



Lithuania

Lithuania Drug Report 2018

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 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise..

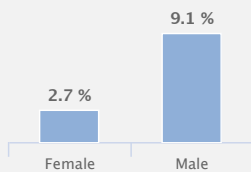
THE DRUG PROBLEM IN LITHUANIA AT A GLANCE

Drug use

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

Cannabis

6.0 %



Other drugs

MDMA	1 %
Amphetamines	0.5 %
Cocaine	0.3 %

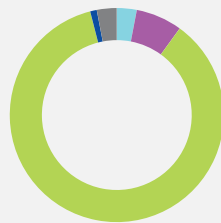
High-risk opioid users

7 503

(5 108 - 12 444)

Treatment entrants

by primary drug



Stimulants other than ...
Cannabis, 7 %
Opioids, 86 %
Cocaine, 1 %
Other, 3 %

Opioid substitution treatment clients

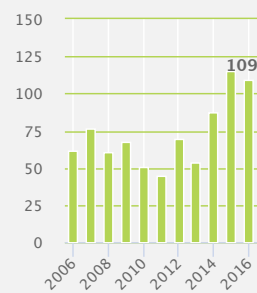
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Syringes distributed

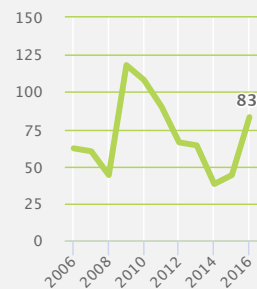
through specialised
programmes

240 061

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

2 288

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Heroin
4. MDMA
5. Methamphetamines

Population

(15-64 years)

1 916 284

Source: EUROSTAT Extracted on:
18/03/2018

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.

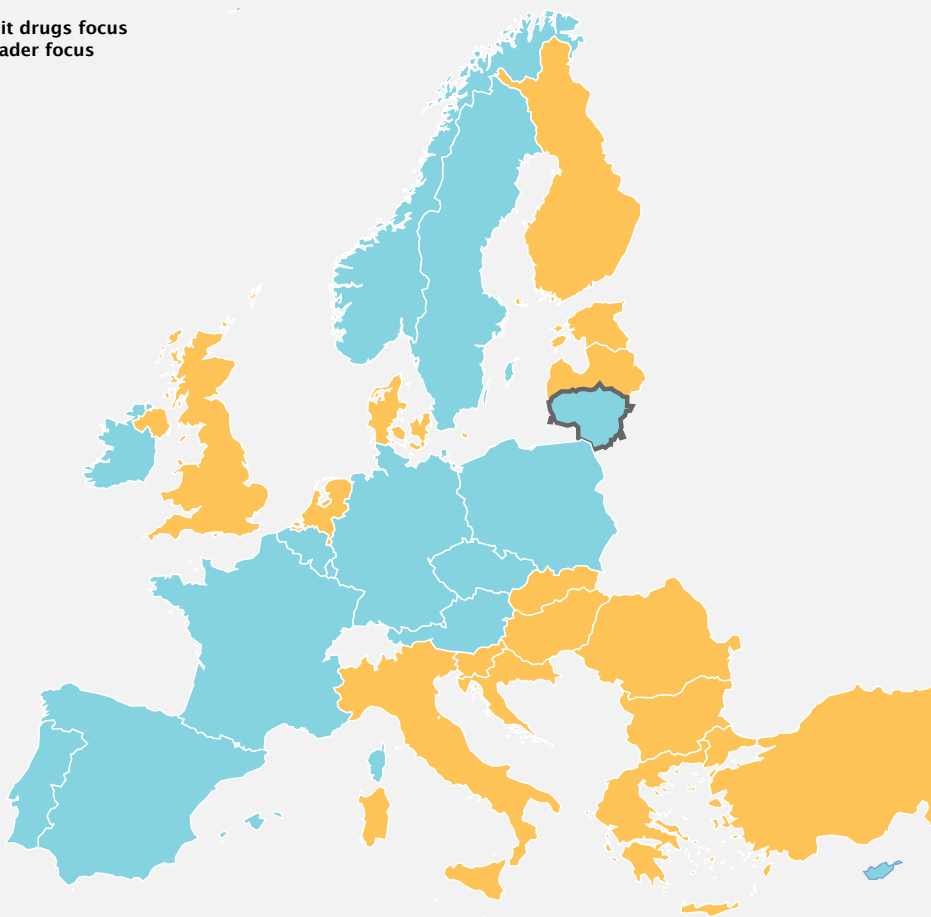
National drug strategy and coordination

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 was 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 and has been renewed every year.

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.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Commission for Prevention of Addictions 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 Drug, Tobacco and Alcohol Control Department 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; 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.

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, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

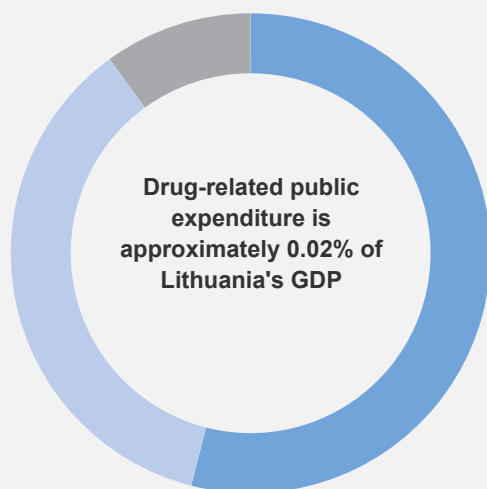
In Lithuania, a multiannual budget was allocated to the National Drug Control and Drug Addiction Prevention Programme for 1999-2003. The State Drug Control and Drug Prevention Programme for 2004-08 had no such budget. However, during that period, the government defined a detailed budget for each year. 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 Action Plan 2011-13. The National Programme on Drug Control and Prevention of Drug Addiction 2010-2016 was implemented with the support of Action Plans. These plans specified, among other things, public expenditure planned.

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 0.7 million, which represented 0.002 % of gross domestic product (GDP). In 2015, the planned funding for the Interinstitutional Action Plan of Drug, Tobacco and Alcohol Prevention was EUR 5.9 million. Data for executed spending indicate 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 GDP, which is an increase compared with 2014. The Lithuanian municipalities also allocated funding for drug prevention measures. In 2016, the Action Plan on Drugs, Tobacco and Alcohol had an associated budget of EUR 9.7 million, which represented 0.03 % of GDP, and estimates suggest that expenditure was close to EUR 9.2 million (0.02 % of GDP). Half of this expenditure was allocated to supply reduction initiatives (54 % of the budget); around 36 % of expenditure went to demand reduction and 10 % to policy coordination.

Public expenditure related to illicit drugs in Lithuania

NB: Based on estimates of Lithuania's labelled and unlabelled public expenditure in 2016.

- Supply reduction, 54 %
- Demand reduction, 36 %
- Transversal value, 10 %



Drug laws and drug law offences

National drug laws

In Lithuania, the Law on Control of Narcotic and Psychotropic Substances establishes the principles of the classification of such substances and the regulations for any medical use, and the Criminal Code specifies the crimes and punishments possible.

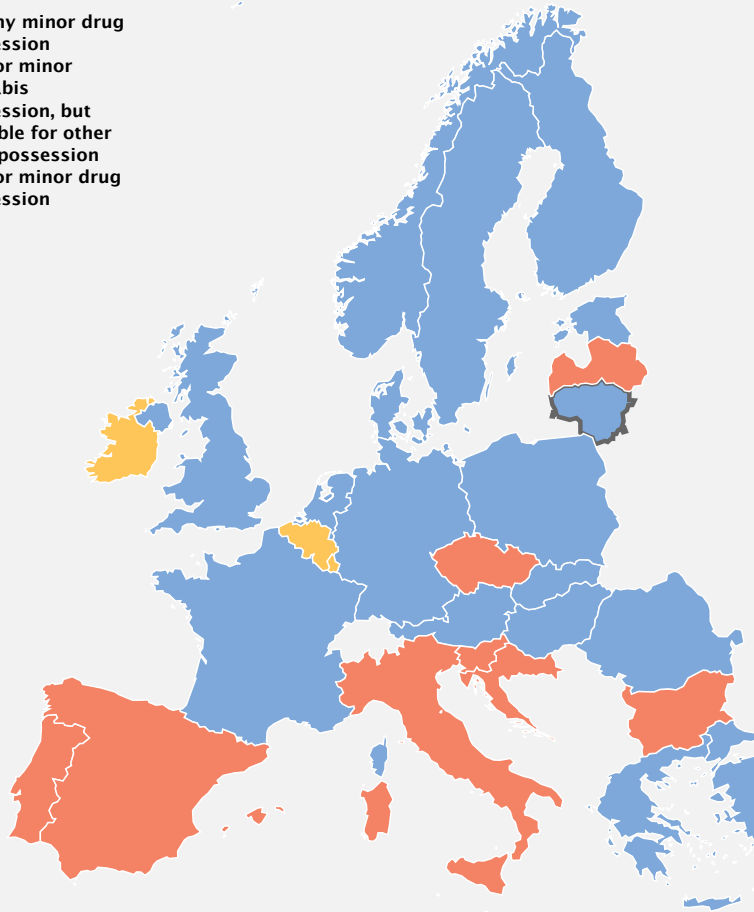
Consumption of drugs is an administrative offence punishable by a fine; participation in a (rehabilitative) programme might also be ordered. Since January 2017, procurement and possession of a small amount of an illicit drug with no intent to distribute it is a criminal offence (misdemeanour) punishable by community service or restriction of liberty or an arrest (non-prison incarceration). The same action involving more than the defined small amount is a criminal offence punishable by up to two years' imprisonment.

