



**REPORT TO THE EMCDDA
by the Reitox Latvian Focal Point,
Narcology Centre**

**LATVIA
DRUG SITUATION 2002**

REITOX

CONTENTS

Summary: main trends and developments	2
PART 1: NATIONAL STRATEGIES. INSTITUTIONAL AND LEGAL FRAMEWORK	8
1. Developments in Drug Policy and Responses	8
1.1 Political framework in the drug field	12
1.2 Legal framework	12
1.3 Law implementation	20
1.4 Developments in public attitudes and debates	23
1.5 Budget and funding arrangements	25
PART 2: EPIDEMIOLOGICAL SITUATION	26
2. Prevalence, Patterns and Developments	26
2.1 Main developments and emerging trends	27
2.2 Drug use in population	27
2.3 Problem drug use	27
3. Health consequences	27
3.1 Drug treatment demand	27
3.2 Drug related mortality	42
3.3 Drug related infectious diseases	44
3.4 Other drug related morbidity	47
4. Social and Legal Correlates	47
4.1 Social problems	47
4.2 Drug offences and drug-related crime	47
4.3 Social and economic costs of the drug consumption	50
5. Drug Markets	50
5.1 Availability and supply	50
5.2 Seizures	50
5.3 Price, purity	52
6. Trends per drugs	53
PART 3: DEMAND REDUCTION INTERVENTIONS	55
8. Strategies in Demand Reduction in national level	55
8.1 Major strategies and activities	55
8.2 Approaches and new developments	56
9. Prevention	69
9.1 School programmes	69
9.2 Youth programmes outside school	71
9.3 Family and childhood	72
9.4 Other programmes	72
10. Reduction of drug related harm	72
10.1 Description of interventions	74
10.2 Standards and evaluation	74
11. Treatment	74
11.1 “Drug-free” treatment and health care at national level	74
11.2 Substitution and maintenance programmes	80
11.3 After-care and re-integration	85
12. Interventions in the Criminal Justice System	88
12.1 Assistance to drug users in prisons	89
12.2 Alternatives to prison for drug dependant offenders	90
12.3 Evaluation and training	90
13. Quality assurance	90
PART 4: SELECTED ISSUES	91
14. Evaluation of Drugs National Strategies	91
15. Cannabis problems in context: understanding increased treatment	91

15.1 Demand for treatment for cannabis use	91
15.2 Prevalence of problematic cannabis use and patterns of problems	92
15.3 Specific interventions for problematic cannabis use	92
16. Co-morbidity	92
References	
Bibliography	93
Data bases	93
Internet addresses	94
Annexes	
Drug monitoring system and sources of information	95
List of tables used in the report	97
Lists of figures used in the report	99

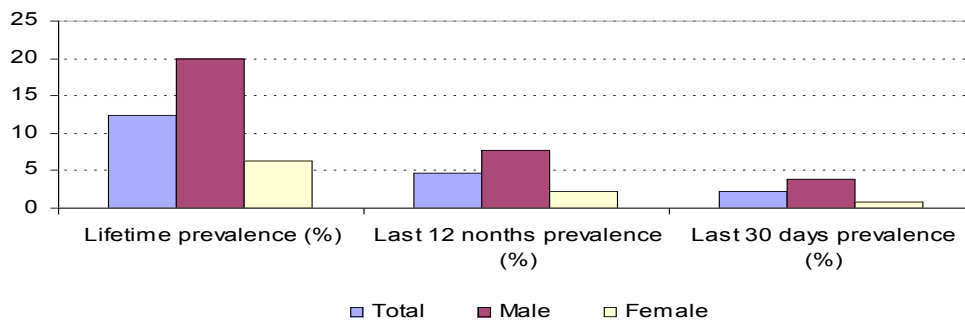
SUMMARY
MAIN TRENDS AND DEVELOPMENTS

Drug abuse prevalence and treatment demand

In the past ten years Latvia has registered a highly significant increase in the consumption of different drugs and in the problems associated to consumption. It is estimated that there are about 10,000 problem drug users in the country, of a total estimated drug misusing population of around 30,000-40,000. So these figures are only experts' opinion, they can't be considered as evidence-based figures.

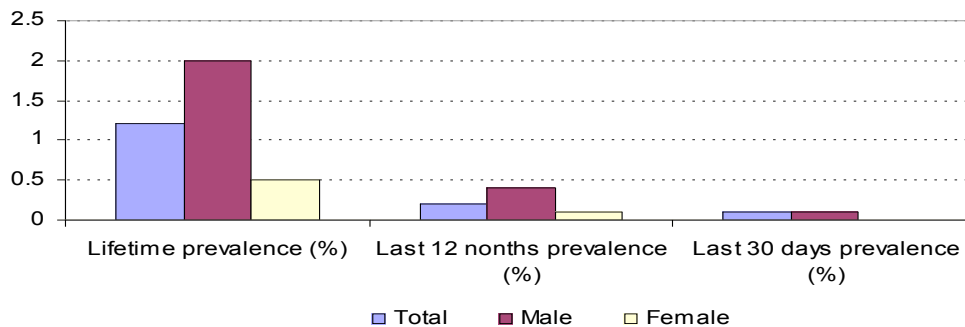
In 2003 the first population survey¹ among the general population at the age 15-64 was carried out (realised sample size 4534). The results of survey show that the lifetime prevalence of the use of any illegal drugs is 12.3%, but at the age group 15-34 the lifetime prevalence is 21.9% (30.3% among men). Respectively the last year prevalence among general population is 4.6%, but at the age group 15-34 the last year prevalence is 9.7% (14.5% among men). The last month prevalence among the general population is 2.2%, and 4.7 % at the age group 15-34 (7.7% among men).

Figure 0.1 **PREVALENCE OF THE USE OF ANY ILLEGAL DRUG AMONG THE GENERAL POPULATION AT THE AGE 15-64 IN 2003**



As show the results of the survey the most popular drugs in Latvia are: cannabis, amphetamine and ecstasy. The last month prevalence of cannabis among the general population at the age 15-34 is 4.7% (7.7% among the men), prevalence of amphetamine is 1.1% (2.1% among the men), and prevalence of ecstasy is 0.6% (1.1% among men). Within the survey the users of cocaine system also were reached. Ordinary they stay outside the treatment demand monitoring system.

Figure 0.2 **PREVALENCE OF COCAINE USE AMONG THE GENERAL POPULATION AT THE AGE OF 15-64 IN 2003**



¹ Drug Abuse Prevalence in Latvia. Population survey report 2003 (13-34)

The last month prevalence of the cocaine users at the age group 15-34 is 0.1% (0.2% among the men of the relevant age). According the drug related treatment demand data no one client with cocaine dependence (by primary drug use) among all new cases was registered in the national drug treatment monitoring system (the State Register of Persons with Drug Dependence and Substance Misuse) in 2002.

After few years of break the number of first time registered clients with volatile solvents (inhalants) dependence has increased. Also the school survey¹ carried out among pupils at the age 11-20 shows that the inhalants are the second most popular drugs (apart from alcohol and tobacco) in school population. The average last month prevalence among the age group 11-20 is 1.4%, the highest prevalence of inhalants last month use is among the age group 11-12. It is 3.8 % (4.3% among the girls of the relevant age).

The survey shows the very high prevalence of use of pharmaceuticals both among the general population and school population.

Figure 0.3 **PREVALENCE OF PHARMACEUTICALS USE AMONG THE GENERAL POPULATION AT THE AGE OF 15-64 IN 2003**

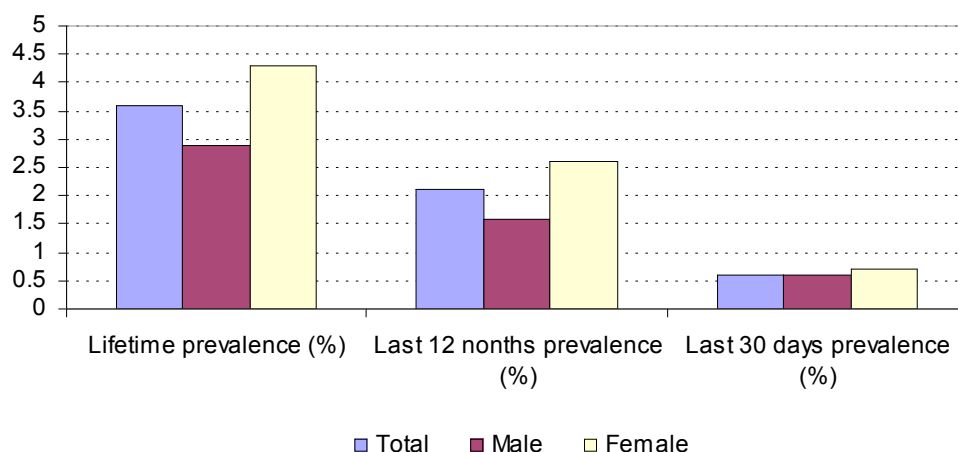
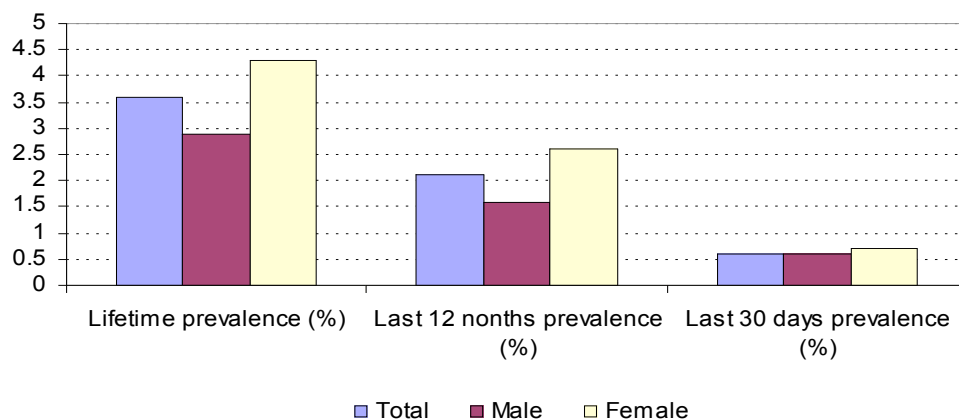


Figure 0.4 **PREVALENCE OF PHARMACEUTICALS USE AMONG THE SCHOOL AT THE AGE OF 11-18 IN 2003**



¹ Drug Abuse Prevalence in Latvia. Population survey report 2003 (37-68)

The changes in patterns of drug use have influenced the drug related treatment seriously:

- the new cases of drug dependence has decreased;
- the number of first time registered clients with opioids dependence has decreased;
- the number of first time registered patients with amphetamine (and other stimulants) and poly drug dependence is increasing;
- the in-patient drug treatment has rapidly decreased;
- the drug related mortality is still increasing;
- the prevalence of HIV, B and C hepatitis infections has decreased;
- the number of drivers detected for driving under influence of drugs continues to increase.

Drug related crime

The drug related crime has increased seriously during this period of time too: drug related offences make about 1,6-2%¹ of all committed crimes; about 3% of all detected crimes have been committed under influence of drugs.

The same as in the rest of the European countries, we can appreciate the highly negative impact of these behaviours not only on consumers, but also on the health and welfare of the people living in their social setting. With changes in the political and economic situation, the social norms and values also have changed seriously during the last decade. According to the data of Eurostat², GDP per head in euros in Purchasing Power Standards was 8740 euros, what was equal to 35 % from EU level in 2002. Families with children are left in a most complicated situation. The unemployment and poverty cause a situation when a family is not able to fulfil its direct duties to provide for necessary education and psychological support to their children. A family becomes a favourable environment for a development of anti-social phenomena – alcohol and drug abuse, violence. From other side the middle class has consolidated and the number of prosperous people has accreted. They form a stable target group of drug market for new drugs (synthetic drugs, cocaine, high-quality heroin) and new drug abuse patterns (recreational). New and younger user groups are emerging. Furthermore a high social acceptance of some drugs, such as cannabis and amphetamine-type stimulants, has developed. The new influence from media does not always work in favour of healthy life-style.

There are several trends observed in drug related crime during the recent years, including the reporting period:

- the younger and younger people are induced in drug abuse;
- the role of organised crime in the field of drug trafficking is increasing;
- the continuous changes in patterns of drug trafficking to make the detection of crime more and more complicated.

In 2002 the first during the last four years the number of drug related crime was decreased. The main reason was the structural changes in the State Police and preparation of the reorganisation of the State Police what was implemented in early of 2003. The purpose of the reorganisation was the need to make the work of police more effective and to avoid from the duplication of the functions and competencies.

¹ Report on the implementation of the State's Police working programme 2002 (Valsts policijas darba rezultāti 2002.gadā)

² QUARTERLY ACCOUNTS Fourth quarter 2002 The GDP of the Candidate Countries

There are negative trends also among other high-risk groups. The drug abuse situation in prisons is getting worse. The prison population has increased in recent years, while the resources to run prisons are limited. One consequence is that it has proven difficult to prevent drug abuse in the prisons, and due to the criminality of drug use it is also very difficult to carry out treatment and harm-reduction efforts within the prisons. The amendments of November 21, 2002 to the Latvian Criminal Law have introduced consumption of narcotic and psychotropic substances without prescription, if it has committed repeatedly within a period of a year as the criminal offence. The applicable sentence is deprivation of liberty for a term not exceeding two years, or compulsory work, or a fine not exceeding eighty times the minimum monthly wage.

Response

In order to deal with the very serious problems derived from the consumption of psycho – active substances, the different institutions have been promoting different preventive, assistance measures, as well as those supporting social insertion which requires from mutual integrated approach in the field of drug supply and demand reduction. Unfortunately links among political, epidemiological and drug demand and supply reduction fields are weak both in political, and in administrative/executive level. The National Drug Control and Drug Abuse Combat Co-ordination Commission (established in 1996) has scarcely been operational over the last four years. Interruptions among the meetings are over 15 months. The Ministry of Interior has drafted the new Cabinet Regulation on the Drug Control and Drug Abuse Prevention Coordination Council with intend to strengthen the political power of the Commission ant to locate the Council within the Cabinet of Ministers. Also the UNCDP-sponsored 1999-2003 National Drug Strategy, the Commission was to supervise has largely remained a dead letter because of lack of funding and implementing mechanism. The new national Drug Control and Drug Abuse Prevention Programme (Drug Programme) for the five years period 2004-2008 have to be elaborated and adopted within the Twinning project in 2003. Some funds are available for projects in the drug field are allocated through a competition process, but the Commission is not directly involved in.

All the areas of drug field require the necessary political commitment to drug policy. The new Drug Programme foresees to modify and reinforce the institutional framework (separating the different functions as co-ordinating, planning, funding and execution) in order (1) to improve the general and operational planning in the different fields, and co-ordination among the different institutions and organisations (including also NGOs, Municipalities); (2) to ensure guaranteed financing and application of the Drug Programme.

In reaction to drug problems a multidisciplinary and balanced approach for combating drug addiction shall be developed. The new National Drug Programme shall be prepared and adopted by the Cabinet of Ministers in 2003. The Drug Programme shall be in line with the EU drug Strategy 2000-2004, and it shall provide the additional instruments of implementation in all levels – governmental, municipal, public and non-governmental, and will cover all acute areas requesting effective activities.

Latvia has applied to join to EMCDDA (European Monitoring Centre for Drugs and Drug Abuse) in 2002. The strengthening of the national drug information system through participation in this EU agency will improve the level of the data collection, analysis and dissemination of relevant information to local and European network and monitoring of national drug policy implementation in the country. The creation of

single drug information/monitoring system in Latvia would be a notable step to ensure the implementation and co-ordination of national drug policy in the country.

For the coming years Latvia has put forward the following main directions in the field of the fight against drugs and drug addiction:

- Elaboration of the National Drug Programme corresponding to the current situation foreseeing the reduction of drug demand and supply.
- Participation in the projects organised by state and local authorities and non-governmental organisations in the field of drug demand reduction and prevention of drug addiction.
- Further co-operation with territorial police structures, to improve the information exchange mechanism, to continue professional training of police officers, to render to them methodical and practical assistance, to inform about the new *modus operandi*, to deliver the necessary information on the specifics of detection of drug related crimes.
- Improvement of the international co-operation forms in the field of fight against drugs, to participate in international Amphetamine profiling project. To strengthen the co-operation with law enforcement institutions of neighbouring countries in the field of detection of international organised crime groups dealing with illegal circulation of drugs, their participants and leaders as well as the field of their activities.
- Involving more representatives of Border Guard and Customs in the fight against illegal circulation of drugs and to stir their work in detection of drug trafficking, to continue their training and to develop the co-operation. To achieve the situation that in everyday work the Customs officers are oriented to detection of drug related crimes.
- Forming the unified understanding of representatives of State Police, Prosecutor's Office and Ministry of Justice on situation in the field of fight against illegal circulation of narcotic and psychotropic substances and in the field of prevention of drug addiction.
- Raising the prestige, improving the working conditions and training the police units.
- Strengthening the control over legal narcotic substances and precursors.
- Focusing to the offences related to illegal sowing and cultivating of plants containing narcotic substances.
- Adoption of the Law on Educational Measure of Compulsory what may be applied to Children. (The Law was adopted by the Saeima (Parliament) on October 31, 2002, but due the lack of financial means for the implementation of the Law it will be in force only January 1, 2005.
- To create an implementing mechanism of the Cabinet Regulations on Medical Treatment of Persons with Drug and Alcohol Dependence Drug and Solvents Misuse (in force since September 28, 2002) especially related to the treatment of minor drug abusers.
- Implementation the new ambulatory programs, because of the decrease in demand for the in-patient treatment.
- Development of the Reitox Latvian Focal Point (NFP) in line with the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to ensure the implementation and co-ordination of national drug policy in the country.
- Establishment of common drug intelligence system among the law enforcement agencies in Latvia (unified software programme).

PART 1

NATIONAL STRATEGIES: INSTITUTIONAL & LEGAL FRAMEWORK

1. Developments in Drug Policy and Responses

1.1 Political framework in the drug field

Priorities and objectives in national level

There are three main challenges for the drug policy in Latvia in recent years:

- I. To strengthen the drug policy co-ordination mechanism to ensure the implementation and evaluation of the national Drug Programme.
- II. To elaborate and adopt the National Drug Control and Drug Abuse Prevention Programme for the five years period (theoretically 2004-2008) ensuring necessary funding for the implementation of the Drug Programme.
- III. To make a legal basis for the Reitox Latvian Focal Point guarantying its independency and capacity to operate at an independent level.

Coordination

Similar to other Central and Eastern European Countries the institutional and legal framework in the field of drugs in Latvia has been developed since the mid-1990s.

In compliance with the prerequisites of the UN Conventions, the inter-ministerial Drug Control and Drug Abuse Combat Prevention Co-ordination Commission (hereinafter Co-ordination Commission) was established in the experts' level in 1993¹ still before the official regaining of the independence of the Republic of Latvia on May, 1994. In the political level the Co-ordination Commission was strengthened in 1996² by the Regulations of the Cabinet of the Ministers on the Regulation of the Drug Control and Drug Abuse Combat Prevention Co-ordination Commission. The Co-ordination Commission was composed from the representation of 12 members – ministers and state secretaries, including four experts representing both the field of drug demand and supply reduction. The Co-ordination Commission was chaired by the Minister of Interior. The Executive Secretary responsible for the implementation of the Commissions' functions and tasks was nominated and appointed by the Minister of Interior.

In fact, the Drug Co-ordination Commission has scarcely been operational, especially over the last three years due the lack of the Executive Secretary (National Drug Co-ordinator) of the Commission, and lack of staff and budget for the implementation of the coordination activities. Also the UNCDP-sponsored 1999-2003 National Drug Strategy³, what the Commission was to supervise has largely remained a dead letter

¹ The Decision of the Council of Ministers of January 18, 1993 on the Establishing of the National Drug Control and Drug Abuse Combat Co-ordination Commission (*Ministru Padomes 1993.gada 18.janvāra lēmums nr.26 "Par Nacionālās narkotisko vielu kontroles un narkomānijas apkarošanas koordinācijas komisijas izveidošanu"*)

² Cabinet of Ministers Regulations Nr 249 of July 2, 1996 on the Regulation of the Drug Control and Drug Abuse Combat Prevention Co-ordination Commission (*Ministru kabineta 1996.gada 2.jūlija noteikumi Nr. 249 "Narkotiku kontroles un narkomānijas apkarošanas koordinācijas komisijas nolikums"*)

³ Latvia Drug Control and Drug Abuse Prevention Masterplan for the period 1999-2003. Prepared by the National Drug Control and Drug Abuse Combat Co-ordination Commission with the assistance of UNDCP

because of lack of funding and implementing mechanism. The Drug Strategy was accepted by the Cabinet of Ministers only as an informative document, and no funding for implementation of the Strategy was allocated.

By the Cabinet of Ministers Regulations of January 15, 2002, the Drug Control and Drug Abuse Combat Co-ordination Commission was included into the structure of the Crime and Corruption Prevention Council chaired by the Prime Minister and located within the Ministry of Justice. The Minister of Interior remained as the chairperson for the Drug Co-ordination Commission.

So from the very beginnings the institutional framework of the drug coordination in Latvia performs the model, where both the political and experts' levels have been mixed in the common structure. Furthermore the Co-ordination Commission has had the responsibility both for the political and strategic guidance of the national drug policy and day-to-day co-ordination and implementation of the national drug supply and drug demand reduction strategies without no permanent staff or budget allocated neither for the co-ordination nor for the implementation of the strategies. This has lead to the weak executive capacity for the implementation of the national drug policy. At the moment Latvia is the only country among all candidate and acceding countries without the permanent coordination unit within one or other of governmental institutions¹.

In 2003 the Ministry of Interior drafted the new Cabinet of Ministers Regulations on *the Rules of the Drug Control and Drug Abuse Prevention Co-ordination Council* (hereinafter Drug Co-ordination Council). The draft Regulations on the Rules of the Drug Co-ordination Council foresees that the Drug Co-ordination Council is separated from the Crime and Corruption Prevention Council and is chaired by the Deputy Prime Minister. The concept about the composition and functions of the Co-ordination Council fundamentally remains the same – political level is mixed with experts' level (furthermore some key experts are not represented, for example, the institution representing the coordination and implementation of state policy in drug prevention, at the same time experts not playing the important role in the drug field are represented, for example, the Rector of the Academy of Police of Latvia or the Chief of Staff of the National Armed Forces). The executive functions are mixed with decision making functions, in spite that the Council is not neither the permanent nor the administrative/executive body. So Latvia still avoids from the two level model in drug coordination common both in EU member states and acceding and candidate countries, where more and more emphasis is put to the strengthening of the permanent co-ordination units, being increasingly responsible for coordinating the day-to-day implementation of drug policy/strategy. The technical support to the work of the Drug Co-ordination Council is foreseen to be provided by the Secretariat of the Drug Co-ordination Council. The Secretariat is foreseen to be led by the Secretary appointed by the Minister of Interior (after harmonization of the candidate among the members of the Council), because the Secretariat is to be located within the Ministry of Interior. The main contradiction with EU approach is that the permanent drug coordination unit (in this case the Secretariat of the Drug Co-ordination Council) should be responsible not only for the technical support to the work of the Council (organizing the Councils meetings four times a year), but should be directly responsible for the implementing the national drug programme/strategy/policy. The new draft of the Rules has to be approved by the Cabinet of Ministers early in the year of 2004.

¹ The State of the Drug Problem in the Acceding and Candidate Countries to the European Union. European Drug and Drug Addiction Monitoring Centre. 2003, page 67.

Strategy

The first Latvia Drug Control and Drug Abuse Prevention Strategy (Masterplan) for the period 1999-2003 were elaborated by the Drug Control and Drug Abuse Combat Prevention Co-ordination Commission with assistance of UN International Drug Control Programme (UNDCP) in 1998. The Cabinet of Ministers approved the Strategy only as an informative document. The Action Plan of Strategy was not elaborated in the stage ready for submitting to the Cabinet of Ministers. Due the lack of political, legal and financial support to the first Drug Strategy the national drug policy so far has been realised within the inner reserves of each ministry involved (Ministry of Interior, Ministry of Education, Ministry of Welfare).

Taking into account the last tendencies in the progress of drug abuse in Latvia there was an urgent necessity to revise the elaborated, but not accepted Strategy and to elaborate the new one focusing on developing national drug policy and implementing mechanism ensuring effectiveness of activities and appropriate implementing instruments for actors in all levels – governmental, municipal, non-governmental. Furthermore the new national Drug Programme should be in line with EU standards and customised according the current situation on drug abuse in Latvia. The Drug Programme should be accepted at the Cabinet of Ministers as a policy planning document binding for all institutions involved. The implementation of the Drug Programme should be financially guaranteed by the state budget.

To give the appropriate response to the existing problems in the implementing the national drug policy within the Phare 2000 National Programme the project “Development and Implementation of Latvian Drug Control and Drug Abuse Prevention Masterplan in Accordance with EU Recommendations” was launched in July 26, 2002. Within the Twinning project between Latvian and Spain Governments a draft project of the Latvian “Drug Control and Drug Abuse Prevention Programme” for five years period (theoretically 2004-2008) was elaborated.

The general aims set in the new Latvian Drug Programme are the same as in the EU Action Plan on Drugs 2000-2004. The most important achievement of the draft Drug Programme is that the new Drug Programme is based on the assessment of the nature of drug phenomenon and its consequences in Latvia, as well as on knowledge acquired from research and lessons derived from past drug supply and drug demand reduction activities and initiatives. There are five main themes in the new Drug Programme: coordination and institutional framework; drug demand reduction with particular focusing to treatment and social rehabilitation; drug monitoring with focusing to information exchange, research, evaluation and training; drug supply reduction, and all of areas mentioned before are related to the international co-operation.

The new Drug Programme foresees to modify and reinforce the institutional framework for the coordination and implementation of the national drug policy, as well as requires for the guaranteed financing of the Drug Programme. In this respect the draft Drug Programme proposes to reconsider the functions of existing political Co-ordination Commission and to create the permanent technical co-ordination body (like the Secretariat of the Co-ordination Commission) endowed with real executive and administrative power. In line with the new concept the political Co-ordination Commission should supervise the implementation and evaluation of the strategy, strengthen the co-ordination among the different ministries and other public institutions and as a policy maker should approve the general policy guidelines and strategic tactics that have to be implemented by the technical co-ordination body, and ensure necessary political support to the implementation of the Drug Programme. The technical co-ordination body should be established as the institution being responsible for the co-ordinating day-to-day implementation of the Drug Programme.

It should be the task of the technical co-ordination body to plan the national drug strategy on permanent basis, to determine the needs and priorities and to apply and implement the policies on drugs, to maintain relationships with the political inter-ministerial Drug Co-ordination Commission (including preparation of its meetings, involvement of experts and presentation of all necessary information), to co-ordinate the activities of different responsible public institutions, to concentrate information (in collaboration with Reitox Latvian Focal Point) and disseminate it, to facilitate relationships with the civil society and NGOs (determining their role, responsibilities and the requirements to guarantee the quality of their interventions), to develop plans for training and research, and evaluation of the effectiveness of drug policy applied, as well as foster the activities of the different entities which work in the field, to develop the international relationships and to represent Latvia abroad. Seeing that the role of the technical co-ordination body includes also monitoring of the drug situation and information exchange, the draft Drug Programme proposes to locate the Latvian Reitox Focal Point under the auspices of the technical co-ordination body.

In the field of drug demand reduction the new Drug Programme calls for the clarification of competencies of different actors involved in the drug prevention, treatment and social rehabilitation and for the co-ordination of their activities, as well as for the ensuring the necessary funding and consistency of programmes. To achieve this task the Drug Programme has defined the basic principles of prevention, including clearing up the institutional framework; introducing the evaluation of the drug demand reduction actions in accordance with good practice principles; involvement of the civil society; ensuring the permanent training of all professionals working in the field of drug demand reduction etc. Concerning to the drug treatment and social rehabilitation the Drug Programme foresees to increase the treatment offered by developing the different kind of programs, paying special attention to harm reduction, maintenance programs, dual pathologies, young population and drug abuse in prisons. Social integration and combat against the social exclusion are considered as one of the main topics of the social assistance network.

Through the establishing and strengthening the drug and drug abuse information and monitoring system in Latvia the new Drug Programme foresees to ensure that the national drug policy will be based on a regular assessment of the nature and magnitude of drugs phenomenon and its consequences, as well as on knowledge acquired from research and lessons derived from past drug supply and drug demand reduction activities and initiatives.¹ The Drug Programme has set a target to achieve that the monitoring is used as an important tool in the design and implementation of the drug policy and that the decision making in the field of drugs is based on sound information and facts providing accurate picture of drug problem in the country. It should be achieved that the epidemiological data on drug prevalence (statistics), evidence-based information (research) and the political decision process are linked during the implementation of the national drug policy.

In the field of drug supply reduction the new Drug Programme foresees to strengthen the coordination of the fight against drugs at the highest ie. political level. It is very topical issue that the political level (Drug Co-ordination Commission) assumes the responsibility to define the approaches in the fight against drugs, especially taking account the latest trends in EU concerning to the legal attitudes to drug users and combating drug trafficking. On the operational level the Drug Programme foresees to

¹ EU Drug Strategy 2000-2004

introduce common drug intelligence system among police, customs and border guard, as well as to improve cooperation among all involved law enforcement institutions.

Unfortunately during the implementation of the Phare project there was not mutual cooperation between the Twinning project and relevant working group of the Ministry of Interior (however the Ministry of Interior was the leading ministry for the Twinning Project) what worked out the draft Rules of the Drug Control and Drug Abuse Prevention Co-ordination Council. So from one side the new draft of the national Drug Programme (Strategy + Action Plan) foresees to modify the institutional framework of drug co-ordination in order to improve the implementation of the Drug Programme and the co-ordination of different institutions through the reinforcement and redefining of functions of existing political Drug Co-ordination Commission and the creation of the permanent executive/technical co-ordination body. From the other side the draft Rules of the Drug Control and Drug Abuse Prevention Co-ordination Council foresees to maintain the composition and functions of the Drug Co-ordination Commission/Council, where political and experts' level is merged, as well as political guidance and executive functions are combined. The role of technical coordination body (Secretariat of the Drug Co-ordination Council) is not important in the draft Rules of Co-ordination Council.

The new Regulations have been several times submitted for adoption at the Cabinet of Ministers in 2003. After some amendments they are approved on the level of State Secretaries and by the Committee of Cabinet of Ministers at the moment. On January 2004 they should be approved by the Cabinet of Ministers and come into force.

1.2 Legal framework

Following the reinstatement of the independence of the State of Latvia, there was a need to establish a legal framework for drug control and prevention of drug trafficking and abuse.

In 1993, Latvia ratified the *1961 UN Single Convention on Drugs*, the *1971 UN Convention on Psychotropic Substances*, and the *1988 UN Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances*. The main drug laws adopted by Latvia are in accordance with these UN Conventions.

On October 23, 1998 the Saeima (Parliament) adopted the Law on the Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime.

