2007 NATIONAL REPORT (2006 data) TO THE EMCDDA by the Reitox National Focal Point

„LATVIA”
New development, trends and in – depth information on selected issues
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>BST</td>
<td>Buprenorphine Substitution Treatment</td>
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<td>CCDE</td>
<td>Curriculum Development and Examinations</td>
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<td>CM</td>
<td>Latvian Cabinet of Ministers</td>
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<td>CRPI</td>
<td>Children's Rights Protection Inspectorate</td>
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<td>DAST</td>
<td>Drug Abuse Screening Test</td>
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<td>DHPP</td>
<td>Department of Health Promotion and Prevention</td>
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<td>DRID</td>
<td>Drug-related Infectious Diseases</td>
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<td>EC</td>
<td>European Commission</td>
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<td>ECAD</td>
<td>European Cities against Drugs</td>
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<td>EMCDDA</td>
<td>European Monitoring Centre for Drugs and Drug Addiction</td>
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<td>ESPAD</td>
<td>European school survey project on alcohol and other drugs</td>
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<td>EU</td>
<td>European Union</td>
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<td>GMR</td>
<td>General Mortality Register</td>
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<td>GPS</td>
<td>General Population Survey</td>
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<td>HBV</td>
<td>Hepatitis B virus</td>
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<td>HCV</td>
<td>Hepatitis C virus</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>HSD</td>
<td>Health Statistics Department</td>
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<td>HSMTSA</td>
<td>Health Statistics and Medical Technologies State Agency</td>
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<td>IDU</td>
<td>Injecting drug users</td>
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<td>ICD-10</td>
<td>Classification of Diseases</td>
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<td>ICL</td>
<td>Infectology Center of Latvia</td>
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<td>INCB</td>
<td>International Narcotics Control Board</td>
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<td>LNFP</td>
<td>Latvian National Focal Point</td>
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<td>LPA</td>
<td>Latvian Prison Administration</td>
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<td>MCA</td>
<td>Monitoring Centre for Addiction</td>
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<td>MI</td>
<td>Ministry of the Interior</td>
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<td>MMT</td>
<td>Methadone maintenance therapy</td>
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<td>NAF</td>
<td>National Armed Forces</td>
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<td>NGO</td>
<td>Non Governmental Organisation</td>
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<td>PDU</td>
<td>Problem Drug use</td>
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<td>PHA</td>
<td>Public Health Agency</td>
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<td>RAPC</td>
<td>Riga Addiction Prevention Centre</td>
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<td>RPAC</td>
<td>Riga Psychiatry and Addiction Centre</td>
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<td>RRCA</td>
<td>Riga Rehabilitation Centre for Addicts</td>
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<td>SAA</td>
<td>State Addiction Agency</td>
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<td>SAHP</td>
<td>State Agency of Health Promotion</td>
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<td>SATLD</td>
<td>State Agency of Tuberculosis and Lung Diseases</td>
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<td>SBDC</td>
<td>State Blood Donors Centre</td>
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<td>SEA</td>
<td>State Employment Agency</td>
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<td>SFMC</td>
<td>State Forensic Medicine Centre</td>
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<td>SPS</td>
<td>State Probation Service</td>
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<td>STD</td>
<td>Sexually transmitted diseases</td>
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<td>STSDA</td>
<td>Sexually Transmitted and Skin Diseases State Agency</td>
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<td>TDI</td>
<td>Treatment Demand Indicator</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Summary

In accordance with Cabinet Regulation No. 64 On the Reorganization of the State Addiction Agency, (adopted by the Cabinet of Ministers (CM) on 26th of January 2007), the Latvian National Focal Point (LNFP) became a part of the State Agency: the "Public Health Agency" (PHA) as of 1 March 2007, forming a new department: the Monitoring Centre for Addiction. The Centre also maintains alcohol and tobacco monitoring systems in Latvia. The PHA is intended to become a Public Health Institute based on science and research. Two other large agencies were reorganized together with the State Addiction Agency (SAA) and since 1 March are located in the PHA; they are the AIDS Prevention Centre (now AIDS and STD Prevention Centre) and the State Agency of Health Promotion (now the Health Promotion and Prevention Department).

For the first time since August 2005, the Republic of Latvia has had its national drug programme: the State Program on Drug Control and Drug Addiction Restriction 2005 –2008 adopted on 17 August 2005 by the Cabinet of Ministers. Until the end of 2006, no budgetary resources were allocated for the implementation of the program's purposes and tasks. This situation created numerous difficulties in opportunities to implement the program fully, mostly because of time lost prior to the end of 2006. Furthermore, budget was allocated only for the health area (for institutions under the supervision of the Ministry of Health). It is planned to evaluate the Program during 2008. Evaluation would help in implementation and development of the new state drugs programme for the next period. The National Report (NR) also includes information on the program’s main tasks (related to the work of LNFP) and their level of implementation.

This year's NR includes ten chapters and three additional chapters on selected issues: public expenditures, vulnerable groups among young people, and drug-related research in Europe. During 2006, new laws, regulations and legislative amendments were adopted regarding illegal substances in Latvia. In relation to the second chapter: ("Prevalence of drug use among population"), no new survey has been conducted since 2003. It is planned to conduct a population survey in late 2007, and the data should be available in 2008. For the section on "Prevalence of drug use among young people", data was taken mostly from the project ECAD (European Cities Against Drugs).

In the third chapter, ("Prevention"), considerable attention is paid to the State Program on Drug Control and Drug Addiction Restriction 2005 –2008 and its tasks related to prevention activities. Also described are interventions in universal and
selective prevention. The area of prevention in Latvia is still largely to be developed (interventions themselves and evaluation practice) as well as collaboration between the different institutions involved. At the moment, the work of the LNFP is hampered because of lack of available information.

As at the moment the LNFP is located in the PHA, but the data on problem drug use indicator is no longer as freely available as it was before; it is therefore much more difficult to undertake analyses. The data shows that it is necessary to improve treatment availability (including for substitution treatment, as presently there is only one programme in operation) in Latvia. In 2006, a cohort study (part/stage 1) was conducted, with part 2 undertaken in 2007. The ESPAD (European school survey project on alcohol and other drugs) was conducted in May 2007. At the moment data analysis is in progress.

During 2006, there were 17 cases reported of drug related death, which is three cases more than in 2005. For the most part, the situation at present may be regarded as becoming more stable, but it should be remembered that this data must be evaluated critically, and the real number of deaths is possibly much larger.

Regarding drug related infections, the situation also seems to be more or less stable. As in 2005, in 2006 there were 299 new HIV cases reported, of which the majority are injecting drug users. There is a growing trend for young women to become infected with HIV during heterosexual contact. Infection of hepatitis C among injecting drug users is decreasing, but the number of cases of hepatitis B is increasing. Totally (in all population) cases of both infections are decreasing, but it must also be taken into account that there might be numerous hidden cases of hepatitis B/C infection.

Drug related crimes are also staying stable during the past two years with no major increases or decreases. In relation to prices, it is noteworthy that during the past five years, the prices of all illegal substances except heroin have decreased. Two main substances taken out of illegal circulation were cocaine and amphetamine.

Considerable attention has also been paid in the NR to social reintegration opportunities in Latvia, whereas it is clear that major improvements are necessary in the final stage of reintegration. In 2006, a Rehabilitation survey was conducted in Latvia on patients who had undergone full or partial rehabilitation in three rehabilitation institutions.
Part A: New Developments and Trends

1. National policy and context

1.1. Legal framework

During 2005, important legislation and amendments to the legislation dealing with alcoholic beverages, narcotic and psychotropic substances, and gambling and tobacco, were adopted, such as:

- On 12 September 2006, the Saeima (Latvian Parliament) adopted amendments to the law On Excise Duties, which provided significant increases to excise duty on tobacco products as from 1 January 2009, introducing a progressive increase in the tax rate every six months.

- On 11 May 2006, the Saeima adopted amendments to the Law On Procedures for the Legal Trade of Narcotic and Psychotropic Substances and Medicinal Products, providing a more precise formulation of the law in relation to prohibitions on the growing of opium poppies, coca bushes and cannabis plants, as well as prohibiting cannabis crops in growing areas/rooms or enclosed spaces, and providing more precise restrictions on the advertising of substances and medications on Schedules II and III, and on the utilisation of these substances and medications in veterinary medicine.

- On 8 June 2006 the Saeima adopted amendments to the Medical Treatment Law, supplementing the Law with clinical guidelines and formulations for medical equipment, providing that medical treatment is performed in accordance with appropriate guidelines and/or utilising clinically evaluated methods and effective and safe medications. The Law ensures that the clinical guidelines are "observing the scientifically grounded principles of medicine based on evidence, a systematised description of medical treatment for specific patient groups, which sets out essential operations, their procedure and, the basic criteria for the selection of treatment tactics likely to achieve the best results". The Law has been augmented by the addition of Section 9.1 which provides that treatment is to be administered in accordance with clinical guidelines. In Latvia, "Guidelines for the Treatment of Drug Dependent Patients" and "Guidelines for the Treatment of Tobacco Dependence" have been developed.

- On 3 October 2006, amendments were proclaimed to the Law On the Police, which came into force on 1 May 2007, in which section 12, paragraph 32 has been supplemented with the following provision: "... relieve from the duties of operating a
pleasure craft any person under the influence of alcoholic, narcotic, psychotropic, toxic or other intoxicating substance or under the influence of medication likely to reduce the speed of reaction or decrease attention ...". Until now, the operation of craft on water was not particularly monitored in Latvia, although with the incidence of various injuries and mishaps increasing every year, this has come under closer scrutiny. In Latvia, water-policing duties are performed by officers of the State Police; however, material and human resources are insufficient, and the problem remains topical.

- Amendments to the Social Services and Social Assistance Law were adopted by the Saeima on 25 May 2006, setting terms of residency for group accommodation (flats), and half-way houses, and consultative support for social work specialists (supervision).

- On 17 January last year, the Amendments to the Pharmaceutical Law came into force, in which several points contain new formulations defining the concepts of "medications", and "manufacture of medications", and setting out the responsibilities of the State Pharmaceutical Inspection Service, the Food and Veterinary service, the Medications Prices Agency, and the State Medication Agency, in checking and supervising the manufacture and distribution of medications (including veterinary medications).

- In 2006 the Saeima adopted the following new laws: the State Civil Service Disciplinary Matters Law (adopted on 11 May), the Law on Liability in Disciplinary Matters for Ministry of Interior System Institutions and Prisons Administration Board Officials holding Special Official Rank (adopted by the Saeima on 30 June 2006). The laws provide for increased liability for the commission of disciplinary offences, if such offence is committed while under the influence of alcohol, narcotic, psychotropic, or toxic substances;

- the Security Guard Activities Law, which, among other things, provides a special procedure for, and restrictions on issuing permits in the following definition: "...An individual merchant or person who is entitled to represent a commercial company, shall be a citizen of a European Union Member State or European Economic Area State who has not been convicted of committing a criminal offence, and for whom a mental illness, addiction to alcohol, narcotic, psychotropic or toxic substances has not been determined.

- Law On Orphans Courts (adopted by the Saeima on 22 June 2006). The purpose of the law is to set out the principles and procedures for the establishment of orphans courts, the competence and operating principles of orphans courts, as well as the procedure for decision-making and appeals in orphans courts. The law
came into force on 1 January 2007. Among other things the law sets out the formation of the orphans Court, legal relationship between funding and work, operating principles, operational supervision, staff, competencies which relate to the guardianship and trusteeship of children and and other issues. Bearing in mind the field of drug addiction, Section 29, Point 2, of the Law ("Suitability of person to be guardian") provides: "In evaluating a person's suitability to perform the duties of a guardian, the Orphans'Court shall take into account reports on the person's health as provided by the family physician under whose medical care the person has been for at least six months, or the opinion of a psychiatrist or drug addiction specialist." This may be regarded as a very positive trend, which will not permit children to come under the guardianship of a dependency patient. Currently, the regulation of guardianship and trusteeship in Latvia is becoming increasingly clarified, and persons who wish to become guardians or trustees must undergo a range of procedures and checks which are intended to guarantee the children's security and the guardian's ability to care for children.

- Section 40.1.2. of the Law (Appointment of Trustee) provides: "The orphans' Court, in accordance with a Court Order regarding the establishment of a trust, shall not appoint as trustee a person if it is satisfied that the person is inattentive, wasteful or uses alcohol or narcotics excessively." This subparagraph is not referred to or explained elsewhere in the law, although the use by juvenile persons of alcohol, narcotic or psychotropic substances, treatment possibilities and sanctions, are considered in other Latvian legislating documents.

- Law on Imprisonment Procedures (adopted by the Saeima on 22 June 2007). The purpose of this law is to ensure that human rights and criminal process interests proportionate observation in the application of imprisonment as a security measure in the course of legal proceedings. Defined in Section 35 of the law are flagrant breaches of internal procedures and regulations in investigation prisons, to which may be added also the use, possession, or trafficking in alcohol, narcotic or psychotropic substances, together with not consenting to tests to determine whether the imprisoned person has used alcohol, narcotic or psychotropic substances.

- On 23 February 2006, the Saeima adopted the Convention against Doping in Sport. The purpose of this Convention, within the framework of the strategy and programme of activities of UNESCO in the area of physical education and sport, is to promote the prevention of and the fight against doping in sport, with a view to its elimination.
On 14 April 2006 a law came into force on the Worst Forms of Child Labour Convention. Article 3 of the Convention defines the worst forms of child labour, of which one form is the procuring or offering of a child by others for illegal activities, including the trafficking or production of drugs as provided in the relevant international agreements.

Amendments to the *Latvian Administrative Violations Code*, which were adopted by the Saeima on 22 June 2006, provide for the imposition of a fine of the head of an institution for not displaying an informative sign or symbol on the prohibition of smoking, and increased financial penalties for trading it in an alcoholic beverages or tobacco products in places where this is not permitted.

The *Forensic Experts Law* was adopted by the Saeima on 14 September 2006. The purpose of the law is to regulate the professional work of forensic experts, ensuring it and objective, lawful, and scientifically based forensic investigation. Section 20, Point 4 of the Law (Restrictions on the work of private forensic experts) provides: "A private forensic expert is not authorised to conduct a forensic examination for narcotic, psychotropic and powerfully acting substances. Only state forensic experts are authorised to undertake such an investigation."

The Saeima has adopted the following laws, which set out the extent of international cooperation in the fight against the preparation and circulation of illegal narcotic psychotropic substances:

- "On the agreement between the government of the Republic of Latvia and the government of the Republic of Armenia on mutual assistance in customs matters";
- "On the agreement between the government of the Republic of Latvia and the government of the Republic of Azerbaijan on mutual assistance in customs matters";
- "On the agreement between the Cabinets of Ministers of the Republic of Latvia and Ukraine on cooperation in the area of disaster avoidance and eliminating their consequences";
- "On the agreement between the government of the Republic of Latvia and the government of the republic of Lithuania on cooperation in the fight against organised crime and other criminal offences, and mutual operations in border regions.

In 2006 the following Cabinet Regulations were adopted concerning the use of alcohol, narcotic, and psychotropic substances:
On 4 April 2006 Cabinet Regulation No. 263 "On procedures for the establishment of a register of patients suffering from certain illnesses, its supplementation and its maintenance" was adopted, which proposes the establishment of a unified patient information database for patients suffering from certain illnesses, including a database for drug addict patients and persons who use dependency inducing substances, ensuring the implementation of the State program for statistical information and in securing the compilation and providing of statistical information in compliance with international obligations.

On 6 November 2006, Cabinet Regulation No. 914: "The procedure whereby persons dependent upon psychoactive substances received social rehabilitation services" was adopted, which provides the procedure for rehabilitation from state budget resources of dependent children and adults dependent on a psychoactive substance: alcohol, narcotic, toxic, or other intoxicating substances to achieve the abandoning of use of psychoactive substances by those persons, improving their physical and mental health, and encouraging their return to normal life.

On 28 March 2006 Cabinet Regulation No. 231: Regulation on the Military Discipline of Soldiers" was adopted, which provides the procedures for military discipline of soldiers, and provides as aggravating factors for the disciplinary offences committed under the influence of alcohol, narcotic, psychotropic, or other intoxicating substance.

On 21 March 2006, Cabinet Regulation No. 214: Amendments to Cabinet Regulation 97 of 30 November 2004 - Regulations on the Control of Doping was adopted, which supplemented the schedule of doping substances by adding stimulators, opioid group narcotic substances, and cannabinoids.

On 28 March 2006 Cabinet Regulation No. 232: State Pharmaceutical Inspection By-Law was adopted, in which in accordance with the functions set out in the law On Procedures for the Legal Trade of Narcotic and Psychotropic Substances and Medicinal Products, in accordance with which the Service shall monitor procedures for the lawful circulation of narcotic and psychotropic substances and medications in treatment institutions.

On 25 January 2006 Cabinet Regulation No. 57: Regulations Regarding Procedures for the Labelling of Medicinal Products and the Requirements to Be Set for Package Leaflets of Medicinal Products came into force.
1.2. Institutional framework, strategies and policies

1.2.1. Coordination arrangements

The Drug Control and Drug Addiction Restriction Coordination Council (hereinafter "the Council") is a national coordinating institution, whose main task is to coordinate state institutions, local government and non-governmental organisations' activities in relation to the legal circulation of narcotic and psychotropic substances and precursor products, as well as the control, prevention and combating of illegal drug circulation, and the combating and preventing of drug addiction. Sittings of the Council are convened between two and four times a year. (Additional information of the composition of the Council, its functions, and main tasks, is available in the 2006 National Report)

Two Council meetings were held in 2006. In the first Council meeting (on 30 May 2006), the Council heard a progress report prepared by the Council secretary on the implementation of the State Program on Drug Control and Drug Addiction Restriction 2005–2008, during 2005. Members of the Council were familiarised with information regarding the basic principles of the European Union's Anti-Drug Policy, and met with members of the International Narcotics Control Board (INCB), who were in Latvia on an evaluation mission regarding the Narcotic Control Treaties (UN Convention).

In its second meeting (on 12 October 2006), the Council reviewed reports from its Horizontal Coordination Control Groups on performance in their areas of responsibility (additional information on the working groups is available in the 2006 National Report). The Council was familiarised with the content of the pilot project for the introduction in Latvia of a Geographic Information System, and discussed the prospects for implementation of the State Program on Drug Control and Drug Addiction Restriction 2005–2008, in 2007 (Ministry of the Interior 2006).

1.2.2. Implementation of policies and strategies

In accordance with the State Programme, the Ministry of the Interior supervises the implementation of the Programme, and annually compiles the information provided by responsible institutions on fulfilment of the Programme's tasks, and submits the compilation for review by the Latvian Cabinet of Ministers (hereinafter "CM").

A total of 29 institutions and organisations are directly involved in the implementation of the State Programme, having either responsibility or co-responsibility. Bearing in mind the inter-agency nature of the activities as set in the State Programme, the anticipated fulfilment of its assignments is also directly related

It is intended to analyse the connection between the results of implementing the State Programme, with the long-term development of drug addiction and crimes associated with drugs in the Final Report on the implementation of the State Programme in 2009, concurrently with the development of the policy-planning document for this sphere for the next period.

Information in reports from responsible institutions on tasks which are still ongoing or have for some objective reason been delayed, provides a basis for the conclusion that the existing measures within the competence of the State Programme continue to retain their relevance, and that has not been affected by developing trends in the use of drugs, and the prevalence of related crimes.

Also retaining their relevance are those tasks in the State Programme, in relation to which, in the first informative report reviewed by the CM in 2006 on the implementation of the State Programme, difficulties were identified in performing the tasks set out in the Programme due to insufficient financial resources being available.

On 2 May 2006, the CM, reviewing and accepting the said Report, decided to allocate the funds necessary for implementing the State Programme in 2006 from funds allocated to ministries within the State Budget, and to consider the issue of allocating additional funds from the State Budget in 2007 concurrently with submissions from all ministries during the preparation and review process when drafting the next State Budget.

In accordance with information provided by the Ministry of Justice, in the near future, the issue of amending the State Programme will be raised, proposing to supplement the measures set out in the Programme with measures within the competence of the State Probation Service (SPS).

Observing that the SAA is the agency directly responsible for implementing 14 of the measures contained in the State Programme, amendments to the Programme could also be anticipated, taking into consideration CM Instruction No. 64 of 26 January 2007 on Reorganisation of the State Addiction Agency, which proposes the closing down of this agency and the transfer of its functions to the PHA and the State joint stock company, the Riga Psychiatry and Addiction Centre (RPAC) (Ministry of the Interior 2006).
1.2.2.1. Evaluation of policies and strategies

Information on the performance of tasks set by the State Programme has been received from all Ministries involved in the Programme, and their subordinate institutions.

In addition, institutions nominated in CM Order of 17 August as having responsibility for implementation of tasks set in the State Programme were requested to provide forecasts for the performance of tasks within their competence during 2007. However, in several instances, for justified reasons, e.g. due to the transfer of the implementation function of the State Programme from the SAA to another institution subordinate to the Ministry of Health, forecasts for the completion of individual tasks were not received.

Completed tasks, and tasks which are performed as permanently ongoing, and tasks commenced in accordance with time frames stipulated in the State Programme, comprise 24 of the tasks set in the State Programme. Included in this total are four totally completed tasks, and four tasks which were already completed in 2004 and 2005. It must be noted that five of the tasks mentioned have been initiated within funds available to the responsible institution from the State Budget without the necessary additional funds anticipated in the Programme being allocated, and therefore their inception did not proceed to the extent anticipated in the State Programme (Ministry of the Interior 2006).

From reports received from responsible institutions, it follows that 24 of the tasks set by the Programme have not been completed in whole or in part, or have not been commenced. Of those, five have been commenced, but for various reasons have not been completed within the time frame specified in the State Programme.

Overall, State institutions have been informed of the tasks existing within their competence from the State Programme, and have planned or commenced implementation of the tasks within the limitations of resources available to them.

In general, the tasks set by the State Programme for completion in 2005, but not completed when due, have now been completed. However, of the tasks due to either be completed or commenced in accordance with target dates set by the State Programme, some tasks have not been completed, or have only commenced in terms of priority allocated in the State Programme, depending on additional finance being allocated. Emerging from reports from the responsible State institutions as an explanation for the failure to complete or initiate these tasks, is the need for additional finance and even though it has been sought in accordance with the said Minuted Decision adopted by the CM as a result of the previous informative report, the additional finance has not been allocated.
Thus the same conclusions arrived at after analysing the implementation of the State Programme in 2005 continues to be relevant, namely, that:

At the same time it must nevertheless be concluded that in individual cases during this reporting period, it is evident that some responsible institutions and Ministries have made efforts in 2006 to ensure the achievement of individual objectives within the financing available to them by means of internal redistribution. However, none of these efforts has managed during 2006 to secure the complete implementation, or even implementation of individual stages, of a relevant task, to the extent anticipated in the State Programme (Ministry of the Interior 2006).

1.3. Budget and public expenditures

No information available. However study about public expenditure is started in 2007 and hopefully there will be data available about this issue in National Report 2008.

