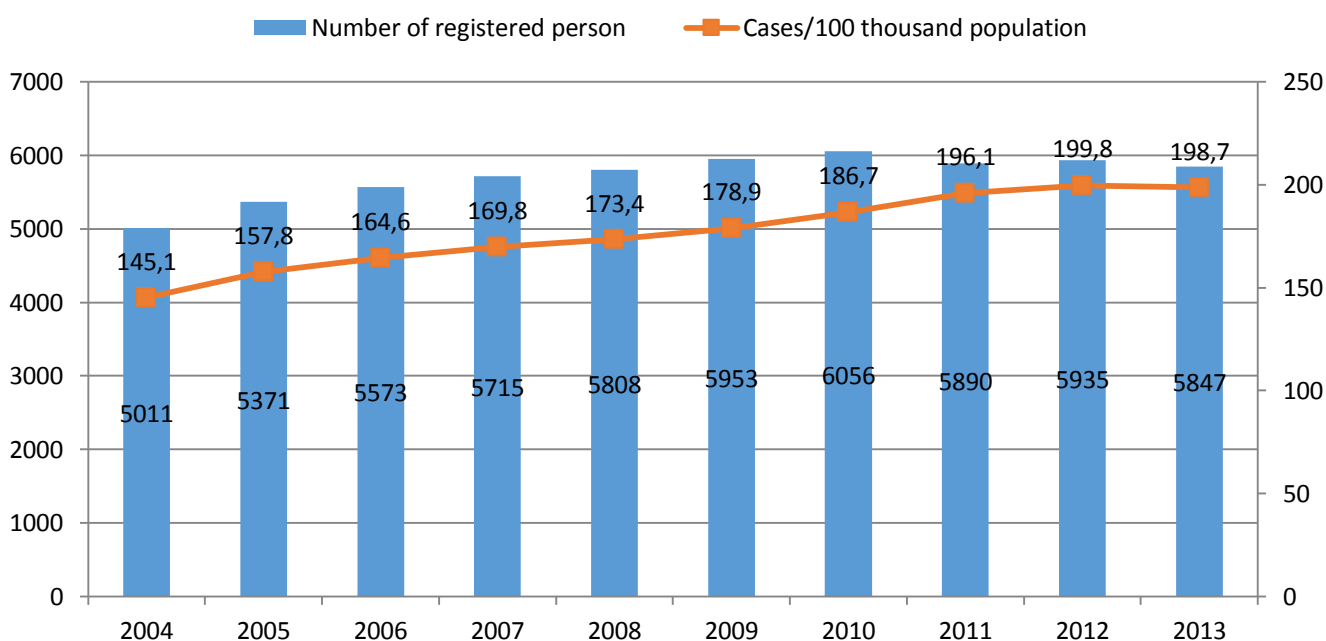
Based on the above orders, the State Mental Health Centre is authorised to implement monitoring of the persons contacting health care establishments in relation to psychic and behavioural disorders

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

As of December 31, 2013, the healthcare institutions registered 57179 individuals with mental or behavioural disorders caused by psychoactive substances (incl. alcohol, tobacco, drugs and etc.), including 5 847 individuals with dependence disorders caused by drugs and psychotropic substances. In 2013, the rate of all treatments per 100 thousand population (morbidity) of drug dependence nationally accounted for 198,7 cases/100 thousand population, it is by 0,6 percent lower than in 2011 (in 2012 – 199,8 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 2003-2013



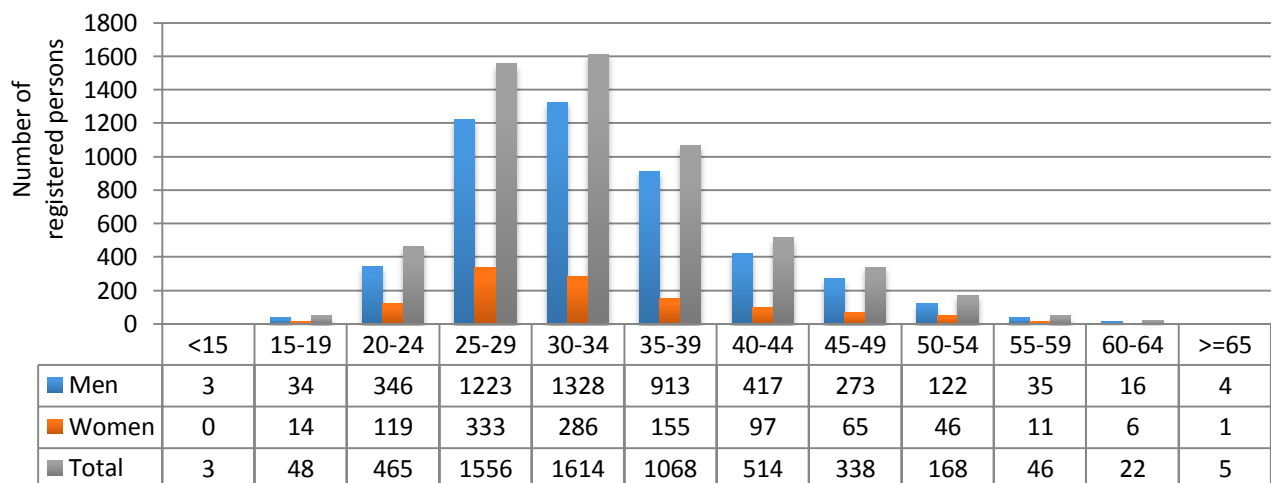
In 2013, out of the total number of registered individuals with mental or behavioural disorders caused by psychoactive substances men accounted for 81 percent (4714 men) and women – 19 percent (1133 women). In 2013, male drug dependence morbidity accounted for 344,3 cases/100 thousand population, and female drug dependence morbidity – 70,6 cases/100 thousand population (Table 5-1).

Table 5-1. Drug dependence morbidity and distribution of registered individuals in Lithuania, by gender (number of cases/100 thousand population) 2005-2013

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013
All treatments (registered individuals)									
Total	5371	5573	5715	5808	5953	6056	5890	5935	5847
Men	4372	4529	4638	4708	4827	4906	4778	4817	4714
Women	999	1044	1077	1100	1127	1150	1112	1118	1133
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	198.7
Men	273.6	287.2	294.1	298.5	309.6	325.5	335.3	341.6	344.3
Women	54.6	57.7	59.6	60.8	62.9	66.2	67.6	68.9	70.6

In 2013, the biggest share of individuals registered for drug dependence treatment were in the group aged 25 to 39, and accounted for 72,4 percent (4238 persons, 3464 men and 774 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, 2013



In 2013, 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 2013, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) represented 4619 individuals (71,3 percent); cannabinoids (F12) – 60 individuals (1,0 percent); tranquillizers and sedatives (F13) – 78 individuals (1,33 percent); cocaine (F14) – 9 individuals (0,1 percent); stimulants including caffeine (F15) – 161 individuals (2,7 percent); hallucinogens (F16) – 3 individuals (0,05 percent); volatile substances (F18) – 107 (1,8 percent); multiple drugs and other psychoactive substances (F19) – 810 individuals (13,8 percent).

Route of administration

According to the data of the State Mental Health Centre, of all individuals registered as of December 31, 2013, with mental and behavioural disorders using drugs and psychotropic substances, due to mental and behavioural disorders 92,3 percent used drugs and psychotropic substances by injecting. Injecting route of administration was mainly used for opioids (98,2 percent), multi-drugs (91,7 percent) and stimulants (60,8 percent) (Table 5-2).

Table 5-2. Route of administration of drugs and psychotropic substances in 2013 (all registered drug addiction cases)

Drug group		Route of administration				Total
		Injected	Smoked	Ingested	Sniffed	
Opiates	Persons.	4 538	15	59	7	4 619
	%	98,2	0,3	1,27	0,15	71,3
Volatile substances	Persons	5	1	7	94	107
	%	4,67	0,93	6,55	87,8	1,8
Stimulants and caffeine	Persons	98	1	46	16	161
	%	60,8	0,62	28,5	9,93	2,7
Tranquillizers/sedatives	Persons	17	0	61	0	78
	%	21,7	-	78,2	-	1,33
Cannabinoids	Persons.	0	30	30	0	60
	%	-	50	50	-	1,0
Hallucinogens	Persons	0	0	2	1	3
	%	-	-	66,6	33,3	0,05
Cocaine	Persons	1	2	5	1	9
	%	11,1	22,2	55,5	11,1	0,1
Multiple drugs or other psychoactive substances	Persons	743	6	52	9	810
	%	91,7	0,74	6,4	1,11	13,8
Total	Persons	5 402	55	262	128	5 847
	%	92,3	0,94	4,48	2,18	100

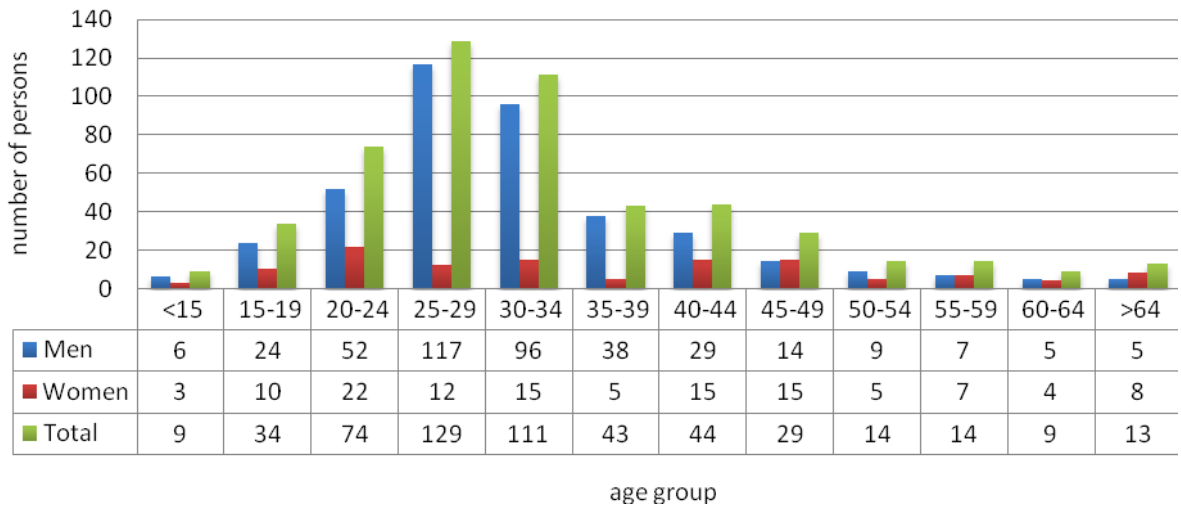
5.3.2 Trends of treated population and treatment provision (incl. numbers)

No new information is available for 2013.

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 tranquillizers, 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

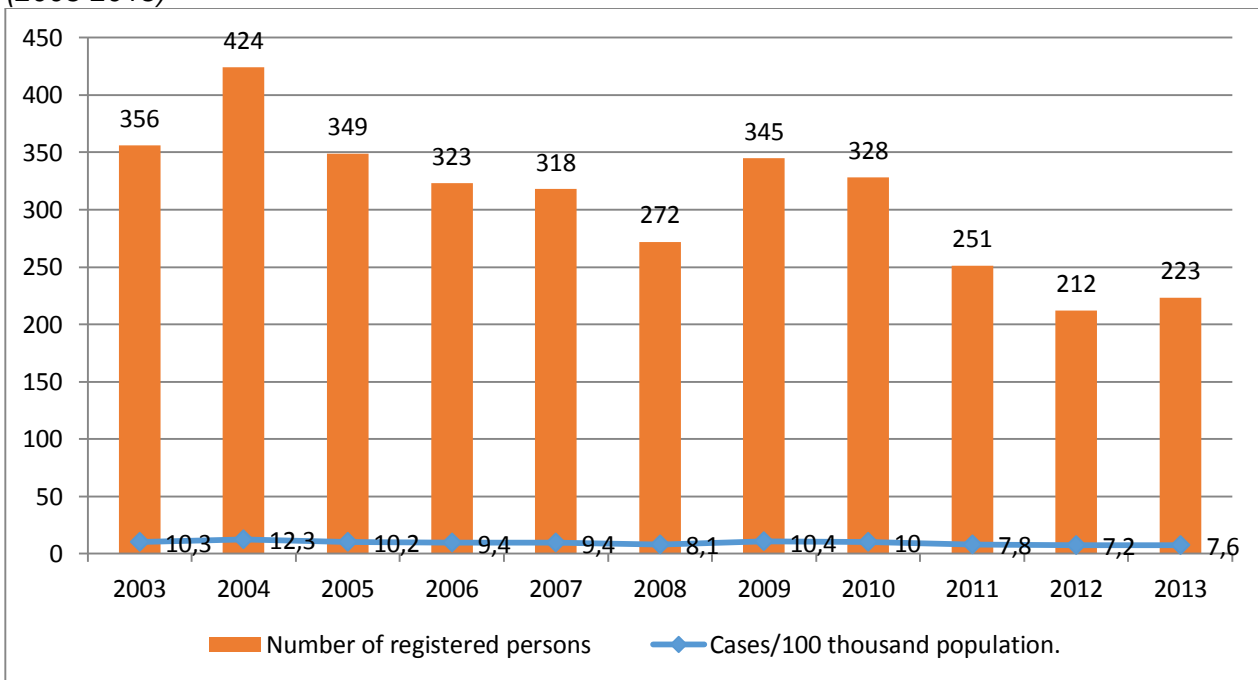


In 2010, medical services due to mental and behavioural disorders using drugs and psychotropic substances were provided 22 times to 22 juveniles (individuals under 18 years of age). Medical services due to mental and behavioural disorders were provided to 9 juveniles using multiple drugs and other psychotropic 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 2013, the health care institutions registered 223 first treatment cases due to mental or behavioural disorders caused by drugs and psychotropic substances (Figure 5-4). In 2013, the first treatment rate made 7,6 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 (2003-2013)



Information source: State Mental Health Centre

First cases of treatment by gender and age

In 2013, first cases of treatment registered in health care institutions were as follows: 165 men (74 percent) and 58 women (26 percent); the number of first time treatment cases was 7,6 cases per 100 thousand population, the number of male first time treatments was 12 cases per 100 thousand population, the rate of female first cases of treatments – 3,6 cases per 100 thousand population (Table 5-3).