These Conventions helped to elaborate and establish harmonised legislation in Latvia related to:

- the fight against illicit trafficking of narcotic drugs and psychotropic substances;
- the control and observing of legal trafficking of drugs;
- the prevention, treatment and rehabilitation of drug addiction

Drug offences

Illicit trafficking on drug is basically addressed in following laws:

- Criminal Law (adopted by Parliament (Saeima) on July 8, 1998; in force since April 1, 1999);
- The Code on Administrative Offences (adopted by Parliament (Saeima) in 1996);
- Law on Prevention of Laundering the Proceeds from Crime (adopted by Parliament (Saeima) on December 18, 1997; in force since June 1, 1998);

Ten articles of the Criminal Law (adopted by Parliament (Saeima) on July 8, 1998; in force since April 1, 1999) describes as drug offences following actions:

- smuggling of narcotic and psychotropic substances and precursors;
- violation of provisions regarding the production, acquisition, storage, registration, dispensation, transportation and conveyance of narcotic and psychotropic substances;
- unauthorised dispensation of narcotic and psychotropic substances;
- inducement to use narcotic and psychotropic substances;
- administering of narcotic and psychotropic substances against a person's will;
- unauthorised manufacture, acquisition, storage, transportation and conveyance of narcotic and psychotropic substances;
- unauthorised manufacture, acquisition, storage, transportation and conveyance of narcotic and psychotropic substances for the purposes of sale and unauthorised sale;
- unauthorised acquisition, storage and sale of narcotic and psychotropic substances in small amounts, and consumption of narcotic and psychotropic substances without prescription;
- manufacture, acquisition, storage, transportation, conveyance and sale of equipment and substances (precursors) intended for unauthorised manufacture of narcotic and psychotropic substances;
- unauthorised sowing and growing of plants containing narcotic substances.

Legal attitude to drug users

Administrative sanctions can be applied for use of narcotic and psychotropic substances without medical prescription, or unauthorized acquisition and storage of small amounts of narcotic and psychotropic substances, according to the Code on Administrative Offences, paragraph Nr 46 sanctions available are a fine (max 111 euros) or an administrative detention (max 15 days). If the person has voluntary given to the police the narcotic or psychotropic substances or precursors in a small amount, what have been at his/her disposal without purpose to realize them, or if the person has voluntary seen the treatment centre due the problems caused by drug abuse she/he is exempt from administrative liability.

The amendments of November 21, 2002 to Latvian Criminal Law have set the consumption of narcotic and psychotropic substances without prescription, if it has committed repeatedly within a period of a year as an offence. The applicable sentence is deprivation of liberty for a term not exceeding two years, or compulsory work, or a fine not exceeding eighty times the minimum monthly wage. A person who has voluntarily turned in narcotic or psychotropic substances, or who has voluntary declared about acquisition of these substances shall be released from criminal liability for acquisition of such substances, and for their storage, transportation or conveyance.

The Cabinet of Ministers "Regulations on Graduation of Narcotic and Psychotropic Substances and Medicines Being in Illicit Trafficking, per Quantity" (passed on September 19, 2000) indicates precisely the maximum amount of a 'small quantity' to consider either as a criminal offence. If the amount found is less than this, it will be only an administrative offence. About 30-40% of criminal cases instituted in 2003 were criminal cases for unauthorised consumption of drugs.

Trafficking

As said before the "small" and "large quantities" are clearly defined by legislation. Manufacture, acquisition, storage, transportation and conveyance of narcotic and psychotropic substances of drugs and psychotropic substances is sentenced by the deprivation of liberty for a term not exceeding ten years, with or without confiscation of property, and police supervision for a term not exceeding three years. If the same offences are committed with the purpose for sale or the unauthorised sale is committed the sentence is more severe. The aggravating circumstances are repeated commitment of the offence or commitment of an offence by a group of persons pursuant to prior agreement, or by a person who has previously committed theft of narcotic or psychotropic substances, as well as if such have been committed regarding large amounts of narcotic or psychotropic substances, or commits unauthorised sale of narcotic or psychotropic substances to a minor, in educational establishments or in their territory, in cafes, restaurants, bars or in public entertainment places or in place of public festive events. In this case the applicable sentence can be deprivation of liberty for a term of not less than eight and not exceeding fifteen years, with or without confiscation of property, and police supervision for a term not exceeding three years.

Police, Customs and Border Guard are the main institutions dealing with drug supply reduction. In 2003 the reorganisation of the State Police took place, and the competence of the Drug Enforcement Bureau (1993) was changed. In 1993 it was established as the body responsible for the co-ordination of the drug supply activities in the state level. In 2003 its functions was limited in the most part with operational activities, and from the independent unit it was subordinated under the Organised Crime Enforcement Bureau of the Main Criminal Police Board. The number of staff was increasingly reduced and changed. This improved the operational capacity of the Bureau, but there is the vital necessity for the main co-ordinating body in the field of drug supply reduction in the state at the moment.

The Customs is authorised to prevent the moving of narcotic and psychotropic substances and substances (precursors) intended for manufacture of narcotic and psychotropic substances across the customs border of the Republic of Latvia. According to the amendments to the Law on State Revenue Service (adopted by the Saeima(Parliamnet) on June 20, 2002; in force since August 1, 2002) the Customs has authorised to carry out operatoinal activities and investigation related to drug crime. The Customs Criminal Board was established to manage with this task.

Money Laundering and Confiscation

The primary legislation in this area is the "Law on the Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime" and the "Law on the Prevention of the Laundering of the Proceeds from Crime" (adopted by Parliament (Saeima) on December 18, 1997; in force since June 1,1998).

The aim of the "Law on the Prevention of the Laundering of the Proceeds from Crime" is to prevent the possibility of the laundering of proceeds from crime in the Republic of Latvia. The Law determines the duties and rights of financial institutions, credit institutions and their supervisory and control authorities regarding the prevention of the laundering of the proceeds from crime, as well as the procedures for establishing a Prevention of the Laundering of Proceeds from Crime Service and its Advisory Council, and the duties and rights of these institutions and authorities. The Law also apply to other legal or natural persons or associations of such persons

whose professional activity includes the conduct of financial transactions, the provision of consultations related to such or the approval of such transactions.

The Law on Money Laundering does not describe the drug crimes specifically, but they must be perceived as a part of "serious" crimes. Confiscated money and assets go to the Central Treasury. The draft of the new Drug Control and Drug Abuse Prevention Programme foresees to shift the resources from confiscations of drug dealers' properties into drug supply and demand reduction.

The Prevention of the Laundering of Proceeds from Crime Service was established in 1998 under auspices of the General Prosecutors Bureau. Due the disarray in legislation the fight against money laundering in many areas has stuck into 90s.

Controlled substances and precursors

The legal trade of controlled substances are regulated in line with international conventions and treaties, and in some cases the national regulatory provisions are even tighter.

The most important laws concerning to the legal trade of narcotic and psychotropic substances are following:

- Law on Procedures for the Legal Trade of the Narcotic and Psychotropic Substances (adopted by Parliament (Saeima) on May 9 1996; in force since June 6, 1996);
- Pharmacy Law (adopted by Parliament (Saeima) on April 10 1997; in force since May 9, 1997);
- Law on Precursors (adopted by Parliament (Saeima) on May 9 1996; in force since June 6, 1996).

The Law on Procedures for the Legal Trade of the Narcotic and Psychotropic Substances (adopted by Parliament (Saeima) on May 9 1996; in force since June 6, 1996) prescribes the procedures for the trade of narcotic and psychotropic substances and drugs, and prevents that such substances and drugs entering into illicit trade, as well as prescribes liability for violations of this Law.

All controlled substances are listed in the Cabinet of Ministers "Regulations on schedules of narcotic and psychotropic substances, drugs and precursors under supervision of the Ministry of Welfare" (passed on January 14, 1997; in force since January 18, 1997). Since 2003 the narcotic and psychotropic substances, drugs and precursors are under supervision of the Ministry of Health. The schedules (Annexes 1 to 4 containing schedules 1 to 4) include narcotic and psychotropic substances and drugs, as well as precursors with international non-proprietary names or, if such do not exist, with chemical names.

The Schedules are arranged as follows:

- Schedule I (Prohibited especially dangerous narcotic drugs and equivalent psychotropic substances).
- Schedule II (Very dangerous narcotic drugs and equivalent psychotropic substances permitted for medical and scientific use).
- Schedule III (Dangerous psychotropic substances which can be abused).
- Schedule IV (Precursor substances).

In 2003 the new project of Cabinet of Ministers Regulations "Schedules of controlled narcotic and psychotropic substances and precursors in Latvia" is submitted for

adoption at the Cabinet of Ministers. The new Regulations will replace the existing "Regulations on schedules of narcotic and psychotropic substances, drugs and precursors under supervision of the Ministry of Health" and are intended to harmonise the schedules of controlled narcotic and psychotropic substances and precursors in Latvia with the decisions of the Commission on Narcotic Drugs of the United Nation Economic and Social Council on the including new substances under the control, as well as in compliance with the current situation in the country. The schedules annexed to the Regulations are adjusted in line with the Commission Directive 2001/8/EC (of February 8, 2001).

The Law on Precursors (adopted by Parliament (Saeima) on May 9, 1996; in force since June 6, 1996; amended on June 11, 1998) regulates the activities of natural and legal persons with precursors in the Republic of Latvia, and its purpose is to prevent the entry of such substances into illicit trade. According to the Law the Ministry of Health shall register operators, who produce, process, store, import, export or sell precursors wholesale. Operators who fill in only customs declarations for 2nd and 3rd category precursors, leasing and leasing out of warehouses, and provision of transport services, need not to register at the Ministry of Health. Those operators who are engaged in retail sale of 3rd category precursors also need not to register. Operators who produce, process, store, import, export or sell wholesale 1st and 2nd category precursors are required to have a licence for work with precursors.

Criminal Law addresses the smuggling of precursors (Article 190¹) and the manufacture, acquisition, storage, transportation, conveyance and sale of equipment and substances (precursors) intended for unauthorised manufacture of narcotic and psychotropic substances. The applicable sentence is deprivation of liberty, what varies from three to fifteen years, with or without confiscation of property or with or without deprivation of the right to engage in specific employment for a term not less than two and exceeding five years.

At the moment it is very necessary to carry out the analysis of the implementation and effectiveness of the legislation on legal trade of narcotic and psychotropic substances and precursors.

To ensure the control over the licit trade of narcotic and psychotropic substances and precursors in line with requirements of the UN Conventions and the EU Directives, the following institutions operate in Latvia in the area of the licit traffic of drugs, psychotropic substances and precursors:

- the Drug Control and Drug Abuse Combat Co-ordination Commission;
- the Ministry of Health (previously Welfare);
- the State Agency of Medicines;
- the Commission for Licensing Precursors' Operators at the Ministry of Economy;
- the Drug Enforcement Bureau of the Organised Crime Enforcement Board at the State Police;
- the State Pharmacy Inspection;
- the Main Customs Board of the State Revenue Service

Institution	Responsibility
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Drug Control and Drug Abuse Combat Coordination Commission	According to the Regulations of January 15, 2002, the Commission is responsible for the overall policy-development and coordination of all drug control efforts. It is the task of the Commission: to encourage the effectiveness of the implementation of the control of narcotic and psychotropic substances and precursors (article 26.11).
Department of Pharmacy at the Ministry of Welfare	Defines the main principles and directions of development in pharmacy. Co-ordinates and implements the national policy in the field of pharmacy. Implements the national policy in line with normative acts in the field of legal trade of narcotic and psychotropic substances and precursors. Within its competence drafts laws and other normative acts in line with the requirements of the UN Conventions and the EU Directives. Revises the schedules of controlled substances. Takes a part in the international licit drug control system by performing tasks in accordance with the UN Conventions. Registers and maintains the Register of precursors' operators.
State Agency of Medicines	Issues import, export and transit permits for narcotic and psychotropic substances and precursors. Submits reports to the UNDCP. Cooperates with competent authorities of other countries.
Commission for Licensing Precursors' Operators at the Ministry of Economy	Issues the licences to the precursors' operators dealing with precursors of I and II category. Prepares an annual report on precursors' turnover.
State Pharmacy Inspection	Carries out the control over legal and natural persons involved in pharmaceutical activities.
Drug Enforcement Bureau of the Organised Crime Enforcement Board of the State Police	Carries out the control over the enterprises dealing with precursors. Analyses the annual reports of precursors' operators. Cooperates with the State Pharmacy Inspection in control of pharmaceutical enterprises.
Main Customs Board of the State Revenue Service	Carries out the control over import, export and transit actions. Ensures that the import, export and transit permits with respective customs reports are delivered to the State Agency of Medicines.

The main problem in the control of legal substances is the fragmentation of the responsibility. There are several controlling institutions, but at the same time some areas are not covered. So the State Pharmacy Inspection is authorised to control enterprises manufacturing medicines, but it is not authorised to examine the turnover of chemicals in these enterprises, or the Commission for Licensing Precursors' Operators is authorised to issue the licences, but is not authorised to control the companies after the receiving the licences. Therefore the functions and tasks as well as the capacity of the existing control institutions should be assessed in order to delegate the task of precursors control to one of them. As the harmonisation of the Latvian legislation in line with requirements of the EU legislation requires considerable budgetary resources, there is not possibility to establish the new institution for overall precursors' control. The only solution is to delegate these functions to one designated institution.

The Pharmacy Department as the coordinating body in the implementation of the state policy in the field of legal trade of narcotic and psychotropic substances and precursors have developed good co-operation and information exchange both among state institutions and non-governmental sector. There is a good cooperation between Customs and State Agency of Medicines.

No budgetary resources have been allocated specifically for precursor control in the country. Precursor control issues are linked to drug control issues and for this purpose each institution has responsible persons who are competent on issues of precursor control.

There is no special training programme applied on precursor control issues in Latvia. The information is mostly disseminated through various kinds of seminars. For example within the Phare Synthetic Drug Project experts from the State Agency of Medicines and the Main Customs Board took part in a study visit to France to exchange experience on precursor control (1998). It is considered necessary to deliver training activities for operators dealing with III category precursors. Precursors' operators who registered at the Ministry of Health receive normative acts on issues of precursor control.

66 precursors operators have been registered in Latvia in 2002, which include 4 largest licensed pharmaceutical enterprises and one business company involved in the wholesale of chemical substances. The largest chemical enterprises in Latvia also have one licence for producing of pharmaceutical products, 2 licences for dealing with psychotropic substances and 2 licences for dealing with narcotic and psychotropic substances have been issued. These enterprises are under the regular control of the State Pharmacy Inspection; furthermore prior to receiving a licence for dealing with psychotropic and narcotic substances, these enterprises must receive a statement from the Drug Enforcement Bureau. The largest pharmaceutical enterprises have received licences for dealing with precursors. All licensed pharmaceutical manufacturers deal with precursors of the II category in the production process.

Institutions involved in the precursors control have necessary hardware and software. Only few customs points require better furnishings. As the number of precursors' operators registered in Latvia is not large, no special software for the precursor operator register has been developed. The list has been compiled in the Excel. List of precursor operators are delivered to the State Agency of Medicines, the Commission for Licensing Precursors' Operators at the Ministry of Economy, the Drug Enforcement Bureau. The State Agency of Medicines uses the special software for the issue of import, export and transit permits. It allows obtaining information on issued permits, substances, business companies, amounts of imported and exported substances, etc.

In 1998 a Memorandum of Understanding was signed between the Latvia Association of Manufacturers of Medicines and the Ministry of Welfare. So the Latvia Association of Manufacturers of Pharmaceutical and Chemical Products exuded from the Association of Manufacturers of Medicines, the draft of the new Memorandum of Understanding was prepared in 2003. Also the field of pharmacy has moved from the Ministry of Welfare to the Ministry of Health.

In order to involve NGOs dealing with pharmacy issues the Pharmacy Department at the Ministry of Health has established the Advisory Council on Pharmacy. Issues related to the manufacture of medicines, control, legislation, etc. are discussed at the Council meetings.

There is a need to draw up a list of persons responsible for precursor's turnover inside the companies. The chemical substances used are to be reconsidered together with the Chemists' Society and manufacturers in order to make a schedule of unclassified chemical substances which can be used for the producing of drugs.

As regards to unauthorised use of precursors there were no big seizures of precursors and essential chemicals in Latvia during the last five years, and at the disposal of the police there are not information about new methods of illicit drug producing. There were two big underground laboratories found in Latvia, - in 1997 and in 1998.

The information of the legal trade of precursors is regularly submitted to the International Narcotics Control Board (INCB). The cooperation with foreign institutions is developed in the area of import, export and transit actions of precursors.

Drug abuse prevention, treatment and rehabilitation

The most important laws concerning to the drug demand reduction are following:

- Law on Medical Treatment, Chapter X on the Treatment of Drug and Alcohol Addicts and Users of Toxic Substances (adopted by Seima on June 12, 1997; in force since October 1, 1997)
- Law on Social Services and Social Assistance (adopted by Seima on November 19, 2002; in force since January, 2003)
- Cabinet Regulations on Medical Treatment of Persons with Drug and Alcohol Dependence Drug and Solvents Misuse (passed on September 24, 2002; in force since September 28, 2002)
- Regulations of the Ministry of Welfare on the State Register on Persons with Drug Dependence and Substance Misuse (approved by the Order Nr 23 of the Ministry of Welfare on January 28, 1998);
- Protection of the Rights of Child Law (adopted by Seima (Parliament) on June 19, 1998; in force since July 8, 1998);
- Order Nr 120 of the Ministry of Welfare of May 5, 1996 on launching the methadone programme in Latvia.

The Cabinet Regulations on Medical Treatment of Persons with Drug and Alcohol Dependence Drug and Solvents Misuse sets the order on treatment services provided by the treatment centres to clients on voluntary basis. The treatment assistance may be received at out-patient and in-patient drug treatment centres, and at the drug treatment units of general medical treatment institutions. According to these Regulations only the certificated addiction therapist is authorised to diagnose the drug dependence. The mentioned Regulations also prohibit the anonymous treatment of drug clients. According to the Regulations the treatment contract on treatment services shall be signed between treatment centre and drug client. The Regulations define the rights and responsibilities of the drug client. The special Chapter is devoted to issues related to the including of drug clients into treatment monitoring system. Substitution treatment is not allowed in prisons.

Law on Social Services and Social Assistance sets that it is the liability of client to use the services of social rehabilitation, if he/she or his/her relatives have problems with any kind of dependence or addiction (alcohol, drugs and gambling). According this Law the state assumes the responsibility for ensuring the social rehabilitation to children having drug dependence or substance misuse. The municipalities are responsible for providing social services to adult drug addicts. Cabinet of Ministers Regulations on the "Procedure how to receive the social services" (adopted by the Cabinet of Ministers on May 27, 2003; in force since May 31, 2003) and on the

“Requirements to providers of social services” (adopted by the Cabinet of Ministers on June 3, 2003; in force since June 7, 2003) support the implementation of the Law.

The Protection of the Rights of Child Law includes the Article 49, what sets that to any child having behavioural or derangements due abuse of narcotic, psychotropic or other substances shall be provided compulsory treatment and social rehabilitation in line with the Regulations of the Cabinet of Ministers.

On October 31, 2002 the Saeima (Parliament) adopted the Law on Educational Measure of Compulsory what may be applied to Children. The Law will be in force since January 1, 2005. The Law on Measure of Compulsory sets that among other compulsory measures the compulsory drug treatment may be applied to children having drug abuse problems.

Responding to alarming situation of drug abuse among children and young people the Minister in Children and Family Affairs has identified in the draft of the Basic Statements for implementation of the National Plan “Latvia Liveable Children” till 2015 the following directions of action (2003):

- to carry out targeted prevention on regular basis with a purpose to reduce the drug abuse prevalence among children and youth;
- to maintain the developing of training programmes and training of specialists able to work with children having substance abuse problems and with their families;
- to establish the network of social services in order to ensure the full-scale assistance (multidisciplinary approach) to children having mental or behavioural disorders caused by abuse of narcotic, psychotropic other intoxicating substances.

According to the existing state administration, the responsibility of drug prevention and treatment and the social rehabilitation and social reintegration is separated among the Ministries of Health and Welfare. The Ministry of Health is responsible for drug prevention and treatment, and the Ministry of Welfare - for rehabilitation and social reintegration. By the view of experts working in the drug field¹ existing legislation and institutional framework related to the drug prevention, treatment and rehabilitation have several gaps and imperfections that make difficulties in implementation of prevention, timely treatment and social rehabilitation. It should be improved through mutual coordination and cooperation, and where necessary - clarification of competencies and functions. In this respect much is expected from the new Drug Control and Drug Abuse Prevention Programme.

1.3 Law implementation

There are several political initiatives relevant to drug policy reporting period and later:

- Reorganisation of the State Police
- Reorganisation of the Ministry of Welfare
- Political decision to join to EMCDDA

Reorganisation of the State Police

During the May 2003, the reorganisation of the State Police was carried out.

Consequently some new structures were established and some removed. The three key structures form the State Police:

¹ Drug Abuse Prevalence in Latvia. Population Survey Report. 2003

- the Main Criminal Police Board;
- the Public Order Police'
- the Main Administrative Board.

The aim of the reorganisation was to arrange the structures of the State Police in order to avoid from duplication of functions and to make more operative the management of all structures.

The reorganisation affected seriously also the field of fight against drugs. The Drug Enforcement Bureau from the independent unit was subordinated under the Organised Crime Enforcement Bureau of the Main Criminal Police Board. Historically the Drug Enforcement Bureau in 1993 was established as the main coordinative body in the field of the fight against drugs. Now its functions are limited at the most part with operational activities. The staff was reduced and almost completely changed, and consequently the previous training and investment in professional development has lost. It is too early to evaluate the effectiveness of the reorganisation, and it should be assessed in the context of the development of all drug policy. The necessity for the central coordinating body in the field of drug supply reduction is demanded by the new Drug Control and Drug Abuse Prevention Programme 2004-2008.

Prosecution policy

The amendments of November 21, 2002 to Latvian Criminal Law setting that the consumption of narcotic and psychotropic substances without prescription, if it has committed repeatedly within a period of a year as an offence and the reorganisation of the State police are two initiatives that seriously affected the fight against drugs in 2002 and 2003.

The significant figures among all criminal cases initiated for drug crime is related with drug consumption. 732 offences related to drug crime have been committed during the 9 months period of 2003, including 200 for consumption. This is the trend that requires more serious assessment in the nearest future.

Reorganisation of the Ministry of Welfare

The conception of the new Government of the Latvia, established in the November 2003 foresaw the reorganisation of the Ministry of Welfare. As a result of reorganisation the two ministries were established: the Ministry of Welfare and the Ministry of Health.

In the competence of the Ministry of Health is to elaborate the legislation and policy planning documents in the field of public health, pharmacy and legal trade of narcotic and psychotropic substances and precursors, as well as in the field of epidemiological safety, environmental health, health promotion and reduction of drug related health risks in line with EU requirements and international conventions and treaties binding to Latvia.

It is the competence of the Ministry of Welfare to elaborate the proposals of the state policy in the field of social assistance, social care and social and professional rehabilitation. The Ministry ensures the development of qualitative network of social care and social services.

Separation of the functions has seriously affected the field of drug demand reduction. Separation of prevention and treatment from rehabilitation and social reintegration interrupts the throughcare of drug addicts and drug abusers. Already at this year (2003) it has led to the situation that there is very limited funding for drug prevention and

treatment of adolescents using drugs, but the remarkable funding is allocated for rehabilitation of them. 220 588 euros have been allocated for children social rehabilitation and reintegration in 2003, and 426 470 euros will be allocated in 2004. At the same time the state funding for drug alcohol and tobacco abuse prevention for all society is 175 757 euros (in 2002 and 2003).

Joining to EMCDDA

The Narcology Centre has been the EMCDDA contact point sine 1996 on a very week and semi-informal legal basis:

- In 2002 by the letter of the Chairmen of the inter-ministerial Drug Control and Drug Abuse Combat Co-ordination Commission to the Director of EMCDDA the National Co-ordinator was nominated and the Narcology Centre was appointed as the Reitox Latvian Focal Point.
- On June 18 the Cabinet of Ministers accepted the Order on “Join of Latvia to European Monitoring Centre for Drugs and Drug Addiction”.
- On December 19, 2002 the Regulations (Statutes) of the Narcology Centre was expanded with some tasks of drug monitoring.

On December 2003 the Cabinet of Ministers issued the Order on the “Reorganisation of the state enterprise non-profit organisation “Narcology Centre” into the state agency “Narcology State Agency”. The Order foresees that the new state agency should be established till February 1, 2004. The purpose of the reorganisation is related with Latvia joining to the EMCDDA and necessity to carry out regular drug and drug abuse monitoring in the country. At the same time the Agency will be responsible for alcohol and tobacco abuse monitoring. The Narcology State Agency will be under supervision of the Ministry of Health. The main tasks of the Agency will be:

- to ensure an informative support to all state institutions involved in the implementation of the state policy in the field of drug demand and supply reduction;
- to ensure the methodological and organising support to the Ministry of Health in the development and implementation of the state policy in the field of drug demand reduction;
- to provide drug treatment services.

The main functions of the Agency include:

- to establish and develop the national drug, alcohol and tobacco information and monitoring systems;
- to administer the implementation of the state policy in demand reduction of alcohol, drugs and other addictive substances;
- to carry out the testing of persons for alcohol and drug abuse;
- to elaborate the methodological guidelines for treatment and diagnosis of patients with dependence;
- to provide treatment services.

The mid term activities (for 5 years period) of the Agency and the development strategy should be submitted for approval at the Cabinet of Ministers till the March 1, 2004. The National Action Plan of the Drug Information System (NAPDIS) will make a part of mid term activities and development strategy of the Narcology State Agency.

1.4 Developments in public attitudes and debates

The drug problem in newspapers ¹ and internet

The drug problem is quite often topic in various newspapers and magazines. So we can't speak about deficiency of information about drugs, but we should more think and speak about the quality of these articles, about interpretation and performing of information. Latvia is small country, and only some ill-considered statements might have negative consequences in future.

Some the most prevalent topics and approaches can be identified:

- so called informative articles giving drug description, information on drug producing, using, consequences and first aid. It should be assessed how these information affects the different audiences. Does not this information serve as hidden advertisement for drug dealers sometimes?
- drug legalisation and decriminalization of drug use quite often appears on pages of newspapers. During the last ten years Latvia has arrived to very strict official drug policy, where are not any space for legalisation of drugs and decriminalisation of drug use. So any more tolerant article may be considered as provocative.
- unfortunately not so rarely appears misleading statements about drugs and drug use (marijuana does not make the dependency; it is possibly to stop drug abuse without assistance of therapists etc.).
- analytical articles have appeared more - statistic data, evaluation of situation, prognosis, solutions for tackling with drug problem. The open discussions on sensitive drug questions are made in mass media with participation of law enforcement bodies, addiction therapists and others.
- youth issues in the most present the drug problem as integral part of modern culture, as depression of the post socialism period, as form of protest against emotional vacuum in nowadays society etc.
- the real experience of drug users are often used as source for drug abuse preventing publications.
- the Russian press in Latvia and more popular issues from Russia offer many qualitative and serious publications about the world of drug crime in world, and its ties with Europe, including Baltic states. At the same Latvian journalists are quite passive to make deeper analysis of illegal drug trafficking in Latvia.

There is not any publication analysing the state drug policy in general.

To encourage the cooperation with mass media the seminars on drug problem was organised for journalists by the Narcology Centre in 2000 and 2003. The competitions for the best publication, radio cast or movie on drug topics are organised yearly by the Riga City Council.

The internet portals are more focused to clarify audience opinion on different issues, including drug problem. So responding to the question on necessity to legalise so called soft drugs, the majority of audience (75%) answered denying (www.tvnet.lv). Among the other topics discussed were: changes in habits of drug use; inducement to use drugs; penal system for drug offences etc. There is a good practice of Internet portals to organise interactive discussions on either topic among the audience and

¹ Diena, Vakara Ziņas, Neatkarīgā Rīta Avīze, Lauku Avīze, Jaunā Avīze, Klubs, Laba, Sīrups, S; Вести, СМ-Сегодня, Час, Аргументы и Факты, 7- пятниц, Панорама Латвии, Русская Газета, Республика

the decision makers and experts of the field. Several of them were organised on drug issues in 2002 and 2003.

Political debates

During the reporting period, and including 2003 there were three main topic what have attracted the attention at the political level:

- proposal to apply the life imprisonment to drug dealers;
- compulsory treatment of drug addicts;
- prohibition of anonymous treatment of drug abusers.

The proposal on life imprisonment came from the one of the leading political parties, but after very loud discussions was not supported. The experts in law enforcement reminded that the legislation on drug related crime is quite strict in Latvia, however it does not work effectively. They called to make more use of existing possibilities given by Criminal Law, and to assess what is the real impact of existing legislation.

The discussion on compulsory treatment enlightened the imperfections of the existing drug legislation, including already several times mentioned amendments to the Criminal Law setting the consumption of drugs as an offence, and amendments to the Criminal Procedure Code (adopted by the Saeima (Parliament) on June 20, 2002; in force since November 1, 2002) setting that the prosecutor may oblige the defendant to undergo drug treatment, while the mechanism how to ensure the implementation of the prosecutor's decision is not on place (it requires funding and special treatment centres).

Prohibition of anonymous treatment of drug abusers provoked a large discussion, where both politicians, state drug treatment services and private drug services were involved. Supporters of the prohibition stood up for the security of drug client and social security of society, while the opposite side - for the human rights of drug clients. No compromises were found, but it was recognised that the major improvements in legislation is necessary related to the national drug treatment monitoring system.

Public attitudes

Public attitudes toward drug problem were clarified within population survey on drug abuse prevalence in Latvia in 2003¹. During the last ten years the public awareness about the drug problem has rising rapidly. If ten years ago the society recognised drug problem as one of the most insignificant social problem, then now drug problem is one of the topical social problems.

Table 1.1 **THE PROBLEM OF THE USE OF ALCOHOL AND DRUGS IN LATVIA (SOCIETY OPINION) IN 2003 (in percentage %)**

	Widespread	Moderately spread	Rare	Nonexistent	Don't know
Alcohol	55	37	1	<1	6
Drugs	33	43	6	1	17

The respondents were asked to express their suggestions for possible official policies aimed at restriction of alcohol and tobacco use.

¹ Drug Abuse Prevalence in Latvia. Population Survey Report. 2003

The most of the suggestions made regarding to the reduction of drug abuse referred to one of following:

- more severe sentence for drug dealers (27%)
- stricter implementation of existing legislation (14%)
- stricter borders' control (11%)
- information (11%)
- improved leisure activities (7%)

Among the most effective measures for drug control and drug abuse prevention the respondents considered that drug dealers should be punished more strictly (55%) and that customs and police should be more active in the fight against drugs (52%). The respondents answers to this question (a list of thirteen policy measurements were given) confirmed the noticed tendency that the society is more supportive to punitive measures than more liberal ones. The respondents simultaneously are ready to support such activities as syringe exchange programmes (78%) and criminalization of drug use (70%). These contradictions in understanding the drug problem is very typical to society, and a large work should be put in giving true reasons of drug problem both to the society and decision makers.

1.5 Budget and funding arrangements (2002)

There is not coordinated and balanced approach in funding the drug field in Latvia. Each ministry works separately without mutual harmonising of activities and allocation of funding. The better coordination is among NGOs and municipalities. The Ministry of Health is responsible for funding drug treatment, the Ministry of Welfare – rehabilitation and social reintegration. This has lead to the situation that there is very limited funding for drug prevention and treatment of adolescents using drugs, but the remarkable funding is allocated for rehabilitation of them. There is not at the moment conception about the funding of drug field. Even the draft of new Drug Programme does not provide it.

