

Lithuania

Lithuania Country Drug Report 2019

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 2017 (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 %

Gender	Percentage
Female	2.7 %
Male	9.1 %

Other drugs

MDMA	1 %
Amphetamines	0.5 %
Cocaine	0.3 %

High-risk opioid users

7 503

(5 108 - 12 444)

All treatment entrants

by primary drug

Primary Drug	Percentage
Opioids	85 %
Stimulants other than cocaine	4 %
Cannabis	6 %
Other	4 %
Cocaine	1 %

Opioid substitution treatment clients

1 136

Syringes distributed

through specialised programmes

251 370

Overdose deaths

Drug law offences

2 622

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Cocaine
3. Herbal cannabis
4. Metamphetamine
5. MDMA

New HIV diagnoses attributed to injecting

Population

(15-64 years)

1 875 585

Source: Eurostat Extracted on: 18/03/2019

Source: EMCDDA

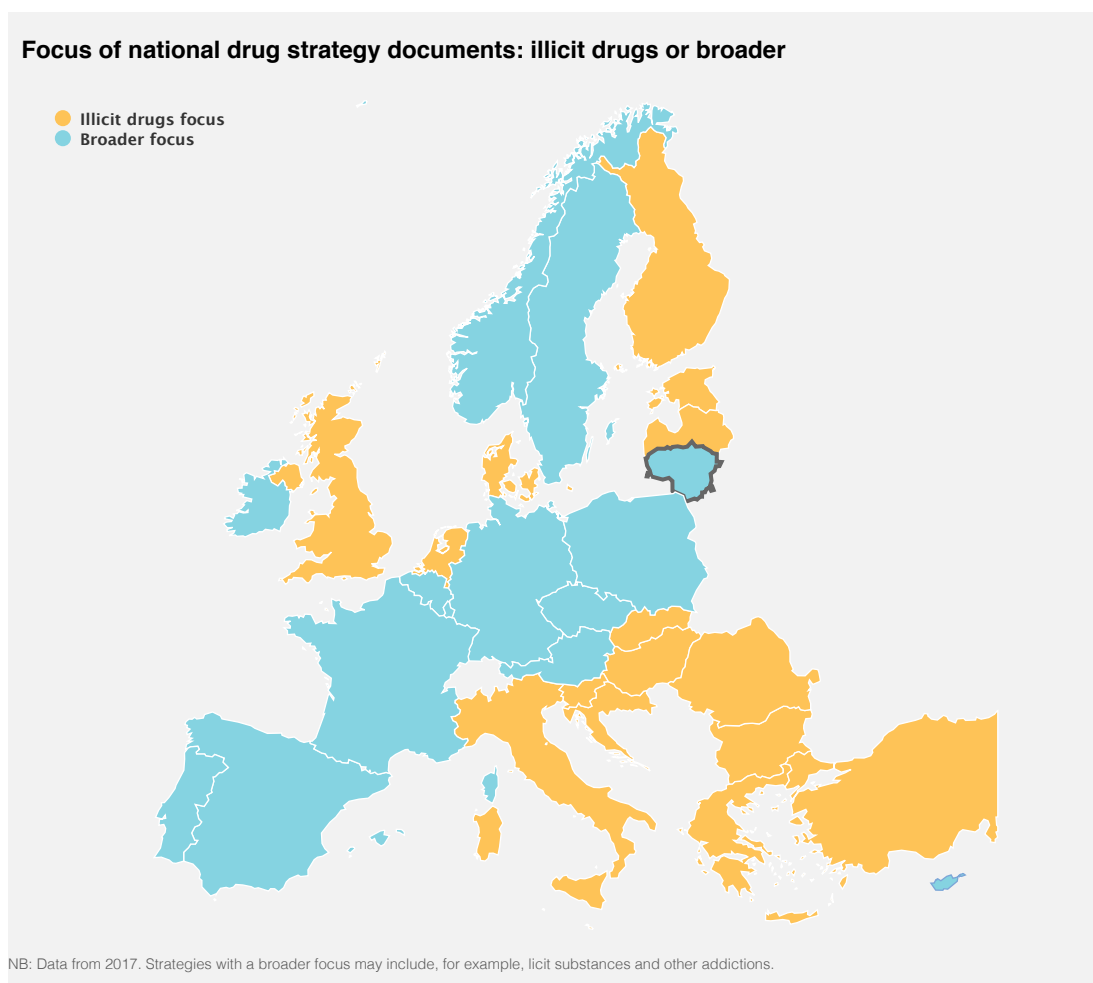
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations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

National drug strategy and coordination

National drug strategy

Lithuania's approach to drug policy is set out in the Interinstitutional Action Plan for Prevention of Drugs, Tobacco and Alcohol 2017-19. The Action Plan is constructed around the pillars of drug demand reduction and drug supply reduction and includes the cross-cutting themes of coordination, international cooperation and monitoring. Three overarching objectives are defined in the Action Plan: to reduce the supply of illicit drugs, alcohol and tobacco, to reduce the demand for illicit drugs, alcohol and tobacco and to enhance the operational response to all of these substances. A new National Programme for the Control and Prevention of Drugs, Tobacco and Alcohol 2018-28 was adopted in 2018.

Like other European countries, Lithuania evaluates its drug policy and strategy through on-going indicator monitoring and specific research projects. In 2018, a multi-criterion evaluation of Lithuania's drug policy was completed. The evaluation used a SWOT (strengths, weaknesses, opportunities and threats) analysis to look at the law, health and social systems related to drug policy. This analysis was used in the development of the National Programme for the Control and Prevention of Drugs, Tobacco and Alcohol 2018-28.



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; implementing monitoring of psychoactive substances; and functioning as the national focal point for the European Monitoring Centre for Drugs and Drug Addiction. At a local level, close to two thirds of

municipalities have a Municipality Drug Control Commission; in other municipalities, drug control functions are carried out by other commissions.

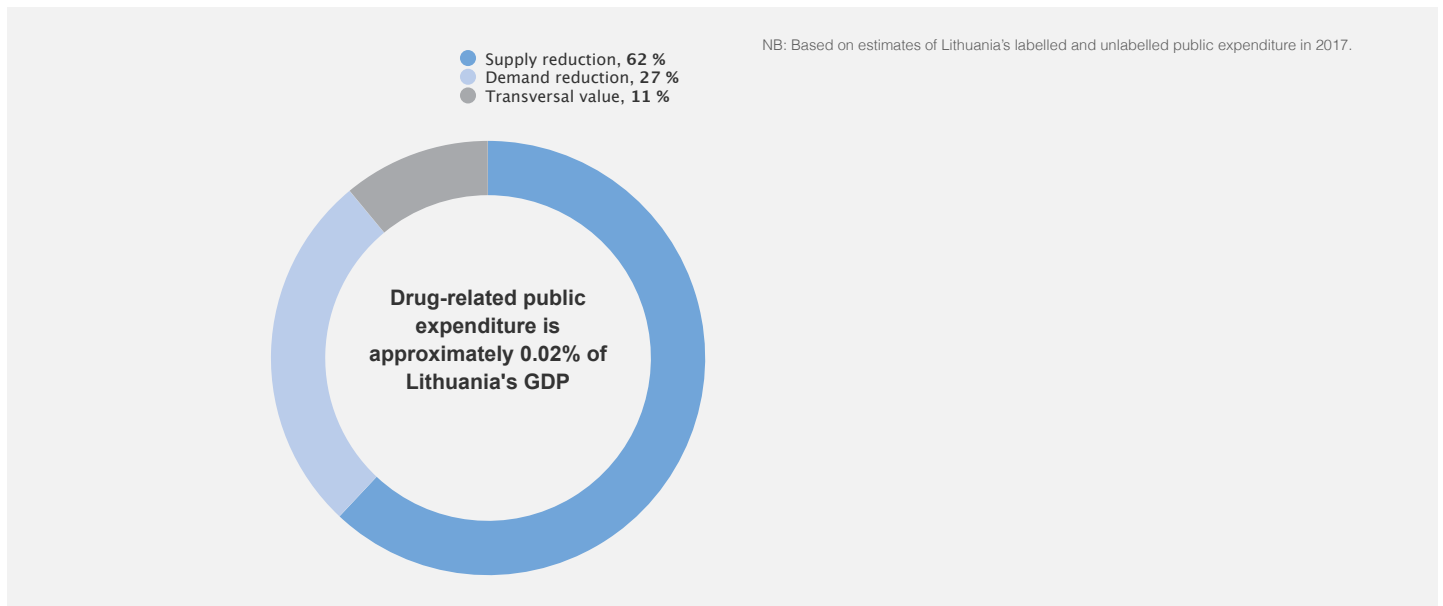
Public expenditure

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.

