



Latvia

Country Drug Report 2017

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THE DRUG PROBLEM IN LATVIA AT A GLANCE

Drug use

in young adults (15-34 years)
in the last year

Cannabis

10 %



4.3 % 15.3 %

Other drugs

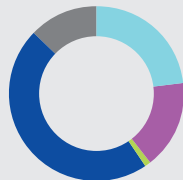
Cocaine	1.2 %
MDMA	0.8 %
Amphetamines	0.7 %

High-risk opioid users

6 151
(4 427 - 9 854)

Treatment entrants

by primary drug



Opioid substitution treatment clients

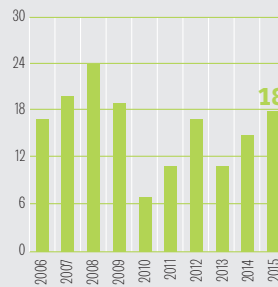
609

Syringes distributed

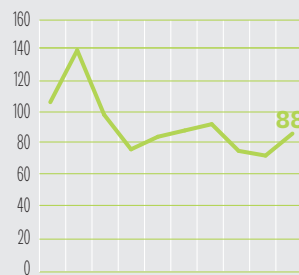
through specialised
programmes

524 949

Overdose deaths



HIV diagnoses attributed to injecting



Drug law offences

7 521

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Methamphetamine
4. Amphetamine
5. Cocaine

Population

(15-64 years)

1 303 300

Source: EUROSTAT
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

About this report

This report presents the top-level overview of the drug phenomenon in Latvia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

Latvia's National Programme on Drug Control and Drug Addiction Restriction for 2011-17 is focused on illicit drugs (Figure 1). It was developed in accordance with the Regulation for Development of Planning Documents and Impact Assessment and the Latvian Strategic Development Plan 2010-13 and also reflects the principles of drug policy of the European Union (EU). It sets out three main goals: (i) to reduce the tolerance of illicit drug use in society; (ii) to reduce the harm caused to society through illicit drug use by making effective healthcare services available for drug users; and (iii) to reduce the availability of illicit drugs. The strategy is accompanied by an action plan built around four pillars: (i) prevention of drug dependence and drug use (two policy impact indicators, four performance indicators, 10 actions); (ii) healthcare of drug-dependent patients and drug users (two policy impact indicators, seven performance indicators, 15 actions); (iii) reduction of drug supply (two policy impact indicators, seven performance

indicators, 12 actions); and (iv) cross-cutting direction on policy coordination, monitoring, data collection and information analyses (16 actions).

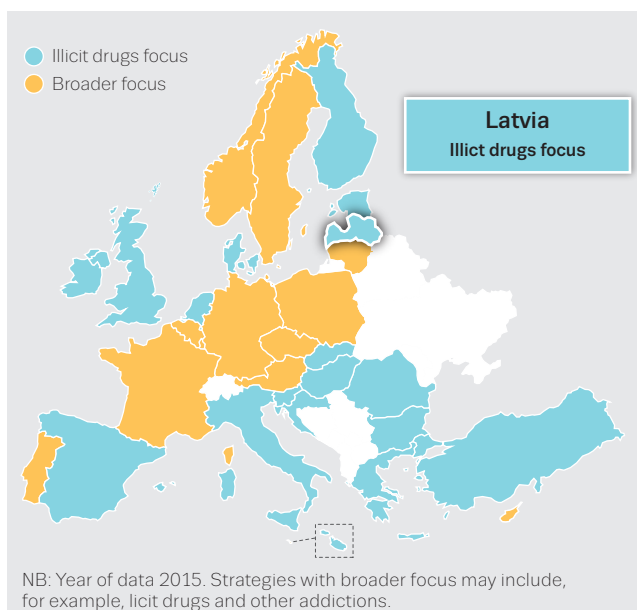
Like other European countries, Latvia evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2014, an internal mixed methods process evaluation focused on the implementation of the National Programme was completed by the Ministry of the Interior.

National coordination mechanisms

The Drug Control and Drug Addiction Restriction Coordination Council is chaired by the prime minister and includes ministers from all key policy areas and several national experts. It is responsible for coordinating government agencies, municipalities and non-governmental organisations (NGOs) tasked with implementing the national drug strategy. The Council is tasked with developing drug programmes and their implementation and evaluation. The Council Secretariat is responsible for the day-to-day strategic and operational coordination of activities related to the National Programme. The head of the Council Secretariat functions as the National Drug Coordinator. The Centre for Disease Prevention and Control of Latvia, which houses the national focal point to the EMCDDA, coordinates day-to-day monitoring work and the collection and dissemination of information on illicit and licit substances.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



Latvia's National Programme on Drug Control and Drug Addiction Restriction for 2011-17 is focused on illicit drugs

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

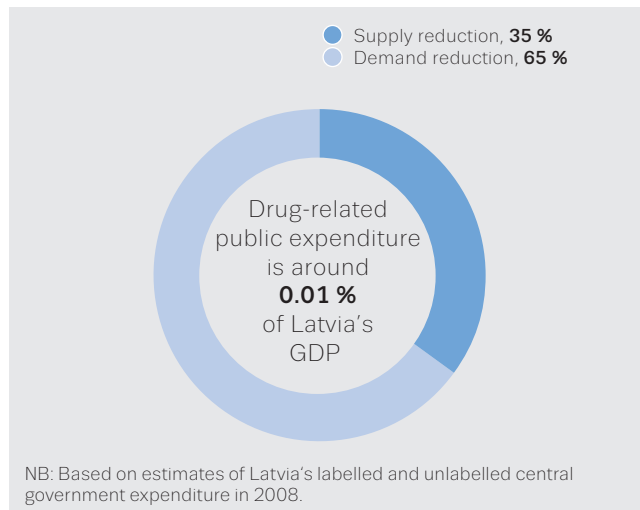
Latvian policy documents relating to illicit drugs do not have associated budgets, and there is no review of executed expenditures. However, the evaluation of the National Action Plan (2005-08) provided the first overview of central government expenditures.

In 2008, total drug-related labelled public expenditure in Latvia was estimated to amount to 0.01 % of gross domestic product GDP (around EUR 2.2 million), with 35.5 % spent on public order and safety activities, 32.2 % on social protection and 29.1 % on health initiatives. The remaining expenditures contributed to general public services and education activities (Figure 2).

The available information does not permit trends in drug-related public expenditures in Latvia to be reported.

FIGURE 2

Public expenditure related to illicit drugs in Latvia



Drug laws and drug law offences

National drug laws

In Latvia, unauthorised use, acquisition and storage of small amounts of illicit drugs are administrative offences punishable by a warning or a fine of up to EUR 280 (Figure 3). Possession of larger amounts for personal use (precisely defined in the law 'On the procedures for the coming into force and application of the criminal law') can lead to a criminal penalty of up to three years in prison. Repeated unauthorised use, preparation, acquisition or possession of small amounts of illicit drugs within 12 months of a previous offence is a criminal offence, and is punishable by a short term of imprisonment of between 15 days and three months, or community service or a fine.

The court is able to impose treatment with a suspended sentence, or to release a drug user from criminal or administrative liability if the user has agreed to undergo treatment; however, no underlying control mechanism has been established.

Traffickers of any quantity may be sentenced to 2-8 years' imprisonment, increasing to 3-10 years if the offender is part of a group, or 5-15 years if a large amount of illicit drugs was trafficked or an organised group was involved. Unauthorised sale of small amounts is punishable by imprisonment for up to three years.