There is not any study carried out on public expenditures on drugs in Latvia. So there is not clear picture about the existing and necessary funding for the drug field. Some funds are available for projects in the drug field are allocated through a competition process, but the Drug Co-ordination Commission is not directly involved in. The only area identifying its expenditures is treatment and prevention of drug, alcohol, tobacco and gambling dependence:

	2000	2001	2002
Outpatient treatment	132 165LVL/ 222 126 EUR	150 742LVL/ 253 348 EUR	160 778LVL/ 270 215 EUR
Inpatient treatment	696 742LVL/ 1 170 995 EUR	661 067 LVL/ 1 111 037 EUR	670 957LVL/ 1 127 658 EUR
Rehabilitation	166168LVL/ 279 274 EUR	178 299 LVL/ 299 663 EUR	153 791LVL / 258 472EUR
Total for the treatment	995 075LVL/1 672 395 EUR	990 108 LVL/1 664 047 EUR	985 526LVL/ 1 656 346EUR
Testing for abuse of alcohol and drugs	12 830 LVL/ 21 563 EUR	32 232 LVL/ 54 171 EUR	34 038LVL / 57 206 EUR
Prevention	162 381LVL/ 272 909 EUR	155 814LVL/ 261 872 EUR	155 814LVL/ 261 872EUR
Budget for the Narcology Centre	67 136LVL/ 112 834EUR	67 135LVL/ 112 831 EUR	103 544LVL/ 174 023EUR
Total for the drug prevention and treatment	1 237 422 LVL 1 817 066 EUR	1 245 289 LVL 1 828 618 EUR	1 278 922LVL/ 2 149 448 EUR

PART 2

EPIDEMIOLOGICAL SITUATION

2. Prevalence, Patterns and Developments in Drug Use

2.1 Main developments and emerging trends

Over the recent years the use of drugs and psychotropic substances persistently continues to increase in Latvia. Drugs are comparatively easy available in the country, and dealers by all means with profitable intentions are trying to “feed” drugs and psychotropic substances to youth, convincing them of the pleasant effects. The society of Latvia is getting used to the existence of drug-addicts, at the same time the situation is alarming, because a drug-addict can become dangerous to the society. A dependant person is able to commit a crime, just to receive a daily dose. Drug-addicts cause harm to their own health – in many cases irreversible. Pull out of studies, carrier are endangered, family members are suffering.

Drug abuse is no longer only a problem of socially unfavourable families. Also in well-off families, setting material needs as priorities and not being able to meet emotional needs of children, especially the lack of attention and true affection is leading to a situation that a youngster is searching these emotions, and, unfortunately, also drugs, outside the home.

A case study in the seaside town of Jurmala (an NGO project in progress, unpublished data) shows the following trends, findings resonating with information from other regions as well:

- Alcohol is used in recreational school events (parties, excursions, etc.). Most schools deal with incidents in the same way – delegating the responsibility to parents. It is very seldom that school staff work as a team. In most cases problems are addressed by class tutors without much external assistance.
- Teachers have numerous observations of weird behavior/appearance of their students that they associate with drug taking. However, suspicions and rumors are usually not dealt with, for lack of understanding what can be done.
- School also has considerable difficulties in cooperating with parents, who often deny drug-related problems or feel helpless and/or victimized.
- A new development is that many parents go to work abroad for a long time, thus breaking families and/or leaving teenagers unattended and in care of younger ones. This is a very clear path to developing risky behaviors, including drug use.

Teachers say that almost one half of their students have various risk factors in their lives. A social pedagogue is therefore a must for any school. However, the actual opportunity to employ one depends on the municipal budget. If there is no social pedagogue, class tutors share the responsibility of dealing with the ever increasing burden of social problems of their students.

As in other transition countries, young people in Latvia are faced with conflicting values, norms and life-styles. Adaptation to the new reality and the social and economic pressures have rendered many parents confused and incapable to give much guidance. Drugs are becoming a part of the new trends in youth culture. Especially cannabis is seen as harmless and a part of mainstream youth culture.

2.2. Drug use in population

Data available only about year 2003¹

2.3 Problem drug use

Data available only about 2003²

3. Health Consequences

3.1 Drug treatment demand

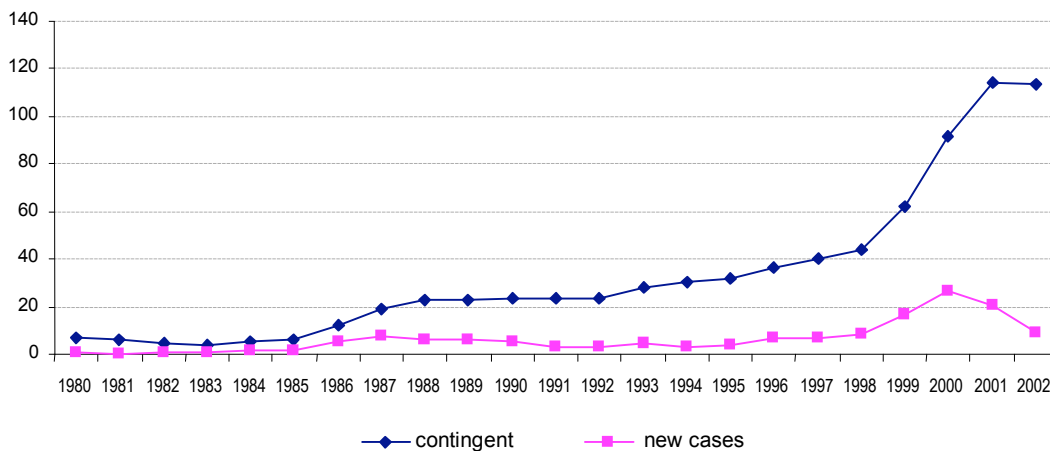
Treatment monitoring systems are one of the main information sources for drug demand reduction. These systems provide useful information on the amount and forms of drug use, as well as on measures taken to combat this phenomenon.

The Narcology Centre since 1998 manages the State Register of Persons with Drug Dependence and Substance Misuse. Information to the Register is provided by the state drug treatment institutions: in-patient and outpatient treatment centres, and rehabilitation centres. Majority of clients seeking the assistance in treatment centres are persons with drug dependence, but quite important part of them forms also drug abusers.

Registered new cases

In 2002 there were 220 clients (9.4 per 100 000 inhabitants) with first time diagnosed drug dependence registered at the state drug treatment monitoring system. Over the recent years there is decrease in registered new cases with drug dependence. In comparison with the previous year, it has decreased by nearly 2,2 times.

Figure 2.1. **CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE (CONTINGENT)**
CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE (NEW CASES)
per 100 000 inhabitants



¹ Drug Abuse Prevalence in Latvia. Population Survey Report. 2003 (13-101)

² Drug Abuse Prevalence in Latvia. Population Survey Report. 2003 (105-111)

From 220 the first time registered clients with drug dependence there is 161 man and 59 women. The majority – 63.2% - are youth 15 – 24 years old. 19.1% are young persons 25 - 29 years old.

More than one half (56.4%) of these patients has primary education, 10% - unfinished primary education, 74.1% are with no particular occupation, but 13.6% are school children and students. Analysing men and women separately, it can be observed that there are more women with higher level of education, there are more students and schoolchildren among women.

Table 2.1. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY AGE

Age groups	Total	including	
		men	women
TOTAL	220	161	59
including			
Aged > 15 years	7	5	2
Aged > 18 years	29	21	8
15 - 19 years	67	49	18
20 - 24 years	72	51	21
25 - 29 years	42	38	4
30 - 34 years	15	9	6
35 – 39 years	9	5	4
40 – 44 years	6	2	4
45 and over	2	2	0

Table 2.2. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY EDUCATION

Education	Total	including	
		men	women
TOTAL	220	161	59
including			
Unfinished primary education	22	17	5
Primary education	124	98	26
Secondary or secondary professional	72	45	27
Higher	2	1	1

Figure 2.2. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY EDUCATION
percental

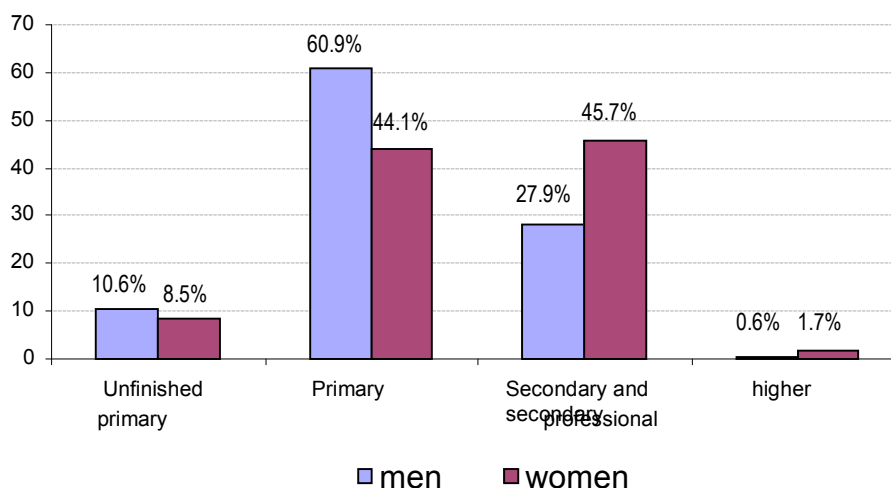


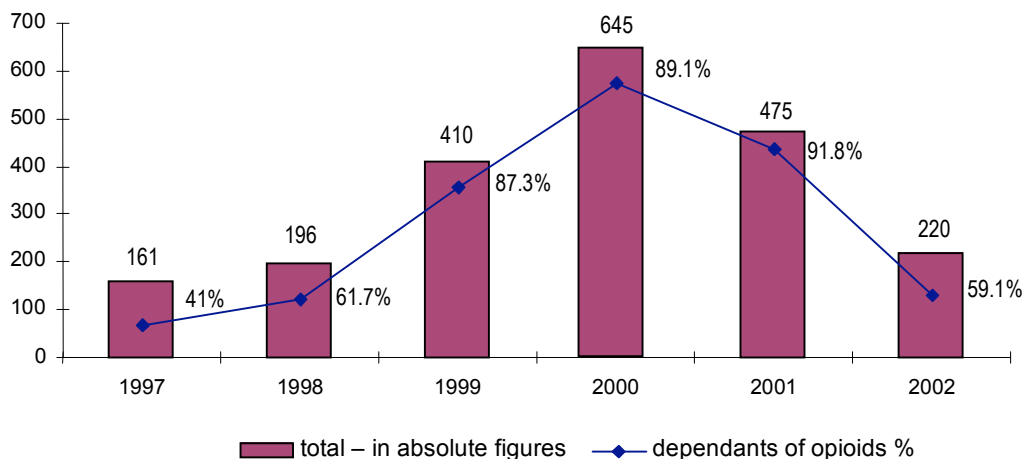
Table 2.3. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY OCCUPATION

Occupation	Total	including	
		men	women
TOTAL	220	161	59
including			
Regular occupation	17	13	4
Schoolchildren/students	30	18	12
Unemployed	6	4	2
With no particular occupation	163	122	41
Pensioners, housewives, -men	1	1	0
Other	3	3	0

Analyzing the first time registered clients with drug dependence by drugs used, it can be observed, that for many years already opioids abuse is in the first place. However, in comparison to previous years, in 2002 the first time registered opioids dependence has decreased. There is rapid increase in number of abuse of amphetamines (and other stimulants) and several narcotic and psychotropic substances. During previous years the demand for synthetic drugs, especially of amphetamine group, has increased. Now one can feel the effects – the number of clients with abuse diagnosis increase. 75% of first time registered patients with amphetamine (and other stimulants) dependence are young people up to age of 30 years.

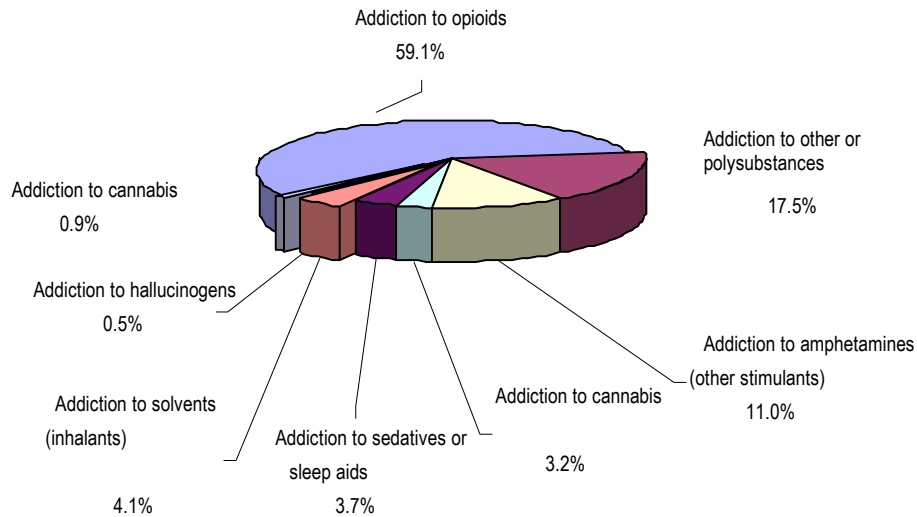
By the end of 90-ties the number of first time registered clients with inhalant dependence has rapidly decreased – from 21.4% in 1998 to 0.4% in 2001. In 2002 this indicator has increased again and is making 4.1% of all first time registered patients with drug dependence.

Figure 2.3. PERCENTAGE OF CLIENTS WITH OPIOIDS DEPENDENCE AMONG ALL FIRST TIME REGISTERED CLIENTS WITH DRUG DEPENDENCE



The drugs used by client indicates the dependence caused by a definite substance group, but many patients additionally use also other narcotic and psychotropic substances. 65 patients from 220 first time registered drug dependence are poly drug users. The most often used substance combinations are opioids + amphetamines, opioides + sedatives (barbiturates, tranquilizers); opioids +amphetamine+sedatives; amphetamine +sedative.

Figure 2.4. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY USED DRUGS (TOTAL 220)



78.2% of first time registered patients are injecting drug (mainly opioids and amphetamines), smoking (basically cannabis) – 6.4%, eating or drinking (mainly sedatives or sleeping pills) – 8.2%, by inhalations – 4.1%. 68.6% of first time addiction patients are using drugs daily, 14.1% - 2–6 days a week. In most cases patients of dependency are injecting opioids, amphetamines, and other stimulants daily, cannabis is used in rarer cases (from 1 to 6 days a week).

Figure 2.5. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY USED DRUG (TOTAL 220)
percental

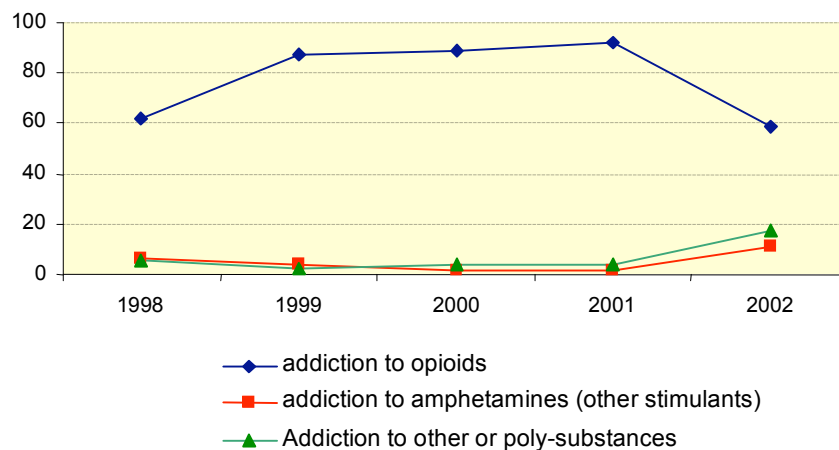


Figure 2.6. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY PRIMARY USED DRUG (TOTAL 220)

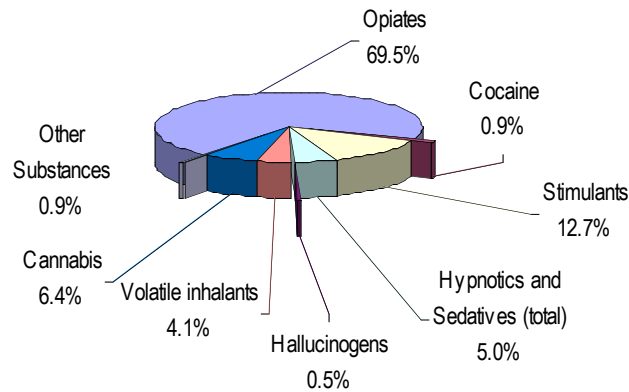
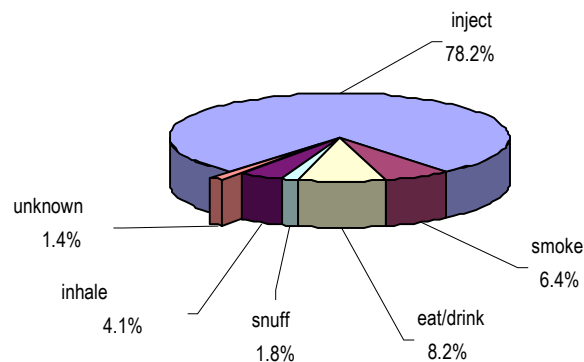


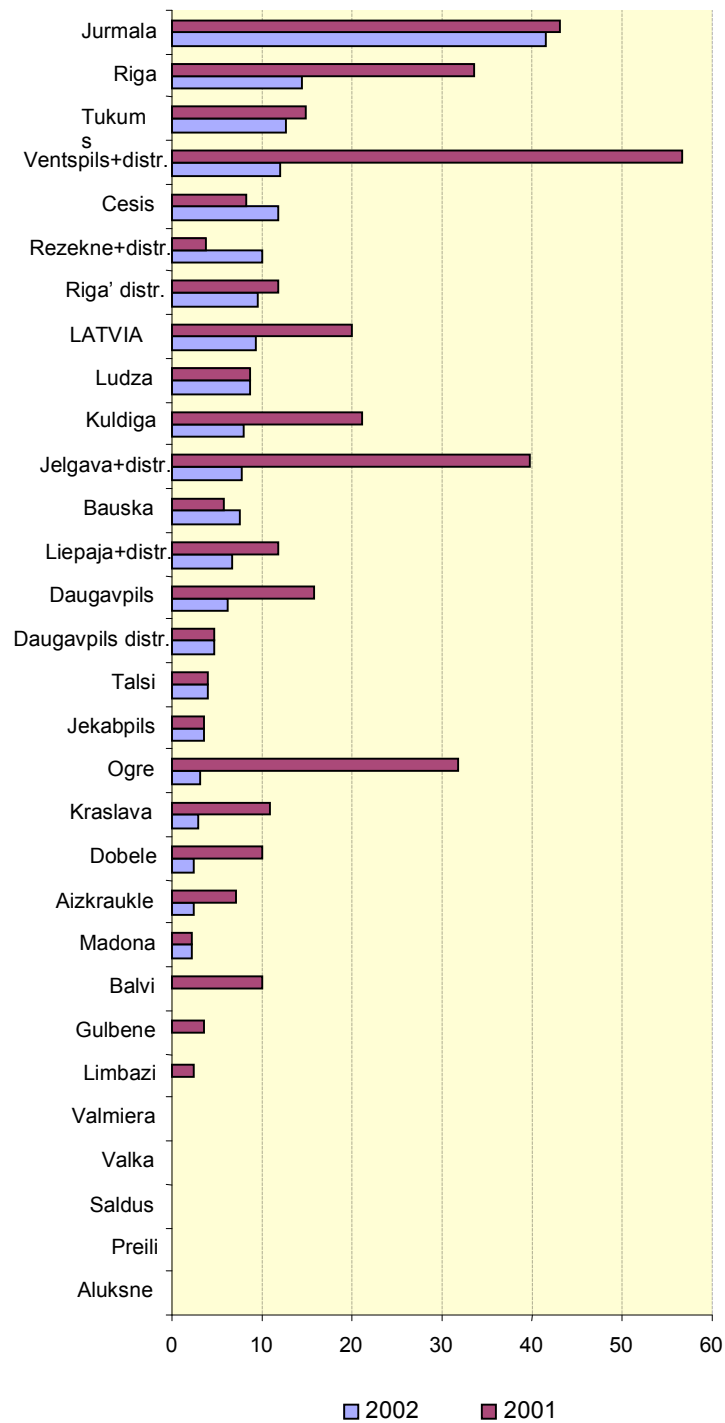
Figure 2.7. CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY THE PATTERN OF DRUG ADMINISTRATION (TOTAL 220)



The analyses of registered new cases of drug dependence in regions and cities of Latvia in 2002 indicate the highest level in Jurmala (4.4 times more than average in the country). However, in comparison with the previous year, the new cases in Jurmala has increased slightly (in 2001 – 39.4 per 100 000 inhabitants, in 2002 – 41.6 per 100 000 inhabitants). Comparatively great number of new cases was observed in Riga – 14.5 per 100 000 inhabitants, in the city and district of Ventspils – 12.0 per 100 000 inhabitants.

There are several regions, where no one new case is registered for several years already, because of inaccessibility of drug treatment service.

Figure 2.8. **CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN CITIES AND REGIONS OF LATVIA IN 2001 AND 2002 per 100 000 inhabitants**



Registered prevalence (contingent)

By the end of 2002 there were 2659 clients (113.4 per 100 000 inhabitants) of drug dependence registered at the state drug treatment service. Comparing this indication with the previous year (in 2001 - 114.6 per 100 000 inhabitants), there are no fundamental changes observed. For the first time in the past few years the increase of the contingent is not registered.

78.9% of the contingent of drug clients are men, 21.1% - women. The majority - 72.5% of these clients are young people aged 15 – 29 years. By the end of the year, 17 children (up to 15 years of age) and 125 adolescents (15 – 17 years) are also registered with diagnose of drug dependence.

Table 2.4. CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY AGE

Age groups	Total	including	
		men	women
TOTAL	2659	2097	562
including			
Aged up to 15 years	17	16	1
Aged up to 18 years	279	212	67
15 - 19 years	478	368	110
20 - 24 years	883	699	184
25 - 29 years	567	465	102
30 - 34 years	294	227	67
35 – 39 years	196	146	50
40 – 44 years	132	106	26
45 – 49 years	60	45	15
50 – 54 years	15	12	3
55 – 59 years	11	7	4
60 and over	6	6	0

Figure 2.9. CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY AGE
in absolute figures

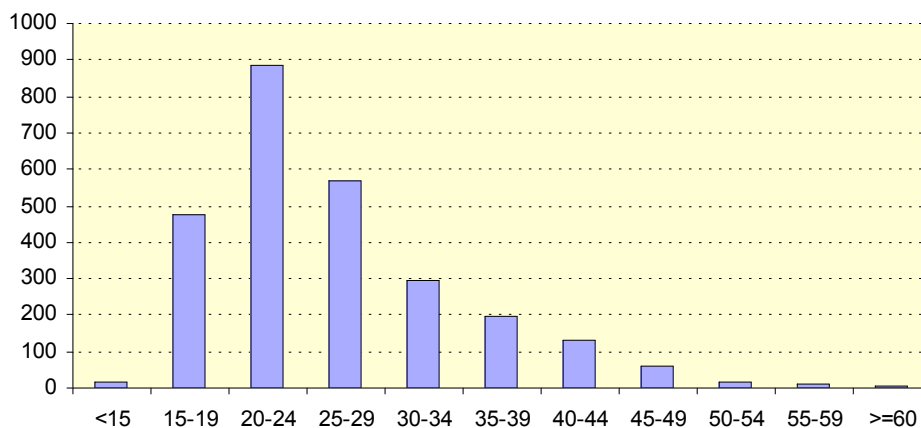
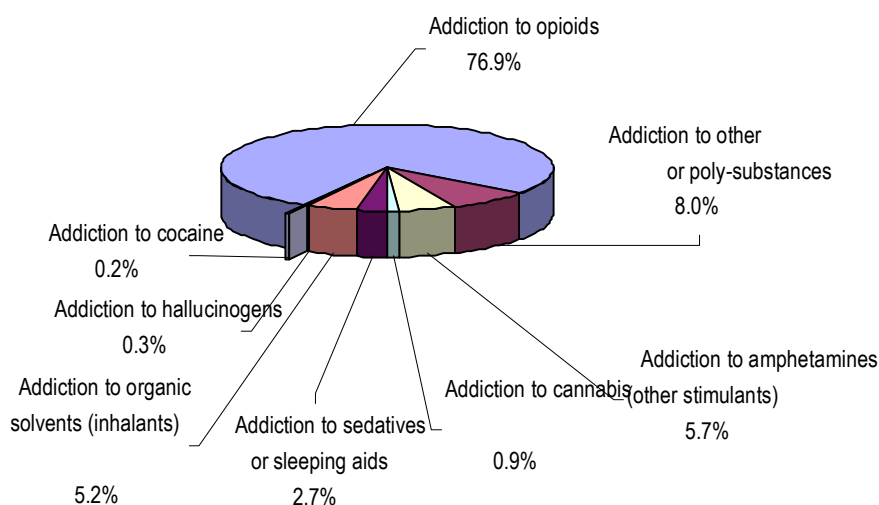


Figure 2.10. **CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY USED DRUGS**
(TOTAL 2659)



Analysing the registered drug clients by the end of the year according to the primary diagnosis one can see that the first place is taken by addiction to opioids – 76.9%. Year by year the number of poly drug addiction increases gradually. One of the explanations – many patients, which have used some definite substance due to different circumstances (changes in supply, different price, desire to experiment, etc.) start to use additionally other narcotic and psychotropic substances. In most cases combinations are opioids + amphetamines (and other stimulants), opioids + sedatives; opioids + amphetamine + sedative.

The use of amphetamine + sedative or regular use of amphetamine does not exclude episodic (one a week or even once a year) use of opiates.¹ The patter is build on assumption that rare use of opiates give better effect in the background of other drugs – the euphoria given by opioids is longer and stronger. This is also a risk for overdosing.

By the end of the year drug clients mainly inject opioids – 95.3 %, including 98.2 % cases - heroine. Amphetamines (and other stimulants) are also mainly injected (79.6%). Sedatives or sleeping pills in most cases are used by eating, drinking (91.1%).

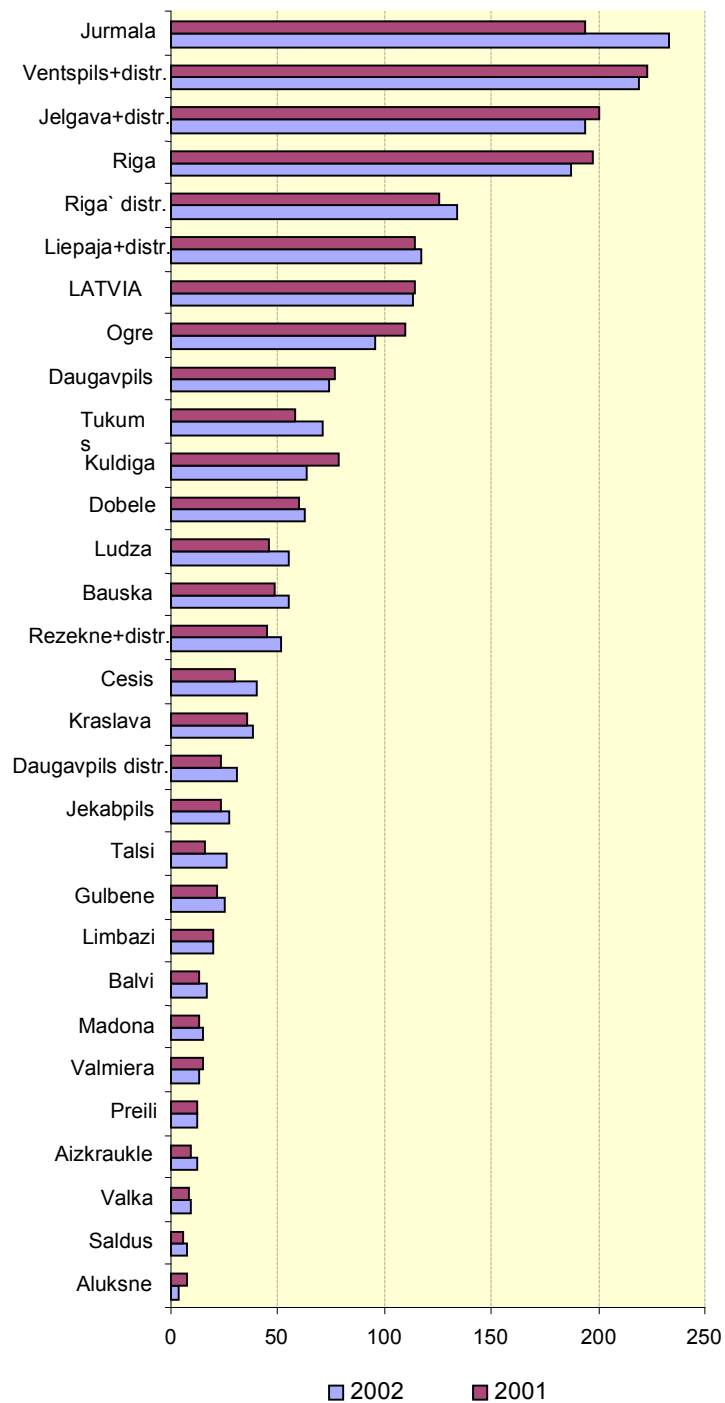
¹ LATVIJAS ĀRSTS; 10/2003 (16-17)

Table 2.5. CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY THE USED DRUGS
In absolute figures

Substances used	1998	1999	2000	2001	2002
Opioids	534	927	1587	2067	2046
Cannabis	10	10	15	15	24
Sedatives or sleeping aids	49	60	71	85	73
Cocaine	1	1	3	2	4
Amphetamines (other stimulants)	189	200	212	199	152
Hallucinogens	9	12	11	9	8
Solvents	192	191	169	160	139
Others or poly substances	96	111	149	174	213
Total	1080	1512	2217	2711	2659

Analysing the contingent of registered drug clients in cities and regions of Latvia, one can see that the highest indicator is in Jurmala – 233.2 per 100000 inhabitants. That is 2 times higher than average indicator in Latvia (113.4 per 100 000 inhabitants). The great number of drug clients by the end of the year as per 100 000 inhabitants, is also in the city and region of Ventspils (218.7), the city and region of Jelgava (194.2), also in Riga (187.1). In comparison with 2001, the contingent of abuse patients has increased significantly in regions of Jurmala, Cesis, Talsi and Tukums.

Figure 2.11 CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2001 AND 2002 IN CITIES AND REGIONS per 100 000 inhabitants



In-patient drug treatment

The number of in-patient drug clients treated at the state in-patient drug treatment services and rehabilitation institutions, the State Centre of Psychiatry and Republic Hospital for Prisoners over the last two years has rapidly decreased. Comparing 2002 with 2001, the number of treated clients with drug dependence has decreased approximately 2 times.

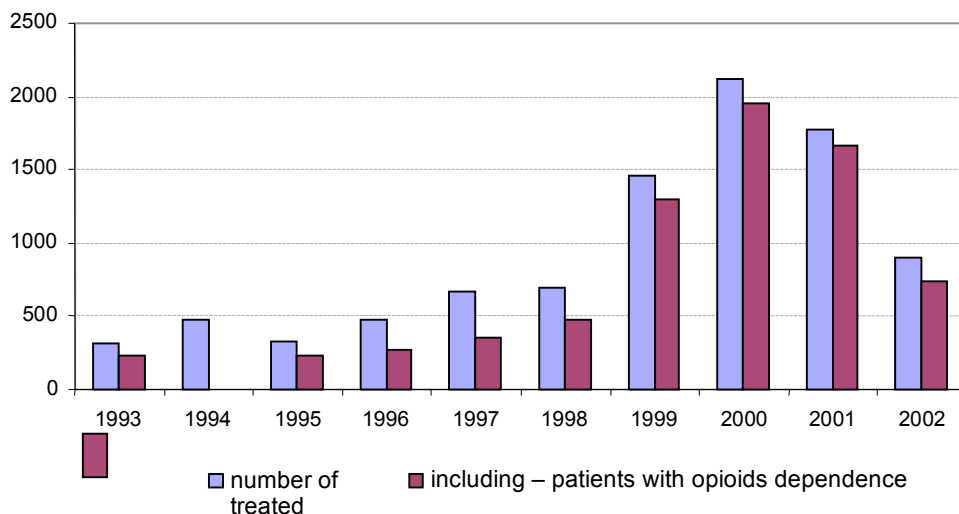
Reasons

- Offer of high quality heroine has decreased;
- Offered heroine has low purity (10 – 20%), and in many cases patients have managed themselves without assistance of addiction therapist;
- In many cases patients require general practitioners or other therapists to prescribed psychotropic pharmaceuticals (for example, tramadol and klonazepam);
- Patients have replaced drug abuse with alcohol or gambling;
- With the increase of amphetamine offer, the number of amphetamine users increase; at the beginning the use of amphetamines does not create picturesque abstinence syndrome and there is no need for assistance at in-patient drug treatment centres ;
- Drug users prefer to use amphetamine together with (heroine copes amphetamine, amphetamine – heroine);
- There are quite great number of successfully treated clients (several tens);
- Some part of patients undergoes treatment at private drug treatment centres, which, at the moment, does not provide information to national drug treatment monitoring system.