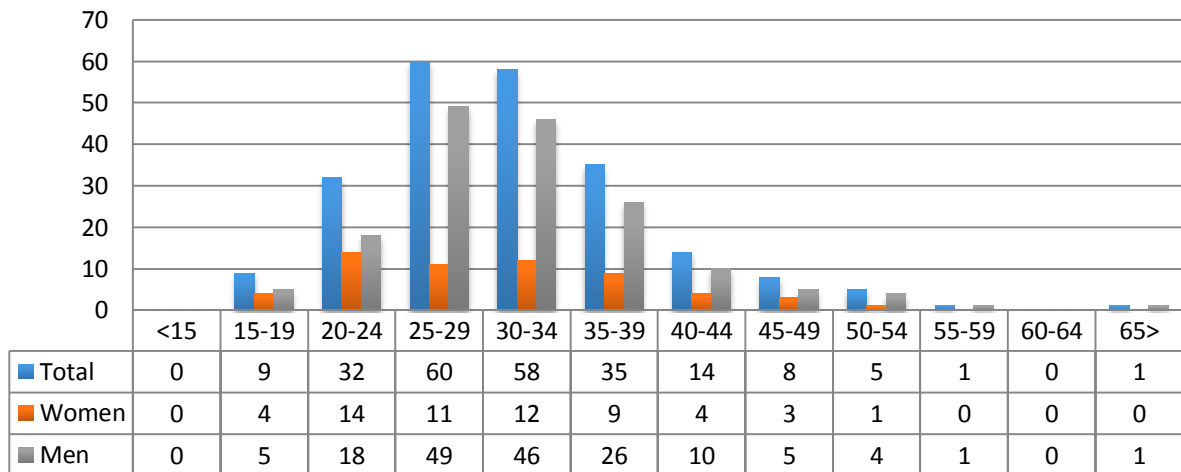
Table 5-3. Registered first treatment cases and rate per 100 thousand population in Lithuania, by gender, 2005-2013

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number of new treatment cases									
Total	349	323	318	272	345	328	251	212	223
Men	273	258	252	207	286	264	203	168	165
Women	76	65	66	65	59	64	48	44	58
Number of cases per 100 thousand population									
Total	10,2	9,4	9,4	8,1	10,4	10	7,8	7,2	7,6
Men	17,0	16,4	16,0	13,1	18,3	17,5	13,6	12,5	12
Women	4,1	3,6	3,6	3,6	3,3	3,7	2,8	2,5	3,6

Data of the State Mental Health Centre

In 2013, in health care institutions the biggest number of first treatment cases was registered among women in the age group from 20 to 34 years – 37 persons, and among men the age group from 25 to 39 years – 121 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, 2013



Information source: State Mental Health Centre

In 2013, 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 2013, the number of registered individuals with mental or behavioural disorders caused by using opioids (ICD code – F10) represented 166 individuals (74,4 percent); cannaboids (F12) – 10 individuals (4,5 percent); tranquillizers and sedatives (F13) – 4 individuals (1,8 percent); cocaine (F14) – 0 individuals (0 percent); stimulants including caffeine (F15) – 11 individuals (4,9 percent); hallucinogenic substances (F16) - 0 individuals (0 percent), volatile substances (F18) – individuals (0 percent); multiple drugs and other psychoactive substances (F19) – 32 individuals (14,3 percent) (Table 5-4).

Table 5-4. Distribution of first time registered individuals for drug dependence treatment, by used drug (addiction diagnosis), 2009-2013

Drug group (addiction diagnosis by ICD-10)	First treatment cases for drug addiction				
	2009	2010	2011	2012	2013
Opiates (F11)	254	254	181	140	166
Cannabiods (F12)	7	2	9	7	10
Tranquillizers/ sedatives (F13)	6	5	11	5	4
Cocaine (F14)	0	1	2	0	0
Stimulants and caffeine (F15)	15	9	5	12	11
Hallucinogens (F16)	0	0	0	0	0
Volatile substances (F18)	0	3	4	0	0
Multiple drugs or other psychoactive substances (F19)	63	54	39	48	32
Total	345	328	251	251	223

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 and State Mental Health Centre

In 2013, the Lithuanian health care institutions registered 37 cases of acute viral hepatitis B (hereinafter – HBV) (in 2012 – 24 cases, 2011 – 60 cases, in 2010 – 71 cases) and 6 cases of chronic viral hepatitis B (hereinafter – HBV). In 2013, the morbidity rate of acute viral hepatitis HBV accounted for 0,13 cases/10 thousand population (in 2012 - 0,08 cases/10 thousand population, in 2011 - 0,18 cases/10 thousand population).

According to the data of the State Mental Health Centre in 2013 out of 2082 persons who contacted the personal health care establishments due to mental and behavioural disorders using drugs and psychotropic substances 280 persons (13,45 percent) were infected with hepatitis B.

Registered viral Hepatitis C

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

In 2013, the Lithuanian health care institutions registered 59 cases (in 2012 – 40 cases, 2011 – 43 cases, in 2010 - 41 cases) of acute viral hepatitis C (hereinafter – HCV) and 56 cases of chronic viral hepatitis C (hereinafter – HCV). In 2013, the morbidity rate of acute viral hepatitis HCV accounted for 0,2 cases/10 thousand population (in 2012 - 0,13 cases/10 thousand population, in 2011 - 0,13 cases/10 thousand population).

According to the data of the State Mental Health Centre in 2013 out of 2082 persons who contacted the personal health care establishments due to mental and behavioural disorders using drugs and psychotropic substances 1189 persons (57,11 percent) were infected with hepatitis C.

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 (1988-2013), 2 237 HIV infected individuals were diagnosed, from whom 1 812 (81 percent) were males and 425 (18,9 percent) females.

In 2013, 177 new HIV cases were diagnosed (respectively in 2012 – 160, 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 2013 was 5,98 cases per 100 thousand population (5,4 cases per 100 thousand population in 2012).

Data, analysed by gender, showed that most of the newly registered HIV positive persons, 70,6 percent were males (125 cases) and 29,3 percent females (52 cases). The highest numbers of new HIV cases were diagnosed in age groups 30-34 (37 cases) and 25-29 (30 cases).

Compared by the Lithuanian counties (total 10 counties), the highest indicators of HIV morbidity in 2013 were diagnosed in Vilnius, Kaunas, Klaipeda and Siauliai counties, the lowest indicators in Panevezys, Utena and Marijampole counties.

Among the new HIV cases, 35 percent (62 cases) of individuals were infected with HIV by using injecting drugs, 28,2 percent (50 cases) - during the heterosexual intercourse, 16,4 percent (29 cases) – during the homosexual intercourse, 19,8 percent (35 cases) whose way of infection is unknown. Among injecting drug users, the majority among newly infected HIV cases, registered in 2013, were male (85.5 percent, or 53 men (persons) and 14.5 percent, or 9 women), and those aged 30 to 34 years of age (27.4 percent, or 17 individuals) from 25 to 29 years of age (20.9 percent., or 13 people), and from 35 to 39 years of age (19.3 percent., or 12 individuals).

According to the data of the State Mental Health Centre in 2013 out of 2082 persons who contacted the personal health care establishments due to mental and behavioural disorders using drugs and psychotropic substances 217 persons (13,45 percent) were infected with HIV.

In 2008-2013, the TUBIDU project “Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups“ was implemented in Lithuania. The Project was initiated and supported by the EU Commission, the European Health and Consumer Protection Executive Agency, In Lithuania, the Project was coordinated by the specialists of the Hygiene Institute. The Project was conducted in 6 EU countries: Latvia, Estonia, Finland, Bulgaria, Romania, Lithuania. The main goal of the Project is to contribute to the TB prevention among injecting drug users and individuals infected with HIV. The implementation of the Project encouraged strengthening of inter-institutional and inter-governmental cooperation in the prevention area of TB, intravenous drug use and HIV, raising awareness of the community organisations and specialists of the health care establishments,

In 2012, during the implementation of the TUBIDU project the Survey “Prevalence of HIV and Tuberculosis among Intravenous Drug Users, Risk Factors and Accessibility of Services” was conducted, which disclosed that prevalence of HIV infection among intravenous drug users (hereinafter – IDU) in Vilnius city was 9,7 percent. The HIV risk factors were identified, such as fill up of drugs from a common container (32,1 percent), using another's or a found syringe (18,2 percent), bying drug in a syringe (6,7 percent) or a syringe (32,4 percent) from a drug distributor, drug injecting in prison (68,8 percent). Besides, the risk reducing factors were identified: acquisition of a sterile syringe from safe suppliers, j.e. in a pharmacy (73,6 percent) or a low-threshold unit (75,1 percent), using a sterile syringe for the last drug injecting (87 percent) and using a sole part syringe (57,9 percent). 67,3 percent of the respondents had various complaints with regard to health, including 20,6 percent - blood in phlegm and cough lasting longer than two weeks. 29 interviewed individuals said they were HIV positive.

6.3. Other drug-related health correlates and consequences

Non-fatal overdoses and drug-related emergencies

According to data by the Institute of Hygiene, in 2013 Lithuanian healthcare institutions recorded 38 percent higher number of cases due to poisoning with drugs and psychodysleptics (hallucinogens), as in the previous year; in 2013 - 174 cases of intoxication by drugs (158 individuals: male – 119 and female - 39), i.e. ca. 48 cases more, compared to 2012 (126 cases). The majority of poisonings involved opioids - 107 cases, out of this number with opium – 26, heroine – 81 cases. Comparison of statistical data of 2013 and 2012 shows that the number of registered cases of intoxications by opioids, especially by heroin, increased, but the number of intoxications by cannabis and synthetic drugs slightly decreased. Also, in 2013 the number of cases without indicating specific substance reduced comparing with 2012 (Table 6-1).

Table 6-1. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by poisoning diagnosis, 2008 - 2013

ICD-10 Code	Diagnosis	2008	2009	2010	2011	2012	2013
T40	Poisoning with drugs and psychodysleptics	34	16	24	8	4	0
T40.0	Opium	47	47	36	24	20	26
T40.1	Heroin	52	44	54	27	29	81
T40.2	Other opioids (codeine, morphine)	13	10	12	13	15	21
T40.3	Methadone	5	2	1	2	1	3
T40.4	Other synthetic drugs (Petidin)	8	10	11	16	9	6
T40.5	Cocaine	18	10	12	9	3	5
T40.6	Other and non-specified drugs	26	31	30	22	12	10
T40.7	Cannabis (derivatives)	1	7	23	13	16	12
T40.8	Lysergic acid derivatives (LSD)	1	0	1	0	2	0
T40.9	Other and non-specified psychodysleptics, (hallucinogens)	13	12	18	5	15	10
	Total	218	189	222	139	126	174

Information Source: the Institute of Hygiene, 2013

According to the statistical data, the number of men registered in 2013 at in-patient medical institutions due to poisonings with drugs and psychotropic substances exceeded the number of women about 3 times: men – 130 cases (119 persons), women – 44 cases (39 persons). Men were registered mainly intoxicated with heroin – 49,2 percent. Mainly young people (aged 15-29) were registered intoxicated with drugs and psychotropic substances – 73 cases (in 2012 – 75) (Table 6-2), the biggest number of cases was registered in Vilnius municipality – 85 cases. In 2013, the average age of persons intoxicated with drugs and psychodysleptics (hallucinogens) was 30,5 years (in 2012 – 29,2), i.e. for men – 31,0, for women – 28,8 years.

In 2013, the number of registered juvenile (under 18 years of age) cases due to poisonings with drugs and psychotropic substances slightly decreased comparing with 2012. In 2013, 26 cases of 24 juveniles (under 18 years of age) were registered (in 2012 – 31 cases), including 15 boys and 9 girls; among them individuals under 15 years of age contacted 9 times (8 individuals, including 2 boys and 6 girls). In most cases persons under 18 years of age contacted due to poisonings with cannabis (9 cases).

