

NEW PSYCHOACTIVE SUBSTANCE USE IN THE REPUBLIC OF LITHUANIA RESEARCH RESULTS



School of Law, Swansea University
& Eurasian Harm Reduction Association, 2021



Contributions

This report is a publication of joint work between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University.

The School of Law, Swansea University, founded in 1920, is a public research university located in Swansea, Wales. The School of Law brings together the disciplines of Law and Criminology in a thriving academic environment, supported by staff with extensive real-world experience. More information is available on the website: <https://www.swansea.ac.uk>.

EHRA is a nonprofit public membership-based organization uniting and supporting 317¹ harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website: <https://harmreductioneurasia.org/>

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Disclosure

The views and opinions of the author presented in this report may not represent the views and opinions of the School of Law, Swansea University.

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¹ As of March 24, 2021.

² <https://www.ukri.org/research/global-challenges-research-fund/>

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ABBREVIATIONS & ACRONYMS

EHRA	Eurasian Harm Reduction Association
HIV	Human Immunodeficiency Virus
NGO	Non-governmental organization
NPS	New psychoactive substances
NTAKD	Narkotikų, tabako ir alkoholio kontrolės departamentas (Drug, Tobacco and Alcohol Control Department)
OST	Opioid substitution treatment

SUMMARY

The project “*New Psychoactive Substance Use in Kazakhstan, Kyrgyzstan, Georgia and Serbia*” was undertaken to generate a more accurate picture of the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia, Serbia, and additionally in Estonia and Lithuania, to assess harm reduction and law enforcement responses to the emerging issues related to the use of NPS. In 2019, similar research was conducted in Belarus and Moldova.³ Results from this project will supplement scarce international data on the use of NPS in these countries, present a more accurate picture of their use, and provide information to national civil society organizations for political advocacy.

The present report provides research results from Lithuania. The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and supported by the Global Challenges Research Fund. The Principal Investigator for the overall project was Dr. Rick Lines of the Swansea University School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. This report was prepared by the coordinator and researcher for this project, Eliza Kurcevič, Senior Program Officer at EHRA.

The study in Lithuania was implemented in three stages:

- Stage 1**
 - Desk research to collect data from the literature. Data sources included official reports, mass media, peer-reviewed publications and literature not indexed in medical databases, Internet reports, and documents from national government and regional/international organizations.
 - Preparation of questionnaires for target respondents: individuals from relevant professional organizations/state bodies, based on the desk research, and people who use drugs.
- Stage 2**
 - Structured interviews and focus groups with key respondents.
- Stage 3**
 - Analysis of all material collected, and preparation of recommendations for further action.

³ <https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/>

COUNTRY OVERVIEW

The Republic of Lithuania is the largest of the three Baltic states, located in northeastern Europe. It borders Latvia to the north, Belarus to the east and south, Poland and the oblast of Kaliningrad (Russia) to the southwest, and the Baltic Sea to the west. According to the 2019 Human Development Index, Lithuania is considered a developed country and ranks 34th out of 189 countries.⁴ It had an estimated population of 2.8 million people as of 2019.⁵

According to the most recent study, conducted in 2016, 11.5% of the population aged 15–64 years had ever used drugs.⁶ According to the epidemiological research conducted to estimate the number of high-risk drug users⁷ in the country, in 2015–2016 there were between 8,371 and 10,474 people who inject drugs, and between 4,854 and 12,444 high-risk opioid users.⁸ Among key populations, the prevalence of human immunodeficiency virus (HIV) is 4.7% among people who inject drugs,⁹ 11.1% among sex workers,¹⁰ and 4.7% among men who have sex with men.¹¹ In 2019, opioid substitution treatment (OST) was provided in 22 personal health care institutions. The coverage of OST in Lithuania is considered low, with fewer than 20% of all high-risk opioid users covered.¹² Continued OST has been available in prisons since 2018. Low-threshold services were provided by 13 independent structural units of legal entities or institutions in 11 cities. Of these, 11 provided stationary low-threshold services, and two provided mobile services in Vilnius and Klaipėda.¹³

⁴ <http://hdr.undp.org/en/countries/profiles/LTU>

⁵ <https://osp.stat.gov.lt/lietuvos-gyventojai-2020/salies-gyventojai-gyventoju-skaicius-ir-sudetis>

⁶ https://ntakd.lrv.lt/uploads/ntakd/documents/files/GPS%20ataskaita%202004_2016.pdf

⁷ <https://www.emcdda.europa.eu/data/2014/methods-hrdu>

⁸ https://www.rplc.lt/wp-content/uploads/2018/08/Lithuania_Research-Report_2018.pdf

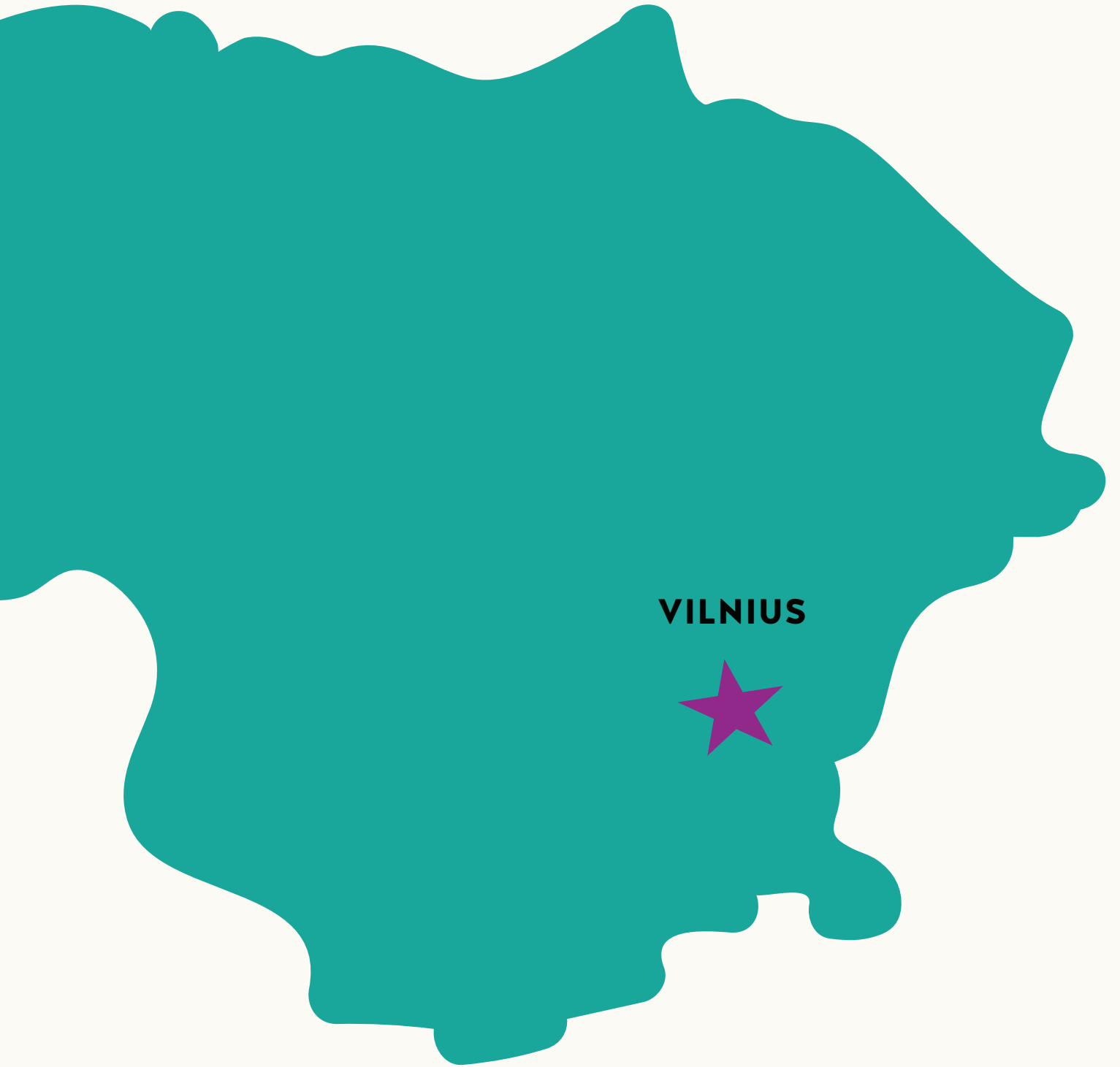
⁹ <http://aidsinfo.unaids.org/>

¹⁰ <https://www.aidsdatahub.org/sites/default/files/resource/unaid-data-2018.pdf>

¹¹ Ibid

¹² <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

¹³ Ibid



VILNIUS



1. Introduction

New psychoactive substances (NPS) started to appear on the Lithuanian drug market in 2005. However, they have gained momentum only in the last few years. For comparison, in 2012 there were 62 cases of confiscation of NPS, while in 2016 there were 433, and in 2017, 441.¹⁴ The most commonly used NPS by people who have drug use experience in Lithuania are synthetic opioids and cannabinoids, whereas young people who use drugs occasionally tend to use synthetic cathinones, as well as dissociative hallucinogen NPS and classic hallucinogen NPS.

Drug policy laws in Lithuania were changed in 2017 with the aim to decrease drug supply and demand. However, different data (see Chapter 4) show that drug use is stable or, in some populations, increasing. Meanwhile, more people are being punished for minor drug offenses, and the State is investing in the persecution of people who use drugs, while treatment and harm reduction programs are suffering and struggling to survive. There is no sustainability of funding, and existing funding is not covering the entire need.

The emergence of NPS on the drug market presents a number of challenges for different stakeholders for the following reasons:

- The purity and composition of substances containing NPS are usually unknown, which places users at high risk of overdose or poisoning. People never know what they are purchasing from a dealer.
- There is a lack of information and awareness about these substances. People usually do not know the risks and consequences of NPS use.
- Classic drugs are easier to identify through different checks, so people change their consumption habits and start to use NPS.
- Tolerance for NPS is increasing much faster than with traditional drugs, so people are more likely to develop drug dependence.
- For synthetic opioids, more frequent injections are needed, because the “high” does not last as long.
- More young people are starting to use drugs, sometimes starting with NPS as a first drug of choice.
- According to this study, more petty crime is being committed, because people need more money, since the effects of NPS (usually fentanyl or carfentanyl) last for just a few hours and tolerance is growing, so they need more substances to sustain their high. To buy drugs, people usually commit crimes; with NPS, they commit much more crime than previously.
- Lots of young people are sending drugs by post (most NPS are also sent by post) without knowing that they are committing drug smuggling, which is a criminal offense according to Lithuanian law and can entail 3–10 years in prison. These harsh laws are placing a high burden on people’s lives.
- NPS are more accessible because they are spread all around the city of Vilnius. A few years ago drugs were mainly sold and concentrated around the Roma camp (*taboras*) in Vilnius, but now they are widespread. This has happened because the Roma camp was destroyed, and people from the camp were scattered around the city.
- Repressive laws and policies are driving the emergence of NPS in Lithuania. Because traditional drugs are being pushed out of the market, people are starting to use NPS instead.

¹⁴ <https://ntakd.lrv.lt/lt/naujos-psychoaktyviosios-medziagos>



2. The legal framework for the consumption, possession and trafficking of psychoactive substances (including NPS) in the Republic of Lithuania

Most of the legal documents which regulate consumption, possession, and trafficking of psychoactive substances in Lithuania do not mention NPS. However, NPS are defined in law as: “a substance in a pure form or in a preparation that is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychotropic Substances but may pose a health or social risk similar to those posed by the substances covered by the Conventions.”¹⁵

The main documents that regulate consumption, possession, and trafficking of psychoactive substances (including NPS that have been identified and included in the list of drugs and psychotropic substances and thus subject to state control) are as follows:

2.1 Criminal Code of the Republic of Lithuania¹⁶

Before January 2017 the possession of small amounts of psychoactive substances was considered an administrative offense, regulated by the Code of Administrative Offenses, and also as a criminal offense, regulated by the Criminal Code. This conflict was solved by decision makers moving all the articles to the Criminal Code, thus introducing a drugs policy based on criminalization. Now all activities related to drug possession are regulated by the Criminal Code.

Chapter XXXVII “Crimes and criminal offenses relating to the disposal of drugs or psychotropic, toxic or strongly active substances” regulates possession and supply (trafficking) of psychoactive substances.

Possession of psychoactive substances **without intent to distribute** (Art. 259 of the Criminal Code) is considered a criminal offense or crime depending on the quantity involved. If a small quantity of drugs is involved, it is considered a criminal offense, penalized by community service, restriction of liberty, a fine, or arrest. If a large quantity is involved, it is considered a crime, penalized by either a fine, arrest, or imprisonment for to 2 years.

Possession of psychoactive substance **with intent to distribute** (Art. 260 of the Criminal Code) is seen as a supply offense. The penalty depends on the quantity involved, as follows:

- for a small quantity: 2–8 years of imprisonment
- for a large quantity of drugs: 8–10 years of imprisonment
- for a very large quantity of drugs: 10–15 years of imprisonment.

Quantities for each drug are determined based on recommendations approved by the Ministry of Health of the Republic of Lithuania. This will be discussed further in Section 2.5 of this report.

Chapter XXXVII of the Criminal Code also includes articles on the distribution of drugs to minors, forcing a person to use drugs, illegal cultivation of poppies or hemp, illegal possession of precursors of category 1 narcotic drugs or psychotropic substances, and other crimes and criminal offenses related to drugs and psychotropic, toxic, or strongly active substances.

Another major change was made in 2017, related to drug smuggling. Sending by post or carrying illegal substances from abroad with or without intent to distribute is a smuggling offense, punishable by 3–10 years of imprisonment (Art. 199). As this article prompts considerable discussion among judges, especially in cases where small amounts for personal use are involved, Art. 54(3), “General grounds for sentencing,” is applied to reduce

¹⁵ <https://www.e-tar.lt/portal/lt/legalAct/TAR.CF3E2829B861/asr>

¹⁶ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.11555/asr>

the penalty. It states, “*If the imposition of the punishment (provided in the article) would be clearly contrary to the principle of justice, the court may, in accordance with the purpose of the punishment, impose a lesser punishment.*” Art. 54(3) should be used in exceptional cases; however, now it is applied as a rule to avoid punishing people with incomprehensible sentences.

It must be mentioned that at the end of 2020 the Parliament of Lithuania agreed to review a draft law to decriminalize possession of drugs for personal use.¹⁷ In April–June 2021 the Parliament will be examining the law and deciding which approach Lithuania will be taking: sticking with the same ineffective laws, or changing them to evidence-based laws and policies.

2.2

Code of Administrative Offenses of the Republic of Lithuania¹⁸

The Code of Administrative Offenses regulates punishment of several offenses related to drugs, such as being intoxicated with drugs in the workplace, driving a car, carrying a gun, etc. Art. 30 explains how the court should decide whether a person can be obliged to participate in programs to prevent alcoholism and drug addiction. In some cases, the court can impose an administrative fine and an obligation to participate in such a program; in other cases, the court can just oblige the person to participate in a program, without a fine. For a person to participate in such a program, they need to agree to do so, and this can be considered an attenuating circumstance for the imposition of an administrative penalty. The Code of Administrative Offenses regulates the consumption of drugs, which is an administrative offense, punishable by a fine of EUR30–150. It is regulated by Art. 71, “Use of narcotic drugs, psychotropic substances or other psychoactive substances without a

doctor’s prescription.” Repeated administrative offenses can receive an increased fine of EUR150–230 and/or administrative measures, such as an obligation to participate in addiction prevention, early intervention, health care or re-socialization programs, etc. A person who voluntarily turns to a health care institution for health care services related to the consumption of narcotic drugs or psychotropic substances without a doctor’s prescription is exempted from administrative liability.

2.5

Law of the Republic of Lithuania on the Control of Drugs and Psychotropic Substances¹⁹

This law establishes the basis for the classification of narcotic drugs and psychotropic substances, the requirements for the lawful circulation of these substances and the control of circulation in accordance with the requirements of international agreements, and the procedure for applying temporary restrictive measures to NPS.

Art. 2 of the law determines definitions. One of the definitions is “new psychoactive substance.” It is defined similarly to the United Nations Office on Drugs and Crime (UNODC)²⁰ and European Monitoring Center on Drugs and Drug Addiction (EMCDDA)²¹ definitions: “*a substance in a pure form or in a preparation that is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychotropic Substances, but may pose a health or social risk similar to those posed by the substances covered by the Conventions.*” “Preparation” means a mixture containing one or more NPS. The law also describes inclusion in lists of controlled substances of narcotic drugs and psychotropic substances covered by one of the conventions or NPS. Mainly, Art. 3 explains how substances included in lists of

¹⁷ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/93e67610396011eb8c97e01ffe050e1c?positionInSearchResults=338&searchModelUUID=59c98d35-623c-437f-a9f1-c41fef6f5af9>

¹⁸ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/b8d908c0215b11e58a4198cd62929b7a/asr>

¹⁹ <https://www.e-tar.lt/portal/legalAct/TAR.CF3E2829B861/asr>

²⁰ “Substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat” (<https://www.unodc.org/LSS/Page/NPS>).

