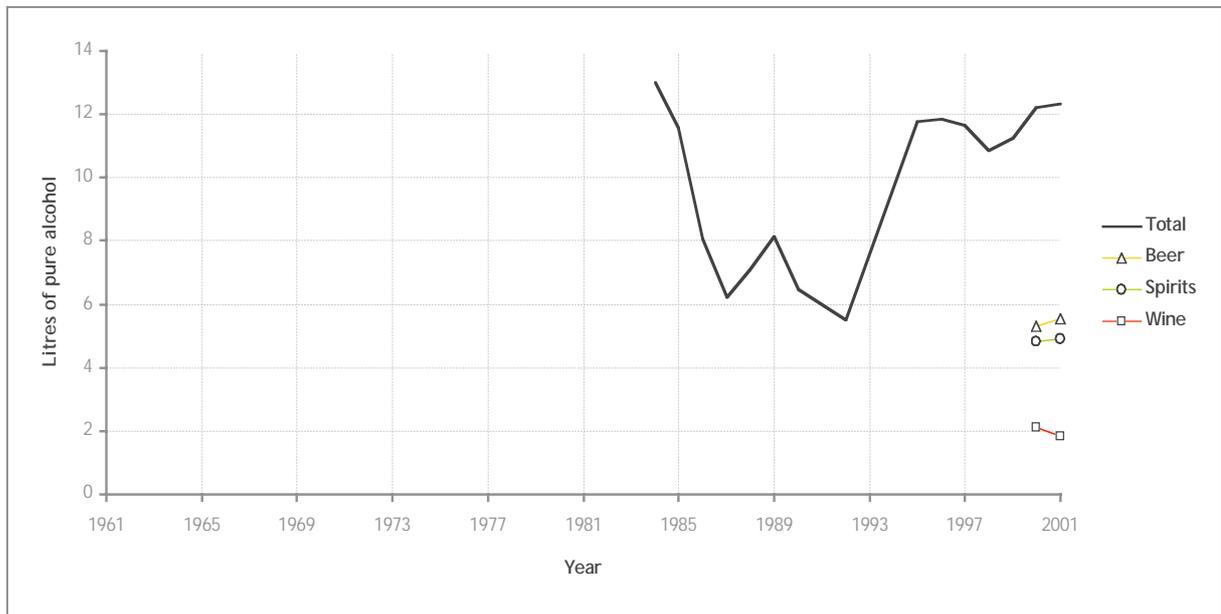


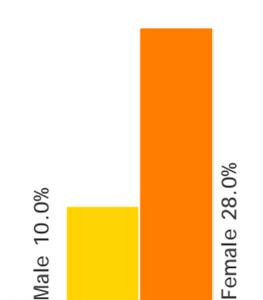
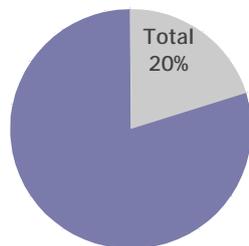
# LITHUANIA

## Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

## Last year abstainers

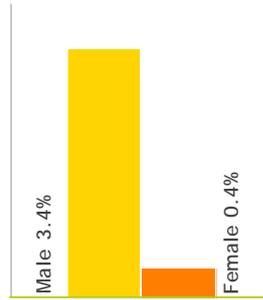


Data from a 1999 national survey conducted among 3159 households with respondents aged 19 years and above.<sup>1</sup>

The same survey also found that the average number of alcohol units consumed on the last drinking occasion was 5.4 among those having had at least one drink during the last month and 2.4 for the total population.<sup>1</sup>

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 15% (males) and 46% (females). Data is for after year 1995.<sup>2</sup>

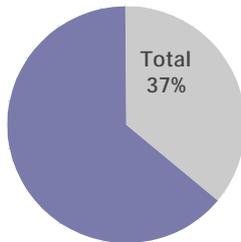
Heavy drinkers (among drinkers)



