

# Latvia

Dr Astrida Stirna, May 2005

## The country

Country code:	LV
Flag:	red white red
Official language:	Latvian
The Latvian language is a Baltic language, which belongs to the Indo – European family of languages.	
Area:	64,589 km <sup>2</sup>
Ethnic composition:	57,6% Latvians, 29,6% Russians, 4,1% Byelorussians, 2,7% Ukrainians, 2,5% poles, 1,4% Lithuanians, 0,4% Jews, 1,7% other nationalities.
Borders with other countries:	Estonia, Russia, Belarus, Lithuania.
Type of government:	parliamentary republic; largest religious denominations: Lutheran, Roman Catholic and Russian orthodox.
Capital city:	Riga

### Main industries:

The most prosperous production sectors: information technologies, electronics and mechanical engineering, chemical and pharmaceutical industries, wood processing, food processing, textiles.

Independence Day: 18 November.

Independent Latvia (1918 – 1940) was a democratic republic. In 1992 the constitution (Satversme) was adopted. Latvia had a parliament, the Saeima, and many political parties.

More than 60 per cent of Latvia's population in those days lived in the countryside. Latvia was a predominantly agrarian country. When the agrarian reform, one of the most radical in Eastern Europe, was implemented, the number of farms doubled and social tensions diminished. Agriculture ensured for the country self-sufficiency in food and enabled Latvia to carry out active foreign trade in exporting bacon, flax, butter, and timber. Export contributed to the stability of the national monetary system. Industries also developed such as woodworking, food processing, textiles and manufacturing of technical appliances. During the years of the authoritarian rule, state intervention in the economy became paramount, and attempts were made to increase the national share of capital. Social policy was aimed at implementing the principle of social justice, and the social insurance system was well developed. There were notable achievements in the sphere of education and culture; many indicators were on a par with the highest European standards.

Foreign policy was oriented towards peaceful co-existence and ensuring the country's independence. As a member of the League of Nations, Latvia tried to follow a policy of strict neutrality.

Latvia's fate in World War II was determined by the secret protocol of the treaty concluded between Germany and the USSR on 23 August, 1939, according to which Latvia was included in the Soviet sphere of influence. Latvia was forced to allow the presence of the Red Army on its territory, and on 17 June 1940 the Soviet armed forces occupied Latvia. A puppet government was set up, mock "democratic elections" were held, and Latvia was annexed to the USSR. Sovietisation involved not only nationalization of property but also ruthless terror, which culminated 14 June 1941 with deportation of 14,000 Latvian citizens to Siberia.

In 1941 Latvia was occupied by Nazi troops. The hope of restoring an independent Latvia, cherished by many Latvians, did not come true.

As a result of World War II, Latvia lost 450,000 of its inhabitants, and its economy was devastated. Instead of liberation, World War II brought almost half a century of Soviet occupation.

During the years of Soviet occupation (1944/1945 - 1991), Latvia seemingly had all the elements of a sovereign state; however, it had only restricted autonomy at best. Accelerated industrialization and collectivization in agriculture were carried out in Latvia; the heavy influx of workers from other regions of the USSR greatly accelerated the Russification of Latvia. The worst mass repression took place in 1949, when more than 40,000 inhabitants were deported to remote regions of the USSR. At the end of the 1950s, the national communists opposed the accelerated advance of socialism.

On one hand, with regard to its economic, educational and cultural level, Latvia was one of the most advanced regions of the USSR. On the other hand, because of the lack of political rights, ethnic oppression and the continuous presence of large Soviet army contingents, Latvia, along with Estonia and Lithuania, was among those Soviet republics which were ready for drastic changes.

Since the beginning of Gorbachev's perestroika, a new national awakening movement began in Latvia. Unofficial civic organizations sprang up which organized non-violent protests. The leadership of the Latvian Communist party changed; the new one was much more liberal. The Popular Front of Latvia, a mass organization uniting hundreds of thousand of inhabitants of Latvia, was established. In 1989, the Popular Front declared that its goal was to renew the independent statehood of Latvia. On 4 May 1990, the Declaration of Latvia's Independence was passed, which set a transition period for the complete restoration of Latvia's statehood. Actually, a dual government situation developed in Latvia, and the confrontation with the central power in Moscow was intensified. In January 1991, there was an abortive attempt to overthrow the government supported by the people. In August of the same year the "putch" in Moscow accelerated the collapse of the USSR. On 21 August 1991, the Supreme Council of the Republic of Latvia passed the constitutional law "On the Statehood of the republic of Latvia"; international recognition of the independent statehood of Latvia followed soon afterwards.

During the period from 1991 to 2001, Latvia strengthened its democratic institutions, and new political parties emerged. In 1993, the Latvian Saeima renewed its functioning. The presidents of Latvia were elected. In 1994, the Russian troops left Latvia. Many economic reforms were carried out, and the national currency became stable. Despite the above-mentioned signs of progress, many social problems characteristic of a transition period still exist in Latvia, e.g., a low living standard, insufficient income, a high unemployment rate, complex demographic problems and substandard conditions in education, research and health care. The main foreign policy thrusts of Latvia are integration into the EU and NATO, as well as Latvia's regional integration and improving relations with Russia.

### **The demographic situation in Latvia**

**Population change.** At the beginning of 2003 the population in Latvia totaled 2 million 331 thousand. Since early 2000, the number has decreased by 50.2 thousand persons. The urban/rural ratio in the total number of population has not essentially changed – 67.8% of the population live in urban areas while 32.2% live in rural areas. The male/female ratio has not changed essentially over the last two years comprising 46% and 54%, respectively. In Latvia, there is a high population concentration in the capital. At the beginning of 2003, the population in Riga was 739 thousand or 32% of the national population.

For several years already the demographic situation in Latvia is adverse. In 1991 the natural increase of population turned to a minus sign, and it is still like that. Death exceeds birth by 12.5 thousand in 2002 and natural increase per 1000 population is minus 5.3 persons (minus 5.7 persons in 2001).

**Ethnic composition of population.** The decrease in the total number of population has contributed to the changes in the number of separate ethnicities. It has to be noted, however, that simultaneously with increase in the percentage of ethnic Latvians their number still continues to decline. Since 2000, 38 thousand ethnic Latvians have been born while 53 thousand have died, and as a result of vital statistics the number of ethnic Latvians has decreased by 15 thousand. Russians constitute the second largest percentage group in the ethnic composition of the Latvian population. It was the highest at the Population Census 1989 – 34.0%. In 2000, the respective number dropped to 29.6% and the beginning of 2003 it was 29.0%. Natural increase of all major ethnicities (except Romanians) was negative in 2000-2002.

**Age structure of the population.** The low fertility, mortality increase and the negative net migration of the population has contributed to changes in the age structure of the population in Latvia, too. Since 2000 the number of children and minors aged 0-14 decreased by 55.4 thousand and their share in the total number of population has decreased from 18% to 16%. The number of population aged over 60 has increased by 14.4 thousand or from 21% to 22% in the respective period. Since 1993, the part of children and minors in the demographic burden is less than the share of the pension-age population. At the beginning of 2003 the number of children and minors per 1000

of the working-age population was almost 1.3 times less than the number of the pension-age population.

**Fertility.** Since 1987 the number of births has decreased more than twice in Latvia. In 2002, 20 thousand children were born in Latvia - an increase of 380 children compared with 2001.

**Mortality.** A slight fall in mortality rates has been observed in Latvia over last years. In 2002, 32.5 thousand deaths were recorded nationally and the total mortality rate (number of deaths per 1000 population) comprised 13.9 (33.0 thousand persons and 14.0 in 2001 respectively). The overall mortality rates for men exceed the indices of women 1.2 times on the average.

In Latvia, the most prevalent cause of death are diseases of the circulatory system. Neoplasms are the second largest group of causes of death. They accounted for 5.7 thousand deaths in 2002 (5.8 thousand in 2001). It should be noted that mortality due to neoplasms show slight, but steady increase though it declined by 1% in 2002 compared with 2001 while it again by 19% compared with 1990. In 2002 there were 288 deaths for males and 203 deaths for females per 100 thousand of the population of the respective sexes. The majority of them are malignant neoplasms of the respiratory system, stomach and intestinal tract. Male mortality exceeds 6 times the mortality of females due to neoplasms of the trachea, bronchi and lungs, lip, oral cavity and laryngeal neoplasms, and by 1.3 times to neoplasms of stomach. The third place in the causes of death is due to external causes (accidents, poisoning, injuries). Mortality from these causes has slightly decreased over the last years.

In 2002 external causes accounted for 3666 deaths or a decrease of 40 deaths compared with 2001. Intentional self-harm accounts for the highest place in the external causes of death – 18%. Intentional self-harm resulted in 672 deaths in the previous year, 522 were males and 150 females. 602 deaths were attributed to transport accidents, 265 deaths were from assaults, 393 deaths were attributed to falls, 241 deaths were caused by fire, 268 persons drowned, 330 deaths were caused by poisoning.

**Life expectancy.** The average life expectancy of those born in 2002 equals 71.1 years comprising 65.4 years for males and 26.8 years for females.

**Infant mortality.** Infant mortality (mortality of new-borns in the first year of life), which is one of the most important demographic indicators, declines in the country. One of the main infant mortality indicators is mortality, i.e. infant mortality during the first four weeks of life. In 2002, 58% of all infant deaths occurred at the age under 28 days. The majority of deaths, which have occurred during the first month, are attributed to infant deaths during the first week of life. Certain conditions originating in the prenatal period, congenital abnormalities, of which those of the heart are most widespread, are the main causes of infant deaths. Accidents account for 10-20 infant deaths on average annually, while 18 children died from them in 2002.

**Marriages and divorces.** If at the beginning of 1990s about half of all marriages were registered at the age of 20-24 years, only 30% of bridegrooms and brides were at this

age in 2002. The average age of newlyweds keeps increasing. It has to be noted that an increasing numbers of the population do not want to register their marriages neither in register offices nor in church. The high number of illegitimate births and the fact that in 74% of illegitimate births information no father is given gives evidence of this. Intensity of divorces has dropped in Latvia over the last years. Families with minors of all divorces in 2002 were 66%.

### **Alcohol consumption**

Consumption of alcohol has had long traditions in Latvia. This could be attributed to its geographical position (Latvia being the boundary between the Western and Eastern markets) as well as the national oppression which has lasted for centuries. For centuries, however, use of alcohol in Latvia has not surpassed average indices of those in other European countries.

The use of alcohol in Latvia has always lacked stability. Thus the increase in the use of alcohol during the late 19<sup>th</sup> and early 20<sup>th</sup> century was replaced by a decrease of drinking habits during the twenties and thirties of the 20<sup>th</sup> century. There were years of Latvia as a free state. The tendency of decrease of the use of alcohol was determined by increase of national confidence, a systematic antialcohol campaign at schools as well as other activities of various social organizations.

