



# Lithuania

## Country Drug Report 2017

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### THE DRUG PROBLEM IN LITHUANIA AT A GLANCE

#### Drug use

in young adults (15-34 years)  
in the last year

##### Cannabis

**5.1 %**



2.7 % 7.5 %

##### Other drugs

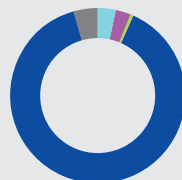
Amphetamines	0.5 %
MDMA	0.3 %
Cocaine	0.3 %

#### High-risk opioid users

No data

#### Treatment entrants

by primary drug



● Cannabis, **3 %**  
● Amphetamines, **3 %**  
● Cocaine, **1 %**  
● Heroin, **89 %**  
● Other, **4 %**

#### Opioid substitution treatment clients

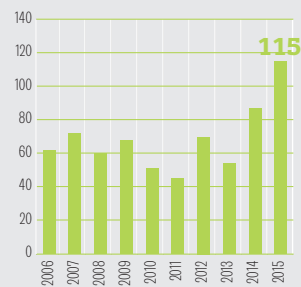
**596**

#### Syringes distributed

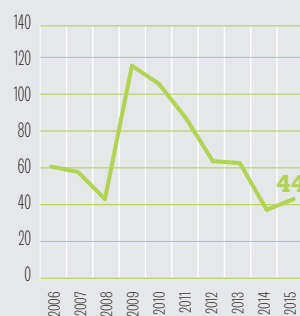
through specialised  
programmes

**200 630**

#### Overdose deaths



#### HIV diagnoses attributed to injecting



Source: ECDC

#### Drug law offences

**2 524**

#### Top 5 drugs seized

ranked according to quantities  
measured in kilograms

1. Cannabis resin
2. Cocaine
3. Herbal cannabis
4. Methamphetamine
5. Amphetamine

#### Population

(15-64 years)

**1 948 685**

Source: EUROSTAT  
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

## About this report

This report presents the top-level overview of the drug phenomenon in Lithuania, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: [www.emcdda.europa.eu/countries](http://www.emcdda.europa.eu/countries)

## National drug strategy and coordination

### National drug strategy

The Lithuanian National Programme on Drug Control and Prevention of Drug Addiction 2010-16 was endorsed by parliament in 2010. The overarching goal of the programme is to reduce the supply of and demand for illicit drugs and psychotropic substances and their precursors and to stop the spread of drug dependence by strengthening individual and public education, health and safety. Several priorities were included in the national programme, which addressed drug demand reduction, in particular among children and young people; drug supply reduction; drug use monitoring; the provision of information; and coordination and international cooperation. The programme was constructed around two pillars covering the areas of supply and demand reduction and two cross-cutting themes focusing on coordination and cooperation, and on information and research. The programme was concerned primarily with illicit drugs. Since 2015, the strategy has been implemented as part of the Interinstitutional Action Plan for Prevention of Drugs, Tobacco and Alcohol 2015-17, which was approved in 2015 (Figure 1).

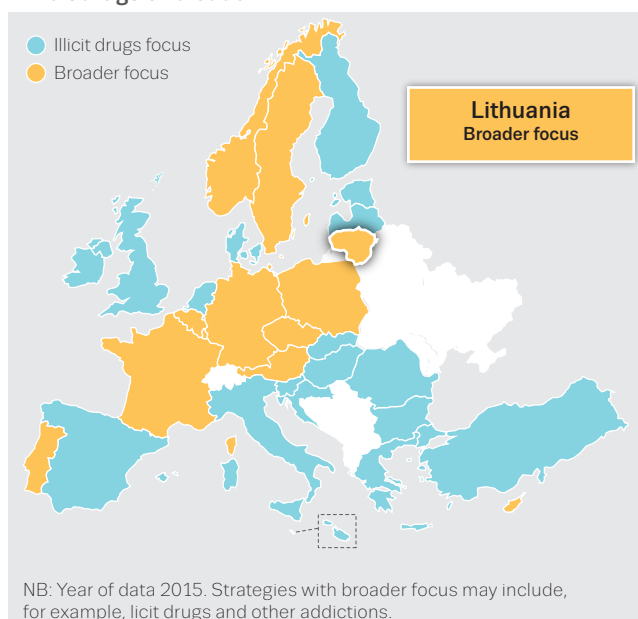
Like other European countries, Lithuania evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. A final evaluation of the National Programme on Drug Control and Prevention of Drug Addiction 2010-16 and its implementation through the Interinstitutional Action Plan for Prevention of Drugs, Tobacco and Alcohol 2015-17 is planned. The Action Plan sets out a range of goals, objectives and measures, details of planned financial resources, a set of measures to be undertaken and the institutions responsible for them and a set of evaluation criteria.

### National coordination mechanisms

The Commission for Prevention of Drug Addiction and Alcohol Dependence is a permanent body of the Parliament of the Republic of Lithuania. It is responsible for forming and overseeing the implementation of policy and of the National Programme on Drug Control and Prevention of Drug Addiction. The Department of Drug, Tobacco and Alcohol Control is responsible for the strategic and operational coordination of both the National Programme and the Interinstitutional Action Plan. It is tasked with participating in the formulation of public policy on drugs, tobacco and alcohol control and its implementation; coordinating and monitoring the activities of national authorities involved in precursor chemical, tobacco and alcohol control; preparing national alcohol, tobacco and drug control and prevention programmes and coordinating their implementation; organising and coordinating the risk assessment of new psychoactive substances (NPS); licensing of the wholesale production of tobacco and alcohol and the licensing of the production of drug precursors; and functioning as the national focal point for the EMCDDA. At a local level, around two thirds of municipalities have a Municipality Drug Control Commission; in other municipalities, drug control functions are carried out by other commissions.

FIGURE 1

**Focus of national drug strategy documents: illicit drugs or broader**



## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

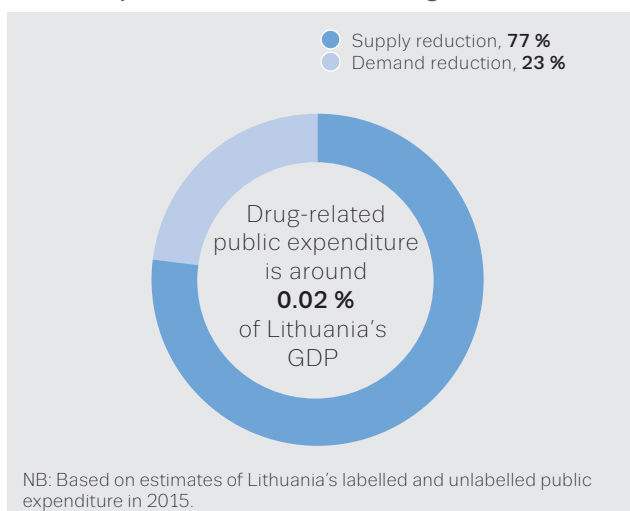
In Lithuania, a multiannual budget was allocated to the National Drug Control and Drug Addiction Prevention Program for 1999-2003. The State Drug Control and Drug Prevention Program for 2004-08 had no such budget. However, during that period, the government defined a detailed budget for each year. Between 2008 and 2010, information on drug-related public expenditure was fragmented; however, in 2011, the government allocated an annual budget to the Lithuanian Interinstitutional Activity Plan 2011-13.

In 2013, the government allocated approximately EUR 1.2 million to the Lithuanian National Programme on Drug Control and Prevention of Drug Addiction 2010-16, while, in 2014, the planned budget was EUR 678 000.

In 2015, the Interinstitutional Action Plan of Drug, Tobacco and Alcohol Prevention planned funding of almost EUR 5 million. Data for executed spending indicated that, out of 32 measures planned, 28 were drug related and cost nearly EUR 5.6 million. The majority of these funds was allocated to the reduction of drug supply (approximately EUR 4.3 million), followed by those measures aimed at strengthening the management and coordination of activities in the field of drugs (approximately EUR 1 million); only a small proportion (around EUR 258 000) was used to reduce demand. In 2015, labelled drug-related expenditures were estimated to represent 0.02 % of gross domestic product (GDP) (Figure 2), which is an increase compared with 2013 (0.002 %). The Lithuanian municipalities also allocated funding for drug prevention measures.

FIGURE 2

### Public expenditure related to illicit drugs in Lithuania



# Drug laws and drug law offences

## National drug laws

In Lithuania, the Criminal Code came into force in May 2003, with further changes in 2010 to tighten custodial sentences.

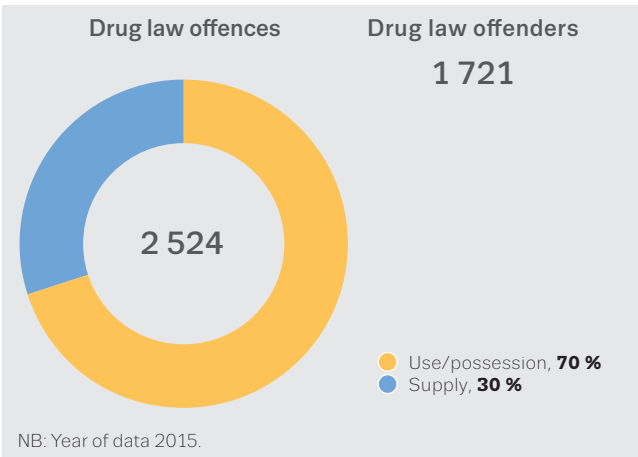
Consumption of drugs is an administrative offence, punishable by a fine. Possession of a small amount of an illicit drug with no intent to distribute it may be punished by a fine or administrative arrest, while possession of more than the defined small amount is a criminal offence, which carries a sentence of up to two years' imprisonment (Figure 3).

