



European Monitoring Centre
for Drugs and Drug Addiction



THE STATE
ADDICTION
AGENCY

**2004 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point**

“LATVIA”

New Development, Trends and in-depth information on selected issues

REITOX

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Summary

In order to deal with problems related to drugs it is essential to adopt State Program on Drug Control and Drug Addiction Restriction 2004-2008, to ensure effective coordination among involved institutions and implement integrated approach in the field of drug supply and demand reduction. Also activities related to prevention of addictions have been sporadic and requires more political support.

During the last few years registered incidence of addiction to drugs and psychotropic substances has decreased and there has been a sudden decrease in first time registered opioid addictions, but the number of registered cases of addiction to multiple narcotic and psychotropic substances has been growing rapidly. A substantial decrease in the number of hospitalized cases of addiction to narcotic and psychotropic substances has been noticed. During the last few years the number of first time registered children and adolescents diagnosed as addicted to narcotic and psychotropic substances and cases of intoxication or harmful use has also decreased, but significant growth in the use of multiple narcotic and psychotropic substances among minors has been reported. Volatile organic solvents (inhalants) are widely used among children and adolescents and also a growing number of minors use alcohol in combination with narcotic and psychotropic substances has been reported.

The number of deaths directly caused by intoxication with drugs and psychotropic substances has decreased and also during the last two years number of new cases of HIV, B and C hepatitis registered has decreased.

In 2003 there has been an increase in the number of registered criminal offences related to illegal circulation of drugs and psychotropic substances. Since 2002 synthetic drugs have prevailed in illegal drug circulation. During the last few years a decrease of criminal offences committed under the influence of drugs has been noted, but number of drivers detained under the influence of drugs and psychotropic substances has been significant.

Part A: New Developments and Trends

1. National policies and context

1.1. Legal framework

In 2003 and first half of 2004 essential changes or innovations in legislation related to drug, alcohol or tobacco issues are not being made. The main laws and cabinet regulations in drug field are named and explained in National Report 2003.

Laws and regulations related to drug issues adopted in 2003 and 2004 are:

Cabinet Regulation No. 430 "The Statute of The State Addiction Agency" adopted 1 May 2004. These regulations determine the purposes, functions and rights of the State Addiction Agency. As Latvian National Focal Point is situated within the Agency, Regulations are also mandatory to its functions. These regulations ease the accomplishment of functions and tasks of national focal point in line with EMCDDA requirements, as they set down that supply of information is obliged for all governmental institutions.

Cabinet Regulation No. 726 "Procedures for the obligatory treatment of children with mental or behavioural disorders caused by misuse of alcohol, drugs, psychotropic or other intoxicant substances, and procedures for the obligatory treatment of children with addictions of these substances in social adjustment educational institutions" adopted in 16 December 2003. One of the main provisions of these regulations is that obligatory treatment can be started only after receiving consent from at least one of parents, guardian, or orphan's court. Such consent is not obligatory in cases if in a result of intoxication child endanger his/her own, kinsmen or other people health and life.

Cabinet Regulation No. 685 "Amendments of Cabinet Regulation No.492 "Order in which safety has to be provided for people in educational institutions and safety in different events within the institution"" adopted in December 9, 2003. These regulations are mandatory for school authorities and also include actions to be taken in case drugs or other substances appear in the territory of school.

"Law on application of educational nature compulsion measures for children" adopted in 1 January 2004. The objective of the law is to strengthen and expand social values in children, keep back from illegal actions, and reintegrate children with social deviations.

"Law on turnover of alcoholic beverages" adopted in 1 may 2004. The Law determines all operations related to alcoholic beverages, including advertisement and retail sale of alcoholic beverages in vehicles registered in Latvia.

In 2003 and first half of 2004 Latvia has signed international agreements with Spain, Moldova, Uzbekistan, Turkey, Byelorussia, Hungary, and EUROPOL.

1.2. Institutional framework, strategies and policies

Action Plan 2004-2010 of the Public Health Strategy

The Ministry of Welfare elaborated Public Health Strategy 2002-2010 adopted in March 6, 2001 but after the reorganization of the ministry in 2003, main responsible ministry for the implementation of the strategy is Ministry of Health. However, only in 2003 Action Plan for the implementation of the strategy was elaborated and adopted. The objective of the Strategy and Action Plan is to achieve the improvement of state of health of residents of the Republic of Latvia approaching best health indicators in European countries. To provide integrated approach for the implementation of the Action Plan, in the elaboration process 12

ministries and 60 institutions were involved. The implementation of the Action Plan is financed by state budget.

Action Plan 2004-2010 of the Public Health Strategy includes 83 activities, many of them related to drugs issues:

- ✓ *Health of school children and adolescents* (elaboration of curriculum for elementary schools, training for teachers, provision of spare time activities, sports etc. for school children, conduction of surveys);
- ✓ *Reduction of prevalence of infectious diseases* (epidemiological monitoring, evaluation of effectiveness and capacity of institutions);
- ✓ *Reduction of prevalence of health disorders cause by accidents and violence* (rehabilitation and work with risk groups, children at risk, street children, conduction of survey about causes of accidents and violence);
- ✓ *Harm reduction caused by use of alcohol, drugs, psychotropic substances and smoking* (development of treatment system for addicted persons, development of low threshold services, training of professionals, establishment of new syringe exchange places in municipalities, social rehabilitation and reintegration of children with addictions);
- ✓ *Health promotion* (expansion of the project of health promotion schools in country, elaboration of curriculum for preschool children).

State Program on Drug Control and Drug Addiction Restriction 2004-2008

In 2004 new State Program on Drug Control and Drug Addiction Restriction 2004-2008 (strategy and action plan) was elaborated and it is foreseen to adopt it at the beginning of 2005. The program is based on multidisciplinary approach and includes main priorities of the government:

- ✓ reduction of drug abuse prevalence, especially among young people,
- ✓ increase the availability of rehabilitation and resocialization for patients with drug dependence,
- ✓ reduction of drug related crime,
- ✓ harm reduction related to drug abuse, crime and other social and health problems.

The objective of the program is to promote the reduction of drug supply and demand, health-related problems, drug related death cases, and crime. The objective can be achieved realizing co-ordinate, multidisciplinary approach including optimisation of current co-ordination mechanism among involved institutions, elaboration of a long-term prevention program and harm reduction program, evaluation of actions, programs, and other policy planning documents.

There are four directions of actions in the program:

- ✓ institutional and legal capacity building and international co-operation,
- ✓ demand reduction,
- ✓ supply reduction,
- ✓ information collecting, analysing and evaluation.

To provide effective implementation of the State Program (Strategy and action plan), it is planned to establish Drug Control and Drug Addiction Restriction Coordination Bureau, which would be located under the Government of the Republic of Latvia. The decision was taken by the National Drug control and drug addiction restriction commission, to provide the implementation of single drug policy and to develop coordination and information exchange among institutions.

The State Addiction Agency's action and development Strategy 2004-2006

After reorganization of "Narkoloģijas centrs", the strategy of newly established state agency "The State Addiction Agency" was elaborated accordingly to the requirements of Law on Public Agencies. Its also been elaborated in compliance with Public Health Strategy and other relevant documentation and health policy in general.

The objective of the strategy is to reduce the harm caused by misuse of drugs, alcohol and other addictive substances. To provide implementation of the objective two directions of actions are set down in the strategy:

- ✓ informational support to Ministry of Health, and also to other governmental institutions involved in the field, to implement effective policy related to addiction caused substances,
- ✓ providing availability of inpatient and outpatient treatment for patients and perform medical testing of the influence of alcohol, drugs, and psychotropic substances.

The Strategy also includes activities of Latvian Focal point and activities for development of drug monitoring in country.

Program of Restriction of Prevalence of HIV and Aids 2003-2007

The Program of Restriction of prevalence of HIV and Aids 2003-2007 was adopted in November 27, 2003, and its' main objective is to reduce the number of new HIV cases, restrict prevalence of HIV, and reduce influence of HIV on individuals, risk groups and society.

The activities of the Program includes:

- ✓ Epidemiological monitoring of HIV and Aids,
- ✓ Prevention activities (information of society and particularly risk groups),
- ✓ Provision of treatment and laboratory analysis,
- ✓ Training of medical stuff, social workers, and medical stuff in prisons,
- ✓ Research work and evaluation of effectiveness of HIV prevalence restriction activities.

Coordination, supervision, evaluation and management of program's implementation is provided by Coordination Commission for restriction of prevalence of sexually transmitted diseases and HIV. The program is financed by state budget.

1.3. Budget and public expenditure

There is no integrated approach for funding allocation in the drug field in Latvia. Information about funding is only available for The State Addiction Agency, subordinated by Ministry of Health. Other institutions working in the drug field like Aids Prevention Centre, Public Health Agency, Health Promotion State Agency, Police and others have no specific funding allocated for activities related to drugs in institutions' budgets. Also there is no information from municipalities and NGOs therefore it is impossible to present exact figures in relation to drugs.

Table 1. Budget for 2003, responsible Ministry of Health

Year 2003	EUR
Outpatient treatment (5 units)	118 242
Inpatient treatment (7 units)	1 101 458
Rehabilitation (3 units)	209 277
Testing for abuse of alcohol and drugs	61 229
Prevention	11 671
National Focal Point	29 648
Other (residents, state register)	118 203
Total	1 649 728

1.4. Social and cultural context

Public opinions of drug issues

Accordingly to the surveys carried out in 2003, also opinions and assumptions on different ideas and political solutions to reduce usage of addictive substances issues were expressed. Most people in Latvia have admitted that there are no definite policies for restricting alcohol and drugs on a national level (48% and 52% respectively)

Activities considered essential for restricting the prevalence of alcohol are related to the following:

1. restriction of production and trade,
2. closing illegal points of sales,
3. finding solutions to occupational problems, reduction of unemployment,
4. stronger control,
5. improving the life-standard.

Most of the suggestions related to drug control concerned the following:

- ✓ punitive measures, stronger punitive measures for drug dealers,
- ✓ stronger control,
- ✓ better boarder control, improvement of customs control,
- ✓ more information,
- ✓ more opportunities to spend leisure time in a useful manner.

The repressive approach: punitive measures and enforced treatment have been strongly supported by the residents of Latvia: 70% of the respondents support the idea that drug use should be considered a criminal offence, 67% of the respondents support a life imprisonment sentence to drug dealers, and only 12% of the respondents believe that the existing punitive measures for drug dealers are strong enough. In addition, enforced treatment of drug addicts and new rehabilitation institutions are supported by 72% and 78% of the population respectively. It is likely that this attitude is driven by assumptions about the unfavourable social consequences of addiction, rather than by a medical understanding of the problem.

Out of the other suggestions, the idea of the drug test as supplementary to the alcohol test for motor vehicle drivers has gained the highest support (87%) among the respondents. The views on treatment and rehabilitation facilities vary a great deal. The rather even distribution of responses among response categories implies that people have trouble in assessing the efficacy of such activities. It is most likely that assessment is made difficult by lack of personal experience and low interest in the problem.

The support expressed to the suggestions varies in different social and demographic groups. Women more frequently support tests for drivers, more treatment and rehabilitation institutions, as well as a life imprisonment sentence for drug dealers. Some suggestions gained more support from the young audience:

- ✓ more treatment and rehabilitation institutions,
- ✓ supply of cheap, clean syringes and provisions for exchange of syringes for intravenous users, free supply of methadone and legalization of the so-called light drugs.

This attitude, which to a higher degree supports preventive, liberal, and treatment-oriented activities, may be related to the following:

- ✓ the somewhat more characteristic attitude among young people, viewing drug addicts as patients rather than criminals,
- ✓ the more specific and more detailed information about the possible consequences and prevention of drug addiction,
- ✓ the respondents of this age group are frequently in closer contact with the prevalence of drugs in the social environment.