From 1914 to 1917 the decree of a “semi dry law” which was issued by the tsarist government in Russia ruled in Latvia. In 1920, a law was passed which regulated the production, marketing and to a certain degree the use of alcohol. During the 20ies compared to the year 1913 alcohol consumption decrease. Since 1932, however, it has increased again which could be explained by the existing difficulties in economics and a sense of insecurity because of the threat of a new World War. Thus the law of alcohol abuse was liberalized under pressure of producers and dealers.

After World War II the use of alcohol rapidly increased. Compared to 1940, alcohol use in Latvia had increased 4,4 times by 1984. The consumption of wine had increased 27,8 times, while that of beer 4,8 times; the population, however, had increased only by 40 %.

Increase in alcohol consumption was due to changes among the population and its cultural level, which, in its turn, was caused by forceful emigration of one part of the population on one hand and on the other hand, a large number of immigrants coming from the USSR. Increase in alcohol consumption by inhabitants was the result of forced formation of collective farms in the country, problems of living conditions and nourishment, increase of stress due to these irregularities, decline in education, health protection etc. All these problems created a favorable medium for increased alcohol consumption.

In liberated Latvia an antialcoholic educational system was introduced which helped to minimize problems of alcoholism. In the 80ies (ten years before attaining independence) the economic and moral crisis increased together with the movement of democracy and national liberation. It was also the beginning of political and economic

reforms. In 1985 an attempt was made to improve the economic and moral crisis, which also included an antialcohol campaign. It embraced legislation, production and trading alcoholic beverages as well as educational problems. This campaign lasted for 2 years and ended in a traditional way of solving difficult problems, namely, by prohibition and repressions.

This policy failed because the prevention work was poorly carried out. Decrease of alcohol production and a continuous raising of prices brought about the opposite effect. It found its expression in a wrathful population, production of illegal alcohol at homes, use of substitutes and an increase in black marketing.

The highest point of alcohol consumption occurred in 1980; it was 11,3 l per capita. After 1980 alcohol consumption decreased to 5 l of absolute alcohol. Consumption of vodka continued and its proportion was 60 % in the common alcohol structure. In the late 80<sup>ies</sup> consumption increased again; the registered alcohol consumption varied from 6-8 l in 1993 to 1999.

The beginning of the 90<sup>ies</sup> is characterized by a dramatic period of transition. It was a time when market economy started to replace planned economy. Decrees were passed which enabled private structures to produce and sell alcohol. The state monopoly on alcohol was lost. The legal marketing of alcohol was partly substituted by an illegal one. In 1994, the number of alcohol created psychoses had reached its highest level.

Towards the end of the 90<sup>ies</sup> prices on alcoholic beverages increased because of the growth of excise tax. Prices of strong alcoholic drinks increased more rapidly than those of wine and beer. A high consumption of alcohol, however, remained stable. Consumption of alcoholic drinks were higher in the second half of the 90<sup>ies</sup> than that at the beginning of the decade. That was mainly due to the consumption of illegal alcohol. Alcohol Consumption reached its peak 7,6 l in 1994; then it started decreasing, reaching the 6,45 l limit on July, the first, 2001.

Beginning with 2002 alcohol consumption again increased, reaching its peak -7,06 l, while in 2003 it had already reached the 7,9 l level. An analysis of alcohol consumption shows that by 2003 drinking strong alcoholic beverages and beer had increased.

### **Administrative structure of alcohol policy**

On the 21<sup>st</sup> of February, 1995, the Council of Ministers issued the order N 81 "On forming a commission for alcohol restriction" in order to form a State alcohol policy. This commission however did not work for a long time and did not elaborate documents on alcohol policy. The commission stopped working because another commission was confirmed naming concrete persons, who did not work in these appointments any more. In 1998 the law of Alcohol turnover had been accepted, which determined the alcohol policy. This law did not control effectively enough the restriction of alcohol trade both in time and place. Therefore it was altered. Suggestions as to the necessity of changing the law were received from the population, from local authorities and specialists of the health service.

The activities of the National Council of alcohol restriction was renewed on the 25<sup>th</sup> 02.2003 in order to minimize the harm and after effects created by alcohol. Conditions of the Cabinet N 88 “Statutes of the Council for restriction of alcoholism” gave concrete directions for the activities of the Council. The directions of the Cabinet N 189 dating from the 30<sup>th</sup>.04.2003 “About the Council of alcohol restriction” confirmed the members of the council; the Health minister and the state secretaries were confirmed as members of the council, as well as the Head of the Local authorities and the chairman of Latvia free trade-union and the vice-president of the Confederation of employers. On the 21<sup>st</sup>.12.2004 with the decree of the Cabinet N 1046 the Director of the State Addiction Agency was also included.

The Council of alcohol restriction takes part in working out the state policy of alcohol restriction and diminishing its consequences, coordinates the activities of state and regional institutions. The Council also takes active part in the elaboration of projects of legal acts connected with the alcohol policy. The decisions of the Council are of advisory character.

The National Council of alcohol restriction has taken active part in elaborating “The Programm for Reduction of Alcohol Consumption and Restriction of Alcohol Addiction for 2005-2008” by handing in suggestions for the alcohol policy.

On the 19<sup>th</sup>.01.2005 the decree of the Cabinet N 40 confirmed the programme worked out by the Health ministry: “The programme worked out for the decrease of the use of alcohol and restriction of alcoholism for the years 2005-2008”. There are three main directions for bringing the programme into operation – restriction of supply, diminishing of demand and decrease of risky and harmful use of alcohol.

The decree of the Cabinet N 150 from the 9<sup>th</sup> 03.2004 on the introduction of the programme for implementing “Public Health Strategy of Latvia” for the years 2004-2010 establishes activities for the decrease of harmful use of alcohol.

The State alcohol policy of the Latvian Republic (LR) is directed towards decrease of alcohol use, at the same time protecting the economic and social interests of the State. Alcohol turnover (production, processing, refinement, packing, import and export, storing, moving, distribution) is a licensed transaction in this State.

### **The structure of administration for implementing the alcohol policy.**

The State Alcohol policy LR is regulated by the law of “Excise taxes”, the law of the turnover of alcoholic drinks and the regulations of the Cabinet N 232 dating from April the 1, 2004”, “Regulations of the turnover of excise goods” as well as a number of subordinate normative acts. The implementation of the Alcohol policy is carried out by the Ministries of Finance, Economy, Health and Agriculture in conformity with their possibilities. Supervision of Alcohol turnover is carried out by several state supervisory institutions such as the State income service, the State police, the police of local authorities etc.

After obtaining independence in 1991 a unified control of alcohol turnover was established since 1994, by organizing a department of Spirits monopoly, which is being operated under the auspices of the Ministry of Finance. It was restructured in the year 2000 into the Department of Excise goods. In 2000 it was included into the Department of State income, thus establishing a more stable State Alcohol policy by means of market control and tax collection.

The administration of Excise goods of the State income service plays a coordinating role in alcohol turnover, carrying out the lawful activities of the “State income service” as far as possible. As an example the most essential of these are:

- it summarizes and prepares the materials handed in by entrepreneurs to the Licensing committee in order to obtain licenses;
- it ensures consultations to enterprises connected with the turnover of alcohol by carrying out the demands of some normative acts;
- it carries out the supervision and handing out of the trademarks for alcoholic drinks and their turnover;
- it carries out servicing the necessary supervision of taxes for alcohol delivery and supervises how it is carried out;
- it ensures regular statistic information and its summarizing from the entrepreneurs who deal with the turnover of alcohol, and the analysis of the information obtained;
- it ensures supervision of alcohol turnover defined in legislations and resolutions at the sites of commercial activities;
- it examines administrative violation of alcohol turnover.
- Administration of excise taxes in the LR is carried out by the State income department.

The control of alcohol quality and safety is conducted by the LR Health Ministry, as well as the structural units of the Ministry of Agriculture, namely, the Sanitary border inspection and the Food and Veterinary department.

### **The policy of excise taxes.**

The use of excise taxes for alcoholic drinks is an essential factor which influences the use of alcohol. The highly differentiated excise taxes are intended to decrease the use of strong alcoholic drinks. The 2. appendix is devoted to the influence of excise tax on the changes of the structure of alcohol:

- The use of “spirited” alcoholic drinks which has a comparatively high excise tax, has a stable tendency to decrease. It has greatly decreased after 1999 when the excise tax was significantly increased. If the year 1995 showed a 25 % use of vodka, liquor, spirits, cognac and brandy (not including a 70 % beer), the percentage in 2003 has dropped to 11,6 %.
- During the last decade, the use of wine was on the average 13 % a year. The highest percentage of wine consumption was in 2000 which can be explained by the increase of taxes which was 20 % compared to the 34 % of taxes for “spirited” alcoholic drinks.



- Beer as an alcoholic drink, has the lowest amount of taxes (Up to the 1. of January, 2000 excise tax was only imposed on a 5,5 % strong beer. On the other hand the excise tax for beer is lower than the minimum tax rate in the EU). It comprises the highest proportion in the structure of the use of alcoholic drinks, besides, the proportion has a tendency to increase: from 64 % of the whole use of alcohol in the state in 1995 it has increased to 75 % in 2003. One should take into consideration that this information from the Control Bureau of statistics also includes illegal consumption, which has lately been 15 – 20 %.

According to the information given by the entrepreneurs who deal with licensed alcohol, the consumption of alcohol in 2004 has increased by 10 % compared to the indices of previous years. The use of alcoholic cocktails and fermented drinks, particularly cider, has significantly increased. However, drinking beer has decreased by 9 %. This change in the use of alcoholic drinks could be explained by the comparatively cool summer period as well as the fact that the producers of alcoholic drinks in Latvia try to satisfy the increasing demands for a wider choice of spirited alcoholic drinks containing a comparatively low level of alcohol.

In 2004 the whole income of the State budget from excise tax comprised 236,93 million LVL (lats) (including petrol, oil, tobacco products, alcohol, coffee, non - alcoholic beverages et. al.), the tax received from alcohol comprising 22,4 %. The income from excise tax on alcohol in 2004 was 53 million, which is the highest index since the introduction of this tax in the LR. One should note that the added value tax on alcohol is calculated and paid in the same way as for other goods and other services; i.e. 18 % from the value of the deal and the common income of the state are not separately registered.

### **The policy of licensing.**

The Licensing Commission of the State Income Service of the LR hands out licenses for the commercial activities of alcohol turnover. This is based on the submission of entrepreneurs and additional documents.

