European Monitoring Centre for Drugs and Drug Addiction

Latvia

Latvia Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Latvia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

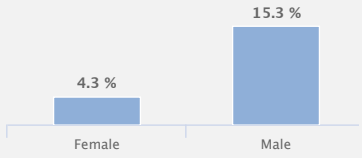
THE DRUG PROBLEM IN LATVIA AT A GLANCE

Drug use

in young adults (15-34 years) in the last year

Cannabis

10.0 %



Other drugs

MDMA	0.8 %
Amphetamines	0.7 %
Cocaine	1.2 %

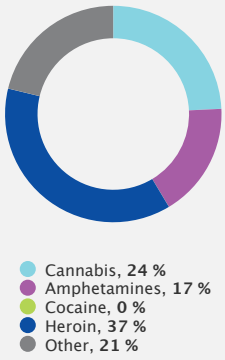
High-risk opioid users

7 100

(5 812 - 8 766)

All treatment entrants

by primary drug



Opioid substitution treatment clients

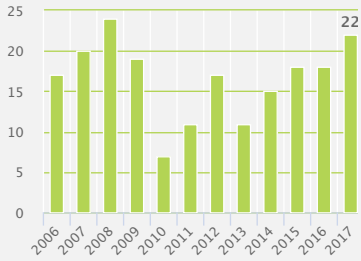
669

Syringes distributed

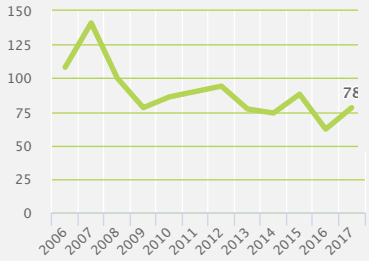
through specialised programmes

833 817

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

5 173

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Cannabis resin
2. Herbal cannabis
3. MDMA
4. Metanphetamine
5. Amphetamine

Population

(15-64 years)

1 258 620

Source: Eurostat Extracted on: 18/03/2019

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

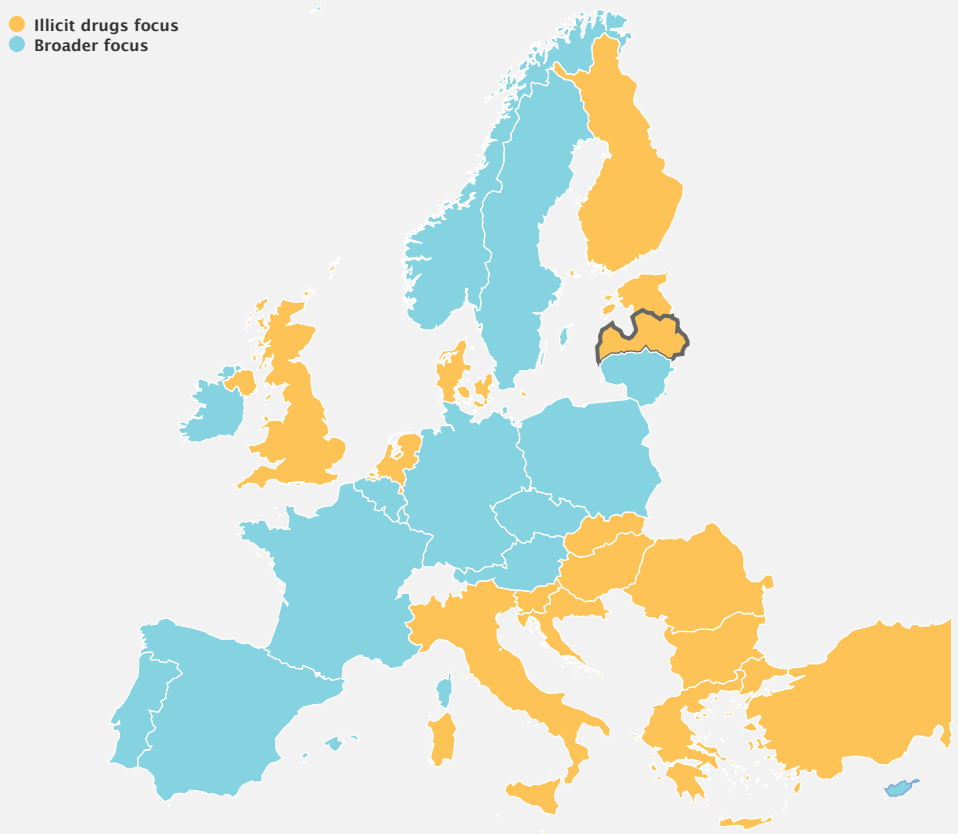
National drug strategy and coordination

National drug strategy

Latvia's National Programme on Drug Control and Drug Addiction Restriction for 2011-17 is focused on illicit drugs. It was developed in accordance with the Regulation for Development of Planning Documents and Impact Assessment and the Latvian Strategic Development Plan 2010-13 and reflects the principles of the drug policy of the European Union (EU). It sets out three main goals: (i) to reduce the tolerance of illicit drug use in society; (ii) to reduce the harm caused to society through illicit drug use by making effective healthcare services available to drug users; and (iii) to reduce the availability of illicit drugs. The strategy is accompanied by an action plan built around four pillars: (i) the prevention of drug dependence and drug use (two policy impact indicators, four performance indicators, 10 actions); (ii) the healthcare of drug-dependent patients and drug users (two policy impact indicators, seven performance indicators, 15 actions); (iii) the reduction of drug supply (two policy impact indicators, seven performance indicators, 12 actions); and (iv) a cross-cutting focus on policy coordination, monitoring, data collection and information analyses (16 actions).

Like other European countries, Latvia evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2014, an internal mixed-methods process evaluation, focused on the implementation of the National Programme, was completed by the Ministry of the Interior.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

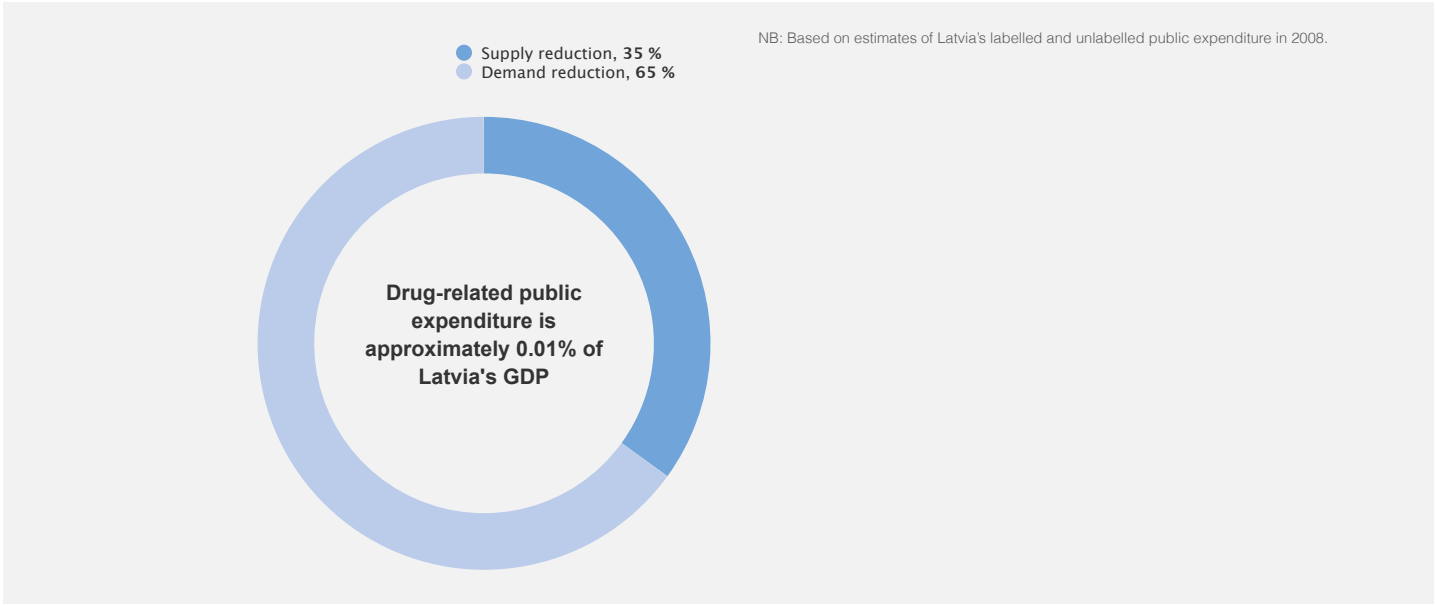
The Drug Control and Drug Addiction Restriction Coordination Council is chaired by the prime minister and includes ministers from all key policy areas and several national experts. It is responsible for coordinating government agencies, municipalities and non-governmental organisations tasked with implementing the national drug strategy. The Council is responsible for developing drug programmes and for their implementation and evaluation. The Council Secretariat is responsible for the day-to-day strategic and operational coordination of activities related to the National Programme. The head of the Council Secretariat functions as the National Drug Coordinator. The Centre for Disease Prevention and Control of Latvia, which houses the national focal point of the European Monitoring Centre for Drugs and Drug Addiction, coordinates day-to-day monitoring work and the collection and dissemination of information on illicit and licit substances.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on drugs-related tasks are identified as such in the budget (‘labelled’). Often, however, most drug-related expenditure is not identified (‘unlabelled’) and must be estimated using modelling approaches.

Latvian policy documents relating to illicit drugs do not have associated budgets, and there is no review of executed expenditures. The last estimate of total drug expenditure in the country is from 2008. At that time, it amounted to around 0.01 % of gross domestic product (GDP).

Public expenditure related to illicit drugs in Latvia



Drug laws and drug law offences

National drug laws

In Latvia, the unauthorised use, acquisition and storage of small amounts of illicit drugs are administrative offences punishable by a warning or a fine of up to EUR 280. The possession of larger amounts of drugs for personal use (precisely defined in the law 'On the procedures for the coming into force and application of the criminal law') can lead to a criminal penalty of up to 3 years in prison.