²¹ “A new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions” (https://www.emcdda.europa.eu/topics/nps_en).

controlled substances should be named. Art. 3(4) also states that NPS should be included in lists no later than 6 months after the entry into force of the delegated act of the European Commission amending the Annex to Council Framework Decision 2004/757/JHA of October 25, 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking.²² The Annex gives a list of NPS (i.e., 4-Methylthioamphetamine, alpha-PVP, 25I-NBOMe, other).

Art. 6(1) describes the procedure for applying temporary restrictive measures to NPS. Temporary restrictive measures mean a prohibition on the manufacture, acquisition, wholesale or retail trade, storage, transport, import, export, transport, transit, use, or consumption until a decision is taken to add an NPS or to exclude it from the list of controlled substances, but for no longer than 12 months. These measures can be applied when notification is received through the early warning system or from the competent authorities of the Republic of Lithuania that:

- at least one person has died because of the NPS in question
- more than three cases of substance poisoning have been identified.

2.4

Order of the Minister of Health of the Republic of Lithuania on the Approval of Lists of Drugs and Psychotropic Substances²³

Pursuant to the Law on the Control of Drugs and Psychotropic Substances (mentioned above), there are four lists of narcotic drugs and psychotropic substances in Lithuania:

- ***Narcotic drugs and psychotropic substances prohibited for medical purposes, unless the substances are contained in a registered medicinal product.*** These substances cannot be used for medical purposes; however, it is permitted to use them for scientific purposes. It is prohibited to use these substances for industrial purposes, except for the pharmaceutical industry. Most of the NPS are included in this list among the

groups of nine derivatives of narcotic drugs and psychotropic substances (i.e. groups of synthetic cannabinoids derivatives, cathinone derivatives and cathinone bioisostere derivatives, pyrovalerone derivatives, and pyrovalerone bioisostere derivatives), and some are listed under individual names (i.e. JWH-018, cathinone, mephedrone, acetylfentanyl, etc.).

- ***Narcotic and psychotropic substances authorized for medical purposes.***

Substances included in this list can be used for both medical and scientific purposes. As with the first list of substances, it is prohibited to use substances included in this list for industrial purposes, except for the pharmaceutical industry. The most commonly used NPS among people who inject drugs in Lithuania are fentanyl and carfentanyl, both of which are included in this list. However, their analogues are listed in the list above.

- ***Psychotropic substances authorized for medical purposes.***

Substances included in this list can be used for both medical and scientific purposes. As with the first and second lists of substances, it is prohibited to use substances included in this list for industrial purposes, except for the pharmaceutical industry. A few examples of NPS included in this list are adinazolam, etizolam, ketamine, metizolam, etc.

- ***Narcotic and psychotropic substances authorized for use for medical purposes and/or for industrial purposes not related to pharmaceutical products.***

This list includes narcotic drugs and psychotropic substances that may be present in medicines and used in industry. These substances can be used for both medical and scientific purposes. Unlike the lists above, substances included in this list can be used in industries not related to pharmaceutical products. This list includes the GHB analogue GBL, which is seen as an NPS.

²² <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:%3A02004F0757-20201203>

²³ <https://www.e-tar.lt/portal/lt/legalAct/TAR.7B3B40DCD13A/asr>

2.5

Recommendations for the Determination of Small, Large, and Very Large Quantities of Narcotic Drugs and Psychotropic Substances²⁴

This document determines small, large, and very large quantities of drugs included in the Lists of Drugs and Psychotropic Substances. Quantities of substances are given based on the pure substance (e.g. free base quantity). Judges use this table and other circumstances to determine drug offenses and impose sentences.

As can be seen from **Table 1**, there is a gap—the so-called “gray zone”—between small and large quantities. The quantities which fall in between small and large are not regulated by these recommendations. So if the amount of a confiscated substance is in this “gray zone,” the judge needs to base his/her decision on his/her opinion and, if possible, on established case law.

2.6

Procedure for the Exchange of Information on New Psychoactive Substances²⁵

This document regulates the provision of

information on NPS to the Department of Drug, Tobacco and Alcohol Control (NTAKD), determines the institutions involved in the exchange of this information, and regulates the collection and use of information on NPS and its further transmission to competent authorities and European Union institutions.

Art. 5 of the Procedure provides a list of 11 institutions which are collecting information on NPS and providing it to NTAKD. One of the institutions is the Association of Women Affected by HIV/AIDS and Their Family Members “Demetra”—a non-governmental organization (NGO) providing low-threshold services in Vilnius. Institutions can submit information about newly detected substances by submitting a completed Notification on a New Psychoactive Substance (Annex 1 to the Procedure) or a Notification of Death or Poisoning from a New Psychoactive Substance (Annex 2 to the Procedure).

All the information collected about NPS in Lithuania is shared with European Union institutions through an early warning system. NTAKD should share information relevant to the public through the media. Furthermore, NTAKD is responsible for the evaluation of the information received on NPS and making proposals for their inclusion in the Lists of Narcotic Drugs and Psychotropic Substances.

TABLE 1

Small, large, and very large quantities of selected NPS and groups of derivatives

Name of the NPS	SMALL QUANTITY (NO MORE THAN)	LARGE QUANTITY (MORE THAN)	VERY LARGE QUANTITY (MORE THAN)
JWH-018	0.005 g	0.5 g	2.5 g
Cathinone	0.2 g	20 g	100 g
Mephedrone	0.25 g	25 g	125 g
Acetylfentanyl	0.0002 g	0.002 g	0.01 g
Group of synthetic cannabinoids derivatives	0.005 g	0.5 g	2.5 g
Group of cathinone derivatives & cathinone bioisostere derivatives	0.2 g	20 g	100 g
Fentanyl	0.0005 g	0.0035 g	0.02 g
Carfentanyl	0.00006 g	0.0006 g	0.018 g
Ketamine	0.5 g	15 g	30 g
GBL	2 g	30 g	150 g

²⁴ <https://www.e-tar.lt/portal/lt/legalAct/TAR.78F86C6BCA72/asr>

²⁵ <https://www.e-tar.lt/portal/lt/legalAct/TAR.0EA4E5D96B9E/asr>

3

3. The legal framework for the medical treatment of people who use drugs (including NPS) in the Republic of Lithuania

There are a number of documents that regulate how the right to health of people who use drugs should be safeguarded in Lithuania. This chapter will review existing laws, policies, programs, and standards regarding treatment and social services for people who use drugs. There are no specific clinical protocols or descriptions of how to provide treatment for people who are using NPS.

3.1

State Program for Drug, Tobacco, and Alcohol Control and Prevention 2018–2028²⁶

This is a strategic document that sets out the State's long-term goals, priorities, and commitment to a health-based approach to psychoactive substance use and helping people to protect or restore their health, well-being, and quality of life. The purpose of the program is to determine the goals, objectives, and directions of a long-term, balanced state policy that would help to reduce the demand, supply, and harm of drugs, tobacco, and alcohol to individuals and society.

The document was adopted at the end of 2018 and set promising goals and priorities. Civil society was also involved in its development. However, at the end of 2020 the Government of Lithuania made a decision to suspend the program because it only involves the health sector, whereas *“the challenges posed by the demand and supply of psychoactive substances are multifaceted and require inter-institutional, horizontal and balanced co-ordination and co-ordination of not one but several areas of public policy implementation: social, health, education, justice, home affairs. They cannot be solved by different sectors working separately.”*²⁷

So it was decided to develop a “National agenda on drugs, tobacco, and alcohol control and use prevention issues by 2035,” which will include more coordination and cooperation between different sectors. According to NTAKD, it is

²⁶ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a50bec-00035b11e9a017f05dde6559c6>

²⁷ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/c69ab30024c011e-b8c97e01ffe050e1c>

²⁸ <https://www.e-tar.lt/portal/lt/legalAct/8fe2dfb01d4511e9875cd-c20105dd260>

planned that the agenda will enter into force by the end of 2021.

It should be mentioned that the original State Program 2018–2028 included a full unit for harm reduction and spoke about take-home naloxone, harm reduction services in prisons, drug checking, financing of low-threshold services, increasing HIV testing among people in most-at-risk groups, developing outreach programs, etc. It also spoke about decriminalization of *“less dangerous drug-related offenses”* and the application of administrative instead of criminal penalties. The State Program also raised the issue of the recommendations for the determination of small, large, and very large quantities of narcotic drugs and psychotropic substances, which are not very evidence-based in Lithuania. It suggested reviewing the recommendations based on commonly used science-based criteria.

NPS are mentioned in the Program as a new challenge which needs a response on different levels (supply reduction and harm reduction). Among the most effective approaches for responding to NPS are drug checking and early warning systems, which are mentioned in the Program.

3.2

Law on Mental Health Care of the Republic of Lithuania²⁸

Until May 2019 the main document that regulated health care for people with drug dependence was the Law on Narcological Supervision of the Republic of Lithuania. In May 2019 that law lapsed, and the Law on Mental Health Care started to regulate the principles of mental health care, the rights of patients with mental and behavioral disorders and the conditions for their restriction, the basics of

public mental health care, and the basics of the provision of personal mental health care services. This law does not mention anything specific about psychoactive substances, except for a definition of mental and behavioral disorder as “*a disorder of a person’s thinking, behavior and/or feelings caused by biological, psychological, social factors or the use of psychoactive substances, specified in the current classification of diseases and health disorders.*”

3.3

Minister of Health Order No. 204 “On the Approval of Standards for the Treatment and Rehabilitation of Addictive Disorders”²⁹

This Order comprises two documents:

- standards for the treatment and rehabilitation of addictive disorders in primary health care services; and
- standards for the treatment and rehabilitation of addictive disorders in secondary health care services.

Both documents include services to be provided, indications, measures, the duration of treatment, and how documents should be filled in (code for a patient’s personal medical history). For example, in primary health care facilities, outpatient detoxification treatment is available for clients with dependence on other psychoactive substances (cannabinoids, cocaine, hallucinogens, stimulants, volatile substances). In this case, the indication will be described as syndrome of dependence on other psychoactive substances (cannabinoids, cocaine, hallucinogens, stimulants, volatile substances), withdrawal state F12.3, F14.3–16.3, F18.3. The client can be treated for up to a month with vitamins, hypnotics (up to 7 days), antidepressants (amitriptyline, tianeptine, SSRIs, etc.), neuroleptics (tiapride, melperone, etc.), nootropics, hepatoprotectors, etc. In secondary health care facilities, people can receive the same outpatient treatment, but also inpatient detoxification.

Primary health care facilities that can provide treatment and rehabilitation for drug dependence are licensed mental health centers and outpatient departments in addiction

centers. Secondary health care services can be provided by licensed addiction and psychiatric hospitals, and their consulting outpatient clinics.

3.4

Description of Requirements for the Provision of Outpatient Dependence Treatment Services³⁰

This document regulates the organization and provision of outpatient treatment of addictive disorders for adults and children, and describes the requirements for specialists, premises, medical devices, examinations, and medical documentation.

Art. 5 of the document states that services can be provided by teams of mental health specialists, which consist of psychiatrists, general practice or mental health nurses, social workers, medical psychologists, and other professionals as needed.

The Annex of the Description of Requirements describes the procedures for the organization of and payment for OST services. Mental health care centers provide methadone substitution treatment to patients who have compulsory health insurance covered by the Compulsory Health Insurance Fund.

3.5

Treatment without disclosure of identity

In Lithuania there are few legal documents that regulate treatment without disclosure of identity if a person requests it. This means that instead of using personally identifiable data, an individual patient code to identify the patient is used in his/her medical records. Only patients above the age of 16 have the right to health care without disclosing their identity. If a person decides not to disclose his/her identity, she/he needs to pay for the health care services. Three main documents which regulate this issue are:

- List of diseases for which patients not younger than 16 years have a right to non-disclosure of identity to health care services.³¹ This list includes sexually

²⁹ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.165856/asr>

³⁰ <https://www.e-tar.lt/portal/lt/legalAct/e93e14f0aee211e5b12fbb-7dc920ee2c>

³¹ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.366049/asr>

transmitted infections; HIV; dependence on alcohol or other psychoactive substances: acute intoxication, harmful use, dependence syndrome, and withdrawal conditions; depression, etc.;

- Description of the procedure for providing health care services without disclosure of identity.³² This document explains how the code to identify patients should be composed. It also states that patients cannot receive OST anonymously;

- Procedure for providing services anonymously (without disclosing identity),³³ signed by the Director of the Republican Center for Addictive Disorders. All branches of the Center should provide services based on these procedures.

3.6

Description of the procedure for the provision of low-threshold services³⁴

This is the main document that regulates the provision of low-threshold services in Lithuania. It describes the aim and objectives of low-threshold services, provides a list of services and how they should be provided, and describes financing of the services.

As in most countries, the aim of low-threshold services in Lithuania is to reduce the spread of infection, overdose and death, crime, and other negative health, social, economic, and legal consequences for individuals and society as a whole associated with injecting drug use and risky behavior. Art. 5 of the Description of the Procedure provides a list

of possible services, which includes: exchange of needles and syringes, distribution of disinfectants, condom distribution, counseling and information, mediation, personal hygiene services, distribution of bandages, wound dressing, conducting selective rapid HIV tests, and sharing self-tests for HIV and other communicable diseases.

Wound dressing and selective rapid HIV testing can be done only by a person from a health care institution with which a low-threshold provider has an agreement. This means that if a low-threshold provider does not have funding and an agreement to cover such work, it cannot offer HIV testing or wound dressing. Each low-threshold service has its own description of exchange of needles and syringes, which determines the ratio of exchange of used needles and syringes to sterile needles and syringes, which shall not exceed 1:7. If a person does not bring used syringes and needles, he/she will be given no more than seven syringes and needles. Although the number of syringes distributed has increased over the last few years, it is still insufficient: people in Lithuania who inject drugs receive an average of 19–29 syringes,³⁵ whereas the World Health Organization recommends that by 2020 at least 200 syringes per person need to be distributed per year, and by 2030 it will need to be 300 syringes per person per year.³⁶ To ensure sufficient availability of low-threshold services, service coverage should be increased to 60% of demand. However, existing funding for low-threshold services allows just over 20% of demand to be covered.³⁷

³² <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.366845/asr>

³³ <https://www.rplc.lt/wp-content/uploads/2018/10/neatskleidziant-tapatybes.pdf>

³⁴ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.280333/asr>

³⁵ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita%20-%20NTAKD%20201711.pdf>

³⁶ https://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf

³⁷ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita%20-%20NTAKD%20201711.pdf>



4. Analysis of desk research results on the use of NPS and their related risks in the Republic of Lithuania

4.1

Drug use among the population

The most recent estimation of drug use among the general population in Lithuania was conducted in 2016.³⁸ It found that 11.5% of people aged 15–64 years in the country had tried psychoactive substances at least once in their lifetime (18% of men and 5.4% of women). This represented an increase of 0.4 percentage points in lifetime drug use from 11.1% in 2012.

The 2016 survey found that 3.1% of people had used drugs in the previous 12 months (with the highest rate, 19.3%, among young people aged 15–34), and 1.3% in the previous 30 days. This represented an increase from 2.6% and 0.8%, respectively, in 2012.

The most commonly used drug was cannabis, with 10.8% of respondents saying that they had used it at least once in their lifetime (and 2.7% in the last 12 months, and 1.1% in the last 30 days). One in five respondents who had used cannabis at least once in their lifetime were aged 25–34 years. The highest rate of cannabis use in the last year (7.4%) and last 30 days (2.5%) was among those aged 15–24 years.

The second most popular drug was ecstasy, which had been used by 1.7% of the general population, followed by amphetamines (1.2%), cocaine (0.7%), hallucinogenic mushrooms (0.7%), LSD (0.5%), and heroin (0.4%). A small proportion of respondents (0.4%) said that they had used other substances, such as salvia and morphine, and other psychoactive substances that they could not name. First use of drugs happened when people were 19–23 years old. In 2017 the public opinion and market research company Spinter tyrimai conducted a representative survey of the adult population of Lithuania on the prevalence of use of psychoactive substances among adults and their attitudes towards the effectiveness

of drug prevention measures.³⁹ This research found that lifetime prevalence of drug use was 16%, prevalence in the last year was 6%, and in the last month was 1%. Lifetime prevalence of poly-drug use was 5%.

The survey also included a few questions about new synthetic drugs. While 91% of respondents said that they did not know what they were, about 9% (mostly men) knew about them. New synthetic drugs mentioned by the respondents were: synthetic cannabinoids (18%), mephedrone (15%), spice (15%), and synthetic opioids (1%). Respondents also mentioned cannabis, ecstasy, amphetamines, methadone, LSD, heroin, and mushrooms as NPS, although these psychoactive substances are not NPS according to the official definition. Only 1% of the respondents said that they had used NPS, while a further 0.3% did not know if they had.

In 2017–2018 another quantitative study was conducted among party-goers.⁴⁰ Two thirds (64%) of the respondents said that they had used drugs at least once in their lifetime, 41% in the last year, 27% in the last month, and 8% in the last 24 hours. Drug use was most common among young people aged 18–24 years. The most commonly used drugs at least once in a lifetime were cannabis (62.8%), ecstasy/MDMA (22.4%), amphetamines/methamphetamines (20%), and cocaine/crack (19.7%).