Drug traffickers may be sentenced to between two and eight years' imprisonment, which increases to 8-10 years or 10-15 years, depending on the quantities involved and the presence of aggravating circumstances (e.g. the involvement of minors or an organised group). A Ministry of Health regulation defines small, large and very large quantities of all drugs.

NPS are controlled by adding them to the List of Drugs and Psychotropic Substances Prohibited to Use For Medical Purposes, introducing either a new substance or a substance group.

FIGURE 4

Reported drug law offences and offenders in Lithuania



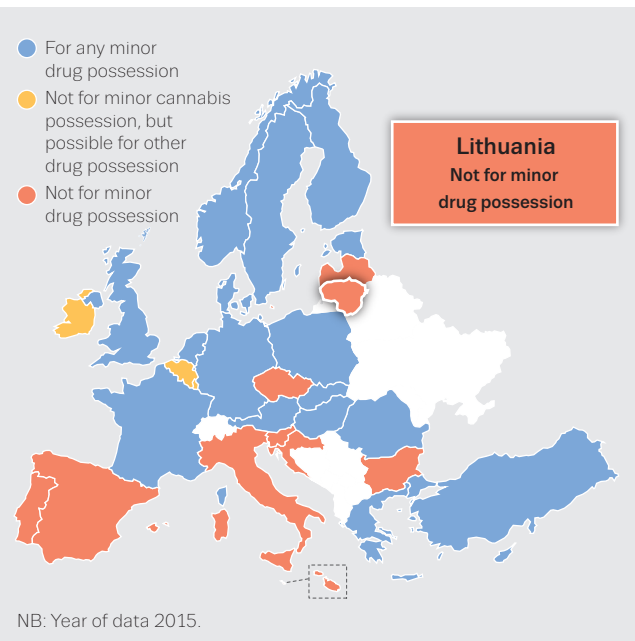
## Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs from Lithuania indicate that there has been an increase in the number of DLOs since 2003, when harsher laws were adopted. According to the Ministry of the Interior, more than half of the DLOs in 2015 were linked to the possession of psychotropic substances for purposes other than distribution (Figure 4).

FIGURE 3

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



## Drug use

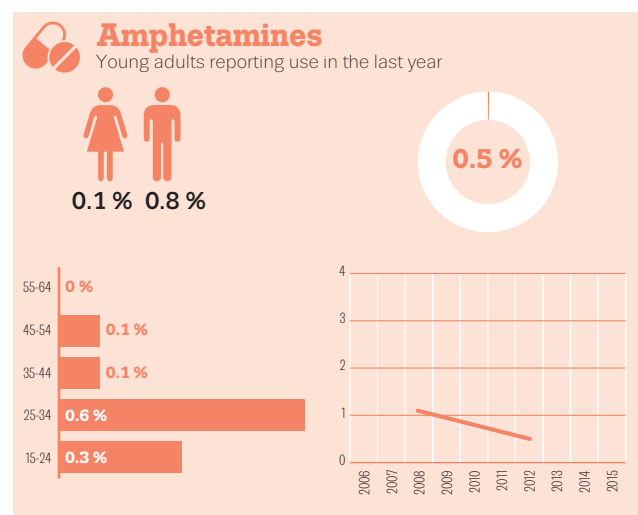
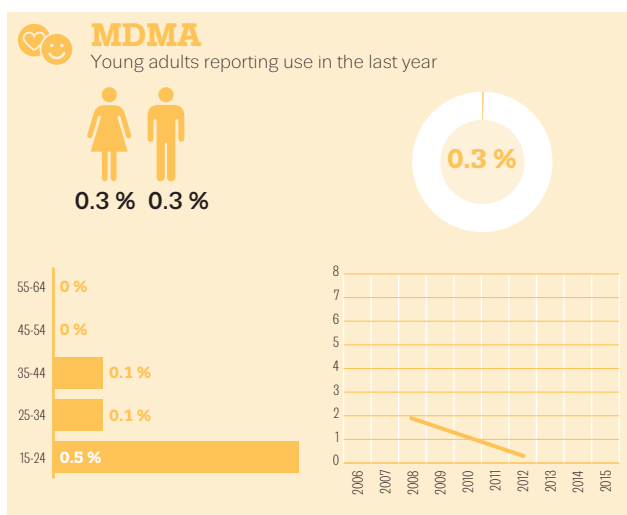
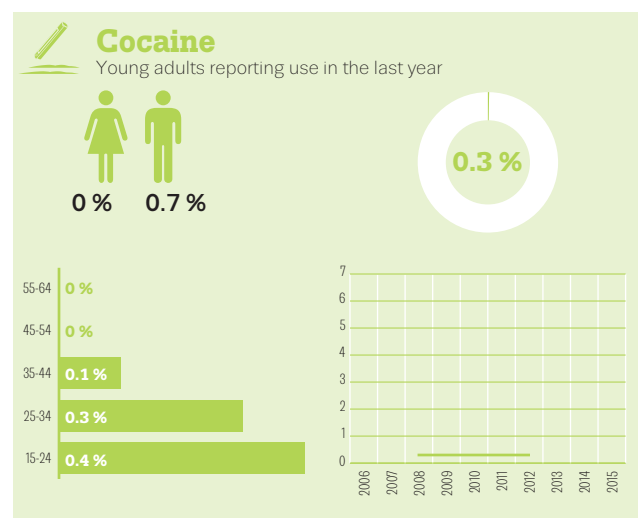
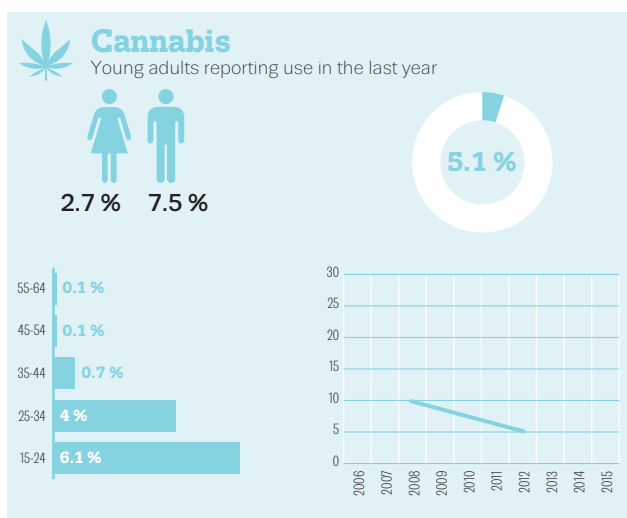
### Prevalence and trends

Data from the 2012 general population survey indicate that slightly more than 1 in 10 Lithuanian adults have ever used an illicit substance. Cannabis is the most commonly used illicit drug in Lithuania, and its use is concentrated among young adults aged 15-34 years. Nevertheless, last-year and last-month cannabis use among this age group declined between 2008 and 2012. In general, males were four times more likely to report lifetime use of cannabis; however, the gender gap narrowed in younger age groups. In 2012, amphetamines were the most common illicit stimulants used by young adults (Figure 5).

Among certain sub-groups of young people in Lithuania, the prevalence of psychoactive substance use tends to be higher. One of these sub-groups is those attending recreational settings, such as nightclubs. A 2013 study set in nightclub settings in five main cities found that more than one third of clubbers had used an illicit substance in the past, with cannabis being the most popular drug, followed by cocaine, MDMA/ecstasy and amphetamines.

