SUMMARY OF ANALYSIS OF THE LAW, HEALTH AND SOCIAL SYSTEMS RELATED TO DRUG POLICY IN LITHUANIA. CONCLUSIONS AND RECOMMENDATIONS

Vilnius, 2018
I. PRESENTATION OF ANALYSIS

The analysis focused on two main objectives:
1. To determine the situation of drug policy in Lithuania in the legal, health and social sectors, problems and compliance with scientific evidence-based recommendations;
2. To evaluate the economic costs of the current drug policy.

The main method of analysis – SWOT analysis – is a strategic planning approach that is applied at both organizational and system levels. Using this method for the assessment of drug policy, the following was analyzed:

- strengths – Drug policy in Lithuania in the field of law, health and social sectors, highlighting the current situation and the compliance with science-based recommendations and the cost of activities related to the distribution of psychoactive substances;
- weaknesses – internal problems (description) related to the organization of legal regulation, treatment and assistance and allocation of economic costs, which prevent the achievement of wood quality and efficiency of services as well as the seamless functioning of the system to the highest possible extent;
- opportunities are opportunities or possibilities for improvement in the external environment that can improve the situation;
- threats are environmental factors that can interfere with the effective and high quality science-based organisation of treatment and/or help, legal regulation of dependence on psychoactive substances.

The basis of this analysis methodology is the application of complex methods. The analysis included three stages: collection of information, analysis and formulation of conclusions and recommendations.

Each phase was implemented according to a separate methodology:
1) The primary and secondary sources of information were used in the collection of information, namely, the analysis of the related documents was the initial stage of the study, consisting of the publication of documents, studies and reports published by the basic international organizations, national legislation (laws and regulations), local government legislation, investigations carried out by specialized bodies and analysis of situation assessment reports. Document analysis was carried out using a structured content analysis method.
2) The information obtained through qualitative research (interviews with experts and service users) was analyzed by the content analysis method.
3) The information was collected using the questionnaire survey from various institutions that directly or indirectly deal with issues related to the use of psychoactive substances in their activities (e.g. hospitals, places of imprisonment, institutions providing social services, institutions coordinating projects, etc.). A more detailed list of institutions participating in the survey can be found in the analysis itself.) A separate questionnaire was prepared for each type of organization and distributed through the mediation of the personnel of Drugs, Tobacco and Alcohol Control Department with the justification of the purpose of data collection, providing data on research and anonymity and data protection guarantees.
4) Two modelling approaches were used for the economic evaluation of the current drug policy: the first is the bottom-up method, which calculates the price of one activity or, for example, the rate of the service, by afterwards evaluating how many such activities or services have been implemented and provided, for example, to drug users; the second is the top-down method, which is used when calculating share of the budget attributed for psychoactive substance from a larger program budget. The main data collection methods and sources of information by area were:

a) In the health system area. The cost of illness approach was chosen for cost estimation. This concept is based on the idea of alternative costs, namely, if the funds would not be spent on treatment (in this case treatment of illnesses caused by narcotic and psychotropic substances), they could be used for other purposes. The purpose of this method was to assess the direct and indirect harm to human health of narcotic and psychotropic substances, i.e. this analysis focussed on the assessment of direct and largely drug-induced diseases and conditions.

b) In the field of the legal system. In assessing the costs of the legal system, the research was based on standardized and publicly available financial statements, annual plans, interviews with the State Forensic Medicine Service and Probation Offices in the counties, and inquiries to the Lithuanian Police, Prisons Department and the National Courts Administration. It is worth noting that most implementers of criminal policy do not collect detailed data related to the activities of illegal psychoactive substances. In absence of specific data, the information received was analyzed using a top-down modelling method by deducting the shares related to the activities of illegal psychoactive substances from individual budget lines, from the general budget.

c) In the field of social system. In order to find out how much the Lithuanian state spends on social services related to the use of illegal psychoactive substances, publicly announced social service plans of 60 municipalities in 2016 and in 2017 were reviewed. The plans were reviewed by looking for information on services for people who use psychoactive substances.

Disadvantages and limitations of the analysis: in the analysis, the major limitations and weaknesses in the analysis itself are related to:

1. Lack of a single data system and absence of collection of indicators. Different institutions and/or organizations collect different data and analyze them in different cross sections. Therefore, the data collected and submitted by some organizations/institutions were not suitable for systematization.

2. The purpose of the economic analysis was to measure both direct and indirect costs, but a more detailed study is needed to calculate all indirect costs, and this analysis is limited to the analysis of relatively easier available data. Due to the restrictions on the study, particularly related to the collection of data on diagnosis of disease and health condition which may be caused by the use of illegal psychoactive substances, the data such as the treatment of trophic ulcers, dental diseases, other mental disorders, etc., were not included in the study.

3. Most executors of criminal policy do not collect detailed information related to illegal psychoactive substances. In absence of specific data, the information received was analyzed using a top-down modelling method by deducting the shares related to the activities of illegal psychoactive substances from individual budget lines, from the general budget.
4. In some aspects (especially in the social field), it was difficult to separate data and analyze them separately from legal psychoactive substances (alcohol, tobacco) and illegal psychoactive substances.

However, despite the above-mentioned weaknesses and limitations of analysis, this analysis allows us to see the current legal, health and social situation in Lithuania, to calculate the current budget of current practitioners and the distribution of costs, and to provide real and scientific data based recommendations for drug policy guidelines in Lithuania.

II. PRESENTATION OF ANALYSIS DATA

The summary of the analysis data is presented according to the SWOT analysis levels, by highlighting the following structural units: the current legal, health and social situation; economic, legal, health and social issues related to drug policy in Lithuania, and provision of recommendations and proposals for the purpose of balancing the drug policy in Lithuania.

2.1. PRESENTATION OF THE CURRENT LEGAL, HEALTH AND SOCIAL SITUATION AND COMPLIANCE WITH INTERNATIONAL GUIDELINES

LEGAL AREA

One can distinguish the following trends currently observed in Lithuania and the situation related to the legal drug policy:

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>1. Lithuania does not envisage a custodial sentence for disposing of small quantities without the intention of distribution;</td>
<td>1. Lithuania has criminalization of disposing of a small amount of drugs for own needs as an ineffective and costly tool;</td>
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<td>2. There is a certain continuity of criminal policy and stable case law in dealing with the offences related with drug possession;</td>
<td>2. Criminal liability for activities related with narcotic and psychotropic substances is currently focused on prosecution of consumers;</td>
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<td>3. A relatively small number of registered drug-related activities in Lithuania are observed in comparison with other EU countries.</td>
<td>3. There is an increasing number of deaths from overdose (partly due to severe criminal policy);</td>
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<td>4. Excessive sanctions are applied for drug-related offenses;</td>
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<td>5. There is a poor synthesis of criminal policy and public health policies in addressing the consequences of the problem use of psychoactive substances;</td>
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<td>6. Limited possibilities to apply alternatives to deprivation of liberty for some drug-related</td>
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Opportunities | Threats
---|---
1. The formation of a humane, criminal-based, health-based, evidence-based criminal policy for users of psychoactive substances; 2. Decriminalization of possession of a small amount of drugs, providing for administrative liability; 3. Review of criminal sanctions envisaged by criminal law and consideration of options for depenalization; 4. Review of recommendations for the detection of small, high and very high levels of narcotic and psychotropic substances based on unified and scientifically valid criteria; 5. Orientation of criminal prosecution towards the distribution of narcotic and psychotropic substances. | 1. Further stigmatization of drug users, making the possibilities of their treatment, rehabilitation and social reintegration more difficult; 2. Deterioration of health indicators of drug users and growth of the number of deaths from overdose (likely give the general use of drugs increases for Some reasons); 3. Growth in the costs of criminal justice system.