In 2013, the Amendment of the Cabinet of Ministers Regulation on Narcotic Substances, Psychotropic Substances and Precursors to be Controlled in Latvia

FIGURE 3

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

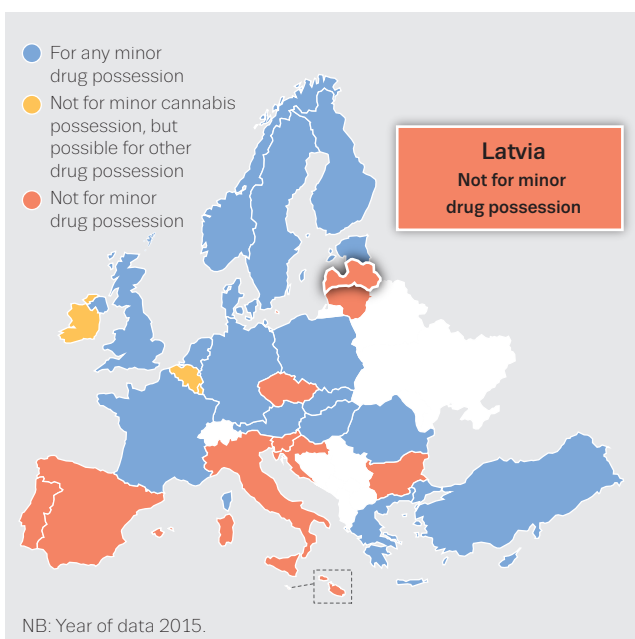
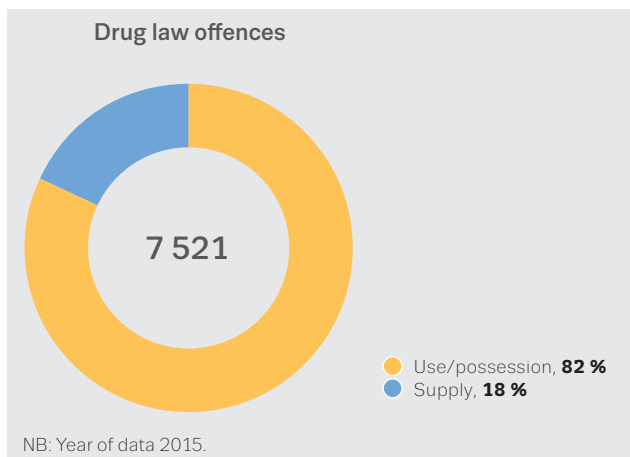


FIGURE 4

Reported drug law offences in Latvia



introduced the principle of a generic control system for new psychoactive substances (NPS). Moreover, the amendments of the law 'On procedures for the legal trade of narcotic and psychotropic substances and medicinal products' introduced temporary control for a period up to 12 months, punishable by a fine. In April 2014, these supply-related offences became criminal, punishable by up to two years in prison, or five years if causing substantial harm. In November 2014, personal possession of NPS became an administrative offence, punishable with a fine of up to EUR 280, with the possibility of a criminal charge if repeated within one year.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs from Latvia indicate that the number of offences has gradually increased over the last decade, which is partly explained by the changes in definitions. In 2015, the majority of the DLOs were possession and use related (Figure 4).

Drug use

Prevalence and trends

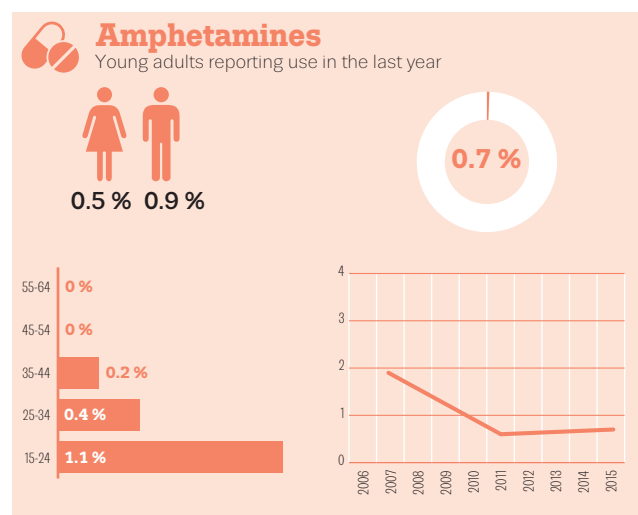
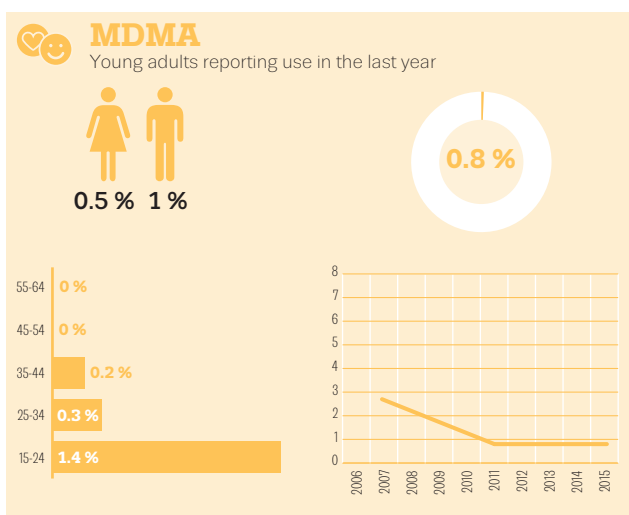
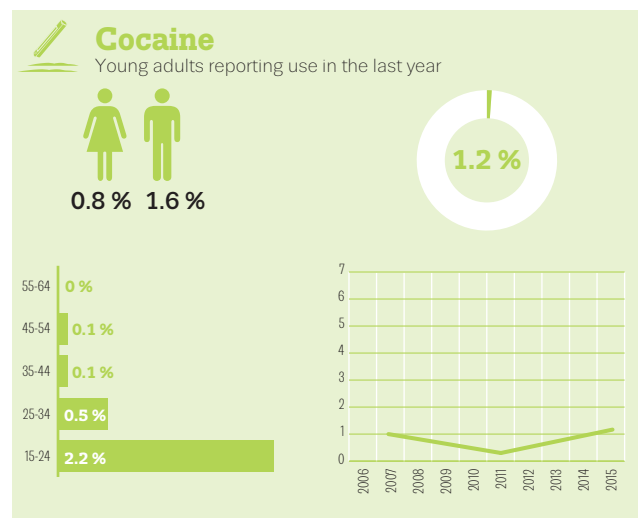
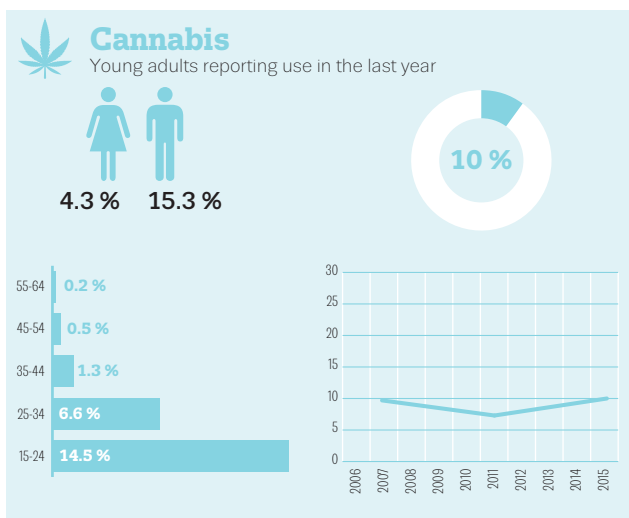
Cannabis is the most common illicit drug used by the adult general population aged 15-64 years in Latvia. Drug use is mainly concentrated among young adults aged 15-34 years, and males generally report illicit drug use more often than females. In general, lifetime prevalence of cannabis use has remained stable among young adults in Latvia. Use of other illicit drugs is less common among the general population, but, like use of cannabis, is concentrated among young adults.

Although MDMA/ecstasy is the most commonly used stimulant among young people aged 15-34 years, young adults report slightly higher last-year use of cocaine than of MDMA (Figure 5).

Use of NPS emerged in 2011 and available data indicate that it is mainly young people who experiment with NPS; however, regular use of these substances remains uncommon.