This study found that party-goers also used NPS. For example, 16.2% of the respondents said that they had tried synthetic cannabinoids (known as spices, chimké, prūch) at least once in their lifetime, while 4.2% had tried cathinones (bath salts, blotters, mex, M1, meow, alpha, flaka), 2.5% had tried ketamine (super K, vitamin K, angel dust, elephant drug, fog, pig), 1.3% had tried GBL/GHB (gomka, oksas, butiratas, magic cleaner, liquid ecstasy), and 0.2% had tried fentanyl (synthetic heroin, china white, pink).

³⁸ https://ntakd.lrv.lt/uploads/ntakd/documents/files/GPS%20ataskaita%202004_2016.pdf

³⁹ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita%20-%20NONTAKD%20201711.pdf>

⁴⁰ [https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita\(1\).pdf](https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita(1).pdf)

...16.2% of the respondents said that they had tried synthetic cannabinoids (known as spices, chimké, prūch) at least once in their lifetime, while 4.2% had tried cathinones (bath salts, blotters, mex, M1, meow, alpha, flaka), 2.5% had tried ketamine (super K, vitamin K, angel dust, elephant drug, fog, pig), 1.3% had tried GBL/GHB (gomka, oksas, butiratas, magic cleaner, liquid ecstasy), and 0.2% had tried fentanyl (synthetic heroin, china white, pink).

NTAKD is participating in the European Syringe Collection and Analysis Project Enterprise (ESCAPE). In the project, chemical analysis of the contents of used syringes collected from exchange sites reveals the drugs and drug combinations injected in Lithuania. In a 2019 study,⁴¹ 150 syringes were collected at three low-threshold sites in Vilnius. Methadone was detected in 92% of eligible syringes, carfentanyl in 33%, amphetamine in 1.5%, methamphetamine in 2.3%, MDMA in 2.3%, and cocaine in 1.5%. The most common mix used by people who inject drugs consisted of methadone, carfentanyl, and diphenhydramine.

Interestingly, in 2020 the same study was conducted with 99 syringes. Methadone was detected in 64.6% of syringes, amphetamines in 4%, cocaine in 3%, and carfentanyl in only 1%. This change in substances could be explained by COVID-19. The syringes were collected in June 2020, when the restrictions in place could have affected the drug market and accessibility to drugs.

So, as can be seen from the different studies conducted in Lithuania, NPS are slowly becoming an issue, which increases the need to develop relevant health responses, especially among particular groups of people, such as people who inject drugs, party-goers, and prison inmates (see Section 4.5).

4.2

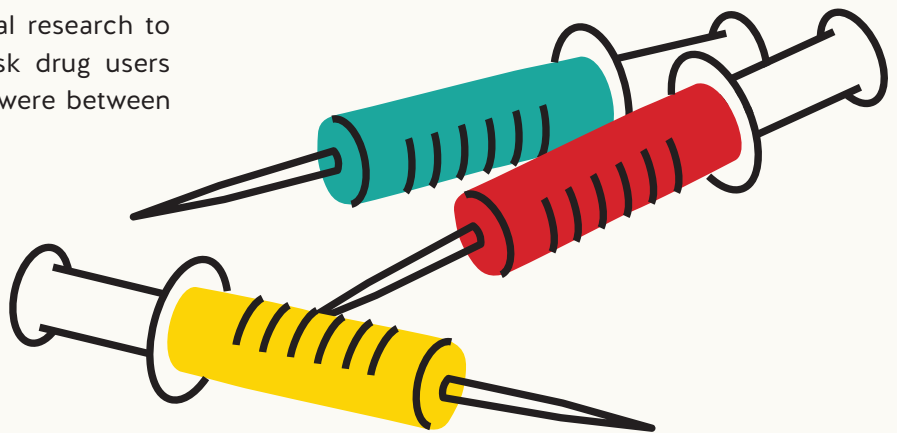
Estimated number of people who inject drugs

According to the epidemiological research to estimate the number of high-risk drug users in Lithuania, in 2015–2016 there were between

8,371 and 10,474 people who inject drugs and between 4,854 and 12,444 high-risk opioid users.⁴² The same study found that only 9.9–25.5% of high-risk opioid users were receiving OST.

In 2018 a study on the prevalence of infectious diseases titled “Prevalence of infections related to injecting drug and psychotropic substance use among injecting drug users”⁴³ was conducted in Lithuania. A total of 369 participants took part in this study, of whom 98.9% indicated injecting as the main route of administration of currently used drugs. One of the questions in the study was about the main substance used by people who inject drugs in the last 30 days. The most commonly used main substance was heroin, used by 59.3% of respondents. This was followed by an NPS (**fentanyl**) by 39% of respondents. Other main substances used were: alcohol (by 22.5% of respondents), amphetamines (12.7%), and methadone and benzodiazepines (9.8%). Among NPS, **chymké (a synthetic cannabinoid)** was also mentioned by 0.3% of respondents.

Another question was about other psychoactive substances used, besides the main substance, in the last 30 days. Nearly a quarter (23.6%) of respondents used other psychoactive substances: 62.1% alcohol, 18.4% benzodiazepines, 17.9% cannabis, 17.3% other substances (**spices**, cigarettes), 15.2% amphetamines, and 13.8% **fentanyl**.



⁴¹ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

⁴² https://www.rplc.lt/wp-content/uploads/2018/08/Lithuania_Research-Report_2018.pdf

⁴³ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/TYRIMO%20ATASKAITA%2012%2023.pdf>

This study found that the average age of injecting debut was 20 years, with the youngest age 13, and the oldest 40. Average length of injecting drug use was 12 years (with 1 year being the shortest, and 34 being the longest). Over half (53.9%) of respondents said that they injected drugs 1–3 times per day, 17.1% 4–5 times per day, 9.2% 6–10 times per day, 1.9% 11 or more times per day, and 17.9% 1–4 times per week. Over three quarters (78.5%) of respondents used sterile injecting equipment, while 19.3% used non-sterile equipment, and 8% did not answer the question. Whereas 83.4% of respondents did not share injecting equipment with others, 16.6% shared it with their peers.

4.3

People registered with diagnosis of mental and behavioral disorders due to the use of psychoactive substances

According to the data presented by NTAKD in its annual report,⁴⁴ there has been a significant decrease in the number of people who have been diagnosed with mental and behavioral disorders due to the use of narcotic drugs and psychotropic substances. There were 64% fewer people diagnosed with mental and behavioral disorders due to the use of narcotic drugs and psychotropic substances in 2018 than in 2017 (see **Figure 1**).

In 2018, 50% of the people registered with diagnosis of mental and behavioral disorders due to use of psychoactive substances were aged 30–39. In 2018, the most commonly used substances were opioids (1,039 people were diagnosed with mental and behavioral disorders due to use of opioids), followed by poly-drug use (223 people), sedatives and hypnotics (59), stimulants and caffeine (53), cannabinoids (37), volatile substances (22), cocaine (5), and hallucinogens (1). There is no information about NPS, because according to the specialists, NPS fall under previously mentioned categories, which are based on the ICD-10 classification system. Thus, it is hard to evaluate the number of people who have dependence related to NPS use.

According to the NTAKD annual report, the observed decrease in the number of people diagnosed with mental and behavioral disorders due to the use of psychoactive substances may be due to a few reasons: most municipalities do not provide treatment services for people with mental and behavioral disorders due to use of psychoactive substances; access to OST is very limited, and not all municipalities provide treatment to those with drug dependence; and there could be some issues related to updating databases and other technical issues.

Around 87% of all people registered and diagnosed with mental and behavioral disorders due to use of drugs in 2018 were injecting drugs (mostly opioids: 81%; poly-drug use: 16%; and stimulants: 2.8%). As mentioned above, the coverage of OST in Lithuania is considered low, covering fewer than 20% of all people with high-risk opioid use. This number is well below the recommended coverage of 40%. There are 3.45 substitution treatment providers per 1,000 injecting drug users in the country, and their geographical distribution is extremely uneven, with a concentration in Vilnius.



Around 87% of all people registered and diagnosed with mental and behavioral disorders due to use of drugs in 2018 were injecting drugs ... the coverage of OST in Lithuania is considered low, covering fewer than 20% of all people with high-risk opioid use.



In 2019 the number of people receiving OST decreased by 19%, while the number of new clients entering treatment decreased by 45% from the previous year (**Figure 2**).

In Lithuania, methadone is the main substance prescribed for substitution treatment. This treatment is reimbursed by the State. Buprenorphine is also available, although it is not reimbursed by the State. In 2019 the number of people treated with buprenorphine decreased by 60% (from 497 in 2018 to 212 in 2019).

⁴⁴ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

FIGURE 1

Number of people registered with diagnosis of mental and behavioral disorders due to the use of narcotic drugs and psychotropic substances in Lithuania, 2013-2018

(Source: NTAKD Annual report. Psychoactive substances: tendencies and changes 2020.)

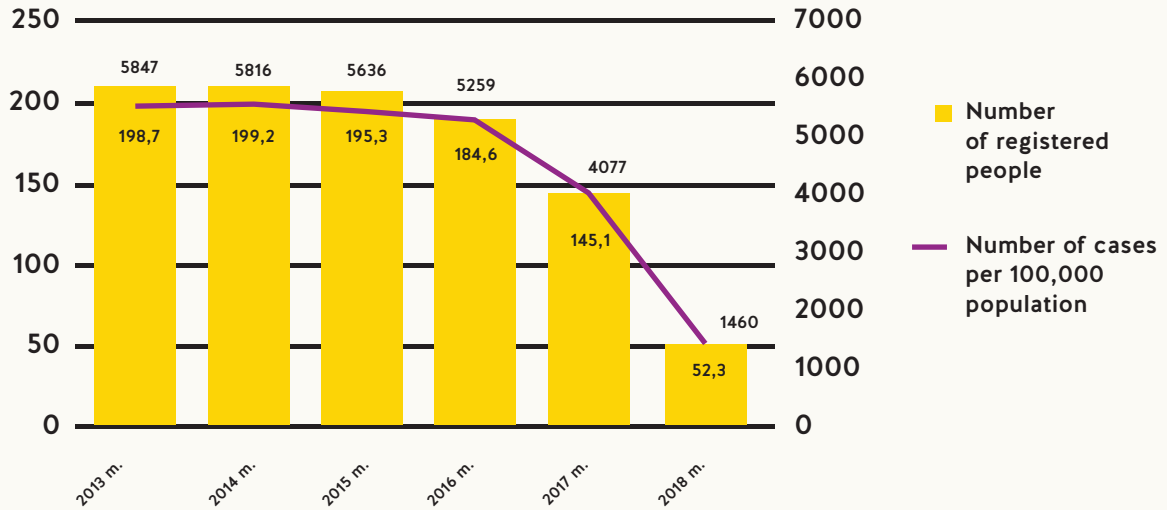
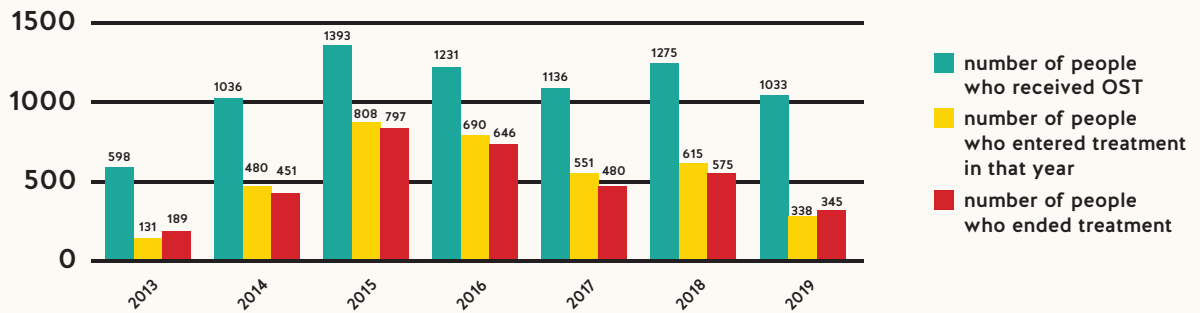


FIGURE 2

Number of people who received OST in Lithuania, 2013-2019

(Source: NTAKD Annual report. Psychoactive substances: tendencies and changes 2020.)



4.4

Drug use among young people

The 2016 study estimating drug use among the general population in Lithuania found that lifetime, previous year and previous month prevalence of drug use had increased at almost all ages between 15 and 24 years.⁴⁵ The highest lifetime prevalence of drug use was among those aged 20–21 (22%) and 22–24 (23%). The highest prevalence of drug use in the previous year was among the same age groups: 11.5% among those aged 20–21, and 9.7% aged 22–24. The highest prevalence in the previous month was 4.2% among those aged 20–21, and 3.1% aged 22–24. The highest lifetime prevalence of any drugs except cannabis is highest among those aged 22–24, at 6% (see Table 2).

The most commonly used drugs were found to be cannabis, ecstasy, and amphetamines, followed by cocaine, LSD, hallucinogenic mushrooms, and heroin. NPS were not included in the study, so there are no available data from the last estimation of drug use among the general population.

The latest data on drug use among students aged 15–16 years are available from the European School Survey Project on Alcohol and Other Drugs (ESPAD),⁴⁶ conducted in 2019. The survey revealed that lifetime use of pharmaceuticals for non-medical purposes (including tranquilizers and sedatives without a prescription, painkillers taken to get high, and anabolic steroids) ranged from 2.8% to 23% in European countries, with an average of 9.2%. Lithuania had one the highest rates (21%). The highest gender differences were reported in Lithuania (29% for girls versus 12% for boys).



The average European rate of NPS use in the last 12 months among students was 2.5%, whereas in Lithuania it was 3.6%.



The ESPAD study collected data on the use of NPS among students aged 15–16. The average European rate of NPS use in the last 12 months among students was 2.5%, whereas in Lithuania it was 3.6%. The survey found that Lithuanian girls reported higher rates of herbal NPS use, while boys reported higher rates of use of liquid forms of NPS.

4.5

Drug use among inmates

Between 2016 and 2018 the number of prison inmates registered with mental and behavioral disorders due to use of psychoactive substances remained very similar. However, in 2019 a sudden increase was observed (see Figure 3).

The 2,452 cases recorded in 2019 represented a 33% increase from 2018 and was the highest number in the last 7 years, constituting 21.7% of all inmates. The age of people registered with drug dependence in prisons has changed, and more young people are developing drug dependence: the number of people aged 25–34 decreased from 52.5% in 2018 to 48% in 2019, while the number of people aged 20–24 diagnosed with drug dependence increased from 10% in 2018 to 17% in 2019.

TABLE 2

Lifetime prevalence of any drug use except cannabis, by age

15-17 years	18-19 years	20-21 years	22-24 years
1.6%	2.8%	5.2%	6.0%

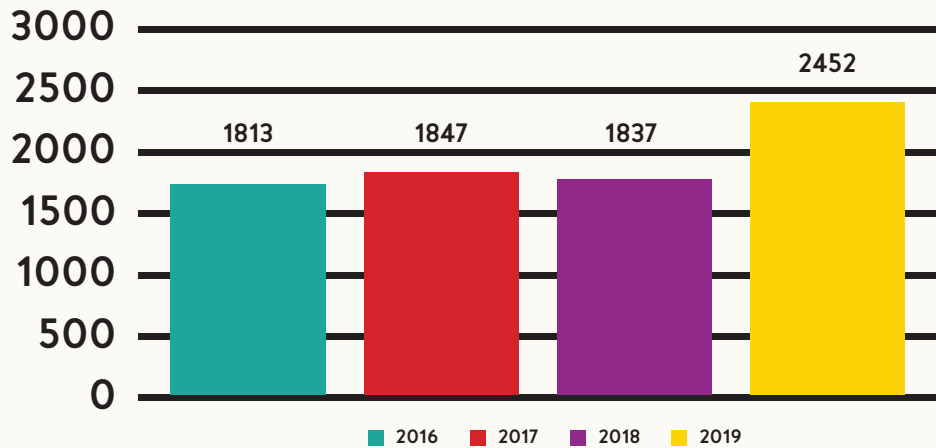
⁴⁵ https://ntakd.lrv.lt/uploads/ntakd/documents/files/GPS%20ataskaita%202004_2016.pdf

⁴⁶ http://www.espad.org/sites/espad.org/files/2020.3878_EN_04.pdf

FIGURE 3

Number of registered cases of mental and behavioral disorders due to use of narcotic and psychotropic substances, 2016-2019

(Source: NTAKD annual report. *Psychoactive substances: tendencies and changes 2020*.)



Based on a situation assessment among those who use drugs in places of detention, 542 inmates have opioid dependence, and the use of several drugs was reported by 464 inmates. Compared to 2018, in 2019 there was an increase in the number of people with drug dependence in all possible groups of drugs, especially sedatives and hypnotics drugs, where the number increased 12-fold compared to 2018. The numbers of reported cases of cannabinoid and stimulant dependence have also doubled.

According to the Department of Prisons, 171.6g of narcotic and psychotropic substances were seized from people in places of detention in 2019, which was significantly higher than in 2018 (29.15 g). The most commonly confiscated substances were cannabis, amphetamines, ecstasy, and synthetic cannabinoids.

Use of NPS in prisons is noted as a significant and growing issue, because it is easy to smuggle them, they are cheaper than classic substances, and most of the drug tests do not identify them. The NTAKD annual report only mentions synthetic cannabinoids; however, during interviews with people who use NPS, fentanyl was also mentioned as one of the most commonly used substances in prisons in Lithuania.

