



European Monitoring Centre
for Drugs and Drug Addiction



**2005 NATIONAL REPORT (2004 data) TO THE
EMCDDA
by the Reitox National Focal Point**

**“Latvia”
New Development, Trends and in-depth information
on selected issues**

REITOX

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Introduction

The current 2005 National report on drug situation in Latvia is published by the National Focal Point at the State Addiction Agency and it complies with the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) guidelines for annual national reports. It consists of qualitative and quantitative data as well as other information on new developments and trends in the drug field in Latvia in 2004 and first part of 2005.

Data and other information for the report is provided by various public and private institutions and individuals with expertise in the field. Since the first National Report in 2000 the overall quality of the data flow has definitely improved, however there are needs for further improvements in the field.

The aim of the report is to provide reliable and objective information on drugs and drug addiction in Latvia. The authors would like to thank all individuals and organizations directly and indirectly involved in producing of this report.

Summary

The report consists of several parts, namely, political and legal frameworks of drug issues in Latvia, drug use in population (including specific populations), problem drug use, drug related treatment systems, health and social correlates and drug markets.

Two major legal documents regarding drug field were accepted in 2004 – the Bylaws of the Coordination Council for Drug Control and Restriction of Addiction and the Bylaws of the State Addiction Agency. The first was set up to raise drug and addiction problems at political level, with the secretary functions at the Ministry of Interior. The second document was about reorganizing the major institution in drug field in Latvia – State Addiction Agency (before 2004 – the State Centre for Drug Abuse Prevention and Treatment), which is the REITOX National Focal Point.

Another major document that has been waiting for approval for several years was adopted in 2005 – the National Drug Strategy and Action Plan. The State Programme for restriction and control of addiction and spread of narcotic and psychotropic substances 2005-2008 provides supply and demand reduction activities, reduction of health and social problems associated with drug use. The implementation of the programme requires multidisciplinary approach and close cooperation among involved institutions. Also allocation of sufficient funds will be required for the implementation of activities, though part of planned activities will be implemented within the budgets of involved institutions. The programme establishes four fields of action: international collaboration and strengthening of legal basis; demand reduction; supply reduction; and collection, analysis and evaluation of information.

The major topics discussed in mass media within 2004 have remained the same as previously – legislation, information about criminal offences, statistics on prevention measures in the sphere of addiction implemented and planned, etc. Also topics mentioned in initiatives in Parliament and civic society and public opinions regarding drug issues were widely represented in mass media. In November 2004 the largest mass media carried information about the annual report of the European Monitoring Centre of Drug Addiction (EMCDDA), which in a number of cases mentions the prevalence of drug addiction in Latvia as compared to other EU Member States.

No new general population or nationwide school surveys that would deal exclusively with drug issues have been carried out in 2004. Although some small scale local studies covering specific groups and settings have been carried out, e.g. survey among prostitutes by AIDS Prevention Centre, survey regarding drug use among pupils in Liepaja region, and several others.

At the beginning of 2005, researchers at the SAA elaborated a questionnaire to assess the information on drug prevention and interventions at local level. As a result of the survey 58 questionnaires were received from 22 districts (out of 26), including Riga district, the larger cities - Riga, Jelgava, Jurmala, Ventspils, Liepaja and Daugavpils, as well as from 12 district centres, 9 district local governments, 13 municipalities in 9 districts and 17 rural municipalities from 8 districts. Commonly prevention activities have been targeted to schoolchildren, children from disadvantageous families, families as such, unemployed persons, juvenile delinquents, individuals with a prison record, street children and others; also questions on main objectives of the programs, strategies and action plans, if any, were included in the questionnaire.

Main objectives of strategies or programmes are:

- Provision of treatment, counselling, and social assistance for addicted persons;
- Provision of information for risk groups and public in general to increase knowledge about addiction problems;
- Development and implementation of a local prevention system (collaboration among institutions, social workers, schools, etc.)
- Restriction of the prevalence of addictions (alcohol, drugs, smoking);
- Prevention work with young people offering alternatives for their use of spare time (camps, project weeks, interest groups, etc.)
- Reduction of harm and drug demand;
- Restriction of prevalence of HIV/AIDS.

In 2005 an evaluation of the drug treatment system and treatment demand indicator has been carried out. Some of the conclusions regarding reporting system are:

- The involved players (public drug treatment facilities) in the system have been providing data since 1998 when the TDI protocol was developed. There is need to improve the protocol since it has not changed since its approval in 1998.

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- Currently only public treatment facilities are reporting and vague (or no) information on drug treatments at private treatment facilities is available. There is need to look for ways to raise interest and awareness of benefits of research in field.
 - In Latvia there is a strong separation of treated clients regarding ICD-10 diagnosis – those with diagnosis of addiction and those with intoxication and misuse. Usually only those with ICD-10 diagnosis of addiction are analysed and reported in official figures, although more and more people, especially adolescents, get into contact with treatment agencies because of substance misuse in the past couple years.
 - The out- and in-patient settings are not always clear because of the patient registration system where in-patients are recorded at out-patient services without “seeing” them.
 - Currently no information is available on all treatment episodes – only information on first treatments and prevalence is possible to obtain.
 - The information on clients is not always updated with the current.

Those are just several insights in the drug treatment system. There is strong need to improve the situation in the nearest future to obtain more valuable information for statistical, analytical and research purposes.

Health Statistics and Medical Technologies State Agencies (HSMTSA) Health Statistics Department (HSD) administrates General Mortality Register. The GMR's records are based on details from death certificates but information on drug related death cases is also received from the State Forensic Medicine Expertise Centre (FMEC). HSD data is used to fill in the standard tables for the EMCDDA, as there are no differences in data/numbers of death cases due to the close cooperation between HSMTSA and FMEC. Information is collected in line with EMCDDA practice and recommendations so there are no differences in collection or definitions.

For the last two years drug related mortality remains quite low (14 death cases in 2004 and 12 – in 2003). Accordingly to the official data more death cases were registered in 2000 (42 cases) due to the opiate use. Mean age of dead persons in 2004 was 22.9 (30.9 for men and 21 for women). Still all data must be evaluated critically as for some persons intoxication of drugs is not carried out. In order to provide objective information on drug related mortality, improvement of facilities for forensic medical experts is essential. Also expert trainings should be provided.

Main institution, which administrates and supervises prevalence of HIV/AIDS in Latvia, is AIDS Prevention Centre (APC). There are 22 laboratories, which guarantee epidemiological supervision of HIV in Latvia (13 in Riga and 9 in regions). These laboratories provide primary tests on HIV infection. In case the test is positive

it is sent to the State Agency "Infectology Centre of Latvia" for affirmation of the results.

639 HIV positive samples per 100 000 examined samples were detected in 2004. Respectively In 2003 there were 734 HIV positive samples per 100 000 examined samples. The number of HIV positive samples per 100 000 examined samples has decreased by 13%.

During the period of 1987 till the end of 2004 there were 3 033 HIV infected persons, 320 in AIDS phase and 81 death cases. Still majority of infected persons were/are IDU's, but heterosexual transmission is also common.

As of 2002, the number of newly reported HIV cases has been decreasing. There were 323 new cases in 2004 in Latvia, which is for 20% less than in 2003 and for 60% less than in 2001. Also number of HIV infected IDU's has decreased – 144 in 2004, 233 in 2003, 551 in 2001, due to the changes of mode of transmission. Still majority of all infected persons are men – 73%, though the proportion of women is increasing since 2002.

Over the past years many discussions about road safety has taken place. Most of attention in this regard is paid to the drunk and aggressive driving. Penalty point system for driving offences was introduced in Latvia in July 1, 2004. Data from the Road Traffic Safety Directorate indicate that by April 1st, 2005, 50 253 people had at least one penalty point for breaking traffic rules. 7 895 drivers in total have been penalised for driving in a state of intoxication; 2 840 people have been penalised for driving without a driving licence which makes 36% of the total number of people detained for drunk driving. Significant increase of fines for driving under the influence of alcohol or drugs has also been introduced along with the penalty point system. 726 persons have been prosecuted for criminal offence classified under Section 262 of the Criminal Law "Operating a Vehicle While Under the Influence of Alcoholic Beverages or Narcotic, Psychotropic and Other Intoxicating Substances".

PART A: New Developments and Trends

National Policies and Context

Legal framework

The amendments to the Criminal Procedure Code (30 June, 2004) concern Part two of Article 305 and state that in imposing a suspended sentence, the court may impose, for a convicted person who has committed a criminal offence on the basis of alcoholism, narcotic addiction or toxic substance addiction, the obligation to undergo treatment for alcohol, narcotic or toxic substance addiction, with his or her consent and entrust the appropriate police institution or medical establishment with monitoring of the fulfilment of this obligation. These amendments also define the types of offences for which an offender is surrendered to EU Member State without further examination whether the offence is culpable under Latvian national legislation. Such offences include also illegal or unlawful trade of narcotic and psychotropic substances.

A similar amendment has been made to the Criminal Law (24 June, 2004). It also establishes that the Court may release the person who has committed a criminal offence from detention, if the person has agreed to undergo treatment for addiction to alcohol, narcotic, psychotropic or toxic substances. Part Two of Section 61 states that “Conditional release prior to completion of sentence may be ordered, if the convicted person has not committed violations and to the extent possible has voluntarily made compensation for financial losses caused by his or her crime, but, in cases where the convicted person has committed the criminal offence on account of alcoholism or narcotic or toxic substance addiction, provided he or she agrees to treatment for alcohol or narcotic or toxic substance addiction.”

Amendments have also been made to the „Medical Treatment Law” (30 June 2004). The amendments show a relevant trend to promote as many as possible people to undergo voluntary treatment and, thus, to free themselves of addiction of alcohol, narcotic, psychotropic or toxic substances and to reduce or even withdraw the imposed sentence.

Several other important amendments leading to changes in a number of spheres should be noted in this chapter. On June 3 The Parliament adopted amendments to the Law “On the application of educational compulsion measures to minors” taking effect from July 6. Article 8 of the Law states that corrective

educational establishments should in case of necessity provide to minors treatment for addiction to alcohol, narcotic, psychotropic or toxic substances and other conditions. The transition regulations to this amendment state that by September 1, 2004 educational and reform institutions should be transformed into social correction institutions, whereas up to this time the appropriate tasks should be carried out by the educational and reform institutions. Such changes may be regarded as positive given the number of crimes annually committed by minors under the influence of alcohol, narcotic, psychotropic or toxic substances.

Thus, an important document issued in the previous year is the Cabinet Regulation No 430 "The Bylaws of the State Addiction Agency" taking effect from May 1, 2004. The bylaws state the functions of the Agency, its objectives, its competence and rights, the structure of the Board and the Advisory Council of the Agency, its financial assets, as well as its legal basis. Another important document issued by the Cabinet on January 20, 2004 and taking effect within 8 days is the "Bylaws of the Coordination Council for Drug Control and Restriction of Addiction".

Since December 4, 2004, Regulation No 974 of the Cabinet of Ministers "Regulation on Doping Control" has been in force establishing the national procedure of dope control, i.e. the institutions involved in dope control, their activities, measures to be taken before and after dope control and the procedure providing compliance with the regulations and liability for their violation.

In July the regulation of the Cabinet of Ministers „The procedure of issuing, cancelling and revoking an authorization for using plants, substances or medicines listed as controlled narcotic, psychotropic substances and precursors in Latvia for medical and scientific research or teaching purposes" came into force establishing the procedure whereby an authorisation for growing plants, producing, importing, exporting, using and storing substances and medicines, entered into Lists I, II and III for controlled narcotic substances, psychotropic substances and precursors by natural and legal persons in amounts that do not exceed the amounts necessary for scientific research and training is issued, cancelled or revoked.

Institutional framework, strategies and policies

The Drug Control and Drug Addiction Restriction Coordination Council was set up in 2004 to raise drug and addiction problems at political level. 7 ministers and several national experts are involved in the work of the Commission, which is chaired by the prime minister. Before the establishment of the Council, other commissions,

committees and subcommittees took place to coordinate interventions and responses to drug abuse. However, weak coordination mechanism and insufficient political support resulted that work of these committees was terminated soon after establishment. Now Ministry of Interior has the secretary functions of the work of the Council.

The first national drug strategy and action plan were adopted in Latvia on August 17, 2005. State Programme for restriction and control of addiction and spread of narcotic and psychotropic substances 2005-2008 provides supply and demand reduction activities, reduction of health and social problems associated with drug use. The implementation of the programme requires multidisciplinary approach and close cooperation among involved institutions. Also allocation of sufficient funds will be required for the implementation of activities, though part of planned activities will be implemented within the budgets of involved institutions.

