

LITHUANIAN FOCAL POINT  
UNDER THE STATE PUBLIC HEALTH SERVICE

## **Report on the Drug Situation 2003**

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA

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## **NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK**

### **1. Developments in Drug policy and Responses**

#### **1.1 Political framework in the drug field**

Drug abuse and drug trafficking are growing in Lithuania. In order to fight against drugs, Lithuania has adopted a number of counter-measures in three main areas - policy development, drug demand and drug supply reduction. Lithuanian authorities develop the national drug policy strategy and are provided assistance on illicit drug control by the European Union PHARE Multi-beneficiary Programme on participation of the central and eastern European candidate countries in Community Agencies: "Co-operation EMCDDA – central and eastern European countries 2001-2002" and "Participation of the candidate CEECs in the EMCDDA 2003-2004". Particular attention in these projects is given towards the development of national strategies, Lithuanian action plan of drug information system, focal point for the participation in all activities of the EMCDDA, to ensure that Lithuania adopt the Community Acquis and the best practice in the field of Drugs.

The Ministry of Health participates in the international PHARE Project "Co-operation between the European Monitoring Centre for Drugs and Drug Addiction and Central and Eastern Europe Countries" (Co-operation EMCDDA - CEECs). This Project provides for methodological assistance, organisation of seminars and training of professionals. The objective of this Project is to assist Lithuania and other candidate countries to participate in the activities of the European Drug Information Exchange Network (REITOX) and of the European Monitoring Centre for Drugs and Drug Addiction, to develop and implement the action plan of the drug information system, and to draft the national report according to the recommendations of the European Monitoring Centre for Drugs and Drug Addiction. Persons engaged in these programmes are invited to participate in organised seminars, conferences and training courses. In September 2002 the final meeting of the Phare project "Cooperation EMCDDA-CEEC's was held in Prague. The National Drug Coordinator of Lithuania presented the situation about implementation of this project, assessed the drug information system in Lithuania, the status of the Lithuanian National Local Point as well as the capacities and needs of the institutions involved.

Other programmes for preparation for the membership in the European Union in the field of drug prevention are also being implemented in Lithuania, namely PHARE projects: Drugs in Prisons, Precursors Project, Control of Synthetic Drugs, Project of Integration of the Drug System of the Eastern and Central Europe into the European Monitoring Centre for Drugs and Drug Addiction. Under the European Council Pompidou Group Project "Prevention of Drug Addiction in the Community - Training of Professionals", a manual was prepared for primary health care providers and public health care specialists. Lithuania participates in the United Nations International Drug Control Programme, has close cooperation with the Council of Europe Pompidou Group, which assisted in developing a Handbook for Local Community Drug prevention. The Ministry of Health initiated the implementation of the project "Parents Help Parents" intended for parents whose children are dependent on drugs. This project is being implemented between the Lithuanian and Norwegian public organisations, and it is financed by the Norwegian Government.

Lithuanian authorities are provided assistance on illicit drug control by bilateral donors that facilitated the drug policy development in the country. The implementation of PHARE/TWINNING project "Strengthening Illicit Drug Demands and Supply Reduction Capabilities" has started in January, 2002, the objective of which is the further alignment with the Acquis concerning the fight against drugs by extending administrative, information support and intervention capacities of the Lithuanian Government. The project covers three main action areas - drug policy development, drug supply reduction and drug demand reduction - and attempts to build up and complement the actions taken under the PHARE Multi- beneficiary Drugs Programme.

The main co-ordination agencies for drug control and drug prevention have been established in Lithuania.

Under the Resolution No. 1059 of 21 August 2003, the Government of the Republic of Lithuania decided that the Drug Control Department under the Government of the Republic of Lithuania will be set up and will start its activities since 1 January 2004. One of the objectives of the Department is to coordinate the implementation of the National Drug Addiction Prevention and Drug Control Strategy and the National Drug Addiction Prevention and Drug Control Programme as well as other activities carried out by central and local government authorities and institutions in the field of drug addiction prevention and drug control. At the moment, the interdepartmental coordination is carried out by the Drug Control Commission of the Government. The Ministry of Health was involved in the PHARE Twinning Project Strengthening Illicit Drug Demand and Supply Reduction Capabilities. One of the objectives of this Project was to set up and strengthen the National Focal Point for Drug Information for the purposes of collection, analysis and dissemination of comparative data on drugs in Lithuania according to the requirements of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The National Focal Point for Drug Information was set up with the State Public Health Care Service under the Ministry of Health under the order of 2 April 2002 of the Minister of Health.

The drug control policy in Lithuania is based on the National Drug Control and Drug Addiction Prevention Programme for 1999-2003. One of the objectives of this Programme is to set up more efficient drug control and drug addiction prevention policy (both on national and municipal levels), to seek better implementation thereof, to carry out its monitoring and administration, to join forces with the non-governmental organisations, private sector and international organisations operating in this field. Lithuania drafted the National Drug Control and Drug Addiction Prevention Programme for 2004-2008 which provides for the development of mutual cooperation between the national authorities which, within the scope of their competence, carry out the drug addiction prevention and drug control and public organisations and communities; promotion of initiatives of local government and regional authorities in the field of drug addiction prevention and drug control; and the increase of the role of society in dealing with and solving the issues of drug addiction prevention and drug control.

Under the Resolution No. 282 of 28 February 1995 of the Government of the Republic of Lithuania (Official Gazette *Valstybės Žinios*, 1995, No.20 - 461), the Governmental Drug Control Commission was formed to comprise representatives of eleven ministries and departments. Each ministry and institution was assigned tasks related to drug control and prevention of drug addiction. The task of the Commission is to co-ordinate the activities of drug control and prevention of drug addiction, to analyse and sum up the situation. The Governmental Drug Control Commission was commissioned to co-ordinate the National Drug Control and Drug Addiction Programme 1999-2003. By its Resolution No 42 of 14 May 1999 (Official Gazette *Valstybės Žinios*, 1999, No.42 - 1336), Resolution No.833 of 6 June 2002 (Official Gazette *Valstybės Žinios*, 2002, No. 57 - 2318), Resolution No. 1336 of 23 August 2002 (Official Gazette *Valstybės Žinios*, 2002, No. 83-- 3603), Resolution No. 137 of 29 January 2003 (Official Gazette *Valstybės Žinios*, 200, No. 13-- 501) the Government of the Republic of Lithuania approved the new composition of the Governmental Commission, which is and headed by the Minister of Health and comprises member of Parliament, representatives of different ministries and institutions, the Head of the National Drug Information Focal Point was appointed the Principal Secretary of the Commission. The Secretariat of the Commission has its location at the premises of the State Public Health Service.

National Co-ordination Board for implementation of National Drug Control and Drug Prevention Programme, re-established by Order No. 212 of 16 May 2002 of the Minister of Health. The main responsibilities includes implementation of National Drug Control and Drug prevention Programme.

The drug information Focal Point was set up in 1996 at the Ministry of Health with the support of the PHARE Drug Information Systems project. It was not specifically mandated, staffed or financed and the information collection process was not formalized. In 2001, it was established in the State Mental Health Centre, but it didn't work properly.

The National Focal Point for participation in the European Information Network on drugs and drug addiction (REITOX) was re-established in April of 2002 in the State Public Health Service as separate department - National Drugs Information Bureau by the Decree of Health Minister No 155. Regulation for National Drug Information point was adopted 2002 05 13 by the Order of Director of State Public Health Service. Establishment of the National Local Point received support under the project *Strengthening Illicit Drug Demand and Supply Reduction Capabilities* of the National PHARE Program 2002

National Drug Information Bureau has received its first budget in 2002 of € 23,188 and € 47,400 for 2003, which was based on request for funds to pay for NFP staff salaries. The separate budget includes the funds necessary to participate in the EMCDDA.

## 1.2 Legal framework

- Law on Amendment to Law on Control of Narcotic Drugs and Psychotropic Substances, 1998, 2002;
- Law on amendments to Penal Code on illicit trafficking of psychotropic substances provides stricter penalties for illicit drug trafficking, trafficking of precursors of narcotic drugs and psychotropic substances, establish responsibilities of legal person on money laundering; 1998, 1999, 2002,
- Law on Narcological Supervision, 1997,
- Law on Money Laundering, 1997,
- Law on Narcological Care, 1997,
- Law on Precursors Control, 1999.
- On 17 February 2000, the article No 44<sup>2</sup> of the Administrative Legal Code was amended by the Law on Illicit Trafficking of Precursors.
- On 15 June 2000, the article 232<sup>1</sup> of the Penal Code was amended in order to strengthen Law legal responsibility for illicit trafficking of narcotic drugs and psychotropic substances banned to use for medical purposes.
- The National Programme for Control of Drugs and Prevention of Drug Addiction for 1999-2003 is implemented, renewed and supplemented by the resolution of Government No 1401 of 26 November 2001 (Official Gazette *Valstybės Žinios*, 2001, No.99 - 3552), the resolution of Government No 1868 of 28 November 2002 (Official Gazette *Valstybės Žinios*, 2002, No.115 - 5154).
- On 13 February 2002, Lithuanian Government by Resolution approved the Government of the Republic of Lithuania confirmed the Strategy on Fight of Operational Activity Subjects against Illegal Circulation of Narcotic and Psychotropic Substances

- On 12 June 2002, Resolution of the Government of the Republic of Lithuania “On the Urgent Measures for the Prevention of Drug Addiction and HIV Spread in Lithuanian Remand and Imprisonment Establishments”,
- Order of the Minister of Justice 2002, “On Approving the 2002 Plan of the Urgent Measures for the Prevention of HIV/AIDS, Sexually Transmitted Diseases and Drug Addiction”.
- On 6 January 2000, 2002 The list on narcotic drugs and psychotropic substances was approved by the Order of the Minister of Health.
- On 31 January 2000, the list on precursors by the order of the Minister of Health was approved.
- On 8 May 2000, Lithuanian Government by Resolution approved the order related to licit trafficking of precursors- licensing, registration, treachery of authorisations, list of countries when needs authorisation for export of precursors of II and III category.
- On 24 May 2000, the Order of Minister of Health on Requirements for Premises for Storing of Narcotic Drugs and Psychotropic Substances was issued.
- On 30 May 2000, the Minister of Health issued the Order on List of Narcotic Drugs and Psychotropic Substances, for import and export of which authorisation of the Ministry of Health is required.
- On 11 July 2000, the Order of Ministry of Health and Ministry of Interior on the Approval of Recommendation Schedule on Quantities of Narcotic Drugs and Psychotropic Substances on Illicit trafficking (small quantities, large scale) was adopted.
- On 14 December 2000 the Order on Co-ordination of the Law Enforcement Structures in the Fight against Illicit Drug trafficking.
- In May 2000, the Baltic Assembly adopted Resolution on Protection of Children from Narcotic Drugs.
- On 2 April 2002, The Order of Minister of Health on Establishment of National Drugs Information Bureau was issued.

From 1994, Lithuania is a party to the UN Single Convention on Narcotic Drugs (1961) and the UN Convention on Psychotropic Substances (1971), in 2002 Government signed agreement for participation in EU Pompidou group, in 1994 - ratified the Convention on Laundering, Search, Seizure and Confiscation of Proceeds from Crime, of the Council of Europe, in 1998 - ratified the UN Convention On Fight Against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances (1988); in 1995 – the UN Convention on the Rights of the Child. In 1996, the Lithuanian Government together with other Baltic Countries, the European Commission and UNDCP signed the Riga Declaration on the Fight Against Money Laundering.

According the Resolution No 27-5602 of 13 June 2002 of the Chancellor of Government the Ministry of Health is obliged to draft National Drug Strategy. By the order No 388 of 30 July 2002 the intersectional working group was established.

Under the Resolution No. 1216 of 2 October 2003 of the Government of the Republic of Lithuania the National Drug Strategy was adopted. (cf. in annex A)

As previous National drug control and prevention programmes (for 1999 – 2003), the new national action plan and Strategy focuses on measures on primary drug prevention in the community (among children and young people), treatment, rehabilitation, strengthening drug control capacities, promotion of cross-sectoral co-operation, at national and local level, with involvement of public organizations, and maintenance of international co-operation with the aim of competence and good practice transfer, coordination and evaluation.

### **1.3 Budget and funding arrangements**

In 1999, the Government of the Republic of Lithuania approved the National Drug Control and Drug Addiction Prevention Programme for 1993-2003, which established short-term and long-term goals and the tasks of drug prevention. The funding of the programme was assigned to ministries responsible for the implementation of individual articles of the programme (see Appendix no.1).

In 2002, the Main Tasks of the Ministry of Health under the National Drug Control and Drug Addiction Prevention Programme were to implement drug prevention in the community and in educational institutions, improve the medical treatment of drug-addicted persons, develop international co-operation, prepare and train specialists, perform drug monitoring, and publish information on drug issues. € 101.390 was assigned for the implementation of these tasks.

The Ministry of Education and Science was focusing on the primary prevention. The measures organised at school aim at not only providing students with the necessary knowledge but also at forming their life skills and critical faculties. To strengthen these activities, social pedagogues were employed in educational institutions, various events were organised for teachers, parents and students, and seminars were arranged for pedagogues in order to increase their competence for carrying out the primary prevention against substances causing dependence. In 2002, the Ministry of Education and Science received € 62.030 for the implementation of measures.

The Ministry of Social Security and Labour received € 196.812 in 2002 for the implementation of the measures of the National Programme. These funds were assigned for supporting projects prepared by organisations in the area of drug prevention and drug-addict rehabilitation (18 projects were implemented), for supporting the drug prevention projects of non-governmental youth organisations (35 projects), for organising psychological-pedagogical camps for children and youths in risk groups who have been affected by drug use, as well as for organising extracurricular drug prevention events, arranging the pastime of children and youths (4 projects were implemented), teaching and training employees who work with persons in risk groups and their family members (13 seminars were conducted and 325 employees trained).