FIGURE 5

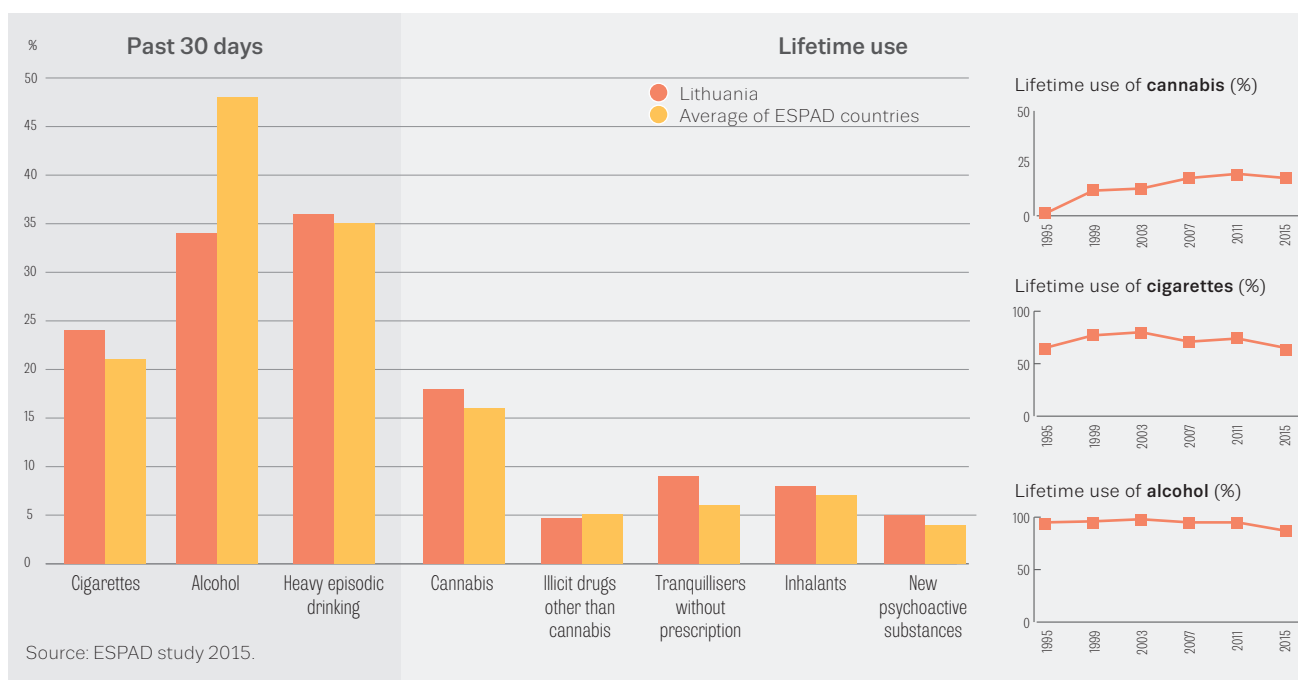
Estimates of last-year drug use among young adults (15-34 years) in Lithuania



NB: Estimated last-year prevalence of drug use in 2012.

FIGURE 6

## Substance use among 15- to 16-year-old school students in Lithuania



Drug use among 15- to 16-year-old students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD), which has been conducted in Lithuania since 1995, and the latest data are from 2015. Lifetime use of cannabis and other illicit substances in Lithuania was relatively close to the ESPAD average (35 countries) in 2015. Long-term analysis indicates that cannabis use among 15- to 16-year-old students in Lithuania has remained stable during the last decade, based on the prevalence of lifetime, last-year and last-month drug use. Data on the use of NPS are also available from the 2015 ESPAD study and indicate that 5 % of students aged 15-16 years have tried these substances at least once. Among other key variables, the proportion of students in Lithuania reporting alcohol use in the last 30 days was considerably lower than the European average, whereas cigarette use in the last 30 days and lifetime use of tranquillisers or sedatives without prescription were slightly more common (Figure 6).

The latest estimates of high-risk opioid use date back to 2007. At that time, it was estimated that there were around 5 458 high-risk opioid users, that is 2.4 per 1 000 of the population aged 15-64 years (Figure 7). In addition, available estimates and data from specialised drug treatment centres indicate that high-risk drug use in Lithuania is mainly linked to the use of opioids (Figure 8).

**High-risk drug use in Lithuania is linked mainly to the use of opioids**

### High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

Data from specialised treatment centres indicate that opioids, mainly heroin, remained the most commonly reported primary substance for all and first-time clients entering treatment in 2015.

Injection remains the main route of drug administration among heroin and amphetamines users. Approximately one fifth of clients entering treatment are female; however, the proportion varies by type of programme and primary drug used (Figure 8).

FIGURE 7

### National estimates of last year prevalence of high-risk opioid use

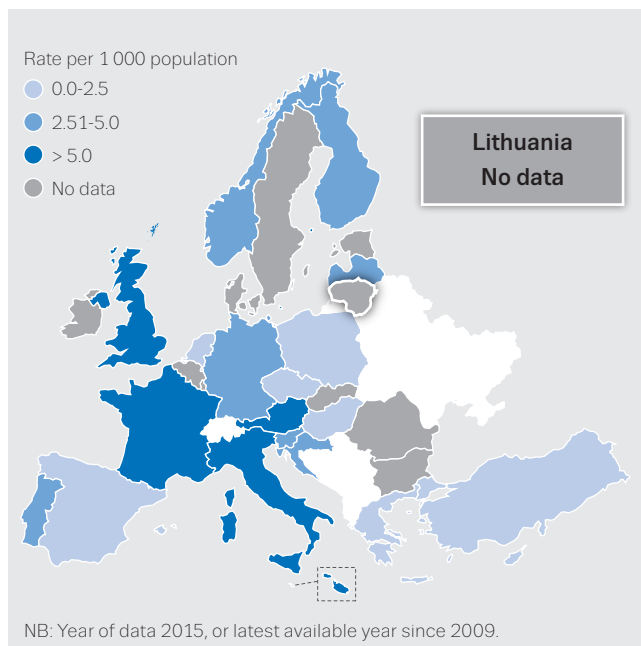
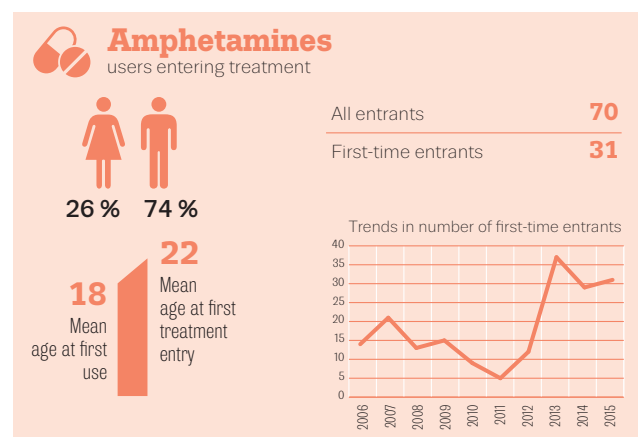
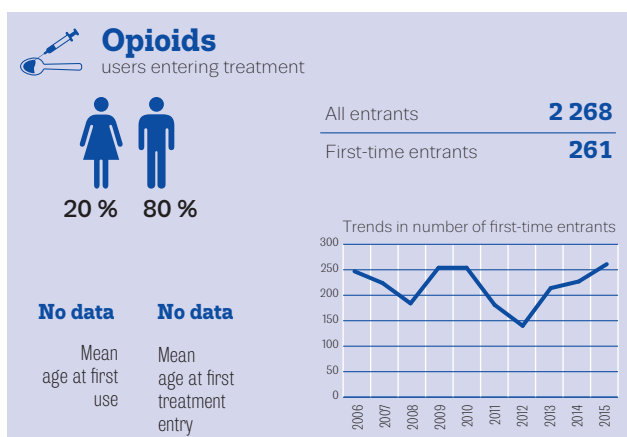
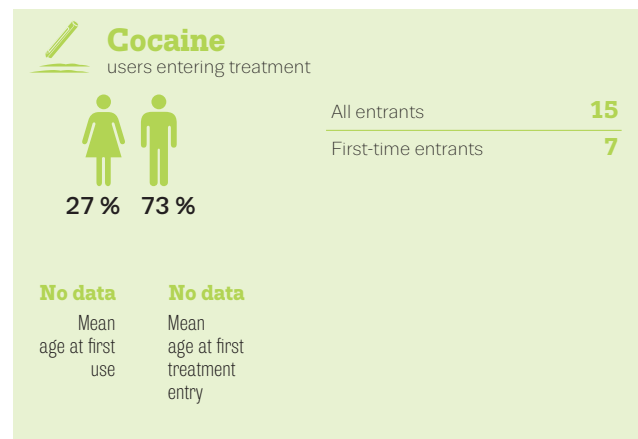
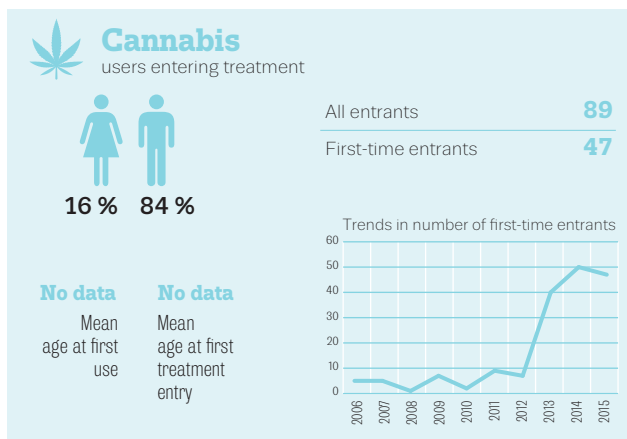


FIGURE 8

### Characteristics and trends of drug users entering specialised drug treatment in Lithuania



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

## Drug harms

### Drug-related infectious diseases

In Lithuania, the Centre for Communicable Diseases and AIDS at the Ministry of Health collects aggregated nationwide diagnostic data on new cases of acquired immune deficiency syndrome (AIDS) and on human immunodeficiency virus (HIV), acute hepatitis B virus (HBV) and hepatitis C virus (HCV) infections.

The numbers of new HIV cases indicate that there were slight annual fluctuations in the period 2010-15, while the proportion of new HIV cases linked to injecting drug use in Lithuania declined from more than 60 % in 2010 to less than 30 % in 2015. Nevertheless, with 15.1 notifications per million population, Lithuania is among the European countries with the highest rate of newly reported HIV-positive cases linked to injecting (Figure 9). Some data on acute HBV and HCV infections resulting from injecting drug use are also available from the case notifications; however, in the majority of the cases, risk factors are not reported.