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.

New psychoactive substances are controlled by adding them to the list of controlled drugs (List of Narcotic and Psychotropic Substances). Since 2011, this list has defined several generic groups, enabling broad control.

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

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

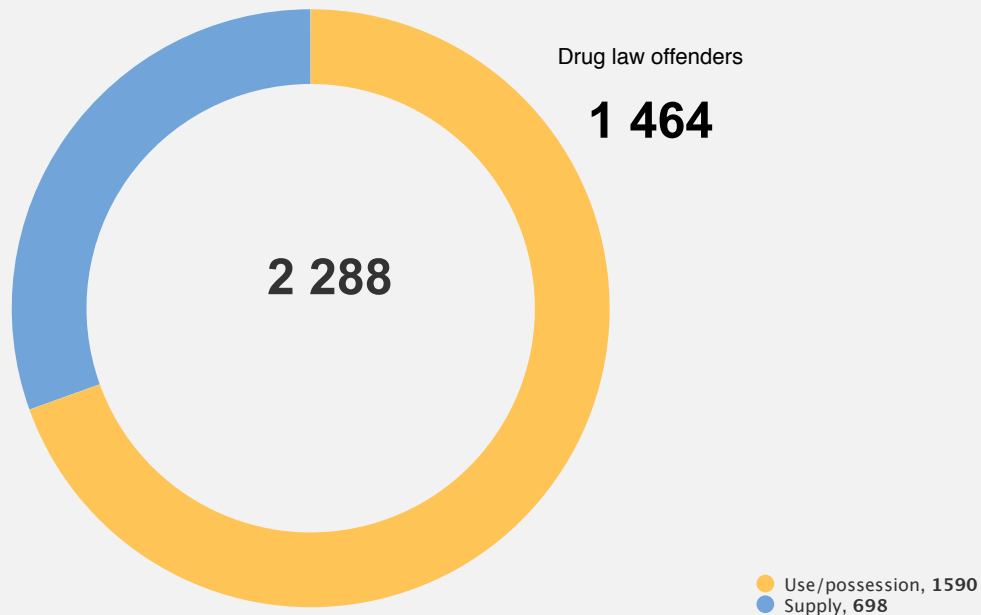
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs from Lithuania indicate that there was an increase in the number of DLOs between 2003 and 2015, whereas in 2016 a slight drop in the DLOs was reported. A similar trend was noted for all criminal offences recorded in Lithuania in this period. According to the Ministry of the Interior, almost two thirds of the DLOs in 2016 were linked to the possession of psychotropic substances for purposes other than distribution.

Reported drug law offences and offenders in Lithuania

NB: Year of data 2016.

Drug law offences

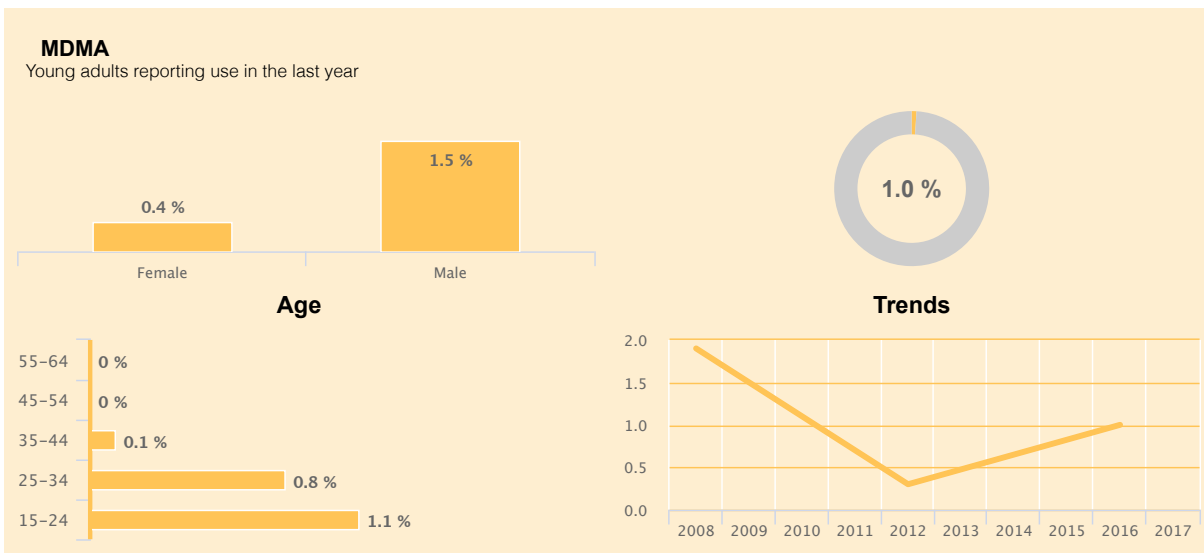
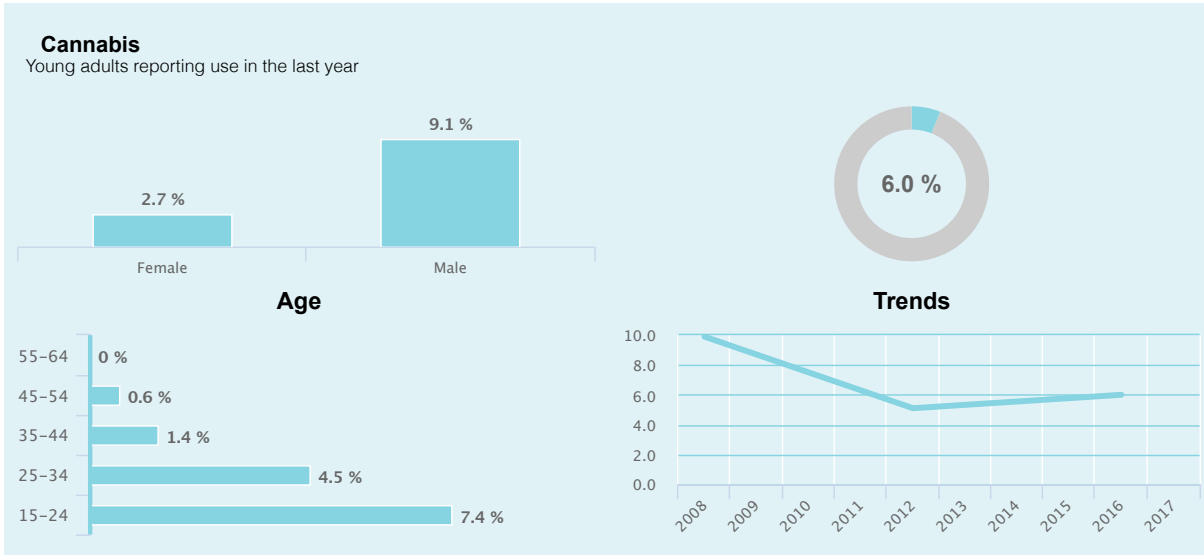


