EURASIAN HARM REDUCTION NETWORK

DIALOGS
Atbalsta centrs visiem, kurus skar HIV/AIDS
Support centre for those affected by HIV/AIDS

Country report on drug policy situation, reforms, and possible impact on health and human rights of people who use drugs

LATVIA

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The report has been published in the framework of a joint project between NGO Dialogs and EHRN funded by the Open Society Foundations.

Contents

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Introduction

The **aim** of the report is to prepare an overview on the drug policy in Latvia, emphasising aspects of public health, safety and human rights of people who use drugs. Included topics and description of the situation can be used as a contribution to an evidence-based position for the UN General Assembly Special Session on Drugs that will be held in New York in April 2016 (UNGASS 2016).

The content was prepared in accordance to the guidelines received by Eurasian Harm Reduction Network (EHRN) and is divided into **5 sections and 2 annexes**:

1. **Drug related legal framework and policy planning documents** with an emphasizes on penalty policy for drug using and implication of alternatives to coercive sanctions;
2. **Drug policy coordination and key stakeholders** - a description of coordination mechanism and involvement of civil society;
3. **Major changes in drug policy in the recent years** with an emphasizes on those initiatives affecting public health and safety, and human rights;
4. **Best practice in Latvian drug policy**;
5. **Current drug policy issues** in areas related to public health and safety aspects.

Annex 1 - **Preparation for UNGASS**
Annex 2 - **Upcoming initiatives in Latvian drug policy**

Two main **methods** used to prepare the report were desk research and focus group interviews (FG_1 - with people who use/used drugs; and FG_2 - with social workers and specialists), as well as consultation with representatives participating in policy planning and representing Latvia at the Horizontal Working Party on Drugs at the Council of the EU were involved. Each section was prepared by using available theoretical and statistical information, in addition, mirroring opinions of people who use drugs and social workers in order to explore each topic more in-depth and to tackle the impact of the policy.

1.

2. Drug related legal framework and policy planning documents

2.1. Legal framework

The most substantial laws regulating drug circulation in Latvia are *Law on Procedures for the Legal Trade of the Narcotic and Psychotropic Substances*; *Pharmacy Law* and *Law on Precursors*. The sanctions for drug related offences are defined in the *Latvian Administrative Violation Code* (LAVC) and *Criminal Law* (CL). In addition, drug aspects are included in a number of laws regulating health, welfare, justice and other fields. Needless to add, that these laws fully correspond with legislative acts (regulations and directives) adopted by the European Union.

Controlled narcotic and psychotropic substances are listed in three schedules of the Regulation of the Cabinet of Ministers (a decree) No. 847 of 8 November 2005 *Regulations regarding Narcotic Substances, Psychotropic Substances and Precursors to be Controlled in Latvia*. In order to apply sanctions for offences related to unauthorised circulation and use of these substances, small and large quantities are determined in the Annex 2 of the *Law on the Procedures for the Coming into Force and Application of the Criminal Law* (see table 1). For example, in Latvian legislation there is no definition of drug possession for personal use and term “without intention to sell” is used. The sanction can depend on the amount of drug involved in the offence. In addition, there is no distinction by drug type, for example, possession of cannabis or amphetamine in small amounts can result in the same sanction.

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Table 1. Determined small and large amounts of some drugs

Drug	Amount up to which the quantities are recognised as small	Amount from which the quantities are recognised as large
heroin	0.001 g	1 g
marijuana, dried	1 g	100 g
hashish	0.1 g	50 g
Amphetamines (generic group)	0.02 g	2 g
LSD blotter paper	3 units	10 units
Cocaine	0.01 g	5 g

Source: *Law on the Procedures for the Coming into Force and Application of the Criminal Law*

Unauthorised drug use, acquisition and storage of small amounts are administrative misdemeanours that may be punished by a warning or a fine of up to EUR 280, at the same time, the person is warned in writing about criminal liability if he or she illegally acquires or possess drugs in a small amount or uses drugs within one year after the administrative punishment is imposed (LAVC, art. 46). If repeated within 12 months this misdemeanour becomes a criminal offence that can be sentenced with a short-term deprivation of liberty up to 3 months, or community service, or a fine (CL, art. 253[2] Part 1).

Possession of larger amounts than small (see table 1) can lead to a criminal penalty and up to 3 years in prison, but in large amounts with a penalty form 3 to 10 years with or without confiscation of goods, and probation up to 3 years (CL, art. 253).

Supply offences such as production, trafficking, offering, selling, or possession with intent to distribute or supply are always considered as criminal offences. Supply of drugs is punished by 2-8 years imprisonment. If performed by a group - 3-10 years, if in large amounts or by an organised group - 5-15 years (CL, art. 253[1]).[1]

To illustrate drug related criminal situation, it must be mentioned that in 2014 the proportion of drug related crimes among all registered criminal offences had increased by more than 2 percent points from 3.44% in 2013 to 5.76% in 2014. From all 2 995 registered drug related criminal offences in 2014, 47% were related to use and possession in small amounts, 26% - acquisition and storage without intention to sell; 21% - supply with a purpose to sell; 5% - drug smuggling; 1% - supply of NPS (The State Police, 2015, p. 11).

In focus group interviews with people who use/used drugs and specialists an opinion about the existing sanctions was asked, as well as it was asked if many people who use drugs have had a criminal record. In society it is presumed that people who use drugs are involved criminal activities and have been in prison. Results of cohort study among high risk drug users show that 47.5% respondents have been in prison (Trapencieris M. et al., 2014, p. 45).

People who use/used drugs underlined that many users have a criminal record; however, these records usually are not only for drug use. Drug possession, dealing, supply, stealing were also mentioned (FG_1). Also social workers doubted that drug users are sentenced solely for drug use..."tell me please are there really cases now when people get criminal liability solely for using?" (FG_2).