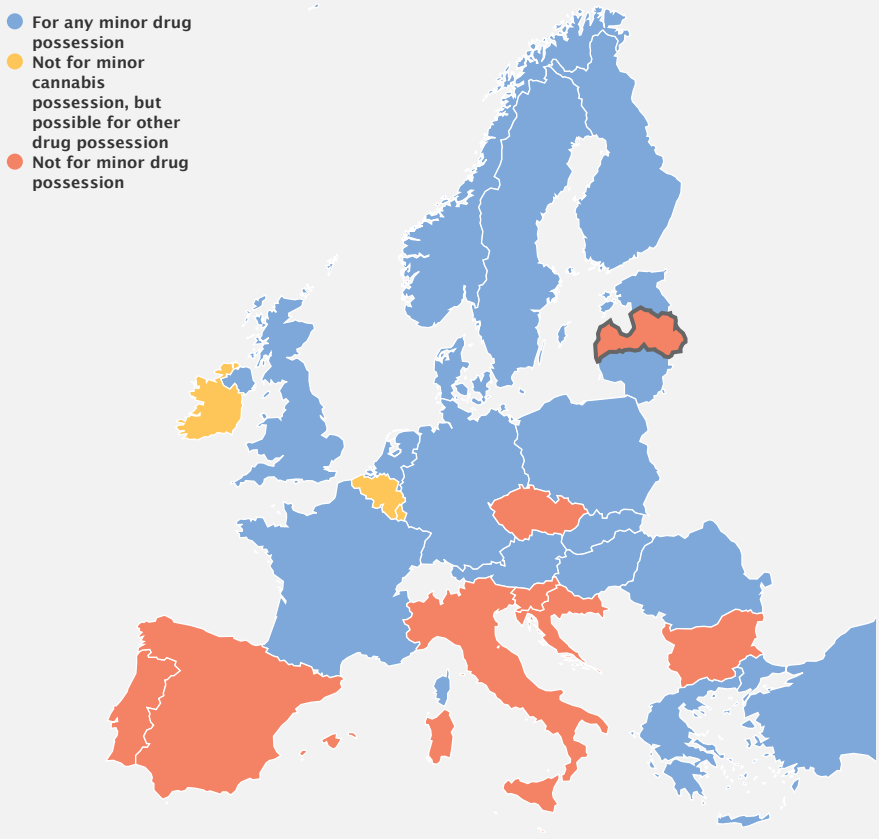
The repeated unauthorised use, preparation, acquisition or possession of small amounts of illicit drugs within 12 months of a previous offence is a criminal offence and is punishable by a short term of imprisonment of between 15 days and 3 months, community service or a fine.

The court is able to impose treatment with a suspended sentence, or to release a drug user from criminal or administrative liability if the user has agreed to undergo treatment; however, no underlying control mechanism has been established for this.

Trafficking of any quantity of drugs may be punishable by 2-8 years' imprisonment, increasing to 3-10 years if the offender is part of a group, or 5-15 years if a large amount of illicit drugs was trafficked or an organised group was involved. The unauthorised sale of small amounts of drugs is punishable by imprisonment for up to 3 years.

Since 2013, new psychoactive substances (NPS) have been controlled individually or in generic groups, and supply-related activities can be temporarily controlled for a period of up to 12 months. Such activities were initially punishable with a fine, but since 2014 have been criminal offences, punishable by up to 2 years in prison, or 5 years if such actions cause substantial harm. In addition, in 2014 the personal possession of NPS became an administrative offence, punishable with a fine of up to EUR 280, and the possibility of a criminal charge if the offence is repeated within 1 year. As is the case for established drugs, the mode of punishment (administrative or criminal) for NPS-related offences depends on the amount of substance involved (small or large), although drug trafficking always incurs criminal liability.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Data from 2017.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

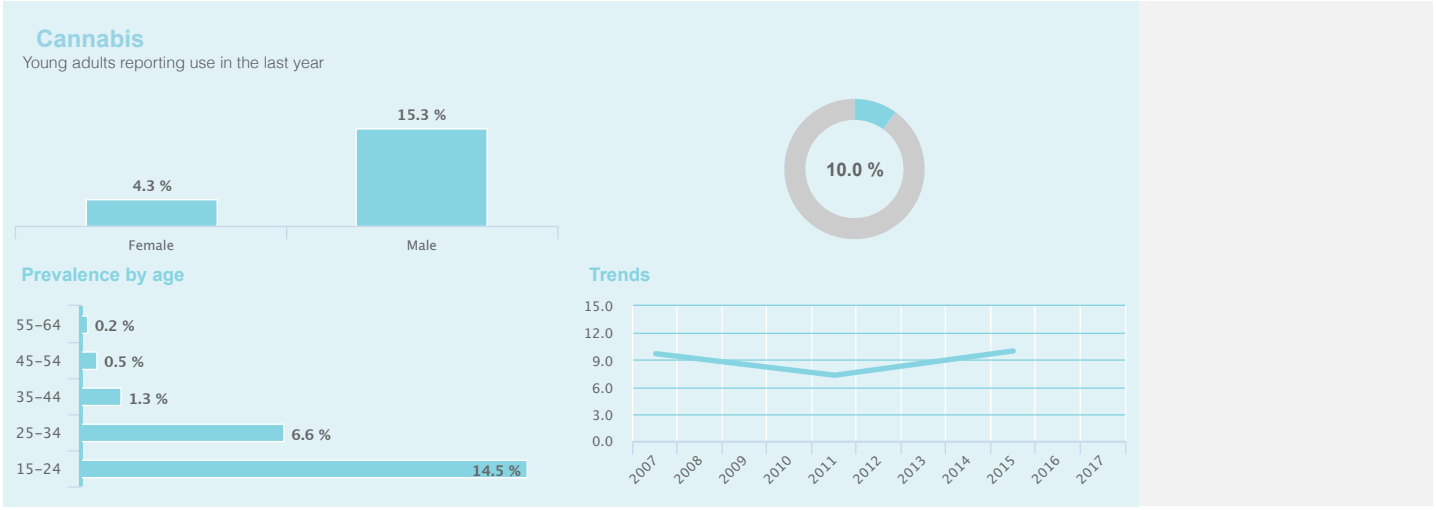
Data on DLOs from Latvia indicate that the majority of offences were related to the possession or use of drugs. The number of offences has gradually increased over the past decade, with the highest number reported in 2015. This is partly explained by the changes in definitions. In 2017, the number of reported drug law offences decreased from 2016.