Debates and initiatives in parliament and civil society

Most part of all debates related to drug and alcohol issues are always mirrored in mass media and in most part of cases debates concern new laws and regulations. Taking into account the fact, that there have been adopted several laws, which are related to alcohol policy during the year 2003, also in press editions large attention was paid to these new laws. One of the laws foresees that bear has to be equalized to all other alcoholic drinks and wherewith it's sale has to be limited at night hours. At the moment it is forbidden to sell alcoholic drinks from 10 p.m. till 08.00 a.m. in the morning in all shops. In press articles wide discussions among governmental bodies, which suggested the adoption of this norm and bear producers who did not support such proposal, were reflected. Bear producers were absolutely against adoption of mentioned law, pointing that bear is considered to be soft drink and as well as that bear is seen as Latvian traditional drink. Conversely to this opinion, members of parliament argued that bear still is an alcoholic drink and it is very popular among young people.

Similar discussions were represented in press editions regarding Law of turnover of Alcoholic beverages – suggestion to forbid advertisements of alcoholic beverages in newspapers and electronic media. This suggestion caused sharp frontlash from the advertisement agents. Mostly press mirrors radical governmental decisions, which sometimes may be called scandalous and, usually raise wide discussions in society.

One more example to this affirmation is widely represented discussion among school staff (principals, teachers), governmental members and heads of treatment institutions about preliminary plan, which would determine, that principals of schools will be punished for prevalence of drug use in educational settings. It has to be noted that this suggestion were not supported because in real situation it is not possible for school administration to ensure that nobody uses or distributes drugs in territory of school or in it's premises. This norm in schools could only be accepted in case if collateral budget resources would be available for guarding schools. Besides, guards should be respectively trained and they would need to have rights to check student's personal stuff. It is allowed to provide mentioned activities only for police and prosecution based on serious and legitimate suspicions on possible danger to society.

Media Representations

This is already the third year when the State Addiction Agency, Latvian National Focal Point accomplishes regular review and analysis of larger press publications¹ and Internet sites² in Republic of Latvia. Two of the mentioned press editions (Kurzemnieks and Zemgales Ziņas) are regional newspapers and mostly these editions provide information, which correspond to the region. Latvian National Focal Point also follows to the drug related information, which is published in Latvia's Russian press editions. Newspaper "Chas" has been chosen for the reason that it is one of the largest Russian newspapers in Latvia and in the shape of information it covers whole country. It has to be noted that during accomplishing press review, attention was paid not only to articles, which are related to drug issues/problems, but also to articles, which are related to legal drugs (alcohol and tobacco).

For the regional press editions it is more widespread to publish information about different drug related life situations – life stories of drug users, discussions on possibilities to legalize so-called soft drugs, articles on drug use consequences. In Russian press more widespread is information on different drug related criminal offences.

Periodically there is also information about different prevention activities and projects in Latvia. Usually these projects are oriented to young people, and articles also include

¹ Diena, Kurzemnieks, Latvijas Avīze, Neatkarīgā Rīta Avīze, Zemgales Ziņas, Chas.

² www.apollo.lv, www.delfi.lv, www.tvnet.lv.

statistical data on number of drug users in treatment centres in country, newly registered persons with drug dependence, prevalence of infectious diseases among drug users and criminal statistics as well – offences, which have been conducted under influence of drugs or alcohol.

Information on press editions mostly matches with provided information in Internet portals. Widely mirrored issues regarding equalising bear to other alcoholic drinks and questions regarding alcohol advertisements in mass media. As well as in press, also in Internet sites mostly provided information is related to suggestions of parliament members in field of drug use prevention in the country. For example, it was suggested that drug dealers should get the maximal punishment, which is lifetime imprisonment. Members of larger political parties sustained suggestion but chief of the State Police, who argued that unfortunately at the moment existing punishments are usually not sentenced and offenders get lenient punishments than it is predicted in Criminal Law of Republic of Latvia, did not sustain it. Theoretically this kind of punishment probably could reduce drug use but still, practice of Latvia shows that sometimes court awards lenient punishment than it should be and this problem should be revised first.

2. Drug Use in the Population

Assessment of the prevalence of drugs and addiction in Latvia, as well as finding ways of combating drugs and addiction should be based on scientific approach and on conclusions gained in the course of research. As Latvia in 2004 became a member of the European Monitoring Centre for Drugs and Drug Addiction there is an even stronger need for regular objective and comparable information on the prevalence of drugs and addiction and its effects.

Due to financial assistance of *PHARE 2000* national program, for the first time it was possible to implement a meaningful and complex research project in Latvia assessing the prevalence of drugs in different target groups and finding out the opinions of specialists, experts and representatives from different institutions, involved in combating the prevalence of drugs and its effects. The size of the research was determined not only by the need of objective information on drug abuse and prevalence of drugs in Latvia and the need for internationally comparable data, but also by the need to find out and summarize at a national level the opinions and suggestions of specialists, professionals, officials and politicians involved in drug prevention, treatment, legislation, planning and implementation of activities restricting addiction, as well as to assess the role and possibilities of NGO in restricting the prevalence of drugs. Information based on scientific approach is essential for the development of the drug related policy.

The main objectives of the research were set by the actual situation and demand. They are:

- ✓ to assess the indicators of prevalence of addiction in the total population of Latvia and within particular high risk groups;
- ✓ to identify the social and economical risk factors, favouring the use of drugs and the motivation of addiction;
- ✓ to assess the awareness, opinions and attitudes of professionals, officials and representatives of NGO on restriction of narcotic substances and assistance to addiction patients;

To fulfil these objectives quantitative surveys were carried out in different population groups in 2003:

- ✓ survey of a sample representative of the total population of Latvia;
- ✓ survey of secondary school schoolchildren and of vocational school students;
- ✓ survey of the convicted offenders in penitentiaries;

- ✓ survey of young professionals to be involved in addiction related issues (students of medicine, education science, law and police);
- ✓ recording NGO, involved in prevention and treatment of addiction, and survey of the representatives of such organizations;
- ✓ survey of drug abusers – addicts.

A qualitative research was conducted among specialists:

- ✓ expert interviews,
- ✓ in-depth interviews,
- ✓ Focus group discussions among specialist's professionals, officials and policy makers, involved in issues related to the prevalence of drugs, medical assistance to addiction patients, legislation, planning and implementation of restrictive activities.

The project was conducted in 2003 by a research team of the Institute of Philosophy and Sociology of the University of Latvia with the assistance of relevant branch experts. The results of the survey are represented within an analytical report issued in Latvian and in English.

2.1. Drug Use in the general population

The population survey on the prevalence of drugs and addiction allows to assess the overall situation and to reach the part of the population, which remains outside the scope of medical or law enforcement authorities. The representative sample of the survey covered all permanent residents of Latvia aged between 15 and 64. The size of the sample (n) was 4534 people. To provide internationally comparable data, the questionnaire was worked out on the basis of the standard questionnaire as recommended by EMCDDA.

As proved by the survey results, approximately one eighth (13%) of the residents of Latvia have tried some illegal drugs at least once in their life. Among men, the ratio of respondents who have tried illegal drugs at least once in their life span is about three times bigger than among women (21% and 7% respectively). Young people (between 15 and 34) have done it 4 times more frequently than older people (22% and 5% respectively). These figures show that widespread use of drugs is a comparatively new phenomenon in Latvia. There are fewer gender differences in the use of drugs among young people.

Trying out drugs (possibly for a single time during one's life) best characterizes prevalence and accessibility of drugs, the attitudes of young people and the general public to the risks of addiction. Prevalence of drugs is more definitely described by the indicators of use within the past 12 months and within the past 30 days. Prevalence of the use of any kind of illegal drugs during the past year and the past month is 5% and 2% respectively.

Use of addictive substances prevails in urban areas. There is a positive correlation between all indicators of prevalence of illegal drug abuse and the level of urbanization – the more urban the area of residence, the higher the chance that the resident has tried drugs during his/her lifetime, has used them within the last 12 months and within the last 30 days. There is a stable growth of prevalence of illegal drug abuse from 6% in the rural areas to 18% in Riga.

The most common illegal drugs in Latvia are marijuana and hashish. More than one tenth (11%) of all residents have smoked marijuana and hashish at least one time in their lives (4% and 2% respectively have done it within the past year and the past month). Excluding marijuana and hashish, 6% of the residents of Latvia have tried illegal drugs during their lives.

The most popular drugs in Latvia (excluding marijuana and hashish) are amphetamines (2.6% of the total number of respondents have tried them during their lives) opioids (2.6%), ecstasy (2.4%), hallucinogens (1.5%) and cocaine (1.2%). The most popular hallucinogen is

LSD (1.1%). Opioids are the only group of narcotic substances more frequently mentioned in the age group between 35 and 64 (1.8% of the total number of respondents have tried/used them during their lives). Among young people between 15 and 34, apart from marijuana, the most commonly mentioned drugs are amphetamines (5% of the young people have tried them during their lives), ecstasy (5%), opioids (3,6%), hallucinogens (3,1% in total), incl. LSD (2,2%), cocaine (1,9%).

The prevalence of addiction to any addictive substances (excluding marijuana and hashish) within the last year constituted 2.3%; none of the single substances was used by more than 1% of the residents.

Only a small number of the residents admitted that they used some of the illegal drugs (excluding marijuana and hashish) on a regular basis at the time of the interviews. Within the past month these substances were used by 1% of all the residents interviewed (each single addictive substance, apart from amphetamines, by no more than 0.5% of the residents). Within the 35-64 age-old respondents, they comprised only 0.1%.

Psychoactive medicines

About one fifth (21%) of the residents interviewed have used psychoactive medicines at least once in their lives. There is unfortunately no strong and fast line between adequate and inadequate use of medicines. The most commonly used group of medicines are benzodiazepines (16%) and barbiturates (7%). In comparison to other narcotic substances, the gender and age trends in the prevalence of medicines are opposite. Women have used such medicines almost three times more often than men (30% and 11% respectively), and older people - more than two times more often than younger respondents (29% and 12% respectively). Within the past 12 months, 12% of the respondents have used psychoactive medicines, while prevalence during the past month was slightly lower than 8%.

The age of initial use of drugs

The residents of Latvia tend to gain their first experiences related to drugs at the age of 15–25. Less than one fourth of all the individuals who have ever used drugs, have tried them before the age of 15. Approximately the same number (25%) tried one of the illegal drugs after the age of 25. E.g. for hallucinogens (apart from LSD), opioids the average age of initial use is 17 years of age. The addictive substances tried out at a later stage are LSD (20), heroine (20) and cocaine (20). The most typical age when young people start using cannabis is between 15 and 19 (47% have started to smoke cannabis at this age, 6% - before the age of 15, 6% – after 30). Young people (15-34) have started to use cannabis at a comparatively earlier age than those who are now below 34. Experimenting with drugs at an earlier age is most probably related to the rapid changes in the social and economic environment over the past decade or more.

Medicines – tranquillizers, sedatives or antidepressants are usually started at an older age than illegal drugs (the average age of initial use is 30 years (for tranquillizers and sedatives) and 32 years (for antidepressants)). Moreover, the age of initial use for medicines is less homogeneous than for illegal drugs. The significant dispersion in the age of initial use is explained by the differences in the patterns of use of illegal drugs and psychoactive medicines. Use of illegal drugs to a certain extent is socially determined behavior; the choice of the individual to use addictive substances is largely influenced by his/her social environment, besides the addictive substances are most frequently tried out within a group of peers which leads to homogeneity of the age of initial usage. On the other hand use of medicines is in most cases related to individual problems and, thus, does not depend on peers, which results in a lack of homogeneity in the age of initial use.

Factors influencing the chance of trying out/using drugs

Gender and age (in comparison to other factors) are the most important factors related to trying out or regular usage of drugs; there is a much higher chance that men rather than women have tried out drugs and there is a much lower chance that older people rather than younger people have used drugs.

The level of urbanization of the place of residence is one more important factor – a higher level of urbanization correlates with a higher prevalence of drugs. The most significant differences in the use of drugs are between the rural territory and the capital.

An important factor influencing the experience of trying out/using drugs is personal income. A higher income level correlates with a higher chance of trying out drugs, which sounds true, since drugs are definitely not among the cheapest ways of „recreation“.

Notably, the level of education is not a meaningful factor in trying out or using drugs during a person's life span, it is an important factor, however, in recent experience (usage of drugs within the last year). The higher the level of education is the lower is the chance that the particular person has tried out or used drugs within the last twelve months.