**HEALTH FIELD**

Summarizing the information presented in this analysis, we highlight the following strengths, weaknesses, opportunities and threats of general dependence over the current situation in the field of treatment of diseases:

| Strengths | Weaknesses |
---|---|
1. The current financing of services allows the provision of services also for those who do not have compulsory health insurance; 2. Several services are funded from the state insurance fund, i.e. - primary level services provided at mental health centres; - Secondary level services: doctor psychiatrist’s service of addiction treatment; opioid substitution treatment; day hospital service (adult psychiatry); outpatient and inpatient psychosocial medical rehabilitation. 3. Possibility of access to specialized services for people suffering from addiction diseases at the five branches of the Republican Centre for Addictive Diseases (in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys); | 1. State budget allocations are insufficient to ensure sufficient volume and quality of services; 2. Only a small portion of in-patient services are paid from the social insurance fund budget. The social insurance fund budget does not provide sufficient funding for moderate and mild abstinence treatment (at the secondary level) in addiction treatment centres, which is different from that used in other health care settings (the main difference is that centres of addiction illnesses guaranty motivation and psychosocial work), which would allow to increase the coverage of the service and access to psychosocial support systems more actively after treatment; 3. So far, there are no reimbursable drugs for...
4. A wide network of mental health centres;
5. Various treatments and procedures related to addiction disorders are regulated.
6. Attempts are being made to establish a mutual cooperation and a system between the social, health and judicial institutions;
7. Ensure the sick leave for patients with addiction illnesses during the entire period of treatment, namely, at least 60 calendar days a year.

| 4. The social insurance fund budget does not fund psychosocial treatment programs (Minnesota program). |
| 5. Sick leave for dependency diseases is only possible for up to 14 days per year. |
| 6. The system between the primary and secondary levels is not fully harmonized in a way more effective and accessible for patients with addiction diseases; |
| 7. Too small range of services (in terms of geographic availability of services); |
| 8. Excessively high-threshold services, which limit the timely access of people to the health system, i.e., in order to receive the secondary level specialist services for the treatment of addictive diseases, this requires a referral from the primary level, etc. |
| 9. Lack of motivational work and case coordination tailored to individual needs of patients, for further assistance and prevention of relapse; |
| 10. Insufficient qualification of specialists and their preparation for work with patients with addiction diseases; |
| 11. Legal regulation is too eclectic and fragmentary, and therefore does not guarantee the quality and scope of services. |
| 12. There is no clear legal regulation on inter-institutional cooperation with health, social, etc. institutions and data exchange (without prejudice to legal acts and international recommendations); |
| 13. Different institutions are guided by different aid delivery principles; therefore, the current cooperation is often based not on a regulated procedure, but on a human factor such as expert interpersonal circles of specialists, or recommendations. |
| 14. The weakest motivational element when a person leaving the treatment facility cannot receive support and further help by psychosocial methods, or be motivated to start treatment when needed. |
There are no approved methodologies for motivational work, case management with persons suffering from addictive diseases in their place of residence after leaving the medical institutions or motivating them to enter medical institutions;

16. There is no patient transferability for further treatment among the medical institutions themselves, usually the aid is suspended due to bureaucracy (referrals, service delivery indications, etc.) and problems with the queues in medical institutions;

17. There is a shortage of treatment services targeted specifically for vulnerable groups recommended in international documents – women, minors, prisoners, infectious diseases of injecting drug users, etc.

18. Lack of evidence-based treatment methods in society and among decision-making politicians.

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<td>1. Increase the scope of services paid from the state social insurance fund in the field of addictions (especially the secondary level hospital services, day care and medical psychosocial rehabilitation);</td>
<td>1. Integration of specialized institutions or services into personal health care institutions of a different profile, which would threaten this group to be discriminated against and stigmatized in the healthcare system by competing for services, as is currently the situation at the primary level (mental health centres).</td>
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<td>2. To reimburse medicines for the treatment of addiction from the state social insurance fund;</td>
<td>2. Excessively complex and limited availability of services provided to patients with addiction diseases;</td>
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<td>3. To review the conditions for medical psychosocial rehabilitation and their payment from the state social insurance fund and adjust those to take into account the specificities of the treatment of addictions.</td>
<td>3. Lack of financing and legal regulation;</td>
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<td>4. To prepare the fee and the procedure for funding the Minnesota program from the state social insurance fund;</td>
<td>4. Avoiding regulation and system design of solving problems related with addiction diseases or harmful use of substances, not including this problem as a priority at inter-institutional level;</td>
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<td>5. To coordinate the cooperation and referral procedures between primary health care and secondary care institutions for individuals to receive the needed services as quickly and easily as possible (i.e., to provide access to secondary level services without referral from the first level, for example, currently patients with dermatovenereologic problems can</td>
<td>5. Different attitudes of systems and institutions responsible for supply and demand reduction to drug control policies, support of society (and politicians) for practices non-recommended in international documents (forced treatment, severe punishments) making it difficult to accept</td>
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6. An inter-institutional cooperation and monitoring system has been created. It would allow cooperation between different fields of specialists (health care, education, social affairs) able to suspect, motivate and direct for assistance, to coordinate services, and cooperation;

7. Created effective and high quality service standards (including, service standards for vulnerable groups of population such as women, children, etc.) and the system of professional development and support for professional expertise that could be implemented in the field of treatment, rehabilitation and reintegration;

8. Upon extending the range of services, to seek to maintain 70:30 ratio between outpatient and in-patient services.

9. The review and adjust legal regulation: to eliminate the Law on Narcotic Supervision by integrating it into the Law on Mental Health;

10. To adjust patient monitoring and service monitoring system to include all institutions working with patients with addiction diseases and allow the monitoring and analysis of personalized data.

11. The establish a clear legal framework that would define inter-institutional cooperation with health, social, and other institutions, and the exchange of data (without prejudice to legal acts and international recommendations);

12. To ensure methodological guidance that would allow different institutions to define uniform and science-based working principles;

13. To establish and regulate the continuity of a person's treatment process between different medical institutions by means of legislation, reducing existing barriers (procedures for sending, over-indications, queues, etc.).

14. To approve methodologies for motivational and case management work with persons suffering from addictive diseases in their place of residence upon leaving the...
SOCIAL AREA

The analysis highlighted the following strengths, weaknesses, opportunities and threats of the present drug policy in the social field.

