



Phare

Phare Project on Drug
Information Systems
Bridging Phase

National Report on the drugs situation in Latvia

2000

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Foreword

The present National Report on Drug Policy and drug developments in Latvia during the period of 1998-1999 has been compiled within the frame of the Phare Drug Information Systems and Networking – Bridging Phase project.

The Report has been formulated according to guidelines of the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) and recommendations provided at the Project Baltic Cluster Sub-Regional Meeting in Vilnius, 13-14 December, 1999. The report has been made in cooperation with several national and international bodies.

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I would like to express my profound gratitude to everybody who has contributed to the compilation and formulation of the present Report.

Riga, April, 2000

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PART I . NATIONAL POLICIES: LEGAL AND ORGANIZATIONAL FRAMEWORK

1.1. Philosophy, direction, scope, objectives

Experts of the Drug Control and Drug Abuse Prevention Coordination Commission and its sub-commissions, have formulated the Latvian Drug Control and Drug Abuse Prevention Strategy for the five year period 1999-2003, which was approved by the Cabinet of Ministers. The main aim of the said document was to develop a balanced national policy which would pay equally great attention to the drug demand and supply reduction, as well as to determine a set of relevant measures for drug demand and supply sectors. The document continues and supplements the 1997-1998 Action Plan for sub-commissions of the Drug Control and Drug Abuse Combat Prevention Coordination Commission, which provides for the guidelines for current drug control operations. In the planning process, assistance of the UN Drug Control Program (UNDCP) was used, and the document was prepared in compliance with the UNDCP recommendations for the drug control strategy development.

The Latvian National Drug Control and Drug Abuse Prevention Strategy is included in the National Progress Report, pursuant to the European Commissions' s resolution on the Latvian application to join the European Union (Agenda 2000). The content of the document is included as the priority activity into the National Program for Integration to the European Union.

The Latvian Drug Control and Drug Abuse Prevention Strategy defines the principle priorities, having regard to the available financial resources.

The efforts of the government to counter drug abuse and alcohol-related problems have as their basis a broader and long-term vision of a society where people are healthy and satisfied with life, do not need excessive intoxication for escape or thrills, and where the vast majority consider drug use and excessive use of alcohol to be unattractive and wrong. The drug control efforts are also based on a vision of a society that shows understanding towards those who have alcohol and drug problems, and provides them with effective help.

Within the available financial resources of the government, an appropriate balance must be found between efforts taken in the various drug control sectors: legislation, prevention, treatment and rehabilitation, and law enforcement. The government believes that drug demand reduction efforts are as important as supply reduction and law enforcement measures, and that attention should particularly be paid to developing effective prevention programmes targeting youth and high-risk groups such as street children and prisoners.

Drug control measures should not be carried out in isolation, but be integrated with other programmes wherever possible.

Drug abuse has extensive negative effects on the individual and on society, and that the best way to minimize these negative effects is to prohibit drug use and drug dealing. The government is therefore firmly opposed to the legalization of illicit drugs. At the same time the government believes in a pragmatic approach to drug control, based on the understanding that drug abuse cannot be completely done away with. Ways to minimize the harm caused by drug abuse to the users themselves and to others therefore forms a natural part of the national drug control strategy.

Finally, the government believes that non-governmental organisations and the civil society in general can play an important role in the area of drug demand reduction, and that government effort is needed for mobilizing the involvement of civil society in this process.

Overall objectives are

In Prevention, Treatment and Rehabilitation:

- to establish a better understanding of the extent, causes and consequences of drug abuse and to have in place a system for the continuous monitoring of trends in drug use
- to halt the trend of increasing drug abuse, particularly among teenagers and high risk groups such as prisoners, ex-prisoners and street children. This will require a strengthened treatment and rehabilitation system to reduce relapse rates, new primary prevention programmes
- to reduce the harm caused by existing drug abuse, particularly with regard to the spread of HIV
- to achieve an increased involvement of NGOs, political organisations and civil society in drug demand reduction activities

In Control of Illicit Trafficking:

- to establish a better understanding of the system of drug trafficking into, out of and within Latvia, including types of drugs, trafficking routes, involvement of organized crime, degree of street availability, and likely future trends
- to prevent an increase in the availability of illegal drugs in the market, with a special focus on the growing market for synthetic drugs targeted on teenagers
- to prevent an increase in the trafficking of illegal drugs through Latvia
- to establish stronger control systems against the money-laundering of illegal drug profits
- to establish a flexible use of the criminal justice system in order to divert drug users, where appropriate, from the criminal justice system to the treatment and rehabilitation system

In Control of Licit Drugs:

- to ensure stricter control over the production of licit psychoactive drugs and precursor chemicals
- to reduce the possibility of obtaining psychotropic drugs without prescription
- to establish stricter controls over the import, export and transit of licit narcotic and psychotropic drugs and substances, as well as precursor chemicals
- to establish an increased awareness in the general public and among medical practitioners and pharmacists of the danger cause by the use of narcotic and psychotropic drugs and substances

In Legislation, Policy Formulation and Administration:

- to have an effective functioning of the National Drug Control and Drug Abuse Prevention Coordination Commission, including sub-commissions
- to establish an effective involvement of municipalities in drug control measures

- to secure an increased awareness among policy-makers about the importance of drug control policies and measures
- to ensure coherent and flexible drug legislation in full compliance with UN drug control conventions and EU directives
- to ensure effective use of drug control legislation
- to ensure effective cooperation with international drug control organisations
- to create and develop information systems, compatible with those of EU member-states, for collection, processing and distribution of non-operational, i.e. strategic data concerning drugs and drug abuse in order to have general overviews of the drug problem in the country

1.2. Policy developments on specific issues of particular interest

The mutual co-operation among the three Baltic Republics Estonia, Latvia, Lithuania, was defined on November 1997 at the level of the Council of Ministers of the Baltic States. During the Baltic Assembly in November, 1997, the final document Resolution "Fight against drugs" was adopted.

Latvia is going to accede to the EU. In the light of the pre-accession strategy, the Accession Partnerships, the National Programmes for the Adoption of the Acquis, the screening process and the regular monitoring of implementation by the European Agreement bodies all address the challenge of preparing to take on the acquis.

Latvia has developed a working document, based on the 1999 Assessment Partnership priorities, mainly on the short - term priorities. The policy sectors include also the drug policy and health promotion policy activities.

The following priorities have been identified upon the assessment of the current situation in the area of the prevention of the illicit drug and psychotropic substance circulation in Latvia:

in reducing the supply of drugs and psychotropic substances:

- countering dealers of drugs and psychotropic substances, paying particular attention to the trafficking and transit of drugs and psychotropic substances;
- the reduction of the spread of heroin and synthetic drugs;
- intensifying control over the circulation of precursors.

in reducing the demand for drugs and psychotropic substances:

- primary prevention;
- organisation of training for teachers, pupils, students;
- activities to inform the public and cooperation with the mass media;
- secondary prevention – work with risk groups, users;
- diagnostics, treatment and rehabilitation.

1.3 Developments in the public opinion and perception of drug issues

The general tendency is positive – the number of articles consciously promoting drugs is constantly decreasing. Although journalists and correspondents writing about drug problems not always have a good understanding of these issues, they often use information which has not always been subject to serious consideration, in particular information obtained from various home pages on the Internet, interpreting articles of alternative magazines printed abroad or simply from talks with drug addicts. The utmost attention has been paid to the following issues:

- dangers of drug addiction in comparison with alcohol and tobacco;
- treatment of drug addiction;
- police control over the situation related to drug abuse;
- legalization of cannabis;
- the national strategy in countering drugs;
- the spread of the HIV infection in the context of drug use;
- the policy of courts in respect of sentences for drug related crimes.

The mass media foresee the increase in crime (thefts, larceny etc.) as a real threat for society, because of the large number of drug addicts who have to find financial resources for the purchase of drugs. However, at present the number of articles focusing on crimes committed by drug addicts is still too small. This information has been concentrated in the police in-service statistics, not becoming a challenge for the society to take action against this hazard.

2. Developments in Legislation

2.1. Drug laws

- Regulations of the Cabinet of Ministers No.452 “On Amounts of Drugs, Psychotropic Substances and Medicinal Products in Illicit Circulation” (28.12.99.);
- Regulations of the Cabinet of Ministers No.333 “On the Procedure for the Purchase, Storage, Use and Records of Medicinal Products at Medical Institutions” (28.10.99.);
- Agreement on Cooperation between the Welfare Ministry of the Republic of Latvia and the Latvia Association of Manufacturers of Medicinal Products (02.10.99);
- Agreement on Cooperation between the Central Customs Board of the State Revenue Service of the Republic of Latvia and the Drug Enforcement Bureau at the Central Criminal Police Board of the Interior Ministry of the Republic of Latvia;
- Instructions on supplies subject to control (1998).

2.2. Other legislation

- Criminal Law (17.06.98.)
- Law on Protection of Children’s Rights (19.06.98 – prescribes the procedure for the treatment and rehabilitation of minors);
- Law on Prevention of the Legalisation of Illegally Acquired Assets” (18.12.97)

3. Developments in Organisational Framework

3.1. Key actors, roles and co-ordination structures

In compliance with requirements of the UN Conventions, the Cabinet of Ministers approved the Drug Control and Drug Abuse Prevention Coordination Commission by its Decision No. 26 in 18 January 1993. Until the end of 1995, the Coordination Commission operated at the expert level.

As far as political support was required on the Government's part, a new Regulation on the Coordination Commission was drafted in line with recommendations and advice of experts from the UN Drug Control Program (UNDCP). In 2 July 1996, the above draft was approved by Regulations No. 249 "On Drug Control and Drug Abuse Prevention Coordination Commission " of the Cabinet of Ministers. In 27 May 1997, Regulations No. 249 "Regulation of Drug Control and Drug Abuse Prevention Coordination Commission", approved by the Cabinet of Ministers in 2 July 1996, were amended stipulating that the Coordination Commission was to be chaired by the Minister of Interior of the Republic of Latvia, and activities of the Coordination Commission in the period between its meetings were to be coordinated by the Executive Secretary.

The Coordination Commission has been entrusted with the task to coordinate the control of licit trafficking of drugs, psychotropic substances as well as precursors, the fight against illicit drug trafficking and drug abuse prevention. The Coordination Commission operates at two levels - political and expert. At the political level the Coordination Commission consists of the political leadership (ministers of relevant ministries and state ministers) who formulate national political guidelines and provide maximum political support to their implementation. At the expert level, five sub-commissions have been established:

1. Sub-commission for drug abuse prevention, treatment and rehabilitation;
2. Sub-commission for countering illicit drug trafficking;
3. Sub-commission for supervision over licit drugs, psychotropic substances and precursors;
4. Sub-commission for information collection, processing, analysis, and international relations;
5. Sub-commission for supervision over drug precursors.

Department of Pharmacy at the Ministry of Welfare

The Department of Pharmacy at the Ministry of Welfare is an organizational unit of the Ministry of Welfare, whose principal mission is to formulate and implement a uniform national policy in the area of pharmacy and licit trafficking of narcotic and psychotropic substances.

Tasks of the Department of Pharmacy are: to formulate, coordinate and implement the national policy in the area of pharmacy, to submit proposals on the implementation of priority projects, to draft legal and other regulatory acts regulating pharmacy, to stimulate and support international relations in the exchange of experience and information, to participate in health protection budgeting.

State Agency of Medicines

The purpose and tasks of the State Agency of Medicines are: to evaluate, register, supervise, control medicinal and pharmaceutical products as well as to regulate their distribution, in compliance with laws and regulations of the Cabinet of Ministers.

State Pharmaceutical Inspection

The State Pharmaceutical Inspection is a public civil institution under the supervision of the Ministry of Welfare, which exercises state supervision and control in the area of pharmacy to ensure the manufacture and distribution of quality, safe and effective medicinal and pharmaceutical products, and to eliminate possible risk factors in the area of pharmacy.

One of the tasks of the State Pharmaceutical Inspection is to control legal entities and individuals who are engaged in pharmaceutical activities, among them compliance with the procedure for licit sales of narcotic and psychotropic substances/medicinal products in pharmacies, wholesalers and enterprises manufacturing medicinal products as well as medical institutions.