As regards the opinion on sanctions, it was doubted that administrative fines are paid, because for majority the easiest way is to have their sentence in prison (both groups - FG_1; FG_2). Moreover, it

[1] Brief note in English on legal framwork is also available at: http://www.emcdda.europa.eu/countries/latvia

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was added that: “drug users are not afraid from prison anymore”... “sometimes they go there like to a treatment centre”. Financial aspects were also mentioned... “What is the point to spend all this money for expertises, prosecutor, the court expenses?” (FG_1)

In Latvia, alternative to coercive sanctions is possible, for example, conditional release from criminal liability (CL art. 58[1] Part 4, point 5); release from punishment or serving of punishment (CL art. 59, Part 4), conditional release prior to completion of punishment (CL art. 61, Part 6) if the accused / convicted person agrees on drug treatment, however, if treatment not completed, alternatives to sanctions will not be applied.

In focus group with people who use/used drugs, respondents didn’t have much information that this option is used: “if a person has a lawyer, than alternative is offered”...“most of people receive imprisonment sentence”...“persons are mainly accused for other criminal offences, such as stealing (possession or use additional episode - red.), then alternative is not offered”...“if a person has money and support from relatives, by hiring good lawyers they can escape without any sanction” (FG_1).

Specialist mentioned that norm of alternative to coercive sanction is necessary, but in practice it does not function at all: “on the one hand state offers alternative, on the other hand there is no infrastructure and practice in implementing it” (FG_2).

1.2. The National Drug Programme

The National Programme for the Control of Narcotic and Psychotropic Substances and the Prevalence 2011 - 2017 was developed to continue sustainable drug policy planning (the first strategy adopted in 1999). The Drug Programme is an integrated document that includes problem formulation, description of desirable policy areas, an action plan and formulated indicators to assess the implementation of the Programme. The **objectives** of the Drug Programme are:

- to reduce the acceptability of the use of illicit drugs to the society;
- to reduce the harm illicit drugs causes to the population;
- to reduce the availability of illicit drugs.

To achieve the objectives set in the Programme, the action plan containing four main policy areas (directions of actions) has been put forward. Titles of the **policy areas** are:

- Prevention of drug addiction and drug abuse (10 actions);
- Health care of addiction patients and drug users (15 actions);
- Drug supply reduction (12 actions);
- Cross-cutting direction on policy coordination, monitoring, data collection, information analyses (16 actions).

The authorities stipulated as having responsibility for implementation of the tasks set in the Programme are the Ministry of the Interior, Ministry of Education and Science, Ministry of Welfare, Ministry of Health, Ministry of Justice, National Armed Forces, State Police, Prisons Administration, State Revenue Service, Centre for Disease Prevention and Control of Latvia and Drug Control and Drug Addiction Restriction Coordination Council. Ministries, institutions subordinate to the ministries, municipal and non-governmental organisations are involved in the implementation of the Programme.

On the second half of 2014, the **mid-term evaluation of the Programme** was carried out. The aim was to monitor and assess the implementation process (mainly the Action Plan) and to identify necessary changes in order to improve the implementation. Pursuant to the assessment, which also included an update of the exiting trends in the drug situation, several conclusions were made, mainly as regards issues to be considered when planning further policy.

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The results showed that: better availability and accessibility is necessary in treatment interventions for minors, as well as better accomplishment of the full treatment cycle for all patients; better availability and accessibility of risk and harm reduction services, especially better coverage, more clients and more interventions; a coordination with civil society must be improved (Ministry of the Interior, 2014).

After the coordination with other ministries, and assessments of financial possibilities, some new actions were included in the Action Plan in November 2015:

- Training on minimum quality standards in drug prevention (EDPQS);
- Annual actions (campaigns or lectures) in drug prevention;
- An increase in the number of beds in the mandatory treatment for minors;
- The Ministry of the Interior together with the Ministry of Health to organise a regular dialogue with NGOs;
- Improve data collection in the field of drug supply (Ministry of the Interior, 2015).

3. Drug Policy coordination and key stakeholders

In drug policy coordination the highest authority is the **Drug Control and Drug Addiction Restriction Coordination Council chaired by the Prime Minister**. The main task of the Council is to coordinate governmental agencies, municipalities and non-governmental organisations in their efforts to control the circulation of narcotic and psychotropic substances and precursors and to prevent and restrict their illegal circulation and drug addiction. The Council is also responsible for the implementation and evaluation on the National Drug Programme. Meetings of the Council are held when necessary, for example the Council was held once in 2012 and twice in 2014.

At institutional and expert level the responsible body of drug policy coordination is the Ministry of the Interior that represents also the function of the National Drugs Coordinator.

In practice, policy issues and emerging problems are solved in a rather *ad hoc* way, for example, when an issue receives attentions at political level all relevant actors are involved to find a response to the problem, that is, parliamentary groups, civil servants, monitoring authorities, researches, NGOs, youth unions. These actors are also involved in policy planning and development of all main policy planning documents. However, community of people who use drugs has not been directly involved in this dialogue.

At the same time, there are policy aspects which are coordinated regularly, for example, the Commission to coordinate preventions of HIV, TB, STI was established, involving decision makers, NGOs and researchers. Meetings of the Commission are held regularly few times a year.

In focus group interviews specialists were asked about the cooperation with decision makers: “we are participating in a number of meetings, it takes time prepare for them and to attend”…”sometimes civil servants simply brag that they have involved civil society”…”sometimes it is waste of time”… ”decision makers receive salary for it, but we don’t”. It was mentioned that NGOs have very good expertise and it shouldn’t be wasted. There should be a way how NGOs could receive funding for their work. Some new forms of cooperation were mentioned, e.g., expert groups that develop an output (recommendations, plan) and receive funding for their work. Still it was mentioned that voluntary work is a part of NGOs practice (FG_2).

4. Major changes in drug related legislation and policy in recent years

Drug related aspects are included in a number of laws and regulations of different sectors, e.g., health, welfare, internal affairs and other, therefore, each year a number of amendments to the existing laws

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and regulations are introduced and new laws adopted influencing drug situation in a lesser or higher extent.[2]

This report contains more in-depth information on the amendments that, presumably, could have left more considerable impact on public health, safety and community of people who use drugs.