FIGURE 5

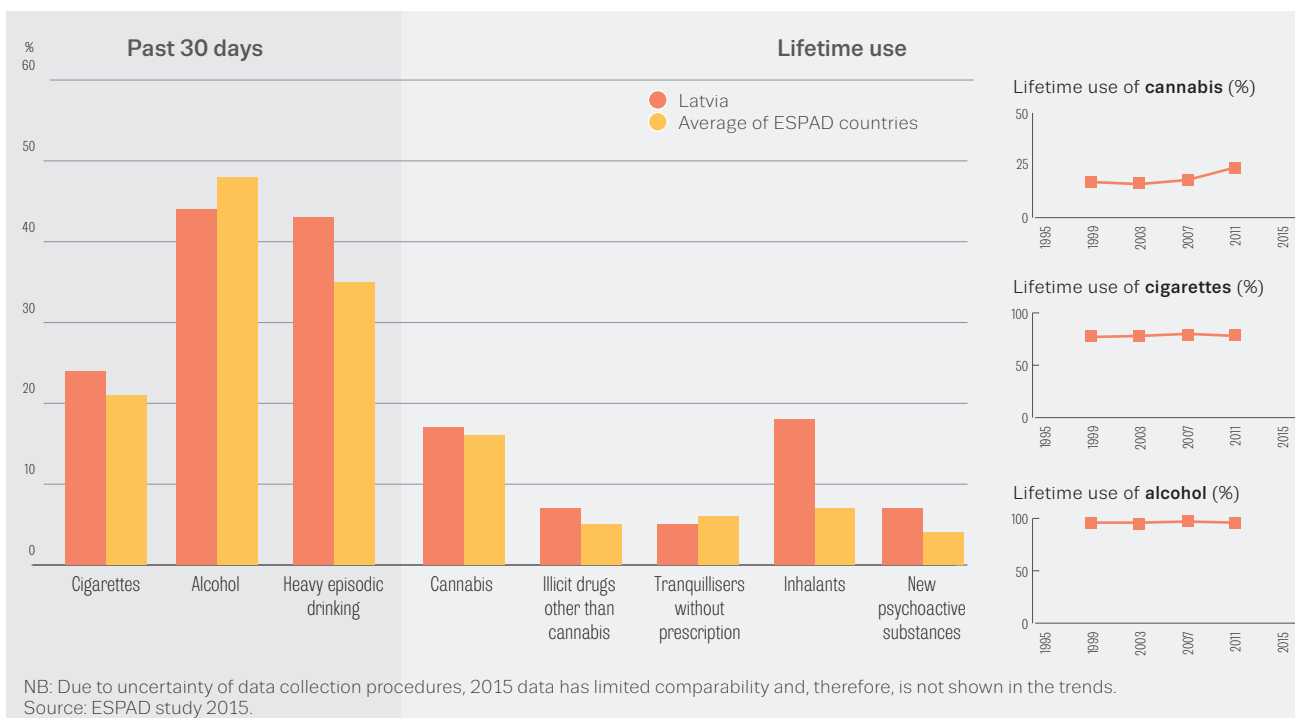
Estimates of last-year drug use among young adults (15-34 years) in Latvia



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

FIGURE 6

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



Drug use among 15- to 16- year-old students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Latvia since 1999 and the most recent study was carried out in 2015. The 2015 ESPAD suffered from some methodological issues in Latvia; therefore, the comparability of the Latvian data must be considered limited. The lifetime prevalence of use of NPS reported by Latvian students was higher than the ESPAD average (based on data from 35 countries), whereas lifetime use of cannabis and of illicit drugs other than cannabis were more or less in line with the ESPAD average. Of the other key substances, lifetime use of inhalants by Latvian students was clearly higher than the ESPAD average, while the results for cigarette use and heavy episodic drinking in the last 30 days were slightly above average. The long-term trend indicates a continuous increase in lifetime prevalence rates of cannabis use among Latvian adolescents from 2003 to 2011. In 2015, the lifetime prevalence of cannabis use among students was lower than in 2011; however, owing to methodological issues with the 2015 survey, trends in substance abuse among 15- to 16-year-old students should be treated with caution (Figure 6).

High-risk drug use and trends

Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

High-risk drug use in Latvia is mainly linked to the use of opioids and amphetamines. In 2014, it was estimated, using a treatment multiplier method, that there were approximately 6 200 high-risk opioid users (Figure 7) and approximately 2 200 high-risk amphetamine users in the country. Available data from other sources indicate that opioid use may have decreased, with some opioid users having switched to amphetamine in the past decade and with the use of home-made opioids (hanka) also decreasing.

Data from specialised treatment centres indicate that the number of new clients entering treatment for primary heroin or amphetamine use has declined since 2007. However, between 2014 and 2015 an increase in new heroin and amphetamines clients was reported (Figure 8). According to the available data, almost all new treatment clients who report primary heroin use inject the drug; injecting is also a preferred mode of more than half of primary amphetamine clients.

In 2015, cannabis was the most frequently reported primary illicit substance among new treatment clients. An increase in the number of cannabis-related treatment entries in 2013 was attributed to an increase in the number of new clients mentioning use of synthetic cannabinoids as a reason for seeking treatment. Following a reduction in new treatment demands due to synthetic cannabinoid use in the following years, the number of new treatment entries due to cannabis use had reduced. In general, cannabis users entering treatment are younger than clients seeking treatment for other illicit drug use (Figure 8).

Approximately 15 % of all clients who entered treatment in 2015 were female; however, their proportion was highest among primary amphetamine users and lowest among cannabis users.

FIGURE 7

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

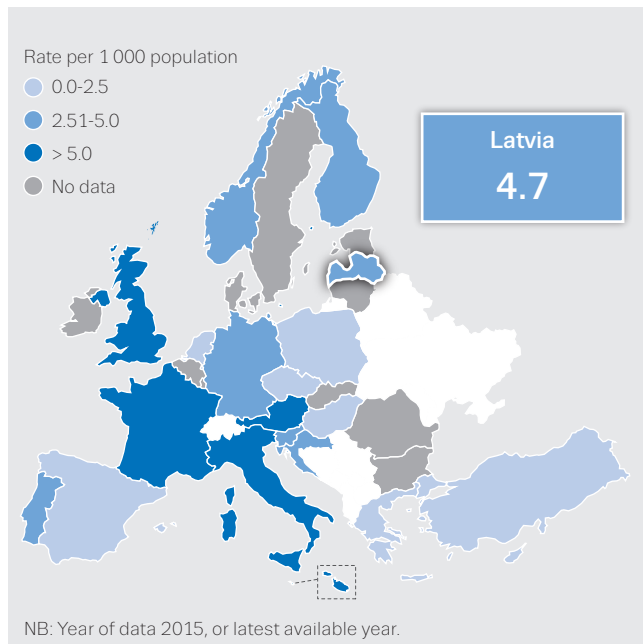
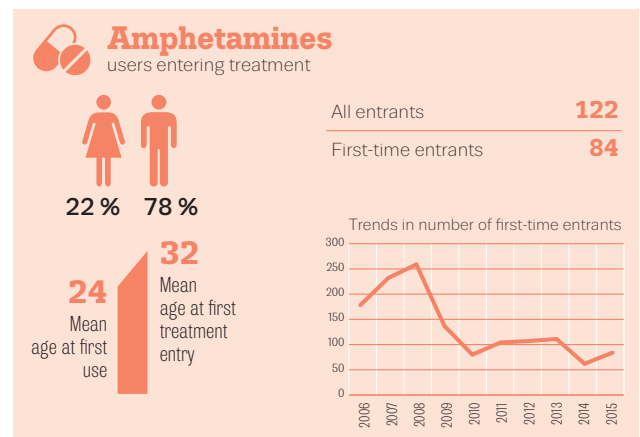
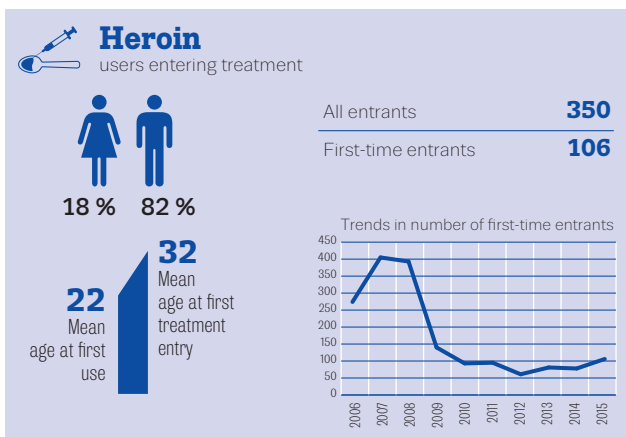
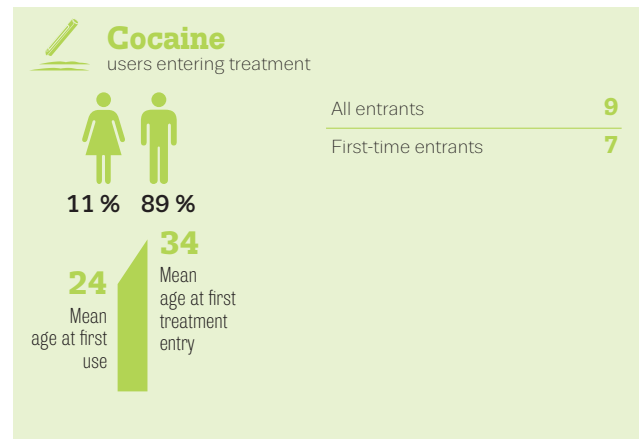
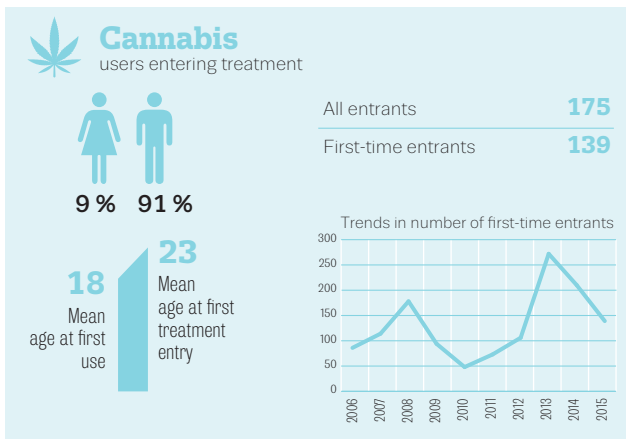