Table 2.6. **TREATED IN-PATIENTS WITH DRUG DEPENDENCE BY USED DRUGS**
in absolute figures

Groups of substances	1995	1996	1997	1998	1999	2000	2001	2002
Opioids	237	276	353	480	1299	1960	1661	740
Amphetamines (other stimulants)	27	30	36	33	41	25	9	30
Inhalants	6	118	158	101	22	21	2	15
Sedatives or sleeping aids	8	14	22	20	26	24	23	30
Cannabis	2	2	9	7	4	9	6	5
Hallucinogens	2	2	8	2	1	3	1	2
Cocaine	--	1	1	2	7	3	2	2
Other or poly-substances	43	35	85	47	67	79	72	80
Total	325	478	672	692	1467	2124	1776	904

Figure 2.12. **TREATED IN-PATIENTS WITH DRUG DEPENDENCE BY USED DRUGS**
in absolute figures



Drug treatment demand among children and adolescents

New cases

In 2002 there were 199 children and adolescents first time registered at the state drug treatment service with diagnosed drug dependence, intoxication or substance misuse. 29 of them were with diagnosis of dependence, 170 – with narcotic and psychotropic substance intoxication or substance misuse. In comparison with the previous years the number of first time registered children and adolescents have decreased.

Table 2.7. **NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002**

	1996	1997	1998	1999	2000	2001	2002
Addiction to narcotic and psychotropic substances	64	54	49	61	138	99	29
Intoxication or harmful use of narcotic and psychotropic substances	193	208	201	237	231	256	170
Total	257	262	250	298	369	355	199

From the 199 first time registered adolescents 146 were boys and 53 girls. 66% of all were adolescents (15 – 17 years), although, there were also younger children increasingly involved in the use of narcotics. In 2002 there were 9 children from 9 – 11 years old with harmful use of narcotic and psychotropic substances, 7 children with addiction to narcotic and psychotropic substances aged 12 – 14 years. 86.9% of them were school children or students, 10.6% - with no particular occupation.

46.2% of them had unfinished primary education, 51.8% - primary education, only 2% - had secondary or secondary professional education.

Analysing the source of referral:

- in 63.3% of cases the information had been provided by other medical institutions (mainly in-patient hospitals) where children and adolescents had been treated),
- in 17.6 % of cases young persons themselves had turned to addiction therapists for assistance, or the family, friends had asked for it,
- in 10.5 % of cases the information had been provided by the police.

Table 2.8. **NEW CASES OF MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUE REGISTERED IN 2002 BY SEX AND AGE**

	Total	including			
		men	women	intoxication or harmful use	addiction diagnosis
9 years	1	-	1	1	-
10 years	1	1	-	1	-
11 years	7	7	-	7	-
12 years	9	7	2	7	2
13 years	19	19	-	18	1
14 years	32	17	15	28	4
15 years	34	24	10	31	3
16 years	43	29	14	39	4
17 years	53	42	11	38	15
Total	199	146	53	170	29

In 2002 the proportion of substances used among first time registered minors had considerably changed. The use of opioids had rapidly decreased (in 2001 – 47%, in 2002 – 11%), however, the use of cannabis products (hashish, marihuana), inhalants, and poly narcotic and psychotropic substances had significantly increased.

If trends in the use of drugs over recent years indicate that the use of inhalants was rapidly decreasing, then the data of 2002 suggest that the problem should be reviewed. Inhalants (most often glue, petrol) are mainly used by children and adolescents. From first time registered minors, who are inhalant users and addiction patients, 91.7% are children aged 10 – 14 years, 8.3 % - 15 years old teenagers. Irretrievable brain damages (degraded perceptivity, lowered memory, sometimes even development of dementia), and development of significant mental addiction are only a few effects of inhalant use.

From the end of 1997 to the middle of 2001 the supply of heroine in the country had rapidly increased, also among minors as well. Some part of the users of inhalants switched over to the use of heroine. Many young people started their experience with using heroine. The immature organisms of children and adolescents quickly get accustomed to the influence of narcotic substances, thus developing addiction.

Table 2.9. NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY SUBSTANCES USED

	1999		2000		2001		2002	
	In absolute figures	%	In absolute figures	%	In absolute figures	%	In absolute figures	%
Opioids	120	40.3	199	53.9	167	47.0	22	11.1
Cannabis	47	15.8	67	18.2	54	15.2	50	26.1
Sedatives or hypnotics	42	14.1	39	10.6	44	12.4	34	17.1
Cocaine	1	0.3	-	-	-	-	-	-
Amphetamine (other stimulants)	10	3.4	9	2.4	10	2.8	7	3.5
Hallucinogens	32	10.7	15	4.1	13	3.7	3	1.5
Inhalants	34	11.4	22	5.9	20	5.6	24	12.1
Other and poly narcotic and psychotropic substances	12	4.0	18	4.9	47	13.3	59	29.7
Total	298		369		355		199	

Figure 2.13. NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY SUBSTANCES USED

in percentage

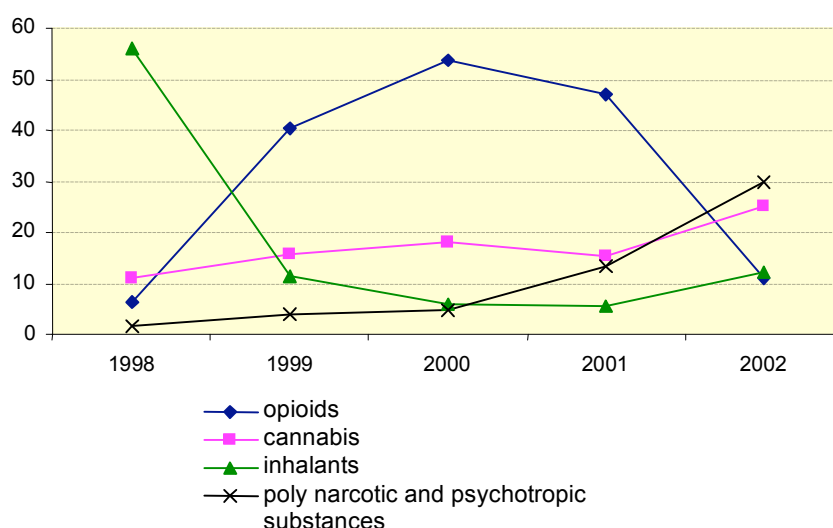
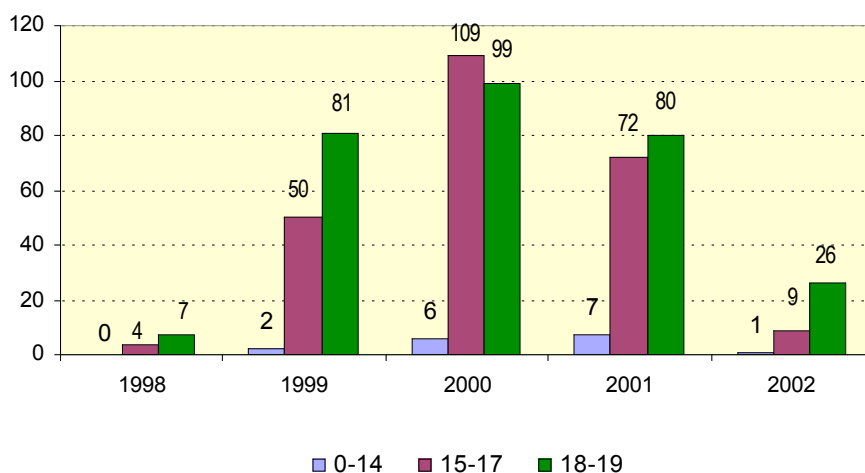


Figure 2.14. **NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF OPIOIDS DEPENDENCE BY AGE GROUPS**

in absolute figures



Over the past two years the number of first time registered children and adolescents, also 18 – 19 years olds, with opioids dependence has significantly decreased in 2002, when there were also changes in the supply of heroine and in “the degree of purity” of this drug.

In 2002 the first time registered children and adolescents with diagnosed poly drug dependence have used the following substances in combination:

- amphetamines+ cannabis products,
- opioids + cannabis products,
- opioids + amphetamines.

Registered prevalence (contingents)

By the end of 2002 there were in total 527 children and adolescents – 394 boys and 133 girls with drug dependence, intoxication or substance misuse registered at the State Register of Persons with Drug Dependence and Substance Misuse. From all the minors 142 were with the diagnosis of drug dependence, but 385 with narcotic and psychotropic substance intoxication or substance misuse. 82.5% were adolescents (15 – 17 years) and 17.5% were children under 15 years of age. More than 70% of these minors were registered in Riga.

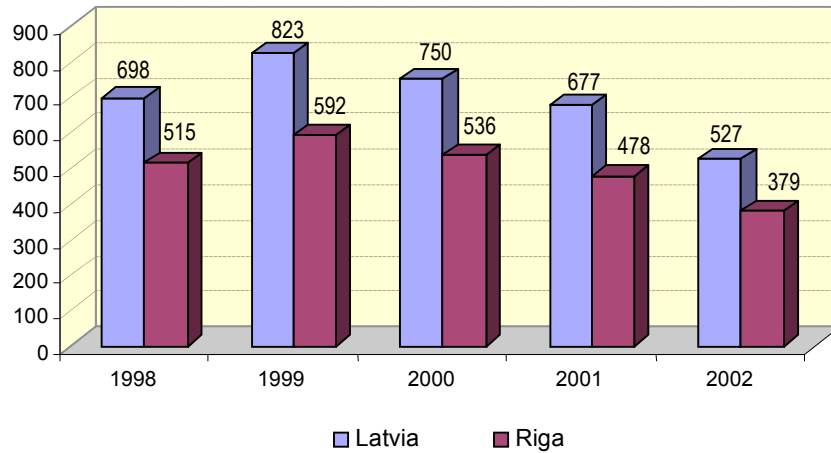
Table 2.10. **MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002**

in absolute figures

	1996	1997	1998	1999	2000	2001	2002
Addiction to narcotic and psychotropic substances	80	154	162	241	289	239	142
Intoxication or harmful use of narcotic and psychotropic substances	350	455	536	582	461	438	385
Total	430	609	698	823	750	677	527

Figure 2.15. **MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE**

IN 2002
in absolute figures

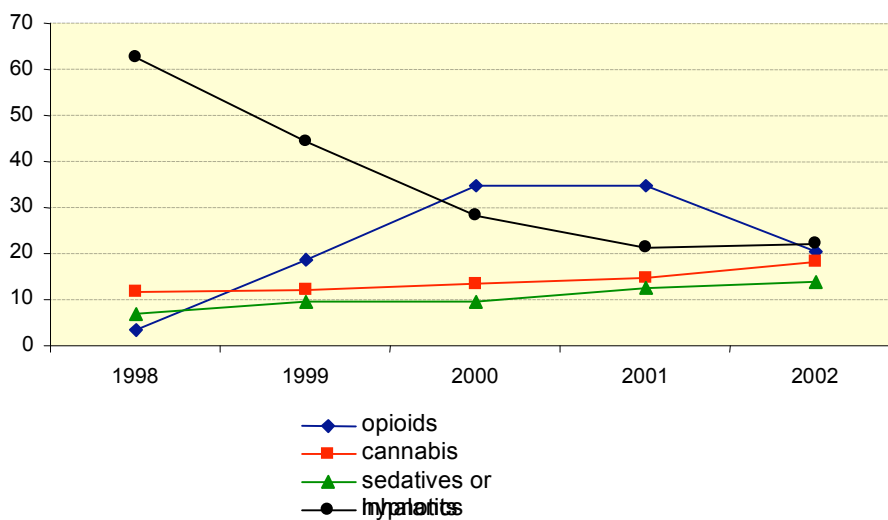


Analysing the minors registered by the end of a year according to the substances used, it is obvious that in 2002, with the decrease in opioids use by nearly 15%, the use of inhalants has taken first place. In comparison with the previous year it has increased by 1.2%. The poly drug use among children and adolescents has increased, the most often used combinations of substances are the following:

- opioids + cannabis products,
- cannabis products + sedatives or hypnotics,
- amphetamine + cannabis products.

Figure 2.16. MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY THE USED SUBSTANCES

In percentage



By the end of the year, 153 or 29% from all the registered minors had administered the primary drug intravenously. By using drugs intravenously, children and

adolescents are subjected to infectious diseases (virus hepatitis B, C, HIV / AIDS). According to the data by the AIDS Prevention Centre in 2002, 22 minors had been infected with HIV, 5 of them were children under 15 years and 17 adolescents (15 – 17 years).

76 children and adolescents with drug intoxication and substance misuse have been treated at state drug treatment centres and rehabilitation institutions in 2002, as well as 137 minors with drug dependence diagnosis (71.5% with opioids dependence, 17.5% with poly drug dependence).

3.2. Drug related mortality

Drug related death

There are serious evidences that there is greater risk of deaths among drug addicts in comparison with other population with the same gender and age. The increased risk is partly related to acute intoxication (overdose), also other death causes have strong influence on the mortality of this group of persons. Therefore, the data on death cases related to drugs provides additional information on the consequences of drug use.

There are differences in national definition in drug related deaths and EMCDDA protocol. According to the national definition the drug relate death includes not only intoxications, but also different kinds of social life, transport injuries, and accidents, the direct death causes of which are traumas, suicides (for example, mechanical asphyxias – hanging oneself, drowning), also cases, when the cause of death is cardio-vascular insufficiency influenced by narcotic and psychotropic substances.

In Latvia over past few years the use of narcotic and psychotropic substances has increased, especially among young people, accordingly the number of deaths related to the use of these substances has also increased. In 2002 136 cases of deaths of persons that had been using narcotic and psychotropic substances are registered. The mentioned deaths cases include

Table 2.11. **NUMBER OF DEATHS RELATED WITH USE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES***
in absolute figures

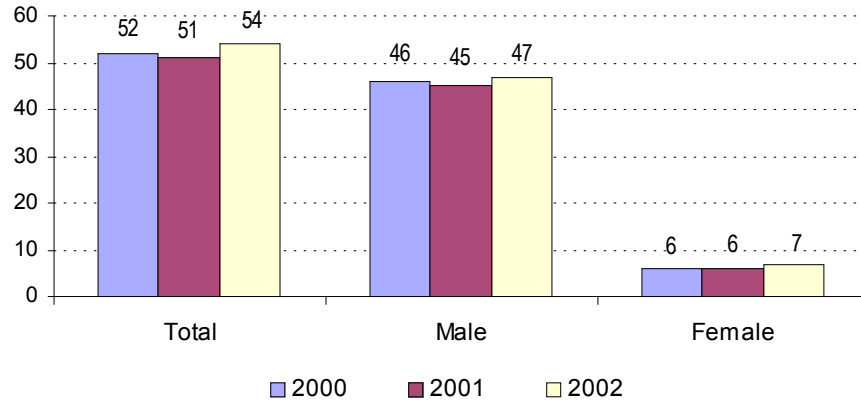
	1996	1997	1998	1999	2000	2001	2002
Number of dead persons that have used narcotic and psychotropic substances	41	45	53	115	129	108	136

* Data by the State Forensic Medical Centre

In comparison with 1996, when there were 9 cases of poisoning, at the beginning of 21st century the number of cases has increased considerably. Analyzing the statistical indicators of 2002, one may conclude that people who have died from narcotic and psychotropic substances are young (68% are in age group from 15 to 30 years and, according to gender, 81% are men). The proportionally greatest number of deaths or poisoning cases 75.7% is registered in Riga and Riga Region.

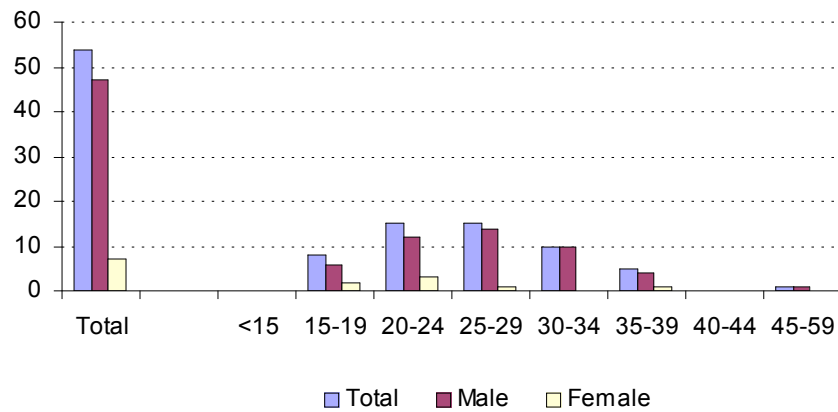
Reporting to EMCDDA Latvia is following to EMCDDA standard protocol (DRD Standard Version 3.0) on drug related death.

Figure 2.17. **NUMBER OF ACUTE/DIRECT DRUG RELATED DEATHS in 2002**
 (National definition=Special Register)
 in absolute figures



*Data by the State Forensic Medical Centre

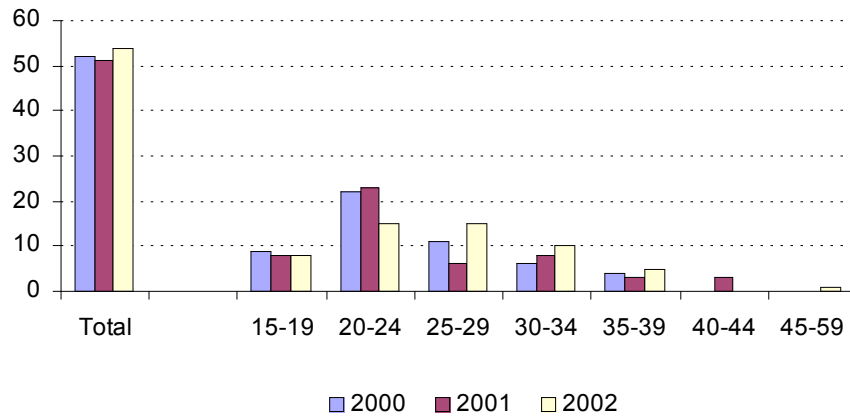
Figure 2.18. **NUMBER OF ACUTE/DIRECT DRUG RELATED DEATHS BY AGE GROUPS in 2002**
 (National definition=Special Register)
 in absolute figures



*Data by the State Forensic Medical Centre

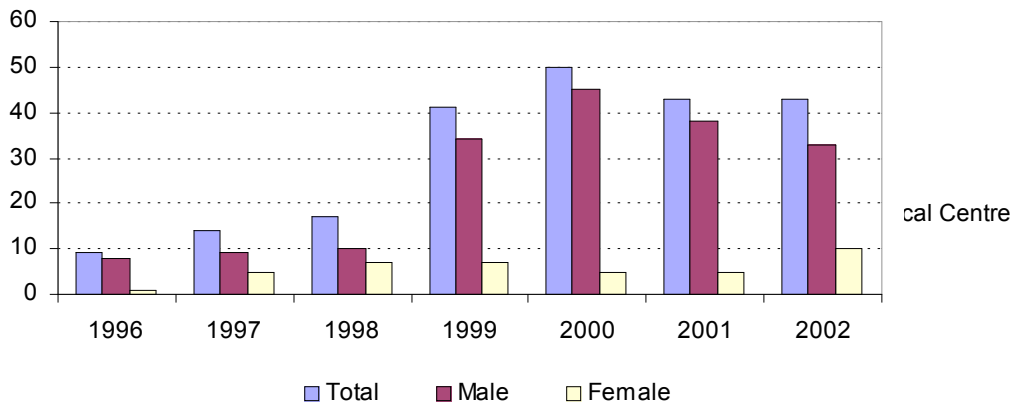
Figure 2.19. **EVALUATION OF ACUTE/DIRECT DRUG RELATED DEATHS**

in absolute figures



*Data by the State Forensic Medical Centre

Figure 2.20 **EVOLUTION OF DRUG RELATED DEATH ACUTE / DIRECT DEATHS (General Mortality Register)**



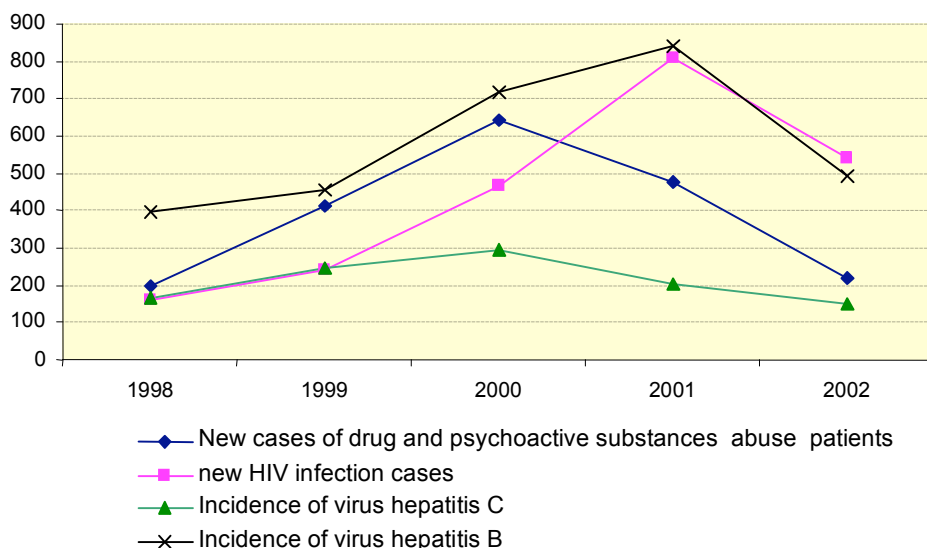
*Data provided by the Death Cause Register

3.3. Drug related infectious diseases

Prevalence of virus hepatitis B and C and HIV/AIDS incidence

In accordance with the data by the AIDS Prevention Centre at the end of 2002 in Latvia there were registered 2307 HIV infected persons (in 2001– 1765). In comparison with the previous year, in 2002 the number of new HIV infection cases has decreased by 33% (in 2002 – 542, in 2001 – 807). 393 (72.5%) of these new cases are intravenous drug users. Up to 1997 the main way of infection in the country was homosexual; the number of annual HIV cases was small. Since 1998, the main way of infection is intravenous use of drugs, as a result of which the number of HIV infected persons has increased rapidly.

Figure 2.21. **PREVALENCE OF VIRUS HEPATITIS B, C AND NEW CASES OF HIV ***



* Data by the National Health Promotion Centre
Data by the State Centre for Drug Abuse Prevention and Treatment

Intravenous use of drugs provokes also the incidence of hepatitis B and C. In accordance with the data by the Public Health Agency up to 2001 the new cases of hepatitis B has rapidly increased. In 2002 the number of new cases of hepatitis B has decreased (in 2002 – 492, in 2001 – 839).

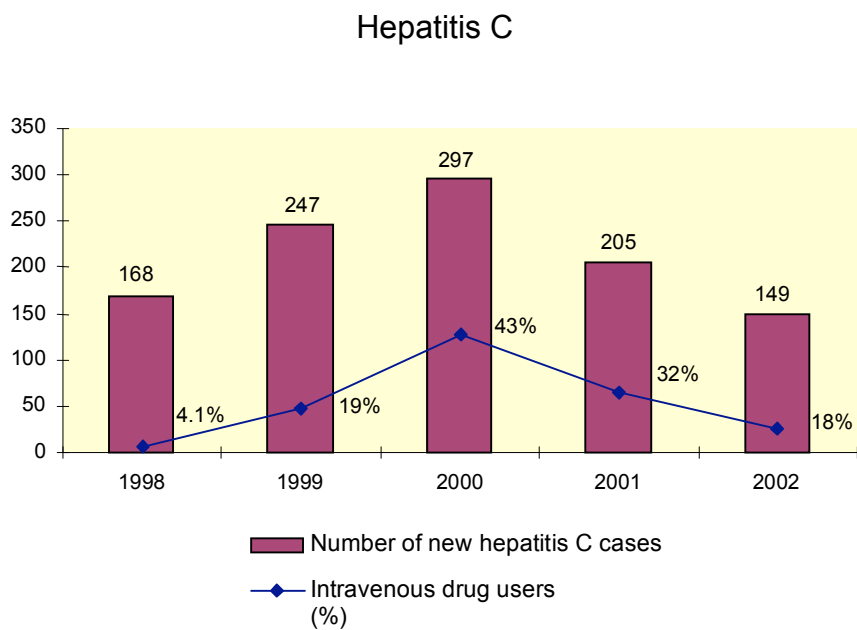
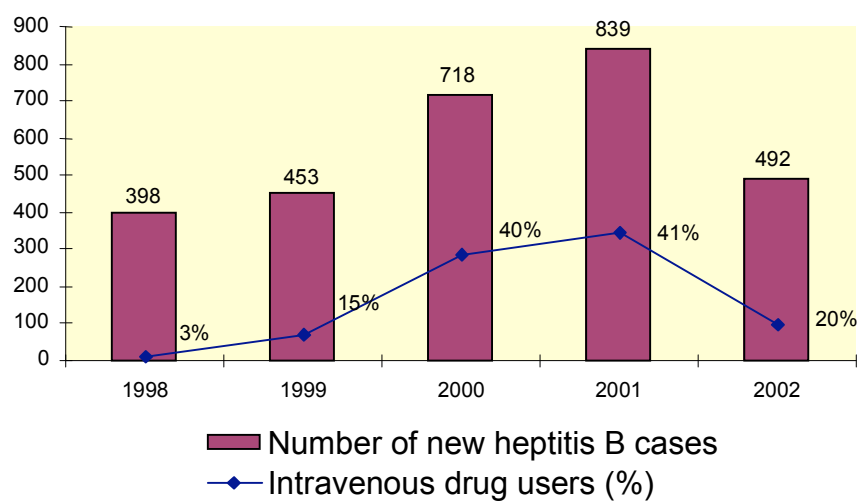
The number of cases of acute hepatitis C has decreased during past two years, while the general incidence increases every year (including acute and chronic forms of disease).

The monitoring of acute hepatitis C has started in 1993 in Latvia, when 30 new cases of hepatitis C were registered. During seven years the acute incidence has increased for 12 times, and registered new cases for 9,9 times in 2000. Since 2001 the incidence of acute hepatitis C has trend to decrease.

The cases of chronic hepatitis C has increased seriously in 2002 (per 40%).

Intravenous drug use and parental medical manipulations at treatment centres are the most common risks for infection with hepatitis C. Among all persons affected by disease 34% (50 cases) have mentioned medical manipulations and 18% (27) intravenous drug use. 25% of all men affected by disease have mentioned intravenous drug use, and 10% of women.

Figure 2.22. NUMBER OF IDUs
AMONG CLIENTS WITH VIRUS HEPATITIS B, C *



* Data by the Public Health Agency

Table 2.12. INCIDENCE OF ACUTE VIRUS HEPATITIS B, C IN LATVIA*

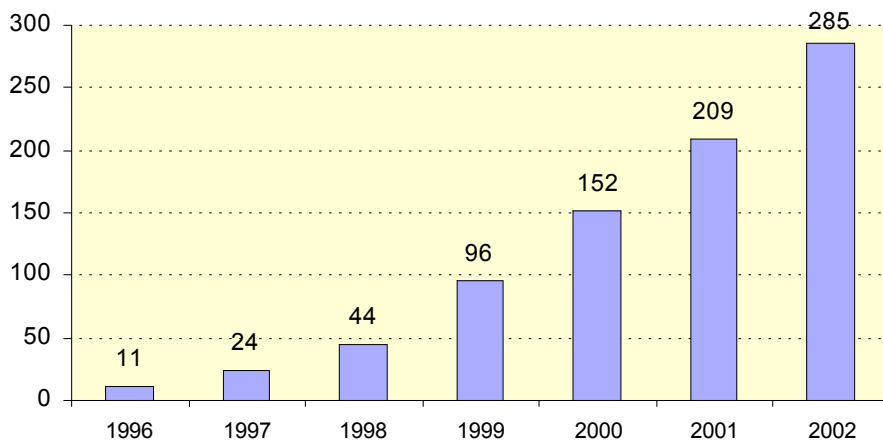
	Hepatitis B		Hepatitis C	
	In absolute figures	per 100 000 inhabitants	In absolute figures	per 100 000 inhabitants
1998	398	16.5	168	6.8
1999	453	18.5	247	10.1
2000	718	29.4	297	12.2
2001	839	35.5	205	8.7
2002	492	21.0	149	6.4

* Data by the Public Health Agency

3.4 Other drug-related morbidity

Year to year the road traffic safety becomes more endangered by drivers driving under influence of drugs. In 2002 there were 285 drivers detected for driving under influence of narcotic and psychotropic substances. There were 24 persons repeatedly detected for driving under influence of narcotic and psychotropic substances.

Figure 2.23 **NUMBER OF DRIVERS DETECTED FOR DRIVING UNDER INFLUENCE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES ***
in absolute figures



* Data by the Narcology Centre

4. Social and Legal Correlates and Consequences

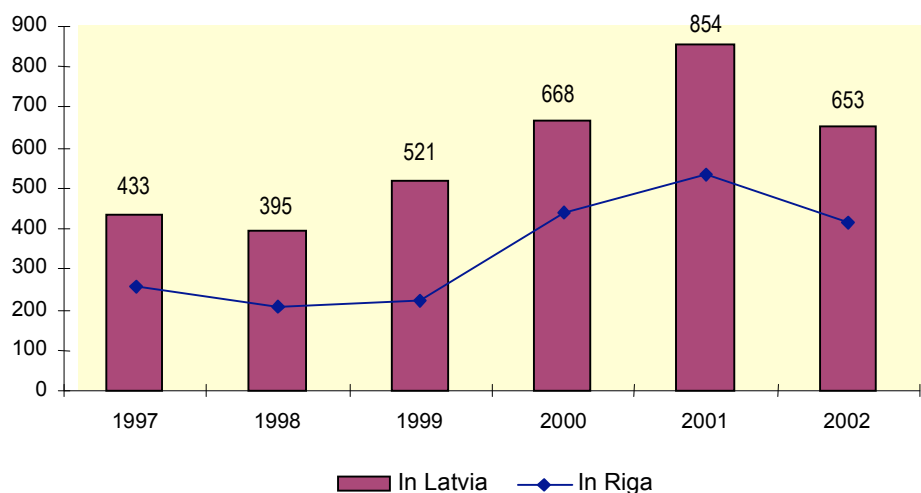
4.1 Social problems

NO INFORMATION AVAILABLE

4.2 Drug offences and drug-related crime

According to the information by the Drug Enforcement Bureau in 2002, if compared to the previous year, the number of registered criminal offences related to illegal circulation of narcotic and psychotropic substances has decreased (in 2002 – 653, in 2001 – 854). In 2002 some cases of detected drug related crimes are connected to the withdrawal of huge amount of narcotic and psychotropic substances from the illegal circulation. The situation of crimes related to realization and storage of separate groups of drugs has changed. Still, in the illegal circulation and use of drugs heroine is the leader, gradually increases the number of preparations of cannabis and amphetamine type stimulants.