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<tr>
<td>1. Lithuania has sufficiently developed and licensed short-term care services for patients with addiction diseases. These services are currently funded by the European Social Fund.</td>
<td>1. The field of self governance lacks a unified approach and effective during of responsibility, and is limited to uncoordinated individual initiatives in providing effective social services for people who are harmfully using and/or addicted to psychoactive substances.</td>
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<td>2. Employment and vocational training services for persons suffering from addiction diseases are organized, provided in a general manner and organized in the territorial labour exchanges, according to the Law on Employment of the Republic of Lithuania, Article 41 of which provides for two supported employment measures for persons with narcotic, psychotropie and other psychoactive addictions that have completed psychological social and/or vocational rehabilitation programs;</td>
<td>2. There is a lack of analysis and long-term efficiency analysis of the projects that have been carried out by the European Social Fund Agency for the treatment of people harmfully using and/or dependent on psychoactive substances, as well as the evaluation of developed methodologies and practices.</td>
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<td>3. There are two pilot private initiatives in Vilnius that demonstrate effective social reintegration and/or recruitment support activities for people who are harmfully using and/or addicted to psychoactive substances.</td>
<td>3. The analysis of social service plans has shown that no municipality provides day care services to people who are harmfully using or dependent on psychoactive substances. Thus, a variety of services is not in short in terms of individual social risk assessment and the need for individual services.</td>
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<td>4. There is lack of psychosocial rehabilitation program services provided in communities, specialized for women, as well as the possibility of receiving these temporary care services for women with underage children.</td>
<td>5. There are no or are only isolated housing programs in Lithuania for people who are harmfully using and/or addicted to psychoactive substances.</td>
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1. More attention should be paid to the families at risk using psychoactive substances, in the social risk group and to select methods of assistance/methods that would enable the complex problems of this target group to be addressed more effectively, ensuring the full range of services (from active treatment to social interventions in the family's home site related to relapse prevention).
2. It is appropriate to develop a description of procedures for the provision of specialized social services for persons harmfully using and/or dependent on psychoactive substances in order to establish a minimum package of social services for people who are harmfully using and/or are addicted to psychoactive substances, while taking into account the family needs;
3. To establish a mechanism for the provision of social services to persons who are harmfully using and/or addicted to psychoactive substances at the municipal level, which can help optimize the minimum standards and costs of social services, as well as increase the efficiency of services;
4. To install a service for employment with support for persons harmfully using and/or addicted psychoactive substances, consolidating it with the order of the Ministry of Social Security and Labour and ensuring its provision in the municipalities, providing for the procurement of services from e.g. non-governmental organizations and private suppliers, etc.;
5. The organize social day care services for people who are harmfully using or having addiction-related illnesses, thus ensuring relapse prevention after treatment and/or rehabilitation programs, and I think the provision of the service according to different needs of the individual.
6. To optimize the services of short-term care provided to people who are dependent on psychoactive substances, by providing that one person has the opportunity to receive the
1. After reduction of funding of the European Social Fund from 2020 and without ensuring a seamless transition to state budget financing, this could endanger the development of a community-based short-term care services network;
2. Discrimination and stigmatization of people who are harmfully using or having addiction-related illnesses in the social system;
3. Lack of financing and legal regulation;
4. Avoiding regulation and system design of solving social problems related with addiction diseases or harmful use of substances, not including this problem as a priority at inter-institutional level;
5. Unreasonable expectations related to the results of the policies being implemented and the effectiveness of the social measures, lack of awareness that addiction is a chronic disease with high-frequency relapse.
service once every three years, with full funding from the budget;
7. To establish and legislate a social reintegration program for persons dependent on psychoactive substances, licensing it and financing from the state budget.

**ASSESSMENT OF COMPLIANCE WITH INTERNATIONAL RECOMMENDATIONS**

Following the assessment of international organizations (EU, WHO, UN, etc.) documents, publications and methodological recommendations for the implementation of a balanced drug policy, and compliance with existing practice in Lithuania, we can highlight the following weaknesses, strengths, opportunities and threats:

<table>
<thead>
<tr>
<th>Strengths</th>
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<tbody>
<tr>
<td>1. The current national drug control policy documents, harmonized and based on international instruments, are broadly in line with all current provisions of the EU drugs strategy (2013-2020);</td>
<td>1. The tightening of the Lithuanian legal regulation in relation to personal use (in the case of the acquisition and possession of small amounts of drugs) and the intensification of the activities of law enforcement authorities in prosecuting these acts are contrary to the international policies based on the priorities of human rights protection established by the UN and the EU, when the use of psychoactive substances is regarded as a public health problem that is not addressed by criminal law measures.</td>
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<td>2. The Lithuanian drug policy indicators monitoring system is in line with the international accountability and evaluation mechanisms.</td>
<td>2. International documents are implemented formally, without achieving the recommended values and results of indicators;</td>
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<td>3. The EU Strategic recommendations are implemented to a very small extent and cover a relatively small proportion of population in need of treatment services;</td>
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<td>4. There is a shortage of treatment services targeted specifically for user groups recommended in international documents – women, minors, prisoners, infectious diseases of injecting drug users, etc.</td>
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<tr>
<td>1. Recognizing the problem at the state level and consolidating the political will to address it, initiating the reorganization of the treatment and care system in line with international, science-based</td>
<td>1. The lack of political consensus on the choice and implementation of drug policy priorities (target groups, measures) in the presence of scarce resources threatens the achievement of indicators;</td>
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recommendations;
2. Competent and active, empowered state coordinating authority (NTAKD);
3. Information and monitoring systems with integrated international monitoring mechanisms.

2. Different attitudes of systems and institutions responsible for supply and demand reduction to drug control policies, support of society (and politicians) for practices non-recommended in international documents (forced treatment, severe punishments) making it difficult to accept new strategic documents;
3. Ignoring the complex measures recommended to ensure the spread of infections associated with drug use can complicate the management of these diseases and subsequently increase their treatment costs.

### 2.2. ECONOMIC ASSESSMENT OF THE LEGAL, HEALTH AND SOCIAL FIELD RELATED TO DRUG POLICY IN LITHUANIA

It is important to note that in Lithuania there were no attempts to define and calculate how much public funds are spent on activities and services related to the prevention and control of the use of illicit psychoactive substances over the years in all sectors. Thus, the following conclusions were made from the analysis:

1. In 2016, the expenses related to the use of illicit psychoactive substances to the health system amounted to ~ 7,760 million Euro, 9,764 million Euro were spent on the implementation of criminal policy on the control of illicit psychoactive substances and prevention of consumption. Currently there is a lack of data on the evaluation of public funds spent on social services related to the use of illicit psychoactive substances.
2. In 2016, the number of arrests of convicts for criminal acts related to illicit psychoactive substances was 152. The average length of arrest was 29 days in 2016. By applying a one-day maintenance rate for custodial sentences of EUR 21.96, the maintenance costs for all arrests of convicted offenders for illicit psychoactive substances amounted to 96,810.55 euro in 2016.
3. In 2016 the expenses of the five districts for probation services were 4,183,200 euro. Theoretically, a total 1.37 euro per day was allocated for one person in probation in 2016 (4,183,200 euro per 8,351 persons per 365 days). However, this amount reflects the actual annual budget of district probation services, rather than the demand for the necessary expenses. It is very likely that if higher budget was provided, more services would be provided and a prize for one day maintenance would increase.
4. Taking into account the arguments set forth, it is suggested to review the criminal legislation. All personal health care services provided at places of imprisonment, including antiretroviral treatment, are financed by the Prison Department, i.e. from the state budget. The state social insurance funds are used only to pay the personal health care services provided to detainees/convicts in other state health care institutions. In 2016, adult of 613 detainees/convicts were treated for impairment of health due to the use of illicit psychoactive substances in places of imprisonment. According to the Prison Department, these individuals were subjected to detoxification, treatment for abstinence syndrome services. In the provision
of personal health care services in places of imprisonment the data on the criminal activities of patients is not collected, therefore, it is unclear how many persons who are serving a custodial sentence were treated for criminal activities related to illicit psychoactive substances. The price of one day in prison hospitals in 2017 was 94.97 euro, but the duration of treatment provided is not known. Meanwhile, for example, the cost of one-day in the in-patient medical psychosocial rehabilitation at the Republican Centre for Addictive Disorders was 38.87 euro in 2017. Consequently, it can be stated that treatment in non-custody places is more expensive than in the general health system.