The National Programme for the Control and Prevention of Use of Drugs, Tobacco and Alcohol 2018-28 was adopted in 2018. The previous programme, the National Programme on Drug Control and Prevention of Drug Addiction 2010-16, was implemented with the support of action plans that specified, among other things, public expenditure planned.

In 2017, the labelled expenditure announced in the Action Plan on Drugs, Tobacco and Alcohol was EUR 7.8 million (0.02 % of gross national product (GDP)). More than half of this expenditure was intended for supply reduction (61.7 % of the total); 26.8 % was budgeted for demand reduction and 11.1 % for policy coordination.

Public expenditure related to illicit drugs, alcohol and tobacco in Lithuania



Drug laws and drug law offences

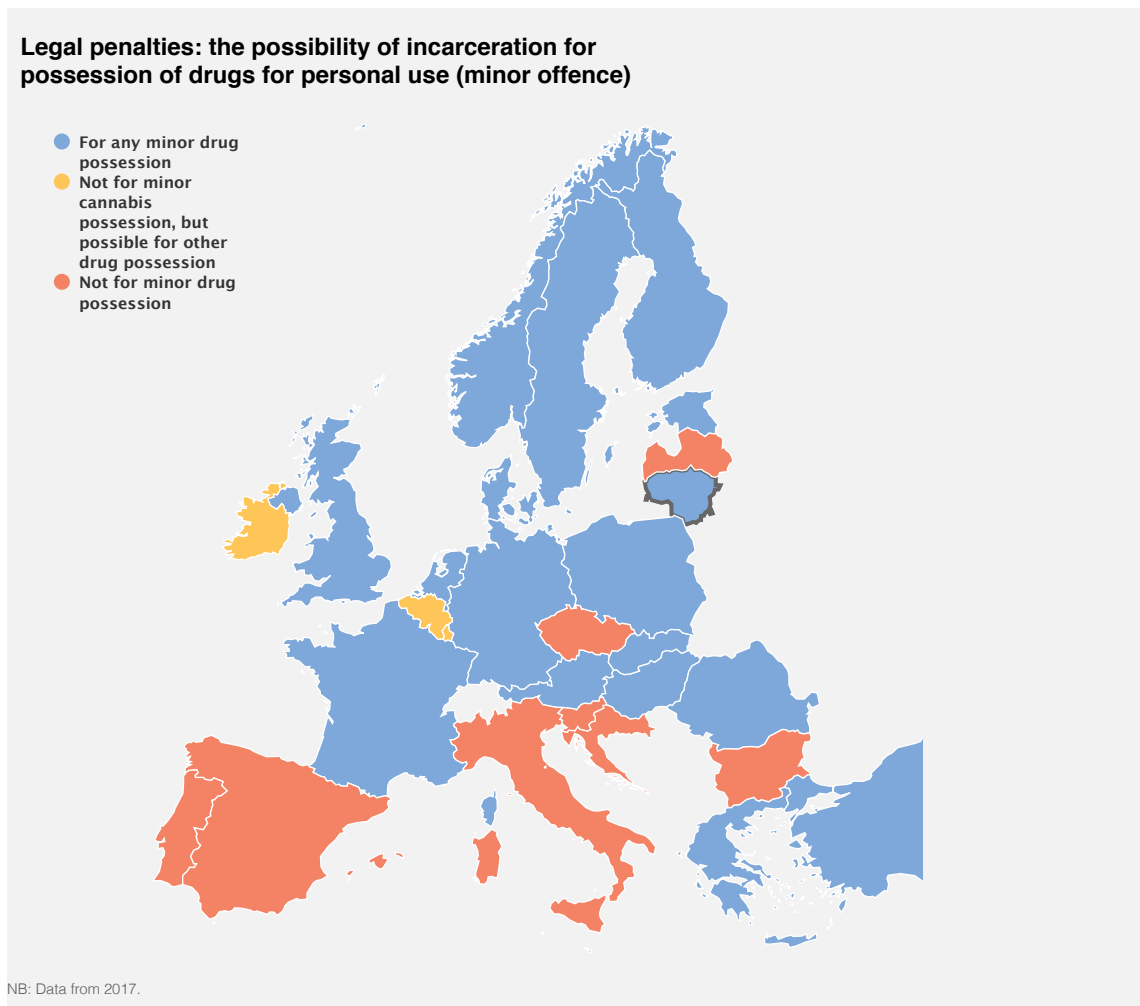
National drug laws

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 of EUR 30 to EUR 150 for a first offence; 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 has been a criminal offence (misdemeanour) punishable by community service or restriction of liberty or an arrest (non-prison incarceration) of 10-45 days. The same action involving more than the defined small amount is a criminal offence punishable by up to 2 years' imprisonment.

Drug traffickers may be sentenced to 2-8 years' imprisonment, which may increase to 3-12 years, 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 when added to the list of controlled drugs: List of Narcotic and Psychotropic Substances. Since 2011, this list has defined several generic groups, enabling a broad control.



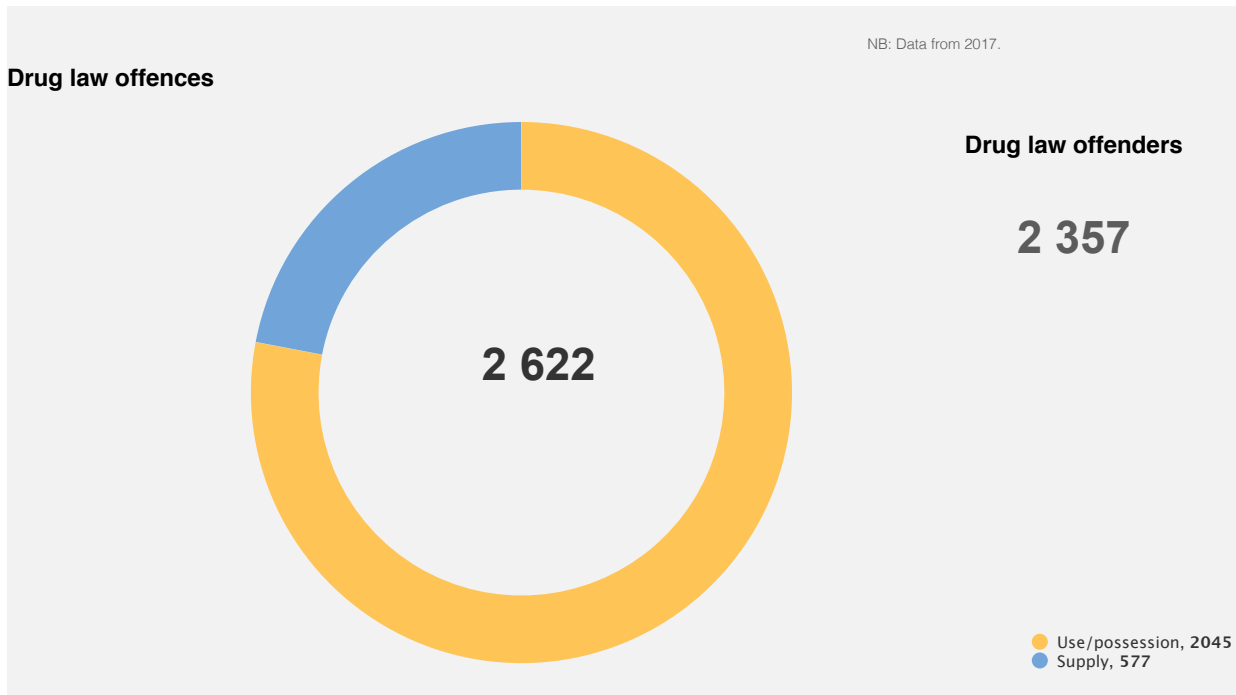
Drug law offences

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.

Data on DLOs from Lithuania indicate that the number of DLOs increased up to 2015. After a slight drop reported in 2016, the number of DLOs increased again in 2017. A similar trend was noted for all criminal offences recorded in Lithuania in this

period. According to the Ministry of the Interior, the vast majority of the DLOs in 2017 were linked to the possession of psychotropic substances for purposes other than distribution.