HIV prevalence rates among sub-groups of people who inject drugs (PWID) increased to more than 1 % in 1997, but remained consistently below 5 % until 2001. In 2015, a total of 200 clients of harm reduction programmes in three cities (Alytus, Visaginas, Klaipeda) were tested, and the results indicated that HIV prevalence was 12.5 % and HCV antibody prevalence was 77 %, while 10.5 % of those tested were positive for HBV surface antigen (i.e. indicating a current infection) (Figure 10).

### Drug-related emergencies

The information on drug-related emergencies in Lithuania originates from the Institute of Hygiene, which reports the number of contacts with healthcare institutions (inpatient and outpatient) attributable to poisoning by drugs or psychoactive substances. In 2015, a total of 599 contacts were reported, which was an increase compared with 2013 and 2014 (327 and 415 contacts, respectively). This increase was attributed mainly to the rise in opioid- and cannabis-related emergencies (opium, in particular). The mean age of people seeking emergency care was 28 years and the majority were male.

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

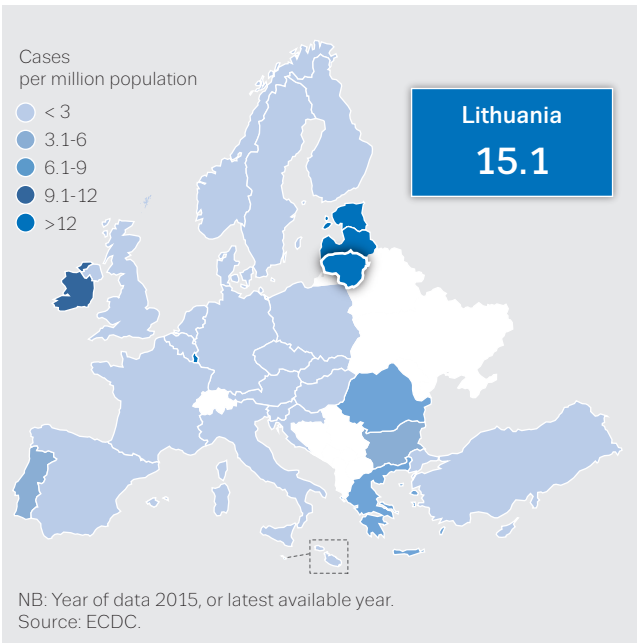
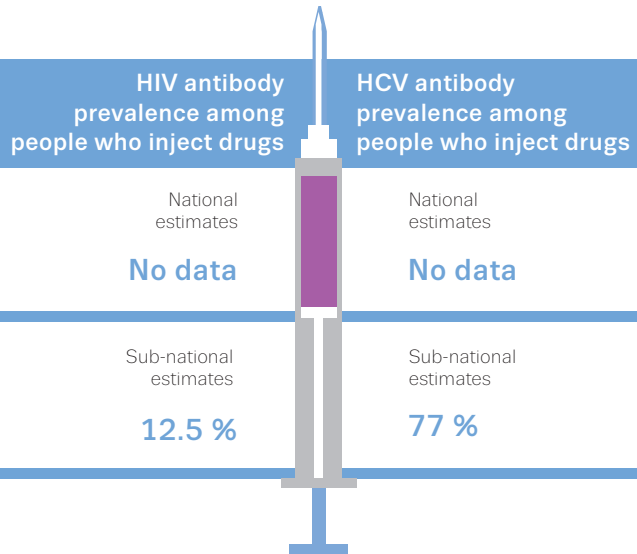


FIGURE 10

Prevalence of HIV and HCV antibodies among people who inject drugs in Lithuania

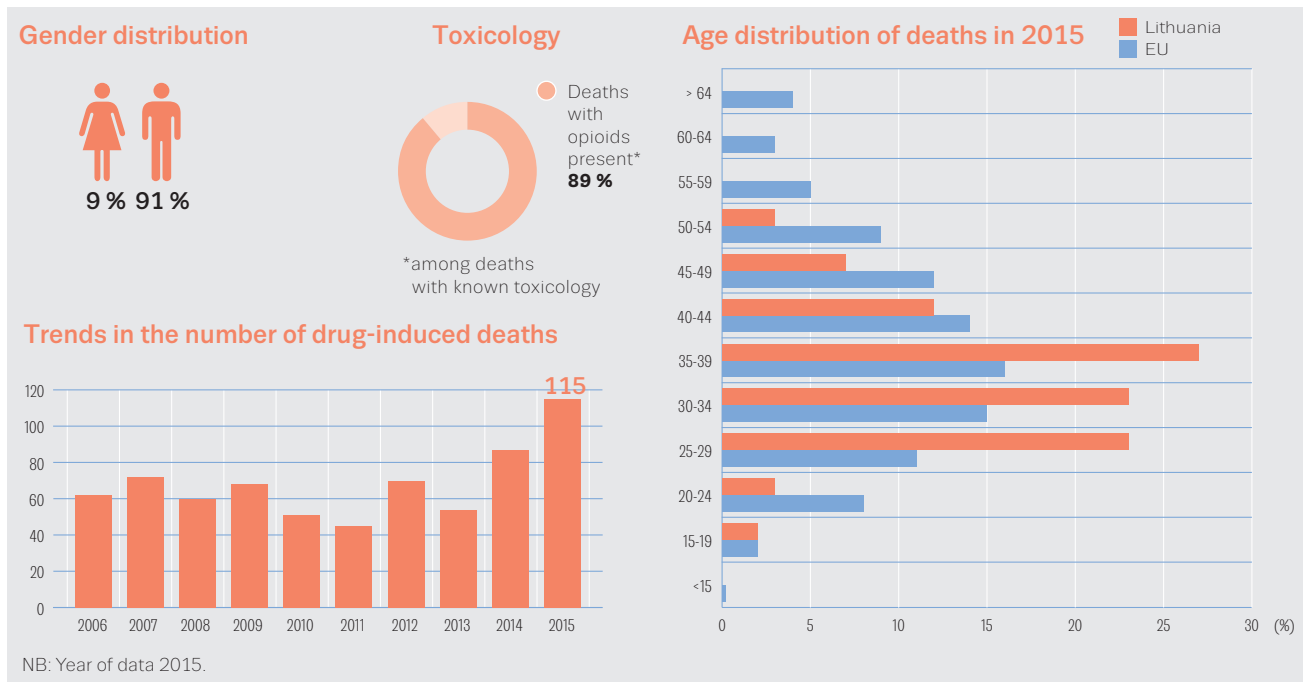


NB: Year of data 2014.



FIGURE 11

## Characteristics of and trends in drug-induced deaths in Lithuania



## Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

Since 2012, the General Mortality Register of the Institute of Hygiene has reported a continuous increase in the number of drug-induced deaths in Lithuania, with a record number of deaths in 2015.

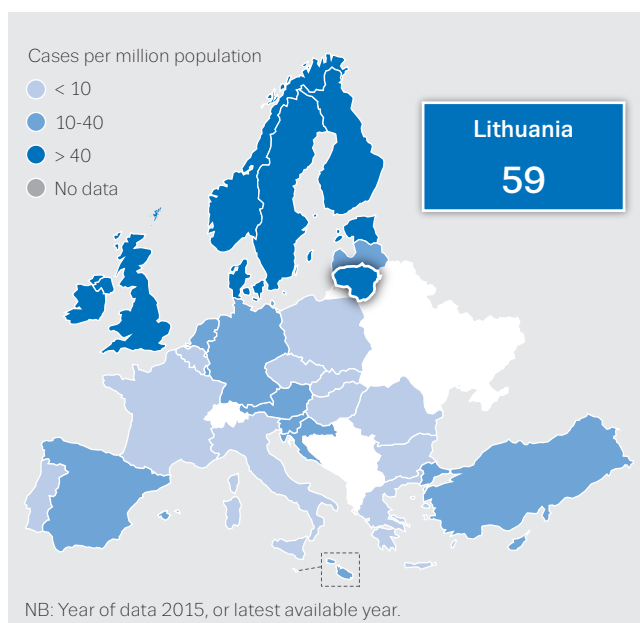
Some of this increase can be attributed to the increased number of post-mortem toxicological screens that have been carried out in recent years and to improved toxicological analysis methods and tools.

Most of the victims in 2015 were male and the mean age at death was 34.9 years. Opioids remained the primary substances involved in 102 deaths with known toxicology results (one involved fentanyl and eight involved methadone) (Figure 11).

The drug-induced mortality rate among adults (15-64 years) was 59 deaths per million in 2015 (Figure 12), more than double the European average of 20.3 deaths per million.

FIGURE 12

## Drug-induced mortality rates among adults (15-64 years)



## Prevention

Adopted in 2011, the Resolution of the Parliament of the Republic of Lithuania on a targeted policy of prevention and control of drugs, tobacco and alcohol consumption prioritised the development of values and the building of skills for a healthy life among children and young people through integrated and evidence-based prevention programmes.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems and indicated prevention focuses on at-risk individuals.

In Lithuania, environmental prevention activities focus on ensuring that there are safe living and school environments, through the implementation of policies that limit access to licit substances for under-age young people and the organisation of safe neighbourhood groups that support community policing actions.