5. According to the Prison Department, in 2016 at the places of imprisonment, targeted funds were used to continue the treatment of chronic viral hepatitis, namely, to treat the patients who were admitted to imprisonment institutions without completing a course of treatment. In 2016 in imprisonment institutions, 8 people were diagnosed with acute viral hepatitis C and 362 patients were treated for chronic viral hepatitis with hepatoprotective medicines. Treatment was also provided for 3 patients with acute viral hepatitis B. However, these treatment costs are not deductible from the total amount of personal health care services; therefore, it is not known what amounts are allocated to the treatment of individual diseases other than HIV: a total of EUR 350,892.00 was allocated for antiretroviral therapy, solely for acquiring medicines, excluding control, in places of imprisonment in 2016.

6. In 2016 the Centre for Forensic Research of the Lithuanian Police conducted 2,199 investigations and expert assessments of narcotic and psychotropic substances financed from the state budget. The cost of a qualitative and quantitative investigation of a single object with a specialist's report is 255.04 euro, respectively, for all 2119 objects surveyed in 2016, the cost was 540,429.76 euro. The State Forensic Medicine Service (SFMS) in 2017 performed 3660 experiments on the detection of illicit psychoactive substances, representing ~16% of all tests for live and dead instances. Appropriations from the State Treasury of the Ministry of Finance for forensic examinations and investigations in 2017 amounted to 2.381 million Euro (44), respectively, for tests on detection of illicit psychoactive substances, i.e. ~16% of all studies, the spending was 380,960 euro.

7. When analyzing the data on costs related to illicit psychoactive substances, it has become evident that the best data is currently collected in the health sector. The existing Sveidra system allows both an accurate assessment of the volume of services provided, especially if healthcare providers collect the information purposefully. Established clear healthcare fees allow to calculate the annual costs. However, it should be noted that there is currently no economic evaluation of health services. The costs incurred are not analyzed according to the results achieved and the funds allocated are related to abstract indicators such as, for example, the percentage change, but not estimated whether the amount spent, namely, the amount invested has led to a maximum improvement in public health, for example, due to a decrease in the number of DALYs, increased life years saved or QALYs.

8. There was a significant lack of data on the cost of conducting the criminal policy related to illicit psychoactive substances. It is likely that the real amount spent is much higher than ~9.764 million euro per year. There was a particular shortage of information from the Lithuanian police. It is noteworthy that the police have not calculated how much one call on average costs for them; they do not collect information on the cost of preventive measures, raids and patrols in places of mass gatherings. There is also no information on the average length of detention and the one-day average cost of detention of a single person in police
custody. These data are necessary in order to assess the proportion of the police budget that is spent on illicit psychoactive substances.

9. When evaluating public expenditure for social services related to the use of illicit psychoactive substances, it became clear that persons belonging to this target group are classified as a group of social risk. Currently, there are no specific government programs, concepts and guidelines for people harmfully using drugs or suffering from addictive illness; therefore, it's difficult to estimate the portion of the costs that can be allocated to this group and the problem.

10. Thus, by comparing health care in the general system, in places of imprisonment and the one-day rates of arrest and probation, it is obvious that it is more cost-effective and efficient for the state to ensure that criminal liability for actions related with narcotic and psychotropic substances should not be aimed at prosecuting the consumers. Criminal liability is a measure of ultima ratio, which has a major side effect, namely, convictions and stigmatization, and imprisoned persons face social reintegration problems. The tightening of responsibility does not produce any tangible positive results, and mitigating liability can already have positive effects on the part of the already injected drug users (especially the so-called high-risk use). At the same time, the costs incurred by criminal justice system for the investigation of criminal offenses, maintenance of prisoners in places of imprisonment and the policy of psychoactive substances more focused on public health would be reduced. Therefore, criminal liability should be applied in a particularly well-grounded way and only in relation to the acts most seriously threatening to the public.

III. CONCLUSIONS AND RECOMMENDATIONS

The data analysis allows us to make the following conclusions and the following general recommendations (with more detailed guidance available in the analysis itself):

**Recommendations for legal regulation:**

1. Criminal liability for activities related with narcotic and psychotropic substances is currently focused on prosecution of consumers; With the entry into force of the Code of Administrative Offenses of the Republic of Lithuania from 2017 and the abolition of administrative liability for the acquisition and possession of small amounts of narcotic and psychotropic substances, an even greater burden of the criminal justice system is noted – the number of criminal offenses increased by 50% (from 733 to 1106). The tightening of the Lithuanian legal regulation in relation to personal use (in the case of the acquisition and possession of small amounts of drugs) and the intensification of the activities of law enforcement authorities in prosecuting these acts are contrary to the international policies based on the priorities of human rights protection established by the UN and the EU, when the use of psychoactive substances is regarded as a public health problem that is not addressed by criminal law measures. **Recommendations:** to review the criminal policy by considering the possibilities of decriminalization and depenalization of existing legal regulation. In the context of drug control, decriminalization is usually based on offenses related to the possession of narcotic drugs for personal use, and is associated with application of other types of sanction (administrative) or abolition of any sanctions in
general. It is suggested to consider the possibility of depenalization, when the relevant acts continue to be punished with criminal sanctions, but they aim is to mitigate their nature. For offenders are related to the use of drugs, it is appropriate to apply alternative sanctions (such as referring to a medical facility for treatment), as well as to shorten the length of the custodial sentence for the offenses in question, or to limit its application as far as possible in general.

2. The amount of narcotic or psychotropic substances available is an important factor in qualifying the act and imposing a sentence. However, the recommendations for classification of quantities (estimating the net mass) into a small, more than a small (this is a conventional name because the legislation does not mention this group), large and very large quantities in Lithuania, are not scientifically substantiated, and do not always reflect the real case circumstances and sometimes lead to excessive criminalization. Obviously, the acquisition of a small amount of narcotic and psychotropic substances without the purpose of distribution is intended for personal consumption, which is directly detrimental to the health of the person who decided to use psychoactive substances, and indirectly, pose a threat to society as a whole. **Recommendations:** it is appropriate to initiate a review of the existing table of quantities by specifying the criteria used to determine the ranges of quantities. Examples of foreign countries can be used as a good practice, in which a small amount is deemed to be necessary for the average consumer for a certain number of days, since in this case it would be based on empirical data and the establishment of quantity for own use would be evidence-based.

3. The price of narcotic or psychotropic substances (a mixture) depends solely on the type and quantity of the substance. The subject of a criminal offense usually acquires (sells) a mixture of narcotic or psychotropic substances, derivatives or other products without knowing what is the net mass of narcotic or psychotropic substances. Therefore, the person’s responsibility for the illicit disposal of narcotic or psychotropic substances should be related to the weight of the disposable substance mixture, formulation or product to which it is intentionally directed, and not the amount of the pure substance contained therein. At present, in practice in Lithuania, when dealing with issues regarding the classification of a criminal deed, the precise use of pure substance, rather than a mixture, a derivative or other product containing narcotic or psychotropic substances, is used. Such a practice should be seen as wrong and misleading. In addition, it should be noted that for the quantitative analysis of narcotic and psychotropic substances, it is necessary to have appropriate reference materials, the price of which can range from a few hundred to several thousand euro. Such costs become unbearable to expert institutions. In such a situation, pre-trial investigation does not take place or takes a very long time, at the same time, the analysis costs increase and limited human resources of law enforcement are expended. **Recommendations:** It is necessary to review the regulation of quantities based on a consistent methodology according to strictly formulated scientific criteria, leaving the courts with the discretion to assess individual cases on a case-by-case basis, which would help to more adequately assess the criminal offense committed, while the refusal to determine net mass would result in a shorter criminal proceedings requiring less financial resources.