Table 6-2. Distribution of poisoning with drugs and psychodysleptics (hallucinogens), by age and poisoning diagnosis, 2013

Age group	Codes of diseases according to ICD-10											Total
	T40	T40.0	T40.1	T40.2	T40.3	T40.4	T40.5	T40.6	T40.7	T40.8	T40.9	
Males												
under 15	0	0	0	1	0	0	0	1	0	0	0	2
15-19 years	0	0	1	2	0	0	0	3	9	0	1	16
20-24 years	0	2	0	0	0	2	0	0	1	0	1	6
25-29 years	0	5	17	0	0	1	1	1	1	0	2	28
30-34 years	0	2	20	5	2	0	2	0	0	0	1	32
35-39 years	0	3	21	2	0	2	0	2	0	0	0	30
40-44 years	0	2	4	0	0	0	0	0	0	0	1	7
45-49 years	0	1	1	1	1	0	0	0	0	0	0	4
50-54 years	0	2	0	0	0	0	1	1	0	0	0	4
55-59 years	0	1	0	0	0	0	0	0	0	0	0	1
60-64 years	0	0	0	0	0	0	0	0	0	0	0	0
Over 64 years	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	18	64	11	3	5	4	8	11	0	6	130
Females												
under 15	0	1	0	3	0	1	0	1	0	0	1	7
15-19 years	0	0	0	3	0	0	0	1	1	0	1	6
20-24 years	0	0	2	0	0	0	0	0	0	0	0	2
25-29 years	0	3	9	0	0	0	1	0	0	0	2	15
30-34 years	0	1	3	1	0	0	0	0	0	0	0	5
35-39 years	0	0	3	1	0	0	0	0	0	0	0	4
40-44 years	0	1	0	0	0	0	0	0	0	0	0	1
45-49 years	0	0	0	0	0	0	0	0	0	0	0	0
50-54 years	0	1	0	0	0	0	0	0	0	0	0	1
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	0
64 years and more	0	1	0	2	0	0	0	0	0	0	0	3
Total	0	8	17	10	0	1	1	2	1	0	4	44
TOTAL (M+F)	0	26	81	21	3	6	5	10	12	0	10	174

Information Source: the Institute of Hygiene, 2013

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 2013.

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 2014) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2014)

According to data of the Department of Statistics, as of beginning of 2014, the number of the population in Lithuania was 2 million 943 thousand (1 million 356 thousand males and 1 million 587 thousand females), i.e. 28,4 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 2013, 16,8 thousands emigrants declared leaving Lithuania (in 2012 – 21,3 thousands). In 2013, natural changes in the Lithuanian population again was again negative minus 11,6 thousands (in 2012 – minus 10,5 thousands), i.e. more deaths than births.

According to data of the Institute of Hygiene (responsible since 2010 for the National deaths register) in 2013 the total number of deaths was 41 511 (20 789 males and 20 722 females) (in 2012 – 40 938) accounting for 573 deaths more, compared to 2012. In Lithuania, in 2013 the number of deaths per 1000 population accounted for 14,0 cases (in 2012 –13,7 cases).

Drug-induced deaths (overdoses/poisonings)

Additional information for this chapter is also available in the Standard Table 05 Acute/direct related deaths (submitted in 2014) and Standard Table 06 Evolution of acute/direct related deaths (submitted in 2014)

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 (drugs 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 2013, 54 deaths (45 males and 9 females) due to drugs and psychotropic substance use were registered (in 2012 – 70 cases, in 2011 – 45 cases, in 2010 – 51 case; in 2009 – 68 cases), and this level accounts for 0,13 percent of all deaths registered in Lithuania (in 2012 – 0,17 percent, in 2011 – 0,12 percent, in 2010 – 0,12 percent; in 2009 – 0,16 percent).

According to age distribution in 2013, the biggest number of deaths was in the young subgroup aged from 30 to 34 (16 individuals) (Table 6-3), with the average age in time of death was 32,3 years (in 2012– 33,2 years), for men – 32,6, women – 31,0, the youngest was 16 years old, the oldest - 53 years old. In 2013, city residents made the bigger part of the people who died due to use of drugs and psychotropic substances: 41 persons died in the city and 13 persons died in the village.

Table 6-3. Number of deaths caused by drug and psychotropic substance use, by age, 2008-2013

Age group	2008	2009	2010	2011	2012	2013
Under 15	-	-	1	0	0	0
15–19 years	1	-	0	1	1	3
20–24 years	10	6	12	6	9	3
25–29 years	22	24	9	14	21	13
30–34 years	6	16	10	10	16	16
35-39 years	11	10	11	6	8	14
39 years and more	10	12	8	8	15	5
Total	60	68	51	45	70	54

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 2013 is about 5,9 times higher (108 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 2013 – 18,35 cases (in 2012 – 23,55 cases, in 2011 - 14,06 cases; in 2010 - 15,72 cases; in 2009 - 20,43 cases) (Table 6-4).

Table 6-4. Number of deaths caused by drug and psychotropic substance use, by age, comparative index, 2013

Age group	Number of population in Lithuania, beginning of 2014	Number of deaths and comparative indicators				
		Total number of deaths in 2013	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	430 088	183	0	0,00	0,00	0,00
15–19	177 196	125	1	0,80	5,64	0,31
20–24	213 059	217	9	4,15	42,24	2,31
25–29	194 446	293	21	7,17	108,00	5,90
30–34	175 847	340	16	4,71	90,99	4,97
35–39	183 913	560	8	1,43	43,50	2,38
40-44	206 794	878	6	0,68	29,01	1,59
45-49	212 480	1 340	5	0,37	23,53	1,29
50-54	234 530	2 060	1	0,05	4,26	0,23
55-59	201 166	2 357	3	0,13	14,91	0,81
60-64	171 214	2 998	0	0,00	0,00	0,00
65 years and more	542 739	30 160	0	0,00	0,00	0,00
Total	2 943 472	41 511	54	0,13	18,35	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 2013 were registered in the cities, primarily in Vilnius city municipality (28 deaths); and in 2013 all deaths causes were intoxication with drugs and psychotropic substances (54 deaths), mostly opiates – 34 deaths cases (of them in 3 cases were found methadone), unknown or non-specified drugs or psychotropic substance – 20 cases.(Table 6-5).

Table 6-5. Number of deaths caused by drug and psychotropic substance use, by death cause in 2007-2013

Death causes by ICD-10 code/ age group	2008	2009	2010	2011	2012	2013
F11	2	2	1	1	1	0
F19	12	10	5	0	1	0
X42	42	54	37	40	57	49
X62	0	0	1	0	1	0
Y12	4	1	7	4	10	5
Total – deaths	60	67	51	45	70	54

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; **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 establishments due to mental and behaviour disorders using drugs and psychotropic substances (ICD codes: F11-F14, F15, F18, F19). As of December 31, 2013, the total number of registered was 5 847 persons (in 2013/12/31 - 5 935 persons, in 2011/12/31 - 5890 persons; in 2010/12/31 – 6056 persons). According to the State Mental Health Centre, in 2013, 65 individuals registered as patients dependent on drugs and psychotropic substances died, i.e. 61 men and 4 women (Table 6-6). As before, in 2013, among the deaths the biggest number was opioid dependent persons - 50. According to distribution by age the biggest number of deaths was in the age group 30 to 34 (14 individuals) (Table 6-7), the average age of the deceased was 41,7 years (in 2012 – 42,1 years): for men – 41,7 years, women – 42,3, the most frequent known death cause – somatic diseases and accidents (Table 6-8), but for 54 drug addict death cases (83,1 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 6-6. Distribution of death cases of patients dependent on drugs and psychotropic substances, by gender and dependence diagnosis, 2008-2013

	2008	2009	2010	2011	2012	2013
Total deaths	71	80	47	50	42	65
Incl. men	62	70	44	40	32	61
Incl. women	9	10	3	10	10	4
Codes of dependence diseases according to ICD-10						
F11	60	64	38	31	33	50
F12	-	-	-	-	-	-
F13	-	2	2	2	-	2
F14	-	-	-	1	-	-
F15	1	1	1	2	-	-
F18	1	2	3	1	1	3
F19	9	11	3	13	8	10

Information Source: the State Mental Health Centre

Note:

F11 - Mental and behavioural disorders using opiates, F12 - Mental and behavioural disorders using cannabis, F13 - Mental and behavioural disorders using tranquillisers and sedatives, F14 - Mental and behavioural disorders using cocaine, F15 - Mental and behavioural disorders using stimulants, also caffeine, F18 - Mental and behavioural

disorders using volatile substances, F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances

Table 6-7. Distribution of death cases of patients dependent on drugs and psychotropic substances, by age groups, 2008-2013

Age/ years	2008	2009	2010	2011	2012	2013
Under 15	-	-	-	-	-	-
15-19 years	-	1	1	-	-	-
20-24 years	4	1	4	2	-	-
25-29 years	11	14	4	1	7	8
30-34 years	9	7	7	8	7	14
35-39 years	11	14	7	6	5	9
40-44 years	12	24	7	14	5	10
45-49 years	15	8	11	12	7	6
50-54 years	4	8	5	2	5	13
55 years and more	5	3	1	5	6	5
Total	62	80	47	50	42	65
Dead persons age average	38,3	39,6	38,9	42,5	42,1	41,7

Information Source: the State Mental Health Centre

Table 6-8. Distribution of death cases of patients dependent on drugs and psychotropic substances, by death cause, 2008-2013

Causes/year	2008	2009	2010	2011	2012	2013
Suicides	2	4	2	-	2	1
Accidents	1	3	9	5	3	4
Intoxication with drugs or psychotropic substances	12	4	5	2	-	1
Infections	3	7	1	2	2	-
Somatic diseases	10	17	11	15	5	5
Unknown (information not available)	43	45	20	26	30	54
Total	71	80	47	50	42	65

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 2013, according to data by the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Justice of the Republic of Lithuania, for 10 deaths: 9 male deaths and 1 female (in 2012 – 8, 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. Chemical tests in the above deaths most frequently evidenced presence of morphine (mentioned in 8 cases). 6 cases of 10 - both drugs and alcohol were identified. The average age was 39,0 years (in 2012 – 40 years; in 2011 - 32,4; in 2010 - 34,8 years; in 2009 - 28,3 years), the youngest was 22 years old, the oldest – 65 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 2013, there were 12 harm reduction units of services in Lithuania (incl. syringe and needle exchange), in the cities of Vilnius, Kaunas, Klaipeda, Siauliai, Alytus, Mazeikiai, Kedainiai, Druskininkai 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 2013, the number of distributed syringes was a bit lower than in 2012.

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 23/29 “Prevention and Reduction of Health-related harm associated with drug use” (submitted in 2014)

Lithuania applies 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 Order No. V-468, 2004, 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 a patient in the pharmacies with special doctor’s prescription. In 2010, few low-threshold services provided a safer use training programmes for drug users. 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 2014) and Standard Table 10 “Syringe availability” (submitted in 2014)

Based on Resolution No. V-646, of 1 September 16, 2004, of the Minister of Health of the Republic of Lithuania *On 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.

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. 407 persons underwent ARV treatment in 2013, in 2012 – 291, 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 by Resolution No. V-584 , of July 5, 2006, of the Minister of Health of the Republic of Lithuania *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 2013, there were 12 harm reduction units of services in Lithuania (incl. syringe and needle exchange), in the cities of Vilnius, Kaunas, Klaipeda, Siauliai, Alytus, Mazeikiai, Kedainiai 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 2013, the number of distributed syringes decreased as compared to 2012 (Table 7-1).

Table 7-1. Activities of harm reduction services in 2007 – 2013.

No.	Services	2007	2008	2009	2010	2011	2012	2013
	In total in Lithuania							
1.1.	Distributed needles	226 674	313 894	188 364	102 763	110 726	103 536	96 787
1.2.	Distributed syringes	187 227	238 745	242 890	192 350	181 408	196 446	168 943
1.3.	Collected needles	272 933	277 109	225 857	136 553	157 145	126 867	133 591
1.4.	Collected syringes	271 248	371 217	270 206	205 914	161 615	140 239	128 265
2.	Disinfections, distribution of condoms	214 285	280 591	256 532	209 428	234 342	238 791	205 123
3.	Distribution of condoms	22 793	42 848	34 722	30 051	32 697	32 031	27 170
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	16 157
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	2 009	2 034
8.	Providing of dressing	9 037	39 968	21 035	17 426	20 555	21 724	19 558
9.	Wound dressing	1 405	2 715	2 606	1 257	696	1 150	1 425
10.	Taking samples and sending them for tests	817	1 166	893	30	65	-	-
11.	Rapid tests				1 739	3 775	4 420	5 949
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	4 821

Information Source: The Centre 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 Centre For Communicable Diseases And AIDS, over 38 thousand visits and about 7000 attending persons were registered in 2013 (*Table 7-2*).

Table 7-2. Visitors of the low threshold services units in 2006 – 2013

	2006	2007	2008	2009	2010	2011	2012	2013
Number of visits	45 615	43 856	56 548	47 375	42 736	39 266	46 344	38 017
Number of attending persons*	3 438	3 399	5 942	6 047	6136	5632	4 719	7 720
Number of new visitors**	433	774	977	1 209	1176	1611	1 943	1 148

A study on the characteristics of the clients of low threshold services
No new information is available for 2013.

Information on the structure of the beneficiaries of the low threshold services and improved planning of 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 accounted for 80,1 percent and women accounted for 19,9 percent 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 percent of the respondents receiving low threshold services had been in imprisonment places (for men - 75,9 percent and for women - 51,7 percent); 13,5 percent – within the last 30 days participated in the methadone/buprenorphine replacement programme, 10,2 percent 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 the 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 percent) the first most frequent acquaintance with drugs started from cannabis, 28,8 percent of the respondents started using drugs from poppy extract, 13,5 percent – heroin, 9,3 percent – amphetamine, 4,4 percent – ecstasy.