3.1. The control of new psychoactive substances

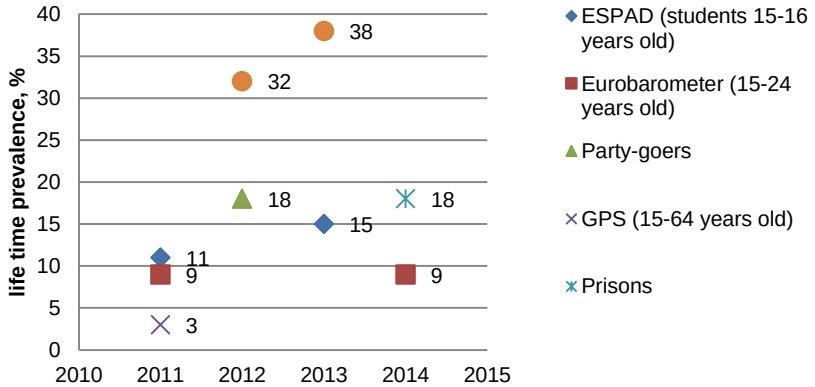
The spread of new psychoactive substances (NPS) at a larger extent started in 2008 when specialised stores selling smoking mixtures containing synthetic cannabinoids were opened. Initially, government responded to this problem by simply listing substances in the list of controlled substances. As a result, by the end of 2013 in total 60 new substances had been added to the list (Sīle L., 2015, p. 26-30). However, by this time it was acknowledged that simple listing did not stop the emergence of NPS. For example, newly controlled substances were immediately replaced by other uncontrolled substances. And in a very rapid way this phenomenon had begun to pose threats to public health and safety.

Surveys indicated that NPS life time prevalence had been high among high risk users, namely, in 2013, 38% respondents of cohort study confirmed that they had bought these substances at least once in their lives. Surveys also showed high prevalence among 15-16 years old students (11% in 2011 and 13% in 2013), young people (9% in 2011 and 9% in 2014), party-goers (18%) and prisoners (18%) (see figure 1, sources[3]).

In order to respond to this threatening issue and due to the high attention of media, it was decided to develop rapid, proactive, strict and precautious control system, aiming to close the NPS "legal" retail market - brick and mortar shops. This system consists of two main elements:

- Substance control by a **generic system** was introduced in April 2013. In broad lines, it means that only basic formula of chemical group is listed, at the same time stating that every substance that falls under the particular group is also controlled. Currently, by the end of 2015 there are 18 generic groups introduced, covering synthetic cannabinoids, cathinones, phenethylamines, amphetamines and other. In practice, law is updated regularly – the latest amendments came into force in June 2015. Substances that do not fall under generic system can be controlled by a temporary ban.

Figure 1. Life time prevalence of NPS in general population and sub-populations, 2011-2014 (%)



- **The temporary ban of NPS** defines that the Centre for Disease Prevention and Control of Latvia may take a decision regarding imposing a ban or restriction for up to 12 months on the manufacturing, acquisition, storage, transportation, forwarding or distribution of NPS or their preparations that are not included in the lists of controlled substances in Latvia, but regarding which information has been received from the Early Warning System or a conclusion

[2] More information on legislatve changes can be find in the national reports to the EMCDDA, avaiable at: http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w203

[3] Figure 2. Sources: **ESPAD** (LaSPAD, 2011, p. 66; Trapencieris M. et al., 2013. p. 20); **Eurobarometer** (European Commission, 2011, p. 19; European Commission, 2014, p. 10); **Party-goers** (Koroļeva I. et al., 2012, p. 75); **GPS - General Population Survey** (Sniķere S. et al., 2011, p. 72); **Prisons** (Kļave E. et al., 2014, p. 35); **Drug users cohort study** (Trapencieris M. et al., 2014, p. 29).

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of a forensic expert institution regarding (Law on Procedures for the Legal Trade of the Narcotic and Psychotropic Substances).

Initially, unauthorised distribution of NPS under the temporary ban resulted in an administrative fine, but, due to the ineffective application, this regulation did not impact the situation at all and "legal high" selling places were still operating. In April 2014, due to the amendments in CL, violation of the temporary ban became a criminal offence. When these amendments came into force all detected 43 "legal high" selling places were closed and, according the observation of the police, new ones have not been opened (The State Police, 2015, p. 5). Also some data on registered intoxication cases by emergency services might indicate that the number of acute health problems has decreased, for example, just before the closure of NPS market in March 2014 the number of acute drug intoxications (diagnoses F11-F19, intoxications of NPS not distinguished) reached 95 cases, but after the closure of NPS retail market in June 2014 only 34 such intoxications were registered (Sīle L., 2015, p. 22).

However, it is still too early to draw final conclusions on the impact left by a high prevalence of NPS and the closure of this NPS "legal" market. It can be added that according of the results of focus group interviews, NPS are not so common on the market anymore and respondents did not indicate any new trend or consequence arising from the closure of this market: "we can say that "Spice" has disappeared" (FG_1). Still, when a direct question was asked to the specialists, if NPS problem was over, the answer was "No". It was added that: "there have never been so many different choices on the market as now" (FG_2).

3.2. Penalty policy reform

In 2013, a penalty policy reform was carried out. The aim of the reform was to ensure effective national response to criminal offences. These changes in the CL have brought the penal system of Latvia closer to the practice of European Union countries (Zīle J. et al., 2013). In practical terms, the penal system became more proportional, the range between minimum and maximum sanctions were decrease, as well some offences were decriminalised, especially those that do no considerable harm to the security and safety of the society. Nevertheless, drug-related offences were considered as offences threatening public health and safety (Jurista Vārds, 2013), therefore, drug use, possession for personal use if committed repeatedly within one year, as well as drug supply are considered as criminal offences.