State Environmental Inspection

The State Environment Inspection is a public civil institution under the supervision of the Ministry of Environmental Protection and Regional Development, which exercises control and supervision in the area of environment protection and the use of natural resources throughout the Latvian territory, the continental shelf, as well as on the Latvian coast of the Baltic Sea and the Riga Gulf, territorial waters and inland waters.

One of the tasks of the State Environmental Inspection is to control compliance with the rules for the use, storage and transportation radioactive and chemical substances (including precursors).

Centre of Drug Abuse Prevention and Treatment – Narcology Centre

The non-profit organization - state enterprise “Centre of Drug Abuse Prevention and Treatment (Narcology Centre)” is under the supervision of the Ministry of Welfare. It is the main co-ordination institution for drug demand reduction. It has established through a merger of former separate agencies operating in the field of prevention and treatment. Its functions include the formulation of national policies, in- and out-patient treatment, and mid-term treatment services, as well as training on prevention and treatment.

Commission for Licensing Precursor Operators at the Ministry of Economics

The Commission for Licensing Precursor Operators at the Ministry of Economics issues special permits (licenses) to precursor operators for operations with precursors of the first and second categories.

Health Care Quality Control Authority

The Health Care Quality Control Authority is a governmental agency established by the Cabinet of Ministers and subordinated to the Ministry of Welfare, which provides control over the quality of medical care and examinations of the ability for work and public order in medical institutions and establishments.

One of the major tasks entrusted to the Health Care Quality Control Authority is to supervise and control the licit sale of narcotic and psychotropic medicinal products at medical institutions.

Drug Enforcement Bureau

Countering the illicit trafficking of drugs and prevention of drug abuse are the tasks entrusted to the Drug Enforcement Bureau (hereinafter DEB) at the Central Criminal Police Board of the Ministry of Interior, which is the principal coordinating agency in the area of investigative and operative activities concerning criminal acts related to narcotic and psychotropic substances and precursors.

The Drug Enforcement Bureau (DEB) is divided into 3 units - general, investigation and task unit, which are further divided into specialized groups.

The General Unit comprises 4 specialized groups: a group on analysis, a group for control over the chemical and pharmaceutical enterprises, a group for control over transit and a regional group.

National Customs Board of the State Revenue Service

The most significant objective and task of the operational strategy for the National Customs Board of the State Revenue Service (SRS), is the protection of public health and social protection through a more effective control over drugs and other

goods prohibited to be brought into the country. Within the customs system, the illicit transportation of narcotic and psychotropic substances over the border, is controlled by the staff of border-control points, regional Smuggling Prevention Divisions (hereinafter SPD), the Smuggling Prevention Division of the National Customs Board and the Drug Prevention Unit established within that Division.

Within the National Customs Board of the State Revenue Service, the Smuggling Prevention Division was established in 1996, which started to study routes for commercial smuggling, its scale and concealment methods, and to look for opportunities to eliminate the above activities.

Border Guard

Principal tasks of the Border Guard are as follows: to prevent, either independently or in cooperation with customs bodies, illegal exports or imports from the Republic of Latvia of poisonous, narcotic and radioactive substances, as well as other prohibited things and smuggling.

Individuals who have tried, avoiding border control points, to bring in or take out poisonous, narcotic, psychotropic, radioactive or other forbidden substances or things are to be detained by the border guard and turned over to the police according to the procedure prescribed by law.

3.2 Budgets and funding arrangements

The Strategy for Drug Control and Drug Abuse Prevention is implemented by joint efforts of agencies from the Ministry of Interior, the Ministry of Welfare, the Ministry of Education and Science as well as the Ministry of Finance.

The Strategy includes several subprogrammes which do not require additional funding from the national budget for their implementation as the agencies of respective ministries have the personnel as well as the financial resources required for the performance of tasks projected in the Strategy.

However there are very relevant subprogrammes of the Strategy for which no funding from the national budget has been projected at present and which require additional resources from the national budget to ensure their successful implementation.

3.3 International activities and co-operation

- Projects of the UN Drug Control Programme (UNDCP):
 - Educational centre of non-government organisations “For Family and School” (1999);
 - Development of materials for the prevention of drug use and training at schools in the Baltic (1999, 2000);
 - Improvement of the operation of drug control agencies (1998, 1999);
 - Rindzele Rehabilitation Centre for drug addicts.

- Multi - Beneficiary Programme for the Fight Against Drugs Project:
 - Technical Assistance to Drug Demand Reduction (1998., 1999).
 - Co-operation EMCDDA/CEECs (1998.)
 - Joint UNDCP – Phare Programme for Strengthening Drug Law Enforcement Capacities in South Eastern Europe
 - Police Personnel Exchange Project (1999., 2000.)
 - Drug Information System Project (1997. – 2000.)
 - Measures Against the Division of Precursors – Phase IV (1997.-1998.)
 - Precursor Project – Follow – up Phase V (1999., 2000.)
 - Money Laundering Project (1997. – 1999.)
 - Baltic Sea Region Money Laundering and Tracing Project (1998. – 1999.)
 - Synthetic Drugs Project (former Project on Licit Drug Control and Illicit Synthetic Drugs) (1999., 2000.)

- Cooperation continues among the police force of the Baltic Sea Region countries within the frame of the “ Task Force” project.

- Under the agreement between governments of Latvia and Sweden a project “Drugs” has been developed which envisages training for the police force, prosecutor’s office and judges of Latvia.

- The Drug Enforcement Bureau takes an active part in the work of the Baltic Antidrug Commission to reach agreement on the formulation of an antidrug conception together with drug enforcement units from Sweden, Lithuania, Estonia and St. Peterburg.
- The Narcology Centre and the UN Drug Control Programme, with the financial support of the latter, have conducted a school survey “ The European School Survey Project on Alcohol and Other Drugs ESPAD 99”.
- The Norway – Latvia cooperation project, started within the project for training teachers – multipliers “Prevention of Drug Use, was continued.

4. Developments in Information Requirements for Drug Policy

In 1997 the mission of the World Health Organisation visited Riga to study the situation concerning the spread of substance abuse, their use and prevention in Latvia. Experts of the WHO met representatives of the Saeima (Parliament), the government and respective ministries as well as other agencies and organisations.

The work group developed a project implementation plan, members of the work group collected statistics and other information material in their respective areas. The report on the situation in the country included information on youth problems, substance abuse, its consequences and prevention as well as an extensive overview about non-governmental organisations dealing with social and dependency – related problems of young people. After several months of work members of the work group analysed the progress of work and determined guidelines for the final document of the project “Review on Prevention of Substance Abuse among Young People in Latvia”.

The above document is to serve as basis for the formulation of the national strategy “Prevention of Substance Abuse among Young People” in future.

In January 28 1998 the Ministry of Welfare of the Republic of Latvia issued Regulation No. 23 entrusting the Narcology Centre with the task of establishing a national register of narcological patients with dependence and substance abusers and to start the registration as of February 15 1998. On the basis of the above, managers of narcological medical institutions and medical institutions which have narcological divisions must ensure the provision of accurate and timely statistical information on narcological patients and substance users to the Register.

We are using for fast detecting of developments in drug use and detect new drugs being used Reporting System of all discharges from narcology care hospitals (each month).

PART II DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

5. National Monitoring and Information Systems

5.1 Epidemiology

Health data Information mainly is based on treatment application data and follow-up in medical institutions, Drug related death figures up to date are Forensic Medicine centre origin.

Population general health data (incl. compulsory notification information, health surveillance) are provided by Agency of Health Statistics, Informatics and Medical Technology, Medical Statistics Bureau through health reporting system. On noticeable diseases we use National Environmental Health centre and State specialized centres data.

Policy and Court data. Drug Enforcement Bureau provides figure on illicit trafficking and seizures during Bureau operational activities. State Statistical Bureau supplies general crime statistics (based on justice systems reporting information).

Surveys` experiences are launched: 1998 The International Crime (victim) Survey (more see in Chapter 12.1).

1999 The European School Survey on alcohol and other drugs ESPAD`99.

1999 The Survey of living Conditions in Latvia in 1999 in cooperation with Norway (Institute for applied social science – Fafo)- NORBALT II project.

Annual analytical reports on alcohol and drug situation in country are published by Centre of Drug Abuse Prevention and Treatment (starting from 1993).

5.2 Demand Reduction

Drug Demand Reduction activities are performed by different governmental and public bodies according to programmes and accepted plans.

Centre of Drug Abuse Prevention and Treatment collects information on implementation and outcomes and directly takes part in their performance. Information on sources and activities see in Chapter 12.

5.3 Drug policy and legislation

Since April 1999 the new Criminal Law of Republic of Latvia has been come into force. Agreeably to the amendments made in the Criminal Law and in compliance with the coming into force of am Law the project on the amendments in Rules of Cabinet of Ministers "Rules on Graduation of Narcotic and Psychotropic Substances and Medicines Being in Illicit Trafficking per Quantity" has been prepared. Project on Rules has been confirmed and adopted as Rules of Cabinet of Ministers Nr.452 "Rules on Graduation of Narcotic and Psychotropic Substances and Medicines Being in Illicit Trafficking per Quantity" on December 28, 1999 (legislated under the article 3 of Transition Rules of the "Law on Time and Arrangement how the Criminal Law have to come into force").

5.4 Documentation centres

Special Documentation Centre on drug problems isn't established. State Library, Academician Library, State Medical Library collects literature on drug issues (epidemiology, scientific, chemistry, legislation and so on) for public use.

Centre of Drug Abuse Prevention and Treatment actively uses available information for activities in drug demand reduction.

The thematic Resource Centre on Drug Demand Reduction was set up and capable for providing information on the Out-patient treatment services network in Latvia. The project "Resource Centre on DDR Latvia" was a part of the PHARE project "Technical assistance to Drug Demand Reduction", which aims strengthening drug demand reduction strategies in the 13 partner countries.

The Resource Centre mention above can be seeing as the basis for Documentation centre development in future.

6. Developments at the National Focal Point

6.1 Organization, legal basis, operation, staffing, financing

Centre of drug Abuse Prevention and Treatment (Narcology centre) fulfil tasks of the National Focal Point.

Legal basis of National Focal Point activities is the acceptance from the National Drug Central and Drug Abuse Prevention Coordination Commission.

Head of the National Focal Point is chairperson of Subcommittee of the National Coordination Commission for data collection, processing, analysis and foreign relations.

Technical Base – mainly due to Phare Programme technical assistance.

Focal Point activities are:

- internal information coordination and national information sources recognition and expansion;
- collaboration in drug issues field with – EU Phare, WHO, UN affiliated bodies, cluster programmes;
- drug policy information support,
- information methodology and compatibility problems,
- new methods of information collection, processing and evaluation implementation,
- training in drug related issues.

NFP consists of 3 staff members:

- Manager – LCP,
- Software specialist,
- Technician.

Financing from the state budget as the staff of the medical register of the persons with drug dependence and substance abuse.

6.2 Network of partners of the Focal Point

The National Focal Point collaborates with

- Health, Statistics and Medical Technology Agency

General health data, mortality data, and health service data;

- Central Statistical Bureau of Latvia

Vital statistics and general offences statistics.

- Drug Enforcement Bureau-Ministry of Interior

Information on Delinquency related to drugs and illicit trafficking and seizures.

- Forensic Medical Centre

Drug related deaths.

- Customs Department
- Criminology Research Centre
- AIDS Prevention Centre
- Ministry of Education and Science
- NGOs

6.3 Role of NFP in national monitoring and information systems

National Focal Point directly collects and manages treatment demand data (outpatients, inpatients). The medical register of the person rehabilitation programs data and narcology services activities data, as well as data from other sources.

NFP works in close cooperation with the Drug Enforcement Bureau, which is responsible for data collection from the network of the drug supply reduction institutions.

6.4 Other roles and activities of NFP within the Member State

For information on this item, please consult chapter 3.1 part “Centre of Drug Abuse Prevention and Treatment – Narcology Centre”.

7. Developments in Reporting to other International Organizations

In 1995 the first European School Survey Project on Alcohol and other Drugs (ESPAD) was carried out in cooperation with the CAN and the Pompidu Group at the Council of Europe. The results were published late 1997.

During spring 1999 a second ESPAD – study was conducted in Latvia by the Centre of Drug Abuse Prevention and Treatment in cooperation with United Nations International Drug Control Programme (UNDCP), CAN and the Pompidu Group.