Universal prevention in Lithuania takes place predominantly in schools. The Ministry of Education and Sciences implements the universal prevention programme Prevention of Use of Alcohol, Tobacco and Psychoactive Substances, which is adapted to each age group and covers pre-school, primary, basic and secondary education. Framework programmes for human security and health education, which were approved in 2012, also attempt to improve the capacity of pupils to make sound decisions and to develop the abilities, skills and principles required for the adoption of a healthier lifestyle. Many other programmes and methodological materials for developing the life and social skills of children are used in educational settings, and a number of methodological materials and training activities for teachers are also available on this topic. Examples include the 'Zip's Friends' programme, an early prevention and socio-emotional development course targeting pre-school and first-year schoolchildren and 'Apple Friends', a continuation of the 'Zip's Friends' programme. The internationally recognised 'Unplugged' programme, which increases children's social communication skills and critical thinking, is also implemented in selected schools. A number of schools offer a special programme to children whose parents use psychoactive substances (Figure 13).

In 2012, a special procedure for the certification of prevention programmes was adopted, and several programmes have been certified, including 'Zip's Friends' and 'Apple Friends'. Universal prevention activities are also carried out in youth centres and places where young

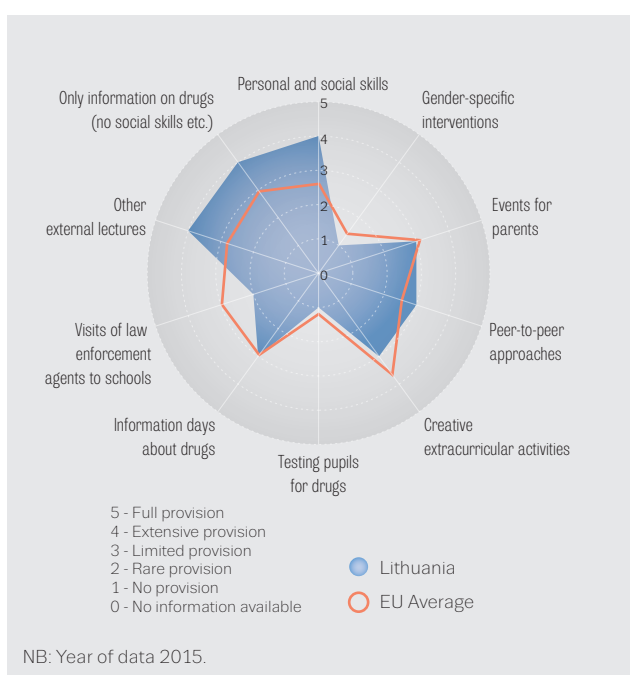
people congregate, mainly through providing alternative leisure activities and engaging young people in educational programmes. Several programmes for parents are available through school settings, and these focus mainly on improving parenting and communication skills. In 2015, an online prevention programme for parents, entitled 'What Do Children Do?', was launched.

Selective prevention activities in Lithuania have mainly targeted recreational settings, such as nightclubs, bars and cafes, and children from at-risk families through social day centres and open youth centres and spaces. In recreational settings, prevention activities are initiated primarily by the police, while nightclubs tend to apply measures, such as safety checks, at the entrance, which limit the entry of under-aged young people and maintain a safe physical environment. A Lithuanian version of the 'FreD goes net project' was launched in 2013. The Drug, Tobacco and Alcohol Control Department organised a number of training courses during 2013-16 to promote application of early intervention measures; these target professionals working in primary healthcare centres, child socialisation centres, open youth centres and pedagogical-psychological services.

Mass media campaigns and information provision (leaflets, etc.) still play a significant role in prevention activities.

FIGURE 13

### Provision of interventions in schools in Lithuania (expert ratings)



## Harm reduction

In Lithuania, a special decree of the Ministry of Health, which was adopted in 2006, consolidated the legal basis for the implementation harm reduction for PWID and set the minimum criteria for these services. These criteria ensure that PWID can exchange needles and syringes and obtain condoms, disinfectant tissues, bandages, health educational/informational material and counselling at low-threshold units.

The harm reduction programmes are financed mainly by state and municipal budgets, but also receive support from other funding sources.

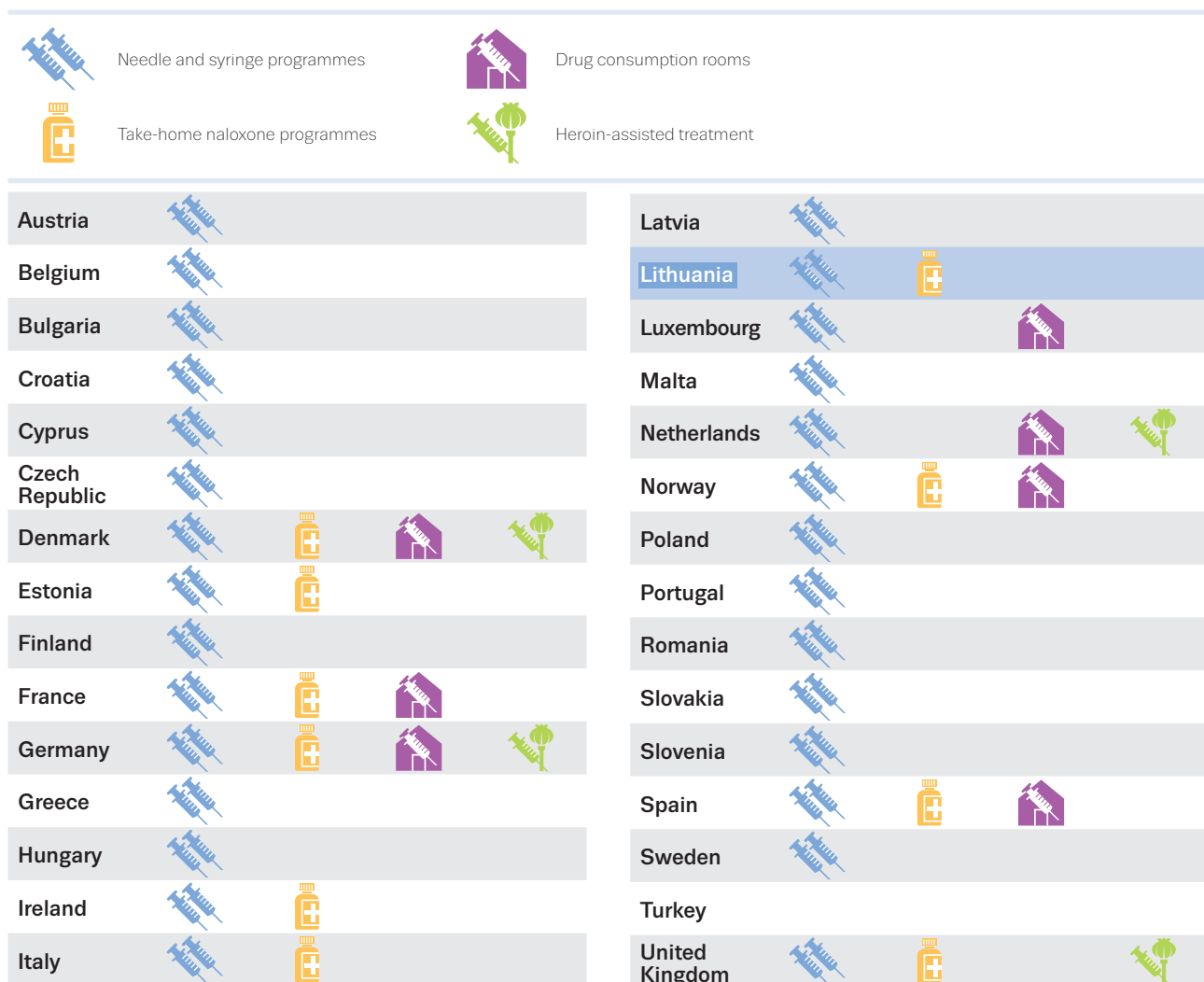
## Harm reduction interventions

In 2015, there were 12 low-threshold units, including three mobile outreach needle/syringe distribution and exchange points, operating in nine cities in Lithuania. These units are operated by non-governmental organisations or under the remit of municipal social services, while, in five cases, they are integrated within a drug treatment institution.

In terms of service provision, information and counselling remain the primary focus of the low-threshold units, although syringes are provided in 11 out of 12 units. In 2015, the number of syringes distributed increased compared with 2013-14, which is mainly attributed to the opening of a new facility in 2015. At these facilities, clients may also have a short consultation with a social worker, obtain information about the availability of healthcare and social assistance or take a rapid test for infectious diseases. Furthermore, in August 2016, the Vilnius Centre for Addictive Disorders started implementing a

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

small-scale pilot initiative involving the distribution of the overdose reversal drug naloxone. The take-home naloxone was given to those patients who finished a drug treatment programme, after a training course (Figure 14).

Universal vaccination against HBV has been provided since 1998 to infants and 12-year-old children; however, special HBV immunisation programmes for PWID are not available.

## Treatment

### The treatment system

The drug treatment-related objectives of all Lithuanian National Programmes on Drug Control and Prevention of Drug Addiction place an emphasis on enhancing the quality and accessibility of drug dependence treatment services, while the Law on Narcological Care provides a regulatory framework for the provision of treatment to people who use licit and illicit substances. The coordination, implementation and provision of drug treatment are the responsibilities of the Ministry of Health. The drug treatment services are funded through the national budget, national health insurance and municipal budgets, and drug treatment is provided free of charge to patients.

