European Monitoring Centre for Drugs and Drug Addiction

Latvia

Latvia Drug Report 2018

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 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

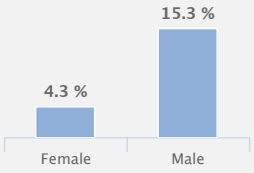
THE DRUG PROBLEM IN LATVIA AT A GLANCE

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 %**

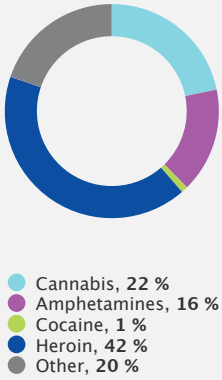
High-risk opioid users

6 231

(5 203 - 7 540)

Treatment entrants

by primary drug



Opioid substitution treatment clients

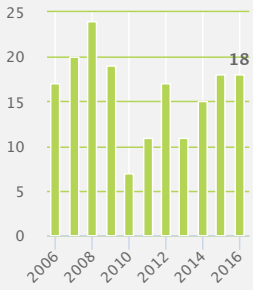
647

Syringes distributed

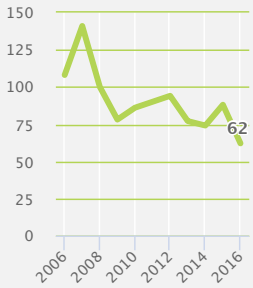
through specialised programmes

720 494

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

6 488

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cocaine
3. Methamphetamines
4. Cannabis resin
5. Amphetamines

Population

(15-64 years)

1 282 112

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law o?ences 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.

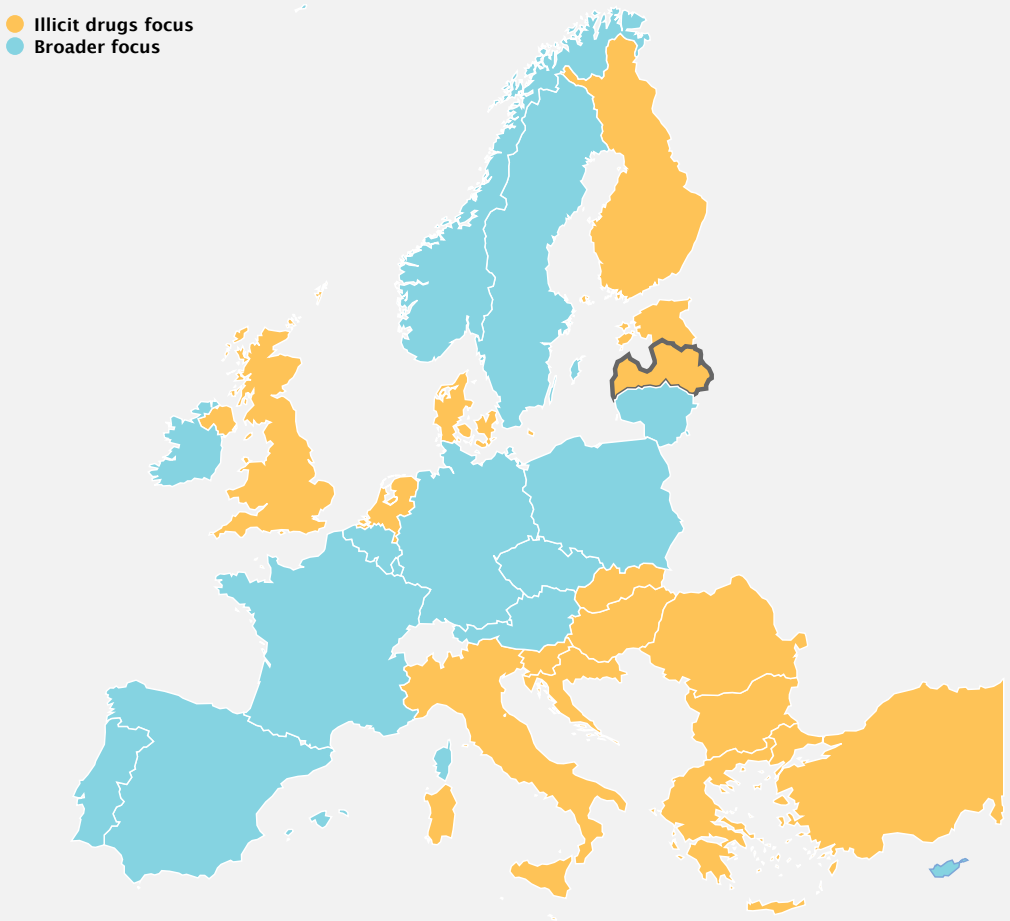
National drug strategy and coordination

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 also reflects the principles of 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 for drug users; and (iii) to reduce the availability of illicit drugs. The strategy is accompanied by an action plan built around four pillars: (i) prevention of drug dependence and drug use (two policy impact indicators, four performance indicators, 10 actions); (ii) healthcare of drug-dependent patients and drug users (two policy impact indicators, seven performance indicators, 15 actions); (iii) reduction of drug supply (two policy impact indicators, seven performance indicators, 12 actions); and (iv) cross-cutting direction 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: Year of data 2016. Strategies with broader focus may include, for example, licit drugs 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 tasked with developing drug programmes and 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 to the EMCDDA, coordinates day-to-day monitoring work and the collection and dissemination of information on illicit and licit substances.

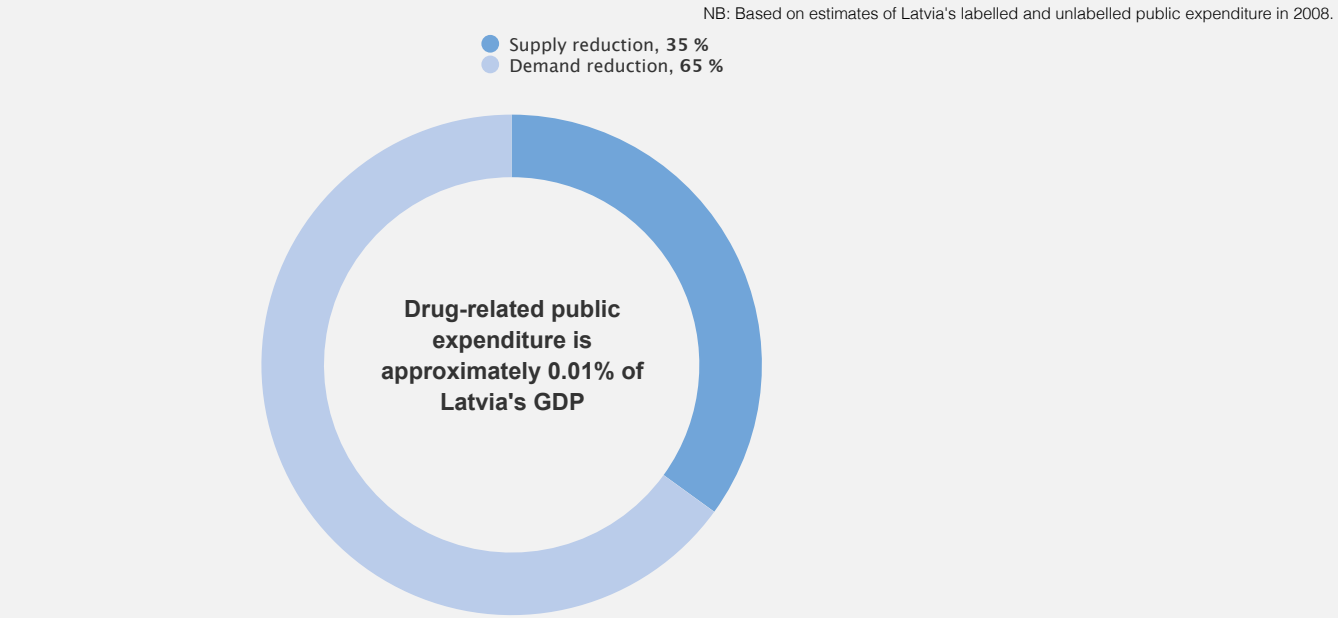
Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs 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. However, the evaluation of the National Action Plan (2005-08) provided the first overview of central government expenditures. A new study to estimate drug-related expenditure is planned for 2018.

In 2008, total drug-related labelled public expenditure in Latvia was estimated at around EUR 2.2 million, of which 35.5 % was spent on public order and safety activities, 32.2 % on social protection and 29.1 % on health initiatives. The remaining expenditures contributed to general public services and education activities. The total drug-related labelled public expenditure amounted to around 0.01 % of gross domestic product in 2008.

Public expenditure related to illicit drugs in Latvia



Drug laws and drug law offences

National drug laws

In Latvia, 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. Possession of larger amounts 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 three years in prison.