**Recommendations for addressing health issues in the field of drugs policy:**

The main recommendations for health issues in the field of drugs policy would be:
1. The current system of organization and financing of the health care system distinguishes addiction disorders in a separate group of disorders, which, without any justification and evidence, are provided, paid and monitored differently from all other disorders and diseases, i.e. only a small part of the services is paid from the state social fund budget and is not yet available for the treatment of drug addiction (for example, alcohol addiction, etc.); sick leave because of addiction diseases is only possible up to 14 days a year, while research suggests that treatment for addiction should be a relatively long process (most often indicating a period of up to 3 months) and should include several treatment episodes. **Recommendations:** to increase the scope of services paid from the state social insurance fund in the field of addictions (especially the secondary level hospital services, day care and medical psychosocial rehabilitation). To prepare the fee and the procedure for funding the Minnesota program from the state social insurance fund. Regulate the conditions for the provision of quotas in connection with the relationship between treatment of sobriety and further treatment of abstinence. To reimburse medicines for the treatment of addiction from the state social insurance fund. To review the conditions for medical psychosocial rehabilitation and their payment from the state social insurance fund and adjust those to take into account the specificities of the treatment of addictions. Ensure that people suffering from addiction diseases can get sick at least 60 calendar days a year during treatment.

2. Treatment of addiction diseases is currently being organized at the primary and secondary levels. Primary outpatient mental health care is provided at mental health centres or institutions that meet the requirements of mental health centres. Secondary level outpatient and inpatient personal health care services are provided to a large extent in the Republican Centre for Addictive Disorders (Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys Branches). The range of services consists of: secondary level specialist counselling, opioid substitution treatment, day hospital service, outpatient medical psychosocial rehabilitation, treatment of alcohol and narcotic abstinence, psychosocial treatment (Minnesota program), medical inpatient psychosocial rehabilitation, rehabilitation of children and young people. The inpatient services provided by the branches of the Republican Centre for Addictive Disorders are paid from the state budget. These services are not reimbursed by the state social insurance fund. Secondary level inpatient psychiatric services, usually in the area of active treatment (alcohol-delirium or severe abstinence), are also provided by hospitals in a unit of psychiatric or acute conditions (e.g. Republican Vilnius Psychiatric Hospital, Public Hospital of the Republican Vilnius University, Klaipeda Seamen's Hospital, etc.). However, data from the Institute of Hygiene show that individuals with addiction problems often do not go to institutions of the primary level (mental health centres) (or are diagnosed with other illnesses without identifying addictions). Persons with addiction related illnesses do not want to go to primary level professionals, fearing being identified for other reasons related to stigma and a small range of services. Therefore, those who apply for help at the secondary level without being referred from the first level have to pay for the service. This impedes the availability of the service itself and the timely access to the health care system. **Recommendations:** to maintain and develop specialised services for patients with addiction diseases, thereby ensuring less stigma and discrimination against these people. Integration of dependency services into personal health care institutions of a different profile would threaten this group to be discriminated against and stigmatized in
the healthcare system by competing for services, as is currently the situation at the primary level (mental health centres). Develop specialized services for patients with addiction diseases, such as day care services and psychosocial rehabilitation (both outpatient and medical). The cost and coverage of these services, which are paid from the state social insurance fund, must be determined by distinguishing them from other mental health disorders and by providing for the procedure for their receipt. In pursuit of cost-effectiveness, it is appropriate to maintain an appropriate balance between the in-patient and outpatient services (with a greater focus on the expansion of outpatient services, since outpatient services are currently fragmented and there is obvious lack of their access). It can be assumed that the need for treatment services (both inpatient and outpatient care) should be increased while maintaining a ratio of 30% of stationary services and 70% of outpatient services, ensuring consistent continuity of treatment and social services after treatment, developing the services that help addicts to prevent relapses and return to a full and harmonious life.

3. Although the service of substitution treatment with opioid drugs is paid from the compulsory health insurance fund, and those who do not have health insurance, are paid from the state budget funds (branches of the Centre for Addictive Disorders), but its scope in Lithuania does not reach the levels recommended World Health Organization (WHO). In Lithuania, 1,000 injection drug users account for 3.45 pharmacotherapy methadone service providers, which are highly unevenly distributed geographically and concentrated in the city of Vilnius. The ratio of individuals receiving pharmacotherapy methadone services and problem injection drug users in Lithuania is 0.1. In the EMCDDA report of 2016, Lithuania is referred to the countries where only a small proportion (<20%) of high-risk opioid users receive substitution treatment. In France and Portugal, this indicator is almost 80%. Although there are large differences, there is a decline in countries with low exposure to high-risk substitution treatment. **Recommendations:** to seek to ensure that the coverage (in percent) of funded pharmacotherapy opioid drugs, according to the WHO recommendations, is no less than 60 and is accessible to all mental health centres and affiliates of the Centre for Addictive Disorders.

4. According to the data collected during this analysis, from the personal health care institutions and analyzing the data from the Hygiene Institute, we can see that the treatment of addicts of psychoactive substances most often is limited to active treatment lasting from 4 to 7 days. According to the Hygiene Institute, the IT Department and the National Centre for Addictive Diseases, NSAIDs, addiction treatment services in the primary health care centres are, for a variety of reasons, of low coverage (hypothetically, it can be assumed that this may be due to geographic availability, and that not all services are paid from the state social insurance fund, through a complex and uncoordinated procedure for assigning the services, without clearly defining the levels of cooperation and indications). **Abstinence treatment (both alcoholic and narcotic) is just the first step. In order to achieve greater treatment effect/relief, individuals should be encouraged to continue treatment, for example, in Minnesota program, or in the program of medical psychosocial rehabilitation, in institutions providing short-term social care (rehabilitation), etc. The Minnesota program is currently only available in Vilnius, Kaunas and Klaipėda branches of the.** By 2018 medical psychosocial rehabilitation, specialized addiction patients, was organized only by the Vilnius
Branch of the Centre for Addictive Disorders. From 2018 this service will be provided in two further branches of Centre for Addictive Disorders: Siauliai and Panevėžys. **Recommendations:** to establish and regulate the continuity of a person's treatment process between different medical institutions by means of legislation, reducing existing barriers (procedures for sending, over-indications, queues, etc.). The review and correct the current transmission procedures between the primary health care and secondary care institutions for individuals to receive the needed services as quickly and easily as possible (i.e., to provide access to secondary level services without referral from the first level, for example, currently patients with dermatovenerologic problems can receive services without referral).