FIGURE 8

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



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Latvia, the emergence of a human immunodeficiency virus (HIV) epidemic in the late 1990s was attributed mainly to injecting drug use. Since 2001, the proportion of people who inject drugs (PWID) among newly diagnosed HIV-positive individuals has gradually decreased, and, in 2015, approximately one out of five new HIV infections was associated with injecting drug use (Figure 9). Nevertheless, injecting remains the second most common route of transmission of HIV in Latvia. Overall, approximately half of all HIV cases reported in Latvia between 1987 and 2015 were attributed to injecting drug use. However, in approximately one third of new HIV cases, the mode of transmission remained unreported.

The overall prevalence of HIV among PWID tested in needle and syringe programmes has remained stable in recent years with fewer than 1 in 10 clients testing positive for HIV. HIV prevalence is higher among females, those older than 25, those having injected for at least two years and those who report opioids as their primary drug of use. Recent findings from a PWID cohort study initiated in 2012 indicate that the prevalence of HIV infection in 2014 was 28.6 % (Figure 10).

Monitoring of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections indicates that injecting drug use is a significant risk factor in the transmission of these viruses; however, the route of transmission is unspecified in a large proportion of diagnosed cases. In 2015, almost half of harm reduction services' clients tested positive for HCV, which is significantly less than in 2014, while only a small proportion tested positive for HBV (HBsAg). The cohort study reported HBV and HCV prevalence rates among PWID of 3.0 % and 84.2 %, respectively, in 2014 (Figure 10).

Drug-related emergencies

There is no national reporting system on drug-related emergencies in Latvia, though some data on acute drug-related emergencies can be extracted from the State Emergency Medical Service (SEMS) database, which is based on incoming calls. SEMS data indicate that in 2015 around 1 000 calls were linked to illicit drugs or psychoactive substances, while almost 1 100 additional calls were attributed to the intoxication with substances primarily influencing the central nervous system. In addition, inpatient treatment is reported in the 'Register of Patients with Particular Disease, who Suffered Injuries and Poisonings'. The register suggested that 120 hospitalisations were linked to overdose with illicit drugs in 2015.

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

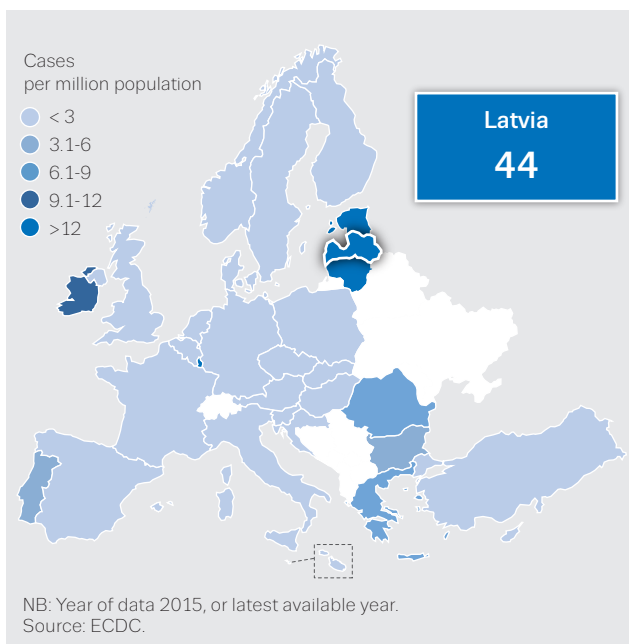
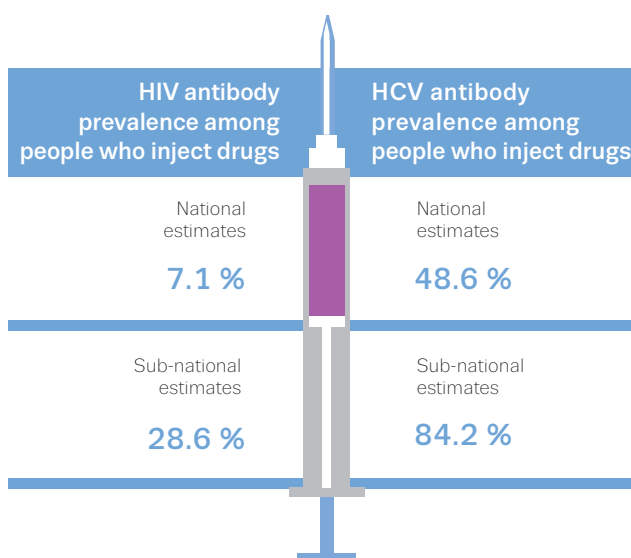


FIGURE 10

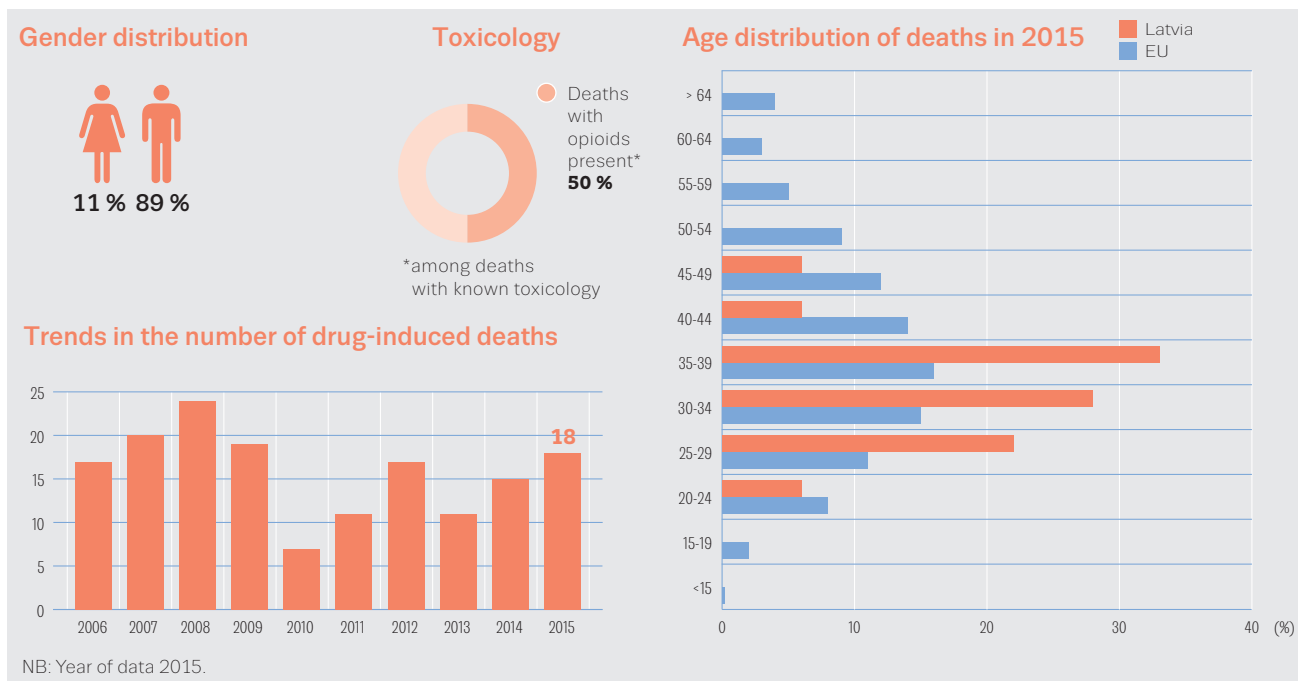
Prevalence of HIV and HCV antibodies among people who inject drugs in Latvia



NB: Year of data 2014/2015.