An individual's dissatisfaction with life influences the chance of his/her trying out or using drugs within the life span (to a less extent within the last year). There is a much higher chance that people who feel unhappy or are dissatisfied with life will try out or use one of the illegal drugs. Both – dissatisfaction with occupational career and overall dissatisfaction with life - are important conditions for trying out drugs in a person's life span. The relation noted between overall dissatisfaction with life, or dissatisfaction with particular aspects of life and prevalence of drugs shows that the wish to forget personal problems and failures is a very important motive for trying out drugs and start using them.

Another important factor which influences trying out/using drugs are periods of deep depression experienced by the individuals in their life-spans: the chance that individuals who according to their subjective assessment have experienced periods of deep depression have tried out or used drugs is about 1.9 times higher than if there is absence of such experience. A history of depression during the individual's life span, however, is not in particular related to the use of drugs within the past year. The relation between a history of depression and a history of drug use within an individual's life span again leads to conclude that a person may start using drugs to escape from reality and forget his problems.

Use of any illegal drugs among the respondent's friends is a factor, which influences whether drugs have been tried out or used within the last 12 months. A higher prevalence of drugs among friends corresponds to a higher chance that the individual has tried out or is using drugs. This shows that the overall social environment and the influence of peers are very important in the decision of the individual to try out or to use drugs. The role of the social environment in the pattern of drug use is shown also by the recreation index. The chance of trying out or using drugs is much lower for individuals spending most of their evenings at home as compared to individuals who regularly go out.

Analyses of the data show that family status, nationality, state of health or a history of psychological problems is not statistically meaningful factors influencing whether drugs are tried out or used.

2.2. Drug Use in the school and youth population

The European School Survey Project on Alcohol and Other Drugs

In 2003 Latvia took part in the European Schools' Survey (ESPAD) on usage of addictive substances among schoolchildren aged 15-16. The ESPAD'03 survey report describes the prevalence and patterns of using addictive substances among young people aged 15-16 with the following objective:

- ✓ to characterize the present situation of drug use and as far as possible to compare it to the situation in 1999 as described in the ESPAD'99 survey,
- ✓ to show the prevalence of drugs in particular groups of young people (the relation between the close community environment and the prevalence of drugs).

In comparison to the previous ESPAD survey results, the following key trends have been noted:

1. prevalence of regular smoking and alcohol use among young people has grown;
2. overall prevalence of narcotic substances has slightly decreased (from 22% in 1999 to 17% in 2003); the prevalence of ecstasy and amphetamines has decreased two times, but there is a high chance that this is due to differences in selection of the sample;
3. there are no significant differences in the prevalence of marijuana and hashish (17% in 1999 and 16% in 2003).

The overall situation shows stability of the prevalence of drugs. Schoolchildren have become more informed about particular drugs (amphetamines, ecstasy, tranquilizers, methadone), which show the effectiveness of information campaigns.

Schoolchildren have assessed particular alcoholic beverages as less accessible, which is a positive sign. Because of the high prevalence of alcohol usage, however, implementation of the existing legislation should be revised. Though subjectively alcohol is assessed as less accessible, the growth of the number of regular and frequent users shows part of the respondents have rather free access to alcohol and cigarettes.

Smoking and alcohol usage is more frequent among boys than among girls; these differences, however, are more characteristic in the prevalence of regular and frequent smoking, drinking and alcohol abuse. Girls tend to assess the risks related to alcohol use as higher and believe that better information about them helps eliminating development of destructive drinking habits. Alcohol is most frequently used outdoors in open spaces or at a peer's home; boys use alcohol outdoors, girls – at home or at somebody else's home.

Boys tend to use drugs somewhat more frequently than girls, with the exception of tranquilizers, which are more popular among girls. Girls also tend to be more informed about drugs than boys are; crack is the only type of drugs about which boys are better informed than girls are.

The prevalence of drugs is higher among those schoolchildren who estimate the financial status of their families as high or among those schoolchildren who estimate the financial status of their families as poor. Usage of drugs is less prevalent in families of an average financial status.

In families where children are brought up by both parents, prevalence of particular addictive substances is lower than in families where the parents have separated or when the child has a single parent. Lower prevalence of drugs is related to how well parents are informed about the way their children spend their leisure time (and the degree of control). There is also a relation between how much interest schoolchildren take in their studies and what they know about the education of their parents and the prevalence of various substances: lower levels

of education or less interest in education is related to higher prevalence of smoking and higher use of alcohol and inhalants by girls. These correlations may show that prevalence of addictive substances is related to the quality of the overall relationship between parents and their children.

There is a relation between the individual habits of usage of addictive substances and the prevalence of addictive substances in the close environment of the individual – among elder siblings and friends. Absenteeism from school is also related to a higher prevalence of the usage of narcotic substances, which shows that such children belong to a risk group.

2.3. Drug use among specific groups

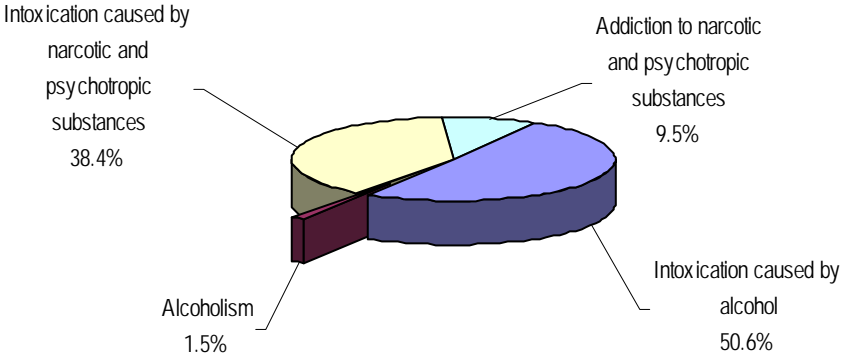
Children and adolescents

Children and adolescents form one of the risk groups concerning usage of drugs and psychoactive substances. At this age one part of adolescents obtain their first experience in using legal addictive substances – tobacco and alcohol and drugs and psychotropic substances. Doctors observe those young people who already suffer from health, psychic and social problems caused by the use of addictive substances. By the end of 2003, 965 adolescents with problems caused by the use of alcohol, drugs and psychoactive substances were registered at the State Addiction Agency.

Table 2. Registered children and adolescents at the State Addiction Agency by the end of 2003 (contingent)

Age	No of children
In total	965
including:	
9 years	1
10 years	1
11 years	9
12 years	19
13 years	55
14 years	105
15 years	198
16 years	254
17 years	323

Figure 1. Registered children and adolescents at the State Addiction Agency by the end of 2003 (contingent). Breakdown by primary diagnosis



There were 190 first time registrations of children and adolescents (up to 18 years of age) at the State Addiction Agency in 2003. From these, 18 cases were diagnosed as addicts and 172 as cases of intoxication caused by harmful use of drugs or psychotropic substances. As compared to the previous year, the number of first time registered children and adolescents had not changed significantly, but the trend towards a decrease in first time registrations remains stable.

Table 3. First time registered children and adolescents diagnosed as addicts, cases of intoxication or harmful use

	1997	1998	1999	2000	2001	2002	2003
Addiction to narcotic and psychotropic substances	54	49	61	138	99	29	18
Intoxication caused by narcotic or psychotropic substances or harmful use	208	201	237	231	256	170	172
In total	262	250	298	369	355	199	190

From the 190 first-time registered young people 146 were boys and 44 were girls. 71.6% were adolescents (15 – 17 years), however, younger children, too, were involved in the use of drugs. In 2003, 6 children (below 14 years of age) underwent first-time registration and were diagnosed as addicted to drugs and psychotropic substances, and 48 children were diagnosed as cases of intoxication caused by narcotic and psychotropic substances on harmful use. More than 90% of these minors were schoolchildren, 4.3% were young people with no particular occupation. Most of the first time registered young people (75.3%) were residents of Riga. 6.8% were registered in the city and district of Liepaja, but 5.3% in the city of Jurmala. Within 2003 in more than half of the regional outpatient narcological units, no single adolescent has been registered with the diagnosis of addiction or use of narcotic or psychotropic substances.

Table 4. First time registered children and adolescents diagnosed as addicts, cases of intoxication or harmful use in 2003, breakdown by age and sex

	in total	including			
		male	female	diagnosed as addicts	diagnosed as cases of intoxication or harmful use
9 years	1	1	-	1	-
10 years	1	1	-	-	1
11 years	2	2	-	-	2
12 years	7	7	-	1	6
13 years	13	11	2	-	13
14 years	30	22	8	4	26
15 years	44	32	12	3	41
16 years	44	34	10	2	42
17 years	48	36	12	7	41
In total	190	146	44	18	172

Table 5. Children and adolescents registered for the first time at the State Addiction Agency, breakdown by substance used.

	2000		2001		2002		2003	
	in total	%	in total	%	in total	%	in total	%
Opioids	199	53.9	167	47.0	22	11.1	5	2.6
Cannabis (Indian hemp)	67	18.2	54	15.2	50	26.1	41	21.6
Sedatives and hypnotics	39	10.6	44	12.4	34	17.1	39	20.5
Cocaine	-	-	-	-	-	-	-	-
Amphetamines (other stimulants)	9	2.4	10	2.8	7	3.5	10	5.3
Hallucinogens	15	4.1	13	3.7	3	1.5	5	2.6
Volatile inhalants	22	5.9	20	5.6	24	12.1	22	11.6
Other and multiple narcotic and psychotropic substances	18	4.9	47	13.3	59	29.7	68	35.8
In total	369		355		199		190	

Analysis of the first time registered minors of basic substance used shows that during the last few years there have been significant changes in the ratios of substances used. There has been a major decrease in the use of opioids (in 2001 – 47%, in 2002 – 11%, in 2003 – 2.6%), whereas the use of some narcotic and psychotropic substances has increased significantly. If previous trends in the use of narcotic substances showed rapid decrease in the use of inhalants, the data of 2002 and 2003 imply that this is once again becoming an issue. Inhalants (mostly glue or gasoline) are mostly used by children and adolescents. From the first-time registered adolescents in 2003, 11.6% still use inhalants. Sadly enough, this leads to cerebral impairment (slow perception, impairment of memory, even imbecility), and acute psychic addiction may set in.

Year by year there is a growth in the use of multiple narcotic and psychotropic substances. If in 2001 the use of multiple narcotic and psychotropic substances was noted in 13.3% of the cases of first time registered children and adolescents, in 2003 it was noted in 35.8% of the cases. The most common combinations among minors are: stimulants + cannabis products; stimulants + sedatives and hypnotics; cannabis products+ sedatives; opioids + stimulants.

Analysis of way of intake of the basic substance shows that 34.7% adolescents use narcotic and psychotropic substances orally, 30.5% via smoking, 21.6% inject drugs, but 12.6% inhale them.

Figure 2. Children and adolescents registered for the first time in 2003, breakdown by the mode of intake of the basic substance

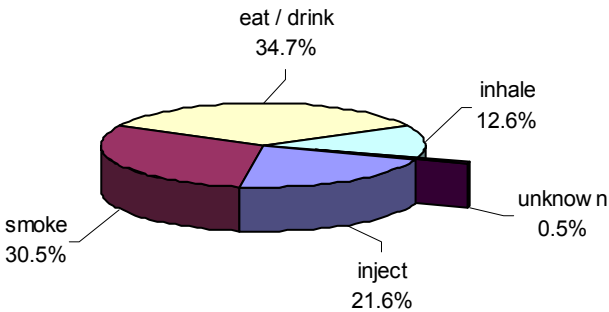
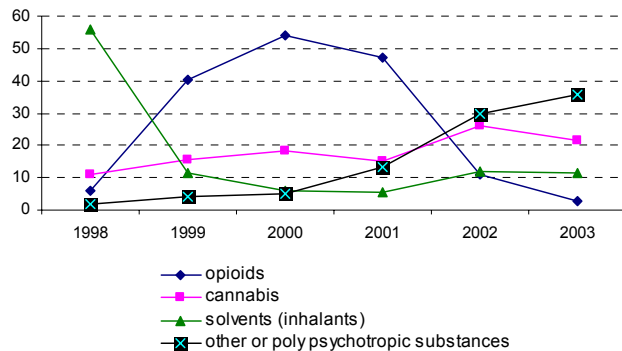


Figure 3. Children and adolescents registered for the first time at the State Addiction Agency, breakdown by the substance used



2.4. Attitudes to drugs and drug users

In the surveys carried out in 2003, also attitudes to drugs and drug users were expressed. The respondent's own habitual behavior and the behavior of his/her closest social environment influences his/her acceptance/condemnation of particular behavioral patterns, as well as assessment of the risks related to the use of drugs and attitudes towards political resolutions of the problem. Information (based on personal experience and gained from various formal information sources), too, is a very important part of the formation of attitudes and opinions. When assessing their level of knowledge about the consequences of drug use, 36% of the respondents believe they are very well informed, approximately the same part (40%) believe they are informed, but would like to know more. Young people believe that they are better informed (42% of the respondents between 15 and 24 and only 29% of the respondents between 45 and 64 respectively believe that they are very well informed). This can be related, first, to the influence of the closer environment and personal experience and, secondly, to the fact that formal and official information during information campaigns is targeted mostly towards young people and less frequently towards their parents.