4.6

HIV among key populations: people who inject drugs, sex workers, men who have sex with men, and prisoners

According to data from the Centre for Communicable Diseases and AIDS (Užkrečiamųjų ligų ir AIDS centras–ULAC), a total of 3,323 cases of HIV infection have been registered during the entire period of registration of HIV in Lithuania (1988–2019),⁴⁷ with 57.3% (1,905 individuals) contracting it through injecting drug use. In 2019, 31.8% of new HIV cases were due to injecting drug use—the highest rate in the region. In 2019, only 5.5% of people belonging to key populations were tested for HIV—a decreased from 7.3% in 2018. The coverage of HIV testing among at-risk individuals in Lithuania is increasing, but it is insufficient, and only 8 out of 13 low-threshold services could provide HIV testing services in 2019. Community HIV testing is not allowed by law, which is why only medical workers can perform HIV testing, and not all low-threshold services have the capacities and resources to employ them. Only 1% of all the HIV tests performed in 2019 were among people who use drugs (versus 1.4% in 2018).

⁴⁷ http://www.ulac.lt/uploads/downloads/LPI_2019.pdf

According to 2020 data (up to December 1),⁴⁸ there were 104 new cases of HIV recorded: 40.4% through heterosexual contact, 9.6% through homosexual contact, 24% through injecting drug use, and 26% cause unknown. According to the European Monitoring Centre for Drugs and Drug Addiction, HIV prevalence among people who inject drugs in Lithuania was 12.5% in 2014.⁴⁹ In 2018 a study on the prevalence of infectious diseases titled “Prevalence of infections related to injecting drug and psychotropic substance use among injecting drug users”⁵⁰ was conducted in Lithuania. The research was performed in five low-threshold services in Vilnius, Kaunas, Klaipėda, Alytus, and Visaginas. The study sample consisted of 369 subjects. The results showed that of the three markers of infection, the highest markers were found for hepatitis C (85.9%), HIV (21.2%), and viral hepatitis B (4.9%). Compared to the results of the previous survey conducted in 2015, the proportion of HIV-positive people in the study group had nearly doubled (from 12.5% in 2015 to 21.2% in 2019), while the proportion of those with hepatitis C had increased from 77% in 2015 to 85.9% in 2019, and the proportion of those with hepatitis B had halved (from 10.5% in 2015 to 4.9% in 2019).

According to AIDSinfo data, prevalence of HIV among men who have sex with men is 4.7%, and among sex workers it is 11.1%.⁵¹

According to the Department of Prisons, over the last 7 years HIV testing coverage in detention facilities, although declining, has remained high, but the number of tests performed to test for viral hepatitis B and C is insufficient and does not allow an accurate identification of prevalence of those diseases. New cases of HIV infection detected in detention facilities accounted for 15.9% of all new HIV cases in 2019 (a slightly lower proportion than the 19.4% in 2018).⁵²

⁴⁸ <http://www.ulac.lt/naujienos/pranesimai-spaudai/siemet-nau-ju-ziv-atveju-nustatyta-maziau-daugiausia-uzsikretusiuju-per-ly-tinius-santykius>

⁴⁹ https://www.emcdda.europa.eu/system/files/publications/11341/lithuania-cdr-2019_0.pdf

⁵⁰ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/TYRIMO%20ATASKAITA%2012%2023.pdf>

⁵¹ <http://aidsinfo.unaids.org/>

⁵² Ibid.

⁵³ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

⁵⁴ https://www.esinvesticijos.lt/lt/finansavimas/patvirtintos_priemones/priklausomybes-ligu-proflaktikos-diaagnostikos-ir-gy-dymo-kokybes-ir-prieinamumo-gerinimas-1

4.7

Harm reduction services for key populations

As mentioned in Section 3.6., the provision of low-threshold services in Lithuania is regulated by the Decree of the Minister of Health on Description of the procedure for the provision of low-threshold services. In 2019, low-threshold services were provided by 13 independent structural units of legal entities or institutions in 11 cities. Of these, 11 provided stationary low-threshold services, and two provided mobile services in Vilnius and Klaipėda. According to ULAC, there were almost 50,000 visits in 2019. This figure is 1.3 times more than in 2013.⁵³ However, the number of new recipients decreased slightly compared to the previous year.

It is important to mention the sustainability of funding of the harm reduction sites. Some municipalities provide funding for them, but the amounts are insignificant. In addition, national funding for the harm reduction sites is also extremely low, at around EUR40,000 per year. Following intensive discussions between civil society organizations and the Ministry of Health since 2015, European Structural Funding of EUR2 million to support harm reduction sites in Lithuania has been secured for 2020–2022.⁵⁴ At the same time, the national funding of EUR40,000 has been removed. It is still not clear what will happen and who will fund harm reduction sites after 2022.

Health care and prevention services for people who use drugs in prisons are still inadequate to prevent, treat, or control infectious diseases. Inmates are tested for HIV, and they can receive basic information about HIV/AIDS and other sexually transmitted infections, and about drug use. Treatment for viral hepatitis B and C is available but rarely used. Condom distribution programs are also limited, with condoms being distributed during long-term visits. Vaccines for hepatitis B are not provided at all. Needle and syringe programs do not exist in Lithuanian prisons, and there is no distribution of naloxone. The main drivers of the HIV epidemic were poor access to harm reduction services and treatment for people who inject drugs, and their marginalization, and this has already resulted in two HIV outbreaks in the Lithuanian penitentiary system in the last two decades.

This phenomenon has not been reported in any other European country.

Continuation of OST was introduced in Lithuanian detention facilities only in 2018. In remand facilities, 11 individuals received methadone substitution treatment as a continuation of treatment that they were receiving in the community. In 2019 the necessary equipment to ensure continuation of OST was provided to two of the eight correctional facilities. In 2019 a total of 44 people who were receiving OST in the community also received it in a place of detention during various periods.⁵⁵ However, it is important to emphasize that this is only continuation of OST, which means that people with opioid dependence who do not receive OST in the community cannot start it in prison. Additionally, health specialists can decide to terminate treatment if they think that it is not effective, if the inmate is mentally or physically violent towards prison staff, or if he refuses to undergo a drugs test, etc. This also makes it impossible for inmates who develop opioid dependence in prison to access OST.

There are two initiatives/organizations working with people who use drugs mainly for recreational purposes in nightlife settings. Be Safe Lab is an educational initiative composed of specialists working in the field. It mainly focuses on prevention, but also has elements of harm reduction. It attends summer festivals and provides different kinds of activities: information about risks related to drug use, HIV testing, distribution of condoms, and psychological support. The initiative is financed from the State Fund for Strengthening Public Health.

The NGO Young Wave is composed of young peer educators and peer consultants who provide harm reduction services for party-goers. Services include but are not limited to distribution of reagent test kits (drug checking), distribution of safer drug use equipment (straws, gelatin/vegan capsules, etc.), PsyHelp (psychological support for people who go through challenging psychedelic or other experiences), and information and counseling about drugs, the related risks, and how to minimize them. The organization works on a voluntary basis and sometimes receives small grants from international donors.

4.8

Overdoses and poisoning

The data in this chapter are taken from the NTAKD annual report.⁵⁶ The mortality rate due to overdoses in Europe in 2018 was estimated at 22.3 deaths per million population aged 15–64. Lithuania was in 9th place, with 32 deaths per million population aged 15–64. In 2019, 52 cases of fatal overdose were registered in Lithuania. Toxicological analysis showed that the most commonly detected narcotic and psychotropic substances and their metabolites were opioids (methadone, morphine, codeine, tramadol) (44%), stimulants (19%), and undetected substances (42%).



Lithuania was in 9th place, with 32 deaths per million population aged 15–64.



In 2019, 290 people (219 men and 71 women) applied to a medical institution due to drug poisoning. The average age of people poisoned with narcotic and psychotropic substances fell to 26 years in 2019, from 28 years in 2018 and 29 years in 2017. Around 29% of people who sought help were adolescents (below 18 years). Although there has been a decrease in the number of cases of poisoning, it is important to note that NPS on the market are in many cases unidentifiable. In some cases, drug poisoning is recorded as internal organ dysfunction, so the real figure might be higher than the current statistics.

The 2018 study on the prevalence of infectious diseases titled “Prevalence of infections related to injecting drug and psychotropic substance use among injecting drug users”⁵⁷ collected information about overdoses. It found that 29.5% of the respondents had overdosed in the previous 12 months (16.3% from fentanyl, 9.5% from heroin, 0.8% from heroin and fentanyl, and 0.5% from either fentanyl and clonazepam or heroin and clonazepam). Currently, naloxone

⁵⁵ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

⁵⁶ Ibid.

⁵⁷ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/TYRIMO%20ATASKAITA%2012%202023.pdf>

is distributed only to clients of OST programs in four cities in Lithuania upon completion of training on how to use it. A small number of clients of low-threshold services can also access naloxone. To reduce the number of overdose deaths, it is necessary to expand the naloxone distribution program by providing it to people leaving prison, to increase the number of naloxone kits, and to include peers in the distribution of naloxone.



It found that 29.5% of the respondents had overdosed in the previous 12 months (16.3% from fentanyl, 9.5% from heroin, 0.8% from heroin and fentanyl, and 0.5% from either fentanyl and clonazepam or heroin and clonazepam).



4.9 Drug violations

In 2017, possession of any amount of drugs was criminalized in Lithuania. Following the lifting of sanctions in the Code of Administrative Offenses, the number of criminal cases involving possession of illegal psychoactive substances increased by 124% in 2019.⁵⁸ **Table 3** shows the number of criminal offenses related to illicit drug possession between 2014 and 2019 (i.e. before and after the criminalization of drugs).

As can be seen from **Table 3**, more and more criminal offenses for the possession of drugs without intent to distribute have been recorded since 2017. This demonstrates that drug policies in Lithuania are oriented at punishment, instead of support. A relatively large proportion of people who commit crimes related to psychoactive substances are aged 18–29. For example, in 2019, there were 1,506 people aged 18–29 who committed crimes related to drugs, followed by 581 people aged 30–39, 291 people aged 40–59, 127 under 18, and 11 people age 60 or above.⁵⁹

TABLE 3

Criminal offenses related to illicit drug possession, 2014–2019

(Source: NTAKD annual report. *Psychoactive substances: tendencies and changes 2020*.)

Criminal offence		2014	2015	2016	2017	2018	2019
Art. 199 part 3 Smuggling		63	62	12	46	69	31
Art. 259 Unlawful possession of narcotic or psychotropic substances for purpose other than distribution		1 543	1 682	1 590	1 993	2 320	2 375
From them	Art. 259 part 1 possession without intent to distribute	869	1 065	857	887	1 077	1 065
	Art. 259 part 2 possession of small amount without intent to distribute (misdemeanour)	674	617	733	1 106	1 243	1 310
Art. 260 Unlawful possession of narcotic or psychotropic substances with intent to distribute		907	704	614	509	753	598
Art. 260 part 3 from them "distributed very large quantities"		92	67	61	76	73	89

⁵⁸ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas%20web.pdf>

⁵⁹ Ibid.

4.10

The NPS market in Lithuania

In 2019 the most seized substances were hashish (1,775 kg), MDMA (ecstasy) (283 kg), cannabis (220 kg), amphetamine (23.6 kg), cocaine (16.1 kg), NPS (10 kg), methamphetamine (4.4 kg), heroin (1.5 kg), and LSD (37 g).⁶⁰ The amounts of heroin seized decreased, due to the emergence of synthetic opioids (fentanyl and carfentanyl), which are overtaking heroin in the drug market. The amount of NPS seized doubled from 4.5 kg in 2018 to 10 kg in 2019. More details on the NPS seized in the last few years (2016–2019) can be seen in **Table 4**.

Among synthetic opioids, there has been a significant growth in **carfentanyl**. The most commonly seized synthetic cannabinoids are **5F-MDMB-PICA**, **FF-MDMB-BINACA**, and **4F-MDMB-BUTINACA**. The most commonly seized other NPS are **4-FA**, **DMT**, and **PMMA**.



The amounts of heroin seized decreased, due to the emergence of synthetic opioids (fentanyl and carfentanyl), which are overtaking heroin in the drug market.



4.11

Media

Most of the articles in the media are not about NPS. Articles are mainly about crimes related to drugs, police raids on Lithuanian clubs, demonization of drugs (describing them as a huge “threat”), and some advertisements for rehabilitation centers. Another category of the articles is about drugs in other countries, including some articles about NPS. Articles about NPS, which we found in the framework of this study, mainly include information about danger and threats related to use of NPS. However, almost all these articles do not contain any information about how risks of drug use can be minimized, where person can seek treatment and support. While reading texts it seems authors of the articles want to prevent person from NPS use, sometimes providing not evidence-based information (usually when article is written by media author, not including specialists). It should be also mentioned that a significant part of articles on NPS are interviews with few specialists in Lithuania, who are providing more accurate information. But all the information is basically only about effects and consequences. Articles focusing mainly on synthetic cannabinoids and opioids.

TABLE 4

Amounts of confiscated NPS in Lithuania, 2016-2019

(Source: NTAKD annual report. Psychoactive substances: tendencies and changes 2020.)

New psychoactive substances(NPS)	Total amount of seized substance				Change
	2016	2017	2018	2019	
Synthetic cannabinoids	19,6 kg	7,2 kg	2,19 kg	1,5 kg	↓
Cathinones	1,1 kg	1,4 kg	533 g	172 g	↓
Phenethylamines	–	108 g	651,7 g	49,7 g	↓
Carfentanyl	–	609 g	516 g	3,1 kg	↑
NPS of other groups	341,4 g	76 g	637 g	5 276 g	↑

⁶⁰ Ibid.

YEAR	TITLE OF THE ARTICLE
2013	For sending a new drug - 10 years in prison
2014	The threat of new drugs has reached Lithuania - their impact is hundreds and thousands of times greater
2015	Specialist: New legal drugs are a threat
2016	New drugs are spreading in Lithuania: A person becomes a serious patient in a flash
2016	Lithuanian criminals sell "sprayed weed" to teenagers, which can kill
2016	New drugs are spreading rapidly: They are used as drugs, followed by coma, cancer and death
2016	Toxicologist: New drugs are much more dangerous
2016	Intoxicating with anticancer drugs: The effects are more terrible than heroin
2017	The dangers of new psychoactive substances to society
2018	The new drugs are also sold as dietary supplements
2019	Toxicologist Dr. Badaras about cannabis use: "All trouble starts with synthetics"
2019	The wave of new drugs is a danger: People don't even know what they're using
2019	Psychosis, disability or even death: The effects of popular new drugs frighten experienced Lithuanian physicians
2019	In Lithuania, new psychotropic substances that are difficult to identify are more dangerous than traditional drugs
2020	A new threat has emerged in the market: It is being warned to arrive in simple consignments from China
2020	They don't even know what they're consuming - Toxicologist R. Badaras about new psychoactive substances



5. Structured interviews with specialists working in medical institutions and organizations providing harm reduction services for people who use drugs, and interviews with people who use drugs (including NPS users)

5.1

The sample

Stage 2 of the research involved gathering data and additional information to fill in gaps identified in the desk study (Stage 1) through nine structured interviews with representatives of the Republican Centre for Addictive Disorders, NTAKD, harm reduction service providers, and activists from the Association of Women Affected by HIV/AIDS and Their Family Members “Demetra” and the youth organization “Young Wave.”

Furthermore, interviews were organized with 22 clients of low-threshold services who also use NPS in Vilnius and Kaunas. Three more interviews were conducted with young people who use NPS occasionally. The main reason for such limited participation of people who use drugs occasionally was due to COVID-19, which did not allow face-to-face interviews to be organized, and people did not want to take part in interviews online.

The approach used in Stage 2 was designed to guarantee a high level of participation of all important parties; therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. To ensure voluntary participation, before interviews were conducted, respondents signed informed consent forms. Stage 2 was conducted from October 1 to November 1, 2020. All interviews and focus groups were conducted in Lithuanian language.

Key topics explored in the interviews and focus groups included the following:

- NPS names
- Relevance of NPS use in Lithuania
- Reasons for NPS use
- People who use NPS
- NPS use in prisons
- Routes of administration of NPS

- Combination of NPS with other psychoactive substances
- Ways to purchase NPS
- NPS prices
- Dosage and effects of NPS
- Risks and consequences related to NPS use
- Overdoses and responses to them
- Harm reduction services for NPS users and the need for new approaches
- Law enforcement attitude towards people who use drugs
- Treatment for NPS users.

5.2

NPS names

Most of the respondents who participated in this study are low-threshold service users. When asked what NPS they knew, all of them identified two groups of substances: synthetic opioids and synthetic cannabinoids. Few of the respondents had heard about synthetic cathinones.

Slang names used by clients of low-threshold services for **synthetic cannabinoids** are: spices (*spaisai*), *chimké*, *chimka* (which refers to “chemical”), sprayed tobacco, natural sprayed with chemicals (*natūralké apipurkšta chimke*), and sprayed weed.

Some of the respondents said that spices are the most popular substance in prisons in Lithuania and that it is easy to get it there: “*Sprayed substances in prisons. It can be sprayed on the letter you receive, or even on sausage or cheese*” (LT-I-09).