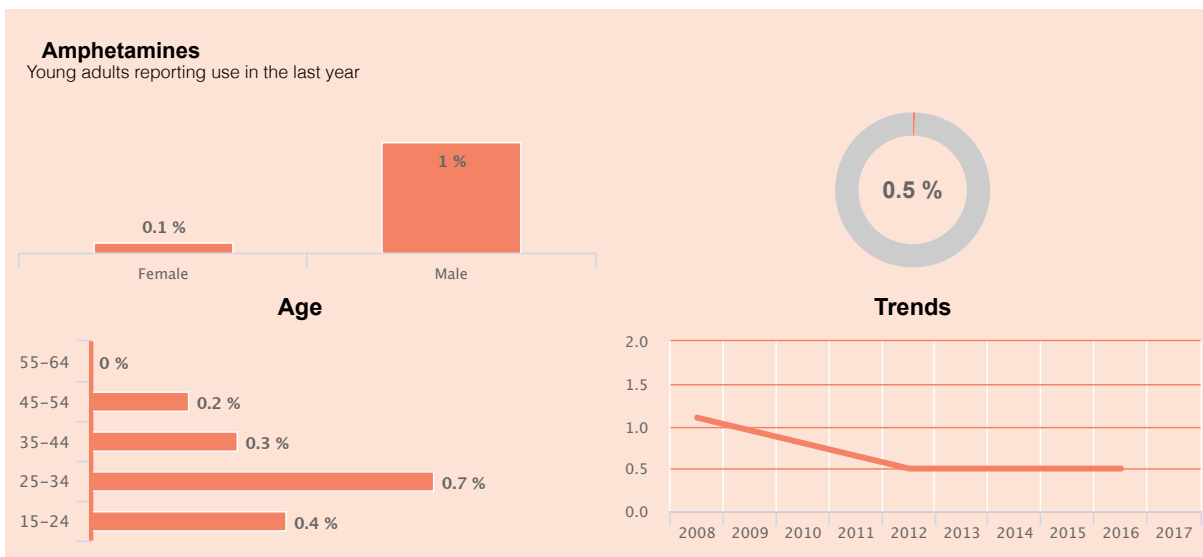
Drug use

Prevalence and trends

Data from the most recent general population survey indicate that slightly more than 1 in 10 Lithuanian adults have ever used an illicit substance, with cannabis being the most commonly used drug in Lithuania. Drug use is concentrated among young adults aged 15-34 years. The long-term analysis indicates that last year and last month cannabis use among this age group declined between 2008 and 2012, whereas in 2016 a slight increase in the prevalences was noted for both men and women. The increase in last year and last month cannabis use was also noted in other age groups. In 2016, MDMA/ecstasy was the most common illicit stimulant used by young adults.

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





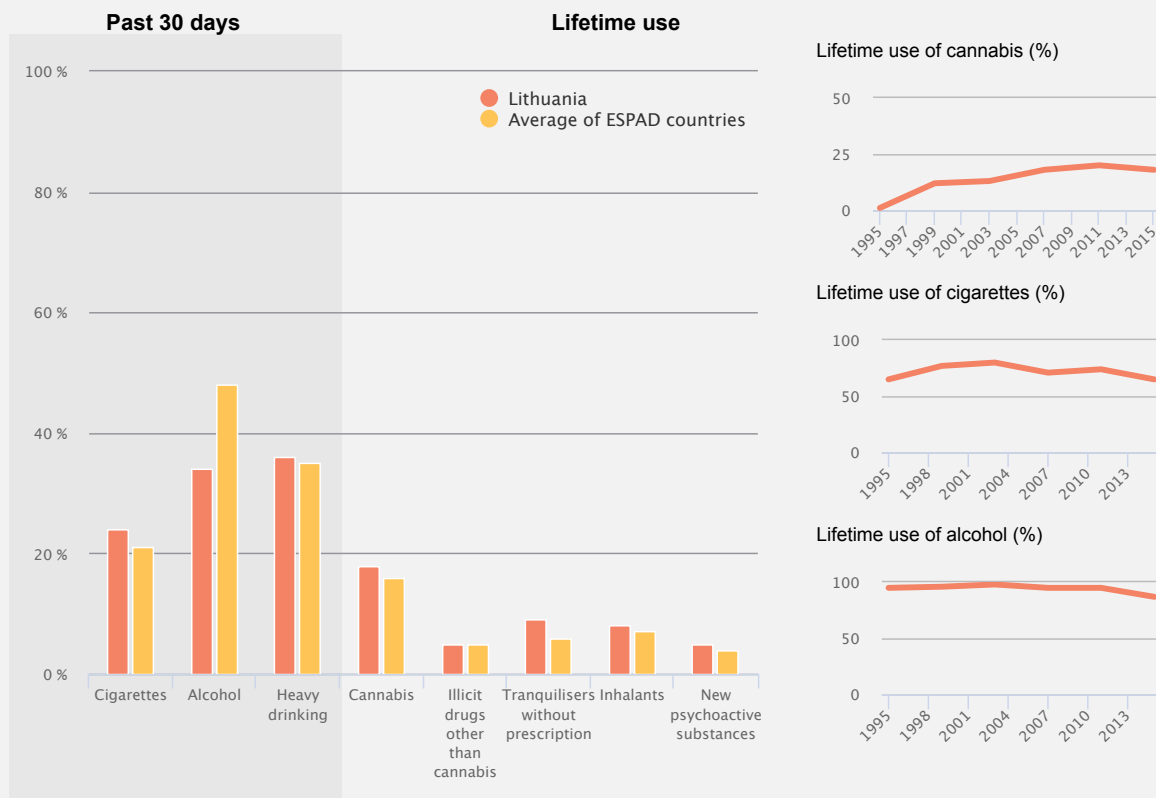
NB: Estimated last-year prevalence of drug use in 2016.

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 and amphetamines.

Vilnius participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2017, all four illicit stimulants monitored in the study were detected in wastewater in Vilnius, albeit at relatively low levels for MDMA, cocaine and amphetamine. Vilnius is, however, among the European cities with the highest levels of methamphetamine residues detected in wastewater.

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 new psychoactive substances 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.

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



Source: ESPAD study 2015.

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 first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

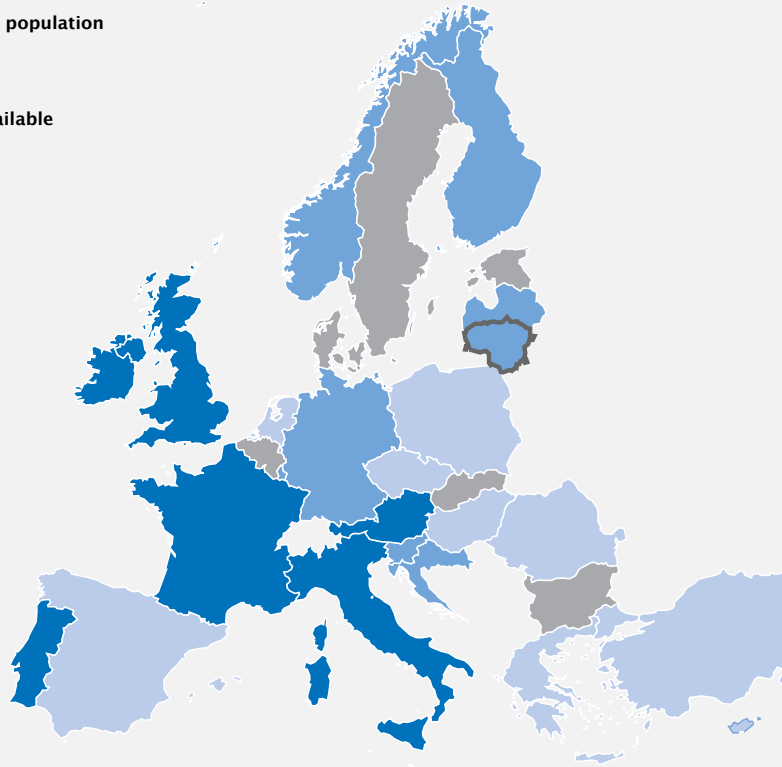
Available estimates and data from specialised drug treatment centres indicate that high-risk drug use in Lithuania is mainly linked to the use of opioids. In 2016, it was estimated that there were 7 503 high-risk opioid users, that is 3.92 per 1 000 of the population aged 15-64 years.

Data from specialised treatment centres indicate that opioids, mainly heroin, were the most commonly reported primary substance for all and first-time clients entering treatment in 2016. However, the number of cannabis users seeking treatment for the first time in their life has gradually increased in the last 5 years. Injection remains the main route of drug administration among heroin and amphetamines users entering treatment. Approximately one fifth of clients entering treatment are female; however, the proportion varies by primary drug used.