1.4. Social and cultural context

1.4.1. Public opinion of drug use

The public's attitude towards the use of legal drugs (such as alcohol and tobacco) is more tolerant than it is against the use of illegal substances (marijuana, ecstasy, heroin etc). This is related to accepted set standards over an extended period of time in the socio-cultural environment. As shown by research conducted in previous years, concern not to lose status within a group, and not to be ostracized is one of the reasons why young people begin using habit-forming substances. In research conducted in Riga city in 2006, as part of the prevention project (ECAD – European Cities Against Drugs) within the framework of project “Youth in Europe”, students aged 15–16 were included (n=2632). The data indicate that:

- 96% of respondents thought their parents would object strongly to the smoking of marijuana or hashish;
- Almost half (53% boys and 39% girls) have at least one friend who uses (has tried) marijuana or hashish;
- 13% respondents thought respect among their peers could be raised by smoking marijuana;
- Relatively more boys (11%) than girls (5%) indicated the smoking of marijuana as a way of raising the respect of their friends, however, more girls (41%) than boys
(26%) thought that smoking marihuana substantially reduced the respect of their friends;

- The majority of those who indicated the smoking of marijuana as a way of increasing respect, had also tried illegal substances;

- The research indicates that those youths who had tried drugs, more often had friends who also used drugs;

- For youths who did not use drugs, it seemed an important means for increasing the respect among friends was good appearance and orientation in music;

- Young people who had tried drugs had more frequently participated in various deviant behaviours, e.g. had been physically aggressive towards others, got involved in fights, theft, robbery or vandalism; had physically forced or injured others, or had generally been guilty of committing various crimes.
2. Drug Use in the General Population and specific sub-groups

2.1. Drug Use in the general population

In late 2007, general population survey on prevalence of drug use will take place. The data will be available in the 2008 for inclusion in the national report. Indepth information of the 2003 general population survey is available in previous NR, as well as in publication format in Latvian and English.

2.2. Drug use in the youth population

2.2.1. Results from the ESPAD 2003 study

The target group were 15–16-year-old students in comprehensive schools in Riga at grade levels 9 and 10. The sample included 139 schools (369 classes). The total number of students in the sample was 3 733; nevertheless, bearing in mind both the comparatively high number of schools which declined to take part, and imprecise statistical information on number of students in class, the classes surveyed had 3 262 students enrolled, while 2 705 students were present during the actual survey.

Questions on lifetime prevalence of the most recognisable illegal drugs (marijuana/hashish, amphetamines, LSD, ecstasy, cocaine, heroin and "magic mushrooms"), as well as substances which although not illegal per se, but may be used for the purposes of intoxication, such as tranquillisers, inhalants and anabolic steroids, were included in the questionnaire. Due to technical errors, information on magic mushrooms in this study cannot be analysed or explained, as students have provided information not only about mushrooms, which can be used for the purposes of intoxication ("magic mushrooms"), but also about other mushrooms used as food.

In 2005 the SAA published report: ESPAD 2003. European school survey project on alcohol and other drugs. (Koroleva, I. & Trapencieris, M., 2006), which is based on the national results of the 2003 ESPAD study and compares results with ESPAD 1999 data. Similarly to the ECAD study, the ESPAD target was students aged 15–16 in grades 8, 9 and 10 of comprehensive schools and first-year students of vocational education institutions. As each ESPAD stage the survey target group is comprised of young people born in the same year, included in the 2003 research were young people born in 1987. Bearing in mind that young people born in that year form only part of the total number of students in each class, the calculated number of students in the sample was 8 417 students, of which 7 538 actually took
part in the survey. In accordance with Project guidelines, the research analysis data only includes information on 2,841 students born in 1987.

As concluded in the ESPAD 2003 research publication, less than one fifth (17%) of surveyed students had used any illegal substances in their lifetime. Majority of them had used marijuana or hashish, and only 5% had used any other illegal substances. 16% of all students had tried marijuana or hashish during their lifetime, and more often by boys than by girls (20% and 12% respectively).

As acknowledged in the ESPAD research, the use of illegal substances during a lifetime has slightly reduced in comparison to 1999, as well as the use of marijuana/hashish has similarly slightly reduced. On the other hand data show that the use of other illegal substances than cannabis has reduced by almost a half.

Describing the last year prevalence of illegal substances, the research indicates that 9% of students had used marijuana or hashish, and 1.5% had used it on more than 10 occasions. Of the other illegal substances used during the last twelve months, youth had mostly used tranquillisers, amphetamines and ecstasy.

The majority of young people, who had used/ tried illegal drugs, had on the first occasion of use obtained them from friends. Slightly more than one-third (36%) of students, had used these substances for the first time in the company of friends; nearly one quarter (24%) indicated that they had been given the substance by an older friend (male or female), while 12% had obtained drugs for the first time from a friend (male or female) of their own age or younger. The main reason given for trying illegal substances was curiosity (67% of young people who had tried illegal drugs at least once); however, 13% indicated that the primary reason had been the wish to experience a "high".

The ESPAD publication notes that compared to 1999, perception of availability of cannabis and amphetamines has increased, but at the same time availability of ecstasy has decreased.

Analysing the social environment of young people in the context of using legal and illegal substances, the research concludes that alcohol consumption in significant amounts among siblings is associated with a higher risk of using any substances among students. The publication notes that a significant impact on the prevalence of using illegal substances is left by the family’s economic situation, namely, the higher indicators of use of these substances occur among those students who, according to their own self-evaluation, are living in materially better situated families. It is also noted that a second group, who is at greater risk of using illegal substances, are young people from families with low incomes.
2.2.1. Results from the ECAD study in 2006

In 2006, a local study in the framework of ECAD (European Cities Against Drugs)\(^1\) was conducted as part of the international 5-year project Youth in Europe\(^2\). One of the main aims of the project was to compare various strategies and gather information on examples of best practice in drug prevention in several European cities. The 2006 ECAD research was financed by the RAPC, the field-work and analysis of results was carried out by the Institute of Sociological Research.

The ECAD research indicates that the most commonly available illegal substances tried by surveyed Riga students, are marijuana or hashish (18%), ecstasy (6%) and amphetamines (6%), followed by LSD, cocaine and heroin. By comparison, tranquillisers had been tried by 10% of the surveyed young people, while 4% had tried anabolic steroids and inhalants. The report observes statistically significant differences across all substances tried/used in respect of grade level and gender.

Table 2.1. Illegal substances tried by students (ECAD research results), per cent by grade level and gender

<table>
<thead>
<tr>
<th></th>
<th>Grade 9</th>
<th></th>
<th>Grade 10</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Any illegal drugs(^3)</td>
<td>26</td>
<td>12</td>
<td>19</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>Marijuana/ hashish</td>
<td>23</td>
<td>8</td>
<td>15</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Tranquillisers</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Inhalants</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>LSD</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Heroin</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mushrooms(^4)</td>
<td>10</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Riga Addiction Prevention Centre 2007

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\(^1\) For more information see http://www.ecad.net

\(^2\) Detailed information on the project is available on http://www.youthineurope.org

\(^3\) Any illegal substances include marijuana or hashish, ecstasy, amphetamines, cocaine, heroin and LSD.

\(^4\) See comment on mushrooms
2.2.1.1 Risk and protective factors

The usage of illegal substances among young people is analysed in the ECAD research, examining the influence of risk and protective factors on the commencement and continuance of substance use. Defined as risk factors in the research were characteristics, circumstances, events in life and acquired experience, which correlate statistically with the appearance of deviant behaviour, emphasising exactly those factors which correlate with the commencement or continuance substance use. However, defined as protective factors are events in life and experience, which decrease the effect created by the risk factors. The following research and protective factors are distributed within the ECAD research:

The Family. This can be both the cause of using various substances, and a significant support in the work of prevention and treatment. The research shows that the substance use is far more due to family disintegration than from the family's material circumstances. At the same time, dominant among protective factors are young people's ties to the family, parental supervision, and the family's relations with those around it. Characteristic for those young people who had never used illegal substances are strong ties to the family, closer family ties between parents and children and closer parental supervision and control over the children's activities. According to the young people's assessment, the parents of these children to a great extent follow the children's free-time activities, and are most often informed about what they are doing and with whom their children spend evenings, from which the fact emerges that the parents know who their children's friends are. The parents of this group of young people tend to strictly dictate what the child is permitted or not permitted to do, both at home and outside it, and also regard it as important that the children achieve good results at school. Similarly these young people most often tend to spend weekends and weekday evenings after school together with their parents, either passively resting, watching TV or video/DVDs. However, illegal substances are most often tried or used by young people whose families do not have such clearly defined codes of behaviour, who have much more weakly defined ties with the family unit and whose parents exercise least control or practically no control over their free time activities and who are less informed about how and with whom the young person spends his/her evenings.

The peer group. The peer-group model and behaviour is a very important factor in deviant behaviour and the substance use of. Analysis of the ECAD data showed that, among those young people who had tried or used illegal substances and those who had never done so, existed differences dependant upon set relationship models and accepted standards in their peer groups. Those young
people who had tried or used illegal substances, more often wandered about and spent time in the city, rarely attended cultural events, had taken part in minor larceny, and had more often exhibited aggressive behaviour. The friends of these young people often used various substances, and therefore the young people who had tried drugs regarded the substance use as important to acquire the respect of their friends and to not remain outside the peer group. At the same time, use or attempted use of illegal substances was not statistically significantly tied to the cohesiveness or extent of the social contact network.

**The School.** As young people spend many hours at school, it is regarded as a central place in their lives. The role of the school is of particular importance during adolescence, when there is the greatest opportunity to try any drugs, therefore, as protective factors which reduce the risk if using them may be regarded as strong ties to the school and studies, good relationships at school, participation in extra-curricular activities, and a good mutual relationship between school and parents. Analysis of the ECAD data showed that among those young people who had tried or had used illegal substances, and those who had never done so existed differences depending on the prevailing relations at school and the attitude to studies. Young people, who had tried illegal drugs, were more frequently truant from school, which is related to lack of interest in studies, and the wish not to be conscientious and prepare for lessons. Therefore, as noted in the ECAD research, use and attempted use of illegal substances is not related to how easy the young person finds studies or whether he or she likes or doesn't like going to school. This indicates that the reason for commencing to use illegal drugs most often is not problems in studies or at school. Whether the young person finds study easy, or likes attending school, does not always operate as a protective factor from attempting to use illegal substances.

**Environment/Society.** The impact of the environment characterises the availability of drugs, along with prevailing social norms, laws and values, which relate to the use of these substances. The ECAD research finds that exactly those young people who have tried or who use illegal substances feel more secure in the evening near home and in the city. This is related to the fact that they are more familiar with their peers, which may cause them to feel more secure. Similarly the authors of the research note that a greater risk of trying illegal substances exists for young people who have changed schools or places of abode, particularly if changed several times. The researchers think that this risk may be related to the emotional trauma caused by parting from one's friends or family, or the increased stress precipitated by a change of environment. At the same time they note that trying illegal substances or their use is not related to satisfaction with one’s place of abode, access to social
activities near the place of abode, however weak or strong the ties are with their neighbours.

**The sphere of individuality/personality.** This refers to risk factors in daily life in terms of psychology and biology. Identified as protective factors in this sphere are resilience or strength of character, level of personal development, and individual values. The ECAD research has revealed differences between the personality traits of students from grades 9 and 10 who have tried any of the substances. Among the most closely related aspects identifiable in grade 10 students as distinct from grade 9 students is aggressive behaviour, justification of aggressive behaviour, or pronounced individuality expressed as the wish to observe only selective norms of behaviour.

2.3. Drug Use among specific groups

No new information available.
3. Prevention

Limiting the prevalence of illegal drugs and the resulting addiction is proposed in the *State Program on Drug Control and Drug Addiction Restriction 2005–2008*. The aim of the Programme is to promote the reduction in supply and demand of drugs, to reduce the disturbances to health, fatalities and crime resulting from drug use. One of the subordinate aims, which must be achieved in implementing the performance of measures and tasks in the coordinated interdisciplinary Programme, is to ensure the development of a sustainable prevention programme, suitable for several target groups, divided into, continuous operation, coordination, funding and competences. It is planned to achieve the aims of the Programme by the collaboration of professionals from various disciplines. The main priorities for limiting drug addiction in Latvia are:

- Reducing the prevalence of drug use, particularly among young people;
- Increasing the opportunities for rehabilitation and resocialisation of patients suffering from drug addiction;
- Reduction of the prevalence and use of drugs, as well as crimes associated with the smuggling.

One of the measures for limiting drug addiction is enhancing the legislative base for the control and limitation prevention, treatment and rehabilitation of patients suffering from alcohol addiction and for the control and limitation. Several ministries are responsible for coordination, strengthening the legislative base and international cooperation, namely, the Ministry of the Interior, Ministry of Education and Science, Ministry for Children and Family affairs, Ministry of Welfare, Ministry of Justice, Ministry of Health, Ministry of Regional Development and Local Government, as well as local governments. The commencement of this task was proposed for 2006. Within the limitations of funding available from the State Budget the legislative basis is being evaluated, and essential amendments to existing legislation are being enacted.

The institution responsible for enhancing the access to the consultative and support programme for young drug addicts and their parents is the RPAC. The period proposed for implementation of this measure is 2006–2008, although the anticipated funding of LVL 8 700 in 2006 for the commencement of implementing this programme was not allocated.

The State Agency of Health Promotion (SAHP) competencies include the organisation of seminars and courses for students and parents on drug prevention
issues, as well as the organisation of seminars for the mass media, with the aim of reducing the hidden popularisation of drug use. The activities are implemented within the framework of funding available in the State Budget.

As part of the measures for demand reduction, it is proposed to set up and implement a Prevention Programme, so as to reduce the social and biological consequences of drug use in prisons. This programme is to be introduced between 2006 and 2008. The Latvian Prison Administration (LPA), in co-operation with the Ministry of Justice has responsibility for implementation of the Programme, together with the SAA and the AIDS Prevention Centre. The anticipated funding in 2006 was LVL 103 250, which was not allocated and the prevention programme did not commence.

However, the institution responsible for the inclusion drug prevention issues and implementation in educational institutions during life skills acquisition lessons as part of the compulsory curriculum is the Ministry of Education and Science in co-operation with the SAHP. Funding is anticipated from the State Budget and the programme is to be implemented during 2005–2008.

A project by the Latvian Association of Local and Regional Governments included the development of a model action programme for drug prevention at local level. The anticipated time for this project was 2005–2006, but due to lack of funding and initiative development of the programme did not proceed.

Under the Prevention Programme, the anticipated education of conscripted military personnel regarding the effects of drug use, as well as the education of medical personnel and command staff on drug prevention National Armed Forces (NAF), is within the remit of the Ministry of Defence. Such instruction is anticipated to be ongoing, and has funding allocated from the State Budget (State Programme on Drug Control and Drug Addiction Restriction 2005–2008).

3.1. Universal prevention

Under the State Program on Drug Control and Drug Addiction Restriction 2005–2008 the main task for universal prevention is to reduce the commencement of drug use among children and young people. This preventive measure includes the raising of teachers' qualifications, the training of professional staff from various fields, and the informing of society as a whole of the consequences of drug use.

In Latvia, the major prevention measures are mainly directed towards individual target groups and certain age groups. Regarded as the group most at risk in relation to use of legal and illegal drugs are children and young people aged...
between 9 and 17. In order to reach this target group, the Ministry of Education and Centre for Curriculum Development and Examinations (CCDE) has developed a study programme, in which various educational topics at both the primary and general educational subject standards – natural science, biology, chemistry, housekeeping and technology, sports, social sciences, – address various issues associated with health. Issues affecting health, including the effects of alcohol, tobacco, and drugs, and the onset of drug abuse, are discussed in more depth in class home group lessons (CCDE 2007).

A major role is played not only by class home group teachers, but by social teachers who perform the work of social instruction in limiting and assessing the causes of negative socialisation among children and young people. To increase the qualification levels of teachers, in 2006, the SAHP organised further education training for teachers "Health teaching/lesson – the social science component" and helped organise the course "Life skills approach to the primary implementation work of dependency prevention for regional teachers" (SAHP 2006).

The Ministry For Children and Family Affairs of the Republic Of Latvia supervises and coordinates the work of the Children's Rights Protection Inspectorate (CRPI), whose functions include the informing of the public on children's rights and responsibilities, and other topical themes in the field of children's rights, as well as providing sessions to children on drug use.

A wider audience in 2006 had the opportunity of hearing radio and seeing in television broadcasts, in the TV5 broadcast Medline themes developed by SAHP on health maintenance, including dependency problems. The Riga Addiction Prevention Centre (RAPC) has conducted public education and information campaigns, has published new teaching and informative materials on various substances, and the need for, and nature of, prevention (RAPC 2006; SAHP 2006).

In the time period May 2005–March 2007, the Providus Public Policy Centre, in co-operation with AIDS Prevention Centre implemented the Society Integration Fund financed project "Preparation of Law Enforcement Institution Specialists for working with drug users by using multimedia training methods". The aim of this project was the enhancing of knowledge of state and local government police personnel in contacts with drug users.

One-day lecture cycles and film screenings on the theme "Addictive substances and the dangers of their use – prevention possibilities" were organised for conscripted and professional personnel of the NAF, in cooperation with the international temperance club AVANTE. Informative materials and booklets were distributed (NAF 2007).
3.2 Selective prevention

Several studies drugs are used more often in recreational setting. In 2006, the State police in collaboration with the association *Parents for Riga* conducted regular raids in recreational premises frequented by young people in the city of Riga. The Police have also conducted similar raids in Latvia's other major cities.

Important work in selective prevention has been undertaken by RAPC. In 2006, in the Centre's premises and other institutions, discussions with students from grades 4 to 10 on the use of addictive substances and issues related to the consequences of drug use were held. A Day Centre for children and adolescents who dropped-out of school was set up. The aim of this centre is to listen to these children and motivate them to return to school. The RAPC organised training in method for elementary and primary school teachers, social pedagogues and psychologists for work with the correction programmes “Groups of children at risk” and “The Dwarfs' Strange Adventures”. In 2006, an educational seminar for teachers took place with a guest lecturer from the U.S.A. on “Work with Dependent Adolescents”. A psycho-social correction group was led for adolescents in prisons, as was a support group for parents and co-addicts (RAPC 2006).

For the implementation of selective prevention in 2006, the Welfare Department of Riga City Council entered agreements with the following day centres:

- **The Riga City Mission Day Centre Neatskaties [Don't Look Back]**. Its aim was to promote the integration of juvenile offenders into society. A three-month long social behaviour correctional programme operates in the Day Centre for boys aged 14–18. The programme consisted of an educational section, with experience therapy and adventure activities supervised by a psychologist experienced in individual and group work.

- **SIA Bernu Oaze [Childrens' Oasis] Day Centre Tornkalns** and the temperance organisation *IOGT Latvija* target group were children and adolescents from disadvantaged families and children with behavioural problems aged 7 to 18. In these centres educational activities, assistance for teachers, activities of interest, support groups and consultative assistance from various specialists for children and their parents are offered (Riga City Council Welfare Department 2006).

During 2006, in SAA outpatient centre a support group for parents whose children have been diagnosed with harmful use of psychoactive substance or dependency syndrome, as well as psychosocial training group for children with problems related with substance use were held. Wider consultative accessibility and
additional support groups were not organised by SAA, as the necessary additional funding was not allocated (SAA 2006).

3.3. Indicated prevention

No new information available.
4. Problem Drug Use and Treatment Demand population

This chapter deals with information on two EMCDDA Key Indicators, namely Problem Drug Use (PDU) and Treatment Demand Indicator (TDI), and problems associated with their implementation, data quality, as well as information on problem drug users according to research data and other information available.

4.1. Prevalence and incidence estimates of PDU

Among psychiatrists specialising in drug treatment, as well as other specialists, which is reflected also in legislation on the patient registration system, treatment and care, etc., the definition of Problem Drug Use in Latvia more closely corresponds to the dependency syndrome criteria of the International Classification of Diseases (ICD-10) developed by the WHO, rather than drug use as a biological psychosocial problem.

Regardless of the fact that any illegal drug use is regarded as a problem and is illegal, the definition used in this Report corresponds to the EMCDDA definition of problem drug use, which includes drug use by injection and/or long term/regular use of opioids, cocaine or amphetamines.

Estimates of PDU have been undertaken in Latvia relatively recently in 2003; utilising the treatment multiplier method the number of problem opiate users in Riga has been estimated, which in 2003 was between 4,108 and 4,786 users (Trapencieris M. & Lace I., 2003). In 2004, the number of problem drug users was calculated using the mortality multiplier and two source capture-recapture methods, and the possibility of utilising possible data sources in estimates was also evaluated (Trapencieris, 2004). Using the mortality multiplier method, the number of injecting drug users in 2003 was between 1,000 and 1,917, however, using this method, the highest number of drug users was in 2001, when the estimated number of users was between 1,842 and 3,182. Using the two source capture-recapture method it was calculated that in 2003 in Riga there had been 2,254 (blood donor and treatment data) and 4,788 (tuberculosis and treatment data) injecting drug users (IDU). Estimates by using mortality multiplier are thought to be underestimated.

In 2007, estimates were attempted using the three-source capture-recapture method in respect of 2005 and 2006 data (Trapencieris, 2007), which would lead to more precise estimates and confidence intervals. Unfortunately the convergence of any three included data sources was too low (data employed were out- and in-patient
data, data from expert examinations, HIV/AIDS data and identifiable data from the cohort study) for them to be included in a unified model. Calculations were therefore made based on data from two sources, which unfortunately do not allow estimate the confidence intervals. By applying two-source capture recapture models on 2005 treatment and police data, the number of problem drug users (opiates, amphetamines or cocaine) was estimated at 5312 in Riga city. On the same data sources, given the wider timeframe – 2005 and 2006 combined – estimated number of problem drug users was 7886.

The drug cohort study included questions on being in tested for drugs. It revealed that 18 per cent had been tested for tested in the last year and 16% were found to be positive for drug use. By applying it as a multiplier to the 2006 police data it is estimated that the number of problem drug users is 9621.

Previous calculations were unable to calculate the total number of problem drug users at national level and only captured individual PDU groups, such as problem opiate users or IDU's; while not capturing a rather large group of problem stimulant users (amphetamines or cocaine). The most significant problems noted by researchers in the implementation of this indicator are 1) data protection laws, which does not permit personal data from various sources to be recoded in a single database, 2) various database information acquisition targets, which do not permit unequivocal conclusions to be drawn as to what PDU group a given individual belongs to, 3) relatively low standard of quality control for some data sources.

The reliability of data from calculations is affected to the greatest extent by the quality of source data utilised. In the 2005 and 2006 NR, problems in treatment and mortality data described (LNFP, 2005; LNFP, 2006). Noted as the most relevant problems in the treatment data are: unclearly identified treatment episodes i.e. when patient information is reflected or changed; inability to identify all treatment demands; non-receipt of data from all treatment institutions for inclusion in the Register; and other problems. As previous calculations of PDUs, utilising the multiplier method or capture-recapture methods are to a very large extent dependent upon the quality of treatment data, and it may be regarded that these data include only a proportion of the patients who should be reflected, less than 50% according to some calculations, it may be regarded that the number of drug users in the relevant group is greater than that reflected in the estimates.

Following the reorganisation of the SAA in March 2007, the RPAC was set up, with responsibility for gathering data on in- and out-patient treatments as well as data on chemical toxicology testing and analyses performed. In addition, the RPAC enters and updates data in the State Register of Persons with Drug Dependence and
Substance Misuse (hereinafter "the Register") subordinate to the Health Statistics and Medical Technologies State Agency (HSMTSA) in accordance with regulations currently in force, as well as the entering of in-patient discharge data. After March 2007, when the LNFP was joined to the PHA, access to the above-mentioned data is more difficult, the data being regarded as one of the most important data sources in calculating the number of PDUs in Latvia. To develop this indicator in the future, amendments to legislation are necessary, as well as enhancing existing databases with indicators that would permit comparison of various data sources, from such areas as police, mortality and treatment.