The first results about Latvian situation will be presented to public in June 2000.

Participation in Baltic anti-drug Commission to agree to draft the Common anti-drug conception of the drug enforcement agencies of Sweden, Lithuania, Estonia, St.Peterburg and Latvia.

PART III EPIDEMIOLOGICAL SITUATION

8. New Information on Historical Development of Drug Use

There are no any new historical analyses or scientific findings after former National Report.

9. Trends and New Developments in Drug Use

9.1 Drug consumption in the general population

A significant survey on the use of drugs was the ESPAD 1999.

When comparing the data for 1999 with the data acquired in 1995, it can be concluded that the substance abuse has increased among 15 – 16 year olds in Latvia. The only group which has been used less since 1995, is inhalants/

SUBSTANCE ABUSE ACCORDING TO THE ESPAD DATA
comparison of data for 1995 and 1999

	Any alc. last 12 months	Drunk last 12 months	Ever smoked	Smoked last 30 days	Cannabis	Any drunk but cannabis	Inhalants	Tranq./ sedatives	Alcohol+ pills
1995	87	43	70	30	5	3	17	4	3
1999	88	54	77	40	17	11	5	3	7

Another significant nationwide survey during the reporting period is the International Crime (Victim) Survey 1998. See Chapter 12.1.

9.2 Problematic drug use prevalence

By the end of 1999 the number of addicts as well as the number of persons who have used the above substances, their damaging their health, registered and in care had increased.

NUMBER OF PATIENTS AND USERS ON THE RECORD OF THE NARCOLOGICAL SERVICE

in absolute figures

	1994	1995	1996	1997	1998	1999
Patients – drug and psychotropic substance addicts	781	804	904	992	1080	1512
Users of drugs and psychotropic substances with health damaging consequences	303	485	613	746	890	1037
Total	1084	1289	1517	1738	1970	2549

The number of drug abuse patients with a first – time diagnosis (morbidity) is growing particularly rapidly.

In comparison with 1998 the number of persons registered with out – patient narcological institutions with a first – time drug addiction diagnoses has increased 1.6 times.

The dynamics of the growth by substance group reveals an almost triple increase in the group of opiates in comparison with 1998. The absolute majority among opiate users and patients use heroin.

In 1999 police offers took 1189 persons to the ANREN (Department for Expertise on Alcohol and Drug Use) for drug use, for comparison – 1097 persons in 1998 and 839 - 1997. Of them:

sex:

women	174
men	1105

age

under 18	50
18-20	278
21-30	540
31-40	173
41 and older	48

drugs:

opiates	282
cannabis	164
ephedrine, ephedrone	51
amphetamine	16
cocaine	6
LSD	3
psychotropic substances	94
multiple drugs	196
drugs + psychotropic substances	377

drugs detected by the ANREN

opiates	
cannabis	365
amphetamine	99
ephedrine, ephedrone	120
cocaine	30
LSD	8

The data above show that the majority of drug users (968 persons) are young men under 30 years of age. They make up 81.45 of the total number of drug users.

As concerns age groups in the context of drugs used by the youth, 58% of teenagers under 18 have used opiates (mostly heroin) and 38.75% - marihuana and hashish. Only a few teenagers under 18 have used amphetamines. LSD, ephedrine / ephedrone and cocaine. 13% of them have used toxic substances (mostly the glue "Moment") and psychotropic substances.

In the age group of 18 – 20 (mostly the youth of the conscription age) 72.2% of young men have used heroin, 32.7% - marihuana and hashish, 10.8% - amphetamine. The majority of them have used ephedrine/ephedrone, amphetamine, LSD and toxic substances.

In the age group of 20 – 30 71.1% of young men have used opiates, 31% - marihuana and hashish, 9.45% - amphetamines and 8.7% - ephedrone/ephedrine. The majority of them (27 persons) have used drugs in combination with psychotropic substances, moreover stimulants have been mixed with depressants.

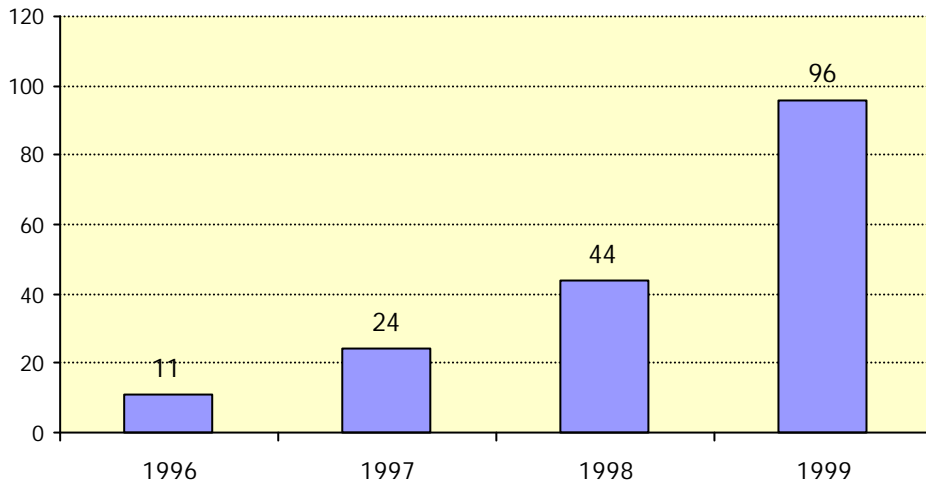
In the age group of 30 – 40 45.7% of persons have used opiates (40% of them hav used also methadone), 29.5 – ephedrine/ephedrone, 23.7% - marihuana and hashish.

In the age group of 40 and older 37% of persons have used opiates, 29% - ephedrine/ephedrone. There were no LSD or amphetamine users among them.

Drivers driving in the condition of drug intoxication

A rapid increase has been observed in the number of drivers driving in the condition of drug intoxication.

NUMBER OF DRIVERS DETAINED FOR DRIVING IN A CONDITION OF DRUG INTOXICATION



DRUGS USED BY DETAINED DRIVERS

	1996	1997	1998	1999
Hashish	3	9	7	18
Multiple drugs	2	4	24	22
Multiple drugs and psychotropic substances	4	6	6	22
Opiates	0	2	2	17
Ephedrine	1	0	1	2
Psychotropic substances	1	3	2	13
Cocaine	0	0	1	1
LSD	0	0	0	1
Amphetamine	0	0	1	0

9.3 Patterns and modes of drug use, characteristics of users (for drug consumption and prevalence described in 9.1 and 9.2)

Upon the evaluation of the data provided by the ESPAD – 99 survey the decline in the use of inhalants could be explained by the following;

1. a larger offer of other drugs, in particular heroin, a well – organised market and the decrease in the price;
2. the improvement of the material situation.

Results of the analyses show that inhalants are used mostly by the youth who come from poor families and who cannot afford buying more expensive drugs.

It can be concluded also from the data showing that the number of inhalant users is higher in rural areas than in cities/towns. Illicit drugs are more often used by those young people who come from affluent families. Children of low – income families have smoked more and at least once in their life have sniffed inhalants.

Results of the survey also indicate that considerable differences in the frequency of using intoxicating substances among pupils of different nationalities refer only to the use of marijuana – Russian pupils have used it at least once more frequently than Latvian pupils. Latvians have smoked somewhat more cigarettes.

The largest proportion of pupils who have used intoxicating substances is to be found among students of “evening schools” (pupils of these schools work during the daytime and continue their secondary education attending school in the evening). The second place is held by vocational schools and technical schools followed by secondary schools and elementary schools with the most favourable environment (the smallest number of users).

Data of the survey show a certain link between ways how pupils spend their leisure time and the number of times they have used any of the illicit drugs. Groups who had most often spent the evening in bars, cafes etc, who had been frequenting gambling machine halls and more often played computer games, had the highest proportion of illicit drug users. Besides as concerns spending the night out and using gambling machines the proportion of respondents who had used drugs repeatedly grew.

A certain link was observed also when comparing respondents' relations with their parents and peers. There are more young people who have tried drugs or use them among those respondents whose relations with their parents are not good. As

concerns relations with peers this regularity reverses: there are more drug users among those whose relations with their peers are good.

On the basis of the above data a hypotheses was formulated that drug use among the youth plays a certain role in the process of social adaptation. Data of the research show that most often drugs are tried for the first time in a group of friends. It is possible that by participating in the use of drugs young persons consolidate their ties with their peers, improve their social status. From the data of the survey it can be concluded that the conclusion applies more to girls than to boys.

Drug use is stimulated also by such conditions as single – parent families and in general weakened communication with parents, living away from the family, studies at the evening school or vocational school which often involves living away from the family.

The present analysis of the ESPAD survey data has focused separately on groups of young persons who had used heroin and cocaine. The purpose was to establish what drugs had been used prior to the use of heroin or cocaine, as well as to attempt to test the hypotheses that drug users started with softer drugs and gradually went over to stronger drugs. The given hypotheses were in part confirmed – the majority of heroin and cocaine users had earlier used marihuana. A comparatively large number had used also amphetamines and LSD.

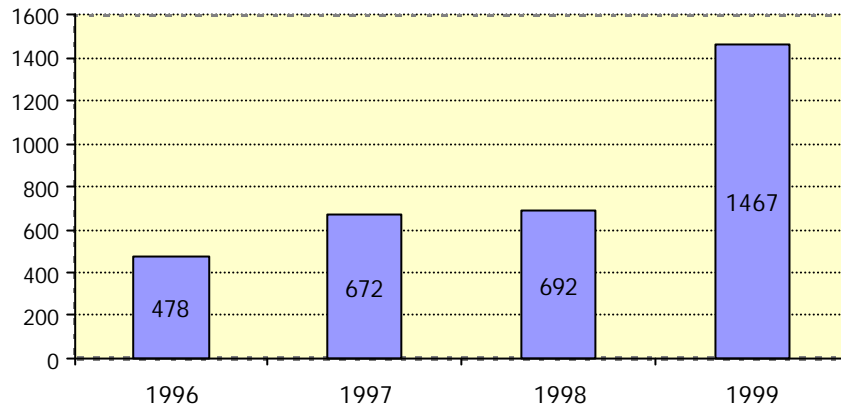
9.4 New user groups, new drugs, new drug use patterns

Significant changes over the recent years is the offer and use of heroin which has spread considerably and an increase in the proportion of adult intravenous users.

Thus according to the date of the Register in 1999 90.6% of registered drug addiction patients used this method of induction for the first time in their life, in 1998 – only 65.1%.

9.5 Health consequences and risk behaviour

HOSPITAL DISCHARGES



- number of patients treated

An absolute majority is heroin addicted patients who turn for help to the Narcological Center. In 1999 the number of drug addicts who had undergone treatment at in – patient institutions grew more than twice in comparison with 1998. About 22.9% of patients are under 19. More than 22% of patients who had undergone treatment are women, 805 are unemployed or without a specific occupation, while only about 7% attend school or study at a higher educational establishment. There is a queue to be admitted for treatment at an in – patient institution.

Data on providing out – patient help are given in chapters 9.2 and tables.

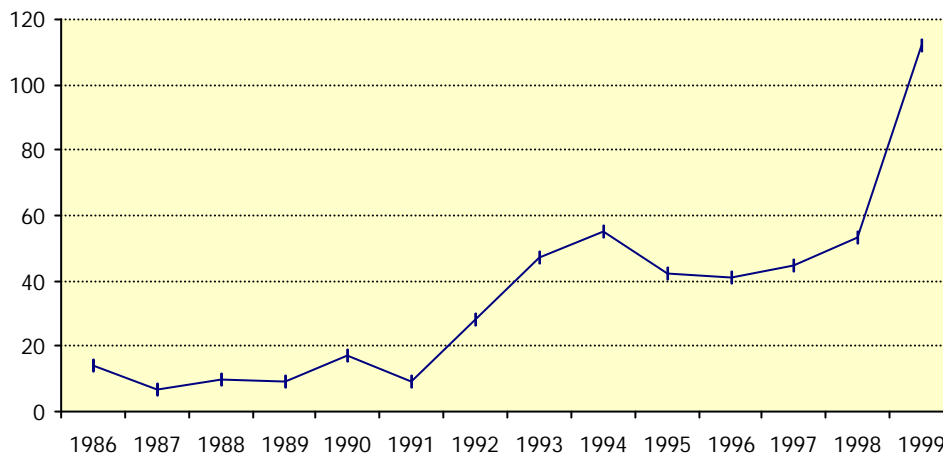
DRUG AND PSYCHOTROPIC SUBSTANCE ABUSE RELATED MORTALITY

in absolute figures

1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
14	7	10	9	17	9	28	47	55	42	41	45	53	115

DRUG AND PSYCHOTROPIC SUBSTANCE ABUSE RELATED MORTALITY*

in absolute figures



number of deaths

* Data of the Forensic Medicine Centre

According to the data of the AIDS Prevention Centre, at the end of 1999 there were 311 intravenous drug users among the HIV infected persons (against 125 in 1998).