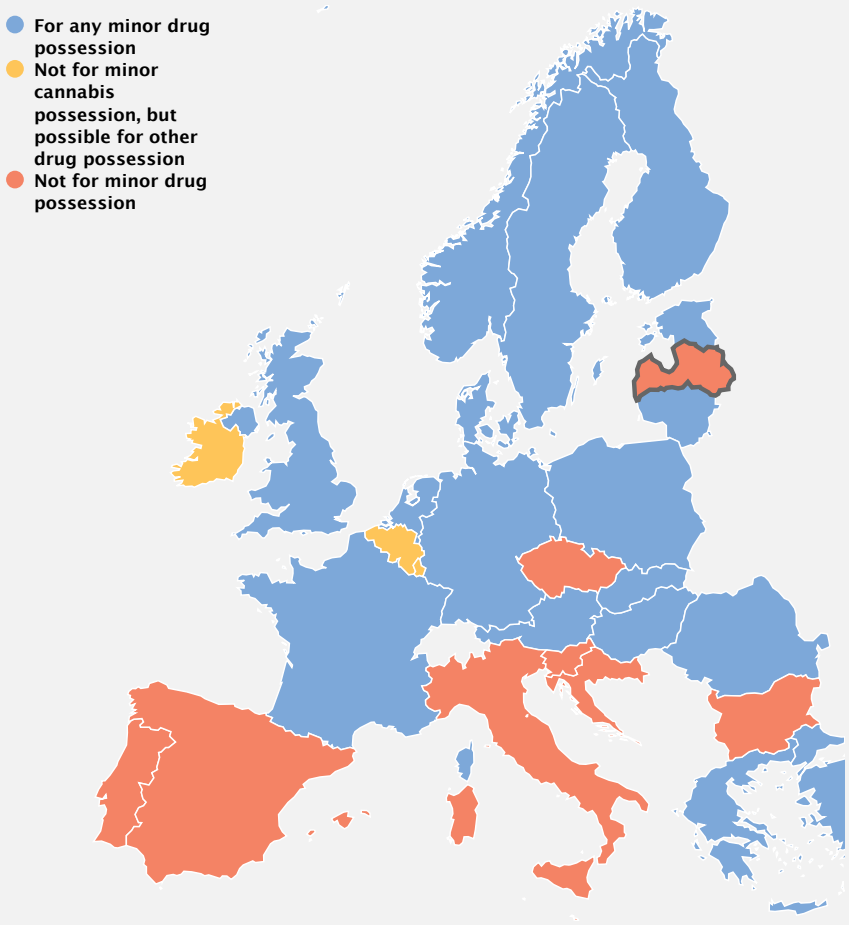
Repeated unauthorised use, preparation, acquisition or possession of small amounts of illicit drugs within 12 months of a previous offence is a criminal offence, and is punishable by a short term of imprisonment of between 15 days and three months, or community service or a fine.

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.

Traffickers of any quantity may be sentenced to 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. Unauthorised sale of small amounts is punishable by imprisonment for up to three years.

In 2013, the Amendment of the Regulation on Narcotic Substances, Psychotropic Substances and Precursors to be Controlled in Latvia introduced the principle of a generic control system for new psychoactive substances (NPS). Furthermore, the amendments of the law 'On procedures for the legal trade of narcotic and psychotropic substances and medicinal products' introduced temporary control for a period up to 12 months, punishable by a fine. In 2014, these supply-related offences became criminal, punishable by up to two years in prison, or five years if causing substantial harm, and later that year personal possession of NPS became an administrative offence, punishable with a fine of up to EUR 280, with the possibility of a criminal charge if repeated within one year. Like the established drugs, the mode of punishment (administrative or criminal) for NPS-related offences depends on the amount of substance involved (small or large), except for drug-trafficking cases, which always incur criminal liability.

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



NB: Year of data 2016

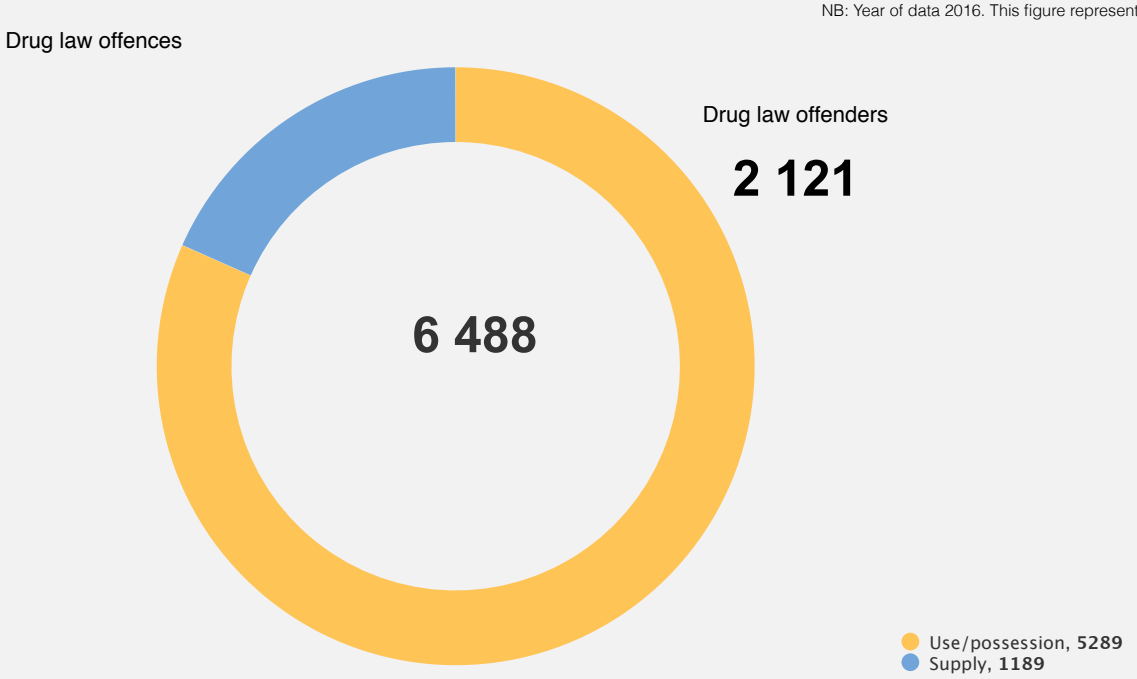
Drug law offences

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.

The statistical data on DLOs from Latvia indicate that the number of offences has gradually increased over the last decade, with the highest number reported in 2015. This is partly explained by the changes in definitions. In 2016, the number of reported drug law offences dropped from 2015, and the majority of the DLOs were possession and use related.

Reported drug law offences and offenders in Latvia

NB: Year of data 2016. This figure represents



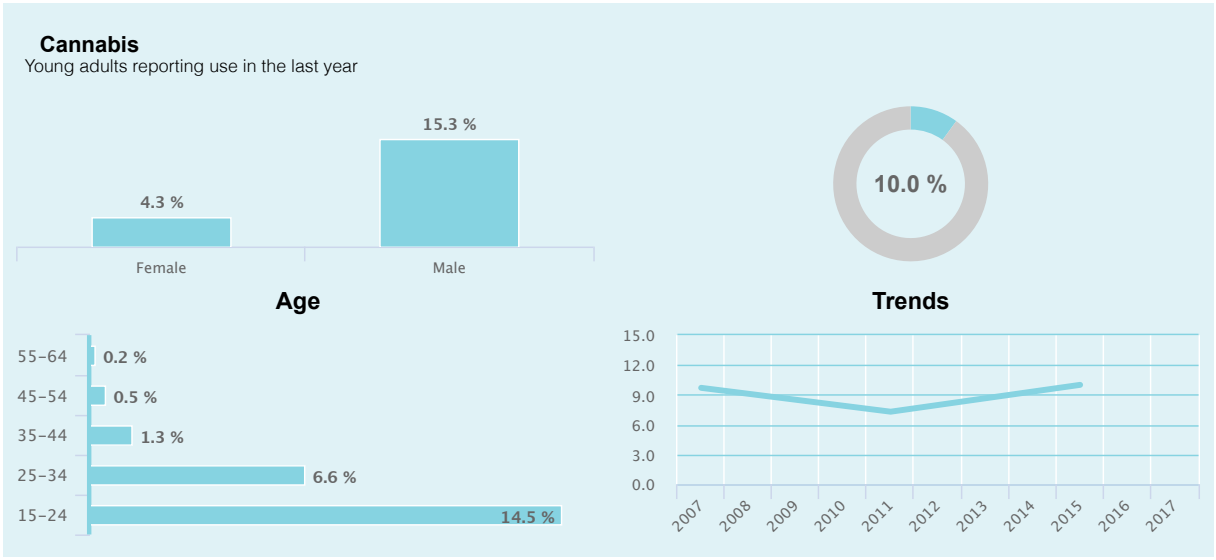
criminal offenders only. The number of administrative offenders for 2016 was 2571, which means that the total number of drug law offenders in 2016 was 4692 (2121 criminal + 2571 administrative offenders.)