Drug treatment in Lithuania is provided mostly by public and private agencies. Outpatient drug treatment is provided by specialised drug treatment centres and through private medical institutions that have obtained a special licence. There are five regional public specialised centres for addictive disorders, which are located across the country and provide outpatient and inpatient services. These centres offer treatment programmes that last one to three months and include group psychotherapy, acupuncture and counselling, and can also provide opioid substitution treatment (OST).

Inpatient treatment, such as withdrawal treatment and residential treatment, is delivered by hospital-based residential drug treatment units and therapeutic communities, while detoxification services are available through toxicological units in general hospitals or in private toxicology centres. Special treatment programmes are available for children who are dependent on psychoactive substances, including two long-term rehabilitation communities. In addition, 22 long-term rehabilitation centres and seven day centres operate across the country. OST with methadone has been provided since 1996, while buprenorphine-based medication has been available since late 2002. OST can be prescribed by the specialised centres for addictive disorders and by psychiatrists working in the mental health centres.

FIGURE 15

Trends in percentage of clients entering specialised drug treatment, by primary drug in Lithuania

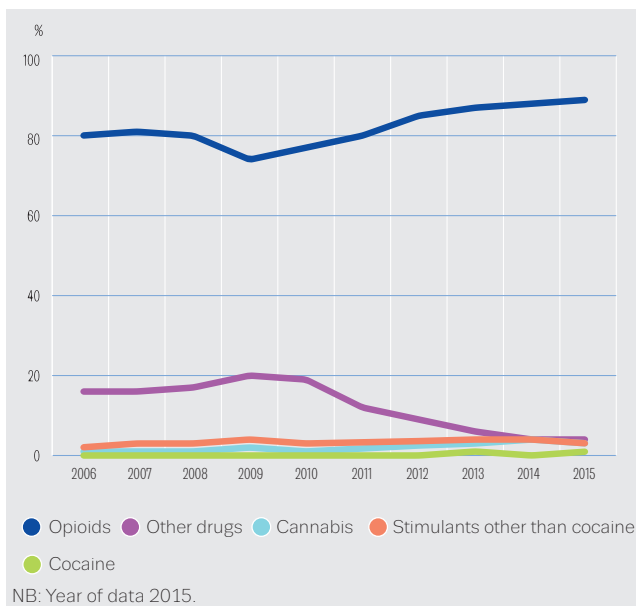
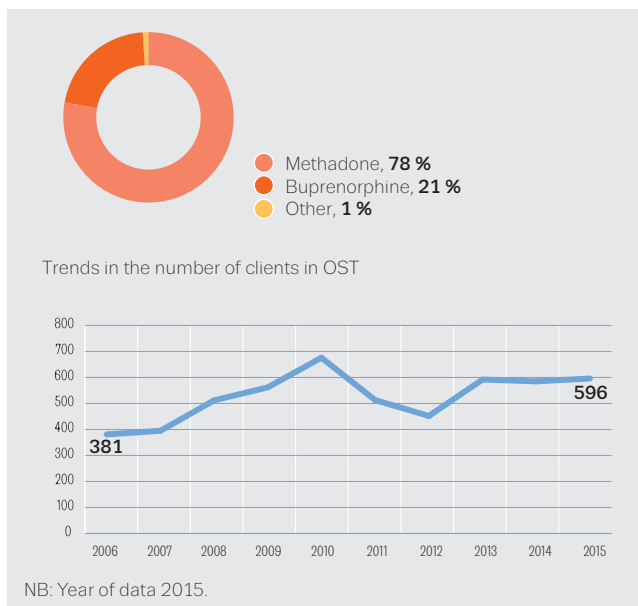


FIGURE 16

Opioid substitution treatment in Lithuania: proportions of clients in OST by medication and trends of the total number of clients



## Treatment provision

In 2015, a total 2 549 people entered treatment, the majority of whom were treated in outpatient settings. Regardless of treatment setting, clients seeking treatment as a result of the use of opioids dominated. Although the number of first-time treatment clients reporting primary opioid use has fluctuated in the last decade (Figure 8), the numbers of all clients entering treatment indicate a continuous increase in the number of opioid, mainly heroin, users (Figure 15).

On 31 December 2015, a total of 596 clients received OST in Lithuania, the majority of whom were treated with methadone (Figure 16). Methadone maintenance is continued for clients in police custody; however, it is discontinued if a client is transferred to prison.

## Drug use and responses in prison

The Lithuanian Prison Department manages the penal system, which accommodates more than 7 000 prisoners in its institutions. The available data indicate that the Lithuanian prison population rate is the highest in Europe. Around one in eight prisoners are reported to have mental and behavioural disorders as the result of narcotic or psychotropic substance use, according to International Classification of Diseases, 10th revision; however, the number of prisoners diagnosed as narcotic or psychotropic substance users has decreased since 2009. The majority of those diagnosed with mental and behavioural disorders in 2015 reported opioid use, although the use of multiple psychoactive substances was also common. A total of 256 HIV-positive prisoners had been reported by the end of 2015.

Medical services for prisoners are provided by healthcare services established in each prison and at the prison hospital. All prisons use repetitive criminal behaviour risk assessment methodologies to assess new prisoners, including the assessment of their psychoactive substance use behaviour.

Drug treatment activities in prisons are focused on the socio-psychological rehabilitation of dependent prisoners. Four prisons have residential rehabilitation centres and one prison has a day centre. In seven prisons, Alcoholics Anonymous and Narcotics Anonymous groups operate and follow the 12-step Minnesota Programme. OST is not available in Lithuanian prisons.

Free voluntary testing for infectious diseases is available in prisons, accompanied by some health education measures to reduce behaviours associated with a risk of contracting HIV, HBV and HCV.

**Around one in eight  
prisoners in Lithuania have  
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disorders as the result  
of substance use**

## Quality assurance

All the National Drug Control and Drug Addiction Prevention Programmes (1999-2003, 2004-08, 2010-16) implemented in Lithuania have emphasised the need to develop the quality of healthcare and social services, as well as accessibility for individuals who are dependent on drugs. To achieve this purpose, measures were prepared and implemented and resulted in an increase in the availability and improvement in the quality and accessibility of treatment and healthcare services for drug users each year.

Since 2012, the National Centre for Special Needs Education and Psychology, together with six partners, has accredited prevention programmes that are implemented in educational settings within the project 'Creating a safe environment in school'. All school-based programmes are accredited according to the same criteria, which are set out in a special order. In 2012, the methodological recommendations 'Development of psychoactive substance control and prevention programmes in the municipalities of Lithuania' were issued to promote evidence-based development and evaluation of municipality-based prevention programmes.

Specialised drug treatment is provided by healthcare establishments that possess a valid licence to provide mental healthcare. The scope, type and duration of treatment and rehabilitation services for dependence disorders were established by a 2002 Resolution of the Minister of Health on the Approval of Standard of Treatment and Rehabilitation of Dependence Disorders. Since 2015, rehabilitation services defined as social care establishments for people vulnerable to social risks and people dependent on psychoactive substances may be provided only by psychological social rehabilitation facilities that have been licensed by the Department of Supervision for Social Services at the Ministry of Social Security and Labour.

Government institutions provide education and specialised training for professionals working in the field of demand reduction. Education and training institutions, including universities, have mandatory and voluntary addiction training courses for various professionals (social workers, medical staff and others).

**Education and training institutions, including universities, have mandatory and voluntary addiction training courses for various professionals**

## Drug-related research

Scientific research and the development of information systems and training on research are two priorities within the Lithuanian National Programme on Drug Control and Prevention of Drug Addiction 2010-16.

In Lithuania, research is mainly funded by relevant ministries and public authorities and is carried out by universities, other scientific/academic institutions or by independent scientists. The Department of Drug, Tobacco and Alcohol Control, which was nominated as the Lithuanian national focal point to the EMCDDA, is one of the government institutions active in monitoring the drug situation. This department also organises various studies and surveys on drugs. Such studies are mainly intended to collect national epidemiological data following the EMCDDA recommendations for five epidemiological indicators.

In addition, studies in the drug field are conducted by several government, academic and non-governmental organisations. Research results are disseminated through an annual national report on the drug situation, and institutions' websites and are published in national scientific journals. Typically, publications in these journals are in Lithuanian (full text), with the article abstract available in English. Recent studies have focused on drug use at the population level, demand reduction topics and behavioural analysis.

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## Drug markets

Lithuania is considered a transit country for the trafficking of illicit substances between Western European, Eastern European and Scandinavian countries, mainly by land.

Methamphetamine is the most common illicit drug produced locally. In 2013, three methamphetamine production sites were dismantled in Lithuania, and two were dismantled in 2015. Lithuanian-produced amphetamines are transported by road or ferry to Scandinavian countries, Belarus, Russia and the United Kingdom.

Small quantities of cannabis are cultivated in the country, predominantly in artificial conditions. Cannabis products arrive in Lithuania from the Netherlands or Spain, mainly in transit. Some synthetic stimulants, particularly MDMA tablets in recent years, have been imported from the Netherlands, Belgium and Poland.

Heroin is smuggled from Central Asian countries through Russia and Belarus, frequently for onward transit to Western European countries. Testing indicates that the purity of the heroin seized has deteriorated in the last few years.