1997 cross-sectional survey of adults aged 19 to 64 years (original sample size  $n = 2139$ ). Data shows percentage of heavy drinkers among respondents who consumed alcohol during the previous week (subsample  $n = 1194$ ; males  $n = 711$  and females  $n = 483$ ). Heavy drinking was defined as consuming more than 80 g of pure alcohol a day.<sup>3</sup>

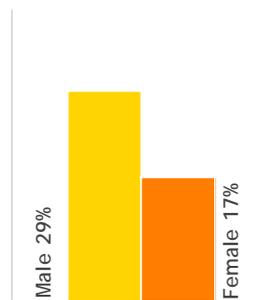
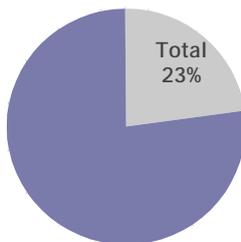
A 1998 survey of 1874 adults (44% male) aged 20 years and above found that 29% of the total population sampled (27% of males and 31% of females) were frequent consumers of strong alcohol (spirits). Frequent consumption was defined for men as once a week or more and for women as 2–3 times a month or more.<sup>4</sup>

Binge drinkers (among drinkers)



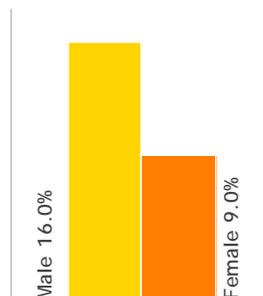
Data from a 1999 national survey conducted among 3159 households with respondents aged 19 years and above. The corresponding rate for the total population was 16%. Binge drinking was defined as having had five or more alcohol units on the last drinking occasion.<sup>1</sup>

Youth drinking (alcohol consumers)



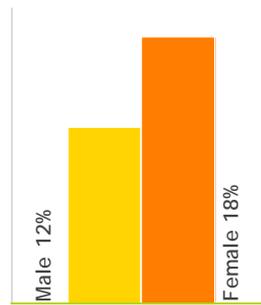
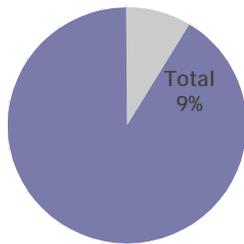
Data from the 1999 ESPAD survey. Total sample size  $n = 5039$ ; males  $n = 2609$  and females  $n = 2430$ ; age group 15 to 16 years. Alcohol consumer was defined as lifetime use of 40 times or more.<sup>5</sup>

Youth drinking (drink at least weekly)



HBSC survey 1987/1998. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size  $n = 1435$ .<sup>6</sup>

### Youth drinking (binge drinkers)



Data from the 1999 ESPAD survey. Total sample size  $n = 5039$ ; males  $n = 2609$  and females  $n = 2430$ ; age group 15 to 16 years. Binge drinking was defined as consuming five or more drinks in a row three times or more in the last 30 days.<sup>5</sup>

### Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size  $n = 1905$ ), the proportion of 15-year-olds who reported ever having been drunk two or more times was 56.7% for boys and 42.2% for girls.<sup>6</sup> 51 percent of 11- 15 years-old boys and 40 percent of girls reported that they have been drunk at least once in their life (in 1994 - 33 per cent boys and 21 per cent girls and in 1998 - 39 per cent boys and 27 percent girls were drunk at least once).

In the 1999 ESPAD study of subjects 15 to 16 years old (total sample size  $n = 5039$ ; males  $n = 2609$  and females  $n = 2430$ ) the proportion of subjects who reported being drunk three times or more in the last 30 days was 9% (total), 12% (males) and 6% (females).<sup>5</sup>

### Unrecorded alcohol consumption

The unrecorded alcohol consumption in Lithuania is estimated to be 4.9 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).<sup>2</sup>