Reported drug law offences and offenders in Lithuania



Drug use

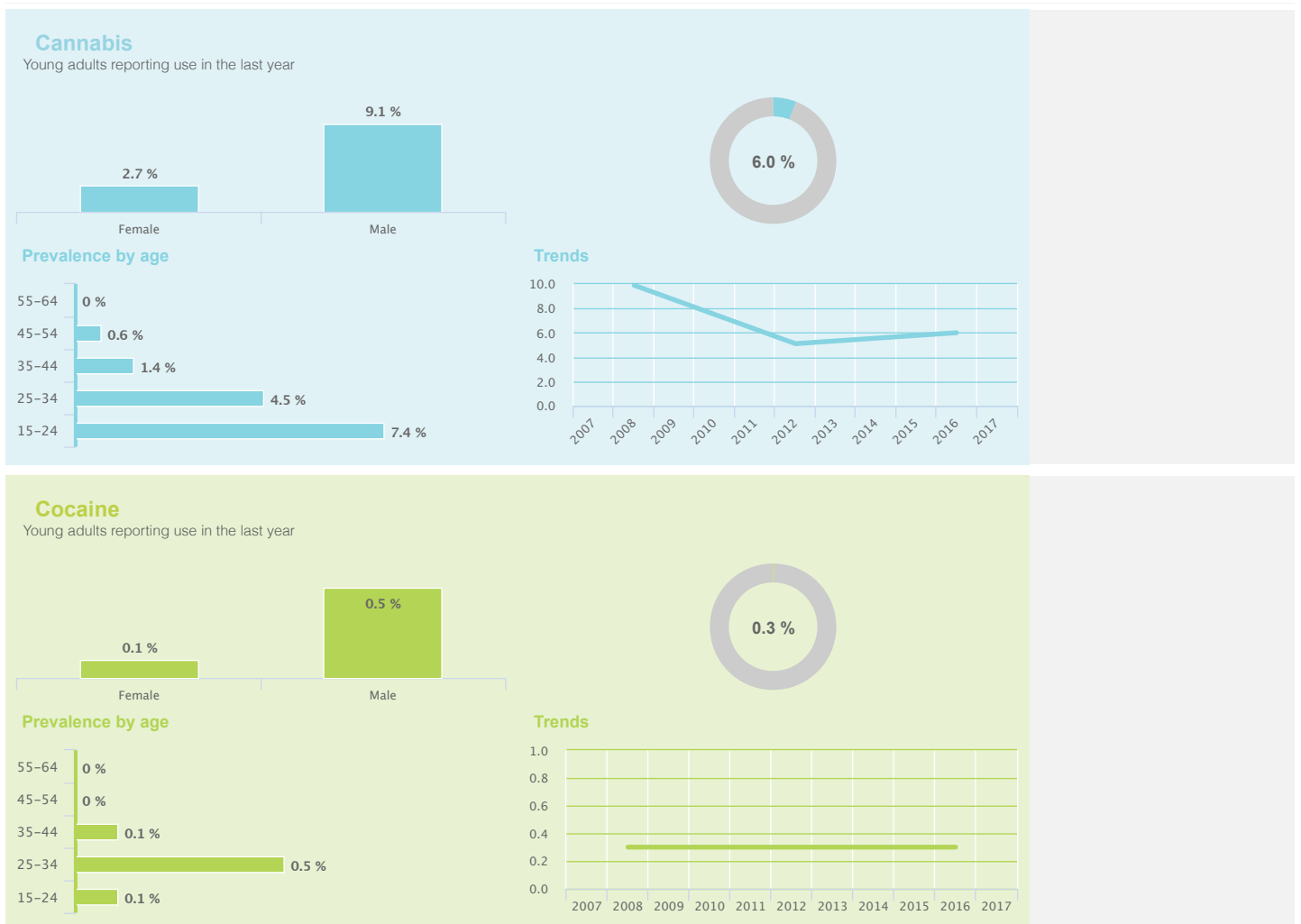
Prevalence and trends

Data from the most recent general population survey indicate that slightly more than 1 in 10 Lithuanian adults have used an illicit substance in their lifetime, with cannabis being the most commonly used drug. Drug use is concentrated among young adults aged 15-34 years. Long-term analysis indicates that last year and last month cannabis use among this age group declined between 2008 and 2012 but rose slightly again in 2016. 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.

The prevalence of psychoactive substance use tends to be higher in some settings or among certain subgroups of young people in Lithuania. A new study carried out in 2017-18 in nightclub settings found that almost two thirds of clubbers had used an illicit substance in their lifetime, double the number found in an earlier study (2012), with cannabis being the most popular drug, followed by MDMA, cocaine and amphetamines.

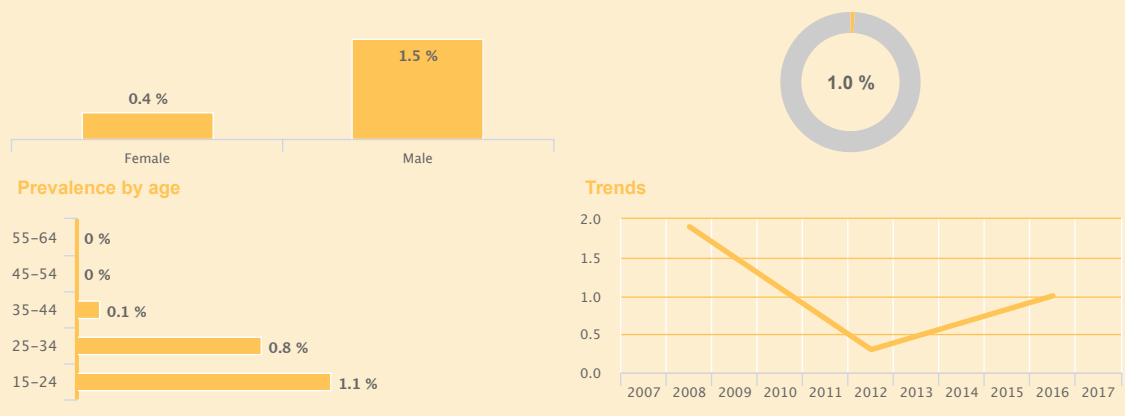
Vilnius has since 2017 participated in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). In 2018, data were also available for Kaunas and Klaipeda. This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. In 2018, all four illicit stimulants monitored in the study were detected in wastewater in the three cities covered, albeit at relatively low levels in the case of MDMA, cocaine and amphetamine. Methamphetamine levels in wastewater were relatively high.