Comparing attitudes toward the use of different addictive substances, the use of alcohol several times within a week and smoking 10 and more cigarettes within a day are condemned least (61% and 54% of the respondents respectively do not condemn such behavior). These attitudes are most probably related to the high prevalence of the respective behavioral patterns in the community. Trying out illegal drugs is seen as a comparatively less acceptable behavior worthy of condemnation. Only one-third (33%) of the respondents would not condemn trying out ecstasy once or twice, and one-fifth (20%) would not condemn somebody, who now and then smokes pot.

However, there is no single dominating opinion in these personal assessments of patterns of behavior. It seems that in our country there is rather high overall tolerance towards drug users (32% of the respondents severely condemn trying out heroine, and it is the highest score in this response category). Men show higher tolerance for all patterns of behavior. A condemning attitude towards the use of drugs grows in the older age groups. The greatest tolerance is expressed by young people (between 15 and 24); drug use is most condemned in the group of respondents between 45 and 64. The number of respondents who are not sure varies in different age groups, which, most probably, is due to different degrees of being informed and might be related to (1) differences in personal experience as mentioned above and (2) preventive information campaigns targeted mostly to young people.

When discussing the acceptability of the use of some addictive substance, there are strong differences between the views of the respondents who have had their own experience with regard to a specific substance and the respondents who have had no experience of this kind. Usage of both marijuana and heroine is condemned much more by the respondents who

have had no personal experience in using these substances, nor do their friends have experience in using marijuana or heroine.

The personal experience of a respondent has a similar influence on the assessment of drug-related risks. The respondents who have their own experience tend to perceive drug-related risks to be lower than the respondents who have no experience. E.g. cocaine-related risks are believed to be high by 72% of all respondents, while only 49% out of the respondents who admitted that their friends used cocaine and 25% who have used cocaine themselves, believe the risks to be high.

3. Prevention

There is no separate strategy on drug prevention in Latvia, but the Action Plan 2004-2010 of the Public Health Strategy 2002-2010 determines main prevention activities, as well as identifies institutions involved in the field.

3.1. Universal prevention

Ministry of Education and Science is responsible institution in prevention in schools, and also responsible for implementation of school programs. The Centre for the Examination of Education and Contents (ISEC), which is subordinated body of the ministry, is responsible for educational programs. The municipalities of Latvia are very active in drug prevention, and also take part in prevention activities in schools.

Main activities carried out by municipalities are:

- ✓ *Elaboration and implementation of programs for school children, teachers, psychologists, social workers.* Such programs are elaborated and evaluated by professionals. Trainings for young school leaders also exist, who after the training are involved in prevention activities.
- ✓ *Co-ordination with local institutions and schools to provide effective implementation of programs and prevention activities.* Co-operation among institutions helps to identify local problems and to find possible appropriate way to solve problems and to reach risk groups.
- ✓ *Issuing of information materials, videos, and methodological materials.*
- ✓ *Information campaigns in mass media, seminars, etc.*

Riga Drug Abuse Prevention Centre has elaborated a long-term policy and action plan for prevention of drug, alcohol, gambling and other addictions, included in Riga Development Program 2004-2005. The Centre is a municipal institution accountable to the Chairman of the Riga Municipal Council and is supervised by the Committee of Security and Order, and is financed by the municipal budget. The centre co-ordinates prevention work in Riga and is networking with partner organizations. The centre was founded in 2000 and employs 34 people. The centre operates the only drug telephone helpline in Latvia about addiction problems. The centre also elaborate methodological materials – manuals for work groups, parents' manual, etc.

Project "Health Promotion schools" was started in 1993 and at the end of 2003 included 120 schools of all regions in Latvia. The objective of the project is to promote healthy lifestyle, to elaborate and approbate health curriculum. The schools organize different activities and projects related to health issues within the school and also coordinate with other schools and share their experiences. The work is coordinated by the regional centres, which also provide other schools with information and educational materials, as well organize trainings. International conference "Health promotion schools in Baltic countries: development and perspectives" organized in October 24, 2003 was dedicated to ten years of ongoing project and was participated by all Baltic countries.

3.2. Selective/indicated prevention

See chapter Responses to Health Correlates and Consequences. Prevention and treatment of drug-related infectious diseases.

4. Problem Drug Use

With the financial support of Phare 2000 National Programme in 2003 estimates of the size of problem drug use population were carried out for the first time by employing EMCDDA recommended methodology. The aim of the project was not only to provide local estimates but to study availability of data sources in the country to provide more accurate local and national estimates of the problem drug use population.

4.1. Prevalence and incidence estimates

No national incidence estimates due to lack of data have been done this far. As soon as there are enough anchor points national prevalence estimates can be done. Due to the restrictions in the Data Protection Law in Latvia application of capture-recapture methods has been unsuccessful.

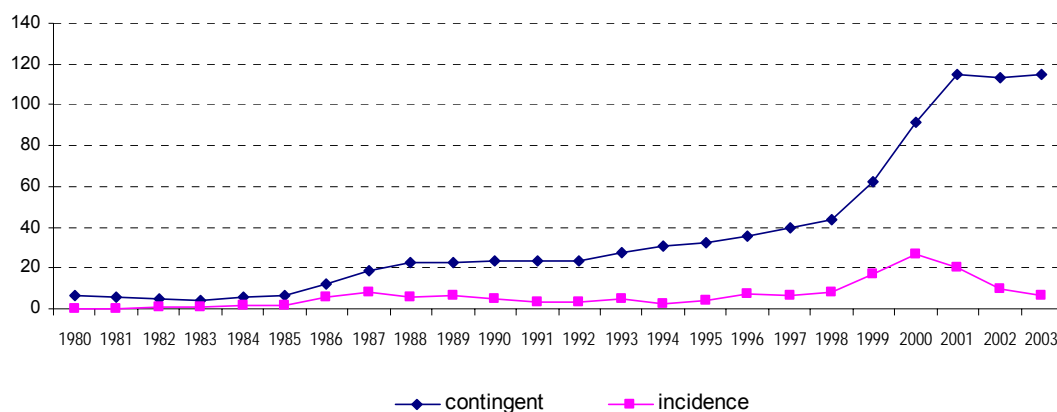
Based on data available only estimates based on multiplier methods can be applied at the moment. Local prevalence of problem opiate users in 2003 by applying treatment multiplier¹ approximate to be from 4108 (using multiplier of LYP opiate users) to 4786 (LMP opiate users) in Riga. The confidence intervals of the estimates obtained from treatment multiplier is thought to be very wide since we were not able to assess to what extent our snowball study sample is representative regarding problem opiate users.

4.2. Profile of clients in treatment

Registered incidence (primary registration)

In 2003, 143 patients or 6.1 per 100 000 inhabitants were diagnosed for the first time as addicted to drugs or psychotropic substances at the State Addiction Agency (in 2002, the number of such cases was 220 or 9.4 per 100 000 inhabitants).

Figure 4. Patients addicted to drugs and psychotropic substances registered at the State Addiction Agency. Contingent and first time diagnosed patients (incidence) per 100 000 inhabitants



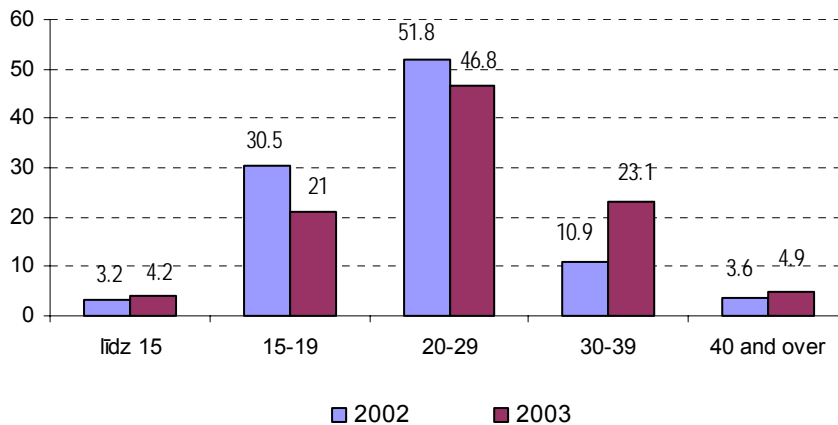
Over the last few years incidence of addiction has significantly decreased. However, this does not mean that the overall use of drugs and psychotropic substances in the country has

¹ Multiplier was obtained from a snowball study among drug users (n=64) in Riga in 2003.

diminished. Decrease of registered incidence may be explained by a change in the pattern of usage of drugs.

From the 143 first time registered addiction cases 109 were male and 34 were female. In comparison to the previous year there is a change in the proportional representation of age groups. There has been a decrease in the share of young people aged 15-19 (from 30.5% to 21%), while the share of people aged 30-39 has increased (from 10.9% to 23.1%).

Figure 5. Patients addicted to drugs and psychotropic substances registered at the State Addiction Agency for the first time in their lives according to the age groups, 2003.



46.8% of the first time registered addiction cases are patients with elementary school education, 14% - have unfinished elementary education, 70.6% have no particular occupation, but 12.6% represent schoolchildren or students.

Table 6. Patients addicted to drugs and psychotropic substances registered at the State Addiction Agency for the first time in their lives according to the educational background 2003

Education	In total	including	
		men	women
IN TOTAL	143	109	34
including			
Unfinished elementary	20	13	7
Elementary	67	53	14
Secondary or secondary vocational	54	41	13
Higher	2	2	-

Starting with the middle of 2001, heroin circulation in the country has decreased both by supply and by demand. The demand for synthetic drugs, especially amphetamines, has grown. Primary registration of opioid (heroin) addicted patients has decreased dramatically – in 2001, 91.8% of all primary registrations were opioid (heroin) addicts, whereas in 2003 only 47.5% of all primary registrations were opioid (heroin) addicts.