Figure 2.24. **EVALUATION OF REGISTERED DRUG RELATED CRIMINAL OFFENCES IN LATVIA ***
in absolute figures



* Data by the Drug Enforcement Bureau

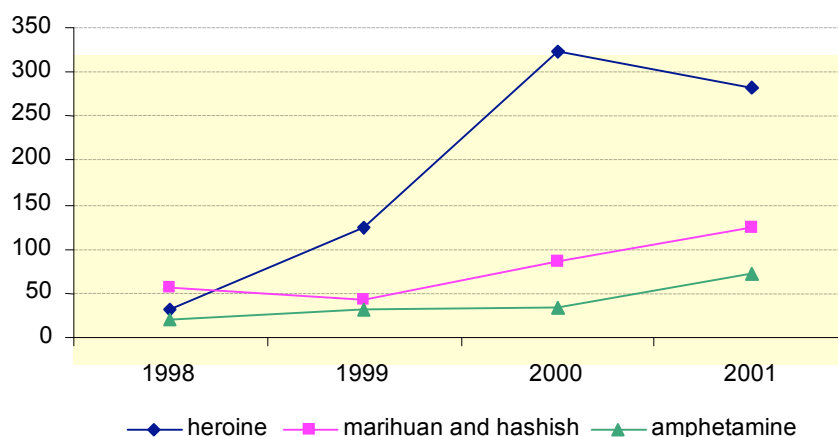
In 2002 the number of criminal cases initiated for purchase, storage and realization of heroine has decreased by 5%. More than 6 kg of heroine was seized from the illegal circulation. 84 persons were detained for sale of heroine, and 16 persons – for realization of heroine together with other drugs. The analyses of criminal cases indicates the situation that in many cases minors from unfavourable families, not using drugs themselves, are involved in sale of drugs.

In 2002 the number of criminal cases initiated for the illegal trafficking in amphetamine type stimulants has increased more than twice. From the illegal circulation there were seized more than 18 000 „ecstasy” pills, which is 12 times more than in the last year. Trading of amphetamine, if compared to other drugs, is the most mobile. In most cases the meeting of drug traffickers with customers take place at petrol stations, near night clubs, discotheques, and other youth entertainment places.

In comparison with 2001, similar is the number of criminal cases related to the illegal circulation of marihuana and hashish. The distribution of this drug takes place both on streets and apartments. “The leaders” among drug traffickers still are persons of gipsies’ ethnical group, who usually are trading drugs at their flats or neighbourhoods.

The number of criminal cases related to the illegal circulation of cocaine practically has not changed over the past two years, but in 2002 the number of detained cocaine users has increased by 3.5 times. There is a prognosis that in 2003 the distribution of cocaine will increase.

Figure 2.25. **EVALUATION OF DRUGS RELATED CRIMES IN LATVIA RELATED TO SOME DRUGS ***
in absolute figures



*Data by the Drug Enforcement Bureau

In 2002, there were 494 (in 2001 – 645) persons incurred criminal liability for narcotics related crimes, 393 of which were men and 101 – women.

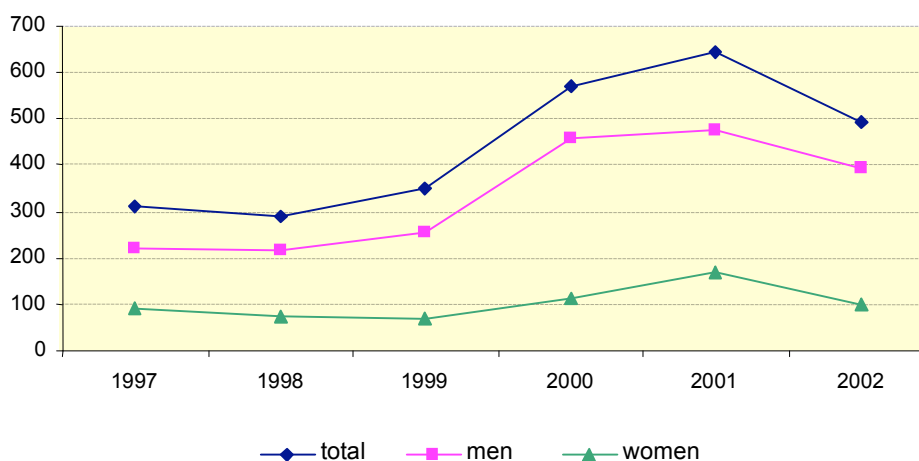
In 2002 the number of criminal offences committed under influence of drugs has decreased in comparison to the previous year. In 2001 there were disclosed 1014 crimes committed under influence of drugs, but in 2002 – 727.

Table.2.13. **EVALUATION OF PERSONS CALLED TO THE CRIMINAL LIABILITY FOR DRUG OFFENCES ***
in absolute figures

	1997	1998	1999	2000	2001	2002
Total including	311	291	325	571	645	494
men	219	218	255	457	476	393
women	92	73	70	114	169	101

* Data by the Drug Enforcement Bureau

Figure 2.26. **EVALUATION OF THE NUMBER OF PERSONS CALLED TO CRIMINAL LIABILITY FOR DRUG OFFENCES ***
in absolute figures



4.3 Social and economical costs of drug consumption

NO INFORMATION AVAILABLE

5. Drug Markets

5.1 Availability and supply

The work was activated with fight against organized crime groups related to illegal circulation of drugs in 2002. As a result the organized groups were detained that practiced the drug supply and its further distribution in Latvia.

The most often seen tendency is that drug dealers are not specialized on one type of drugs, but taking into account the demand provides for the drug distributors the full spectrum of drug substances, both depressants and stimulants of CNS. This is related to the peculiarity of the illegal drug market.

After the withdrawal it can be concluded that heroin, produced in the region of Central Asia, has been brought in because of the economic and cultural ties between the countries of the Central Asia (Afghanistan, Pakistan) and the former republics of USSR of middle Asia (Uzbekistan, Tajikistan, etc.) through Russia. For the transportation both the cargo transportation and the carriers as well, that are using their personal transport, railroad or route busses. The synthetic drugs have been brought in Latvia from the Netherlands, Poland and Estonia. Often the parcels by mail are used for the forwarding to Latvia

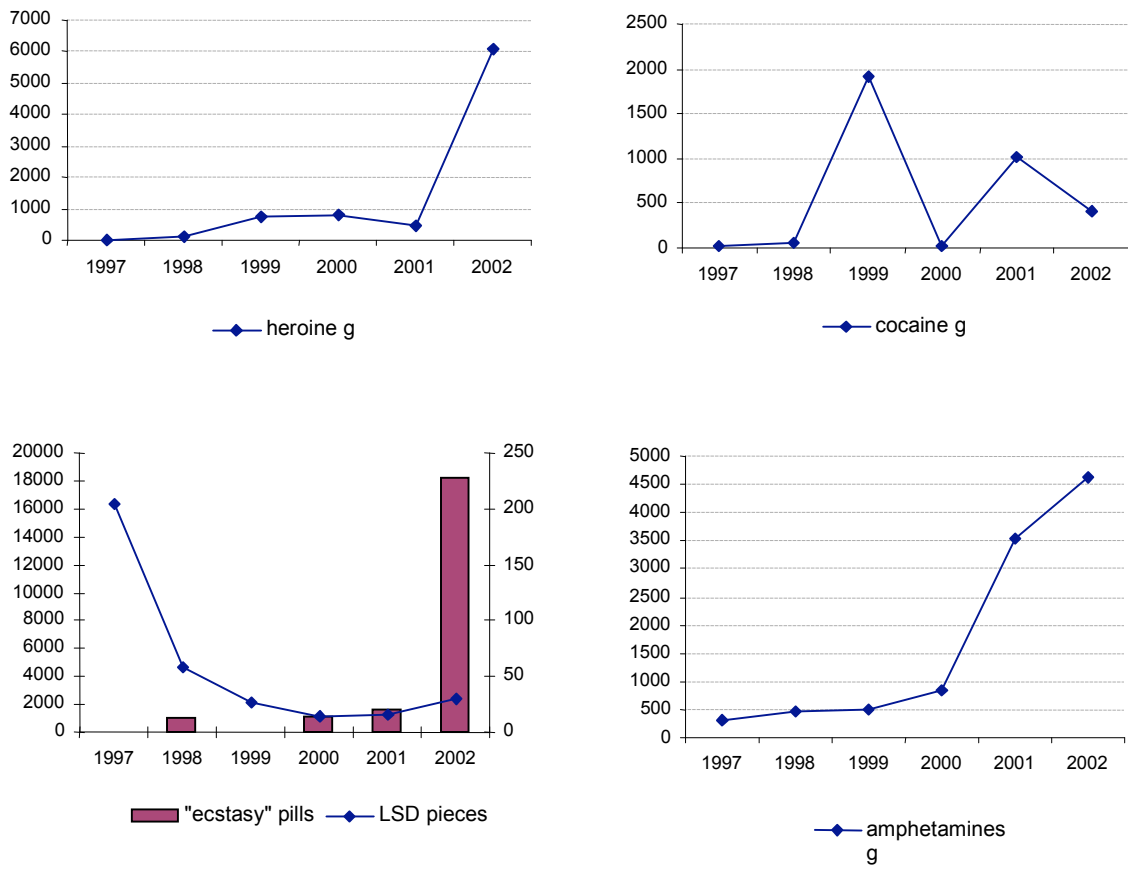
5.2 Seizures

Table 2.14 EVALUATION OF THE QUANTITIES OF SEIZED ILLICIT DRUGS*

	1997	1998	1999	2000	2001	2002
Poppy straw kg	85.74	192.28	30.25	145.95	182.9	83.46
Heroin g	10.81	98.15	767.98	774.85	464.8	6080.4
Marihuana kg	21.95	2.48	231.19	6.78	193.58	6.64
Hashish g	645.93	3150.0	685.38	494.79	191.48	422.79
Ephedrine g	31.4	346	281.2	802.29	570	109.00
Ephedrone ml	290.8	938.3	270.7	308.6	48.5	-
Amphetamines g	308.23	458.33	493.67	853.25	3550.8	4615.64
„Ecstasy” pills	-	1020	-	1114	1620	18298
Cocaine g	23.98	62.51	1915	27.28	1024.25	402.86
LSD pieces	205	58	27	14	16	30
Pharmaceuticals containing narcotic substances ml	5112	300.9	171	1306	16900	570
Psychotropic substances pill	20830					

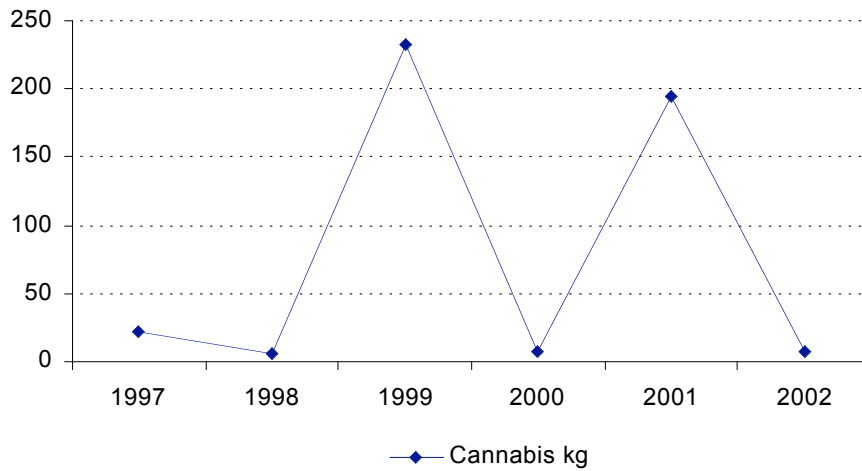
* Data by the Drug Enforcement Bureau

Figure 2.27. EVALUATION OF THE QUANTITIES OF SEIZED ILLICIT DRUGS *



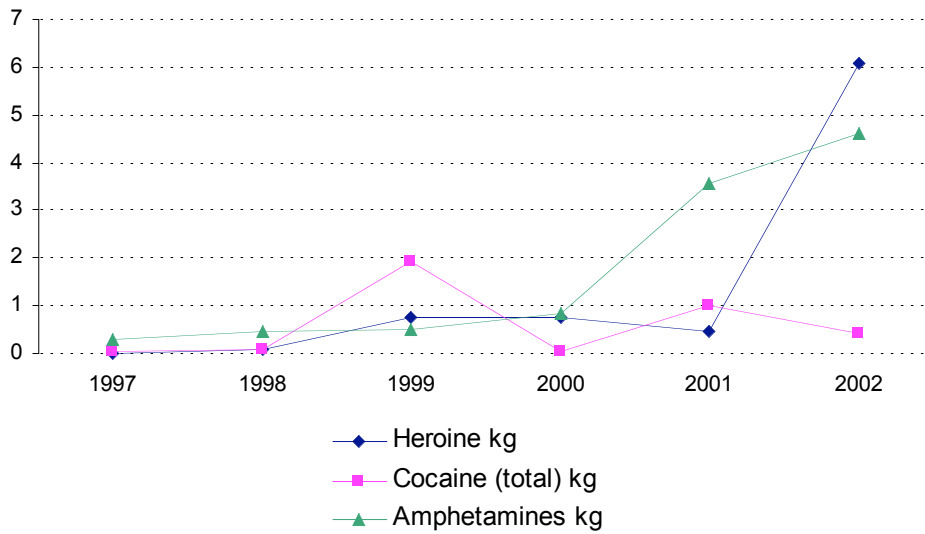
* Data by the Drug Enforcement Bureau

Figure 2.28. EVALUATION OF QUANTITIES OF CANNABIS SEIZED IN LATVIA*



*Data by the Drug Enforcement Bureau

Figure 2.29 EVALUATION OF THE QUANTITIES OF SOME ILLICIT DRUGS SEIZED IN LATVIA



The prices of

drugs on the “black market” prove the easy availability and wide offer of drugs.

Table 2.15. EVALUATION OF PRICES IN EUROS AT STREET LEVEL OF ILLICIT DRUGS*

	1997	1998	1999	2000	2001		
	Average price (euro)	Average price (euro)	Average price (euro)	Average price (euro)	Minimum price (euro)	Maximum price (euro)	Average price (euro)
Cannabis - resin 1g	18	16	16	16	9	18	16
Cannabis – leaves 1g	9	9	9	9	3	16	9
Heroin white 1 g	887	176	114	80	34	84	60
Cocaine 1 g	115	62	62	62	59	84	67
Amphetamine 1g	30	26	23	23	17	30	20
„Ecstasy” pill	14	12	12	12	4	13	8
LSD dose	18	16	14	10			

* Data by the Drug Enforcement Bureau

5.3 Price and purity

Figure 2.30 EVALUATION OF PRICE IN EUROS AT STREET LEVEL OF CANNABIS

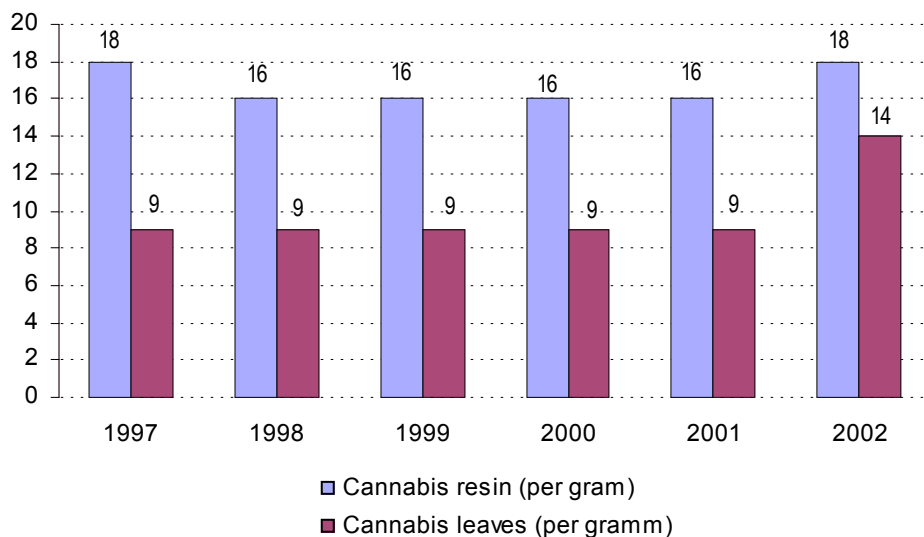


Figure 2.31 EVALUATION OF PRICE IN EUROS AT STREET LEVEL OF HEROINE

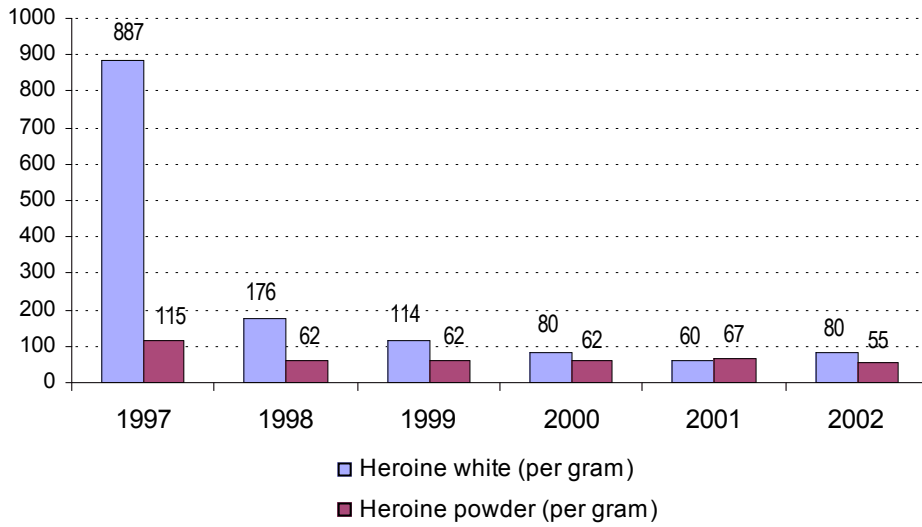
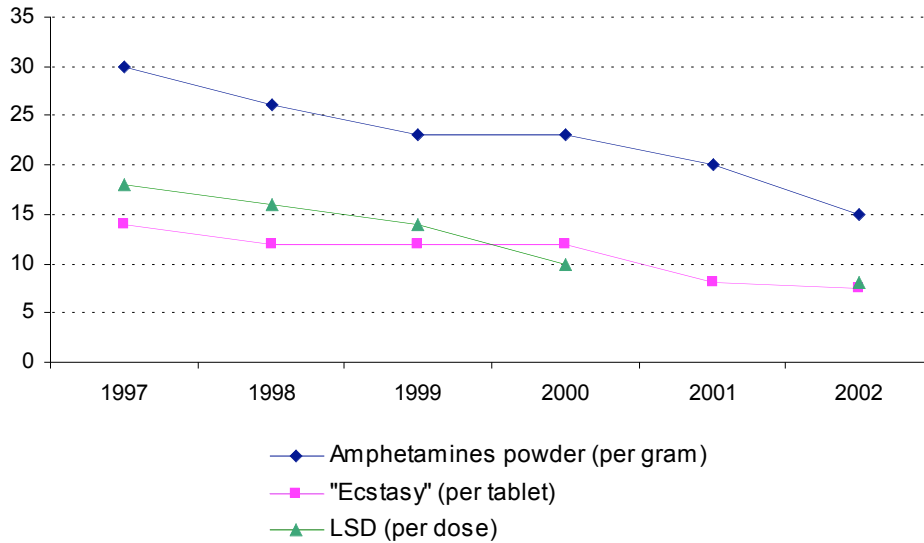


Figure 2.32 EVALUATION OF PRICES IN EUROS AT STREET LEVEL OF SOME ILLICIT DRUGS*

* Data by the Drug Enforcement Bureau



6. Trends per Drugs

- The registered new cases of narcotic and psychotropic substances abuse has decreased.
- The number of first time registered patients with opioids abuse has decreased.
- After few years of break the number of first time registered patients with volatile solvents (inhalants) abuse has increased.
- Over recent years the number of first time registered patients with amphetamines (other stimulants) and poly narcotic and psychotropic substances abuse are increasing significantly.

- During the past two years the number of patients with narcotic and psychotropic substances abuse treated at stationeries has rapidly decreased.
- The mortality rate related to the use of narcotic and psychotropic substances has increased, including also the number of deaths, the direct cause of which is poisoning with narcotic and psychotropic substances.
- The prevalence of HIV, B and C hepatitis infections has decreased.
- The number of registered criminal offences related to the illegal circulation of narcotic and psychotropic substances has decreased.
- Still, the “leader” of the illegal circulation is heroine, however, gradually increases the amount of amphetamines (other stimulants) and cannabis preparations.
- The number of criminal offences committed under influence of drugs has decreased.
- The number of drivers detected for driving under influence of drugs continues to increase.

PART 3

DEMAND REDUCTION INTERVENTIONS

8. Strategies in Demand Reduction at National Level

Latvia does not have officially accepted strategy for drug demand reduction at state level.

8.1 Major strategies and activities

NO INFORMATION AVAILABLE

8.2 Approaches and new developments

Development in public opinion

Throughout the year of 2003 a coalition of 7 NGOs (working together since 2001) carried out 10 discussions with drug prevention specialists from various settings, to identify the current situation, gaps in provision and opinions on priorities for further work – all in relation to the development of the *Latvian Drug Control and Drug Abuse Prevention Programme for five years period* (preferable for 2004-2008).

The initiative of the coalition was funded by 3 donors (the Baltic-American Partnership Program, the Embassy of the Netherlands, the Embassy of Switzerland).

The issues for the discussions with drug prevention specialists were selected based on the coalition's previous experience and knowledge of the gaps in provision. The coalition had been exposed to best practices in the drug prevention field through its prior connections with experts from a number of European countries, study visits there, as well as analyzing national strategies of European countries, the EU Action Plan on Drugs (2000 – 2004) and relevant EMCDDA documents.

The discussions revealed a number of serious concerns (resonating with the findings of the *2002 Report on the Drug Situation in the Candidate CEECs*); they also showed that the attitudes and orientations of the drug practitioners, including NGOs, although quite diverse, were generally in line with current approaches in drug prevention.

The Educational Centre for Families and Schools paid particular attention to exploring the work with at-risk children and young people, including young offenders, disabled young people, etc. The importance of developing interventions based on identified need and to evaluate the results, not only the process, has been repeatedly brought to the attention of various specialists. It must be noted that the idea of evaluation and linking research with planning is a concept and practice that will get rooted in Latvia only with considerable investment of resources.

The leading organization of the coalition – The Educational Centre for Families and Schools – participated in the work of the Drug Control and Drug Abuse Prevention Programme development group's prevention subgroup, channelling the proposals from the discussions and the ideas of the coalition into the group's discussion. Overall, the Educational Centre submitted 43 proposals in 5 broad issues areas of prevention work. In the draft of the Drug Programme, most of these ideas are included, being shared by the other members of the working group.

To put into some perspective the above information, it is necessary to comment on the general activity of the NGOs in drug prevention in Latvia. Unfortunately, there are very few NGOs consistently working in drug prevention in Latvia. For about 40-50 organizations (including religious groups) some aspect of drug prevention may be a part of their activities. Interventions may range from short-term peer education projects to after-treatment care and social assistance. However, the Educational Centre for Families and Schools seems to be the only NGO attempting to bring together other specialists, facilitate opinion exchange and learning. There have been no other consistent attempts to discuss NGO role in drug prevention, apart from the activities facilitated by that organization in 2003.

Another comment, on the *public debates and mass media*: experience shows that a widely spread problem is that educators, parents and mass media do not really distinguish between various levels of drug use and tend to unnecessarily dramatize any use. Also, it seems that certain institutions and their activities (e.g. the municipal Riga Drug Prevention Centre) dominate the media coverage owing to purposeful PR work and political connections. In such cases, journalists describe their work in the most enthusiastic terms, not evaluating the actual worth of the activities carried out. At one point, mass media were over-saturated with drug-related stories. Now it is on the decrease (it appears that in 2003 the topical issue is neglectful parents and tragic accidents with children).

9. Prevention

There is not separate national strategy on drug prevention. The state concept of the prevention is integrated in the draft Drug Control and Drug Abuse Prevention Programme 2004-2008, what was elaborated within Twinning project with Spain in 2003.

There is not coordinated and balanced approach in funding the drug field in Latvia. Each ministry works separately without mutual harmonising of activities and allocation of funding. The better coordination is among NGOs and municipalities. The Ministry of Health is responsible for funding drug treatment and prevention, the Ministry of Welfare – rehabilitation and social reintegration. The Ministry of Science and Education also is actor in drug prevention. This has led to the situation that there is very limited funding for drug prevention and treatment of adolescents using drugs, but the remarkable funding is allocated for rehabilitation of them. There is not at the moment conception about the funding of drug field. Even the draft of new Drug Programme does not provide it. There is not any study carried out on public expenditures on drugs in Latvia. So we have not clear picture about the existing and necessary funding for the drug field.

Some funds available for projects in the drug field are allocated through a competition process, but the Drug Co-ordination Commission is not directly involved in.

For the implementing programme for state funded activities for alcohol, tobacco and drug abuse prevention 175 757 EUR were allocated in 2002 and 2003. The managing institution of the implementing programme is Health Promotion Centre under the Ministry of Health. The funding is divided into two parts – for activities implemented by the Health Promotion Centre, and for open tendering to implement prevention activities. 69 696 EUR were available for governmental and non-governmental sector through competition.

The main priorities for open tendering in 2003 were:

- elaboration and implementation of municipality programmes in the field of illicit and licit drug abuse prevention;
- elaboration and implementation of programmes for prevention both of licit and illicit drug abuse among youth;
- training programmes on prevention both of licit and illicit drug abuse for medical and social workers;
- information of society on licit and illicit drug abuse prevention and health risks

Possibilities for NGOs to participate in drug prevention work

NGOs wishing to make a contribution to drug prevention work had several options in 2002: tenders announced by state institutions, applying to foreign foundations and embassies, applying for EU funding and possibly getting some funding from local authorities.

State tenders. It was the first year when the State Health Promotion Center held an open tender for projects in drug prevention. However, the total amount was small: 69 696 EUR. NGOs could participate alongside with local authorities and other entities. Since the key criterion (60%) was low cost of the project, local authorities had a natural advantage of being able to provide co-funding.

Two other state-funded options were applying for small project grants (around 5000 EUR) at the State Bureau for the Protection of Children's Rights (dissolved towards the end of 2002, thus causing problems for some NGOs) and even smaller grants (less than 1000 EUR) at the State Youth Initiative Center. Drug prevention was not a major priority for either of these institutions, and again, local authorities and other entities (like student governments from high schools) could participate in tenders, too.

Foreign foundations and embassies. Since there were no specific prevention-related calls for proposals coming from foreign foundations and embassies in 2002, NGOs could apply for project funding within other calls for proposals (e.g. to promote advocacy or social inclusion) and compete with proposals from very diverse issue areas.

EU funding. In 2002, Latvian NGOs could apply for Phare Networking funding to strengthen connections with EU and CEEC NGOs, as well as for ACCESS 2000 in Latvia funding to strengthen the capacity of NGOs in social inclusion. While it seemed that the Phare Networking call for proposals was not a very realistic source of funding, given the possible huge competition with experienced European mega-NGOs participating, the ACCESS 2000 program in Latvia did fund 2 organizations working in drug prevention. Another, much smaller, source is the program "Youth", where youth NGOs could obtain funding for small initiatives. However, in our opinion youth initiatives can only be a supplementary (non-essential) source of drug prevention activities.

Local authorities: in principle, it is possible to argue for the necessity of municipal support for a certain strand of NGO activities. However it has to be done well in advance (to include it in the following year's budget), the funding is always small (hundreds of EUR) and short-term. On the other hand, local authorities can be helpful in providing in-kind support (providing a place to carry out activities, covering telephone bills, etc.)

To summarize the above:

As we see it, the development of adequate NGO activities in drug prevention are made difficult by the high level of professional capacity required by the issue area

AND very fragmented opportunities for funding. In addition, the funding is always short-term, which does not promote sustainability and even effectiveness. Besides that, with a very limited number of sources, one soon runs out of donors to approach. The private sector is not a solution, since businesses in Latvia seem to be only interested in widely publicized one-off events (e.g. Football against Drugs), which can have no impact.

Of course, there are exceptions to the rule. Our experience shows that consistent long-term work done by an NGO does bring a certain professional recognition and opportunities for targeting important prevention-related issues. However, this heavily depends on the initial “capital” of the organization, both in terms of professionalism, participation in various networks, visibility, etc.

Activities of different municipalities in the field of drug prevention

Riga Drug Abuse Prevention Centre

Almost one third of the whole population lives in Riga, 38.7% of all economically active people live here.

The work of the Riga Drug Abuse Prevention Centre (further in the text – the Centre) of the Riga City Council, which was founded in 2000, is based on the basic regulations of the movement “European Cities against Drugs”, which strictly follows the UN conventions. Riga has joined the Stockholm Declaration (it has become a member of the movement “European Cities against Drugs”) in 1994. The Centre is under the jurisdiction of the Head of the Riga Council and it is the municipal institution under the control of the Committee for Matters of Security and Order and is financed from the City budget.

The Centre coordinates activities of prevention in Riga and develops a cooperation network with partner organizations (Figure 1). There is a Consultative Coordination Board under the Centre, the members of which are the Riga City Council deputies and experts from state institutions. The Board is responsible for the policy of the Centre.

There is an elaborate long-term policy and action plan for the Riga City in addiction (drugs, alcohol, gambling, etc.) prevention, which is included into the Riga Development Target-oriented programme for 2002-2005. This provides for the continuity and development of the programme.

The main directions of work of the Centre are: 1) the appraisal of the situation and policy making; 2) information and education; 3) timely detection of users, motivation to stop use and psycho-social assistance; 4) prevention, providing alternatives.

Work organization and the strategy are as follows (illustration 2):

- to be closer to the population;
- to provide direct assistance to clients in accordance with demands.