5. In 2016, there were 11 places of imprisonment in Lithuania with 6,815 inmates (6,493 men and 322 women). According to the data of the Ministry of Justice of the Prison Department under the Ministry of Justice, in 2016, a total 1,813 persons, or 26.6%, were registered for mental and behavioural disorders of the result of the use of narcotic drugs or psychotropic substances from among all inmates (1,643 men and 170 women). Most of them used opioids (1,082 cases or 59.7%) and several drugs and other psychoactive substances (536 cases, or 29.6%). The high prevalence of drug abuse in places of imprisonment raises complex problems, which include not only the prevention of the use of drug and psychotropic substances, but also the variety of health services and lack of accessibility: early diagnosis of infectious diseases, treatment of additions, prevention and rehabilitation. According to the data of the Prison Department under the Ministry of Justice of the Republic of Lithuania, detoxification is applied in Lithuania in the case of clinical indications, and special beds are not assigned, but inpatient treatment in the event of health disorders and medical indications is applied in the prison departments of the hospital according to the relevant profiles: psychiatry, resuscitation, internal medicine or nursing and supportive care units. According to the Prison Department, one day's maintenance of a prisoner in a hospital in 2017 cost 94.97 Europe, while in other non-custodial places, hospitals such treatment cost almost 2.5 times less (e.g., the price of bed-day of psychosocial rehabilitation per person in 2017 – was 38.87 euro). Persons addictive of psychoactive substances in Lithuania can participate in psychological rehabilitation programs. However, their availability and quality in places of imprisonment is causing considerable debate, for example, Lithuanian researchers, analyzing the issues of re-socialization of the inmates, point out that there is still a lack of a high quality, systematic, continuous approach to psychological social rehabilitation. It is also important to note that in 2015-2017 the number of new HIV cases has increased significantly: from 157 to 263. This is the fastest growth in the last 15 years. A large proportion of new cases of HIV included the new cases of HIV in imprisonment institutions. HIV infection has spread rapidly in places of imprisonment: From 24 newly identified cases in 2015, up to 97 cases in 2017. It is also important to note that in 2015-2016 the number of new cases of HIV infection among prisoners from injection drugs has increased significantly (27% of new cases in 2015 and 38.8% in 2016). Although the problem of HIV in prisons is very important and relevant, there are no syringe needle exchange programs until now and only from April 2018 it has become possible continue substitution opioid treatment with methadone in the places of imprisonment. Opioid treatment with methadone in their places of imprisonment in Lithuania has not yet begun as it is not possible. **Recommendations:** taking into account the practice of other
countries, it is reasonable to assume that it is expedient to transfer health care services from the prison system to the general health care system, since equivalence of community-based health care services and continuity of care after leaving the places of imprisonment must be ensured. Such a transfer would allow the use of alternative sanctions (related to addiction diseases), which, as the research shows, are more effective. It is also important to take WHO's recommendations into account and ensure that syringe and needle exchange programs and the possibility of initiating treatment with opioid drugs (methadone) are available in places of detention.

6. In order to reduce the consequences of the use of injection drugs and psychotropic substances for non-therapeutic purposes and consequences related to risky behaviour, the international guidelines emphasize that low-threshold cabinets should include a complex of services for drug users consisting of safe injecting advice, provision of clean injecting, vaccination from hepatitis A and B, testing for infectious diseases (HIV and VHC), VHC and HIV treatment, etc. International organizations also emphasize that low-threshold cabinets are important in providing information on the prevention of overdose and distributing the naloxone product that is protective against overdose. However, currently in Lithuania, naloxone can only be acquired only with a prescription. In 2016, a total 109 deaths were registered in Lithuania (87 cases in 2014, 114 cases in 2014), the direct cause of which was the use of narcotic and psychotropic substances, and Lithuania was one of the five leading EU countries in terms of this indicator. As shown by the analysis, financing of low-threshold services in Lithuania are carried out from the state budget and the funding of municipalities. The funds are not sufficient: The state allocates 40,000 euro every year to them, meanwhile, municipal funding is very different and inconsistent. According to the latest data on the prevalence of the use of injection drugs in Lithuania and the technical guidelines developed by international organizations, the current financing of low-threshold services ensures only slightly over 20% of the availability of services. The availability of such a level of low-threshold services is seen as the lower limit of the average coverage. Recommendations: The ensure the optimal financing of low-threshold services. Based on the estimates, one customer should be assigned the funding of 331 euro a year. To ensure sufficient availability of low-threshold services, the coverage should be increased to 60%. In 2028, it would be in line with the recommendations of international organizations and would reach the medium-range ceiling. To ensure users of opioid injection drugs to get naloxone and thus reduce the number of overdoses in Lithuania.

7. Currently, there is no general monitoring of patients receiving treatment in Lithuania in order to identify a person's pathway in the treatment process. Although since 2012 the monitoring system information system (hereinafter referred to as MSIS) has been introduced in Lithuania for individuals who have contacted the health care institutions for mental and behaviour disorders because of the use of narcotic and psychotropic substances, but the data received are inaccurate, they are not included in this system by all MSISs, providing services to patients with addiction diseases, and the targeted way of declaring data is not completely clear. Also, this system does not provide data on alcohol addicts. More accurate data are collected by the Institute of Hygiene, which uses the data from health care institutions provided by Sveidra to the Compulsory Health Insurance Fund, which is not provided the data from budget health care institutions and some of the private health care institutions, to calculate statistical indicators for health.
Recommendations: In order to collect reliable statistics and data related to the monitoring of the patient's pathway in the system of help, provision of morbidity and prevalence among the population of Lithuania and addiction on the use of psychoactive substances, provision of outpatient, daytime hospital and inpatient personal health services related to these diseases, it would be advisable to interconnect the existing information systems into a single data collection system that includes all providers of personal health services, regardless of their status or the scope of services provided, and integrate them into the e-health system, namely, to adjust the Patient Monitoring and Service Monitoring System (MSIS), which would cover all institutions dealing with addiction illnesses, and allow the monitoring and analysis of impersonal data to be monitored and analyzed.

8. There is a lack of program or program components in Lithuania that would be tailored to the needs of women who are dependent on psychoactive substances (e.g., group-specific classes for special treatment for women, sections where the help for the use of psychoactive substance could only be provided to women and/or women, along with their minor children, ensuring the provision of necessary services (child day care services, etc.). Recommendations: to develop and extend the variety, supply, coverage and accessibility of comprehensive and integrated treatment services based on scientific evidence. The ensure that these services address the complex problems of drug use and new needs arising from age, gender, and the like. To create effective and high quality service standards (including service standards for vulnerable groups such as women, children and adolescents, pregnant women, families with young children, etc.), and a system of professional development and professional support that should be implemented in the field of treatment, rehabilitation and reintegration.

9. Provision of services to patients with addiction diseases in Lithuania seemingly ensured at all levels, but these services are often fragmented and do not guarantee the seamless pathway of the patient from one treatment program to another. Institutions follow different procedures and indications of assistance/treatment, which is why the patient sometimes has to wait or waste time to get any kind of different help (e.g., withdrawal therapy for alcohol is indicated only if there is a withdrawal phenomenon, but if the patient comes in for intoxication, for example, being moderately intoxicated, he is usually declined. And a service such as sobriety treatment is not compensated by the state social insurance funds or budget funds). It is important to emphasize that aftercare of patients with addictive illnesses after the secondary level must be coordinated with primary health care professionals (health care and rehabilitation). It is very important that after continuous in-patient treatment persons continue to continue their treatment (for relapse prevention purposes) outpatiently, namely, by visiting day care facilities for persons dependent on psychoactive substances, outpatient medical psychosocial rehabilitation services, addiction specialist services, etc. At present, there is no unified monitoring of patients receiving treatment in Lithuania in order to identify a person's pathway in the treatment process. Recommendations: to establish an inter-institutional cooperation and monitoring system that would allow cooperation between different fields of specialists (health care, education, social affairs) able to suspect, motivate and direct for assistance, to coordinate services, and cooperation. To establish and strengthen a unified data collection system that allows not only analysis of the availability of drugs and other psychoactive substances but also the exchange of data
10. Although various treatment services and their procedure for addicts are regulated by separate legislation, the regulation is only episodic; it does not ensure that the person will receive the necessary services in a timely and sufficient manner. The eclectic legal regulation of services for addictive patients is prevalent, i.e. there is no coherent system, and there are many different types of legislation, the implementation of which is extremely difficult. According to the Law on Narcotic Care, all patients who apply to health care institutions for addiction on alcohol, narcotic drugs, psychotropic substances or other substances should be included in the list of neurological patients. Meanwhile, private health care facilities do not provide data on their patients, in compliance with the principle of confidentiality; therefore, the record does not reflect the data on individuals who deal in private institutions or in rehabilitation centres. Therefore, it is observed that addicts do not seek and avoid seeking help from public health care facilities while avoiding to be included in the list, or do not seek help at all, or are looking for alternative, often scientifically unreasonable, therapies. Without treatment, addicts put at risk their health and life, the health of the general public and for public safety. Another problem with the list is the fact that it adds extra unnecessary work to public authorities (health authorities, law enforcement, courts, etc.). For example, when opening criminal proceedings, the information of people included in the list is constantly collected. Meanwhile, the use and expediency of this information in the courts and in the course of pre-trial investigations is unclear, and the accounting information itself is incomplete. It is therefore obviously necessary to fundamentally review and correct the current legal framework on this issue. **Recommendations:** revise and adjust the legal regulation and repeal the Law on Narcotic Care by integrating it into the Law on Mental Health.