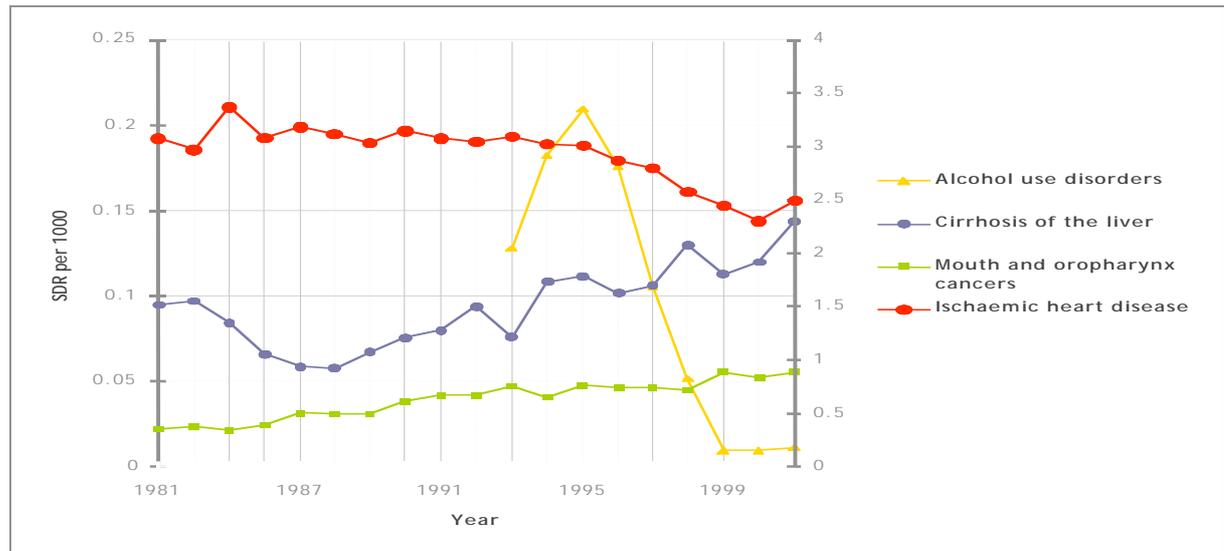
It has been estimated that up to 65% of alcohol consumed in 1994 was illegally produced or imported.<sup>7</sup>

Consumption of alcohol is higher among the rural population. Traditions of drinking heavily, which were formed over a period of several decades after the war, became stronger when home brew alcohol became more widespread and accessible. The rural population remains the principal market for illegal alcohol.<sup>8</sup>

### Mortality rates from selected death causes where alcohol is one of the underlying risk factors

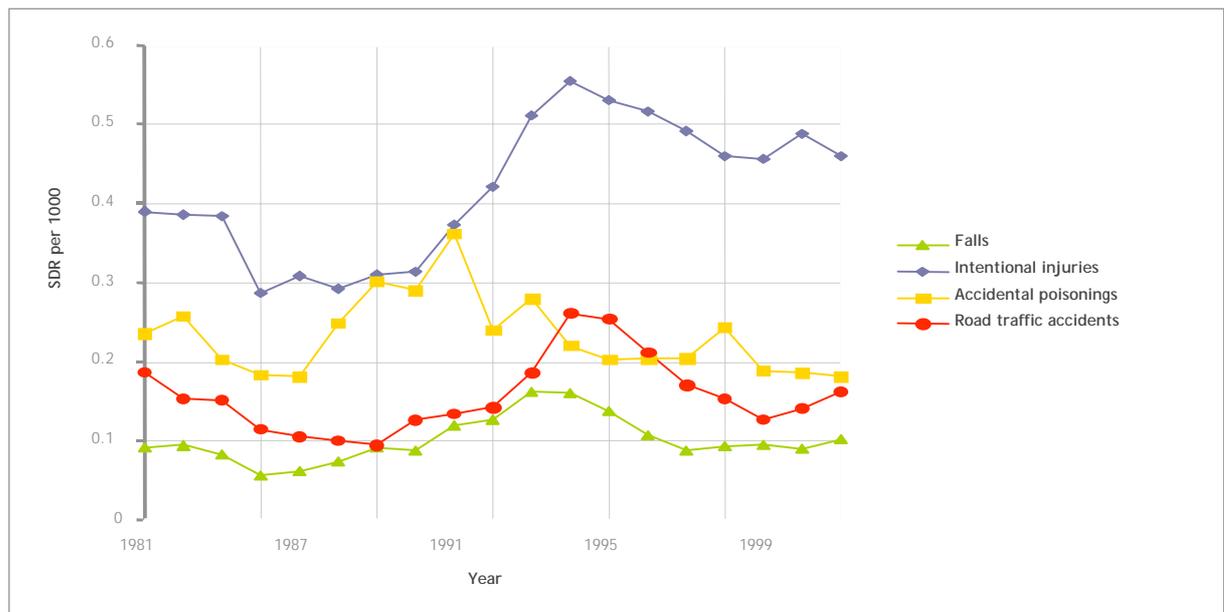
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

## Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

## Acute mortality



Source: WHO Mortality Database

## Morbidity, health and social problems from alcohol use

Research looking at deaths among those aged 20–59 years between 1988 and 1997 found a marked increase in deaths from accidents, violence, and alcohol poisoning during the weekend, suggesting a pattern of binge drinking in Lithuania.<sup>9</sup>

In 1997–1998 the incidence of alcohol-related psychoses in the countryside was nine times greater than in the city. At the same time, latent alcoholism was more prevalent in the city than in rural areas. This indicator, however, is just as much a reflection of the number of people seeking treatment. More people are seeking help and registering with alcohol treatment institutions in the city, where this service is located. Such institutions are much less accessible in rural areas, therefore the indicator of alcohol dependency is lower.<sup>8</sup> At the end of 2003 there were 70 persons per 100 000 (2002 – 65 persons per

100 000) population who underwent treatment for alcoholic psychosis, and, respectively, 1797 (2002 – 1834) – for chronic alcoholism.

Alcohol abuse has been accompanied by an increasing suicide rate, especially among rural males of working age. The number of suicides began to decrease in 1997, however approximately 70% of suicides are related to chronic alcoholism, depression and social exclusion.<sup>8</sup>

Traditionally popular in Lithuania, strong alcohol has partially given way to wine and beer. The habit of drinking heavily at weekends and during holidays is being replaced by another mode of alcohol use: frequent (several times a week, or even daily) but smaller quantities of wine or beer. Changes in people's habits, accompanied by the transition to weaker alcohol, could be significant in the further reduction of alcohol abuse. Still, as noted in the 1998 annual National Health Review issued by the National Health Centre, approximately 1000 people still die each year due to alcohol abuse. More than 1000 are injured because of drunk driving.<sup>8</sup>

According to data from the Ministry of the Interior, 6163 resolved crimes in 2003 (2002 – 8877) were committed under the influence of alcohol (21% of the total, down from 25% in 2002). One in five of these crimes were serious offences.

The rate of alcoholic psychosis incidence per 100 000 population was 22.49 in 2001 and 23.95 in 2002.<sup>10</sup>

The SDR per 100 000 population for chronic liver disease and cirrhosis was 19.11 in 2001 and 18.49 in 2002.<sup>10</sup>

The number of alcohol-related road traffic accidents per 100 000 population was 31.69 in 2000 and 29.62 in 2001.<sup>10</sup> As many as 882 (in 2002 – 995) road traffic accidents were caused by people under the influence of alcohol, 1 in 6 of the total. The number of deaths caused by drunk people was 84 (2002 - 90), of which 68 (78 in 2002) were due to drunk drivers. The parallel figures for injuries are 1147 (2002 - 1338) of which 917(1112) were due to drunk drivers.<sup>11</sup>

#### Economic and social costs

According to statistics, expenditure on alcohol has slowed significantly; in 1998, it came to 2.7% of all urban, and 4% of rural, household expenditure.<sup>8</sup>

#### Country background information

<b>Total population 2003</b>	3 444 000	<b>Life expectancy at birth (2002)</b>	Male	66.2
Adult (15+)	2 789 640		Female	77.6
% under 15	19	<b>Infant mortality rate (2002)</b>	Male	11
<b>Population distribution 2001 (%)</b>			Female	9
Urban	69	<b>Gross National Income per capita 2002</b>	US\$	3660
Rural	31			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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