4.2. Treatment Demand Indicator

A strictly delineated boundary is drawn in Latvia between drug users who meet the ICD-10 criteria on dependency syndrome, abstinence syndrome, (with or without delirium), psychotic disturbances, amnesiac syndrome or other psychic and behavioural disturbances (ICD-10 diagnostic groups F11–F19 categories 2–9), and those who fit the criteria for acute intoxication or excessive substance use (ICD-10 diagnostic groups F11–F19 categories 0-1), which are precipitated by any form of illegal drug use. With that, the treatment demand indicator for the most part reflects the prevalence of dependency problems throughout the country, though with incomplete information regarding the treatment of drug problems in total.

For comparison of the data with analyses conducted in previous years in some places in this section data will be utilised on ICD-10 criteria in accordance with HSMTSA approved Form No. 11 on statistical reports and data on drug dependence, but for the most part will be the treatment and care definition used by EMCDDA, UNODC and the majority of the EU member states\(^5\), (EMCDDA 2000).

According to this definition, treatment may be regarded as: 1) any form of interference with the aim of reducing the harm caused to the individual by drug use including interference having the main aim of detoxification or abstinence, 2) medical or non-medical interference and 3) interference, which can be in the format of one-off consultations or a long-term structured format.

Reflected in the following sub-sections is information on patients at in- or out-patient institutions, as well as information on patients who have undergone rehabilitation.

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\(^5\) Drug treatment is any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problems. This activity often takes place at specialised facilities for drug users, but may also occur in the context of in general services offering medical and/or psychological help to people with drug problems.
4.2.1. Out-patient treatment

Because of the record-keeping system and patient registration system, it is not possible to draw a boundary in Latvia between inpatients and outpatients, but it is nevertheless regarded that the majority of patients who have been treated as inpatients (for detoxication, as well as other forms of treatment) have also sought medical help as outpatients.

In this subsection, data utilised will for the most part be from the Register, which, under the prevailing record-keeping system in Latvia, also includes patients treated as inpatients.

Since the first patient registered in Latvia in 1976, until 2006, 7,318 patients have been treated for substance use, (other than alcohol and tobacco). The first increase in patients treated for the first time was observed in 1985, which coincides with significant restrictions on alcohol use in the Soviet Union, and remained at an almost constant level until the first years on Latvia's renewed independence. Beginning with 1993 and 1994, the situation changed dramatically, when each year an increase in first-time patients was observed. The number of first-time patients reached a maximum in 2001, reduced until 2003, and then stabilised in 2004 at the level of around 400 patients treated for the first time annually. The results in recent years, on the one hand, do reflect certain stability, although they possibly also reflect deficiencies in the patient registration system.

Comparing treatment data with the situation prior to 2002, changes in legislation must also be taken in mind, which provide that as from 2002, reporting is no longer required for patients over 18 years of age.

It is difficult to determine the proportion of patients who are not registered, although, for example, comparing several treatment data bases (outpatients' database, database of patients discharged from inpatient treatment, and the Register), it was established that in 2005, 108 patients from inpatient database patients, and 153 patients from outpatient data base were not reflected in the Register, which is used for TDI data. Unfortunately the databases do not allow determination of whether it is a patient's first treatment episode; although there is reason to believe that a proportion of these patients have turned to a drug addiction specialist for the first time in their lives, and it may therefore be regarded that the data in the Register on treatment may exclude more than one third of all patients, and it is not possible to determine whether decrease in number of patients since 2002 are also related to the non-inclusion of data in the Register.

According to report data (Form No. 11), 390 new cases of morbidity from narcotic and psychotropic substances, or a diagnosis of intoxication or excessive use
were registered in 2006. 205 patients with a first-time diagnosis of dependency syndrome were registered in 2006 (8.7 per 100,000 residents) (see Figure 4.1.). Since 2003 there is no pronounced trend in the number of patients registered for the first time as suffering from illegal substances, for instance, in 2004 compared to 2003, an increase of such patients was observed (respectively 201 and 143 first-time patients); in 2005, (174 patients) in comparison with 2004, a reduction, while information for 2006 indicates an increase of approximately 10% in comparison with 2005.

**Figure 4.1. Incidence and prevalence of narcotic and psychotropic substance dependence syndrome (per 100,000 residents)**

According to TDI, in Latvia 443 patients were treated for the first time in outpatient institutions (See Figure 4.2. and Standard Table 34 on treatment demand). Of these patients, 21% or 94 are women for whom, in accordance with increase observed in previous years (from 18% in 1997 to 25% in 2005), this proportion has slightly decreased in 2006.
Figure 4.2. Development of first treatment demands at out-patient centres

The most frequently mentioned primary substances among first-time patients in 2006 were heroin (33%), amphetamines (25%), cannabis (11%). The remaining substance groups are mentioned in less than 10% of first treatment demands (see Figure. 4.3a). Figure 4.3b. reveals somewhat similar trends as that of TDI but uses ICD-10 diagnosis of dependency syndrome for various substance groups as benchmark.

Comparing substances data with that observed in previous years, the following trends have been noted:

- after a strong increase in the number of patients with problems caused by amphetamines from 2000 until 2004; in recent years this has stabilised and at the moment comprises approximately one quarter of all first-time treatments;

- concurrently with the rise in demand for amphetamine treatment until 2004, the number of first-time heroin patients treated had reduced, and the number of patients treated with amphetamine problems in 2004 exceeded the number of patients whose primarily used substance is heroin. Since 2005, the number of patients with problems primarily due to heroin continues to increase, and in 2006 comprised approximately one third of first-time patients treated;

- the number of patients with problems primarily caused by marijuana and/or hashish, and the proportion treated, continues to reduce since 2003, and at the moment, for approximately every tenth patient, as compared with every fifth patient in 2002 and 2003, the primarily used substance is cannabis;
Information on the age of patients and substances used in the Register indicates that heroin was indicated as a primary-use substance mainly by patients aged 20–34 (approximately two thirds of patients in this age group), amphetamines: first-time patients aged 15-19, while for those younger than 15 years of age, inhalants were the primary substance.
As the number of first-time patients in various substance groups and various age groups is relatively small, it must be taken into consideration when approximately half (49%) of first-time patients registered in 2006 had been educated to primary level, 30% – secondary level; while 19% had not completed primary education. Individual patients had tertiary or incomplete tertiary education. No differences in education level have been observed in terms of gender.

4.2.2. Inpatient treatment

Information on patients treated in specialised drug addiction inpatient clinics is compiled by the RPAC according to an approved form, in which, besides personal data, is included information regarding a patient's education, occupation, primary and secondary diagnosis, and substances used, but it does not include all TDI core items.

When a patient is discharged from an inpatient treatment institution, a form is completed. There might be small inconsistencies with data previously submitted on those patients who have commenced treatment in long-term programmes or have become inpatients at the end of the year. Such a recording system does not fully comply with UNODC and EMCDDA definitions, nor does precise information on the number of patients in the relevant year.

It is important to note that not all treatment centres are involved in data collection; nevertheless individual institutions send compiled information, but unfortunately this information is rather general. According to this information, in Latvia (includes also those treated at private in-patient centres) in total in 2006 910 persons have been discharged – 132 inpatients were discharged (of those 21 were women, and 74 were juveniles) with a diagnosis of psychoactive substance intoxication or excessive use, and 778 (167 women and 28 juveniles) with dependency syndrome. These data do not allow double counting control. The largest number of discharged patients (118 with opioid dependence) from institutions that do not submit detailed information is from the Latvian Prison Hospital, and action must be taken in future to ensure detailed information is provided.

In accordance with TDI, in 2006, 635 patients were treated in specialised drug addiction inpatient clinics with problems caused by use of illegal drugs; of those, 369 patients were being treated for the first time. In comparison with 2005, the number of inpatients has increased by 24% (or 124 patients). Since 1999, (and excepting 2004), the proportion of women treated as inpatients compared with the previous year has increased more rapidly than that of men; for example, in 2006 compared to 2005, the proportion of women had increased by 38%, compared to men at 20%. Comparative information of inpatients treated by gender is reflected in Figure 4.4.
In 2006, the average age of patients treated as inpatients was 25.9 years (26.1 for men and 25.5 for women), which is greater in comparison with the age of first-time inpatients treated at 24.7 years (24.8 years for men and 24.0 for women).

For approximately half (49%; 47% men and 57% women) of patients treated in 2006, the primarily-used substance was heroin, followed by amphetamines (14%; no differences between men and women), other opiates (11%; 12% men and 9% women). In comparison with 2005, the proportion of patients whose primary substance was other opiates has reduced (from 16% to 11%); however, the proportion of patients with primary heroin problem has increased (from 43% to 49%), particularly among women. Figure 4.5. shows the proportional distribution of primary-used substances among all patients treated, by gender, in 2005 and 2006.
Figure 4.5. Primary used substances among inpatients

The distribution of primarily-used substances among first time treated inpatients is different from all patients treated in 2006; heroin is mentioned as the primary substance by 36% of patients, amphetamines by 19%; marijuana or hashish, 11%; and other opiates: 9%.

Observable among all patients, including among treated inpatients, are the following differences among primarily-used substances, depending upon age:

- 50% of first-time treated patients (n=24), who are below 15 years of age, the primarily-used substance is inhalants, while for 25% it is hallucinogens, and for 8%, it is marijuana or hashish. Among this age group of inpatients, there are no treated patients who use heroin or other opiates;

- One third of first-time treated patients (33%; n=84) aged 15-19 primarily use amphetamines, 26% use marijuana or hashish, 11% use inhalants. By contrast to younger patients, this age group contains the first instances of treatment for heroin or other opiate use (n=12), which comprises less than 10% of the total first-time or repeated treatment patients;

- For the 20-29 age group, nearly two thirds (64%) of first-time treated patients, the primary substance is heroin or other opiates. Among patients aged 20-24,
compared to those aged 25-29, the greater proportion primarily used amphetamines (19% and 11% respectively);

- For patients aged over 30 years (n=83), approximately half of all patients primarily used heroin, followed by amphetamines (18%) and hypnotics (15%).

4.2.3. Rehabilitation

Research was undertaken in 2006 on patients who had undergone full or partial rehabilitation (n=40), with the main aims of 1) ascertaining the acquired skills, life and social circumstances and socio-demographic information plus other information, of patients who had been treated in rehabilitation programmes, 2) compiling the latest information on programmes in Latvia's rehabilitation institutions, 3) develop recommendations for improving the treatment system for drug users (Trapencieris, M., Kolesnikova Y., & Snikere S., 2007). In addition, available statistical information on patients in rehabilitation since 1996 was also analysed.

Although the patient recording system does not permit the separate identification of patients treated in rehabilitation programmes, nevertheless an analysis was undertaken of patients treated as inpatients in accordance with the EMCDDA treatment classification. In order to ascertain individuals who had been treated in rehabilitation programmes, institutions where rehabilitation programmes are commenced were selected. Based on this analysis, it is possible to determine the number of individuals treated (discharged) by a rehabilitation institution, the number of episodes, and to reflect the basic information on clients during the period 1996–2005.

Three rehabilitation institutions⁶ (The Riga Rehabilitation Centre for Addicts, the Rindzele Rehabilitation Centre for Addicts and the Saulrīti Adolescent Rehabilitation Centre) had treated 849 individuals (1,150 treatment episodes⁷) between 1996-2005, comprising 77% men and 23% women. The distribution by year of patient discharge is shown in Table 4.1. below⁸.

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⁶ Since 2003 in Latvia there is another institution providing rehabilitation services for adolescents but it does not provide data on patients treated.
⁷ If a patient is discharged from the programme a new episode is started.
⁸ As mentioned already before in chapter on in-patient treatment registration, information is being provided after discharge.
Table 4.1. Number of males and females treated in rehabilitation institutions

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>%</th>
<th>Females</th>
<th>%</th>
<th>Total</th>
<th>Mean age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (N)</td>
<td></td>
<td>Number (N)</td>
<td></td>
<td>Number (N)</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>62</td>
<td>87.3</td>
<td>9</td>
<td>12.7</td>
<td>71</td>
<td>18.42</td>
</tr>
<tr>
<td>1997</td>
<td>70</td>
<td>79.5</td>
<td>18</td>
<td>20.5</td>
<td>88</td>
<td>20.16</td>
</tr>
<tr>
<td>1998</td>
<td>55</td>
<td>87.3</td>
<td>8</td>
<td>12.7</td>
<td>63</td>
<td>22.84</td>
</tr>
<tr>
<td>1999</td>
<td>62</td>
<td>73.8</td>
<td>22</td>
<td>26.2</td>
<td>84</td>
<td>19.89</td>
</tr>
<tr>
<td>2000</td>
<td>92</td>
<td>71.9</td>
<td>36</td>
<td>28.1</td>
<td>128</td>
<td>19.00</td>
</tr>
<tr>
<td>2001</td>
<td>67</td>
<td>74.4</td>
<td>23</td>
<td>25.6</td>
<td>90</td>
<td>19.37</td>
</tr>
<tr>
<td>2002</td>
<td>68</td>
<td>80.0</td>
<td>17</td>
<td>20.0</td>
<td>85</td>
<td>19.69</td>
</tr>
<tr>
<td>2003</td>
<td>24</td>
<td>70.6</td>
<td>10</td>
<td>29.4</td>
<td>34</td>
<td>19.21</td>
</tr>
<tr>
<td>2004</td>
<td>41</td>
<td>73.2</td>
<td>15</td>
<td>26.8</td>
<td>56</td>
<td>20.86</td>
</tr>
<tr>
<td>2005</td>
<td>43</td>
<td>75.4</td>
<td>14</td>
<td>24.6</td>
<td>57</td>
<td>21.11</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>77.2</td>
<td>172</td>
<td>22.8</td>
<td>756</td>
<td>19.93</td>
</tr>
</tbody>
</table>

Source: Rehabilitation study, Public Health Agency 2007

The greatest number of patients treated in rehabilitation programmes was observed in 2000 and 2001, which coincides with the time when there was significant growth in several indicators associated with drug addiction; for example, the number of drug users treated in inpatient and outpatient institutions almost doubled; there was a rapid increase in the number of newly detected HIV and hepatitis B/C patients (Narcology Centre/SAA, 2000-2006; AIDS Prevention Centre, 2000-2006).

In recent years, the proportion of women treated in rehabilitation programmes has gradually decreased, although the number treated as outpatients has increased, which may indicate a need for a specific programme (or approach), directed at the treatment and care of female drug addicts.

Examining the number of rehabilitation patients by substances used, the proportion whose primarily-used substance is opioids predominates. Although a proportion of patients who have gone through rehabilitation are problem users of stimulants (amphetamines and cocaine), no real change has been observed in the distribution of the main substances used over the years. Nevertheless, bearing in mind that the number of treated users of amphetamines and other stimulants has shown a rising trend in recent years (SAA 2006; LNFP 2006), it is possible that in future the need will arise for a system of treatment and care which also incorporates a rehabilitation component for stimulant users, similar to that in other countries.

Each year, approximately half of the patients in rehabilitation institutions are aged 19 or less. The observed mean age of patients discharged in 2005 was 21.1 years (95% C.I. – 19.4–22.8), which has gradually increased since 2000 (see Table and Figure below); nevertheless, no significant differences have been observed.
Data on age at which rehabilitation is commenced indicate that females join rehabilitation programmes approximately two years earlier than males.

**Figure 4.6. Mean age of patients in rehabilitation institutions, 1996-2005**

![Box plot showing mean age of patients in rehabilitation institutions from 1996 to 2005.](image)

*Source: Rehabilitation study, Public Health Agency 2007*

The duration of drug use is directly related to the age of patients being treated in rehabilitation institutions; similarly to the observation that in recent years the average age of rehabilitation patients has increased, as had the average period of drug use prior to rehabilitation, which in 2005 was 3.48 years (95% C.I. 2.46-4.49 years) *(see Figure 4.7.)*.

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5 Reflected in individual patient numbers in relevant year.
Figure 4.7. Length of regular use of primary substance before rehabilitation, in rehabilitation institutions 1996-2005\textsuperscript{10}

In 1990 the first drug addiction centre for adults in Latvia was set up in Riga city with the support of the UNODC, and has been operating according to the principles of the Daytop therapeutic commune. In 1991, with the financial support of the Norwegian government; the Saulrīti adolescent rehabilitation collective was established at the drug addiction hospital at Straupe, at which 20 adolescent patients to the age of 18 can be treated simultaneously, while in 1997, with the support of the UN and Latvian Government, a drug rehabilitation centre was established at Rindzele. In 2003, the Dzives Energija [Life energy] rehabilitation centre for children and adolescents began operation. The programmes for all the centres are based on the experience of similar centres in Europe, and have been adapted with the assistance of foreign specialists (Trapencieris 2007).

Rehabilitation programmes for drug-addicted patients are based on medical psychosocial rehabilitation, which is the tertiary component of the drug addicted patient primary, secondary and tertiary treatment network. Serving as the theoretical basis of the psychosocial aspect is the cognitive-behavioural concept, as well as various forms of therapy. (The Riga Rehabilitation Centre for Addicts 2006).

\textsuperscript{10} Reflected in individual patient numbers in relevant year.
Rehabilitation programmes for addicted patients consist of uniformly structured stages. The main tasks in the first stage are adaptation and inclusion in the group, observance of daily regime and rules, acceptance of the prevailing value system at the rehabilitation centre, acceptance of events in the individual's life, and the wish to actively become involved in the restructuring of their lives and for the remainder of their lives. In the second stage, the individual discovers the nature of responsibility. The level of responsibility during this time is increased to the level where the patient learns to accept responsibility for his or her life. Patients in the third stage learn to form contacts outside the commune, and begin to gradually return to society. In the fourth stage adaptation into society takes place, together with the resumption of working life or studies. The major difference between the programmes implemented by rehabilitation institutions is the diverse length of the stages, and their titles and formulations, as well as the division of stages into phases.

The average duration of programmes is 12 months, apart from the juvenile programme at Saulriti, in which the length of the rehabilitation programme is determined by the addiction specialist's recommendation (order), which can be short-term (3 months), medium-term (6 months) or long-term (18 months). In addition to traditional rehabilitation, adolescents at Saulriti are offered the opportunity of studying at school, which is notable as a major positive programme factor, permitting the resumption of studies which have frequently been interrupted due to narcotic use or deviant behaviour.

In the programmes reviewed, the concept of rehabilitation, objectives, tasks, basic principles, main components, the organisational structure of programme implementation, as well as the programmes themselves, are basically identical.

In evaluating the results of programmes, there is little difference between the centres, for example, the resultative indicators of rehabilitation programmes, proportion of clients, formerly in rehabilitation programmes and now in stable remission, resuming work or studies, improvement to general health, reduction in incidence of infectious diseases (HIV/AIDS, virus hepatitis, sexually transmitted and other diseases), client self-evaluation in the catamnesis (stable remission) stage, proportion of clients repeating rehabilitation, the dynamics of the client's psychological and social circumstances during various periods of rehabilitation, the individual's remuneration and taxes earned by the client after resuming employment, the economic and ethical gains to society, by removing the losses, which the user is not causing society during the rehabilitation programme and after its completion. It must be emphasised that evaluation of programme results is regarded as a formal "written on paper" activity, as individual resultative indicators are not capable of
evaluation in principle, can be independent of rehabilitation, or information which may permit the evaluation of results is not being collected.

All rehabilitation centres have their advantages and deficiencies, it is therefore difficult, based on available information, to determine which programme is more effective or has better resultative indicators. The table below reflects the main differences between programmes.

**Table 4.2. Differences in rehabilitation programmes for addicted patients**

<table>
<thead>
<tr>
<th>The Riga Rehabilitation Centre for Addicts</th>
<th>The basis of the Rehabilitation programme is group psychotherapy; development of a new behavioural stereotype, gradual re-acquisition of sense of responsibility and purpose of life, resolution of social issues, and gradual return to normal life. City conditions: - Easier access in Riga by various services, in the form of support from social departments, and public and sporting organisations; Cooperation: - with Norwegian Centre; NA meetings, which have a very favourable impact on the patient's welfare process; patients who have undergone rehabilitation receive the status of &quot;former user&quot; and become involved in the rehabilitation patients' network, which is of great benefit to &quot;new&quot; patients. Former patients become involved with current patients in a joint programme (during instruction and group therapy, sports activities etc) more frequently than is possible in rural conditions. Cultural events: - co-operation with various sporting and recreational organisations; - cultural events and excursions at least once a week. Half-way houses (social houses) Everyday access to specialists, effectively developed working structure with patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rindzele Rehabilitation Centre for Addicts</td>
<td>Recovery programme has similar features to the programme of the Riga Rehabilitation Centre for Addicts, although greater emphasis is placed on occupational therapy. Rural conditions: - Segregation from the urban “drug” life; developed rural work; natural resources (food) Cultural events: - excursions outside the rehabilitation centre at least twice a year (within Latvia). Difficulties for specialists' travelling to work, which leads to lack of staff.</td>
</tr>
<tr>
<td>Adolescent Rehabilitation Centre Saulri</td>
<td>Recovery incorporates psychological sessions, occupational therapy, and compulsory attendance at school. Promotes a healthy lifestyle, constantly increasing the young person’s responsibility for his or her own life. Rural conditions: Segregation from urban “drug” life; Developed agricultural work; natural resources (food) Cooperation: - Cesis Primary School Rozulas; Norwegian centre Cultural events: - excursions outside the rehabilitation centre at least twice a month (museums, circuses, the Zagarkalns Recreation Centre, etc). Daily access to specialists; an effectively developed working structure with patients.</td>
</tr>
</tbody>
</table>

*Source: Rehabilitation study, Public Health Agency 2007*

In addition to information on programmes offered by rehabilitation centres and analysis of statistical data, a quantitative analysis of data acquired during the research was undertaken, which was compared with data from a control group who had participated in a rehabilitation centre programme.
Participating in the survey were 26 males (65%) and 14 females (35%). Average age of respondents was 27.2 years (27.9 for males; 26.0 for females) with a standard deviation of 7 years. The youngest respondent was aged 17; the oldest was 48. Considering respondents in terms of nationality, 28 are non-Latvians and 12 are Latvian. The most frequently cited duration of narcotic use before rehabilitation was three years; the arithmetic mean was 5.9 years, with the longest period being 12 years.

The control group comprised 40 patients from rehabilitation centres (15 from the Riga Rehabilitation Centre for Addicts, 15 from the Rindzele Centre and 10 from the Saulrīti Centre) aged between 18 and 35 years, from whom seven were females; 18 respondents had incomplete secondary education, 11 had completed secondary education, four had general professional education, four with incomplete tertiary education, and three had completed tertiary education; the arithmetic mean of age at which narcotics were first used was 15.7 years.

The majority of respondents had completed a rehabilitation programme relatively recently; three had finished a few months previously; eight in 2006, eight in 2005, and five in 2004. The majority (28 respondents) had completed a full programme of rehabilitation. The number of rehabilitations is not unequivocal; the research data indicate that this had been their first instance of rehabilitation for 28 respondents, while for five and seven respondents respectively; it had been the second and third instance. The information acquired precipitates rather more questions than answers, which indicates the need to establish a unified rehabilitation outcomes evaluation system, which would permit the evaluation of the relative strengths and weaknesses of a particular rehabilitation programme from the outcomes perspective.