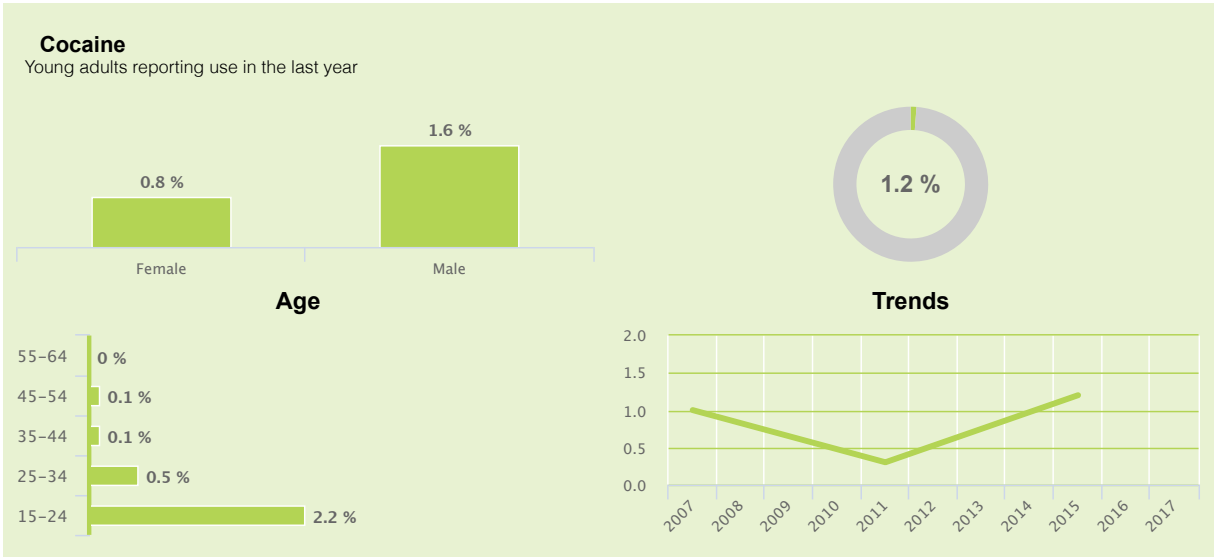
Drug use

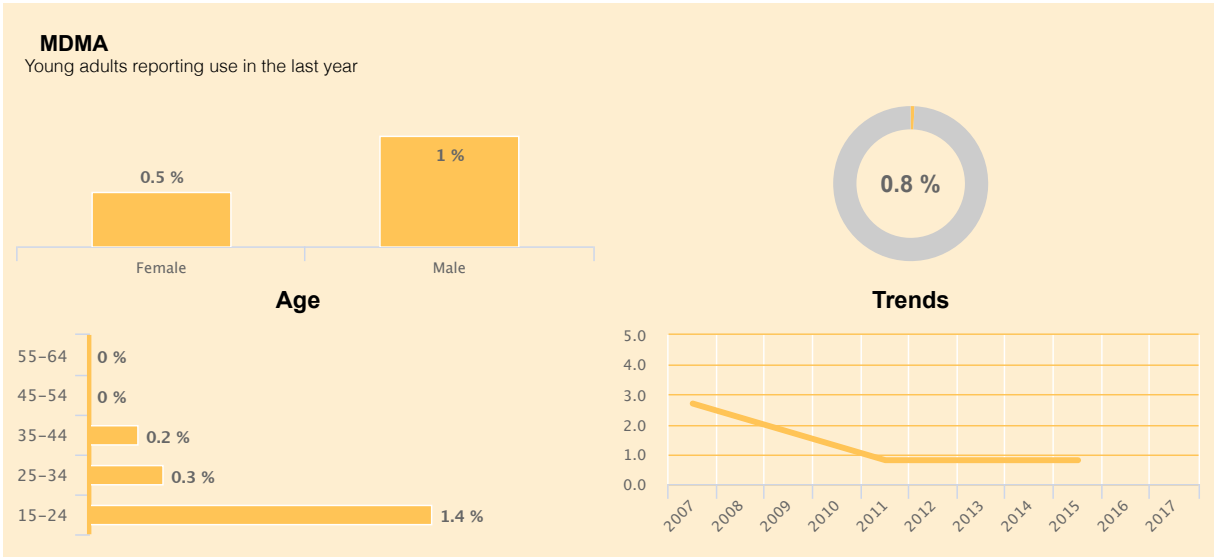
Prevalence and trends

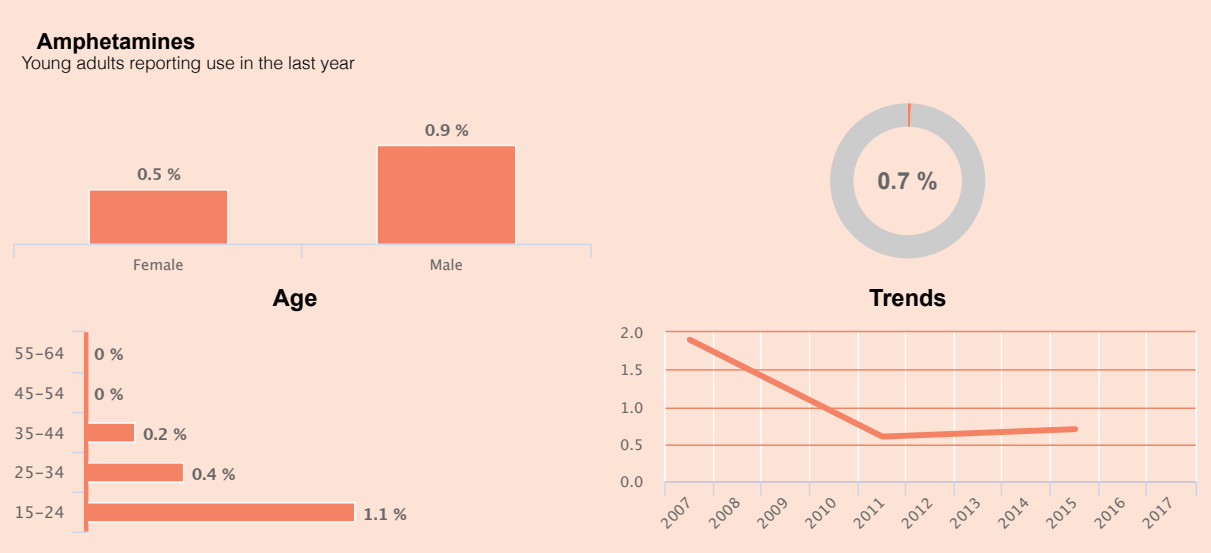
Cannabis is the most common illicit drug used by the adult general population aged 15-64 years in Latvia. Drug use is mainly concentrated among young adults aged 15-34 years, and males generally report illicit drug use more often than females. In general, lifetime prevalence of cannabis use has remained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

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





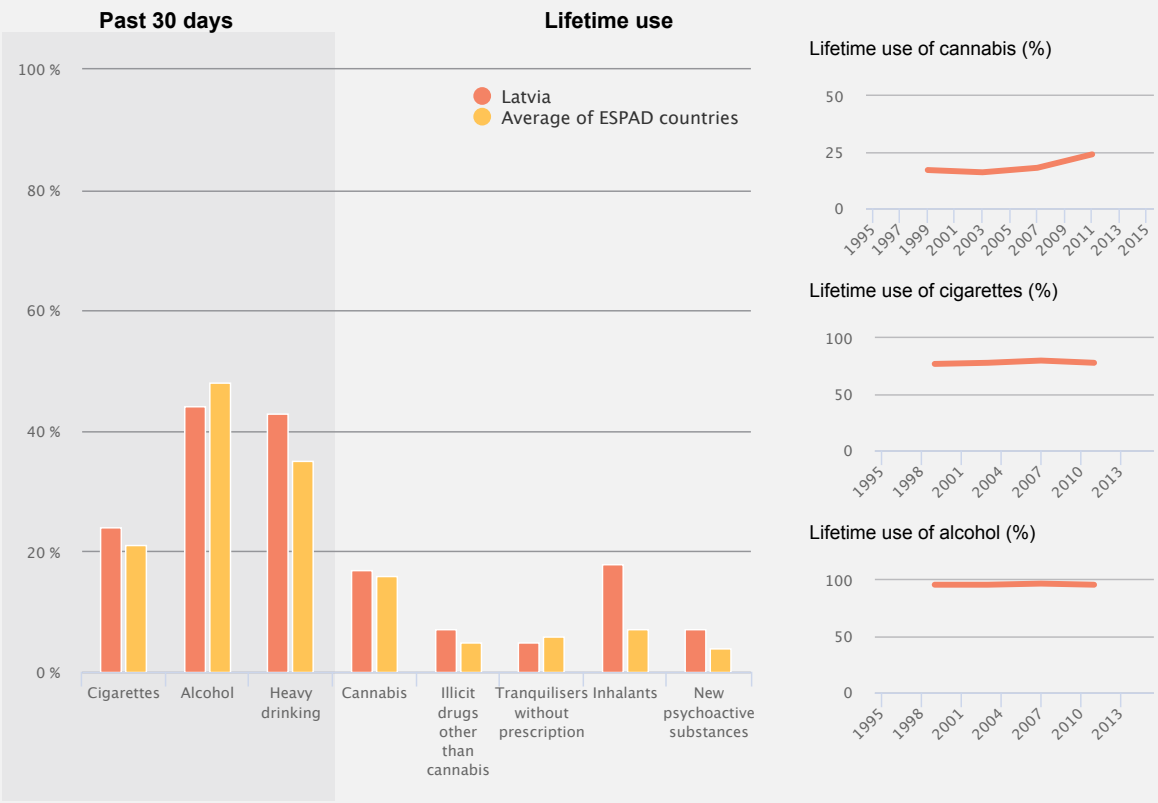




NB: Estimated last-year prevalence of drug use in 2015.

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 study was carried out in 2015. The 2015 ESPAD suffered from some methodological issues in Latvia; therefore, the comparability of the Latvian data must be considered limited. The lifetime prevalence of use of NPS reported by Latvian students was higher than the ESPAD average (based on data from 35 countries), whereas lifetime use of cannabis and of illicit drugs other than cannabis were more or less in line with the ESPAD average. Of the other key substances, 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 last 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. In 2015, the lifetime prevalence of cannabis use among students was lower than in 2011; however, owing to methodological issues with the 2015 survey, trends in substance abuse among 15- to 16-year-old students should be treated with caution.