In 2002, € 197.101 from the funds of the National Programme was assigned to the Police Department, and € 110.145 was planned for the Customs Department under the Ministry of Finance, however, the funds were not assigned. (cf. table 1 in annex B)

## EPIDEMIOLOGICAL SITUATION

### 2. Prevalence, Patterns and Developments in Drug Use

#### 2.1 Main developments and emerging trends

The number of persons using drugs is increasing, especially among the young people.

The use of narcotic and psychotropic substances has stabilized in the age group of 15-16 years old students.

Narcotic substances are spreading in places of imprisonment.

Organized crime groups are engaged in the illicit drug traffic.

The criminal world is developing its international drug-trafficking links.

The spread of industrially produced psychotropic medicinal substances (GHB, Fentanyl and other) can be observed in the illicit traffic.

Part of synthetic drugs is produced in illegal laboratories in Lithuania.

#### 2.2. Drug use of in schools

Lithuania takes part in the international European School Project on Alcohol and Other Drugs (ESPAD 95, ESPAD 99, and ESPAD 03) and monitors changes in the data on the use of drugs among 15-16 year old students.

According to the survey data of 2003, the biggest problem in the schools of our country is the consumption of alcohol among students. 38% (23.3% in 1999) of students have consumed alcohol 40 and more times in their life, and among these, boys comprise 45.3% more than girls. Moreover, a difference can be observed between consumption in urban and rural areas, especially between the large cities (47.2 %) and the countryside (32.5 %).

Comparing the survey data of 2003 and 1999, the number of smoking students has increased. 80.1% of students have tried smoking at least once in their life. Differences between boys and girls can be observed (14% more boys smoke); between the main school (84.8%) and the secondary school and gymnasium (79.2%); between students in the 8<sup>th</sup> grade (74.9%) and students in 9-10<sup>th</sup> grades (80.9%); as well as between students living in urban (74.7%) and rural (80.9%) areas.

On the basis of survey, the use of other drugs, which had increased from 3.2% in 1995 m. to 15.5% in 1999, has stabilised and currently constitutes 15.6%. 10.2% more boys use more often than girls. In comparison to students from rural areas (9.6%), students from regional cities (20.9%) indicated the use of multiple drugs more often. Among the large cities, the worst situation can be found in Klaipėda. (cf. graph 4 in annex B) The survey showed that 32.6% of students have used drugs. Marijuana and hashish are the most prevalent among the illicit drugs. Comparing to the data of ESPAD 99, the use of heroin and ecstasy has decreased. (cf. graph 6 in annex B)

10.6% of surveyed students admitted to having used tranquilizers or sedatives on doctor's prescription, girls (12.5%) more often than boys (8.7%). 13.6% have used these medicines without prescription, and here the difference between girls and boys is even greater (17.6% of girls and 9.6% of boys). This substantial interest in tranquilizers and sedatives may be explained by their relative availability, sometimes even at home. On the other hand, it may be interpreted as an attempt to undergo treatment independently, using these medicines as means to calm down and relieve a nervous strain. Some students (22.3%) indicated the desire to forget their problems as the reason for using, however, usually drugs are tried out of curiosity (59.2%). (cf. graph 5 in annex B) The use of inhalants has been on a continuous decrease during the last 4 years because they are being replaced by synthetic drugs and marijuana.

#### 2.3. Problematic use of drugs

Data not available.

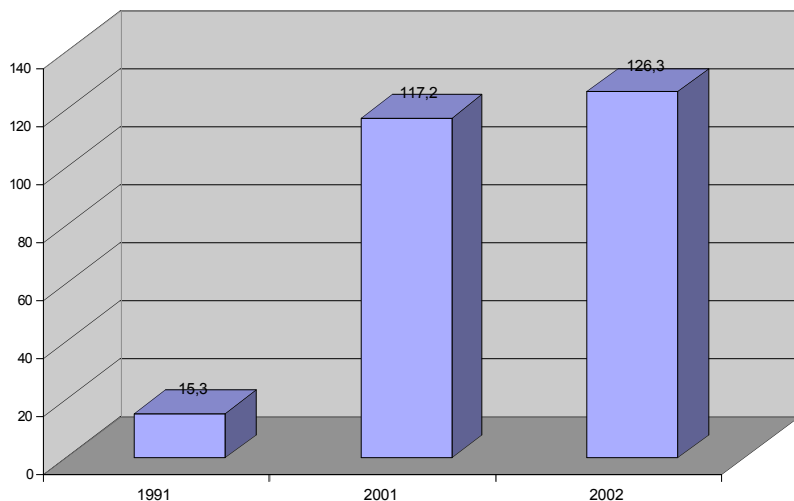
### 3. Health Consequences

#### 3.1 Drug treatment demand

Lithuania does not have a standardised data collection system.

In 2002, a total number of 70.144 patients with dependence disease were registered in health institutions, including 4405 persons depending on drugs, which is 318 persons more than the last year. Five times more men than women with drug dependence were registered. The total number of persons applying for treatment because of dependence on narcotic substances for the first time was 471 (653 in 2001). (cf. graph 1 in annex B)

**Number of substance dependent people**



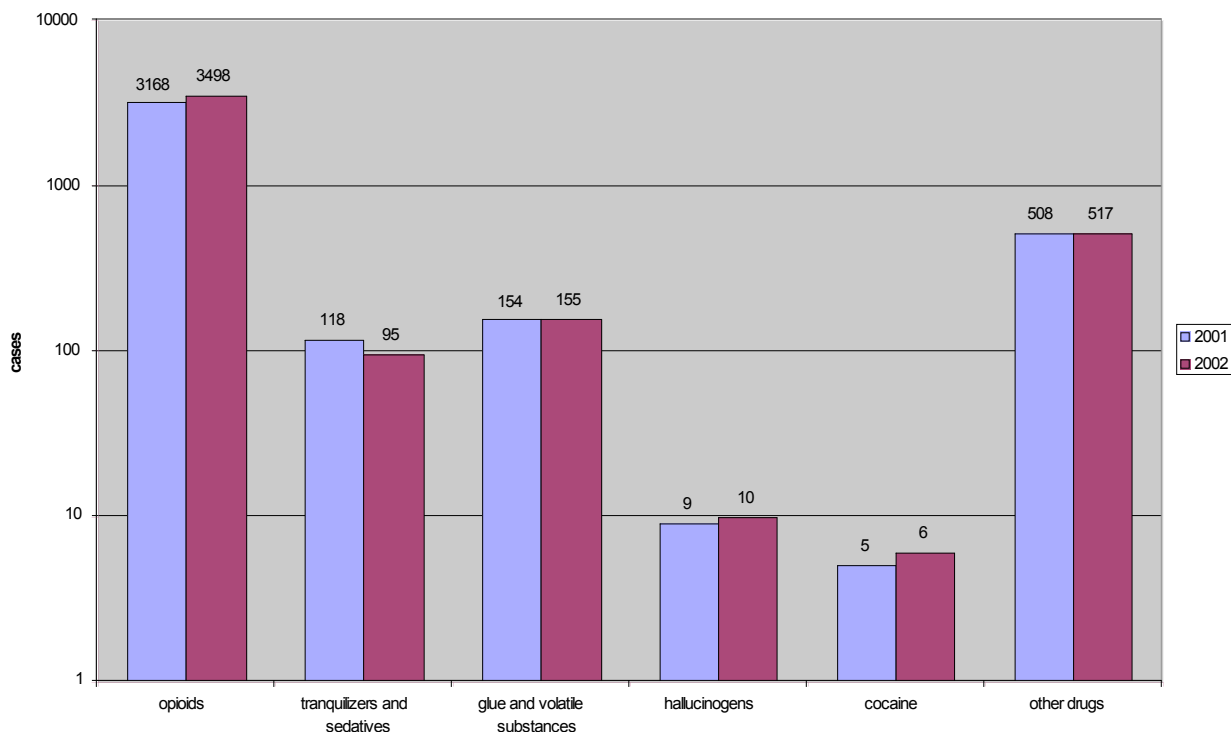
(Number of substance dependent people for 100.000 populations)

In comparison to 1991, the number of drug dependent people has increased 8 times; however, in comparison to 2001, their number has decreased. However, since this represents information from health institutions where patients apply voluntarily, the exact number of drug dependent people would be hard to tell.

79.4% of monitored drug-addicts use opioids. 11.7% of persons with dependence disease use several drugs, and 2.2% of persons are registered for dependence on tranquilizers and sedatives. 3.5% of registered persons use glue and volatile substances for intoxication, 0.2% - hallucinogens, and 0.1% - cocaine.

## Types of drugs and dependence

Vilnius CDD	Vilnius health	Kaunas CDD	Klaipėda CDD	Druskininkai CDD	Panevėžys CDD
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(Types of drugs)

Ambulatory help to people with dependence diseases is provided in centres for mental health or psychiatric consulting-rooms that can be found primary health care centres (currently, 62 centres for mental health are functioning in Lithuania).

In 2002, stationary help to persons with dependence diseases was provided by 5 specialised centres for dependence diseases in Vilnius, Klaipėda, Šiauliai, Panevėžys, and Kaunas.

Data about substitution therapy implemented in Lithuania is collected by Vilnius Centre for Dependence Diseases and by the Central and Eastern European Harm Reduction Network. Data from centres for dependence diseases and centres for mental health is provided in standard forms.

The number of patients willing to receive substitution therapy in 2002 was 323 and 133 of them were accepted. At the end of 2002, 99 persons remained for treatment. 72 of them were socially and somatically stable because by coming to get a daily dose of methadone they could lead a more regular life, receive psychological assistance and treatment of the accompanying sickness. The average age of those undergoing therapy is 38 years; they are young, employable persons who, nevertheless, have used drugs for extended periods of time. Since the methadone programme was commenced, the number of people willing to undergo therapy has been increasing, and there were 96 persons waiting for acceptance at the end of 2002.

Vilnius CDD	Centras MHC	Naujamiškė MHC	Karoliniškės MHC	Šeškinė MHC	Kaunas CDD	Klaipėda CDD	Druskininkai CDD	Panevėžys CDD
centres								11

Number of patients at the end of 2002	110	10	4	6	10	104	47	19	13
Average methadone dose	40mg	40mg	30mg	40mg	40mg	55mg	50mg	70mg	50 mg
Of these, socially and somatically stable	59	10	4	4	8	50	-	12	10
Of these, infected by HIV	6	-	-	-	-	1	6	8	-
Of these, deceased in 2002	2	-	-	-	-	4	2	-	-
Accepted for substitution therapy in 2002	20	11	4	6	10	47	17	4	14
Of these, receiving substitution therapy at the end of 2002	17	10	4	6	10	27	8	4	13
Of these, socially and somatically stable	12	10	4	4	8	20	-	4	10
Waiting for acceptance at the end of 2002	50	-	-	-	-	32	-	-	14

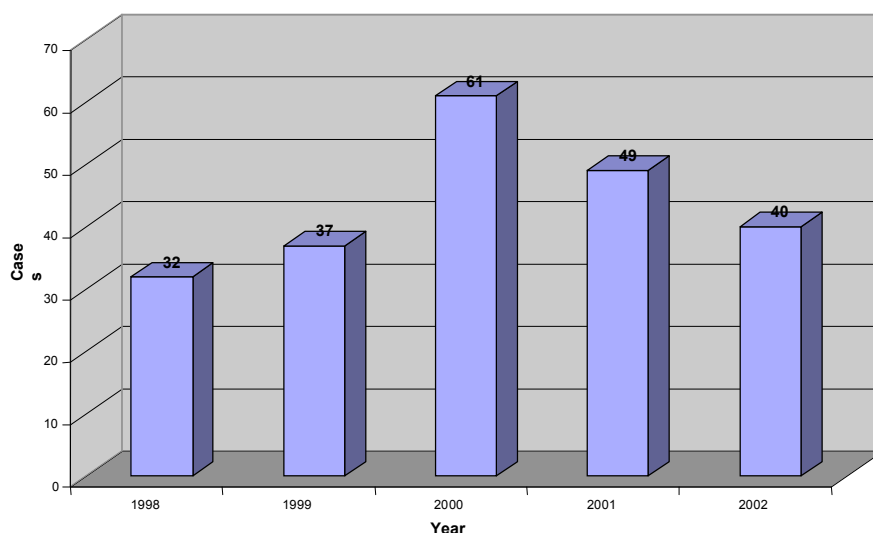
**Statistical data on the application of substitution therapy with methadone to people using drugs, 2002**

### **3.2 Drug-related mortality**

Data on deaths caused by drug use are obtained from two sources: the State Centre for Mental Health and the Department of Statistics under the Government of the Republic of Lithuania. Since no unified data collection system exists, it is plausible that this may be duplication of data. The situation should change as data collection according to EMCDDA requirements is developed, i.e. when data is collected in approved standardised forms.

Between 1998 and 2002, mortality increased almost twice (from 32 to 62 cases); however, it stabilised in 2001-2002 (from 49 to 40 cases). Mortality caused by the use of drugs is more frequent among men than among women, and this can probably be explained by the fact that there are 5 times more men than women using drugs. The highest mortality is among 30-35 year-old drug-addicts.

## Deaths caused by drug use



Among the known reasons, suicides and poisoning with narcotic substances comprise 12.5%. It is difficult to explain why, but the number suicides has decreased twice in comparison with the data of 2001 (it reached 26.6% in 2001). Contagious diseases comprise 7.5% of the causes for death, somatic diseases – 5%, and accidents – only 2.5% of the known causes for death. The number of deaths for unknown reasons is increasing, and if in 2001 they comprised only 22.4%, in 2002 it went up to 60%. (cf. graph 8-9 annex B)

A large number of people abusing alcohol (844 persons) were deceased in the result of poisoning with alcohol or its surrogates.