77% of newly detected HIV cases registered in 1999 were related to intravenous drug use.

9.6 Legal consequences

According to the police statistics, the situation in drug – related criminality is as follows:

NUMBER OF DRUG – RELATED CRIMES REGISTERED IN LATVIA

in absolute figures

1992	1993	1994	1995	1996	1997	1998	1999
205	231	279	271	362	433	395	521

**DISTRIBUTION OF PERSONS CALLED
TO CRIMINAL LIABILITY BY NATIONALITY**

in absolute figures

	1997	1998	1999
Total	311	291	325
of whom:			
Russians	197	161	177
Latvians	65	61	90
Gypsies	27	37	39
Lithuanians	12	11	3
Byelorussians	8	3	4
Ukrainians	7	5	1
Estonians	4	3	-

**DISTRIBUTION OF PERSONS CALLED
TO CRIMINAL LIABILITY BY TYPE OF DRUGS**

in absolute figures

Group of substances	1998	1999
Heroin	24	141
Poppy straw	93	53
Cannabis	59	42
Ephedrine, ephedrone	44	25
Mixed drugs	40	31
Amphetamines	18	11
LSD	1	2
Cocaine	1	5
Psychotropic substances	11	14
Promedol	-	1

9.7 Drug markets (supply and availability, market indicators)

Key data on seized drugs and prices on the drug "black market" are given in the tables below.

DRUG RETAIL/WHOLESALE PRICES ON THE "BLACK MARKET"

	1997	1998	1999
250 ml poppy straw	3 LVL / 1.50 LVL	3-5 LVL / 2 LVL	3-5 LVL / 2 LVL
1 dose heroine (0.05 - 0.1 g)	50 LVL / 35 LVL	10 LVL / 4 LVL	5-8 LVL / 3-4 LVL
1 g hashish	10 LVL / 4.50 LVL	8-10LVL / 3-4.50LVL	8-10 LVL / 3-4 LVL
1 g cocaine	60 - 70 LVL / 50 LVL	50 LVL / 35 LVL	50 LVL / 35 LVL
1 g ephedrine	5 LVL / 2-3 LVL	8-10 LVL / 4-5 LVL	8 LVL / 4-5 LVL
1 piece of ecstasy	8 LVL / 3-4 LVL	6-8 LVL / 3-4 LVL	6-8 LVL / 3-4 LVL
1 piece of LSD	10 LVL / 7 LVL	8-10 LVL / 5 LVL	6-9 LVL / 5 LVL
1 cigarette with marihuana	1 LVL / 0.80 LVL	1 LVL / 0.70 LVL	1 LVL / 0.70 LVL
1 g amphetamine	15-20 LVL / 8-10 LVL	12-20 LVL / 6-10 LVL	10-18 LVL / 6-10 LVL

* 1 \$ = ~ 0.6 LVL

9.8. Social problems linked to drugs

According to the data of the Register.

Of drug users registered in 1999:

- ⇒ 65.4% are unemployed or without a specific occupation;
- ⇒ 24.8% of users registered in 1999 are pupils.

9.9 Geographical / regional differences in trends in indicators

Drug use is more widespread in cities, in particular Rīga, Ventspils, Jelgava, Jūrmala, still a tendency to an increase can be observed also in the rural districts.

As to the morbidity of drug addiction new cases above the average indicator in 1999 have been registered in the following cities/towns and districts:

Ventspils city + district	86.0 per 100 000 inhabitants;
Jelgava city + district	36.0 per 100 000 inhabitants
Rīga	30.4 per 100 000 inhabitants;
Jūrmala	22.1 per 100 000 inhabitants;
Kuldīga district	20.1 per 100 000 inhabitants

9.10 Risk and protective factors (individual and population level)

As special surveys aren't conducted on this item, only general views can be expressed, which are presented in appropriate parts of this report.

9.11 Social process and cultural context (possible impact on trends)

There is little information on research on drug use in the context of social and cultural aspects.

One of the social aspects stimulating the spread of drugs is the high unemployment which has had a tendency to grow during the last two years.

There is marked inequality in the incomes of the population, a considerable part of the population live in poverty.

The high unemployment rate among the young (the largest number of the unemployed is found in the age group of 15 – 24) shows that it is not easy to move from education to the labour market.

A negative influence is caused also by such widespread undesirable phenomena as divorces (64.4 % of marriages registered in 1998) and children born in unregistered marriages (37.1% in 1998), as well as the large number of children and teenagers who do not attend school. Education at primary schools was not completed and education has not been continued by more than 75 of the young people of the respective age. Various drugs, in particular synthetic drugs are offered at recreation spots for young people.

9.12 Attitudes and public opinion

Special research on attitudes and public opinions are not conducted, but the general level of awareness on drug usage harm is insufficient.

Uncritical attempts to promote some western experience on soft drugs usage emerge in mass media and among certain social groups (artists youth) as well as liberal view towards experimentation with drugs.

For this item also see chapter 16.5/

10. Trends per Drug

10.1 Cannabis

According to the ESPAD survey in 1999 the number of 16 – year olds who have tried marihuana at least once in their life, was three times higher than in 1995 (1995 – 5%, 1999 – 17%).

In 1999 marihuana was the first drugs tried out for 58% of those who had used drugs at least once in their life.

According to the police statistics, in 1999 there has been a slight decrease in the number of criminal cases on the sale and storage of marihuana and hashish:

1998 – 56 criminal cases, 1999 – 44 criminal cases. In 1999 to date the largest amount of marihuana ever discovered in Latvia has been confiscated – more than 220 kg.

10.2 Synthetic drugs (amphetamine, ecstasy, LSD)

According to police and medical statistics, the use of amphetamines and ecstasy tends to grow. The largest portion of amphetamines is distributed in Riga – at recreation spots for the youth – concerts, discos, nightclubs etc.

The number of criminal cases on the use of LSD has declined in 1999 (4 cases) in comparison with 1998 (8 criminal cases).

The age of synthetic drug users is mostly 18 – 25.

According to the results of the ESPAD survey, the first drug ever used was ecstasy in 13% of cases, amphetamines in 3% of cases and LSD in 2% of cases.

10.3 Heroin / opiates

In 1998 and in particular in 1999 there has been evidence of a very marked increase in the offer and use of heroin. In 1999 the price of heroin on the “black market” decreased ten times. In 1998 criminal prosecution for the storage or sale of heroin were started in 32 criminal cases while in 1999 – in 125 cases. Heroin distribution takes place mostly in apartments or even in the street, using mobile telephone communications with an “anonymous number”.

10.4 Cocaine

Few criminal cases have been opened on the illegal storage and sale of cocaine – 7 criminal cases in 1998 and 10 criminal cases in 1999. It leads to conclude that the wider spread of cocaine, in particular among the youth, is restrained by its comparatively high price.

10.5 Medicines

Non – medical use of various psychotropic preparations is quite widespread and according to the data of narcological institutions, in 1999 the number of users and abusers in the group of sedatives and sleeping pills has grown. There has been an increase also in the number of drivers who, when stopped, have been found to be in under the influence of psychotropic substances. The most often used substances from the preparation group are benzodiazepines, barbiturates and antihistamines.

There has been an increase also in the number of pills of psychotropic preparations confiscated by the police.

10.6 Multiple use (including alcohol)

The practice of using several substances is widespread and tends to grow. According to the date of the ESPAD survey, there has been an increase in the number of 16 – year olds who have at least once tried alcohol together with pills – from 3% in 1995 to 7% in 1999.

According to the date of narcological institutions, 5 – 7% of drug users have used several substances.

In 1999 1189 persons were found to be under the influence of drugs or psychotropic substances, 196 of them were under the influence of several drugs while 377 were found to be under the influence of drugs and psychotropic substances.

10.7 Solvents

The use of solvents has decreased considerably according to all sources of information.

According to the date of narcological institutions, the proportion of solvent users was about 4 – 5% of the total number.

Causes for the decrease in the number of solvent users are described also in Chapter 9.3.

10.8 Doping

No research has been conducted in the country on the spread of doping preparations. The Anti – Doping Commission of Latvia has been established.

Members of the Commission have provided information for cooperation on the establishment of the WADA – World Anti – Doping Association and the Anti – Doping Code of the Olympic Movement.

The list of groups of substances and methods, prohibited at present has been published. It has become effective as of 15 March 1999.

Experts of the Commission have confirmed their readiness to provide consultations and assistance on issues of anti – doping education.

11. Conclusions

11.1. Main trends and new developments in drug use and consequences

- ⇒ Drug use is increasingly spreading among minors and young persons. The average age of drug users continues to become younger.
- ⇒ The rapid spread of heroin poses a severe threat for the public. Heroin use dominates in all age groups, including teenagers where the use of inhalants prevailed earlier.
- ⇒ Mortality related to the use of drugs and psychotropic substances has grown very rapidly – almost two times.
- ⇒ There is evidence of a rapid increase (almost double) in the proportion of intravenous drug users among the HIV/AIDS infected individuals.
- ⇒ There is evidence of a rapid growth of the number of drivers who have been stopped when driving a vehicle under the influence of drugs.
- ⇒ Drugs (in particular synthetic drugs) are distributed among the youth at recreation spots for the youth.

11.2. Possible reasons or hypotheses for major trends observed

- ⇒ Changes in drug use and related consequences have been to a considerable extent determined by the very strong, intensive and well – organised market-offering heroin.
- ⇒ The state lacks financial resources for undertaking adequate counter measures and the political will for the mobilisation of the public.
- ⇒ Part of mass media and some groups of the public, in particular those connected with recreation for the youth, undertake activities to support the legalisation of the so – called “soft” drugs and their propoganda.
- ⇒ Alcohol and tobacco advertising has remained and the offer targeted at the youth and actually reaching it, is practically unlimited.
- ⇒ The unfavourable social – economic situation and the weakness of social programmes.

- ⇒ Over the recent years indicators characterising consequences of the offer and use of alcohol reveal that the situation has become worse.

11.3. Methodological limitations and evaluation of data quality

The main sources of information are data of specialised medical institutions and drug prevention bodies.

The existence of respective bodies, the technical equipment and activity to a great extent impose certain restriction on data collection and quality. For example, the customs is slow to become involved in countering drug trafficking.

It must be noted that in comparison with the ESPAD – 95 when some methodological failings were detected, the quality of the ESPAD – 99 survey has improved.

11.4. Relationship between indicators (consistencies and inconsistencies)

The assessment of indicators from the most relevant sources available at present – medical institutions, the police, the school survey - indicates that no particular discrepancies have been detected. In actual fact, data from the above sources supplement each other.

11.5 Relevance of data to policy issues or interventions

Despite of mentioned restrictions available data arise awareness on drug related issues in country, specify political aims and directions, give backgrounds for practical activities in drug control items, prevention, treatment and rehabilitation.

11.6 New information needs, gaps, and priorities for future work

- ⇒ The prepared Drug Control and Drug Abuse Prevention strategy need to be updated in order to plan assessment of epidemiological situation according to new requirements of EU.
- ⇒ More quantitative as well as qualitative studies should be carried out.

PART IV. DEMAND REDUCTION INTERVENTIONS

12. New Developments and Information Needs

12.1. New developments during the reporting year

Latvia follows the European Union approach: a global, multidisciplinary and integrated strategy to fight illicit drugs, prescribed by the European Union Action Plan to Combat Drugs, which, in its turn, is the result of the Amsterdam Treaty.

The Treaty provides a new legal framework and new steps in countering drugs by introducing prevention measures in the field of public health (Article 15.2), by the setting up of reinforced co-operation in the fight against illicit drug trafficking (Title VI) in the law enforcement area and in the field of international co-operation.