Among all respondents who receive low threshold services, use of opioids (as the main substance) is most popular, 88,5 percent of the respondents indicated their use (men - 89,6 percent and women - 83,9 percent). 11,2 percent of the respondents indicated using substances of non-opioid origin (men - 10,1 percent and women - 16,1 percent). 71,7 percent of the respondents used drugs daily, 17,4 percent of the respondents – 2-6 times a week, 6,7 percent and 3,9 percent - once a week and once a month respectively. Analysis of use frequency by the main substance revealed that the majority (78,5 percent) 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 percent of the respondents), tranquillisers and sedatives (8,6 percent), heroin (5,6 percent), cannabis (2,8 percent). 16,5 percent of the respondents indicated having used multi-substances within the last 30 days, and 38,2 percent used no other psychoactive substances.

* 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 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*.

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, Kedainiai, Klaipeda, Visaginas and Mazeikiai. 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, Mazeikiai, 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 percent of them indicated having received free syringes from staff of the low threshold centres. 78,1 percent or 250 IDUs never used services of low threshold centres. The results show that the peer-driven intervention method is efficient for reaching new IDUs through educators of peer groups and providing information on harm reduction for health.

Aiming at better accessibility of HIV test services 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 Resolution No. V-652, of August 6, 2007, of the Minister of Health of the Republic of Lithuania (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.

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 2013, there operated 22 long-term psychological and social rehabilitation communities 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 institutions²⁰, which provides rehabilitation²¹ and social reintegration²² services was expanded since 2000, and 22 long-term rehabilitation and social reintegration institutions with 367 places operated in the beginning of 2014. 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, in 2013 - 821 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 186 in 2013 and it is 22,7 percent of all participants dependent on psychoactive substances and participating in the long-term rehabilitation programmes. The biggest share of such individuals, i.e. 77 percent, work or study and work and study simultaneously. 344 individuals did not accomplish the programme and the major share of them (63 percent) 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.

²⁰ Rehabilitation and social reintegration institutions do not have legal medical license and cannot provide treatment for drug addicts.

²¹ 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”.

²² Social reintegration - is defined as “any social intervention with the aim of integrating former or current drug users into the community”.

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

	2009	2010	2011	2012	2013
Number of the community members on December 31	228	254	317	292	294
Number of the community members who accomplished the rehabilitation program in the calendar year	76	145	241	166	186
Including those who accomplished:					
Study	13	15	25	26	20
Work	21	37	87	73	123
Study and work	1	3	–	–	N/A
Do not work or study	5	23	17	11	N/A
Registered with the labour exchange	19	31	77	40	N/A
No data is available	17	36	35	16	N/A
Total number of the community members who left the rehabilitation programme:	165	206	221	220	344
Leaving reasons:					
left upon his/her own will	101	163	175	170	216
Excluded due to violation of the internal regulations	21	37	26	22	25
Referred to a health care institution	3	3	11	6	10
Other	9	3	9	22	9

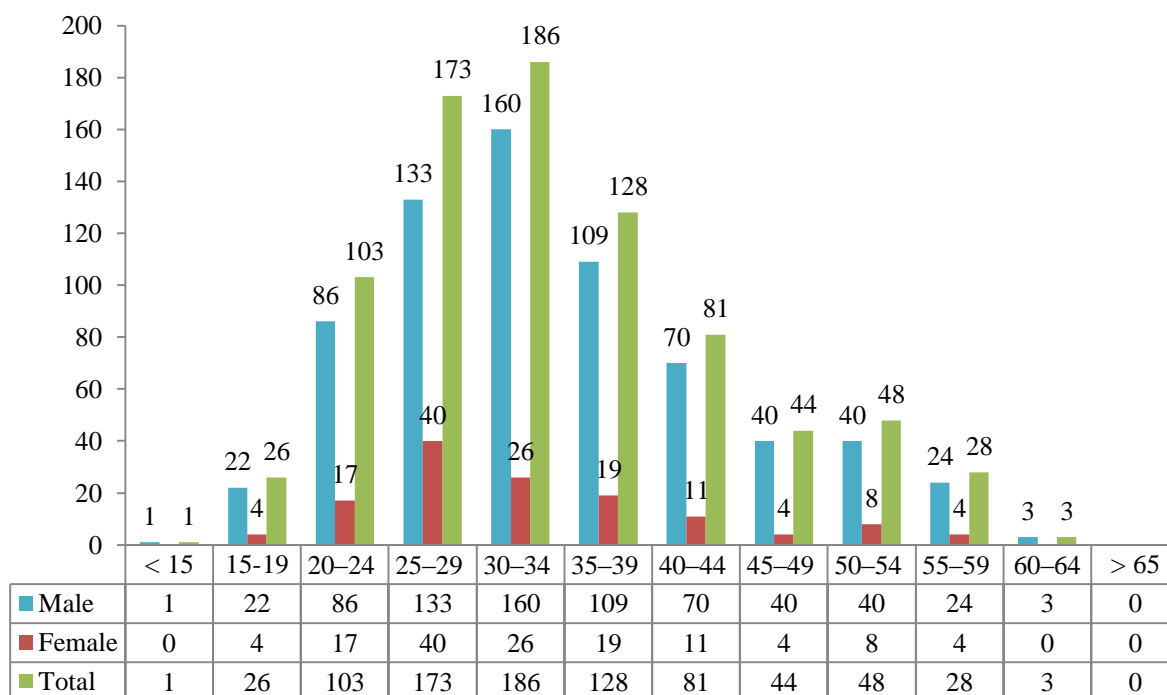
Information Source: the Drug, Tobacco and Alcohol Control Department

In the beginning of 2014, 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 22 long-term psychological and social rehabilitation institutions (communities) for persons dependent on psychoactive substances in Lithuania. For survey questionnaires were 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 19 institutions and organizations, 821 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 2013 on the gender, age, distribution of psychoactive substances by gender was collected from rehabilitation institutions in 2014. Analysis of the data obtained showed that the majority of dependent persons taking part in a rehabilitation programme are men (84 percent), in 2012 was – 81 percent). 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, young people from 30 to 34 years of age make the biggest part in the group of people receiving these services (Figure 8-1), next go people between 25 and 29 years of age, and persons from 35 to 39 years of age ill with dependence diseases are in the third place. As is seen in Figure 8-2, rehabilitation programmes also involved 27 juveniles up to 19 years of age (in 2012 - 33), among which the number of boys was bigger compared to girls (22 and 4 respectfully)

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

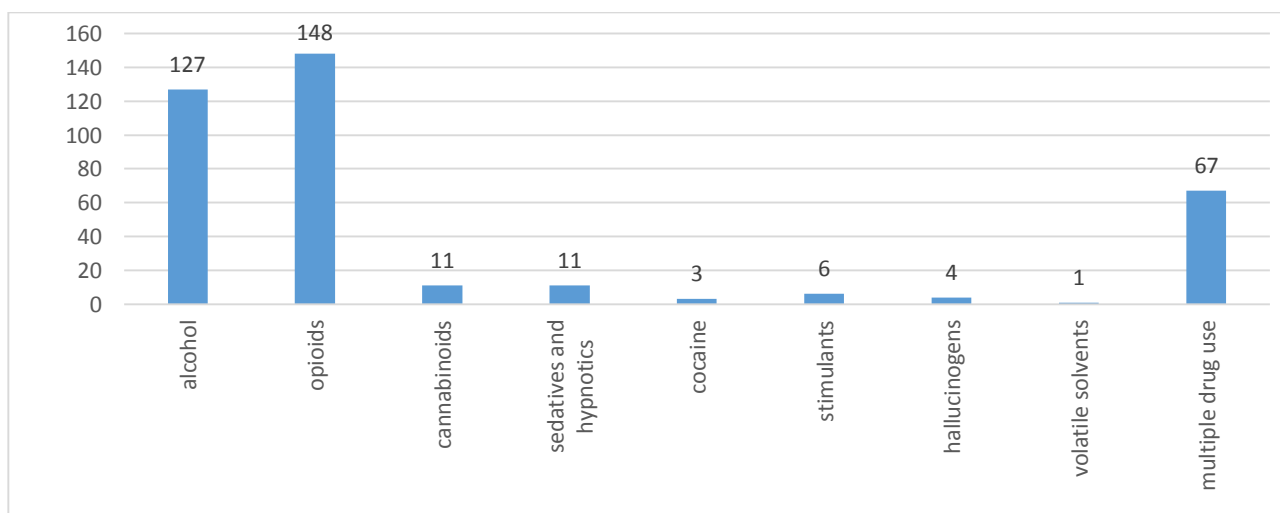


Information source: Drug, Tobacco and Alcohol Control Department

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, most often drug dependent persons use opioids (as in 2011), alcohol dependent persons are in the second and persons dependent on several psychoactive substances are in the third place.

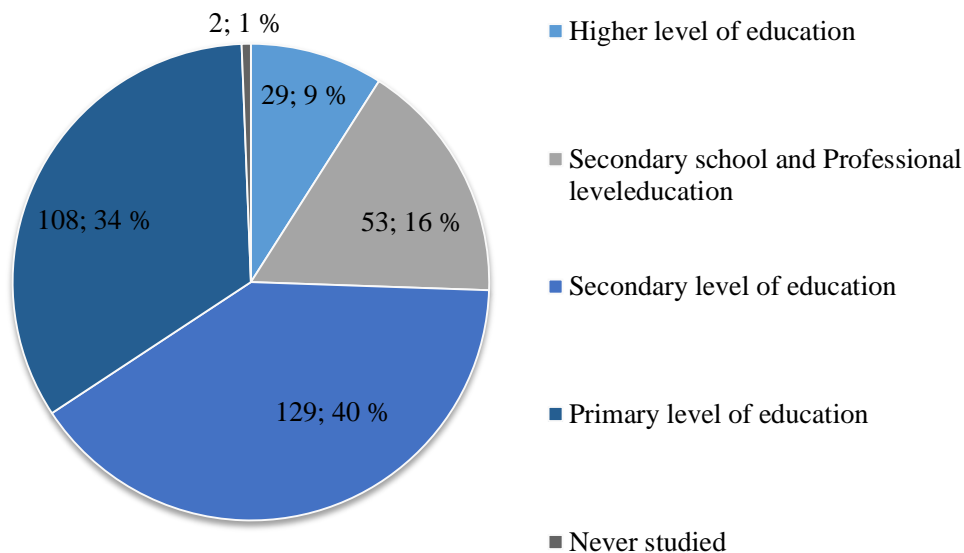
Figure 8-2. Distribution of persons, who took part in psychological and social rehabilitation programme in 2013, by types of used psychoactive substances



Information source: Drug, Tobacco and Alcohol Control Department

This year for the first time data concerning education and problems of the persons (whether they were imprisoned, had financial debts, were unemployed, etc.) who participated in the programmes were collected. The data concerning education of the above persons are provided in *Figure 8-3*. The biggest share accounts for persons with secondary education (40 percent of the total number), the next group includes persons with secondary education and professional qualification having completed level 4 of the vocation training program (34 percent).

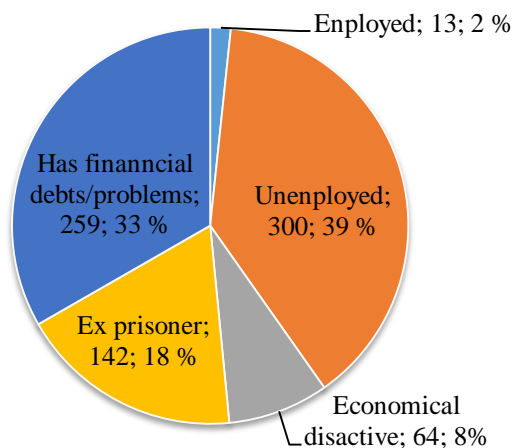
Figure 8-3. Education of persons who were provided psychological and social rehabilitation services in 2013



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 the previous year), and in 2013, this number accounted for 300 (39 percent) (*Figure 8-4*). The share of 8 percent includes economically inactive individuals, thus leading to the situation where 1/3 of all clients (33 percent) had financial debts; 18 percent of them were imprisoned for some time.

Figure 8-4. Occupancy on the labour market and financial problems of individuals who were rendered psychological and rehabilitation services in 2013



Information source: Drug, Tobacco and Alcohol Control Department

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 259 persons (33 percent). 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.

As seen from the above data concerning persons participating in the psychological and social rehabilitation programmes, the objective of the rehabilitation establishments is to help a person to refuse using psychoactive substances and to assist to prepare for the future life beyond the rehabilitation establishment boundaries, i.e. to provide psychological help and to assist in developing life skills, to provide conditions to acquire education after completion of the program, to prepare them for integration into the society.

8.3. Social Reintegration

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.

The development of these services is supported by the European Union, in particular through the funding of projects designed to reduce and prevent social exclusion by helping social risk persons and those experiencing social exclusion to integrate into the labour market and have a full-fledged social life. For persons, who 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, based on the said law a certain number of persons who completed the psychological and social rehabilitation programmes are employed. The dynamics since 2007 is presented in Table 8-2. The data show the level of subsidised employment of these persons is very low. A conclusion may be drawn that the economic decline and high unemployment aggravates employment opportunities for the social exclusion group.

Table 8-2. The number of persons who completed the psychological and social rehabilitation programmes and employed provided subsidies of the Employment Fund, 2007–2013

	2007	2008	2009	2010	2011	2012	2013
Number of employed persons	12	1	4	2	6	4	1

Regarding Decree No. 608, of 3 July 2013 (Official Gazette, 2013, No. 73-3673) the Drug, Tobacco and Alcohol Control Department administers the Project "Psychological and social rehabilitation

of persons having dependence disorders due to psychoactive substances". The Project is related to the implementation of the measure "Psychological and social rehabilitation of persons having disorders due to dependence on psychoactive substances", of priority 1 "Qualitative employment and social inclusion" of the Action Programme for Development of Human Resources, 2007–2013. The goal of the Project is to assist persons having dependence disorders due to psychoactive substances to integrate into the labour market seeking to avoid their social exclusion.