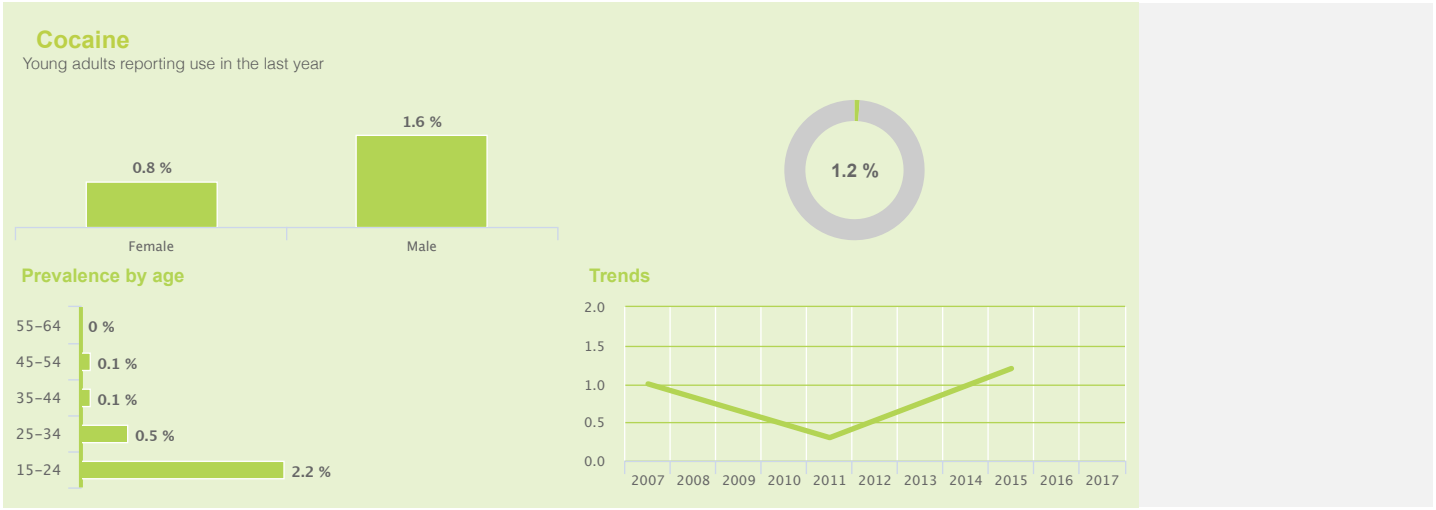
Drug use

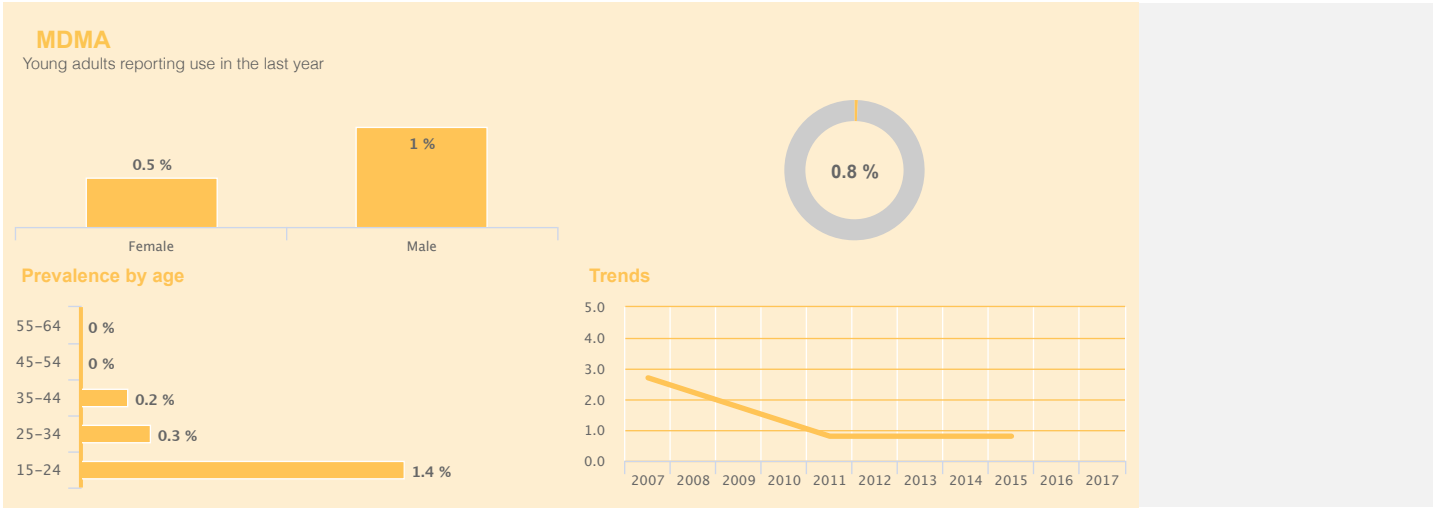
Prevalence and trends

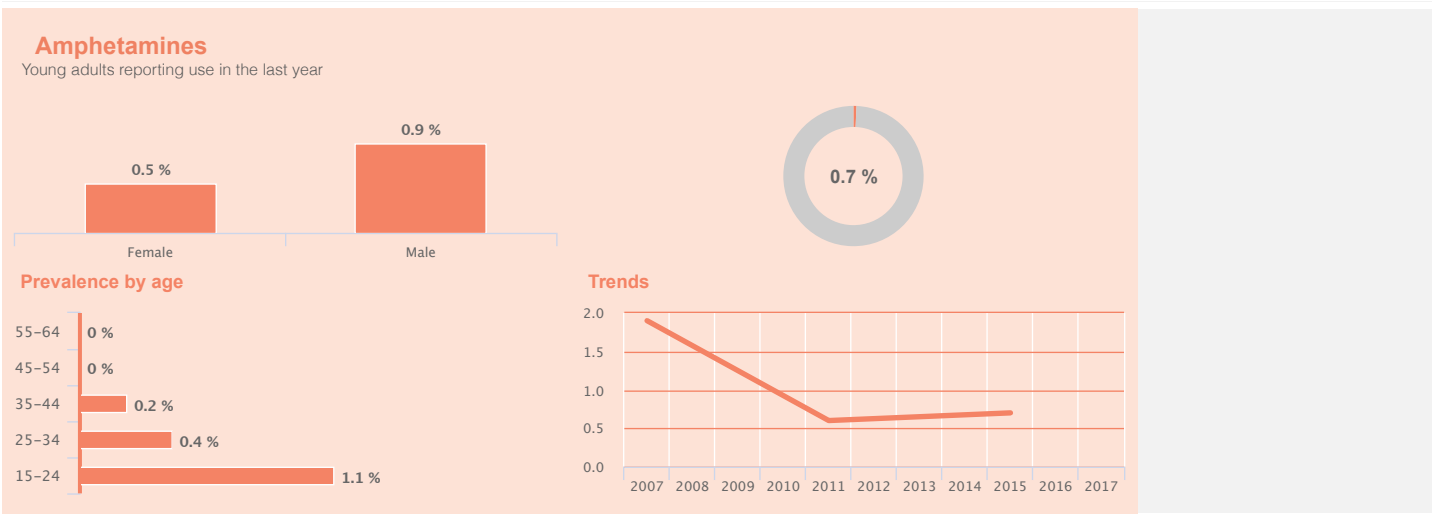
Cannabis is the illicit drug most commonly used by the adult general population aged 15-64 years in Latvia. Drug use is mainly concentrated among young adults aged 15-34 years, and males generally report illicit drug use, particularly cannabis use, more often than females. The lifetime prevalence of cannabis use has remained relatively stable among young adults in Latvia. The use of other illicit drugs is less common among the general population. Experimentation with new psychoactive substances (NPS) emerged as a trend in 2011; however, regular use of these substances remains uncommon.

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





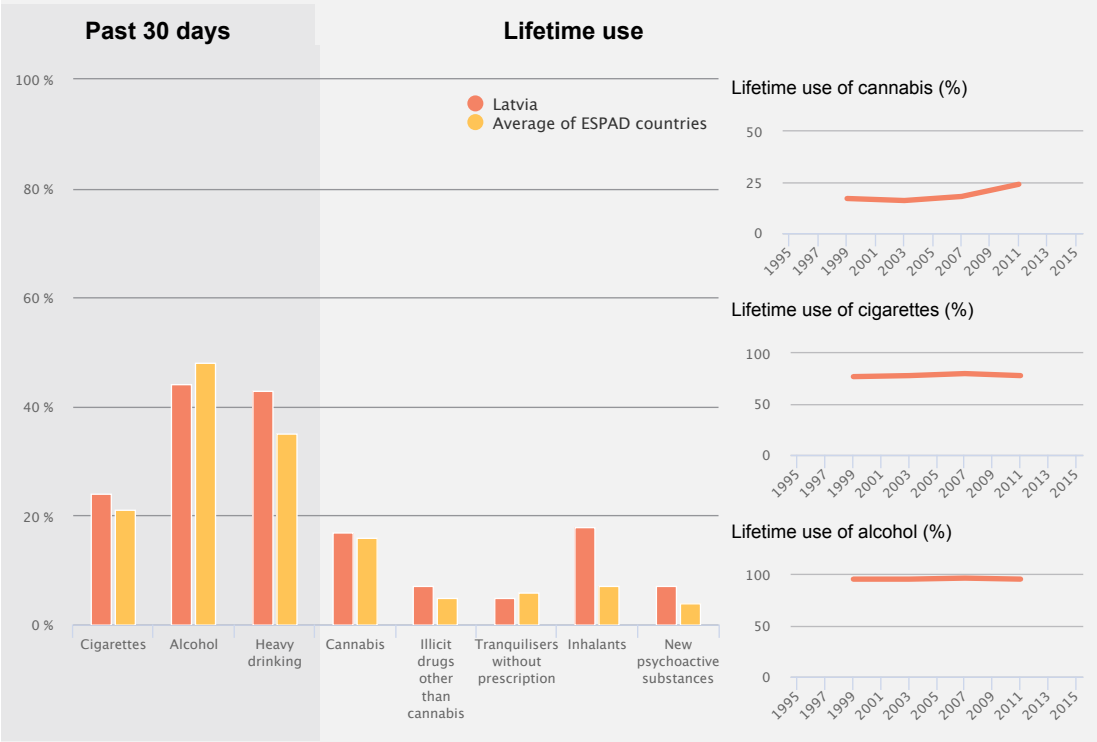




NB: Estimated last-year prevalence of drug use in 2015.

Drug use among 15- to 16-year-old students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Latvia since 1999 and the most recent survey was carried out in 2015. The 2015 ESPAD suffered from some methodological issues in Latvia; therefore, the comparability of the Latvian data should be considered limited. The lifetime prevalence of NPS use reported by Latvian students was higher than the ESPAD average (based on data from 35 countries), whereas the lifetime use of cannabis and of illicit drugs other than cannabis was more or less in line with the ESPAD average. Of the other key substances, the lifetime use of inhalants by Latvian students was clearly higher than the ESPAD average, while the results for cigarette use and heavy episodic drinking in the past 30 days were slightly above average. The long-term trend indicates a continuous increase in lifetime prevalence rates of cannabis use among Latvian adolescents from 2003 to 2011.

Substance use among 15- to 16- year-old school students in Latvia



Source: ESPAD study 2015. Owing to the uncertainty of the data collection procedures, the 2015 data are of limited comparability and, therefore, are not shown in the trends.

High-risk drug use and trends

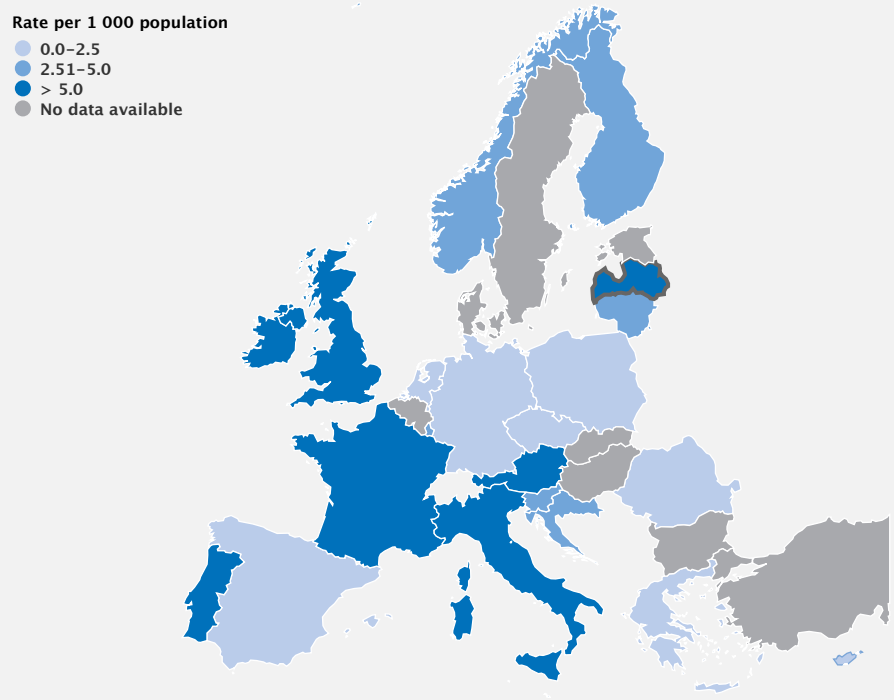
Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

High-risk drug use in Latvia is mainly linked to the use of opioids and amphetamines. The estimated number of high-risk opioid users in 2017 was 7 100 (around 5.6 per 1 000 adult population). The same study estimated that there were 2 234 high-risk amphetamine users (1.8 per 1 000 adult population) in the country. Available data from other sources indicate that opioid use (including the use of a home-made opioid called hanka) may have decreased, with some opioid users switching to amphetamines in the past decade. The prevalence of injecting drug use was estimated at 6 per 1 000 adult population in 2016.