Evaluating rehabilitation in general, the majority of respondents, with some exceptions, consider that rehabilitation has assisted them to discontinue the drug use, which is also confirmed by several assessment indicators built in to rehabilitation programmes (re-commencing studies and/or work, establishing a family, etc). Although the criteria mentioned are incorporated in the rehabilitation technology assessment criteria, during the research, information was not acquired that any of the centres systematically conducted patient monitoring once rehabilitation had concluded. Based on this fact, the survey questionnaire included questions which would permit assessment of whether rehabilitation had positively affected the areas of status-enhancing activities, education acquired or family circumstances.

Prior to commencing rehabilitation, six respondents had not completed primary education, 12 had completed primary education, 12 had not completed
secondary education, 6 had completed secondary education, two had secondary professional education and two had incomplete tertiary education. The majority of respondents improved their level of education by at least one level, for example, going from incomplete primary to secondary or secondary professional education; from primary to secondary or tertiary education, etc. (see Table), which could indicate the effectiveness of the rehabilitation programme. Nevertheless, it must be noted that care must be taken in clarifying this indicator, since only a relatively small number of people who have fully or partly undergone rehabilitation has been surveyed, and this could provide a misleading impression.

**Table 4.3. Respondents’ education, before and after rehabilitation, in absolute numbers**

<table>
<thead>
<tr>
<th>Before Rehabilitation</th>
<th>After rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incomplete primary</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>2</td>
</tr>
<tr>
<td>Primary</td>
<td>4</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>8</td>
</tr>
<tr>
<td>Secondary</td>
<td>1</td>
</tr>
<tr>
<td>Vocational</td>
<td></td>
</tr>
<tr>
<td>Incomplete tertiary</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
</tr>
</tbody>
</table>

*Source: Rehabilitation study, Public Health Agency 2007*

Examing respondents’ employment, there is an observable trend that, similarly to the situation regarding education, respondents indicate a move from unstable and irregular working relations before commencing rehabilitation, to full time work for 31 respondents.

A number of respondents established families after completing rehabilitation, but it would be necessary to conduct detailed research in this area, to draw more definite conclusions on the family and family relationships, for example, by utilising various standardised and knowledge based research instruments.

Respondents from both the target group and the control group were asked on perceived social support (MSPSS – Zimet et al., 1988), and access to life events (The Goals Scale – Snyder et al., 1991).

Examination of the results (see Table 4.4.) reveals statistically significant differences between the target and control groups in the centre of the MSPSS sub-scale on support from the family (p<0.05) and others (p<0.01); while in the Goals Scale (GS), only the objective achievement planning sub-scale (p<0.05). It indicates that former rehabilitation patients more often sense that they receive support from the family and other close persons, in comparison with other patients.
Table 4.4. Differences in MSPSS and GS sub-scales between target and control groups

<table>
<thead>
<tr>
<th>Perceived Social Support</th>
<th>Target group n=40</th>
<th>Control group n=40</th>
<th>Student coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Support from others</td>
<td>7.33</td>
<td>3.86</td>
<td>1.93</td>
</tr>
<tr>
<td>Support from family</td>
<td>5.00</td>
<td>6.98</td>
<td>2.00</td>
</tr>
<tr>
<td>Support from friends</td>
<td>2.85</td>
<td>5.35</td>
<td>3.08</td>
</tr>
<tr>
<td>Goals Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning achievement of objectives</td>
<td>25.78</td>
<td>4.68</td>
<td>23.23</td>
</tr>
<tr>
<td>Purposefulness</td>
<td>25.30</td>
<td>4.67</td>
<td>23.10</td>
</tr>
</tbody>
</table>

p<0.05*; p<0.01**

*p<0.05*; *p<0.01**

Source: Rehabilitation study, Public Health Agency 2007

However, commencing to drug treatment and being in remission for a long time indicate that the situation can change, as indicated by the research results; i.e., that former drug users in remission (1–11 years) sense significantly more support from the family and close persons, than in the primary stages of remission. This is evidence of the fact that former patients form positive and supportive relationships within the family and with close persons.

The research results indicate that the support sensed from friends does not fundamentally differ between current and former patients; current patients have slightly higher results, possibly indicating that former rehabilitation centre patients receive sufficient support from fellow group members, with whom they have formed positive and supportive relationships. This reflects one of the aims of rehabilitation centres, which anticipates the creation of a secure and supportive atmosphere, in which patients can sense the support, which is one of the criteria which guarantees positive recovery results.

Statistically significant in terms of access to life events are only the differences in the achievement of aims planning subscale. Analysis of the results reveals that former patients more frequently plan to achieve objectives than patients in the initial phase of rehabilitation, which is related to the fact that former patients are more capable of identifying objectives and planning how to achieve or implement them. It may be accepted that former patients from rehabilitation programmes are capable of finding effective ways of achieving the objectives they have set (Ho-Yee, & Shek, 2001).

Examining the results (see Table 4.5.), statistically significant differences are evident between the MSPSS and GS between all subscale indicators. A statistically significant and positive connection exists: objective achievement planning and support from others, support from family, support from friends; as well as purposefulness with support from others, support from family, support from friends.
However, in the Control Group (See Table 4.6.) there are no observable statistically significant differences in the MSPSS and GS sub-scales, which indicates that individuals who have competed the rehabilitation process are capable of successfully resolving various life situations.

**Table 4.5. Interconnections (Pearson Criterion) between MSPSS and the GS sub-scales in the target group**

<table>
<thead>
<tr>
<th>Planning achievement of objectives</th>
<th>Purposefulness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from others</td>
<td>0.67**</td>
</tr>
<tr>
<td>Support from family</td>
<td>0.58**</td>
</tr>
<tr>
<td>Support from friends</td>
<td>0.40**</td>
</tr>
</tbody>
</table>

p<0.05*; p<0.01**

*Source: Rehabilitation study, Public Health Agency 2007*

**Table 4.6. Interconnections (Pearson Criterion) between MSPSS and the GS sub-scales in the control group**

<table>
<thead>
<tr>
<th>Planning achievement of objectives</th>
<th>Purposefulness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from others</td>
<td>0.05</td>
</tr>
<tr>
<td>Support from family</td>
<td>0.18</td>
</tr>
<tr>
<td>Support from friends</td>
<td>0.07</td>
</tr>
</tbody>
</table>

p<0.05*; p<0.01**

*Source: Rehabilitation study, Public Health Agency 2007*

4.3. PDUs from non-treatment sources

4.3.1. Previous research in Latvia

In 2003 in Latvia, as part of the *Phare 2000* programme, the largest research ever conducted on the drug use prevalence in Latvia was undertaken (Koroleva et al., 2003). This project included several quantitative surveys; a general population survey \( n=4534 \), survey among students of comprehensive/vocational educational institutions \( n=10847 \); a survey of convicted persons \( n=2687 \), a survey of students \( n=546 \), and a survey of drug users in Riga \( n=64 \), with the common aim of ascertaining the prevalence of drug use and habits of various groups. Based on the results of that research *State Program on Drug Control and Drug Addiction Restriction 2005–2008* was developed.

The main aim of the drug users’ study was to acknowledge the problems and needs of drug users, to evaluate existing forms and the effectiveness and recognition of existing programs, and to calculate the number of problem drug users in Riga utilising the *treatment multiplier* method. The survey method for drug users was face-to-face interviews, following a previously developed form, using the general snowball selection method for the selection and recruitment of respondents.
A similar survey \((n=25)\) of drug users utilising the snowball method was undertaken in Riga in 2004. The aim of this survey was to evaluate the possibility of undertaking a similar but broader research among drug users, and to ascertain customs of drug use, substances used, and to draw social networks.

4.3.2. Data from the 2006 cohort study

2006 NR includes general information on the study conducted among injecting drug users in 2006. The sample size of the study was 555 IDUs in 13 cities in Latvia.

68% of respondents were male and 32% female. Similar results of gender distribution were obtained in the 2003 survey of drug users (36% female), although the selected sample was considerably smaller and the target group included also those who had not used drugs during the previous month.

Such a proportion of gender distribution among intravenous drug users is different in comparison with previously compiled information on the proportion of females among intravenous drug users in Latvia, both in terms of TDI data, and data from examinations undertaken by the SAA (police data) (respectively 24% and 14% female) (see Figure 4.8.).

Possible explanations for differences in relation to treatment indicator gender proportion distribution:

- females cope more easily themselves with dependency problems turned to treatment institutions for assistance more rarely, and therefore,
- females more frequently seek anonymous assistance from private treatment institutions, which do not provide data on patients.

In relation to the police data data, one explanation mentioned is that females possibly become involved in criminal activities more rarely, thereby not coming under police scrutiny, which is the main cause of sending for analysis.
The mean age of drug users surveyed is 29.8 years, median – 28 years, and mode – 24 years. 26% of drug users surveyed are aged between 20 and 24, 23% between 25 and 29, 12% between 30 and 34, 14% between 35 and 39, 8% between 40 and 44; and 8% between 15 and 19 (see Figure 4.9). No statistically significant differences in gender distribution have been observed.

Figure 4.9. Age of respondents, in per cent

One third (34%) of surveyed injecting drug users had tried drugs for the first time before the age of 15, 49% between the ages of 15 and 19, 12% 20–24. First drug use after age 25 was very rarely mentioned (by less than 5%). No statistically significant differences were observed in gender distribution.
Interesting trends were observed to in relation to the age at which drugs were first tried and the total length of drug use. Of the "new users", those who had started using drugs less than two years ago, slightly more than half (54%) had begun using narcotics between the age of 15 and 19, as compared to users with 10 to 15 years' total drug use length, who had started their drug career before the age of 15.

It must be noted that there were relatively few respondents who had quite recently started using drugs (less than two years); this may be explained by the fact that they are relatively unknown to other drug users, and so the possibility that other users will regard them as friends or acquaintances (which was the basis of their recruitment) is reduced.

**Figure 4.10. Total length of drug use**

In order to more precisely ascertain whether the commencement of drug use among problem drug users has really reduced, as the results of this study are indicating, but which contradict the ESPAD study among 15–16-year-old school children where first experiences with any illegal drugs are before 15, research directed specifically at "new" drug users should be undertaken.

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11 Total length of drug use (in years) is calculated by taking current age and subtracting age of first use. There might be deviations because it is unknown if a person has stopped using drug for some time.
The research results indicate that cannabis is not the substance unequivocally most often named by respondents as the substance first tried. In terms of percentage, the substances most often named by respondents as first tried were “hanka”12 (26%), followed by cannabis (19%), heroin (17%), amphetamines (17%), ephedrine (13%).

Significant differences have been observed depending upon the total length of drug use; new drug users, those who have started using drugs relatively recently, (less than two years ago), have mentioned hanka noticeably less often than those respondents whose drug career is greater than 15 years; rather “new” users begin their careers using amphetamines.

The figure below depicts the detailed distribution of responses regarding those substances exceeding 10% in any of the substance groups.

Figure 4.11. History of first drug use

One of the explanations might be related to the drugs available, which in turn is related also to the market demand. In recent years, according to State police data, an ever-increasing growth in amphetamines and other stimulants on offer has been observed. A similar situation has been also observed in the treatment system, in

12 Home-made opioid from the extract from poppies
which an increase in patients with stimulant, mainly amphetamines, dependency syndrome has been observed in recent years.

To ascertain whether any particular conditions exist for amphetamines or other stimulants being selected by new drug users, rather than hanka or heroin, it would be necessary to conduct qualitative research among precisely these users.

The survey form included questions on HIV and hepatitis B/C infection, which are among the main infectious diseases from which intravenous drug users suffer. As this research was not planned as research on prevalence, with biological samples to check respondents’ replies, deviations from the real situation are possible.

From the drug users surveyed, slightly more than two thirds (70%) had undertaken at least one test for HIV. The majority of those had been tested in 2005 and 2006. According to the survey results, the final test results had been positive for 14% of those tested for HIV (10% of all respondents).
5. Drug-Related Treatment

In this chapter, a summary will be provided on existing models of drug treatment and care and quality guidelines and standards in Latvia, together with proposals on essential improvements in the system. In addition, the development of psychosocial and substitution therapies (methadone, buprenorphine) in Latvia will be considered.

5.1. Treatment system

The NR for 2005 and 2006 describe the drug addiction treatment system in Latvia and its deficiencies.

5.2. Drug free treatment

No new information available.

5.3. Pharmacologically assisted treatment

Methods of treatment of opioid users, widely used throughout the world, are utilised in Latvia, utilising the principles of replacement therapy (WHO guidelines, WHO/EMCDDA toolkit No.8). Two replacement therapy programmes have been implemented in Latvia: methadone replacement therapy and buprenorphine replacement therapy.

A methadone replacement program has been operating in Latvia since 1996, while buprenorphine – since 2003. The development, admission requirements and problems for both therapy programmes in Latvia had been described elsewhere, and therefore will not be considered in this chapter (WHO, 2004; Subata, 2000; NR2006).

It is worth mentioning that Latvia has the lowest number of patients treated in methadone programmes, both in the Baltic States and the old and new member states of the European Union, both numerically, and by percentage, and furthermore, that conditions for excluding patients from the programme are among the strictest in Europe, which is in contradiction to the basic principles of harm reduction programmes; as well as not achieving the expected result.

Even though the methadone replacement therapy programme has been in place for more than 10 years, no structured approach has been implemented for evaluating programme outcomes, i.e. whether the patients who have been accepted
and treated for a long time under the programme have improved their quality of life, or whether it offers any benefit to society in general.

In 2007, the UNODC-led project: HIV/AIDS Prevention and Care Among Injecting Drug Users and in Prison Settings in Lithuania, Latvia and Estonia, began, in which one of the objectives is the expansion of replacement therapy programmes throughout all the Baltic States. As part of the project it is planned to draft the necessary changes to legislation and evaluate the evil reduction program introduction in various environments, such as the expansion of the existing programs or introduction of new programs.

5.3.1. Methadone maintenance therapy

Examining the existing situation regarding the prevalence of methadone replacement therapy in Latvia, it is observed that the greatest number of treated patients was in 2000, when by the end of the year, 107 patients were being treated in the program. In recent years a number of patients has reduced by almost half, so that, for example, at the end of 2006, 55 patients were being treated in the program (See Table 5.1.). The table also depicts the number of patients treated in the programme during calendar year, which more precisely characterises at least a short-term benefit harm reduction in the number of individuals.

Table 5.1. Characteristics of clients in methadone maintenance treatment

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients at the end of reporting year</td>
<td>107</td>
<td>88</td>
<td>67</td>
<td>69</td>
<td>54</td>
<td>53</td>
<td>55</td>
</tr>
<tr>
<td>Number of new clients</td>
<td>17</td>
<td>11</td>
<td>8</td>
<td>21</td>
<td>16</td>
<td>15</td>
<td>NA</td>
</tr>
<tr>
<td>Number of clients removed from the program</td>
<td>35</td>
<td>29</td>
<td>29</td>
<td>23</td>
<td>32</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Annual total for program</td>
<td>142</td>
<td>117</td>
<td>96</td>
<td>92</td>
<td>86</td>
<td>73</td>
<td>78</td>
</tr>
</tbody>
</table>

Source: State Addiction Agency 2006

28 females (26%), were treated under the programme in 2006, which in terms of percentage is slightly higher than the proportion of females (21%) commencing treatment for the first time in 2006.

As no structured system or method (other than the Register) for gathering additional information on drug users has been implemented in Latvia, then socio-demographic information on patients treated under the programme has been obtained by combining the data base of outpatients of the RPAC which contains information on treatment episodes with data from the Register, which partly reflects information developed by the Pompidou Group (PG) and implemented in the TDI. Analysis of the methadone replacement therapy client data also reveals several

13 Discrepancies with the TDI are considered and explained in the National Reports for 2005 and 2006.
significant deficiencies in the system of drug addiction treatment data recording, which are noted at the end of this subsection.

For more than half (58%) of the clients in the methadone replacement therapy programme in 2006, the first drug treatment episode was before 1998. Combining both data sources, there is no information on how long after the first treatment these individuals were treated in the methadone programme. The majority of programme clients (88%) indicated opioid use or dependency syndrome as their first diagnosis (F11), while two clients (3%) recorded diagnoses related to alcohol (F10), and four clients (5%) recorded diagnoses of using several substances or dependency syndrome (F19).

The majority of patients in the methadone programme (60%) had completed secondary education\(^{14}\); one patient had completed tertiary education, while the remainder had completed primary education or had not completed primary education. It was observed that patients in the methadone program, who had commenced treatment earlier (e.g. before 1991), had a higher level of education than those who had started treatment after 1991, which is due to the education system in which the acquisition of secondary education was compulsory; 80% of patients who had started treatment before 1991, compared to 54% of patients who had started treatment after the regaining of independence, had secondary (or professional) education.

The majority of patients (59% or 55) in the methadone programme were unemployed. Both employment and education are among the main indicators by which the effectiveness of the methadone program can be evaluated, although information is not available on whether the situation has improved in these areas, after enrolling in the programme.

The average age at which treatment began for patients in the methadone program is 28.4 years, while the present average age is 37.6 years (the youngest patient is 20, the oldest is 54).

For 55 of the 78 patients in the programme, the first recorded diagnosis is the only record in the Register, and they are dated before 2004, it may, therefore, be considered that for the majority of patients in the methadone programme the information in the Register (occupation, education, diagnosis, substances used, etc) on these patients is out of date and may not reflect the present situation. Thus it is not possible to examine changes in the level of education, the family situation, etc.

\(^{14}\) Education level as at time of first treatment
6. Health Correlates and Consequences

6.1. Drug related deaths and mortality of drug users

In Latvia, information regarding deaths and mortality among drug users is compiled and analysed by two institutions: Health Statistics and Medical Technologies State Agency (HSMTSA) and the State Forensic Medicine Centre (SFMC). The HSMTSA operational objective is to ensure the acquisition, processing and analysis of health care information and statistical data (Cabinet Regulation No.82 of 1 December 2005: Health Statistics and Medical Technology State Agency By-Law), based on an information technology database and scientific evidence. The LNFP basically cooperates with the HSMTSA Health Statistics Department (HSD), whose main task is to organise the gathering of information relating to health and health care at the national level; and its processing, analysis, and submission to the Republic of Latvia Ministry of Health and Central Statistics Board, as well as to international organisations. The HSD maintains the following databases: causes of death database (GMR), health protection statistical State Program database, inpatient's bed fund, health care indicator database, and the State Register of births. Data provided by the HSD is utilised for completion of the EMCDDA standards table.

Compared with 2005, significant changes have not occurred in the number of deceased persons in 2006, namely, in 2005 there were 14 deaths registered in relation to drug use, while in 2006 there were 17 such cases. Of these 17 cases, 15 were males and two were females. The direct cause of death for 11 persons was an overdose of drugs.

Figure 6.1. Deaths attributed to use of drugs, in absolute numbers 1996–2006

![Bar chart showing deaths attributed to use of drugs, in absolute numbers 1996–2006.](Image)
The average age of deceased persons was 25.7 years, but most often the deaths associated with the use of drugs were recorded for persons aged between 15 and 34 years. Last year, not one death case was registered associated with the use of drugs by persons below the age of 15 years or older than 39 years. A more detailed distribution may be seen in table 6.1.

Table 6.1. Death cases related to the use of drugs in 2006

<table>
<thead>
<tr>
<th>Age</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20–24</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>25–29</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>30–34</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>35–39</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Health Statistics and Medical Technologies State Agency 2006

It must be emphasised that since 2003, the average age of deceased persons has reduced, while over a 10-year period since 1996, the average age of deceased persons has reduced by 6.3 years.

The decrease of mean age is related mainly to changes in the use of drugs, both in the substances themselves, and in their method of admission.

A comparatively rapid increase in the incidence of fatalities (Figure 6.1.) was observed from 1999, and continued until 2002, remaining almost unchanged for the next three years. The rapid rise and fall is related to two fundamental problems: data recording problems and an increase in the quality of heroin available during the time in question. The majority of deceased persons were males aged between 20 and 29 (HSMTSA 2006).

It is emphasised that the existing data must be evaluated critically, and that the actual number of deceased persons is possibly much greater, firstly, because analyses have not been conducted for all deceased persons, which would reveal intoxication with narcotic or psychotropic substances, and secondly, because the possibility exists that the substances which have caused death are of a type which dissipate rapidly. That creates the need to implement and develop much more powerful technologies, and to conduct training of the experts involved.

6.2. Drug related infectious diseases

6.2.1. HIV/AIDS

Similarly to SAA, the AIDS Prevention Centre is being reorganised, whose functions tasks and contacts have been taken over by the PHA (Cabinet Order No. 17 of 10 January 2007: On the Reorganisation of the Aids Prevention Centre). The
main task of this unit has remained the same, i.e. the development of a policy for reducing the spread of HIV/AIDS, and its development and maintenance in the State.

In 2006, a total of 153,193 blood samples were examined, which is 33,566 samples more than in 2005, and 698 tests were conducted to confirm the diagnosis of HIV, 141 tests less than in 2005 (AIDS Prevention Centre 2006).

During the period from 1987, when the first HIV infected person was registered in Latvia, until the end of 2006, a total of 3,631 cases of infection with HIV were registered, and 447 persons were registered with AIDS. The number of persons with AIDS has increased by 53 during the year. During 2006, a total of 299 new cases of HIV infection were registered. In this indicator has remained precisely unchanged since 2005, when 299 new cases of infection were registered. Since 2002, the number of new cases of HIV infection has reduced, or, as in 2005 and 2006, has remained unchanged, although the number of persons with AIDS has continued to rise each year. This may possibly be explained by the fact that changes in method of admission of drugs, or by the operation of needle exchange points.

Also in 2006, the majority of persons infected with HIV (108), had used drugs intravenously. 87 persons had become infected heterosexually, and 15 persons had become infected through homosexual contacts. In five cases, a mother had infected her child. The number of cases where transmission was unexplained is great, namely 84 cases. Each year, the number of persons infected by heterosexual contact increases, as does the number infected via the mother-child transmission route.

Table 6.2. Prevalence of HIV infection by transmission groups in Latvia, 1987–2006

<table>
<thead>
<tr>
<th>Mode of transmission</th>
<th>Absolute number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>154</td>
<td>4.2</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>547</td>
<td>15.0</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>2374</td>
<td>65.3</td>
</tr>
<tr>
<td>Mother-child</td>
<td>17</td>
<td>0.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>539</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3631</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: AIDS Prevention Centre 2006

In 2006, there were 186 males and 113 females newly diagnosed with HIV. Compared with 2005, the number of infected males is slightly reduced, while the number of infected females has increased (AIDS Prevention Centre 2006).

For several years, the AIDS Prevention Centre has conducted research regarding the prevalence of HIV and use of drugs. The most important of these researches are: „HIV/AIDS and STD prevalence study among prostitutes working in Riga streets and pubs” (2002), „Second generation HIV surveillance among IDU” (2005).
„HIV/AIDS and STD prevalence study among prostitutes working in Riga streets and pubs“ (2002). This research was conducted from September 2002 until December 2002 in Riga in A. Caka Street and its surroundings, the Central Railway Station, and the Darzini railway territory. Two main objectives were proposed in the research: to determine the prevalence of HIV among prostitutes, and to identify practices in the use of drugs and sexual behaviour of prostitutes. Parallel to attaining these objectives, two further independent research studies were undertaken: the acquisition of saliva samples, and base epidemiological information, and detailed research utilising a questionnaire, into sexual behaviour and practices in drug use. Involved in the research were street field worker clients i.e. prostitutes. Saliva samples and base epidemiological information were collected by three street social workers, while detailed questioning on HIV/AIDS/STD behaviour models using survey questionnaires was undertaken by students of the Social and Public Health Departments of the Riga Stradins University and the University of Latvia. Students, together with street field workers, took to the streets, but to ensure the anonymity and quality of replies, the field workers did not participate in the completion of questionnaires.