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



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

High-risk drug use and trends

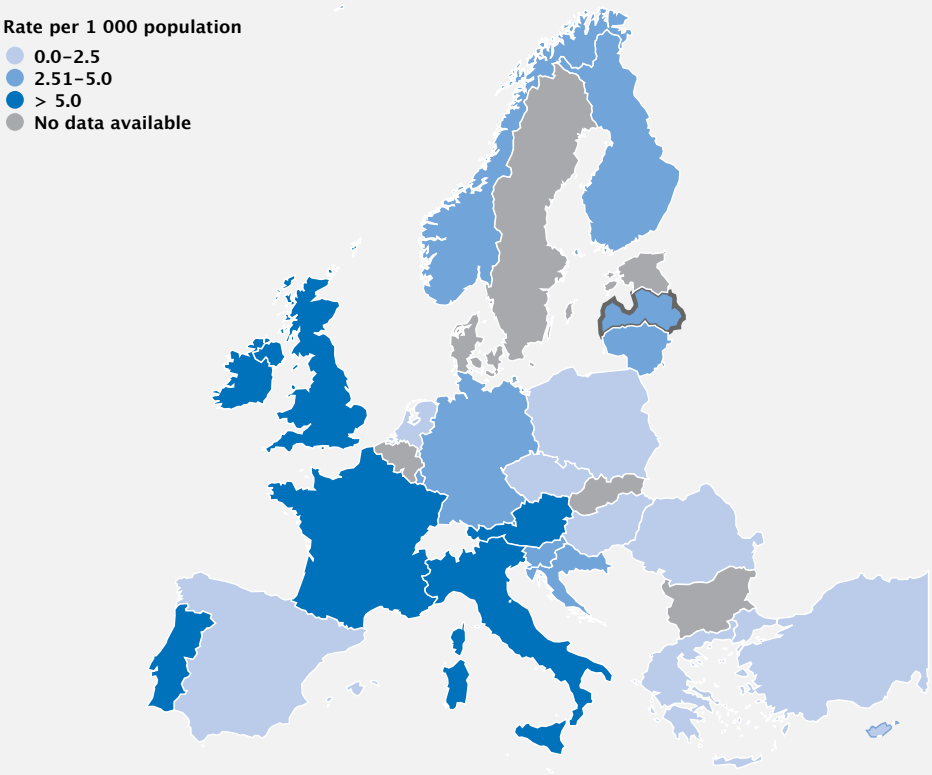
Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk 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 2016 was around 6 200 persons (around 4.9 per 1 000 adult population). The same study suggested that there were around 2 200 high-risk amphetamine users (1.8 per 1 000 adult population) in Latvia. Available data from other sources indicate that opioid use (including use of the home-made opioid called *hanka*) may have decreased, with some opioid users switching to amphetamine in the past decade.

Data from specialised treatment centres indicate that the number of new clients entering treatment for primary heroin or amphetamines use declined between 2007 and 2010, and has remained relatively stable since then. Almost all new treatment clients who report primary heroin use inject it, and injecting is also the preferred mode of more than half of primary amphetamine clients.

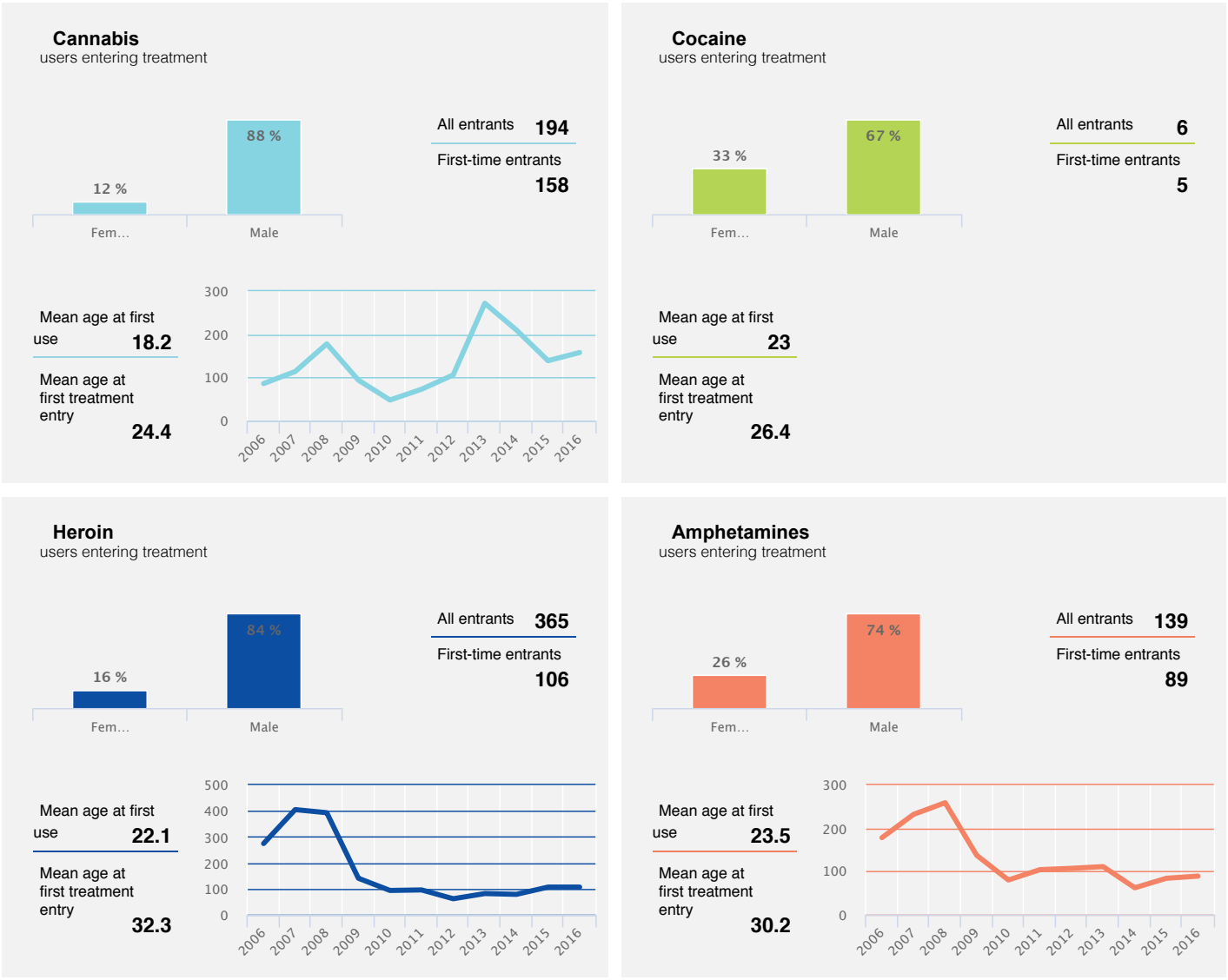
In 2016, cannabis was the most frequently reported primary illicit substance among new treatment clients. The number of new treatment entries due to cannabis use had reduced since 2013. In general, cannabis users entering treatment are younger than clients seeking treatment for other illicit drug use. Less than a quarter of all clients who entered treatment in 2016 were female.

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



NB: Year of data 2016, or latest available year

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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

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 remained among the countries with the highest rates of HIV infection attributed to injecting drug use in 2016. Approximately one out of five new HIV infections in Latvia in 2016 was associated with injecting drug use, and injecting remains a significant route of transmission of HIV in Latvia.

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, those who report opioids as their primary drug of use and those who had been imprisoned. Findings from a PWID study in Riga indicate that around a quarter of the PWID were HIV positive in 2016.

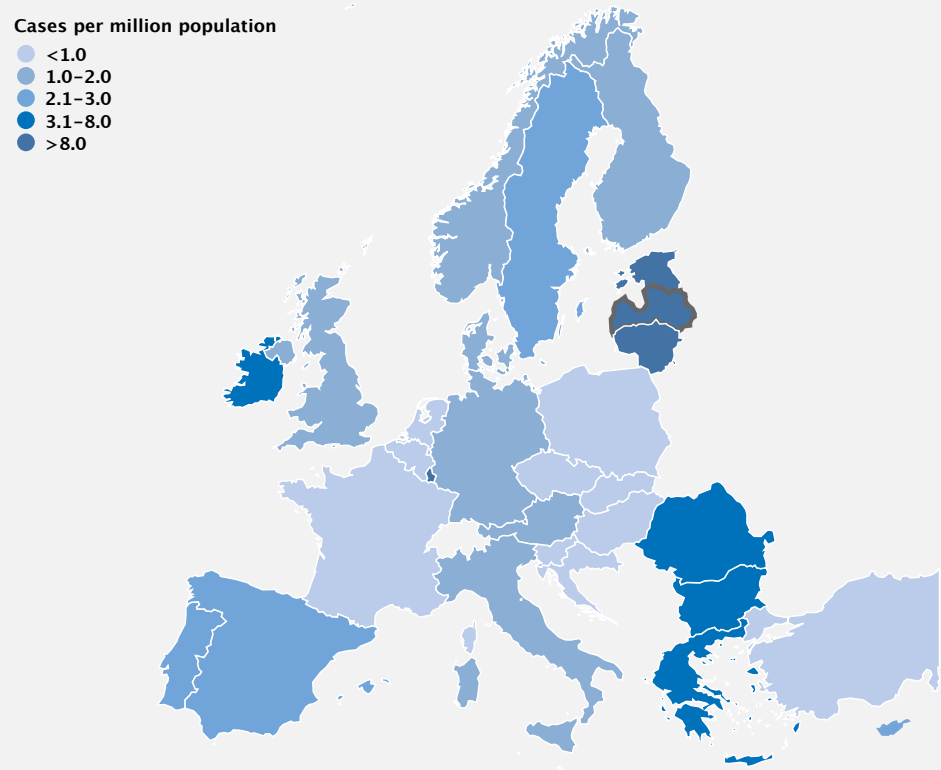
Prevalence of HIV and HCV antibodies among people who inject drugs in Latvia (%)

region	HCV	HIV
National	52.5	6.5
Sub-national	:	:

Year of data: 2016

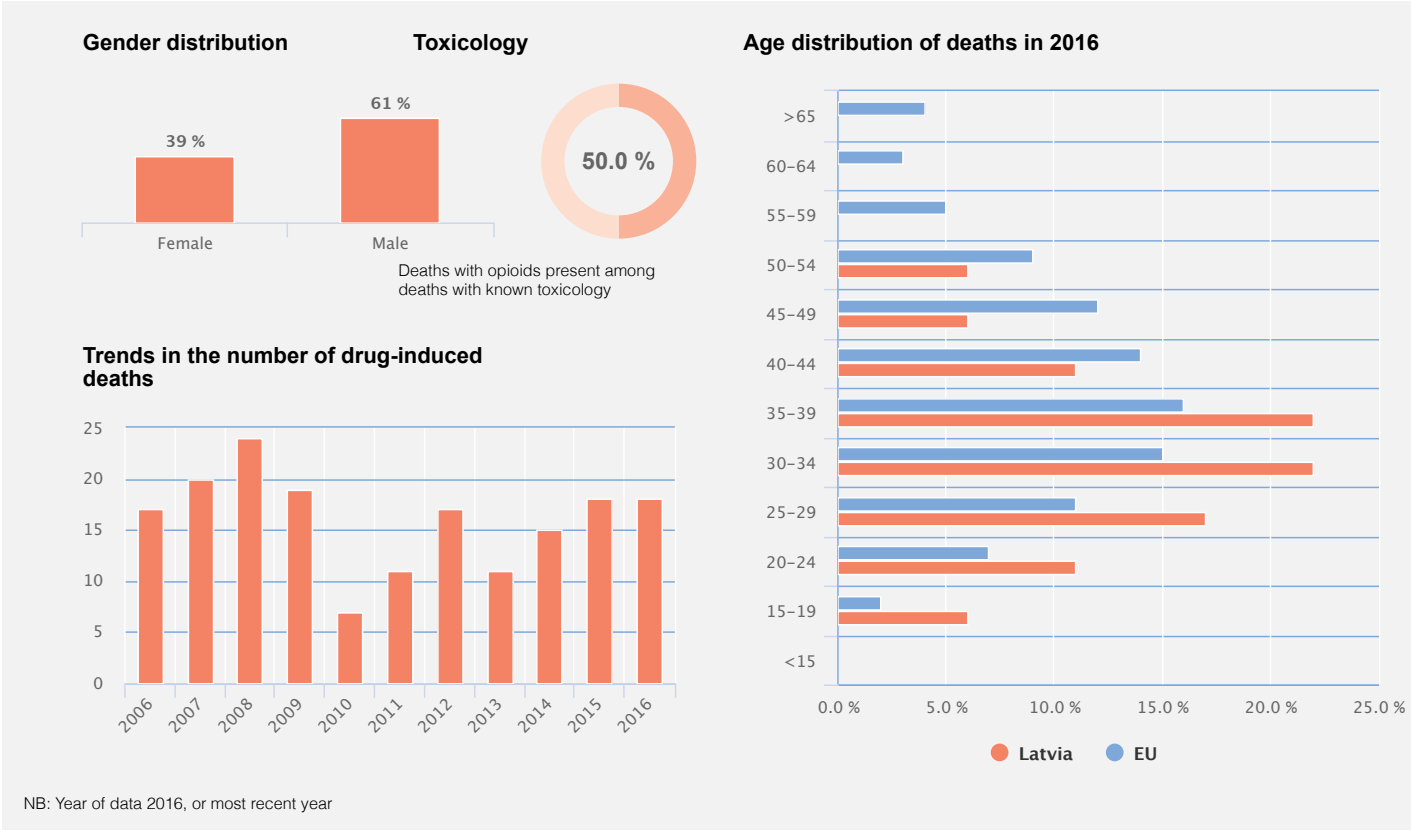
Monitoring of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections indicates that injecting drug use is a significant risk factor in the transmission of these viruses. In 2016, around half of clients in harm reduction services tested positive for HCV, while only a small proportion tested positive for HBV (HBsAg). HCV prevalence is higher among those older than 25, those who report opioids as their primary drug of use and those who had been imprisoned. The study in Riga reported HBV and HCV prevalence rates among PWID of 3.8 % and 85.4 %, respectively, in 2014.

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Latvia



NB: Year of data 2016, or most recent year

Drug-related emergencies

There is no national reporting system on drug-related emergencies in Latvia, though 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 2016 around 2 668 calls were linked to illicit drugs or psychoactive substances, a slight decrease compared to previous years (2 934 in 2014 and 2 690 in 2015). Inpatient treatment data indicate that in 2016 there were 68 non-fatal overdose cases due to illicit drug use, fewer than in 2014 and 2015.

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

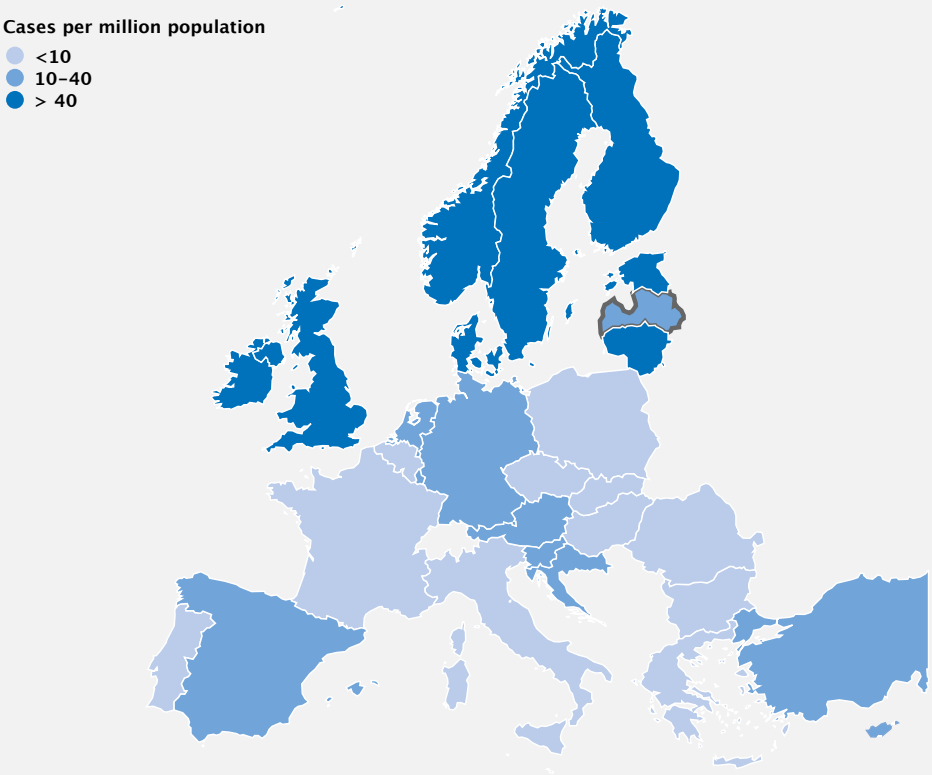
In 2016, 18 drug-induced deaths were recorded in the national mortality register in Latvia. Although the majority of victims were male, the proportion of females has increased in recent years. Opioids and stimulants were the main substances involved. The mean age of the deceased was around 34 years, and an increase in the age of victims has been observed in the last decade.

The special register of the State Centre for Forensic Medical Examination reported the presence of illicit drugs in 41 deaths examined, almost twice as many as in 2015 (25 cases). In two thirds of the cases, the presence of opioids was reported, primarily tramadol, morphine and methadone.

Any comparison of the Latvian overdose data with data from other countries should be done with caution, as the number of reported cases continues to be small and may not reflect the existing situation in the country.

The drug-induced mortality rate among adults (aged 15-64 years) was 14 deaths per million in 2016, which is lower than the European average of 21.8 % deaths per million.

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



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

Drug prevention is one of the key topics of several national planning documents. The National Development Plan 2014-20 emphasises 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 a 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 restriction of smoking, including electronic cigarettes, and the consumption of alcohol among the general population. These include, for example, limiting the sale of alcohol in large-volume packaging, and a gradual increase of the tax on tobacco products.

Universal prevention activities are mainly implemented in school settings. Health classes that also address substance use are integrated into the basic national curriculum within the subjects of ‘social sciences’ for grades 1-9 and ‘health education’ in secondary schools. The social sciences classes aim to strengthen pupils’ decision-making capabilities and their ability to overcome peer pressure.

The health education classes are optional for all secondary schools. 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, training of professionals and organising security services and video surveillance in schools.

The National Network of Health-Promoting Local Governments has the purpose of promoting good practice, exchanging experiences and ideas, and providing support for prevention. It now comprises 112 local governments. A similar network for schools has 99 institutions involved.