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



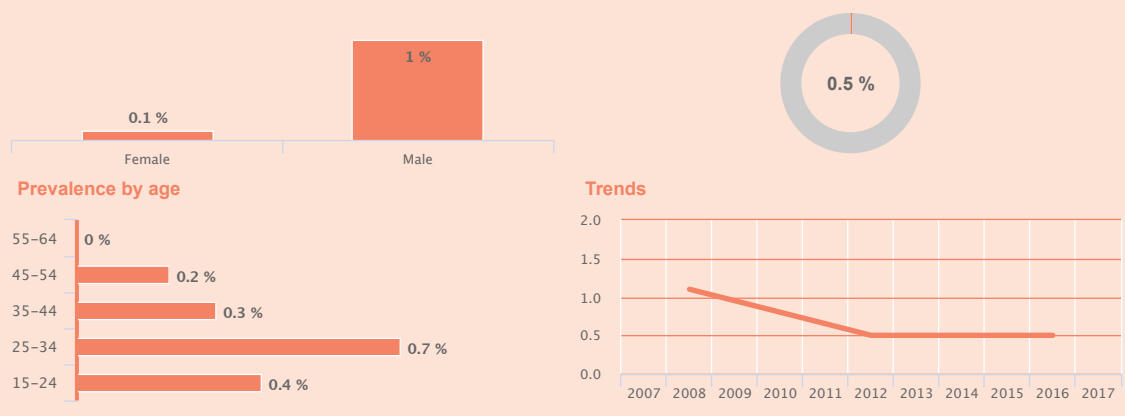
MDMA

Young adults reporting use in the last year



Amphetamines

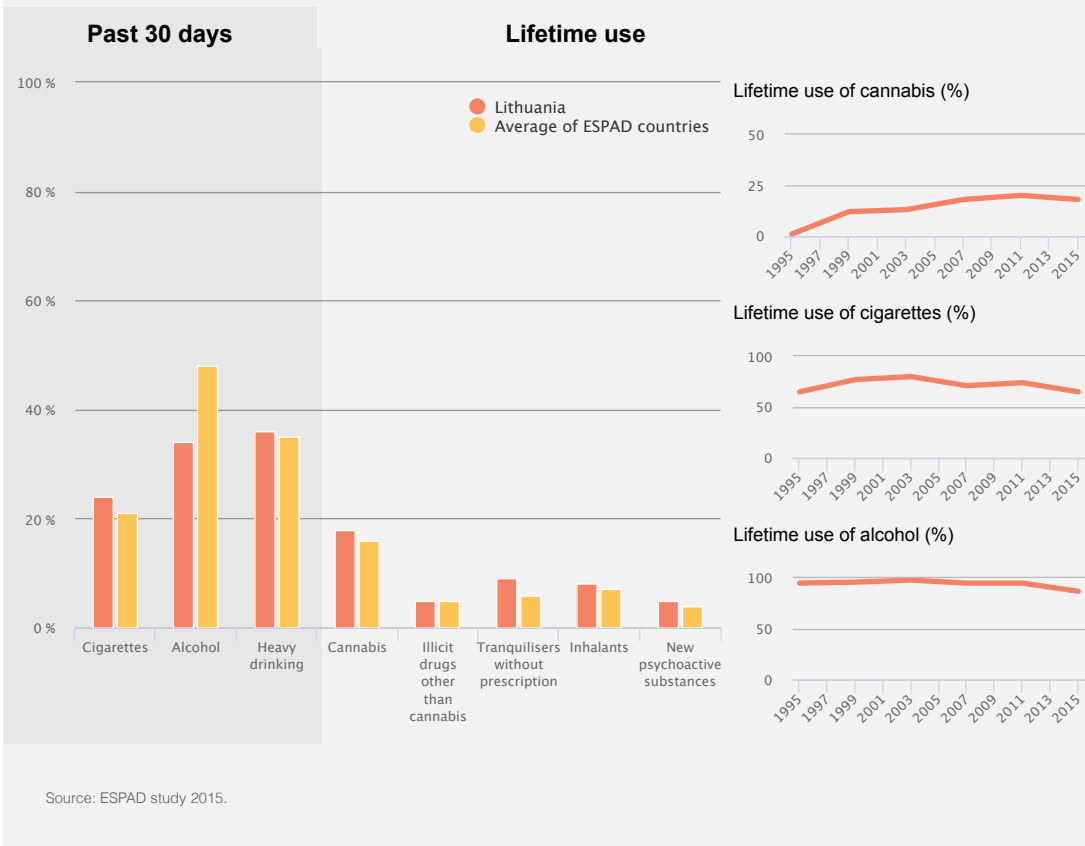
Young adults reporting use in the last year



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

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 (based on data from 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



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.

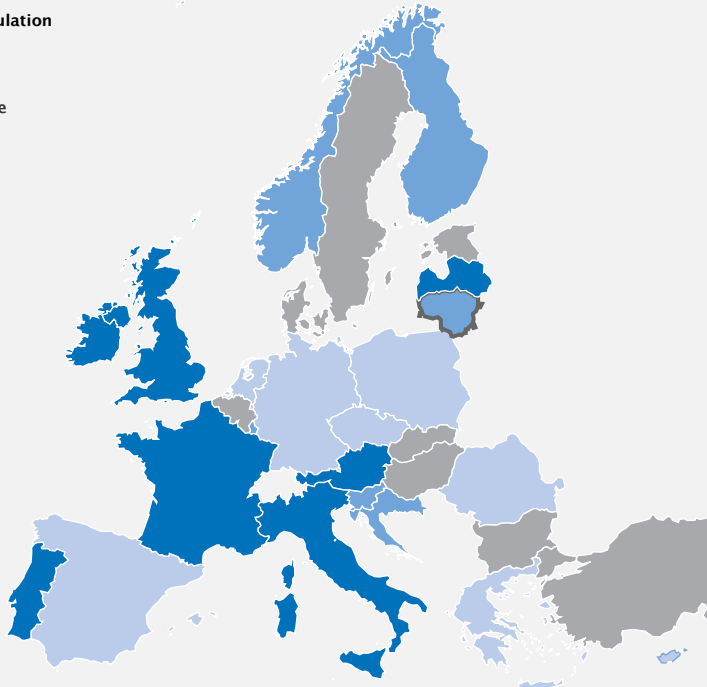
In 2016, it was estimated that there were around 7 500 high-risk opioid users, that is 3.92 per 1 000 of the population aged 15-64 years. The estimated number of people who inject drugs (opioids and stimulants) was around 8 900 (4.63 per 1 000 aged 15-64 years).

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 2017. Between 2015 and 2017, a decrease was observed among the number of first-time treatment clients reporting primary use of opioids or of amphetamine/methamphetamine; the increase in the number of cannabis users seeking treatment for the first time reported up until 2016 did not continue in 2017. 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

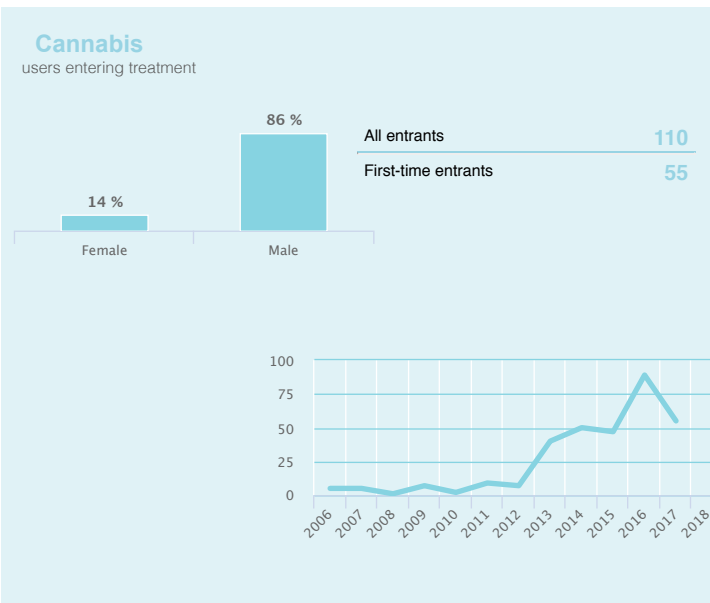
Rate per 1 000 population

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



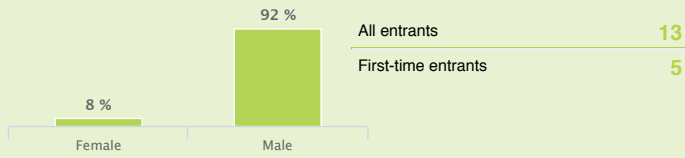
NB: Data from 2017, or the most recent year for which data are available.

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



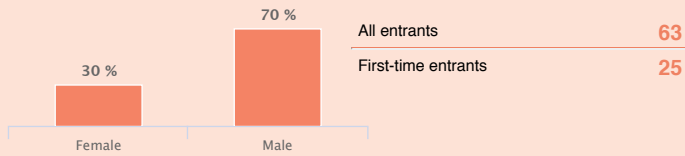
Cocaine

users entering treatment



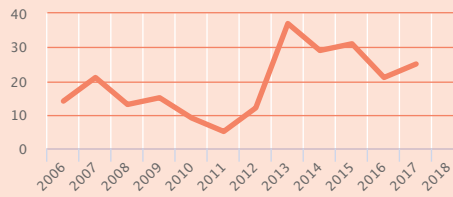
Stimulants other than Cocaine

users entering treatment



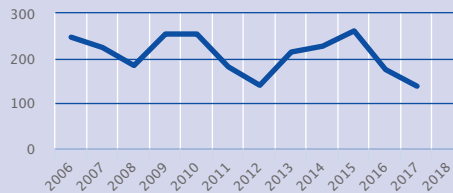
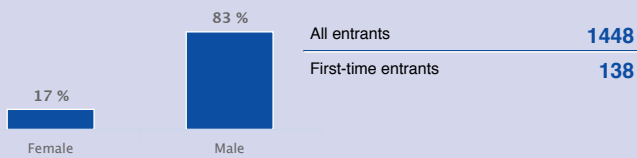
Mean age at first use
19

Mean age at first treatment entry
24



Opioids

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

In Lithuania, the Centre for Communicable Diseases and AIDS under 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.