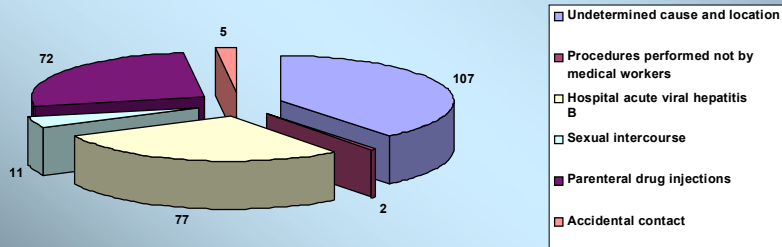
### 3.3 Drug-related infectious diseases

In 2002, 72 drug-addicts with acute viral hepatitis B were registered. This comprises 26.3% of the number of cases recorded in the general population. Infected imprisoned drug-addicts comprised 23.6% of all registered drug-addicts with acute viral hepatitis B. In 2002, 55 persons using drugs had acute viral hepatitis C (42.9% of cases in the general population). Imprisoned drug-addicts comprised 21.8%.

The Centre for the Prophylaxis and Control of Contagious Diseases accumulates data only on the general morbidity of the inhabitants of Lithuania with viral hepatitis B and C and their epidemiological peculiarities. The actual spread of viral hepatitis B and C among persons using drugs is not known. If the funds for this become available, it is planned to perform, together with other concerned institutions, a onetime or periodical research on the prevalence of viral hepatitis B and C among drug-addicts.

**Infection with acute viral hepatitis B by cause and location**

2002



According to the data of UNAIDS, even taking into account the HIV outbreak in Alytus strict regime correctional facility, Lithuania remained a country of low HIV prevalence in 2002. As in other East European countries, the HIV predominantly spreads through the use of intravenous drugs. 80% of HIV-infected persons in Lithuania are users of intravenous drugs. The largest number of people with AIDS is found in Vilnius, and of those infected with HIV – in the seaport city of Klaipėda. The ratio between HIV-infected men and women has grown from 2:1 to 12:1. Men living in the city comprise nine tenths of cases. Only 6% of HIV carriers live in the countryside. Most HIV-infected persons are found in the age group of 15-30 year-olds. In 2002, the first HIV-infected woman gave birth. According to the data of 31 December 2002, there are 735 HIV-infected persons (of these, 397 in 2002), 55 with AIDS, and 41 person died (11 in 2002) in Lithuania. One of the largest sources of infection is Alytus facility, where 299 new cases of infection were determined. The infection is deemed to be 6-9 months old and has spread through the use of intravenous drugs. An examination of about 9000 tests from other places of penitentiary institutions did not indicate the spread of infection to other places of imprisonment.

The predominant way of the spread of HIV infection in Lithuania is through the use of intravenous drugs (81%). In 2000, the users of intravenous drugs comprised 72.3% of newly diagnosed HIV cases, in 2001 – 77.8%, and in 2002 – 81%. The average age of drug-addicts at the time of diagnosing HIV is 28.

The number of AIDS cases is increasing: 9 cases were diagnosed in 2002, 10 new AIDS cases were reported in 2001, and this represents the largest number of AIDS cases diagnosed throughout the entire period of registration of HIV infections since 1998, when the first HIV/AIDS case was diagnosed in Lithuania. In total, AIDS was diagnosed for 55 people in Lithuania, out of whom 23 (42%) had HIV infection in AIDS (acquired immunity deficiency syndrome) stage and the other 11 had the disease progressing into AIDS. In 2002, 4 people died because of AIDS, 5 HIV carriers died for other causes. In total, 41 HIV-infected people died in Lithuania since 1988 (23 because of AIDS, and the remaining 18 for causes unrelated to AIDS).

### 3.4 Other health issues related to drug abuse

Data not available

## 4. Social and Legal Correlates and Consequences

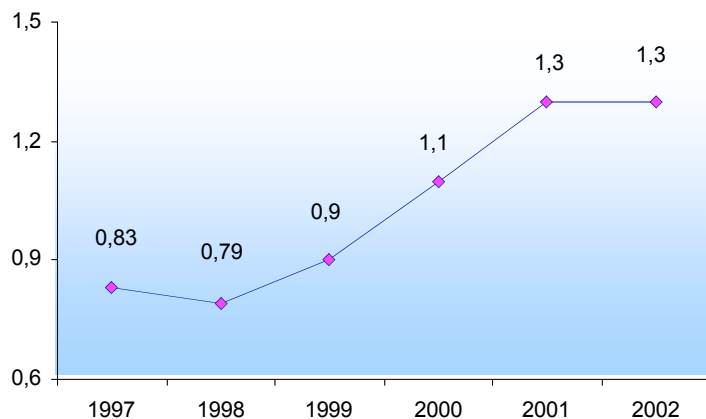
### 4.1 Social problems

No research has been conducted in Lithuania to find out what social problems are most urgent for persons using drugs; however, as in other countries, the most important are unemployment and insecure living environment. A job is difficult to obtain because of unfavourable public opinion and, on the other hand, because of the lack of working skills. Moreover, many of them do not have identification and social security. These documents are necessary to receive medical assistance, resolve social issues and so on. If they had identification documents, they could apply to various health institutions in case of necessity (without them, only the first aid is provided), register in the labour market and thereby ensure social security and access to social, psychological and other services, and the process of their socialization and rehabilitation would be more successful. (The fear in the society that harm reduction programmes will attract more addicted persons)

### 4.2 Drug offences and drug-related crime

In 2002, **937** crimes related to illicit drug traffic were registered in Lithuania. This is 102 crimes or **9.8 %** less than in 2001. This number comprises 1.3 % of all crimes (1.3 % in 2001) or 1.67 % of criminal offences (1.67 in 2001) registered in Lithuania. The relative weight of this type of crimes remains the same as in 2001 because the number of criminal offences in the country has also decreased by 10.3 % and overall level of criminality – by 8.3 %.

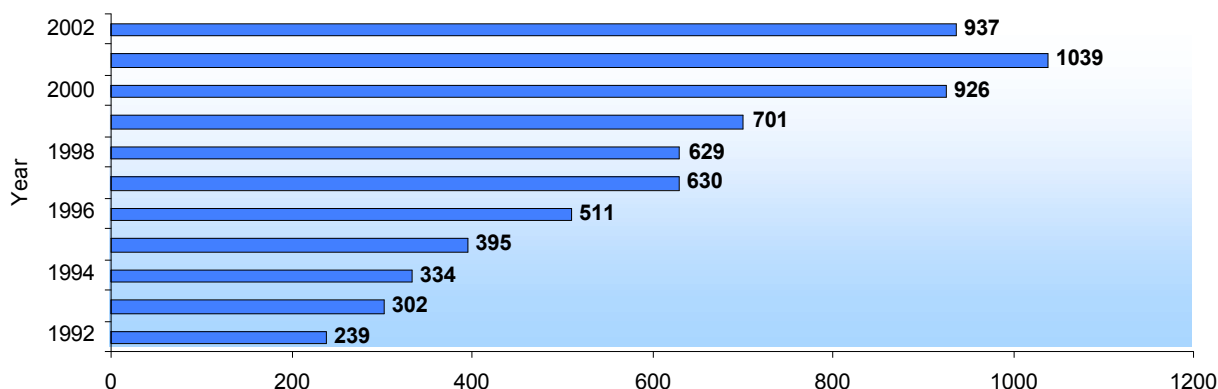
Percentage of crimes related to illicit drug traffic in comparison with all the crimes registered in the country



The number of crimes related to illicit drug traffic has increased by 1.5 times during the last five years (by 4 times since 1992). 85% of crimes were disclosed (88.3 % in 2001).

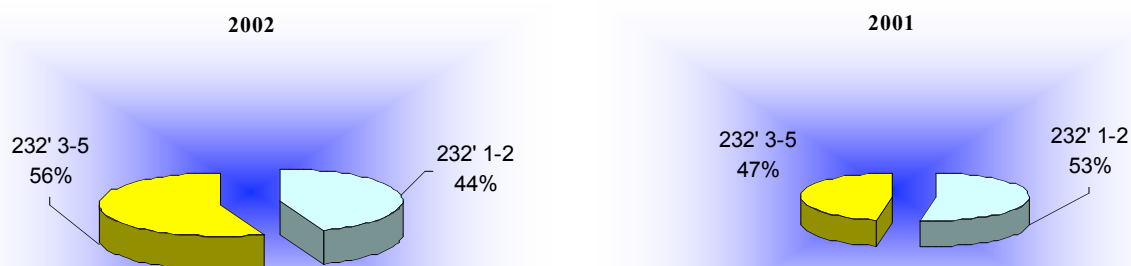
Most crimes (919) were registered for the illegal production, acquisition, possession, transportation, sending, selling or other dealing in narcotic or psychotropic substances (Article 232<sup>1</sup> of the Criminal Code of the Republic of Lithuania. In 2001, 954 cases of such crimes were registered.

## DYNAMICS OF THE NUMBER OF CRIMES RELATED TO ILLICIT DRUG TRAFFIC



13 crimes of illegal possession of the chemical precursors of narcotic and psychotropic substances of category I were registered in 2002 (79 in 2001). Crimes of this type were registered only in the large cities of the country. One crime for impelling the use narcotic or psychotropic substances was registered in Kaunas city (2 in 2001); one crime – for keeping slums (0 in 2001), and for the seizure of narcotic substances – 0 (3 in 2001). Specialised drug control units (hereinafter - DCU) were given a task to focus on the detection of organised criminal groups engaged in drug trafficking. If in 2001 such cases (parts 3-5 of Article 232<sup>1</sup> of the CC) comprised 43.4 % of all crimes related to illicit drug traffic, in 2002 they comprised 55 %. In 2002, officers of Kaunas DCU disclosed 2 illegal laboratories for the production of synthetic drugs and withdrew 2.6 kg of amphetamine.

### Crimes registered under parts 1-2 and 3-5 of Article 232<sup>1</sup> of the CC of the RL

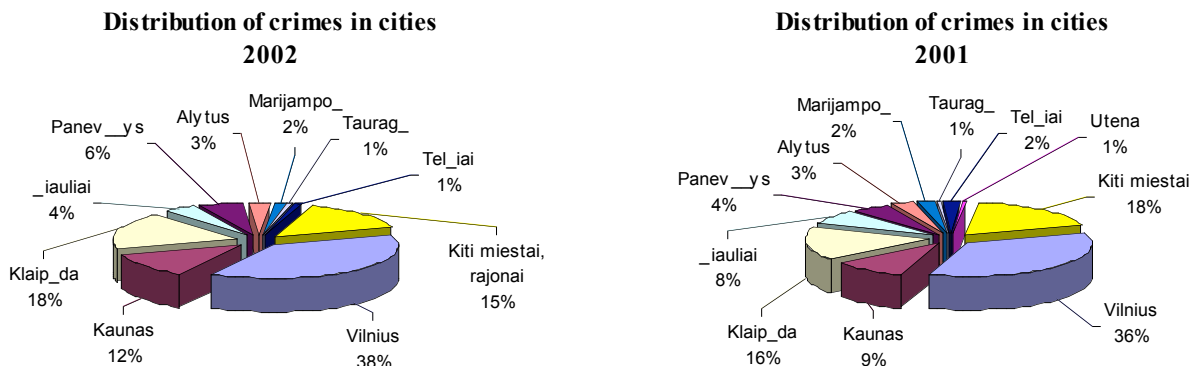


Although about half of criminal cases have been brought for drug trafficking, a large part of the drug traffickers detained consists of petty street dealers.

The greatest number of drug-related crimes has been registered in Vilnius – 343 (a decrease of 6%), and Klaipėda – 160 (a decrease of 4.8%). As in 2001, the number of crimes registered in Vilnius comprises 36.6% and in Klaipėda – 17% of all drug-related crimes. More expensive drugs have demand in these cities (heroin, amphetamine, cocaine etc.). This is determined by a larger

number of inhabitants and places of entertainment, and by the standards of living that are higher than in other cities.

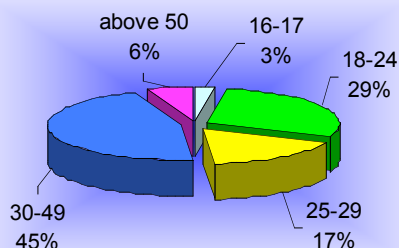
There has been a 10.3% decrease in crimes registered in the regional centres. This can be partly explained by the greater attention that drug control units of the regional centres paid to the detection of drug traffickers. Disclosure of the crimes of this type require more time and work input, and therefore, less crimes related to drug possession were disclosed.



The number of crimes registered in districts has decreased by almost a third – 28.7 %. Not a single crime related to drug trafficking has been registered in 11 districts, and 1-2 crimes have been registered in 13 districts.

In 2002, 575 persons (among them, 7 foreign citizens, 15 juveniles, and 41 persons without a citizenship) have been registered for committing a crime under articles 232<sup>1-10</sup> of the Criminal Code (699 in 2001). Among these, 278 persons were detained for drug dealing, including 101 woman and 3 foreign citizens. Four Russian citizens were detained for smuggling drugs into the Republic of Lithuania. 68 % of the detained persons do not have employment and do not study. 74% have secondary or incomplete secondary education, and 1.4 % - university education. 41 % of persons had committed a crime before. 48 % of persons are under 30 years old. According to age groups, the most prone to commit a crime are persons between 18 and 24 years old. Women comprise 26 % of those who have committed a crime. It has to be mentioned that a lot fewer juvenile delinquents were detained for crimes related to illicit drug traffic in 2002 (61 in 2001, and 14 in 2002), however, half of them (8) have already had cases brought against them for trafficking.

THE AGE OF PERSONS WHO HAVE COMMITTED A CRIME



1107 adult persons and 96 juveniles were indicted under articles 44 and 44<sup>1</sup> of the Code of Administrative Violations of Law (possession, consumption of narcotic substances). The largest number of those indicted is in Vilnius – 809 and 68, in Kaunas – 76 and 8, and in Klaipeda – 44 and 8. 1368 persons were indicted under articles 107<sup>1</sup> and 107<sup>2</sup> of the Code Administrative Violations of Law (cultivation of cannabis, poppies). Most violations were recorded in

Vilnius district – 194, in Prienai – 86, in Kaunas – 84, and in Alytus – 82.