Selective prevention mainly targets pupils who do not attend school or who have learning problems, adolescents exhibiting high-risk behaviour, those from families where parents use psychoactive substances and juvenile offenders. These activities are primarily implemented by school- or community-based social workers, or NGOs. Indicated prevention is non-existent, while early intervention programmes are regarded as treatment.

Provision of interventions in schools in Latvia

NB: Year of data 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 implementation of harm reduction. A new Action Plan for the Elimination of Human Immunodeficiency Virus (HIV) Infection, Sexually Transmitted Infections (STI) and Hepatitis B and C for 2018-2020 addresses the needs of people who inject drugs (PWID) through several specific activities, including the creation of new facilities; expansion of outreach staff; improved liaison between harm reduction and wider health care services; targeted vaccination of vulnerable groups; scaling up of needle and syringe provision; introduction of new treatment options for opioid dependence; drawing up 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 producing information materials.

Harm reduction interventions

In 2016, a network of 19 low-threshold centres, called HIV preventive points, was operational across the country. These centres provide a wide range of low-threshold services. In addition to the distribution of needles, disinfectants and condoms, they offer information, conduct outreach work and provide group and individual risk reduction education. Voluntary HIV counselling and testing, and testing for hepatitis C virus 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 2016, the number of syringes distributed through these programmes increased from 2015. Moreover, an increase in the number of clients reached through outreach units was also reported. Nevertheless, the coverage of syringes distributed by the specialised agencies is still considered to be low, in view of the high rate of newly notified cases of HIV infections transmitted through injecting drug use.

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	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	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 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. Although several low-threshold services provide some psychosocial interventions and counselling to drug users, they 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 all the costs of the service. Outpatient services provide mainly psychosocial intervention, cognitive-behavioural therapy, motivational interventions and opioid substitution treatment (OST), while inpatient facilities offer emergency care in the event of an overdose, detoxification, 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, while 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.

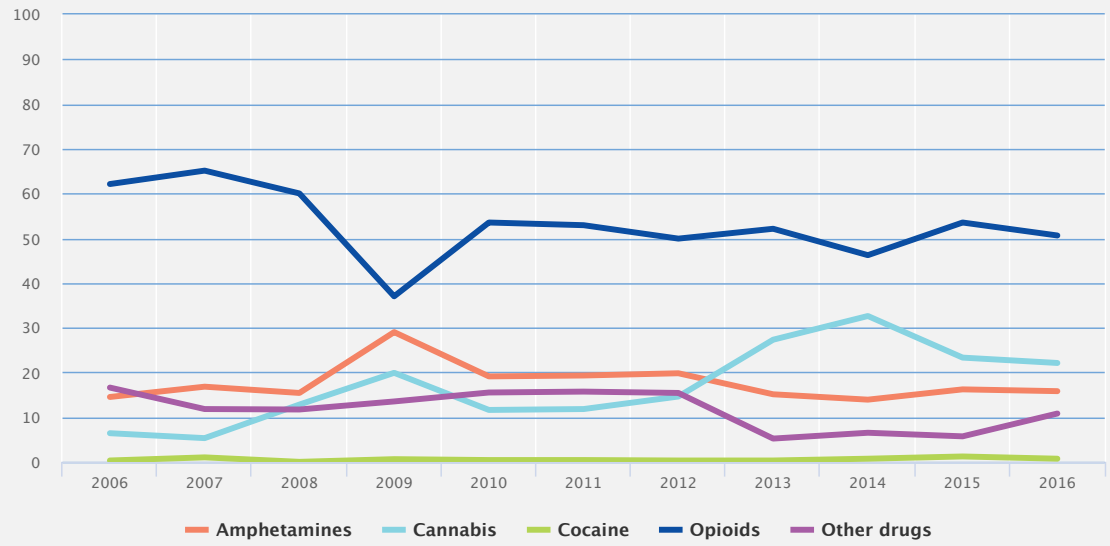
Treatment provision

In 2016, most of those who received drug treatment in Latvia were treated in outpatient settings.

In 2016, primary use of opioids, mainly heroin, remained the principal reason for treatment entry among all clients admitted to treatment. Cannabis was the second most common primary substance, reported by nearly 3 out of 10 people entering treatment. During the last three years an increase of new opioid clients entering public specialised treatment was observed, as well as some increases in all clients with cannabis, amphetamine, benzodiazepines and volatile inhalants as their primary used drugs. In 2014, approximately two thirds of primary cannabis users entering treatment had used synthetic cannabinoids; however, in 2016, the proportion of treatment entries reportedly attributable to these substances declined.

The geographical expansion of OST and changes in the legal framework contributed to a substantial increase in the number of OST clients between 2006 and 2016, although OST coverage in Latvia remains among the lowest in the EU. In 2016, 647 clients received OST, mainly with methadone.

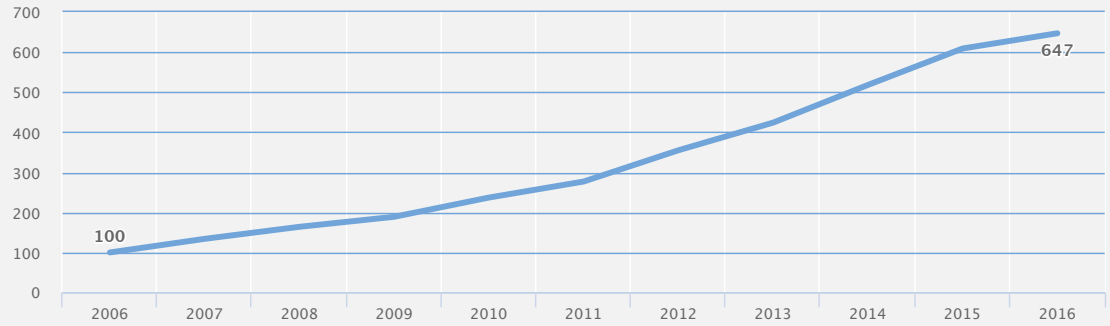
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Latvia



NB: Year of data 2016.

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: Year of data 2016.

Drug use and responses in prison

The 2014 study on drug use among prisoners indicated that around 69 % of prisoners had used drugs at some point in their life, while 49 % had done so in the last year and 40 % in the last month. Drug use was found to be more common among female than male prisoners. Cannabis was the most common substance used during one's lifetime, 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, followed by analgesics and sedatives, amphetamines, and NPS. A small proportion of prisoners reported initiation of drug use in prison.

The available data suggest that around 17 % of prisoners have hepatitis C virus, while more than 7 % have human immunodeficiency virus (HIV), of whom almost half have been diagnosed with acquired immunodeficiency syndrome (AIDS).

The healthcare activities in prisons are provided through mutual cooperation among 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 in case of HIV/AIDS is available for prisoners who have started it prior to imprisonment. A number of social reintegration programmes were implemented in various prisons in 2014. Since 2012, methadone maintenance treatment (MMT) has been available to prisoners who had already started it prior to imprisonment. In 2016, 40 inmates received MMT while in prison.

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 gives 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 accreditation, monitoring and evaluation of drug treatment programmes.

Implementation of best practice and 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 European Drug Prevention Quality Standards (EDPQS) in the planning, implementation and evaluation of their 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

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. The municipality of Riga provides some additional funding for research activities aimed at improving prevention activities in the city.

The research priorities for 2018-21 include studies on the clinical health impact of new psychoactive substance use (mostly synthetic cannabinoids, synthetic cathinones and synthetic opioids) and the costs and benefits of prevention interventions for drug use. In addition, several research activities are implemented regularly as part of 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

Latvia is mainly a transit country for illicit drugs; however, rare cases of production of synthetic drugs have been reported. Most recently, in 2016, a small-scale site for the production of methamphetamine was detected. Although the number of cannabis-growing sites reported by the police increased considerably in 2011-16, the number of plants destroyed in recent years has reduced significantly, given the small size of the sites.

Data from law enforcement institutions identify a number of illicit drugs-smuggling routes. Synthetic stimulants (amphetamine, methamphetamine, MDMA/ecstasy) are brought to Latvia from Lithuania, the Netherlands, Belgium and Germany, for domestic consumption and for further distribution to neighbouring Scandinavian countries. Herbal cannabis is imported from the Netherlands, the United Kingdom and Germany, while cannabis resin originating from North Africa arrives in Latvia from other EU countries, usually en route to Russia. Cocaine, originating from South America, arrives via other European countries by land, air or postal services. Heroin enters Latvia mainly by land from Russia and Belarus. New psychoactive substances (NPS) entering Latvia are mainly produced in Asia. In general, illicit drugs are smuggled over the Latvian border by land, in different types of vehicles, and by rail, as well as by air and through sea ports. There is evidence that illicit substances are increasingly sent by mail or in deliveries.

In 2016, the largest number of seizures involved herbal cannabis, followed by amphetamines, MDMA and heroin.