FIGURE 11

Characteristics of and trends in drug-induced deaths in Latvia



Drug-induced deaths and mortality

In 2015, 18 drug-induced deaths were recorded in the national mortality register in Latvia — all but two victims were male. Opioids were the main substances involved in half of those deaths (Figure 11). The mean age of the deceased was around 33 years, and an increase in the age of fatal overdose victims has been observed in the last decade, indicating an ageing opioid-using population.

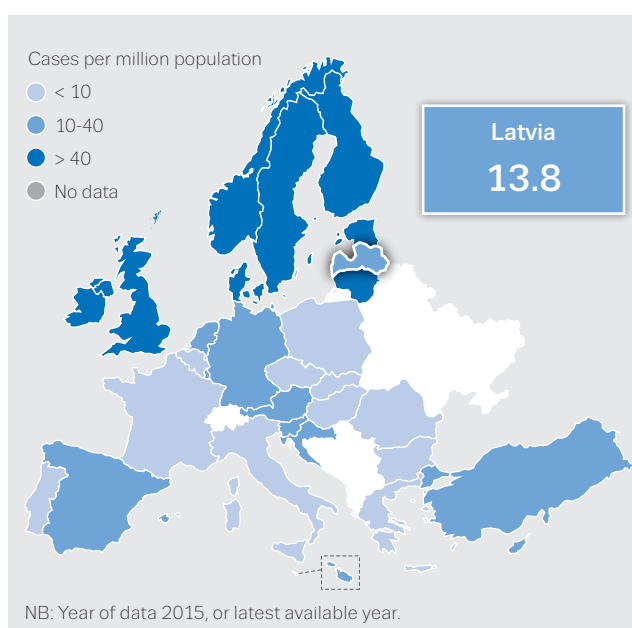
According to another source, the special register of the State Centre for Forensic Medical Examination of the Republic of Latvia, toxicological tests identified the presence of illicit drugs in 25 deaths examined. In the majority of cases, the presence of opioids was reported.

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

The drug-induced mortality rate among adults (aged 15-64 years) was 13.8 deaths per million in 2015 (Figure 12), which is lower than the European average of 20.3 deaths per million.

FIGURE 12

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



Prevention

In terms of national policy documents, drug prevention is one of the key topics of several national planning documents. The National Development Plan 2014-20 emphasises prevention of psychoactive substance use and other addictive behaviours. Prevention of drug use is one of the four pillars of the National Programme on Drug Control and Drug Addiction Restriction 2011-17, and is also an integral part of the Public Health Guidelines 2014-20. In general, drug prevention activities are integrated into broader health promotion activities and are implemented in a decentralised manner. Districts and municipalities play a main role in planning and funding prevention activities implemented outside school curricula.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems and indicated prevention focuses on at-risk individuals.

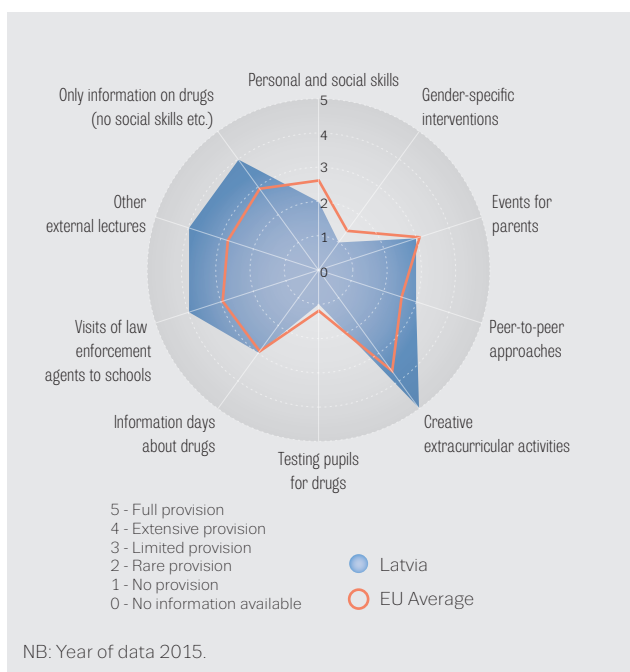
Environmental strategies in Latvia are mostly focused on restriction of smoking, including electronic cigarettes, and the consumption of alcohol among the general population.

Universal prevention activities prevail, and these are mainly implemented in school settings. Health classes that also address substance use are integrated into the basic national curriculum within the subjects of 'social sciences' for grades 1-9 and 'health education' in secondary schools. The social sciences classes aim to strengthen pupils' decision-making capabilities and their ability to overcome peer pressure. The health education classes are optional for all secondary schools and are included in a list of nine subjects, from which educational institutions choose to implement three. Many schools involve medical doctors or other health promotion professionals, police officers and NGOs in their informational and educational activities, primarily in connection with large events such as World AIDS Day, to organise competitions, exhibitions, and so on (Figure 13). Peer education and life skills-based methodologies are mainly used in extracurricular activities. At the community level, universal prevention activities primarily focus on the provision of alternative leisure activities involving the family, training of professionals and organising security services and video surveillance in schools.

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

FIGURE 13

Provision of interventions in schools in Latvia (expert ratings)



Harm reduction

In Latvia, the National Programme on Drug Control and Drug Addiction Restriction 2011-17 emphasises the prevention of drug-related infectious diseases and is a framework for implementation of harm reduction.

Harm reduction services are implemented through a network of low-threshold centres. These centres are mainly financed by municipalities while the state provides some complementary resources to ensure their operation. The Centre for Disease Prevention and Control of Latvia is responsible for the overall coordination of the network and is in charge of the centralised procurement of syringes, condoms, quick tests for drug-related infectious diseases and producing information materials.

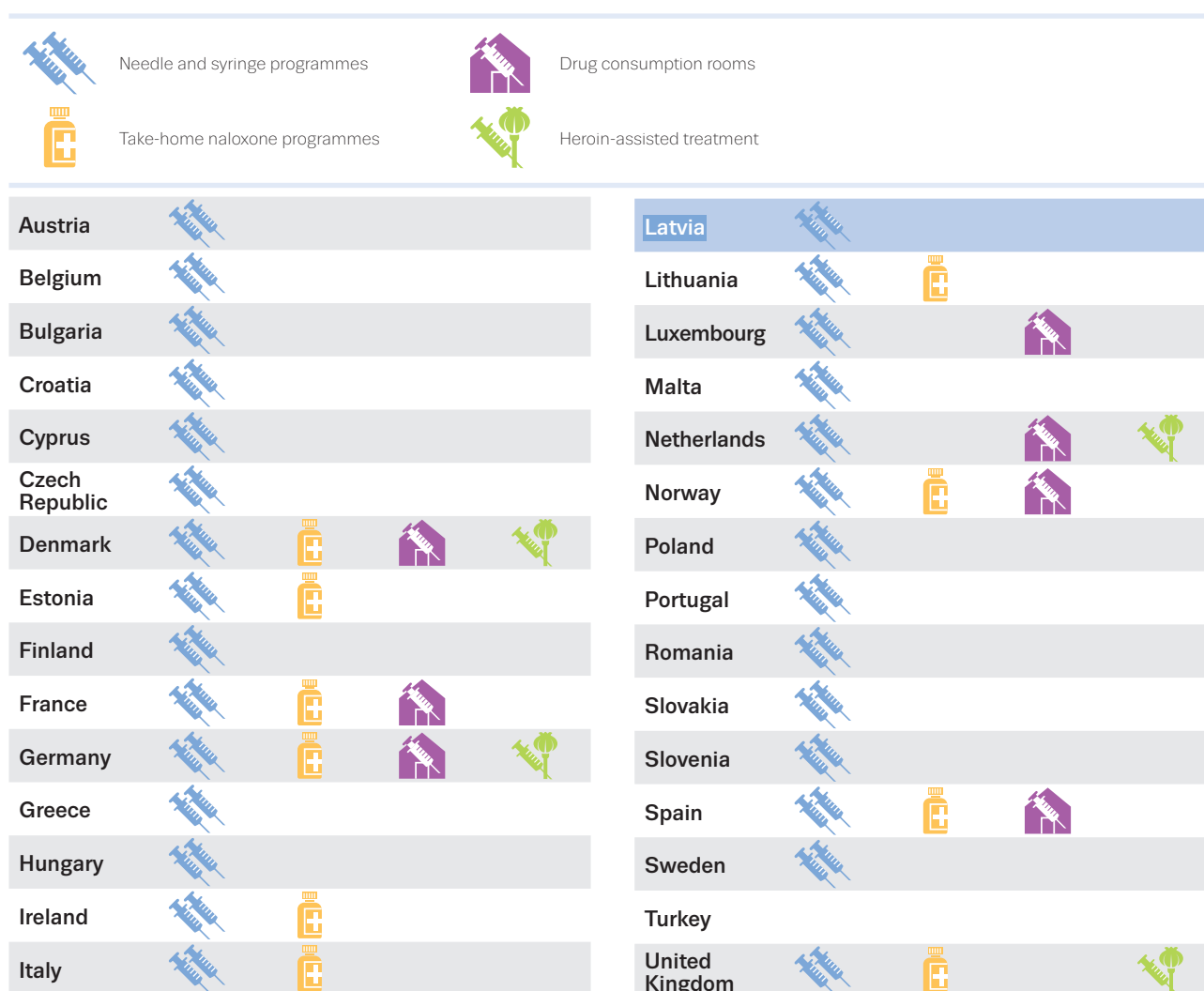
Harm reduction interventions

In 2015, a network of 19 low-threshold centres was operational across the country. These centres provide a wide range of low-threshold services: in addition to the distribution of needles, syringes, disinfectants and condoms, they offer information, outreach and group and individual risk reduction education. Voluntary HIV counselling and testing, and testing for HCV and other infectious diseases, are financed through specific project-based funds from various sources.