Klaipeda, which is a sea port, remains one of the main entry points for cocaine, although other ways of smuggling the substance, for example by land, postal service and air, are increasingly exploited. Most of the cocaine seized in Lithuania enters from the Netherlands or Germany and is destined for Russia or other European countries.

NPS arrive from China and other Asian countries. Some also arrive from the United Kingdom, Spain and the Czech Republic. Postal courier services are used for the smuggling of NPS. Mail courier services are also increasingly used for transporting small quantities of other illicit drugs, such as MDMA, amphetamines and cannabis resin.

In general, the drug market situation is regarded as stable in Lithuania, although the number of seizures and the quantities seized indicate some annual variations and are highly dependent on the circumstances in which these seizures are made. Cannabis products are involved in the largest proportion of seizures. In 2015, the numbers of seizures involving cannabis resin, methamphetamine and cocaine increased. Moreover, a record amount of cocaine was seized, most of which was in a single seizure. Heroin was the second most frequently seized substance in 2015 and, although the number of heroin seizures has increased

FIGURE 17

Drug seizures in Lithuania: trends in number of seizures (left) and quantities seized (right)

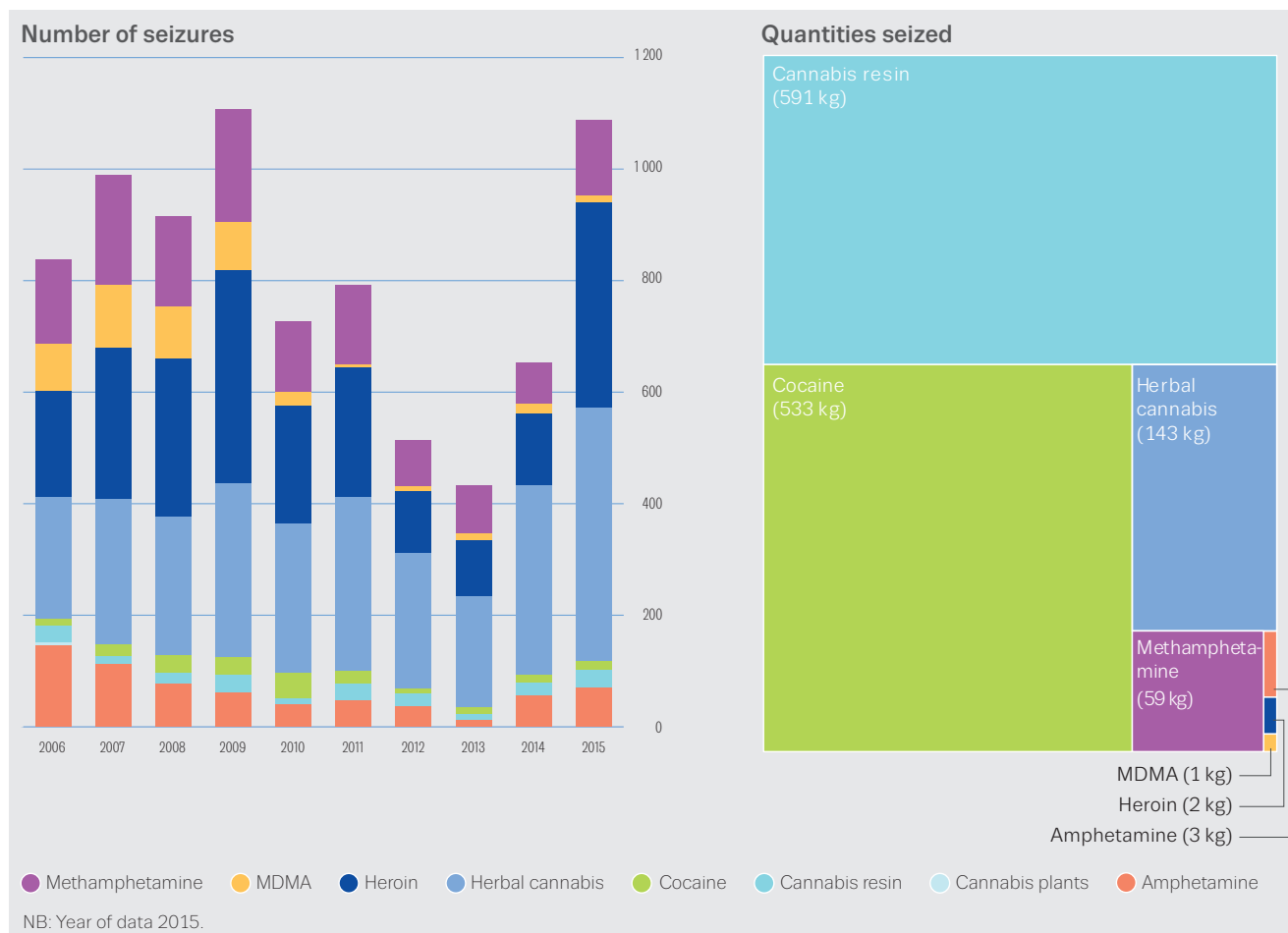
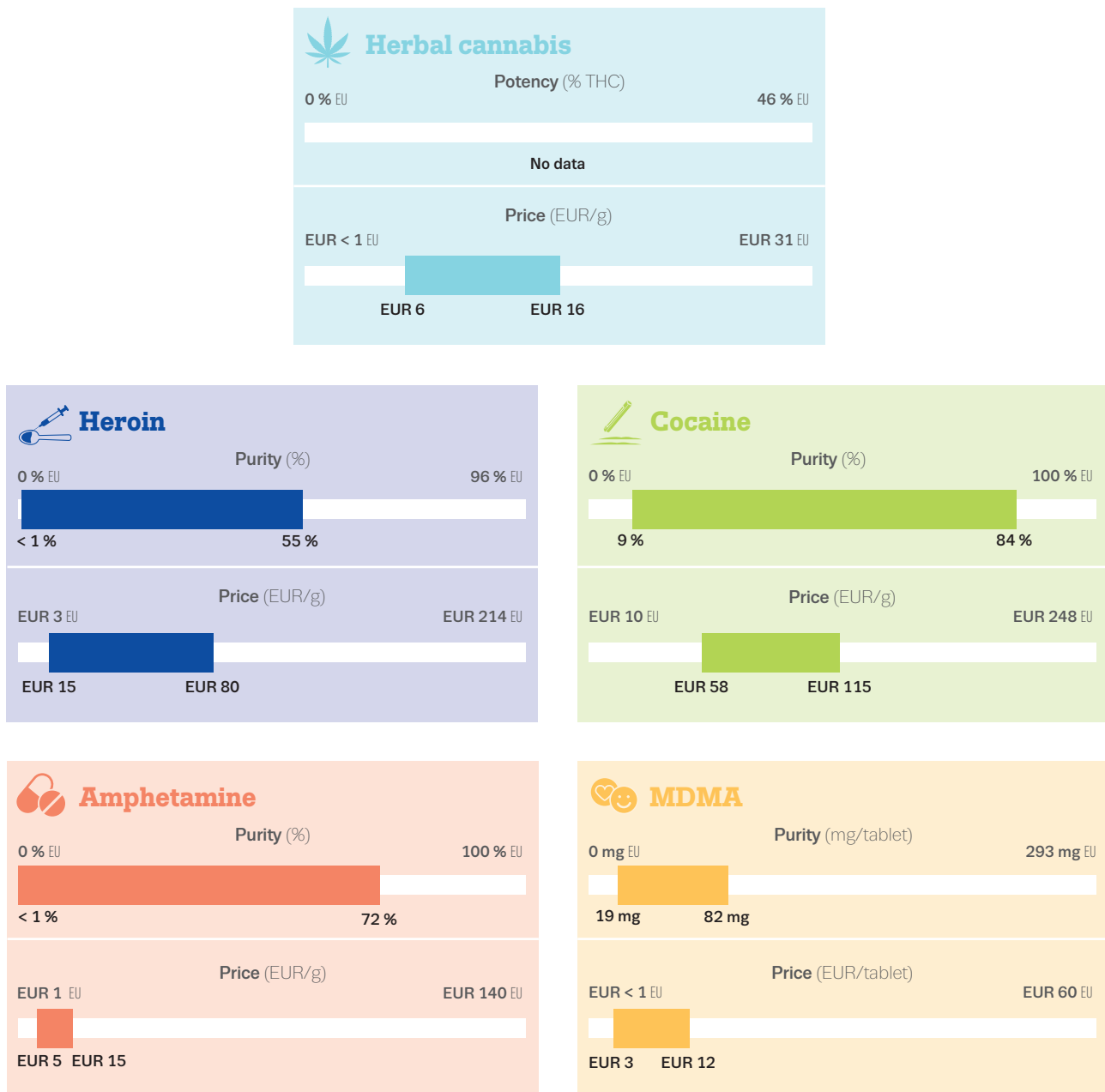




FIGURE 18

## Price and potency/purity ranges of illicit drugs reported in Lithuania



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

in the recent years, the quantities seized show large annual fluctuations. Amphetamines, mainly methamphetamine, were the third most frequently seized illicit drug in Lithuania in 2015 (Figure 17).

Retail price and purity data of the main illicit substances seized are shown in Figure 18.