Up to the year 2000 licenses for commercial activities were issued for a definite period of time, i.e. for retail trade of alcohol up to 1 year; licenses for the production of alcohol; its import and distribution were handed out for 3 years.

During the period from Jan. the 1, 2004 up to April, the 30, 2004, licenses for commercial activities of alcoholic drinks were handed out for an indefinite period of time:

- for the production and sales of raw spirits and spirits;
- for production and sales of alcoholic drinks;
- for import and issue of alcoholic drinks and spirits for free turnover;
- for wholesale trade of alcoholic drinks and spirits;
- for retail trade of alcoholic drinks.

Since May the 1<sup>st</sup>, 2004, when the law about the “Excise tax”, came into force the “Law of the turnover of alcoholic drinks” and the conditions issued by the Cabinet N232 dating from April, the 1<sup>st</sup>, 2004”, “The turnover of excise goods” lost its license for the production of raw spirits and spirits and their implementation, for the production of alcoholic drinks and their implementation as well as the license of free turnover of alcoholic drinks and their import.

Beginning with May the 1, 2004, the following licenses for alcoholic drinks came to be handed out for an indefinite time:

- excises for the operation of warehouses;
- for the confirmation of trader activities;
- excises for the activities of tax representatives;
- for wholesale trade of alcoholic drinks;
- for retail trade of alcoholic drinks;
- for retail trade of beer, if retail traders dealt only with beer.

### **Restrictions of availability**

On the 22<sup>nd</sup> 04.2004 the Parliament adopted “The law of the turnover of alcoholic drinks”, which came into force on the 1<sup>st</sup> 05.2004. This law strictly controls the place and time of alcohol sale and the quality of alcohol: it also determines restriction of alcohol advertisement and conditions of licensing.

Item 6 of the law of the turnover of alcoholic drinks has determined the following restrictions for the retail trade of alcoholic drinks:

Retail trade of alcoholic drinks is forbidden:

- on the premises of educational and treatment establishments, in military and police institutions and on their territories;
- in kiosks, booths and buildings, which do not function;
- on premises, where there are no shopping centres or their size is smaller than 20 m<sup>2</sup> ;
- in shopping centres, which are installed in multistoried apartment houses if they have a common entrance;
- from 22.00 till 8.00, except in those retail shops, where alcoholic drinks are dealt out in glasses for drinking on the site, as well as in tax free trading places;
- in shopping places with slot machines;
- from vehicles, except from specialized commercial trucks.

It is forbidden to offer alcoholic drinks to young people under the age of 18.

It is forbidden to offer alcoholic drinks gratis (except for degustation), or as a present, or as compensation for buying as other goods or receiving some kind of service.

The law for the turnover of alcohol determines that wholesale or retail trade of alcohol is permitted in places of alcohol sale, which are indicated in the license, and which are separated from the territory where other persons work.

The law regulates the advertised information; it should warn society about the harmful influence of alcohol. At least 10 % of such advertising should be included in the commercial.

The law of the turnover of alcoholic drinks provides restrictions in the advertisements of alcohol.

In the advertisements it is forbidden:

- to show persons drinking alcohol;
- to make use of Latvian state symbols;
- to express opinion of alcohol as a kind of medication;
- to connect the use of alcoholic drinks with athletic activities or driving;
- to express opinion as to the stimulating or tranquillizing actions of alcoholic drinks or as to their help to solve personal problems;
- to show abstinence or temperance as harmful when using alcohol;
- to create an impression that the use of alcohol ensures success in the social and sexual sphere.

The law does not permit to sponsor children's entertainment and sports activities, etc if information contains hints of any alcoholic drinks (except the name of the sponsor).

The law defines that advertisements of alcoholic drinks are forbidden:

- in educational and medical treatment sites or on the walls of these buildings;
- on letters and postage packages;
- on the outer covers of books, magazines and newspapers;
- on the outside and inside walls of public vehicles.

The law of alcohol turnover determines those alcoholic drinks are allowed for sale which correspond to the necessary requirements of quality and harmlessness defined in legislation and resolutions.

### **Alcohol production and sale**

In the LR the production of alcoholic drinks is permitted only to traders, who have obtained a license for keeping a warehouse for their activities. By the 31<sup>st</sup> of December, 2004 there were 23 owners of warehouses for licensed goods, who produced alcoholic drinks (except beer); out of those, three dealt with the production of spirits and its processing.

In general all enterprises which deal with the production of alcoholic drinks are stable within the country, having a long history of their activity. The joint stock company "Latvia's Balsams" is the biggest of them; their production makes up 80 % of alcohol produced in Latvia, although only 40 % of this amount remains in Latvia.

Up to the year 2000 alcoholic drinks were produced from spirits obtained in the LR; till the end of the year 2004, the amount of local spirits decreased to one third. Besides, the volume of various drinks containing spirits (cognac, vodka, brandy, etc.) has

grown rapidly during the past years. Concerning wines one should mention that wines are not produced in Latvia. Wine “production” consists only of filling bottles with ready made imported wines.

The changes in alcohol production during the past years are connected with increase of production for export (since May the 1<sup>st</sup>, 2004 to other European countries as well). In 2004 it had reached 52 % of all drinks produced in Latvia.

The proportion of all distributed alcoholic drinks (except beer) produced in Latvia make up 54 %, although in 2000 it was 62 %. The rise in proportion of alcoholic drinks in Latvia can be explained by increase in the sale of wines.

Production of beer is carried out by 18 excise warehouses; about 40 % of Latvia’s beer is produced by “Aldaris”. Six of the beer producers could be regarded as small sized, because they produce less than 10 000 hectolitres of beer per year. Local production of beer makes up 90 % in Latvia.

### **Education and information**

From 1999 to 2001 the State Centre for Drug Abuse prevention and Treatment managed the state programme “Prevention and Early Diagnosis of Alcohol Addiction” as a result of which a cooperation net among the Centre as a methodological basis and local governments, schools and public organizations was developed. A multi – disciplinary approach is used in addiction prevention and it is important to develop cooperation between different institutions and specialists.

There were developed training programmes for different target audience, informative materials, and programmes of local governments. The Ministry of Education and Science, the School councils of cities and districts are operating as partners within the programme.

The Ministry of Science and Education recommended teachers as a target audience – form masters were prepared to carry out addiction prevention during classes once a week thus training school children of all age groups.

According to the recommendations of the Ministry of Science and Education, the period of a course is no less than 36 hours and then the prevention specialists are authorized to conduct preventive activities not only in their schools but also in municipalities (police workers, administrative specialists of municipalities, psychologists, social workers).

The Riga Drug Abuse Prevention Centre founded by the Riga city Council in April 2000 is doing significant work in the prevention sphere in the City of Riga. Riga city has a long – term policy and activity plan for prevention of drug, alcohol, gambling and other addictions. The Center coordinates prevention work in Riga and is networking with partner organizations.

Since 2002 the Health promotion center has carried out activities to implement on a national level the governments project “Restriction of the use of tobacco, alcohol and drugs”.

#### Ministry of Education and Science

Within the framework of the Educational development project of the Ministry of Education and Science the standards and the model program of a new discipline “Social science” (Forms 1-9) has been developed and approved. The discipline includes topics of health education. One of the topics is “The impact of addictive substances on the human body and personality”.

The European project of Health promoting at schools is developing successfully. Within the framework of this project teams of young people are trained to work with their peers. These teams have started prevention work in their district schools.

The competence of the Ministry of Education and Science covers education of children and young people, framing their systems of value and organizing their leisure time to be spent in a useful manner. These are primary preventive measures to reduce the demand for addictive substances.

To promote elimination of alcohol, drugs and psychotropic substances from educational establishments, the ministry has worked out amendments to legislation. These amendments define the functions of managers of educational establishments with regard to safety issues and observance of home rules concerning prohibition of purchasing, use, storage and selling of alcohol, drugs, toxic or psychotropic substances in educational establishments or on their premises.

#### **Treatment of alcohol addicted patients**

Up to 1977 medical treatment of drug addicted patients in Latvia was carried out at the Riga Psychoneurological hospital. On February the 15<sup>th</sup>, 1977 the Riga Drug Addiction (Narcology) Out – patient department was founded. Its aim was to organize methodical work in the state, to work out strategy of treatment and rehabilitation of patients, to conduct statistics and to treat drug addicted patients.

In 1993, the Riga Drug Addiction (Narcology) Out – patient department was transformed into the Riga Hospital for drug addicted patients (Narcology Hospital) and the State Centre of Care and health for Drug Addiction. In 1997 both organization were merged and in 1997 the Center of Drug Abuse, Prevention and Treatment was established. Dr. Astrīda Stirna was made its director. In 2004 the Centre was reorganized into the State Addiction Agency; its main tasks were: diagnosing, treatment and rehabilitation, prevention of the use of drugs, coordination of drug addiction services and methodical leadership, designing a State Register of drug addicted patients; analysis of the spread of alcohol and drug addiction, addiction to nicotine and its social consequences, education of the society and specialists in problems of addiction and prevention; determination of the influence of alcohol, drugs and psychotropic substances.

In Latvia a great role for the identification of alcohol addicted patients and determining their diagnosis is played at primary medical care institutions and other treatment establishments. Local social services, legal institutions (such as the police, commissions for juvenile delinquents) a board of school administration and the law – court for orphans – all these serve for providing information about alcoholics.

Out – patient medical care for drug addicts is ensured in the whole State. Each region has its own service for alcohol and drug addicts, where all patients are provided with adequate consultations. The out – patient service provides consultations by doctors – specialists, medical nurses and psychologists for alcohol addicted patients. At the Drug Addiction Agency specialists also provide consultations for children and their parents.

Four specialized in – patient departments ensure drug – addicted patients to be able to receive immediate first – aid (detoxification). The State covers the expenses up to 10 days for the treatment of alcohol psychosis, while 5 days are paid for the treatment of severe acute states of abstinence. After the acute condition has been stopped the patient is entitled to receive 7 days state financed treatment by the Motivation programme and a 28 days long State financed treatment according to the Minnesota programme.

Treatment of drug addicted patients is carried out by State conformed medical technologies. In Latvia there are in total 260 beds for specialized treatment of alcohol and drug addicts.

A state financed successful rehabilitation therapeutic community for juveniles has been established. Rehabilitation of grown – up drug addicts mostly for strengthening remissions takes place at Societies of anonymous alcohol addicts.

### **Drunk driving**

As the consumption of alcoholic beverages in the population remains very high, it has a bad influence on the safety of drivers' of motor vehicles and other traffic participants'.

The growing trend of the road traffic accidents continues throughout the years; however it has slightly decreased in 2004.