Data from specialised treatment centres indicate that the number of first-time clients entering heroin treatment has remained relatively stable since 2010, while an increase has been reported in first-time amphetamine treatment demands. Almost all first-time treatment clients who report primary heroin use inject it, and injecting is also the preferred mode of more than half of first-time primary amphetamine clients.

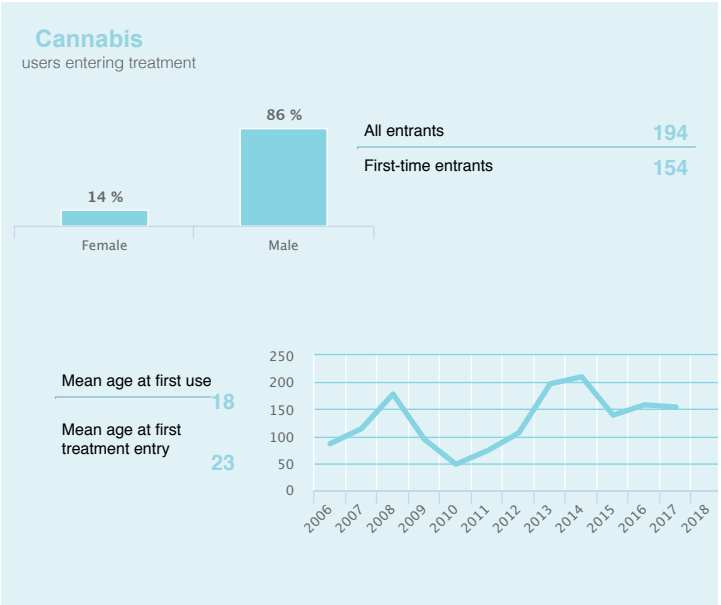
Since 2013, cannabis has been the most frequently reported primary illicit substance among those entering treatment for the first time. In general, cannabis users entering treatment for the first time are younger than clients seeking treatment for other illicit drug use.

National estimates of last year prevalence of high-risk opioid use



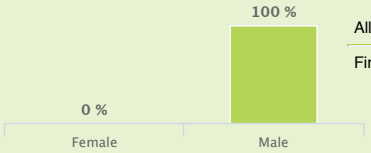
NB: Data from 2017, or the most recent year for which data are available.

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



Cocaine

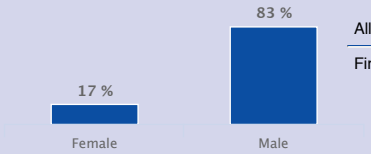
users entering treatment



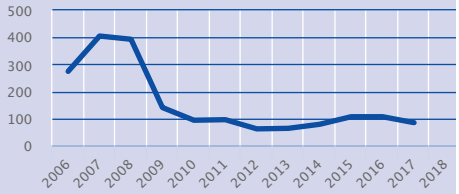
All entrants	4
First-time entrants	3
Mean age at first use	35
Mean age at first treatment entry	39

Heroin

users entering treatment

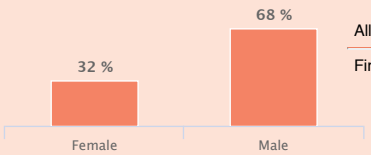


All entrants	300
First-time entrants	84
Mean age at first use	21
Mean age at first treatment entry	32

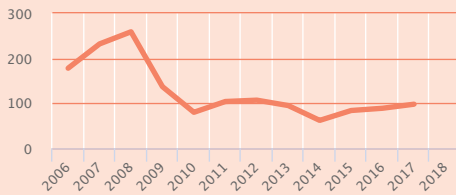


Amphetamines

users entering treatment



All entrants	141
First-time entrants	98
Mean age at first use	25
Mean age at first treatment entry	31



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

Drug-related infectious diseases

In Latvia, the emergence of a human immunodeficiency virus (HIV) epidemic in the late 1990s was attributed mainly to injecting drug use. Since 2001, the proportion of people who inject drugs (PWID) among newly diagnosed HIV-positive individuals has gradually decreased, but Latvia remains one of the countries with the highest rates of HIV infection attributed to injecting drug use. Approximately one third of new HIV infections in Latvia in 2017 were associated with injecting drug use, and injecting remains a significant route of transmission of HIV in Latvia.

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

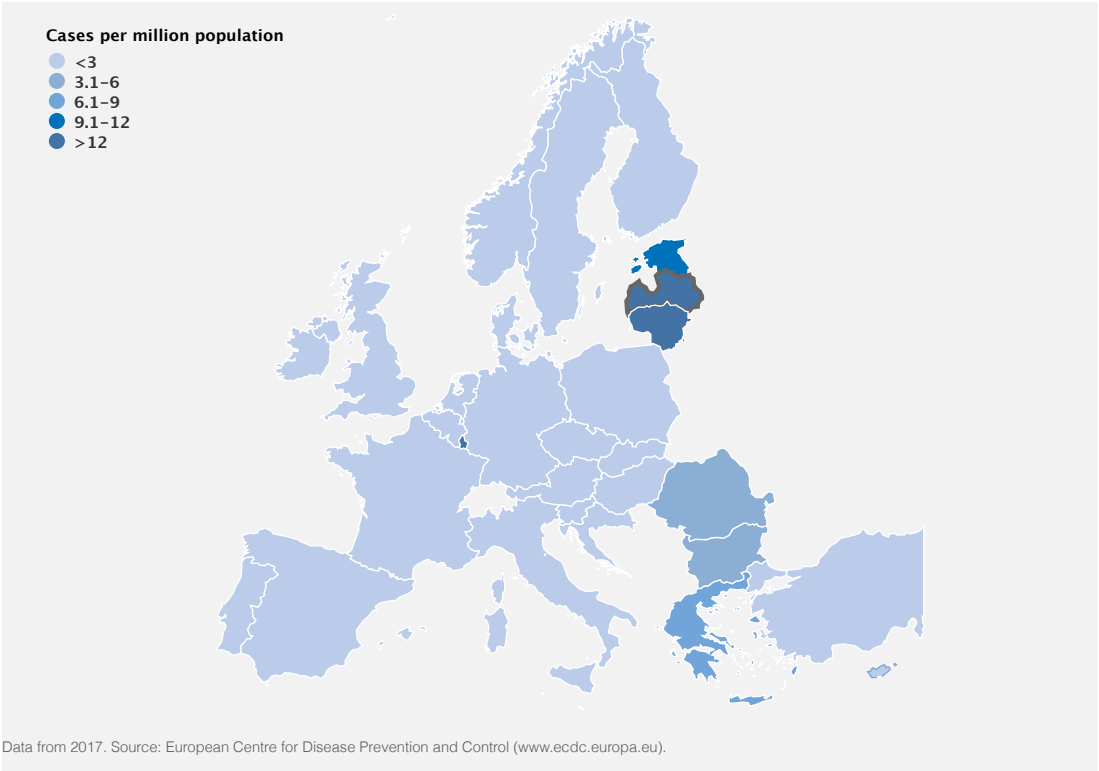
Region	HCV	HIV
National	56.8	7.7
Sub-national	85.2	25.7

Data from 2017.

The overall prevalence of HIV among PWID tested in needle and syringe programmes has remained stable in recent years, with fewer than 1 in 10 clients testing positive for HIV. HIV prevalence is higher among females, those older than 25 years, those who report opioids as their primary drug of use and those who have been imprisoned. Findings from a cohort study in five cities, including participants not reached by health services, indicated that one quarter of PWID were HIV positive in 2017.

Monitoring of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections indicates that injecting drug use is a significant risk factor in the transmission of these viruses. In 2017, more than half of clients in harm reduction services tested positive for HCV antibodies, while a smaller proportion tested positive for HBV (HBsAg). HCV prevalence is higher among those older than 25 years, those who report opioids as their primary drug of use and those who have been imprisoned. In 2017, the cohort study carried out in five cities reported a prevalence of HBV chronic infections and HCV antibodies among PWID of 3.6 % and 85.2 %, respectively.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

There is no national reporting system on drug-related emergencies in Latvia, although some data on acute drug-related emergencies can be extracted from the State Emergency Medical Service (SEMS) database, which is based on incoming calls. SEMS data indicate that in 2017 more than 3 800 calls were linked to illicit drugs or psychoactive substances, a large increase compared with previous years. Inpatient treatment data indicate that in 2017 there were 117 non-fatal overdose cases attributable to illicit drug use, higher than in the previous 3 years.