Even though respondents who use NPS knew about synthetic cannabinoids, most of them are currently not using them because of their effects, which are not acceptable to them.

Some of the effects mentioned are that a person cannot control himself/herself, does not remember afterwards what has happened, acts crazy (i.e. takes off their clothes, jumps on all fours).

Young people who use NPS for recreational purposes mentioned that they know spices, and some of them had tried them; however, they do not use them, because they did not like the effect.

Experts working in the drug control field mentioned the following synthetic cannabinoids, which were mostly seized in Lithuania: *“From synthetic cannabinoids most of the seized substances were 5F-MDMB-PICA, FF-MDMB-BINACA, and 4F-MDMB-BUTINACA. They were mostly in mixtures of plant origin, mostly sprayed tobacco, sprayed dried herbs”* (LT-I-04).

The most common names for synthetic opioids are: fentanyl (also called fitonilas, fenta, fintikas, synthetic heroin, synthetic methadone in powder) and carfentanyl (also called cartofintonil, fenta). As people do not usually know exactly what they are buying, these two names are used interchangeably, and respondents said that for them it is the same substance, just with different names: *“Carfentanyl has a name “fenta.” It means that carfentanyl or fentanyl is diluted with street methadone from Belarus, or baturates. Just “fenta”* (LT-I-03).

“

The most common names for synthetic opioids are: fentanyl (also called fitonilas, fenta, fintikas, synthetic heroin, synthetic methadone in powder) and carfentanyl (also called cartofintonil, fenta).

”

Some of the respondents shared their concerns that even though they buy a substance called “fentanyl,” in the end they do not know what exactly is in the substance:

“No one knows. To the fentanyl they usually... the test was made, and nothing was found in there, so another also tested it, and nothing

was there. What is mixed up there is not clear to anyone. And in the streets this new shit is called fentanyl, and there may be no fentanyl at all” (LT-I-16).

According to the specialists, the most commonly seized synthetic opioid was carfentanyl, which is not pure, but mixed with methadone or heroin:

“And of the synthetic opioids, carfentanyl was the most common, mixed with methadone. Sometimes there are cases where it is mixed with heroin, but mostly now it travels with methadone” (LT-I-04).

In Lithuanian prisons, fentanyl or carfentanyl patches are very common among people who inject drugs:

“There are fentanyl patches in prison. They are smuggled into prisons, and then they are boiled. A few times even. After the first cooking a concentration is so high...” (LT-I-08).

As mentioned above, a not very common group of drugs—**synthetic cathinones**—was also mentioned by the respondents, mainly by young people who use NPS for recreational purposes. Their most common names are: mephedrone, bath salts, methylone, and crystals.

It should be mentioned that usually young people who use drugs for recreational purposes do not intend to use or buy synthetic cathinones. However, as reagent test kits distributed at festivals show, there are usually some synthetic cathinones mixed in with the other substances they buy (i.e. in MDMA (ecstasy) it is possible to find mephedrone, MDPV, methylone, or 3,4-DMMC). So, in most of the cases, people use synthetic cathinones without knowing.

Other groups of NPS mentioned by young people were **dissociative hallucinogen NPS**, such as ketamine, methoxetamine, and rhino ket, and **classic hallucinogen NPS**, such as 2C-B. The last substance mentioned as an NPS was GBL/GHB, which is a **central nervous system depressant**. It is also called *bucikas*, butyrate, liquid ecstasy, and women’s Viagra. None of the respondents had tried it, but they knew people who use it at parties or festivals. A few respondents also listed cannabis, LSD, mushrooms, amphetamine, and

methamphetamine as NPS. These substances do not meet the definition of NPS according to the laws and policies in Lithuania; therefore, this study will not include them as NPS.

5.3

Relevance of NPS use in Lithuania

Existing epidemiological data and other studies do not show a significant increase in the use of NPS in the country. However, there are very few data on NPS use, and existing data are very fragmented. During the interviews, we wanted to discover whether NPS are an important issue in Lithuania; if they are, then why are they important, and what demonstrates their importance? The respondents identified a list of issues related to NPS use.

- First, most of the respondents said that they can never be sure of what they are buying and using. Sometimes it may be that they buy the same substance, from the same supplier, but the effect of the substance can work differently than previous times:
“People buy bath salts, but they don’t know what concrete substance is there...” (LT-I-32).

“Mixing...You don’t know what you will receive. If you take amphetamine, there can also be methamphetamine in it. You never know what’s inside. Variety of drugs...For example, instead of ketamine, rhino ket. You need less of it” (LT-I-31).



“Nowadays the problem is that the user doesn’t know what he/she is using... as for young people who use non-injecting substances, that is, they’re sprayed with synthetic cannabinoids, they buy it like cannabis and they don’t know what they’re smoking. Usually they imagine smoking cannabis, and actually they’re smoking synthetic cannabinoid” (LT-I-04).

“You go to a rave, buy something and don’t know what you’ve received. It’s a problem... You expect MDMA, amphetamine, or something else, and receive whatever... I never know what I will receive...” (LT-I-14).

“The main problem with synthetics is that their strength is volatile, and all those deaths of young people are because they do not know. Even the seller does not know what he is selling. And those who buy also do not know. And that’s why, as a consequence, we see a lot of deaths.” (LT-I-18).

- Another major issue related to NPS is the lack of information and awareness about these substances. People usually do not know the risks and consequences related to their use, but they continue to use them because there are no classic drugs left, or their tolerance for NPS has increased so much that classic drugs cannot replace NPS:

“There is a problem with NPS, and the biggest problem is that they are new. And it is not well known what the effects should be, without the side effects. Because maybe the side effects are the effects that need to be. It is more or less unknown, and every time people take risks, they think they are getting that substance and getting it mixed with other substances” (LT-I-03).

“The problems are simple. These are substances that a lot of people do not have experience in using, and it is very difficult to know what normal dosages are, and what to do with this substance to have fun and not something unexpectedly unpleasant, scary, or something else...” (LT-I-10).

● Overdoses were mentioned by the majority of the respondents, especially among those who are injecting NPS. Respondents shared their concern that more people overdose with NPS:

“And today, when it comes to Lithuania’s problems, the most pressing problem is carfentanyl, a synthetic opioid that is really used here. Carfentanyl is certainly a very dangerous substance, easy to overdose” (LT-I-04).

“If we will speak about opioids, about fentanyl, there were overdoses in the Roma camp [taboras], loads of overdoses. It was related to the emergence of synthetic opioids” (LT-I-02).

● A significant majority of the low-threshold service users said that some of the biggest challenges of using NPS are the more frequent injecting, the rapidly increasing tolerance, and the strong withdrawal symptoms:

“These substances don’t last too long. It lasts for 2 hours, and you need it again. In the past, when there was heroin, it was completely different. You take it in the morning, and throughout the day you don’t need to consume anything. With NPS, more money needs to be spent...” (LT-I-22).

“It’s very easy to get used to it. If you stop taking it, insomnia occurs. It gets even worse” (LT-I-25).

“The effect is for two, three hours. Not like heroin, which works for, let’s say, half a day. Doses increase tremendously in days. Today, if you need 20 euros, tomorrow you will need 30, and it won’t be enough. Tomorrow, 100 will be needed a day. And abstinence ... same evil as with heroin. Scary. Short effect, lots of money, absolute crap. It is addictive, and you feel terrible from it. Withdrawal is the same as heroin: disgusting, terrible” (LT-I-16).

“The problem is that very frequent use is required. If some time ago once a day was enough, now you need five times a day. A shorter and very strong effect” (LT-I-19).

● While the community of people who use drugs face challenges related to NPS, representatives of the health care system are also concerned:

“While speaking with toxicologists, we see that new substances are entering the market, and they don’t know what to do, because the substances are absolutely new, each case is different, and they can provide only symptomatic help” (LT-I-08).

● A few specialists raised their concerns for young people who are starting to use NPS and people who have never used any substances before:

“Well, consumption among children and adolescents. I had little to face, but I personally interacted with several teenagers, so yes, they had a very serious problems” (LT-I-02).

“The generation of beginners [of drug use] has got younger, but there are also people who are ... well, I would say my age, and starting to try NPS. Their first drug at 30 or 40” (LT-I-09).

● Clients of the low-threshold services said that now they need more money, as the effect of NPS (usually fentanyl or carfentanyl) lasts for just a few hours and their tolerance is growing, which means that they need more substances. To buy drugs, people usually commit crime. According to the respondents, now they are committing much more crime than previously, when heroin was on the drug market:

“It’s just simply that people are committing more crime. Previously, you take a dose of heroin, and it lasts for 24 hours. And fentanyl... it’s a stronger drug, but it lasts, well, for 2 hours. And when the person injects fentanyl, he/she immediately thinks about where else to get money. He/she immediately goes to the shops to steal... Well, more trouble actually” (LT-I-25).

“There are problems. You need to steal to get money. You need to steal to make money. There is no work for junkies. No one hires them. Such are the problems” (LT-I-27).

“You have to steal to get an injection... Go, steal. Through the shops, wherever you can. Pull out someone’s wallet... Well, theft like that. And then sit behind bars” (LT-I-28).

“As for the same thefts, they have increased tenfold, with heroin lasting you all day, and fentanyl at best for 2 hours. You haven’t even injected, but already you’re thinking about what you need to do, not to feel bad in a couple of hours” (LT-I-20).

Another crime, which is usually not committed by people who inject drugs but mainly by the general population, is drug smuggling, which is a criminal offense by Lithuania law that can entail a penalty of 3–10 years in prison:

“From the statistics provided by the Customs Department, which are official, as much as 90% of pretrial investigations in the last year were due to drug shipments. This shows that most drugs are sent by mail” (LT-I-04).

Drugs, including NPS, are spreading around Vilnius city. A few years ago they were mainly sold and concentrated around the Roma camp (taboras) in Vilnius, but now they are spread all over the city. This has happened because the Roma camp was destroyed, and people from the camp were scattered around the city:

“Now there are more new people [who use drugs]. It’s because of our State. Because they closed the camp where there were gypsies in one camp, and they [the police] could control everything, but it was not interesting to anyone. But they were in one place. Gypsies. Old drug addicts were going to the camp. They knew where to get drugs, and inject there, and that’s it. Now our State has thrown those gypsies all over Vilnius, huh? Throughout Lithuania. And now there are five, seven places in each district where gypsies sell drugs” (LT-I-25).

“One place is closing, but another is opening...” (LT-I-12).

Some of the respondents mentioned repressive laws and policies which are driving the emergence of NPS in Lithuania. Because old substances are pushed out of the market, people are starting to use NPS instead:

“Yes, I see problems because there is no legalization of “soft drugs” that do not pose such a high risk and harm. They are even useful for my head. I’m talking about weed. But since it is illegal, you are forced to buy it from who knows where, and it is unclear what quality. It can be sprayed, so its effects can be negative, and it seems to me that it is a very big problem in Lithuania that it is not legalized and people cannot buy a good-quality product instead of hiding and taking risks” (LT-I-13).

“There are big issues because NPS have largely replaced old substances. There are no old substances at all: heroin, poppy. Now only new substances: fentanyl... maybe even more something that was lying next to fentanyl...” (LT-I-15).

Because old substances are pushed out of the market, people are starting to use NPS instead.

5.4

Reasons for NPS use

There are various reasons why people start to use NPS and why they continue to use them after trying them:

It may be that people start to use NPS without knowing. As was mentioned in Section 5.3, people may think they are buying a classic substance, but they receive an NPS instead. The first reason why people start to use NPS is simply not through choice; they use it because they think it is a totally different substance:

“I wanted to say that there are users in the group who don’t even know what they use.

In 2017 fentanyl or carfentanyl came to the market, and it was initially sold as heroin. People didn't even know that they were using a new substance. Why were there so many deaths during that time? Because it was very difficult to calculate the dosage. It was a very difficult period. And it seems to me that here it was...accustoming people to new substances" (LT-I-09).

"People start to use new because there are no old drugs available. If there were old drugs, people would use them. Everybody expects to receive old drugs, but in the end they get new ones" (LT-I-15).

Some people (mainly those who are using substances for recreational purposes) are looking for new experiences, out of curiosity, while people with drug use experience are looking for more potent substances:

"It is no longer so interesting for young people with substances that have been tested, experienced, already know how to mix, which is why new psychoactive substances are gaining popularity on the track, because they may have a similar effect, but the chemical formula is slightly different" (LT-I-32).

"New impression, some new experiences. Because the mixing of substances, especially for young people, is already more or less known, and for new substances it is not fully clear" (LT-I-30).

"Fentanyl is being tried because it is thought to be 18 times stronger than heroin. Fentanyl is not stronger than heroin, but the price is the same" (LT-I-33).

"Because it is said that fentanyl is better and stronger than heroin, people try it, and see that it's really stronger..." (LT-I-25).

"Those who start using those new substances ... real heroin is too weak for them. Fentanyl can be 10 times stronger, and people die from it, one after another" (LT-I-16).

"First of all, the effect is stronger; that's an essential thing. No one wants to look at that old substance anymore, although the older one has a long-term effect and can last for half a day or a day" (LT-I-19).

Heroin and other traditional drugs are disappearing from the drug market, so people replace them with NPS:

"When you don't find classic substances and somebody at the rave party suggests something else, you try it. Because anyways you want something" (LT-I-32).

"Prohibitions... more new substances emerge because they are legal. They emerge faster in the environment. That's why people try it" (LT-I-31).

"Because now there is no other, so they use a new substance. It helps the addicts to some extent anyway, as it removes withdrawal symptoms and everything else" (LT-I-22).

"There is no more supply in the market, so there is nothing to choose from" (LT-I-16).



● Just a few respondents said that classic (old) substances are of bad quality, so they prefer NPS instead of old, bad-quality substances: *“For example, mephedrone is used instead of cocaine, as cocaine is of bad quality, but the effect is pretty much similar”* (LT-I-03).

● Social and personal reasons may also affect NPS and other drug use. However, respondents who shared their stories started to use classic drugs and are now using NPS, as there is nothing else on the drug market: *“I started because of problems at home. I was 16 years old. My parents died. I immediately started to drink and then tried drugs”* (LT-I-27).

“I use it because of desperation. Life does not succeed, and that is all...There is no apartment... I use it just to drown that pain in myself. And my heart is calmer then. And then night comes, you don't know where you will sleep, and again the problem. And you think again, and nonsense again. I don't know what to do at all...” (LT-I-12).

“There are loads of options: adapting to a certain circle of friends, among whom you want to show off, some kind of fatigue, trying to prove yourself... people have depression... It's all about being liked, when you don't feel in your place and become part of the circle” (LT-I-18).

● NPS are cheaper and more accessible than classic drugs. Only a few respondents said that NPS were cheaper than classic drugs. However, the majority of respondents said that prices of NPS are similar to or even the same as classic drugs. For example, one so-called “check” (wrap) of fentanyl costs EUR6, and one “check” (wrap) of heroin also costs approximately EUR6–10. Or, for example, 1 g of spices costs EUR10, and 1 g of cannabis also costs EUR10.

● Among sex workers, NPS are used for psychological relief: *“About sex workers we can mention one more aspect: it's psychological. They suppress the sense of conscience so that they can work*

and come to terms with themselves. They consume it [NPS] instead of sedatives...” (LT-I-08).

5.5

People who use NPS

The aim of this question was to understand who is using NPS. Is it mostly people with lived/living experiences (people with problematic drug use), or is it a new group of people who have started using drugs occasionally (i.e. people with non-problematic drug use)? There was no single opinion. However, most of the respondents agreed that NPS are used by both groups.

Speaking about younger people, respondents stated that most young people start using NPS after using other drugs (more classic drugs). And then, out of curiosity, they experiment with new substances:

“We think that it's both. ...I get the impression that most of the experimenters are still after smoking cannabis. Not those who start with NPS, but those who have already tried something: acid, ecstasy, or cannabis. NPS is not their first drug...” (LT-I-05).

“The experimenters who consciously choose new substances want to try and feel some new effects” (LT-I-04).

“I would just say it's young people. What I've noticed this year is that I've heard a lot of stories from the age group of about 20, how they are experimenting with absolutely everything. Consciously. I even know a man who said that our table [TripSit], with few substances in it, is no longer any use to him, because he is already experimenting with three, four and even five substances [in combination]” (LT-I-01).

“Well, it would not probably make sense for a person who has never taken drugs to start with exotic things. I think there is such an acquired taste here. I think it all starts with the classic drugs: energetics and “herbs”” (LT-I-10).

Some other respondents said that they know young people who started their drug use with NPS:

“There are young people who haven’t even tasted heroin. There’s a generation which started with new substances. And immediately with injections...Well, the youngest is 12 years old” (LT-I-09).

“Loads of youth are starting to use. And starting with fentanyl. Loads of people use fentanyl. And then they die young...” (LT-I-12).

“As far as I’ve come across, it was new people, teenagers, who were taking synthetic cannabinoids...” (LT-I-02).

People with drug use experience usually replace classic drugs with NPS:

“All old addicts use carfentanyl or fentanyl. And after using it, they don’t want to return to heroin use, because the high is not as strong as with carfentanyl” (LT-I-25).

One more group of people mentioned by respondents was inmates. NPS use in Lithuanian prisons is increasing and becoming a challenge for the penitentiary system:

“And one more group in Lithuania, and in all Europe, is inmates, who are also using drugs, mostly synthetic cannabinoids. And these substances are used with the purpose to not be identified, found or detected” (LT-I-04).