11. Currently, the link between preventive, criminal, healthcare, rehabilitation and integration and harm reduction measures is fragmentary, inconsistent, and does not adequately integrate different institutions or levels of assistance. Most patients contact health care institutions for treatment against drug addiction in Lithuania at own initiative – in 2016 the number of such persons compressed 67%. 11 percent of persons were directed by health and social services, 8% - by institutions of the criminal justice system. Despite individual initiatives, cooperation between different institutions is still lacking in Lithuania. This is illustrated by the fact that on 31 December 2016 the Lithuanian district probation services were supervising 367 persons (4.4% of all included in the list of probation service) who have been assigned an obligation to treat against addiction diseases (addiction on alcohol, narcotic and psychotropic substances, etc.). **Recommendations:** An attitude that focuses on health rather than on punishment is more effective and is proved by scientific research. Therefore, by transferring part of the responsibility and work from the criminal field to the health and/or social area should provide adequate funding for these areas in order to provide quality services and meet the needs of this group of individuals and take into account all the specific characteristics of the treatment/care process (more time for the assessment of a personal situation, cooperation with the probation service, etc.). At present, the existing fragmentary practice is although good, but faces a lack of funding and expertise. Therefore, it is obvious that it would be appropriate to integrate healthcare services in Lithuania both at a horizontal level (for example, by improving teamwork of specialists), and at a vertical
level, ensuring the availability of addiction treatment services and continuity of care between the primary, secondary level and others, in the treatment of addiction-related illnesses institutions providing services to individuals (e.g. social services, probation services, etc.).

12. The quality and efficiency of the services is also of great importance for the training of specialists in educational institutions where they acquire professional qualification. However, according to the NTAKD (2018) survey conducted among educational institutions (universities, colleges), doctors psychiatrists, psychologists, social workers, nurses, the current situation is that there is a very limited amount of time dedicated in the curricula of studies on the topics of addiction. Frequently, addiction issues are integrated into different programs, dedicating an hour or several hours for this topic (e.g. in Utina College, which trains social work specialists only 8 hours were dedicated for addiction topic in 2017. Most hours of addictions are devoted to the training of psychiatrists and psychologists for children and adolescents (e.g., the Lithuanian University of Health Sciences pointed out that in 2017 psychiatrists had 280 hours and children and adolescent psychiatrists – 360 hours). Psychology students are trained in the topics of addiction psychology at Vilnius University, which totals 48 hours. Doctors' qualification improvement courses "Treatment of addiction diseases, rehabilitation, and prevention in the community" are held at Vilnius University (36 hours). The course is designed for doctors in psychiatrists, children and adolescent psychiatrists, family physicians, internal medicine doctors, clinical toxicologists, public health professionals). Thus, both during and after studies, there are not many opportunities to improve knowledge in this area on a consistent and regular basis. **Recommendations:** to adapt and approbate, and implement the methodologies for motivational and case management work with persons suffering from addictive diseases in their place of residence upon leaving the treatment facilities.

**Recommendations for addressing social issues in the field of drugs policy:**

Main recommendations for social issues in the field of drugs policy would be:

1. Social services in Lithuania should be provided mainly at the level of municipalities. However, as shown by this analysis, municipalities lack the complexity and evidence-based methods for addressing the problems of persons with addictive diseases. It is also important to note that, when analyzing strategic municipal documents; harmful use and/or abuse of psychoactive substances are not identified as urgent and pressing problems requiring a quick solution. The municipality lacks a unified approach and effective division of responsibility, and this and is limited to uncoordinated individual initiatives. There is no social service system that allows to notice problems of harmfully using and/or abusing psychoactive substances, motivating to receive help, personalize it, monitor the effects, and, if necessary, to propose alternatives. **Recommendations:** To establish the accounting mechanism for the provision of social services to persons who are harmfully using and/or addicted to psychoactive substances at the municipal level, which can help optimize the minimum standards and costs of social services, as well as increase the efficiency of services.

2. The most popular services currently provided by municipalities in Lithuania are general services such as information, counselling, mediation, motivation to seek help. General services are carried out in 21 municipality is from among 60. A total of 11 municipalities
pay for medical services, but it is not clear whether they are provided according to evidence-based principles. A total 10 municipalities indicate they are offering accommodation in a hostel. A total 9 municipalities provide rehabilitation services to persons who are harmfully using and/or are dependent on psychoactive substances in their territory. Only 3 municipalities indicated their involvement in the employment of this group of persons. The most common combination of services in municipalities is counselling and reimbursement of treatment services. The analysis of social service plans has shown that no municipality provides day care services to people who are harmfully using or dependent on psychoactive substances. Thus, a variety of services is not in short terms of individual social risk assessment and the need for individual services.

**Recommendations:** It is proposed at the municipal level to ensure the minimum standards for 100,000 people living in the area, organizing specialized social services for people suspected of harmfully using consumption and/or addiction on psychoactive substances. It is proposed to provide general and special social services on an individualized basis, taking into account the needs of person as much as possible: specialized counselling, mediation, coordination of services, case management services, social risk assessment, day care, night accommodation and general accommodation services, etc. It is appropriate to develop a description of procedures for the provision of specialized social services for persons harmfully using and/or dependent on psychoactive substances in order to establish a minimum package of social services for people who are harmfully using and/or are addicted to psychoactive substances. Attention is drawn to the fact that the provision of specialized social services in the municipality also favours the needs of the family of the harmfully using or addictive person. A social day care service is also offered, the content of which would consist of counselling by a psychologist, a social worker, a lawyer, individually and in group, family counselling, mediation services, nutrition, organisation of leisure activities, etc. Target group: persons who have completed a short-term psychosocial rehabilitation program, Minnesota programme; persons who have not lost their social and working skills, for whom providing the short-term psychosocial rehabilitation service in the community is not expedient.