Figure 3.1. COOPERATION PARTNERS OF THE RIGA DRUG ABUSE PREVENTION CENTRE AND TYPES OF COOPERATION

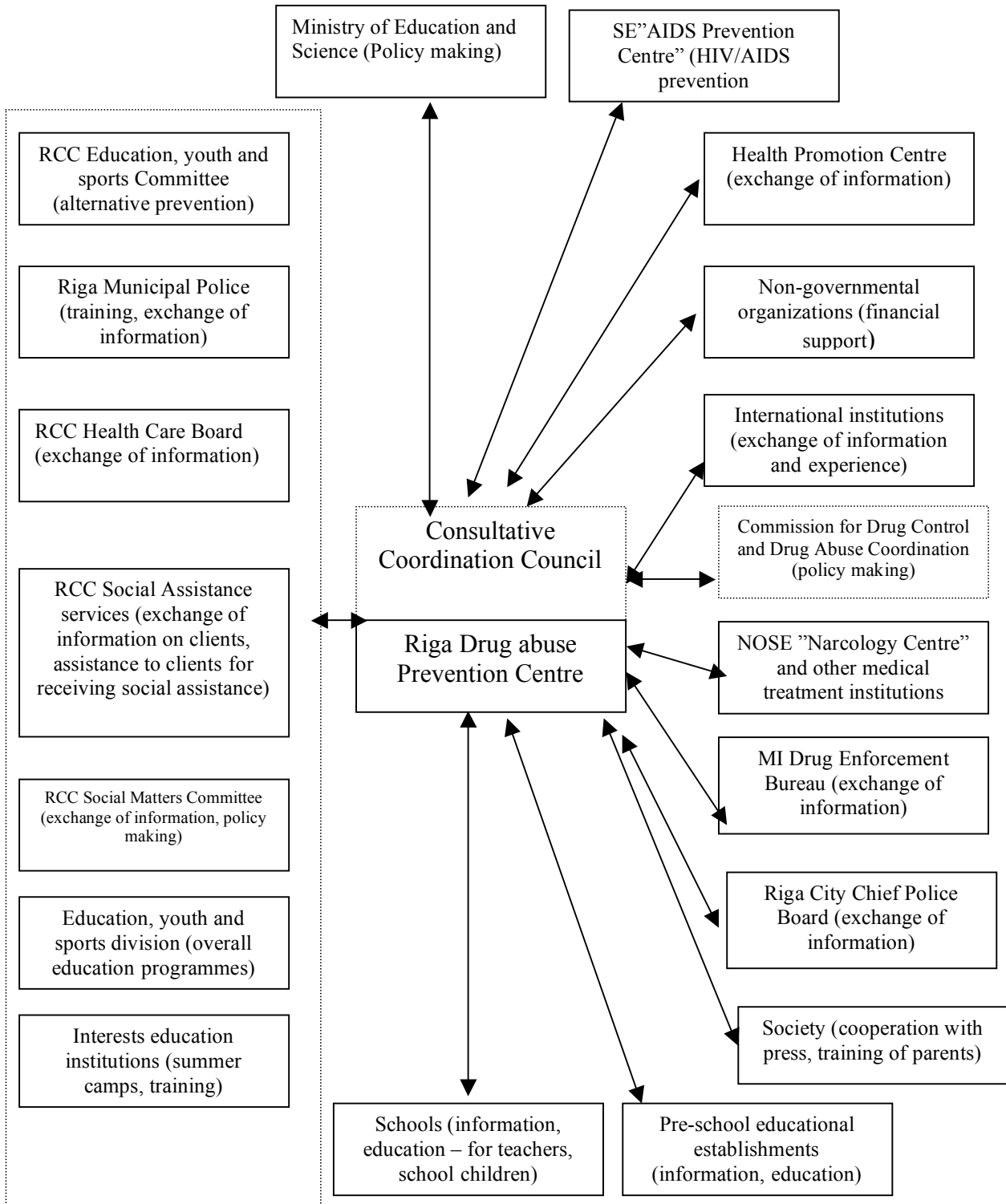
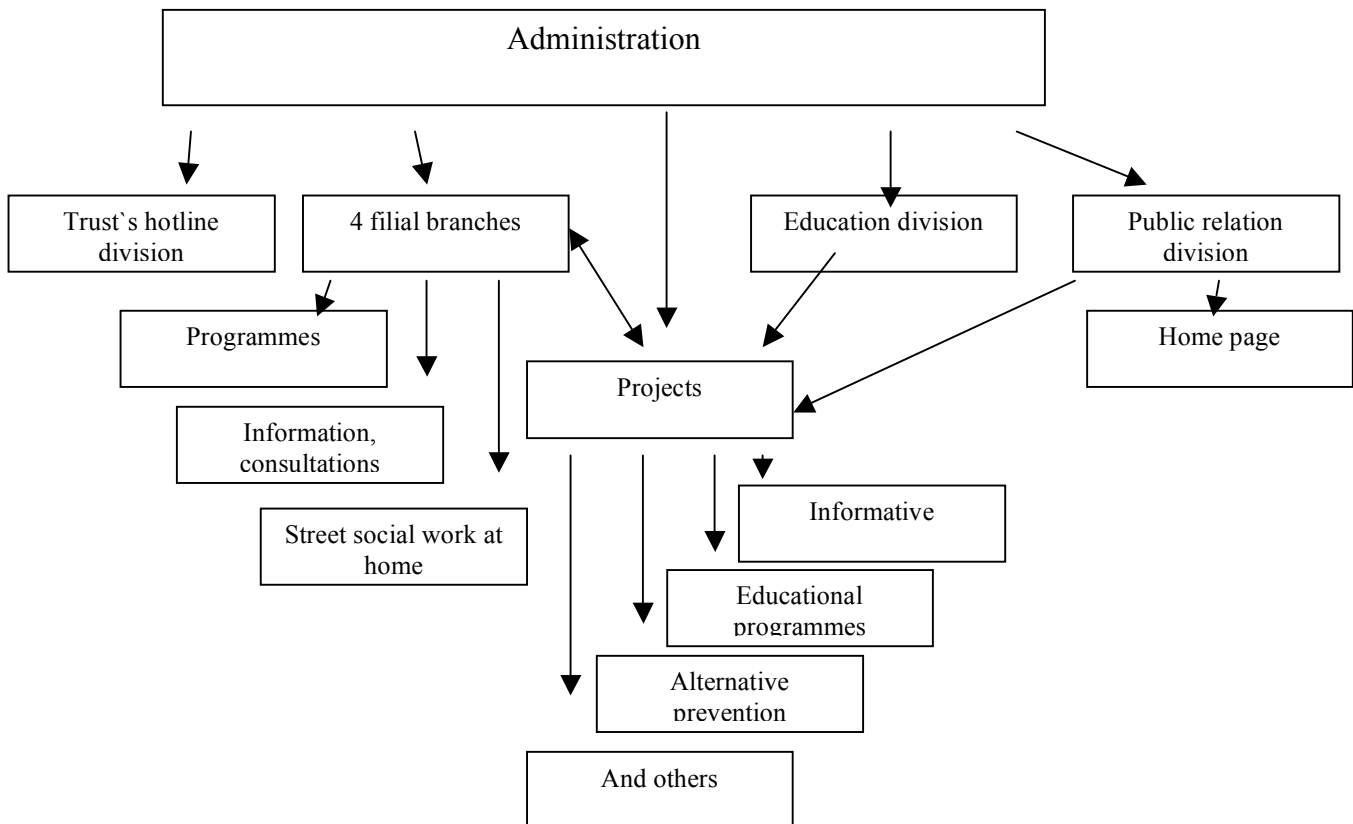


Figure 3.2. ORGANIZATORIAL SCHEME OF THE WORK OF RIGA DRUG ABUSE PREVENTION CENTRE



In 2002 filial branches of the Centre were created in the Riga City Latgale suburb (Maskavas Street 285/k 6), in the Northern Region (Aptiekas Street 7/9), the Central and Vidzemes Suburb (Stabu Street 15), in the Zemgale and Kurzeme Regions (Kalnciema Street 81). The Zemgale and Kurzeme Region filial branches were created in 2001.

Prevention is divided into two levels: basic services and projects. The most important ones in the basic service are the following:

1. Providing information, consultations, and support by means of:
 - Telephone hotline;
 - E-mail "question- answer" service;
 - Home page www.narcomania.lv.
2. Work of filial branches in suburbs includes:
 - Individual consultations, motivation and support to clients at home (street social work). In 2002, 561 clients were worked with;
 - Individual consultations, motivation and support to those, who are looking for help in consultation rooms;
 - Programmes:
 - Informative - educational risk groups for children;
 - Support programme for youth;
 - Informative - educational programme for parents;
 - Support - parents.
3. Public relations department work:
 - Participation in exhibitions;

- Organization of actions;
 - Cooperation with mass media;
 - Completion of projects.
4. Education department work:
- Lectures for school children;
 - Lectures for parents;
 - Lectures for teachers.
5. The survey of "Alcohol drinking habits Riga City Inhabitants and their attitude towards alcohol distribution restrictions".

There are more than 20 projects put into action in 2002 within the projects sector. The most important of them are the following:

- 223 young people from 80 Riga schools were trained within the programme "Young leaders of school children"
- These young people continue to work at the Centre support programme for young leaders.
- The programme for risk group children is carried out in the 1st Boarding-school (2 groups per 12 classes) and corrections in class education in the Secondary School No 44 (2 groups per 12 classes).
- Working up the educational video films – "Little Family" and "Molecular talks".
- Activities for the formation of public opinion – set of spots on TV, radio, environment advertisement action, etc.
- Educational informative materials for parents, youth, pedagogues, and wider society were worked out and published.

Liepaja City Municipality

In Liepaja the initiative group for prevention of addiction substances has been operating, for a year including representatives from the Drug Enforcement Bureau, the Municipal Police, youth organizations, the Social Assistance Centre, the Education Board, medicine sector, the City Council, etc. The core of the group is formed by certified specialists from the Narcology Centre, headed by the Deputy Head of the Education Board. Until now the group had been operating on voluntary principle, meeting once a month. The existing situation was analysed at the meetings, actual events were discussed, and proposals for school administration and municipal institutions were worked out. According to the suggestion of the Head of the Council Entrepreneurship Division the group recently accomplished an inquiry in the Liepaja schools among schoolchildren of Year 8 on their attitude towards use of alcohol and drugs. According to the analyses of the results the data were obtained for further activities and programmes on addiction prevention in the Liepaja City. The group has proved itself as a motivated and professional unit, which operates according to the so called health team principle and performs the following activities:

- Investigates the situation, makes analyses, makes the results public.
- Works out proposals to enter into the City development programmes, thus providing for the circulation of information among different sectors and among the working group and the society;
- Plans activities (actions, trainings, spot-checks, seminars, discussions, etc.), and participates in working up and monitoring the prevention programmes;
- Elaborates proposals for attracting independent funding for prevention activities.

In the academic year 2001/2002 a methodological union of the primary prevention teachers was created. In 2002 the head of the union received training at the Riga Drug Abuse Prevention Centre on youth leaders training, and in Liepaja 17 young people, participants of the board, started receiving leadership training in the primary prevention sphere. Good cooperation has been created with the senior nurse of the

hospital narcological division, who also participates in the leaders training programme.

The Liepaja educational establishments are involved in the project "Integration of risk group children in schools". Within this project schools receive consultations, assistance in prevention related uncertain matters. The Liepaja schools started policy making in addictive substance use prevention.

The EU Socrates programme project: „Cooperation of Municipalities in the Context of Health Promotion Cultural Ties" has been accomplished, the partners being: the suburb of Orsta Council in Bergen, Norway, the Swedish University of Jonchoping, in Latvia – the Liepaja Council and N/O/S/E the Narcology Centre.

Art and youth struggling against drug addiction, 2001 - 2002, the EU programme "Youth", LPA, within the project a theatre performance was created and presented, and the anti-drug addiction programme was realized – informative educational activities were held in schools.

In November 2002 a needle exchange point was opened and is being operated in Liepaja.

The cooperation is continued within the Norwegian public health project, developing a voluntary movement which popularizes a healthy lifestyle free from drugs.

Within the health week, informative activities were held in the Liepaja educational establishments; the Liepaja Youth Centre was especially active.

Several educational dependence substances are used for prevention activities in cooperation with the NGO NVO "Educational centre for family and school" (Riga) were organized. In November parents of Liepaja participated in the seminar organized by the centre "Role of parents in drug addiction prevention".

The non-governmental organization [K@2](#) works very successfully in the social integration sphere and dependence substance use prevention, offering alternative leisure time activities to the risk group youth in Karaosta, and possibilities for self-development. This is real prevention work not headlines, but its essence.

Jelgava City Municipality

The drug prevention programme in Jelgava in 2002 was worked out according to the "State programme of prevention and early diagnosing of alcoholism in Jelgava" for 1999 – 2003 adopted by the Regulation of the Council on September 23, 1999, which was the result of the prevention project brought about by the Jelgava Narcological Hospital in cooperation with the Jelgava Municipality. The main directions of the prevention programme are the following:

- Improvement and consolidation of institutional mechanisms for guaranteeing coordinated cooperation of local government, state institutions, and non-governmental organizations. By the Regulation of the Council the coordination work group for dependence prevention at the Jelgava Council was adopted including ten people; the statutes of the working group have been elaborated.
- Provision of education, information accessibility. Seminars were organized for different target audiences for a year, in schools prevention was organized according to the "Concept of Jelgava school youth for the prevention of dependence substances and working programme for 1999 – 2003". In every school a dependence prevention working plan has been made up.

- Development of interests, positive alternatives. Involvement of the risk group children and youth in CYC “Junda” activities were continued, the participation of school youth in the organisation and carrying out events were promoted.

As a result of these activities the following statistical indicators have become stable:

- Episodic use of alcohol with harmful effects on health;
- Episodic use of drugs.

In 2002 the activities within different cooperation projects continued:

- Council of Europe The Pompidou Group Drug Demand Reduction Staff Training Programme II, as a result of which a handbook for employees of local governments “Organization of Dependence Prevention Activities in Local Governments” was written.
- The Jelgava and Naka (Sweden) cooperation project “Timely signals”, as a result of which a public organization “Parents for Jelgava” was founded on May 4, 2002. One of the goals of this organization of work is dependence prevention, creation of a safe environment in Jelgava, therefore on October 2002 a project “The big ones and the small ones in a safe city” - patrols of parents on streets - was started.
- As a result of the board of Social Matters of the Jelgava Council and the Danish cooperation project “Path” the Crisis Centre for children was founded, and alternative education for risk group youth at the Trade School was started.
- Within the Jelgava and Kotka (Finland) cooperation project the development of the psycho-social rehabilitation system for addicts was started.
- The Jelgava Municipality, participating in the UNO Development programme and the AIDS Prevention Centre project “Development of a common secondary prevention network for intravenous drug users on Latvia’s territory”, has organized a place for needle exchange and provided accessibility to information.
- The Jelgava Narcological Hospital in cooperation with the Middle- Latvian Sick Fund gained possibility to put into action a project “Development of municipal strategy for prevention of dependence in Zemgale” in the Jelgava Municipality; the realization of this project was started at the end of 2002 and is continued in 2003.

At the end of 2002 preparation of the addiction prevention programme in Jelgava for 2003 – 2006 was started.

Tukums City and Region Municipalities

There are 12 secondary schools, 26 primary schools, 2 pre-schools, and 2 separate boarding schools in the Tukums’ Region. During educational classes, with regard to individualities of a particular age of children, there were discussions on the types of dependence and their prevention. Special courses are held, organised for class teachers in the Region.

A great work with dependants on alcohol and narcotics among the Tukums’ population and their relatives, by providing social and psychological assistance is carried out by the Riga Samaritan Union Tukums’ branch “Avots” in cooperation with a group of interested persons and with the support of the City Council. There is a needle exchange place opened at the Tukums Night shelter premises.

In 2002 the Centre for continuing education of the Tukums Region Educational Board in cooperation with the Riga Suburb Sick Fund has accomplished two projects:

- “Primary prevention of dependence causing substances at schools”, in the framework of which a set of informative materials on addiction prevention was elaborated and distributed for the use in educational classes, health education classes, and extracurricular activities.
- “Alcohol and other substances of dependence; the content of prevention and teaching methodology for educational work”, was carried out the aim of which was to increase the level of competence of teachers, sports trainers, social educationalists, psychologists and parents on addiction prevention matters.

The Kandava Region Family Support Centre „Vesta” in cooperation with the public organization “Youth against AIDS” is carrying out the part on contemporary education of the UNDP and Ministry of Education and Science project „Coordinated support to Latvian Young People’s Health and Development”. The aim of this training is to create a coordinated contemporary educator team in the Tukums Region to provide a chances for every school, youth organization, and club to invite these educators to get information from them on different sexual and reproductive health themes, by using acceptable and interesting discussion methods for young people, not creating obstacles, as it happens in many cases with grown-ups.

The project „Friend’s Friend”, in which regional teachers are trained, how to create children support groups at schools to help children with dependence substances problems or those suffering from different kinds of violence, has already been worked up for the third year together with the Sweden Gävleborg Commune. The support group „Friend’s Friend” does efficient work at the Tukums Night and Extramural Secondary School.

At present the Tukums Region Educational Board in cooperation with the public organization „SAIR” foundation is accomplishing the project for pre-school and elementary school educators, who are trained to work with colouring books to introduce pre-school and elementary school children to dependence causing substances.

Venstpils Education Board

In 2002 to reduce drug-addiction, alcoholism, and smoking Venstpils City schools continued to work in the following directions: with school children, parents, teachers, and society.

Educational work with schoolchildren was carried out during educational classes, activities within the projects „Addiction prevention”, „Mia’s Diary”. Activities were popularized such as contests of drawings, extramural activities within the framework of the health week, sports and tourism days with the aim to support a healthy life style. Lectures on “Tobacco and oral health”, “No to Drugs!”, etc. were held.

The Ventspils Secondary school No 5 participated in the approval of the UNDCP (UNO Drug Control Programme) project, and now there is an elaborate overall school policy against the use of dependence substances. At the Ventspils Secondary school No 3 a school children behaviour code has been accepted and an administrative – disciplinary commission created. An investigation of the social environment of schoolchildren was carried out.

Several conferences for parents have been held, including the participation of well known psychologists. Specialists from the Narcology Centre held discussions with schoolchildren and parents at the Ventspils Gymnasium No. 1.

At two schools (Ventspils Secondary schools No. 3 and 6) there are permanently working consultation centres, the drug addiction prevention centres financed by the Ventspils City Council. An informative booklet for parents has been worked out. Mutual ties with the State Police stations and the Drug Enforcement Bureau have been strengthened. In April 2002 parents have received specifically prepared informative booklets.

Educationalists were trained for the prevention of the use of addictive substance activities (courses for senior year teachers "Drug addiction prevention and rehabilitation of victims", "Variety, influence, and harm of drugs"). During a year seminars, educational meetings were held „In order to educate a person, one must get to know him/her", and other activities.

There were several publications in the local newspaper "Voice of Venta": "It is no shame to search for help", "For parents' thoughts", "Poverty as a social problem", etc.

Kraslava Education Board

During the academic year 2002/2003 the concept of addictive substance prevention was elaborated and approved in the Kraslava Region schools.

In Kraslava several teachers and school children training projects have been implemented. The most important of them is the project "Smoking, alcohol and drug prevention measures in the Kraslava Region" supported by the Kraslava Educational Board of Southern Latgale's Sick Fund, within which training is provided to teachers, and class educators in life skills. This training is meant for equals in age and is meant to ensure a healthy life style with no drugs. The Kraslava Region School Council chiefs are also trained on matters of "Addiction and Co-Addiction", "How to talk to your child about addictive substances?", and the like. Psychologists and other specialists from the Educational Board attend regional schools during parents meetings and educate them in matters, which some parents feel shy to talk about.

Outside school activities "Life without Addictive Substances" for schoolchildren of Years 5 and 7-9 were held in the Kraslava Region. Within the framework of the above mentioned project a poll for school children and their parents "What do you know about addictive substances?" was carried out to get to know their opinion in these matters. The answers received were used in planning activities.

The action "Vienna Declaration of 2003 – sign it" is carried out in the Kraslava Regional schools, which promotes the maintenance of a restricting policy and is aimed against legalization of illegal drugs.

A specialist on the protection of children's rights of the Kraslava Region Educational Board in cooperation with the Kraslava Region Police Board organizes meetings at cafes, shops and other public places to ensure, the consideration of the following items: "On the Supervision and Handling of Beer", "On Restrictions Regarding Sale, Advertising and Use of Tobacco Products", "Handling of Alcohol Law". The results are published in the local newspaper "Ezerzeme".

Activities of NGOs in the field of drug prevention

The Educational Centre for Family and School

„The Educational Centre for Family and School” is a public organization, the aim of which is to promote efficient **addictive substance prevention** activities in Latvia. It is the leading NGO in the field of drug prevention in Latvia. In 1998 „The Educational Centre” became the only Eastern European organization, which is an associated member of the EURONET – European network for practical measures in addiction prevention. Participation in this network has essentially enriched the experience of this organization also in 2002 by participating in network conferences and by getting to know preventive activities of different international organizations.

The projects of „The Educational Centre” in 2002 have been mainly related to **providing support** to the personnel of schools, promoting development of a healthier school **environment** and addictive substance use **prevention** activities. Thus, a book “Policy of a substances use prevention at schools” has been created and a programme of educational seminars for educationalists has been elaborated, consultations for the solution of topical issues for schools are provided, such as the organization of preventive activities in a definite school, reaction to different situations related to the use of addictive substances on the school territory, etc.

Starting with 2000 „The Educational Centre” has been purposefully working to promote an exchange of experience among specialists on the efficient prevention and **necessary changes in carrying out preventive activities**. For this reason the Coalition of 7 non-governmental organizations has been created. In **2000/2003** the Coalition has participated in and is planning to continue improvement of the Latvian drug control and drug addiction prevention strategy. Discussions are held within the same context on different aspects of preventive activities, which provide a chance to go deeper into the actual needs and possible solutions.

Within the Coalition, training is provided for non-governmental organizations, exchange of experience, evaluation of preventive activities, thus improving the ability of non-governmental organizations to bring about professional prevention projects.

In 2002 there were 100 books registered at the “Educational Centre”, which could be used for preventive work. Books are inscribed into the catalogue, thus creating a small library. The materials are available to specialists of prevention, students, NGO representatives. Some parts of the materials or summaries have been translated into Latvian.

“The Educational Centre for Family and School” is an annual place of practice for future educationalists of the University of Latvia as well as future sociologists of the Riga Stradins’ University. In 2002 6 students practised at the Centre, each spending 4 weeks in the working environment of the Centre.

Sports Union “Duksis”

Sports Union “Duksis” was founded in 1993 as an alternative way of spending leisure time for Ogre’s young people and children, promoting a healthy and active life style.

The basic principle of the organization is development of everyone’s abilities and skills in an environment free from competition, where everyone has its strengths and weaknesses. The basis of the organization’s work is experience education or „learn to do” and „adventure education”. SU “Duksis” realized activities are summer and winter camps, hiking, city scale leisure time spending in one day projects, organization of discussions among like-minded young people.

From 1996 to 2002 SU "Duksis" has implemented "Project of the Ogre City unfavourable adolescents", within which work was carried out with adolescents registered by the Police and Social Service. Thus, practically the SU "Duksis" is occupied with the primary prevention of addictive substance.

In 2002 the following projects have been carried out:

- In January, 2002 the SU "Duksis" organized a winter camp "*Indranu Street winter*" for children and adolescents of the Ogre City social home youth, in which one of the most popular theme was the use of addictive substances. The camp was held for one week at the Krimulda Primary School for 20 children and young people;
- In May, 2002 the SU "Duksis" organized an international youth exchange "*We are almost the same*" among young people in Latvia, Luxembourg and Germany. The project was held in the open-air Gauja National Park, and consisted of boat trips from Valmiera to Sigulda, visiting dolomite caves, hiking, discussing similar youth problems in Europe, where one of the themes was the spending of leisure time and use of addictive substances;
- In July, 2002 the SU "Duksis" organized an international training seminar "*Adventure education in work with risk group adolescents*", in which social workers from Belgium, Lithuania, Luxembourg, and Latvia participated. In the seminar, discussions were held on similar and different aspects in the methodology and basic principles, while working with risk group adolescents in different European countries. For more information refer to:
- http://www.vertikalex.lv/piedzivojums/piedz/sem02resnis_1.htm

Abstinence Club "Avante"

Abstinence Club "Avante" founded in May 3, 1984. The aim of this club is to unite people, who do not use addictive substances. Considering the risk, a person neither uses nor offers them to others. The club strives to inform the society on the danger of the use of addictive substances and the harm, they might cause; it tries to organize leisure time in an interesting and useful way, creates alternatives (free from substance use) in social life traditions, communicates with other abstinence supporting organizations.

Members of the club are mostly young people, although, there are also older people and persons, who want to overcome their addiction to substance and the problems they cause. The dominant tone in the club is filled with mutual understanding, tolerance and support, there is no national or addiction caused negative attitude towards any of club members. There is a medical treatment group organized at the club for those having addiction problems. After the recovery of the organism from the influence of addictive substances problems arise related seeking a substance use-free environment. However, the widest spectra of the club activities are devoted to the youth. Groups of abstinence are created at schools; Cooperation is established with separate units of the National Armed Forces. The productivity of these measures is proved by the fact that several soldiers continue to participate in the club activities even after the end of the obligatory military service.

In November 26, 2002 the abstinence club "AVANTE" opened the abstinence club "Bands of Hope" for school children in the Natalija Draudzina Gymnasium. The idea of school bands of hope originated in England, the first band was founded in 1847. Entering the band a school children promises not to use "pleasure substances-poisons" and not to offer them to others.

Abstinence and Health Promotion Foundation, University of Latvia

The Abstinence and Health Promotion Foundation of the University of Latvia (LUAVIV) was founded on November, 1999. The Foundation unites 58 young people and 8 senior members.

The aim of the Foundation is to promote healthy, alcohol and other drug free life style in our society, especially among the students.

Therefore, the main tasks of the members of the Foundation are the following:

- To acquire necessary knowledge and skills;
- to enter society with an acquired knowledge and personal example;
- to carry out exploratory work.

During the academic year 2001/2002 students of the Foundation (and other interesents) mastered the course "Basic Abstinence Example"; the course "Anti-alcohol Idea and Movements in Latvia.

In 2002 the Foundation has published its first book – "Enlightenment of People" (which is dedicated to the 100 Anniversary of Janis Talivaldis Zemzaris – the scientist and promoter the abstainer's life style). The book provides a wide insight into the work of students abstinence organizations in the 20-30ties of the 20th Century.

NGO "Apziņas ekoloģija" ("Ecology of Consciousness")

The NGO "Apziņas ekoloģija" ("Ecology of Consciousness") was founded in 1998. The Organization has 115 members.

"Apziņas ekoloģija" is the organization, in which former drug-users – people with personal experience and specialists dealing with drug addiction caused problems have united to promote a change of the public attitude towards drug addiction related problems, as well as to provide support to persons starting a drug-free life in accordance with socially accepted rules and ethical standards.

Activities completed in 2002:

- The termination of the second phase of the project "Reintegration of drug users into society" within the European Union Development Programme "Youth". The reintegration of former drug users has been elaborated and completed within the Project (for example, teaching of the state language (nearly 70% youth are unable to communicate in it), PC skills, mastering of professional skills needed in labour market).
- Major publications: in the Internet portal "DELFI" ("The Drug addict is telling lies.", 16.08.2002. and "Have you already started to use drugs?", 04.02.2003.), the newspaper "ЧАС" ("Как запугать наркомафию" 02.11.2002).
- The social reintegration programme for former drug users based on the experience of the Italian Drug Addict Reintegration Commune "San Patrignano"; the Swedish Drug Addict Work Cooperative "Basta", "Roo Gard" and "Krinolinen" has been elaborated and adopted to Latvia's conditions.
- Participation into the elaboration of Latvia's National Drug Control Strategy.
- A project "Training and Research Centre Lapaini" has been worked out, the implementation of which will result in the development of the Social Reintegration Centre for Rehabilitated Drug Users at the Ramuli farmstead "Kalna – Lapaini" in the Vaive Parish, in the Region of Cesis. Since July, 2002 experts from "Conscious Ecology" have prepared monthly reports financed by the European Commission, a common project of the EU and future member countries "Dialogue

and Information” EuropeAid/113265/C/SV/Multi, on the drug addiction situation in Latvia.

- Surveys completed:
 - “Knowledge on the drug addiction problem in comprehensive schools” (2002.03- 2002.11, Jelgava).
 - “Survey of drug addicts environment” (2001.08.- 2002.11., Rindzele Rehabilitation Centre for Drug Addicts).

9.1 School programmes

and

9.2 Youth programmes outside the school

Ministry of Science and Education

Ministry of Science and Education is responsible for introducing of drug prevention in school programmes and in youth programmes outside school.

The prevention programme is based on following methodological issues:

Primary education guidelines on health issues (1998.)

Secondary education standards in health education (1998.)

Programme of addiction prevention (I.Bluka, 2000.)

Themes and the number of classes of school based drug prevention:

The educational programme in health issues “Prevention of Addiction” elaborated by the Centre for the Examination of Education and Contents (ISEC) and the Health Promotion Centre is used for planning classes of preventing addiction in comprehensive schools. In the programme there is a methodology according to groups of classes: themes, knowledge, concepts, skills, attitudes, materials, methods, and inter-subject connections.

Health classes in Latvia’s comprehensive educational establishments are implemented as integral themes for Years 1 – 4. There are 35-70 classes per academic year for the Year 5, 35 classes for the Year 8, and 35-70 compulsory classes for the Years 10 –12. Themes of health classes can be also integrated in other subjects. In teachers’ classes themes on addictive substances, including effects of alcohol use and abstinence are included. In reality they seldom address drug issues, because teachers do not feel comfortable with them. School programs are based on the cognitive model (in practice it means telling about the negative consequences and showing scary videos), with some use of life skills model (as promoted by UNDCP and NGOs). There is no formal guidance from the Ministry of Education as related to school drug policies, although through the efforts of UNDCP and some NGOs (e.g. the Educational Centre for Families and Schools) the practice is being promoted and encouraged. The Centre for Education and Content Examination organizes the elaboration of normative documents – standards of subjects and samples of educational programmes:

- More than 1000 teachers from Latvia’s comprehensive educational establishments and the heads of methodological unions on health issues in co-operation with the UNDCP have studied a skilled approach to the prevention addiction within the educational courses in the academic years 2001/2002 and 2002/2003;
- In 2002 within the project of the educational system development the primary education, a standard project and a sample of the educational programme in social sciences has been elaborated, and passed for approval to Latvia’s

primary schools beginning with the academic year 2004/2005 it is to be introduced as a compulsory subject, by maintaining issues of addiction prevention in the content of compulsory education. Up to 2004 the primary education standard project on health issues will be in force (2002);

- In 2002 a comprehensive secondary education standard project on health has been elaborated; starting with the academic year 2004/2005 health classes are compulsory subjects in all secondary education programmes. Up to the year 2004 the secondary education standard on health issues will be in force (1998);

In 2002 a methodological material "School of Learning Life Skills" has been elaborated in co-operation with the World Health Organization, which is meant for representatives of school administrations.

The work within the cooperation project "Coordinated support to the health and development of young people" is carried on, the planned result of which is training tutors, a handbook for teachers and a prolonged educational course for teachers, mainly as to reproductive health and HIV restriction, which is closely related to the use of substances. The training course for teachers was started in the academic year 2002/2003.

ISEC specialists also organize the evaluation of educational literature and approve the list of suggested educational books. Health study books for Years 5 and 8 have been approved. At present a health study book for the common secondary education period (Years 10 – 12) is being elaborated.

According to the experts view working in the field of drug prevention not only universal prevention activities are important. Experience with schools shows that the proportion of at-risk children there is often quite considerable. The school does respond to drug-related incidents (involving parents, sometimes psychologists, children's rights protection specialists etc.), but there is no practice of documenting/tracing down the interventions undertaken, evaluating their success and/or adjusting drug education in the given school/class.

UNDCP

In 2002 the UNDCP project "Development of Drug Prevention Teaching Materials and Teacher Training in the Baltic States" was finished. The Project was done in cooperation with the participation of the Ministry of Education and Science, and health education specialists from different Latvian's higher educational establishments, the Narcology Centre, and the Health Promotion Centre and public organizations.

In 2002 a handbook for teachers "Skolēni un narkotikas" ("School Children and Drugs") was worked out within this project and distributed to all schools in Latvia. In the book there is summarized information on the causes and possible consequences of the use of drugs and other psychoactive substances, and an overview on skills training in the prevention of drug use and the role of the school in preventive work. There are examples of activities in educational classes, which help teachers to work out in practice the content of the educational programme "Prevention Addiction" of. The book will also be published in the Russian language at the beginning of 2003.