“In Pravieniškės [correctional facility], only spices are used by inmates” (LT-I-03).



5.6

NPS use in prisons

As mentioned in the paragraph above, NPS use among prison inmates is very common. Respondents who had been incarcerated at some time or whose friends or acquaintances were in prison explained which NPS are used and how they are prepared for use.



Sometimes people apply patches to their body, but if they can inject in prison, the most popular way is to extract the substance by boiling the patch.



Two groups of NPS were mentioned: synthetic opioids and synthetic cathinones. Fentanyl patches are common among those who use opioids, because they mimic effects of opioids. Sometimes people apply patches to their body, but if they can inject in prison, the most popular way is to extract the substance by boiling the patch:

“Not so common in freedom, but pharmaceuticals such as fentanyl patches go to prisons. This synthetic opiate is very strong for oncology patients... Nano technology: after applying it to the skin it works for three days. And every hour, some micrograms of fentanyl are released. But there are production methods to extract it and use it with other substances, so in prisons it has a lot of popularity. ...And with nano technology, it is not even possible to get everything out in one boiling. It can be cooked three or four times, depending on the manufacturer, and you keep getting something out. One cooking means four or five doses for people with an initial tolerance” (LT-I-03).

As the price in prison is very high, people usually cut the patch and share it with others:

“And there their price rises unrealistically. They cut it into small pieces... that patch costs 150–200 euros, depending on how many micrograms there are” (LT-I-03).

There are no needle and syringe exchange programs in Lithuanian prisons, even though official data (see Section 4.5.) show that the highest number of registered cases of mental and behavioral disorders is due to opioid use. In its most recent press conference the Department of Prisons said that it does not support this type of program: “*The Department of Prisons has made the treatment of addictions a priority by changing people’s behavior, using rehabilitation programs. And handing over tools—in this case, sharing syringes and needles—would be a last resort and recognizing that we cannot help those addicted by other means.*”⁶¹

So, as it is sometimes hard to smuggle needles and syringes into prisons, people use patches by applying them to their body:

“If there are no conditions in the prison to inject or cook, we just apply a patch, keep it, then take it off. After a while, again apply it to a body. Those nano technologies out there, if even a three-day patch is applied, then around 50% of the fentanyl from it is absorbed into the skin” (LT-I-03).

Some people take a greater risk and use one needle and/or syringe dozens of times, even though they know that they are harming themselves:

“I was imprisoned in Alytus. I was there for many years, and I was injecting from the same syringe. I was just washing it always with the same mug... Because if you wash it...take a syringe with blood and inject, you will just start shaking” (LT-I-25).

Besides the fentanyls, synthetic cannabinoids are also popular. In prisons they are mainly called chimké (chemicals). Sometimes inmates receive it prepared for consumption, and sometimes they need to prepare it in prison:

“Yeah...It’s in a powder, and later tobacco is sprayed with it. We receive it as a powder and then spray it” (LT-I-26).

“The same prisoners—we’ve heard from the Prisons Department—they just get letters written by hand as a letter, but the paper is impregnated with synthetic cannabinoid. And they just dissolve that letter. ...There

was another interesting case, too, from the prison, which was socks—ordinary socks—and under a luminescent lamp you can see spots. They contained a synthetic cannabinoid” (LT-I-04).

The prices of synthetic cannabinoids differ depending on the institution:

“Ten euros for 1 gram of “chimké.” And papers: six little squares for 10 euros. That’s here, in prisons...” (LT-I-27).

“Chimké...in prisons...is around 20 euros for 1 gram. In prison...yes, 20–30 euros per gram” (LT-I-28).

5.7

Routes of administration of NPS

Routes of administration of NPS depend on which psychoactive substance is used and who is using it. The interviews revealed an obvious difference between young people who use NPS occasionally and clients of the low-threshold services, who use NPS daily. Low-threshold service users inject and smoke NPS. In freedom, fentanyl and carfentanyl are injected (although a few people mentioned that they had tried to smoke it but prefer not to), and spices (*chimké*) are smoked:

“Chimké is smoked. A grass is sprayed, and then you can smoke it” (LT-I-31).

“Chimké you can smoke. There are different ways how you can smoke it: through the tobacco, through a bottle...through a lightbulb. You can chew it into small pieces, cut it and put it inside a cigarette with tobacco and smoke it” (LT-I-21).

“For example, you cannot inject chimké. It might kill you. It’s only for smoking” (LT-I-22).

“Synthetic cannabinoids are smoked. But lately I’ve noticed that it’s being smoked not as a joint, but from foil. A small piece on the foil—like crack or heroin” (LT-I-03).

“It also can be smoked [fentanyl]. But if other substances are mixed inside, then it’s

⁶¹ <https://bit.ly/3b0tNo2>

very bad. Most people inject it. Also I heard about the patch” (LT-I-21).

“Only intravenous use. Because when you smoke it, you need more. One day you smoke a check. Next day you smoke a check, and it’s too little for you. You need two. And when I inject, one check is enough” (LT-I-25).

“Fentanyl is of course injected into the vein. If it’s aerial [taken orally, smoked], it loses half of its beauty, it’s so-called high. In prisons, it’s patches” (LT-I-03).

Young people who use NPS occasionally use it mainly by snorting or swallowing it. Spices are not very common among people who use NPS occasionally; however, they know something about them:

“Spice is smoked. Bucikai [butyrate]: there are drops, so you measure it with a pipette” (LT-I-07).

“Anyway, almost everything I’ve consumed has been sniffed, except for the “drinks” that need to be drunk. In powder form, as these are synthetic materials, new and not “natural,” they are not very natural. It comes in powder form, so you snort it. Well, it is cool because it enters the mucosa. But I heard from one dude that he smoked some synthetic cathinones and really liked them” (LT-I-10).

“You can snort or swallow it [methoxetamine]. Snorting has a shorter but stronger effect. Swallowing is slower and more even. You can also put it under your tongue” (LT-I-32).

“Blots are popular. They started with hallucinogens: synthetic N-bomes, 2CB. Now it seems that other drugs are also similarly prepared and used” (LT-I-04).

5.8

Combination of NPS with other psychoactive substances and drugs

The combination of NPS with other psychoactive substances in Lithuania is not very common. It is more common that when people buy a substance, they do not know

what they are getting. As some of the studies showed (see Section 4.1.), for example, instead of pure fentanyl, people receive fentanyl mixed with methadone and other substances. However, those who are combining substances mentioned the following combinations:

- Carfentanyl with methadone
- MDMA or amphetamine with fentanyl (the respondent called it a speedball variation): “Clearly, fentanyl dominates, but at the same time it is mixed and then the effect of fentanyl lasts longer, and withdrawal does not start so quickly. If you use only amphetamine, it is stronger. People often do not control that effect, they turn to all sorts of stuff. Conversely, if carfentanyl is strong, it is not like after heroin that the inhibitory effect continues. Here the person just connects, wakes up, and soon his withdrawal begins. That’s why with amphetamine, he’s more in control of both substances, stays functional, and if he doesn’t need to do anything, move, he can just relax and feel that calming effect” (LT-I-03).
- Carfentanyl with spice (to strengthen the effect)
- As a rule, alcohol is used with almost all the substances, which also makes people more aggressive
- Fentanyl and carfentanyl are sometimes mixed with pharmaceuticals such as dimedrol, clonazepam, or lyrica to get a stronger and longer “high”: Well, there were “klonikai” (clonazepam)... You were buying something else because it [fentanyl/ carfentanyl] doesn’t last at all. It’s half an hour or an hour” (LT-I-26).
- Chimké (synthetic cannabinoids) with tobacco
- Fentanyl with heroin
- Chimké with fentanyl/carfentanyl: “To get a stronger effect. If you just use chimké, it kills you. And it’s only for five minutes. The person is in other world...But when you add

fentanyl or carfentanyl, then it clears out your mind...” (LT-I-22).

- Synthetic cathinones with amphetamines and alcohol.

Young, recreational drug users seem to tend to mix substances more. However, the respondents suggested that they combine substances spontaneously:

“There are two categories of people: people who are afraid, so they won’t mix; and other: I want to try it, to see what will happen. I’m the second category” (LT-I-32).

“Oh yeah...we mix a lot. There are lots of flips. ...We need more, bigger effects. But what effect exactly? Even we don’t know” (LT-I-14).

“

Young, recreational drug users seem to tend to mix substances more. However, the respondents suggested that they combine substances spontaneously.

”

“Everything is mixed with alcohol, I think. I think it is mixed, but it is very difficult to answer what effect, because everybody is mixing differently. There are loads of different combinations, so I cannot answer this question properly. Me, personally, I don’t usually really plan to mix substances, unless it’s a very good combination. It gets natural. Everyone drinks everywhere [alcohol], so everybody is actually mixing substances” (LT-I-10).

The most common combinations of drugs among young people who use NPS occasionally:

- Methoxetamine with MDMA
- Alcohol with all the substances (especially at festivals and parties)
- Ketamine with weed
- Mephedrone with weed.

5.9

Ways to purchase NPS

In Lithuania, drugs are mainly purchased from dealers. Online purchasing is not very common, because of the extremely harsh punishments (imprisonment for 3–10 years for drug smuggling), of which people are quite aware.

Young people who use NPS occasionally buy them from dealers whom they know or based on word of mouth. Usually, young people use drugs with a group of friends, so one person buys the drugs, and then they are shared with others:

“Nearly 50% of our service clients said that they purchased it before the festival. ...I’ve noticed in communicating with these young people, about 20 years old, that there are big groups of friends, and they share with each other. When we run this service [distribution of reagent test kits], we give out questionnaires where we ask clients to indicate with how many people they share substances with. That number ranged from 2 to 20, with an average of 5 people” (LT-I-01).

One respondent said that sometimes newsletters are sent to regular customers:

“There are newsletters from dealers with production, etc. It’s sent through the encrypted chat programs” (LT-I-32).

People with experience of drug use in Vilnius usually buy drugs in different parts of the city. Before 2020, when there was a Roma camp in Vilnius, all the drug selling was concentrated there. But since the camp was destroyed by the municipality of Vilnius and everyone from the Roma community moved to different areas of the city, drugs have become accessible in almost every part of Vilnius:

“And when the Roma were moved, it [drugs] spread around the city, though some are going to the former camp to sell. The camp has been demolished, but trade is still going on there. If you want to get heroin in the city, you know in which area and even house you can get it, but you have to find someone who will get it for you...” (LT-I-03).

“We buy from dealers, in the city. Now nothing is left from the camp...But some people still go to the camp” (LT-I-22).

“...There are many places now. Everything that was there [in the camp] moved to the city. They are available in almost all areas” (LT-I-26).

Some people buy drugs from the dealers directly, and some find a third person, who will go and get drugs for him/her, and then they share them. Sometimes people go to the dealer to buy drugs, and sometimes the dealer goes to an agree place and hands them over or leaves/hides them nearby:

“Now you give them money, and they tell you where it is. A box or paper...they do a kind of “zakladki” [hidden packages]” (LT-I-33).

“There are people to whom you give money, and they go and bring you drugs” (LT-I-23).

“Some time ago we were going. Now they call and come [dealers]. They give it [drugs] to a junkie here in Stotis or somewhere else in Vilnius, and that’s it. They give him an opportunity to earn a few checks in return for throwing some around” (LT-I-26).

“They are purchased in different ways... Everybody has their own place, or they know people, and others agree by phone. A third knows places where people are standing and selling. I heard about the Internet, but it’s almost just for substances that are smoked” (LT-I-15).

5.10

NPS prices

NPS prices are fairly stable and similar in different cities (Vilnius and Kaunas). Respondents in Kaunas usually mentioned prices per gram, whereas those in Vilnius mentioned prices for other units of measurement (a “check” or a square from a notebook).

- Fentanyl patch: 100 mcg: EUR50; 50 mcg: EUR20–25

- 1 g of fentanyl: EUR60–80 (depending on the quality); or EUR6 for one “check” (substance wrapped in aluminum foil) of fentanyl/carfentanyl
- *Chimké* (synthetic cannabinoids): 1g: EUR10–12 if it is in form of herbs; sometimes people buy sprayed tiny squares (from a notebook) which cost EUR10 per square
- 1 g of mephedrone: EUR20–45
- 1 g of methoxetamine: EUR42
- 1 g of ketamine: EUR40–70
- 1 g of crystals (synthetic cathinones, without an exact name): EUR30
- 1 l of GHB: EUR200.

5.11

Dosage and effects of NPS

In this section we wanted to understand the effects of taking NPS and in what dosages people are using them.

Dosages of fentanyl/carfentanyl differ considerably. The dosage depends on the tolerance that the user has developed for the substance, and on the amount of money they have to buy it. For some people it is enough to use one “check” for an injection, whereas others use **5–8 “checks” at once**. Usually this means **3–15 or more injections per day**:

“Usually two, three “checks.” Maybe a few people inject one “check” at once. If they inject, they inject two or three “checks” at once. Those who are “siting” [on drugs], the average number is 10 “checks” per day. If he is not on substitution, 10 or 15 “checks”” (LT-I-03).

“Three or four times per day. On shot is one or two “checks.” Dosage depends on the organism” (LT-I-33).

“10–12 “checks” per day” (LT-I-21).

“At the moment, per shoot I need four “checks.” Per day I need to have maybe six, maybe seven [injections]. I will do it as many times as I have drugs for. The organism gets used to it, and it may be that you shoot four “checks” and the effect is not the same, so you need more...” (LT-I-23).

The dosage depends on the tolerance that the user has developed for the substance, and on the amount of money they have to buy it. For some people it is enough to use one “check” for an injection, whereas others use 5-8 “checks” at once. Usually this means 3-15 or more injections per day.

“30 “checks” per day. One shoot/dosage is three “checks”” (LT-I-24).

“Five or six “checks” for one shoot are needed...If I would take heroin, 1 g. would be enough for one day. I would inject half a gram and then divide it into quarters, and it would be enough for the whole day. Maybe even half a gram per day would be enough. But with fentanyl, I would need at least a couple of grams: 3-4 grams” (LT-I-25).

“10-15 times per day. One “check” is one dose/injection” (LT-I-26).

“It depends how much money you have. It may be 20 or 30. It doesn’t matter. As much as you have, that’s how many shots you will have. Three or four “checks” per shot” (LT-I-27).

“I needed more than 2 grams. From 1 gram I could make 20-23 doses. First time [in a day] it’s 14 dosages, later it’s 10, then 10, and the last one before sleeping—not to lie—approximately 9 more. And sometimes I wake up at night. So three or four more”(LT-I-28).

“Half a gram [for one person], every couple of hours approximately” (LT-I-20).

Young people who use NPS occasionally said that they measure the dosage depending on the results they want to achieve and the route of administration. Dosages are usually checked on the Internet:

“I check the dosage on the Internet. Methoxetamine: it depends what experience you want—recreational or a k-hole. I find everything in Psychonauts Wikipedia... It also depends on the route of administration. You need the least for injection, then snorting and then taking orally” (LT-I-32).

“It depends on what results you want. You can use 1 g of ketamine with five friends for a night. If it’s a pure ketamine, then you don’t need too much: six or seven times for each person” (LT-I-31).

Most of NPS mimic the effects of established drugs. Therefore, the effects are quite similar, with some slight specifics. However, one of the most alarming issues related to synthetic opioids is the user’s fast-developing tolerance and need for frequent injections, as can also be seen from the information above about dosages.

● Fentanyl and carfentanyl can produce a **euphoric “high,”** but it does not last as long as, for example, heroin; it is **much shorter**:
“...A very euphoric “high.” Usually from it you feel a compulsive desire to consume more, to repeat. After an hour it ends, and it is somehow like opiates, but it is completely new and memorable” (LT-I-03).

“From fentanyl [you get] euphoria. It’s similar to heroin, but it doesn’t last as long: one hour, maybe two maximum” (LT-I-33).

“The high is the same as from heroin. However, it lasts for only two or three hours, not longer. You inject, and if you have money, after three hours you need it again” (LT-I-27).

“The effect is similar to heroin, but it’s stronger if the fentanyl is of good quality. Only that time is significantly shorter. If heroin lasted for 12 hours—if not for a day if it was good—then fentanyl lasts for 2-3 hours, well, 4, and you need it again. We need more frequent injections” (LT-I-15).

● All the respondents said that synthetic cannabinoids (spices, chimké) have the most unpleasant effects compared to other substances. They said that they mainly affect the mental health:

“Everything feels so hard...Your body feels hard. Seems like you cannot do anything. It looks like you are pushed into the ground and your brains are turned off, as well as your body” (LT-I-31).

“Spices, synthetic cannabinoids: it’s a total knockout. Two smokes and...even when you smoke, you can feel how the influx is coming. ...And the smoke disconnects your body. You don’t fall asleep, but you are on the boundary of it, and your body is unmovable.

Very strong effect. And if you are among people whom you don't know, you can be scared, because you will think that they can do with you whatever they want and you won't be able to resist" (LT-I-03).

"With chimké, you cannot control yourself. It's enough to take in one smoke, because if you take two, I don't know...you will get crazy. Actually, people go out of their mind" (LT-I-33).