The programme establishes four fields of action: international collaboration and strengthening of legal basis; demand reduction; supply reduction; and collection, analysis and evaluation of information.

The Drug Control and Drug Addiction Restriction Coordination Council will evaluate the progress of implementation of the programme every year, accordingly to the reports prepared by involved institutions. Ministry of Interior will provide technical assistance to the Council when needed. 8 other ministries and several subordinated institutions are involved in the implementation of the programme.

Budget and public expenditures

Estimations of public expenditures of drug phenomena have not been carried out in Latvia, and information available about funds addressing drugs is limited. Information on funds allocated for drug and alcohol issues are available only for treatment centres and the State Addiction Agency under the supervision of Ministry of Health. Other institutions working in the drug field, such as, AIDS Prevention Centre, Health Promotion State Agency, State Police, etc., have no funding specifically allocated for drugs issues.

NFP also received information from 11 national municipalities and, in total, 505 798 EUR, were used for addiction problems, including alcohol, in 2004. It is essential to mention that more funds were allocated at the largest cities in Latvia, which are also more active to respond addiction problems at local level.

The State Programme for restriction and control of addiction and spread of narcotic and psychotropic substances 2005-2008 will be implemented within the budgets of involved institutions and also additional funding for activities will be provided by the State budget. Taking into account that this programme is first one in Latvia, in future more coherent picture on funding addressing drugs will be available.

Table 1. Budget for 2004, Ministry of Health

Year 2004	EUR
Outpatient treatment (5 units)	436 231
Inpatient treatment (7 units)	1 269 807
Rehabilitation (3 units)	119 007
Testing for abuse of alcohol and drugs	70 288
Other (residents, state register, etc.)	140 784
Total	2 036 117

Social and cultural context

Public opinions of drug issues

Concerning infectious diseases and reflection of related aspects in the press, during the past year a lot of attention was devoted to HIV/AIDS statistics published in the press on a monthly basis, as well as information on hepatitis C. Mass media gave a lot of attention to the promotional activity "Get yourself tested for hepatitis C", which involved free testing for this disease. The topic continued to be in the highlights during the following months when issues of statistics, transmission, risk groups; symptoms of the disease and the course of the disease, as well as possibilities of its treatment in Latvia were discussed.

Regularly during the summer season, the last years as well, discussions aggravate on the need to avoid the large number of car accidents on the roads. Particular attention was focused on the police stop-checks during the traditional Latvian national midsummer night festival, when many drivers and passengers are killed because of drunk driving. The common causes of many car accidents were irresponsible driving without a licence, in a state of alcohol or/and drug intoxication.

Initiatives in Parliament and civic society

Prohibition of selling beer during the night hours, as other alcohol beverages, was widely discussed in 2004. This proposal was strongly criticized by owners of breweries and traders, which tend to convince that such prohibition could increase drug use, especially among young people. The responsibility of traders should also be emphasized, as they frequently sell beer to young people. Such activities are

criminal and penalised according to the national legislation. Unfortunately surveys have not been carried out in this regard to evaluate the efficiency of such prohibition. A survey by the “Delfi” portal was carried out in this regard (number of respondents – 2620). 46% of respondents were against the sale of any alcohol during the night hours, 32% of the respondents would like to purchase alcohol also during the night and 23% of the respondents indicated that they supported the prohibition on selling alcohol at nights, except beer. In spite of the active protests from traders and brewery owners, and dominating opinion of the society, “The Handling of Alcoholic Beverages Law” has been in force since May 1, 2004, imposing restrictions on night trade of alcohol.

A rather wide discussion followed the proposition of the Parliament member, the doctor, Janis Strazdins to raise the alcohol excise tax and to use the revenue on improving the public health system. Disagreements were expressed and emphasized that a higher excise tax (and prices) on alcohol would lead to illegal circulation and use of alcohol, which would lead to increase of intoxications and death cases. On the whole the losses would be higher than the gains. At the same time alcohol is very cheap in Latvia comparing to other EU member states, and to a certain extent it promotes a higher use of alcohol.

Also issues regarding smoking were under discussions in 2004. It was suggested to prohibit the trade of cigarettes on the territory of markets. This was immediately followed by protests from the traders working within the market territory. They held that decision had no grounds and that it lobbied the interests of the surrounding outlets outside the territory of the market. The basis for the decision was that a large amount of illegal tobacco products were sold on the market; the traders, however, claimed that the prohibition combat consequences rather than causes of problems, and emphasized the inability of authorities to control the market territories and to keep them free from illegal goods.

The Cabinet Regulation “On restricting the trade, advertising and use of tobacco products” prohibiting smoking at workplaces, in bars, cafes, public transportation, in staircases, next to public institutions was widely discussed in mass media. These regulations also require that in cafes and bars separate premises for smokers should be created, which would increase expenditure for the owners.

Also proposal from the Ministry of Interior were discussed widely. The proposal stated that school management should be allowed to inspect a child’s personal belongings (bags) if there was a suspicion about storage, use and/or

dealing of drugs. The Ministry of Interior proposed to penalise the school directors for failure of implementation of appropriate safety measures. This proposal did not meet support of society, as well as was criticized by experts indicating that such measures contradicts the UNO Convention on the Rights of Children and was, thus, unacceptable.

Media representations

Already since 2002, monitoring of the largest newspapers and Internet portals of Latvia on a daily basis is carried out by the State Addiction Agency, paying attention to all topics related to addictions – drugs, alcohol, tobacco, gambling and new technologies. The following newspapers are reviewed and analysed: Diena, Neatkarīga Rita Avīze, Latvijas Avīze and Chas, two regional newspapers – Kurzemnieks and Zemgales Zinas, and three major Internet portals -www.apollo.lv, www.delfi.lv and www.tvnet.lv. Since March 2005 the regional newspaper “Latgales Laiks” has also been reviewed. The newspaper “Chas” has been chosen as a major daily newspaper in Russian published in Latvia with an average daily circulation of 18 000 copies.

The major topics discussed in mass media within 2004 have remained the same as previously – legislation, information about criminal offences, statistics on prevention measures in the sphere of addiction implemented and planned, etc. Also topics mentioned in initiatives in Parliament and civic society and public opinions regarding drug issues were widely represented in mass media.

In November 2004 the largest mass media carried information about the annual report of the European Monitoring Centre of Drug Addiction (EMCDDA), which in a number of cases mentions the prevalence of drug addiction in Latvia as compared to other EU Member States.

Drug Use in the Population

Drug use in the general population

The last national population survey was carried out in 2003 (in detail described in Latvian Drug Situation 2004). A multistage stratified random sample (n=4534) was used. This was the first time Latvia carried out a survey especially aimed at estimating drug prevalence rates. The target population was 15-64 with over sampling done at age groups of 15-24. The EMQ was supplemented with questions on respondents' socio-economic background, behavioral patterns and attitudes toward drug problem.

According to the National Action Plan several activities in field of research are mentioned, including a general population survey and participation in the next ESPAD wave in 2007, and implementation of PDU indicator. Currently National Focal Point is working on establishing working groups with first meetings of national experts in various fields related/working in the drug field planned later this summer thus more coordinated implementation of key indicators (including population surveys) will be possible.

In 2004 several local/regional surveys (mostly for prevention purposes) funded by Nordic Council of Ministers have been carried out by local municipalities and NGOs. Additionally a survey on addictions to modern technologies in Riga and a representative national school survey on secondary and vocational school students' attitudes and participation in various institutions were carried out by Institute of Philosophy and Sociology. Both of the later included comparable questions with previous school surveys on drug related questions on attitudes, risks and prevalence.

The development of regular series of drug surveys is currently being implemented in Latvia. This far we have covered the general population in 2003 survey and three ESPAD studies carried out in 1995, 1999 and 2003. Additionally since 90's Latvia is participating in HBSC surveys that include questions on drug use, too. From research point of view there is need to carry more in depth studies on drug habits among various subgroups (subcultures) of the population. If such surveys are carried out on regular basis they would improve overall quality and understanding of the size of the drug problem in Latvia in general.

The last general population shows that approximately one eighth (13%) of the population aged 15 to 64 and about one fourth (22%) aged 15 to 34 have tried some illegal drugs in their lifetime. Among them males are three times more likely than

women to have tried out illegal drugs (as are people from more urban areas than rural places). The GP survey as well as data from the ESPAD'03 shows that there are fewer gender differences among young adolescents.

The most frequent drug tried (LTP) in general population is cannabis (11%) followed by amphetamines (2.6%), opioids (2.6%), ecstasy (2.4%), various hallucinogens (1.5%) and cocaine (1.2%).

Latest trends (mostly based on treatment data) in drug use in Latvia especially among young people show increase in amphetamines and other stimulant use and we might see an increase in first time registered patients in the nearest future.

Drug use in the school and youth population

No new drug-specific surveys in the youth population have been carried out. There are two studies among school children that have been carried out in 2004 by the Institute of Philosophy and Sociology, University of Latvia. Unfortunately no analyses of drug data have been carried out due to lack of funding.

- Regional survey (in Riga) on addictions to modern technologies with a publication in Latvian (Koroļeva et al., 2004);
- Nationwide representative survey among secondary school population in the context of participation. Unpublished results.

Drug use among specific groups

In 2002, Aids Prevention Centre conducted a survey “Prevalence of HIV, AIDS and STD among prostitutes working in Riga and Riga’s region”. The survey was sponsored by Soros Foundation and done in close collaboration with Public Health Agency. The objectives of the survey were to estimate the prevalence of HIV among prostitutes and also to study sexual behaviour and drug use habits. The information was gathered using a questionnaire by street social workers. In total 92 questionnaires and 92 salivary samples were gathered.

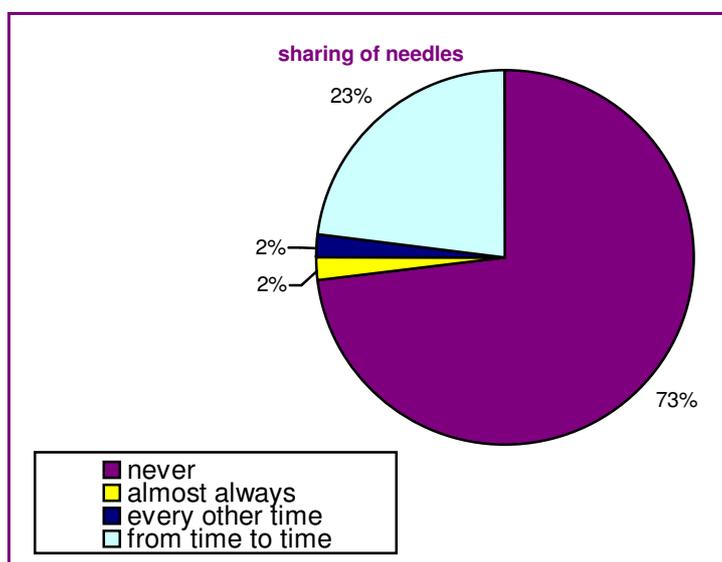
Mean age of prostitutes was 25,73 (min 15; max 47), and 6.5% were under age of 18. Those respondents who have been using drugs were involved in prostitution approximately 5 years earlier comparing to other respondents (mean age for drug users – 20,19, 37% of them minors; mean age for others – 26,05). 75% of respondents acknowledged that they have used drugs at least once during their lifetime.

Table 2. Characteristics of respondents by age group and drug use (LTP)

	Use of drugs				Total	Column %
	Yes	Row %	No	Row %		
15-19	14	100			14	15
20-24	31	89	4	11	35	38
25-29	12	75	4	25	16	17
30-34	7	41	10	59	17	19
35-39	5	83	1	17	6	7
>=40			4	100	4	4
Total	69	75	23	25	92	100

63% of respondents acknowledged that they have used drugs in last month. 62% of all respondents have used drugs injecting in last month, 9% have used but not in last month, 4% have never used injecting drugs, 25% have never used drugs at all. 71% of all respondents were involved in prostitution in the same year or later when they started to inject drugs. Mean age of prostitutes when injected drugs for the first time is 19,26 (min 12, max 35). The most popular drug used in last month is heroine (89.5%), then amphetamines (26%), tranquillizers (16%), cannabis (14%), cocaine (4%), ephedrine (4%), heroin + cocaine (4%), and barbiturates (2%). 75% of respondents inject drugs at least once a day, 52% inject drugs 2 or 3 times a day.