To ensure the efficient use of the handbook and to improve knowledge and skills of teachers in carrying out preventive activities, educational seminars "Education of life skills in prevention of drug addiction" were organised. UNDCP has cooperated with

the Ministry of Education and Science and local education councils in the organization of this seminar, and both health educational teachers and heads of classes have participated in this seminar.

By the end of 2002 an independent foreign expert had evaluated the project. The structure and realization of the project was highly appreciated, and as an example of good practice it was suggested to be distributed outside the Baltic States Region as well.

On December 31, 2002 the UNDCP Baltic States Office was closed, while, some projects will be continued after the closure of the Office.

School projects for health promotion

Since 1993 in Latvia a Health Promoting Schools (HPS) project has been operating, in which 10 pilot schools, 18 associated schools and 69 national schools are involved. The basis of the schools health promoting philosophy is formed by the reduction of the demand for addictive substances. HPS regional support centres (the Krimulda Secondary School, the Broceni Secondary School, the Kalnciems Secondary School, the Daugavpils Pedagogical University) are formed on a basis of pilot schools. Prolonged educational courses for teachers from districts, in which one of the themes is addiction prevention, are organized in cooperation with municipalities. Health promoting municipalities support regional centres.

9.3 Family and childhood

The information about all activities/programmes of this kind is not gathered in Latvia. The information is available only about activities what have been implemented as state grant for activities related with drug, alcohol and tobacco abuse restriction.

So in 2003 in 3 municipalities (Bauska, Gulbene, Aluksne) organised special training courses for parents, as well as one common seminar for teachers, school psychologists, and parents.

The 18 hours training programme "Healthy family policy" were provided to new parents in two municipalities (Jelgava, Kuldiga).

The Riga's Council Drug Prevention Centre organises the regular training courses for parents, as well informative page especially for parents are available on the Centre's home page (www.narcomania.lv).

In general professionals working in the field of drug prevention recognise the lack of collaboration with parents of adolescents.¹

9.4 Youth programmes outside school

Normative basis for the work of the youth in the sphere of preventing addiction

The State Youth Initiative Centre of the Ministry of Education and Science is in charge of the work with the young people in Latvia at a governmental level. Work with the youth in cities and municipalities is organised by coordinators for youth affairs. In separate municipalities there are consultative councils in youth affairs, in which institutions and organizations related to youth are participating.

The State Youth Initiative Centre of the Ministry of Education and Science in cooperation with specialists has elaborated the State Youth Policy concept and State

¹ Drug Abuse Prevalence in Latvia. Population Survey Report, Riga, 2003

Youth Policy programme. In the State Youth concept it is defined that one of the main problems of the youth in Latvia is the health risk factor, and also the influence of the use of addiction substances to their health state in future.

Education of interests

The State Youth Initiative Centre of the Ministry of Education and Science coordinates methodological work of interests at educational establishments in Latvia. In total there are 67 educational establishments of interests – children and youth centres, environment education centres and technical creative work centres. In the centres classes are organised for children and adolescents, thus providing useful activities for leisure time.

In the academic year 2001/2002 there were 73 892 young people involved in educational establishments of interests. In music and art schools, which are under the authority of the Ministry of Culture (there are 136 schools of this kind) – 19 098 young people were involved. In sports clubs and schools – 42 525 young people are under the authority of the Sports Board (63), thus in total there are 148 722 young people or 44,14% of the number of school children in day schools at 266 institutions.

9.4 Other programmes (see under 9.Prevention)

10. Reduction of drug related harm

It appears that both the society and a significant proportion of prevention specialists in Latvia do not understand the aims of harm reduction and perceive it as an encouragement to use drugs. In addition, it is understood very narrowly, only as needle exchange.

In our opinion, it is a very important and useful concept, however very much has to be done to make it appreciated among the general society and drug practitioners. The understanding of the concept should include a whole range of interventions, not just needle exchange

10.1 Description of interventions

Needle exchange

The needle/syringes exchange programmes in Latvia is a part of the State HIV prevention programme. This programme formally was defined in 1997 by the Regulations of the Cabinet of Ministers nr. 328 on the Restriction of the HIV and AIDS Prevalence (1997, September 23). The programme has become operational in 1999.

In 2002 to the programme joined six new municipalities. With the foreign financial support (Task Force, UNDP) the syringe exchange services was set in two municipalities, and in Riga, the capital of Latvia the second syringe exchange service was established in collaboration with NGO "DIA+LOGS". So the HIV prevention network under methodological auspices of the AIDS Prevention Centre is established focusing to the highest risk group - IDUs. The network is formed according to the common operating model, where the most important role is shown to the reaching of IDUs, and counselling them with a purpose to reduce the risk behaviour and to motivate drug users to go under treatment. The syringes is distributed to all drug users who need it, at the same time the syringe exchange services collect used syringes, and distribute disinfectants and condoms. The outreach workers (majority

of them are ex-users) work in all syringe exchange-counselling services. The outreach workers gather information on the number of problem drug users, their points of meetings, as well as attract the new clients to the service. Social workers and medics also are involved in outreach work.

At the end of year 2002, the needle/syringes exchange programmes are in 11 cities of Latvia: Riga, Jurmala, Olaine, Bauska, Kuldiga, Jelgava, Jekabpils, Salaspils, Ogre, Tukums, Liepaja.

It is necessary to open counselling/testing sites in all biggest towns, to add them to syringe exchange programs for more easy access.

In coming years the stabilization in the prevalence of HIV/AIDS will be conditioned both from the effectiveness of primary prevention (education) and development of the secondary prevention (outreach work focused to drug users, availability of IDUs to HIV prevention programs) over all the country. Both the state and municipal budget should be supplementary invested in the restriction of HIV/AIDS epidemic among drug users and to preclude that the second wave of HIV extension (sexual transmission) turned into epidemic. At the governmental level should be solved the problem how allocate the financial support to nongovernmental sector engaged in drug and HIV/AIDS prevention. The collaboration with mass media still keeps an important role.

Condoms distribution

There are not permanent programmes providing condoms free of charge to high risk target groups. Only within the individual projects condoms have been distributed to at-risk groups. For example,

1) Aids Prevention Centre has carried out the project "Commercial Sex Worker Harm Reduction Initiative". The project was carried out with the financial support of Soros Foundation and the Open Society Institute/International Harm Reduction Development. During the eight months of 2002 (the total duration of the project was April 11, 2002- April 11 2003) 17 186 condoms were distributed. The similar project was carried out in 2001 in one of the prisons (Parlielupe prison).

2) The NGO "Papardes zieds" carries out small projects focused on the concrete risk group (homosexual men, HIV infected individuals etc.). About 600 condoms are distributed within each of such projects.

The distribution of condoms is quite popular among several NGOs, but as they are only special campaigns or activities, they have less impact on the solution of the problem what requires systematic and continues approach.

Relationship building

Riga Council Drug Prevention Centre maintains the network of social workers, social pedagogues and psychologists who are reaching drug clients on streets level. The 2 social workers are working in each of 6 districts of Riga.

10.2 Standards and evaluation

NO INFORMATION AVAILABLE

11. Treatment

11.1 “Drug-free” treatment and health care at national level

Drug treatment is complex of concrete measures, including diagnosis, treatment using medicines, psychotherapy and social rehabilitation focused on complete abstinence from drug use and social reintegration.

Treatment of patients of alcoholism and drug addiction in Latvia is based on the voluntary principle depending on the will of patients at drug treatment centres. Treatment assistance may be received at out-patient and in-patient drug treatment centres, and at the drug treatment departments of general medical treatment hospitals.

Patients may receive the minimum of the state funded drug treatment services (emergency assistance and planned treatment) at in-patient drug treatment centres (in Riga, Daugavpils, Straupe) and at drug treatment departments of general medical hospitals in Liepaja, Rezekne, and Riga, and at out-patient drug treatment units in 30 regions and cities, as well as at psycho-social rehabilitation centres for drug addicts (2 for adults and 1 for adolescents).

The state finances following treatment for one client:

- 6-10 days in-patient treatment of one client with alcohol psychosis diagnosis, other acute intoxication and psychotic state caused by the use of narcotic and psychotropic substances in amount of 118.20 LVL (~174.34 EUR)
- 3-5 days coping with heavy alcohol abstinence in amount of 52.75 LVL (~77.80EUR);
- 6-10 days detoxification therapy in amount of 144.90 LVL (213.72 EUR);
- Minnesota programme (24 – 28 days) - 224 LVL (330.28 EUR).

Psychosis, acute intoxication, and psychotic states, as well as heavy alcohol abstinence are cases for emergency medical treatment. The treatment of children and adolescents, regardless of diagnosis, is fully funded by the state.

Year by year the number of different private drug treatment offers (both out-patient and in-patient) is increasing in Latvia.

At the moment there is not gathered information about all existing drug treatment services available in the country (including private). Furthermore it is necessary to introduce the common quality standards and qualification criteria for all actors working in the field of drug treatment both in the state and private sector.

In 2003 the study among addiction therapists was carried on with a purpose to get their opinion about current situation in drug treatment in Latvia¹. Among other issues the assessment of the existing financial model for drug treatment was discussed. The experts recognised two important tasks for improving the situation in the field of drug treatment – to improve legislation and adjust the funding system. Expert interviews show that practitioners are disappointed with present distribution of fiancés through regional medical insurance funds. Each regional insurance fund undertakes treatment of a limited number of addicts. However in some cases there are more patients than funding can accommodate. In such cases there are few options:

- To admit a client to a hospital and a client covers all treatment expenses. This happens very rare.

¹ Drug Abuse Prevalence in Latvia. Population survey report 2003 (151-157)

- To admit a client to a hospital and provide treatment “at the expenses of the hospital”. In this case the expenses of the hospital will not be reimbursed by the state insurance fund.
- To refuse assistance to a client.

There are medical insurance funds that calculate the availability of free hospital beds, and on the other hand there are patients waiting for treatment. There are two types of assistance in health care: emergency and planned. Drug treatment is defined as planned treatment assistance. This as the reason for preposterous situation with hospital beds paid for by medical insurance funds. There is a general mismatch in the number of available places and demand.

The state has defined the number of days of paid treatment. If a client does not recover, no adequate response occurs – clients stay in hospital too long or not long enough (experts mention that early discharged clients often return in a few days heavily intoxicated). Experts believe that there is a need for more freedom for a therapist to decide the number of days of treatment on an individual basis. It is necessary to follow to the scheme “money follows the patient” rather than vice versa.

A clients’ payment for treatment is 0.45LVL (~ 0.66 EUR) per day. Experience proves that even such small contribution influences the motivation to undergo treatment.

Inpatient drug treatment centres

Narcology Centre – Hospitalu Street 55, Riga

The state enterprise non profit organisation **Narcology Centre** is the leading treatment institution for drug clients in Latvia. Experienced and certified addiction therapists, psychiatrists and psychotherapists do work in the out-patient and in-patient departments of the Centre. Consultations are provided by psychologists and social workers.

Out-patient treatment facilities:

- counselling for patients with alcohol, drug and tobacco addiction, dynamic observance of patients, motivation and treatment for adults;
- out-patient treatment for children and adolescents with alcohol and drug problems;
- consultations with patients relatives;
- out-patient treatment programme for drug clients;
- Methadone maintenance programme;
- family therapy for parents of children and adolescents;
- issuing permissions for receiving drivers` licences and licences to carry firearms – paid service;
- preterm medical committee for drivers – paid service.

In-patient treatment facilities:

- detoxification course for clients with drug and alcohol dependence;
- the Minnesota Programme;
- specialised motivation programme for alcohol and drug clients - adults, children and adolescents.

Department for Testing the Influence of Alcohol and Drugs :

- testing of the influence of alcohol, narcotic and psychotropic substances;
- analyses at chemical toxicological laboratory, testing the presence of alcohol, toxic and psychotropic substances in biological environments.

The methadone maintenance programme

Paid service departments:

At the paid drug treatment departments of the Narcology Centre out-patient services are mainly provided, but there is also a daily in-patient treatment. Addiction to alcohol, narcotic and psychotropic substances, tobacco and gambling are treated here. In the treatment medical and non-medical methodologies are used, as well as combinations of different treatment methods. The most popular non-medical methods among patients are emotional stress therapy, individual programmes, courses of individual hypnosis, and acupuncture. There are patients from the whole Latvia and even from foreign countries, who receive treatment at the division.

Table 3.1. **CLIENTS TREATED AT THE NARCOLOGY CENTRE IN 2002 BY PRIMARY DIAGNOSIS**

Primary diagnosis	Discharged					Dead
	Total	including				
		first time in this year	men	women	children and adolescents	
TOTAL	3913	1497	2946	967	144	4
including						
Alcohol psychosis	943	324	724	219	-	3
Other alcohol intoxication and psychotic conditions	25	2	20	5	18	-
Alcoholism (not including alcohol psychosis)	2355	912	1807	548	13	-
Intoxication and psychotic conditions caused by use of narcotic and psychotropic substances	72	18	49	23	36	-
Addiction to narcotic and psychotropic substances	518	241	346	172	77	1

Jelgava Drug Treatment Hospital - Filozofu Street 69/7, Jelgava

Jelgava Drug Treatment Hospital provides specialised treatment assistance for persons with alcohol and drug dependence and co-addicts.

Out-patient treatment facilities:

- providing out-patient treatment - prevention, counselling and social assistance to alcohol and drug addicts and abusers;
- carrying out the addiction prevention programme in co-operation with the Jelgava City Municipality;
- dynamic observation of the registered persons, according to the existing legislation;
- counselling for co-addicts;
- pre-term medical commission to drivers – paid service;
- issuing of health certificates by a addiction therapist according to the procedures prescribed by law– paid service.

In-patient treatment:

- Minnesota Programme – 28 days psychotherapeutic programme for clients from 18 years of age;
- detoxification programme;
- motivation programme for minor users of alcohol, narcotic and psychotropic substances;
- motivation programme for clients with drug dependence;
- motivation programme for clients with alcohol dependence;
- medical testing of influence of alcohol and drugs – paid service.

Table 3.2. **CLIENTS TREATED AT THE JELGAVA DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS**

Primary diagnosis	Discharged					Dead
	Total	including				
		First time in this year	men	women	Children and adolescents	
TOTAL	1319	456	1075	244	44	3
Including						
Alcohol psychosis	296	107	240	56	-	2
Other alcohol intoxication and psychotic conditions	18	1	14	4	16	-
Alcoholism (excluding alcohol psychosis)	948	337	779	169	3	1
Intoxications and psychotic conditions caused by use of narcotic and psychotropic substances	16	4	12	4	10	-
Addiction to narcotic and psychotropic substances	41	7	30	11	15	-

Daugavpils Drug Treatment Hospital – Jatnieku 53 / 55, Daugavpils,

Out-patient treatment facilities:

- counselling for clients with alcohol and drug dependence, dynamic observation of clients, motivation and treatment;
- counselling for clients` relatives;
- testing of influence of alcohol and drugs –paid service .

In-patient treatment facilities:

- detoxification for clients with alcohol and drug dependence.

Table 3.3. **CLIENTS TREATED AT THE DAUGAVPILS DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS**

Primary diagnosis	Discharged					Dead
	Total	including				
		First time in this year	men	women	Children and adolescents	
TOTAL	1589	433	1271	318	14	3
Including						
Alcohol psychosis	343	98	279	64	1	3
Other alcohol intoxication and psychotic conditions	10	2	10	-	4	-
Alcoholism (excluding alcohol psychosis)	1205	324	956	249	5	-

Intoxication and psychotic conditions caused by use of narcotic and psychotropic substances	9	2	8	1	3	-
Addiction to narcotic and psychotropic substances	22	7	18	4	1	-

Liepaja City Central Hospital - Slimnicas Street 25, Liepaja

The Drug Treatment Department of the Liepaja City Central Hospital provides:

Out-patient treatment facilities:

- counselling for clients with alcohol and drug dependence, dynamic observation of clients, motivation and treatment;
- counselling for clients` relatives;
- testing of the influence of alcohol and drug abuse – paid service;
- pre-term health commission to drivers of vehicles – paid service.

In-patient treatment facilities:

- detoxification course (3-10 days) for patients of alcoholism and drug addiction.

Table 3.4. CLIENTS TREATED AT THE DRUG TREATMENT DEPARTMENT OF THE LIEPAJA CITY CENTRAL HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS

Primary diagnosis	Total	Discharged				Dead
		including				
		First time in this year	men	women	Children and adolescents	
TOTAL	1190	392	1007	183	90	7
Including						
Alcohol psychosis	234	70	188	46	-	6
Other alcohol intoxication and psychotic conditions	69	6	53	16	36	-
Alcoholism (excluding alcohol psychosis)	820	290	715	105	26	1
Intoxication and psychotic conditions caused by use of narcotic and psychotropic substances	31	8	25	6	23	-
Addiction to narcotic and psychotropic substances	36	18	26	10	5	-

STRAUPE DRUG TREATMENT HOSPITAL – STRAUPE, CESIS DISTRICT,

Straupe Drug Treatment Hospital consists of two structural units: treatment of alcohol addiction patients in the Castle of Lielstraupe and rehabilitation of adolescent drug addicts at the commune "Saulriti".

The following **treatment assistance** is provided:

- coping of heavy alcohol withdrawal;
- coping of alcohol psychosis;
- rehabilitation and re-socialization of adolescent drug addicts.

Apart from the above mentioned facilities it is possible to receive paid medical services:

- coping with light and average alcohol withdrawal state;
- detoxification of intoxications with alcohol or its surrogates;

- motivation course for alcohol addiction patients;
- prevention course during a period of abstinence.

Patients can receive consultations by psychologist, as well as consultations on treatment of addiction to tobacco and other psychotropic substances at all the above mentioned treatment courses.

Table 3.5. **CLIENTS TREATED AT THE STRAUPE DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS**

Primary diagnosis	Discharged					Dead
	Total	including				
		First time this year	men	women	Children and adolescents	
TOTAL	2812	1439	2577	235	41	1
including						
Alcohol psychosis	74	38	62	12	-	-
Other alcohol intoxication and psychotic conditions	31	11	27	4	-	-
Alcoholism (excluding alcohol psychosis)	2671	1381	2461	210	6	1
Intoxication and psychotic conditions caused by use of narcotic and psychotropic substances	3	1	1	2	3	-
Addiction to narcotic and psychotropic substances	33	8	26	7	32	-

“AKRONA – 12”. Ltd. – Lielvarde Street 68, Riga

Every year on average of 120 patients receive treatment in this treatment centre division. There are both male and female patients. Since 1990 the average age of patients has decreased. If in 1990 the average age of patients was 35-45 years, over recent years it is –20-35 years for men, 35-45 years for women.

According to groups of diagnosis there are patients of alcohol and drug addiction, and pathological gambling.

Every year at least one patient on the average is sent to other treatment centres after consultations with specialists. These are patients, whose addiction is a secondary diagnosis while the primary one is related to psychiatry.

The proportion of women and men is - 70% of - men, 30% of - women. Approximately 95% of patients are socially secure, i.e., they have jobs, families, social status. Approximately 15-20% of them are representatives of creative professions, 15-20% are medical workers, 30-40% are patients, whose profession demands communication with other people – salespeople, waiters, different level desk officers etc., 5-10% are businessmen, and only 1-2% are socially unfavourable patients.

The recovery programme is meant for 28 days at a stationery. At the beginning stage this outer control helps a patient to keep away from alcohol or other addiction substances and helps to participate more completely in the treatment process.

The whole society and especially patients themselves must understand that as their addiction has been developing for many years, even decades of years, harming not only their physical health, but practically all aspects of their life – emotions, reactions to different situations, sense of responsibility, relations with other people – their

recovery is a continuous process, and discontinuation of the alcohol used or other addiction substances is only the beginning of the recovery process. Practically, the whole life style must be changed – the ways a person is used to satisfy his / her needs, necessity to socialize with other people, making contacts with them, getting back their self assurance, and the ability to minimize moral suffering and pain.

The basic programme includes a treatment course of 28 days at an in-patient department, receiving: group psychotherapy, family therapy, psychological work with the patient's family, lectures, social adaptation, living together with other patients in the framework of the programme, introduction to the anonymous dependence patient movement. Work is carried out both with Latvian and Russian speaking patients. The price of the basic programme corresponds to the service determined by the Sick Fund.

In a partly paid supplementary programme the patients can receive additional five psychotherapeutic classes per week, good food, art and reintegration group therapy on Saturdays, extended family therapy, including work with children, medical therapy, and different household goods to facilitate everyday life, booklets and other auxiliary materials in the treatment process.

Individual medical company “LIDZJUTIBA” – Lielvarde Street 68, Riga,

The certified medical company “Lidzjutiba” provides paid medical services for out-patient addiction patients, at the patient's home and at the in-patient department.

Detoxification (including the accelerated one), a course of medical therapy, and psychotherapy programme is given to patients with alcohol and narcotic substance addiction.

Assistance is provided also for gambling addicts and smokers. In these cases a leading role in the treatment is played by psychotherapeutic programmes.

11.2 Substitution and maintenance programmes

Methadone maintenance programme was started in Latvia in 1996 by relevant Order Nr 120 of the Ministry of Welfare of May 5, 1996, on launching the methadone programme in Latvia.

There is one maintenance programme (Methadone programme) in Latvia. The programme is carried out in Riga in the Narcology Centre. The maintenance programmes in prisons are not allowed by law. It is foreseen to launch the methadone programme for ten clients in Tukums in early 2004. At the moment programme covers not only clients from Riga, but from surrounding cities - Jurmala, Sigulda, Olaine. Three clients are living 80-90 km from the city of Riga.

Methadone programme is free of charge, and it is funded by regional state obligatory health insurance agencies.

The main targets of the Methadone programme are:

- to reduce the use of illicit drugs;
- to reduce the using of shared syringe among drug users, and consequently to reduce the spread of HIV infection and hepatitis B and C;
- to reduce the drug crime related with illegal drug trafficking and unauthorised drug use;

- to improve the health condition of clients with opioids dependence who are affected with HIV/AIDS, hepatitis, tuberculosis and other somatic diseases.

Criteria for entering into the Methadone programme:

- opioids abuse not less than 5 years
- at least 2 unsuccessful attempts of treatment
- opioids dependence and HIV/AIDS
- opioids dependence and pregnancy, child-bearing
- specific somatic sickness, what does not allow to interrupt the drug use

In particular cases the criteria can be changed. For example, if a person is HIV infected, but she/he is using opioids for a period less than five years. Also the young girls engaged in prostitution have been entered into the programme not having experience of opioids use for five years.

The selection commission of two therapists decides on persons' admission into the Methadone programme. If it is necessary the third therapist is asked to participate.

The Methadone programme is started at in-patient treatment centre. The starting dose is 10-30 mg. Gradually the dose is increased, while the optimal dosage is reached. Then the client is discharged and receives methadone as outpatient at the Narcology Centre.

Methadone serving out room is open daily from 7.30 – 14.30, and during a weekend and holidays from 8.00-12.00. A nurse gives out methadone in specially equipped room. The special measuring instrument is used to measure out the dose particular for every client. The accounting system is introduced for every client for a period of one month. On the separate sheet for each client the date, dose of methadone and signature of client certifying receipt of methadone are recorded. Clients come for methadone every day. If a client has a note of general practitioner it is allowed to him/her take a methadone to home. In a case, if a client has to undergo treatment at other profile treatment centre methadone and covering letter, where the dose of methadone and amount of supplied methadone is identified is delivered to the department of the treatment centre, where a client is hospitalised. The head nurse gives out the methadone to client. In a case if a client has an employment contract, and a social worker has examined the work place the commission can decide to allow to a client to take methadone to home twice a week on the understanding that no violations are committed.

For selective control or in a case of suspicion about parallel use of other substance the urine tests of clients are carried out.

A client can be refused from the programme in a case of:

- control analysis certifies the parallel use of other substances;
- a client has real aggression;
- the sale of methadone is proven.

Maintenance programme use methadone hydrochloride. The provider of methadone powder is Netherlands' pharmaceutical company "BUFA". Upon the request of the Narcology Centre a local pharmacy produces 0.1% methadone liquid for oral use. Methadone is bottled in bottles of 1 litre. Once a week the methadone is delivered to the Narcology Centre and stored in a safe.

Clients of maintenance programme have different psychological programmes. In the most part they are related to unarranged social life, difficulties in family, inability to accept the affection by HIV/AIDS. There are clients who should be discharged from

the programme and continue their life without drugs, but they psychologically afraid from the new life style.

For all clients having psychological problems is available psychological assistance (both to those who have prescription of therapist and who have resolved on themselves). The services of psychologist are free of charge. For clients who have expressed a desire to go away from the Methadone programme the in-patient Motivation therapy is offered. The Motivation therapy length 12 days.

The social worker also is available to clients of Methadone programme. He/she is counselling on available social assistance, and negotiates with municipal social services on prepay the travelling expenses for client to get to the Narcology Centre and on privileges in public utilities payment. Clients of the programme are involved in social work too. For clients who has lost their place of adobe the night shelter is arranged. The social worker also examines the living conditions of clients.

At the end of year the report on the implementation of the programmes is prepared. The report contains information about:

- average dose of methadone;
- number of clients admitted to the programme and discharged (refused) from the programme;
- number of employed clients;
- contacts with social worker, and the received assistance
- contacts with psychologist

At the end of year every client fulfils the questionnaire about his/her satisfaction with the Methadone programme.

Addiction therapists of the Narcology Centre gives lectures on Methadone programme to addiction therapists, as well as provide training for general practitioners, psychiatrists, nurses, social workers.

In 2002 the methadone programme was still funded by the regional medical insurance funds. At the beginning of 2003 there were 67 clients in the Methadone substitution programme: 17 women and 50 men. In 2002 8 new clients were admitted to the programme.

The average methadone dose is 70-80 mg per day.

25 clients earn their living by doing permanent work or add jobs. Three are involved in social work. 5 participants of the programme work as street social workers, exchanging needles and working with prostitutes.

29 clients were excluded from the programme during the last year:

- arrested for criminal offences - 6;
- 8 participants had not followed the regulations of the programme or have parallely used narcotic substances;
- long-term treatment at the specialised in-patient department – 1;
- stopped the programme themselves with no obvious reason – 3;
- gradually decreased the dose, left the programme – 7;
- died– 4 (due to disease - 3; traffic accident - 1).

17 clients have HIV infection, 2 – at AIDS stage.

2 persons have no permanent place of residence. With the help of social workers they were settled into a social home. 38 patients live in families, 10 are officially married, 8 patients have children.

During the year 2002, 42 persons received practical social support - travel ticket allowances, formation of documents, being fixed up with work, consultations, receiving information, negotiations.

There exists inter-institutional co-operation with the Riga City Social Assistance Services, the Jurmala SAS, the Olaine SAS, the AIDS Prevention Centre, the Centre of Tuberculosis and Pulmonary Diseases. In order to find out more of the accompanying illnesses of the patients, regular contacts with general practitioners take place. Parents or relatives of the participants of the programme are welcomed to consultations with a doctor or a social worker.

3 patients with the permission of doctors have decreased the doses of methadone to try to leave the programme and live a life with no narcotic substances at all.

To control the simultaneous use, 47 urine tests were carried out in 2002r. Only 4 tests did not show presence of other substances. To 43 patients a parallel use was stated. In most cases these are preparations of benzodiazepine group (35 tests), as well as dimedrol (5 tests), barbiturates (18 tests), amphetamines (2 tests), opiates (4 tests). There are patients, who, coming for methadone, were several times under the influence of alcohol.

In 2002, 20 patients from the Methadone programme have been treated in other profile departments due to different co-morbidity:

- mental diseases - 7 patients;
- pulmonary diseases (TB, tumour, pneumonia) - 3 patients;
- infections (HIV/AIDS, C hepatitis) – 3 patients;
- therapeutic problems - 1 patient;
- surgical pathologies (maturation, fractures, trophic ulcer) – 6 patients.

A supporting self-help group headed by a social worker continues its work.

Approximately 8 persons participate in the group; it takes place twice a month. All persons interested are welcomed to participate, however, many think that once is enough or it is not needed at all. In the group there are discussions on the feeling of isolation, activities and alternative possibilities.

The main trends observed in 2002:

- fewer and fewer patients of the programme were involved in criminal activities;
- parallel use of opiates has decreased;
- parallel use of sedatives (benzodiazepines, dimedrol) and alcohol continues;
- there are patients, who regularly attend general practitioners to get the prescriptions for sedatives, sleeping or pain relief preparations. Unfortunately, these doctors, coming across such a specific contingent of patients, are not always able to evaluate the situation correctly and mostly prescribe tramadol, klonazepam, reladorm. The patients use the prescribed medical preparations for themselves or sell them to others, thus getting means for living;
- the health states of patients, who have other chronic diseases, get worse. In many cases they are treated in other profile departments (tuberculosis, TB caused pulmonary tumours, HIV / AIDS and mental illnesses). Due to bad health it is a problem for many to come every day for their daily dose;
- there are cases, when patients try to ask in various ways some doses to take with them in order to sell them later, thus getting money;

- have no money for transport, therefore must walk long distances on foot;
- mainly “old” drug addicts do work or look for a job;
- with the support of local governments there are attempts to involve patients of the programme into social work, where it is possible to cover debts for rent. Unfortunately, the interest from patients themselves is small;
- too few patients are willing to receive psychological support;
- there are patients of the programme, who have started to decrease the methadone dose to try to live with no drugs at all;
- there are several patients, who are involved in projects sponsored by the AIDS Prevention Centre or local governments and carry out exchange of syringes and distribution of condoms on voluntary basis or work independently at such points of exchange;
- there are drug addicts, who come to the Narcology Centre, especially on holidays, who try to buy or take with violence doses of methadone away from the members of the programme.

Until now negotiations with regional addiction therapists on the implementation of the methadone programme in other cities of Latvia have been unsuccessful.

Survey results on non-pharmaceutical approaches in drug treatment

Within 2003 the survey among addiction therapists were carried out, and one of the topics discussed was non-pharmaceutical drug treatment ¹.

According to the survey results the addiction therapists assess non-pharmaceutical treatment approaches as effective. However, this may not be the only alternative treatment, because the problem of addiction has four aspects: social, psychological, physiological and family related). All of these need to be taken into account in the treatment.

At present there are two non-pharmaceutical methods in drug treatment in Latvia:

- Minnesota programme
- Motivation programme. Objective of this programme is to help to the client to understand the problem of addiction and encourage his/her motivation to undergo long-term treatment.

Arguments for non-pharmaceutical drug treatment:

- It provides an individual approach to each client, as well as more moral support
- The clients work with him/herself, and this changes his/her habit of mind and values
- Different tasks are completed regularly
- The patient is isolated from an unfavourable environment and the step-by –step rehabilitation is achieved
- The patient has an opportunity to organise his/her free time
- Patients can attend various anonymous support groups

Arguments against non-pharmaceutical methods of treatment:

- Higher expenses
- Long rehabilitation process
- The client is not able to be employed for long period.

The method of treatment depends on the intellectual level of a client. Intellectuals more often choose non-pharmaceutical approach of treatment instead of pharmaceutical one.

¹ Drug Abuse Prevalence in Latvia. Population survey report 2003 (151-157)

Addiction therapists emphasize that successful treatment of drug addicts is closely related to their social and vocational rehabilitation. They stressed that employment is seen as:

- An indicator of successful treatment. Employment is viewed as a desired outcome of treatment.
- A predictor for staying in treatment. When a client has a job, the chances are – he/she will stay in treatment
- A reasonable facility for reintegration into society.

Employment is a key to many drug treatment programmes and plays an important role in preparing drug addicts for regular work and daily life.

11.3 After-care and re-integration

This issue area is seriously underdeveloped. There are no systematic reintegration programmes on a local government level, although the good will of some social workers may find expression in assisting individuals after treatment with basic social arrangements. At any rate, this may be only episodic.