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

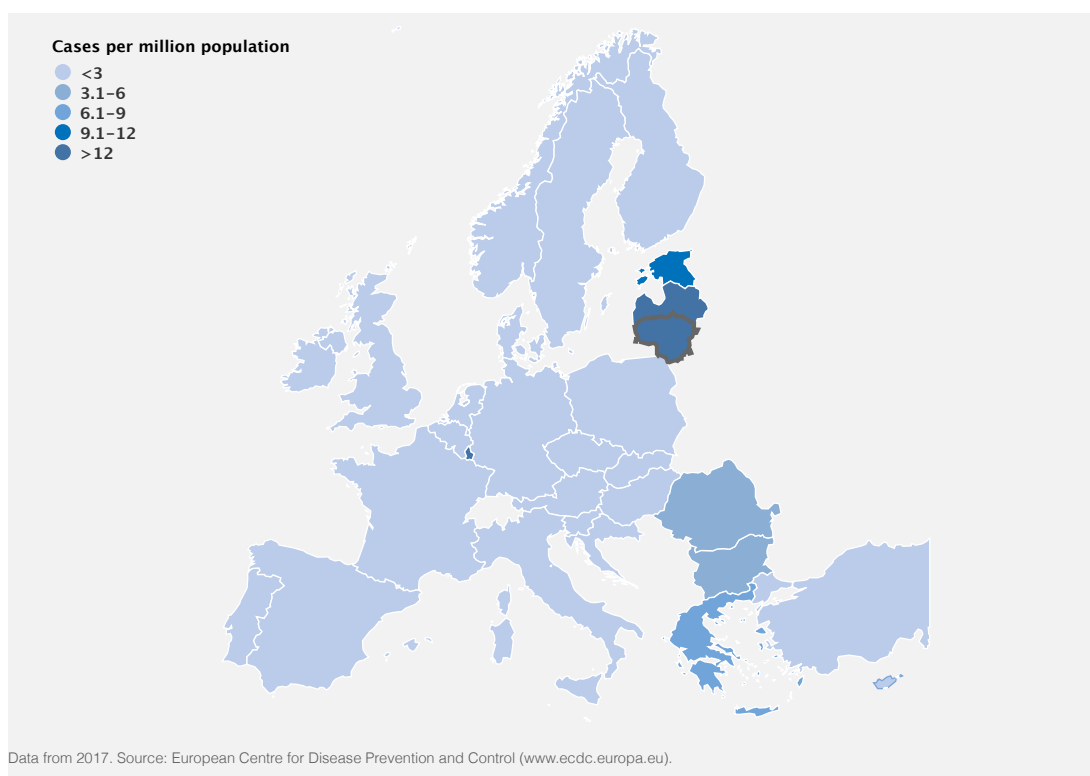
Region	HCV	HIV
National	:	:
Sub-national	77	12.5

Data from 2014.

The available data on new HIV cases notified in 2015-17 indicate a significant increase. Overall, the proportion of new HIV cases linked to injecting drug use in Lithuania increased from 30 % in 2015 to 62 % in 2017, in parallel with an increase observed in prisons. Moreover, with 47.8 notifications per million population in 2017, 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 notifications; however, in the majority of the cases, risk factors are not reported.

Some estimates exist of HIV prevalence rates among subgroups of people who inject drugs. In 2014, among a total of 200 clients of harm reduction programmes in three cities (Alytus, Visaginas, Klaipeda), 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



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 2017, almost 400 contacts were reported; the number decreased in 2016 and 2017. In 2017, the number of drug emergencies attributed to heroin also fell compared with 2016, heroin but remained the most frequent substance involved in drug emergencies, followed by cannabis and other unspecified drugs. The mean age of people seeking emergency care was 29 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.

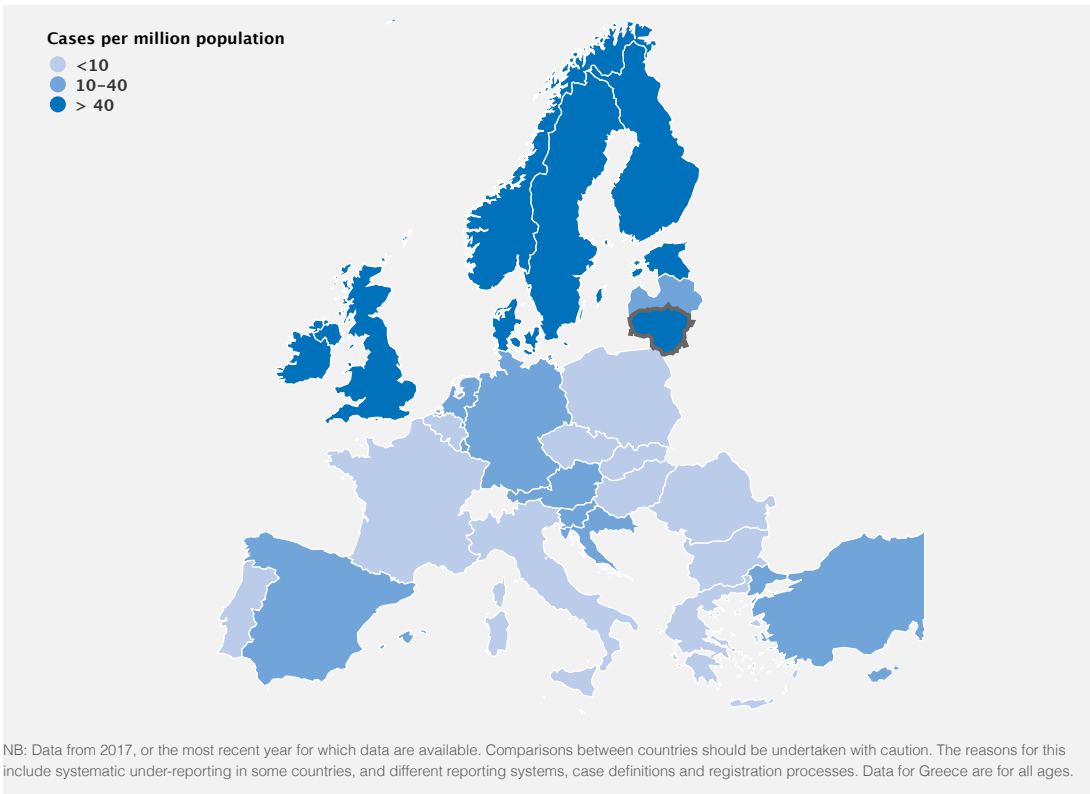
Drug-induced deaths and mortality

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

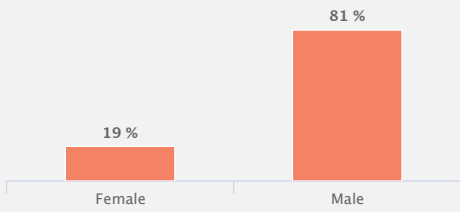
Since 2012, the General Mortality Register of the Institute of Hygiene has reported a continuous increase in the number of drug-induced deaths in Lithuania, with a record number of deaths in 2015. The increase reported up until 2015 was partly attributed to the higher number of post-mortem toxicological screens carried out in recent years and to improved toxicological analysis methods and tools.

The vast majority of the victims in 2017 were male. The mean age at death was 36 years; this figure has increased in recent years. Opioids remained the primary substances involved in 9 out of 10 deaths with known toxicology results (mainly heroin, but also methadone, fentanyl and carfentanil). Almost half of the fatalities occurred in the capital, Vilnius. The drug-induced mortality rate among adults (15-64 years) was 44 deaths per million in 2017, double the European average of 22 deaths per million.

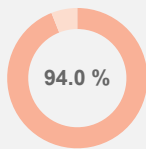
Drug-induced mortality rates among adults (15-64 years)



Gender distribution

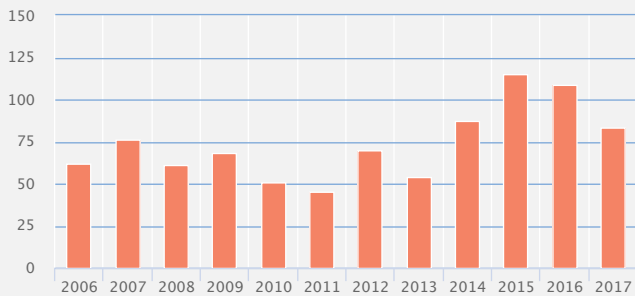


Toxicology

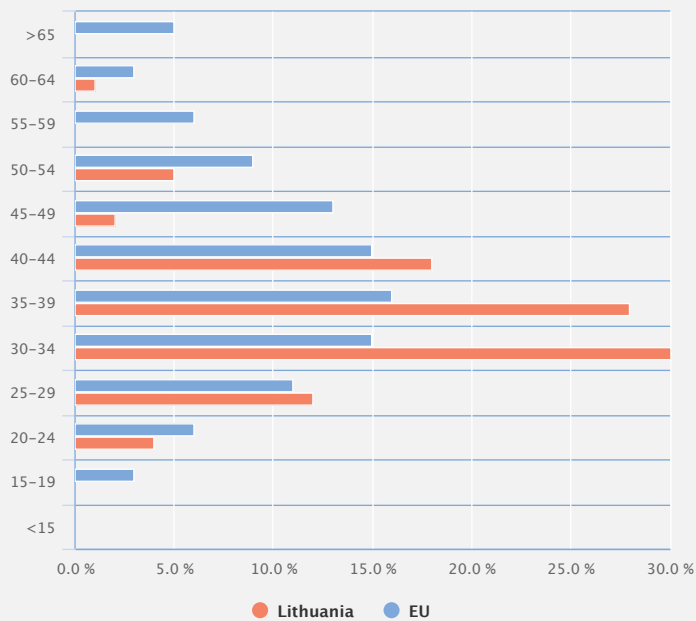


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

Adopted in 2018, the goal of the National Programme for Control and Prevention of Drugs, Tobacco and Alcohol is to create a healthier and safer society in which each individual may be rendered assistance to avoid harm incurred by alcohol, tobacco and drug use or to reduce it. In 2017, 47 public health bureaus carried out their activities in the municipalities of the Republic of Lithuania. They promote a healthy lifestyle and organise and implement the measures for tobacco, alcohol, narcotic and psychotropic substance use prevention in the community. Lithuanian municipalities also have commissions for drug control that coordinate actions in relation to drug prevention and control.