Figure 1. Sharing of needles among prostitutes



Prevention

Universal prevention

At the beginning of 2005, the SAA elaborated a questionnaire to assess the information on drug prevention and interventions at local level. As a result of the survey 58 questionnaires were received from 22 districts (out of 26), including Riga district, the larger cities - Riga, Jelgava, Jurmala, Ventspils, Liepaja and Daugavpils, as well as from 12 district centres, 9 district local governments, 13 municipalities in 9 districts and 17 rural municipalities from 8 districts. Commonly prevention activities have been targeted to schoolchildren, children from disadvantageous families, families as such, unemployed persons, juvenile delinquents, individuals with a prison record, street children and others; also questions on main objectives of the programs, strategies and action plans, if any, were included in the questionnaire.

Main objectives of strategies or programmes are:

- Provision of treatment, counselling, and social assistance for addicted persons;
- Provision of information for risk groups and public in general to increase knowledge about addiction problems;
- Development and implementation of a local prevention system (collaboration among institutions, social workers, schools, etc.)
- Restriction of the prevalence of addictions (alcohol, drugs, smoking);
- Prevention work with young people offering alternatives for their use of spare time (camps, project weeks, interest groups, etc.)
- Reduction of harm and drug demand;
- Restriction of prevalence of HIV/AIDS.

Speaking about prevention of addictions, local governments have commonly referred to the community welfare office or to the social worker in the smaller local communities; in some territories day centres or support centres for children and young people have been established, different support groups e.g. for children, parents or addicts; in the larger territories the welfare office or the day care centre operates, an advice centre for addicts, as well as a hotline. Notably, trainings, lectures and seminars make up a large share of the conducted prevention activities.

As mentioned before, when a definite local government had indicated that it did not have a program, strategy or action plan, they were asked to give main reasons for that. An analysis of the responses led to the conclusion that the biggest

problem was lack of experts. It is interesting to note that several responses showed that addiction problems were not identified in particular local territories and, consequently, there was no need to search for solutions. In addition, lack of financing, lack of experience, heavy workload on specialists and other relevant factors were mentioned. The commonly recurring answer combinations are failure to recognize the problem or absence of studies on the local prevalence of addictive substances coupled with lack of specialists, experience or finance.

Contemplating on the introduction of addiction prevention programs or strategies in the near future or later, most representatives from local governments with no program do not plan to introduce one in the future. It should, however, be noted that the local government representatives who have expressed this view mostly speak for the smaller local territories where, probably, there is no need for a particular strategy. However, in these cases it would be preferable to have a broader strategy or program in the larger territory, e.g. a district, territory or circuit. About the same number of local governments as those who do not plan to introduce the program believe that the issue is important and that in the future some work should be carried out to evolve an action plan, but can not tell the exact time. A small number of local governments work on draft programs and plan to implement them in the nearest future. Some representatives of local governments believe that prevention activities already take place within the framework of a number of projects and at schools.

Selective/indicated prevention

The Riga Addiction Prevention Centre (RAPC) is the largest institution in Riga working in the field of prevention. Centre carries out a number of prevention activities every year:

- A program for adolescents and young people “I smoked for a while, but now it’s enough”. The objective of the program was to involve young people in finding important information which through teamwork would further lead them to individual decision-making about giving up smoking; another objective of the program was to develop the social skills of children. In total 95 adolescents from 11 to 19 years of age took part in the program. The program comprised 150 sessions (450 hours).
- A program for computer addicted adolescents “I played for a while, but now it’s enough.” The program started on 2003 and was continued over the year. During the year 30 adolescents started attending the sessions, and 24 completed the full program. In total 66 sessions took place (198 hours).

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- Psychological and social correction group “Risk group”. The objective of the group was to prevent high-risk groups of children from addiction. The program was developed for children and young people who had already had some experience with addictive substances and, thus, were a high-risk group. The program was elaborated for two groups: children aged 10-14 and young people aged 15-17. Over the past year 140 children in total (10-16 years of age) took part in the program. In total 151 sessions took place (453 hours).
 - A support program for individuals in remission. The objective of the program was to support individuals in the re-convalescent phase to maintain clarity of mind, to adapt, to enhance the understanding and to balance the family situation. Within one year 9 participants aged 16-29 attended the group. In total 31 sessions took place during the year.
 - A prevention support program against addictions in the Ilguciems penitentiary. Two voluntary groups were organised at the Ilguciems women’s penitentiary – for minors (14 – 18 years) and adults (20-40 years). Only 8 women successfully finished the program (some individuals were released pre-term and others did not wish to take part in the program). In total 25 sessions took place.
 - Support groups for co-addicts. The objective of the program was to render psychological and social support to families who are familiar with addiction problems encountered by their relatives. Co-addict group sessions take part the year round one time a week. Participation is free, and each participant may choose the number of sessions he/she wants to attend.

The Riga Addiction Prevention Centre has carried out a number of educational programs for people engaged in implementing the programs developed by the Centre during the last year. e.g. 891 young people have taken a course in leadership training. 599 teachers, 101 medical workers, 40 general practitioners, 212 police workers, 253 specialists (social workers, social educationalists, psychologists, boarding school tutors and teachers) have undergone training. Over 2004, RAPC has developed and published a number of methodological teaching and information materials (brochures, posters, advertising materials with program logos, etc.). RAPC provides information on its activities to the mass media on a regular basis, sends out press releases, calls press conferences, responds to requests for information, and develops TV and Radio programs.

RAPC continues to provide counselling, i.e. operates a hotline which has received about 1 000 calls within the year and an e-advice centre homepage which has received 627 questions over the past year.

During the last year RAPC organised a number of alternative activities: “Skate fest against addiction”, “School-ball 2004”) in the Grizinkalns skate park, “Anti-drug week 2004”, “Leader games 2004”, summer camp for adolescents of social risk

groups “For you and your friend 3”, the gala event of the competition “European cities against drugs” in the Riga City Council, and the bicycle race “Surf through Riga”.

A number of lectures and workshops visits for sharing experiences and professional training courses have taken place.

For the implementation of the program “Restriction of the Use of Psychoactive Substances and Reduction of Addiction to Gambling”, Health Promotion State Agency announced an open tender for project applications in 2004. Overall 43 projects were submitted, out of which 14 best projects covering all spheres of prevention were selected.

The project “Know more about drug addiction” was implemented by Riga Addiction Prevention Centre and training of the staff of the Riga district law-enforcement authorities on ways of restricting drugs and prevention of addiction. Also projects at local level were implemented “Training program on restriction of drugs for social workers and the police in the districts of Aluksne, Balvi and Gulbene” of the Aluksne District Council. A training program for the staff of law-enforcement authorities and social workers for better identification of high-risk groups has been developed within the project framework. The project “Be independent” of the Liepaja City Council Youth Centre. The aim of the project was to involve people in health promotion, to train voluntary workers, representatives from NGO, schoolchildren, students, as well as to promote the activities of the trainees in the schools, higher educational establishments, NGOs, work places of Liepaja. Training concerned the following topics: restriction of the prevalence of psychoactive substances in the family, problems of tobacco control in local communities, smoking during pregnancy, etc.

Problem Drug Use

Prevalence and incidence estimates

No new estimates on prevalence and incidence have been carried out in 2004.

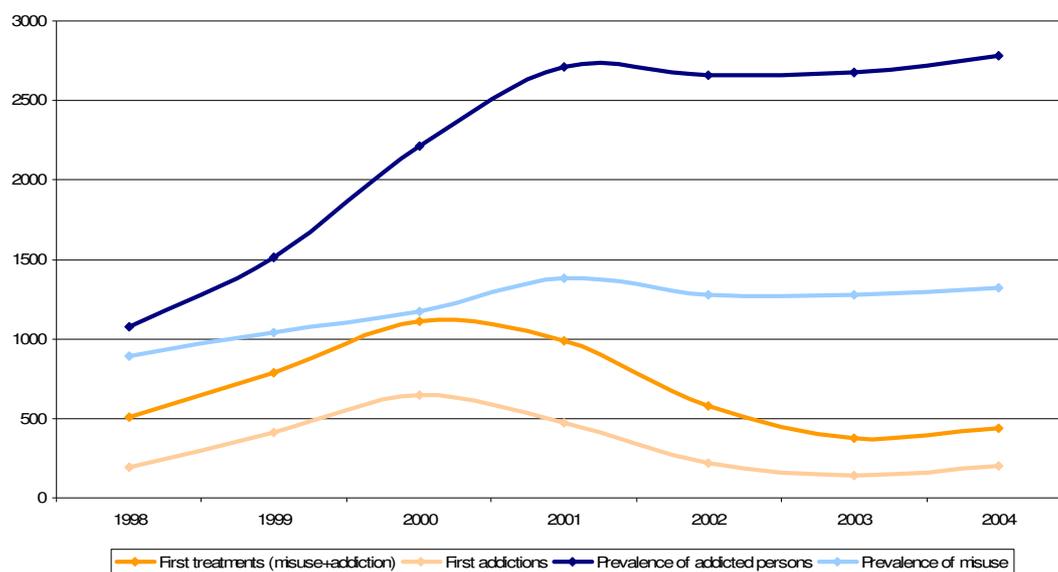
Profile of clients in treatment

First treatments

Over the last couple years first-time registered treatments (incidence) has decreased. However this does not mean that the overall drug use in the country has decreased, too. One of the explanations is changing drug patterns; another might be that over the years people use private treatment facilities that do not report to the State Register.

The number of first-time diagnosis of addiction has slightly increased in 2004 (201 new persons) as compared with 2003 (143).

Figure 2. Prevalence and incidence of clients in treatment with addiction and substance misuse



Since 2000 more and more people with problems with amphetamines appear at the treatment centres.

First treatment episodes (both addiction and misuse) by primary drug are in per cent shown in figure below. Some general trends regarding substances can be explored:

- Decreasing number and share of heroin and other opiates and stabilization in 2004;

- Increasing number of stimulant users – in 2004 for the first time share of first treatments with problem amphetamine use has overcome other drugs;
- Since 2000 there has been increase in number of persons with primary problem of hypnotics' and sedatives' misuse or addiction;
- Over the last couple years more people with poly substance misuse or addiction have been into contact with treatment agencies (e.g. in 2001 only 3% with diagnosis of poly drug addictions as compared with 27% in 2004, the same applies to substance misuse, too (18 and 40 per cent, in respective years);

Figure 3. Profile of first treatments, by primary drug (in per cent)

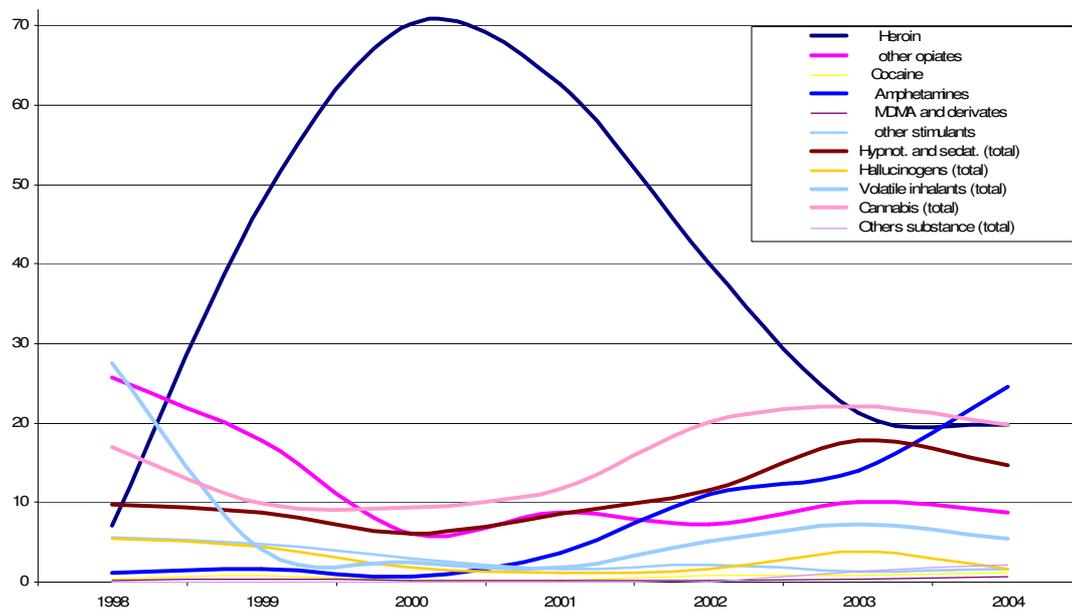
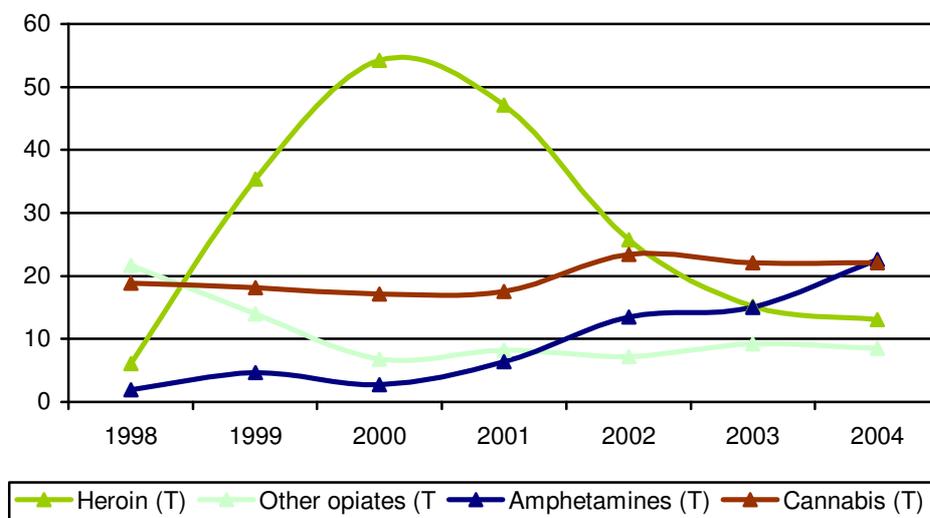