The first five-year programme of the Community action on the prevention of drug dependence (1996 – 2000), adopted in December, 1996, by the European Parliament is also an important basis for the development of national policy and international co-operation.

Latvia cooperates at the European level within the framework of the Phare Multi-beneficiary Programme for the Fight against Drugs, the UNDP / WHO programme - Prevention of Substance Abuse Among Young People in Central and Eastern Europe.

Latvia participates in the European Health Promotion School Programme as well as the Healthy City Programme, which, as regards their contents, are relevant to drug issues. The National Programme for the Fight against Drugs and Drug Addiction defines national as well as local activities in drug demand reduction. The Latvia Drug Control and Drug Abuse Prevention Master Plan for 1999-2003, that is being formulated, expands the National Programme in guiding national drug control efforts. There are some sufficient local level programmes.

Annex 4 to the National Programme for Integration into the European Union is dedicated to countering drugs: control over the licit drug circulation, prevention and elimination of illicit circulation and drug addiction in line with the National Strategy.

The following key indicators should be achieved in the area of drug demand reduction:

- the decrease in the number of drug addictive patients;
- the decrease in the mortality rate due to a drug overdose;
- the enhancement of the awareness among the youth about the harm of drug abuse;
- the decrease in the number of drug abuse related crimes.

In general public health is regulated in the context of the European Union legislation which was ensured by the ratification of the Maastricht Agreement (1986). It includes also the fight against dependency on drugs and other substances.

At present and also in future the focus of the public health policy will be on three areas of activities:

1. improvement of the provision of information about the development of public health;
2. speedy reaction to health hazards;
3. Health promotion and prevention of diseases.

The Health Care Development Strategy pointed out tasks on drug issues in Latvia and specified the main activities in drug reduction - prevention, information, education, motivation of treatment. Prevention activities are based on the WHO health promotion concept and an active involvement of risk-groups (adolescents, youth, socially and economically deprived individuals) within the frame of intersectional cooperation (the health system, municipalities, the police, the educational system).

Information and education is conveyed through target groups – teachers, parents, students; as primary health care structures are being developed in Latvia there is a need for focused activities for primary health care providers. A matter of special concern is information and education for the public and mass media in the widest sense of the word (the public acceptance of the drug policy, health behaviour issues).

In the field of treatment special attention should be paid to the elaboration of a long-term psychotherapeutic programme for drug addicts, the establishment of social and psychological counselling centres, the development of substitution programmes, the elaboration and implementation of quality standards.

In many cases the development of health promotion is delayed by financial considerations. For example, at present the health promotion strategy complies with requirements of the European Union, however, problems are caused by the lack of a health promotion infrastructure as currently a institution of this kind – Health Promotion Centre - operates only at the national level and there are few level structures at local governments.

The Strategy for the development of out-patient treatment services was formulated within the framework of the PHARE project “Technical Assistance to the Drug Demand Reduction”.

The principal aim of the Strategy is to contribute to the increasing of out-patient services (OPTS) role in the treatment sector of DDR, with an ultimate view on the change in attitudes of professionals and policy makers as regards this area of activities.

The Strategy is also based on the recognition both by the government and the community in general, that there is an urgent need to intensify the response to the drug problem in the cheapest way.

Since 1991 the amount of work in outpatient clinics has decreased. There are many reasons:

- lack of the medical personnel (no funds);
- the socio-economic situation hampers the opportunity to obtain treatment (the medical insurance system is not adequate);
- there is a need for new approaches in the OPT sector.

Anyway, all demands for treatment have been met so far due to the involvement of private doctors (trained at the Centre of Drug Abuse Prevention and Treatment and licensed at Latvian Medical Association).

- The legal framework for the development of Strategy contains:
- the Latvia Drug Control and Drug Abuse Prevention Master Plan for the period 1999-2003 (1998);
- the Strategy for Health Care Development in Latvia (1996);
- the Law on Medical Treatment (1997);
- the Law on Doctors' Practice (1997);
- the Criminal Law (1999);
- the Law on Protection of Children's Rights (1998).

The **first** task was to collect information on existing resources, programmes and needs assessment. It was done within the frame of the Resource Centre sub-project.

The **second** task was to elaborate a strategy for the further development of the OPT in Latvia. The basic maxim used in formulating strategies was the principle of programmes.

Results of the inventory and needs assessment were used as the basic data for the formulation of guidelines for the OPTS development.

As a **result** a national strategy, consisting of 5 mutually interlinked programmes for the development of the OPT services, was designed.

The general part of the Strategy includes:

- the description of the background situation;
- development and basic choices;
- general goals;
- the role and place of the formulated programmes in the OPTS network in Riga (the co-ordination mechanism).

The general objectives of the Programmes may be summarised as follows:

- preventing the people from becoming drug dependent;
- delaying the age of addiction;
- enabling clients to get appropriate treatment;
- lowering the crime rate.

The description of the programmes:

1. The Centre of the psychological aid and counselling for teenagers and young people. Location – Riga.
2. The unit at the Social Help Centre, the Ziemeļu district. Profile – early detection, counselling, social help.
3. Psychological intervention for preparing the clients for motivated abstinence. Location – the OPT unit, the Centre for Drug Abuse Prevention and Treatment.
4. “Living Room” for participants of the methadone programme.
5. The unit at the Social Help Centre, the Vidzemes district. Profile – counselling, rehabilitation, motivation.

Surveys

The International Crime (Victim) Survey was conducted in Latvia in 1998 for a second time (the first one was in 1996). In addition to the general questions, the group of questions were added on cases of drug offers.

The size of the sample was 1411 individuals. According to the rules of the given survey, the main part of respondents were citizens of the capital of Latvia – Riga (1000 persons), 200 respondents represented the nearest rural areas and the last 211 – two different districts of Latvia. The response rate was high. Representatives: mainly the city was represented, because one third of all the population of Latvia live in the capital Riga. Rural areas were not covered to a sufficient degree. Reliability was very high, in the survey the interview method was used, all collected data were anonymous and published only in a summarized form. Validity was ensured by experienced interviewers.

Results

The first question was about offering drugs: Has anybody offered you any kind of (narcotic) drugs?

Positive answers were given by 7.2% of all respondents' (102) persons, of whom 69.6% represented Riga city, 21.6% - the Riga district (the nearest rural areas) and 8.8% - the other two districts in Latvia.

Males more often were chosen as subjects to offer the narcotic drugs.

A very interesting picture emerged in Riga districts: in some districts (the Latgale suburb) (narcotic) drugs were offered more often than in other districts; results corresponded to the police statistics.

The number of persons who have been offered drugs free of charge was very high – 52.2% of those, who had been offered drugs at all.

In comparison to the previous survey, the number of persons, who took the drug – 26.5% (against 6.3% in previous survey) has increased.

- The most frequently offered drugs are:
- marihuana (hashish) – 41.2% of all respondents who had been offered drugs;
- pills (amphetamines, efedron) – 18.6% of all respondents who had been offered drugs;
- opiates – 5.9% of all respondents who had been offered drugs.

Mostly respondents were not interested in drugs, most often they rejected the offer.

There is no data if, when the offer to take drugs was rejected, force was used for influence. Anyway, in 3 cases the refusal was followed by threats.

Data about incomes of respondents (to whom drugs were offered) are very interesting. In 1996, drugs were mainly offered to young people with incomes below the median level, in 1998 – to young people with incomes higher than the median income.

It could be evidence for the support of the thesis: drug use will increase alongside with improvement in the level of welfare and living standards.

The size of the group representing respondents with basic education has become larger. The fact if persons have employment or are unemployed does not matter.

The number of offers has increased among students (at all levels) – from 23.8% in 1996 to 47.1% in 1998.

12.2 Specific events or programmes during the reporting year

Due to the fact, that Latvia participated in the PHARE project “Technical Assistance to the Drug Demand Reduction”, many activities were organized, related to the project sub-theme “Out-patient Treatment Services“ (OPTS).

- ⇒ The thematic seminar on “Team Building methods and Methodology in Outpatient Treatment Services” was organized in Riga, in November 26-27, 1998.
- ⇒ Lecturers from the United Kingdom and Denmark shared their experience on this topic.
- ⇒ Two national training seminars in Riga, on the Out-patient Treatment approach were organized in October 1998 and in March 1999 in Riga;
- ⇒ A local training seminar on motivation techniques was organized in Daugavpils (May, 1999);
- ⇒ A visit of local professionals to Poland (Gdansk, Sopota) for exposure to international developments in OPT facilities (May, 1999); the result of the visit was an increased awareness of the practical organization of the OPT and of treatment methods used in Poland; the visit stimulated co-operation among experts working in the field of the OPT in both countries.

Publications

Original information and training materials issued in Latvia:

- ⇒ Institutional Framework for Drug Control and Drug Abuse Prevention in Latvia
- ⇒ My child as well. Red. Brok ns, Riga, Phare projekts TA WRS, 1999, pp.42. (in Latvian)
- ⇒ I. Kovo ņoka, R.Rungule, S.Sebre, I. Trapenciere A Sociological Portrait of the Youth of Latvia, Riga, LU FSI, 1999, pp.251(in Latvian).

12.3 Main issues and future information's needs

New threats and new challenges such as the growing use of drugs among young people and the worrying phenomenon of the increasing number of juveniles, sometimes preadolescents involved with criminal groups in the sale and use of illicit drugs, have emerged.

At the same time not only parents of “problem children”, but also those of good students, often say that they lack the pedagogical and psychological skills needed in bringing up children today.

According to the data of the survey conducted by the Baltic Data House, 5.7% of women and 17.6% of men at the age of 20 to 24 have tried drugs.

The role of local governments in controlling and monitoring of laws relating to children and substance abuse is far too inadequate. The network of social workers, able to deal with these problems on a local government scale, lacks capacity. Family units have been created within the regional social services, however the personnel must receive education in the field of addiction.

There is a gap in the link between *school – Custody Court - police - medical personnel - local government officials - social services*. If these links were to be established and were functioning, then it could help a much more extensive spectrum of under - aged risk groups.

Although funding for the treatment of children addicted to intoxicating substances is provided by the national budget, mechanisms ensuring obligatory treatment have yet to be established. There is shortage of facilities and specialists.

The Convention for the Protection of Children's Rights states that specially trained specialists should work with children, in particular high risk groups, however the number of these specialists is not yet sufficient.

The law states that young addicted people may be admitted to a rehabilitation programme instead of imprisonment, however in reality this is not implemented.

With the destruction of the Soviet educational system, the social and pedagogical correction system was lost. The concept of such a system has not yet been formulated and respective legislation is yet to be improved: the operation of public and local government institutions as well as social support services and movements lacks proper coordination.

A system that would control the school attendance of children at a national level has not yet been organised.

The judicial system does not have a clear idea of problems related to addictive substance abuse. There is a lack of judges and other juridical specialists competent to take speedy decisions related to the problems of addictive substance

Various establishments and institutions as well as the public on the whole lack objective information and understanding on aspects of addictive substance abuse, including the effects of use and preventive methods.

Prevention programmes targeted at pre-school children and their parents have not been developed.

Prevention programmes targeted at children of alcoholics, drug addicts and street children - to support them to avoid the negative consequences and influences - have not been developed.

Prevention programmes for parents enabling them to influence their children before they start to use addictive substances as well as in the early stages have not been developed.

The medical personnel, in particular family doctors and pharmacists, lack appropriate and sufficient information on these issues.

A network of social workers prepared to work on preventative measures for children and teenagers has not been developed.

Taking into account all forms of mass media, at present TV is most lacking in informative programmes on addictive drug abuse: there is a lack of programmes specifically for children; there are no programmes on prevention. The creation of such programmes is the direct responsibility of the Government to interests of its future citizens.

13. New Developments and Information Needs

13.1 Changes in national structure

At the Centre of Drug Abuse Prevention and Treatment a new sub-structure was established for prevention work.

The Centre of Drug Abuse Prevention and Treatment Centre and the Bergen Clinics Foundation (Norway) have developed a cooperation programme for drug use/abuse prevention and health promotion through the Collaboration Program between Central and Eastern Europe. The objective of this collaboration is to reduce the demand for alcohol and other drugs among students. It includes teacher training for prevention activities at schools and cooperation with families

An office for collaboration between the Bergen Clinics Foundation (Norway) and the Latvia State Center of Drug Abuse Prevention and Treatment was opened in October 30, 1998.