According to the official statistics, 178 crimes were committed by drug-addicts, 107 crimes were committed by persons under the influence of narcotic substances (this comprises 30% of all drug-related crimes).

The outbreak of HIV in Alytus strict regime correctional facility (hereinafter SRCF) indicated that the problem of drugs has also become topical in penitentiary institutions. The spread of drugs in places of imprisonment has been caused by that part of convicts have been using drugs in freedom, by the flaws in the procedure of transmitting packages to convicts, and by the fraudulence of some employees in places of imprisonment in performing their duties (2 freelance employees and 1 officer were detained with evidence in 2002). In 2002, 113 cases of drug interception were recorded in places of imprisonment. The largest number of such cases was registered in Alytus SRCF – 52 (46%), Marijampolė SRCF – 19, and Vilnius 2<sup>nd</sup> SRCF – 15. Heroin, marijuana, hashish, amphetamine, and psychotropic substances (diazepam, clonazepam) are the most popular substances used by the convicts. The price of drugs in places of imprisonment is 2-3 times higher than on the outside.

Cases of drug use have also been reported in the defence system among soldiers in active military service. Synthetic drugs and heroin are usually used. Soldiers use drugs outside the area of military unit during their temporary leave; however, a tendency in the attempts to bring narcotic and psychotropic substances into the military territory can be observed. In 2002, one case was brought under part 1 of article 232<sup>1</sup> of the Criminal Code for an attempt to bring in 2 packets of amphetamine. In 2002, 433 active service soldiers were tested. 10 soldiers (2.3 %) had a positive test result. 9 soldiers were dismissed and treated in health institutions against dependency on narcotic substances. All of them had begun using drugs before they were conscripted. 74 soldiers are posted to a monitoring group due to the possible use of narcotic substances.

When units fighting against drugs were created in the Lithuanian customs, the number of disclosed crimes related to the illicit trafficking of narcotic and psychotropic substances across the state border has increased. In 2002, 14 cases were brought for the smuggling of drugs (8 in 2001, 0 in 2000). State border security service initiated one case for the smuggling of drugs and disclosed 12 crimes in the border area, related to the possession and trafficking of drugs. The following drugs were confiscated during attempted smuggling in across the state border of the Republic of Lithuania: 440 g of cocaine, 1979 g of heroin, 100 g of amphetamine, and 844 g of psilocybin mushrooms. When smuggling out: 657 g of heroin, and 8230 g of crushed poppy heads and stalks. Most cases of smuggling (44%) were disclosed during attempts to traffic drugs from Lithuania to the Kaliningrad Region of the Russian Federation (heroin, poppies). Part of drug smuggling cases were disclosed through close co-operation between police, customs and state border security services.

**Comparative table of the quantities of narcotic and psychotropic substances and their chemical precursors withdrawn from the traffic**

No.	Name of substance	2001	2002	Decrease/ increase
1.	<b>Organic drugs</b>			
1.1.	Poppies and their parts	436 kg	260 kg	-
1.2.	Extract and concentrate of poppies and their parts	130 litres + 505 g	68 litres; 4 650 g,	+
1.3.	Marijuana	15.54 kg	5.3 kg; 68 kg (raw substance)	+
1.4.	Hashish	260 g	570 g	+
1.5.	Hallucinogenic mushrooms		842 g	+
2	<b>Semi-synthetic drugs</b>			
2.1	Heroin	2740 g	3000 g	+
2.2	Cocaine	129 g	732.14 g	+
2.3.	Methadone	146 ml + 0,12 g	0.54 g	-
3.	<b>Synthetic drugs</b>			
3.1	Amphetamine	106 g	3220 g; 230 tablets	+
3.2.	Methamphetamine	6.78 kg	1321 g	-
3.3.	Ecstasy	514 tablets + 45g	1205 tablets; 2.62 g	+
3.4.	LSD	275 units	0	-
3.5.	Relanium (diazepam)	5.35 g	8.95 g; 37 tablets	+
3.6	Clonazepam	0,1 g	1.4 g; 30 tablets	+
3.7.	Ephedron (methcathinone)	29.75 g	0.78 g	-
3.8.	Gamma Hydroxybutyrate (GHB)	1436 g or 718 ampoules	100 g	-
4.	<b>Chemical precursors of category I</b>			
4.1	Ephedrine	533 g	5.71 g	-

In monetary terms, the value of narcotic and psychotropic substances withdrawn from the traffic may be estimated at about LTL 5 millions. Of course, this is a relative number since the prices fluctuate depending on the time of the year and the quantity of the substance sold etc.

#### **4.3 Social and economic costs of drug consumption**

No research has been conducted in Lithuania to find out the social and economic costs related to the use of narcotic and psychotropic substances.

#### **5. Drug market**

In 2002, the amount of heroin withdrawn from illicit traffic has been almost the same as in 2001. However, if in 2001 heroin was withdrawn only in larger cities, in 2002 it spread in smaller towns as well. The number of cases of heroin interception comprises 16 % of all the cases of interception of narcotic substances. Heroin is usually being smoked or injected; its concentration ranges from 5 to 20 % on the average. Considering that its price in 2002 was slightly lower than in 2001, it may be stated that the supply has not decreased.

**Poppy concentrate**, produced in an unsophisticated way from crushed poppy stalks, still remains popular in Lithuania. The popularity of poppy concentrate is determined by its low price. Opiates

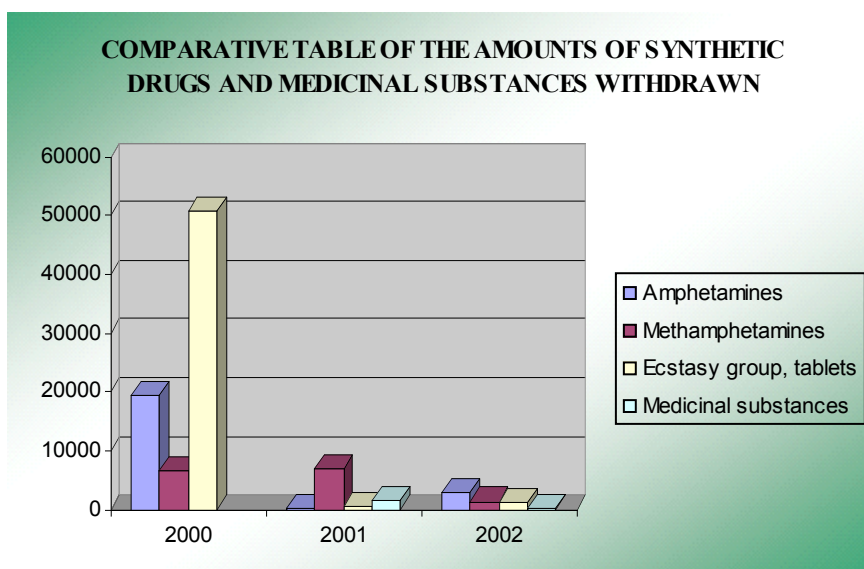
comprise about 56% of all drugs withdrawn from illicit traffic. The concentrate of poppies and their parts is prevalent in the entire territory of the country.

During 2002, 732.14 g of **cocaine** have been withdrawn from illicit drug traffic in Lithuania. This is almost 6 times more than in 2001; however, practically all of cocaine was withdrawn during two operations. In all likelihood, this indicates that our country is attractive not because of the consumer market but because of the possibility for a safer trafficking of drugs to Western Europe or Russia. Demand for cocaine still remains low in Lithuania. One of the reasons is the high price.

Its users are usually persons with higher income. Cocaine arrives to Lithuania from South American countries, through Western Europe. The concentration cocaine withdrawn from illicit traffic in Lithuania ranges from 20 to 60 %.

**Cannabis** remains one of the most popular narcotic substances in the country. It is especially popular among young people because it is a smoking drug and its price is not high in comparison with other narcotic and psychotropic substances. Moreover, there is a mistaken opinion that smoking cannabis does not cause harm to the organism. Cannabis are imported to Lithuania from Europe or cultivated locally. The largest amounts of cannabis have been withdrawn in Vilnius and Šiauliai. The largest amounts of marijuana (1 kg each) have been withdrawn in Vilnius and Kaunas. Although hashish is not popular in Lithuania, more than twice was withdrawn in 2002 than in 2001. The largest amount (510 g) was confiscated in Klaipėda.

**Synthetic drugs.** No significant changes took place in the illicit traffic of synthetic drugs in Lithuania last year. Psychotropic substances of amphetamine, ecstasy and methamphetamine group, hallucinogenic mushrooms, and psychotropic medical substances, such as GHB (sodium oxybutyrate), flunitrazepam etc., are predominant in the illicit traffic.

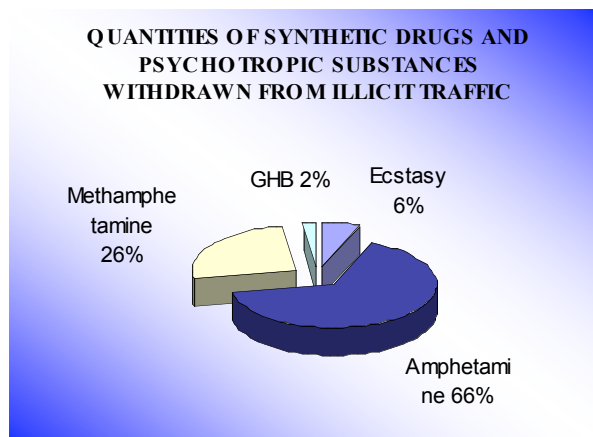


Methamphetamines are trafficked in the form of powder or tablets. On the average, this substance has 45% purity.

Psychotropic substances of ecstasy group have 10 - 25% purity. Amphetamines – 35-89%.

Psilocybin has 0.08 – 0.10% purity.

Ephedrine dominates the illicit traffic in chemical



precursors of category I. Its purity is about 35 %. This chemical precursor is one of the main components in the production of methcathinone (ephedron). Other chemical precursors, such as BMK, PMK, saprol, have not been withdrawn from illicit traffic.

Summing up the data from the last several years on the citizens of the Republic of Lithuania detained abroad, it may be stated that the citizens of the Republic of Lithuania are increasingly often detained as couriers

transporting synthetic drugs and medicinal psychotropic substances. The “basic” medicinal psychotropic substance is flunitrazepam (Rohypnol). Last year, after performing an inspection of wholesale and retail companies that have the right to import and trade in this medicine, import to Lithuania decreased.

All of flunitrazepam smuggled by the citizens of Lithuania is intended for the Russian market. Attempts were made together with the Russian authorities to disclose the patrons of this psychotropic medicinal substance; however, this was not achieved during an inspection that was performed. The biggest part of flunitrazepam is trafficked from Latvia, Poland, and Russia, using couriers from Lithuania, i.e. citizens of the Republic of Lithuania travel to these countries, where they the drugs are consigned to them for smuggling into Scandinavian countries. The trafficking of these drugs is controlled by international criminal organisations that are involved in the production, trafficking and dealing of drugs. Connections have been revealed between members of Lithuanian organised crime groups and Polish, Belgian and Dutch citizens involved in the production and trafficking of synthetic drugs and chemical precursors. In 2002, an investigation was commenced together with officers of the Polish criminal police regarding the smuggling of chemical precursors from Byelorussia through Lithuania to Poland.

In 2002, fentanyl appeared in the illicit traffic of narcotic and psychotropic substances. The Centre for Criminal Investigations of the Criminal Police of Lithuania performed 6 tests of this substance last year (in 5 cases, it was powder with traces of fentanyl; their total mass – 0.404 g and 0,1 ml of solution, which also contained traces of fentanyl). Fentanyl was withdrawn from illicit traffic only in Kaunas city.

Although the Drug Control Board of the Criminal Police Bureau is responsible for the investigation of drug crimes and co-ordination of this activity, some legal institutions are reluctant to share the accumulated information, in part motivating it by the need to prevent its leakage into the public.

## 6. Tendencies

### 7. Debates

#### 7.1 Correspondence between indicators

Data not available.

#### 7.2 Methodological flaws and the quality of data

Data not available.

## **Chapter 3. DEMAND REDUCTION INTERVENTIONS**

### **8. Strategies in demand reduction at national level**

#### **8.1 Strategic guidelines**

The priority of primary prevention is the creation of a system of positive prevention, which is directed not to the pathology, not to the problem and its consequences, but to the healthy potential foreclosing the appearance of the problem, to the fostering of the resources of mind and personality, and to supporting a young person and assisting in the fulfilment of his purpose of life.

In 2002, the Minister of Education and Science of the Republic of Lithuania signed orders “On Prevention of the Use of Narcotic and Psychotropic Substances in Educational Institutions” and “On Prevention of the Use of Narcotic Substances in Educational Training Institutions”, indicated therein the main strategic guidelines and approved the action plan. In 2002, Minister of Education and Science of the Republic of Lithuania signed another order “On Prevention of the Use of Tobacco, Alcohol, Drugs and Other Mind Affecting Substances”, as well as the action plan for the prevention of narcotic and psychotropic substances in educational institutions in 2000-2003. In the implementation of these documents, a situation monitoring and data analysis is performed annually on the basis of reports from municipal education departments in counties, cities and districts, as well as from individual schools.

Within the overall strategy of the country, the role of the school is to protect children and young people from the use of alcohol, tobacco, narcotic and psychotropic substances and risky behaviour. Therefore, the primary prevention is the main strategic direction of the drug control and drug addiction prevention, i.e. measures that shape a healthy youth lifestyle by nurturing resistance to negative phenomena in life even before they are encountered. To this end, special attention is paid in schools to creating the system of the required value orientations, promoting the need for self-respect, confidence, and self-discipline, developing appropriate skills and encouraging proper behaviour. To this end, working seminars are organised for pedagogues and social workers. They are being introduced to the policy of the country and the main strategic directions, introduced to the principles of primary prevention including children from as early as preschool age. To this end, the programme of prevention of the use of narcotic substances and a standard teacher’s book “The school without drugs” were prepared. A number of contests were organised in a very short period of time, quite some methodological literature was published, and various programmes created.