Figure 6. Patients addicted to drugs and psychotropic substances registered for the first time in their lives

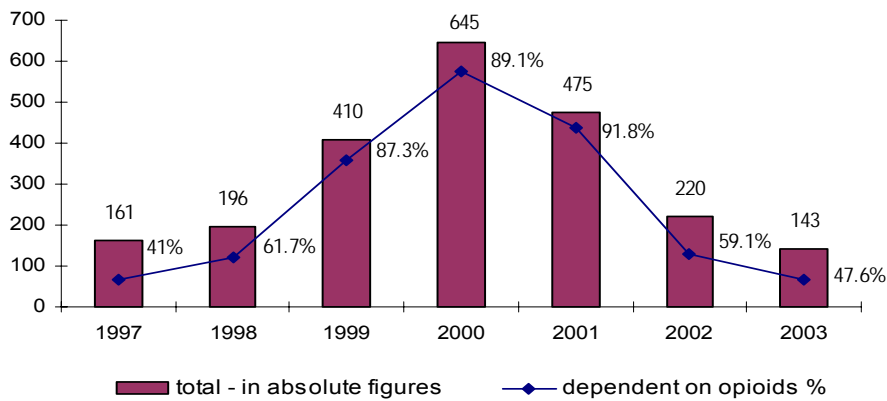


Figure 7. Patients addicted to drugs and psychotropic substances registered for the first time in their lives by primary diagnosis, 2001 and 2003

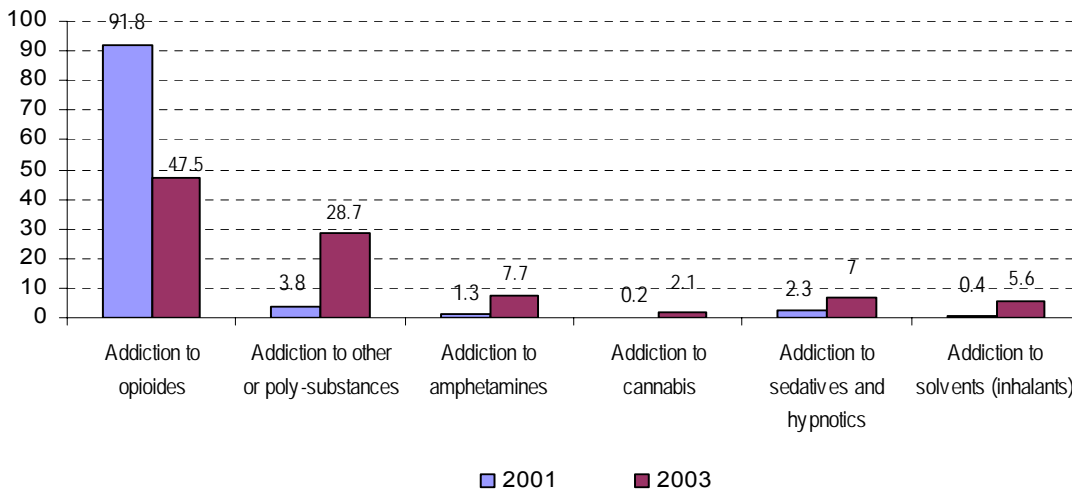
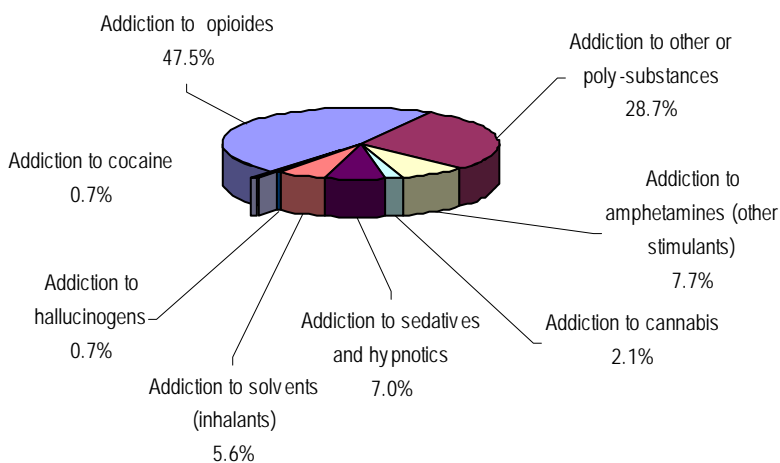
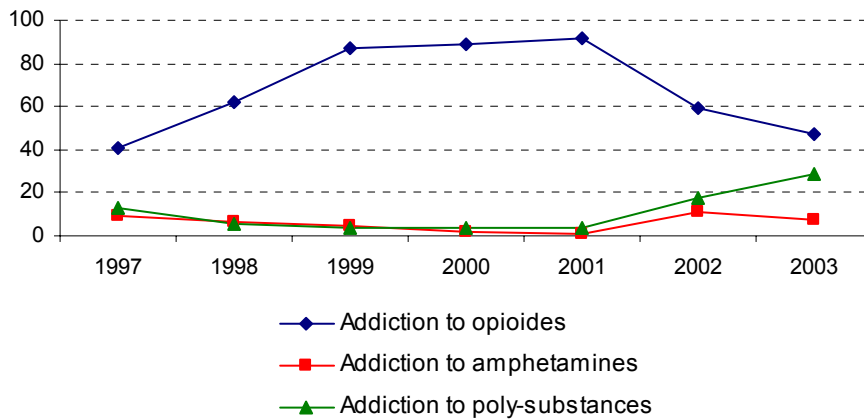


Figure 8. Patients addicted to drugs and psychotropic substances registered for the first time in their lives by primary diagnosis in 2003



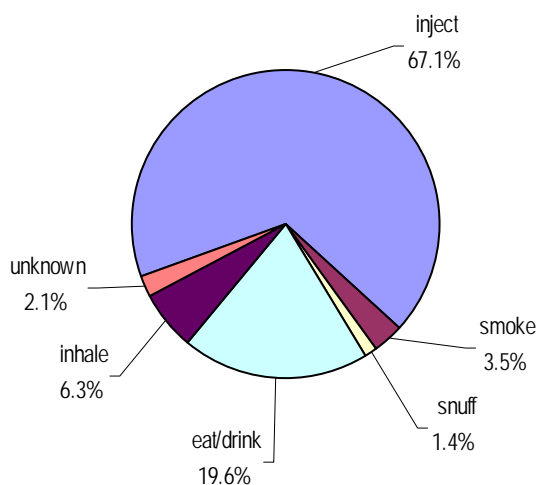
During the last two years, essential changes in the shares of other addiction groups have also been noted. There has been a significant growth of addiction to multiple narcotic and psychotropic substances; there has also been a meaningful growth of addiction to volatile organic solvents (inhalants) and sedatives. In the end of the nineties, there was a rapid decrease in first time registration of addiction to inhalants: it dropped from 21.4% in 1998 to 0.4% in 2001. In 2002, addiction to inhalants again grew significantly, reaching 4.1% of all primary addictions. In 2003, it constituted 5.8% of all primary addictions.

Figure 9. Patients addicted to drugs and psychotropic substances registered for the first time in their lives by primary diagnosis



The primary diagnosis indicates the principal disease (addiction to a specific group of substances), many patients, however, besides the specific basic substance additionally use other narcotic and psychotropic substances. The most frequent combinations are opioids+stimulants, opioids+sedatives, opioids+cannabis (hemp preparations), stimulants+cannabis. Often these combinations are used together with alcohol. 67.1% of first time registered addiction cases inject the basic substances (mainly opiates and amphetamines), 3.5% consume them through smoking (mainly cannabis), 19.6% take them orally (mainly sedatives and sleeping pills), 6.3% consume them through inhalation.

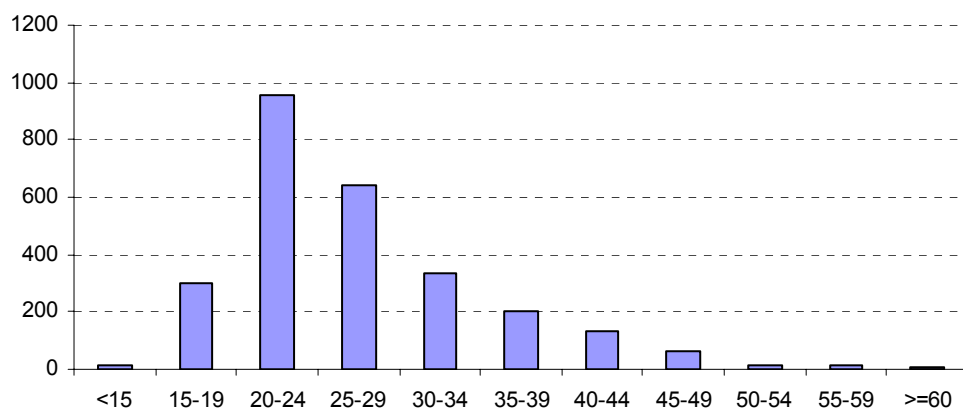
Figure 10. Patients addicted to drugs and psychotropic substances registered for the first time in their lives by way of intake 2003



Registered prevalence (Contingent)

2680 cases of addiction to narcotic and psychotropic substances (115.0 per 100 000 inhabitants) were registered at the State Narcology Service at the end of 2003. Comparison to the previous years (2001: 114.6 per 100 000 inhabitants, 2002: 113.4 per 100 000 inhabitants) does not reveal significant changes. Out of all the cases 78.8% are men, 21.2% - women. The main part of the patients 70.7% are young people, aged 15 – 29. 170 (6.3%) of the registered addiction cases are below 18 years of age, including 13 patients who are children under 15 years of age.

Figure 11. Registered cases of addiction to drugs and psychotropic substances at the State Addiction Agency by age group in 2003



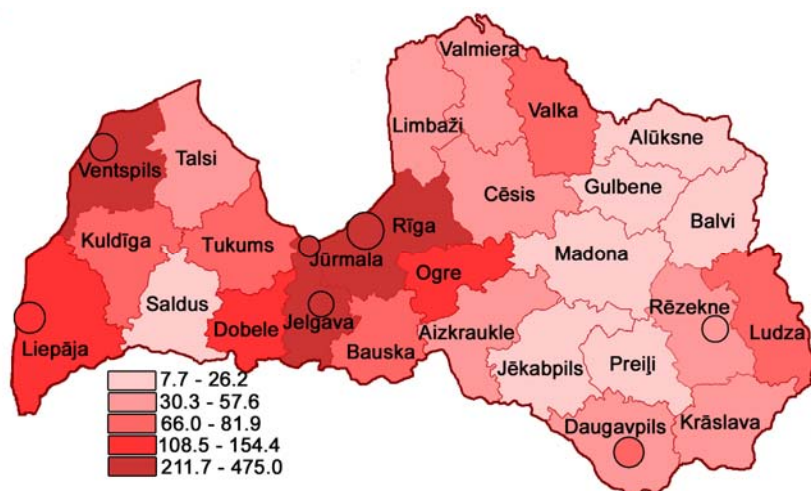
Analysis of the cases of addiction to narcotic and psychotropic substances registered at the end of the year by primary diagnosis shows that opioid addictions are by far the most common and cover 74.5%. There is a proportionate growth of patients addicted to sedatives, as well as to multiple narcotic and psychotropic substances. One explanation is that many patients who have been using a specific substance, for a number of reasons (changes in supply, price difference, a wish to experiment, etc) start to use other narcotic and psychotropic substances. The most common combinations are opioids + cannabis (hemp preparations), opioids+stimulants+sedatives and hypnotics, stimulants+sedatives and hypnotics.

Table 7. Registered cases of addiction to drugs and psychotropic substances by primary diagnosis

Substances used	1998	1999	2000	2001	2002	2003
Opioids	534	927	1587	2067	2046	1997
Cannabis (Indian hemp)	10	10	15	15	24	23
Sedatives and hypnotics	49	60	71	85	73	85
Cocaine	1	1	3	2	4	5
Amphetamines (other stimulants)	189	200	212	199	152	154
Hallucinogens	9	12	11	9	8	8
Volatile inhalants	192	191	169	160	139	138
Other addictions or multiple addictions	96	111	149	174	213	270
In total	1080	1512	2217	2711	2659	2680

Analysis of the cases of addiction to narcotic and psychotropic substances registered at the end of the year in the districts and urban areas shows that the index per 100 000 inhabitants for a number of years remains highest in the city of Jurmala, in the district and city of Ventspils, in the district and city of Jelgava, as well as in Riga. In Jurmala the index (239.3 per 100 000 inhabitants) is 2 times higher than the average index in Latvia (115.0 per 100 000 inhabitants). During the last few years, the number of addiction cases has significantly increased in the districts of Talsi and Tukums.