The number of accidents caused by drivers under the influence of alcohol has decreased in the last 3-4 years (in 2001 there were 2341 cases, but in 2004- 1951 cases). The number of severe road traffic accidents with human victims committed by drivers under the influence of alcohol has decreased in the last few years (in the years of 1998 and 1999 there were 169 cases, but in 2004- 113 cases). The number of road traffic accidents with injured persons was 963 in 1998, 916 in 1999 and 633 in 2004.

Beginning with 1995 the number of severe road traffic accidents committed by drivers under the influence of alcohol in the total number of road accidents has slightly, but

definitely decreased (in 1995 it constituted 23,3%, in 2003- 12,8%, but in 2004- 12,5%).

Although there is a trend of decrease of the number of road traffic accidents committed by drivers under the influence of alcohol, it however remains very high.

Because of the high incidence of road traffic accidents and to improve road traffic safety the Road Traffic law has been amended. According to the law, drivers may not drive a motor vehicle if the alcohol content in their blood exceeds 0,5promiles. But for drivers with less than two years' experience in driving motor vehicles this indicator is 0,2promiles.

The fine for driving under the influence of alcohol has increased, the terms of depriving driving licenses are extended and the system of penalty points was established in 2004.

As the intensity of police activity has increased, the number of detained drivers of motor vehicles under the influence of alcohol has decreased (in 1999 there was 20446 detained drivers, in 2004- 13800 drivers).

By the influence of all these factors the number of driving licenses cancelled for driving motor vehicles under the influence of alcohol has slightly decreased (in 2002 there were 9138 cases, in 2004- 7853 cases).

## **Summary**

In Latvia as in most industrially developed countries, the consumption of alcohol is an important social issue. Excessive use of alcohol affects the individual in a number of ways, harming not only his/her health, but also wellbeing, happiness, family life and relations with other people. It also affects success at work, studies, employment opportunities and financial security. Moreover drinking is related to road accidents, accidents in the working environment, violence towards family members or other people, insecure sexual relations, breaking the law and self-injury, including suicide. The survey on habits affecting health carried out in 2002 shows that during the last year 90 per cent of men and 87 per cent of women have been using alcoholic drinks, whereas medical specialists have recommended 9 per cent of men and 3 per cent of women to reduce their alcohol consumption; 4.3 per cent of men and 5 per cent of women consume more than 80 grams of absolute alcohol per day, which may be considered excessive use.

According to the data of the State Addiction Agency in 2003 fewer drivers have been detained for driving under the influence of alcohol as compared to 2002 and fewer drivers' licences have been suspended for driving under the influence of alcohol. Mortality from alcohol related injuries has decreased. However, there has been a growth in alcohol consumption among schoolchildren. There has also been a growth in alcohol related violence and crime.

A significant proportion of government funded health care is spent on cases of alcohol addiction (treatment and rehabilitation). For this reason it is important to investigate the prevalence of addiction in the country. It is also essential to implement measures and prevention programs directed towards reduction of drinking among young people. These issues should be resolved in close cooperation with political power structures in the government, institutions and organisations that come into daily contact with the consequences caused by addictive substances.

In Latvia alcohol related problems are complicated by a number of important additional circumstances, making their solution more difficult:

- the increase of alcohol consumption in almost all age groups, partly on the account of illegally circulated alcohol;
- the structure of alcohol consumption, dominated by consumption of strong drinks;
- the pattern of alcohol consumption, dominated by hazardous or harmful usage (drinking for intoxication; a significant proportion of heavy users, etc.);
- the rapid social stratification within the last decade and complicated social problems for a large part of the population (social indifference, unemployment, loss of perspective, poverty, etc.);
- low communal living and driving standards.

It follows that excessive use of alcohol, especially hazardous and harmful drinking, should be seen as a major preventable death cause in Latvia, and even a slight improvement of the situation would lead to significant decrease in the death rate within a close perspective and would have a positive effect on the health of the population.

„The Program for Reduction of Alcohol Consumption and Restriction of Alcohol Addiction for 2005-2008” is the next step of targeted government activity towards reducing the harmful effects of drinking.

The solution proposed for the implementation of the program is to direct activities along three major lines, namely, restriction of supply, reduction of demand and reduction of hazardous and harmful use. It involves multi-sector cooperation between the Ministry of Health and other Ministries and institutions. The program has been developed with the aim of attaining the goal of the program through the implementation of a number of measures. This is feasible if additional financing is granted for the program beginning with 2006.

The problem will be resolved effectively only if appropriate overall measures are taken to ensure coordination of the action program between different ministries and other government institutions and to establish a stable source of financing.



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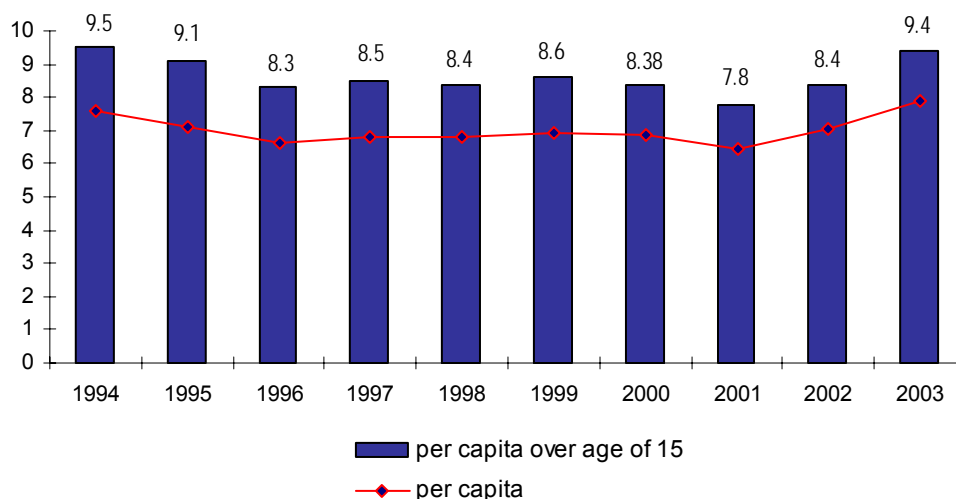
# 1. ALCOHOL ABUSE

## 1.1. CONSUMPTION OF ALCOHOLIC BEVERAGES

In Latvia as in most industrially developed countries, alcohol abuse is an important social problem. Excessive use of alcohol affects the life of an individual in a number of aspects – not only his/her health, but also the individual’s wellbeing, family life, occupational possibilities, financial status and success at work.

According to the data of the Central Statistical Bureau of the Republic of Latvia, in 2003 the average consumption of absolute alcohol (estimated 100% spirits) per person was 7,9l, whereas the consumption per person over 15 years of age was 9,4l of absolute alcohol.

Chart 1.1 CONSUMPTION OF ABSOLUTE ALCOHOL (in liters)



Data of the Central Statistical Bureau

Table 1.1 CONSUMPTION OF ABSOLUTE ALCOHOL (in liters)

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Persons over 15 years of age per capita	9.1	8.3	8.5	8.4	8.6	8.38	7.80	8.4	9.4
Per capita	7.1	6.6	6.8	6.8	6.9	6.89	6.45	7.06	7.9

Data of the Central Statistical Bureau

In comparison with 2002, in the year 2003 the consumption of absolute alcohol per person increased by 0,84l and reached 7,9l. The consumption of alcohol per person over 15 years of age has also grown to 9,4l, which is by 1l more than in the previous year.

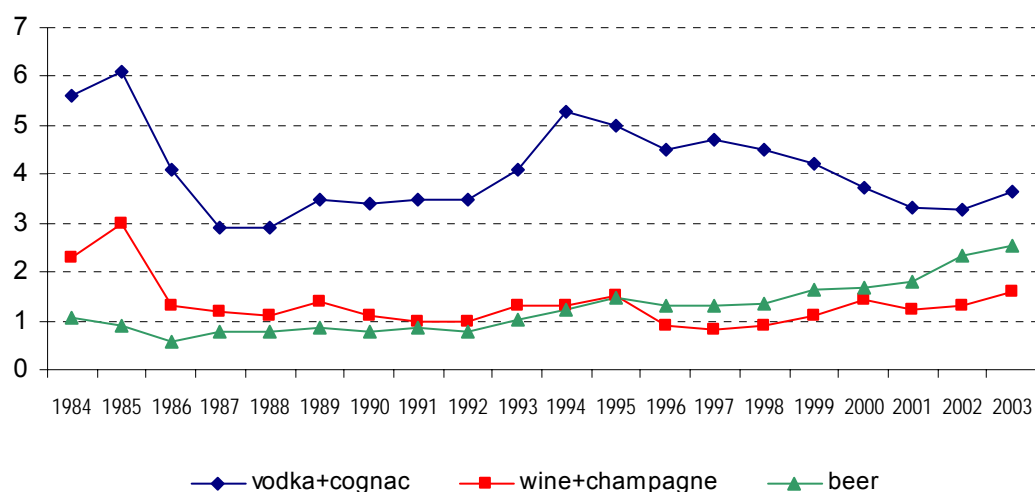
Table 1.2. **CONSUMPTION OF ALCOHOLIC BEVERAGES** (in liters)

	Consumption per capita (in liters)				Consumption of absolute alcohol per capita (in liters)			
	2000	2001	2002	2003	2000	2001	2002	2003
Vodka and liqueurs	8.3	7.6	7.2	8.3	3.07	2.82	2.64	3.07
Wine, champagne and sparkling wine	9.7	8.4	9.2	10.9	1.42	1.22	1.33	1.58
Cognac and brandy	1.7	1.3	1.6	1.5	0.64	0.49	0.63	0.58
Beer	41.7	44.9	58.3	63.6	1.67	1.80	2.33	2.54
Light alcoholic cocktails	0.7	0.9	1.0	1.0	0.09	0.12	0.13	0.13

Data of the Central Statistical Bureau

Chart 1.2. **CONSUMPTION OF ALCOHOLIC BEVERAGES**

in liters of absolute alcohol per capita, Latvia



Data of the Central Statistical Bureau

The growing trend of the total consumption of alcoholic beverages continues throughout 2003. The consumption of vodka and liqueurs in 2003 was 8.3 liters per capita, which is by 1.1 liter more than in the previous year. The consumption of wine, champagne and sparkling wines has grown by 1.7 liters per capita, and has reached 10.9 liters per year. There was a minimum decrease in the consumption of cognac and brandy – by 0.1 liters, the consumption of light alcoholic cocktails remained at the level of previous year – 1.0 liters. There has been a significant growth in the consumption of beer per capita; the average consumption per person was 63.6 liters, which by 5.3 liters exceeds consumption in 2002.