Substantial attention was devoted to early intervention at schools and to the work with students in risk groups regarding the use of such drugs as heroin and ecstasy.

All these measures and the diligent work of pedagogues enabled to halt the spread of drugs in schools. ESPAD 03 surveys of 15-16 year-old students in general education schools of the country indicate that the use of narcotic substances, which had increased 5 times between 1995 and 1999, in 2003 remained at the level of 1999 and amounts to 15.6 %.

### **9. Prevention**

The priority direction in Lithuania is prevention, i.e. measures aimed at preventing social risk factors, and a particular emphasis is placed on primary prevention. Primary prevention is based on the harmonisation of formal and informal education, with an orientation towards the family, the school, and the community. Prevention includes various ways of intoxication: smoking, and the use of alcohol and other drugs.

### **9.1 Programmes in schools and preschool institutions**

Prevention of the use of narcotic substances at school is a composite part of the National Drug Control and Drug Addiction Prevention Programme for 1999-2003. According to this programme, the Programme of the Prevention of the Use of Narcotic Substances in Educational Institutions was prepared. The aim of the programme is to endow students with the necessary knowledge and, most importantly, to nurture mature value judgements and develop life skills through active methods of education. The programme is created on the principle of a spiral, i.e. the main themes recur in certain intervals (concentres) from the preschool age throughout the entire period of the school, however, their content, the concepts learned earlier, and the skills formed are further reinforced and developed according to the age of students and the level of their knowledge. This programme against the use of narcotic substances is provided together with the standard (the level of achievements), which defines the sought level of quality of students' knowledge, learning, skills and abilities, as well as the desired attitude. In general education schools, the preventive education on the use of narcotic substances is integrated into health education, and the latter – into many subjects or it is taught as supplementary or free subject. The programme is mandatory to all schools and preschool institutions.

Programmes implemented through extracurricular activities.

The students of the country take an active part in preventive activities. Drug prevention issues are included into the plans of supplementary education. Under the extracurricular supplementary education, such prevention events should be mentioned as information stands on the issues of drug use prevention, advertisements help-lines and the creation of post boxes, preparation and publication of special school newspaper issues, wall newspapers, and leaflets. Discussions, debates, discussions-conversations are organised for students of primary grades; there are discussion clubs functioning, conferences are organised for students of higher grades, various projects are created. Students participate in various international projects. Efforts are made to include into the supplementary education more students that could be assigned to risk or problem group.

Preventive activities are carried out in co-operation with many different institutions: lecturers at universities, psychological assistance, health institutions and institutions protecting and implementing children's rights, as well as professional communities.

### **9.2 Youth programmes outside school**

These programmes are implemented by various extracurricular organisations, such as the youth federation of Temperance Society "Baltų Ainiai", rifle and scout organisations, V.M.Valančius temperance movement, Lithuanian Christian Youth Temperance Association's programmes "Step", "Snowball"; organisation "Stop criminality"; organisation for the protection of the children's rights of Lithuania "Save children"; Red Cross organisations; various youth organisations, such as the youth centre for narcological assistance "Socius Sanus"; church and spiritual youth assistance centres; children and youth clubs and similar organisation that implement various programmes for the prevention of the use of narcotic and psychotropic substances. Their programmes are often financed by state programmes.

### **9.3 Prevention in the family**

Public organisation "Parents against Drugs" was established, which conducts seminars and provides various help for parents. Together with colleagues from the Great Britain, Ireland and Cyprus, the organisation implements Socrates programme "Grundvigt 2" in parental education. The Programme of the Prevention of the Use of Narcotic Substances in Educational Institutions is

also adapted for parents, therefore, various actions on the issues of prevention of the use of narcotic and psychotropic substances are implemented by the schools themselves: organisation of round-tables, debate evenings, seminars and so on.

#### **9.4 Other programmes implemented in the country**

Separate Programmes of Drug, Alcohol and Tobacco Control and Prevention are implemented on the national level. General programmes and projects of prevention of addiction are also carried out on the level of municipality (community). Specialists of many areas take part in the implementation of the measures of the National and Communal Drug Programmes: specialists of public health care, doctors, nurses, psychologists, pedagogues, social workers, clergymen and others.

The main and co-ordinating programme is the National Drug Control and Drug Addiction Prevention Programme for 1999-2003, which provides guidelines for various agencies and finances many different prevention programmes.

### **10. Reduction of drug related harm**

#### **10.1 Description of intervention**

Low threshold programmes are implemented in Lithuania, aimed at active drug users and suppliers of sex services. Persons using intravenous drugs (including sex workers) may exchange needles and syringes, get condoms, disinfectant tissues, bandages, educational-informational materials, as well as a short consultation by a social worker and information about the availability of health care and social assistance. Low threshold programmes are implemented in Vilnius, Klaipėda, Alytus, Mažeikiai, and Visaginas. (cf. graph 7 in annex B)

Since 1997, Vilnius Centre for Dependence Diseases, in co-operation with the Open Society Fund in Lithuania, was among the first to commence Low threshold programmes under its project “HIV Prevention among Users of Intravenous Drugs”. In June 2001, a mobile outreach needle and syringe exchange point “The Blue Bus” began functioning. The mobile outreach needle/syringe exchange point “The Blue Bus” rotates on a schedule in the largest places of gathering of drug users and sex workers.

On the average, 350 clients visit the mobile outreach point every month. The programme has 785 permanent clients who visit the mobile outreach point at least twice a month. The programme ensures anonymity; however, all participants of the programme are coded and have their own personal code that reflects the birth date and initials of a client and therefore sufficiently accurate records are being kept. It may be estimated that “The Blue Bus” programme reaches about 70% of the users of intravenous drugs.

Work under this programme provides an opportunity to maintain a connection with the marginalised youth group inclined to crime. The programme is open to all willing to join, it is free, and no early registration is required of those who apply. In terms of behaviour change, it is important that mutual trust between the personnel and the clients has been established. The clients are directed to Vilnius Centre for Dependence Diseases for detoxication, and informed about the availability of HIV/AIDS and hepatitis C testing.

Workers of “The Blue Bus” direct sex workers to a consulting office at the Centre for Skin and Venereal Diseases, where they have an opportunity to have consultations with a dermatologist/venereologist or a social worker, and to have HIV and STD tests.

The following means were provided for intravenous drug users:

#### **Means distributed in the period of 2001.06 – 2002.05**

<b>Distributed</b>		<b>Collected</b>	
Syringes	55 920	Syringes	51 468
Needles	64 580	Needles	56 859
Disinfectant tissues	60 830		
Bandages	3 685		
Condoms	5 300		

On the average, each month one client receives 143 sets of syringes with needles (50-60 sets are needed for a month) and 160 needles (60-90 needles are needed for a month), and therefore, it may be presumed that the secondary exchanges of syringes and needles is taking place, i.e. those drug users who visit “The Blue Bus” collect syringes and hand them over to those who are yet reluctant to come.

### ***Assessment of behavioural change***

50 clients of the mobile outreach point took part in the survey. 60% of clients make 2-3 injections per day, 30% - more than 3 times a day. 96% of those surveyed claimed that they had not made use of used syringes and needles received or borrowed from someone. 88% of clients stated that nobody made use of their used syringes, 4% - that it was used twice, 2% - that it was used more than 10 times. 72% claimed that they never use syringes more than once, 16% seldom use rinsed used syringes. 92% had not bought a drug solution already in a syringe, and 4% had bought a drug solution in a syringe. 92% did not share cotton wool, filters, and water for rinsing a syringe with other drug users and did not share drugs; 4% had done it more than 10 times.

22% of clients had not had sexual relations within the last 30 days, 46% had had with one partner, and 18% - with more than 10 partners. 44% always used condoms during sexual intercourse with a permanent partner, and 26% never used condoms with a permanent partner. 50% of clients did not have casual partners, 24% of clients always use a condom with a casual partner.

### ***Assessment of effectiveness***

The effectiveness of the project is assessed in monthly reports and by observing changes in the number of new contacts, consultations, and distributed syringes and needles, as well as by performing client surveys. The data of the programme indicate that the programme corresponds to the needs of this marginalised group. Many young drugs users apply and they receive information about the preservation of their health and the available assistance. The number of consults and consultations is sufficient and reaches the larger part (estimated 70%) of intravenous drug-addicts of Vilnius. Moreover, the mobile outreach point does not encourage the gathering of drug users in a single area in Vilnius.

130 clients of “the Blue Bus” were surveyed. 100% of all surveyed believe that a mobile outreach point is necessary for both syringes and needles and for information and consultations. 98% believe that the worker of the outreach point help in syringe/needle replacement, information about treatment, as well as with social and legal issues. Before the mobile outreach point began operating, part its current clients used to buy syringes in drug stores (75%), used to get it from friends (10%) or collected it from the ground (2%). Information before the appearance of the mobile outreach point was obtained in “Demetra” - 56%, Vilnius Centre for Dependence Diseases - 8%, and from friends - 19%.

When asked to assess the work of the mobile outreach point and offer advice on how to improve it, 56% of client responded that everything is great, 22% wished to receive medicaments for wounds, 6% - that the mobile outreach point would come more often to Karoliniškes, and 2 –3 % - that it

would stay longer at the gypsy camp, that it reaches out to more areas of the city, that there was a possibility to get more syringes, condoms, saline, and 25 ml. glasses.

### ***Indirect assessment***

Only 12 new cases of HIV were reported in Vilnius in 2001 (36 in 2000). This indicates that “The Blue Bus” programme contributes significantly to successful HIV prevention in Vilnius city. Meanwhile, in other capitals of the Baltic countries, in Tallinn and Riga, several hundred new HIV cases among intravenous drug users were reported in 2001. (In 2001, the total number of new HIV cases in Estonia was 1454, in Latvia – 820, and in Lithuania – 72).

Although “the Blue Bus” programme cannot force drug users to quit using immediately, contact is being maintained with those drug-addicts who are not enrolled in a treatment programme, it is possible to keep them informed about the availability of treatment and rehabilitation, to strengthen their motivation and to carry out prophylaxis of overdosing and contagious diseases (HIV, hepatitis B and C). Client of the programme are directed to Vilnius Centre for Dependence Diseases for detoxication and to the Day Centre, rehabilitation and other treatment-rehabilitation programmes. “The Blue Bus” programme may be assessed as minimal health care service to a large number of drug-addicts, although health care should not be restricted to this.

## **10.2 Standards and evaluation**

No data is available, as the assessment has not been performed.

## **11. Treatment**

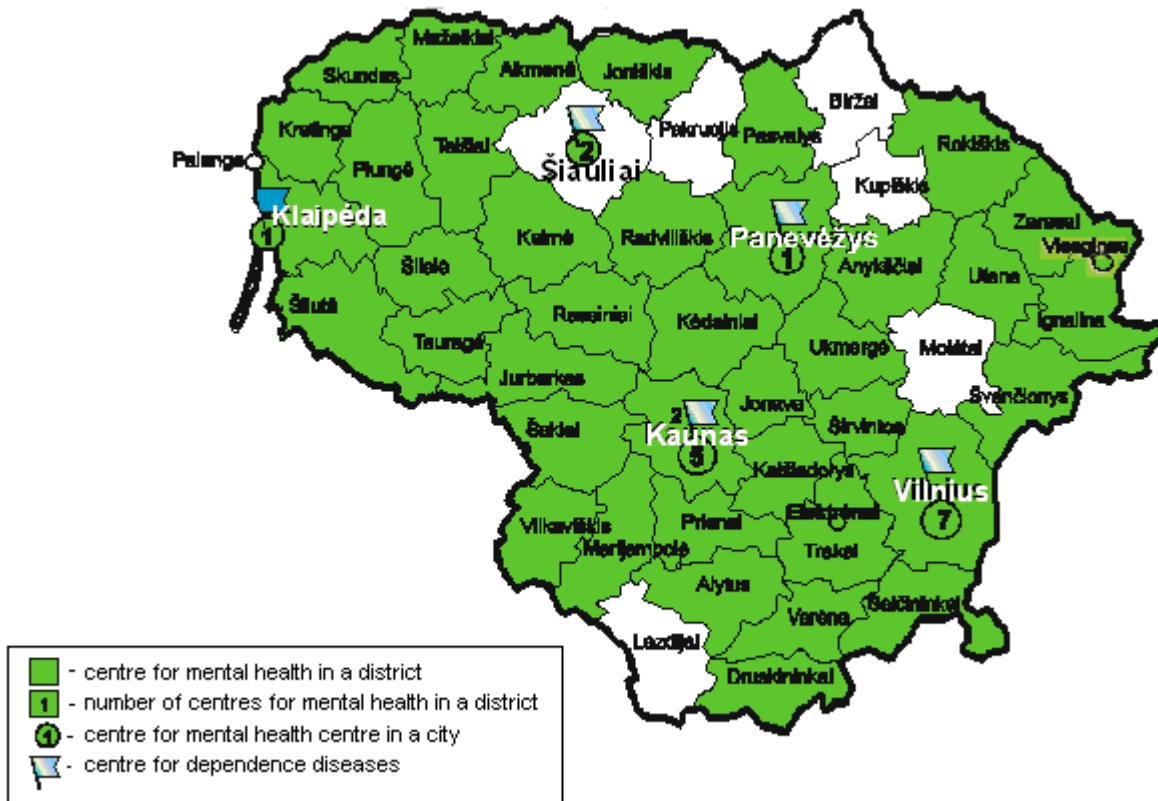
### **11.1 „Drug-free” treatment and health care at national level**

Treatment and rehabilitation of persons with dependence diseases is a complex process including health and social security measures.

In 2002, the Minister of Health approved by order the standards for treatment and rehabilitation of dependence diseases. Assessment criteria for the evaluation of the effectiveness and results of the treatment and rehabilitation of dependence diseases are not established by legal acts. At the present, a medical norm “Psychiatrist of dependence diseases” has been prepared and is being coordinated. This would serve as a basis in attempting to standardise the services provided by state institutions to persons with dependence diseases.