Figure 4. Profile of first treatments, by all drugs (in per cent)

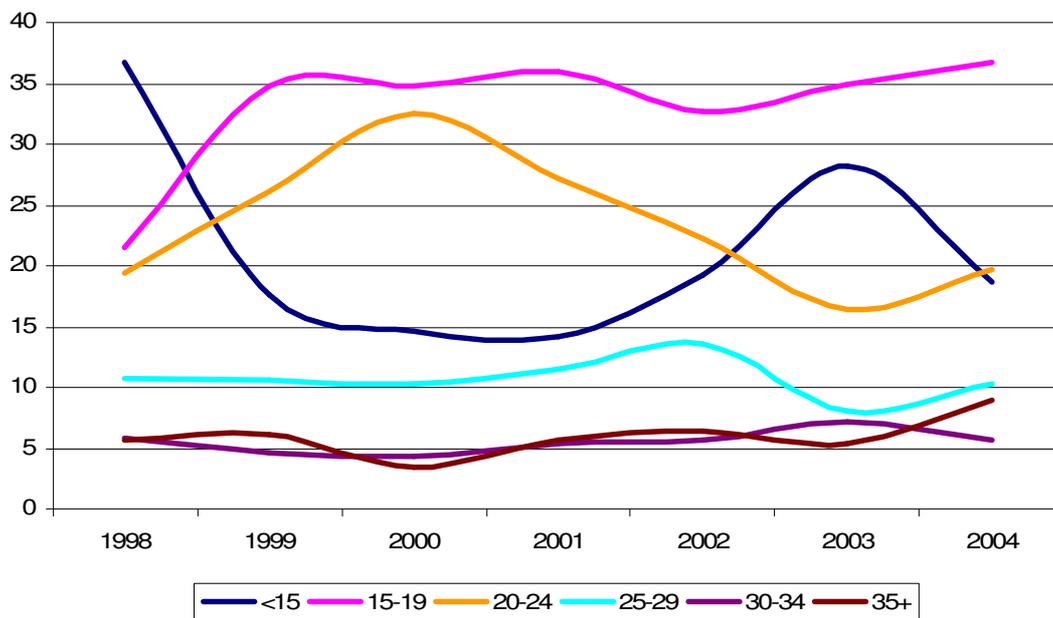


Since 1998 there have been some changes in age profile of first-time treated persons:

- the percentage of young children (under 15 at their first treatment) has decreased in 1999 then increased in 2002 and 2003 and decreased again in 2004;
- the stable majority of first-time treated clients is between age 15 and 19 – around 35% since 1999;
- there is also decrease in first-time treated clients in age 20-24.

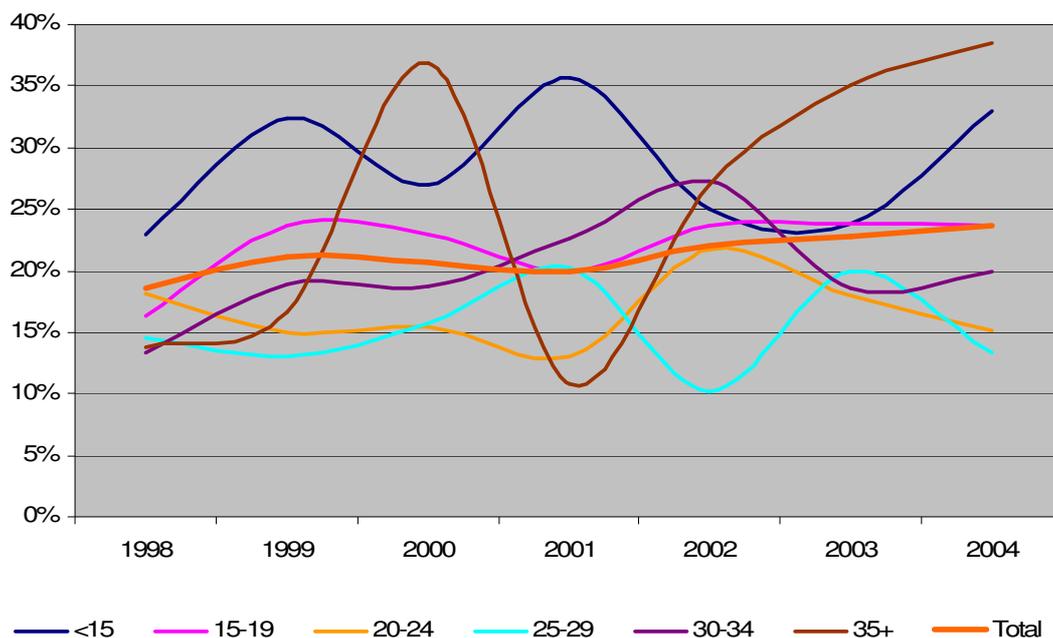
Some of these changes can be explained by changes in registration system in 2002 when persons with substance misuse problems over 18 are not being reported to the Register (see *Chapter on Treatment systems*).

Figure 5. Profile of first treatments by age groups



Since 1998 the proportion of first time treated female clients has been on almost steady increase from 18,6% to 23,7%. Women under 15 and over 35 tend to appear on treatment services more often than their other age counterparts do – in 2004 about one-third (32,9%) aged under 15 and 38,5% aged over 35 of all first treatments were female admissions. The trends in the older age group might be explained by relatively small group size.

Figure 6. Profile of female first treatments by age groups



Children and adolescents

202 children and adolescents (up to 18 years of age) have been for the first time registered in the State Addiction Agency database in 2004. From these, 19 cases were diagnosed as addicts and 183 – as cases of intoxication caused by narcotic or psychotropic substances or harmful use of such substances. As compared to the previous year, the number of first time registered children and adolescents have grown, but the trend towards a reduction of first-time registered cases prevails.

Table 3. First time registered children and adolescents diagnosed as addicts, cases of intoxication or harmful use, within the period of a year

	1997	1998	1999	2000	2001	2002	2003	2004
Addiction to narcotic and psychotropic substances	54	49	61	138	99	29	18	19
Intoxication caused by narcotic or psychotropic substances or harmful use	208	201	237	231	256	170	172	183
Total	262	250	298	369	355	199	190	202

Out of the 202 first-time registered cases 146 were boys and 56 were girls. As compared to 2003, there has been a 4.5% increase in first-time registered girls diagnosed as addicts. 74.3% of the first-time registered cases were adolescents (15–17 years), however, younger children, too, were involved in the use of drugs. In 2004, 7 children (under 14 years of age) were for the first time registered as addicted

to narcotic and psychotropic substances and 45 children were diagnosed as cases of intoxication caused by narcotic and psychotropic substances or harmful use. As compared to 2003, the number of first-time registered cases in the age group under 14 years has decreased by 2.7%. Almost 90% of these minors were schoolchildren, 4.5% were young people without particular occupation.

Most of the first time registered cases (64.9%) were residents of Riga. 7.9% were registered in the city and district of Liepaja, but 6.9% in the city of Jurmala.

Table 4. First time registered children and adolescents diagnosed as addicts, cases of intoxication or harmful use in 2003 and 2004, by age and sex

	In total		male		female		diagnosed as addicts		diagnosed as cases substance misuse	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
	9 years	1	-	1	-	-	-	1	-	-
10 years	1	1	1	1	-	-	-	-	1	1
11 years	2	1	2	1	-	-	-	1	2	-
12 years	7	7	7	5	-	2	1	1	6	6
13 years	13	9	11	8	2	1	-	3	13	6
14 years	30	34	22	21	8	13	4	2	26	32
15 years	44	30	32	18	12	12	3	2	41	28
16 years	44	66	34	53	10	13	2	5	42	61
17 years	48	54	36	39	12	15	7	5	41	49
In total	190	202	146	146	44	56	18	19	172	183

Table 5. First time registered children and adolescents in the state addiction agency database, by the substance used

Primary diagnosis (addiction and substances used)	2001		2002		2003		2004	
	Number	%	Number	%	Number	%	Number	%
Opioids	167	47.0	22	11.1	5	2.6	2	1.0
Cannabis	54	15.2	50	26.1	41	21.6	43	21.3
Sedatives and hypnotics	44	12.4	34	17.1	39	20.5	30	14.8
Cocaine	-	-	-	-	-	-	-	-
Amphetamines (other stimulants)	10	2.8	7	3.5	10	5.3	24	11.9
Hallucinogens	13	3.7	3	1.5	5	2.6	6	3.0
Volatile inhalants	20	5.6	24	12.1	22	11.6	22	10.9
Tobacco	-	-	-	-	-	-	2	1.0
Polydrug use	47	13.3	59	29.7	68	35.8	73	36.1
In total	355	100.0	199	10.0	190	100.0	202	100.0

Analysis of the first time registered minors according to the basic substance shows that during the last few years there have been significant changes in the patterns of consumption.

There has been a major decrease in the use of opioids. In 2000 out of all first-time registered minors, 53.9% consumed opioids, whereas in 2004 – only 1.0%

were opioid users. In 2004 two adolescent girls were registered for the first time as opioid addicts.

As compared to the previous year, in 2004 there has been a 6.6% growth in the share of amphetamine users and users of other stimulants among adolescents (2003 – 5.3%, 2004 – 11.9%). One adolescent has been diagnosed as a case of amphetamine (stimulant) addiction, whereas 23 adolescents have been diagnosed as cases of amphetamine intoxication or harmful use.

During the past three years, consumption of inhalants has become more common among children and adolescents. In 2004 inhalants (mostly glue, gasoline) were consumed by 10.9% of the first time registered minors.

Year by year there is a growth of the use of poly-drug and psychotropic substances. In 2000 poly-drug use and use of poly substances was noted in 4.9% of the cases of first time registered minors, whereas in 2004 it was noted in 36.1% of the cases. The most common combinations among minors are:

- Amphetamines + cannabis (hashish, marijuana);
- Cannabis (hashish, marijuana) + sedatives and hypnotics;

Analysis of the mode of administration of the basic substance shows that 27.2% adolescents use narcotic and psychotropic substances orally (2003 – 34.7%), 31.7% by smoking (2003 – 30.5%), 25.7% inject drugs (2003 - 21.6%), and another 11.9% inhale them (2003 – 12,6%).

In 2004, 7 children (under 14 years of age) were for the first time registered as addicted to narcotic and psychotropic substances and 45 children were diagnosed as intoxication by narcotic and psychotropic substances or substance misuse. As compared to 2003, the number of first-time registered cases in the age group under 14 years has decreased by 2.7%. Almost 90% of these minors were at school.

Main characteristics and patterns of use from non-treatment sources

No information from other sources is available for 2004, but see chapter Drug use among specific groups in Chapter 2.

Drug-related Treatment

Treatment systems

In Latvia, there are several laws regulating treatment of people having problems with alcohol and illegal substances:

- The Law on Social Assistance,
- The Law on Procedures for the Legal Trade of Narcotic and Psychotropic Substances,
- Cabinet Regulations on Medical Treatment of Drug and Alcohol Clients,
- Order of the Ministry of Welfare on the State Register of Persons with Drug and Alcohol Dependence Substance Misuse,
- Law on Protection of Children's Rights,
- etc.

Treatment of alcohol and drug addicted patients at addiction treatment facilities in Latvia is based on the voluntary principle and depends on the wish of the patients. Assistance may be received at out-patient and in-patient facilities for addicts, and in units for addicts at regular medical treatment institutions. Institutions have different supervisory authorities and they differ by type of ownership.