The principle activity of the Project is the implementation of measures and services encouraging integration of persons having disorders due to dependence on psychoactive substances into the labour market. The Project duration - 2 years, starting October 1, 2013.

The Project shall provide at least 540 individuals having disorders due to dependence on psychoactive substances with the opportunity to receive psychological and social rehabilitation services free of charge and the opportunity to successfully integrate into the society. It is planned that at least 152 individuals (28 percent) having disorders due to dependence on psychoactive substances will be employed or continue education after 6 months beyond completion of the Project. Provision of the services is ensured by 10 partners – psychological social rehabilitation establishments offering 12–18 months rehabilitation programs.

According to the data as of June 1, 2014, in the course of the Project implementation 375 individuals having disorders due to dependence on psychoactive substances and participating in the Project completed psychological and social rehabilitation, 33 were employed/work or resumed education in an educational establishment.

Since 2013, in compliance with Resolution No. 528, of 16 May 2012, of the Government of the Republic of Lithuania *On Approval of Regulations for Licensing Social Care Establishments* the social care establishments are licensed. Since January 1, 2015, solely psychological social rehabilitation establishments having acquired licences shall be eligible to provide short-term social care to social risk persons dependent on use of psychoactive substances. The licences are issued by the Department of Supervision of Social Services under the Ministry of Social Security and Labour.

The Department actively participates in the preparations of the establishments to obtain the licences in compliance with the provisions of Decree No. A1-566 of 11 December, 2012, of the Minister of Social Security and Labour of the Republic of Lithuania. The psychological social rehabilitation establishments must coordinate their programmes for psychological social rehabilitation with the Drug, Tobacco and Alcohol Control Department. For the above purpose the Drug, Tobacco and Alcohol Control Department set up the inter-institutional commission for evaluation of psychological social rehabilitation programmes. Having issued the licence the commission aiming at ensurance of quality of psychological and social rehabilitation services shall assess the programmes of psychological social rehabilitation establishments for persons dependent on psychoactive substance use every five years. It is expected that the assessment of the psychological social rehabilitation programmes and issuance of licences shall ensure the quality of services provided by the psychological social rehabilitation establishments.

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 2014)

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 2013, the total number of criminal offences registered in Lithuania increased by 2,9 percent as compared to 2012 (84 970 and 82 564 respectively) or by 15 percent as compared to 2002 (72 646), when the lowest crime rate was recorded during the last decade. Within the general criminal context, criminal offences related to unlawful possession of drugs account for only 2.83 percent or less by 0.12 percent in comparison to 2012. 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 2013, there were 2354 criminal acts registered in connection with the illicit circulation of drugs. With reference to the statistics provided by ITC under the MOI, 2354 criminal acts registered in 2013 related to the possession of drugs include:

1411 – due to unlawful possession of drugs or psychotropic substances for the purpose other than distributing them (in 2012 - 1260 , in 2011 – 1240, 2010 – 1318, 2009 – 1313) – Article 259 of the Criminal Code of the Republic of Lithuania²³ (CC of RL);

787 – due to unlawful possession of drugs or psychotropic substances for the purpose of distributing them (in 2012 – 1077, in 2011 - 906, 2010 – 816, 2009 – 835), of which 97 criminal offences due to distribution of a very large quantity – Art. 260 of the CC of RL;

24 – due to distribution of drugs or psychotropic substances among minors (in 2012 – 18, in 2011 – 23, 2010 – 21, 2009 – 15) – Art. 261 of the CC of RL;

2 – due to production of installations for the production of drugs or psychotropic substances or development of technologies or specifications for the production of drugs or psychotropic substances (in 2012 – 4, in 2011 – 7, 2010 – 5, 2009 – 2) – Art. 262 of the CC of RL;

4 – due to theft, extortion or other unlawful taking into possession of drugs or psychotropic substances (in 2012 – 5, in 2011 – 5, 2010 – 2, 2009 – 2) – Art. 263 of the CC of RL;

8 – due to inducing the use of drugs or psychotropic substances (in 2012 – 14, in 2011 – 24, 2010 – 10, 2009 – 8) - Art. 264 of the CC of RL;

16 – Illegal Cultivation of Poppies or Hemp (in 2012 – 12, in 2011 – 16, 2010 – 14, 2009 – 9) – Art. 265 of the CC of RL;

5 – due to unlawful possession of category I precursors of drugs or psychotropic substances (in 2012 – 5, in 2011 – 3, in 2010 – 6, 2009 – 4) – Art. 266 of the CC of RL;

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

92 – due to smuggling (in 2012 – 43, in 2011 – 30, 2010 – 16, 2009 – 4) – Art. 199 of the CC of RL.

Individuals

Based on the data of Information Technology and Communications Department under the Ministry of the Interior, 1455 persons were registered in 2013 (in 2012 – 1489, in 2011 – 1418, in 2010 – 1704, in 2009 – 1513, in 2008 – 1226, in 2007 – 1113) who committed criminal offences related to possession of drugs and psychotropic substances, of them 190 were women, 23 – foreign nationals, 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 percent), with low general education.

²³ 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]

Table 9-1. Number of persons suspected (accused of) committing criminal acts related with illegal disposal of drugs and psychotropic substances, 2009-2013

	2009	2010	2011	2012	2013
Total number of persons suspected of (incriminated with) committing criminal acts related with illegal disposal of narcotic and psychotropic substances, of them:	1512	1705	1418	1489	1455
-women;	196	211	150	172	190
-foreign nationals	16	19	21	21	23
-persons without citizenship	13	5	9	6	6
-adolescents	90	84	62	64	81
-persons above 60 years of age	6	20	10	6	9
-in a group of accomplices	185	211	138		
-in an organized group	42	46	60		
-in a criminal association	4	9	0		

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

Drug offences by Administrative Code

In 2013, 3004 (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, 2011-2013

Administrative offence	Number of offences		
	2011	2012	2013
Possession of a small amount without intent to distribute or supply (RL Administrative Code ²⁴ Article 44 ^{part 1})	54	50	96
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})	2860	2419	2627
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})	31	22	41
Article on Illicit growing of opioid poppies, cannabis or coca trees (RL Administrative Code Article 107 ^{part 2})	135	200	97
Offences related with driving while being intoxicated with drugs or psychotropic substances (RL Administrative Code Article 126)	169	138	143
Total	3149	2957	3004

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

9.4. Other drug related crime

Property crimes, violence under the influence

According to the data of Information Technology and Communications Department under the Ministry of the Interior, 927 criminal activities related to use of drugs and psychotropic substances were investigated

²⁴ Administrative code [online] [LT] http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=376299

in 2013 (in 2012 – 925, in 2011 – 1058, in 2010 – 1329, in 2009 – 631, in 2008 – 718 cases), including 655 (in 2012 – 677, in 2011 – 830, in 2010 – 1050, in 2009 – 465, in 2008 – 500 cases) criminal actions committed by drug addicts, and 272 (in 2012 – 248, in 2011 – 228, 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 criminal acts intoxicated with drugs or psychotropic substances reduced, however, the number of persons who committed property crimes (thefts, burglaries and destroyed or damaged property) while being intoxicated with drugs or psychotropic substances significantly increased.

Table 9-3. Detection of persons suspected (accused of) having committed criminal acts intoxicated with drugs or psychotropic substances, 2010 - 2013

Date	2010	2011	2012	2013
Detected persons suspected (accused of) having committed criminal acts, including:	24512	24345	29086	30785
- by persons intoxicated with drugs or psychotropic substances	279	212	250	292
1) murders, incl.:	295	263	213	204
- intoxicated with drugs or psychotropic substances	5	4	4	3
2) thefts, incl.:	8203	8318	7542	7129
- intoxicated with drugs or psychotropic substances	39	50	37	39
3) robberies, incl.:	1608	1495	1245	1010
- intoxicated with drugs or psychotropic substances	9	12	12	13
4) property destruction or damage, incl.:	1275	1169	1003	997
- intoxicated with drugs or psychotropic substances	10	15	7	15

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

Statistics on sentencing

In 2013, Lithuanian courts of the first instance completed 20737 criminal cases (20665 cases in 2012), including 1046 cases (1272 cases in 2012) with accusations concerning illegal disposal of drugs or psychotropic substances and their precursors, i.e. ca. 5 percent of all criminal cases received (5 percent in 2012).

Out of **7344** completed cases the penal order or conviction was imposed in **881** 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 **204** 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 **71** 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 **12** cases charges were brought according to article 261 of the CC of RL titled “Distribution of drugs to juveniles”, in **3** cases charges were brought according to article 262 of the CC of RL titled “Production of Installations for the Production of Drugs or Psychotropic Substances or Development of Technologies or Specifications for the Production of Drugs or Psychotropic Substances”; in **4** 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 **7** cases charges were brought according to article 264 of the CC of RL titled “Pressure to use drugs or psychotropic substances”, in **11** cases charges were brought according to article 265 of the CC of RL titled “Illegal growth of poppies and cannabis” and in **2** 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 – 2013 including imprisonment shows that the average term of imprisonment imposed to them by courts was about 6 years 4 month and 6 days, and the arrest term was more then 1 month and 22 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 substances, 2007 - 2013

Year/ Type of sentence	Imprisonment	Arrest
2013	6 years 8 months and 28 days	1 month and 21 days
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

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 5 months and 9 days and those subject to arrest - about 1 month and 3 days (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 substances, 2007 - 2013

Year/ Type of sentence	Imprisonment	Arrest
2013	2 years 10 months 2 days	1 month and 21 days
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

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 were not restricted), - when they 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 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's** 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 2013, places of imprisonment registered 139 criminal acts related to illicit circulation of drugs (in 2012 – 98, in 2011 – 94, in 2010 - 93, in 2009 - 123 criminal acts related to drugs.

In 2013, officers of imprisonment places during searches and inspections found and collected 1676,8 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 g, in 2012 – 1817 g). In 2013, officials of imprisonment places seized 635,8 g from sentenced persons, 0 g from officers and other staff members (non-statutory) of imprisonment places and 1041 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 2013, 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 Pravieniskės 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 8 958 sentenced persons in Lithuania in the record of territorial units of the regional correctional inspectorates as of January 1, 2013, of them 243 (2,7 percent) 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).

On 22 December 2011, the Parliament of the Republic of Lithuania adopted the Law on Probation of the Republic of Lithuania (hereinafter - 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“.

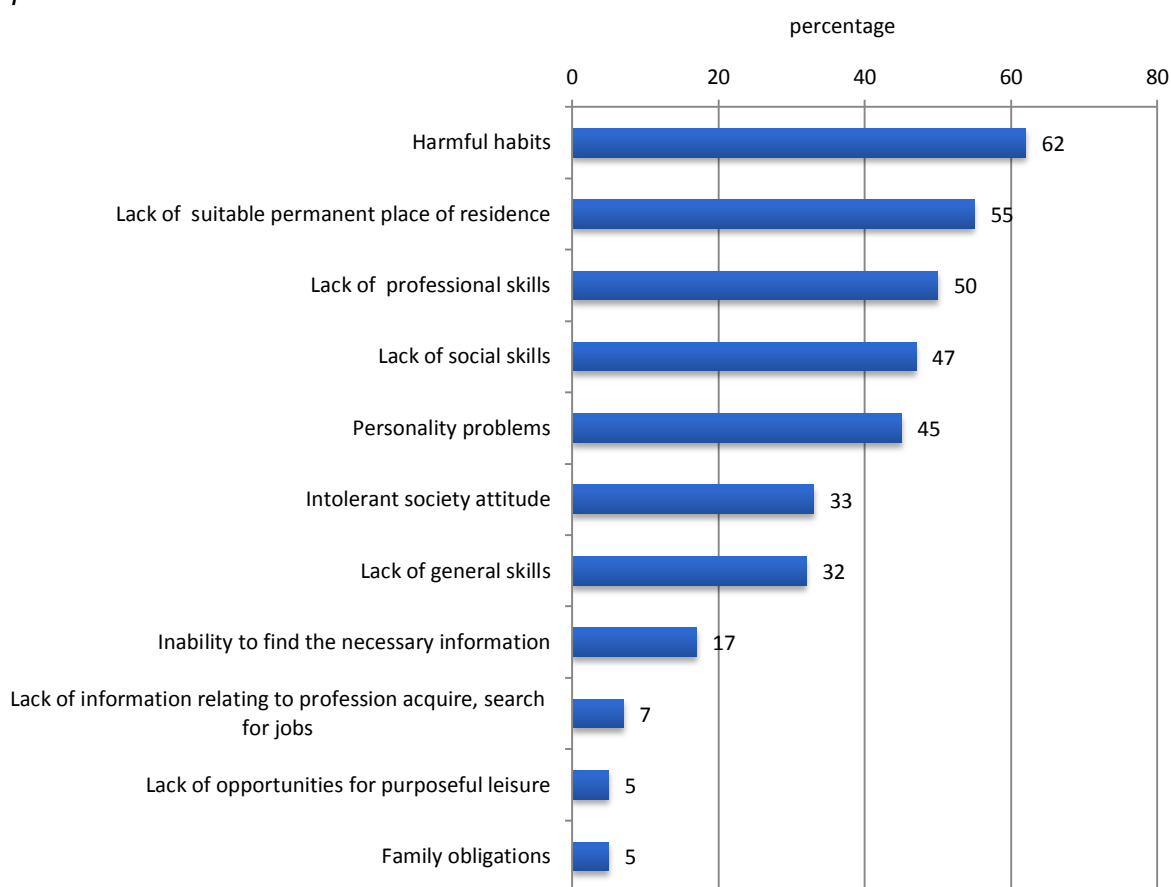
After the Law has been adopted, Order No. 1R-134, of 9 May 2012, of the Minister of Justice of the Republic of Lithuania On approval of the provisions of Kaunas, *Klaipėda*, *Panevezys*, *Siauliai* and Vilnius district probation services approved the provisions of 5 district probation services. Kaunas, Klaipėda, Panevezys, Siauliai 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 2013.