Ambulatory help for people with dependence diseases is provided in primary health care institutions: centres for mental health or psychiatric consulting-rooms at primary health care centres, and private medical institutions that have been licensed to provide such help. Currently there are 62 centres for mental health functioning in Lithuania. Ambulatory and stationary help for people with dependence diseases is also provided by 5 specialised centres for dependence diseases in Vilnius, Klaipėda, Šiauliai, Panevėžys and Kaunas. The main functions of these institutions include not only medical ambulatory help but also psychological and social rehabilitation services.

## Mental Health Centres - 2002



Basic (urgent) aid is provided to patients in cases of coma, poisoning with narcotic and psychotropic substances, abstinence or symptoms of psychosis, by hospitalising to reanimation and/or toxicological units in health care institutions. First-aid is provided by the medics of the ambulance. Currently there is not a single specialised unit for adolescents and aid is provided to children in units for adults.

There is a small number of stationary drug-addicts' rehabilitation communities in the country. Currently, about 20 long-term rehabilitation and day centres for people with dependence on psychoactive substances are operating. About 200 recuperating persons may rehabilitate in the institutions for long-term rehabilitation every year. This number does not meet the demand for rehabilitation, and therefore, it is necessary to develop rehabilitation services. Specialised rehabilitation of minors and women is particularly urgent.

The length of rehabilitation in day centres varies significantly and depends on each particular day centre. The recommended length is a minimum of 1 month; the optimal one is 6 months. The services provided include individual psychological and social consultations, therapy groups, development of social skills, lectures on the topics of dependence, voluntary attendance of ADA/AA sessions, and work with the family members.

Rehabilitation communities of drug-addicts carry out long-term social-psychological rehabilitation, which aims to provide assistance in changing the habits of an addicted person and developing the skills of a healthy person, seeking mental, behavioural and lifestyle changes, learning the skills of self-discipline, teaching employment-seeking methods and strengthening their motivation in searching for employment, encouraging self-help groups, as well as integrating into social life. The length of rehabilitation depends on each rehabilitation centre individually (usually it lasts 8-14

months). Stationary and ambulatory Minnesota 12 Steps, Day Top, Monaru, and work therapy programmes or their combinations are applied.

### **11.2 Substitution and maintenance programmes**

Substitution therapy with methadone was legalised in Lithuania by order of the Ministry of Health in 1995. An integrated methadone programme was commenced in dependence centres in Vilnius in 1995, in Klaipėda in 1996, in Druskininkai in 1998, and in Kaunas in 2001. At the end of 2001, the process decentralisation of this programme was started in Vilnius city. Decentralisation has the following advantages: it is more convenient for a patient participating in the methadone programme to visit a centre for mental health according to place of residence; the accessibility of medical treatment services is increased; and the users of intravenous drugs do not gather in one place.

In 2002, the number of patients willing to undergo treatment with methadone was 323, of whom 133 were accepted for substitution therapy. At the end of the year, 99 persons continued undergoing therapy, and 96 persons were waiting for acceptance.

Substitution therapy with methadone may be applied in two ways: ambulatory and stationary detoxication, when methadone is prescribed and its dose is gradually decreased to zero within a few weeks or months, and long-term substitution therapy with methadone, when a patient does not expect to achieve permanent abstinence from drugs. In this case, it is also expected that a patient will eventually forgo methadone as well. A psychiatrist, a psychologist, a social worker and a care expert take part in the therapy, mutually co-ordinate the aims and the plan of treatment/rehabilitation, and (together with the patient) share responsibility for the success of treatment/rehabilitation. Therapy with methadone begins with a big dose, usually a dose of 120 mg, which is reduced in the course of the treatment to 25-70 mg.

Substitution therapy with methadone allows working with persons addicted to opioids who do not have the motivation or are not capable of total abstention. It is an effective with regard to HIV/AIDS prevention because it enables to include a large number of drug-addicts in prevention programmes. Moreover, this treatment enables health institutions to include persons who have had relapses or who have dropped out from other treatment and rehabilitation programmes.

Currently, substitution therapy with methadone (salaries, premises) is financed from the budget of the centre and the medicament is paid for by the patients themselves. Patients who are unable to provide payment on time are excluded from the treatment.

### **11.3 After-care re-integration**

Social integration, i.e. the last stage, refers to the further life of a person with dependence disease in the society, which requires only a minimal supervision, during which the effectiveness of the services provided and the possibilities of assistance in case of the person's relapse into the use of psychoactive substances is assessed. The aims and goals of the integration of persons with dependence diseases into the society are to remove a person's physical and psychological dependence on alcohol, narcotic and psychotropic substances, to restore abilities, to help become employable and integrate into the family, the labour market and the life of the society. Currently, there are no specialised social (re)integration centres in Lithuania. Social (re)integration measures are included into the long-term programmes of social psychological rehabilitation (more on this in Chapter 11.1).

## **12. Interventions in the Criminal Justice System**

### **12.1 Assistance to drug users in prison**

In comparison to 2001, the percentage of persons with dependence on narcotic substances in penitentiary institutions has increased by 1.3% in 2002. Intoxication of detained or imprisoned persons with narcotic or psychotropic substances is determined following Resolution No.92 of 15 January 1996 of the Government of the Republic of Lithuania “On the Approval of the Procedure for Determining the Condition of Drunkenness or Intoxication of Drivers of Motor Vehicles and Other Persons” (Official Gazette, 1996, No. 6-158). The medical examination of detainees and convicts is performed if officials of the institutions suspect that they have been using alcohol or intoxicating substances. The determination of intoxication by the medical specialists of custodial or penitentiary institutions is based on clinical symptoms. If clinical symptoms are not sufficient for assessing the state of intoxication, tests must be performed to detect narcotic substances in urine. Such tests are performed in two of the fourteen institutions subordinate to the Prison Department. Therapeutic drug monitoring analysers TDxFLx of ABBOOT company are used, which help determining the concentration of narcotic substances in the urine of a person under medical examination. Other institutions apply single-use narcotic substance detection systems for ascertaining the use of narcotic substances. Narcotic substances cannot always be identified when applying such systems. The main criterion, according to which the medical specialists of custodial and penitentiary institutions determine intoxication, is the clinical examination.

Drug-addicts in the hospitals in places of imprisonment are treated in the Psychiatric unit. The length of stationary treatment is 2-4 weeks. The objective and the essence of treatment is to help a drug-addict survive the physical condition of abstinence, help refuse drugs and to shape the mind of a person in the direction that would enable him to live without drugs. Individual work with such patients is performed in the unit and later continued by a doctor psychiatrist of a facility. Currently the services of rehabilitation are not available to convicts because the issue of the provision of the penitentiary system with medical specialists of some specialities and the issue of the centre for rehabilitation of imprisoned drug-addicts have not been resolved.

Harm reduction programmes are not implemented in places of imprisonment.

The following programmes involve imprisoned persons with drug-addiction or imprisoned HIV carriers: programmes of legal and social education, correction and integration into the society; Minnesota 12 Step programme; programmes “Safe behaviour” and “Contagious Diseases. Prophylaxis”; programme of work with convicts inclined to using narcotic and psychotropic substances. Furthermore, individual consultation with a psychologist are available and the Centre for Consultation was established, which provides information related to the opportunities for the integration into the society. Plans are made to prepare and implement a long-term stationary psychotherapeutic rehabilitation programme for convicts with dependence diseases.

### **12.2 Alternative to prison for drug dependent offenders**

#### **12.3 Evaluation and training**

Specialists from other agencies provide assistance in the implementation of an educational and training programme for the personnel employed in penitentiary institutions and the persons incarcerated in places of imprisonment. When creating programmes, special attention is given to the training of the employees of corresponding professions in penitentiary institutions. The education and training of detainees and convicts is implemented by the health care personnel of the institutions and by the services for education. Moreover, educative activities are also carried out by guest lecturers from the institutions of the health system. This programme must be implemented continuously because the contingent of penitentiary institutions is changing and becoming younger, and those arriving often have addiction.

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IHRD – A mobile needle/syringe exchange point “A Blue Bus” Program Report. Vilnius  
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Prevention and Control. Vilnius

Report on Drug use prevention in education institutions. Ministry of Social Security and  
Labour of the Republic of Lithuania. Vilnius

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Crime prevention. Lithuanian Public Police Prevention Service. Vilnius

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Data Bases/Software/Internet addresses

### WEBSITES

Lithuanian Focal Point  
[www.narcoinfo.vvspt.lt](http://www.narcoinfo.vvspt.lt)

State Mental Health Center  
[www.vpsc.lt](http://www.vpsc.lt)

Lithuanian AIDS center  
[www.aids.lt](http://www.aids.lt)

Seimas of the Republic of Lithuania  
[www.lrs.lt](http://www.lrs.lt)

Ministry of Education and Science of the Republic of Lithuania  
[www.smm.lt](http://www.smm.lt)

Ministry of Social Security and Labour of the Republic of Lithuania  
[www.socmin.lt](http://www.socmin.lt)

## ANNEX A

APPROVED BY  
by Resolution No 1216 of 2 October 2003  
of the Government of the Republic of Lithuania

### THE NATIONAL DRUG PREVENTION AND DRUG CONTROL STRATEGY FOR 2004–2008

#### I. GENERAL PROVISIONS

1. The National Drug Prevention and Drug Control Strategy for 2004–2008 (hereinafter referred to as the Strategy) lays down state policy priorities related to the prevention of drug addiction and drug control.

2. In order to implement radical drug control and drug prevention measures and remove the causes of this negative social phenomenon in a comprehensive manner, it is necessary to strengthen the framework of health care, education, law enforcement, social security and other state institutions, to promote their closer interaction and their cooperation with the general public and non-governmental organisations; it is necessary to create general public intolerance towards illicit use of and trafficking in drugs and psychotropic substances.

3. The implementation measures for this Strategy should be consistent, comprehensive and long-term. The priority shall be given to the primary prevention of drug use within the family and among children and youth. It is necessary to develop public intolerance towards drug abuse and strengthen international cooperation in the area of drug control and prevention of drug addiction. It is necessary to take all the legal, administrative and social measures and implement scientific achievements to protect children from illegal consumption of narcotic and psychotropic substances and from individuals seeking to involve them into other activities related to those substances.

4. It is necessary to join the efforts of all institutions to continue the implementation of a sustainable and integrated state policy in the field of drug control and prevention of drug addiction, to successfully implement legal acts of the Republic of Lithuania and international treaties in force in the Republic of Lithuania related to the drug control and prevention policy, and to prevent legalisation of illegal drugs in Lithuania.

5. Drug control and drug addiction prevention is successful only when it encompasses the universally recognized components, i.e. a combination of primary prevention, health care, rehabilitation and reintegration systems, the development of the information system and scientific research and the reduction of drug supply. These elements must form an integral whole and shall require appropriate political attention and sufficient resources.

## **II. GOAL OF THE STRATEGY**

6. The main goal of this Strategy is to reduce and curb the spread of drug addiction, thus ensuring state and public security. This goal can only be achieved by implementing state policies in the area of drug addiction prevention and drug control.

## **III. MAIN OBJECTIVES OF THE STRATEGY**

7. The main objectives of this Strategy are to:

7.1. Raise awareness of and educate all groups of society, pursue closer cooperation with non-governmental organisations, communities and mass media; develop and implement training programmes in the health care, education and science, law enforcement and social security systems;

7.2. Create a negative public attitude towards narcotic and psychotropic substances, in particular focusing on the prevention of drug abuse in the family and among children and young people; develop mature attitudes and instil healthy living skills in children and youth, stabilise and reduce drug consumption;

7.3. Develop and implement a balanced and scientifically-based framework of health care, social rehabilitation and social reintegration meeting the needs of society in order to help persons using narcotic and psychotropic substances;

7.4. Improve the activities of law enforcement authorities that control illicit drug trafficking in order to reduce illegal supply of drugs;

7.5. Develop and implement a research-based system for monitoring drug prevention and drug control, assessing the effectiveness of and coordinating programmes and projects under implementation; accelerate the implementation of the information system; improve international cooperation and cooperation between state authorities, NGOs and the general public;

7.6. Develop a modern and effective system for educating, training and upgrading qualifications of drug prevention and drug control experts.

## **IV. PRIMARY PREVENTION**

8. Primary prevention should be based on coordinated formal and informal education aimed at the family, school and community.

9. The priority of primary prevention shall be a positive system supporting young people and helping them to realise their role and reveal their mental and personal resources.

10. The tasks of primary prevention:

10.1. Promoting and supporting community-based drug prevention projects and activities of NGOs and mutual help groups;

10.2. Increasing the role of municipalities in planning and coordinating social assistance to families, improving protection of children's rights and implementing preventative law enforcement measures;

10.3. Giving priority to the approval and funding of drug addiction prevention programmes which are aimed at preventing drug consumption at schools, within families and at children and youth entertainment venues, supporting projects aimed at street children or children living in asocial or increased-risk families;

10.4. Incorporating issues of drug addiction prevention into the curricula of general education schools; promoting after-school activities and children's leisure time activities, involving non-governmental organisations and voluntary groups in order to develop schoolchildren's social immunity to drug consumption;

10.5. Developing and implementing drug consumption prevention measures taking into account the age, culture, family traditions and other characteristics of persons belonging to risk groups.