One hospital in Riga participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

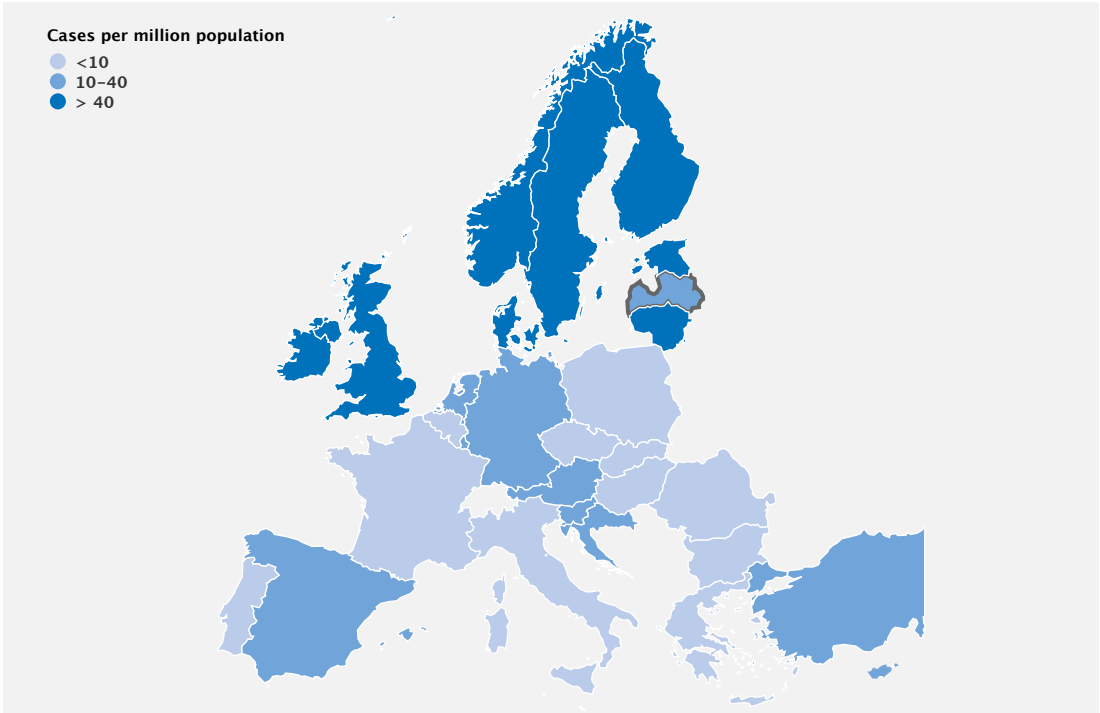
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2017, 22 drug-induced deaths were recorded in the national mortality register in Latvia, almost all of which were of males. Opioids and stimulants were the main substances involved. The mean age of the deceased was 37 years; an increase in the age of victims has been observed in the past decade. Three deaths caused by fentanyl were officially registered.

The special register of the State Centre for Forensic Medical Examination reported the presence of illicit drugs in 27 deaths examined in 2017. In two thirds of the cases, the presence of opioids, primarily tramadol, morphine and methadone, was reported, as was the presence of methamphetamines.

The drug-induced mortality rate among adults (aged 15-64 years) was 17 deaths per million in 2017, which is lower than the European average of 22 deaths per million. However, any comparison of the Latvian overdose data with data from other countries should be undertaken with caution, as the number of reported cases is likely to be an underestimate.

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

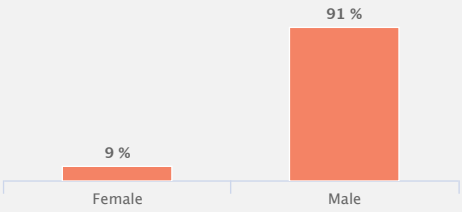


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

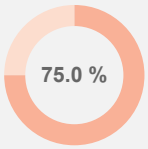
Characteristics of and trends in drug-induced deaths in Latvia

NB: Year of

Gender distribution

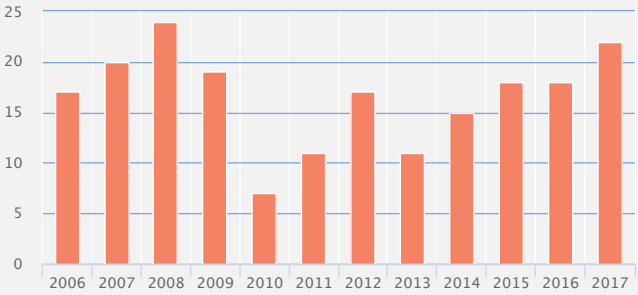


Toxicology

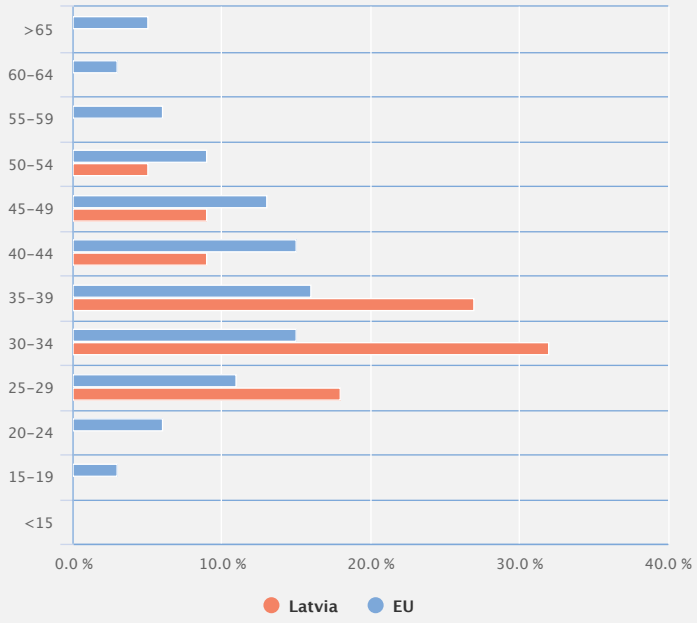


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

Drug prevention is one of the key topics of several national planning documents in Latvia. The National Development Plan 2014-20 emphasises the prevention of psychoactive substance use and other addictive behaviours. Prevention of drug use is one of the four pillars of the National Programme on Drug Control and Drug Addiction Restriction 2011-17, and is also an integral part of the Public Health Guidelines 2014-20.

In general, drug prevention activities are integrated into broader health promotion activities and are implemented in a decentralised manner. Districts and municipalities play the main role in planning and funding prevention activities implemented outside school curricula.

Prevention interventions

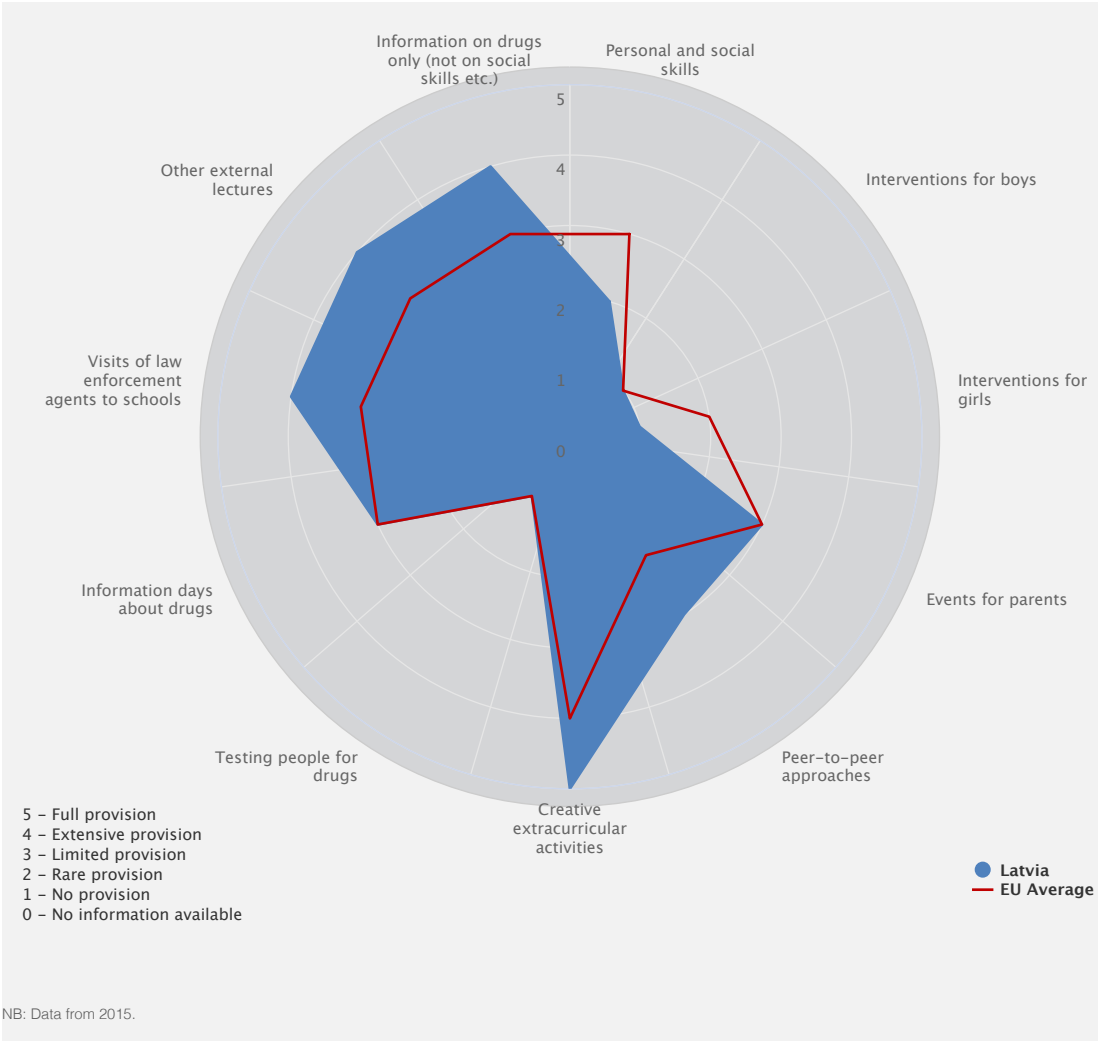
Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

Environmental strategies in Latvia are mostly focused on the restriction of smoking, including of electronic cigarettes, and the consumption of alcohol among the general population. These strategies include limiting the sale of alcohol in large-volume packaging, and a gradual increase in the tax on tobacco products. From 2017, excise tax on alcohol and tobacco is due to increase every year until 2020.