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, 2013, the imprisonment establishments placed 9 261 persons (8 831 males and 430 females), including:

- 1 118 detained, waiting for court (1 059 males and 59 females);
- 8 143 sentenced (7 772 males and 371 females).

Out of the total number of prisoners, 12,1 percent (1 127 persons) were registered as having mental and behavioural disorders using drugs and psychoactive substances. This number throughout the period from 2004 to 2013 accounts for 12 to 20 percent of all prisoners in the imprisonment establishments. As of December 31, 2013, the number of men registered in Lithuanian imprisonment establishments due to behavioural and mental disorders using drugs or psychotropic substances accounted for 91,5 percent of the total number of such registered persons, women accounted for 8,4 percent. The proportional drug use among all imprisoned women is higher than among the men, i.e. in 2013 – 22 percent of all imprisoned women used drugs and psychotropic substances, while this indicator among men was lower – 11,6 percent. Corresponding numbers from previous years are as follows: in 2012 – 30,1 percent of females and 13,9 percent of males, in 2011 – 26,3 percent of females and 14,5 percent of males, 2010 – 33,0 percent of females and 16,6 percent of males, in 2009 – 30,8 percent of females and 18,5 percent of males, in 2008 – 31,6 percent of females and 19,5 percent of males (Table 9-6). The statistical data show that the biggest share (25,9 percent) of all imprisoned drug and psychotropic substance users as of December 31, 2013 was a group of young people aged 30-34. The persons of the age group from 25 to 29 years accounted for 21,9 percent.

Most persons registered in Lithuanian imprisonment places due to behavioural and mental disorders using drugs or psychotropic substances used opioids – 52 percent, and multiple drugs or psychotropic substances – 36,3 percent.

Table 9-6. Number of imprisoned persons dependent on drugs and psychotropic substances, 2009 – 2013

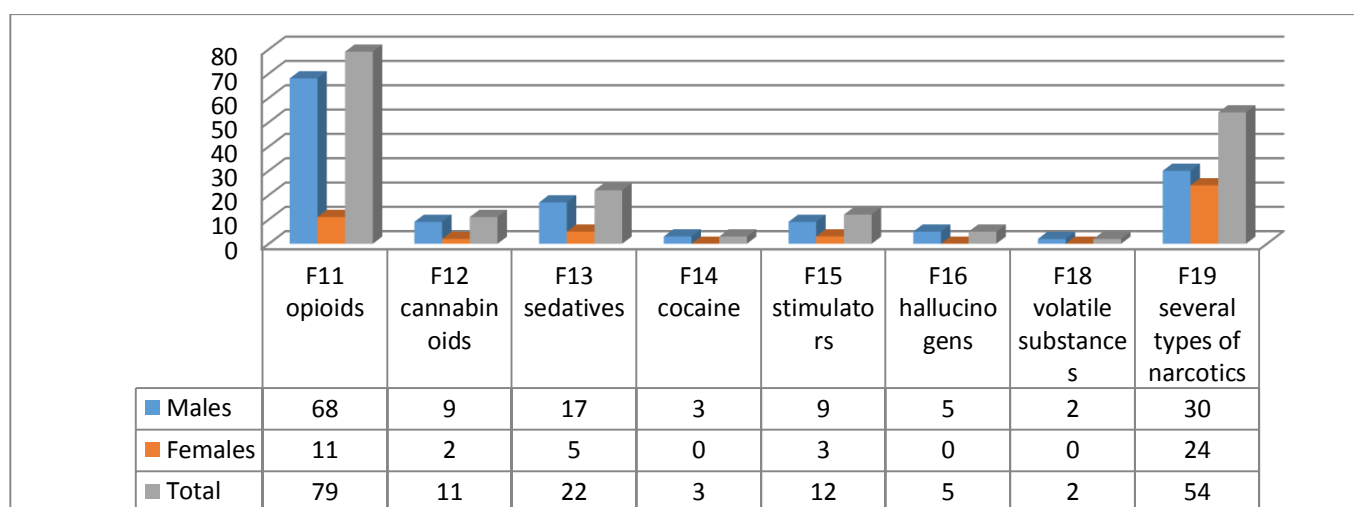
Item	2009		2010		2011		2012		2013	
Total number of drug addicts, including (% of total imprisoned persons):	1646	19,0%	1587	17,4%	1 491	15,0%	1 422	14,6 %	1127	12,1 %
- men	1530		1448		1 380		1 289		1 032	
- women	116		139		111		133		95	
Detained (before sentence), including:							71		82	
- men	140		113		109					
- women	19		22		15		4		2	
Convicts, including:										
- men	1506		1474		1 382		1 351		1 045	
- women	1409		1357		1 286		1 222		952	
- women	97		117		96		129		93	

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

In 2013, 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 increased significantly, as compared to 2012. In 2012, 188 persons (143 males and 45 females) were registered in the Lithuanian imprisonment places with the diagnosis of dependence on drugs and psychotropic substances for the first time in the lifetime, whereas in 2012 this number was 80 person (80 males), 2011 – 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 drugs 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 – 66 persons (35,1 percent).

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 – 42 percent (79 cases) and multiple drugs or psychotropic substances – 28,7 percent (54 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, 2013



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

In 2013 (i.e. from January 1, 2013, to December 31, 2013), 2 733 persons (891 detained and 1 842 sentenced, 2 407 males and 326 females) were registered in the Lithuanian imprisonment places due to mental and behavioural disorders using drugs and psychotropic substances, 3 persons were younger than 18 years of age. The majority of these persons were dependent on multi drugs and psychotropic substances, i.e. 44 percent (1 203 cases) and on opioids – 43,4 percent (1 188 cases) (Table 9-7).

Table 9-7. Distribution of persons in Lithuanian imprisonment places registered from January 1, 2013 to December 31, 2013 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 than 18 years
F11 - Mental and behavioural disorders using opiates	1 188	1
F12 - Mental and behavioural disorders using cannabis	95	0
F13 - Mental and behavioural disorders using tranquillisers and sedatives	44	0
F14 - Mental and behavioural disorders using cocaine	4	0
F15 - Mental and behavioural disorders using stimulants, also caffeine	172	0
F16 - Mental and behavioural disorders using hallucinogens	18	0
F18 - Mental and behavioural disorders using volatile substances,	9	0

F19 - Mental and behavioural disorders using multiple drugs and psychoactive substances	1203	2
Total:	2 733	3

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

Illegal turnover of drugs and psychotropic substances in imprisonment places

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

Table 9-8. Number of criminal acts related with illegal turnover of drugs 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 drugs and psychotropic substances. In total 1 817 g of drugs 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 drugs 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

Illegal turnover of drugs and psychotropic substances in imprisonment places

In 2013, 139 criminal acts related with illegal turnover of drugs and psychotropic substances were registered in Lithuanian imprisonment places (in 2012 – 98). Of them: 95 cases (68,3 percent) – illegal disposal of drugs or psychotropic substances without intent to distribute or supply (article 259 of the Criminal Code of the RL) and 44 cases (31,7 percent) – illegal disposal of drugs or psychotropic substances with intent to distribute or supply (article 260 of the Criminal Code of the RL). In 2012, there were respectively 38 cases (38,8 percent) of illegal disposal of drugs or psychotropic substances with intent to distribute or supply (article 259 of CC) and 60 cases (61,2 percent) – of illegal disposal of drugs or psychotropic substances with intent to distribute or supply (article 260 of the Criminal Code of the RL) (table 9-10).

Table 9-10. Number of criminal acts related with illegal turnover of drugs and psychotropic substances registered in imprisonment places, 2007 – 2013

Criminal acts	2007	2008	2009	2010	2011	2012	2013
Total number of criminal acts related with narcotic and psychotropic substances	152	140	123	93	94	98	139

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

Over 2013, officers of imprisonment places during searches and checks found and seized from the inmates 635,8 g of drugs and psychotropic substances. In total 1 676,8 g of drugs and psychotropic substances were seized in 2013 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 9-11.

Table 9-11. Quantities (in grams) of drugs and psychotropic substances seized in imprisonment places, 2008 – 2013.

Data name	2008	2009	2010	2011	2012	2013
1. Seized from persons in imprisonment places:						
<i>Substances recognized as narcotic and psychotropic</i>	244,94	307,9	188	89,74	238	635,8
<i>Substances recognized as narcotic and strong acting pharmaceuticals*</i>	-	-	-	-	-	-
2. Seized from officers 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	-	-	-	-	-
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>	-	-	-	-	-	-
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>	1 170,3	1 463,2	1 193	1 110	1 579	1 041
<i>Substances recognized as narcotic and strong acting pharmaceuticals*</i>	-	-	-	-	-	-
In total substances recognized as narcotic and psychotropic	1 415,24	1 771,1	1 381	1 199,74	1 817	1 676,8
In total substances recognized as narcotic and strong acting pharmaceuticals*	-	-	-	-	-	-
In total:	1 415,24	1 771,1	1 381	1 199,74	1 817	1 676,8

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 2013.

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 2013.

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 loose important social network ties. Additionally, because of the sense of helplessness the tiny social skills obtained in the imprisonment establishment are gradually lost.

In 2013, 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 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 percent 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 percent 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.

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. Supply to and within the country

-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.*

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

- **cannabis**, being number one drug in Lithuania among the users, is brought to Lithuania from the Netherlands. It may further be transited to Russia. In 2013, 124 kg of cannabis (in 2012 - 96 kg) were withdrawn from the illicit circulation in Lithuania, including 33 kg (dried plants) in growing places, 23 kg - from illicit trafficking, 46 kg - from keeping, 22 kg – at the boarder crossing;
- **hashish** is brought to Lithuania mainly from Spain, also from the Netherlands. As cannabis, it is further transited to Eastern Europe, also to the Scandinavian countries. In 2013, the quantity of hashish (cannabis tar) withdrawn from illicit circulation in Lithuania was twice the quantity withdrawn in 2012: 1088 kg - in 2013, 424 kg – in 2012.
- **heroin** is brought to Lithuania from the Central Asian countries via Russia and Belarus. In 2013, in Lithuania 13 kg of heroin was withdrawn (261 withdrawal cases)
- **cocaine** is brought to Lithuania from Western European countries, such as the Netherlands, by land and from South America by sea (detentions of previous year). Lithuania is a transit country for cocaine consignments of a large quantity. Cocaine is also imported to Lithuania by air: in 2013, 2 incidents of detentions were recorded in South America: 2 citizens of the Republic of Lithuania were detained in

Ecuador with 6 kg of cocaine and one female citizen of the Republic of Lithuania - in Peru when she tried to smuggle cocaine in her stomach.

- **ATS substances** are brought to Lithuania from Western Europe (the Netherlands, Belgium and Poland) and produced within the country. In 2013, in Lithuania 3 ATS production sites were uncovered (production of metamphetamine in all three cases). Since 1997, in total 7 metamphetamine production sites in Lithuania were uncovered.

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 drugs and psychotropic substances are sent by post or using courier services: in 2012 85 postal items were seized (in 2011 - 51, in 2010 - 30). On the grounds of these seizures 55 pre-trial investigations were instigated in the Customs Criminal Service (in 2011 - 43 and in 2010 - 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 2013 cannabis remained the most prevalent drug in Lithuania.

In 2013 almost 124 kg of cannabis was withdrawn from illicit circulation in Lithuania of which 33 kg was from unlawful cultivation. 53 percent of all seizures account for seizures of less than 1 g, 26 percent is made up of seizures from 1 g to 10 g and only 2 percent is constituted of seizures of more than 1 kg.

In 2013, 13 pre-trial investigations in relation to illegal cannabis growing were initiated, including 5 cases of cannabis growing in artificial conditions using special equipment. In other cases cannabis was grown outdoors, in greenhouses and in pots in regular conditions, Last year the biggest growing area of cannabis was uncovered in the Utena County. The cannabis were grown in 2 greenhouses and a specially equipped cellar. During the detention 199 units of cannabis plants (the weight of green cannabis plants ca. 80 kg) were withdrawn, 2 citizens of the Republic of Lithuania were detained.

In 2013, from illicit circulation in Lithuania two times bigger quantity of hashish (cannabis tar) was withdrawn, compared to 2012 (in 2013 – 1088 kg, in 2012 – 424 kg), however, the number of detentions did not increase. Such big volume of hashish withdrawn last year was due to detention of transit consignments.

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 drugs 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 showed that there were such cases in Lithuania when methamphetamine was withdrawn in the mixture with PMMA (para-methoxymethylamphetamine).

In 2013, in Lithuania 3 ATS production sites were uncovered, and in all cases metamphetamine was produced. Since 1997, in total 7 metamphetamine production sites were uncovered in Lithuania.