Figure 12. Persons diagnosed as addicted to drugs and psychoactive substances, suffering from intoxication or harmful use, registered at The State Addiction Agency in 2003 (contingent)



in urban areas and districts per 100 000 inhabitants

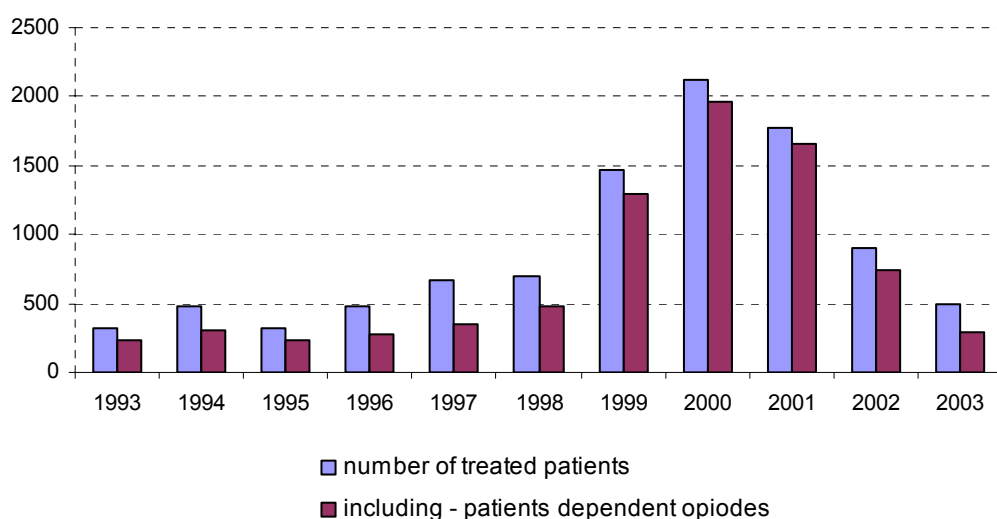
In-patient treatment

The number of cases treated in hospitals (state-financed narcology hospitals and wards, rehabilitation hospitals, the Centre of Psychiatry and State Hospital for Prisoners) has significantly decreased over the last years. In 2003, as compared to 2000, the number of cases treated as in-patients have decreased 4.3 times. The majority of cases treated, as in-patients are cases of opioid addiction. Between 2000 and 2002 these patients constituted 80-90% of all treated addiction cases. In 2003 the number of patients addicted to opioids proportionally decreased, and constituted 58.4%. During the last few years, there has been a significant proportionate increase of in-patients treated for multiple addictions.

Table 8. Cases of addiction to drugs and psychotropic substances treated in hospitals by primary diagnosis

Group of substances	1996	1997	1998	1999	2000	2001	2002	2003
Opioids	276	353	480	1299	1960	1661	740	286
Amphetamines (other stimulants)	30	36	33	41	25	9	30	25
Volatile inhalants	118	158	101	22	21	2	15	3
Sedatives and hypnotics	14	22	20	26	24	23	30	30
Cannabis (Indian hemp)	2	9	7	4	9	6	5	3
Hallucinogens	2	8	2	1	3	1	2	3
Cocaine	1	1	2	7	3	2	2	-
Other or multiple substances	35	85	47	67	79	72	80	112
Total	478	672	692	1467	2124	1776	904	490

Figure 13. Cases of addiction to drugs and psychotropic substances treated in hospitals



Causes of the reduction of cases treated in hospitals:

1. The illegally supplied heroine is of „low” quality, it contains a large proportion of admixtures and has a lower concentration of the active substance, therefore patients are frequently able to overcome the withdrawal syndrome themselves;
2. With the growing supply of amphetamines, there is a growth of amphetamine users; amphetamines in the initial stage, however, do not cause severe withdrawal syndrome and hospitalization is not required;
3. In many cases patients use medicines prescribed (on request) by general physicians or other specialists (e.g. tramadol and clonazepam) to overcome the withdrawal syndrome);
4. There is an increase in the use of multiple substances, when one substance overcomes the effects of the other substance (e.g. use of amphetamines and heroin), consequently the patient does not come within the scope of medical specialists;
5. Part of the cases are treated in private treatment institutions, which do not submit personified information.

4.3. Main characteristics and patterns of use from non-treatment sources

See Chapter Drug use in general population

5. Drug-Related Treatment

Treatment monitoring systems are one of the main information sources for reducing the demand for drugs. These systems provide useful information on the scope and forms of drug use, as well as on measures taken to combat this phenomenon.

Information for the database of the State Addiction service on patients addicted to drugs and psychotropic substances, intoxication or harmful excessive use is provided by government-financed treatment institutions – outpatient units, hospitals or rehabilitation centers. Assistance is mainly sought by patients diagnosed as addicted to narcotic or psychotropic substances, however persons with intoxication and harmful excessive use of these substances are also observed by narcologists. They represent mental and behavioral disorders, which differ in severity and clinical form.

Treatment systems and facilities are described in Latvia’s National Report 2003 and essential changes related to treatment have not taken place in 2003.

5.1. Treatment systems

The Ministry of Health is responsible for availability of treatment and Ministry of Welfare is responsible for rehabilitation and reintegration.

Treatment for alcohol and drugs addicted patients in Latvia is based on the voluntary principle depending on the will of a patient at treatment centre. Assistance may be received at outpatient and in-patient treatment centers, and also at specific divisions of general medical treatment institutions. Treatment institutions may differ according to forms of subordination and property. Patients may receive the minimum of the state sponsored services including emergency assistance and planned treatment. The number of different private specialists offering medical assistance for addictions has decreased in last years and accordingly to data of the State Addiction Agency, the number of such treatment facilities is approximately 17. However, these treatment services do not submit data to the State Register.

There are 4 hospitals (Riga, Jelgava, Straupe, Daugavpils), 2 specific divisions in general hospitals (Liepaja, Rezekne), 30 regional and municipal outpatient consulting units and 4 rehabilitation centers (2 for adults and 2 for children and adolescents) for drug addicts.

The State Addiction Agency is not only one of the main organizational and political bodies in drug field, but also leading treatment institution for addicted persons in country. The agency provides following services:

- ✓ Outpatient services – consulting patients with alcohol, drug gambling or tobacco addiction and their relatives; provide treatment for children, adolescents and adults, including family therapy, and methadone maintenance program. The agency also issues permissions to receive driving or gun licenses, and provides pre-term health control for drivers.
- ✓ In-patient services – detoxication course for drug and alcohol addicted patients; Minnesota program, and motivation program for alcohol and drug addicted patients – adults, children and adolescents.
- ✓ Alcohol and drugs intoxication expertise division – testing of the influence of alcohol, drugs and psychotropic substances; chemical toxicological laboratory analyses, testing the presence of alcohol, drugs and psychotropic substances in biological environments.
- ✓ Paid services – provides outpatient and inpatient treatment for patients with addiction to alcohol, drugs and gambling.

5.2. Drug free treatment

At present there are two drug free treatment options in Latvia:

- ✓ Minnesota program
- ✓ Motivation program. Objective of this program is to help the client to understand the problem of addiction and encourage his/her motivation to undergo long-term treatment.

5.3. Medically assisted treatment

See Latvian National Report 2003.

6. Health Correlates and Consequences

6.1. Drug related deaths and mortality of drug users

Deaths related to drugs and the mortality-rate of drug addicts is one of the five main epidemiological indicators used to assess the prevalence of addiction and its effects. There is serious evidence to the effect that there is a greater death risk for drug users than for other people of the same sex and age group. The increased risk is only partially related to acute intoxication (overdose), the mortality-rate of this group is also to a great extent related to other causes of death. Therefore, data on drug related deaths give additional information on the effects of drug usage.

With regard to the guidelines of the standard protocol of the European Monitoring Centre for Drugs and Drug Addicts (EMCDDA) on selecting data on the basic indicators of drug-related deaths, the State Centre of Forensic Medicine (VMTEC) and Health Statistics and Medical Technologies Agency have made the appropriate corrections in the selection of statistical data.

If in the previous years the number of deceased individuals who had been using drugs and psychoactive substances included also persons whose bodies contained a psychoactive substance alone (barbiturates, tranquilizers, antidepressants, neuroleptic substances, etc.) without presence of narcotic substances, starting with 2002, as provided by the EMCDDA guidelines, the number of deceased individuals who have been using narcotic and psychotropic substances includes:

1. Cases of intoxication with:
 - opioids;
 - methadone;
 - multiple combined substances (opioids + synthetic drugs, cocaine, cannabinoids, psychotropic substances, hallucinogens, alcohol, etc.)
 - multiple combined substances (except opioids) – synthetic drugs, cocaine, cannabinoids, hallucinogens, psychotropic substances, alcohol, etc.
 - unknown, unidentified narcotic substances.
2. Other deaths (disease, suicide, accidents, homicide), if the body of the deceased individual contains the above substances.

The EMCDDA definition for drug related death identifies death directly caused by consumption of drugs, i.e. cases of intoxication.

In 2003, according to official statistics, in total 20 deaths of individuals who had been using narcotic and psychotropic substances have been registered in the country – out of them 12 cases were direct drug-related deaths, 8 cases were related with usage of psychotropic substances, of which 2 cases due to intentional poisoning, 2 cases due to unintentional poisoning, in 2 cases death was due to diseases of circulatory system and in 2 cases the main reason was not specified.

Analysis of cases of intoxication shows that in 3 cases death was caused by an overdose of opioids, when opioids were used separately or in combination with other narcotic and psychotropic substances, in 1 case death was caused by cocaine intoxication, in 5 cases death was caused by unspecified narcotic substance, in 2 cases death was caused by psychostimulants with abuse potential and in 1 case death was caused by unspecified psychodysleptics (hallucinogens).

The deceased individuals due to acute/ direct drug related death were young people, males in the majority of cases. Out of the 12 cases in 2003 - 11 was males and 1 female (25 years old). The largest group - 9 cases from 11 - were males aged 25-39, of which 5 aged 25-29. Remaining two cases were males at age 21 and 24.

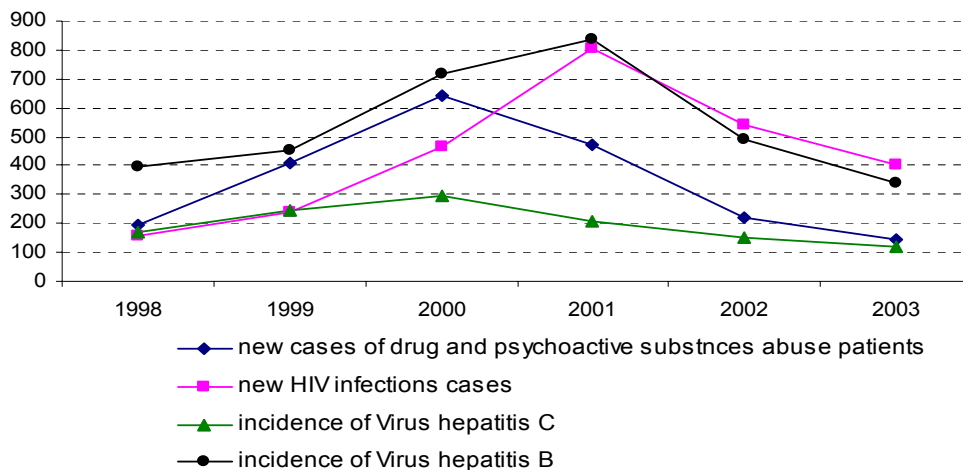
6.2. Drug related infectious diseases

Drug related infectious disease (B/C hepatitis and HIV) is one of the five basic epidemiological indices used to assess the prevalence of drug addiction and its effects on

health. Infectious disease represents a major health problem caused by intravenous usage and can cause high medical care costs in the near future. Intravenous users can also represent „basic” groups or „pockets” of infection, causing a continuous threat of the prevalence of these infections in the total community.

Public Health Agency is the major agency in Latvia, which collects and analyses information on diseases in Republic of Latvia, but information on drug related infectious diseases is available also from AIDS Prevention Centre.

Figure 14. Incidence of viral B, C Hepatitis and new cases of HIV infection



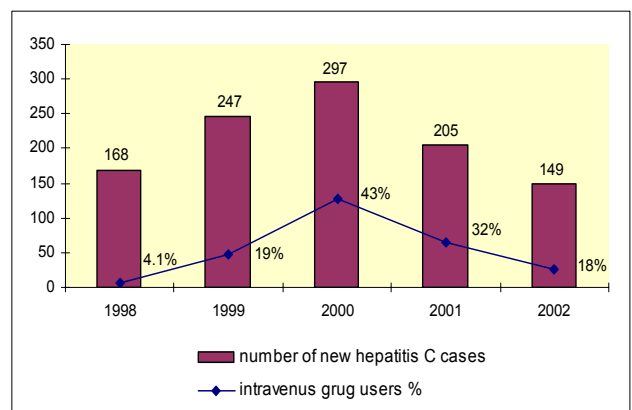
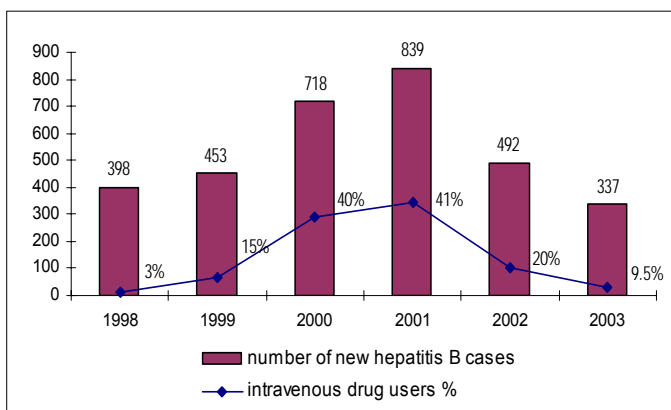
* Data of the Public Health Agency
Data of the State Addiction Agency

Data of the AIDS Prevention Centre show that 2710 HIV infected cases were registered in Latvia at the end of 2003. 1979 (73%) of the HIV infected individuals had shared syringes when using drugs. In 2003, 403 new cases of HIV infection were recorded in Latvia. This is by 26% less than in the previous year (542 cases in 2002).