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 people and the organisation of safe neighbourhood groups that support community policing actions. Substance-specific environmental prevention efforts are focused on preventing alcohol and tobacco use.

Since September 2017, schools have been obliged to ensure that each student participates, on a permanent basis, in at least one coherent, long-term prevention programme aimed at developing social and emotional competencies, covering prevention of violence, alcohol, tobacco and psychoactive substance use, and encouragement of a healthy lifestyle. Teaching staff are obliged at least once every 4 years to raise their level of qualification in the area of development of social and emotional competencies of the students. Long-term preventive programmes are increasingly becoming part of the day-to-day activities of teachers, social pedagogues and psychologists, with a view to focus school-based prevention on science-based measures.

Lithuanian schools implement the universal prevention programme Prevention of Use of Alcohol, Tobacco and Psychoactive Substances, which is adapted to each age group. 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 children in their first year of primary school. The international programme 'Unplugged', 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 public health bureaus, public institutions, youth centres and places where young people congregate, mainly through the provision of alternative leisure activities and by engaging young people in educational programmes. Several programmes for parents are available through school settings.

In recreational settings, prevention activities are initiated primarily by the police, while nightclubs tend to apply measures to prevent the admission of under-age 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.

With regard to indicated prevention, in 2017, a decision was adopted to implement an Early Intervention Programme in all municipalities; this is a short-term intervention course (lasting 8 hours) for young people aged 14-21 years who use drugs and/or alcohol. A Lithuanian version of the 'FreD goes net project' was launched in 2013.

Harm reduction

In Lithuania, a special decree adopted by the Ministry of Health in 2006 consolidated the legal basis for the implementation of harm reduction for people who inject drugs (PWID) and defined a 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, health educational and informational material, counselling and other services at low-threshold units. Harm reduction programmes are financed mainly by state and municipal budgets with some contributions from non-governmental organisations (NGOs), but government funding is limited and funding from the municipalities is highly variable. Public budgets assure around one fifth of the costs of harm reduction services. The material required for the testing of infectious diseases in low-threshold cabinets is entirely funded by the NGOs that manage them.

Harm reduction interventions

In 2017, there were 13 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 NGOs or under the remit of municipal social services. In seven cases, they are integrated within a public drug treatment institution. Low-threshold units typically offer the following: needle and syringe programmes (NSPs); distribution of condoms; health education and information; and personal hygiene and care services. Owing to legal regulations that limit provision of point-of-care testing at low-threshold units to medical staff of healthcare institutions, only 5 of the 13 low-threshold units are able to offer infectious diseases testing. Clients testing positive are referred to healthcare institutions for treatment.

In 2017, around 250 000 syringes were distributed by harm reduction services, which represents an increase of 40 % since 2014; the increase may have resulted from the opening of new facilities in 2015 and 2016. Syringe coverage remains low, estimated at around 19-29 syringes per person who injects drugs.

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 hepatitis B virus (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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

Treatment

The treatment system

The objectives of drug-related treatment stated in the Lithuanian National Programme on Drug Control and Prevention of Drug Addiction place emphasis on enhancing the quality and accessibility of drug dependence treatment services, while the Law on Narcological Care and the Law on Mental Health Care provide 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 responsibility of the Ministry of Health. Drug treatment services are funded through the national budget, national health insurance and municipal budgets, and are provided free of charge to patients, with some exceptions.

Drug treatment in Lithuania is provided by both 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 between 1 and 3 months and include group psychotherapy psychosocial assistance, day-care services and counselling, and can also provide opioid substitution treatment (OST).

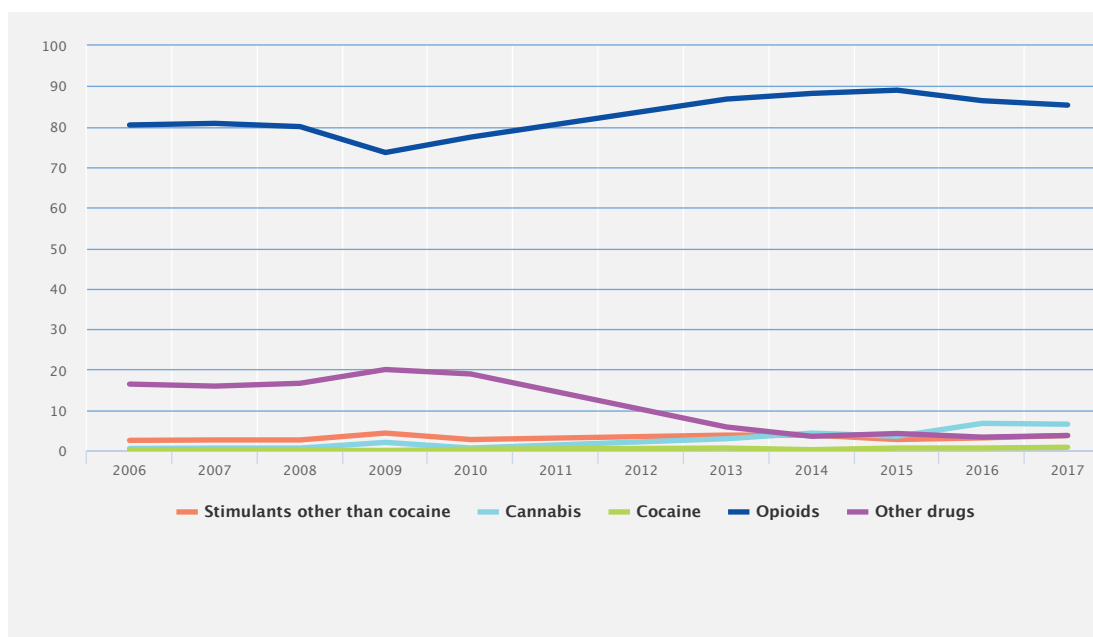
Inpatient treatment, such as withdrawal treatment and residential treatment, is delivered by 27 hospital-based residential drug treatment units and 13 therapeutic communities, while detoxification services are available through toxicological units in general hospitals or in private centres. Special treatment programmes are available for children who are dependent on psychoactive substances, including two public long-term rehabilitation communities. OST with methadone has been provided since 1996 and buprenorphine-based medication since late 2002. OST can be prescribed by the specialised centres for addictive disorders and by psychiatrists working in mental health centres.

Treatment provision

In 2017, a total of 1 697 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, mainly heroin.

On 31 December 2017, a total of 1 136 clients were receiving OST in Lithuania, about 100 fewer than in 2016. The majority of OST clients were treated with methadone. Methadone maintenance is continued for clients in police custody.

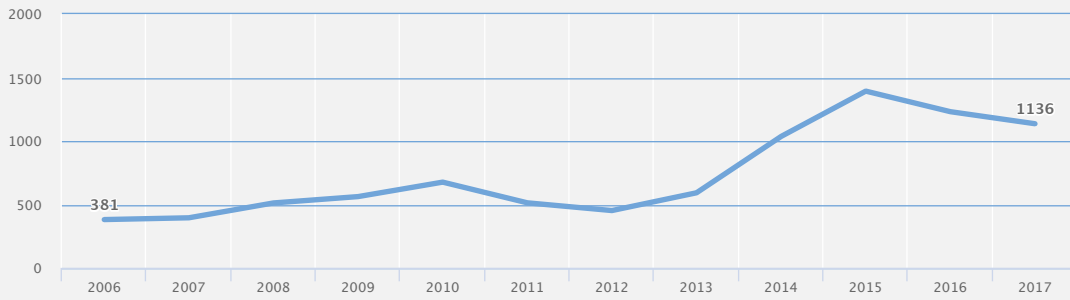
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Lithuania



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: Data from 2017. OST clients for 2013-17 are calculated as the number of clients who were in OST at the beginning of the year (1 January) plus the number of clients who entered treatment during that year. Prior to 2013, the total number of clients corresponds to the number of clients in OST at the end of the year (31 December).