Patients may receive the minimum of State provided treatment for addiction (emergency assistance and planned treatment) at hospitals for addicts (in Riga, Jelgava, Daugavpils, Straupe) and at wards for addicts (in Liepaja, Rezekne, Riga), at 32 district and municipal out-patient consulting units, from general practitioners, as well as in psycho-social rehabilitation institutions for drug addicts (2 for adults and 2 for adolescents).

Since 1998 the State Addiction Agency (SAA) (before 2004 – the State Centre for Drug Abuse Prevention and Treatment) is responsible for maintaining the State Register of Persons with Drug Dependence and Substance Misuse where individual records on treated clients (in- and out-patient) is registered.

By Law all treatment facilities should provide individual data for centralized data entry that is carried out at SAA. Currently only 32 state funded out-patient addiction treatment facilities, 5 in-patient facilities and 4 rehabilitation centres provide data to the Register. In 2005 talks with additional 22 privately funded treatment facilities had taken place and at the end of the year (2005) they will provide (likely) aggregated data on the number of treated persons. Expert opinion is that privately-

funded treatment facilities provide treatment mostly for problem alcohol users and only seldom for clients with problems with illegal substances. Thus we estimate the coverage of the Register by means of people in treatment with drug problems to be more than 90%.

The reporting form (Patient Registration Card – PRC) was accepted by the Ministry of Welfare of the Republic of Latvia in 1998 and it has not changed over the years. It is thought to be compatible with the PG TDI. Though there are some variables where immediate improvements should be made regarding:

- Living status (with whom). Currently only two categories are recorded in standardized way – ‘with family’ and ‘single’
- Living status (where). Impossible to know if a person is actually living at the address and for how long.
- Labour status. The scale used is out-dated in needs further improvements. Categories used are – ‘worker’, ‘office worker’, ‘farmer’, ‘working in the field of medicine’, ‘pensioner’, ‘housewife/houseman’, ‘without specific occupation’, ‘unemployed’, ‘pupil (at school)’, ‘student (at university)’, ‘businessman’, and ‘others’.

Additionally there is need for overall quality improvements regarding filling the form in general:

- in majority of cases the PRC is filled by nurse from:
 - out-patient’s medical records,
 - “Signal” form that is sent from the laboratory (according to experts’ opinion without direct contact with a client in one-third of cases),
 - in-patient’s medical records.
- often data is not updated, for example, if the PRC is filled from the “Signal” form at some time, and new information is gathered in direct interview with a patient – the new data is rarely updated in the Register. One of the major reasons for this is because of staff being overloaded with work – in general at least three forms are filled for every patient at addiction care, ie. the form for financing from the insurance (out-patient forms), Patient Registration Card (to send to the Register), as well as patient’s medical records.
- According to the regulations patients with drug addiction or misuse can be removed from the register after remission, because of death, change in place of residence (respectively either moving to another region or other country or sent to prison for a term over 12 months), or no contacts with treatment facilities (in the case of addiction – 36 months and regarding drug misuse – 12 months).

In Latvia drug statistical data and analysis on drug treatment is strictly divided in two categories – addicted persons and persons with substance misuse problems – and only patients with addiction (ICD-10 criteria) are used as the main indicator regarding drug treatment. In this report both categories are combined together for analysis. According to current data collection methodology it is possible to obtain several indicators in compliance with the TDI:

- first treatment episodes at in- and out-patient treatment facilities.
- all treatments can be calculated only for in-patient data
- prevalence data on drug users in treatment.

Since 2004 data on all treatment episodes at out-patient services in largest treatment centre in Riga (State Addiction Agency) is being collected electronically. Individual (personal) data are collected, including age, gender and ICD-10 diagnosis), and from this data it is possible to get the number of all treatments at SAA. We are planning to start analyzing this data from 2006 but we do not think it will be of much value for research since the main purpose for the form is administrative since ICD-10 diagnosis is recorded only.

An improvement regarding data separation of out-patient and in-patient services since at the moment it is almost impossible to know exactly on patients coming directly to respective services, e.g. a person might go first for in-patient detoxification but the PRC is sent from out-patient facilities, thus data is not very accurate for separate analysis.

Drug free treatment

Medically assisted treatment

Methadone maintenance therapy

In 2004 there was only one methadone maintenance therapy (MMT) program – in Riga. The program is run at the State Addiction Agency. The MMT program is financed by the government.

The methadone distribution point is open from 7.30 to 14.30 on week days and from 8.30 to 12.00 on Saturdays, Sundays and State holidays. Methadone is handed out by a trained nurse. Doctors consult the patients twice a week. Patients may also visit the psychologist or seek advice from a social worker.

By the end of 2004, 54 patients (a decrease by 22% as compared to 2003), i.e. 16 women and 38 men were enrolled in the program.

Table 6. Characteristics of clients in methadone maintenance treatment

	2000	2001	2002	2003	2004
Number of clients	107	88	67	69	54
Number of new clients	17	11	8	21	16
Number of clients removed from the program	35	29	29	23	32

Within 2004, 16 new clients were admitted to the MMP program. 32 patients were removed from the MMP because of various reasons, mostly because of parallel use of other drugs (9 cases), stopped the program at own will (9) and gradually decreased dose to discontinue the program (6).

In 2004 with the permission of the addiction therapist 3 patients have started to cut down methadone gradually in order to leave the program.

21 patients work permanently or do odd jobs. 6 patients have been involved as street social workers. Other occupations are postman, cobbler, mechanic, salesperson, guard, worker. 9 patients have disability status because of other conditions.

During the year 61 urine tests were carried out. Only 15 tests showed no parallel use of other narcotic or psychotropic substances. Other analyses showed presence of opium alkaloids (8 tests), barbiturates (17), and benzodiazepines (37).

32 patients live in families. 14 patients are married. 7 patients have children. 32 patients need social support. Social workers have been able to render useful assistance to 30 patients through advice, provision of information, discourse, support through multi-institutional cooperation, education of relatives.

The key trends in the MMT program noted in 2004 were:

- Fewer patients wanted to join the MMT program;
- In rare cases occasional parallel use of other opioids is observed;
- Parallel use of tranquillizers remains typical;
- After visiting the methadone office, some patients spend several hours in the neighbouring cafes; in this connection we have received complaints from the owners of these places;
- Patients with a criminal record try to harass other participants of the program, tapping them for money;

-
- It is extremely difficult to direct patients to a psychologist or a social worker, if they do not believe they need assistance;
 - A visit to the medical specialist (if not initiated by another medical specialist) usually is for the sole purpose of getting a prescription for sedatives;
 - A positive trend is that several patients started cutting down on their methadone gradually to leave the program;
 - The MMT program enables to keep the patients under medical observation. Patients are on a regular basis reminded to visit the out-patient division of the Centre for Infectology. All patients have been X-rayed, women have visited a gynaecologist.

Buprenorphine substitution therapy

Buprenorphine (Subutex) has been approved as an effective medicine for substitution (maintenance) therapy, which is used for medical, psychological and social treatment of opioids addicts. In Latvia Buprenorphine has been used in therapy since July 2003.

In 2004 Buprenorphine under the supervision of an addictionist at the State Addiction Agency was handed out to 38 persons (35 men and 3 women). Buprenorphine is usually administered orally 1-2 times a week when visiting the addictionist. Average doses of Buprenorphine are 4-8 mg per day. The patients pay for the service.

The key trends observed in 2004 were:

- Reduction of the use of opioids.
- Patients retain ability to work and keep permanent jobs.
- In some cases patients have not understood the importance of regular visits to the addictionist.

For developing the program and for working out ways of effective monitoring advisory committees of specialists have been formed in order to create a database of all patients under the Buprenorphine substitution therapy in Latvia.

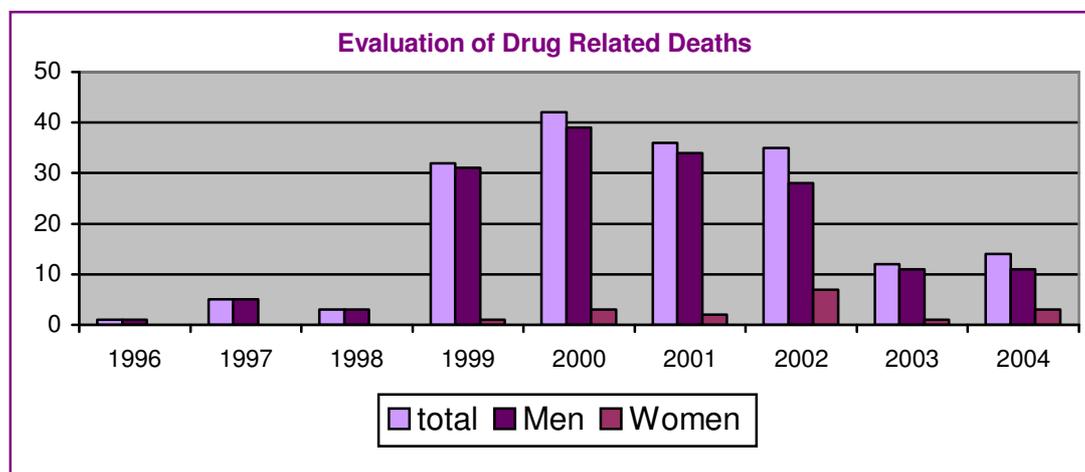
Health Correlates and Consequences

Drug Related Deaths and Mortality of Drug Users

Health Statistics and Medical Technologies State Agencies (HSMTSA) Health Statistics Department (HSD) administrates General Mortality Register. The GMR's records are based on details from death certificates but information on drug related death cases is also received from the State Forensic Medicine Expertise Centre (FMEC). HSD data is used to fill in the standard tables for the EMCDDA, as there are no differences in data/numbers of death cases due to the close cooperation between HSMTSA and FMEC. Information is collected in line with EMCDDA practice and recommendations so there are no differences in collection or definitions.

For the last two years drug related mortality remains quite low (14 death cases in 2004 and 12 – in 2003). Accordingly to the official data more death cases were registered in 2000 (42 cases) due to the opiate use. Mean age of dead persons in 2004 was 22.9 (30.9 for men and 21 for women). Still all data must be evaluated critically as for some persons intoxication of drugs is not carried out. In order to provide objective information on drug related mortality, improvement of facilities for forensic medical experts is essential. Also expert trainings should be provided.

Figure 7. Evaluation of drug related deaths 1996-2004



Drug Related Infectious Diseases

HIV and AIDS

Main institution, which administrates and supervises prevalence of HIV/AIDS in Latvia, is AIDS Prevention Centre (APC). Centre's aim is to carry out HIV/AIDS prevalence restriction policy in Latvia. There are 22 laboratories, which guarantee epidemiological supervision of HIV in Latvia (13 in Riga and 9 in regions). These laboratories provide primary tests on HIV infection. In case the test is positive it is sent to the State Agency "Infectology Centre of Latvia" for affirmation of the results.

In 2004, 135 819 blood samples on HIV were examined, 71 074 of them were samples from donors (data provided by the State Blood Donors Centre). 150 680 primary HIV tests were used for detection of HIV, 72 611 of those were used to test donors. 726 tests were used for affirmatory diagnostics. 19 307 blood samples were examined for a valuable consideration in private laboratories. Total amount of examined blood samples (in public and private sectors) not taking into account donors was 84 054 in 2004. 639 HIV positive samples per 100 000 examined samples were detected in 2004. Respectively In 2003 there were 734 HIV positive samples per 100 000 examined samples. The number of HIV positive samples per 100 000 examined samples has decreased by 13%.