The objectives of the office include:

- Work in substance use/abuse prevention and education;
- Cooperation with the Council Group, the Ministry of Education, the Ministry of Welfare as well as other ministries and organizations in the area of prevention and health promotion;
- Teacher training in the area of prevention and health promotion to enable teachers to conduct prevention activities at schools;
- To prepare, evaluate and develop substance use/abuse prevention materials for students, teachers and policy makers;
- To arrange courses for teachers, medical doctors and other professionals participating in prevention work at schools.

The base for the development of a Resource Center on Drug Demand Reduction was prepared. The newly established Resource Centre is linked operationally with the National Focal Point and allows to start the process of elaborating a computerized database on DDR experts, institutions and programmes in the country.

Unfortunately the Resource Centre has no government financial support for the sustainable work.

The main document regulating DDR activities is the Strategy for Drug Control and Drug Abuse Prevention in Latvia (1999-2003).

The new Criminal Law, effective as of April 1999, established the legislative framework necessary for the implementation of drug control.

However, specific elements of the legislative system must be adjusted. Issues of compulsory treatment and the criminalisation of drug addiction should be reviewed, rendering the implementation of drug related legislation more flexible and examining possibilities of providing rehabilitation to drug addicts.

The Law on Protection of Children's Rights was adopted in July, 1998. The law has a section on problems of addiction among minors, and includes an article on special educational institutions for children, among them institutions, where children can receive treatment for drug addiction and alcoholism.

A child can be admitted to such an institution following the decision of a Custody Court, which can be verified by court in cases when parents or the child him/herself do not wish to be placed in such an institution.

Special treatment and reintegration, financed by the national budget, is provided to children suffering from drug abuse.

A number of new NGOs have emerged:

- the DD prevention in the town of Jekabpils (responsible manager I.Kudina);
- “Ecology of the Mind “ - telephone hot line and counselling. Members of the organization are former drug users;
- The Counselling Centre for Family and School. Profile: health promotion (responsible manager S.Lazdina) in the Latgales district of the Riga city;
- The Information and Psychological Assistance Centre for minors and adolescents (responsible manager I.Landsmane) in Riga.

13.2 Involvement in European activities during the year

The Phare project “Technical Assistance to the Drug Demand Reduction” consolidated elements of the strategies developed in the area of outpatient treatment and established good co-operation among PHARE countries, the European Union countries and international organizations.

In Latvia in the recent years the area of demand reduction has developed further. The existing measures have been enhanced by new activities - European co-operation, the European Drug Prevention week, and prevention projects. In general, as regards co-operation on demand reduction at the European level has become more important, it was demonstrated during the European Drug Prevention week by the attendance of invited representatives from the CEEC.

During the last week of October, 1998, Latvia joined the European Drug Prevention week. Activities were organized jointly with the support of the Phare project TA to DDR, UNDCP and the Pompidou Group. The main action “Apelsins” (Orange) – the first letters of the action slogan - invited the young people to support and sign the Charter against the drugs (Youth Charter for a Twenty First-Century Free from Drugs). A group of volunteers moved around the city in a car and disseminated information. Other activities of the same period include:

- the United Nation Declaration on Drug Demand Reduction,

- A considerable number of persons have acquired additional skills and expertise on DDR issues with the help of the following means:
 - Technical Assistance to the NDDRC (First Regional Seminar),
 - Thematic workshops,
 - Methodological seminars,
 - Summer schools on drug prevention,
 - PHAROS newsletter.

Latvia participated together with other PHARE partner countries in the project “Technical Assistance to Drug Demand Reduction” of the multi-country program for the fight against drugs (1998-1999).

Latvia chose the theme of the development of the outpatient treatment (OPT) services, the adequate application of the OPT approach. An overall objective of this sub-project was to make OPT services more adequately suited to the needs of drug users. To reach the above objective the main task at the national level was to increase the role of the OPT approach in treatment services of drug users by introducing national professionals to comprehensive and promising methods, approaches and training materials. Three project implementation areas were selected:

- The development of the OPT services strategy;
- Training of professionals;
- Design of training materials.

Professionals and policy makers were introduced to the new approaches in drug treatment by providing them with information and training materials:

- Booklet: Tim Rhode “Outreach work with drug users: principles and practice” (200 copies), the target group - social workers;
- Booklet on OPT for work with parents (1200 copies), the target group – social workers;
- Professional Training videotape series (seven parts, total length – 7 hours 43 minutes) “Motivation Interviewing” (Jellinek Consultancy) in two forms: videotapes in Latvian and in printed text (adapted) in Latvian The target group – social workers, nurses, school and family doctors, GIP;

- “Basic principles of the rehabilitation work in Latvia”, author: Dr. E.Brokans, the target group – social workers, school and family doctors, GP;
- Different articles on the OPT approach.

Seminars, study tours and meetings

- Three local training seminars were organized and skills of 93 participants in OPT policy and strategy were improved;
- Four sub-regional thematic seminars: 6 professionals improved their skills in DDR;
- Two sub-regional study visits (Estonia, Latvia): 3 professionals in OPTS participated;
- Sub-regional study tour (Netherlands): 3 participants;
- Three Regional Methodological Seminars: 2 participants;
- Two Regional Meetings: 4 participants improved their skills in policy making and strategy development.

Already since May 1, 1998, the Narcological Centre has been cooperating with the Bergen Clinics Foundation in Norway within the frame of the project “Prevention of Substance Abuse and Health Promotion.”

Funding arrangements: the Ministry of Foreign Affairs of Norway provides material support to the project. A cooperation council was established for the implementation of the project.

Project objective – to decrease the demand for alcohol and other drugs among pupils.

Target groups:

- pupils;
- teachers;
- parents.

The project has two stages. The first stage: 01.05.98. – 01.05.99.

Results of the first stage:

1. Cooperation between the Ministry of Welfare and the Ministry of Education and Science.
2. The project was supported by School Boards of Riga, Liepaja, Preili.
3. A prevention office has been established at the Narcological Centre.
4. A curriculum of Nordic countries on prevention of substance abuse for children and teachers has been adapted.
5. 12 teachers – multipliers have undergone training and been certified.

At present the second stage of the project is under way: 01.05.99.-01.05.2000.

Projected results:

1. A curriculum reader of Nordic countries has been published in the form of "Mia's Diary".
2. 60 teachers – multipliers, classmistresses/classmasters at 26 schools of Latvia have undergone training and have been certified.
3. pupils of the 7-11 grades from 26 schools have participated in the training programme "Prevention of Substance Abuse and Health Promotion."

14. Demand Reduction Approaches in their Socio-cultural Context

There is an old tradition of consuming large amounts of legal substances such as alcohol and tobacco in Latvia, in fact, even taking into account trends in illegal drug misuse, alcohol can be considered to constitute the bulk of the drug menace to the health and the life of Latvian citizens.

Present structures for monitoring the drug abuse situation in Latvia, mainly statistics, show that drug abuse has been on the increase both in Latvia and in neighboring countries. According the data of the Drug Enforcement Bureau, the level of drug users is estimated to amount to approximately 0.8% of the population. Out of these only about 0.2-0.3% of the population could be regarded as regular drug users.

As it can be seen from statistics, the number of drug addicts among teenagers is rising rapidly. Police and medical institutions have noticed that the incidence of cases related to new stimulants is increasing, this being linked to the entertainment industry in discos and clubs.

Drugs are becoming part of a pop-culture and previously unavailable synthetic drugs of such as ecstasy, amphetamine, LSD as well as cocaine and high quality heroin, are entering the drug market.

Significant changes in the attitude to narcotic drugs are impacted by a number of factors, such as open borders, market liberalization, the new social and cultural background (a turn to the predominance of materialistic values and wish to get fast enjoyment).

The fact that parents neglect their child or do not determine any guidelines for him/her and ignore consequences have a particularly destructive impact on the feeling of comfort among teenagers and the youth. It is confirmed by Laura Lebedeva's study (1997) on teenagers and young people in Latvia who sniff the glue. Their parents have themselves recognized that they do little to restrict the undesirable behaviour of their child. Glue sniffers themselves have emphasized that they, in particular, miss attention from their fathers and mothers as well as fathers themselves often have alcohol problems. It is important to note that mothers of glue sniffers are concerned about their teenager children and young people however it is no solution for the child's behaviour problems. In families of children who use drugs and toxic substances parents often try to influence the child by screaming and rebukes but, according to the young persons themselves, it does not help much.

Parents should try to better understand the changing conditions of youth culture, in particular in relation to unfavorable factors such as drug abuse. Parents "are concerned" and think about the welfare of their children however they are unable to understand what is going on in reality. It is supported by several publications in the newspaper "Diena" in 1999.

Although the young people themselves say that using drugs seems "trendy" and "all the vogue" for some and is caused by curiosity or the desire to be accepted by the group of youngsters, at the same time they recognize that the support and understanding of the family helps them abstain from hazardous influences. It cannot be denied that the environment of the young persons as well as the broader socio-cultural environment is a significant influence. Undoubtedly, the more accessible drugs are the more young people will tend to try them.

In countries of social and economic changes the value system also changes more rapidly. Social values become less relevant in the system of value conceptions (in Phare Project on Drug Information Systems - Latvian Report 2000

particular, in the opinion of young people) while values oriented to hedonism and individualism (comfortable, interesting life, self-actualization) become more significant. Research shows that economic changes have a more considerable impact on value conceptions than age, nationality and gender.

At times there is evidence of the harmful effect of TV on the behaviour of teenagers, which leads them to the perpetration of crimes or the cultivation of unhealthy life styles. What has been done in this area?

In June 18, 1998, a conference "Violence on the TV Screen" was organized where leading experts of Latvia gave presentations evaluating the impact of TV on the development of the personality of teenagers. The effect of a habit develops and the negative stereotype becomes an acceptable norm.

Data of public opinion surveys show that views of people on values are very contradictory. Irrespective of the periodic change of values, over the time our community has developed a notion what behaviour is expected and what tasks are assigned to representatives of both genders, i.e., about the social parts played by men and women. 45% of young people agree that the man's task is to earn money while women must take care of the home and family. The relevance of cultural values has declined considerably in the perceptions of young people of the 90ties, sports, public activities have become less important.

15. Major Strategies and Activities in Demand Reduction

Please see chapter 12 for information on this topic.

16. Specific Intervention Areas

16.1 First Childhood intervention

Maternal and child health promotion is one of strategical direction in health policy. Politically and economically it is encouraged pregnant women attendance to outpatient maternity care in first 12 weeks of pregnancy for consultation, regular follow-up and timely treatment if necessary; at this stage efforts are being made on healthy life style promotion, give birth to a healthy child.

In Latvia no special programmes for drug prevention in this area.

Educational prevention programmes for the staff of nursery schools is under preperation.

16.2 Prevention in the family

Some non- governmental organisations have started providing first support to parents. The most important achievements are the formulation and publication of training and informative material for parents, e.g., "My Child As Well", edited by E.Brok ns.

16.3 School programmes

School is the main environment for prevention activities. Target groups include pupils, teachers and parents. The Narcologyl Centre has established cooperation with the Strategic Department and the Centre of Curriculae and Examinations at the Ministry of Education and Science. The theme of dependency prevention is integrated in the national basic education standard – in the chapter "I and Society". The offered programmes are addressed to all teachers – class mistresses/class masters as one lesson per week is the "so-called "educational lesson" and each class mistress/ class master can conduct prevention activities during these lessons.

A training programme “Prevention of dependency” has been formulated within the frame of the national programme for the prevention and early detection of alcohol abuse:

1. a seminar “Dependency – a bio- psychosocial and family problem” 36 h (4 days);
2. a methodological aid – a book “Prevention of Dependency”;
3. an animated cartoon “In the Trap” (the result of the co-operation of the Narcological Centre and the animated cartoon studio “Dauka”).

Objectives of the training programme and target groups

To inform and educate specialists (teachers, social workers etc) who work with children, teenagers, young people, parents about;

- the dependency problem;
- the formation of mutual relationships;
- the interaction of the environment (the family, school, the community, mass media.

The final goal of the programme is to cultivate a critical attitude to alcohol and other substance abuse thus decreasing also the demand for such substances. The training programme ensures the establishment of a network for social co-operation and the upgrading of the qualifications of specialists.