Until 1997 HIV was mainly transmitted through homosexual intercourse, few HIV cases were recorded per year. Since 1998, HIV is mainly transmitted intravenously, which has led to an increase of HIV cases. However, since 2002, and particularly in 2003, the number of intravenously transmitted HIV cases have substantially decreased. Out of the new cases recorded in 2002, HIV was intravenously transmitted to 220 individuals (54.6%), whereas between 1999 and 2001 the share of intravenously transmitted HIV 79% - 82%.

Intravenous use also favors the prevalence of B and C hepatitis. Data of the Public Health Agency show that until 2001 incidence of B hepatitis grew rapidly. In 2002 and 2003 the number of newly recorded cases of B hepatitis decreased (in 2002– 492 cases, in 2003 – 337 cases). Over the last few years, incidence of C hepatitis has also decreased. Over the last few years, fewer intravenous drug users have been detected among cases of primary parenteral hepatitis.

Figure 15. The number of intravenous drug users among patients with virus B and C hepatitis



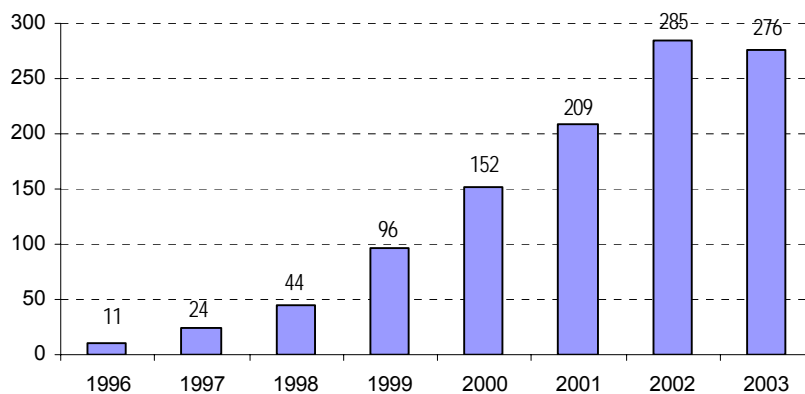
6.3. Psychiatric co-morbidity (dual diagnosis)

No information available

6.4. Other drug-related health correlates and consequences

Every year road traffic safety has been more frequently threatened by drivers under the influence of drugs. In 2003, 276 drivers under the influence of narcotic or psychotropic substances (in 2002 – 285) were detained.

Figure 16. Number of detained drivers under the influence of drugs and psychotropic substances



7. Responses to Health Correlates and Consequences

7.1. Prevention of drug related deaths

No information available

7.2. Prevention and treatment of drug-related infectious diseases

There are 10 HIV prevention units working in the country in 2003. The main objective of these units is to reach risk groups – injecting drug users, prostitutes. Primary HIV diagnostic opportunities provided in these units enable to analyse HIV prevalence in specific groups.

Needle and syringes exchange programmes in Latvia is a part of the State HIV prevention program and is operational since 1999. In 2003 the program is operational in 12 cities, and all programs submit information to the Aids Prevention Centre. The number of exchanged syringes has increased comparing to year 2002; number of syringes handed out in 2003 has increased by 33,2% comparing to previous year (125 435 syringes in 2003, and 94 146 – in 2002). Number of syringes received back has increased by 27,7% (116 750 in 2003 comparing to 91 447 in 2002).

Syringe exchange services also provide clients with additional information about treatment facilities, harm reduction, reduction of infection risks with HIV and STD. Great contribution in the work of syringe exchange is provided by social workers consulting drug users about social help services, social benefits, work opportunities and other information. Social workers also consult relatives and family members of the addicted persons. Syringe exchange services provide free HIV and Hepatitis C tests.

7.3. Interventions related to psychiatric co-morbidity

No information available

7.4. Interventions related to other health correlates and consequences

No information available

8. Social Correlates and Consequences

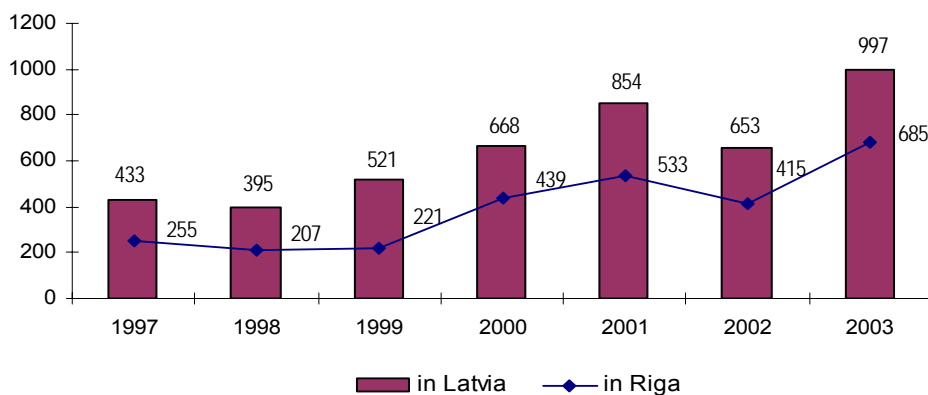
8.1. Social Exclusion

No information available

8.2. Drug related Crime

There is an essential link between drug addiction, criminal offence and illegal drug circulation. Trading and storage of narcotic substances is a legal offence, drug addiction promotes intentional crime. According to the data of the Organized Crime Control Office (ONAP), the number of illegal drug related registered criminal offences in 2003 increased as compared to previous years (in 2003 – 997 cases, in 2002 – 623 cases, in 2001 – 834 cases). 68.7% of the 997 offences detected in 2003, were committed in Riga. The number of detected offences related to dealing of drugs has doubled and in several cases large amounts of narcotic and psychotropic substances have been withdrawn from circulation.

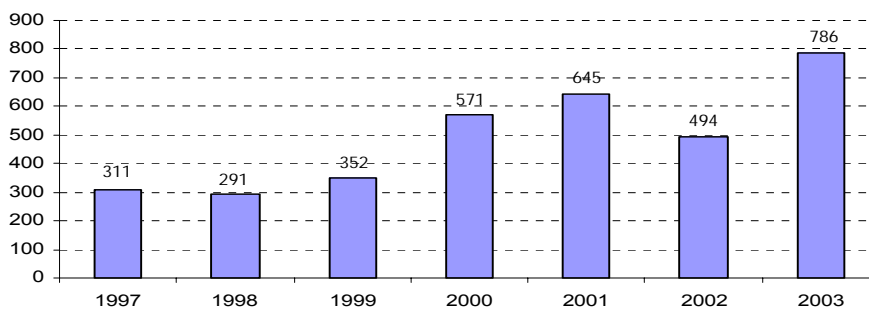
Figure 17. Registered drug related criminal offences in Latvia *



*Data of the Organized Crime Control Office

In 2003 786 criminal court procedures related to illegal circulation of narcotic and psychotropic substances were started against 786 individuals (in 2002 – against 494). In 2003, 2.8% of all detected crimes were committed under the influence of narcotic substances (in 2002 – 3.1%).

Figure 18. Number of persons tried in criminal courts in relation to drugs



*Data of the Organized Crime Control Office

There is also a correlation between the minors who use alcohol, narcotic or psychotropic substances and the number of criminal offences committed. According to the data of the Information Centre of the Ministry of Interior, during the last two years out of all the criminal offences committed by minors on the average one-fourth (25-26%) of the offences have been committed under the influence of alcohol. There are slight changes in the number of crimes committed under the influence of drugs. (in 2001 – 3.8%, in 2002 – 2.7%, in 2003 – 1.7%).

Table 9. The number of criminal offences committed by minors under the influence of alcohol and drugs, total numbers

	1999	2000	2001	2002	2003
Number of criminal offences committed by minors – including:	3754	3919	3981	3724	4219
• under the influence of alcohol	703	699	824	943	1121
• under the influence of drugs	22	58	152	77	73
Number of minors who have committed criminal offences - including:	2712	3134	3231	2869	3395
• under the influence of alcohol	547	589	536	701	798
• under the influence of drugs	115	221	87	36	46

Data of the Information Centre of the Ministry of Interior

8.3. Drug Use in Prison

Due to Phare financial assistance a survey in prisons was conducted in 2003. The goal of this survey was to investigate the actual situation in prisons on use of drugs and accessibility, as well as to assess the factors influencing usage, e.g. the occupational situation, studies, relations with the prison administration and other prisoners, the prison environment, relations with the community outside penitentiaries etc.

After consulting penitentiary employees, overseas experts and former prisoners, the following two research methods were chosen:

- ✓ a prisoners' survey;
- ✓ in-depth interviews with representatives of the prison administration – experts.

Interviews with representatives of the prison administration

Altogether 14 representatives were interviewed in 11 prisons. Four of the experts interviewed are prison governors, four are deputy governors, three - manage the prison social rehabilitation departments and two – the prison medical departments.

As assessed by the experts, use of drugs in prisons is a serious issue, since prohibited substances are used in many, though not in all penitentiaries. Estimations of prison officials show that prohibited substances are used in seven of the eleven penitentiaries. Use of drugs is a bigger problem in high security prisons and in pre-trial detention centres. The in-mates of pre-trial detention centres consider themselves free people allowed to do anything, so drug usage is prevalent.

Drug supply channels in penitentiaries:

- ✓ drugs are thrown over the prison fencing;
- ✓ via provisions brought by relatives and lengthy meetings;
- ✓ via bribing the prison administration;
- ✓ via prisoners in pre-trial detention units;
- ✓ via the hospital of the Central prison.

The more common drugs mentioned in relation to penitentiaries are pot or marijuana, amphetamines, heroine; in fewer cases ecstasy, cocaine, opiates and barbiturates are mentioned.

There are differences in the estimation of the number of prisoners who use drugs in penitentiaries:

- ✓ one of the experts interviewed said that in the penitentiary represented by him/her drugs are unofficially used by almost everybody;
- ✓ employees of other penitentiaries believed that the share of drug users among prisoners was between 10% and 30%.

It is difficult to combat drugs in penitentiaries not only because they can easily be concealed and, subsequently, are easy to deliver into the premises of the penitentiaries, but also because frequently no punitive measures are taken against prisoners who use drugs, since examinations for proving drug use are costly.

Drug users in most cases are young people below 25 years of age with a poor educational background; some have had no more than 6-7 years of schooling. They are psychologically unbalanced, frequently agitated, experience communication problems and have difficulties in speech perception. Such young people predominantly have socially unfavorable family backgrounds.

Treatment programs for drug users do not work in penitentiaries, since only in two of all the surveyed penitentiaries respondents believed that drug users were treated there, though several experts expressed a wish to introduce methadone or other treatment programs in penitentiaries.

Prisoners' survey

To reach the goals and the objectives of the survey, a questionnaire was elaborated to match the EMCDDA standards. The questionnaire included both general questions on the prevalence of addictive substances in penitentiaries, and questions on specific groups of addictive and intoxicating substances. Within the framework of the questionnaire, prisoners could freely comment on the prevalence of drugs in penitentiaries, as well as on other issues important to them.

The sample of the questionnaire included 4688 prisoners serving sentence in the penitentiaries of Latvia (the data correspond to July 1, 2003). The response level of the questionnaire was calculated at 66%. 2867 questionnaires were found valid for analysis, which corresponds to 61% of the sample.