## **V. HEALTH CARE, REHABILITATION AND SOCIAL REINTEGRATION OF PERSONS USING NARCOTIC AND PSYCHOTROPIC SUBSTANCES**

11. It is necessary to:

11.1. Ensure the appropriate quality, comprehensive nature and accessibility of services provided by dependency disease, rehabilitation and mental health centres with a particular focus on the provision of relevant specialised services to children and youth and rendering assistance to the whole family;

11.2. Develop and implement support and employment programmes in municipalities and other local communities intended for persons who are undergoing treatment for the abuse of narcotic and psychotropic substances and alcohol;

11.3. Ensure that primary health care doctors, in cooperation with relevant experts in the field, deliver health care to persons using narcotic and psychotropic substances;

11.4. Expand the application of modern, scientifically proven and effective early diagnostic, treatment and rehabilitation methods and education programmes to persons using narcotic and psychotropic substances;

11.5. Implement a combination of health care, rehabilitation and social reintegration measures for persons using narcotic and psychotropic substances;

11.6. Ensure the provision of the necessary social, legal and psychological assistance to children and youth and organisational, methodological and counselling assistance to staff of educational establishments and families;

11.7. Expand cooperation with non-governmental organisations, i.e. organise social work with persons using narcotic and psychotropic substances;

11.8. Encourage the development of rehabilitation programmes by non-governmental organisations and support their implementation.

## **VI. REDUCTION OF SUPPLY OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES**

12. It is necessary to:

12.1. Reinforce the fight against illicit traffic in narcotic and psychotropic substances and their precursors, primarily illicit traffic in synthetic drugs and their precursors, drug smuggling and trafficking;

12.2. Implement the requirements set by the European Union and the United Nations with regard to control of licit and illicit traffic in narcotic and psychotropic substances;

12.3. Enhance cooperation between law enforcement, education, health, social security institutions, non-governmental organisations and communities;

12.4. Ensure more reliable protection of the state border in order to prevent illicit entry of narcotic and psychotropic substances into Lithuania;

12.5. Implement administrative measures for controlling narcotic and psychotropic substances and their precursors and other chemical substances that may be used in the manufacture of narcotic drugs;

12.6. Develop and implement measures for combating illicit trafficking in narcotic and psychotropic substances at detention and prison facilities; introduce a system of operational information on new narcotic and psychotropic substances to be used by security and supervision officers at detention and prison facilities; provide specialised assistance to persons experiencing problems following the termination of drug use;

12.7. Ensure appropriate implementation of measures aimed at preventing laundering of money derived from illicit trafficking in narcotic drugs.

## **VII. SCIENTIFIC RESEARCH AND INFORMATION SYSTEM DEVELOPMENT**

13. It is necessary to:

13.1. Carry out scientific research helping to determine the effectiveness of drug addiction prevention and drug control measures, the possibilities of their application, to assess the situation on the spread of narcotic and psychotropic substances and incidence of drug related diseases and

implement an appropriate system for monitoring and assessing the effectiveness of drug addiction prevention and drug control measures;

13.2. Introduce scientifically-based risk assessment methodologies for persons using narcotic and psychotropic substances; develop scientific research of causes of drug addiction;

13.3. Analyse the ethiology of dependencies among children and youth using narcotic and psychotropic substances, the appropriateness of diagnostics and rehabilitation and causes of the spread and consumption of narcotic and psychotropic substances;

13.4. Ensure collection, accumulation and analysis of statistical, documentary and technical information to enable competent authorities to have access to reliable data on the general situation of the spread of narcotic drugs and drug addiction and rely on this data in their decision making or implementing measures within their competencies;

13.5. Ensure access to the relevant non-confidential information for the general public, competent authorities, the European Monitoring Centre for Drugs and Drug Addiction and international organisations;

13.6. Enhance cooperation with international institutions and organisations as well as foreign states; improve mutual coordination of national and Community actions in the area of drug control and drug prevention;

13.7. Ensure the functioning of the national drug and drug addiction information network by joining information systems of competent authorities and implementing information protection and confidentiality requirements.

## **VIII. COORDINATION AND IMPLEMENTATION OF THE STRATEGY**

14. The implementation of this Strategy shall be coordinated by the Governmental Drug Control Commission and managed and controlled by the Drug Control Department Under the Government of the Republic of Lithuania.

15. The Drug Control Department Under the Government of the Republic of Lithuania shall prepare a Strategy Implementation Report annually indicating the effectiveness of applied measures and shall present the Report to the Government of the Republic of Lithuania, state authorities and bodies concerned, non-governmental organisations and the general public.

16. The implementation of this Strategy shall be financed from the state budget of the Republic of Lithuania, municipal budgets, the Compulsory Health Insurance Fund budget and funds allocated by the European Union and international organisations as well as other resources.

17. The implementation measures of this Strategy shall be carried out according to the financial possibilities of the country from the general allocations made available in the state budget of the Republic of Lithuania, municipal budgets and the State Investment Programme for the relevant year to institutions responsible for implementing this Strategy, from the budget of the Compulsory Health Insurance Fund and other resources.

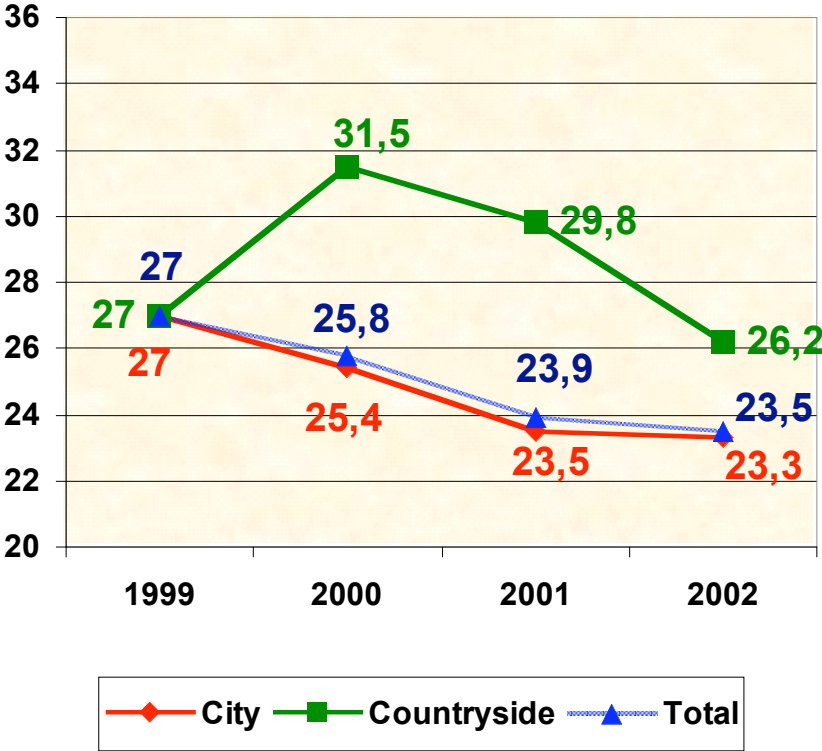
## ANNEX B

Table 1: Distribution of the funds of the National Drug Control and Drug Addiction Prevention Programme in 1999-2002

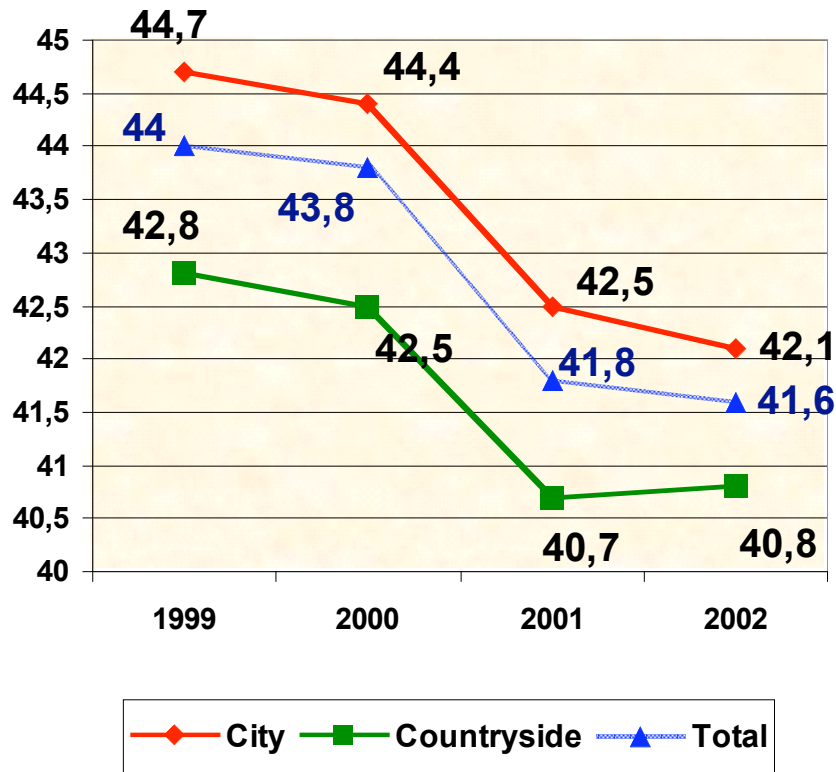
YEAR	INSTITUTION	FUNDS ASSIGNED, thousands LTL	NOTES
1999		None	
	<b>TOTAL</b>	<b>0</b>	
2000	Ministry of Health	<b>50</b>	From its budget
	Ministry of Social Security and Labour	<b>1 600</b>	From its budget
	<b>TOTAL</b>	<b>1 650</b>	
2001	Ministry of Health	<b>3 100:</b>	
		Vilnius CDD – 200	
		Kaunas CDD – 1 000	
		Panevėžys CDD – 500	
		Šiauliai CDD – 500	
		Klaipėda CDD - 400	
		For other measures - 500	
	Ministry of Education and Science	<b>1 000</b>	
	Customs Department under the Ministry of Finance	<b>100</b>	
	Police Department under the Ministry of Interior	<b>1 500</b>	
	Ministry of Social Security and Labour	<b>3 436</b>	
	<b>TOTAL</b>	<b>9 136</b>	
2002	Ministry of Health	<b>350</b>	
	Ministry of Social Security and Labour	<b>679</b>	
	For the strengthening of the centres for dependence disease	<b>4 078</b>	Funds assigned to municipalities or county governor's administrations
	Ministry of Education and Science	<b>3 404:</b>	
		For the regular employment of social pedagogues – 3 190	
		For other measures - 214	
	Police Department under the Ministry of Interior	<b>680</b>	
	<b>TOTAL</b>	<b>9 191</b>	

Graph 1: Average age of persons applying for treatment for the first time (in the city and in the countryside)

**BECAUSE OF DEPENDENCE ON NARCOTIC SUBSTANCES (F11-F19)**

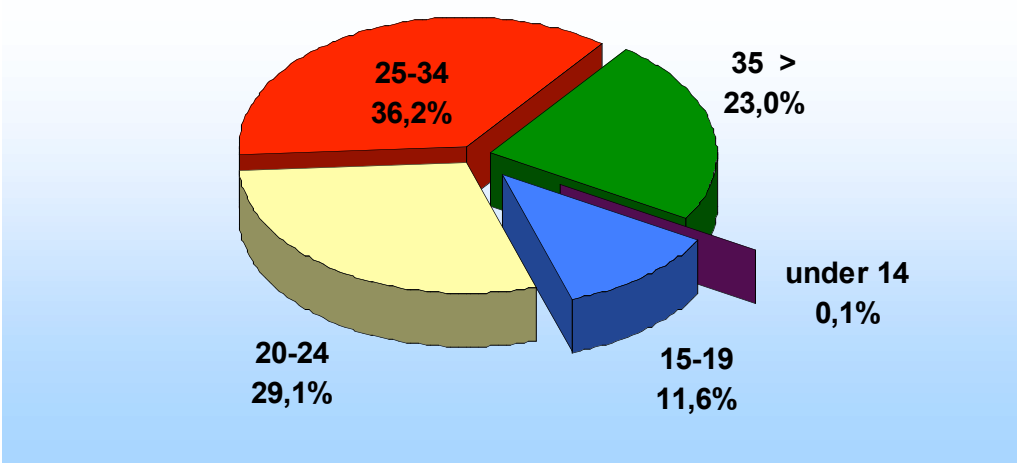


## BECAUSE OF DEPENDENCE ON ALCOHOL (F10)



Source: State Centre for Mental Health

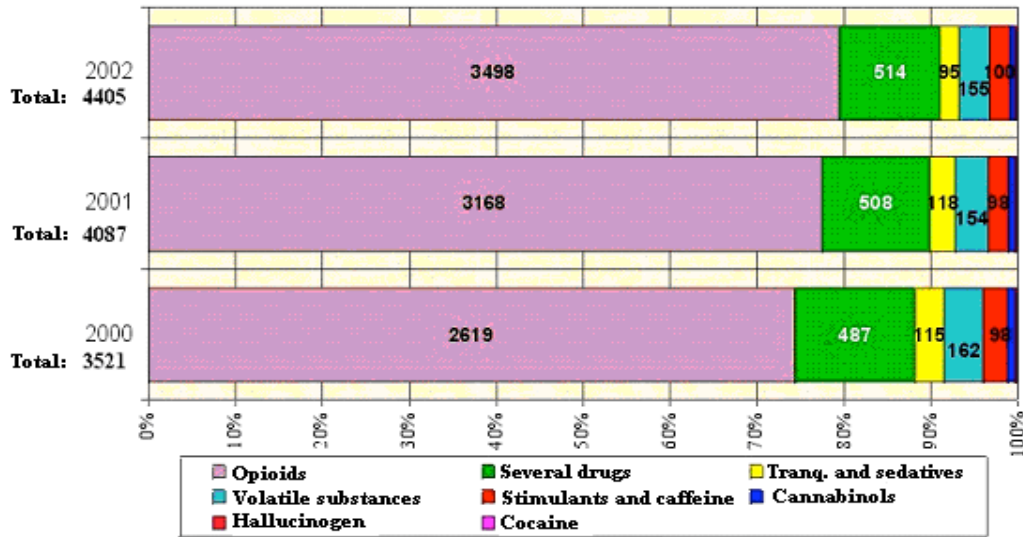
Graph 2: Distribution of drug addicts and toxicomaniacs according to age group, 2002