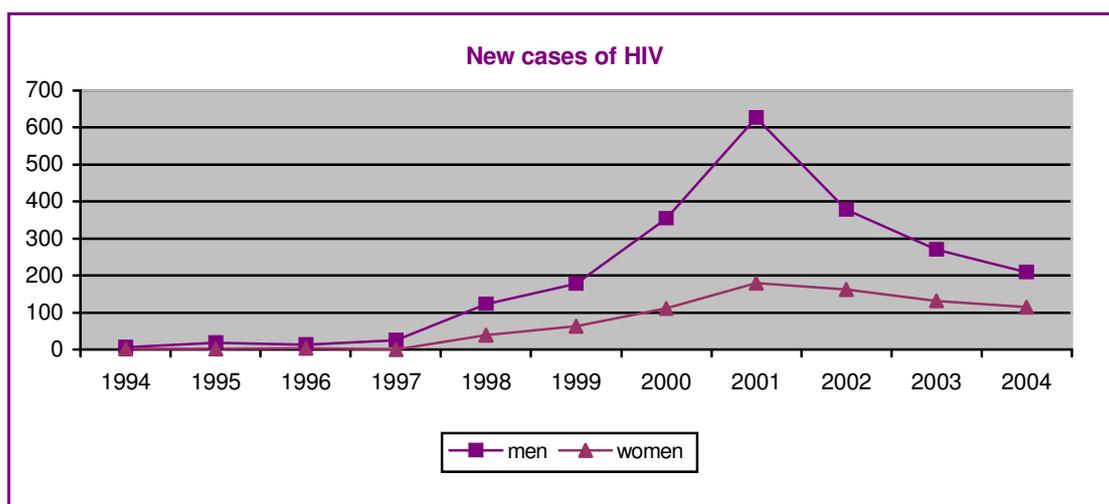
During the period of 1987 till the end of 2004 there were 3 033 HIV infected persons, 320 in AIDS phase and 81 death cases. Still majority of infected persons were/are IDU's, but heterosexual transmission is also common.

Table 7. Total number of HIV infections by mode of transmission in Latvia during the period of 1987 – 2004

Transmission	Men		Women		Total	
	N	%	N	%	N	%
Homosexual	123	5.5	0	0	123	4
Heterosexual	176	8	188	23.2	364	12
Intravenous use of drugs	1 657	74.5	488	60.2	2 145	70.7
Mother - child	3	0.1	7	0.9	10	0.3
Not known	264	11.9	127	15.7	391	13
Total	2 223	100	810	100	3 033	100

As of 2002, the number of newly reported HIV cases has been decreasing. There were 323 new cases in 2004 in Latvia, which is for 20% less than in 2003 and for 60% less than in 2001. Also number of HIV infected IDU's has decreased – 144 in 2004, 233 in 2003, 551 in 2001, due to the changes of mode of transmission. Still majority of all infected persons are men – 73%, though the proportion of women is increasing since 2002.

Figure 8. New cases of HIV by gender 1994-2004



The mean age of HIV infected persons was 29.11 in 2004, for women – 25.59, for men – 31.02. Although newly registered cases decrease, still the number of infected persons in Latvia is one of the highest in Eastern Europe.

Surveillance of HIV among prostitutes

2004 was a third year of project “Harm reduction measures programme among prostitutes” action. The project involves street counselling work, partly paid medical examination of prostitutes in the State Agency “Sexually transmitted and skin diseases centre”, assistance in solving social problems, surveillance of HIV among prostitutes working on streets, and lectures for social workers. Street counselling work included dissemination of syringes, disinfectants, condoms, information materials and provision of information on HIV/AIDS. During the project 7052 syringes, 1793 needles, 20729 condoms were distributed. Since 2001 a special consultation time at the State Agency “Sexually transmitted and skin disease centre” is offered for prostitutes. 66 persons attended the centre in 2004.

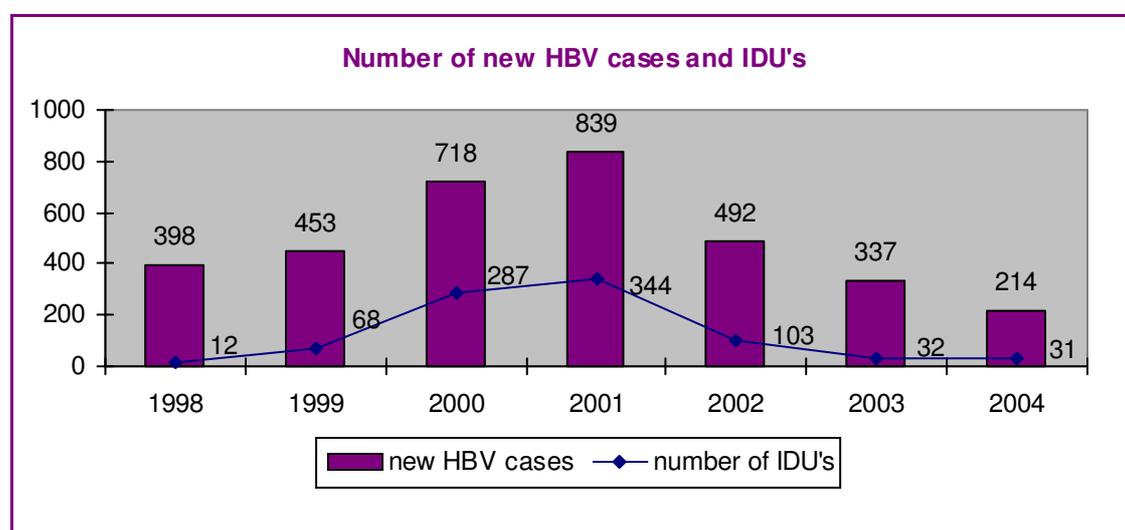
A survey among prostitutes was conducted at the end of 2004. Its aim was to learn HIV prevalence and risk behaviour among prostitutes working on streets. The study was carried out in the streets of Riga, where majority of prostitutes can be found. Questionnaire was used for the study and the number of respondents was 109. There were 16.8% of positive HIV infected prostitutes in 2004, which is, more than in 2003 – 13%. The number of prostitutes who have used other persons’ syringes has decreased by 11% comparing to year 2002. The sexual behaviour of prostitutes has worsened and increases risk to infect their clients with HIV or to get infected.

Hepatitis B and C

Public Health Agency is the national surveillance institution for communicable diseases in Latvia. Data from the PHA are used for filling in the standard tables concerning HBV and HCV. The main problem concerning data about these infections, and other communicable diseases collected by PHA, is that there is no electronic database, which would be helpful in data collection, verification and analysis. Such database will be set up in 2006 to provide more reliable and verifiable.

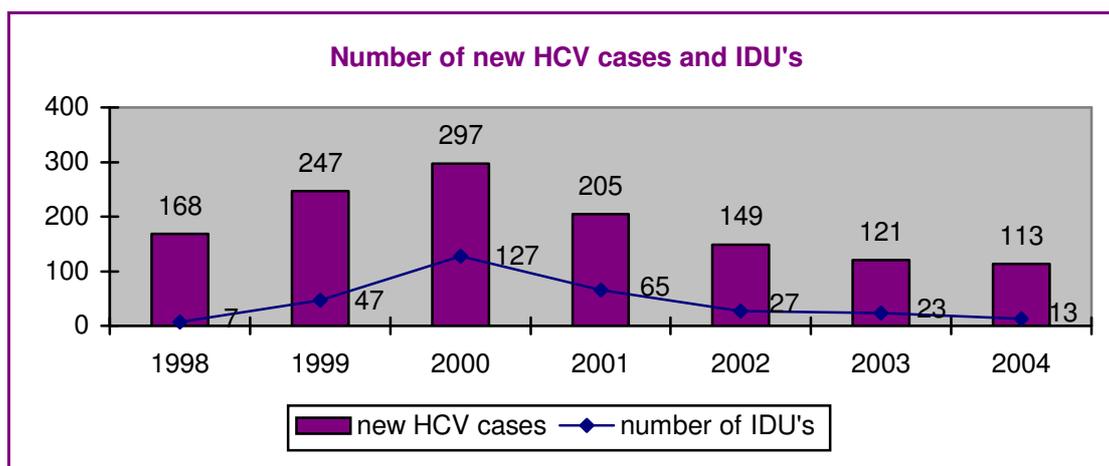
According to the PHA's data 214 cases of acute hepatitis B were reported in 2004, which is less than in 2003 (337 cases).

Figure 9. Number of new HBV cases and IDU's 1998-2004



113 cases of acute hepatitis C and 1134 cases of chronic hepatitis C were reported in 2004. Comparing the data with year 2003 these numbers have increased – 121 cases of acute and 768 cases of chronic hepatitis C in 2003. The problem of prevalence of hepatitis C is very serious in Latvia. One of the main reasons is that state does not cover expenses of treatment (except for Interferon, of which successful treatment is very rare). Another aspect expressed by professionals is that many people do not know about their infection thus promoting the prevalence of HCV. Taking into account the data from PHA and problems associated with infectious diseases, these figures may be an underestimate.

Figure 10. Number of new HCV cases and IDU's 1998-2004



Psychiatric Co-morbidity (dual diagnoses)

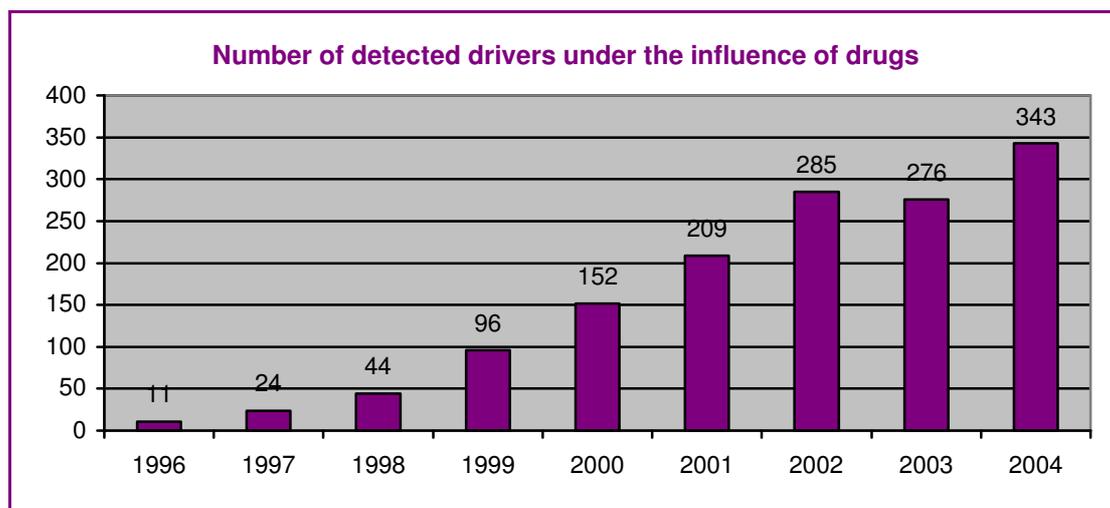
Data on psychiatric co-morbidity are not available in Latvia.

Other drug-related health correlates and consequences

Driving and other accidents

Over the past years many discussions about safety on roads has taken place. Most of attention in this regard is paid to the drunk and aggressive driving. Penalty point system for driving offences was introduced in Latvia in July 1, 2004. Data from the Road Traffic Safety Directorate indicate that by April 1st, 2005, 50 253 people had at least one penalty point for breaking traffic rules. 7 895 drivers in total have been penalised for driving in a state of intoxication; 2 840 people have been penalised for driving without a driving licence which makes 36% of the total number of people detained for drunk driving. Significant increase of fines for driving under the influence of alcohol or drugs has also been introduced along with the penalty point system. 726 persons have been prosecuted for criminal offence classified under Section 262 of the Criminal Law "Operating a Vehicle While Under the Influence of Alcoholic Beverages or Narcotic, Psychotropic and Other Intoxicating Substances".

Figure 11. Number of drivers detained under the influence of drugs and psychotropic substances 1996-2004



Responses to Health Correlates and Consequences

Prevention of Drug Related Deaths

There is no specific prevention programmes to reduce the number of drug related deaths. However, informative messages that drug use can cause death are given to school children, risk groups and public in general, whenever discussions on drug issues take place. Overdose prevention mainly addresses opiate drug users, and they can receive information on safer use of injecting drugs at needle and syringe exchange points and AIDS Prevention Centre's counselling cabinet.

Prevention and Treatment of Drug Related Infectious Diseases

AIDS Prevention Centre's Counselling cabinet was opened in 2003 and provide information on HIV/AIDS, free HIV and tuberculosis tests, also assistance from social workers is available. Cabinet also organizes lectures for small groups of interest.

APC on a regular basis provide different kind of public information campaigns, press conferences, public educational and informative materials, spread information on Internet and give consultations to private persons, organize seminars and conferences, lectures, cooperate with other organizations in projects regarding HIV/AIDS, STD, prevention etc.

HIV prevention counselling programme for IDU's in 2004

Programme operates in Latvia since 1999. APC is responsible for guidance of the programme and for the supply of needed materials (syringes, HIV tests, disinfectants, condoms). Up to now HIV prevention programme operates in 12 municipalities, 2 of them located in Riga, other in Bauska, Jelgava, Jekabpils, Kuldiga, Olaine, Tukums, Talsi, Ogre, Salaspils. Information on 1666 new clients in 2004 in Latvia was reported (2404 – in 2003). During the year 2004, 118 415 sterile syringes were distributed (125 435 – in 2003). Also the number of returned used syringes has decreased by 7% comparing to 2003 (108 060 and 116 750 respectively). This may be explained with the decrease of the number of new clients as a result of changes in patterns of drug use and also because of the current legislation that states that drug users can be sentenced because of possession or use of drugs. Thus drug users are not willing to carry injecting equipment on them.