Table 1.3. **CONSUMPTION OF ALCOHOLIC BEVERAGES, BREAKDOWN  
BY TYPE OF BEVERAGE**

percent

	1998	1999	2000	2001	2002	2003
Vodka and liqueurs (percent)	55	50	44.6	43.7	37.4	38.9
Wine, champagne and sparkling wine	13.5	15.4	20.6	18.9	18.8	20.0
Cognac and brandy	11.5	10.9	9.3	7.6	9.0	7.3
Beer	20	23.5	24.2	27.9	33.0	32.2
Light alcoholic cocktails	.	0.2	1.3	1.9	1.8	1.6

Data of the Central Statistical Bureau

## 1.2. EFFECTS OF THE USE OF ALCOHOLIC BEVERAGES

### 1.2.1. MORTALITY RATE AND INCIDENCE

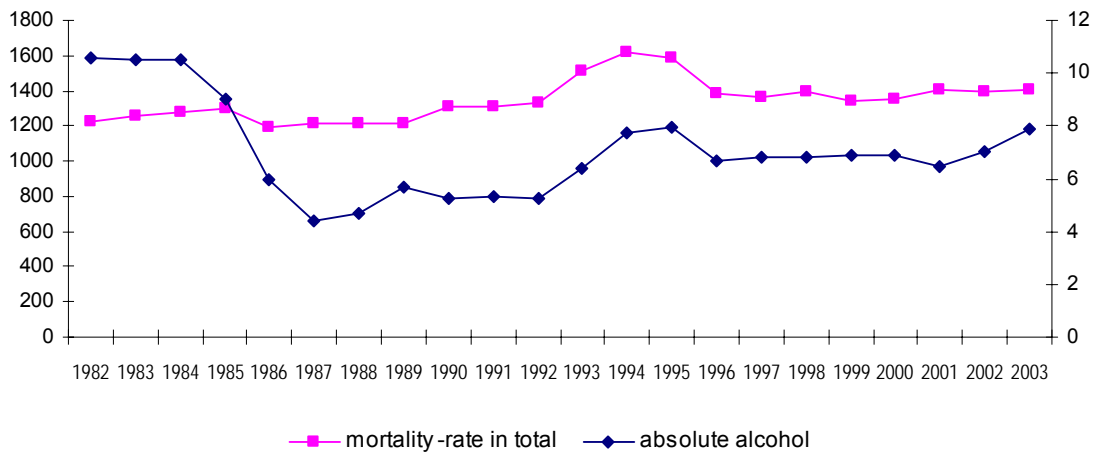
Table 1.4. **NATURAL GROWTH OF POPULATION**

	1996	1997	1998	1999	2000	2001*	2002*	2003*
Born								
• In total	19782	18830	18410	19396	20248	19664	20044	21070
• per 100 000 inhabitants	790.0	760.0	750.0	800.0	853	835	857	906
Deceased								
In total	34320	33533	34200	32844	32205	32991	32498	32630
• per 100 000 inhabitants	1380.0	1360.0	1400.0	1350.6	1357.1	1401	1390	1403
Natural growth								
• In total	-14538	-14703	-15790	-13448	-11957	-13327	-12454	-11560
• per 100 000 inhabitants	-590.0	-600.0	-650.0	-550.0	-504	-566	-533	-497.2

Data of the Health Statistics and Medical Technology Agency

Data of the Central Statistical Bureau

Chart 1.3 **TOTAL MORTALITY RATE** per 100 000 inhabitants  
**AND ABSOLUTE ALCOHOL CONSUMPTION** in liters per capita

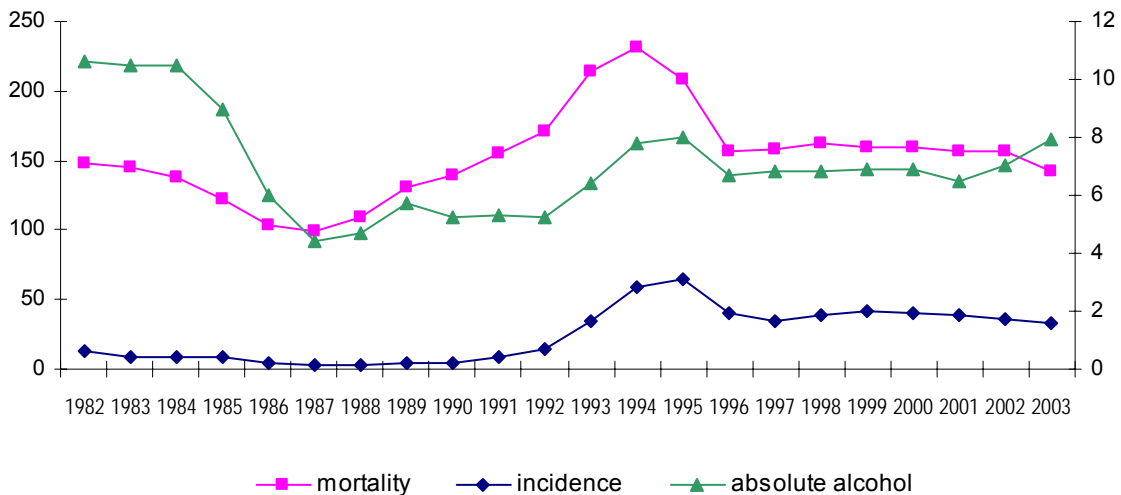


Data of the Central Statistical Bureau  
 Data of the Health Statistics and Medical Technology Agency

In comparison to 2002, the total mortality rate in Latvia has grown and has reached 1403 per 100 000 inhabitants. The birth rate in comparison to 2002, has slightly increased, as a result negative natural growth has diminished.

There is a trend for the growth of the total mortality rate per 100 000 inhabitants and for the growth of the consumption of total alcohol per capita.

Chart 1.4 **ABSOLUTE ALCOHOL CONSUMPTION** (in liters per capita, Latvia)  
**RELATED TO ALCOHOL PSYCHOSES AND DEATHS BY EXTERNAL CAUSES**  
 (per 100 000 inhabitants)



Data of the Central Statistical Bureau  
 Data of the Health Statistics and Medical Technology Agency  
 Data of the State Addiction Agency

Chart 1.5 **MORTALITY RATE OF EXTERNAL CAUSES**  
breakdown by age groups in total figures

Age group	Total deaths from external causes		including									
			Injuries in traffic accidents		Intentional self-damage		homicides		drowning		alcohol intoxication	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Deaths in total	3667	3339	601	550	670	603	266	247	292	243	176	188
0-14	103	75	28	17	4	4	6	3	34	22	-	-
15-59	2413	2193	447	418	487	425	199	196	178	167	142	139
60 years and older	1074	1069	119	115	172	174	57	48	56	54	34	49

Data of the Health Statistics and Medical Technology Agency

Chart 1.6 **MORTALITY RATES OF EXTERNAL CAUSES RELATED TO ALCOHOL ABUSE**

	in total	per 100 000 inhabitants
2001	167	7.1
2002	237	10.1
2003	237	10.1

Data of the Health Statistics and Medical Technology Agency

According to the data of the Health Statistics and Medical Technology Agency the mortality rate of external causes – 142.8 per 100 000 inhabitants, has decreased in Latvia as compared to 2002. The figure itself remains high, though. A decrease in the mortality rate of external causes is seen in all sub-groups. From the 3 339 persons who died in 2003 of external causes, in 237 cases death was related to alcohol abuse.

Mortality from alcohol-related external causes remains high and is of the same level as the previous year – 237 cases or 10.1 case per 100 000 inhabitants.

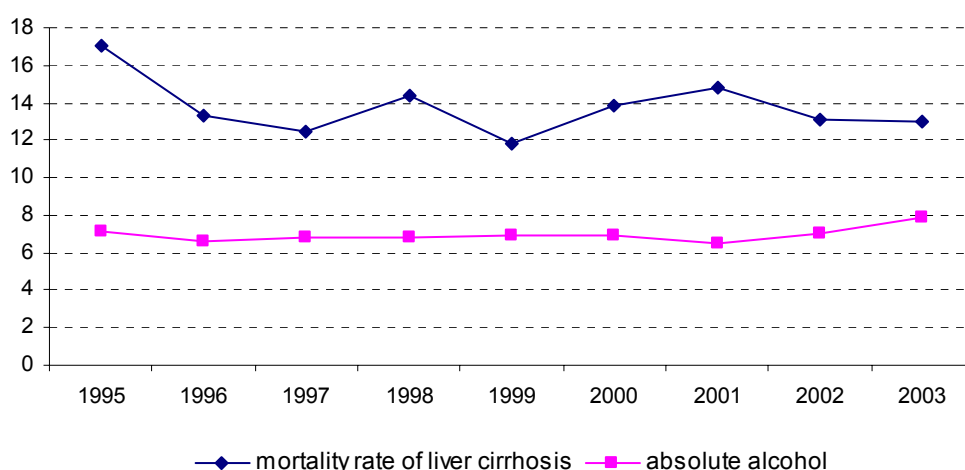
Table 1.7 **REGISTERED MORTALITY RATE OF CHRONIC ALCOHOL ABUSE AND DISEASES RELATED TO CHRONIC ALCOHOL ABUSE**

Cause of death	In total		Per 100 000 inhabitants	
	2002	2003	2002	2003
Chronic alcohol abuse	88	57	3.8	2.4
Alcohol encephalopathy	29	41	1.2	1.8
Alcohol epilepsy	11	6	0.5	0.3
Alcohol polyneuropathy	2	2	0.1	0.1
Alcohol cardiopathy	127	139	5.4	5.9
Alcohol hepatitis	5	2	0.2	0.1
Alcohol liver cirrhosis	38	48	1.6	2.1
Alcohol pancreatitis	7	1	0.3	0
Liver cirrhosis	306	304	13.1	13.0

Data of the Health Statistics and Medical Technology Agency

In 2003, mortality of chronic alcohol abuse has decreased; in 2002 it constituted 3.8 cases per 100 000 inhabitants, whereas in 2003 – 2.4 cases per 100 000 inhabitants. According to the data of the Health Statistics and Medical Technology Agency mortality of the following alcohol-related diseases in Latvia in 2003 has grown: alcohol encephalopathy, alcohol cardiomyopathy, alcohol liver cirrhosis. There has been an insignificant increase of deaths related to alcohol intoxication. In 2003 the number of such cases was 188 or 8.0 per 100 000 inhabitants, whereas in 2002 there were 176 such cases or 7.5 cases per 100 000 inhabitants.