The services are delivered at fixed locations, through mobile needle and syringe programmes and outreach workers (Figure 14).

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

In 2015, more than half a million syringes were distributed through these programmes, which is an increase on previous years. Nevertheless, the coverage of syringes distributed by the specialised agencies is still considered to be low, in particular because the overall rate of newly notified cases of HIV infections transmitted through injecting drug use has increased in Latvia in recent years.

In 2015, more than half a million syringes were distributed through these programmes, which is an increase on previous years

Treatment

The treatment system

Another pillar of the current national drug strategy is the development of new treatment options and increasing the quality of and expanding provision of existing treatment services. The national coordination body for drug treatment in Latvia is the Riga Centre of Psychiatry and Dependencies, which is responsible for the delivery, accreditation, monitoring and evaluation of drug treatment. Drug treatment is mainly delivered by institutions that operate under the supervision of the Ministry of Health and are funded by the state budget of the National Health Service. Long-term social rehabilitation is also provided through funds from the Ministry of Welfare. Drug treatment may also be delivered by private, profit-making organisations and is regulated by the Medical Treatment Law.

Drug treatment is available in outpatient and inpatient clinics. Outpatient drug treatment services are provided by narcologists in specialised public or private treatment centres and the services usually address all forms of

FIGURE 15

Drug treatment in Latvia: settings and number treated

Outpatient

Specialised treatment centres (2 630)

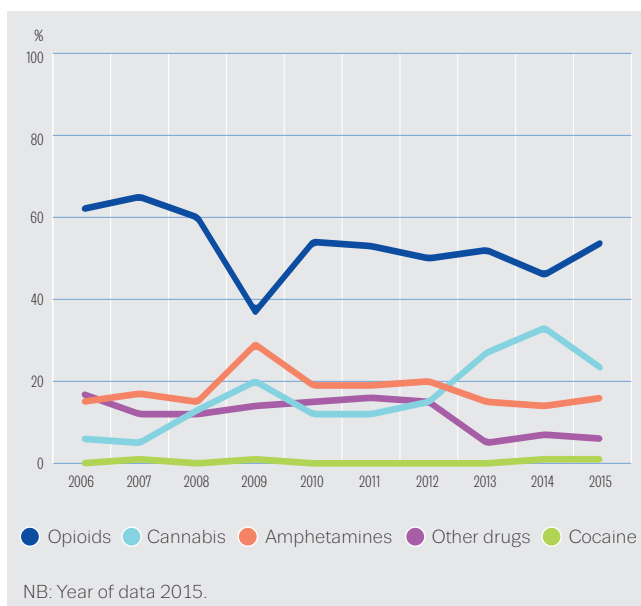
Inpatient

Hospital-based residential drug treatment (296)

NB: Year of data 2015.

FIGURE 16

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



dependencies. Although several low-threshold services provide some psychosocial interventions and counselling to drug users, they are not classified as drug treatment facilities in Latvia. Inpatient treatment is provided by specialised psychiatric hospitals and by regional and local multi-profile hospitals, which are either publicly or privately funded. If treatment is provided by private institutions or practices, the client must fully cover all the costs of the service. Outpatient services provide mainly psychosocial intervention, cognitive-behavioural therapy, motivational interventions and opioid substitution treatment (OST), while inpatient facilities offer emergency care in the event of an overdose, detoxification and short-term psychosocial interventions. Two specialised psychiatric centres provide long-term rehabilitation based on the principle of the 'therapeutic community'.

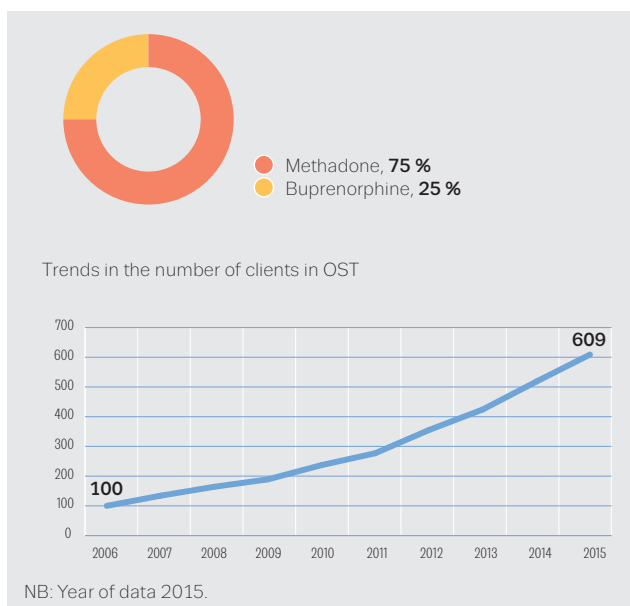
OST with methadone has been available since 1996, while use of buprenorphine was allowed in 2005. In recent years, the availability of OST has expanded beyond the capital city, and it can be prescribed at any inpatient clinic provided that it has a Council of Physicians including at least two narcologists. Methadone is provided free of charge by the state, while buprenorphine is available at the patient's expense.

Treatment provision

In 2015, almost 3 000 people received treatment as a result of drug use, and most of them were treated in outpatient settings (Figure 15).

FIGURE 17

Opioid substitution treatment in Latvia: proportions of clients in OST by medication and trends of the total number of clients



Treatment demand data cover less than 70 % of all those who received drug treatment in Latvia. In 2015, primary use of opioids, mainly heroin, remained the principal reason for treatment entry among all clients admitted to treatment, although a decline in the number and proportion of opioid-related treatment demands has occurred in the last decade. In 2015, around half of treatment entries were attributable to primary opioid use. Cannabis was the second most common primary substance, reported by around 2 out of 10 people entering treatment. In 2014, approximately two thirds of primary cannabis users entering treatment had used synthetic cannabinoids; however, in 2015, the proportion of treatment entries reportedly attributable to these substances declined. The proportion of amphetamine clients among all treatment entrants has remained relatively stable over the years; however, the number of clients entering treatment for primary amphetamine use has decreased (Figure 16).

The geographical expansion of OST and changes in the legal framework contributed to a substantial increase in the number of OST clients between 2006 and 2015, although OST coverage in Latvia remains among the lowest in the EU. In 2015, 609 clients received OST, mainly with methadone (Figure 17).

Drug use and responses in prison

Based on the 2014 study conducted in Latvia on the prevalence of drug use in prison, around 69 % of prisoners report having used drugs at some point in their life, while 49 % report having done so in the last year and 40 % in the last month. Prevalence of drug use was found to be higher among female than male prisoners, and the lifetime prevalence of drug use among female prisoners was found to have increased since the 2010 survey. Lifetime prevalence was highest for cannabis, followed by amphetamines, MDMA, heroin and cocaine. Around 4 out of 10 prisoners had used analgesics or sedatives without prescription. Around one quarter of prisoners stated that they had used NPS, especially synthetic cannabinoids, prior to imprisonment. One third of prisoners had used illicit substances while in prison, most commonly cannabis (26 %), followed by analgesics and sedatives (22 %), amphetamines (18 %) and NPS (18 %). Heroin use in prison was reported by 10 %. A small proportion of prisoners, without prior drug use experience, reported initiation of drug use in prison.

In Latvia, around 17 % of prisoners are infected with HCV and 5 % with HBV; the prevalence of HIV/AIDS is approximately 7%.