During the research, a total of 92 survey questionnaires were completed, and 92 saliva samples were taken. The compiled results revealed that the average age of the surveyed prostitutes was 25.7 years (minimum age 15; maximum age 47). 6.5% of all prostitutes were not of adult age. More than half of the survey respondents (55.5%) had either completed or incomplete primary education, while the remainder had been educated to secondary school level. A substantial trend was revealed in the research, namely that respondents who acknowledged that they used or had used drugs, had begun working as prostitutes, on average, five years earlier than those respondents who denied using drugs. This fact indicates a connection between the use of drugs, prostitution, the level of education, and with that, also with social exclusion. The research also revealed that several other connections, namely, that prostitutes at the moment of interview, who had used drugs during the previous week, had more than twice as many clients, but the payment for services provided was on average, ten Euros lower than respondents who indicated they did not use drugs.

Respondents were questioned about the use of condoms. 87% of respondents indicated that during the previous 30 days, they had always used condoms, 12% admitted that they had used condoms almost always, and only 1% had not used them at all. At time of interview, 39% of prostitutes, had a sexual partner or partners who were not clients. In these relationship, 42% of respondents regarded that the use of condoms was not essential, and furthermore, during their
previous sexual contact, 71% had not used a condom, explaining that with their own or their partner's dislike of condoms, or the utilisation of other methods of contraception. These replies possibly indicate both a lack of knowledge, and a casual attitude towards their own health and the health of their partner. 90% of surveyed prostitutes mentioned that they obtained condoms from street social workers; the remainder acquired them in shops, pharmacies, or elsewhere.

The majority of respondents (75%) had tried drugs at least once in their lifetime, while 63% indicated that they had used drugs during the last 30 days. Of these persons, 62% indicated that they had used injecting drugs during the last month. This fact is interesting as it confirms the previously mentioned connection between prostitution and the use of drugs, namely that the majority of prostitutes became involved in prostitution in the same year, or slightly after commencing the use of drugs.

The average period of drug use for surveyed respondents was 40.3 months, while the average age at which drugs had been injected for the first time was 19.2 years. According to respondents, the substances used most often during the last month were heroin (89.5%), amphetamine (26%), tranquillisers (16%), marijuana (14%), cocaine (12%), ephedrine (12%), heroin and cocaine together (4%) and barbiturates (2%).

More than half the prostitutes used injecting drugs two and three times a day; 12% around once a day, and 11% four or more times a day.
Figure 6.2. Frequency of use of injecting drugs during last 30 days among surveyed drug injecting prostitutes

Source: HIV/AIDS and STD prevalence study among prostitutes working in Riga streets and pubs, AIDS Prevention Centre 2002

73% positively indicated that they never used previously used syringes, although a comparatively large number of prostitutes (23%) indicated that they occasionally used previously used syringes; 2% indicated that they would do so about half the time, and another 2% said that they had almost always used a previously used syringe.

On the whole, the knowledge of surveyed prostitutes on the possibility of infection and symptoms of HIV/AIDS and other STDs can be rated as low. Many females thought it was possible to become infected with HIV from insect bites or from eating from the same plate as an infected person, but did not think, or did not know, that a mother infected with HIV could infect the still unborn child or a newly born child by breast-feeding it.

For 13% (11) of prostitutes, the previous HIV test result had been positive, and nine of them admitted that they were drug users. Regarding the saliva testing conducted, 16% of prostitutes tested positive for HIV and of these, almost all were drug users.

The majority of prostitutes emphasised that they maintained contact with field social workers and exchanged syringes, and received condoms, but 8% of respondents had never met a social worker (AIDS Prevention Centre. „HIV/AIDS and STD prevalence study among prostitutes working in Riga streets and pubs” 2002).

It is possible that at the moment, the situation has improved considerably, both regarding previously used syringes, and the level of awareness of HIV/AIDS and STDs, and the possibility of becoming infected with these diseases, since at the time the surveys were being conducted, needle exchange points and social workers had
just started working on a much broader level. Likewise, various informative campaigns and actions were being conducted increasingly frequently.

At the moment in Latvia it would be necessary to conduct a repeated study into this particular risk group, especially bearing in mind the fact that in recent years, the heterosexual transmission of infectious diseases had particularly increased. New research would help to undertake a comparative analysis, and discern any changes during a given period of time.

„Second generation HIV surveillance among IDU‖ (2005). This research, conducted in March, April and May of 2005, has already been described to some extent in the previous National Report, although it will be described in more detail here. The research aim was to ascertain the prevalence of HIV, and practices in drug use among injecting drug users among clients at HIV prevention points. The method selected was a questionnaire, and HIV testing with the consent of the person. Both materials were allocated a single number, permitting later analysis of respondents’ risk behaviour. Forms and blood samples were collected from all HIV consultative points, acquiring 325 forms and blood samples.

Primary HIV examination was conducted by using express tests. In the event of a reactive result, an intravenous blood sample was taken.

The group participating in the survey comprised 70% males and 30% females, which allows the conclusion that the majority of clients at the consultative point were males. The average age of respondents was 29.5 years, although the majority of respondents were aged between 19 and 29 (again mainly males). In terms of percentage, the majority of respondents under 18 were females. 53.5% of respondents were Russian, 31.7% were Latvian, 5.8% were Roma (gypsies), and 8.9% were members of other nationalities. The majority of users, 55.6%, were residents of Riga, of which one third resided in the suburb of Latgale (Second generation HIV surveillance among IDU 2005). The suburb of Latgale is one of the poorest regions, and the most susceptible to criminal activity, in Riga. In this region, a proportionately greater number of crimes related to drugs are committed.

For 22%, or 71 users, the HIV test result was positive. Of those, 13% were diagnosed with HIV for the first time. For females a HIV positive blood sample was found in 28% of samples, and for males – in 19%. Here too a trend may be seen for HIV infection to be more widespread among females. Almost all respondents diagnosed with HIV had used drugs for more than two years.

60% of respondents had used injecting drugs during the previous month, and altogether 87% admitted using drugs by injection for more than two years.
26%, or 50 respondents, while using drugs during the previous month, had used communal injection equipment; furthermore, 20% of these respondents had already known previously that they were infected with HIV. These indicators basically reveal drug addiction to have the signs of a very serious illness, namely, an absolute lack of interest about one’s own health or the health of others, creating a serious risk of infecting other users. The majority of these users did note, however, that before using, they always cleaned the syringes; only 4% indicated they had never cleaned syringes before using them.

75% of respondents had exchanged used syringes and needles for new ones with field workers or at the consultative point, although 57% had never done so with a field worker and 45% had never done so at a consultative point. The survey revealed that the less time someone had been using drugs, the less often they had exchanged syringes with a field worker or at a consultative point, and secondly, the longer they had been using, the more frequently had syringes and needles being exchanged. This most likely indicates that new users have not yet formed stable contacts with street field workers, and also possibly a lack of knowledge of the operation of the consultative points.

Respondents were also given questions on the principles of sexual relations. 68% indicated that they had used condoms at least once during the previous 30 days, while 20% had not used them at all. Respondents who knew that they were infected with HIV, most often, 37% had always used condoms during sexual relations during the previous month, 19% had never used them, 13% had only use them on some occasions. During sexual activity in the previous month, females had most frequently never used contraception: 29%; males: 19%. 68% of users who had a permanent sexual partner indicated that they had never used condoms during the previous 30 days, while 15% of respondents who did not have a permanent partner, did not use a condom.

The non-use of condoms, as admitted by females, partly explains their greater incidence of infection with HIV.

This research conducted in 2005 was not the first second-generation HIV/AIDS epidemiological monitoring research among intravenous drug users. The first such research was conducted in 1997 and later in 2001, 2002 and 2003. In these years, the epidemiological monitoring involved only the clients of the Riga consultative point, although for comparative purposes it is noted that the spread of HIV among those persons increased from 3% in 1997 to 21% in 2002. In 2003 and 2005, prevalence remained relatively unchanged.
Present trends indicate that the prevalence of HIV among intravenous drug users has stabilised, and for the time being, with the market and practices associated with illegal substances not changing rapidly, it could remain constant, within the range of 22%. Indicators relating to the common use of injection equipment are also slowly stabilising (Second generation HIV surveillance among IDU, AIDS Prevention Centre 2005).

6.1.1. Hepatitis B/C

In Latvia, the PHA has responsibility for the monitoring of hepatitis B and C.

Until 2001, a rapid escalation of hepatitis B infection was observed in Latvia, both in general, and among injecting drug users. However, a reduction in the incidence of hepatitis B infection has been observed after 2001. In 2006, there was a very slight reduction in the overall registration of infection with hepatitis B, accompanied by a slight increase among the injecting drug users. More than 90% of all injecting drug users infected with hepatitis B were males.

Figure 6.3. Incidence of hepatitis B and C among injecting drug users, 1998–2006

A similar situation is observed also with regard to the prevalence of hepatitis C infection, i.e. a growth in morbidity was observed until the year 2000, but after 2000, a reduction in the incidence of infection. This applies also to infection with hepatitis C among intravenous drug users.

All injecting drug users diagnosed as infected with hepatitis C during 2006 were males.

The numbers which reveal the prevalence of both hepatitis B and C indicators in Latvia, including those among intravenous drug users, must be evaluated very critically, as the real incidence of infection is much greater. This is particularly
dangerous regarding hepatitis C, which can remain undetected for many years, while creating irreversible and dangerous consequences to the health and life of the individual.

The reduction in the incidence of hepatitis B and C infection among intravenous drug users can possibly be explained by intensive work by the AIDS Prevention Centre in the establishment and development of needle exchange points, as well as the appearance of new usage trends and changes in society.

Each year several public actions take place in Latvia, with the purpose of inviting people to check whether or not they have hepatitis C, and to provide blood samples for analysis, as well as to donate blood, and later to be informed and interested regarding the results of the analysis. Likewise, individuals in society are invited to vaccinate themselves against hepatitis A and B (PHA 2006).

6.1.2. STDs and tuberculosis

One of the objectives of the PHA is the monitoring of other infections and parasitic diseases, other than HIV/AIDS and hepatitis B and C. According to PHA data, in 2006, 483 cases of infection with syphilis were registered; 746 with gonorrhoea, 820 with chlamydia, and 11 with trichinelosis. Overall infection with these diseases in comparison to 2005 has increased in all positions except trichinelosis.

It must be noted, that the spread of other STDs is not analysed in relation to the use of injecting drugs.

Infection with tuberculosis in Latvia is monitored by the State Agency of Tuberculosis and Lung Diseases (SATLD). The main aim of this agency is prevention of infection with tuberculosis and lung diseases throughout the State. In Latvia each year the dual diagnosis of HIV/tuberculosis is increasing, which indicates a relationship with the use of drugs.
Figure 6.4. Morbidity of HIV and tuberculosis dual infection in Latvia, 2000–2005

The overall morbidity of tuberculosis in Latvia (among adults and children) since 2001 is reducing. Also deaths of tuberculosis are reducing a little; still number of deaths is high.

Table 6.5. Morbidity of tuberculosis in Latvia 2000–2006

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbidity with tuberculosis in absolute numbers</td>
<td>1715</td>
<td>1729</td>
<td>1540</td>
<td>1481</td>
<td>1373</td>
<td>1238</td>
<td>1144</td>
</tr>
<tr>
<td>Per 100 000 inhabitants</td>
<td>70,5</td>
<td>72,9</td>
<td>65,4</td>
<td>63,3</td>
<td>59</td>
<td>53,5</td>
<td>49,7</td>
</tr>
<tr>
<td>Children in absolute numbers</td>
<td>144</td>
<td>162</td>
<td>111</td>
<td>110</td>
<td>110</td>
<td>87</td>
<td>93</td>
</tr>
<tr>
<td>Deaths in absolute numbers</td>
<td>300</td>
<td>283</td>
<td>214</td>
<td>222</td>
<td>184</td>
<td>182</td>
<td>175</td>
</tr>
<tr>
<td>Deaths per 100 000 inhabitants</td>
<td>12,3</td>
<td>11,9</td>
<td>8,3</td>
<td>8,7</td>
<td>7,3</td>
<td>7,3</td>
<td>7,3</td>
</tr>
</tbody>
</table>

Tuberculosis is nevertheless most often associated with unfavourable standards of living, and the use of drugs and alcohol. A more detailed analysis of tuberculosis in relation to the drug use in Latvia is not undertaken here, although the agency responsible emphasises the existence of problems associated with tuberculosis in places of incarceration, and along with that, a relationship with the use of addiction inducing substances (SATLD 2006).

6.3. Psychiatric co-morbidity (dual diagnosis)

No data available

6.4. Other drug-related health correlates and consequences

No data available
7. Responses to Health Correlates and Consequences

7.1. Prevention of drug related deaths

No new information available

7.2. Prevention and treatment of drug related infectious diseases

7.2.1. Prevention

AIDS Prevention Centre each year introduces and implements projects associated with reducing the spread of HIV/AIDS, STDs, hepatitis and tuberculosis. The most important projects of the Centre in the period to 2007 have been the following:

The preparation of law enforcement agency staff for work with drug users, utilising the multimedia training method. The aim of the project was to improve the capabilities of police officers in dealing with drug users, and promoting understanding of harm-reduction programs in Latvia. The project took place during the period 2005-2007 in cooperation with the public policy Centre Providus. As part of the project, 50 regional seminars were conducted, entitled Police, Narcotics and AIDS, in which 750 state and local government police officers were prepared for work with drug users.

The broadening of a co-ordinated and all-encompassing HIV/AIDS prevention network among drug users and transition groups. The project is operating between 2006 and 2009, and its aim is to form a transnational and unified and coordinated low threshold prevention network in the Baltic States, in order to achieve a further reduction in the spread of HIV in the main risk group and other risk groups. As part of the project, Latvia is cooperating with Lithuania, Estonia, Bulgaria, and Finland. Project events include: the development of a cooperation model, the development of a unified service standard and criteria for epidemiological monitoring and conducting research on the spread of HIV and risk factors, and to improve the capabilities of staff.

Opportunities for broadening the treatment and care of HIV/AIDS and tuberculosis patients and the promotion of prevention in the health care system in the Baltic states. The aim of the project is to reduce the spread of HIV and tuberculosis in the Baltic states, and its implementation in Latvia is being co-ordinated by the AIDS Prevention Centre and the SATLD.

I agreed – I was captured. In 2006, small animation film was produced on the prevention of drug use and its consequences. The project was implemented in
cooperation with the RAPC and the Latvian Academy of Art. The aim of the project was to promote understanding among young people aged 13 to 18, on the use of drugs in relation to the risk of transmission of HIV and other infectious diseases.

The prevention of HIV among young women. This project was implemented in 2006, and included educational and informative events for young women, which at the moment are one of the groups most at risk.

The involvement of young men in activities to prevent HIV/AIDS and STDs in the NAF. The project took place between 2003 and 2004 in cooperation with the Ministry of Defence. The aim of the project was to provide soldiers and personnel of the NAF with the skills and knowledge essential for the prevention of HIV/AIDS.

The AIDS Prevention Centre has also administered the operation of consultative points, or HIV prevention points since 1999. In Latvia, a total of 13 such points operates in all the major local government centres. In such points, used syringes and needles may be exchanged for new ones, and condoms and disinfectant tissues are issued. Also available at the points are consultations with psychological and social workers and it is possible to obtain HIV and hepatitis tests free of charge. Also working as part of the harm reduction programs are several street social workers, who meet with drug users on the street or in their homes. These workers also exchange syringes and issue condoms, and provide essential consultations on opportunities for treatment, safer sexual practices, safer use, and other issues. Materials on HIV infection, possibilities of infection, and risks is also available at the HIV prevention points.

The RAPC, and the SAHP are also involved in prevention measures, although the operation of these institutions is not directly connected with infectious diseases related to the use of drugs, or their prevention. More information on the operation of both the RAPC, and the SAHP is available in the chapter entitled "Prevention".

Special vaccination for drug users against hepatitis A and hepatitis B is not undertaken or offered in Latvia; but such vaccination is, of course, available to any Latvian citizen for a charge. Similarly, each year in Latvia one or two campaigns take place, directed at limiting the spread of hepatitis C in Latvia. During the campaign, residents are invited to undergo testing for hepatitis C. An educational campaign on hepatitis C and its symptoms has also taken place in Latvia's places of imprisonment.

7.2.2. Treatment

In Latvia, one of the largest treatment institutions for infectious diseases is the state agency: Infectology Center of Latvia (ICL), which is a state agency subordinate
to the Ministry of Health. The main objective of the ICL is to provide state administration institutions with informative, methodical and organisational support, and the creation of infectological policy; providing high-level specialised outpatient and inpatient assistance to patients suffering from infectious diseases, including HIV/AIDS, and patients suffering from sexually transmitted and parasitic diseases, and provide specific prevention and research regarding infectious diseases (ICL 2006).

The second largest organisation offering treatment for infectious diseases is the Sexually Transmitted and Skin Diseases State Agency (STSDA), whose main objectives are: the provision of treatment and consultative assistance in dermatovenerology, special laboratory diagnosis and monitoring of STDs throughout the State, the epidemiological monitoring of STDs and infectious diseases of the skin throughout the State. An outpatient treatment unit is located in the STSDA, which provides consultations and treatment for skin diseases and STDs. A patient infected with an STD may confine him/herself to obtaining just a consultation, or continuing treatment in this institution, or can receive a referral in accordance with his/her place of residence, in order to receive specialist treatment from a relevant specialist (dermatovenerologist). Compulsory treatment or observation is not undertaken in Latvia.

The State Register of Sexually Transmitted and Infectious Skin Diseases has been developed and operates in the agency, aimed at the epidemiological monitoring of such diseases throughout the State. Testing is conducted in the STSDA laboratory, and it is possible to diagnose the following: HIV/AIDS, syphilis, gonorrhoea, urogenital chlamydia infection, microplasmosis, ureaplasmosis, trichomonosis, herpes, genital papilloma virus, (genital herpes), cytomegalovirus etc, as well as several diseases of the skin.

STSDA has developed a specific method of paid service intended only for providers of intimate services, i.e. persons who work as prostitutes. A separate office has been opened especially for providers of intimate services for medical examinations and consultations in prevention and health issues. This service allows prostitutes to receive the so-called "Yellow Pass". This particular service is financed by the institution itself, with support from the Soros Fund. From 1 January 2004, the cost of a test for possible infection with HIV/AIDS, syphilis or gonorrhoea is 4 EUR and it does not include possible treatment expenses (STSDA 2006).

7.3. Interventions related to psychiatric co-morbidity

No information available.
8. Social Correlates and Consequences

8.1. Social exclusion

Latvia has adopted several important documents on the reduction of social exclusion and the promotion of social inclusion. The most important of these documents are: „Joint Memorandum on Social Inclusion of Latvia” (2003), „Latvian National Action Plan for Reduction of Poverty and Social Exclusion 2004. – 2006”,”National Report on Social Protection and Social Inclusion Strategy 2006. – 2008.” and „National Development Plan for Latvia 2007. – 2013”. The aim of all the mentioned documents is the reduction of the social exclusion risk groups in such areas as material welfare, employment, education standard of health quality of accommodation environment and security. In all the documents, attention is focused also on the need for reducing problems related to drug addiction and alcoholism.

Social exclusion is a multidimensional phenomenon (Trapenciere 2002), in which several negative aspects are interconnected with each other or are causes for each other (EMCDDA 2003).

One of the leading researchers in social exclusion, Martin Kronauer, has identified six dimensions of social exclusion which are: exclusion in employment, exclusion in the economic field, institutional exclusion, isolation as a form of social exclusion, rejection in cultural matters, and spatial exclusion (Littlewood 2000).

Both the use of drugs, and social exclusion, may be related also to such negative phenomena, as unemployment, low levels of education, illness, violence, and criminality, difficulties in accessing medical care, prostitution, non-availability of living accommodation, immigration, and debt (EMCDDA 2003).

Based on data from the State Employment Agency (SEA), in 2006 there were 68,944 registered unemployed in Latvia, which is in total 9,538 less than in 2005. As in previous years, in 2006 the majority of unemployed were females: 41,980. It must be pointed out that these are Latvia’s official data and the real number unemployed in the country is much greater.

In Latvia, the relationship between social exclusion and the use of drugs is practically not being researched, although it is possible to undertake an analysis of the basic data utilising data from the RPAC Register of Dependent Patients, in which information is compiled on clients’ employment status and level of education.

In 2006, in the Drug Assistance Inpatient Clinic, 369 patients were being treated as inpatients for the first time, and 635 on the second or subsequent occasion (all treatments). Among first treatment clients no unemployed person was registered.
In total, the majority of inpatients who indicated they were regularly employed was 407 among all treatments and 246 among first treatments (RPAC 2007).

Regarding education, it may then be concluded that persons who in 2006 were being treated as inpatients, generally had primary or secondary education, although a comparatively large number also had higher education. Unfortunately, the number of cases unknown is also great.

**Figure 8.1. Education level of all and first treatments at in-patient centres in 2006**

![Diagram showing education levels of inpatients]

Source: State Addiction Agency 2006

Much more diverse data were revealed among outpatients. In 2006, 443 were first-time clients, and this will be analysed also in relation to social exclusion in two dimensions (employment and level of education).

79% of all 443 patients were males. The majority of patients at a specific time were unemployed (51%) or students (30%). There were only 7% regularly employed persons (RPAC 2007).

These data are similar to those of the previous year. This applies both to clients' employment and to their educational level. Also in 2006, the majority of first-time registered patients had primary education, followed by those with secondary (30%) or incomplete primary education (19%). The data confirm the interconnection between social exclusion, the use of drugs, and the level of education. Altogether, from all 443 patients, only three persons indicated that they had completed higher education (RPAC 2007).

In the areas of economic and institutional exclusion in relation to drug addiction, there are practically no available data in Latvia, although these dimensions
to a considerable extent, relate to the lack of employment and education, as theoretically, any individual has equal rights both to employment and to education and also to medical assistance.

Isolation as a form of social exclusion and its existence in relation to the drug use may possibly be revealed by analysing the largest survey conducted in Latvia of drug users (2003) and the research study: „Motivation of starting to use drugs among youth“ (2000). Of all 64 surveyed drug users, 45% indicated that because of using drugs they have had problems with both family members and friends, and 19% indicated the loss of family, because of drug use (Koroļeva 2003).

9% of surveyed respondents admitted that their relations with close persons had become worse due to the use of drugs (RAPC 2000).

Exclusion in the cultural sphere is also characteristic in Latvia, although most likely it is also characteristic in other European countries. According to M. Kronauer, the dimension of cultural exclusion includes a person's inability to accept general norms and values of society by acting in a deviant fashion (Littlewood 2000). Furthermore, drug addiction may be regarded as an intentional form of deviation (Vilks 2001).