Analysis of the general situation concerning illegal traffick in ATS substances indicates that the prices of ATS substances this year did not increase significantly compared to the price level last year. Only ecstasy became more expensive due to the increase of its upper price limit. Compared to the previous year data the average concentration of ATS substances remains stable.

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 actually remained the same. Heroin in Lithuania continued to be the most popular intravenous drug. In 2013, in Lithuania 13 kg of heroin were withdrawn (261 withdrawal cases).

Due to a small market of heroin users smuggling of heroin into the country is not often detected. In 2013, by efforts of the Organised Crime Investigation Unit of the Vilnius Chief Police Headquarters the heroin smuggle channel was ceased, the involved persons were detected, including 2 citizens of Tajikistan, 10 kg of heroin were withdrawn from illegal circulation. It was established that the heroine could be trafficked in the Roma labor.

Compared to 2012, the quality of heroin further degraded - the average purity was ca. 18 percent (in 2012 - 22 percent). The purity of heroine trafficked in Lithuania last year mainly was up to 30 percent (239 seizure cases accounting for the share of 92 percent of the total number of seizure cases), in 2012 - 89 percent of the total number of seizure cases, in 2011 - 85 percent of the total seizure cases. In 2013, only 3 seizure cases (1 percent of the total number of seizure cases) were observed when the purity of withdrawn heroin exceeded 40 percent (in 2012 - 5 cases of such seizures (2 percent of the total number of seizure cases). As in 2012, last year no case was recorded when the heroin purity exceeded 50 percent.

In 2013, no concentrate of poppies or their parts was withdrawn in Lithuania (in 2012 - 7 cases of poppy detention). Presumably, this substance is used only by individual drug users producing poppy concentrate in domestic conditions for their own use.

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. 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, air planes and postal parcels. 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.

A persistent trend concerning criminal activities related to cocaine smuggling by citizens of the Republic of Lithuania in foreign countries was observed. Among all Lithuanians detained abroad in relation to illicit trafficking of drugs and psychotropic substances cocaine couriers are detained most often. Lithuanians seem not to have an aversion to go to South American countries expecting easy money, i.e. to bring one or several kilos of cocaine. Since 2011, decrease of such detentions, bringing cocaine by ingestion in particular, was observed, though sometimes still occur. In 2013, 2 detention cases related to Lithuanians were recorded in South America: 2 citizens of the Republic of Lithuania were detained in Ecuador with 6 kg of cocaine and 1 female citizen of the Republic of Lithuania trying to bring cocaine in her stomach - in Peru. It cannot be excluded that not all information concerning such detentions was communicated to the Lithuanian law enforcement institutions.

e) PRECURSORS OF DRUGS AND PSYCHOTROPIC SUBSTANCES

Recently, a great concern is caused by chemical substances not prescribed to precursors of drugs and psychotropic substances (hereinafter – precursors), i.e. substances not included into the formal Schedule and also called pre-precursors or substances subject to monitoring on a voluntary basis, though

used for manufacture of synthetic drugs more and more often. Pre-precursors were noticed on the market when a shortage of BMK arose.

A number of chemical substances fit for production of BMK exists, however, currently the most popular substance is APAAN (alpha-phenylacetoacetonitrile, CN code 29269095, CAS number 4468–48–8). APAAN is not used in any legal circulation of chemical substances, i.e. its legal use in chemical industry is not known. The only source of APAAN is China. Recently, an increased number of cases concerning transporting and use of APAAN in manufacture of drugs is observed, more laboratories processing APAAN into BMK were detected, the process is not complicated but the price difference is obvious: in the Netherlands 1 litre of BMK costs ca. EUR 800, 1 kg of APAAN –EUR 45.

It is difficult to give prognosis how the situation will change after including APAAN into the Schedule of controlled substances. Regulation (EC) No. 1259/2013 of 20 November 2013 of the European Parliament and of the Council amending partially Council Regulation (EC) No. 111/2005 establishing monitoring rules (OL L 330, 2013 12 10, p. 30—38) for trade in precursors of drugs and psychotropic substances between the Community and the third parties amended the Schedule with APAAN and controlled substances in category 4: pharmaceutical preparations and veterinary pharmaceutical preparations containing ephedrine or its salts and pharmaceutical preparations and veterinary pharmaceutical preparations containing ephedrine and pseudoephedrine.

Rapid development of science and chemical industry, emerging of new chemical substances provide an opportunity to use new methods and technologies for manufacture of drugs. However, in the fight against criminality, limitation and prohibition of trade in the chemical substances used in chemical industry would not be an effective measure as on the market prohibited substances are quickly replaced with new uncontrolled ones. Seeking to implement the control mechanism of precursors and to control the market of chemical substances cooperation of competent authorities of the country with the undertakings and exchange of relevant information are necessary.

The Agreement No. T15-2/5IN-2/11B-416/6B18/19/31TP-2013-8 of 14 May 2013 concerning cooperation among control institutions (including police) and representatives of chemical industries based on which exchange of information, trainings, etc. are conducted was signed. Based on this Agreement the *Code of Conduct Having Established Suspicious Transactions* was prepared, which provides recommendations how representatives of the chemical industry should behave if they suspect an illegal transaction or a buyer, where to report, etc.

f) OTHER DRUGS AND PSYCHOTROPIC SUBSTANCES

In the course of a few consecutive years the responsible authorities in European countries identify more and more new psychoactive substances (hereinafter – NPS) to imitate effects of controlled drugs. In 2013, through the EU early warning system the European Monitoring Centre for Drugs and Drug Addiction received in the average one notice of NPS per week. In 2011, the EU was notified of 49 NPS, in 2012 – of 73 NPS, and in 2013 - over 80 NPS. According to the data of the UNODC, last year through the early warning system 96 NPS were identified, and at present 372 NPS are observed, this number significantly exceeding that of controlled substances according to the Conventions of 1961 and 1971.

In the last few years new synthetic cannaboids, receptor agonists, phenethylamines and cathinone are identified in most cases corresponding to the most popular illegal drugs. The biggest share of psychoactive substances onto the European market of illegal drugs are obtained from synthesis outside Europe. It is considered that mainly it takes place in China, India, South America.

The biggest share of identified new psychoactive substances are synthetic substitutes of traditional drugs or psychoactive plants.

Though according to laws of the Republic of Lithuania many NPS are controlled substances and should not be named as new psychoactive substances but in other countries they are in legal circulation, and that's the reason why they are described in this chapter.

In 2013, in Lithuania the following substances of plant origin were withdrawn: psychotropic mushrooms (87 g), *Salvia divinorum* (65 g), *Banisteriopsis caapi* (100 g), peyote cactus containing mescaline (1 unit), seeds of *Peganum harmala* (16 g), seeds of *Argyrea nervosa* (61 g). As the quantities of the above substances were rather small it is not possible to affirm that the substances were intended for trade, however, the quantities of the sclerotia of mushrooms of the *Psilocybe* genus (405 g) and mycellium of mushrooms of the *Psilocybe* genus (1465 g) show that these substances were likely intended for sale, growing or propagation.

In 2013, in Lithuania the biggest withdrawn quantities were those of 4-Methylethcathinone (4-MEC). This substance in many EU countries is a new psychoactive substance and not prohibited. 4-MEC is considered a substitute for mephedrone, usually in a crystalline form, used by inhalation or ingesting.

Due to legal regulation of NPS differences in various states (in a number of states NPS circulation is not regulated) users and traders acquire these substances on the Internet from foreign states and receive them by post. According to the data of the Lithuanian Customs Criminal Service NPS were mainly received by sending from the United Kingdom (10 parcels), the Netherlands (5), China (4) and Singapore (1).

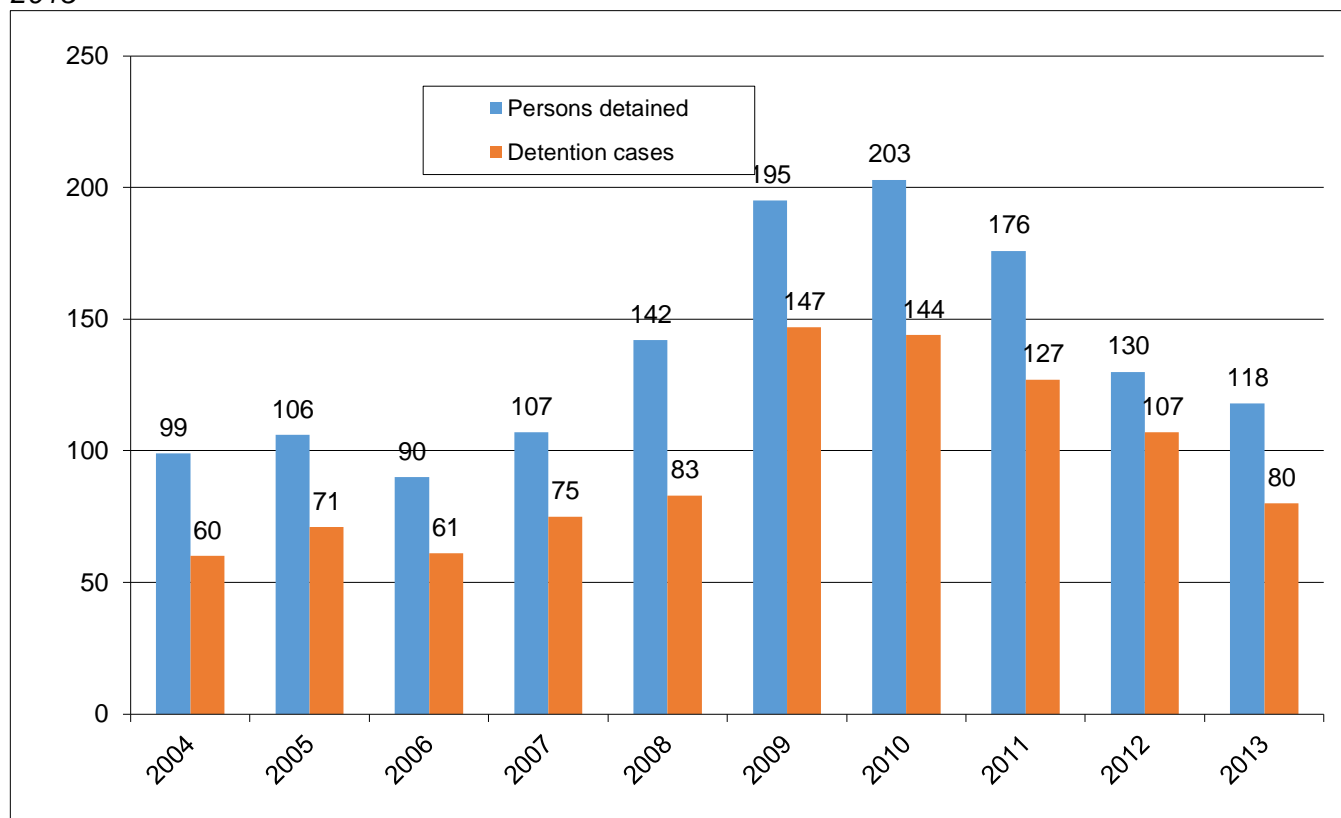
No integrated approach and legal regulation concerning NPS exist globally or in the European Union. On 17 September of 2013 the European Commission announced/published the proposal of Regulation of the European Parliament and of the Council concerning new psychoactive substances (COM(2013) 619 final) based on which standardisation of NPS regulation in the EU would be introduced. Wide and intensive discussions are taking place both in the Council's Horizontal Drugs Group and the European Parliament.

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 2013, law enforcement agencies were aware of 80 cases of detention (107 in 2012) and 118 citizens of the Republic of Lithuania were detained (130 in 2012) (Figure 10-1). Comparison of the data on detentions and detained persons in 2013 and 2012 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 10-1. Ratio of the number of citizens of the Republic of Lithuania arrested and arrests abroad, 2004-2013



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

Most often the Lithuanian nationals were arrested for drug trafficking in Norway, Spain, Germany, Russia and Sweden. In 2013, the main detention countries were Germany, Norway, also the number of detentions in France increased. However, it does not mean that these states are countries of destinations, for example, Germany and France could possibly be transit countries for drug smuggling (Table 10-1).

Table 10-1. Number of cases, arrested people and confiscated amount of substances when Lithuanian citizens were arrested abroad for illegal circulation of drugs, 2013

Country	Number of detainees	Substance	Quantity	Number of cases of detention
Norway	22	amphetamine	56.1 kg	13
		methamphetamine	62.3 kg	
		rohypnol	4000 tab.	
Sweden	9	methamphetamine	30.8 kg	6
		hashish	11.3 kg	
		catha edulis	55 kg	
Finland	3	hashish	20.3 kg	3
		cocaine	180 g	
		ecstasy	1200 tab.	
		fentanyl	1.4 g	
Iceland	1	cocaine	500 g	1
Belgium	2	cocaine	63 g	1
Germany	20	hashish	403.8 kg	15
		cocaine	4.4 kg	
		cannabis	15 kg	
		catha edulis	300 kg	
		subutex	9693 tab.	
		ecstasy	70500 tab.	
Switzerland	1	catha edulis	45 kg	1
Ireland	8	heroin	1 kg	5
		cannabis	3.2 kg+670 plants	
United Kingdom	6	cocaine	4 kg	3

France	11	hashish cocaine heroin cannabis	28.9 kg 309.1 kg 3.6 kg 1.8 kg g	9
Italy	1	cocaine	230 g	1
Spain	4	cocaine	46.9 kg	3
Cyprus	1	4-MEC	7 g	1
Turkey	10	heroin cocaine	17.1 kg 750 g	4
Macedonia	1	cannabis	13.2 kg	1
Peru	1	cocaine	440 g	1
Ecuador	2	cocaine	6 kg	1
São Vicente	1	cocaine capsules	85 capsules	1
Kenya	2	heroin	24.5 kg	1
Poland	1	cannabis	1 g	1
Latvia	4	cocaine	34.9 g	2
Ukraine	1	cannabis plants	10 plants	1
Russia	5	heroin amphetamine methamphetamine	189 g 2.4 kg 1.3 kg	4
Belarus	1	cannabis hashish	3 kg 2 kg	1
TOTAL:	118	amphetamine methamphetamine cocaine hashish catha edulis cannabis cannabis plants heroin ecstasy rohypnol subutex fentanyl 4-MEC	58.5 kg 94.4 kg 364.2 kg, 85 capusles. 466.3 kg 400 kg 36.8 kg 680 plants 46.2 kg 71700 tab 4000 tab 9693 tab 1.4 g 7 g	80

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, which makes up 64 percent (59 percent in 2012) of all transportation cases. Smuggling by plane constitutes the second largest proportion of the transportations, which makes up 25 percent (33 percent in 2012) of all cases of transportation. What remains is transportation of drugs by ship/ferry and by bus.