3. Harmfully using and/or psychologically dependent persons, together with other persons having difficulties in integrating into the labour market (people with disabilities, long-term unemployed, and the elderly) account for about half of all unemployed registered with the labour exchange. According to the laws in force in Lithuania, the main implementer of active labour market policy measures is the Lithuanian Labour Exchange. Various studies show that the services provided are not sufficiently flexible and customized and often fail to achieve the main objective of helping the unemployed. In Lithuania, models of individual work with difficult-to-integrate individuals are not systematically developed for the time being. Recruitment mediators are trained and mediation tested by non-governmental organizations in implementing various projects aimed at integrating certain target groups into the labour market. Often, after the end of the projects, the initiatives no longer function, the products and services created during the projects are not further developed, and specially trained people have to change their fields of activity. For these reasons, the provision of hard-to-integrate job placement services in Lithuania is, unfortunately, fragmented and has no clear prospects.

**Recommendations:** it is proposed to describe a service for employment with support for persons harmfully using and/or addicted psychoactive substances, consolidating it with
the order of the Ministry of Social Security and Labour and providing it in the
municipalities, providing for the procurement of services from e.g. non-governmental
organizations and private suppliers, etc. It is appropriate to determine the need for the
appropriate service based on the social worker’s assessment, identifying the need for
individual services and social risk factors.

4. Currently, a network of psychosocial rehabilitation communities providing short-term
care services is being developed in Lithuania: currently there are 304 places in them. In
licensed institutions, to the information of the Ministry of Social Security and Labour, the
availability of short-term social care services for persons who are dependent on the use of
psychoactive substances in 2016 was 1.36 places per 10 thousand of population.
Compared to other social services, communities providing short-term care services are
sufficiently developed, licensed and funded from the European Social Fund.

**Recommendations:** it is proposed to optimize the services of short-term care provided to
people who are dependent on psychoactive substances, by providing that one person has
the opportunity to receive the service once every three years, with full funding from the
budget. In order to increase the efficiency of the service, it is proposed to determine the
criterion of access to this service on the basis of a social risk assessment, as well as
applying partial fees for the services, in order to participate in the program more than
one test per year. In case of a person taking part in the program for the second time in
the year, he would be required to pay 30% of personal funds of the price of the service
and for the first time in three years – 70% of the service press. In the light of scientific
research and recommendations, it is proposed to shorten the duration of the program and
achieve that 30% of short-term care so that the recipients successfully complete the
program of psychosocial rehabilitation.

5. The good West practice requires gender-specific access to addiction treatment, but in
Lithuania there are only 15 licensed addiction-related rehabilitation communities, only
one single community providing services for women, 9 communities are mixed, 6
provide services only for men, and only two can accommodate women with children.

**Recommendations:** It is proposed to develop services for women with children by
implementing short-term social care psychosocial rehabilitation institutions, which
would provide the necessary assistance to women and their minor children.

6. As mentioned above, social reintegration services are provided in psychosocial
rehabilitation communities in the last phase of the program. They are funded as one
package; therefore, separate re-socialization services are not funded. In general, social
reintegration in Lithuania is much less developed than the treatment or social
psychological rehabilitation for people who are addictive to psychoactive substances,
therefore more attention needs to be paid to this area, and municipalities need to be
included in the process of providing such assistance. After psychological and social
rehabilitation, it would be expedient for persons addictive of psychoactive substances to
continue to provide reintegration services, including temporary accommodation,
psychological, social services, helping a person to avoid relapse and successfully
integrating into society and the labour market. According to the recommendations of the
Council of Europe, treatment interventions and services must be integrated and
continuous and, if necessary, accompanied by social services (education,
accommodation, vocational training, and welfare services) in order to achieve personal
social integration. **Recommendations:** it is proposed to create and legislate a social
reintegration program for persons dependent on psychoactive substances, licensing it and financing from the state budget. Social reintegration services should be organized in populated areas, providing a convenient interface with territorial labour exchanges and facilitating access to the labour market and in finding housing. The service could be provided to persons who completed psychosocial rehabilitation programs or other long-term treatment programs. The service is provided from 1 to 9 months, but no longer than four 6 months from the beginning of the person’s employment. Reintegration services must have access to crisis intervention and relay prevention services for those who are no longer involved in the program but who are in crisis due to a possible relapse. It is proposed to achieve that about 150 persons per year receive social reintegration services, and 60% of them get employed.

7. In the social services sector it is appropriate to encourage the referral for treatment of people who are harmfully using and/or addicted to psychoactive substances. As has already been mentioned in the analysis of other areas (e.g. health), inter-institutional cooperation is currently organized on an occasional basis and often depends on the initiative of individual institutions or individuals involved. **Recommendations:** the legal basis should be supplemented by the order of the Minister of Social Security and Labour on strengthening the capacity of social service providers to identify drug users and direct them to specialized care and treatment, as well as training for these specialists in all municipalities. By organizing annual training, specialists from territorial labour exchanges, sub districts, hostels and specialized help centres will be able to motivate and direct people with specialized help more effectively. Training at each municipality level is organized by the municipality administration and the social support unit, training is financed from budget funds through public procurement. It is expected that after training the number of persons applying to institutions providing specialised help and/or treatment for drug use and abuse will increase by 20%.

**Recommendations relating to the economic evaluation of the drugs policy budget**

1. According to the analysis of the obtained data, in 2016, the expenses related to the use of illicit psychoactive substances to the health system amounted to ~ 7,760 million euro, 9,764 million euro were spent on the implementation of criminal policy on the control of illicit psychoactive substances and prevention of consumption. Currently there is a lack of data on the evaluation of public funds spent on social services related to the use of illicit substances. When analyzing the data on costs related to the use of substances, it has become evident that the best data is currently collected in the health sector. The existing Sveidra system allows both an accurate assessment of the volume of services provided, especially if healthcare providers collect the information purposefully. Established clear healthcare fees allow to calculate the annual costs. However, it has been noted that there is no complete economic evaluation of health services. The costs incurred are not analyzed according to the results achieved and the funds allocated are related to abstract indicators such as, for example, the percentage change, but not estimated whether the amount spent, namely, the amount invested has led to a maximum improvement in public health, for example, due to a decrease in the number of DALYs, increased life years saved or QALYs. **Recommendations:** to create an adequate mechanism responding to the monitoring needs, a data collection mechanism in all areas that would allow for the
economic evaluation of health, legal and social services related to drug policy issues. To ensure that the costs incurred are analyzed on the basis of the results achieved, and fund allocations are linked to the abstract indicators (above). In order to understand whether state funds related to illicit psychoactive substances are invested in the right direction, whether they pay off, what is their return after 5, 10, 20 years, it is necessary to improve the tools for financial data collection and analysis, especially in the legal system. Only after calculating the current financial costs of specific activities, programs, services, initiatives, etc., it is possible to conduct cost-effective analyzes that would allow for more efficient planning and allocation of state budget funds.

2. There was a significant lack of data on the cost of conducting the criminal policy related to illicit psychoactive substances in Lithuania. It is likely that the real amount spent is much higher than ~ 9.764 million euro per year. There was a particular shortage of information from the Lithuanian police. It is noteworthy that the police have not calculated how much one call on average costs for them; they do not collect information on the cost of preventive measures, raids and patrols in places of mass gatherings. There is also no information on the average length of detention and the one-day average cost of detention of a single person in police custody. **Recommendations:** It is necessary to collect and analyze all data related to criminal policy in order to assess how much of the police budget is spent on the policy of illicit psychoactive substances.

3. When evaluating public expenditure for social services related to the use of illicit psychoactive substances, it became clear that persons who use them are classified as a group of social risk. At present, there are no specific government programs, concepts and guidelines for specially targeted individuals, and it is difficult to calculate which portion of the costs incurred may be spent on users. **Recommendations:** It would be cost-effective to evaluate specific programs, and projects that only involve work with a group of persons using psychoactive substances.