Spatial exclusion in relation to the drug use in Latvia is not characteristic, i.e. drug users are not excluded as regards their place of residence. This is more often determined by their general level of welfare and material resources. The issue of reducing social exclusion among drug users is very complex, since users are most often unaware that drug use is the cause of their exclusion. Even if users understand the nature of the problem, they rarely attempt to do anything to change this situation.

8.2. Drug related Crime

A close relationship exists between illegal drugs and criminal offences. According to data provided by the Republic of Latvia Ministry of the Interior Information Centre, in Latvia in 2006, 1,021 crimes associated with the illegal circulation of narcotic and psychotropic substances were registered. Even though the number of criminal offences is less than in the previous two years, the possibility that the activities of drug dealers and drug users have reduced is not credible. Gradual changes are taking place in the illegal circulation of drugs:

- increasingly more women are becoming involved in the trading of drugs;
- persons are becoming involved who were previously convicted for other types of criminal offending;
- the trading of drugs in apartments is reducing, but is increasing in public places;
 meetings for the purposes of trading are arranged in different places on each occasion and only with known or trustworthy persons;

 hiding places are utilised in publicly accessible places (or example forests and uninhabited buildings) for the storage of drugs in larger quantities.

**Figure 8.2. Number of drug-related crimes in Latvia, 2001–2006**

Based on the report of the Republic of Latvia Ministry of the Interior State Police, in accordance with Section 253.¹ of the *Criminal Law*, offences which involve the "Unauthorised Manufacture, Acquisition, Storage, Transportation and Conveyance of Narcotic and Psychotropic Substances for the Purpose of Sale and Unauthorised Sale", in comparison with the previous year, have reduced (2005: 354, 2006: 262 or 25.6% of the number of crimes solved). The number of criminal offences has slightly increased in relation to the "Unauthorised Manufacture, Acquisition, Storage, Transportation and Conveyance of Narcotic and Psychotropic Substances" (Section 253 of the *Criminal Law*) from 303 cases in 2005 to 374 or 36.6% in 2006. From the number of crimes solved, 366 offences or 37.8% involve the "Unauthorised Manufacture, Acquisition, Storage, and Sale of Narcotic and Psychotropic Substances in Small Amounts and Use of Narcotic and Psychotropic Substances without a Physician's Designation"(Section 253.² of the *Criminal Law*).

In 2006 compared to 2005, the number of offences involving breaches of Section 253.² of the *Criminal Law* in relation to contraband in narcotic and psychotropic substances has slightly reduced (respectively from 21 in 2005, to 16 in 2006).

The majority of criminal offences related to the illegal circulation of drugs are registered in Riga (93), and a total greater than 10 offences in Latvia's largest cities: Jelgava (74), Valmiera (42), Daugavpils (44), Ogre (36), Jurmala (20), Ventspils (19), Bauska (18), Liepaja (15), Ludza (15), Rezekne (13), Jekabpils (11).
In 2006, 355 persons were prosecuted in relation to criminal offences related to the illegal circulation of drugs. Of those, approximately 6% persons below the age of 18 years, 8% eight between 18 and 20, 60% aged between 21 and 30, 19% between 31 and 40, and 4% older than 41 years.

However in 2006, 375 criminal offences were solved, (of which 12 were committed by juveniles), and which were committed while intoxicated by narcotic or psychotropic substances. 366 persons were prosecuted in relation to these offences.

Analysing the Republic of Latvia Ministry of the Interior Central Criminal Police Department data, it is evident that in 2006, the number of persons arrested for driving while under the influence of drugs has reduced by 28.2%. This reduction may be connected with the harsher penalty system introduced in Latvia in the second half of 2005, and also to preventative measures undertaken by the Road Traffic Security Directorate.

Figure 10.2. Number of arrested transport drivers under the influence of drugs

![Bar graph showing the number of arrested transport drivers under the influence of drugs from 2001 to 2006.](Source: Ministry of the Interior Central Criminal Police Department 2006)

According to information provided by the Prison Administration Board, the number of criminal offences in relation to the illegal circulation of narcotic and psychotropic substances, committed in places of imprisonment has dramatically increased compared with 2005. In 2006, the Prison Administration Board initiated 210 criminal processes (matters) for being a member of an organised crime group in accordance with Chapter 20 of the Criminal Law: "Criminal Offences against General Safety and Public Order", from which:

- 83 involved the providing of narcotic or psychotropic substances to persons who are in prison;
- 82 involved the discovery and confiscation of narcotic and psychotropic substances during searches of cells, territories, and prisoners;
o 42 involved the discovery and confiscation of packets containing narcotic and psychotropic substances thrown over prison walls;

o 3 involved the possession of narcotic and psychotropic substances in small quantities,

o 4 were for using narcotic and psychotropic substances without a doctor's prescription, if done repeatedly during a 12 month period;

o 4 were for transmitting narcotic and psychotropic substances to persons located in places of imprisonment.

The most widespread method by which narcotic and psychotropic substances find their way into places of imprisonment is by the posting of various articles: letters, packets, and printed matter, together with the throwing of packets over the prison wall, and handing deliveries to prisoners, concealing drugs in clothing, shoes, domestic utensils, and hygiene products. There have been instances where a person who has arrived to meet a prisoner has concealed narcotics in their bodily cavities. Cases have been detected where prison staff or other officials have attempted to pass narcotic and psychotropic substances to prisoners by conveying them into prison. (Central Criminal Police Department 2006).

According to data available from the Prison Administration Board's public reports for 2005 and 2006, since 2005, 428.8 g of narcotic substances have been confiscated from prisoners, together with 177 g of psychotropic substances. However in 2006, 767.3 g of narcotic substances were confiscated. Data from the 2006 public report of the Prison Administration Board indicates that the number of drug addicts in places of imprisonment has increased slightly (at 1 January 2006 - 1041, at 1 January 2007 - 1091).

8.3. Drug Use in Prison

In 2005, in four Latvian prisons (Grīva, Ilģuciems, Šķirotava and Valmiera prisons), a survey of incarcerated persons was undertaken as part of the EQUAL project, with the aim of developing new resolutions for promoting the employment of incarcerated persons (Silneva, Osis 2005).

The use of illegal substances is regarded as one of the factors which negatively affect the motivation of incarcerated persons regarding work in places of incarceration. On the other hand, the lack of employment or other useful form of activity for occupying time stimulates prisoners to use dependency, inducing substances. For this reason in addition to sociodemographic information, and questions on and professional education, health and social reintegration, questions
were included which indirectly allowed the ascertainment of excessive drug use according to the DAST (Drug Abuse Screening Test) scale, which was developed in 1982 in the U.S.A., and has been validated in several research studies (Skinner 1982; Skinner and Goldberg 1986; Gavin, Ross et al. 1989). The scale includes 20 questions (yes or no answers), which indicate the possible existence of dependency syndrome, social and medical problems, caused by the use of substances, the use of multiple substances, previous treatment and problems due to dependence or excessive use of substances. It is considered that more than five or six positive responses indicate a possible narcotic dependency syndrome. (Skinner and Goldberg 1986).

In accordance with this method, 37% of respondents could be classified as "problematic" users of narcotics, and furthermore, statistically significant differences were observed in terms of gender; more than half of the female respondents (54%) in comparison to every third male (33%), gave positive replies to more than five of 20 questions.

This observation indicates a contrary proportion of drug users in men's and women's prisons; in research done in 2003 on the prevalence of narcotic use in prisons, a higher prevalence level of narcotics was observed among men than among women (Snikere, Trapencieris 2003). One explanation may be that the women have more truthfully responded to the questions, since the proportion of men who had replied positively to two or less questions on the scale, and also had not replied to more than 15 questions, is nearly twice as great as that for women, which indicates a reluctance to reply regarding drug use or, a different perception of social problems.

According to the results obtained, problematic drug users during the past six months, had more frequently observed insomnia, depression, constant anxiety, aggression, or had entertained thoughts of suicide, in comparison to those respondents who had given negative replies to all or less than five of the questions on the scale. In accordance with data from the research conducted in 2003 on places of incarceration, approximately half (53%) of the convicted persons surveyed had used an illegal intoxicating substance at some time during their life prior to imprisonment; while during the month prior to imprisonment, approximately one third (29%) had done so (Snikere, Trapencieris, Vanaga, 2003). During imprisonment, 31% of inmates had used an illegal dependency inducing substance on at least one occasion. The substances most often mentioned as being used in the month prior to imprisonment, or on at least one occasion during imprisonment, were marijuana or hashish (which 20% admitted using in the month prior to imprisonment and 28%
during imprisonment), followed by heroin (11% and 10% respectively), other opiates (8% and 8%) and amphetamines (10% and 12%). The majority of heroin (69%) or other opiate users (51%), may be regarded as regular users, as in the previous month they had used at least once per day.

In order to calculate the possible number of opiate users in places of incarceration, it would be necessary to utilise three indicators for substance use: using in the year prior to imprisonment, using in the month prior to imprisonment, using during imprisonment, together with auxiliary indicators on the frequency of using in the previous month, previous treatment for narcotic dependence or excessive use, and the prevalence of HIV. Such a method is proposed as being more precise than using a single indicator in determining the number of prisoners who could become involved in replacement therapy programs in places of imprisonment.

The table below reflects the number of heroin and opiate users according to the three indicators on prevalence of substance use in places of imprisonment.

### Table 8.1. Use of heroin and other opiates, prior to imprisonment and during the time of imprisonment

<table>
<thead>
<tr>
<th></th>
<th>Substance use last year prior to imprisonment</th>
<th>Substance use last month prior to imprisonment</th>
<th>Substance use during imprisonment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Heroin</td>
<td>15% (14%-16%)</td>
<td>11% (10-12%)</td>
<td>10% (9-10%)</td>
</tr>
<tr>
<td></td>
<td>616 (566-658)</td>
<td>457 (407-487)</td>
<td>384 (342-415)</td>
</tr>
<tr>
<td>Opiates</td>
<td>13% (12-14%)</td>
<td>8% (7-9%)</td>
<td>8% (7-9%)</td>
</tr>
<tr>
<td></td>
<td>510 (465-548)</td>
<td>307 (269-336)</td>
<td>329 (290-358)</td>
</tr>
<tr>
<td>Heroin or opiates</td>
<td>18% (17-20%)</td>
<td>13% (12-14%)</td>
<td>13% (11-14%)</td>
</tr>
<tr>
<td></td>
<td>753 (751-858)</td>
<td>536 (486-573)</td>
<td>510 (463-547)</td>
</tr>
</tbody>
</table>

*Source: Survey of imprisoned persons 2003*

Based on the data obtained during 2003 research, it is estimated that the number of inmates using heroin or other opiates in places of imprisonment during 2003 ranged between 463 and 858 users, or 11–20% of convicted persons. In order to apply results of these calculations to the present situation in places of imprisonment, it is necessary to adopt preconditions, which may not correspond to reality:

- the number of heroin or other opiate users among inmates in prisons has remained at a constant level since 2003;
- utilising the lower limit of the calculation, which is based on narcotic use in prison, it must be accepted that inmates, replying to questions, have been frank and honest regarding their use of narcotics, although previous research conducted
throughout the world has shown that results obtained are lower than the real situation in places of imprisonment;

- utilising the calculation limits based on narcotic use during the month prior to imprisonment, it is possible that the results obtained are slightly lower than the situation in prisons, as the user may have been in prison for longer than one month.

In utilising the auxiliary indicator on frequency of use, using heroin or other opiates more than four times per week before imprisonment, which is regarded as a frequency indicator of dependency syndrome, 55 to 73% had used one of the substances during the previous month. Utilising the average indicator, it is considered that approximately two thirds of users of heroin or other opiates among inmates fit the criteria whereby they could be accepted into a replacement therapy program.

Based on another auxiliary indicator, infection with HIV/AIDS, 10% (8–11%) of respondents had replied that they were carriers of this virus. Among those respondents who had used heroin or other opiates in the year prior to imprisonment, the proportion of those infected with HIV was 27% (24–31%). Based on this information, and estimates of the numbers of users of heroin or other opiates, it is estimated that the total number of heroin or other opiates users in places of imprisonment may be in the range of 448 to 748 users.

Data from surveys of drug use conducted in 2006 indicate that for around two thirds (64%) of surveyed drug users, one of the most frequently used substances was heroin or other opiates during the previous six months. (Trapencieris, Kolesnikova, 2007). 53% of heroin or other opiates users had been incarcerated at least once during their lifetime, and 61% had used narcotics there. Based on this information, 113 respondents would have been suitable for inclusion in a replacement therapy program during their term of imprisonment. As part of this research it has been estimated that in 2006 in Latvia there were 7,886 problematic narcotics users (in accordance with the EMCDDA recommended definition). If around two thirds of users use heroin or other opiates, then the total number of opiates users is 5,047. Accordingly it is estimated that users of heroin or other opiates, who, at some stage during their life have been or will be imprisoned, and will use narcotics there, is not less than 1028.

Based on information acquired during the research on drug use, it is estimated that the number of convicted users of heroin or other opiates in places of imprisonment during 2003 was within the range of 463–858 users, or between 11 and 20% of convicted persons, from which two thirds or between 309-572 convicted persons would have been suitable for inclusion in a replacement therapy program.
In estimates done based on information on infection with HIV using a similar methodology, it is calculated that between 298 and 498 convicted persons would have been suitable for inclusion in a replacement therapy program.

There is reason to consider that the lower limit of calculations of heroin or other opiate users may not correspond to the situation in places of imprisonment.

In using these calculations, it must be borne in mind that they have been undertaken only in respect of the total number of convicted persons, which comprises slightly more than half (57% per 2002 data) of persons actually located in prisons. Since no representative research has been undertaken among these persons, it is not possible to determine whether the number of convicted drug users is distributed proportionately among the number of prisoners actually located in prisons.

In developing amendments to the Regulations, it must be remembered that replacement therapy would be appropriate not only to convicted persons, but also to persons who have been in prisons awaiting the outcome of court cases. In addition to replacement therapy, it is necessary to set up a complex of other services, for example socio-psychological interference among users of amphetamines, narcotics-free zones, or other services, within individual places of imprisonment in the form of pilot projects, which would permit discussion on the implementation of these services on a broader scale in all Latvia’s places of imprisonment.

8.4. Social costs

No data available. However study about social costs and public expenditure is started in 2007 and hope there will be data available about this issue in National Report 2008.
9. Responses to Social Correlates and Consequences

9.1. Social reintegration

Opportunities for social reintegration for former and existing drug users are offered in Latvia, although fundamental improvements are still necessary in the provision of opportunities for, and access to rehabilitation and social reintegration. Social reintegration basically rests on three pillars, which include place of residence, education, and employment, although other important indicators may be considered equally valid as the basis (http://ar2005.emcdda.europa.eu/lv/page078-lv.html). This chapter will review opportunities for addiction patients to receive social rehabilitation services, the forms of such services and institutions which provide them, and the most significant researches in the field of rehabilitation in Latvia, opportunities and problems for adults and juvenile dependent persons, as well as reintegration opportunities for former prisoners, and positive and negative attributes, or weaknesses and strengths, of the system as a whole. It must be noted that social reintegration is difficult to separate from social rehabilitation, for almost all rehabilitation programs provided in Latvia offer the said reintegration pillars which are defined as the basis of social reintegration.

It has also to be noted that a significant research in area of rehabilitation has been conducted in 2006 and 2007. More on this may be found in chapter 4.2.3.

Opportunities for social reintegration and rehabilitation in Latvia are defined and determined by the Social Services and Social Assistance Law, which came into force on 1 January 2003. Defined in the law are such concepts as quality of life, the group home (apartment) client, crisis centre, basic needs, professional rehabilitation, social assistance social rehabilitation service, halfway house, etc. The purpose of the law is to determine principles for providing and receiving social work, social care, social rehabilitation services, and social assistance, to that group of persons who are entitled to receive these services and assistance, as well as charges and funding principles for social care and social rehabilitation services. Section 21 of the law provides that persons are entitled to social rehabilitation persons who have developed dependence on alcohol, narcotic, or psychotropic substances (Social Services and Social Assistance Law 2003). Another legal document which defines the basic principles of rehabilitation in Latvia is Cabinet Regulation No. 914: Procedure by Which Persons Dependent On Psycho-Active Substances Receive Social Rehabilitation Services, which came into force on 10 November 2006. Standards in relation to the provision of social rehabilitation services to adult persons
came into force on 1 January 2007. The Regulation sets out the procedure whereby children and adult persons dependent on one of the psychoactive substances: alcohol, narcotic, toxic, or other intoxicating substances may receive social rehabilitation services at state expense, in order to achieve the renunciation by these persons of using psychoactive substances, improving their physical and mental health, and promoting their return to a wholesome lifestyle (Cabinet Regulation No. 914: Procedure by Which Persons Dependent On Psycho-Active Substances Receive Social Rehabilitation Services). The State Programme on Drug Control and Drug Addiction Restriction 2005–2008 also sets out several measures for improving the provision of, and access to, rehabilitation services. So, for example, Point 6 of the Programme provides for development of a concept for providing social rehabilitation services to drug addicts. It is anticipated to conduct this task during 2006-2007, with the Ministry of Welfare acting in cooperation with the Ministry of Health as the responsible institutions. Point 8 provides for broadening the access to a consultative and support programme for young drug addicts and their parents in 2006-2008. Nominated as the responsible institution for the programme is the SAA (after reorganisation RPAC), together with the Ministry of Health. The cost of this task is estimated at LVL 8 700 (12 420 Euros) annually. Task 13 of the Programme anticipates the implementation of projects on trade training of drug addicts in correction classes during 2006–2008, with the Ministry of Education and Science operating as the responsible institution. Similarly anticipated is the need to provide placement in existing drug addiction patient institutions, for drug addicts for whom a court or the Prosecutor-General has lawfully imposed the obligation to be treated for addiction on alcohol, narcotic, psychotropic, toxic substances, or other addiction, by broadening their operation. This task is to be completed during the period 2006-2008, and the additional funding necessary for its completion has been determined as LVL 39 600 (56 570 Euros) annually. Task 16.1, for which the responsible institutions are the Prison Administration Board and the Ministry of Justice, proposes the development of a treatment and rehabilitation programme for prisoners. Additional funding is also required for this task: a total of LVL 5 700 (8 142 Euros) (State Program on Drug Control and Drug Addiction Restriction 2005–2008).

Several institutions exist in Latvia which operates in the field of rehabilitation of persons suffering form drug and/or alcohol addiction. The largest of these are: The State limited liability company facility SIA Slimnica Gintermuiza, the Rindzele Rehabilitation Centre, which is directly subordinate to the State limited liability company SIA Slimnica Gintermuiza, the social rehabilitation centre Lapaini, the Riga Drug Addiction Patient Rehabilitation Centre, the juvenile rehabilitation centre
Saulrīti, which is part of the VSIA Straupes Drug Addiction Hospital and Rehabilitation centre Dzives energija.

The State limited liability company facility SIA Slimnica Gintermuīza has 20 beds, intended for dependent persons aged over 18 years. The therapeutic programme operates in cycles of 3, 6 and 12 months, and its main activities are centred on the kitchen and heating block, cabinet making and gardening. Operating similarly is the State limited liability company facility SIA Slimnica Gintermuīza Rindzele Rehabilitation Centre, in which there are 19 beds, and the focus is on the following modes of employment: agriculture, a woodworking and sewing workshop, animal husbandry, fisheries, glasshouses, home economics, computer and language classes, supporting areas and prayer areas. Also available are musical instruments, a sauna, and the swimming facility. The adolescent rehabilitation centre Saulrīti and the social rehabilitation centre Lapaini operate on similar principles, creating a family and ecological environment, where the adolescent or adult person learns to look after themselves, prepare food, and work in the garden or cattle shed.

A person may attend any of the rehabilitation institutions on the basis of a referral from the general practitioner, although residence in rehabilitation institutions is contingent upon the performance of a range of set tasks and observance of standards. This allows dependent individuals to develop and improve their sense of discipline and duty. Of greater significance in the provision and improvement of rehabilitation and reintegration services are not only the Ministry of Health, but also the Ministry of Welfare, and the Ministry of Education and Science. On 5 February 2001, the Ministry of Welfare signed a memorandum of agreement with the Danish Ministry of Social Affairs and the Danish Ministry of the Interior regarding foreign technical assistance during the period 2001–2003. Under this memorandum, between 1 March 2003, and 18 June 2004, the project: „Development of social reintegration system for children addictive to psychotropic substances in Latvia‖ was implemented. Two working groups were formed under the project together with a project management committee. During their operation, several measures were implemented, and the following documents were drawn up: the report „Who does what and SVID analysis‖, „Methodic material-provision of strategies for social rehabilitation and reintegration of children with drug addiction‖, „Strategy for work with youth and children with addiction from psychoactive substances in Latvia‖, teaching guidelines „Social rehabilitation programme for children addictive to psychotropic substances in Latvia‖, the handbook „SSP (school, social service, police) collaboration. Methods in work with parents of socially rehabilitated children and youth and motivation methods for work with undangered children and youth.‖, as
well as the final report on „Social rehabilitation of children with addiction from psychoactive substances in Latvia“.

The project revealed fundamental problems in Latvia in securing the full reintegration and involvement in the rehabilitation process of dependent persons, namely children, juveniles, adolescents, and adults in the post-rehabilitation stage returning to their usual environments, which creates a serious risk of recidivism and a return to the use of drugs. On this issue, a somewhat similar situation might apply in regard to non-adult persons. In the „Strategy for work with youth and children with addiction from psychoactive substances in Latvia“ it is emphasised, at the post-rehabilitation stage of a child or juvenile, that the city or district must ensure that the child's family or other guardian is ready to harbour the child and is capable of caring for it. Similarly, the opportunity must be ensured of repeatedly receiving rehabilitation services without any limitation of time, incorporating the possibility of recidivism within the social rehabilitation services (Ministry of Welfare 2004). In real practice though, it appears that this recommendation continues to not be fully implemented. A complex situation exists in relation to adults, who, after completing a course of rehabilitation, return to their former environment, in which frequently they have no place of employment, or a usual place of abode. The question remains open as to whether an adult person would need to be provided with the opportunity of receiving repeated rehabilitation services without any specific time limitation, taking into account the overall situation in Latvia with regard to education and the lack of employment. Even though improvements continue to be essential in the rehabilitation process itself, the pre-rehabilitation period is that stage, which in Latvia has been completely left to one side, most often denying the individual the chance of successfully going through the final stage of rehabilitation.

As seen above, the majority of existing rehabilitation programmes in Latvia offer a person something akin to a living or survival course, in which the basic skills of life are acquired: preparation of food, care regarding housekeeping, looking after oneself. A residential place is provided as long as the person remains in the rehabilitation institution. The longest possible period is one and a half years. Similarly, the opportunity is offered to acquire knowledge and skills in the fields already mentioned: woodworking, sewing, cabinet making, and elsewhere. Real work, for which remuneration is received, and which may be regarded as one of the components of the post-rehabilitation stage, is practically not offered to dependent persons in Latvia, because of the lack of such opportunities. A similar situation prevails in the area of paid accommodation.
One exception might be former prisoners, whose reintegration opportunities in Latvia are developed by the State Probation Service (SPS). In January-June 2004, the SPS undertook a research study entitled „Possibilities for persons who dispose of the imprisonment to get help in social rehabilitation institutions in Latvia“. The SPS surveyed a total of 600 state, local government, and private institutions, asking them to characterise opportunities for providing assistance and the providing of real assistance, obtaining a passport, offering legal assistance, seeking and taking up employment, providing material assistance, assistance in finding residential accommodation, assistance in obtaining treatment for drug addiction and alcoholism, shelter services, the provision of psychological assistance, etc.