"Oh...it's a very interesting effect: you don't remember anything. You can do so many things that you even won't remember. You can do anything..." (LT-I-21).

The effect of synthetic cathinones is described as relaxing and being more communicative. However, in the end, paranoia or other negative experiences are possible:

"Crystals are like cocaine. They break the ice for communication. Anxiety, paranoia are possible when the effect is finishing. Very unpleasant feelings" (LT-I-32).

"Mephedrone is like MDMA with amphetamine—a combo of it. Stimulating, euphoric" (LT-I-31).

"...Empathy and conversation. Everything is fun and nice" (LT-I-10).

Ketamine and methoxetamine are dissociative. Therefore, the most common explanation of the effect is feeling like being detached from your body, which can also cause a bad trip:

"Methoxetamine: very hard to walk, hard to navigate. It's distorting perspective" (LT-I-32).

"Ketamine is relaxing your body. You feel strange, fun, relaxed. But sometimes you can fall into the k-hole. Then it looks like you will die, that everything is lasting so long, even though it lasted only up to an hour" (LT-I-31).

The effect of GBL was described as being similar to alcohol but without a hangover:

"That butyrolactone works similarly to

alcohol, but shorter and it's more euphoric. You feel less poisoned. The minus is that you need to dose very accurately, to set a timer..." (LT-I-10).

5.12

Risks and consequences related to NPS use

Respondents could not identify many risks, as they lacked information about the substances they were using. Almost all respondents identified a **lack of information** on what a person is buying and using as a main cause of health risks and consequences. Every time a person uses a substance, he/she is risking his/her health. Even if substance is purchased from the same dealer and looks the same, it does not mean that the effects will be the same:

"The biggest risk is that the consumer doesn't know what he/she is using...It's not a pharmacy, who is carefully checking if the dosage in the pill is correct. Substances [paper, herbs] are sprayed unevenly: on one it could be 0% of it, on another 80%, and everything is in one package. So the danger is that in one package you have substances with different effects" (LT-I-05).

"Speaking about youth, they really don't know what substance they are using, what the potency is, and the effect is not predictable" (LT-I-02).

Respondents identified the following risks related with use of NPS:

Almost all respondents who inject drugs mentioned **overdose** as the main risk. Overdoses happen because the potency of substances changes, but people think they are using the same substance. Or sometimes this might happen when people change their dealers and start to buy from new people for the first time. In some cases overdoses may happen because of poly-drug use:

"The biggest danger, of course, is overdose. Well, it's practically a lottery, because even if you buy it, and you know and everyone knows that there is a poor quality, you are not protected. You may get the only "check" that is badly diluted, and there will be more of that fentanyl" (LT-I-03).

“So usually that is with this fentanyl... overdoses...Loads of people are drinking alcohol and top up with fentanyl injections” (LT-I-21).

“If it’s a new batch, then it is more/less diluted, and you can overdose. Because when I do a break, then I don’t know how much should I inject. Once I overdosed from half of the “check”” (LT-I-29).



Overdoses happen because the potency of substances changes, but people think they are using the same substance.



- **Trophic ulcers** and other kinds of wounds may appear on the skin:

“Because of all the other substances which are mixed in, and even if there are four or five other substances added to the carfentanyl, some are pills, some from the pharmaceutical factories in powder form. If it gets under the skin, it swells, then the trophic ulcers are large” (LT-I-03).

“It depends where you inject. For example, if in the legs, then wounds can appear. It may be that for some time you won’t feel your leg at all. So the risk is that you can end up without a leg, not being able to walk...” (LT-I-22).

- **Lymph flow:**

“Then carfentanyl itself has this side effect, if you use it often. It accumulates lymph secretions from the body. Even a small wound—blood from it, then no blood—lymph flows and flows” (LT-I-03).

- **HIV** through injecting drug use (sharing needles and syringes):

“Sometimes you may mix up your paraphernalia. Actually very often. And also you take water from someone else. For example, a person infected with HIV puts

his/her water on the table, and there is no other water...And you have a withdrawal, and you cannot think about anything else” (LT-I-21).

“There are situations when you get water from someone else. You know that you don’t have HIV, but he/she has. But you still take it. You’re at risk, because there is no water, nowhere to get water” (LT-I-30).

- **Inflammation of veins**

- **Sexually transmitted diseases:**

“New substances affect your mental system and sexual desire differently. Therefore, a person doesn’t maintain safety requirements...” (LT-I-30).

“Let’s start with the fact that he doesn’t know with whom he is sleeping. I mean, that it’s not clear who is having sex with whom. But without condoms, without protection. Behavior changes, you get so uncontrollable, looser. Much too much relaxation, completely unconscious, I would say” (LT-I-17).

- **Weight loss**, because of the long “marathons” (a few days in a row using drugs, not eating)

- **Heart problems**

- **Shortness of breath (dyspnea)**

- **Aggression** (especially in cases when synthetic opioids are mixed with alcohol)

- **Mental health issues, such as psychosis, paranoia** (typical for both groups of users: those who use NPS occasionally and those who use them daily):

“Psychosis. It’s something that was not typical for our clients” (LT-I-08).

“I think that if you use some sprayed thing constantly, then you will have serious trouble with your nervous system, brain and emotional health; it will definitely have a negative effect” (LT-I-13).

“Paranoia, panic attacks after the stimulants. Or psychosis on a third day” (LT-I-32).

- **Hallucinations**, sometimes ending up with bad experiences (bad trips):
“That weed, well, spices, I mean, the effect lasts only 15 minutes, but I see things. I tried it, so I know. I see things. I saw my own death 10 times when I smoked it” (LT-I-12).

- **Hepatitis**

- **Liver and kidney issues**, as well as liver and/or kidney failure

- **Numbness or tingling of toes and fingers**

- **Ketamine bladder syndrome**

- **K-hole** is also associated with some risks such as feelings of detachment or disassociation from yourself and your surroundings. It can also cause panic attacks, anxiety, paranoia, and disorientation. Blood pressure and heart rate change, so it is necessary to keep an eye on someone:

“When a person falls into a well [K-hole], their breath weakens; they look like a crushed sack. It is necessary to keep an eye on them...” (LT-I-32).

“With ketamine it looks like receptors of perception of reality are disconnected. It looks like I’m dying” (LT-I-31).

5.13

Overdoses and responses to them

Most of the respondents mentioned overdoses as one of the main risks of using NPS such as fentanyl and carfentanyl. Symptoms of overdose from synthetic opioids mentioned by the participants are very similar to those from classic opioids:

- Loss of consciousness
- Breathing is very slow or has stopped
- The skin tone turns bluish purple or grayish/ashen
- Fingernails and lips turn blue

- Pulse (heartbeat) is slow, or not there at all
- Slurred speech.

“Symptoms are the same as from heroin or poppies. Lips get blueish; it’s hard to breath; the person starts to choke, then not breathing, heart stops” (LT-I-15).

One respondent identified a few symptoms of possible overdose from synthetic cannabinoids:

“You feel weak, bad, nauseous, but it takes a short time: it takes an hour” (LT-I-31).

There are different responses to overdoses from synthetic opioids in the community. These responses are not necessarily proven by science, but they are used among the community and help to save people’s lives:

- People call an ambulance
- Artificial respiration
- Naloxone helps in lots of cases when people overdose not only from classic opioids but also from synthetic opioids:

“You need to have naloxone. If for acute heroin overdose you need two ampoules, then for carfentanyl overdose, four ampoules. A fifth ampoule helped, and the person started to breathe” (LT-I-03).

“The person shot nine “checks” at once and overdosed. But two ampoules of naloxone helped” (LT-I-33).

“For one friend we injected four ampoules, and only after that did he wake up” (LT-I-25).

- Talk to a person and keep him/her awake, stay with him/her, and calm her/him down if the person is aggressive or has a panic attack

- Give a person water

- Press the acupuncture point:

“There is an acupuncture point that has been tested in practice. If there is no naloxone, there is an acupuncture point under the nose, which, when pressed very hard, can even be applied to yourself if you feel [even without using drugs], from the heat, from weakness, if you feel unconscious. It looks like an overload button. You press very,

very hard, and something seems to be overloading there” (LT-I-03).

- Rubbing ears, neck
- Indirect heart massage
- Injecting salt into the veins:
“You can mix salt into the veins, if you have it...You just dilute salt with water and inject it into the vein” (LT-I-27).



...if a low-threshold service does not have a doctor, then it is not possible to distribute naloxone.



From all the stories shared, it seems that naloxone helps in most cases when a person overdoses from synthetic opioids. However, not everyone knows about it or is able to obtain it, because naloxone is included in the list of restricted substances. This also means that low-threshold services cannot distribute it. Only doctors can do so, and if a low-threshold service does not have a doctor, then it is not possible to distribute naloxone:

“Only a doctor can dispense it. Legally a clever barrier. By the law, institutions cannot have it” (LT-I-08).

“It would be great if everybody had naloxone, because usually you don’t inject alone. So if somebody overdoses, then the other person could help. Because in that “Gerosios vilties” bus they have [naloxone] very rarely, and only if the doctor is with them can we get naloxone” (LT-I-33).

5.14

Treatment for NPS users

There are no specific treatments or programs for NPS users in Lithuania. Clients are treated based on the Minister of Health Order No. 204 “On the Approval of Standards for the Treatment and Rehabilitation of Addictive Disorders.”⁶² Health specialists are using the ICD-10 classification

system to make diagnoses. This means that if a person has a synthetic cannabinoids use disorder, the diagnosis will be F12; synthetic cathinones use disorder will go under F15; and synthetic opioid use disorder will go under F11.

“You see, there are probably no special protocols out there, because there are no medications for specific treatment—only for withdrawal, and for relapse prevention. It all leads to symptomatic treatment: insomnia, anxiety. Some medicaments are prescribed, afterwards—psychosocial treatment. There is no great need for separate protocols” (LT-I-02).

People from the community of people who use drugs had never heard of any specific treatment programs for NPS users. However, most of them had heard about rehabilitation programs, OST, detoxification, and the Minnesota program. A significant majority of people had never tried these programs, for different reasons, such as:

- Stigma and discrimination in health institutions, and judgmental attitudes towards people who use drugs:
“There is a lack of a warm attitude from workers towards people who use drugs, because things are changing very slowly there. There is still an attitude from Soviet times that addicts are terrible people, that they need to be punished all the time, not helped. Basically, the point is attitude” (LT-I-15).
- Waiting for a very long time to get into OST (people would like to get treatment, but there is a lack of financing, and OST coverage is not meeting the demand)
- They do not have enough money and cannot afford the different rehabilitation programs; also, such programs do not resonate with their lifestyle and values (i.e. lots of rehabilitation programs are based on a religious approach, which is contrary to respondents’ views)
- Lack of motivation to start treatment programs.

⁶² <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.165856/asr>

5.15

Harm reduction services for NPS users and the need for new approaches

Most of the respondents from the community of people who use drugs could not answer immediately whether and what kinds of harm reduction services exist in Lithuania. However, after an explanation of what they are, the respondents said that they exist. They said that nothing specific is needed for NPS users, but also nothing specific for other substances. Harm reduction services mentioned by the respondents are:

- Needle and syringe exchange
- Distribution of naloxone
- HIV testing and referral to treatment
- Social support and assistance:

“It’s very good that now you are helped to get a passport. Because junkies usually lose it... well, sell not lose. Some time ago they cost 30–40 euros. Now it costs 6 euros. They sell their passport to buy a “check”” (LT-I-22).

People who use drugs occasionally knew and mentioned two organizations/initiatives that are providing a range of harm reduction services at music festivals and parties: Be Safe Lab and the NGO Young Wave. Both organizations/initiatives provide information about drugs and risks related to their use, distribute condoms, and provide psychological support (PsyHelp) for those who have difficult experiences (so-called “bad trips” and other unpleasant effects). Be Safe Lab also tests people for HIV, and people can check their blood alcohol content with a breathalyzer. Young Wave distributes reagent test kits (drug checking) and different safe drug use equipment (straws, gelatin capsules, vitamins).

Another question was to identify the needs of NPS users, what is missing from existing services, and how they can be improved. One of the suggestions was to change and adapt the route and location of the **mobile bus**, according to the changing drug scene and where it is happening. Respondents would also like to have **outreach workers** to support people in different areas of Vilnius:

“Some time ago the main drug scene was happening in the station area, Sparta, and

the Roma camp. And so the harm reduction programs we have, the mobile van, are directed to these geographical locations. But now carfentanyl is in the whole city. ... Mobile services are needed, peer-to-peer consultations, outreachers. Carfentanyl is across the entire city, so it would be great if outreachers had a bus and worked there. The bus comes to a geographical location, and these people [outreach workers] walk around the area with bags, communicate with people who use drugs, and distribute what’s needed” (LT-I-03).

Low-threshold services currently only operate on weekdays, and are closed on Saturdays and Sundays. This means that clients of these services cannot receive the support or paraphernalia they need at **weekends**:

“It would be great if you would work on weekends. Because on Saturdays and Sundays people are injecting with the same syringes 25 times” (LT-I-33).

“I have only one suggestion. For example, it’s very bad that we cannot get equipment on Saturdays or Sundays. We start to inject with old [syringes], rupturing veins and making an inflammation. That’s the only bad thing. So if something would change on weekends, or on Fridays you could get more equipment, so it would be enough for Saturday and Sunday, then it would be great” (LT-I-22).

One respondent mentioned that there are lots of issues related to teeth, so maybe harm reduction services could have a dentist or clinics with friendly dentists, which would provide free services:

“Maybe additional treatment: for example, dental treatment. Because very often addicts...they have problems with teeth. And they don’t have a dentist...” (LT-I-22).

Distilled water is distributed for people who inject drugs. However, fewer ampoules are distributed than needles and syringes:

“Six ampoules of water are needed. Because when you use an ampoule of water once, you won’t be carrying it; you can’t even close it. You just throw it away. So basically it means that for each injection you need a new ampoule [of water]” (LT-I-33).

A few respondents mentioned that it would be great to support people a bit more with food and to help them find a **place/shelter to sleep**:

“Maybe they could help with food. Because some people lack food. Or, for example, to find a place to sleep. Or to refer somewhere” (LT-I-24).

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As more injections are needed with the use of synthetic opioids, people also need more drug use equipment.

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As more injections are needed with the use of synthetic opioids, people also need more drug use equipment. However, there are limits on how much equipment can be distributed to a person. Respondents from the community of people who use drugs would like to receive **more drug use equipment** each time, so there would be no need to travel each day through the city:

“...Maybe it’s enough, but if you need to travel each day... because you live far away... then it’s too little” (LT-I-24).

Foil and pipes for smoking were mentioned, but most of the clients of low-threshold services said that they are not needed, as people are mainly injecting drugs:

“Acid [citric]—yes. It happens that it’s used together with a drug to dissolve it normally. But pipes...I don’t know. Not that many people are smoking. Everyone I know is sitting on the needle. Maybe the new generation is smoking. But only in the beginning. One month and it will be the same as with everyone else: they will be sitting on the needle” (LT-I-25).

A few respondents mentioned **psychological support** as a service that they would like to receive at low-threshold facilities.

Educational-informational programs were also suggested, to inform and raise awareness among people who use NPS:

“You need to organize programs, at least half an hour. So a person can come and listen to

what happens, what happens from drug use. To show a movie, you know?” (LT-I-28).

As for services for people who use drugs occasionally, a few suggestions were made. As one of the biggest challenges with NPS and other substances is that people do not know what they are buying, and sometimes they buy a totally different substance than they thought they were buying, it would be great to have an opportunity to test drugs: **professional drug checking**. At the moment, because of the punitive laws, NGOs working in Lithuania cannot provide on-site drug checking, because possession of any amount of drugs may result in criminal liability. This is why the NGO Young Wave distributes reagent test kits to people, and they can check their substances themselves in a safe place. After checking the substance, people are invited to return to Young Wave peer educators and peer consultants and have a conversation about the results of the test, and how to minimize risks of drug use. So different forms of drug checking were suggested by the respondents:

“To have drug checking, as LOOP has. Or also it would be awesome to send substances by post to an organization which is checking substances. Lots of people want to or would like to check their substances before they use them, but they are also sometimes afraid to show their face. So this service would perfectly work by post. As it’s done in other countries” (LT-I-32).

“What people [clients] mentioned as a weakness is that they feel unsafe [when they take reagent tests]. They mentioned a lack of safety. So it would be great to create a safe environment [for drug checking]. ...People mentioned that they didn’t like that they are sent to check their substance somewhere else. They would like to do it on site” (LT-I-01).

“My dream would be to know what I am using. If you knew what are you taking...I know that there are some tests—for example, for stimulants, amh...Marquis—there are two tests which tell you if your substance contains MDMA, or if there is amphetamine,

or something else. I read that abroad they are very popular, in the nightclubs you can check your substance, but here...we are so far from it” (LT-I-14).

Different types of safer drug use equipment packages were also mentioned. Some of the **equipment for safer drug use** is currently distributed, but it is not a full package of the equipment, just one small piece. For example, straws are distributed for those who are snorting substances; however, respondents said that it would be much better to have a package of equipment, including natural sea water for the nose, cards, straws and chewing gum:

“It would be great to have different kinds of packages. For smoking, for snorting” (LT-I-31).

“Sea water spray; water for the nose is very much needed. In small ampoules” (LT-I-32).