Universal prevention strategies are implemented through the schools study programme, while projects and other activities are often implemented outside school hours. The emphasis is on supporting educators; for example, training seminars on the prevention of addiction have been organised in support of teachers and methodological materials and teaching materials for prevention work in schools have been developed. Many schools involve medical doctors or other health promotion professionals, police officers and non-governmental organisations (NGOs) in their informational and educational activities. Peer education and life skills-based methodologies are mainly used in extracurricular activities. At community level, universal prevention activities primarily focus on the provision of alternative leisure activities involving the family, the training of professionals, and organising security services and video surveillance in schools. The National Network of Health-Promoting Local Governments aims to promote good practice, exchange experiences and ideas, and provide support for prevention. It now comprises 112 local governments. A similar network for schools has 99 institutions involved.

Selective prevention in Latvia targets children and young people with behavioural problems, children and young people from socially disadvantaged families (including those whose parents have addiction problems), co-addicted persons and people who have violated the law (preventative work is carried out if the offence is related to the use of psychoactive substances). For the most part, universal prevention programmes are adapted to these groups and their special needs. There is no indicated prevention in the country.

Provision of interventions in schools in Latvia (expert ratings)



NB: Data from 2015.

Harm reduction

In Latvia, the National Programme on Drug Control and Drug Addiction Restriction 2011-17 emphasises the prevention of drug-related infectious diseases and is a framework for the implementation of harm reduction actions. A new Action Plan for the Elimination of Human Immunodeficiency Virus (HIV) Infection, Sexually Transmitted Infections (STIs) and Hepatitis B and C (HCV) for 2018-2020 addresses the needs of people who inject drugs (PWID) through several specific activities, including the creation of new facilities; the expansion of outreach staff; improved liaison between harm reduction and wider healthcare services; the targeted vaccination of vulnerable groups; the scaling up of needle and syringe provision; the introduction of new treatment options for opioid dependence; the drawing up of information materials; and treatment for PWID.

Harm reduction services are implemented through a network of low-threshold centres. These centres are mainly financed by municipalities, while the state provides some complementary resources to ensure their operation. The Centre for Disease Prevention and Control of Latvia is responsible for the overall coordination of the network and is in charge of the centralised procurement of syringes, condoms and quick tests for drug-related infectious diseases, and of the production of information materials.

Harm reduction interventions

In 2017, a network of 20 low-threshold centres, called HIV preventative points, was operational across the country. These centres provide a wide range of low-threshold services. In addition to distributing syringes and needles, they provide information, conduct outreach work and provide group and individual risk reduction education. Voluntary HIV counselling and testing, and testing for HCV and other infectious diseases, are financed through specific project-based funds from various sources.

The services are delivered at fixed locations, through mobile needle and syringe programmes and outreach workers. In 2017, the number of syringes distributed through these programmes continued to increase, reaching 834 000. The majority of new clients are reached through outreach units, and a high level of peer distribution of syringes is reported.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The development of new treatment options and increasing the quality of, and expanding the provision of, existing treatment services are among the priorities of the current national drug strategy. The national coordination body for drug treatment in Latvia is the Riga Centre of Psychiatry and Dependencies, which is responsible for the delivery, accreditation, monitoring and evaluation of drug treatment. Drug treatment is mainly delivered by institutions that operate under the supervision of the Ministry of Health and are funded by the state budget of the National Health Service. Long-term social rehabilitation is also provided through funds from the Ministry of Welfare. Drug treatment may also be delivered by private profit-making organisations, and is regulated by the Medical Treatment Law.

Drug treatment is available in outpatient and inpatient clinics. Outpatient drug treatment services are provided by narcologists in specialised public or private treatment centres and the services usually address all forms of dependencies. Several low-threshold services provide some psychosocial interventions and counselling to drug users; however, these are not classified as drug treatment facilities in Latvia. Inpatient treatment is provided by specialised psychiatric hospitals and by regional and local multi-profile hospitals, which are either publicly or privately funded. If treatment is provided by private institutions or practices, the client must fully cover the costs of the service. Outpatient services provide mainly psychosocial intervention, cognitive-behavioural therapy, motivational interventions and opioid substitution treatment (OST). Inpatient facilities offer emergency care in the event of an overdose, detoxification and short-term psychosocial interventions. Long-term rehabilitation based on the principle of the ‘therapeutic community’ is also offered.

OST with methadone has been available since 1996, and treatment with buprenorphine was introduced in 2005. In recent years, the availability of OST has expanded beyond the capital city, and it can be prescribed at any inpatient clinic provided that it has a Council of Physicians including at least two narcologists. Methadone is provided free of charge by the state, while buprenorphine is available at the patient’s expense.

Drug treatment in Latvia: settings and number treated

NB: Data from 2017.

Treatment provision

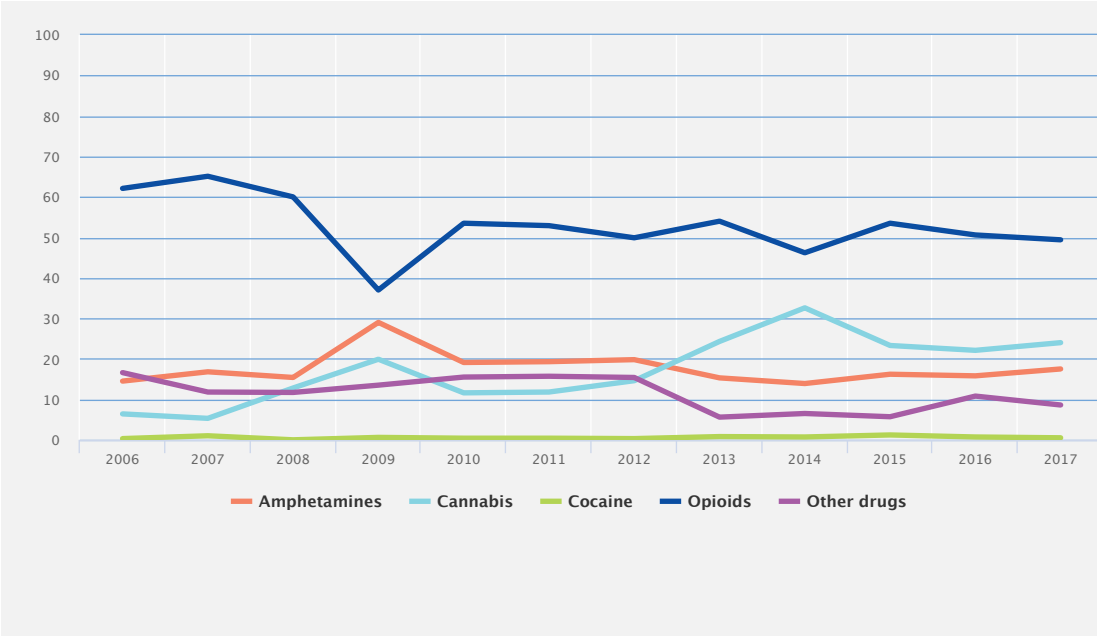
In 2017, 2 590 clients received drug treatment in Latvia, most of whom were treated in outpatient settings.

In 2017, the primary use of opioids, mainly heroin, remained the principal reason for treatment entry among all clients

admitted to treatment, followed by the primary use of cannabis, which was reported by nearly 3 out of 10 people entering treatment. The increase in opioid clients entering public specialised treatment observed up to 2016 did not continue in 2017. However, there are indications of an increase in the number of drug clients receiving treatment for the use of different types of fentanyl.

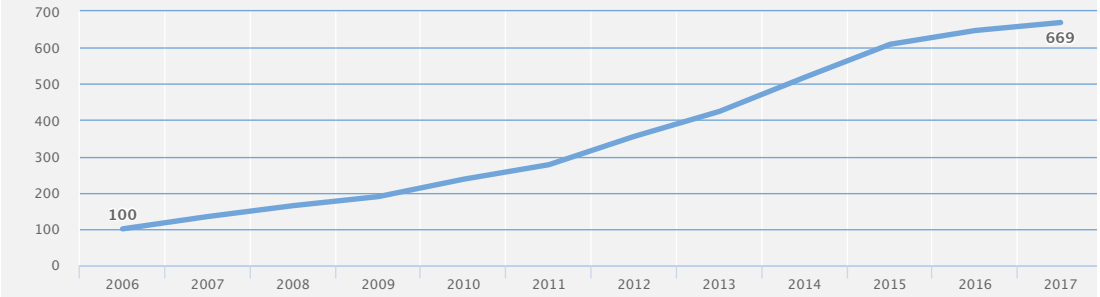
The geographical expansion of OST, combined with changes in the legal framework, contributed to a substantial increase in the number of OST clients between 2006 and 2017, although OST coverage in Latvia remains among the lowest in the European Union. In 2017, almost 700 clients received OST, mainly with methadone.

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



Opioid substitution treatment in Latvia: proportions of clients in OST by medication and trends of the total number of clients

Trends in the number of clients in OST



NB: Data from 2017.

Drug use and responses in prison

Healthcare activities in prisons are provided through mutual cooperation between the Ministry of the Interior, the Ministry of Justice and the Ministry of Health. The medical department of the prison or the Latvian Prison Hospital provides the health services. Drug treatment interventions in prisons include social rehabilitation, self-help groups and opioid substitution treatment. Prevention and treatment of infectious diseases are also available. Antiretroviral treatment for human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) is available for prisoners who started it prior to imprisonment. A number of social reintegration programmes were implemented in various prisons in 2017. Since 2012, methadone maintenance treatment (MMT) has been available to prisoners who started it prior to imprisonment. In 2017, 27 inmates received MMT while in prison.