As regards sanctions leaving an impact on community of people using drugs, major changes can be underlined as follows:

1) LAVC article 103.[2] "Unauthorised Sowing and Growing of Plants Containing Narcotic Substances" was deleted (came into force 1 April 2013), leaving it solely as a criminal offence. This article was applied rather rarely, e.g., in 2011 - twice. The reasoning behind it was the *Council Framework decision 2004/757/JHA laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking* (Article 2, Paragraph 1, point b), stating that each Member State shall take the necessary measures to ensure that the cultivation of opium poppy, coca bush or cannabis plant when committed without right is punishable (Ministry of Justice, 2011). At the same time it needs to be underlined that the paragraph 2 of the same Article 2 of the Framework Decision states that "The conduct described in paragraph 1 shall not be included in the scope of this Framework Decision when it is committed by its perpetrators exclusively for their own personal consumption as defined by national law". Which means that if in national laws "sowing for personal consumption" were defined, it could be considered as an administrative misdemeanour or no offence at all.

2) Imprisonment up to 2 years as a sanction was deleted from CL Article 253[2] Part 1 "unauthorised acquisition or possession of drugs in small amounts without an intention to sell or unauthorised drug use if it is committed by a person who warned of criminal liability, or unauthorised acquisition, storage and use". At the same time new sanction "short-term deprivation of liberty"

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(not less than 15 days and not more than 3 months) was introduced, that is, in practice deprivation of liberty was shortened form 2 years to 3 months. Besides it, also a community service and a fine can be applied.

Results of focus group interviews show that this penalty policy reform has not changed the situation or left visible impact. The only norm that has been noticed is a reduction of the maximum deprivation of liberty from 2 years to 3 months (FG_1).

3.3. Improvements in prisons

As in many other countries, also in Latvia drug issues at prison setting is a sensitive issue. To better understand situation in Latvia a brief summary in the text box on page 9 is added to this report. As it is visible in this summary there are still many issues to solve, however, some changes have been introduced and will be introduced in upcoming years.

- Regulation of the Cabinet of Ministers No. 70 *On procedures of treatment of patients from alcohol, drug, toxic substances, gambling or computer game addictions* (entered into force January 27, 2012). The main benefit of the new regulation is fully redeveloped procedure for the pharmacological treatment of opioid dependence. Moreover, this decree introduced the possibility to continue OST in prisons, if it had been started before detention and imprisonment. Doctor trained in the relevant treatment method shall provide inmates with the opportunity to continue therapy and receive medication free of charge (applies only to methadone). If an inmate had received treatment with buprenorphine, prisoner may continue this therapy at his own cost. According to the statistics, in 2012 the OST with methadone was provided to 14 inmates, in 2013 - 11 inmates and in 2014 - 28 inmates (Latvian Prison Administration, 2013, 2014, 2015).

In addition, in focus group interviews specialists agreed that there must be an option to start OST in prisons, not only to continue (FG_2).

- By signing interinstitutional agreement of 15 April 2013 *On cooperation as regards compensation of medicinal products and medical devices, and health care services in prisons* the system on compensation medicines for inmates was clearly defined.

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Situation in prisons

In 2014, Latvian Prison Administration supervised 11 places of confinement. There were 4 745 inmates (prison load ratio – 81.1 inmates on 1 000 places) at the end of 2014 (Latvian Prison Administration, 2015, p.11*)*.

A study in Latvian prisons, carried out according to a harmonised methodology in 2003, 2010 and 2014 (Ķļave et al. 2014*)*, shows that the number of inmates sentenced for drug-related offences has increased from 8% in 2003 to 32% in 2014.

As regards drug prevalence, the results show that on average every third (32%) convicted person has ever used drugs in prison, 17% convicted person has used them during the last year, but 9% have used them during the last month. The most commonly used drugs in prison are herbal cannabis/cannabis resin (marijuana/ hashish) which at least once in prison have been used by 26% respondents, followed by sedatives and tranquillisers (22%), and amphetamines (18%) (Ķļave et al. 2014, p. 36).

Taking into account the data analysed in 2014 on HIV incidence in Latvia, the proportion of cases diagnosed in prisons (first-registered HIV infections annually) is declining over the last three years. While in the past there was a stable tendency in the country that each fifth HIV case to be diagnosed at prisons, then only one in ten of cases (12.7%, n=43) was actually diagnosed at prisons in 2013. It could, however, be related to the number of tests performed at penitentiary institutions to decrease (National report to the EMCDDA, 2015 p. 69). In 2010, it was calculated that in the prison population in Latvia the HIV prevalence had been around 6–7% more than 30 times higher than in general population (UNAIDS, 2010, p. 10).

According to data available in the National TB case registry, in 2013 among all newly registered TB 5.8% (n=45) were prisoners (HIV, TB and Associated Infections in the Baltic Sea region countries, 2014, p. 98). However, data on HCV prevalence in prisons is very scarce due to unsystematic testing, but in a survey in 2012, exprestesting showed that 34.2% of tests performed to inmates were HCV positive (Ķļave et al., 2014., p. 85).

According to study, OST with methadone and psychological consultations are available in prisons and are gaining overall positive attitude from policy planners and prison employees. On the opposite, syringe exchange program, availability of disinfectants, drug free units have not gain joint positive attitude, and are not available (*Ķļave et al. 2014, p. 91-102*).

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- Decree of 2 June 2015 *On the procedures of healthcare services for detained and sentenced persons* has succeeded previous regulation on healthcare system in prisons. It aims to bring healthcare system closer to the healthcare provided to any other Latvian citizen. It states that state covers emergency, primary, secondary healthcare, emergency dental help and drugs prescribed by a physician of prison.

5.Best practice in drug policy

In years there have been improvements in the field, although they are overwhelmed by issues that still need to be improved. In focus group interviews with specialists it was asked to name positive developments and best practice in Latvian drug policy.