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

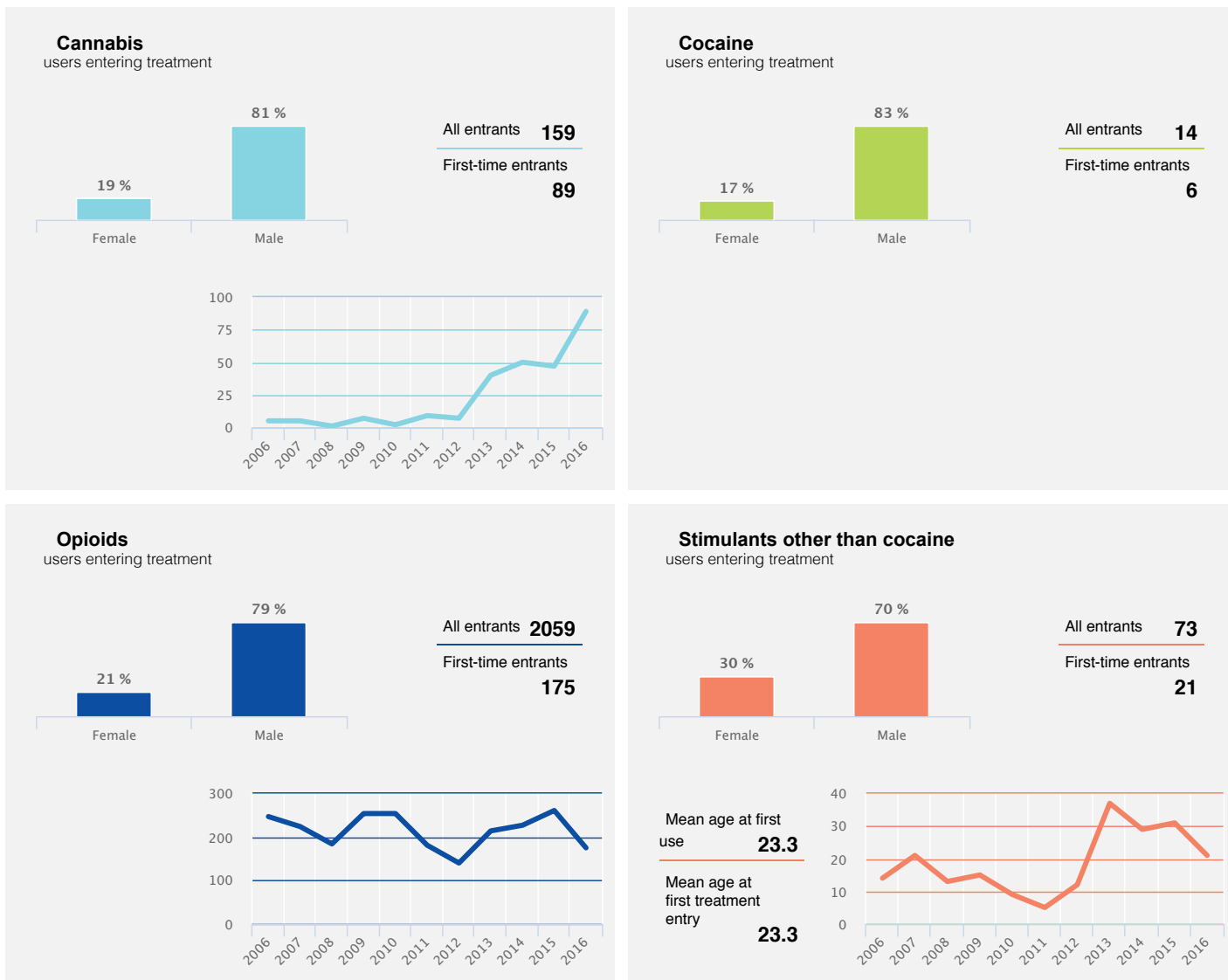
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

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



NB: Year of data 2016. 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 available data on new HIV cases notified in 2010-16 indicate a slight increasing trend. Overall, 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, but increased to around 40 % in 2016. Moreover, with 28.7 notifications per million population, Lithuania is among the European countries with the highest rate of newly reported HIV-positive cases linked to injecting. 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.

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

region	HCV	HIV
National	:	:
Sub-national	77	12.5

Year of data: 2014

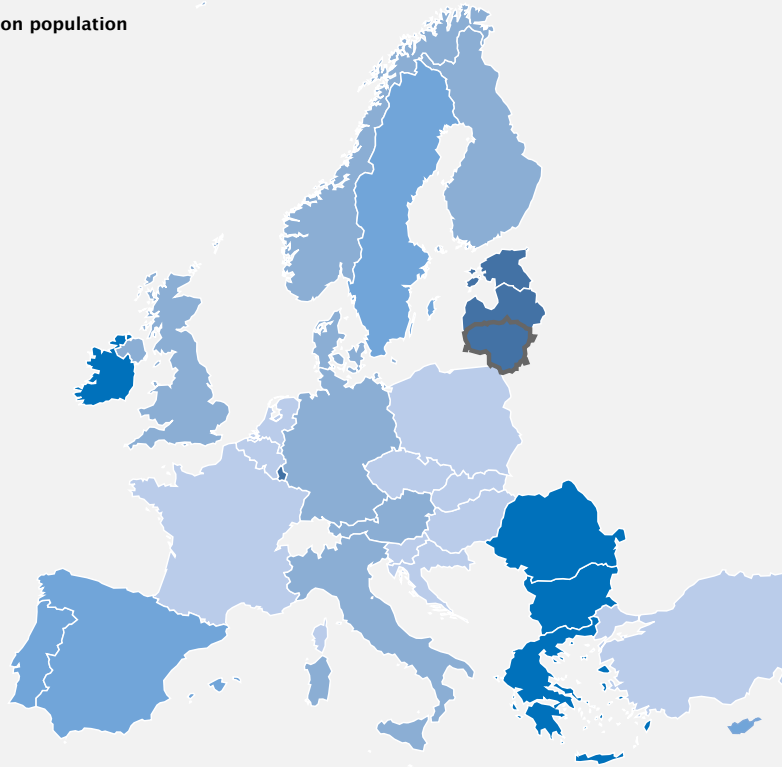
HIV prevalence rates among sub-groups of people who inject drugs (PWID) increased to more than 1 % in 1997, but remained consistently below 5 % until 2001. In 2014, a total of 200 clients of harm reduction programmes in three cities (Alytus, Visaginas, Klaipeda) were tested, and the results indicated 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).

Newly diagnosed HIV cases attributed to injecting drug use

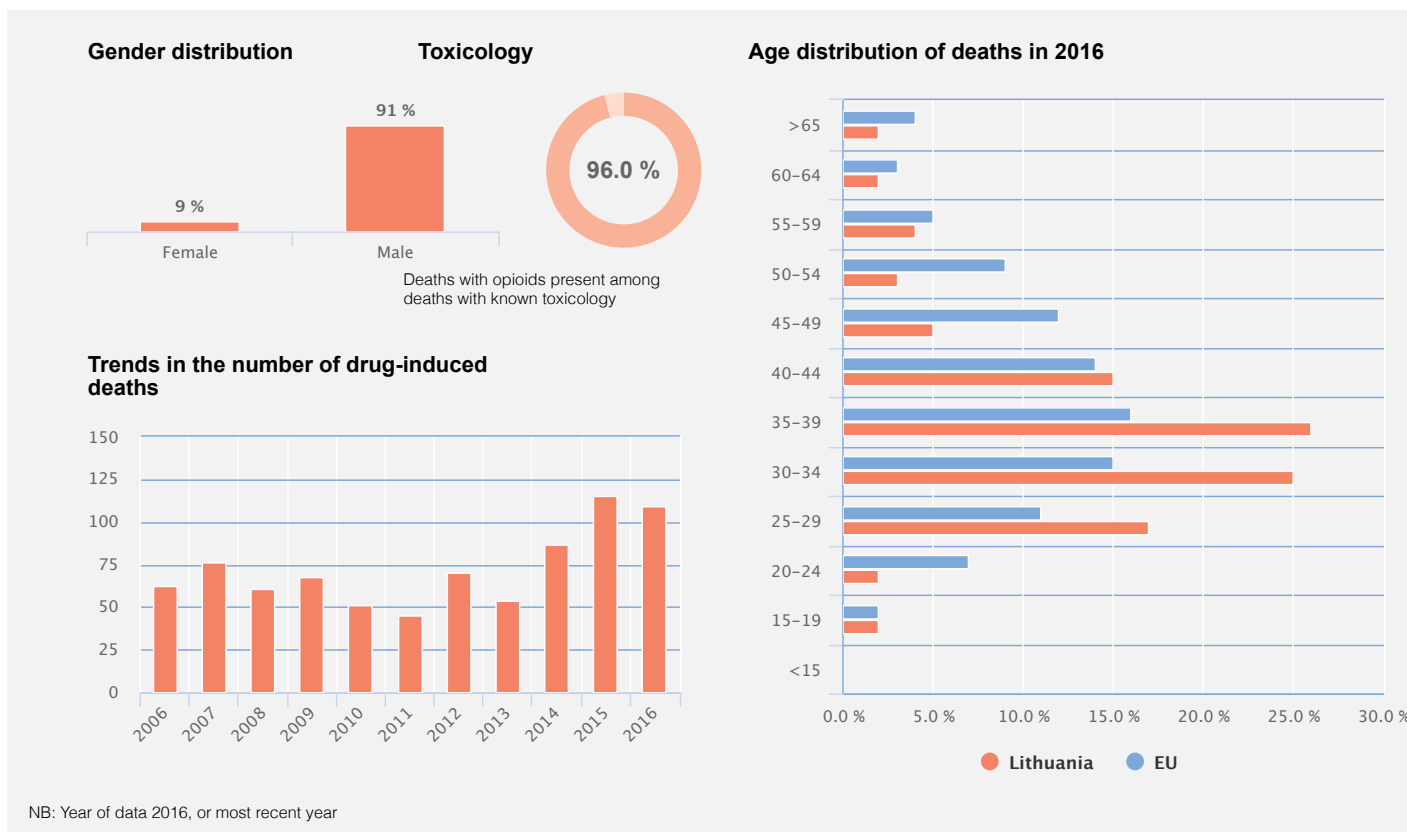
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Lithuania