A review of the survey data shows:

- ✓ not only drugs, but also the use of sedatives and other medicines without prescription are an important problem in penitentiaries. 27% and 23% respondents respectively believe that access to a variety of medicines (sleeping pills, sedatives) and marijuana/hashish is easiest in prisons. From all the prisoners, 28% have tried marijuana/hashish during the period of their sentence, but every fourth prisoner (25%) has used medicines to get intoxicated;
- ✓ in comparison: alcohol is less frequently used in penitentiaries than drugs or medicines. 26% of the prisoners have used alcohol during the period of their sentence, whereas 37% have used drugs and medicines to get intoxicated;
- ✓ for prisoners serving their term in the same cell/division with several drug users, there is a higher threat of becoming subject to the use of drugs and medicines. It may be concluded that there is stratification of drug and medicine users in prisons;
- ✓ the principal risk group who may start using drugs while in penitentiary are young prisoner between 25 and 34;
- ✓ there is a higher chance of starting to use drugs or going on with it in high security prisons, which is related to the greater severity of punishment;
- ✓ a significant share (14%) of the prisoners use drugs intravenously. This refers even to those substances which outside the penitentiary are commonly taken as sniff or as pills, since injecting drugs and medicines gives a higher degree of intoxication;
- ✓ because of intravenous use, there is a serious threat that penitentiaries are becoming „breeders” of a number of dangerous diseases – HIV, AIDS, B/C hepatitis, since practically all (86%) of the intravenous users have shared syringes and needles during their prison term, and there are currently no treatment programs for addicts in penitentiaries.

Suggestions

As a result of the assessment of the system of penitentiaries and the prevalence of drugs in the penitentiaries as well as other information gained in the survey, the following activities may be outlined:

- ✓ *Formation of drug free zones or drug free units.* As suggested by the survey of prisoners, most of the respondents (62%) believe that it is possible to form drug free units/zones in the penitentiaries of Latvia. A significant part of the prisoners who do not use drugs have expressed a wish to be separated from drug users during their term of imprisonment, since drug users tend to stimulate drug usage among other prisoners; in a state of affectation or agitation they are harassing and unpleasant to others.
- ✓ *To introduce voluntary treatment programs for addicted users in penitentiaries.* The results of the survey of prisoners show that almost all the prisoners (87%) support introduction of voluntary treatment programs in penitentiaries; they are particularly strongly supported by prisoners who have tried drugs at least once in their life span. In their comments, the prisoners admitted that penitentiaries were a good place for treating addicts, but they also went on to say that treatment should be organized in a different manner than treatment in the medical units of prisons. It seems strange that when asked about measures of combating drugs, representatives of the prison administration did not indicate the necessity of such programs.
- ✓ *To deliver lectures on problems of drugs and addiction, and closely related problems to prisoners in cooperation with governmental and non-governmental organizations.* Some penitentiaries have a laudable experience of cooperation with the AIDS

Prevention Centre and the public youth organization „Youth against AIDS”, who conducted a seminar for prisoners on AIDS problems. The prisoners also thought that this cooperation should be continued.

- ✓ *To review the work of some pre-trial detention centres and investigation departments.* Interviews with both - prison employees and prisoners show that the problem of prevalence of drugs is particularly grave in the pre-trial detention centres where the subjects arrested await court decision on matters of criminal offence and when their legal status is different from the status of convicted offenders. In the course of the interviews, information was obtained that drugs could be passed on to prisoners in those penitentiaries where pre-trial investigation departments were located in a separate zone next to the convicted prisoners.
- ✓ *Control of the prison employees.* As believed by the employees as well as the prisoners, a significant part of drugs are channelled into penitentiaries via prison employees, which means that stronger control is required to restrict willful actions of prison employees who dare to deliver drugs and other prohibited things to prisoners.
- ✓ *Other activities.* Both - representatives of the prison administration and prisoners admit that a number of other conditions are required to reduce the prevalence of drugs in penitentiaries. Among such activities indirectly related to combating drugs, are activities related to improving the occupational situation among prisoners, better educational opportunities, improvement of living conditions and the formation of a Probation service, which would start cooperation with penitentiaries.

8.4. Social Costs

Studies on social costs of drug consumption have not been conducted in Latvia.

9. Responses to Social correlates and Consequences

9.1. Social Reintegration

No information available

9.2. Prevention of drug related Crime

Drug related crime prevention is a serious field, which asks for serious, coordinated and complex action. The State Police considers that there have to be priorities identified in different fields such as:

- 1) drug demand reduction, prevention, treatment and rehabilitation;
- 2) control of legal drug and psychotropic substance turnover;
- 3) combat of illegal drug and psychotropic substance turnover;
- 4) changes in legislation, formulation and administration of politics.

10. Drug Markets

Latvia demonstrates the global and European patterns in the prevalence of narcotic and psychotropic substances. Changes in the trade patterns of drugs take place all the time. Drugs are mostly dealt through acquaintances only and secrecy has increased, especially in relation to wholesales trading.

10.1. Availability and supply

Since 2002 synthetic drugs prevail in illegal circulation, esp. amphetamine and metamphetamine. Heroin is less common. Cannabis is still the most popular substances among drug users. Non-medical use of tramadol has lately shown rapid increase

Indirect indicators also speak about the prevalence and accessibility of drugs. 16% of the residents of Latvia know or have heard of at least one location in the vicinity where drugs can be purchased. There is a meaningful difference in the assessment of accessibility of drugs by level of urbanization: the more urban the environment, the more informed residents are about the places where drugs can be purchased (from 4% of the residents in rural areas to 26% in Riga). Among young people, the differences are even more marked – from 9% in the rural areas and villages to 39% in Riga. The latter implies that the measures taken by the police to enforce the law in the sphere of drug circulation are inadequate: although the locations where drugs can be purchased are well known, the police cannot stop their functioning.

Friends and acquaintances are the most widely mentioned supply channels for drugs (excluding ecstasy, which is mostly purchased at recreational settings and other get-togethers). Since friends and acquaintances are mostly secondary sources of drugs, i.e. they in turn purchase the drugs from a distributor/dealer, it seems that frequent reference to these sources is related to purchasing drugs for the first time/for trying them out. The second most frequently mentioned source of obtaining drugs is from a well-acquainted drug dealer or at a well-known site (e.g. in the drug dealer's home etc.). Street dealers are important channel of obtaining heroine (noted by 14% of the users). The supply channels mentioned show that the drug business in Latvia largely depends on personal contacts between drug dealers and regular users and on trade locations, known to users. Information about them is circulated by word of mouth.

10.2. Seizures

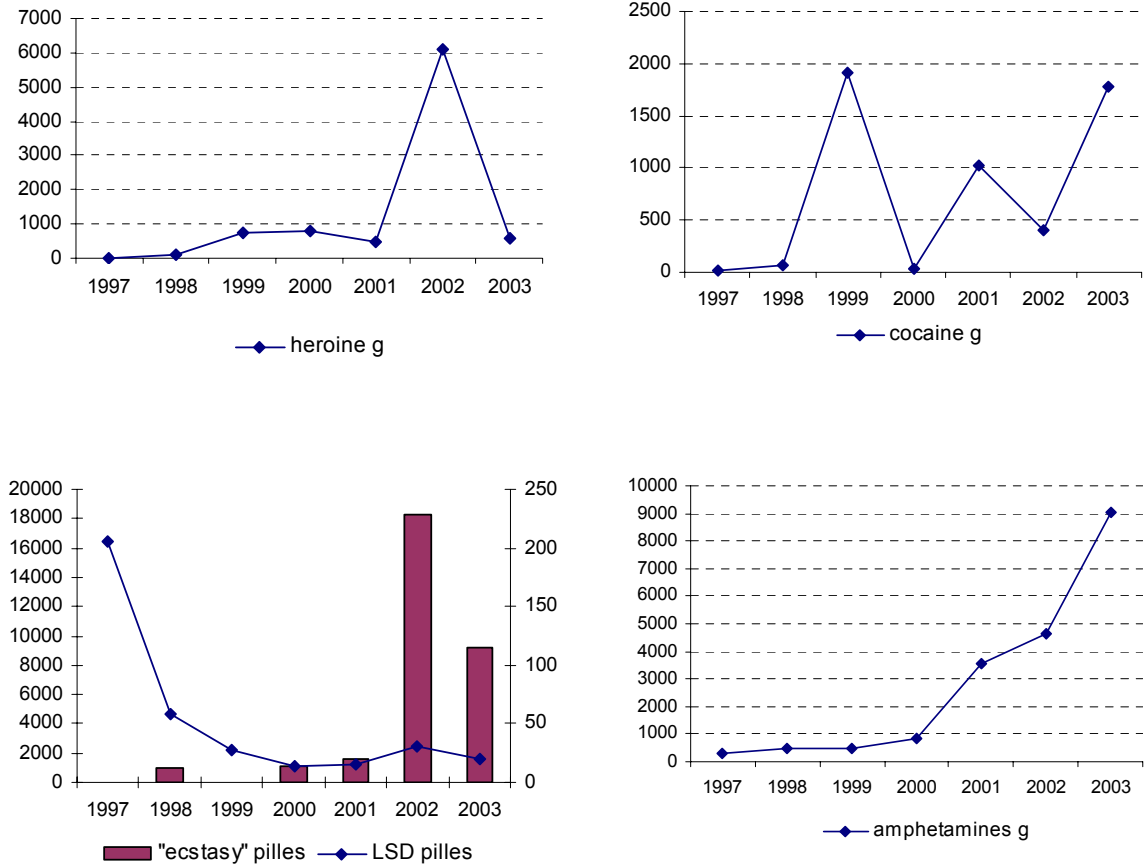
In 2003 as compared to previous years, the amounts of hashish, ephedrine, amphetamines (esp. metamphetamine), cocaine and psychotropic substances withdrawn from illegal circulation has increased. Instead, the amounts of heroine, ecstasy and pot withdrawn has decreased. In 2003 for the first time, a very dangerous substance 3-metiphentanile (0,35g) was withdrawn from illegal circulation.

Table 10. Seizure of drugs and psychotropic substances from illegal circulation*

	1998	1999	2000	2001	2002	2003
Poppy straw kg	192.28	30.25	145.95	182.9	83.46	57.72
Heroine g	98.15	767.98	774.85	464.8	6080.4	600.44
Marijuana kg	2.48	231.19	6.78	193.58	6.64	6.02
Hashish g	3150.0	685.38	494.79	191.48	422.79	50052.26
Euphedrineg	346	281.2	802.29	570	109.00	847.24
Amphetamines g	458.33	493.67	853.25	3550.8	4615.64	9040.14
„Ecstasy” pills	1020	-	1114	1620	18298	9239
Cocaine g	62.51	1915	27.28	1024.25	402.86	1777.21
LSD pcs	58	27	14	16	30	20
Medicines containing narcotic substances ml	300.9	171	1306	16900	570	7970.72

*Data of the Organized Crime Control Office

Figure 19. Seized Drugs and psychotropic substances from illegal circulation*



*Data of the Organized Crime Control Office

10.3. Price/Purity

Comparing to the year 2002 prices of drugs have decreased in street market, only the price of heroine has increased in 2003. Average price per gram of heroine was 80 euros in 2002, but in 2003 it was 85 euros per gram. Prices of amphetamines, ecstasy, and cocaine decreased in year 2003. Average price of amphetamines per gram in 2002 were 15 euros, in 2003 only 9 euros. Average price of ecstasy has decreased from 7,5 euros in 2002 to 6 euros in 2003. The average price of cocaine has increased significant from 55 euros per gram in 2002 to 38 euros in 2003. The price of cannabis both resin and herb has decreased in 2003.

Part B – Selected Issues

11. Buprenorphine, treatment, misuse, and prescription practices

Buprenorphine is not available in Latvia in 2003.

12. Alternatives to prison targeting to drug using offenders

Unfortunately at the moment practice of alternative punishment still is very weak in Latvia. There exist seven probation territorial services in Latvia and mostly attention is paid to under aged persons. In some points legislation of Republic of Latvia predicts compulsory treatment of drug addiction but for the greatest part compulsory treatment is not offered as an alternative to prison.

13. Public nuisance: definitions, trends in policies, legal issues and intervention strategies

No information available

Part C – Bibliography, Annexes, Standard for bibliographic references

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