The provision of healthcare in prison includes activities and measures implemented through mutual cooperation between several ministries, such as the Ministry of the Interior, the Ministry of Justice and the Ministry of Health. Healthcare for prisoners is provided by the medical department of the prison or the Latvian Prison Hospital.

Drug treatment interventions in prisons include social rehabilitation, self-help groups and OST. Prevention and treatment of infectious diseases are also available. A number of 11 resocialisation programmes were implemented in various prisons in 2014, including a risk and harm reduction programme and a programme based on the 12-step model. Since 2012, methadone maintenance treatment (MMT) has been available to prisoners who had already started it prior to imprisonment. In 2014, 28 inmates received MMT while in prison.

**In 2014, one third
of prisoners used illicit
substances while in prison**

Quality assurance

Implementation of best practice and evaluation of effectiveness in demand reduction activities remain rare in Latvia; therefore, it is planned to promote the use of European Drug Prevention Quality Standards in the planning, implementation and evaluation of prevention programmes.

In order to provide methodological support to local governments, the 'Health Promotion Guidelines for Local Governments' were approved by the Ministry of Health in 2011 and include a special chapter on drug use prevention. The National Healthy Municipalities' Network aims to facilitate exchange of best practices and experiences among municipalities and to provide them with methodological support in solving various issues related to public health and health promotion, including drug use prevention at the local level. The Network is maintained by the Centre for Disease Prevention and Control of Latvia.

Substance and drug use topics and harm reduction are included in the training curricula for many professionals, and these issues are also addressed in the continuing education curriculum.

It is planned to promote the use of European Drug Prevention Quality Standards in the planning, implementation and evaluation of prevention programmes

Drug-related research

The state funds most drug-related research in Latvia within the scope of the National Programme on Drug Control and Drug Addiction Restriction 2011-17. The priority studies, which are used as indicators for the evaluation of implementation of the programme, include a general population survey, ESPAD, studies on drug use in prison, in recreational settings and among pregnant females, and studies of high-risk drug users. All these studies are funded by the Centre for Disease Prevention and Control of Latvia, where the national focal point to the EMCDDA is located, and mainly by EMCDDA grant agreement funds. The municipality of Riga provides funding for some research activities aimed at improving prevention activities at the city level.

Social studies and studies among young people are mainly conducted by university departments, while basic and applied research is carried out by the Latvian Institute of Organic Chemistry. The Latvian national focal point monitors and analyses the public health situation in the country, and disseminates drug-related research findings. Recent drug-related studies mentioned mainly include population-based surveys, while studies on demand reduction and drug policy were also mentioned.

Studies are funded by the Centre for Disease Prevention and Control of Latvia, where the national focal point to the EMCDDA is located

Drug markets

Latvia is mainly a transit country for illicit drugs; however, a small-scale cultivation of cannabis and rare cases of production of synthetic drugs or opiate preparations have been reported.

Data from law enforcement institutions identify a number of illicit drugs smuggling routes. Synthetic stimulants (amphetamine, methamphetamine, MDMA) are brought to Latvia from Lithuania, the Netherlands, Belgium and Germany, for domestic consumption and for further distribution to neighbouring Scandinavian countries. Herbal cannabis is imported from the Netherlands, the Czech Republic and Germany, while cannabis resin originating from North Africa arrives in Latvia from other EU countries, usually en route to Russia. Cocaine, originating from South America, arrives from other European countries in transit to countries outside the EU. Heroin enters Latvia mainly by land from Russia and Belarus. NPS entering Latvia are mainly produced in Asia, and the most recent data indicate that they are further distributed to Eastern European, Scandinavian and Western European countries. In general, illicit drugs are smuggled over the Latvian border by land,

in different types of vehicles, and by rail, as well as by air and through sea ports. There is evidence that illicit substances are increasingly sent by mail or in deliveries.

In 2015, the largest number of seizures involved herbal cannabis, followed by methamphetamine and amphetamine.

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

The reported amount of seized illicit drugs fluctuates, and in 2015 the seized amounts of herbal cannabis, methamphetamine and amphetamine were within the ranges reported in the previous decade. Cannabis resin was an exception — a record high volume was reported in 2015, with the bulk of the substance seized in one large seizure reportedly transiting Latvia (Figure 18).

FIGURE 18

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

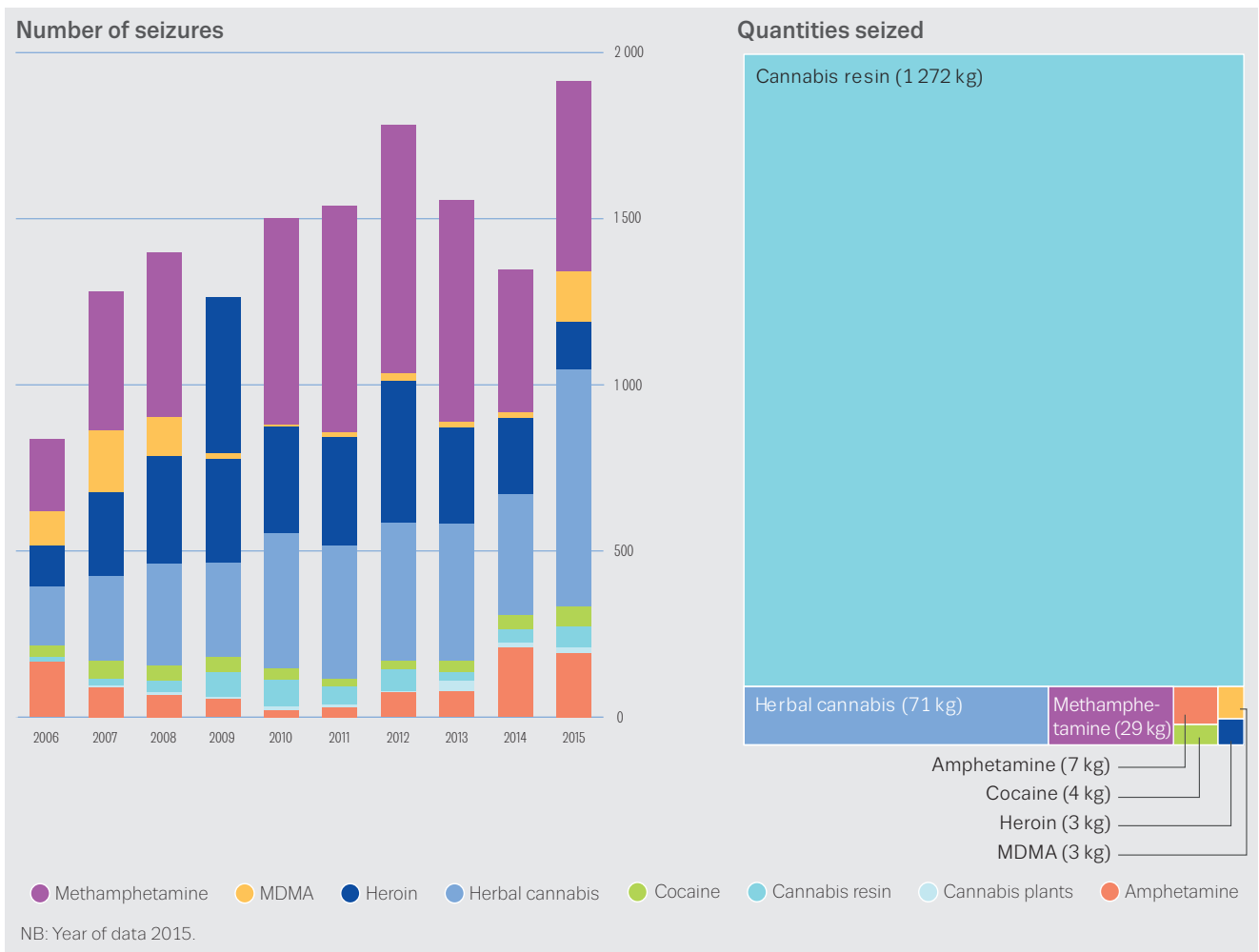


FIGURE 19

Price and potency/purity ranges of illicit drugs reported in Latvia



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

In 2014, seizures of NPS were almost as common as seizures of 'established' illicit drugs; however, in 2015, a decrease in the number NPS seizures was reported, which may be attributed to new control mechanisms. Although synthetic cannabinoids continue to dominate NPS seizures, synthetic opioids, more specifically carfentanil (or mixed seizures of carfentanil and heroin), were detected in about one quarter of all NPS seizures.