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 2016, a total of 520 contacts were reported, which was a drop compared with 2015. In 2016, as in earlier years, heroin was the most frequent substance involved in drug emergencies, and it is the only substance for which a continuous increase in the number of associated cases has been reported in recent years. Heroin is followed by cannabis, opium and other unspecified drugs. The mean age of people seeking emergency care was 28 years and the majority were male.

Two emergency departments in Kaunas and Vilnius hospitals participate in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

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

From 2012, the General Mortality Register of the Institute of Hygiene reported a continuous increase in the number of drug-induced deaths in Lithuania, with a record number of deaths in 2015. In 2016, the number of reported cases dropped slightly. Some of the increase was 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.

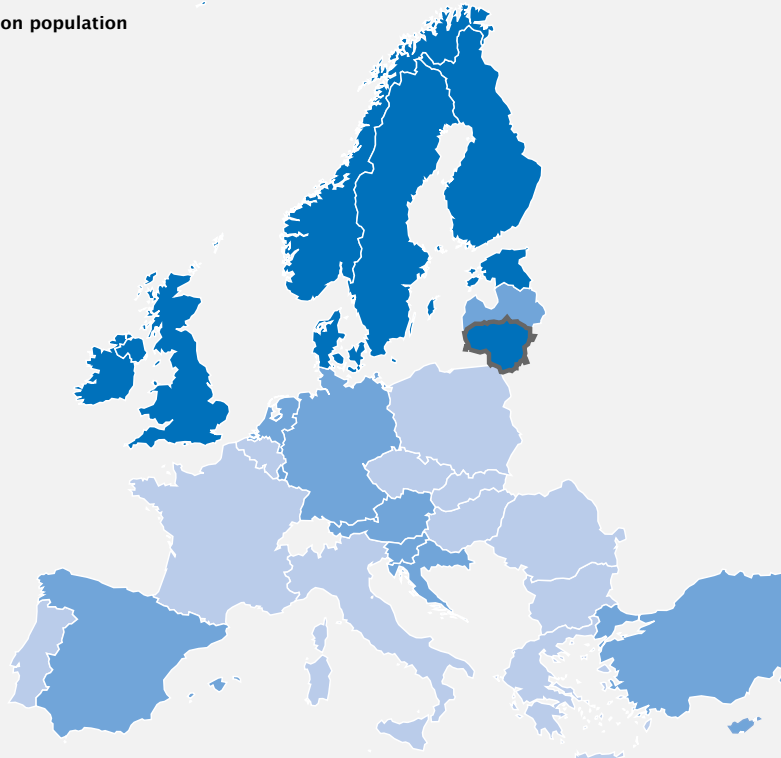
The vast majority of the victims in 2016 were male and the mean age at death was 37.2 years. Opioids remained the primary substances involved in about two thirds of deaths with known toxicology results (mainly heroin, but also methadone and carfentanil).

The drug-induced mortality rate among adults (15-64 years) was 55.8 deaths per million in 2016, more than double the European average of 21.8 deaths per million.

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

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

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. The State Fund for Public Health Strengthening uses tax revenue from the sales of alcoholic beverages and other legally obtained funds, and also the excise duty from sales of tobacco, lottery and gambling, to support public health activities and projects to strengthen prevention.

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 substance use problems and indicated prevention focuses on at-risk individuals.

In Lithuania, environmental prevention activities aim to ensure 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. Substance-specific environmental prevention efforts are focused on preventing alcohol use, limiting its accessibility, and preventing tobacco use through regulation and labelling of ingredients.

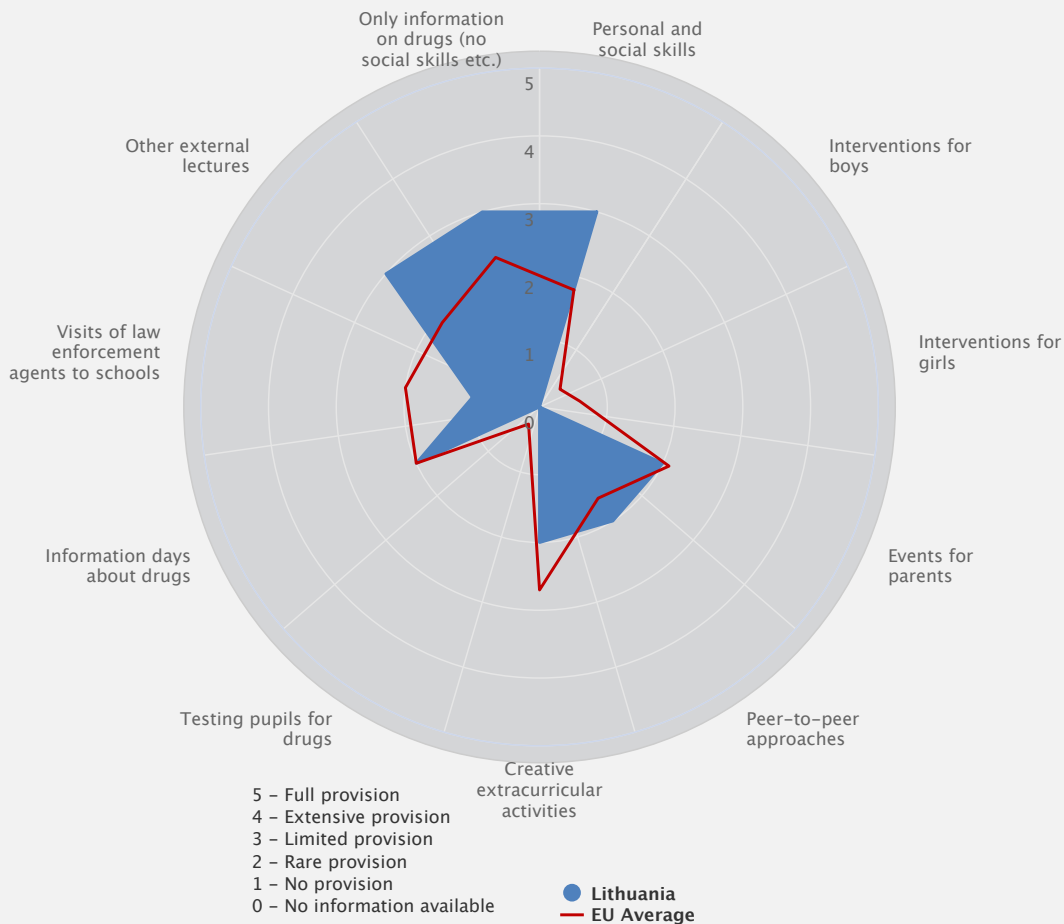
Universal prevention efforts include those addressing psychoactive substances, but also problems arising with use, particularly at a young age. Prevention programmes focus on the development of life skills and socio-emotional education. The schools are required to ensure that each student has an opportunity to participate in prevention programmes. Lithuanian schools implement 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 safety and health education 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. Other programmes 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. 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. Universal prevention activities are also carried out in mental health offices, public authorities, 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-age young people and maintain a safe physical environment. In 2017, the 'Be Safe Lab' project was launched to establish a safer environment at festivals and to inform visitors of safe behaviour concerning psychoactive substance use. Other target areas are repeat young offenders, and young people using alcohol and other psychoactive substances.