It was mentioned that, even despite financial cuts, there are municipalities which understand the mission of harm reduction and provide support. It was also mentioned, that drug users want to solve their problem and trust to low threshold service increases (FG_2). In addition, there are several projects, which also promises to improve public health and health of people who use drugs (please see Annex 2).

Finally, closure of not-regulated NPS market was underlined as a best practice and gained experience could serve as a learning point for other countries (please see 3.1.).

6.Current drug policy issues

In recent years efforts mostly were dedicated to solve the emergence and a high prevalence of NPS (please see 3.1.), that has been the most visible issue in drugs policy. However, it does not necessary indicate that all the rest policy issues are solved, in contrary, there are vast of issue to improve. In this report an emphasis was put on the aspects related to public health, safety and human rights.

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6.1. Weak social reintegration after imprisonment

One of the issues mentioned by both, people who use drugs and specialists, was difficult reintegration after imprisonment, which is also associated with difficulties to find a job and a proper living space.

In focus group interview with people who use/used drugs it was underlined that: "If a person has been in the prison, potential employer can have this information and decline the position…soon this person is back together with *old friends*, and is selling drugs"…"if a person had penalty, job will be declined"…"there is no social reintegration after prison, there must be better rehabilitations possibilities and centres"…"sometimes people want to make a passport, but cannot because some kind of old crimes appears and police is coming to arrest them" (FG_1).

Also specialists underlined that social reintegration is poor and people after released do not use reintegration possibilities: "resocialisation is only *on the paper* (in laws and planning documents, but not in practice - red.)"…"many people do not want contact with institutions and is trying to solve it with families"…"*friends* are already waiting at the prison exit"…"impossible to get those people for consultation'… "enormous bureaucracy*"…"*allocated living spaces are in very poor condition*"* (FG_2).

Specialists also recommended that system should be made simpler, for example, by using probation and mentors, there should be resocialisation centres, half-way houses, people should receive not only education, but also practical work experience. It was also acknowledged that resocialisation programmes are better in female prison (FG_2).

Important to add that resocialisation problem has been recognised by the Ministry of Justice that in recent years has made efforts to improve legislative framework, infrastructure, as well as practical implementation (see Annex 2).

6.2. Low coverage of harm reduction services, including OST

In Latvia currently there are 19 HIV prevention points (HPP) operating. Although, the service in each point might differ, overall HPP work as low treshold points and social support centres, 6 points ensure outreach work. There are 2 points providing OST with methadone, and some HPP provide healthcare assistance (e.g., Red Cross) (Kaupe R. et al., 2013, p. 9).

According to results of the surveillance mission of ECDC and EMCDDA to Latvia on HIV, hepatitis B and C (ECDC, 2015, p. 34), coverage of needle and syringe programmes is far from necessary to have an impact, too few syringes are distributed, there are missing components in the distributed injection kit, lack of accessible location for people who use drugs are some of conclusions. Moreover, in the *European Drug Report 2015*, Latvia has been assessed as a country with high risk of HIV outbreak among people who inject drugs (EMCDDA, 2015, p.72).

Results of the focus group interviews with people who use drugs and social workers and specialist mirrored the same situation:

Unsatisfied coverage: "more HPP and mobile vans/points for *street work* are needed" (FG_1). "priority should be coverage and more syringes distributed" (FG_2);

Unstable support from municipalities: "support to harm reduction services changes upon the person responsible for it in a municipality, we can't be sure about next year"…"some municipalities do not allow to open prevention points"…"society in general does not understand the mission of harm reduction"(FG_2).

Finally specialists mentioned possible solutions in those municipalities with negative attitude towards harm reduction activities: "there could be additional points/secondary points supported by state, maybe working only few hours"…"this task should be performed by NGOs".

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Another issue is the **implementation of OST**. Even though the number of clients has increased from 189 in 2009 to 518 in 2014 (Veselības aprūpes statistika, 2015), still according to the estimates Latvia has the lowest coverage in the EU of opiod users entering treatment (EMCDDA, 2015, p. 67).

Several problems as regards uptake and continuation of OST were mentioned by focus groups, and were mainly related to coverage and accessibility: ”the cabinet is open at 9 am, I cannot combine it with work”…”more cabinets are necessary, or possibility to take home’ (FG_1). “Misuse of methadone”…”methadone should be more accessible, like in pharmacies or by general practitioners” … “clients could get it on prescription”, …“we should work more on motivation”…”services should be integrated, like methadone programme, social support, psychologist etc.”...”There are cabinets that cannot handle the high demand which leads to low quality” (FG_2).

Also understanding about OST in population in general is misleading and not supportive which is very crucial to gain a better support from state and municipalities. “This programme has low rating in society”...”people need better knowledge on the mission of this programme, and problem of addiction in general”,…”We wanted to start OST in our social support centre, but got very strict “No” from the local municipality” (FG_2).

6.3. Drug treatment should be more qualitative and targeted

Drug treatment has experience decline as regards provided service and coverage since 2009, when due to the economical crises considerably less funding was allocated to healthcare, including treatment. Statistics show that within the last five years, the number of narcological profile beds decreased from 387 beds in 2008 to 232 beds in 2013. The average number of days spent at institution by 1 patient has decreased from 5.4 days in 2008 to 4.1 days in 2013, which suggests that majority of patients arrive at an in-patient clinic for detoxification only and did not continue treatment within motivation or Minnesota programmes, mandatory treatment programme for children or medical rehabilitation (CDPC, 2015, p. 52). In addition, rehabilitation is also provided in religious communes.

The results of focus groups indicated main areas of improvement.

Extent of treatment possibilities is not satisfactory: “only detoxification, motivation and Minesota programmes basically not available” …”as regards rehabilitation, they are provided only by religious organisation, if I’m atheist, I don’t want to participate’ (FG_1). Also specialist noted that: ”different type of programmes should be tailored”…”Only one programme for minors” (FG_2).