## KEY DRUG STATISTICS FOR LITHUANIA

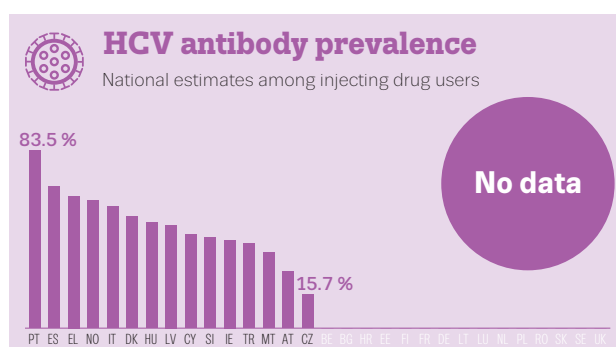
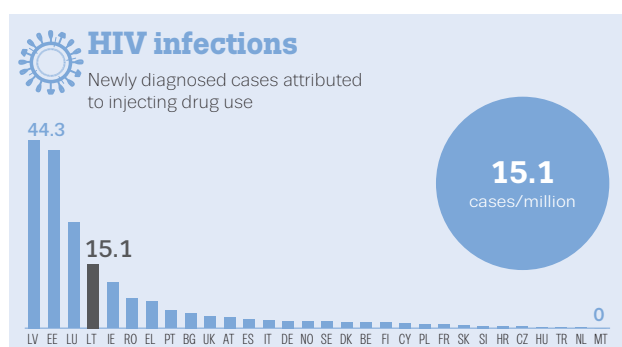
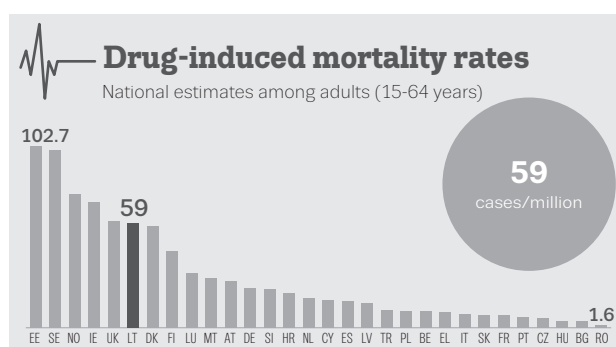
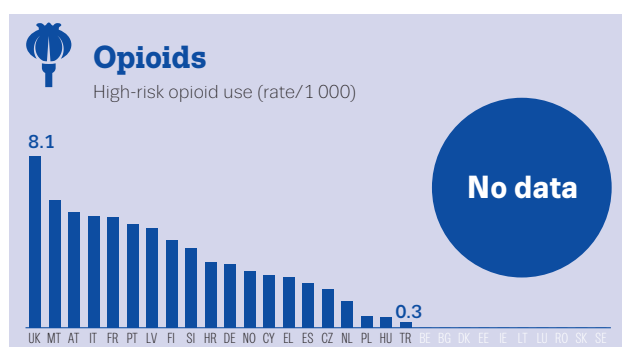
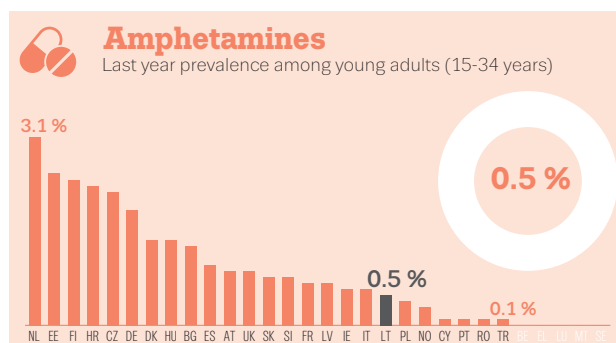
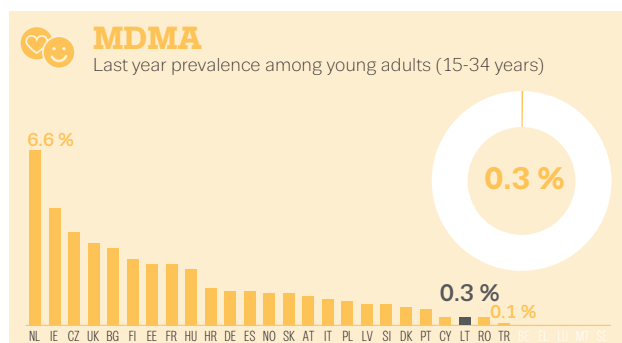
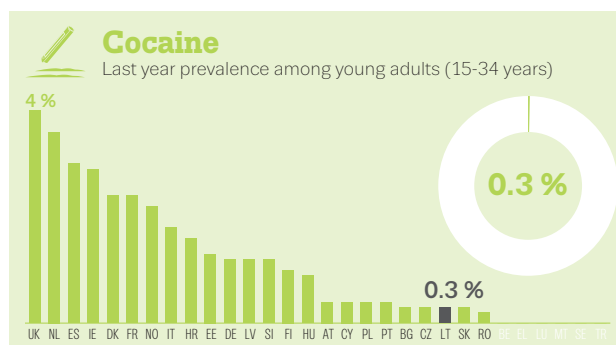
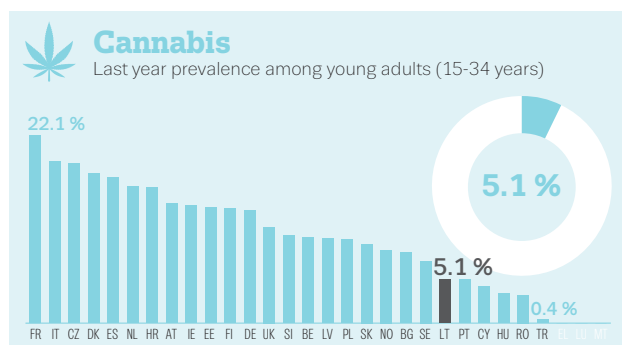
## Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	17.7	6.5	36.8
Last year prevalence of use — young adults (%)	2012	5.1	0.4	22.1
Last year prevalence of drug use — all adults (%)	2012	2.3	0.3	11.1
All treatment entrants (%)	2015	3	3	71
First-time treatment entrants (%)	2015	12	8	79
Quantity of herbal cannabis seized (kg)	2015	143.3	4	45 816
Number of herbal cannabis seizures	2015	456	106	156 984
Quantity of cannabis resin seized (kg)	2015	591.2	1	380 361
Number of cannabis resin seizures	2015	32	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	6-16	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.2	0.9	4.9
Last year prevalence of use — young adults (%)	2012	0.3	0.2	4
Last year prevalence of drug use — all adults (%)	2012	0.2	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	2	0	40
Quantity of cocaine seized (kg)	2015	533.2	2	21 621
Number of cocaine seizures	2015	16	16	38 273
Purity (%) (minimum and maximum values registered)	2015	9.2-83.9	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	58-115	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.3	0.8	6.5
Last year prevalence of use — young adults (%)	2012	0.5	0.1	3.1
Last year prevalence of drug use — all adults (%)	2012	0.2	0	1.6
All treatment entrants (%)	2015	3	0	70
First-time treatment entrants (%)	2015	8	0	75
Quantity of amphetamine seized (kg)	2015	3	0	3 796
Number of amphetamine seizures	2015	69	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	0.2-72	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	5-15	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.8	0.5	5.2
Last year prevalence of use — young adults (%)	2012	0.3	0.1	6.6
Last year prevalence of drug use — all adults (%)	2012	0.2	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2012	54	54	5 673 901
Number of MDMA seizures	2015	11	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	19-82.5	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	3-12	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	89	4	93
First-time treatment entrants (%)	2015	66	2	87
Quantity of heroin seized (kg)	2015	2	0	8 294
Number of heroin seizures	2015	368	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	0.7-55	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	15-80	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	15.1	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	59	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	200 630	164	12 314 781
Clients in substitution treatment	2015	596	252	168 840
Treatment demand				
All clients	2015	2 549	282	124 234
First-time clients	2015	395	24	40 390
Drug law offences				
Number of reports of offences	2015	2 524	472	411 157
Offences for use/possession	2015	1 682	359	390 843

\* PWID — People who inject drugs.

## EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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## About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



### About our partner in Lithuania

The national focal point in Lithuania is situated within the Drug, Tobacco and Alcohol Control Department of the Government of the Republic of Lithuania. The main responsibilities of the department include implementation of the national drug programme, information gathering and dissemination. The department operates under the leadership of the Prime Minister and Minister of Health and is responsible for relations with international organisations, including the EMCDDA.

### Drug, Tobacco and Alcohol Control Department

Sv. Stepono str. 27  
LT-03210 Vilnius  
Lithuania  
Tel. +370-706 68098  
Fax +370-70668095  
Head of national focal point: Ms Lina Jurgelaitiene — [lina.jurgelaitiene@ntakd.lt](mailto:lina.jurgelaitiene@ntakd.lt)

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EMCDDA, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal  
Tel. +351 211210200 | [info@emcdda.europa.eu](mailto:info@emcdda.europa.eu)  
[www.emcdda.europa.eu](http://www.emcdda.europa.eu) | [twitter.com/emcdda](https://twitter.com/emcdda) | [facebook.com/emcdda](https://facebook.com/emcdda)