Indicated prevention is focused on the application of early intervention programme. 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 for specialists during 2013-2017 to promote the implementation of early intervention measures for young people who use alcohol and/or drugs. In 2017, a draft procedure for implementing the early intervention programme at municipal and state levels was prepared: it specifies the obligations to participate in the programme, the roles and responsibilities of the implementing institutions, the component parts, and the content and implementation monitoring of the programme.

Provision of interventions in schools in Lithuania



NB: Year of data 2015

Harm reduction

In Lithuania, a special decree of the Ministry of Health, which was adopted in 2006, consolidated the legal basis for the implementation of harm reduction for people who inject drugs (PWID) and defined the mandatory package of services. The legislation aims to facilitate the development of harm reduction services in Lithuania and to ensure that PWID can exchange needles and syringes and obtain condoms, disinfectant tissues, bandages, health educational/informational material and counselling at low-threshold units. Harm reduction programmes are financed mainly by state and municipal budgets, but also receive support from other funding sources.

Harm reduction interventions

In 2016, there were 14 low-threshold units, including two mobile outreach needle/syringe distribution and exchange points, operating in 10 cities in Lithuania. These units are mostly operated by non-governmental organisations or under the remit of municipal social services, while, in five cases, they are integrated within a public drug treatment institution — a mental health centre or a centre for addictive disorders. Among other services, low-threshold units offer the following: needle and syringe programmes; distribution of condoms; health education and information; personal hygiene and care services; and treatment of small wounds. Only four units provide hepatitis B (HBV) and C virus testing.

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 human immunodeficiency virus (HIV). In 2016, the number of syringes distributed by harm reduction services increased to around 240 000 from a low of under 150 000 in 2014; the increase may have resulted from the opening of new facilities in 2015 and 2016.

In August 2016, the Vilnius Centre for Addictive Disorders started implementing a small-scale pilot initiative involving the distribution of the overdose reversal drug naloxone. Under this programme, naloxone ampoules are given to patients who have finished a drug treatment programme and received training in emergency response and in the administration of the medical product.

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

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

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 general primary and mental health care centres. There are five 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 30 hospital-based residential drug treatment units and 15 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.

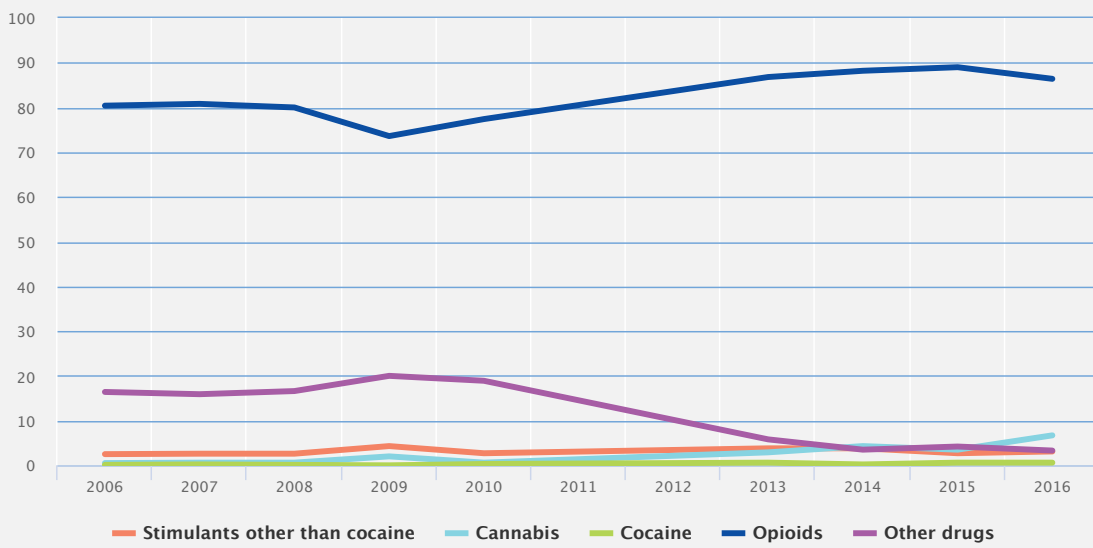
Treatment provision

In 2016, a total of 2 384 people entered treatment, the majority of whom were treated in outpatient settings. Regardless of treatment setting, the majority of clients sought treatment as a result of the use of opioids.

The number of first-time treatment clients reporting primary opioid use, mainly heroin, has fluctuated in the last decade, with a substantial decrease in the last year, while the number of cannabis clients entering treatment increased in 2016. The numbers of all clients entering treatment reflects these trends for both substances.

On 31 December 2016, a total of 1 231 clients were receiving OST in Lithuania, fewer than in 2015. The majority of OST clients were treated with methadone. Methadone maintenance is continued for clients in police custody; however, it is discontinued if a client is transferred to prison.

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

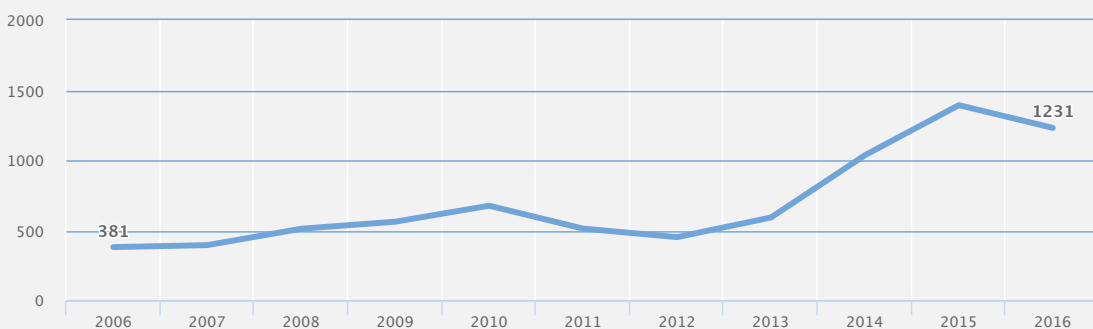


NB: Year of data 2016.

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



Trends in the number of clients in OST



NB: Year of data 2016. OST clients for 2013-2016 are calculated as number of clients who were in OST at the beginning of the year (January 1st) plus the number of clients who entered treatment during that year. Prior 2013, the total clients corresponds to the number of clients in OST at the end of the year (December 31st).

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.

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 substance use. Around one in eight prisoners had been diagnosed with mental and behavioural disorders as the result of narcotic or psychotropic substance use at the end of 2016, and the number of prisoners with narcotic or psychotropic substance use disorders has decreased since 2009. This could be attributed to numerous factors, including a general decrease in the prison population, enhanced control of drug use in prison and under-diagnosing. In 2016, opioids were the substances most commonly linked to narcotic or psychotropic substance use disorders among prisoners, although the use of multiple psychoactive substances was also common. A total of 256 prisoners tested positive for human immunodeficiency virus (HIV) by the end of 2016, and one quarter of them were diagnosed for the first time while in prison.

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 11 prisons, Alcoholics Anonymous and Narcotics Anonymous groups operate and follow the 12-step Minnesota Programme.

Opioid substitution treatment is not available in Lithuanian prisons. Methadone maintenance treatment is continued for clients in police custody, but discontinued when a client is transferred to prison. 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, hepatitis B and hepatitis C virus infections. Treatment for HIV is also available to those in prison.

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. Over the years, a number of measures were implemented to increase the availability and accessibility and improve the quality of treatment and healthcare services for drug users.

From September 2017, schools are obliged to provide at least one coherent, long-term prevention programme aimed at developing social and emotional competencies, covering prevention of violence, suicides, alcohol, tobacco and psychoactive substance use, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) infections, encouragement of a healthy lifestyle, and emotional and life skills development. Teachers are obliged at least once every four years to raise their level of qualification in the area of development of social and emotional competencies of the pupils. The Ministry of Education and Science has approved the list of recommended prevention programmes, including national and international or foreign programmes, adapted for use in Lithuania.

Local authorities (municipalities) are responsible for the accreditation of the prevention programmes in the general education establishments, with the Ministry of Education and Science providing an overall methodological assistance. This assessment is based on seven criteria, and the programme can be rated as fully compliant; partially compliant (the programme complies with at least half of the criteria); or non-compliant (the programme complies with no criteria or fewer than half of them). Only programmes rated as fully compliant are accredited and recommended for implementation, while the prevention programme rated as partially compliant receive recommendations and a deadline to improve/remove the identified shortcomings.

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). Activities to promote the European Prevention Quality Standards have been extensively carried out. The standards have been translated and published, and specialists have been trained on how to apply them.