Treatment programmes should be tailored, considering needs of patients: “minors are all together, not divided alcohol or drug dependence, also their co-morbidities or special conditions do not matter, they have one programme”…”maybe for some patients only detoxification is necessary”…”for some people full recovery is not the purpose, maybe they want to lower the dose”,… ”now there is an index of dependency, it also could be helpful, we shouldn’t treat everyone, only those in need”.

The quality of provided treatment is very important: “The existing treatment technologies should be evaluated”…”no point to develop big communes”…“We should focus on the result, not the price” (FG_2)…”some specialists do not have understanding of the problem” (FG_1).

Integration of services should be improved, not only as regards, drug treatment and co morbidities, but also low threshold and first aid (wounds and ulcers care, simple electrocardiogram): ”an integrated service should be provided, like narcology and basic health care”, …”we should focus on opiate users”…”primary health care should be more involved” (FG_2).

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6.4. Poor society support and understanding

Some scattered data on tolerance or attitudes towards drug using and drug addictions show that in 2011 in *General Population Survey* 12% respondents perceived drug users as criminals and 38% considered it as disease and another 30% perceive them as both, criminals and people with disease (Sniķere S. et al., 2011, p. 110). Another study in 2015 among inspectors of the State Police included a question "What kind of people you wouldn't like to have as a neighbour?" and drug addicts took the first position (81.7%) followed by alcohol addicts (72.5%) (Treļs Ē., 2015, p. 16). Similar question has been asked also in surveys in other society groups showing similar results, which means that drug addiction is clearly associated with unsafe environment.

Nevertheless, these attitudes indirectly could indicate attitudes of people in ministries, municipalities, treatment centres, hospitals, general practices and society in general. Results of focus group interviews showed that society factor is important in developing treatment, harm reduction, penalty policy and that society should be more educated about addictions in order to receive better support: "General practitioners do not want to have patients who use drugs"... "No one understands the problem (OST doctors - red.)"(FG_1). Social workers underlined this aspect even more: "more information about harm reduction in necessary...negative attitude in society"..."society not informed about OST, that there is a factor of illness"..."some municipalities just think that prevention points are not necessary...why to spend money for syringes, if there are many other problems in the country"..."society does not understand difference between recreational using and regular, and problematic drug use" (FG_2).

6.5. Drug use decriminalisation

Drug use decriminalisation issue wasn't raised neither from people who use drugs, nor by social workers and specialist, but this issue is included in the report since it is becoming more discussed at the international level, including in relation to UNGASS 2016. In 2009, within the framework of penalty policy reform in Latvia, it was proposed to decriminalise drug use, however, due to a sharp opposition the proposal was declined (e.g., www.apollo.lv, 03.11.2009.).

In January 2012, an initiative on marijuana use decriminalisation was launched in Latvia in a form of an on-line petition. If such petition is signed by at least 10 000 citizens older than 18 years, it can be submitted to the Parliament for a debate as an initiative of citizens.

In March 2015, the initiative reached necessary threshold and in July 2015 the debate was held at the Parliament's Mandate, Ethics and Submissions Committee. This initiative did not gain any support from coalition and opposition, therefore, it was completed in the Committee and was not forwarded to the Parliament.

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In July 2015, another similar initiative was launched proposing amendments in order to legalise marijuana medical use. By the middle of December 2015 it had been signed by 290 citizens.

Important to add that according to surveys also society generally supports restrictive policy, for example, the results of *Eurobarometer* No 401 *Young people and drugs* show that 72% respondents agree that cannabis should be banned, which is the third highest score in EU countries (European Commission, 2014, p. 40).

Also specialists were asked question on penalty system, and whether drug use should be decriminalised, as a result there was no consensus on that: ”It (criminal liability - red.) should stay as educational aspect”…”young users go to prison, it is not necessary”…”currently criminal liability is rarely applied for substance use, but for other crimes committed under the influence”…”more human oriented policy is necessary” (FG_2).

The Decision Constitutional Court of Republic of Latvia in case No. 2004-17-01

When discussing decriminalisation aspects in Latvia, as an indisputable argument against decriminalisation is used the Decision of the Constitutional Court “On the Compliance of the Norm “Use of Narcotic and Psychotropic Substances without a Physician’s Designation“, Included in the First Part of Section 253^2 of the Republic of Latvia Criminal Law with Article 96 of the Constitution of the Republic of Latvia.

The claimer on 21 January 2003 was inflicted with an administrative fine in accordance with LAVC Article 46 for using narcotic and psychotropic substances without a physician’s designation. On 29 January 2003 repeated use of narcotic and psychotropic substances without a physician’s designation was detected. Pursuant to it, the court passed a judgment of guilty of a crime, and sentenced the claimer with deprivation of liberty for six months.

The claimers stated that it was restriction of the fundamental rights and that this section of law does not comply with the Constitution of Latvia. The final decision of the Constitutional Court declared that the norm of CL Article 253^2, "use of narcotic and psychotropic substances without a physician’s designation" is conformable with Article 96 of the Republic of Latvia Constitution.

In simple words, this decision states that criminal liability for drug use is fully in compliance with the Constitution of Latvia.

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Annex 1: THE PREPARATION FOR UNGASS 2016 (updated 05.08.2016.)

The preparation for the General Assembly Special Session on the world drug problem (UNGASS 2016) which was held 19 - 21 April 2016 in New York on the governmental side was ensured by the Ministry of the Interior that drafted the official state position and coordinated it with other state institutions. This state position fully supported values set out in the EU official position. Latvia's special interest was cautious and negative attitude towards drug use decriminalization and various *alternative policies* which support more liberal approaches than the ones set in the UN Conventions. [4]

The preparation on behalf of civil society was organized EHRN and support centre "DIA+LOGS". Within the framework of the preparation a meeting with specialists from Latvia, Lithuania, Belarus, the Ukraine and Moldova was organized, as well as joined meeting of Latvian civil society and representatives of state institution, including the Ministry of the Interior. As a result the final state position was improved with recommendations of civil society, emphasizing the proportionality of sanctions for drug related crimes and values of risk and harm reduction, as well as importance of the involvement of civil society in drafting policy and in decision making.