Drug use and responses in prison

The Lithuanian Prison Department manages the penal system, which accommodates close to 6 500 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 new prisoners are assessed through repetitive criminal behaviour risk assessment methodologies, which include the assessment of substance use. At the end of 2017, it was reported that the proportion of prisoners diagnosed with mental and behavioural disorders as the result of narcotic or psychotropic substance use was more than 1 in 10. 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. Based on the results from the 2017 survey, lifetime prevalence before imprisonment was highest for cannabis and amphetamines; other substances, including methamphetamines, heroin, cocaine and ecstasy, were reported by one fifth of the respondents and synthetic cannabinoids by 16 % of respondents. The use of multiple psychoactive substances was also common. There were almost 300 prisoners infected with human immunodeficiency virus (HIV) in 2017, of whom one third were diagnosed for the first time while in prison. Almost three quarters of prisoners infected by HIV are located in one particular prison in the country, and the main mode of transmission is drug injection.

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 was introduced in prisons in 2018, after an outbreak of HIV infection in prisons in 2017; it is available in three pre-trial detention facilities and prison hospital to prisoners who were already receiving it prior to arrest. Free voluntary testing for infectious diseases is available in prisons, accompanied by health education measures to reduce behaviours associated with the risk of contracting HIV, hepatitis B and hepatitis C virus infections. Treatment for HIV is also available to those in prison. There is no unified system for referral processes in the country.

Quality assurance

Lithuania recently published a new National Programme for Control and Prevention of Drugs, Tobacco and Alcohol covering the next 10 years (2018-28). The programme emphasises the need to implement a system of accreditation for prevention programmes at the national level. This system is to be based on quality standards for action, aimed at improving the competences of education, social and healthcare institutions, including representatives of non-governmental organisations. The same strategy specifies that healthcare and social services will be science-based, accredited and cost-effective. Methods and tools will be made available to enable professionals to provide accessible, high-quality, cost-effective, accredited treatment, rehabilitation and reintegration services tailored to personal needs, including harm reduction services. An annual action plan to implement the drug strategy has also been published.

Tools for the implementation of these activities and the continuous improvement of quality include the development of a list of recommended prevention interventions (2017), the development of better access to healthcare services and the provision of harm reduction interventions. Local authorities are responsible for the accreditation of 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 or non-compliant. Only programmes rated as fully compliant are accredited and recommended for implementation. Prevention programmes rated as partially compliant receive recommendations and a deadline to improve/remove the identified shortcomings.

Specialised drug treatment is provided by healthcare establishments with a valid licence to provide mental health care. Since 2015, only licensed psychological social rehabilitation facilities have been permitted to provide rehabilitation services.

Government institutions provide education and specialised training for professionals working in the field of demand reduction. 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

A new National Drug Control and Drug Addiction Prevention Programme for 2018-28 has defined as a priority the collection of reliable, comparable and objective information on the prevalence of psychoactive substance use and its consequences. The development of systems for data collection, improvement of data quality, research and pilot projects are all tasks outlined in the programme. To achieve evidence-based and reliable information for policymakers and the public, the drug programme targets the collection of information and supports research on the periodic evaluation of the effectiveness of funds used; the monitoring of drug treatment services as a system of general health provision; the monitoring of the implementation of preventive initiatives; developing periodic studies on the use of the internet by children and young people, and the scale of gambling and interactions with the use of psychoactive substances; assessing the effectiveness of custody institutions; and studying drug prevalence in custodial institutions and assessing the effectiveness of rehabilitation and re-socialisation programmes.

In Lithuania, research is mainly publicly funded and is carried out by universities and scientific institutions. In addition, the national focal point monitors the drug situation, organising studies and surveys on drugs to collect epidemiological data.

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.

Drug markets

Drug production is considered to be limited in Lithuania; however, there were some cases of cannabis cultivation (both indoors and outdoors) detected in 2017. In addition, one methamphetamine production site was dismantled in 2017. At the production site, production materials to manufacture methamphetamine were found, together with an amount of benzyl methyl ketone (BMK) (precursor for amphetamine and methamphetamine), other chemicals and a small amount of methamphetamine oil. Illicit drug laboratories in Lithuania are quite often mobile or well hidden in rural settings and may operate only sporadically, which makes their detection challenging.

Lithuania is considered a transit country for the trafficking of illicit substances between Western Europe, Eastern Europe and the Nordic countries, mainly by land. Cannabis products are imported into Lithuania from the Netherlands or Spain, mainly in transit to other markets. MDMA/ecstasy tablets are imported from the Netherlands, Belgium and Poland. Amphetamine and methamphetamine produced in other EU countries are smuggled through Lithuania en route to consumer markets in the region. New psychoactive substances are imported from China and the Netherlands, mainly by postal courier services. Heroin is smuggled from Central Asian countries through Russia and Belarus, often in transit to Western Europe (the 'Northern route'). The sea port of Klaipeda remains one of the main entry points for cocaine entering Lithuania, although trafficking over land, via postal services or by air is increasingly popular. Most of the cocaine seized in Lithuania is imported from the United Kingdom, the Netherlands or Germany and is destined for Russia or for other European countries.

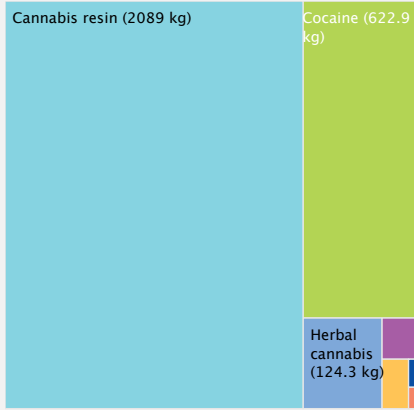
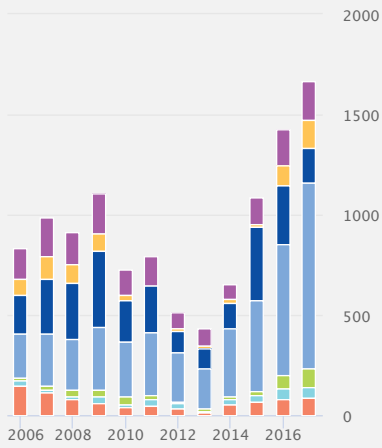
Cannabis accounts for the largest proportion of seizures, with cannabis resin being seized in the largest amounts. Cocaine is the second most seized substance. Methamphetamine was the third most seized illicit drug in Lithuania in 2017. Following a period of rather low MDMA seizures in the first half of this decade, both the number of MDMA seizures and the amounts seized have increased. Among the new psychoactive substances, the most commonly seized drugs are synthetic cathinones and synthetic cannabinoids. Furthermore, the number of trafficking cases linked to carfentanil, a potent synthetic opioid, and the quantities seized have sharply increased in recent years.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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

Number of seizures

Quantities seized



- Methamphetamine
- MDMA
- Heroin
- Cocaine
- Cannabis resin
- Cannabis plants
- Amphetamine

NB: Data from 2017.

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	17.68	6.51	36.79
Last year prevalence of use — young adults (%)	2016	6	1.8	21.8
Last year prevalence of drug use — all adults (%)	2016	2.7	0.9	11
All treatment entrants (%)	2017	6.5	1.03	62.98
First-time treatment entrants (%)	2017	22.7	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	124.3	11.98	94 378.74
Number of herbal cannabis seizures	2017	924	57	151 968
Quantity of cannabis resin seized (kg)	2017	2 089	0.16	334 919
Number of cannabis resin seizures	2017	53	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	5 - 20	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	10 - 15	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.23	0.85	4.85
Last year prevalence of use — young adults (%)	2016	0.3	0.1	4.7
Last year prevalence of drug use — all adults (%)	2016	0.1	0.1	2.7
All treatment entrants (%)	2017	0.8	0.14	39.2
First-time treatment entrants (%)	2017	2.1	0	41.81
Quantity of cocaine seized (kg)	2017	622.9	0.32	44 751.85
Number of cocaine seizures	2017	98	9	42 206
Purity (%) (minimum and maximum values registered)	2017	3.4 - 87.8	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	40 - 75	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.25	0.84	6.46
Last year prevalence of use — young adults (%)	2016	0.5	0	3.9
Last year prevalence of drug use — all adults (%)	2016	0.3	0	1.8
All treatment entrants (%)	2017	3.7	0	49.61
First-time treatment entrants (%)	2017	10.3	0	52.83
Quantity of amphetamine seized (kg)	2017	3	0	1 669.42
Number of amphetamine seizures	2017	84	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	1 - 55	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	10 - 40	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.79	0.54	5.17
Last year prevalence of use — young adults (%)	2016	1	0.2	7.1
Last year prevalence of drug use — all adults (%)	2016	0.4	0.1	3.3
All treatment entrants (%)	2017	0.1	0	2.31
First-time treatment entrants (%)	2017	0	0	2.85
Quantity of MDMA seized (tablets)	2017	n.a.	159	8 606 765
Number of MDMA seizures	2017	140	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	1.2 - 69.2	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	6 - 10	1	40
Opioids				
High-risk opioid use (rate/1 000)	2016	3.92	0.48	8.42
All treatment entrants (%)	2017	85.3	3.99	93.45
First-time treatment entrants (%)	2017	57	1.8	87.36
Quantity of heroin seized (kg)	2017	3.9	0.01	17 385.18
Number of heroin seizures	2017	173	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0.1 - 64.4	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	23 - 70	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	47.8	0	47.8
HIV prevalence among PWID* (%)	2014	n.a.	0	31.1
HCV prevalence among PWID* (%)	2014	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2016	4.63	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	44.25	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	251 370	245	11 907 416