Chart 1.5 **MORTALITY RATE OF LIVER CIRRHOSIS** per 100 000 inhabitants **AND CONSUMPTION OF ABSOLUTE ALCOHOL** in liters per capita



Data of the Health Statistics and Medical Technology Agency

Table 1.8 **MORTALITY RATE OF LIVER CIRRHOSIS**  
per 100 000 inhabitants

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Liver cirrhosis	17.0	13.3	12.5	14.4	11.8	13.8	14.8	13.1	13.0

Data of the Health Statistics and Medical Technology Agency

The main indicators - incidence of alcohol psychoses, mortality rate related to external causes and mortality rate related to liver cirrhosis - show how serious alcohol-related problems in Latvia are. Mortality of liver cirrhosis has slightly decreased over the past few years. In 2003 it constituted 13 cases per 100 000 inhabitants.

In 2003 there has been an increase in mortality caused by tuberculosis, which may be related to an increase in the consumption of alcoholic beverages. A positive factor is the decrease of primary tuberculosis, which has diminished in 2003 by 2.1 case per 100 000 inhabitants in comparison to 2002.

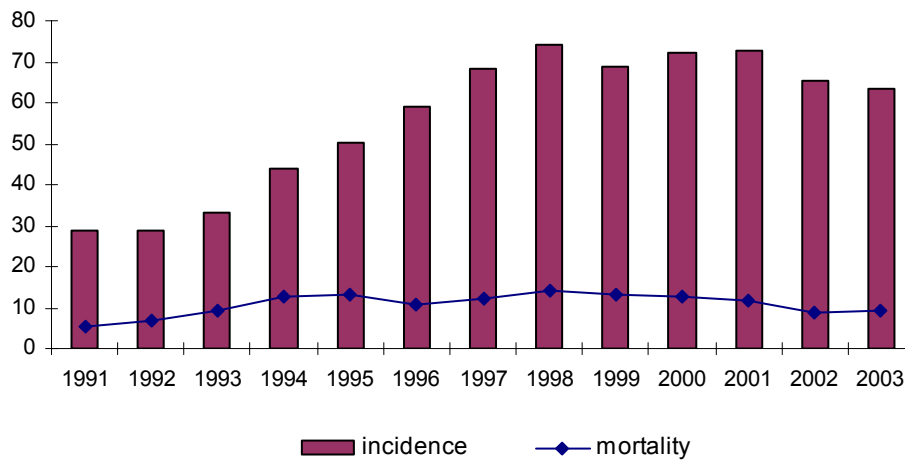
Table 1.9. **MORTALITY RATE OF TUBERCULOSIS,  
INCIDENCE OF TUBERCULOSIS**  
per 100 000 inhabitants

	Mortality-rate of tuberculosis	Incidence of tuberculosis
1991	5.5	28.7
1992	6.8	29.0
1993	9.2	33.3
1994	12.5	44.1
1995	13.2	50.4
1996	10.8	59.0
1997	12.4	68.4
1998	14.2	74.0
1999	13.3	68.3
2000	12.5	72.3
2001	11.9	72.9
2002	9.0	65.4
2003	9.5	63.3

Data of the Health Statistics and Medical Technology Agency



Chart 1.6 **MORTALITY RATE OF TUBERCULOSIS, INCIDENCE OF TUBERCULOSIS**  
per 100 000 inhabitants



Data of the Health Statistics and Medical Technology Agency

There has been an increase of fire injuries to people under the influence of alcohol. There has been, however, no essential change in the number of fire-related loss of lives of persons under the influence of alcohol in 2003 as compared to the previous year.

Table 1.10. **THE NUMBER OF PERSONS INJURED OR KILLED IN FIRES**  
**UNDER THE INFLUENCE OF ALCOHOL**

in total

	Injured	Killed
1999	42	106
2000	29	87
2001	46	102
2002	55	107
2003	67	106

Data of the State Fire Fighting and Rescue Service

## 2.2.2. CRIMINAL OFFENCE

In 2003 the total number of registered criminal offences has grown. In comparison to the previous year, the number of detected offences committed under the influence of alcohol and narcotic substances has grown as well.

A large share of the offences (26.6%) are offences committed by minors under the influence of alcohol, whereas 73 offences or 7.1% of all offences committed by minors have been committed under the influence of drugs.

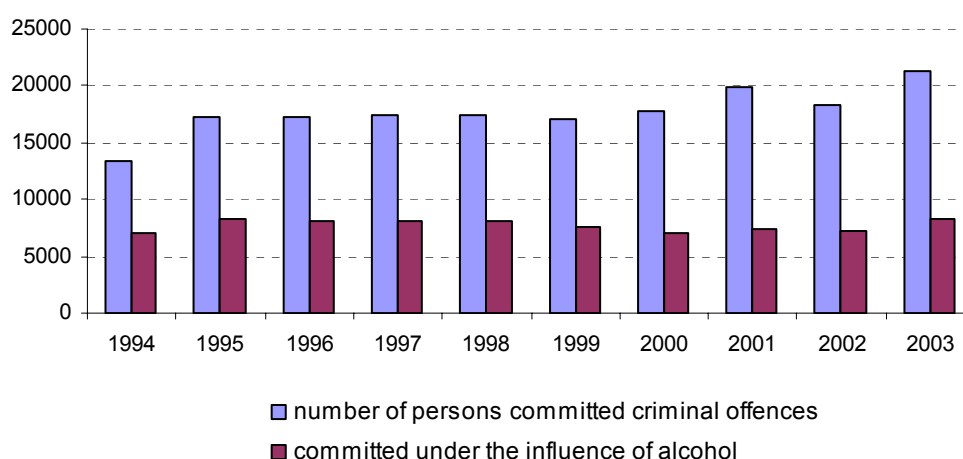
The number of persons who have committed crime under the influence of alcohol or drugs has grown in comparison to the previous year. The number of minors, who have committed crimes under the influence of alcohol or drugs, has grown in line with the growth of the total consumption of alcohol in the country.

Table 1.11 **THE NUMBER OF CRIMINAL OFFENCES COMMITTED UNDER THE INFLUENCE OF ALCOHOL OR DRUGS**

	in total						
	1997	1998	1999	2000	2001	2002	2003
<b>Total number of registered criminal offences</b>	36865	36674	43969	50199	51082	49329	51773
<b>Detected offences, including</b>	18940	20766	20666	21541	23225	22328	25283
• offences committed under the influence of alcohol	7467	8039	7508	7052	7503	7651	8091
• offences committed under the influence of drugs			308	698	1014	690	699
<b>Number of offences committed by minors, including</b>	3634	4023	3754	3919	3981	3724	4219
• offences committed under the influence of alcohol	835	927	703	699	824	954	1121
• offences committed under the influence of drugs			22	58	152	77	73
<b>Number of persons having committed criminal offences, including</b>	17494	17476	17084	17807	19838	18377	21383
• offences committed under the influence of alcohol	8116	8089	7622	7061	7452	7172	8218
• offences committed under the influence of drugs			212	442	788	534	626
<b>Number of minors having committed criminal offences, including</b>	2800	3030	2712	2891	3231	2869	3395
• offences committed under the influence of alcohol	660	766	547	589	515	701	798
• offences committed under the influence of drugs			115	221	253	36	46

Data of the Information Center of the Ministry of Interior

Chart 1.7 **THE NUMBER OF PERSONS HAVING COMMITTED CRIMINAL OFFENCES**  
in total



Data of the Information Center of the Ministry of Interior

### 1.2.3. **TRAFFIC ACCIDENTS**

Driving while being under the influence of alcohol remains one of the most serious causes of road traffic accidents in the country.

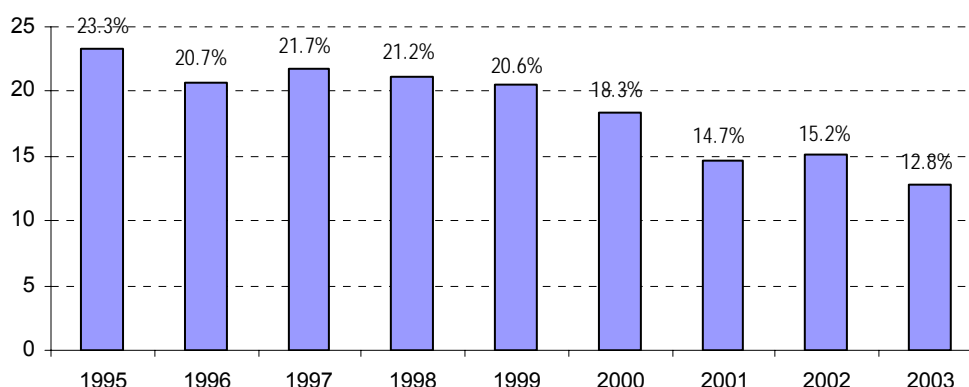
In 2003 there has been an increase of the road traffic accidents with human victims and there is a tendency for the number to grow from year to year. The number of accidents caused by drivers under the influence of alcohol has, however, decreased.

Table 1.12. **DEVELOPMENT OF ROAD-TRAFFIC ACCIDENT STATISTICS IN LATVIA**  
in total

	1997	1998	1999	2000	2001	2002	2003
<i>Registered severe road traffic accidents with human victims</i>							
	3925	4540	4442	4482	4766	5083	5379
<i>Road traffic accidents committed by drivers under the influence of alcohol</i>							
• Accidents	2356	2980	2908	2579	2341	2304	2135
• Severe accidents	850	963	916	822	701	775	691
• Killed	157	169	169	116	103	148	110
• Injured	1155	1296	1248	1237	997	1100	964

\* Data of the Road Traffic Safety Directorate

Chart 1.8 **SHARE OF SEVERE ROAD TRAFFIC ACCIDENTS COMMITTED BY DRIVERS UNDER THE INFLUENCE OF ALCOHOL**  
percent



Data of the Road Traffic Safety Directorate

In 2003 the share of severe road traffic accidents committed by drivers under the influence of alcohol in the total number of road accidents has decreased and constitutes 12.8%, which is the lowest indicator over the last years.