Speaking about harm reduction service providers, all agreed that the biggest challenge in providing services for all people who use drugs is the **lack of funding**. While some of the organizations are receiving some funding from the state budget, others are receiving almost nothing or nothing at all. The lack of funding affects the work of these organizations, of course:

“We lack the financing very much, because we are...in a gray zone. Still, everyone lacks a kind of proof that counseling is valuable and useful. People still often think that an “expert” approach is important in this place... Here I’m talking perhaps more about those people who watch what we do from the outside; the consumers themselves are happy with our counseling. Of course, when people use our services, they value them differently” (LT-I-01).

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While some of the organizations are receiving some funding from the state budget, others are receiving almost nothing or nothing at all.

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“Needle exchange is not financed. In Lithuania we didn’t receive any money, except programmatic funding of 30,000 euros per year. Now structural funds are financing services from this year [2020]. The budget is formed, but it’s not enough for us. We are in a strict framework. We cannot pay a bigger salary, because everything should be strictly justified. We don’t have enough equipment. We always need to look for additional funding, ask for aid” (LT-I-34).

Psychiatric support for people who use drugs should be organized at low-threshold services, where people could receive it without any barriers, stigma, or discrimination. Respondents from both the community of people who use drugs and harm reduction service providers mentioned that psychiatrists are needed in the low-threshold services, but there are some challenges:

“Another thing is psychiatric help. They really would need it, or even to navigate support to a psychiatrist, so a person doesn’t get lost. You know...people are disorganized” (LT-I-08).

“The legal framework must be in order; otherwise the psychiatrist will not be able to work in a non-medical institution. I think that people would go [to a psychiatrist]. From time to time we had small grants, and the help of a psychologist was provided. There really is a demand” (LT-I-34).

5.16

Law enforcement attitude towards people who use drugs

The questionnaire included a question on the attitude of law enforcement officers to people who use drugs. As with all the studies in other countries, we heard from people about a violent attitude of the police to people who use drugs. Most of the respondents said that they had faced violence themselves, or had seen how the police acted violently towards their friends or acquaintances. But, at the same time, respondents mentioned that the attitude of the police officer depends on the person. There are police officers who are just doing their job according to the law, and there are police officers who do their job but act violently:

“How they act...Normally. I can’t say... There are different officers...there are those who beat you or something like that” (LT-I-23).

“They always act badly. They regard us as addicts, as “lost” people, etc. Rude. They can check your pockets carefully, afraid to get stabbed [with a needle], get infected. They can beat you. Well, it depends what cops and in what situation they arrest you” (LT-I-15).



Most of the respondents said that they had faced violence themselves, or had seen how the police acted violently towards their friends or acquaintances.



“There are different nuances...it depends on the officer who arrests you. If he is doing his job and doesn’t feel a desire to humiliate you, then he will just do his job. But there are humiliating situations; there are cases when physical violence is used without justification” (LT-I-18).

A few of the respondents recounted cases when they or their friends were beaten by a security guard in a shop or by the police. However, they did not ask for any help afterwards, because they felt that nobody would help them, because they were using drugs:

“He put handcuffs on, a bag on my head and stretched it around so that I would not scream, tied my mouth and beat me. Turned off the cameras. One woman guard sat at the computer, and another, a man, beat me. And for her it was nothing; they handle everything there together” (LT-I-21).

“Well, how...cruel. With addicts they are cruel. Here, for example, somebody recently stole a handbag from the officer. And here, all the addicts were beaten here, oh my God, especially by those operai [undercover police]. ...They were stopping us somewhere in the street, taking us around the corner and beating us. They wanted to know who did it [stole the handbag]” (LT-I-22).

“And beaten more than once. I came once to do sports, with whoever I have to do it with. I had just left the correctional facility, well, I looked massive. Says [the police officer]: “Play sports.” I say: “Why do I have to play here?” So they frown with a rifle at my head and say: “Run.” And I say: “Why am I supposed to run here?” They say: “Well, run. We want to see if you’ve grown that way.” I didn’t run and told them to go away. So they started kicking me” (LT-I-28).

One respondent said that the police sometimes take away syringes and break them so that people cannot use drugs. Organizations working in the drug policy and harm reduction field also noticed that drug policy is oriented at punishing people and intimidation:

“It’s just based on intimidation. Based on punishments. We have raids. We are very saddened by this attitude. At clubs, parties, festivals too. Even before the festival, people are searched with dogs. Even that is based on a culture of fear, because at one of our festivals, the guards, if they found some stuff, they were just telling people to give them money or they would call the police” (LT-I-01).

CONCLUSIONS & RECOMMENDATIONS

NPS started to appear on the Lithuanian drug market in 2005, but they only gained momentum in the last few years. There are numerous reasons why it is necessary to start developing responses to the emergence of NPS in Lithuania:

- People do not know what they are buying, and each time a substance can be different, even though people think they are buying the same substance. In some cases, people think they are buying a traditional substance, but instead they receive an NPS.
- There is a lack of information about NPS, awareness of the risks and consequences related to NPS use, and how to reduce risks.
- Compared to traditional drugs, overdoses are more common among people who are using NPS, and there are no specific antidotes developed to save people's lives (except naloxone, which seems to help in cases of overdose from synthetic opioids).
- More frequent injections and increasing tolerance are very specific to NPS use.
- People who have never tried any other substances before are starting to use NPS.
- People are committing more crime (robbery, theft) to earn money to buy NPS. Much less money was needed before, as the effects of traditional substances lasted longer, and people did not need to use them as frequently.
- NPS and other drugs are spreading around Vilnius city. A year ago, drugs were concentrated in one place (a Roma camp), but the camp was demolished, and now there are many more places in different areas of Vilnius where drugs can be purchased.
- Repressive laws and policies are affecting people's choice to use NPS. The disappearance of traditional drugs and the impossibility of detecting NPS during medical or other check-ups make people choose NPS.

6.1 Conclusion

- During the study, respondents mentioned six different groups of NPS that they are using: synthetic opioids (fentanyl, carfentanyl), synthetic cannabinoids (spices, *chimkė*), synthetic cathinones (mephedrone, bath salts), dissociative hallucinogenic NPS (ketamine, methoxetamine), classic hallucinogenic NPS (2C-B), and central nervous system depressants (GBL/GHB, butyrate).
- NPS are used by both those who have lived/living experiences of drug use and those who never tried other drugs before. The latter group consists mainly of young people who want to try drugs; because of a lack of knowledge and any possibility to check the substance, they are sold an NPS, instead of traditional drug. A third group of people who use NPS identified during the study are prisoners, who are using NPS because they are easier to smuggle into prison and hard to detect in medical check-ups.
- The route of the administration usually depends on the person and the substance. People with drug use experience usually inject NPS (synthetic opioids and sometimes synthetic cathinones). Synthetic cannabinoids are used by both people with lived/living experiences and young people. Usually they are smoked. Young people also

snort and swallow substances. The route of administration is chosen depending on what effect they want to achieve and how fast.

- Sometimes people mix substances on purpose, but in most cases they purchase already mixed substances and use them without knowing what is inside. Substances can contain other drugs, or chemicals. People tend to combine substances deliberately to strengthen the effect or make it last longer.
- Drugs are mainly purchased from dealers in different parts of the cities. Sometimes people buy drugs directly from a dealer, and sometimes they pay in drugs for their peers to go and get drugs from a dealer.
- NPS prices vary depending on the drug. For example, 1 g of fentanyl/carfentanyl costs EUR60–80. Usually it is sold in “checks,” where a “check” costs EUR6. 1 g (or one tiny square of a notebook) of spices/*chimké* costs approximately EUR10–12. 1 g of mephedrone costs EUR20–45, and 1 g of methoxetamine costs EUR42.
- The dosage of fentanyl/carfentanyl depends on the tolerance that a person has developed for the substance, and the amount of money he/she has to buy it. For some people it is enough to use one “check” for an injection, whereas others use 5–8 “checks” at a time. This usually means 3–15 or more injections per day.
- Most NPS mimic the effects of established drugs. So the effects are quite similar, with some slight specifics. However, one of the most alarming issues related to synthetic opioids is the rapidly developing tolerance and the need for frequent injections. Fentanyl and carfentanyl can produce a euphoric “high,” but it does not last as long as, for example, heroin; it is much shorter, which makes people use it more frequently. Synthetic cannabinoids (spices, *chimké*) mainly affect mental health (person cannot remember anything, paranoia, anxiety). Effects of synthetic cathinones are described as relaxing and the person being more communicative. However, in the end, paranoia or other negative experiences are possible. Ketamine and methoxetamine are dissociatives, so the effect is most commonly described as a feeling of being detached from your body. This also can cause a bad trip. The effect of GBL was described as being similar to alcohol, but without a hangover.
- Almost all respondents identified a lack of information on what a person is buying and using as a main issue causing possible health risks. Every time a person uses a substance, he/she is risking his/her health.
- Respondents who inject drugs mentioned overdose as the main risk to health. Overdoses happen because the potency of substances is changing, but people think they are using the same substance. Or sometimes this might happen when people change their dealers and start to buy from new people for the first time. In some cases overdoses may happen because of poly-drug use.
- Other risks and consequences mentioned by the study participants were: trophic ulcers and other kinds of wounds on the skin, lymph flow, HIV infection from sharing needles and syringes, inflammation of the veins, sexually transmitted infections, weight loss, heart problems, shortness of breath, aggression, mental health issues (psychosis, paranoia), hallucinations, hepatitis, issues with liver and kidney, numbness or tingling of toes and fingers, ketamine bladder syndrome, and K-hole.
- People who inject drugs knew the symptoms of overdose from synthetic opioids, as they are similar to those from traditional opioids (such as heroin): loss of consciousness, breathing is very slow or has stopped, the skin tone turns bluish purple or grayish/ashen, fingernails and lips turn blue, pulse (heartbeat) is slow, or not there at all, and slurred speech. There are different responses when a person overdoses, but the most common are: calling an ambulance, doing artificial respiration, indirect heart massage, and injecting naloxone (for bigger doses).
- There are no specific treatment programs for people who use NPS. People are

treated based on diagnosis, made with the ICD-10 classification system. Respondents were skeptical about the treatment for a few reasons: stigma and discrimination in health care institutions, a judgmental attitude towards people who use drugs (especially from older specialists), long waiting times to get into OST (people would like to get treatment, but there is a lack of financing, and OST coverage is not meeting the demand), they do not have enough money and cannot afford the different rehabilitation programs, and there is also a lack of motivation to start treatment programs.

6.2

Recommendations

- The data collected and the interviews conducted revealed that not only do repressive drug laws in Lithuania affect the lives of people who use drugs, but also there is a correlation between the implementation of repressive laws and the emergence of NPS on the drug market. As soon as traditional drugs were criminalized in Lithuania in 2017, more dangerous NPS started to appear, and people started to use them because they were legal and could not be detected by different examinations. It is necessary to review the existing legislation and make changes based on the evidence and human rights-based approaches (at a minimum, to abolish criminal liability for possession of small amounts of drugs without intent to distribute).
- Most of the NPS seized are seized while crossing the border into Lithuania (people order NPS by post). According to Lithuanian law, smuggling any amount of drugs is a criminal offense punished by 3–10 years in prison. This Article should be reviewed and changed, because even in court practice it causes judges considerable confusion to punish a person with such an incomprehensible sentence, especially in cases when the person is a first-time offender, for a small amount, and without intent to distribute it.
- Small, large, and very large quantities of drugs are listed in the Lists of Drugs and Psychotropic Substances. Judges determine whether an offense has been committed and impose a sentence based on this table and other circumstances. However, the table contains a gap—a so-called “gray zone”—between small and large quantities. The quantities which fall in between small and large quantities are not regulated by these recommendations. So, if a seized substance is in the “gray zone”, the judge needs to decide based on his/her opinion and, if possible, on established case law. Furthermore, the amounts and categories of drugs in the lists should be reviewed and justified based on science.
- The “Description of the procedure for the provision of low-threshold services” regulates the provision of low-threshold services in Lithuania. Wound dressing and selective rapid HIV testing can be done only by a person from a health care institution with which a low-threshold facility has an agreement. This means that if the facility does not have funding and an agreement to cover such work, it cannot offer HIV testing or wound dressing at that site. This is a barrier to access HIV testing and treatment. This clause should be removed, and trained staff of low-threshold services should be also allowed to test people for HIV.
- All data about drug use among inmates show that the number of people who use drugs in prison and those who have developed substance dependence is increasing. Drug use is common among inmates. Data also show that it is more likely that people will develop drug dependence in prisons, which cannot ensure safe spaces and access to the treatment needed. It is important to emphasize that if a person develops opioid dependence in prison, they cannot receive OST according to existing laws. The law on access to OST in prisons should be reviewed to make OST available for those who develop opioid dependence in prison. Science and evidence-based measures, such as syringe and needle

exchange programs, should be introduced in the penitentiary system; as should the distribution of condoms, without limiting them to visitation. It is important to ensure that inmates who are leaving detention facilities can continue their OST and HIV treatment in the community, and have access to naloxone.

- Scarce data due to the low number of studies on hepatitis C and hepatitis B among people who inject drugs do not allow the true prevalence of these infections among this group to be determined and possible prevention measures to be planned. The United Nations and the World Health Organization recommend that diagnosis, referral to treatment, vaccination, and prevention of hepatitis C and hepatitis B among people who inject drugs should be included as part of the comprehensive package of harm reduction interventions. However, the legislation in force in Lithuania does not regulate the procedure for performing selective rapid HIV, hepatitis C, or hepatitis B testing.
- The coverage of OST in Lithuania is considered low, with fewer than 20% of all people with high-risk opioid use covered. As can be seen from the interviews with the respondents, the majority of them are using synthetic opioids, and they could use OST. Even though people would like to receive OST, they are not able to do so because of a lack of funding for it. People need to wait for a long time (months and years) to receive OST; while waiting, they continue to use drugs. The government should ensure funding for OST for all those who want to receive it.
- The number of syringes distributed has increased over the last few years, but it is still insufficient: people who inject drugs receive an average of 19–29 syringes per year. As our study shows, people need 3–15 injections per day if they use NPS. Meanwhile, the World Health Organization recommends that by 2020, at least 200 syringes per person need to be distributed per year, and by 2030, it will need to be 300 syringes per person per year.

To ensure sufficient availability of low-threshold services, service coverage should be increased to 60%. However, existing funding for low-threshold services allows just over 20% of demand to be covered.

- Only by raising awareness among people who use drugs about overdoses and ensuring effective treatment for drug dependence, as well as community distribution of naloxone and safe consumption rooms, can the government act to prevent overdoses. Currently, naloxone is distributed only to clients of OST programs upon completion of training on how to use it in four cities in Lithuania. A small number of clients of low-threshold services can also access naloxone. To reduce the number of overdose deaths, it is necessary to expand the naloxone distribution program by providing it to people leaving prison, increasing the number of naloxone kits, and including peers in the distribution of naloxone. The interviews made it obvious that naloxone saves the lives not only of people who overdose with traditional opioids but also in cases of overdose from synthetic opioids (fentanyl, carfentanyl).
- It is important to improve access to services not only for people with lived/living experiences of drug use but also for those who use drugs occasionally. Data show that the number of young people who start using drugs (including NPS) is increasing; however, there are no government-funded youth-friendly harm reduction services for them. Harm reduction services for this group are provided occasionally (at music festivals and parties), but the provision of services is also voluntary, and only one initiative/organization is receiving a small amount of money to provide such services. These services should have both experts and peers working in a team to provide a comprehensive package of harm reduction services.
- Respondents from the community of people who use drugs made a list of suggestions for improving services, based on current needs and substances used:
 - Change the route and location of the

mobile bus, according to the changing drug scene and where it is happening. Also, provide outreach workers to support people in different areas of different cities.

- Low-threshold services should also operate on Saturdays and Sundays, because now they are closed on weekends, which means that clients cannot receive support or paraphernalia at weekends.

- Distilled water is distributed for people who inject drugs. However, fewer ampoules are distributed than needles and syringes. It is recommended to distribute the same amount of ampoules as syringes, so people will not share their water with other users.

- More social support is needed: help with dentists or friendly clinics that will offer dental care to people who use drugs, and support people a bit more with food and help to find a place/shelter to sleep.

- Distribute more drug use equipment at a time, so people will not need to travel every day to low-threshold services.

- Psychological support should be offered at low-threshold facilities.

- Educational-informational programs are needed to inform and raise awareness among people who use NPS.

- As one of the biggest challenges with NPS and other substances is that people do not know what they are buying, and sometimes may buy a totally different substance than they expected, it is necessary to have an opportunity to test drugs: professional drug-checking facilities and equipment.

- Distribute packages with equipment for safer drug use (i.e. a snorting kit should include at least natural sea water for the nose, cards, straws, and chewing gum).

- The specialists interviewed proposed the following recommendations:

- Funding needs to be increased. Many of the needs of organizations working in the field cannot be met because of the lack of funding. This results in lower coverage of people reached, and fewer syringes distributed. Organizations cannot introduce any new services or distribute equipment to people who use drugs. Some organizations cannot operate on a daily basis, because they do not receive any funding at all and all their work is voluntary.

- Psychiatric support for people who use drugs should be offered at low-threshold services, where people could receive it without any barriers, stigma, or discrimination.