It was concluded in this research that the greatest assistance for former prisoners is the opportunity of receiving it in local government institutions, and the most widespread forms of assistance are: material assistance, obtaining a passport, and arranging accommodation. However the most rarely provided assistance was the provision of shelter services and opportunities to be treated for drug addiction and alcoholism, even though these problems are very serious in prisons. In any event it is admitted, that the assistance offered is fragmented and incomplete, furthermore, it can be different in every region in Latvia. Former prisoners lack information about opportunities for receiving assistance, including opportunities for being treated for drug addiction or alcoholism. The SPS emphasises that it could be useful to form a single institution in the State offering a wide range of various forms of assistance opportunities, in which all prisoners after release would have equal opportunities of receiving assistance in equal amounts, taking into account the specific needs of each prisoner (SPS 2004).

Yet another research project entitled: *Imprisoned and Released from Imprisonment Education, Employment and Social Rehabilitation Services Availability* was undertaken in 2005. The aim of this research was to acquire, compile, and clarify data on existing research, resources, opportunities, and impediments for prisoners to obtain general and professional education, employment, together with social rehabilitation in prisons and rehabilitation centres. A total of 850 prisoners in four Latvian prisons were surveyed, but other methods were utilised throughout the research: research analysis, analysis of documents and legislation, analysis of literature, interviews, observation, and comparison of data. It was concluded that it is fundamentally important to ensure opportunities for the education of prisoners, taking into account the fact, that the overall education level of prisoners is very low, namely, over one fifth of prisoners have not completed primary level education. It is essential to increase and develop education at various levels and in various directions: opportunities for primary, general, tertiary, and professional education. In 2004, 171
prisoners were enrolled in programmes of general education in Latvian prisons. Programmes of professional education were attended by 364 convicted persons (from all 7816 prisoners at the beginning of 2005). One of the most fundamental problems is also the lack of teaching resources, as well as a lack of motivation among prisoners, although the results acquired from the research confirmed that 76% of prisoners wished to acquire a professional education (Equal 2005).

Similar problems also exist in the area of employment of imprisoned persons, where more than two thirds of imprisoned persons during the time of their imprisonment are not employed, because of the lack of State orders in manufacturing, and such orders as do exist are irregular. Similarly, cooperation with other institutions exists at a comparatively low level. For the resolution of these problems, firstly, it is necessary to change the existing legislation regarding the employment of imprisoned persons, secondly, government production orders must be established, and businessmen must be motivated to place orders with places of imprisonment by means of applying reduced rates of taxation (Equal 2005).

The research data also indicate, that the available social rehabilitation services in places of imprisonment work on a principle of minimalism, and the greater proportion of rehabilitation work is related to corrective work. Overall, the research considers the following areas of rehabilitation: correctional work, formal and informal education, and informative educational work, ethical and aesthetic instruction or spiritual care, physical instruction and sporting events, the preparation of prisoners for release, employment, evaluation of the social functioning skills of prisoners, and promoting their development and the acquiring of new skills.

**Correctional work:** the research emphasises that it is not possible to fully implement correctional work due to lack of human resources (for each prison officer there is an average of between 70-120 prisoners), furthermore, current staff lacked the necessary skills and knowledge.

**Formal and informal education, informative educational work:** emphasised as one of the deficiencies is the lack of motivation of imprisoned persons. This fact could be related to the already low educational level and lack of understanding about the need to acquire education, which creates a form of “magic circle”. It is noted, that it is essential to provide obligatory primary school education for prisoners. Noted as the second major deficiency is the lack of a professional education programme, specifically the small choice of professional education, in addition to which the professions offered are not in great demand in the employment market and they are therefore not competitive. The opportunity to acquire secondary or tertiary education is not offered in places of imprisonment. Furthermore, the informal education offered
is very low, except in the Ilguciems prison, where it is possible to acquire, for example, the English language. The library standard is unsatisfactory; the books are outdated.

Before a person is released from imprisonment, informative educational work is commenced approximately 6 months prior to release. The prisoner is informed regarding social assistance, services, and legislation, services provided by the SEA, and the work of the SPS etc.

**Ethical and aesthetic instruction:** religious chaplains work in all places of imprisonment, and prayer rooms have been established.

**Physical instruction and the staging of sporting events:** sporting activities, as indicated, are almost the only way in which to fill the free time of imprisoned persons, although there is no sporting hall in two of the four prisons surveyed, and the condition of the sporting facilities in the other two is inadequate for their requirements.

**The preparation of prisoners for their release:** Prison officers encounter several problems during this stage. For example, it is quite difficult to prepare documents for a person who has no relatives or place of abode. Frequently, prisoners choose to prepare the documents themselves, but after release do not do so. Other difficulties are provided by prisoners who have been in prison for a long time thinking that they are simply entitled to many of these services.

**Employment:** is one of the greatest problems for places of imprisonment at the moment, and creates a range of other problems and in the end result the prisoner and later has difficulties in integrating into society once he is released.

**The evaluation development and acquisition of new skills in social functioning among prisoners:** in reality these tasks are practically not performed due to lack of staff resources. Intensive work is only begun in the final six months before release.

The following social rehabilitation programmes have taken place in prisons: the school of life, the Christian education and instructional programme *Mirjama*, the programme the integration of convicted persons into society after their release, the social rehabilitation programme „Preparation for life in freedom”, and health education programme, “Programme for management of aggression”, rehabilitation “We Can Do It”. The majority of these programmes consist of a course of lectures and discussions, as well as practical activities. The latter programme, *We Can Do It*, was implemented in the addiction problems.

As with dependent persons, former prisoners are also offered opportunities for social rehabilitation in several institutions:
Valmiera City Council Probation Centre: has 20 places, and offers the opportunity of residing there for eight months, to be fed once a day, and the services of social workers and psychologists, and assistance with finding work and acquiring a profession.

Association „Kalna svētību kopiena” [Hill blessing community] – this community has 10 places and in it is possible to remain for six months; it operates on the principle of natural housekeeping. Opportunities exist for developing various skills and abilities, and to acquire professional education. A social worker and psychologist is available, Christian instruction takes place.

The Blue Cross Evangelical Christian Fellowship: it is possible to stay in the Fellowship for up to six months. Food and accommodation are provided, as are hygiene goods, and clothing. A psychologist and a social worker are available, the acquisition of social skills is provided, as educational informative activities, work therapy, Christian instruction, and musical activities.

The Good Hope Association: the association cooperates with the Ilguciema prison, and therefore rehabilitation is anticipated only for women. 20 places are available, for placement up to one year. The programme is implemented in cooperation with the Jelgava City Orthodox Fellowship and sewing workshop Magone. At the beginning of the programme, a woman resides in Jelgava in the Fellowship. Her housekeeping skills are renewed there and participation in prayer takes place. Returning to Riga, the person lives in the city centre, and works in the sewing workshop. As part of the programme, accommodation, employment, the services of a psychologist and social worker, Christian instruction, and the renewal of life skills are provided.

SIA Akrona 12: this operates based on the Minnesota 12 step programme, which is a treatment and rehabilitation programme for alcoholism and drug addiction and gambling addiction, in which, in cooperation with the VPD, are included persons who have just been released from prison. The programme is intended for 10 clients per month. The services offered include treatment for addiction, food, accommodation, educational lectures, the services of a psychologist, and physiotherapy sessions. If a person has a family, also available are family therapy sessions, sporting activities, and the development of first aid and communication skills.

Liepaja City Council Social Department Social Rehabilitation Centre for Persons Released from Places of Imprisonment: the centre offers 20 places, for periods of residence of up to one year. The services offered by the Centre are: accommodation, food, the services of a social worker and psychologist, life skills
programmes, employment programmes, psychological correction programmes, ethics and religious programmes, educational programmes, and programmes for avoiding addiction.

The rehabilitation centre Ratnieki: one of the aims of this centre is the integration of persons released from prison into society and economic, social, cultural, and spiritual life, as well as the release from addiction on alcohol and drugs. The following services are provided: accommodation, food, work in a woodworking factory, animal husbandry, a psychological correction programme, a behavioural correction programme, and an assistance programme for persons with drug and alcohol addiction. Also available is a social worker and a psychologist (Equal 2005).

One of the deficiencies in rehabilitation services in Latvia is its relatively low coverage across the country, namely, the centres are for the most part accessible in Riga, although as a positive aspect, social rehabilitation programmes operate in these centres for dependent patients released from prison. This is particularly important, if we accept that problems of addiction in Latvia's places of imprisonment continue to exist, and furthermore, former prisoners regard addiction problems as the fourth major problem after their release (ibid).

The reintegration of both prisoners and users into society is possible, only by improving and developing the social rehabilitation network in Latvia, where particular attention would be paid also to the post rehabilitation period. This issue at the national level is complex, as both rehabilitation as such, and the post rehabilitation period are related to insufficient funding, although of course the reintegration of drug users or alcoholics is not the only problem resolution of which requires enormous investment. A serious public anti-reaction and lack of understanding exists regarding the allocation of resources to this group in instances when resources are also essential in other public areas, such as the treatment of cancer, the reintegration of persons with disabilities, the treatment of children and young people with serious illnesses and their prevention. Serious explanatory work is therefore also essential regarding the actual and hidden threats of drug addiction and alcoholism, which affect all individuals.

Also working in the social rehabilitation field in Latvia is the Ministry of Education and Science, which among other things is responsible for social and pedagogical correction. The General Education Law provides that: „Social or pedagogical correction educational institutions are general education institutions which implement educational programmes of social or pedagogical correction, ensuring the acquisition or improvement of quality of education, undertaking pedagogical work with children of disadvantaged families, and with juvenile
offenders” (The General Education Law.). In Latvia, based on the Ministry of Education and Science Register of General Education in Schools, there are two social correction educational institutions, and eight pedagogical correction class schools (http://web2.izm.gov.lv/default.aspx?tabID=7&id=17&lang=1).

9.2. Prevention of drug related Crime

No new information available
10. Drug Market

10.1. Availability and supply

Precursors and narcotic and psychotropic substances arrive in Latvia not merely for distribution in the local market. Because of its favourable geographical position, Latvia is frequently utilised as a transit state for the conveyance of drugs to neighbouring countries. Information from arrests indicates that the importation of drugs involves supply channels established by organised criminal groups. To achieve better results in gathering evidence, investigating criminal offences, and to reveal possible pathways for drugs through Latvia, officers of the State police, in cooperation with members of law enforcement agencies from neighbouring countries, have participated in several controlled supply and international operations.

Data from the Republic of Latvia Ministry of the Interior Central Criminal Police Department indicate that:

- Synthetic drugs are brought into Latvia from Estonia, Poland, Netherlands, and Germany, through overland border control points, mainly utilising motor vehicle transport, including international motor coaches, and ports utilising ferry transport services.

- Marijuana and hashish are supplied to Latvia from the Netherlands, Spain, and Lithuania. Often these drugs are brought in in small quantities through the airport border control point, and the confiscated substances have mainly been for the personal use of the arrested persons.

- Cocaine is brought into Latvia from Ecuador, utilising sea routes through Russia and Ukraine. The territory of Latvia is also utilised for cocaine transit from South America to Russia and the Scandinavian countries.

Even though in 2006 no cases of drug contraband utilising rail freight transport were uncovered, rail transport may nevertheless be regarded as one of the supply methods, particularly across the Latvia-Russian border. In 2006, the Customs Criminal Board uncovered 16 cases of narcotic and psychotropic substance contraband, and the greater proportion of confiscated drug is comprised of amphetamine, methamphetamine, and marijuana. The State Police advise that in 2006 no new major trends have appeared in Latvia regarding the illegal circulation of drugs. Since 2002, a significant place in the Latvian market continues to be occupied by synthetic drugs: amphetamine-type stimulants. Available for sale is a mixture of substances, in which the quantity of amphetamine sulphate varies between 6% and
59%, although under analysis, the purity of amphetamine most often ranges between 20% and 40%. However the purity of methamphetamine is between 2% and 83%, most often encountered in is 21%, 34% and 40%.

10.2. Seizures

The quantity of drugs confiscated is one of the indicators for evaluating the drug market place which indicates the prevalence of the relevant narcotic substance throughout the country. In Latvia in 2006, a total of 1226 confiscations of narcotic or psychotropic substances took place. The greatest number of confiscations was for psychotropic medications, followed by methamphetamine and marijuana.

**Figure 10.1. Number of seizures by type of drug**

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotropic substances</td>
<td>246</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>237</td>
</tr>
<tr>
<td>Marijuana</td>
<td>208</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>195</td>
</tr>
<tr>
<td>Heroin</td>
<td>124</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>101</td>
</tr>
<tr>
<td>Other substances</td>
<td>47</td>
</tr>
<tr>
<td>Cocaine</td>
<td>32</td>
</tr>
<tr>
<td>Hashish</td>
<td>18</td>
</tr>
</tbody>
</table>

*Source: Ministry of the Interior Central Criminal Police Department 2006*

In 2006, the amount of amphetamine, methamphetamine, cocaine, and heroin removed from illegal circulation has increased; however the amount of poppy straw, marijuana, hashish, ecstasy, LSD, and ephedrine, has decreased. Comparatively, in 2006, the greatest amount of cocaine in the past five years was seized. That could indicate a growth in cocaine demand.
Table 10.1. Amount of illegal substances seized, 2002–2006

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poppy straws kg</td>
<td>83.46</td>
<td>57.72</td>
<td>107.23</td>
<td>64.26</td>
<td>23.374</td>
</tr>
<tr>
<td>Marijuana kg</td>
<td>6.64</td>
<td>6.02</td>
<td>7.55</td>
<td>25.92</td>
<td>6.34</td>
</tr>
<tr>
<td>Heroin g</td>
<td>6080.4</td>
<td>600.44</td>
<td>524.92</td>
<td>42.29</td>
<td>157.41</td>
</tr>
<tr>
<td>Hashish g</td>
<td>422.79</td>
<td>50052.26</td>
<td>176.456</td>
<td>1553.79</td>
<td>358.4</td>
</tr>
<tr>
<td>Amphetamine kg</td>
<td>4.6</td>
<td>3.05</td>
<td>3.55</td>
<td>3.79</td>
<td>11.07</td>
</tr>
<tr>
<td>Methamphetamine kg</td>
<td>-</td>
<td>5.99</td>
<td>4.90</td>
<td>3.42</td>
<td>8.20</td>
</tr>
<tr>
<td>Ephedrine g</td>
<td>109</td>
<td>847.24</td>
<td>664.246</td>
<td>18.46</td>
<td>0.88</td>
</tr>
<tr>
<td>Cocaine g</td>
<td>402.86</td>
<td>777.21</td>
<td>639.99</td>
<td>683.9</td>
<td>1123.13</td>
</tr>
<tr>
<td>Ecstasy tab</td>
<td>18298</td>
<td>9239</td>
<td>9460</td>
<td>21937</td>
<td>4640</td>
</tr>
<tr>
<td>LSD stamps</td>
<td>30</td>
<td>20</td>
<td>79</td>
<td>2190</td>
<td>3</td>
</tr>
<tr>
<td>Medications</td>
<td>570 ml</td>
<td>1571 ml</td>
<td>3045 ml</td>
<td>434 ml</td>
<td>79 ml</td>
</tr>
<tr>
<td>containing narcotic or psychotropic substances ml/g/tab</td>
<td>538492 tab</td>
<td>7970.72 g</td>
<td>4342.65 g</td>
<td>761.77 g</td>
<td>1366.16 g</td>
</tr>
<tr>
<td></td>
<td>466143 tab</td>
<td>15608 tab</td>
<td>208665.5 tab</td>
<td>37671 tab</td>
<td></td>
</tr>
</tbody>
</table>

Source: Ministry of the Interior Central Criminal Police Department 2006

Apart from the previously mentioned drugs, also removed from illegal circulation were 474,1828 g hallucinogenic mushrooms, 0.8153 g acetyl opium, 0.1571 g partly acetylated opium, 336 ml poppy straw extract and 3.8 ml of poppy straw concentrate. Of particular note is that in 2006, 42,8876 g 3-Methylfentanyl, the so-called “China white”, which is approximately 200 times more potent than morphine, and 100 times more powerful than heroin, were removed from circulation.

10.3. Price and purity

During the last five years prices of illegal substances, other than heroin, have reduced. The prices of drugs may influence fluctuations in the availability of these substances, the degree of purity, its form, and amount supplied. The price depends on the region in which drugs are sold, on the quantity of additives, and from the “hands” (persons from whom drugs are purchased, their place in the drug distribution network, as well as the level of acquaintance between the buyer and the seller). It is undeniable that analysis is made more complicated by the secretive nature of the drug market, the methods and quality of the data acquired.

According to data from the Criminal Police Board, the purity of heroin ranges between 1% and 86%, and the range most often encountered was between 17% and 60%; while cocaine ranged between 2% and 75%, and was most commonly encountered purity levels between 20% and 40%.

The quantity encountered in Latvia of the main active chemical component of the marijuana leaf, delta-9-tetrahydrocannabinol (THC) is not determined.
A comparison of prices for drugs may be seen in the next table. The prices are shown in Euros.

Table 10.2. Changes in drug prices on the street level, in LVL (1 LVL=0.70 EUR)

<table>
<thead>
<tr>
<th>Drug</th>
<th>2001 Min.</th>
<th>2001 Max.</th>
<th>2001 Average</th>
<th>2006 Min.</th>
<th>2006 Max.</th>
<th>2006 Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana 1g</td>
<td>4.2</td>
<td>22.8</td>
<td>12.8</td>
<td>10</td>
<td>17.1</td>
<td>14.2</td>
</tr>
<tr>
<td>Hashish 1g</td>
<td>12.8</td>
<td>25.7</td>
<td>22.6</td>
<td>-</td>
<td>-</td>
<td>14.2</td>
</tr>
<tr>
<td>Heroin 1g</td>
<td>84.2</td>
<td>120</td>
<td>95.7</td>
<td>114.2</td>
<td>214.2</td>
<td>135.8</td>
</tr>
<tr>
<td>Cocaine 1g</td>
<td>84.2</td>
<td>120</td>
<td>85.7</td>
<td>50</td>
<td>71.4</td>
<td>71.4</td>
</tr>
<tr>
<td>Amphetamine 1g</td>
<td>24.2</td>
<td>42.8</td>
<td>28.5</td>
<td>11.4</td>
<td>20</td>
<td>14.2</td>
</tr>
<tr>
<td>Ecstasy 1tab.</td>
<td>5.7</td>
<td>18.5</td>
<td>11.4</td>
<td>4.2</td>
<td>7.1</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Source: Ministry of the Interior Central Criminal Police Department 2006
Part B: Selected Issues

1. Public Expenditures

No data available. However study about social costs and public expenditure is started in 2007 and hopefully there will be data available about this issue in National Report 2008.

2. Vulnerable groups of young people

2.1. ESPAD data

Some variables of the ESPAD 2003 dataset reveal predictors for becoming vulnerable youth. Only significant predictors are described in this chapter. Some of the predictors were statistically significant for legal substances (alcohol and tobacco) but were not significant enough for illegal drugs and were not included, e.g. parental educational status, household composition.

Parental control

Parents' knowledge of students' free time activities is a very strong predictor of students' drug habits: the more informed parents are of where their teenage children spend Saturday nights, the less likely the children are to take illicit drugs, smoke cigarettes, and drink alcohol. This effect exists and is highly significant (standard chi-square and Kruskal-Wallis p<.001) for all (licit and illicit) drugs on the list. To quote just a few figures, students' likelihood of having smoked 11+ cigarettes per day over the last month increases from 3% among those whose parents always know where they spend Saturday nights to 18% among those whose parents usually do not know that; the probability of having been drunk three times or more over the last month rises from 6% among those whose parents are always informed about their Saturday night activities to 20% among those whose parents are never informed. The LTP for any illegal drugs goes from 10% to 30%, and the LTP for any illegal drug other than cannabis goes from 3% to 10%.

The association between parental knowledge about students' free time activities, on the one hand, and the students' drug habits, on the other hand, appears to hold equally for both sexes. The only variables where the effect is not significant for one of the genders are the LMP for any illegal drug and the LMP for ecstasy among girls. However, in both cases, the lack of significance appears to be an artifact of the low power of the tests due to the low prevalence of the habit among girls in general, and not a product of genuine absence of association.
The exact mechanics of the link between parental information about their children’s free time activities and the children’s drug habits requires further research. While it is likely that there is a direct deterrent effect of parental control, it is also probable that parental knowledge about Saturday nights works as a proxy for more than just control and that the other elements of the parent-child relationship that this variable captures are also associated with drug habits. First, the variable can be seen as a measure of parental concern about their children and the quality of the child-parent relationship in general (which in turn might be linked to lower drug prevalence both through child-parent conversation about the threats inherent in drug use and through general feelings of being loved in children). In addition, the variable might also be seen as a measure of the level of trust that children place in their parents, which is almost certainly lower for students predisposed to deviant behaviors and for students who are alienated from their parents. Finally, there may also exist a feedback loop through which drug use affects parental knowledge about the children’s Saturday nights: students engaging in such behaviors as heavy drinking and the use of illicit substances are likely to have more incentive to hide information on their free time activities from their parents.

**Skipped school days**

The number of skipped school days is another powerful predictor of students’ drug habits—a higher number of classes skipped is associated with higher prevalence of the use of both licit and illicit substances. For example, 26% of the students who have not skipped school during the last 30 days have smoked 40+ times in their lifetimes, as opposed to 44% of the students who have skipped three or more days; 12% of those who have not skipped and 27% of those who have skipped three or more days report lifetime use of illicit drugs; the corresponding figures for last month use of any illicit drugs are 3% and 10%. For all but a few of the dependent variables the effect of the number of days skipped is highly significant (standard chi-square and K-W p<.005). The exceptions are the lifetime prevalence for hallucinogens, ecstasy, and inhalants, and the last month prevalence of any drug other than cannabis and of ecstasy, for which no significant associations with the number of skipped school days are found.

There are no gender differences in the direction of the effect, but the effect is significant for fewer variables among girls than among boys. This may be because the association between skipped school days and drug habits is indeed stronger among boys than among girls, but it could also be simply because the tests have lower power in the female subsample due to the lower overall prevalence figures for girls.
The nature of the association between drug use and skipping school is not entirely clear. Most likely both variables have one or more common causing factors, such as individual predisposition to deviant behaviors and discipline deficiencies at the school level. It is also possible that skipping is partly caused by drinking and/or drug use.

**Drunkenness among siblings**

Siblings’ propensity to consume alcohol in large quantities is associated with higher consumption of alcohol and other drugs by the respondent himself/herself, even if the effect of siblings’ drinking on own use of most drugs is not quite as pronounced as the effect of sibling’s use of illicit drugs (see the next subsection). For example, among those who report that their older siblings do get drunk, 38% have smoked cigarettes 40+ times in their lifetimes, whereas among those whose elder siblings do not get drunk this frequency is 21%. For the use of alcohol on 6+ occasions over the last month, the corresponding frequencies are 15% and 8%; for drunkenness on three or more occasions, 12% and 7%; for lifetime prevalence of any illegal drugs, 21% and 11%.