Types of drugs:

As in 2012, in 2013 most seizures of Lithuanians were with regard to the transportation of cocaine (26 percent); the number of cannabis seizures holds the second position (16 percent), as in the previous year. Subsequently, hashish (15 percent) and heroin (13 percent) seizures follow. The number of seizures

of metamphetamine (10 percent) and amphetamine (9 percent) increased compared to 2012: metamphetamine – 5 percent, amphetamine – 5 percent.

Age of persons detained:

The age of Lithuanian nationals detained for illicit drug circulation abroad in 2013 fluctuated from 20 to 53, there were no minors among the detainees. On average the detained persons were about 30 years of age. Persons from 20 to 33 are predominantly inclined to offend.

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 2014)

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

Table 10-2. Number of quantities of drugs and psychotropic substances as well as their 1st category precursors removed from illegal circulation, number of confiscation cases and arrested persons in 2013

Name of the substance	Quantity of Substance Seized in total				
	From production/ cultivation	Selling	Possessing	Smuggling	In total
Heroin (kg)		0.905	12.3		13.2
Cocaine (kg)		0.123	3	0.172	3.3
Cannabis (Marihuana) (kg)	32.9	22.8	46.6	21.8	124.1
Hashish (kg)		1.3	0.005	1 087	1 088
Methamphetamine (kg)	1.06	4.85	9.1	43	58.01
Amphetamine (kg)		0.019	0.99	12	13.05
Ecstasy (g)		36	378	43	457
mCPP (g)		50			50
Mushrooms containing psilocybin or psilocin (g)		1222	62	27	1311
Salvia divinorum (g)		0.5		65	65.5
Banisteriopsis caapi (g)				100	100
MAM 2201 (g)		0.7	14.3	71	86
AM 2201 (g)		95	13	1004	1112
DMT (g)			1000	1510	2510
Leaves containing DMT (g)				222	222
DMT and harmine liquid (ml)				1462	1462
4-MEC (g)		43	57	2114	2214
α-PVP (g)			999	140	1139
Bk-MDMA (g)				50	50
Mathylphenidate (g)				50	50
Mephedrone (g)			14	484	498
JWH			59	26	85
2-CB (g)			55		55
Phenobarbital (ml)			100		100
BMK (kg)	15				15
Safrole (kg)			12.7		12.7

APAAN (kg)	181				181
Medicine containing psychotropic substances		98 g 219 ml 5 tab	67 g 71 ml 232 tab	16 g 100 tab	181 g 290 ml 337 tab

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

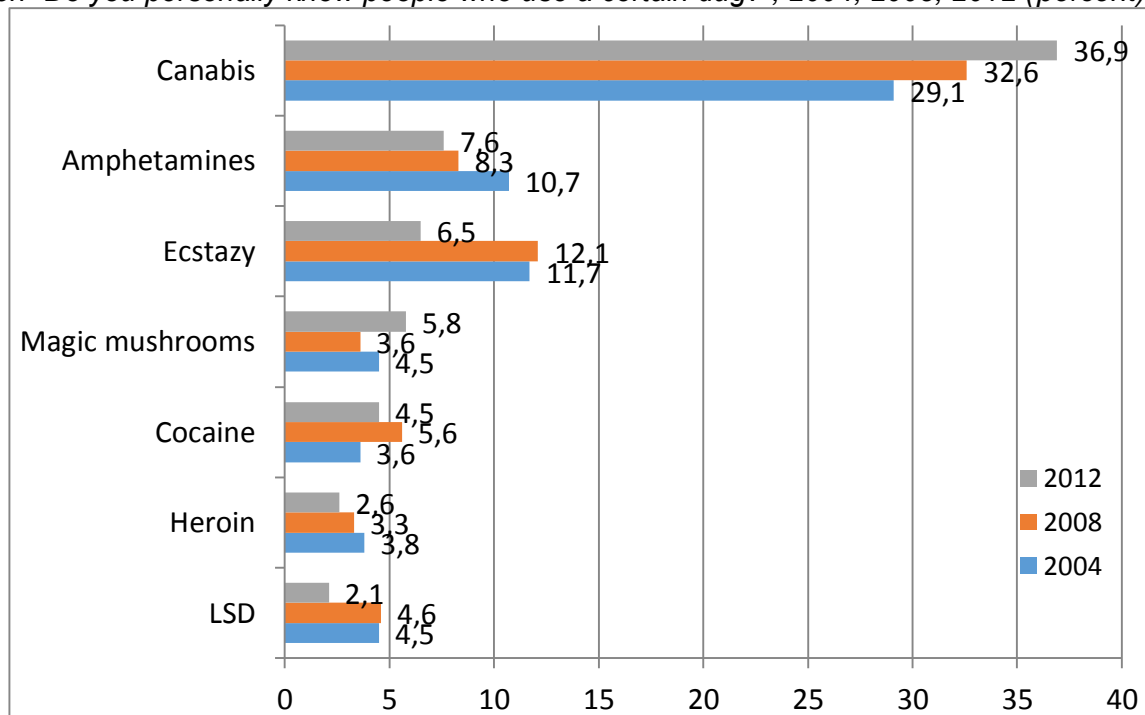
10.4. Availability

Drugs Availability (General Population Survey 2012 data)

Based on the general population Survey 2012, 86,9 percent of the respondents indicated that nobody among his/her friends used drugs. 12,2 percent of the respondents reported they had few friends, 0,9 percent 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 percent and 77,1 percent respectively). Younger respondents indicated more often they had several friends/acquaintances using drugs, compared to older respondents (22,9 percent and 6,2 percent respectively).

According to the Survey 2012, 36,9 percent of the Lithuanian population reported they knew cannabis users; 7,6 percent said they knew amphetamine users, 6,5 percent – knew ecstasy users. The least number of the respondents (2,1 percent) reported they knew LSD users (Figure 10-2).

Figure 10-2. 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 (percent)



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.

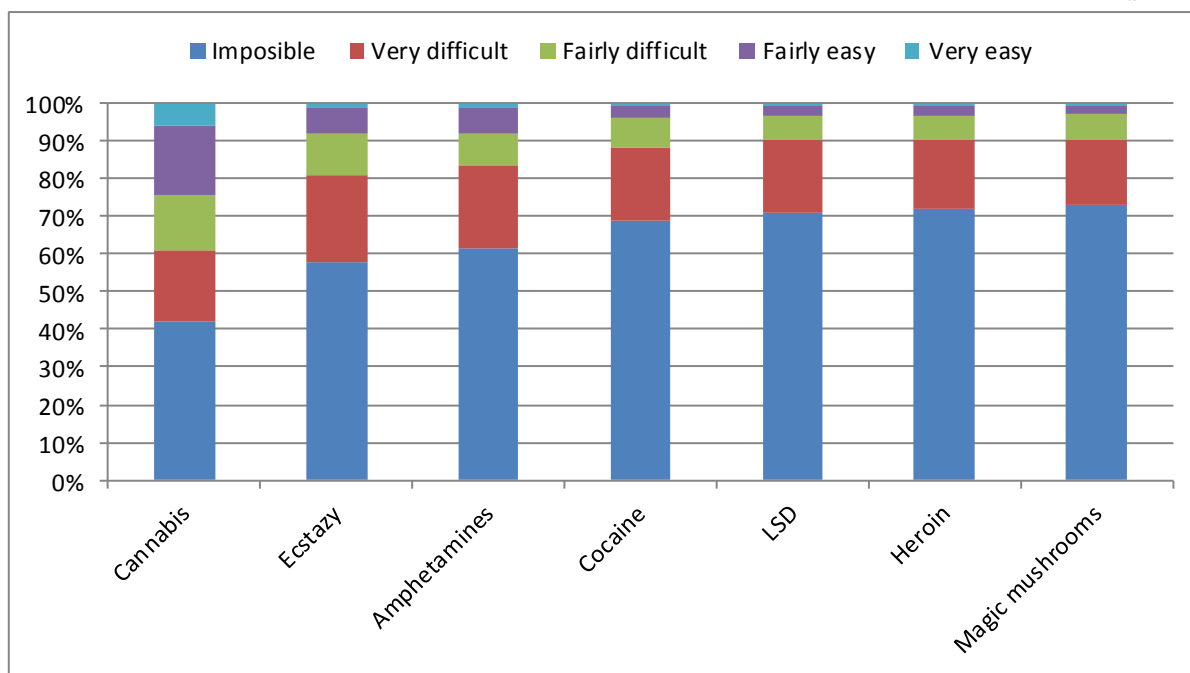
According to the Survey 2012, more than half of the Lithuanian population (56,4 percent) claimed that it would be impossible for them to obtain cannabis in 24 hours if they wished so (women – 63,2 percent, men – 49,2 percent). 4,6 percent of men and 2,7 percent of women said it would be very easy for 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 percent vs. 2,0 percent) to report as stated above (Table 10-3).

Table 10-3. Distribution of respondents having answered to the question “Would it be difficult for you personally to obtain cannabis within 24 hours if you wished so?”(percent)

	15-64 years (N = 4777)			15-34 years (N = 2152)			35-64 years (N = 2625)		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Impossible	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 percent of the population aged 15 to 34 years it would be very easy to get it. Among drugs to be the most difficult to obtain the following ones were named: hallucinogenous mushrooms (73,2 percent said it would be impossible to obtain this in 24 hours), heroin (71,8 percent said it would be impossible to obtain this in 24 hours) and LSD (70,8 percent of the Lithuanian population aged 15 to 34 said it would be impossible to obtain it in 24 hours) (Figure 10-3).

Figure 10-3. Distribution of respondents aged 15 to 34 years having answered to the question “Would it be difficult or easy for you personally to obtain a certain drug within 24 hours if you wished so?” (percent)



- Price of illicit drugs at retail level and wholesale level

Additional information for this chapter is also available in the Standard Table 16 Price in Euros at street level of illicit drugs (submitted in 2014)

Analysis of prices of drugs 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 drugs 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 was noticed that the same high wholesale price is paid both for a quantity significantly smaller than a kilogram

and for a kilogram of a drugs 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 2013, no greater changes associated with the prices of drugs and psychotropic substances in Lithuania were noticed. (Table 10-4).

Table 10-4. Prices of drugs and psychotropic substances in 2013

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)	-	-	-	-	-	-	-	-	-
Marijuana (1 g)	2,02	17,39	11,01	61	-	-	-	6,08	-
Hashish (1 g)	1,44	13,04	10,14	11	-	-	-	1,59	-
Methamphetamine (1 g)	2,02	11,59	9,56	11	-	-	-	2,02	-
Amphetamine (1 g)	2,89	11,59	8,69	17	-	-	-	2,89	-
Amphetamine (dose)	-	-	-	-	-	-	-	-	-
Amphetamine (1 tab.)	-	-	-	-	-	-	-	-	-
Ecstasy (1 tab.)	1,15	11,59	4,63	15	-	-	-	1,15	-
Heroin (1 g)	20,28	101,44	59,13	17	-	-	-	21,73	-
Heroin (dose)	5,79	20,28	12,46	18	-	-	-	-	-
Cocaine (1g)	57,97	72,46	63,76	7	-	-	-	-	-

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

- Purity/potency of illicit drugs

Additional information for this chapter is also available in the Standard Table 14 Purity at street level of illicit drugs (submitted in 2014)

Average concentration of drugs and psychotropic substances withdrawn in 2013 in comparison with 2012 has remained very similar. Lower concentration in 2013 in comparison with 2012 is noticed for heroin, amphetamine and methamphetamine. (Table 10-5).

Table 10-5. Purity of drugs and psychotropic substances on the national illegal market, 2012-2013

Name of the substance	Fixed lowest purity (%)		Fixed highest purity (%)		Average purity (%)	
	2012	2013	2012	2013	2012	2013
Heroin	3	0,1	48,2	45,8	22	18
Cocaine	4,7	0,7	85,6	85,5	38	43
Amphetamine (powder)	0,1	0,8	56,3	52,7	20	15
Methamphetamine	0,009	1,1	79,5	68,6	19	17
Ecstasy type substances (MDMA)	17,8	4,2	54	45,7	36,6	35
mCPP	5,4	10,9	13,7	13,7	8	12

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

- Composition of illicit drugs and drug tablets (including cutting agent)

No information is available

PART B

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