Table 1.13. **NUMBER OF DETAINED DRIVERS OF MOTOR VEHICLES UNDER THE INFLUENCE OF ALCOHOL**  
in total

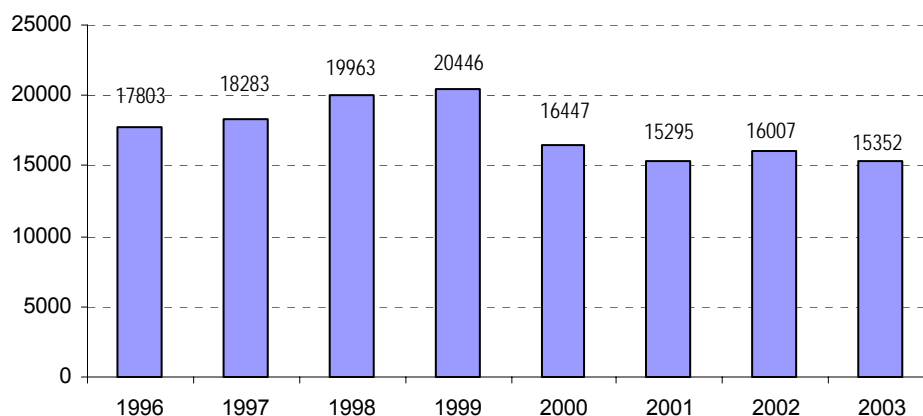
	1999	2000	2001	2002	2003
<i>Number of detained drivers of motor vehicles under the influence of alcohol</i>					
In total	20446	16447	15295	16007	15352
including:					
• with driver's license	15653	12320	11330	10925	9518
• without driver's license	4793	4127	3965	5082	5834
• in Riga	3755	3248	3500	3817	3306
<i>Number of driving licenses cancelled for driving motor vehicles under the influence of alcohol</i>					
In total, including	2399	2752	4973	9138	8725
• in Riga	637	697	1307	2129	1876

Data of the Road Traffic Safety Directorate

Data of the Road Traffic Safety Directorate prove that road traffic safety remains a current issue in Latvia. In 2003, 15 352 drivers of motor vehicles were detained for driving under the influence of alcohol, which is by 655 cases less than in 2002. The indicator, however, remains very high. A large number of drivers (8 725) had their driving licenses cancelled for driving under the influence of alcohol.

Chart 1.9. **NUMBER OF DETAINED DRIVERS OF MOTOR VEHICLES UNDER THE INFLUENCE OF ALCOHOL**

in total

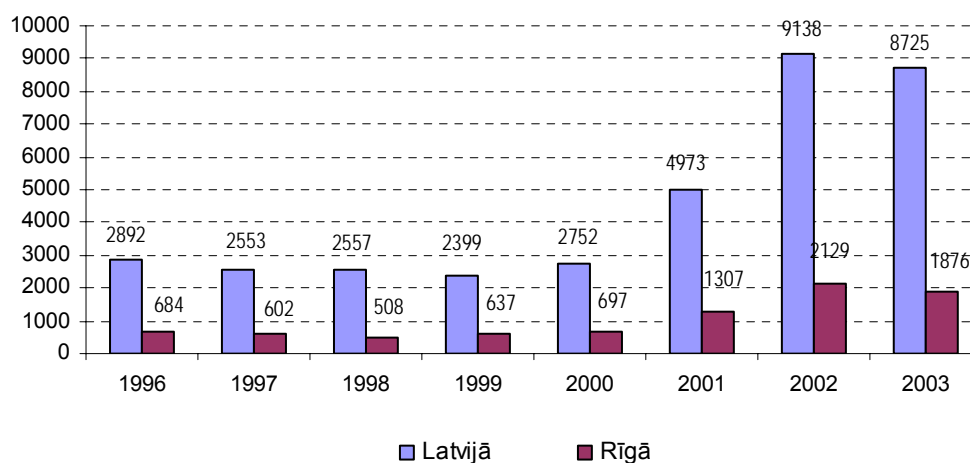


\* Data of the Road Traffic Safety Directorate

Given the high incidence of road traffic accidents and for improving road traffic safety the Road Traffic law has been amended. By law drivers with less than two years' experience in driving motor vehicles may not drive a motor vehicle if the alcohol content in their blood circulation exceeds 0.2 promiles.

Chart 1.10. **NUMBER OF DRIVING LICENCES CANCELLED FOR DRIVING MOTOR VEHICLES UNDER THE INFLUENCE OF ALCOHOL\***

in total



\* Data of the Road Traffic Safety Directorate

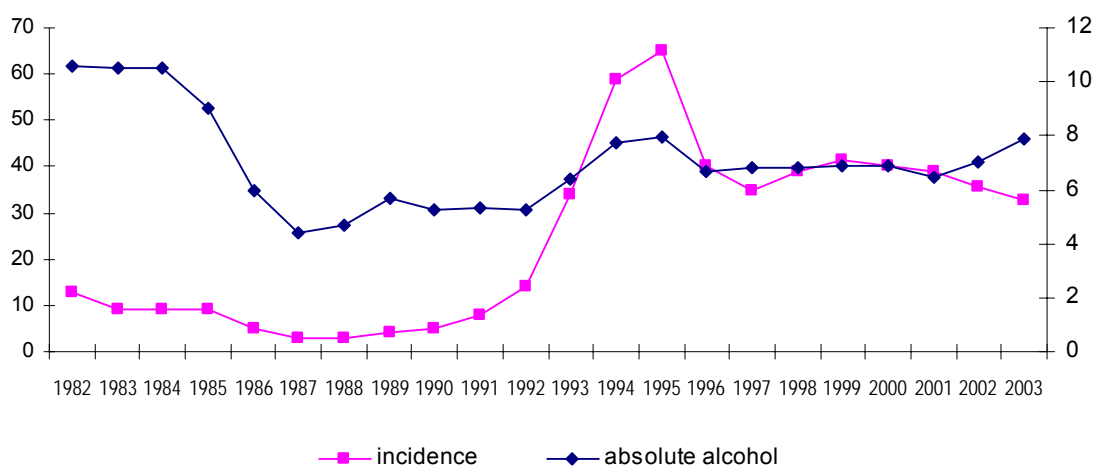
### 1.2.4. Registered incidence of alcohol psychoses and Contingent of patients

There is a close relation between consumption of alcohol and incidence of alcohol psychoses, which is one of the indicators of alcohol consumption.

As in the previous years, in 2003 incidence of alcohol psychoses slightly decreased and constituted 73.4 cases per 100 000 inhabitants.

Within 2003, 763 cases with first time diagnosis of alcohol psychosis were registered at the outpatient units of the Addiction Service, which is by 76 cases less than in the previous year.

Chart 1.11. **REGISTERED INCIDENCE OF ALCOHOL PSYCHOSIS**  
per 100 000 inhabitants  
**AND CONSUMPTION OF ABSOLUTE ALCOHOL** liters per capita



Data of the State Addiction Agency  
Data of the Central statistical Bureau

The share of women among the first time registered alcohol psychoses has decreased. In 2003 the share was 19.9% which is by 1.9% less than in 2002. The share of women in the total number of cases with first time alcohol psychoses and alcohol addictions remains, however, high.

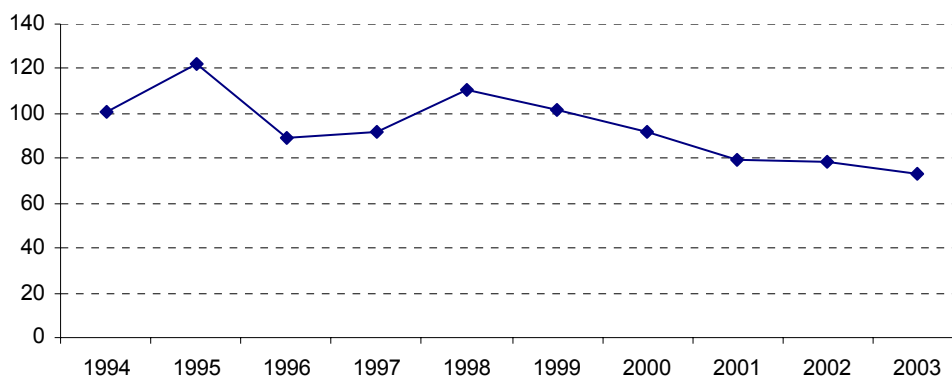
Table 1.14. **THE SHARE OF WOMEN IN THE TOTAL NUMBER OF FIRST TIME REGISTERED ALCOHOL PSYCHOSES AND ALCOHOL ADDICTS**

	Number of women (%)	
	in the total number of first time registered cases of alcohol psychoses	in the total number of first time registered cases of alcohol addiction
1993	18.6	12.6
1994	19.0	16.7
1995	21.0	16.6
1996	24.0	22.0
1997	22.3	22.7
1998	20.1	23.4
1999	24.4	21.5
2000	21.1	19.0
2001	22.2	20.6
2002	21.8	20.1
2003	19.9	19.7

Data of the State Addiction Agency

The number of alcohol psychoses in 2003 has slightly decreased; at the end of the year there were 1711 such cases which constituted 72.9 per 100 000 inhabitants. This is by 5.4 cases per 100 000 inhabitants less than in 2002.

Chart 1.12. **CONTINGENT OF PATIENTS WITH ALCOHOL PSYCHOSES**  
per 100 000 inhabitants



Data of the State Addiction Agency

Table 1.15. **CONTINGENT OF PATIENTS WITH ALCOHOL PSYCHOSES**  
(NUMBER OF PATIENTS BY THE END OF THE YEAR)

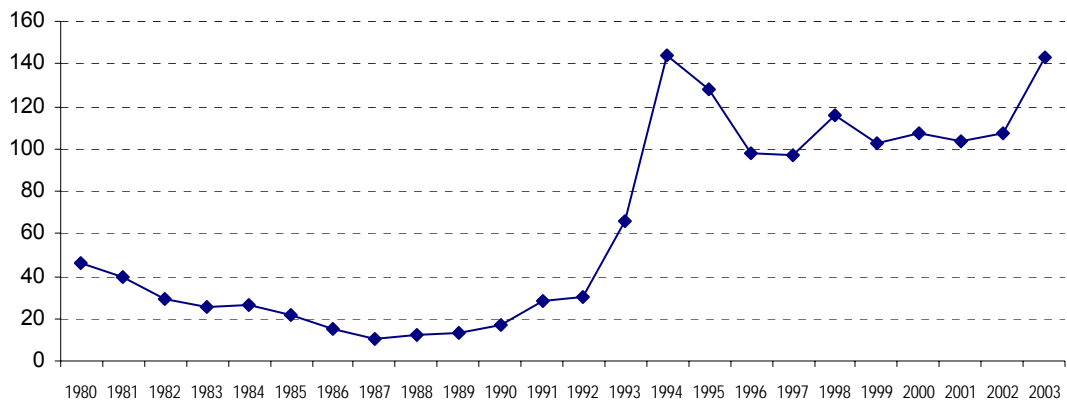
	1996	1997	1998	1999	2000	2001	2002	2003
In total figures	2236	2284	2713	2478	2224	1878	1831	1711
Per 100 000 inhabitants	89.4	92.1	110.4	101.6	91.7	79.7	78.3	72.9

Data of the State Addiction Agency

During the previous four years the number of patients with alcohol psychoses discharged from hospitals was stable. In 2003, however, it suddenly grew to 142.7 per 100 000 inhabitants which corresponds to the high number of such cases in 1994-1995.

In 2003, 1901 patient with the diagnosis of alcohol psychosis were discharged from narcological hospitals. 567 patients were repeatedly hospitalized for treatment of alcohol psychoses.