Drug-related research

The Lithuanian National Drug Control and Drug Addiction Prevention Programme defines the development of information systems and training on research as priorities. Topics are ordered according to the need for information, and the recent focus has been on prevalence, problem drug use and incidence of infectious disease in prisons.

In Lithuania, research is mainly funded by relevant ministries and public authorities and is carried out by universities, other scientific/academic institutions or independent scientists. Additionally, the national focal point monitors the drug situation, organising studies and surveys on drugs, with the purpose of collecting epidemiological data. Moreover, studies are also conducted by other governmental entities, and academic and non-governmental organisations.

The results of research are disseminated through an annual national report on the drug situation, and institutions' websites, and are published in national scientific journals. Typically, scientific publications are in Lithuanian, with abstracts available in English. Recent studies have focused on drug use in the general population, demand reduction topics and behavioural analysis.

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.

Amphetamines (mainly methamphetamine) are the most common illicit drugs produced in the country and are intended for domestic use and transport, usually by road or ferry to Scandinavian countries, Belarus, Russia and the United Kingdom. In 2016, three methamphetamine production sites were dismantled in Lithuania. In addition, amphetamine-type stimulants produced in other EU countries are transported through Lithuania towards the consumer markets in the region.

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/ecstasy tablets in recent years, have been imported from the Netherlands, Belgium and Poland. New psychoactive substances (NPS) arrive from China and the Netherlands, mainly by postal courier services and in very small amounts. There is no open sale of these substances.

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.

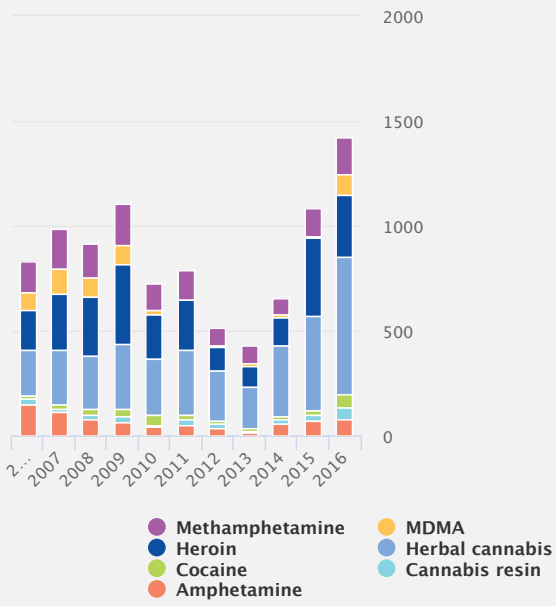
Klaipeda, which is a sea port, remains one of the main entry points for cocaine, although other ways of smuggling the substance, for example by land, postal service and air, are increasingly exploited. Most of the cocaine seized in Lithuania enters from the United Kingdom, the Netherlands or Germany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

Mail and express courier services are increasingly used for transporting small quantities of illicit drugs, such as MDMA, amphetamines and plant-based products. 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.

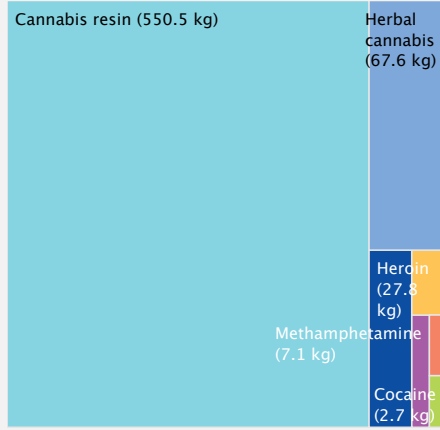
Cannabis products are involved in the largest proportion of seizures, with cannabis resin being seized in the largest amounts. In 2016, the numbers of seizures involving all the main 'established' drugs except heroin increased from 2015. Heroin remained the second most frequently seized substance in 2016, and the quantities seized show large annual fluctuations; the amount reported in 2016 was greater than in any of the previous five years. Moreover, the number of trafficking cases linked to carfentanil, a potent synthetic opioid, and the quantity of the substance seized from the market increased in 2016 from 2015. Following a record amount of cocaine seized in 2015, the amounts seized in 2016 dropped considerably. Amphetamines, mainly methamphetamine, were the third most frequently seized illicit drug in Lithuania in 2016. Following a period of rather low MDMA seizures between 2010 and 2015, in 2016 both the numbers of MDMA seizures and the amounts seized significantly increased. Among new psychoactive substances, seizures of synthetic cathinones and synthetic cannabinoids predominate.

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

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	17.7	6.5	36.8
Last year prevalence of use - young adults (%)	2016	6	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	2.7	0.3	11.1
All treatment entrants (%)	2016	6.7	1.0	69.6
First-time treatment entrants (%)	2016	27.1	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	67.60	12	110855
Number of herbal cannabis seizures	2016	654	62	158810
Quantity of cannabis resin seized (kg)	2016	550.5	0	324379
Number of cannabis resin seizures	2016	54	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	4 - 15	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	1 - 10	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.2	0.9	4.9
Last year prevalence of use - young adults (%)	2016	0.3	0.2	4.0
Last year prevalence of drug use - all adults (%)	2016	0.1	0.1	2.3
All treatment entrants (%)	2016	0.6	0.0	36.6
First-time treatment entrants (%)	2016	1.8	0.0	35.5
Quantity of cocaine seized (kg)	2016	2.7	1.00	30295
Number of cocaine seizures	2016	67	19	41531
Purity (%) (minimum and maximum values registered)	2016	0.072 - 88.9	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	20 - 70	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.2	0.8	6.5
Last year prevalence of use - young adults (%)	2016	0.5	0.0	3.6
Last year prevalence of drug use - all adults (%)	2016	0.3	0.0	1.7
All treatment entrants (%)	2016	3.1	0.2	69.7
First-time treatment entrants (%)	2016	6.4	0.3	75.1
Quantity of amphetamine seized (kg)	2016	3.1	0	3380
Number of amphetamine seizures	2016	77	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0 - 76.4	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.7	0.5	5.2
Last year prevalence of use - young adults (%)	2016	1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2016	0.4	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.6	0.0	1.8
Quantity of MDMA seized (tablets)	2016	0	0	3783737
Number of MDMA seizures	2016	101	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	1 - 5	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	3.9	0.3	8.1
All treatment entrants (%)	2016	86.4	4.8	93.4
First-time treatment entrants (%)	2016	53.4	1.6	87.4
Quantity of heroin seized (kg)	2016	27.8	0	5585

Number of heroin seizures	2016	296	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	0.06 - 58.6	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	20 - 70	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	28.7	0.0	33.0
HIV prevalence among PWID* (%)	n.a.	n.a.	0.0	31.5
HCV prevalence among PWID* (%)	n.a.	n.a.	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2016	4.63	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	55.84	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	240061	22	6469441
Clients in substitution treatment	2016	1231	229	169750
Treatment demand				
All entrants	2016	2384	265	119973
First-time entrants	2016	328	47	39059
All clients in treatment	2016	2384	1286	243000
Drug law offences				
Number of reports of offences	2016	2288	775	405348
Offences for use/possession	2016	1590	354	392900

* PWID — People who inject drugs.

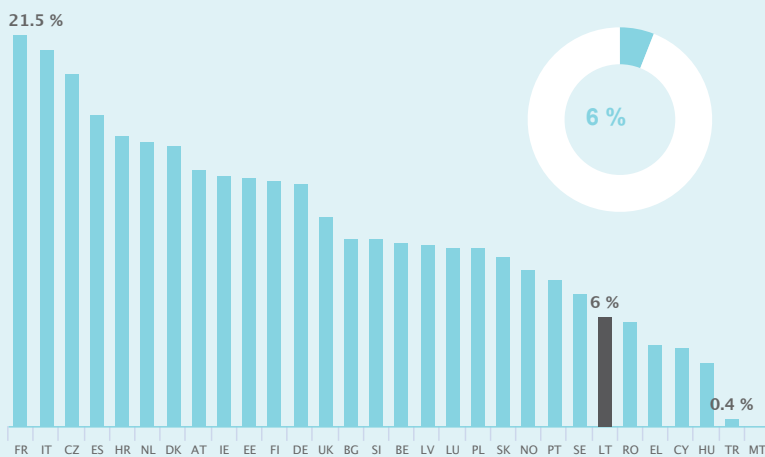
Percentage of clients entering treatment for Amphetamines correspond to the percentage of clients entering treatment for Stimulants other than cocaine