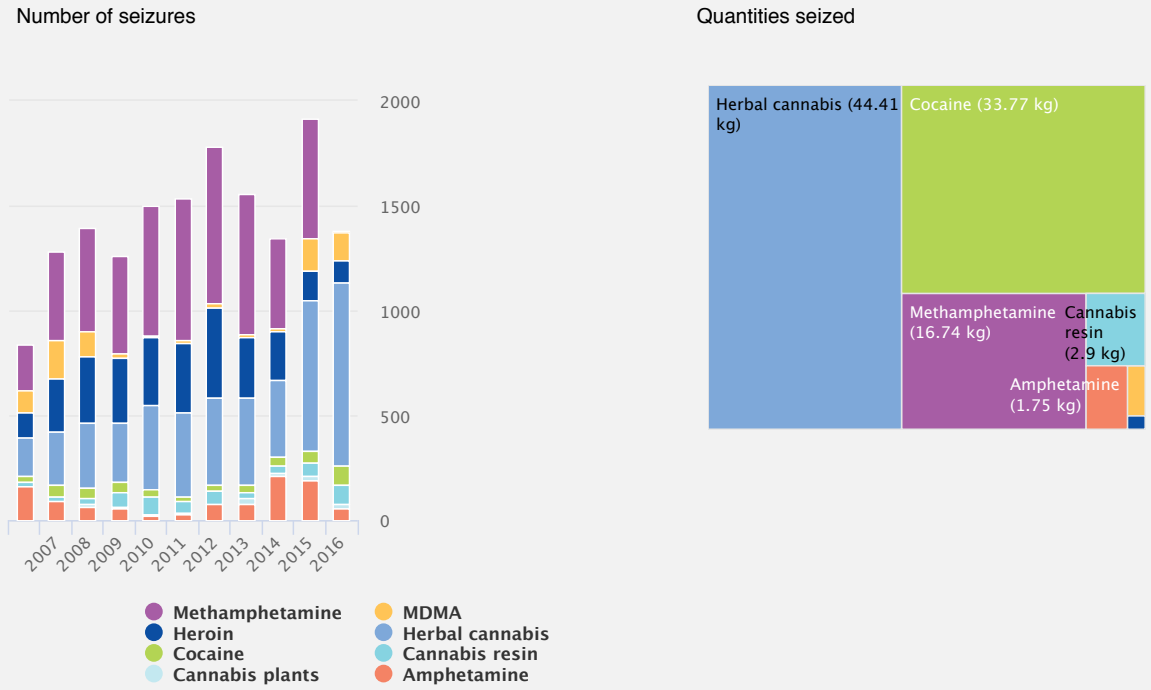
The available data indicate that, on the market, heroin has increasingly been replaced by highly potent synthetic opioids, such as carfentanil (alone or mixed with heroin), opioid pain medications such as tramadol, and opioid substitution treatment medications.

The reported amount of seized illicit drugs fluctuates, and, for all substances except MDMA and cocaine, the amounts seized in 2016 were below those reported in 2015.

The number of seizures of NPS has been declining in recent years, which may be attributed to new control mechanisms adopted in 2014. Although synthetic cannabinoids continue to dominate NPS seizures, synthetic opioids, more specifically carfentanil (or mixed seizures of carfentanil and heroin), were detected in about one third of all NPS seizures.

Taking into account the Latvian drug market, law enforcement prioritises its response on herbal cannabis, new synthetic opioids and smuggling of gamma-butyrolactone (GBL), while overall continuing to address the availability and trafficking of 'established' illicit drugs.

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



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

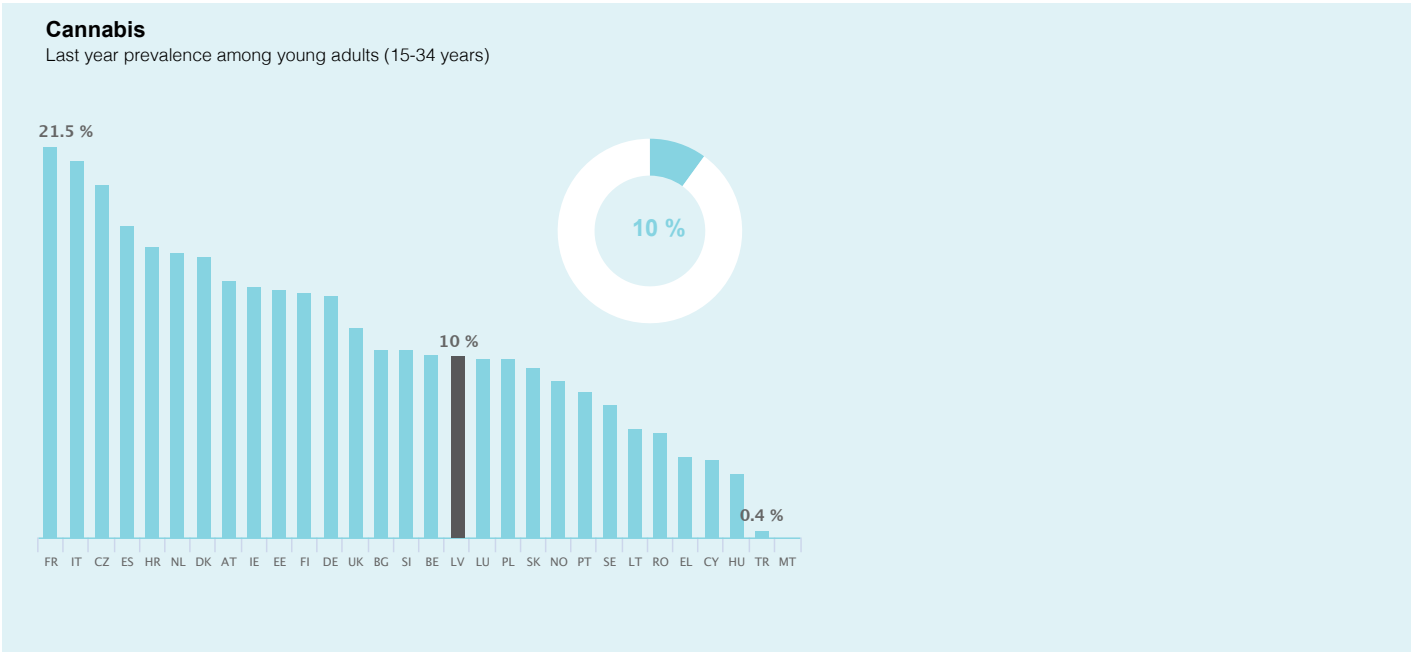
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	16.6	6.50	36.80
Last year prevalence of use - young adults (%)	2015	10	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	4.2	0.3	11.1
All treatment entrants (%)	2016	22.07	1.0	69.6
First-time treatment entrants (%)	2016	34.1	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	44.4	12	110855
Number of herbal cannabis seizures	2016	872	62	158810
Quantity of cannabis resin seized (kg)	2016	2.9	0	324379
Number of cannabis resin seizures	2016	96	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	10 - 18	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	12 - 20	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.2	0.9	4.9
Last year prevalence of use - young adults (%)	2015	1.2	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.5	0.1	2.3
All treatment entrants (%)	2016	0.7	0.0	36.6
First-time treatment entrants (%)	2016	1.1	0.0	35.5
Quantity of cocaine seized (kg)	2016	33.7	1.00	30295
Number of cocaine seizures	2016	93	19	41531
Purity (%) (minimum and maximum values registered)	2016	13 - 85	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	70 - 120	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.9	0.8	6.5
Last year prevalence of use - young adults (%)	2015	0.7	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	0.3	0.0	1.7
All treatment entrants (%)	2016	15.9	0.2	69.7
First-time treatment entrants (%)	2016	19.2	0.3	75.1
Quantity of amphetamine seized (kg)	2016	1.7	0	3380
Number of amphetamine seizures	2016	130	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	1 - 94	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	10 - 20	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.7	0.5	5.2
Last year prevalence of use - young adults (%)	2015	0.8	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.3	0.1	3.6
All treatment entrants (%)	2016	0.1	0.0	1.8
First-time treatment entrants (%)	2016	0.2	0.0	1.8
Quantity of MDMA seized (tablets)	2016	2232	0	3783737
Number of MDMA seizures	2016	180	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	32 - 168	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	4 - 10	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	4.9	0.3	8.1
All treatment entrants (%)	2016	50.6	4.8	93.4
First-time treatment entrants (%)	2016	29.4	1.6	87.4
Quantity of heroin seized (kg)	2016	0.1	0	5585

Number of heroin seizures	2016	103	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	1 - 54	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	60 - 150	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	31.5	0.0	33.0
HIV prevalence among PWID* (%)	2016	6.5	0.0	31.5
HCV prevalence among PWID* (%)	2016	52.5	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2012.00	9.2	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	14.0	1.4	132.3
Health and social responses				
Syringes distributed through specialised programmes	2016	720494	22	6469441
Clients in substitution treatment	2016	647	229	169750
Treatment demand				
All entrants	2016	879	265	119973
First-time entrants	2016	463	47	39059
All clients in treatment	2016	2661	1286	243000
Drug law offences				
Number of reports of offences	2016	6488	775	405348
Offences for use/possession	2016	5289	354	392900

* PWID — People who inject drugs.