The retail price and purity of the main illicit substances seized are shown in Figure 19.

KEY DRUG STATISTICS FOR LATVIA

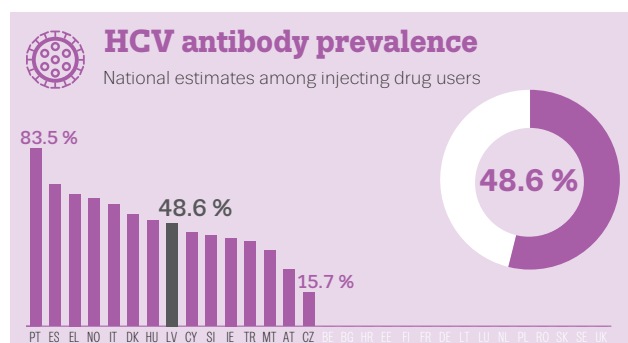
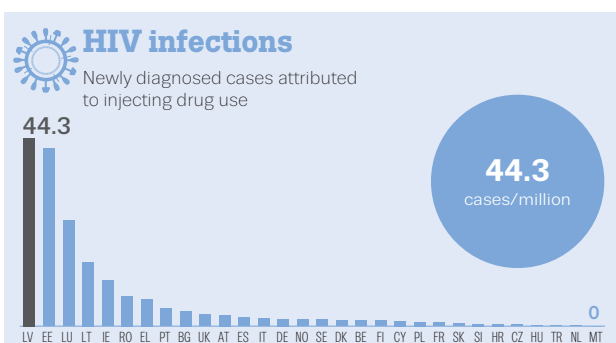
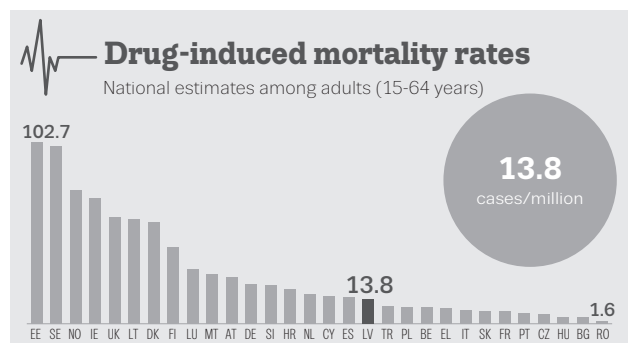
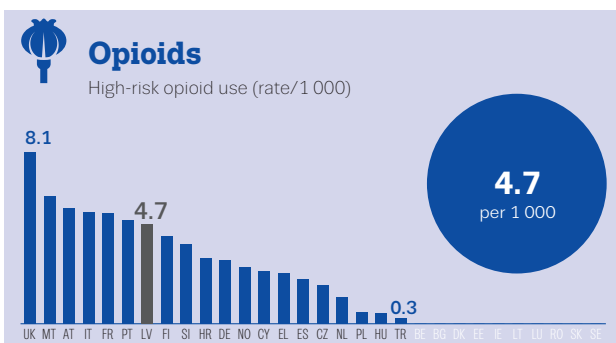
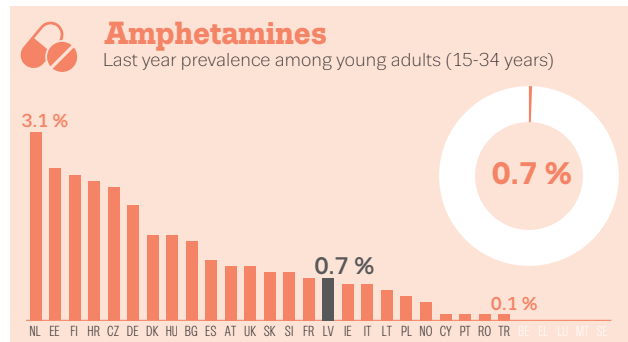
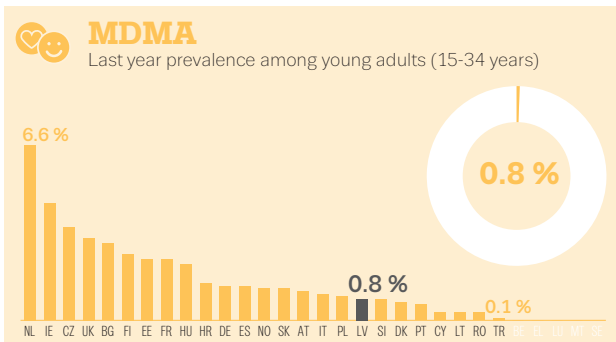
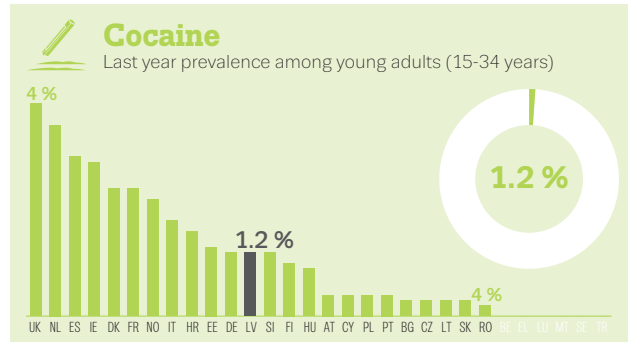
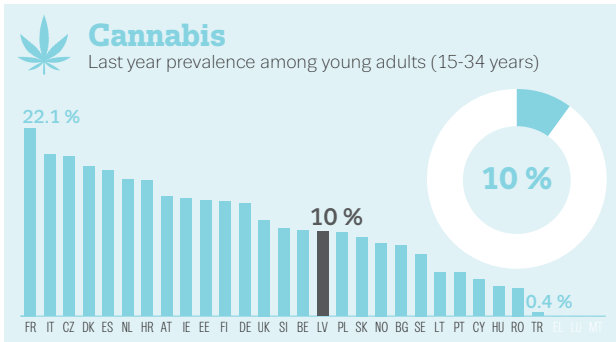
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	16.6	6.5	36.8
Last year prevalence of use — young adults (%)	2015	10	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	4.2	0.3	11.1
All treatment entrants (%)	2015	23	3	71
First-time treatment entrants (%)	2015	36	8	79
Quantity of herbal cannabis seized (kg)	2015	70.9	4	45 816
Number of herbal cannabis seizures	2015	712	106	156 984
Quantity of cannabis resin seized (kg)	2015	1 271.7	1	380 361
Number of cannabis resin seizures	2015	63	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	5-20	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	15-20	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.3	0.9	4.9
Last year prevalence of use — young adults (%)	2015	1.2	0.2	4
Last year prevalence of drug use — all adults (%)	2015	0.5	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	2	0	40
Quantity of cocaine seized (kg)	2015	3.7	2	21 621
Number of cocaine seizures	2015	62	16	38 273
Purity (%) (minimum and maximum values registered)	2015	10-76	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	70-120	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3	0.8	6.5
Last year prevalence of use — young adults (%)	2015	0.7	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	0.3	0	1.6
All treatment entrants (%)	2015	16	0	70
First-time treatment entrants (%)	2015	21	0	75
Quantity of amphetamine seized (kg)	2015	7	0	3 796
Number of amphetamine seizures	2015	192	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	5-96	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	10-20	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.7	0.5	5.2
Last year prevalence of use — young adults (%)	2015	0.8	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	0.3	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	238	54	5 673 901
Number of MDMA seizures	2015	154	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	30-100	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	5-15	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2014	4.7	0.3	8.1
All treatment entrants (%)	2015	54	4	93
First-time treatment entrants (%)	2015	33	2	87
Quantity of heroin seized (kg)	2015	3	0	8 294
Number of heroin seizures	2015	142	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	2-29	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	60-140	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	44.3	0	44
HIV prevalence among PWID* (%)	2014/2015	7.1	0	30.9
HCV prevalence among PWID* (%)	2014/2015	48.6	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2012	9.2	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	13.8	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	524 949	164	12 314 781
Clients in substitution treatment	2015	609	252	168 840
Treatment demand				
All clients	2015	751	282	124 234
First-time clients	2015	391	24	40 390
Drug law offences				
Number of reports of offences	2015	7 521	472	411 157
Offences for use/possession	2015	6 017	359	390 843

* PWID — People who inject drugs.

EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



About our partner in Latvia

The national focal point is located in Centre for Disease Prevention and Control of Latvia. The Centre for Disease Prevention and Control of Latvia is a newly established public institution responsible for data collection and monitoring on different public health issues.

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