EU Dashboard

EU Dashboard

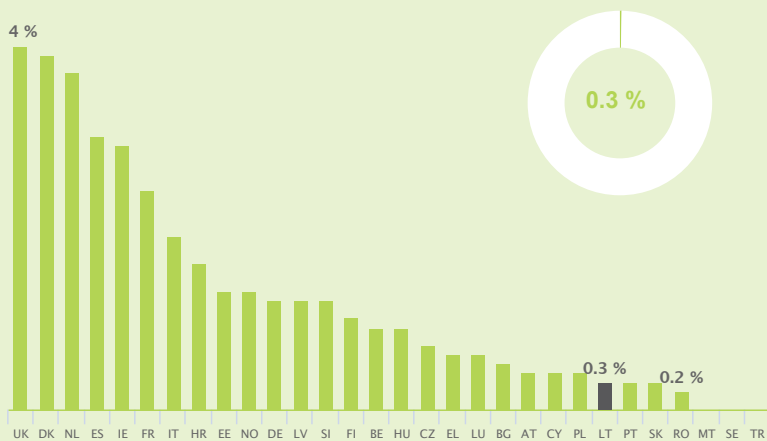
Cannabis

Last year prevalence among young adults (15-34 years)



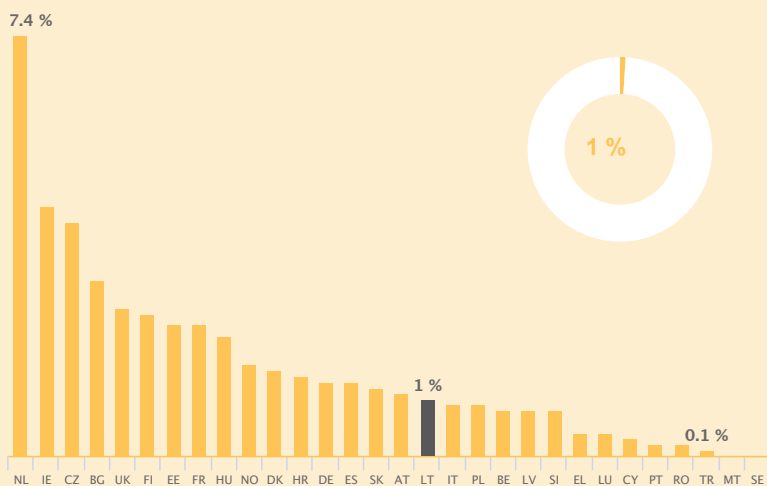
Cocaine

Last year prevalence among young adults (15-34 years)



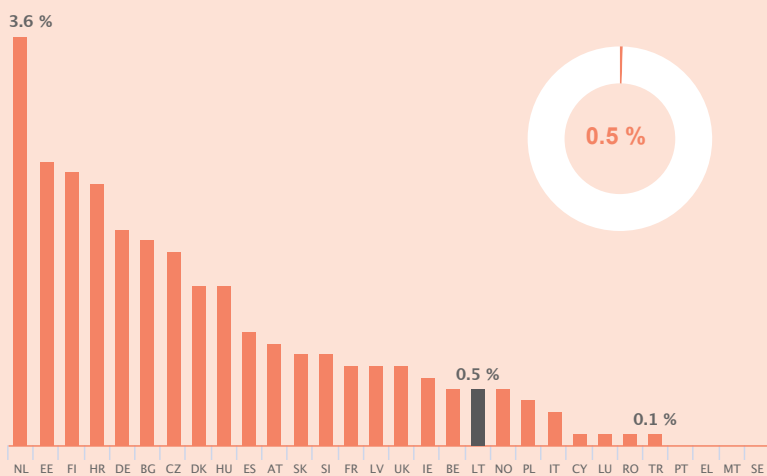
MDMA

Last year prevalence among young adults (15-34 years)



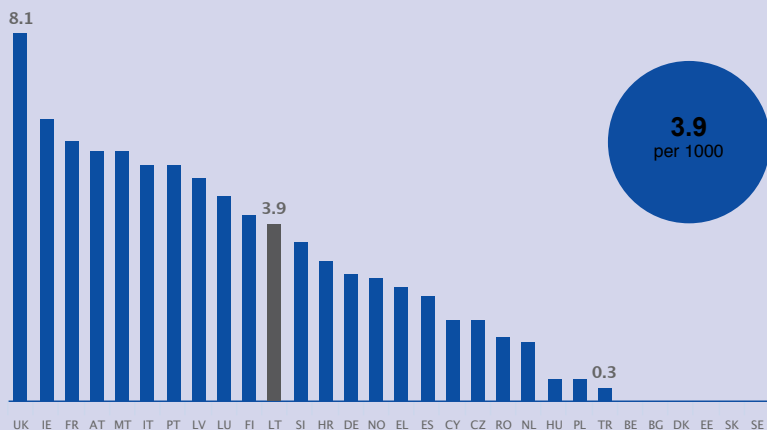
Amphetamines

Last year prevalence among young adults (15-34 years)



Opioids

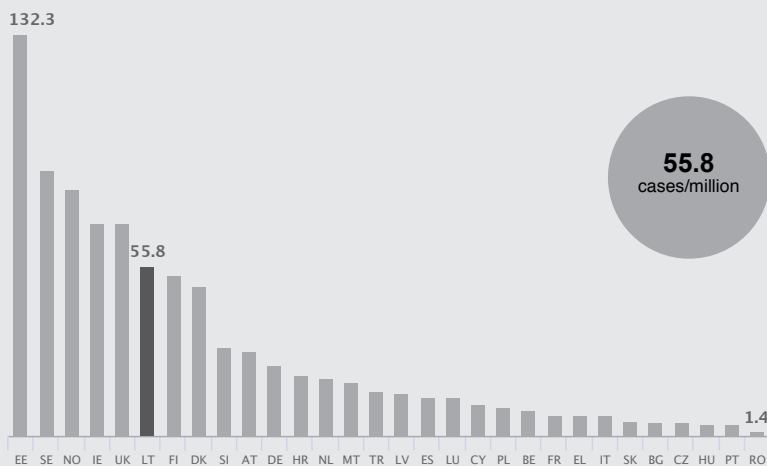
High-risk opioid use (rate/1 000)



3.9
per 1000

Drug-induced mortality rates

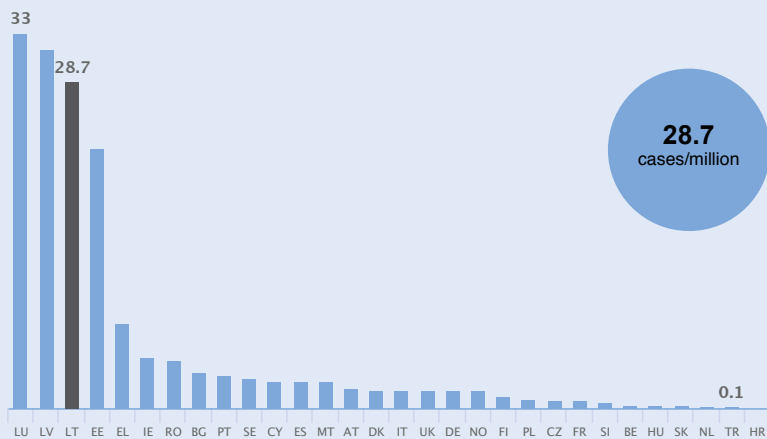
National estimates among adults (15-64 years)



55.8
cases/million

HIV infections

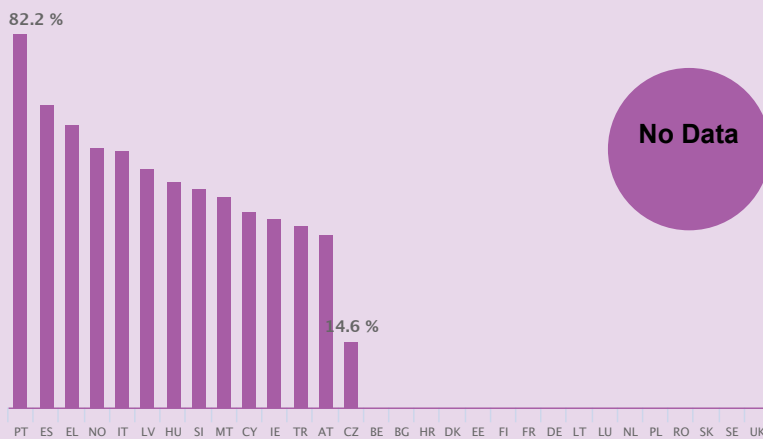
Newly diagnosed cases attributed to injecting drug use



28.7
cases/million

HCV antibody prevalence

National estimates among injecting drug users



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.

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



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