Source: State Centre for Mental Health

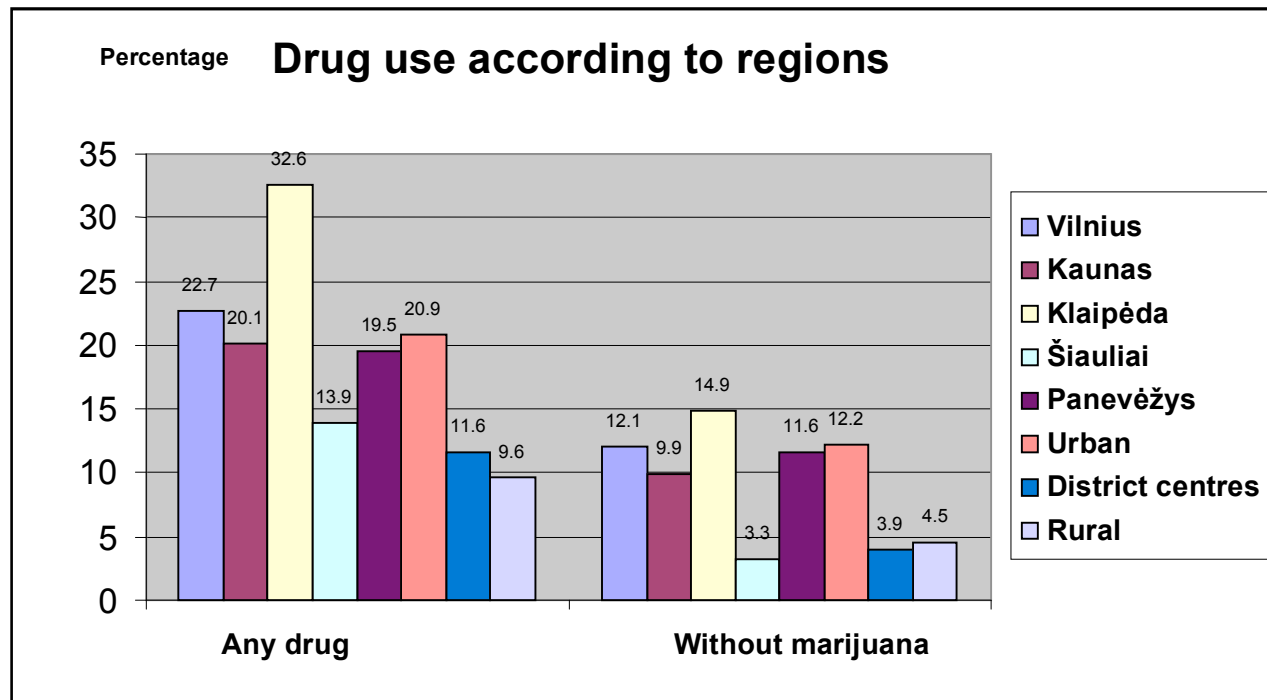
Graph 3:

### DISTRIBUTION OF DRUG-ADDICTS AND TOXICOMANIACS ACCORDING TO THE GROUPS OF DRUGS USED, 2000-2002



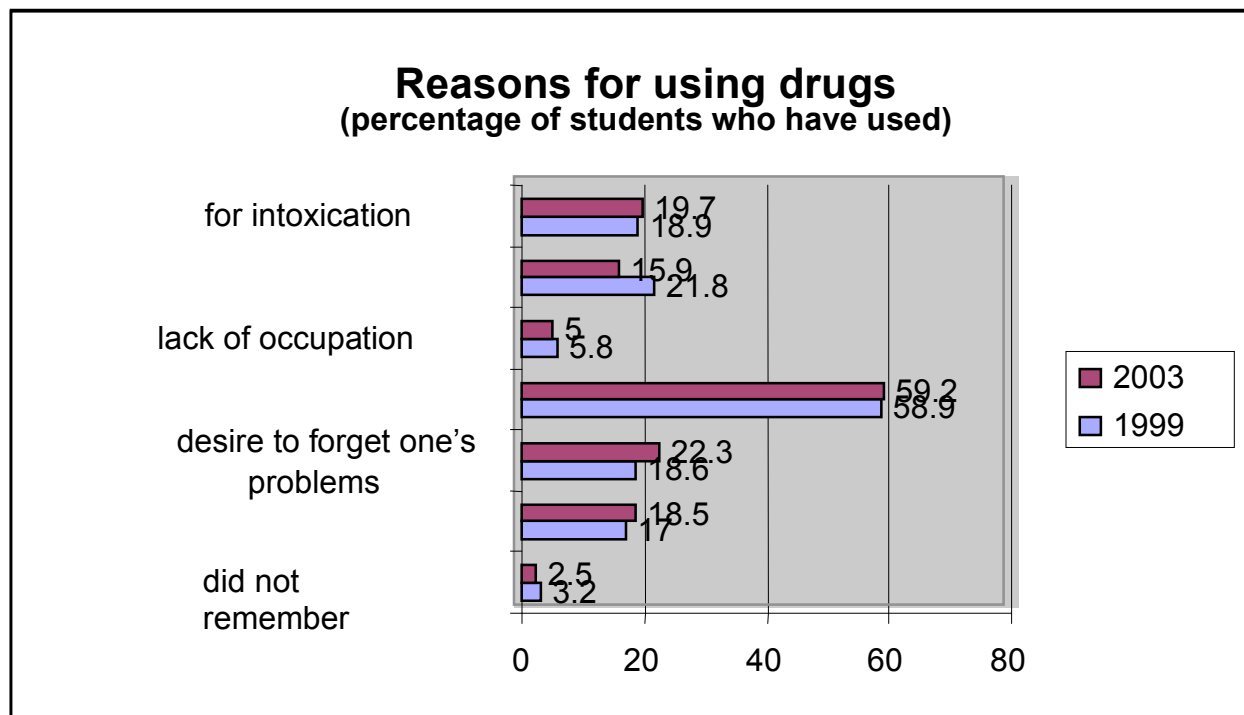
Source: State Mental Health Centre

Graph 4:

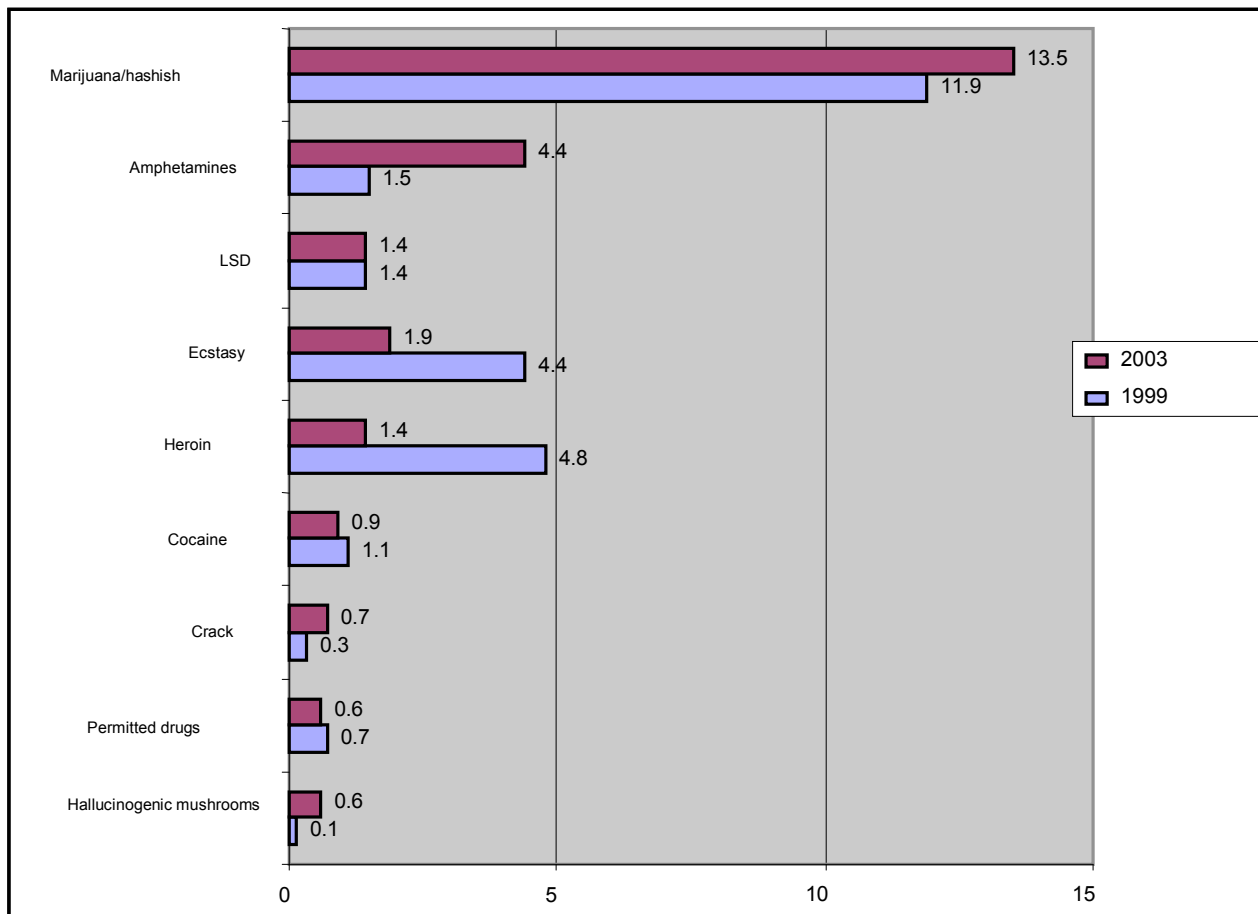


Data from ESPAD research in 2003

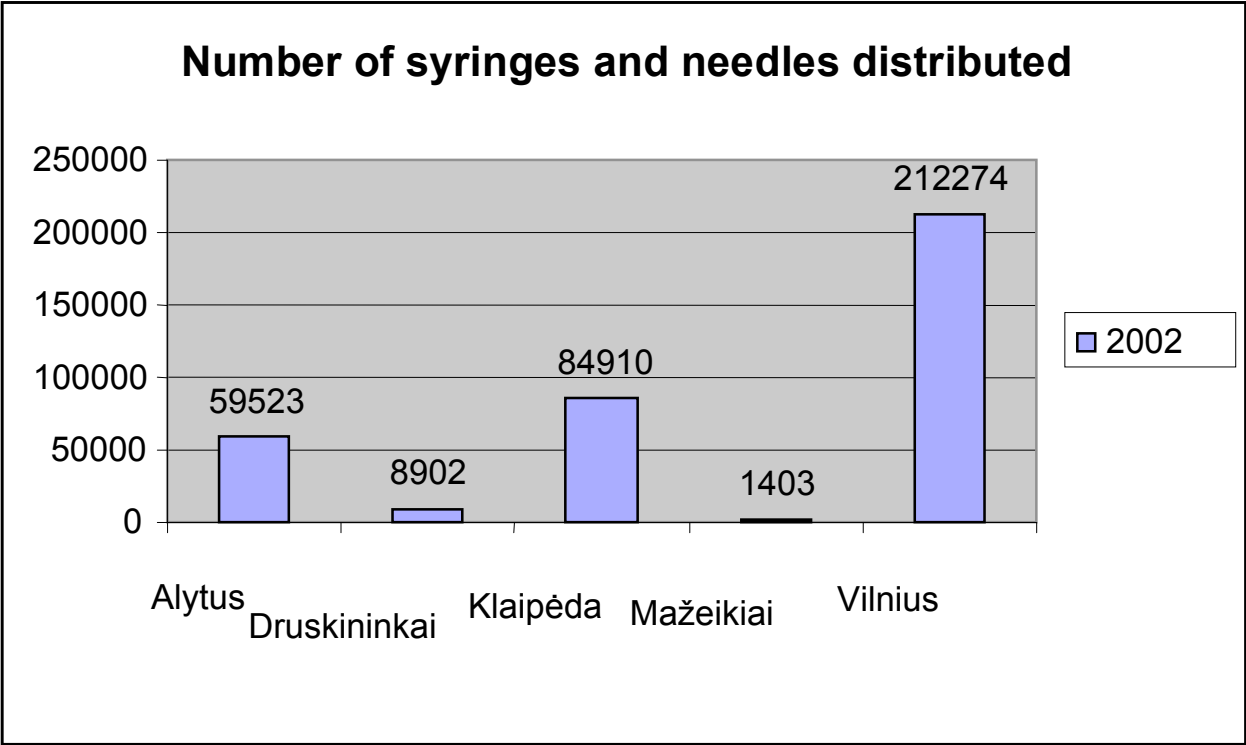
Graph 5:



Graph 6: Types of drugs used (percentage data)

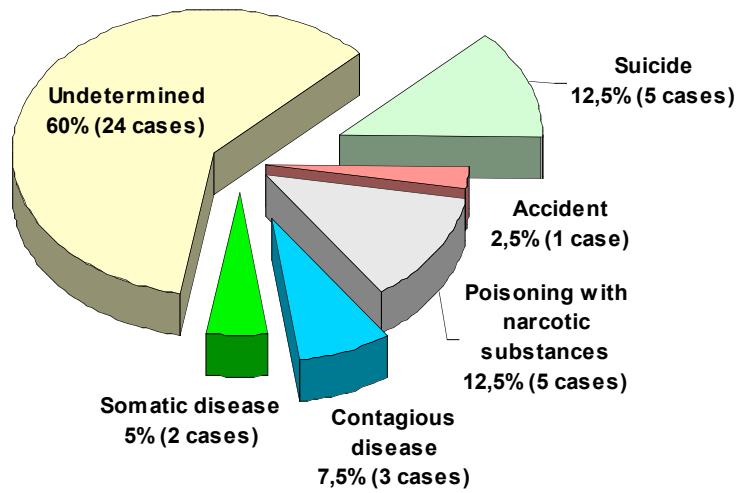


Graph 7:



Data from Central and Eastern European Harm Reduction Network

Graph 8: Causes for death among drug addicts, 2002



Graph 9: Causes for death among drug addicts, 2001