The association between siblings’ lifetime drunkenness and own use of drugs is significant (standard chi-square and K-W p<.05 and in most cases p<.005) for all drug-habit variables except the following: smoking 11+ cigarettes per day over the last month, lifetime prevalence of LSD and other hallucinogens, last-year prevalence of ecstasy, last-month prevalence of any illegal drug other than cannabis, and last-month prevalence of ecstasy.

**Use of illicit drugs among siblings**

The use of illicit drugs by one’s siblings is an extremely powerful predictor of one’s own drug use—both licit and illicit. Students whose elder siblings have taken marijuana or ecstasy are much more likely to smoke cigarettes, drink alcohol, and take illicit drugs than those whose elder siblings have not taken these drugs. For example, 30% of those who have elder siblings who have taken marijuana or ecstasy have been drunk three or more times over the last 30 days, as opposed to only 8% of those whose elder siblings have not taken marijuana or ecstasy. The corresponding figures for smoking 11+ cigarettes per day over the last month are 13% and 6%; for lifetime use of marijuana, 52% and 12%; for lifetime use of illicit drugs other than marijuana/ hashish, 17% and 4%; for last month use of marijuana, 17% and 2%.

The only drug habit variable that was not found to be significantly associated (at the .05 level) with siblings’ use of marijuana or ecstasy were lifetime prevalence of LSD and other hallucinogens. Furthermore, most of the other variables had
associations with siblings’ drug use that were significant at the .001 level (according to both chi-square and K-W tests), the only exceptions being smoking 40+ cigarettes in one’s lifetime (standard chi-square p=.031; K-W p=.019), taking any drug other than cannabis during the last 30 days (standard chi-square p=.007; K-W p=.002), and taking ecstasy during the last 30 days (standard chi-square p=.270; K-W p=.050).

Possible pathways through which drug use by siblings could affect one’s own drug use include (1) lower perceived risks of drug use by the student as a result of observing his or her elder siblings taking drugs without immediate negative effects, (2) willingness to emulate one’s elder siblings, (3) common family-level factors leading to drug use (e.g., low parental control or problematic parent-child relationships).

**Family’s economy**

Family’s economic situation is a mediocre predictor of students’ drug use habits. While it has significant associations with more drug habits than family composition or parental education, its effects are not nearly as consistent or as strong as those of the social and familial environment. The variables on which family composition has significant effects (in most cases, K-W and standard chi-square $0.05<p<.001$) are smoking 11+ cigarettes per day, drinking on 6+ occasions during the last month, getting drunk on three or more occasions over the last month, lifetime use of any illegal drug other than cannabis, lifetime use of hallucinogens, lifetime use of ecstasy, last-year and last-month use of any illegal drug and of any illegal drug other than cannabis, as well as last-month use of cannabis. In all of these cases, the highest prevalence is observed for students from families with high economic status. Those from families with low incomes usually come second, and those from medium-income families typically have the lowest prevalence rates of all substances. For example, the prevalence rates among high, medium, and low income families are 11%, 8%, and 10%, respectively, for getting drunk on 3+ occasions over the last month and 7%, 5%, and 3%, respectively, for last-month prevalence of any illegal drug.
3. Drug-related research in Europe

This Selected Issue will deal with drug-related research in Latvia, main studies and publications, as well as problems in this field will be discussed. As drug problems are a new phenomenon in Latvia and they became prevalent only a decade ago, the same applies to, supply and demand reduction, and drug-related research, with lack of strong research structures and its consequences.

3.1. Research structure

3.1.1. Drug-related research in national policy

One of the directions for action in the State Program on Drug Control and Drug Addiction Restriction 2005–2008 (hereinafter, State Program) is the compilation, examination and evaluation of information. One of the aims of this direction is to assess the drug use prevalence among general population, to ascertain the practices and other information associated with the substance use, and to ensure the analysis of the acquired data and the utilisation of its results in the future in the work of planning the restriction of drug addiction prevalence by state law enforcement, medical, and social agencies. For this reason Latvia must ensure active participation in research conducted on the European scale, and must also undertake relevant research at the national level.

In order to achieve this objective, as part of the State Program 2005–2008, following research studies have to be conducted:

- to participate in the ESPAD 2007 data collection. Since 2003 in Latvia the ESPAD study is conducted as part of national school survey on drug and alcohol use (Latvian School Survey on Alcohol and other Drug Use – LaSPAD). Along the general timeline of the ESPAD 2007 data collection, the national data collection was carried-out in April–May 2007, and results will be available in 2008. Funding for the LaSPAD 2007 from the State Budget is LVL 10 000\textsuperscript{15}. The co-ordinating institution is the PHA, where the LNFP is located; the institution having co-responsibility is the Ministry of Health.

- to carry-out general population survey on drug use prevalence in Latvia. Funding for 2007 that has been allocated from the State Budget is LVL 25 000. The data collection will take place in late 2007, and the results will be available in 2008.

\textsuperscript{15} From the State Program on Drug Control and Drug Addiction Restriction 2005–2008. Total funding from the State Budget for LaSPAD 2007 was 30 000 LVL.
to estimate number of problem drug users by utilising existing databases. It is proposed to carry-out estimates regularly every year, starting in 2006. Funding anticipated for this activity from the State budget is LVL 5 000. For the first time funding was allocated in 2007. As part of this project, the LNFP is involved in funding drug user cohort study that could be used for PDU and DRID indicators. The cohort study started in 2006, and was completely financed from a Reitox grant collective agreement. The cohort was followed for the second time in 2007.

3.1.2. Research and policy relationship

It is thought that research findings in Latvia would influence policy and practice. The 2003 Drug Abuse Prevalence Survey findings and recommendations were used for developing the State Program on Drug Control and Drug Addiction Restriction 2005–2008. As the 2005–2008 State Program is the first national drug strategy and it does not include specific achievable indicators, it is difficult to assess how the results from the 2007 School Survey or 2007 General Population Survey will be used for policy evaluation and development in the future.

On the other hand, in Latvia, there is no funding allocated for long-term drug-related research activities rather than studies every now and then, thus the major problem is that it is difficult to attract young and promising researchers that would specialize in the field.

3.1.3. Main national structures for drug-related research

There is no central co-ordinating body for drug-related research that is responsible for allocating funding or co-ordinating drug-related research in Latvia. On the other hand, PHA is the main actor in monitoring and analysis of the public health situation in the country, and recent developments suggest PHA becoming a strong institution that could take the responsibility of co-ordination. The main problem up to now and for the future is lack of qualified staff that is specializing in drug-related research or research on addictive behaviours.

Besides funding allocated in the State Program for earlier in this chapter mentioned studies, Riga city municipality is funding studies on addictive behaviours in Riga city every other year. The main aim of the studies is to gather information and improve prevention activities in Riga city.

Another player in the research field is AIDS Prevention Centre (now a department at the PHA), who is conducting studies on risk behaviour. The funding for these studies is provided by the State Budget and international organizations, e.g. UNDP, UNODC.
Most of the social drug research (and that on other addictions) in Latvia has been carried out by a research group at the Institute of Philosophy and Sociology at the University of Latvia (IPHS) and Institute of Sociological Research (ISR) who are specializing into youth research in general as well as on social research on addictive behaviours.

A rather large research area and often neglected in Latvia since 1991 is basic and applied research in the field of medicinal chemistry of CNS active compounds. Most of the funding for this research comes from the Merck pharmaceutical company and is conducted at the Institute of Organic Chemistry.

Before Latvia joined EU United Nations (UNODC and UNDP) were funding some drug-related research. The major UN activities were in the field of developing school prevention programmes and research behind them. In 2006 UNODC started a three-year project on HIV prevention among drug users and in prisons. In the coming years funding for research activities is thought to be available by means of small grants.

The major problems in the field of drug-related research are lack of drug-related research strategy and determined funding, and therefore lack of specialists who would be able to specialize and work in the field of drug-related (or rather addiction-related) research.

### 3.2. Main recent studies and publications

#### 3.2.1. Main recent studies since 2000

This subchapter includes information on main studies since 2000, namely, 1) Motivation towards drug use in recreational settings in Riga city carried out by the IPHS in 2000, 2) LaSPAD 2003 carried out in the framework of the ESPAD 2003 by the IPHS in 2003, 3) Drug Abuse Prevalence Study (consisting of seven studies) carried out by the IPHS in 2003.
Table SI3.1 shows summarized characteristics of main studies conducted in Latvia since 2000.

**Table SI3.1. Main drug-related studies conducted in Latvia, 2000-2006**

<table>
<thead>
<tr>
<th>Name of the study</th>
<th>Study year</th>
<th>Responsible research institution</th>
<th>Funding source and budget</th>
<th>Sample size</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation towards drug use in recreational settings in Riga city</td>
<td>2000</td>
<td>IPHS</td>
<td>RAPC</td>
<td>400</td>
<td>Youth in recreational settings in Riga city</td>
</tr>
<tr>
<td>School survey on Alcohol and other Drugs in Jelgava and Liepaja cities</td>
<td>2001</td>
<td>SAA</td>
<td>SAA</td>
<td>813</td>
<td>Secondary and vocational school students aged 15-16 in two major cities (Jelgava and Liepaja)</td>
</tr>
<tr>
<td>HIV/AIDS and STD prevalence study among prostitutes working in Riga streets and pubs</td>
<td>2003</td>
<td>APC</td>
<td>APC</td>
<td>92</td>
<td>Prostitutes working in Riga streets and pubs</td>
</tr>
<tr>
<td>National School Survey on Alcohol and other Drugs</td>
<td>2003</td>
<td>IPHS</td>
<td>SAA and Phare programme</td>
<td>10847</td>
<td>Secondary and vocational school students aged 11-18 nationwide</td>
</tr>
<tr>
<td>Drug Abuse Prevalence Study</td>
<td>2003</td>
<td>IPHS</td>
<td>Phare programme</td>
<td>4534 (GPS);</td>
<td>General population survey nationwide, convicted inmates, students involved in the drug field</td>
</tr>
<tr>
<td>Second generation HIV surveillance among IDU</td>
<td>2005</td>
<td>APC</td>
<td>APC</td>
<td>325</td>
<td>Injecting drug users attending low threshold services</td>
</tr>
<tr>
<td>Injecting Drug Users’ Cohort Study</td>
<td>2006</td>
<td>SAA</td>
<td>SAA</td>
<td>555</td>
<td>Injecting drug users</td>
</tr>
<tr>
<td>Youth in Europe</td>
<td>2006</td>
<td>ISR</td>
<td>RAPC</td>
<td></td>
<td>Secondary school students in grades 9 and 10 in Riga city</td>
</tr>
<tr>
<td>Rehabilitation Study</td>
<td>2006</td>
<td>ISR</td>
<td>SAA</td>
<td>80</td>
<td>Clients in rehabilitation and after completing rehabilitation</td>
</tr>
</tbody>
</table>

*Source: Public Health Agency 2007*

### 3.2.1.1. Motivation towards drug use in recreational settings in Riga city

The study “Motivation towards drugs use in recreational settings in Riga city” carried out in 2000 it thought to be the first drug-related study in Latvia. The funding was provided by the RAPC (formerly – Riga Drug Prevention Centre) and it was carried out by the IPHS.

In late 90-ies in Latvia drug use was alarmingly increasing as were drug-related problems and it became necessary to acknowledge situation. As the drug problem was mostly affecting Riga city and some major cities, RAPC suggested conducting a study to find out motivation and reasons for starting drug use among young people in recreational settings.

The main objectives of the study were determined by current needs and they included 1) assessing drug use prevalence in recreational settings in Riga city, 2) to
find out factors that motivate youth to start drug use, 3) to find out patterns of drug use among youth and 4) to find out reasons why youth start using drugs.

To achieve the objectives of the study, several methods were used: three focus group discussions, a quantitative survey of young people at various entertainment venues in Riga city (n=400), and expert interviews with those involved in the field. The survey was carried out in the most popular Riga cafes, clubs, pubs, and discos.

Among respondents 61% were male and 39% female; he mean age was 19 years (range from 13 to 25 years of age); 57% were Latvian-speaking, while the rest – Russian-speaking; about one-third was studying in secondary schools, 25% – in higher education, 29% were working, and 4% – were neither studying or working; 62% lived with their parents.

25% of respondents (18% male and 35% female) have not used drugs in their lifetime, and 13% have used drugs only once. The most frequent answer was that they’ve used drug several times but on irregular basis (39%). About 23% were using drugs on regular basis – 12% were using drugs less than once a week and 11% – more than once a week. The most often mentioned first drug tried was cannabis (71%), followed by amphetamines (7%), ecstasy (4%) and LSD (4%).

No conscious motives of drug use were found, however, the situational components recurred in most of the stories told by young people – curiosity, desire to try; peer pressure, recommendation from friends, encouragement or offer.

Moderate use of cannabis and other so-called “soft” drugs seriously damage one’s health. On the other hand, the problem of drug abuse with all of its serious effects is related to heroin.

Most respondents acknowledged that drugs can be bought easily and almost everywhere – it is easiest to buy cannabis, but also LSD, amphetamines, ecstasy and even heroin are also readily available,

Young people – those who try drugs and irregular users – think that they are not dependent and can stop at any moment. Most of them strictly distinguish themselves, as people who use drugs because of pleasure or being “cool”, from drug addicts, who are considered to be lost people.

Organization of free time is a factor influencing drug use. Regular users are mostly young people who fail to find a useful activity for their free time.

Information on drugs is obtained mainly from acquaintances or friends. There are various levels of awareness about the types of drugs, their effects and
consequences of their use. Some young people have a rather profound knowledge and little experience of use. The majority have superficial, practical, or consumer knowledge.


### 3.2.1.2. National school survey on alcohol and drugs (LaSPAD) and ESPAD’03

Latvia has been participating in the ESPAD study since the first data collection in 1995. The second data collection took place in 1999, the third – in 2003, and the most recent one – in 2007. In 2003 in the framework of the Drug Abuse Prevalence Study it was decided to conduct a national school survey on alcohol and drug use by increasing the ESPAD sample size and collecting data also on those in other cohort than the one of the ESPAD study. The sample included students from grade 5 up to grade 12 in comprehensive schools, as well as those in years 1–3 in vocational education. The achieved sample size was 10847 students, of those 2841 were 1987-born, which was used for international ESPAD reporting.

Funding for the study was provided partly by Phare Programme and State Addiction Agency (at that time – Narcology Centre). The fieldwork and analysis were carried out by the research group at the IPHS. National publication of the ESPAD results was funded by the EMCDDA.

Drug use among 15–16-year-olds, as compared with 1999 ESPAD study, had slightly reduced (Hibbel B., et al, 2004; Koroļeva I., & Trapencieris M., 2005). There are no clear explanation for decrease in drug use but the most likely is a methodological one, since the sample in 2003 study included also those who are in grade 8, that could decrease overall drug use in this cohort.

Results from the ESPAD study are published in the international ESPAD 2003 report (Hibell B, et al. 2004) and a national (in Latvian) publication of the ESPAD results (Koroļeva, I., & Trapencieris, M., 2005). Results from the study of those in other age cohorts are published in the international ESPAD publication of those aged 17–18 (Hibell, B., et al., 2007) and in a national (in English) publication (Koroļeva I. et al, 2003). Most of the results from this study have been used in previous national reports.

### 3.2.1.2. Drug abuse prevalence in Latvia

The study Drug Abuse Prevalence in Latvia was the first comprehensive study on drug use in Latvia. Finance for the research was allocated as part of the
European Commission *Phare 2000* national programme. The study consisted of seven different target groups – 1) general population survey, 2) national school survey, 3) survey of prison inmates, 4) survey of drug users, 5) survey of students involved in the drug field, 6) survey of NGOs, and 7) survey of experts involved in the field. The study was conducted by the IPHS in close co-operation with the SAA.

Most of the research activities took place from November 2002 until August 2003. The research publication was printed partly with financial support from the EMCDDA – Phare project Participation of the Candidate CEECs in the EMCDDA.

The main publication Drug Abuse Prevalence in Latvia: Population Survey Report 2003 includes chapters for each of the targets, namely:

- General population survey.
- School survey.
- Survey of prison inmates.
- Survey of drug users.
- The knowledge and attitude of students toward drug use and prevention.
- Survey of NGOs involved in the restriction of drug use and the treatment and rehabilitation of drug addicts.
- Evaluation of the information and attitudes of the individuals involved in drug demand and supply reduction.

The study was conducted at the same time National Drug Programme was being developed and the results from this study were taken into account while developing the Programme.

**General population survey**

It was the first general population survey (GPS) on drug use prevalence on a basis of national sample aged 15–64 (n=4534). The questionnaire used included most of the questions from the EMCDDA European Model Questionnaire (EMQ), as well as questions on attitudes, knowledge and perceptions that were not included in the EMQ.

According to survey results, the proportion of smokers is greater among males, although the trend is observed of increasing numbers of women taking up smoking in the younger age groups. Compared with results acquired in previous years, the frequency of use of alcohol is increasing among young females. Of those trying legal drugs the greater proportion is among males, however, the prevalence of psychoactive medications is greater among females. The research reveals that
respondents regard drug addicts as patients rather than criminals, and demonstrate
greater tolerance towards drug use, and rate the possible risks associated with the
use of illegal drugs lower. Respondents having personal drug use experience tend to
perceive the risks associated with the use of this substance as lower than those who
do not have such experience.

The next GPS is to be undertaken in 2007. That will allow changes in the
situation to be analysed over a four-year period, and to identify new trends in the
practices of using narcotic substances.

School survey

See section 3.1.2.1 on National school survey on alcohol and drugs
(LaSPAD) and ESPAD’03 in this Selected Issue above.

Survey of of prison inmates

This type of research was undertaken in prisons in Latvia for the first time.
The aim of this research was to determine the real situation in prisons regarding the
use and availability of drugs, and to identify factors influencing their use. Two
research methods were utilised to achieve the aim: a survey of incarcerated persons
(n=4688) and in-depth interviews with prison administration staff-experts.

Information was acquired during the survey of prisoners as to whether any
drugs were used at all in prisons, and if so, what substances were used; on the
regularity and methods of drug use before imprisonment and during imprisonment, as
well as the opinions and attitudes of prisoners on the introduction of treatment
programmes and legislation in relation to drug use and prevalence.

The main conclusions after compiling information acquired during the survey
are as follows: alcohol is used more rarely in places of imprisonment than drugs or
medications. The main risk group which might start using drugs while in prison, are
convicted persons aged between 25 and 34. A comparatively large proportion of
convicted persons used drugs intravenously while in prison. The lack of treatment
opportunities, the low employment level, being located in closed-type in prisons, all
create a greater probability of beginning or continuing the use of drugs.

At the moment the LNFP has no information on a commencement date for
conducting the next survey of persons in Latvian places of imprisonment, although
such research would be highly desirable to identify the practices of addiction and use
of illegal and legal substances by persons in a specific environment.
Survey of drug users

A survey of drug users was undertaken with the aim of determining the problems and needs of users, and evaluating the awareness of them on existing forms of assistance and programmes.

The research was undertaken in Riga, utilising the general "snowball" selection method among drug users (n=64).

The majority of survey respondents perceived the use of drugs as a problem, and also admitted that they wished to cease use, although in reality only a few were being treated in a treatment-rehabilitation programmes. The problems most often identified by drug addicts are every-day social problems. The main problems are interpersonal conflicts with friends and close persons, the loss of family, place of abode, employment, resulting in social exclusion. Breaches of the law associated with the use of drugs are yet another group of problems mentioned by drug addicts. Health problems were also mentioned.

The major centres which work with the prevention and treatment of drug users were the most recognizable among survey respondents; mentioned as less known among drug users were various programmes and rehabilitation centres.

This research is significant as an indicator of various problems, attitudes, and degrees of awareness among users of illegal substances.

The knowledge and attitude of students toward drug use and prevention

Essential for limiting the spread of drugs is the cooperation between various institutions, and the effective implementation of this task depends on the level of preparation of the specialists involved. For this reason, as part of this research, a survey of students and budding specialists was undertaken, with the aim of ascertaining their knowledge and opinions on the prevention of drug addiction, the spread of drugs, and its limitation, and the students’ personal experience associated with the use of illegal substances.

A total of 546 emerging lawyers, policeman, schoolteachers, and medical personnel, were surveyed; mainly third and fourth course students.

The results of this research reveal that the majority of students are informed on the sources and limitation of drug addiction, but would wish to know more. However, students regarded their knowledge on the prevention of drug use as inadequate, and noted the need to include this theme in greater proportion in their lectures. In relation to personal experience, the majority of students noted that they had never used drugs, although a comparatively large proportion knew people who used them.
The research revealed the students’ own evaluation of the knowledge offered in universities regarding drug addiction, and highlighted the main deficiencies in education programs preparing new specialists.

Survey of NGOs involved in the restriction of drug use and the treatment and rehabilitation of drug addicts

Nominated as the objective of this research was the compilation of information on organisations and private initiatives involved in the prevention of use of drugs, and the treatment and rehabilitation of drug addiction.

25 organisations responded to the research, and provided information from which 10 operated in the field of preventing addictive substances, 4 were involved with health, and the popularisation of a healthy lifestyle, and organising ways for young people to spend their free time. 5 worked with risk groups, 3 worked with the rehabilitation of former prisoners, and 3 worked with the rehabilitation of drug addicts and alcoholics.

Reviewed in this research was the year of establishment of these organisations, the main operational objectives and directions, cooperation partners, projects implemented, and their funding.

In compiling information on the operation of these organisations, it was revealed that the main problem encountered by the organisations is lack of finance to ensure their existence and succession. It was also noted that few permanently paid staff worked in these organisations, which resulted in disturbances to the expansion of active work; there were difficulties in attracting and retaining young people, for conducting various activities. Attempts to cooperate with business structures had been unsuccessful, mainly due to them not being financially advantageous to the businesses concerned.

Evaluation of the information and attitudes of the individuals involved in drug demand and supply reduction

In this survey, expert opinions were compiled with the aim of ascertaining the main problems in the prevention of drug addiction and its treatment and legislation.

A total of 40 experts working in the field of drug addiction prevention were interviewed: medical drug addiction specialists, lawyers, police officers, customs officers, teachers, together with heads of local government and members of Parliament.

Compiling their opinions, the majority of experts emphasised the need for:

- direct prevention programmes to specific age and target groups, and to introduce an evaluation procedure for these programmes;
- creation of an opportunity for drug users, and former and current prisoners, to undergo effective treatment social rehabilitation and integration;
- tighter reductions on demand and supply of drugs, and cooperation between all parties involved in the drug issues.

This research permitted the evaluation of various expert opinions on the situation in the country regarding drugs; it provided an opportunity to analyse essential improvements which should be taken into account when forming policy and legislation.

### 3.3. Collection and dissemination of research results

The PHA, where the LNFP is located, has responsibility from 1 March 2007 for the implementation of compilation, investigation and evaluation of action direction sub-tasks for information including researches, for the *State Program on Drug Control and Drug Addiction Restriction 2005–2008*, Until 1 March 2007, the LNFP was located in the SAA, which at that time was partly responsible for implementation of the State program.

The LNFP operates as a research coordinator, with responsibility for preparation of the technical specifications of research. The Focal Point researcher cooperates closely with the study researcher, consulting on research methodology, and monitoring the observation of research deadlines. All research studies ordered by the PHA are the property of that agency.

The latest and most significant studies coordinated by the LNFP, e.g. the ESPAD and the *Survey of Residents on Prevalence of Drug Use*, are usually presented to the mass media at press conferences especially held for this purpose. The research publications are forwarded to all co-operation institutions, local governments, schools, and libraries.
Part C: Bibliography

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