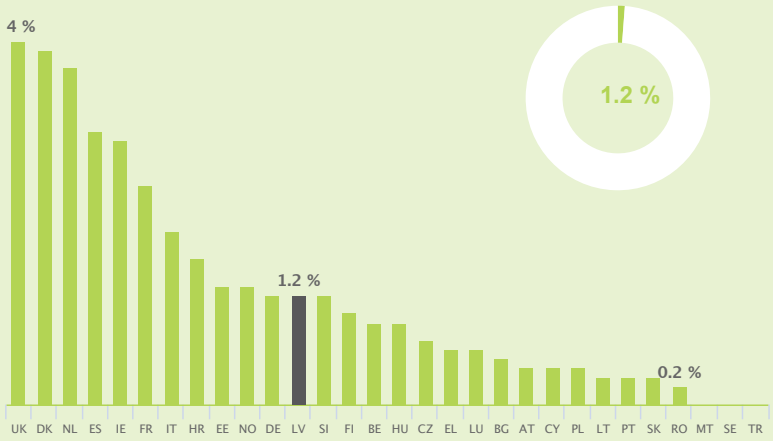
EU Dashboard

EU Dashboard



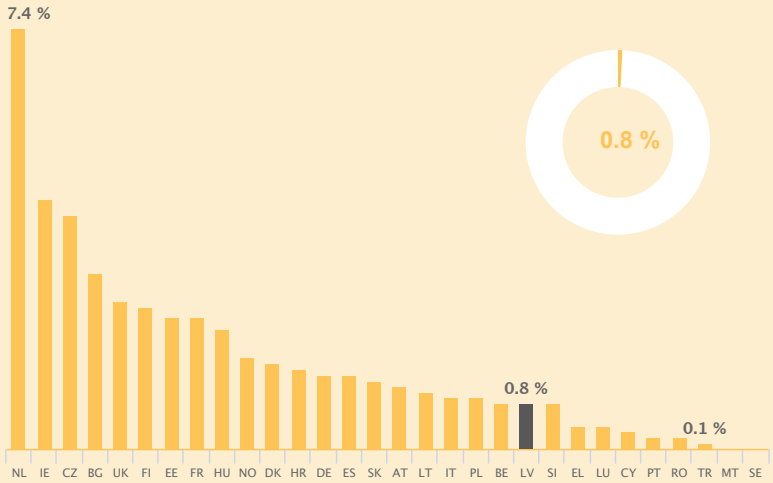
Cocaine

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



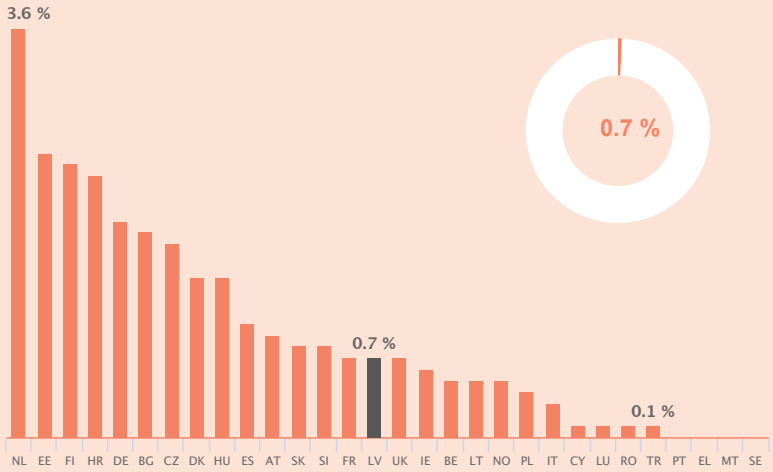
MDMA

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



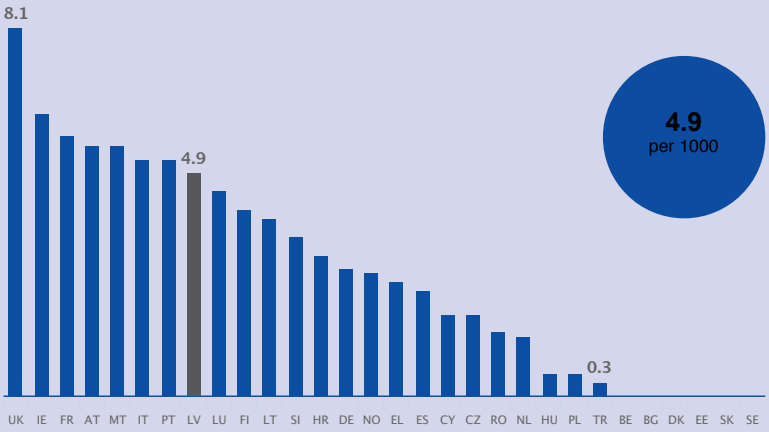
Amphetamines

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



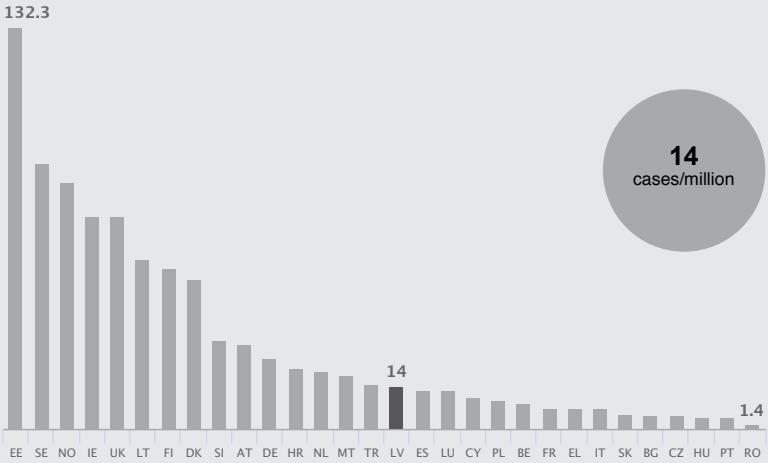
Opioids

High-risk opioid use (rate/1 000)



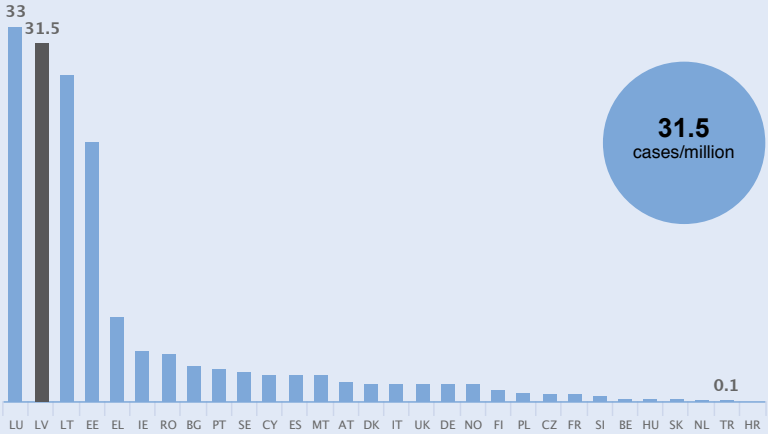
Drug-induced mortality rates

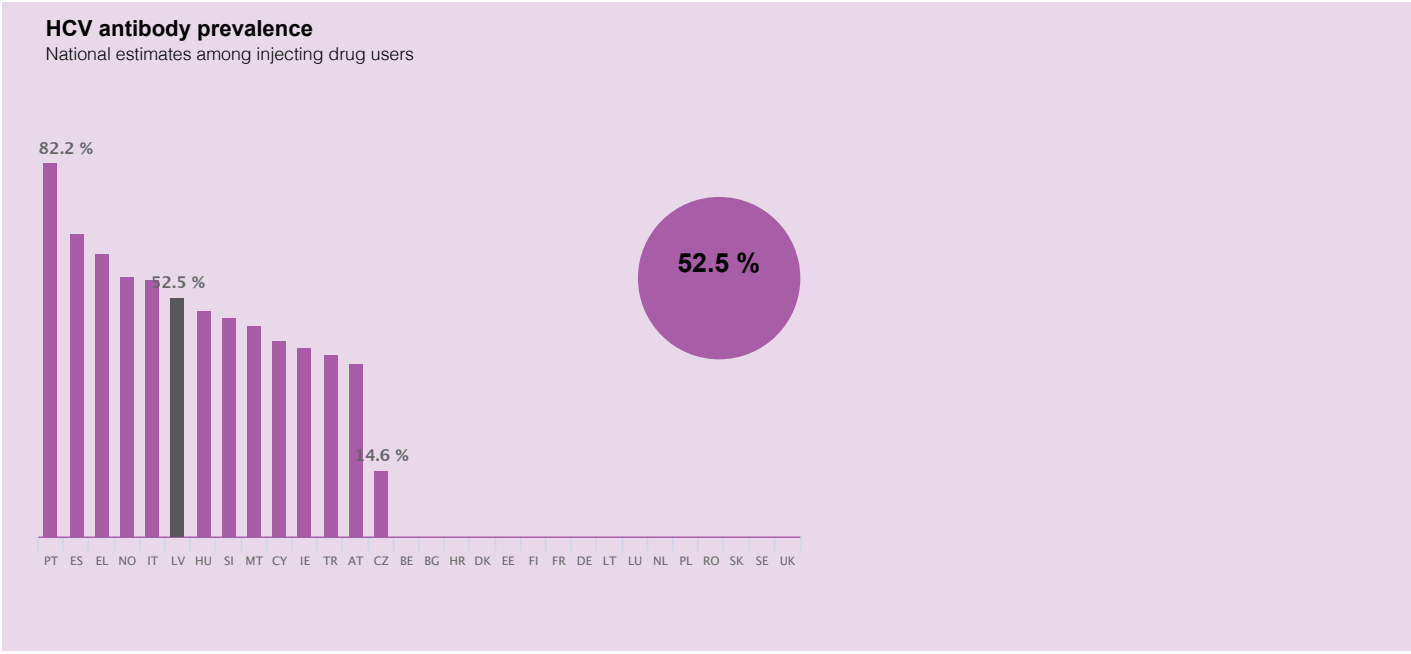
National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use





NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences 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. Countries with no data available are marked in white.

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.

Centre for Disease Prevention and Control of Latvia

Centre for Disease Prevention and Control Republic of Latvia

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