After the training programmes specialists – multipliers receive certificates and have the right to provide training for teachers, parents as well as to conduct prevention activities in their respective regions in co-operation with the school board.

Prevention activities undertaken by the Narcology Centre at schools;

- a seminar for employees of school boards;
- activities for teachers;
- seminars for teachers;
- activities for pupils;
- lectures for parents.

Teaching material

In co-operation with the Health Promotion Centre and the company "Johnson & Johnson" the Narcology Centre has prepared a "Teachers' Guide" for teachers of health studies at the primary school level – on physical, emotional and social changes during puberty. The guide includes methodological material on issues related to substance abuse.

16.4 Youth programmes outside schools

Results of surveys conducted by the Institute of Philosophy and Sociology in 1997 – 1998 show that the public and in particular political activity of the school youth in Latvia is still very low. Only 1.8% of young people of the age 15 – 18 are active in organisations for pupils and the youth.

However, the majority of young people (75%) are of the opinion that youth organisations are necessary in Latvia.

The Educational Centre for the Family and School was established in 1997. The aim of the organisation is to promote the education of the youth and adults in areas of health promotion, constructive communication and dependency prevention.

The Educational Centre for the Family and School has developed and implements various training programmes for the youth, teachers and parents. A youth club "Durvis" ("Door") operates under the auspices of the organisation where young people organise activities for peer groups, examining and actively discussing topics on resolving conflicts in communication and dependency prevention.

Several important projects have been started and implemented in 1999:

- "Peers". During the first half of 1999 youth leaders from Preili, Kuldīga and Rīga district schools underwent training for the organisation of dependency prevention activities;
- "Euro Net". In 1999, in co-operation with organisations from 11 Central European countries, we participated in the formulation of guidelines for work with parents and the youth at out-of-school institutions in dependency prevention;
- a project for the exchange of experience between the youth of Latvia and Austria in work with peers in the area of dependency prevention, April – September, 1999;

- an action "For the Twenty First Century Free from Drugs" in June 26 – 29 activities for peers organised by young people dedicated to the International Day against Drugs were organised in 14 cities and towns of Latvia;
- the project of social advertising "The world has so many interesting things" . At the end of 1999 and the beginning of 2000 an advertising campaign and activities for young people were organised, introducing them to various options for spending one's leisure time and an informed, constructive choice;
- "Dependency Prevention – Support to Youth Initiatives in Rural Areas". At the close of 1999 work was started with youth leaders in Jekabpils, Madona, Ogre and Valka districts, promoting youth initiatives and a more active involvement in addressing socially relevant problems, among them also dependency prevention.

16.5 Mass media campaigns

The general tendency is positive – the number of articles wittingly promoting drugs is constantly decreasing. Although journalists and correspondents writing about drug problems not ever have quite good understanding about these issues, they often use unevaluated information particularly obtained from various home pages in Internet, by interpretation of articles of *alternative* magazines printed abroad or simply by talks with drug addicts.

The most attention has been paid to the following issues:

- dangerous of drug addiction in comparison with alcohol and tobacco
- treatment of drug addiction
- police control over the situation related to the drug abuse
- legalisation of cannabis
- national strategy in fight against drugs
- dissemination of HIV infection in context of using of drugs
- politics of courts related to the sentences for drug crimes

The mass media foresee the increasing of crime (thefts, steals etc.) as real threats for society, because of great number of drug addicts having to obtain finances for purchase of drugs. Still this moment the quantity of articles focused of crimes committed by drug addicts has been to little. Particularly this information has been

concentrated into internal statistics of police, not becoming a challenge for the society to act against this harm.

In collaboration with mass media the most attention have to be paid to drug prevention developing negative attitude against drugs to young men. How to achieve it, is problem requiring common activity of journalists, narcologists, social officers, teachers and police officers.

16.6 Telephone help lines

At present several telephone hotlines have been put into operation however they are focused on resolving psychological problems in the event of crisis.

One of the hotlines opened by the non – governmental organisation “Ecology of the Mind” provides assistance to drug users and their relatives. Providers of assistance are ex-users who have completed a successful course of treatment and rehabilitation.

The Narcology Centre also has an anonymous hotline, used mainly as an information tool at the first stage.

A hotline, in particular for people with drug problems is planned to be opened with the financial assistance of the Riga City Council.

16.7 Community programmes

It must be emphasised that during the last year an integrated approach to drug abuse prevention was developed. A more active involvement in addressing the abuse problem is observed in the general health care, among employees of the social sector and education.

Programmes for prevention of drug abuse are formulated also by local governments in Jelgava, Liepāja and Ventspils.

European cooperation plays a constantly growing part in this context as the majority of the above programmes are supported by some European Union country or programmes.

As of 2000 financial resources for the prevention of drug abuse have been allocated by the largest local government in the country – the Riga City Council which plans to undertake a series of activities.

16.8 Outreach work

Structures and activities in this area of work only in planning stage.

16.9 Low threshold services

Low threshold services are undeveloped in general. Some voluntary organizations, mainly religions help with shelter, food and person hygiene.

In Riga some local communities have open “public services rooms”.

16.10 Substitution and maintenance programmes

For information on this item, please consult the chapter 18.

16.11 Prevention of infectious diseases

These activities are performed mainly in frame of the AIDS prevention Centre programme (2 needle exchange programmes).

16.12 Treatment systems

In Latvia treatment services are mostly provided by the state. The drug user is considered to be a patient and enjoys the same treatment possibilities as any other patient and on the same conditions.

A wide range of options is offered by narcological hospitals in various regions of the country.

Hospitals and their operation are well developed while the out – patient is not so well developed and efforts are invested in this area, in 1999 a strategy for the development of an out – patient service in the Riga City has been formulated. Treatment of all kinds is voluntary.

Detoxification services are well developed, however limited rehabilitation and after-care is provided. Only a few long-term rehabilitation clinics exist. The system for the

follow-up after the completed inpatient treatment is still insufficient. This is partly due to the insufficient numbers of trained social workers.

Approximately 1000 persons are given short-term treatment (detoxification) for drug abuse every year.

Alongside with the state service treatment of drug abusers has been started by licensed doctors practising on private basis.

On the whole the system for treating drug abusers in the country is completely separated from the system of psychiatric services. Only at penitentiaries treatment is provided at psychiatric wards of prison hospitals.

The qualifications of the medical staff providing treatment are high. These are experienced doctors who have acquired their experience and practical skills in work with alcohol abusers. In order to work with drug abusers doctors must undergo training and receive a respective license issued by the certification commission of the professional association and an approval of the Physicians' Association.

16.13 After-care

Today is not developed.

16.14 Self help groups

Drugs users and individuals with drug dependence who have undergone treatment and rehabilitation courses have established two non – governmental organisations:

- drug addicts anonymous (the open group)
- NGO "Ecology of the Mind" (only after treatment).

16.15 General health care

The health care system does not include programmes which would focus only on the improvement of the general health condition of drug abusers. General practitioners send clients to a narcologist who works in almost all larger medical centres in cities/towns and districts.

The general health care system in Latvia is undergoing many reorganisations targeted on the restructuring of the treatment system in line with contemporary and universally acknowledged needs. The legislative basis of the health care system has improved. The Law "On Medical Treatment", the Law "On Doctors' Practice" and a whole range of regulations by the Ministry of Welfare have been approved in 1997.

16.16 Criminal justice system

The use of drugs and psychotropic substances as well as their illicit purchase or storage in small amounts has been de-penalised. It is an offence and penal sanctions are prescribed by the Code of Administrative Violations of the Republic of Latvia.

If an individual has voluntarily, without a doctor's reference approached, a medical institution requesting help in view of the use of drugs or psychotropic substances, the said person may be freed from administrative liability for actions listed in the above law.

The amount of drugs and psychotropic substances which is treated as small is determined by the Ministry of Welfare of the Republic of Latvia.

Other illegal activities with drugs and psychotropic substances are restricted by the Criminal Law, effective as of 1 April 1999.

Criminal penalties are prescribed for:

- the violation on regulations on the manufacture, purchase, storage, registration, issue, transportation and delivery of drugs and psychotropic substances (Article 249).
- the induction of drugs and psychotropic substances against the person's will (Article 252);
- the unauthorised manufacture, purchase, storage, transportation and delivery of drugs and psychotropic substances (Article 253).

The Law "On Children's Protection" stipulates:

- children must be separated from the family if the child jeopardises his/her health and development by using alcohol, drugs or toxic substances (Article 27, Paragraph 1,2);

- a special status for child care and educational institutions and indicates the law prescribing the procedure under which children can be placed in the above institutions to treat them from alcoholism or drug abuse ((Article 38, Paragraphs 1 - 3).

The Law “On Applying Coercive Measure of Educational Character to Minors” stipulates the procedure under which minors are placed in special educational establishments by court decision.

The Law “On Treatment” ensures the treatment of all patients, among them also individuals with drug abuse problems at public medical institutions.

There are no specific arrangements concerning courts. The usual panel presides over court hearings.

There is no specific legislation on treatment at penitentiaries.

The following number of addicts were registered in prisons of Latvia in 1999:

- Alcohol addicts - 1709;
- Drug addicts – 1243 or almost 14% of all prisoners.

Relapse prevention is provided only in cases of problems when undergoing treatment with medication at psychiatric wards of prison hospitals.

HIV/Hepatitis prevention is provided only in part and mostly at medical divisions of prisons. Other prevention measures are not taken.

Drug use in prisons is a problem of vital importance nationwide, there is a shortage of a well-trained staff, and harm reduction activities have not been yet effected at these institutions at a necessary level.

According to the data of the Division on Court Operation and Statistics at the Ministry of Justice, in 1999 12 862 persons were convicted, of whom 195 or 1.5% were convicted for violations of laws related to illegal storage, distribution, use of drugs (or precursors) or other transactions in drugs prohibited by law.

16.17 Gender-specific issues

For information on this item, please consult chapter 20.

16.18 Children of drug users

Special activities are not developed.

16.19 Parents of drug users

At present activities aimed at educating and supporting parents are at their initial stage.

Four lines of activities are developed currently:

- through schools where efforts and support are invested by the public sector and also local governments;
- through wards for minors at the narcological service;
- through the sector of social work at local governments;
- involving assistance from non- governmental organizations.

16.20 Drug use at the workplace

The non – government organisation ALNA – Latvia Alcoholism and Drug Abuse Prevention Support Council - received a public procurement order with the financial assistance of the state for the implementation of an alcohol and drug prevention programme at enterprises in Jelgava, Liepaja and Daugavpils.

Four enterprises were selected in each city which wanted to implement the above prevention programme. A workshop was organised for the senior management of the participating enterprises on the essence of prevention, its necessity and the procedure of the programme.

Support was provided also by local governments, mass media also were involved in the activities.

16.21 Ethnic minorities

No information on research and evaluation.

17. Quality Assurance

No information on research and evaluation.

PART V SPECIAL TOPICS

18. Heroin, Methadone and Substitution Treatment

The Methadone Maintenance Treatment (MMT) started in Riga in May, 1996. The adoption of MMT was suggested by the Latvia Association of Professionals for Drug and Alcohol Dependency Treatment. The Soros Foundation in Latvia partly supported this programme. The situation with opiate addicts was assessed and the experience and results of the treatment in other countries studied.

18.1 Criteria and target groups for substitution treatment

1. Drug dependency not less than 5 years;
2. Not younger than 21 years,
3. Several unsuccessful attempts to solve drug problems while undergoing treatment at hospital and afterwards at Rehabilitation Centres for drug addicts.
4. Opiate dependency during the period of pregnancy and delivery.
5. Opiate dependency coupled with HIV/AIDS.
6. Opiate dependency with a severe somatic pathology.

18.2 Legal basis for substitution

Under the regulations issued by the Ministry of Welfare (Nr.120 dated 06.05.96) the Latvia Association of Professionals for Drug and Alcohol Dependency Treatment was allowed to start the Methadone therapy at the State hospital for Drug and Alcohol Dependency (now – the Centre of Drug Abuse Prevention and Treatment).

18.3 Organization, regulation and monitoring of delivery systems

When entering the program, the contract is signed with the client, where he/ she promises not to use other drugs apart from methadone and to be under the doctor's control.

The selection of clients is organised by a special committee (once a week, 2 or 3 doctors).