The most recent study on drug use among people in prison is from 2014. This study indicated that around 69 % of prisoners had used drugs at some point in their life, while 49 % had done so in the past year and 40 % had done so in the past month. Drug use was found to be more common among female than male prisoners. Cannabis was the most common substance for lifetime use, followed by amphetamines, MDMA/ecstasy, heroin and cocaine. Around one quarter of prisoners stated that they had used new psychoactive substances (NPS), especially synthetic cannabinoids. One third of prisoners had used illicit substances while in prison; cannabis was the most commonly reported drug, followed by analgesics and sedatives, amphetamines and NPS. A small proportion of prisoners reported initiation of drug use in prison.

Available data suggest that around 17 % of prisoners are infected with hepatitis C virus, while around 1 in 10 are HIV positive, almost of whom half have been diagnosed with AIDS.

Quality assurance

The Ministry of Health is the leading state administration institution in the health sector and monitors the implementation of health promotion policy at the national and regional levels. Its subordinate institution is the Centre for Disease Prevention and Control of Latvia, which develops disease prevention and health promotion programmes and provides methodological guidance on their implementation at the national and regional levels. The Riga Centre of Psychiatry and Dependencies is the main drug treatment institution in Latvia and is responsible for the accreditation, monitoring and evaluation of drug treatment programmes.

Between 2017 and 2022, measures for disease prevention and health promotion are to be implemented within the framework of the European Union Social Fund and the state budget, including the reduction of the spread of use of addictive substances. The main target groups of interventions include poor and disadvantaged people, unemployed people, people with disabilities, citizens over 54 years of age, children, all residents, in particular residents living outside towns with a population density below 50 inhabitants/km^2, and other at-risk population groups. National activities are implemented by the Ministry of Health, involving the Centre for Disease Prevention and Control, while local activities are implemented by local governments.

Although the implementation of best practice and the evaluation of effectiveness in demand reduction activities remain rare in Latvia, in recent years several educational seminars have been organised for developers and implementers of prevention programmes, promoting the use of the European Drug Prevention Quality Standards (EDPQS) in the planning, implementation and evaluation of prevention programmes.

Substance and drug use topics and harm reduction are included in the training curricula for many professionals, and these issues are also addressed in the continuing education curriculum.

Drug-related research

In Latvia, the State Programme on Drug Control and Drug Addiction Restriction 2011-17 directs the main national drug-related studies. Drug-related research is mostly publicly funded within the scope of the National Programme on Drug Control and Drug Addiction Restriction 2011-17. The Centre for Disease Prevention and Control of Latvia, which comprises the national focal point, is the main entity in charge. In November 2016, the Ministry of Health started the implementation of ESF project 'Complex health promotion and disease prevention measure', within the framework of which several addiction research projects have been planned. The municipality of Riga provides some additional funding for research activities aimed at improving prevention activities in the city.

Several research activities are implemented regularly as part of the monitoring and evaluation of the national drug programme. These include drug use prevalence studies among the general population, students, young people and prisoners, and research on substance use in recreational settings, during pregnancy and among problem drug users.

Social studies and studies among young people are mainly conducted by university departments, while basic and applied research is carried out by the Latvian Institute of Organic Synthesis. The Latvian national focal point monitors and analyses the public health situation in the country, and disseminates drug-related research findings.

Drug markets

From a market perspective, Latvia is mainly a transit country for illicit drugs, with production being reported only occasionally. Although the number of cannabis cultivation sites reported by the police increased considerably during the past decade, the number of plants confiscated has reduced significantly. Synthetic drug production occurs only rarely, but, in 2017, sites for the production of methadone and amphetamine were detected.

Data from law enforcement agencies identify a number of illicit drug trafficking routes. In general, illicit drugs are smuggled over the Latvian border via the road network and by rail, but also by air and through sea ports. Furthermore, there is evidence that drugs are increasingly sent by mail and through the delivery of fast parcels. Synthetic stimulant drugs (amphetamine, methamphetamine and MDMA/ecstasy) are imported from Belgium, Germany, Lithuania and the Netherlands, and, destined for the local market and for transit to neighbouring Nordic countries. Herbal cannabis is imported from the Netherlands, the United Kingdom and Germany, while cannabis resin originating from Morocco arrives in Latvia via other European Union Member States, usually in transit to Russia. Cocaine from South America is imported via other European countries by land, air or postal services. Heroin enters Latvia mainly by land from Russia and Belarus. New psychoactive substances (NPS) found in Latvia are mainly produced in Asia.

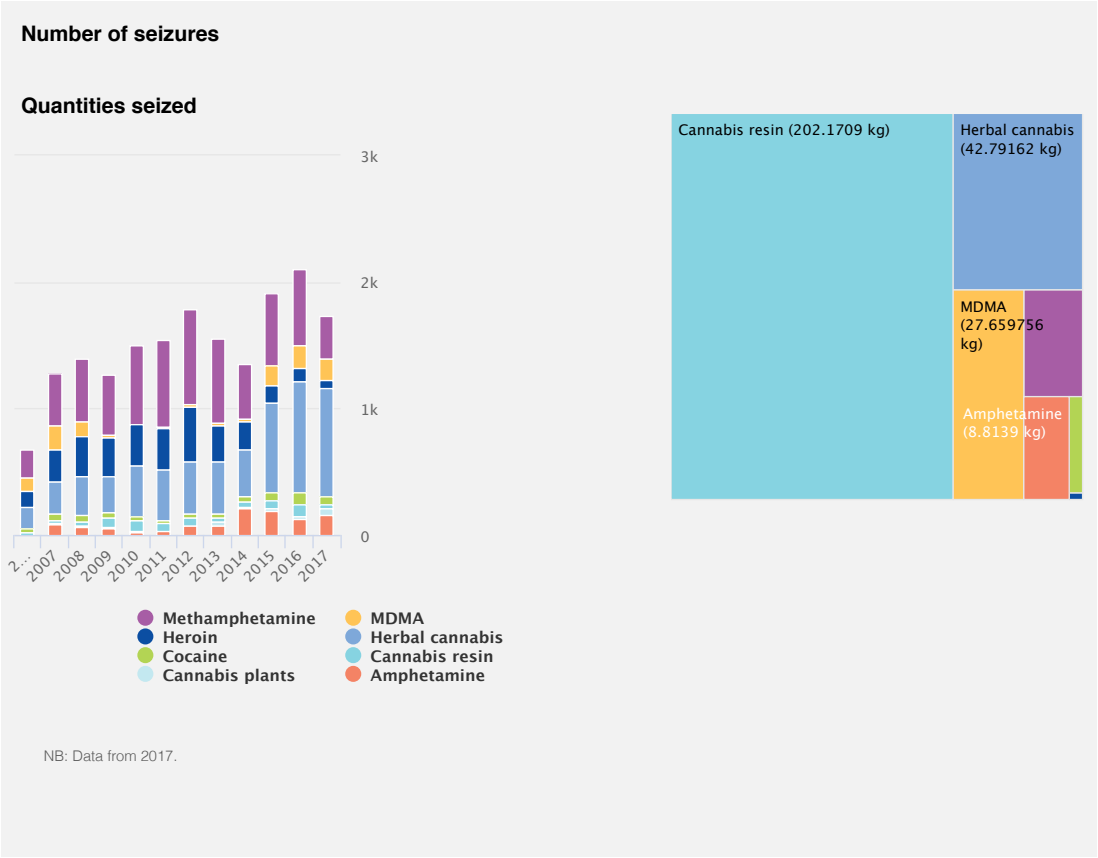
In 2017, the largest number of seizures involved herbal cannabis, followed by amphetamines, MDMA and heroin. The available data indicate that heroin on the Latvian market has been increasingly replaced by highly potent synthetic opioids, such as carfentanil (which was first mixed with heroin, but is now increasingly found alone), opioid medicines such as tramadol, as well as opioid substitution treatment medicines.

The number of seizures of NPS has been declining in recent years, which may be attributed to new legislative control mechanisms adopted in 2014. Although synthetic cannabinoids continue to dominate NPS seizures, synthetic opioids, mostly carfentanil, were detected in about one third of all NPS seizures.

Latvian law enforcement prioritises herbal cannabis, new synthetic opioids and the smuggling of gamma-butyrolactone (GBL), while also addressing the trafficking and availability of ‘established’ illicit drugs.