In syringe exchange points it is possible to do free HIV express tests. In 2004 854 tests were done, of which 40 were positive. In these cases client is sent to State agency "Infectology Centre of Latvia" to do additional tests. Majority of these tests were made in Riga – 411. Men were tested more often than women (538 and 316 respectively), mean age was 25. Also free tests on hepatitis B are available. During the year 2004, 308 persons made HBV tests of which 9% were reactive.

Social Correlates and Consequences

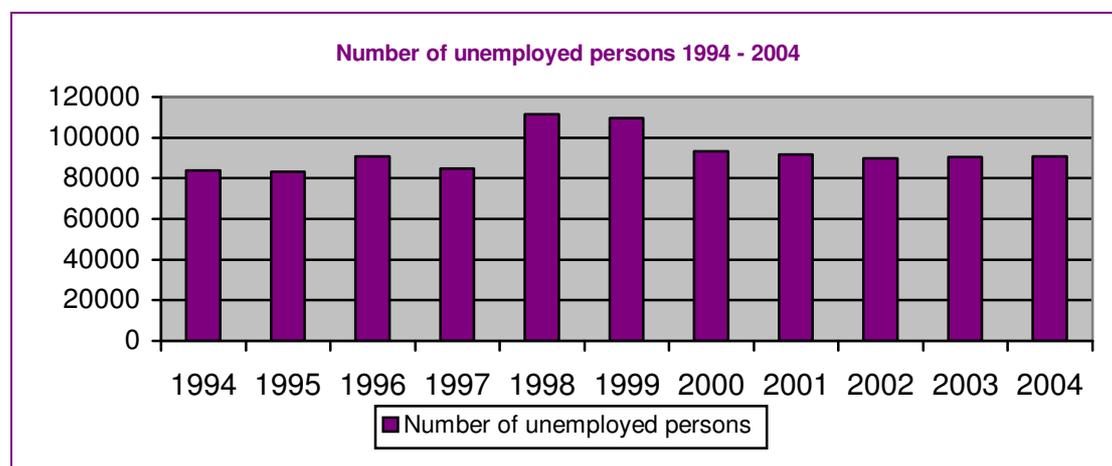
Social Exclusion

It is generally established that use of narcotic and psychotropic substances, especially heavy use, has a negative impact on health, as well as on society in general. Unemployment, insufficient education, problems in family and environment has an impact on person's behaviour and welfare.

In 2004 resident population of Latvia decreased due to natural processes as well as migration. The migration is mainly increased due to Latvia's accession in European Union as it provides legal job opportunities in old member states.

There is one of the highest unemployment rates among 25 EU member states in Latvia. The unemployment rate varies in regions and cities. The most higher unemployment rate is in Latgale, where the GDP per capita is twice lower than average in the country. The lowest unemployment rate is in the capital of Latvia – Riga. Majority of unemployed persons are unqualified workers with low or not sufficient education. About a half of all unemployed persons are at age of 30 – 49. Problem of unemployed persons at pre-retirement age remains in Latvia due to rise of retirement age.

Figure 12. Number of unemployed persons 1994-2004



According to the data from treatment sources majority of patients seeking help are with no particular occupation (70%) and have elementary education (57%). These figures on unemployment rates and education regarding drug users in treatment services are presented in Chapter 5.

Drug related Crime

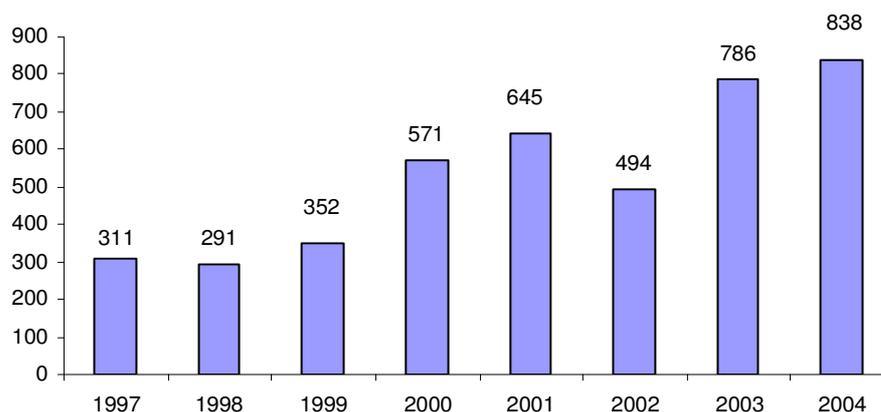
There is an essential link between drug use, crime and drug trafficking. Drug use, trafficking, possession, and production are criminal offences

Table 8. The number of criminal offences committed under the influence of drugs

	2000	2001	2002	2003	2004
Total number of registered criminal offences	50 199	51 082	49 329	51 773	62 173
Detected offences, including:	21 541	23 225	22 328	25 283	30 062
Offences committed under the influence of drugs	698	1 014	690	699	795
Number of offences committed by juveniles, including:	3 919	3 981	3 724	4 219	4 189
Offences committed under the influence of drugs	58	152	77	73	110
Number of persons who have committed criminal offences, including:	17 807	19 838	18 377	21 383	23 320
Offences committed under the influence of drugs	442	788	534	626	631
Number of juveniles who have committed criminal offences, including:	2 891	3 231	2 869	3 395	3 693
Offences committed under the influence of drugs	221	253	36	46	49

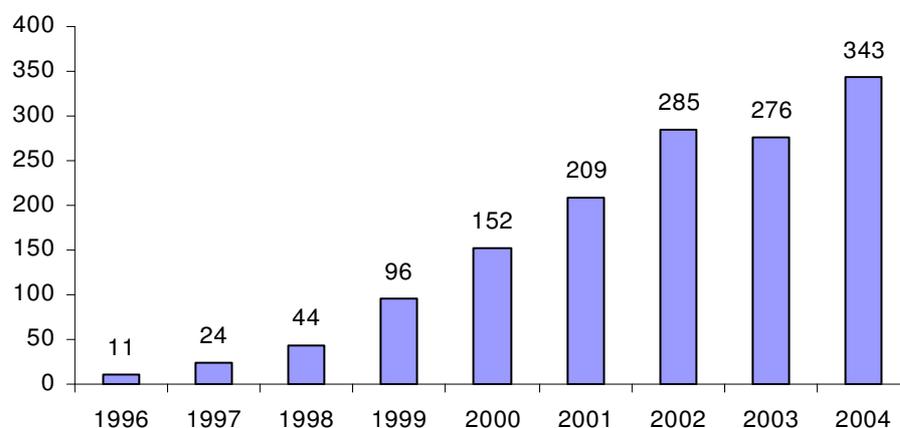
In 2004, 838 individuals were found guilty of criminal offences related to trafficking of drugs and psychotropic substances (in 2003 – 786). In 2004, out of the criminal offences disclosed 818 were committed under the influence of drugs.

Figure 13. THE NUMBER OF INDIVIDUALS FOUND GUILTY OF DRUG RELATED CRIMINAL OFFENCE



Every year road traffic safety has been more frequently threatened by drivers under the influence of drugs. In 2004, 343 drivers under the influence of narcotic or psychotropic substances (in 2003 – 276) were detained.

Figure 14. The number of drivers detained under the influence of drugs and psychotropic substances



Drug use in prison

No specific research on drug use in prisons has been done in Latvia since 2003 National survey on drugs. In 2005 as a part of EU EQUAL project on “New solutions for employment of former prisoners” expert interviews with prison administration were conducted with some questions on drug use in prisons in the light of possibilities for rehabilitation and alternatives to imprisonment for drug users.

Social costs

There is no research conducted regarding the social costs related to illegal drug use, therefore estimations on the impact on society or economic development of drug use are not available in Latvia.

Responses to Social Correlates and Consequences

Social Exclusion

In 2003 Latvia as also other European Union candidate countries together with the European Commission developed pre – accession document “Joint Memorandum on Social Inclusion of Latvia” (JMSIL), which was accepted in the Cabinet of Ministers on 2nd of December 2003 and signed on 18th of December.

Aim of developing JMSIL was to mobilize capacity of state and other involved institutions to fight poverty and social exclusion successfully. According to its aims and priorities, national action plan for reduction of poverty and social exclusion 2004-2006 was developed. Action plan foresees activities in the fields of employment, education, housing, health, social services, transport, juridical help, culture and other. Drug users, as a specific group, are included in the JMSIL. As social exclusion is a very complicated problem, which is also related and interrelated with education level, homelessness, psychological problems, employment, poverty etc. This leads to necessity to reduce also other negative factors not only social exclusion or drug use as separate factors.

Prevention of drug related crime

Drug Markets

Availability and supply

No research has been carried out in 2004 regarding perceived availability or access to drugs in general population, school population or among specific groups/settings. Only data from the Police on availability and trafficking patterns is available and thus useful in analysis.

In the last couple years several organized crime groups actively involved in drug dealing and trafficking have been arrested thus several trafficking routes from Lithuania and Russia have been eliminated. In 2003 and 2004 several members of organized crime groups were arrested in Lithuania. Taking all this into account in 2004 more secrecy in drug dealing can be observed as well as changes in drug dealing mechanisms, people involved and organization of the “business” has changed.

The drug “wholesale” business (partly also “retail” dealing) is owned mainly by stable organized groups that are bond together by kindred and friendship, including long lasting criminal past. In 2004 several persons with a long criminal history (criminal authorities) have stepped into drug business.

Synthetic drugs, especially amphetamines and metamphetamines, remain the most prevalent in trafficking (and also seizures). A growth in the trafficking of ecstasy has been noted. Marijuana and hashish are still the most popular drugs among drug users. A major factor in the drug market of Latvia is lower prices and higher earnings of the drug dealers. The trafficking of heroin on the Latvian market has not changed significantly. There may, however, be an increase in the prevalence of heroin, since there is evidence of increasing numbers of criminal offences related to heroin.

Seizures

In 2004 the amounts of poppy straw, marijuana, ecstasy and LSD withdrawn from illegal circulation increased. Instead, less hashish has been found. In 2004 for the first time in Latvia a large amount of tablets containing pseudo-ephedrine (8687 tablets) were withdrawn from circulation.

Table 9. Quantities of substances in seizures

	2000	2001	2002	2003	2004
Poppy straw kg	145.95	182.9	83.46	57.72	107.23
Heroin g	774.85	464.8	6080.4	600.44	524.92
Marijuana kg	6.78	193.58	6.64	6.02	7.55
Hashish g	494.79	191.48	422.79	50052.26	176.456
Ephedrine g	802.29	570	109.00	847.24	664.246
Amphetamines g	853.25	3550.8	4615.64	9040.14	8441.18
„Ecstasy” tablets	1114	1620	18298	9239	9460
Cocaine g	27.28	1024.25	402.86	777.21	639.99
LSD pcs	14	16	30	20	79
Medicines containing narcotic substances ml/ g	1306 ml	16900 ml	570 ml	1571 ml 7970.72 g	3045 ml 4342.65 g
Medicines containing narcotic substances tablets	24527	9011	538492	466143	15608

Price/purity

There is need to improve the reporting system regarding purity of drugs since data on purity at street level is very scarce. All seizures are sent for laboratory analysis and only aggregated figures are reported and no information on large vs. small seizures or other useful characteristics is available for analysis. The information on purity that ranges from 5% to 85% for heroin, 20% to 99% for cocaine, and from 2 to 96 per cent for amphetamines, is reported in the Standard Table 14.

Same as for purity applies also to the price. There is a need to improve the information the is reported to the NFP, which would need a survey among drug users and police staff.

PART B: Selected Issues

Gender Differences

European Drug policies: extended beyond illicit drugs?

Alcohol and tobacco addiction is considered to be more prevalent problem than drug use in Latvia, especially – in countryside. One of the stressing problems is prevalence of alcohol and tobacco use among young people, and especially school children. ESPAD data showed that regularly smoke 16% of boys and 8% girls (total valid questionnaires – 2841), where regular smoking means that they smoke more than 11 cigarettes per day. Similar situation exists in relation to young people and alcohol use. According to ESPAD 96% of all school children admitted that they have used alcohol at least once in their lives. 26% indicated that they have used alcohol more than 40 times during life. But this is not only the problem of young adults or school children. Due to the data of the State Addiction Agency, figures indicating consumption of absolute alcohol, mortality rate direct caused by chronic abuse of alcohol have become lower, still the difference is not significant enough to say that situation in the country is improving. Also the harm caused by alcohol problems, e.g., accidents, criminal offences, social problems, etc., is essential to mention regarding the abuse of alcohol. Taking into account the statistical data of the problem, strategies on reduction of alcohol and tobacco use are developed. Also the impact on the public health in general is taken into account.