The treatment starts at hospital and after the dosage has been determined it continues on out-patient basis. The first dosage is 10-30 mg, which is increased gradually till the optimum amount is reached.

Increase in dosages is allowed also for outpatients.

Clients receive their daily dosage at hospital, in the methadone room established for this specific purpose. In extraordinary cases home dosages are allowed for a period 1-3 days (according to employment contracts).

18.4 Choice of drugs for substitution programmes

Methadone has been chosen for substitution on the basis of the Swedish and Dutch experience.

18.5 Extent and characteristics of substitution programmes

After a half - year preparatory period, the first participants were accepted for the Methadone programmes. It was in 27 May 1996. In October, 1997, the Methadone programme was started also in Jurmala. However, unfortunately at the present moment there is only one programme – in Riga. The staff consists of 2 nurses, 2 doctors and 1 social worker.

Hours of opening is 8.30 a.m. – 2.00 p.m. and 4.00 p.m. – 6.00 p.m.

The average age of clients is 36. The average length of period of the use of opiates is ~ 13 years. 30 of the methadone clients have criminal background. 13 of the clients have HIV/AIDS. Urine tests are made on periodic basis.

18.6 Number and profile of clients

At the moment 90 clients, 66 males, 24 females, have been included in the Methadone programme.

18.7 Evidence on impact the of substitution (community & individual level)

40 from the clients are engaged in different permanent or odd jobs. 5 of the clients decreased the Methadone dose and left the program on their own will, while 3 of the clients went to rehabilitation centres. All clients maintain regular contacts with the social worker who helps them to find jobs and to solve other social problems.

18.8 Research results on substitution, e.g. in prisons or during pregnancy, attitudes of policy makers, professionals, public

Substitution on the programme is not allowed in prisons. There have been only two “Methadone babies”. One of them is healthy, the other one has psychiatric problems.

Attitudes of policy makers, professionals and the public are neutral.

19. Law Enforcement, Division to Treatment, Alternatives to Prison

Under Article 11 of the Criminal Law, a natural person who by the date of committing a criminal offence has reached the age of 14, bears criminal liability. A person who, during the commission of the offence, has been in a condition of incapability, i.e., due to psychic derangements or mental retardiness, the said person has not been able to understand his/her actions or to control them, is not called to criminal liability. Court applies to a person who has been officially recognised incapable enforcement measures of medical nature which have been prescribed by law.

19.1. Use/possession of cannabis/heroin/cocaine for personal use

Under Article 46 of the Code of Administrative Violations of Latvia, a person may be imposed a fine of up to LVL 75 or detained in custody for a period of up to fifteen days for the illegal purchase or keeping of drugs and psychotropic substances in small amounts without the purpose of selling them as well as for the use of drugs and psychotropic substances without doctor's orders. The person who has turned over on voluntary basis the small amounts of drugs and psychotropic substances at his/her disposal which the said person has purchased or kept without the purpose of selling them, or has voluntarily applied for medical assistance to a medical institution in respect of the use of drugs and psychotropic substances without doctors' orders, is freed from administrative liability.

In 28 December 1999 the Cabinet of Ministers approved Regulations No.452 "On Amounts of Drugs, Psychotropic Substances and Medicinal Products in Illicit Circulation", establishing amounts for drugs, psychotropic substances and precursors included in Lists I, II and III and which are under the supervision of the Ministry of Welfare at which criminal liability sets in. The above Regulations determine, according to Lists I, II and III, the degree of damage and hazard for human health posed by drugs, psychotropic substances and medicinal products supervised by the Ministry of Welfare, which are in illicit circulation. According to the above Regulations of the Cabinet of Ministers, drugs of the cannabis group, i.e., marihuana and hash, are included in List I – prohibited particularly dangerous drugs and psychotropic substances which are granted the same status. Amounts at which criminal liability sets in, when confiscated from an individual, are : 5 g for undried marihuana, 1 g – for dried marihuana, 0.1 g – for hash and 0.0001 g – for heroin . Cocaine has been included in List II, i.e, veray dangerous drugs and psychotropic substances, likened

to them, which are allowed to be used for medicinal and research purposes. The amount at which criminal liability sets in when confiscated from an individual, is 0.01 g for cocaine.

19.2. Property crime related to drug use

Often in practice an individual when trying to find resources for the use of drugs or psychotropic substances, commits various criminal offences of material nature, e.g., thefts or robberies. A theft is a secret or open taking of movable property without the owner's consent. A person who has committed theft may be sentenced to an imprisonment term of up to four years or detention in custody or a fine amounting up to eighty minimum monthly wages. The feature qualifying a criminal offence is larceny if committed on a large scale as well as theft of drugs, psychotropic substances, substances of strong effect, poisonous or radioactive substances, explosives, firearms or ammunition. Such criminal activities are penalised by a term of imprisonment from three to fifteen years, with the forfeiture of property and police supervision for a period of up to three years. Robbery is stealing of movable property, involving violence or threats of violence. Robbery is penalised by a term of imprisonment for a period of up to ten years, with or without the forfeiture of property and police supervision for a period of up to three years. A feature qualifying a criminal offence is robbery if committed on a large scale or if committed by a person who has already earlier committed robberies or extortion or been involved in banditism as well as in robberies of drugs, psychotropic substances, substances of strong effect, poisonous or radioactive substances, explosives, firearms or ammunition. A person may be penalised for such criminal acts by a term of imprisonment from eight to fifteen years, with the forfeiture of property and police supervision for a period of up to three years.

Under Article 59 Section 4 of the Criminal Law, court may release the person who has committed a criminal offence when under the influence of drugs, from serving the sentence if the said person has agreed to undergo treatment. The sentence is to be enforced if the person has not started the treatment at the time established by court or has evaded treatment.

Court may pass a suspended sentence, if, in the process of passing the sentence in the form of an imprisonment term, coercive labour, custody or a fine, taking into account the personality of the accused and other conditions of the case, court is convinced that the guilty person, if released from serving the sentence, will not

commit any offences in future. Upon suspended sentence, , if the person has committed a criminal offence when under the influence of alcoholism, drug addiction or substance abuse, court may impose the duty on the convicted person with the latter's consent to undergo treatment from alcoholism, drug addiction or substance abuse. If the convicted person fails to perform duties imposed by court without any valid reason or commits administrative violations repeatedly and administrative penalties are applied to the said person, court, following the application of the agency which has been entrusted with control over the behaviour of the convicted person, may take the decision to enforce the sentence established in the judgement or to extend the probation period for one year.

At present there are no records in Latvia on other criminal offences committed in the condition of drug, psychotropic substance intoxication as, upon detaining the person at the moment of committing a criminal offence, he/she is not always sent, in the event of suspicion, to be tested for drug or psychotropic substance intoxication.

19.3. Retail distribution of drugs

Illegal manufacture, purchase, keeping, transportation and transfer of drugs and psychotropic substances is penalised by a term of imprisonment for a period of up to five years, with or without the forfeiture of property. The same offences if committed with the purpose of subsequent sale, or unauthorised sale of drugs or psychotropic substances is penalised by a term of imprisonment for a period of up to ten years, with or without the forfeiture of property and police control for a period of up to three years. However, if the same offences involve large amounts of drugs or psychotropic substances or particularly dangerous drugs, they are penalized by a term of imprisonment for a period of eight to fifteen years, with or without the forfeiture of property and police control for a period of up to three years.

A person who has voluntarily turned over drugs or psychotropic substances, is freed from liability for the purchase of these substances or their keeping, transportation or transfer.

Under the Criminal Procedure Code of Latvia, duties of the investigating agency (the National Police) are to conduct investigation, to take operative actions and other required measures to establish the conditions of the commission of the criminal offence as well as the person who has committed the criminal offence as well as to determine, collect, record and maintain proof. The investigating agency finalises

investigation by taking a decision to send the criminal case to the prosecutor for starting criminal prosecution or to close the criminal case.

Criminal prosecution begins with the moment when the prosecutor takes a motivated decision of calling the accused person to criminal liability. The prosecutor draws up a writ of indictment and submits the case to court for review as well as acts as the counsel for prosecution at the first instance court and at the court of appeal. In April, 1999, a special group of prosecutors was formed at the Specialised Prosecutor's Office on Organised Crime which conducts criminal prosecution in criminal as concerns to the prevention of the illicit circulation of drugs and psychotropic substances.

If there are sufficient grounds to review the case in court, the judge, upon deciding on the degree of guilt, takes the decision of submitting the accused person to court. During the court hearings the first instance court must consider the circumstances of the case as follows: persons on trial, victims, witnesses are interrogated, expert statements are heard, material evidence is examined, minutes and other documents are read out. The judgement of court must be legitimate and justified. Court justifies its judgement only on the basis of the evidence which have been examined during the court hearings, evaluating them with sound judgement which is based on a comprehensive, complete and unbiased examination of all circumstances of the case in their entirety, according to law and legal consciousness.

20. Women, Children and Drug Use

The issue of gender equality is addressed to ensure equal opportunities and attitude. It is provided by the principle of prohibiting discrimination on the grounds of gender in Chapter 8 of the Satversme (Constitution) of Latvia.

The demarcation line between the man's and the woman's role in the family is disappearing.

Each person, irrespective of the gender, does what he or she can do. Even though poverty affects men and women to an equal extent, it seems that men have a harder time dealing with the situation than do women.

With the increase of equality between men and women, there is evidence not only of benefits but also of the spread of negative trends among women. Drug abuse should be mentioned as one them:

- ⇒ 20.7% women and 32.3% minors in the register of drug abusers of the Narcology Centre,
- ⇒ according to police data among convicted persons in relation with drugs – 21.5% are women,

One of the most significant causes for the involvement of minors in drug abuse is their participation. The current Law on Education stipulates that a teenager must attend school on compulsory basis till the age of 15. Leaving school at this age makes it practically impossible to find a job. The number of those children well under 15 who, due to some reason, do not attend school is also high.

Differences in the various sources of record-keeping complicate the establishment of the exact number of these children. According to calculations of the UNICEF experts, the number of children who do not attend school differs by age groups; the following conclusions apply to the age group involved in a local study:

- more than 7% of the young people of this age terminate their studies before finishing basic school and do not continue their education;
- in the age group 16 - more than 25% of individuals of this group do not study anywhere, amounting to about 25 000 in absolute figures. The distribution of students by gender is fifty to fifty.

21. Main Issues and Future Information Needs

21.1 summary of main points, key trends and new developments

The most significant activity during the period after the previous National Report (1998) is the formulation of a Drug Control and Drug Abuse Prevention Masterplan for Latvia..

It was formulated for the period 1999-2003 and approved by the Government in December 1998 as informative material.

The Masterplan was included in the National Progress Report in line with the statement of the European Commission on the application of Latvia on accession to the European Union (Agenda 2000).

The content of the document is included as a priority activity in the National Programme for Integration into the European Union.

The involved ministries and their departments have undertaken certain activities within the frame of their action plans as no special budget was allocated for the implementation of the Masterplan. Results in drug control and demand reduction have been achieved largely due to various international, in particular European programmes and projects.

The main new trends:

- An increase in the drug offer and subsequently an increase in the demand with respective consequences (growth of mortality, HIV/AIDS spread among drug addicts, driving in the condition of drug intoxication and others),
- The heroin offer should be emphasized as it dominates among other drugs and is well hidden,
- Restricted ability of the National Drug Enforcement Sector to react to the increase in the drug offer;
- In the area of the demand reduction much attention during the last year has been paid to the implementation of a multidisciplinary approach.
- Systematic training has been started at schools for the purpose of drug prevention;
- Training has been started and activities undertaken in the social sector of some local governments.
- More attention is focused on the restoration and improvement of the out – patient sector in treatment and care.

21.2 new information needs and priorities for the future

Key priorities and needs:

- To restore the Masterplan in line with the new situation and requirements of the European Union,
- To strengthen the National Drug Control and Drug Abuse Prevention Coordination Commission, envisaging its functioning under the direct supervision of the Cabinet of Ministers, providing adequate funding for the performance of the work of the Commission,

- Project appropriate funding for the restored Action Masterplan;
- Drug Information System National Focal Point should be institutionalised and it should be provided base funding for the performance of its tasks in line with requirements of the European Union;
- Development of the national drug supply reduction strategy'
- Development of the drug enforcement intelligence system.

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