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

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



Key statistics

Most recent estimates and data reported

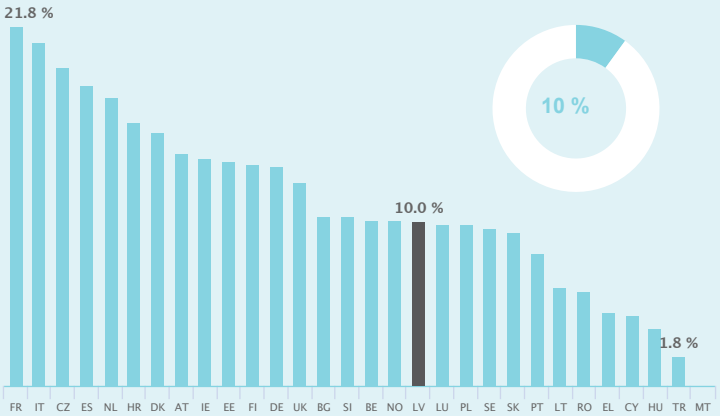
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	16.6	6.51	36.79
Last year prevalence of use — young adults (%)	2015	10	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	4.2	0.9	11
All treatment entrants (%)	2017	24	1.03	62.98
First-time treatment entrants (%)	2017	36	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	42.8	11.98	94 378.74
Number of herbal cannabis seizures	2017	848	57	151 968
Quantity of cannabis resin seized (kg)	2017	202.2	0.16	334 919
Number of cannabis resin seizures	2017	36	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	10 - 15	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	12 - 15	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.29	0.85	4.85
Last year prevalence of use — young adults (%)	2015	1.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.5	0.1	2.7
All treatment entrants (%)	2017	0.5	0.14	39.2
First-time treatment entrants (%)	2017	0.7	0	41.81
Quantity of cocaine seized (kg)	2017	2.3	0.32	44 751.85
Number of cocaine seizures	2017	61	9	42 206
Purity (%) (minimum and maximum values registered)	2017	15 - 81	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	70 - 120	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.95	0.84	6.46
Last year prevalence of use — young adults (%)	2015	0.7	0	3.9
Last year prevalence of drug use — all adults (%)	2015	0.3	0	1.8
All treatment entrants (%)	2017	17.5	0	49.61
First-time treatment entrants (%)	2017	22.9	0	52.83
Quantity of amphetamine seized (kg)	2017	8.8	0	1 669.42
Number of amphetamine seizures	2017	157	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	4 - 72	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	10 - 15	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.71	0.54	5.17
Last year prevalence of use — young adults (%)	2015	0.8	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.3	0.1	3.3
All treatment entrants (%)	2017	0.4	0	2.31
First-time treatment entrants (%)	2017	0.2	0	2.85
Quantity of MDMA seized (tablets)	2017	3 660	159	8 606 765
Number of MDMA seizures	2017	169	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	42 - 106	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	4 - 5	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	5.68	0.48	8.42
All treatment entrants (%)	2017	49.4	3.99	93.45
First-time treatment entrants (%)	2017	28.7	1.8	87.36
Quantity of heroin seized (kg)	2017	0.2	0.01	17 385.18
Number of heroin seizures	2017	66	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	5 - 43	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	60 - 150	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	40	0	47.8
HIV prevalence among PWID* (%)	2017	7.7	0	31.1
HCV prevalence among PWID* (%)	2017	56.8	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2016	6.07	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	17.48	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	833 817	245	11 907 416

Clients in substitution treatment	2017	669	209	178 665
Treatment demand				
All entrants	2017	811	179	118 342
First-time entrants	2017	431	48	37 577
All clients in treatment	2017	2 590	1 294	254 000
Drug law offences				
Number of reports of offences	2017	5 173	739	389 229
Offences for use/possession	n.a.	n.a.	130	376 282

EU Dashboard

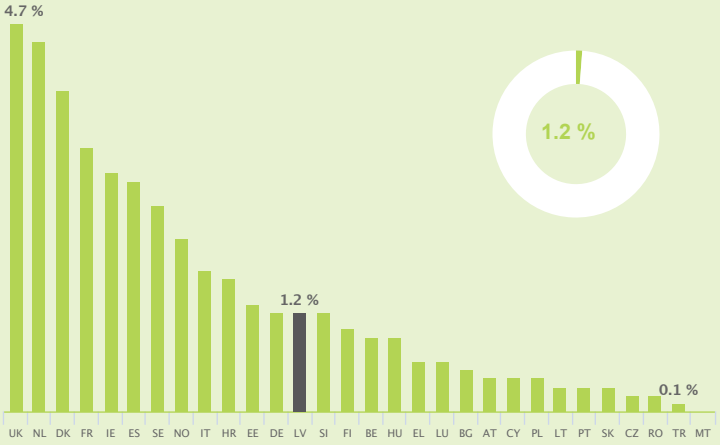
Cannabis

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



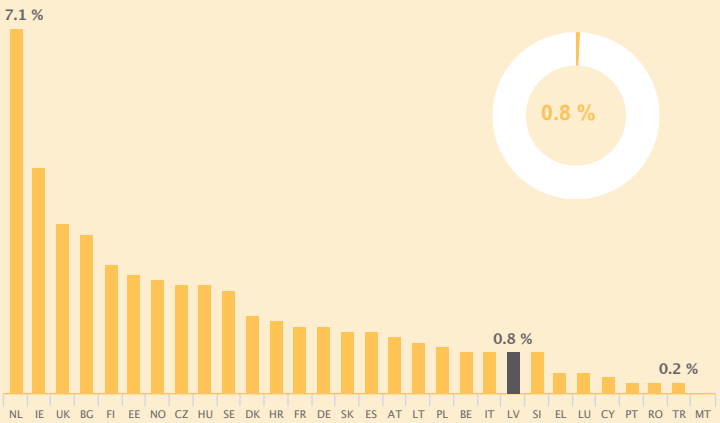
Cocaine

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



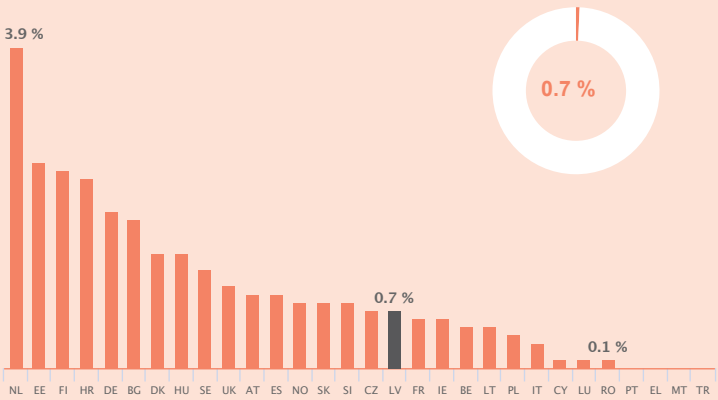
MDMA

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



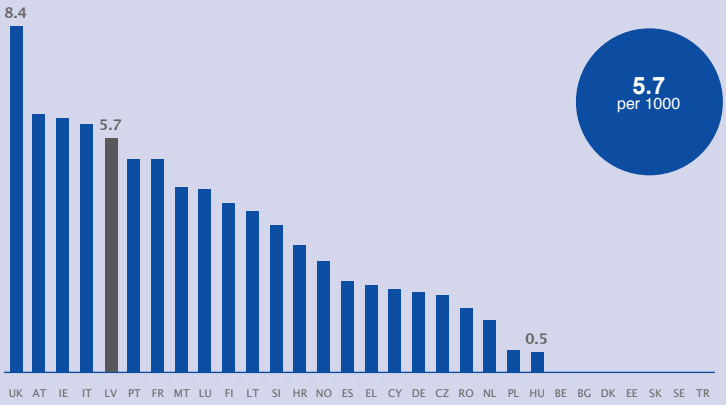
Amphetamines

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



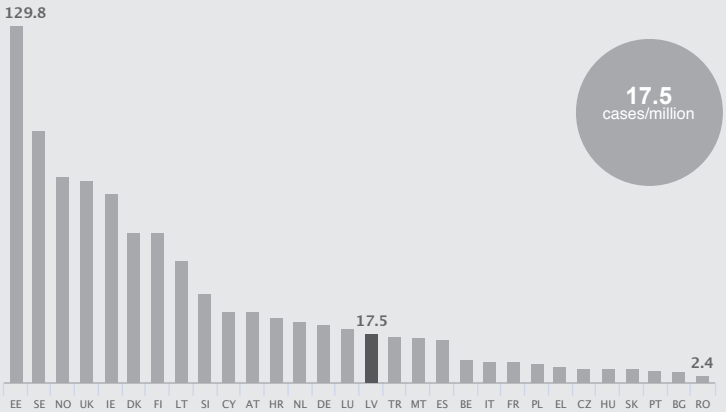
Opioids

High-risk opioid use (rate/1 000)



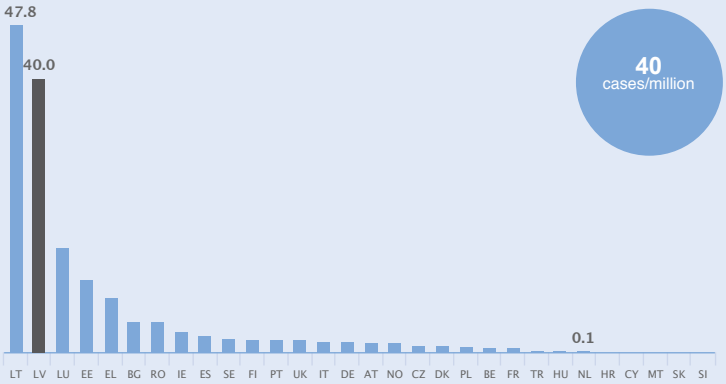
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

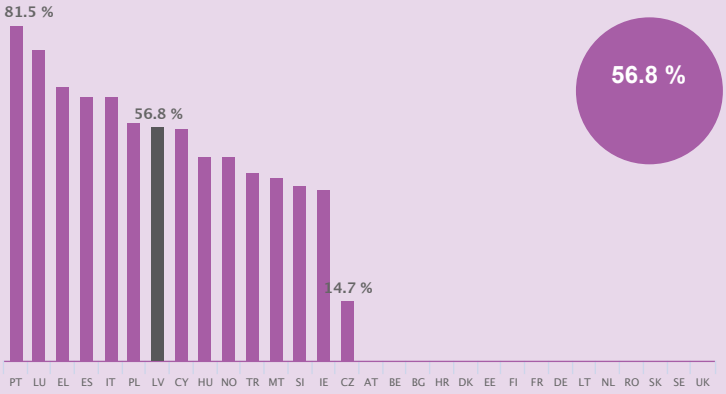
Newly diagnosed cases attributed to injecting drug use



40 cases/million

HCV antibody prevalence

National estimates among injecting drug users



56.8 %

NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Latvia

The national focal point is located in Centre for Disease Prevention and Control of Latvia. The Centre for Disease Prevention and Control of Latvia is a newly established public institution responsible for data collection and monitoring on different public health issues.

Click here to learn more about our partner in Latvia .

Latvian national focal point

Centre for Disease Prevention and Control Republic of Latvia

Disease Prevention and Control Centre of Latvia

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Head of national focal point: Ms Laura Isajeva

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