There are several strategies related to alcohol, tobacco and use of drugs and/or risk behaviours. The first strategy is “Public Health Strategy” adopted in 2001, in which objective number 12 is – “Reduction of harm caused by alcohol, narcotic and psychotropic substances and tobacco”. This objective intended to reduce substantially harm caused by alcohol, narcotic and psychotropic drugs and tobacco in a period of nine years (till 2010). However, until 2004 strategy had no means of financing, therefore implementation of the activities mentioned in the Strategy was inconvenient. In 2004, the Action Programme for period of 2004 – 2008 was elaborated, and also funds were allocated for the involved institutions to carry out those activities. Ministry of Health is determined to be the responsible authority, and 12 ministries and 60 institutions are involved to achieve the objectives set out in the Strategy.

The Action Programme of the Strategy intended elaboration and adoption of alcohol use reduction programme. Cabinet of Ministers adopted “Programme for Reduction of Alcohol Consumption and Alcoholism 2005 – 2008” on January 19, 2005. Also this Programme is supervised by Ministry of Health. From February 2006 and further - annually Ministry of Health has to hand in a report to the Cabinet of Ministers, in which efforts and implemented activities are described.

The State programme for the restriction and control of addiction and the spread of narcotic and psychotropic substances 2005-2008, only stresses on the use of illegal substances, therefore alcohol or tobacco use, as well as gambling or other addictions, are not mentioned in this programme. However, it is essential to mention that one of the main institutions working on implementation of these programmes is State Addiction Agency, which provides treatment for patients with all kinds of addictions, e.g., alcohol, tobacco, narcotic and psychotropic substances, gambling, new technologies, also poly drug use (drugs + alcohol, etc.), therefore regarding treatment a common approach to combat addictions is used. Analyzing other fields of action, such as prevention, the responsibilities among institutions differ, therefore the evaluation of effectiveness of activities carried out are hardly to assess and measuring results can be confusing.

The programmes mentioned above are national, but also strategies at local/municipal level have been elaborated. Riga Addiction Prevention Centre pays most attention to youth and behavioral problems (gambling) as well as to prevention of all kinds of addiction. As Riga is the largest city in Latvia, majority of all prevention activities take place there. Also the availability of drugs and alcohol in urban areas has been taken into account. In 2004, Riga Addiction Prevention Centre conducted a survey "Prevalence of addiction of new technologies among youth in Riga", which was the first survey so far in this field. Computer addiction risk group is 14% of all respondents, and data showed that such risk is more common for boys than girls.

Strategy related to reduction of tobacco use was elaborated in 2005, and will be adopted by the Cabinet of Ministers in the beginning of 2006.

Developments in drug use within recreational settings

During recent years Latvia has been experiencing a steady growth in the use of drugs and psychoactive substances. Particularly in Riga and other large cities the increase in drug abuse is becoming increasingly alarming. The group which is most exposed to the threat of drugs is young people who are not aware of the new youth-oriented market being developed at the expense of their health and future, a market which determines both the style and culture of entertainment events. Drugs constitute an integral part of the above market and culture. Society not only is becoming aware of the problem of drug abuse but also is getting accustomed to it, developing a more tolerant and even indifferent attitude both to drug addicts and the use of soft drugs (marihuana, hashish etc.), which is similar to the Soviet era when alcohol was regarded as an inseparable element of any holiday or entertainment, and an alcoholic as a normal member of the community who had to be considered and got on with. The rapid spread of drugs is also facilitated by the specific youth culture: techno music, rave and disco dance, which, according to it many young people, cannot be endured without using stimulating agents: “Just try it yourselves – 140 beats per minute”. A myth is being disseminated regarding the harmlessness of the so-called disco drugs – ecstasy and amphetamines. Moreover, in the opinion of many young people, smoking weed is not only comparatively harmless but even has a healing effect. Splitting drugs into so-called “soft” and “hard” encourages young people to try them since they have the impression that using these drugs is less dangerous, that they do not cause addiction, and that, therefore, the user retains control over the situation – the young person thinks he/she will be able to stop whenever he/she wishes or whenever it is necessary.

Motivation towards drug use in recreational settings in Riga

To raise awareness about the actual situation and to find out the motivation and causes why young people are prepared not only to damage their physical and mental health but also to violate the law, the Riga Addiction Prevention Centre suggested to carry out a study in places of young people’s entertainment in Riga. The study “Motivation towards drug use in recreational settings in Riga” was intended as one phase in an extensive program of work aimed at reducing the demand of drugs and psychoactive substances in the City of Riga by carrying out a systematic study of the situation and the prevention measures undertaken by Riga Addiction Prevention Centre.

The significance and objectives of the study were determined by the need:

-
- to raise awareness of the actual situation regarding drug abuse in Riga;
 - to find out the factors that influence young people to start using drugs, as well as the pattern of drug use among young people;
 - to find out the reasons why young people start using drugs.

The study was carried out and its results were analyzed by a group of sociologists from the Institute of Philosophy and Sociology of the University of Latvia. The project was carried out in the summer of 2000. To achieve the objectives of the study, several complementary methods were used: three focus group discussions (3), a quantitative survey of young people visiting discos and other entertainment settings (n=400), and interviews with experts. Focus group participants were young people of Latvian and Russian nationality aged 16-24. Group discussions allowed us to see the drug abuse problem through the eyes of young people themselves. The survey was carried out in popular Riga cafes, clubs, pubs, and discos frequented by young people.

Respondent characteristics

There is a larger portion of boys among the visitors (61% boys and 38% girls), and the age of the young people is 13 – 25 (average age 19 years). By nationality, 57% are Latvians, 43% belong to other nationalities, predominantly Russian speaking. Approximately one-third of those surveyed are students of secondary schools, 25% are students of higher education establishments, slightly less than one-third (29%) do salaried work, and 4% of young people neither work nor study. Most of the young people (62%) currently live with their parents. Fourteen percent of the young people of the above age group live separately (alone), and 11% live with a girlfriend or boyfriend.

Leisure time and popular entertainment places

Relaxation and entertainment are always related to a person's free time and its use. Free time is defined as the time that young people can use to pursue their interests and develop themselves spiritually and physically. This time is especially significant for young people. They (including the target group of our survey) use their free time in various ways according to their capabilities, opportunities and interests. The results of the survey show that the use of free time is a serious problem. Even during the school year, 11% young people every day have free time, which they do not know how to use. Nearly 30% of young people fail to find pleasant ways of

spending time several times a week (e.g., holidays). The situation is even more critical during summer holidays when 53% young people have nothing to do almost every day or at least twice a week. As the results of the survey show, most of the young people (56%) visit places of entertainment catering to young people at least once a week or even more frequently (11% almost every day, 20% several times a week but not daily; 25% at least once a week; 34% several times a month but not every week; 10% several times a year).

Availability of drugs in places of entertainment

In the conversation on the availability of drugs in recreational settings such as various clubs, the participants admitted that it was a very widespread and popular phenomenon. To quote the words of most of the young people, “Drugs can be bought easily and everywhere”. The most often mentioned ways of obtaining drugs are from dealers in the street (57%), in nightclubs and cafes (54%), and discos (45%). Just as frequently drugs are bought or received from friends (44%), less frequently at school (25%) or in other public places. Many young people consider these “disco” drugs an inseparable element of their entertainment. If participants of the Latvian focus group were more reserved in their judgements, then participants of the Russian focus group rather openly and frankly showed their appreciation of the presence of drugs (mainly amphetamines, Ecstasy, etc.) at discos: “It means you can have a wild and fun-filled time”; “just try and dance to the rhythm (140 beats per minute)”; “in the beginning I felt uneasy, but later nothing mattered; I felt more at ease – it is a good way to relax”.

Young people’s personal experiences of drug use

All respondents in the places of entertainment can be categorized as follows: one fourth (25%) do not use and have not tried any drugs even once; approximately two-fourths have tried drugs (experimenters, random users); 52% have used drugs once or several times in their lives, and nearly one-fourth (23%) use some drugs on a regular basis (12% on regular basis but rarely, i.e., once a week or less frequently; 11% on a regular basis or frequently (more frequently than once a week).

Table 10. Classification of young people according to frequency of using/not using drugs (%)

	Total	Male	Female	Latvians	Russians
Not used a single time	25	18	35	25	25
Used once	13	13	16	15	11
Used several times but not on a regular basis	39	42	43	45	38
Used on a regular basis but rarely (once a week or less frequently)	12	14	10	11	14
Used on a regular basis frequently (more frequently than once a week)	11	16	6	9	16

The first drugs that young people try are the so-called “soft” drugs – marihuana and hashish; 71% of respondents had tried them as their first drug. Also young people themselves consider this a traditional beginning. Then follow amphetamines (7%), Ecstasy (4%), LSD (4%), but 2% of young people had no idea what they have used. The age when most of them have tried drugs is 15-18 years. Mean age is 16.5 years; 14% of this group of respondents has done it before age 15. Most frequently, the first time that drugs were offered to young people was by a friend or friends (71%), or schoolmates (21%). Less frequently it was done by strangers (5%) etc. Most of the participants of focus groups have bad memories about their first time of using drugs. Young people do not always get pleasure from drugs. Others, on the contrary, remember their first attempts with neutral or positive emotions.

Information and attitude toward drug use

To a large extent, the use of drugs is related to knowledge about drugs, and this knowledge can be viewed on two levels: 1) knowledge about the types and names of drugs and 2) knowledge about the content of drugs, their effects and consequences of use. Judging by the variety of the drugs mentioned, most young people are able to identify most of the drugs encountered in Latvia, by name at least, irrespective of the fact whether they have tried/are using drugs or have never done it. Experienced users more often mention various slang names for drugs. But how much young people know about the actual effects and dangers of drugs is debatable. Majority of respondents actively support the division of drugs in “soft” and “hard”, or “serious” drugs. Often the so-called “soft” drugs like weed in the opinion of young people are not related to the drug problem at all, and their effect is characterized altogether positively, as if they were even healthy. Most respondents do not think that weed can do serious harm to one’s health. However, also the opposite view is expressed, acknowledging that their friends are degraded and addicted to weed.

It should be noted that participants of the focus groups actively spoke in favor of legalizing “soft” drugs.

Conclusions

Summarizing the results of both the quantitative survey and focus group discussions, it can be concluded that

- Most of the young people who visit places of entertainment have tried or continue to use “soft” drugs – marihuana and hashish.
- We cannot speak of any conscious motives for drug use, however, we can speak of the situation components that recur in most of the stories told by young people – curiosity, a desire to try, company of peers or friend’s recommendation, encouragement or offer.
- There is the prevalent view that moderate use of weed and other “soft” drugs does seriously harm one’s health. The problem of drug abuse with all of its serious effects is related to heroin.
- Most young people acknowledge that drugs can be bought easily and everywhere – it is easiest to buy weed, but also LSD, amphetamines, Ecstasy and even heroin are also readily available,
- Although many young people are enticed by the effects of drugs, they are aware that this pleasant activity can have very dangerous consequences. The danger is twofold – the negative impact on health and the development of dependence.
- Young people – those who try drugs and irregular users – think that they are not dependent and can stop at any moment. Most of them strictly distinguish themselves, as people who use drugs because its gives them pleasure or is “cool”, from drug addicts, who are considered to be lost people.
- Organization of free time is a factor influencing drug use. Regular users are mostly young people who fail to find a useful activity for their free time.
- Information on drugs is obtained mainly from acquaintances or friends. There are various levels of awareness about the types of drugs, their effects and consequences of their use. Some young people have a rather profound knowledge and little experience of use. The majority has superficial, practical, consumer knowledge.

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Annex A: List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APC	AIDS Prevention Centre
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
GDP	Gross Domestic Product
GMR	General Mortality Register
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HSD	Health Statistics Department
HSMTSA	Health Statistics and Medical Technologies State Agency
IDU	Injecting drug use
JMSIL	Joint Memorandum on Social Inclusion of Latvia
NFP	National Focal Point
PHA	Public Health Agency
PG	Pompidou Group
SAA	State Addiction Agency
SFMEC	State Forensic Medicine Expertise Centre
STD	Sexually transmitted diseases
TDI	Treatment demand indicator
WHO	World Health Organization

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