There is a general lack of awareness of the mechanisms at work during the after-care period. For instance, the NGO of ex-users “Ecology of Consciousness” has set up a sort of a commune in the woods (2-3 resident ex-users and volunteer staff). Instead of encouraging these individuals to reintegrate in the society, they are insulated from it, with no purposeful program of action. It must be noted that the initiative did receive media coverage (positioned as an interesting escape activity), with no assessment of its use for reintegration.

State funded rehabilitation for drug clients is provided by:

Riga Drug Addiction Rehabilitation Centre – Lermontova Street 1, Riga

The Riga Drug Addiction Rehabilitation Centre is the first adult drug-addicts rehabilitation institution in Latvia. With every year the number of ex-drug-addict increases. In 2002 the twelfth Anniversary of our Centre was celebrated. The doors of this building are always open to anyone in need of advice and help in order to stop the use of drugs. Consultations are provided also for relatives of these persons. Admittance to the group is performed by a joint decision of the group. In the recovery programme there are classes including a psychologist, mastering the “twelve steps”, and a group therapy. The rehabilitation programme includes a voluntary stay of a patient in the group for a period of approximately one year. This period is divided into four phases with specific goals and with different duties and freedoms at every period. During the whole year the stay of patients are fully sponsored by the state.

The aim of the programme is:

- to help patients to settle and mobilize their inner and outer resources;
- to help patients to understand themselves;
- to regain a sense of responsibility and meaning of life;
- to become self-sufficient;
- to settle relations with relatives and friends;
- to find appropriate occupation and ways to spend leisure time.

The patient himself must take the responsibility for the outcome of the rehabilitation process, because only the persons, who really want it very much, are able to change their values and their whole life style; and even then it is not easy to manage.

The first aim is learning to take care of oneself and others. The inhabitants of this house live like a big family, in which everybody has his own duties and responsibilities. There is a small tailoring workroom, a joinery, a computer, where one can acquire working skills. Everybody must learn to clean rooms, to wash, cook and other household activities.

A significant role is devoted to sports and other leisure time activities. One must learn not only to work here, but also take a rest and get some fun. Common celebrations of holidays, birthdays and name -days are routine in this house.

Patients, who have accomplished the programme, have a chance to continue living in the centre for half a year longer in an intermediate home (hostel). The intermediate home is of great importance in the after-rehabilitation period. It helps patients in the adaptation process and to reintegrate themselves into society in a new role and quality. The results of the recovery are proved by both the statistical data, and links with former patients. Contacts continue. To everybody life is turning out for the best – some are working, some are studying, some have created families. Many of them still continue to attend the rehabilitation centre, participate in self-support groups, sports activities and celebrations. Some provide financial support.

Table 3.6. **CLIENTS TREATED
AT THE RIGA DRUG ADDICTION REHABILITATION CENTRE IN 2002**

Primary diagnosis	Discharged					Dead
	Total	including				
		First time in 2002	men	women	Children and adolescents	
Addiction to narcotic and psychotropic substances	34	2	27	7	1	-

Rindzele Drug Addiction Rehabilitation Centre – Rural District of Zentene, District of Tukums

The Rehabilitation Centre was established in 1997 within the UNDCP and the Latvia State united project including the latest international experience in treatment and reintegration of drug addicts into society with the purpose to achieve an optimal socialization level after the patient's participation in the rehabilitation programme.

The Centre provides high level specialized and qualified drug treatment, counselling, dynamic observation and psychosocial rehabilitation of patients, following the principles of confidentiality.

The purpose of the rehabilitation programme is to complete the recovery of drug addicted patients, to stop a lifestyle of addiction, to create the possibility to acquire skills and knowledge necessary for work and social life, thus changing former drug addiction patients into full members of the society.

To achieve the goals of the rehabilitation programme patients are supported by a professional team: medical workers, health care specialists, psychologists, and educators, specialists of social issues and work training, which together with patients form the rehabilitation community.

In order to promote rehabilitation and obtain knowledge and work skills in the Centre there are different facilities: a medical aid room, a farmstead, woodworking and tailoring workshops, an animal farm, a fishery, a greenhouse, a kitchen, rooms for

computers and language training, sport rooms, a library, music instruments, a sauna, and a swimming pool.

The life conditions in the rehabilitation centre are close to the living conditions of life. During the period of rehabilitation every patient elaborates his/her own life management strategy focused on the gradual integration into real life, proceeding or beginning studies or returning into his work environment.

The most important recovery methods are:

- a new, healthy life style oriented to the therapeutic climate within the community;
- the patient's own responsibility for implementation of a further life style;
- physical and psychological riddance from the effects of drug and substance use;
- non-medical therapy.

The rehabilitation programme is a voluntary programme for patients – men and women from 18 years of age after coping with abstinence. There are 20 beds in the Rehabilitation Centre. The rehabilitation programme lasts one year.

To admit to the Centre:

- the patient must not be under influence of alcohol or drugs;
- preferable pre-application by phone or a letter;
- necessary passport, registration certificate of the General Practitioner;
- addiction therapists' prescription necessary;
- preferable clinical analyses – for work in the kitchen.

The rehabilitation programme is funded by the regional medical insurance fund in limits of quotas. If the level of quotas is exceeded, patients are admitted for pay.

Table 3.7. **CLIENTS TREATED
AT THE RINDZELE DRUG ADDICTION REHABILITATION CENTRE IN 2002**

Primary diagnosis	Discharged					Dead
	Total	including				
		First time in 2002	men	women	Children and adolescents	
Addiction to narcotic and psychotropic substances	45	38	37	8	3	-

Rehabilitation Centre for adolescents "Saulriti" – Straupe, District of Cesis

The rehabilitation programme in the group of adolescents "Saulriti" is meant for young people who have stopped to use any substance of free will. The therapy lasts for 1 year.

The work with co-addicted parents (family psychotherapy, parents` days, etc.) is included in the programme.

In case of necessity a drug detoxification course is available for adolescents.

The rehabilitation Centre for adolescents "Saulriti" works as a division of the Straupe Drug Treatment Hospital. It was established in 1991 with the support of Norwegian specialists. The staff educators have constantly received methodological assistance from their Norwegian colleagues during the whole period of its existence. Serious experience has been obtained at "Saulriti" in the rehabilitation work with adolescents, and at the moment it is the only one of this kind for adolescents in Latvia.

The State funded programme admit adolescents addicted to narcotic substances and alcohol, who are 14-18 years old and are willing to change their life style. The course of therapy lasts one year. During this year psychological classes, and intense individual work take place, helping adolescents to get to know themselves and start changing their identity. An integral part of the therapy is studies. In "Saulriti" there is a consultation centre of Cesis evening School, and adolescents may study both at the primary school and at evening school.

20 adolescents can be admitted to this group all told, 13 workers are together with them: tutors, teachers, and a psychologist. Tutors, living together with the adolescents, help them to acquire necessary life skills. They organize the whole life of the big family – the cleaning of premises and surroundings, laundry, cooking, work in the heating room, garden, and barn, which are organized according to a regulated regimen. Meetings twice a day are compulsory for the whole therapeutic group. There emotions of the previous day, the common mood of the group, further plans and proposals are discussed.

The therapy process in "Saulriti" is organized according to a four stage principle, giving adolescents a possibility to develop. Duties and responsibilities of adolescents increase with every next stage. Improvement of character gradually takes place, and adequate self-estimation and skills necessary for living develop.

There is an educational support group for parents of tutors in "Saulriti", gathering once a month to share experience and emotions.

The "Saulriti" home rules are: the supervision of the territory, prohibition to use psychotropic substances and bring them in, prohibition of any violence towards other persons prohibition, sexual relations, demand for honesty and truthfulness, as well as defined regulations, which a ward confirms with his/her signature, provision of drugs free, clean environment and group support, which creates a feeling of safety and is a good basis for the beginning of rehabilitation.

12. Interventions in the Criminal Justice System

According to international data, the number of illnesses among prisoners is considerably larger than in the whole society. Morbidity with different illnesses is even 100 times larger. It refers also to the use of alcohol, narcotic and psychotropic substances and the consequences of use. Most people who get into prisons have socially - economic and medical problems (alcoholics, drug addicts, the unemployed, homeless people). Prisoners have more illnesses than the general population. In European countries, 30 - 60% of prisoners use alcohol, drugs and psychotropic substances.

In the course of the past years, the number of drug and psychotropic substance users has radically increased. While at the end of 2000, there were about 700 - 800 drug and psychotropic substance users, at the end of 2002 there were around 2200 users. However, this number does not reflect the real situation. In fact, there were more drug and psychotropic substance users in prisons.

By 1991-1992 many prisons of Latvia had their doctor – addiction therapist, a drug treatment unit with equipment and staff and respective funding. The work was organized according to the principle of compulsory treatment. In 1991/92, on the initiative of the Ministry of Welfare the drug treatment service of prisons was not re-organized according to the principle of optional treatment, but was done away with.

The Prisons Administration considers that doing away with the drug treatment unit of prisons was a wrong decision made with disregarding its consequences. Currently, there is no drug treatment service in prisons because there are no work places for addiction therapists, no equipment and funding for drug treatment, prophylactic and rehabilitation measures. However, drug abuse problems persist and become more serious day by day.

In 2001, the Prisons Administration submitted its proposals for measures to limit the use and spread of drugs in prisons and restore the drug treatment service in prisons'.

Motivation, treatment and rehabilitation of drug patients in prisons are economically, socially and epidemiologically advantageous for the state. In order to perform this work, drug free departments will be formed in prisons. The state does not have to spend additional money for food, household needs, maintenance of buildings because everything is already financed by prisons. In prisons, it is possible to regularly control these people.

In 2002, 157 drug patients have received treatment in the Prisons Hospital. 12 patients had alcohol psychosis, diagnosis of the rest of patients- use of narcotic or psychotropic substances and dependence.

12.1 Assistance to drug users in prisons

Detoxification is available in all prisons. In more severe cases the service is provided by the Prison Hospital.

There are no other drug treatment programmes at prisons. During the prisons survey¹ the prisons' administration were asked to express its opinion about the drug treatment in prisons. Only two prisons (of 15) were against of any kind of treatment. Several experts expressed the desire to institute the methadone programme and other treatment programmes in prisons. According to experts, most prisons have specially trained doctors or staff members who have attended seminars and courses on working with drug users.

12.2 Alternatives to prison for drug dependent offenders

NO INFORMATION AVAILABLE

12.3 Evaluation and training

NO INFORMATION AVAILABLE

13. Quality Assurance

Evaluation of drug demand reduction activities is a broad and controversial subject. No donors require any meaningful evaluation results for prevention programmes. "Participants liked it" is perceived as an adequate attempt at evaluation and as basis for further action.

There is no understanding of the difference between process and outcome evaluation. It may well be that on the part of state institutions; the lack of interest in evaluation is rooted in the unwillingness to submit their own activities to scrutiny and

¹ Drug Abuse Prevalence in Latvia. Population Survey Report 2003. (71-100)

(quite) possible conclusions of their uselessness. It is therefore quite possible, that is the promotion of evaluation is left to the state institutions, no meaningful evaluation will be done. There must be an independent and strong actor in the field, promoting evaluation and including it in all funding decisions.

It must also be noted that while process evaluation could be carried out with some assurance by prevention specialists even without specific training, for outcome evaluation in drug prevention specific training is a must.

Of course, in some cases it is enough to use an already evaluated program that has showed some success (e.g. life skills), however even in this case there may be variations in outcomes due to cultural and other reasons.

Generally speaking, the whole idea of treating prevention work as based on evidence and research (as opposed to own ideas and “common sense”) has to be promoted consistently and widely. Meetings with countless educators and practitioners all over Latvia show a dramatic lack of understanding in this issue area.

The prevention work in schools has not been evaluated on a national level. The local attempts to evaluate are mostly inadequate. For example, teachers from a school in Daugavpils were satisfied that in each successive year their students write essays with a more and more expressive anti-drugs attitude. They take this as a measure of success of their prevention activities, not taking into account that essays and real-life behaviour are not directly related.

State Health Promotion Centre is currently carrying out a quantitative survey of drug education in schools. The tentative results should be ready in January 2004.

PART 4

KEY ISSUES

14. Evaluation of Drugs National Strategies

No one drug strategy has been officially approved by the government of Latvia so far. There are not tradition and experience in evaluation neither the strategy in general nor separate drug supply and drug demand reduction activities and initiatives.

The draft of new Drug Control and Drug Abuse Prevention Programme foresees the evaluation of drug policy as one of the key tasks of the Drug Control and Drug Abuse Prevention Co-ordination Commission. According the proposal of the draft Drug Programme the Reitox Latvian Focal point should be responsible for preparing tools for policy assessment and evaluation.

In 2004-2005 Latvia within Transitional Facility programme will implement the project “Evaluation of Drug Demand and Supply Reduction Activities”. The aim of the project

is to develop evaluation systems for treatment and prevention and supply reduction activities, including:

- to elaborate the formal qualification and certification criteria for drug treatment;
- to create the system (mechanism) for implementation the formal qualification in the field of drug treatment;
- to establish the relevant legal framework for formal qualification in the field of drug treatment;
- to produce the methodology for evaluation of the national drug policy (Drug Programme) and establishing a mechanism for the implementation of the evaluation;
- to set the indicators for evaluation of the activities against drug related crime;
- to carry out the peer evaluation on the law enforcement and its role in the fight against drug trafficking;
- to develop the adequate evaluation protocols for all drug prevention and risk reduction activities;
- to develop quality criteria and standard requirements for performers of drug prevention and risk reduction program;
- to create the system (mechanism) and legal base for the implementation of the quality standards and evaluation in the field of drug prevention and harm reduction;
- to elaborate the specification for the software of the national database on drug demand reduction. Development of the relevant software;
- to carry out evaluation training programs for different levels of audience

15. Cannabis problems in context: understanding increasing in treatment demand

15.1 Demand for treatment for cannabis use

Almost 99% of all clients who are seeking for drug treatment assistance at the Narcology Centre (the main state drug treatment centre) have started their drug users' experience with smoking of hashish or marihuana. Among them are clients who prefer to boil the cannabis into milk, and drink the gained beverage.6.4% of new cases in 2002 were related with cannabis abuse (primary drug).

Problematic cannabis users in very rare cases seek for assistance at the in-patient drug treatment centre. In the most part they are adolescents who are brought to the addiction therapist by their parents, police or the first aid service (in a case of mental disorders).

There is great tolerance of society towards smoking of "grass", and this does not motivate a cannabis user to seek the assistance of addiction therapist or other specialist.

15.2 Prevalence of problematic cannabis use and patters of problems

Majority of regular cannabis users in Latvia forms gypsies, and among them the use of cannabis is not considered as a problem.

Cannabis use is mostly started under influence of friends. Very soon the experimental drug use changes into regular use of drugs, and the young people are caught up in criminal world. There is a trend observed in Latvia to induce minors in drug trafficking.

Very often to clients with mental disorders brought to the in-patient drug treatment centre the poly drug use is established (cannabis +amphetamine; cannabis + tranquilizers). The most often consequences caused by regular cannabis use for a period longer than 6-12 months are worsening of memory, depression accompanied with apathy, and changeable mood.

Among the clients of out-patient service the majority of clients are brought to the Department for Testing the Influence of Alcohol and Drugs by police because of driving under influence of cannabis or making public nuisance and other community problems. They are different people (students, unemployed, officials) at different age (18-50). Persons driving under influence of any drug, including cannabis forfeit their driving licence.

15.3 Specific interventions for problematic cannabis use

Problematic cannabis users at the in-patient drug treatment centre undergo detoxification, and after that the treatment is continued at the Motivation Department of the Narcology Centre. There is possibility also undergo out-patient treatment being under regular doctor supervision, including regular urine testing and visits to psychologist. To parents is offered to attend the parents supporting groups.

The Department for Testing the Influence of Alcohol and Drugs reports to a local addiction therapist (corresponding to the living place of detained person) about every person brought by police to the Department for Testing the Influence of Alcohol and Drugs. Responding to this report an out-patient addiction therapist sends a call to a client to come to visit for gathering an anamnesis and to state a health status of the client. If it is necessary the client is sent to psychologist or to carry out repeated urine analysis. Responding on obtained data the addiction therapist may decide on including the client into recording for one year. The client is counselled, receives the information about treatment possibilities and in a case of necessity undergoes a treatment.

16. Co-morbidity

NO INFORMATION AVAILABLE

REFERENCES

BIBLIOGRAPHY

Drug Abuse Prevalence in Latvia. Population survey report. 2003 (2003)

Narcology Centre (2003). Prevalence and Consequences of Alcohol Abuse, Drug Abuse and Smoking

Narkotiku apkarošanas birojs (2003). Analīze par situāciju narkotiku nelegālajāapritē Latvijā 2002.gadā /Report on situation in drug trafficking in Latvia in 2002

LATVIJAS ĀRSTS; 10/2003 (16-17)

DATA BASES/STATE REGISTERS

State Register on clients treated or receiving health care services or laboratorial testing the Infectology Centre of Latvia

Epidemiological Enumerative System of the Infectious Diseases (managed by the Public Health Agency)

Enumerative System for Dead Persons in Latvia (managed by the State Forensic Medicine Centre)

Death Causes Register (managed by the Health Statistics and Medical Technologies Agency)

State Register of Practitioners ((managed by the Health Statistics and Medical Technologies Agency)

State Register of Persons with Drug Dependence and Substance Misuse (managed by the Narcology Centre)

Enumerative System of Discharged Inpatients (managed by the Narcology Centre)

INTERNET ADDRESSES

www.narcomania.lv - Drug Prevention Centre of the Riga City Council

www.narko.lv - State Centre for Drug Control and Drug Abuse Prevention

www.aids-latvija.lv - AIDS Prevention Centre

<http://home.parks.lv/iogt-latvia/addr.html> - IOGT Latvia member organizations

<http://www.koks.lv/atkariba->

<http://www.aa.org.lv/> - Alcoholics Anonymous Fellowship

<http://home.delfi.lv/jurisviii/aa.html> - Alcoholics Anonymous Fellowship

<http://aa.tukums.lv/> - Alcoholics Anonymous Fellowship

<http://www.bernutiesibas.lv/> - Riga Children Rights Prevention Centre

<http://www.icentrs.lv/> - Educational Centre for Family and School (NGO)

<http://www.e-skola.lv> - Educational vortal

<http://www.ngo.org.lv/> - NGOs Centre

www.gweb.kvinnoforum.se - Jelgava Rehabilitation Centre "Teruna"

www.debates.5.dim.lv - Debate Center

<http://www.likumi.lv> - Latvian laws

<http://www.ttc.lv> - Latvian laws in English

<http://www.pd.gov.lv/english/index.html> - the State Police of Latvia

http://ano.deac.lv/html_e/index_02_06.htm - UN in Latvia

<http://www.csb.lv/> - Central Statistics Bureau

<http://www.infectology.lv/> - Infectology Centre

<http://www.nvvc.org.lv> - State Health Agency

www.aids.lv - Latvian AIDS portal

www.sva.lv – Public Health Agency

DRUG MONITORING SYSTEM AND SOURCES OF INFORMATION

Authority	Responsibility	Functionality
Narcology Centre	<ul style="list-style-type: none"> • Management and co-ordination of the development of the national drug monitoring system • Gathering and analysis of data about drug related treatment demand (both in-patient and out-patient) • Management of the Database on Discharged Inpatients; • Management of the State Register of Persons with Drug Dependence and Substance Misuse); • Collecting and processing the data on drug related rehabilitation; • Development of the Register of Persons Tested for Influence of Drugs; • Collecting of relevant information from relevant ministries and institutions; • Collecting the data on data related to drug prevention and drug demand reduction • Developing the drug library; • Communication and dissemination of the drug related information 	<ul style="list-style-type: none"> • The treatment demand indicator is the most developed drug monitoring indicator in Latvia deserving minor technical improvements. The difficulties are in data collection are related to the impossibility to get data from private and anonymous drug-treatment centres. The legal contradictions wit EU approaches make the use of the treatment demand monitoring system as information source for police, drivers licensing, receiving the state funding etc. It is necessary to develop the role of the monitoring system as a tool for a policy planning. • Data exchange with non-governmental institutions and private organisations should be improved, developing a unified database in the country on the programs and projects in the field of drug demand reduction, as well as elaborating criteria and evaluation system for the programs and their implementers. • A concrete communications policy shall be elaborated to educate/inform the media and society about all matters related to drug problem
Central Statistical Bureau	<ul style="list-style-type: none"> • Expertise in key indicator on drug abuse prevalence . 	<ul style="list-style-type: none"> • National wide health survey in 2003 including also the questions on drug prevalence.
Agency of Health Statistics and Medicine Technologies	<ul style="list-style-type: none"> • Expertise in key indicator on drug related death and infectious deceases. 	<ul style="list-style-type: none"> • Agency manages the the Death Causes Database and is responsible for the development of all health related state registers., as well as is supervisor over all medical treatment centres • A protocols on the information gathering and circulation shall be elaborated/improved in the field of drug related deaths and drug related infectious diseases • The all actors involved in the drug treatment shall be find out.
Criminological Research Centre	<ul style="list-style-type: none"> • Expertise in analysis and synthesis of data on drug related crime. 	<ul style="list-style-type: none"> • It is necessary to assess the policy for drug supply reduction of demand for drugs, which has been implemented in the country so far.
Institute of the Philosophy and Sociology of the University of Latvia	<ul style="list-style-type: none"> • Expertise in key indicators on drug abuse prevalence and estimations of problem drug use . 	<p>Within the Phare National Programme 2000 the following researching has carried out by the Institute:</p> <ul style="list-style-type: none"> • General population survey (realised n-4534) • Survey among prisoners • Survey among school population (11-18 age group) • ESPAD survey • Survey among NGOs • Study among high school students • Study among professionals, politics and

		<p>decision makers</p> <ul style="list-style-type: none"> • Research among drug users on the treatment effectiveness
Medical Academy of Latvia, Department of Public Health and Epidemiology	<ul style="list-style-type: none"> • Expertise in data analysis of drug related data in the context of health correlates 	<ul style="list-style-type: none"> • Potential of academic institutions shall be used to estimate the problem drug use and to carry out regular qualitative research on drug abuse problems • Academic resources shall be attracted to scientific work CDDA
State Forensic Medical Expertise Centre	<ul style="list-style-type: none"> • Expertise in key indicator on drug related death • Management of the Specific Register on drug related death 	<ul style="list-style-type: none"> • Good informational basis. ICD 10 codification adopted and centralized special register from forensic sources exists. • The procedure of information gathering from regions should be improved
AIDS Prevention Centre	<ul style="list-style-type: none"> • Information source on drug related infectious diseases • Management of the State Register on HIV/AIDS Cases registered in the country 	<ul style="list-style-type: none"> • Cooperation on estimates of problem use should be developed
Infectology Centre of Latvia	<ul style="list-style-type: none"> • Information source of drug related infectious diseases 	<ul style="list-style-type: none"> • The better co-operation should be developed in the monitoring of epidemiological situation
The State Youth Initiative Centre of the Ministry of Education and Science	<ul style="list-style-type: none"> • Information source for drug prevention activities among the youth outside school 	
Riga Drug Abuse Prevention Centre of City Council	<ul style="list-style-type: none"> • Information source for drug prevention and harm reduction activities in the municipal level 	<ul style="list-style-type: none"> • Work is based on the drug prevention strategy of the city of Riga • The drug researching (studies and surveys) is used as a tool for policy planning
Drug Enforcement Bureau of the Organised Crime Enforcement Board of the State Police	<ul style="list-style-type: none"> • Information source on data related to drug trafficking • Expert on legal aspects (manager of the database on drug related laws on the EMCDDA website) • Expert on the new synthetic drugs. • Implementation of the EU Joint Action on the New Synthetic Drugs • Developing of the Early Warning System on new synthetic drugs 	<ul style="list-style-type: none"> • The data collection in the supply reduction field is not in line with EMCDDA requirements for information; • Early Warning System: there is a keen interest for the subject but the present technical capacity for detection is not adequate and the information network is to be built • The technical capacity is insufficient for the development of an early warning system. A network of information sources shall be created • Necessary to evaluate the drug supply reduction policy implemented during the last ten years
State Border Guards	<ul style="list-style-type: none"> • Information source on drug supply reduction activities 	
Drug Enforcement Unit of the Main Customs Board	<ul style="list-style-type: none"> • Information source on drug supply reduction activities 	
Prisons' Administration of the Ministry of Justice	<ul style="list-style-type: none"> • Source of information about drug prevalence in prisons 	
NGO "Educational Centre for Family and Schools"	<ul style="list-style-type: none"> • Source of information for measures to reduce demand for drugs in the NGO's sector • Potential EDDRA manager 	Capacity to contribute in developing quality and qualification criteria for those who are working in the field of drug prevention

ANNEX 2

LIST OF TABLES USED IN THE REPORT

Table 1.1	THE PROBLEM OF THE USE OF ALCOHOL AND DRUGS IN LATVIA (SOCIETY OPINION) IN 2003 (in percentage %)
Table 2.1	CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY AGE
Table 2.2	CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY EDUCATION
Table 2.3	CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY OCCUPATION
Table 2.4	CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY AGE
Table 2.5	CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY THE USED DRUGS
Table 2.6	TREATED IN-PATIENTS WITH DRUG DEPENDENCE BY USED DRUGS
Table 2.7	NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002
Table 2.8	NEW CASES OF MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED IN 2002 BY SEX AND AGE
Table 2.9	NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY SUBSTANCES USED
Table 2.10	MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002
Table 2.11	NUMBER OF DEATHS RELATED WITH USE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES
Table 2.12	INCIDENCE OF ACUTE VIRUS HEPATITIS B, C IN LATVIA
Table 2.13	EVALUATION OF PERSONS CALLED TO THE CRIMINAL LIABILITY FOR DRUG OFFENCES
Table 2.14	EVALUATION OF THE QUANTITIES OF SEIZED ILLICIT DRUGS
Table 2.15	EVALUATION OF PRICES IN EUROS AT STREET LEVEL OF ILLICIT DRUGS
Table 3.1	CLIENTS TREATED AT THE NARCOLOGY CENTRE IN 2002 BY PRIMARY DIAGNOSIS
Table 3.2	CLIENTS TREATED AT THE JELGAVA DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS
Table 3.3	CLIENTS TREATED AT THE DAUGAVPILS DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS
Table 3.4	CLIENTS TREATED AT THE DRUG TREATMENT DEPARTMENT OF THE LIEPAJA CITY CENTRAL HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS
Table 3.5	CLIENTS TREATED AT THE STRAUPE DRUG TREATMENT HOSPITAL IN 2002 BY PRIMARY DIAGNOSIS
Table 3.6	CLIENTS TREATED AT THE RIGA DRUG ADDICTION REHABILITATION CENTRE IN 2002
Table 3.7	CLIENTS TREATED AT THE RINDZELE DRUG ADDICTION REHABILITATION CENTRE IN 2002

LIST OF FIGURES USED IN THE REPORT

- Figure 0.1** PREVALENCE OF THE USE OF ANY ILLEGAL DRUG AMONG THE GENERAL POPULATION AT THE AGE 15-64 IN 2003
- Figure 0.2** PREVALENCE OF COCAINE USE AMONG THE GENERAL POPULATION AT THE AGE OF 15-64 IN 2003
- Figure 0.3** PREVALENCE OF PHARMACEUTICALS USE AMONG THE GENERAL POPULATION AT THE AGE OF 15-64 IN 2003
- Figure 0.4** PREVALENCE OF PHARMACEUTICALS USE AMONG THE SCHOOL AT THE AGE OF 11-18 IN 2003
- Figure 2.1** CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE (CONTINGENT)
CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE (NEW CASES)
- Figure 2.2** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY EDUCATION
- Figure 2.3** PERCENTAGE OF CLIENTS WITH OPIOIDS DEPENDENCE AMONG ALL FIRST TIME REGISTERED CLIENTS WITH DRUG DEPENDENCE
- Figure 2.4** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY USED DRUGS
- Figure 2.5** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY USED DRUG (percental)
- Figure 2.6** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY PRIMARY USED DRUG
- Figure 2.7** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY THE PATTERN OF DRUG ADMINISTRATION
- Figure 2.8** CLIENTS WITH FIRST TIME DIAGNOSED DRUG DEPENDENCE AT THE STATE DRUG TREATMENT SERVICE IN CITIES AND REGIONS OF LATVIA IN 2001 AND 2002
- Figure 2.9** CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY AGE
- Figure 2.10** CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE BY THE END OF 2002 BY USED DRUGS
- Figure 2.11** CLIENTS WITH DRUG DEPENDENCE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2001 AND 2002 IN CITIES AND REGIONS
- Figure 2.12** TREATED IN-PATIENTS WITH DRUG DEPENDENCE BY USED DRUGS
- Figure 2.13** NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY SUBSTANCES USED
- Figure 2.14** NEW CASES OF CHILDREN AND ADOLESCENTS WITH DIAGNOSIS OF OPIOIDS DEPENDENCE BY AGE GROUPS
- Figure 2.15** MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002
- Figure 2.16** MINORS WITH DIAGNOSIS OF DRUG DEPENDENCE, INTOXICATION OR SUBSTANCE MISUSE REGISTERED AT THE STATE DRUG TREATMENT SERVICE IN 2002 BY THE USED SUBSTANCES
- Figure 2.17** NUMBER OF ACUTE/DIRECT DRUG RELATED DEATHS in 2002
(National definition=Special Register)
- Figure 2.18** NUMBER OF ACUTE/DIRECT DRUG RELATED DEATHS in 2002
BY AGE GROUPS (National definition=Special Register)
- Figure 2.19** EVALUATION OF ACUTE/DIRECT DRUG RELATED DEATHS
- Figure 2.20** EVOLUTION OF DRUG RELATED DEATH ACUTE / DIRECT DEATHS
(General Mortality Register)
- Figure 2.21** PREVALENCE OF VIRUS HEPATITIS B, C AND NEW CASES OF HIV
- Figure 2.22** NUMBER OF IDUs AMONG CLIENTS WITH HEPATITIS B, C
- Figure 2.23** NUMBER OF DRIVERS DETECTED FOR DRIVING UNDER INFLUENCE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

Figure 2.24	EVALUATION OF REGISTERED DRUG RELATED CRIMINAL OFFENCES IN LATVIA
Figure 2.25	EVALUATION OF DRUGS RELATED CRIMES IN LATVIA RELATED TO SOME DRUGS
Figure 2.26	EVALUATION OF THE NUMBER OF PERSONS CALLED TO CRIMINAL LIABILITY FOR DRUG OFFENCES
Figure 2.27	EVALUATION OF THE QUANTITIES OF SEIZED ILLICIT DRUGS
Figure 2.28	EVALUATION OF QUANTITIES OF CANNABIS SEIZED IN LATVIA
Figure 2.29	EVALUATION OF THE QUANTITIES OF SOME ILLICIT DRUGS SEIZED IN LATVIA
Figure 2.30	EVALUATION OF PRICE IN EUROS AT STREET LEVEL OF CANNABIS
Figure 2.31	EVALUATION OF PRICE IN EUROS AT STREET LEVEL OF HEROINE
Figure 2.32	EVALUATION OF PRICE IN EUROS AT STREET LEVEL OF SOME ILLICIT DRUGS
Figure 3.1	COOPERATION PARTNERS OF THE RIGA DRUG ABUSE PREVENTION CENTRE AND TYPES OF COOPERATION
Figure 3.2	ORGANIZATORIAL SCHEME OF THE WORK OF RIGA DRUG ABUSE PREVENTION CENTRE