Latvian civil society was represented at the 59th of the Commission on Narcotic Drugs on 16 April 2016, where a member of the EHRN Vjačeslav Šellar gave a speech.[5] This was the first time when a representative of people who use drugs in Latvia gave the speech in the meeting at such level. In his speech he expressed worry about the final UNGASS 2016 outcome document and criticized the governmental institutions about the consultation process with civil society in preparation for UNGASS 2016.

V.Šellar underlined that UNGASS 2016 outcome document must be based on human rights, health care principles and evidence-based treatment. A high treatment effectiveness and risk and harm reduction programs must be provided for people who use drugs instead of repressive approach. In addition, The UNGASS 2016 outcome document should call for meaningful involvement of civil society in policy, programs and services as one of the fundamental principles of effective and transparent drug policies. Later representatives of countries indeed discussed about necessity to emphasize prevention, health care of drug users, because the *War on Drugs* is not the only way to deal with increasing world drug problem.

[4] The speech of Latvian representative at UNGASS 2016 Mrs. Evika Silina available here: http://www.iem.gov.lv/lat/aktualitates/?doc=31496
[5] V.Šellar speech in Russian is available here http://ej.uz/zumk, translation in English here: http://ej.uz/bouo; video here: http://ej.uz/bdqi

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Annex 2: Upcoming initiatives in Latvian drug policy

1) From 2016 medicines in HCV out-patient treatment will be fully covered by the state. Previously compensation for medication was 75% and, provisionally, the ration of treated persons will increase from 50% to 80%. In addition, from 2016, HIV treatment will be started at the earlier stages as of the World Health Organisation (Ministry of Health, 26.11.2015.).

2) Within the project *New Department of Olaine Prison, Including Construction and Personnel Training* it is planned that in April 2016 the Addiction Centre in Olaine Prison will be open with 200 places for inmates who want to treat addictions voluntarily. It is planned to use the methods of re-socialization that were developed in cooperation with project partners from Norway and the Poland Prison Administration (programs "Minnesota/Atlantis" and "Pathfinder") (Norway grants).

3) According to the *Programme on Resocialisation of Prisoners 2015-2020*, the additional funding is planned to support resocialisation infrastructure and its practical implementation. It includes actions such as introduction of drug-free units in prisons by 2018, specific employment programme for people after release, educational programmes in prisons (Ministry of Justice, 24.09.2015.).

4) *Latvian Public Health Programme 2014-2020* is a comprehensive policy document that covers main public health aspects, including two actions to prevent and treat addictions (Ministry of Health, 2014). In particular:

- Action 2.16. requests to "Reduce the extent of addiction in society, especially among populations at risk of social exclusion and poverty" by a number of actions such as peer involvement, seminaries, support groups, minor campaigns and other. The funding for these activities will be obtained from the state budget and European funds.
- The Action 6.1.18. asks to "Ensure continuous availability of drug treatment (detection, motivation, specialized treatment, rehabilitation) for population, including as regards inpatient treatment such as motivation and Minnesota programme". The objective of this action is to increase availability covering proportionally more people in a need of treatment. However, the funding for this action has not been set and the amount of allocation will be planned each year.

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Sources and literature

Unpublished sources:

1. The State Police (2015). The report on the illicit drug market and drug-related crime in Latvia in 2014.
2. The State Police (2014). The report on the illicit drug market and drug-related crime in Latvia in 2013.

Results of the Focusgroups:

1. FG_1: Focusgroup No 1 with people who use drugs (8 persons). Conducted on 07/12/2015
2. FG_2: Focugroup No 2 with social workers and specialists (8 persons). Conducted on 09/12/2015

Statistical data:

1. Veselības aprūpes statistika (2015). Psihiskie un uzvedības traucējumi psihoaktīvo vielu lietošanas dēļ. Slimību profilakses un kontroles centrs // http://www.spkc.gov.lv/veselibas-aprupes-statistika/

Policy documents

1. Iekšlietu ministrija (2011). Narkotisko un psihotropo vielu un to atkarības izplatības ierobežošanas un kontroles pamatnostādnes 2011.–2017. gadam. // http://polsis.mk.gov.lv/view.do?id=3601
2. Iekšlietu ministrija (2014). Informatīvais ziņojums par Narkotisko un psihotropo vielu un to atkarības izplatības ierobežošanas un kontroles pamatnostādņu 2011.–2017.gadam ieviešanu no 2011. līdz 2013.gadam // http://polsis.mk.gov.lv/documents/3601
3. Iekšlietu ministrija (2015). "Grozījumi Narkotisko un psihotropo vielu un to atkarības izplatības ierobežošanas un kontroles pamatnostādnēs 2011.–2017.gadam" // http://tap.mk.gov.lv/lv/mk/tap/?pid=40366653
4. Tieslietu ministrija (2011). Anotācijas tiesību aktu paketei Nr.90/TA-1028 (2010) // http://titania.saeima.lv/LIVS11/SaeimaLIVS11.nsf/0/F8EAF0BB07FCB67AC225793300488419?OpenDocument
5. Tieslietu ministrija (2015). Par Ieslodzīto resocializācijas pamatnostādnēm 2015.-2020.gadam // http://likumi.lv/doc.php?id=227190
6. Veselības ministrijas (2014). Sabiedrības veselības pamatnostādnes 2014.-2020.gadam // http://polsis.mk.gov.lv/documents/4965
7. On the Compliance of the Norm “Use of Narcotic and Psychotropic Substances without a Physician’s Designation“, Included in the First Part of Section 253^2 of the Republic of Latvia Criminal Law with Article 96 of the Constitution of Latvia: http://www.satv.tiesa.gov.lv/?lang=2&mid=19

Literature:

1. C hepatīta slimniekiem no nākamā gada nodrošinās 100% medikamentu kompensāciju. Veselības ministrija, 26.11.2015. // http://www.vm.gov.lv/lv/aktualitates/4906_c_hepatita_slimniekiem_no_nakama_gada_nodrosinas_100_medikam
2. CDPC (2015). National report 2014: Latvia. *EMCDDA, Lisbon*
3. CDPC (2014). National report 2013: Latvia. *EMCDDA, Lisbon*
4. ECDC (2015). HIV and hepatitis B and C in Latvia: Report on ECDC–EMCDDA joint technical mission, 2–4 September 2014. Stockholm: ECDC
5. EMCDDA (2015). European Drug Report 2015. Trends and Developments. Lisbon: EMCDDA
6. European Commission (2011). Flash Eurobarometer 330: Youth attitudes on drugs.
7. European Commission (2014). Flash Eurobarometer 401. Young people and Drugs.
8. Ieslodzījuma vietu pārvalde (2015). Ieslodzījuma vietu pārvaldes 2014. gada publiskais pārskats. Riga: Ieslodzījumu vietu pārvalde
9. Ieslodzījuma vietu pārvalde (2014). Ieslodzījuma vietu pārvaldes 2013. gada publiskais pārskats. Riga: Ieslodzījumu vietu pārvalde

The report has been published in the framework of a joint project between NGO Dialogs and EHRN funded by the Open Society Foundations.

10. Ieslodzījuma vietu pārvalde (2013). Ieslodzījuma vietu pārvaldes 2012. gada publiskais pārskats. Riga: Ieslodzījumu vietu pārvalde
11. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNGASS country progress report: Latvia. Latvia, Riga, 2010; Pp. 10.
12. Kaupe, R., Trapencieris, M. (2014) *Operation of HIV prevention points in Latvia and their future development courses*. Riga: The Centre for Disease Prevention and Control
13. Kļave et al. (2014). *Narkotiku lietošanas izplatība ieslodzījuma vietās Latvijā 2014.gadā*. Pētījuma rezultāti. Riga: Slimību profilakses un kontroles centrs
14. Koroļeva, I., Trapencieris M., Sniķere S., Kārkliņa I., Jankovskis M., Krieķe L. (2013) Narkotiku lietošana izklaides vietās 2012. gadā. Riga: Slimību profilakses un kontroles centrs.
15. Koroļeva, I., Trapencieris M., Sniķere S., Kārkliņa I., Jankovskis M., Krieķe L. (2013) Narkotiku lietošana izklaides vietās 2012. gadā. Riga: Slimību profilakses un kontroles centrs.
16. Krimināllikuma un Kriminālprocesa likuma jaunās redakcijas komentāri // Jurista Vārds. 19.03.2013 /NR. 11 (762). Pieejams: http://www.juristavards.lv/doc/255470-kriminallikuma-un-kriminalprocesa-likuma-jaunas-redakcijas-komentari/
17. New unit at Olaine prison, including construction and training of staff. Norway grants // http://eeagrants.org/project-portal/project/LV08-0002
18. Par narkotiku atkārtotu lietošanu saglabās kriminālatbildību. Apollo.lv, 03.12.2011 // http://apollo.tvnet.lv/zinas/par-narkotiku-atkartotu-lietosanu-saglabas-kriminalatbildibu/436685Sīle L. (2015). Jaunās psihoaktīvās vielas Latvijā: Situācijas analīze 2007.-2014. Rīga: Slimību profilakses in kontroles centrs
19. Social initiative platform ManaBalss.lv. Marijuana decriminalisation (2012). // https://v4.manabalss.lv/marihu-nas-dekriminaliz-cija/show
20. Summary report (2014): A REGIONAL ANALYSIS: HIV, TB and Associated Infections (hepatitis B and C, syphilis, gonorrhoea and Chlamydia trachomatis) in the Baltic Sea region countries in 2014.
21. Trapencieris, M., Sniķere, S., Koroļeva, I., Kārkliņa, I. (2012). ESPAD 2012. Atkarību izraisošo vielu lietošanas paradumi un tendences skolēnu vidū. Riga: Slimību profialkases un kontroles centrs
22. Trapencieris, M., Pētersons, A., Sniķere, S. (2013). Alkohola, tabakas un narkotiku lietošanas izplatība skolēnu vidū Latvijā. Metodoloģiskā pētījuma rezultāti Riga: Slimību profialkases un kontroles centrs, SIA "Socioloģisko pētījumu institūts"
23. Trapencieris, M., Sniķere, S., Kaupe, R. (2013). *Narkotiku lietošanas tendences un paradumi Latvijā: narkotiku lietotāju kohortas pētījuma sestā posma (2012. gada) rezultāti*. Riga: biedrība "Dialogs"
24. Trapencieris, M., Sniķere, S., Kaupe, R. (2014). *Narkotiku lietošanas tendences un paradumi Latvijā: narkotiku lietotāju kohortas pētījuma septītā posma (2013. gada) rezultāti*. Riga: biedrība "Dialogs"
25. Treļs Ē., (2015). Valsts policijas darbinieku tolerances līmenis un spēja strādāt daudznacionālajā sabiedrībā – 2015 // http://www.trels.lv/aptaujas_rezultati_2015.pdf
26. Sniķere, S., Trapencieris, M., Koroļeva, I., Mieriņa, I., Priekule, S., Aleksandrovs, A., Jankovskis, M. (2012). Atkarību izraisošo vielu lietošanas izplatība iedzīvotāju vidū. Pētījuma rezultāti. Riga: Slimību profialkases un kontroles centrs
27. Zīle J. et al (2015). Criminal penalties policy reform in Latvia: dilemmas and possible solutions //Journal of Education, Psychology and Social Sciences. VOLUME 2, ISSUE 1, 2014

EURASIAN HARM REDUCTION NETWORK

DIALOGS

Atbalsta centrs visiem, kurus skar HIV/AIDS

Support centre for those affected by

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