Clients in substitution treatment	2017	1 136	209	178 665
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Treatment demand

All entrants	2017	1 697	179	118 342
First-time entrants	2017	242	48	37 577
All clients in treatment	n.a.	n.a.	1 294	254 000

Drug law offences

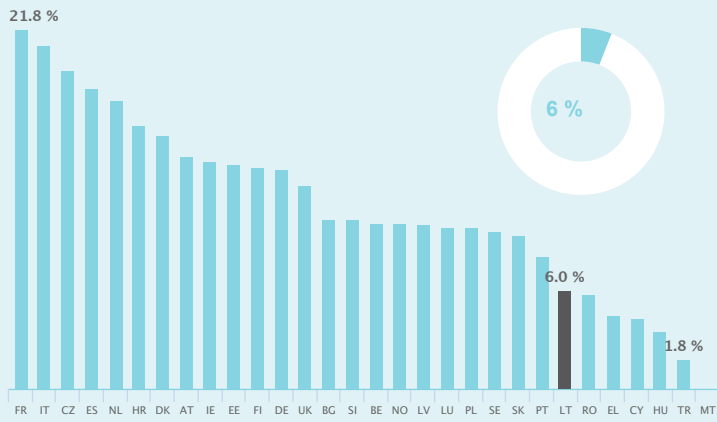
Number of reports of offences	2017	2 622	739	389 229
Offences for use/possession	2017	2 045	130	376 282

The percentage of clients entering treatment for amphetamines corresponds to the percentage of clients entering treatment for stimulants other than cocaine. The price and purity of heroin is for heroin white.

EU Dashboard

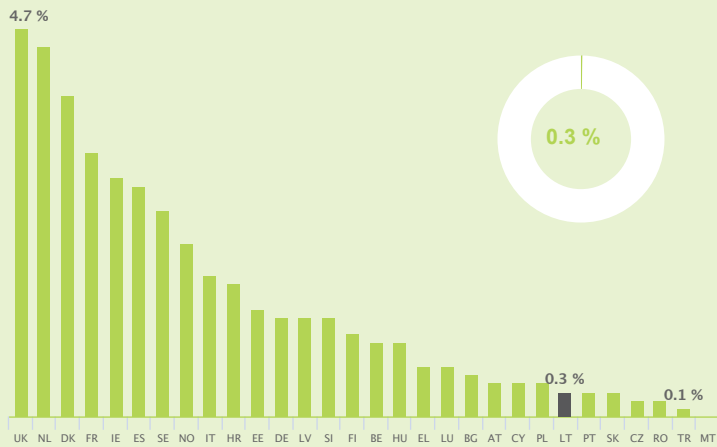
Cannabis

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



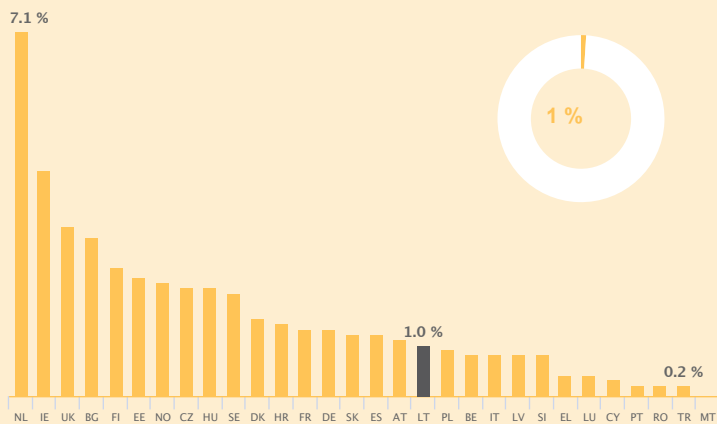
Cocaine

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



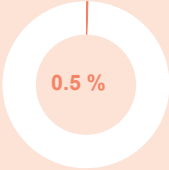
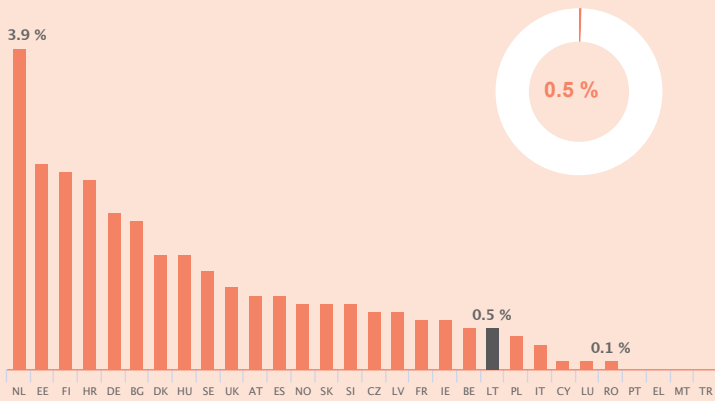
MDMA

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



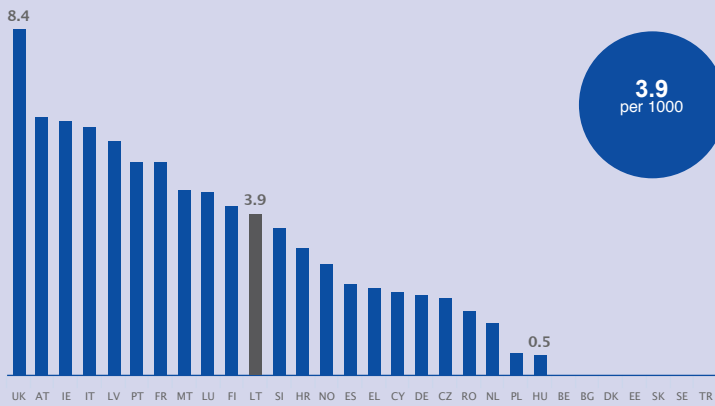
Amphetamines

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



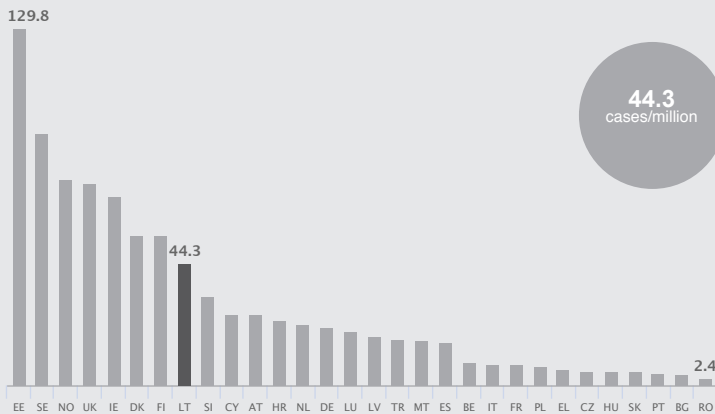
Opioids

High-risk opioid use (rate/1 000)



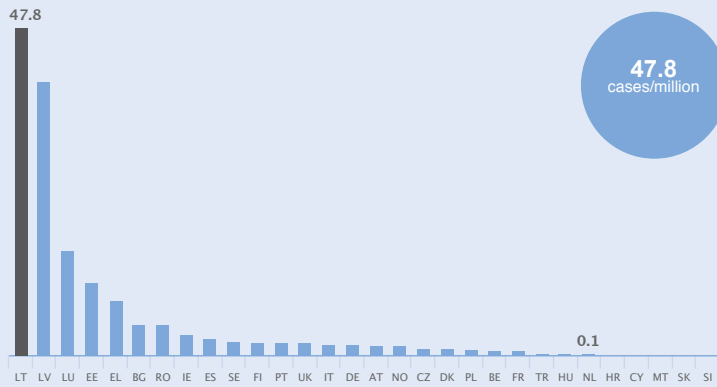
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

[Click here to learn more about our partner in Lithuania.](#)

Lithuanian national focal point



DRUG, TOBACCO AND ALCOHOL CONTROL DEPARTMENT

Drug, tobacco and alcohol control department

Sv. Stepono str. 27

LT-01312 Vilnius, Lithuania

Tel. +37 07 066319 5

Fax. +37 07 066809 5

Head of national focal point: Ms [Lina Jurgelaitiene](#)

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