Chart 1.13. **PATIENTS WITH ALCOHOL PSYCHOSES DISCHARGED FROM HOSPITALS**  
per 100 000 inhabitants



Data of the State Addiction Agency

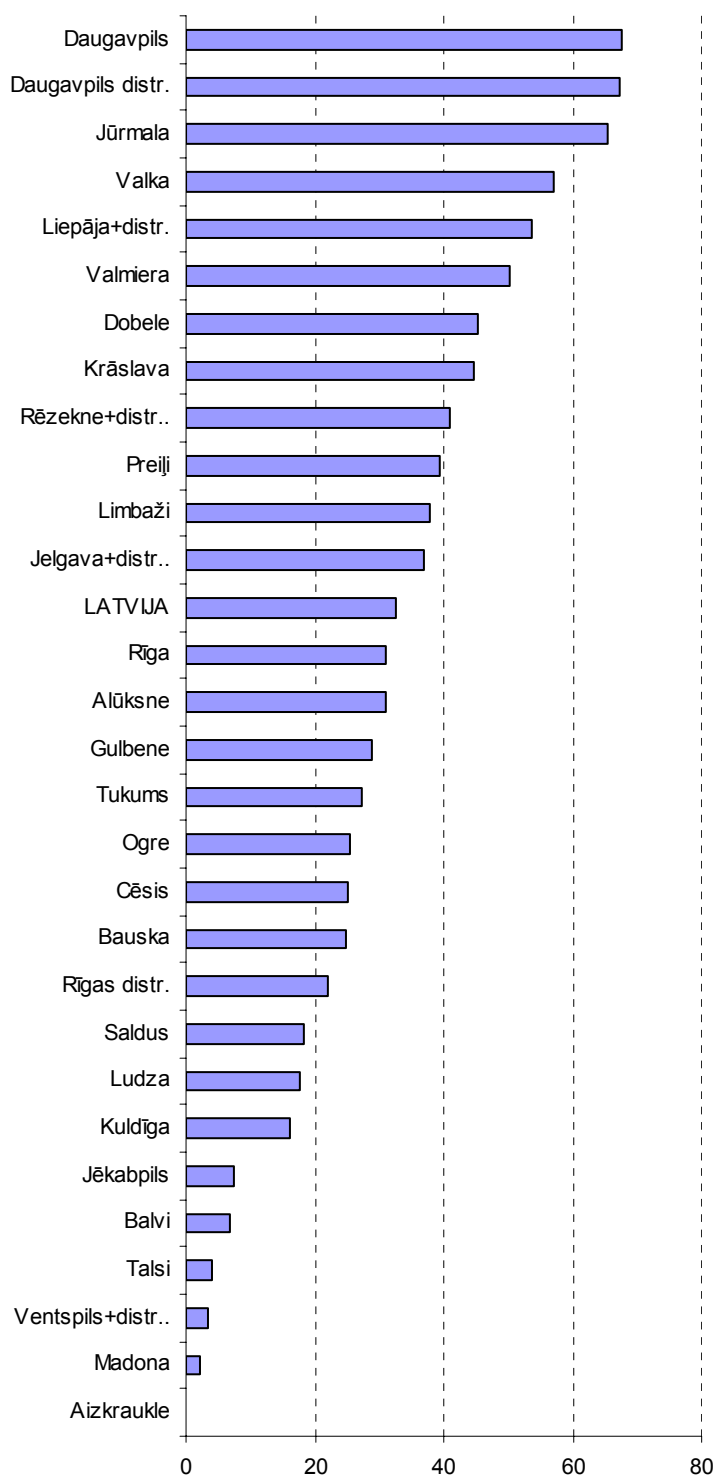
In 2003 the highest registered incidence of alcohol psychoses was in Daugavpils, Daugavpils district and in Jurmala. The town of Valka moved up from 9th place in 2002 to 4th place in 2003 for registered incidence of alcohol psychoses.

For the second year running no single incidence of alcohol psychoses has been registered in Aizkraukle. Low incidence has been recorded in Madona, Ventspils and in the Ventspils district.



Chart 1.14 REGISTERED INCIDENCES OF ALCOHOL PSYCHOSES IN 2003.

in urban areas and in districts per 100 000 inhabitants



Data of the State Addiction Agency

Table 1.16. **REGISTERED INCIDENCE OF ALCOHOL PSYCHOSES AND CONTINGENT OF PATIENTS BY THE END OF 2003**

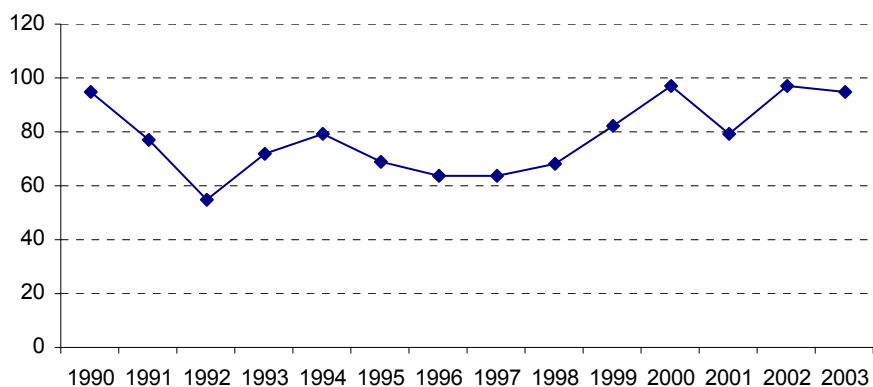
	With first time diagnosis		Contingent by the end of the year	
	in total	per 100 000 inhabitants	in total	per 100 000 inhabitants
L A T V I A	763	32.7	1711	73.4
Rīga	230	31.1	515	69.7
Daugavpils	76	67.5	138	122.6
Jelgava+distr.	38	36.9	184	178.6
Jūrmala	36	65.3	55	99.7
Liepāja+distr.	71	53.5	154	116.0
Rēzekne+distr.	33	41.0	40	49.7
Ventspils+distr.	2	3.4	8	13.7
Districts:				
Aizkraukles	0	0.0	1	2.4
Alūksnes	8	30.9	14	54.1
Balvu	2	6.8	7	23.7
Bauskas	13	24.8	25	47.6
Cēsu	15	25.2	18	30.2
Daugavpils	28	67.2	72	172.9
Dobeles	18	45.4	47	118.6
Gulbenes	8	28.9	19	68.5
Jēkabpils	4	7.3	33	60.3
Krāslavas	16	44.6	31	86.4
Kuldīgas	6	16.0	14	37.4
Limbažu	15	37.9	21	53.1
Ludzas	6	17.7	6	17.7
Madonas	1	2.2	7	15.4
Ogres	16	25.4	25	39.7
Preiļu	16	39.3	39	95.9
Rīgas	32	21.9	49	33.6
Saldus	7	18.3	17	44.5
Talsu	2	4.1	7	14.4
Tukuma	15	27.2	31	56.1
Valkas	19	57.0	89	266.8
Valmieras	30	50.3	45	75.5

Data of the State Addiction Agency

### 1.2.5. Registered incidence of alcohol addiction and Contingent of patients

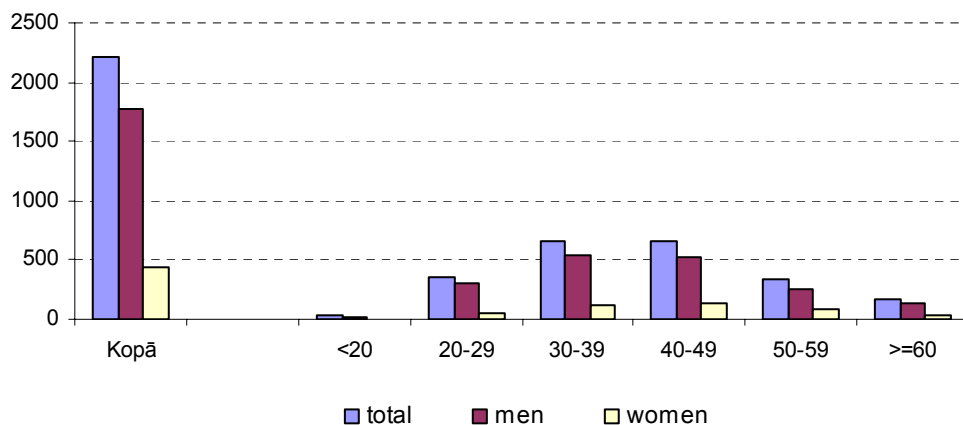
Registered incidence of alcohol addiction (excluding alcohol psychoses) has slightly decreased in 2003 as compared to the previous year. There have been 94.6 first time registered cases per 100 000 inhabitants (in 2002 - 97.1 per 100 000 inhabitants).

Chart 1.15. **REGISTERED INCIDENCE OF ALCOHOL ADDICTION**  
per 100 000 inhabitants



Data of the State Addiction Agency

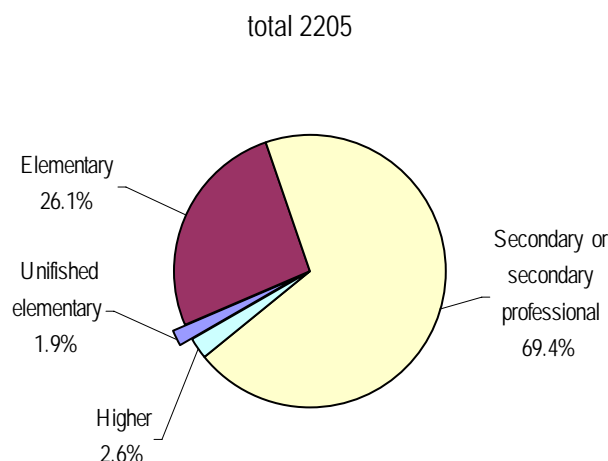
Chart 1.16. **FIRST TIME REGISTERED ALCOHOL ADDICTIONS IN 2003, BREAKDOWN OF PATIENTS ACCORDING TO AGE GROUP**  
in total



Data of the State Addiction Agency

In 2003 the Addiction Service had 2205 first time registrations of alcohol addicts. Out of them 19.7% were women, approximately 28% - with elementary school or unfinished elementary school education. Only about 69.4% had secondary or secondary vocational education, about 2.6% of the first time registered alcohol addicts had higher education. About 51.5% of the patients first time registered in 2003 are people with no particular occupation. The majority of first time registered alcohol addicts belong to the age groups from 30 to 39 (29.5%) and from 40 to 49 (30.2%).

Chart 1.17. **FIRST TIME REGISTERED ALCOHOL ADDICTIONS IN 2003, BREAKDOWN OF PATIENTS ACCORDING TO EDUCATIONAL BACKGROUND**



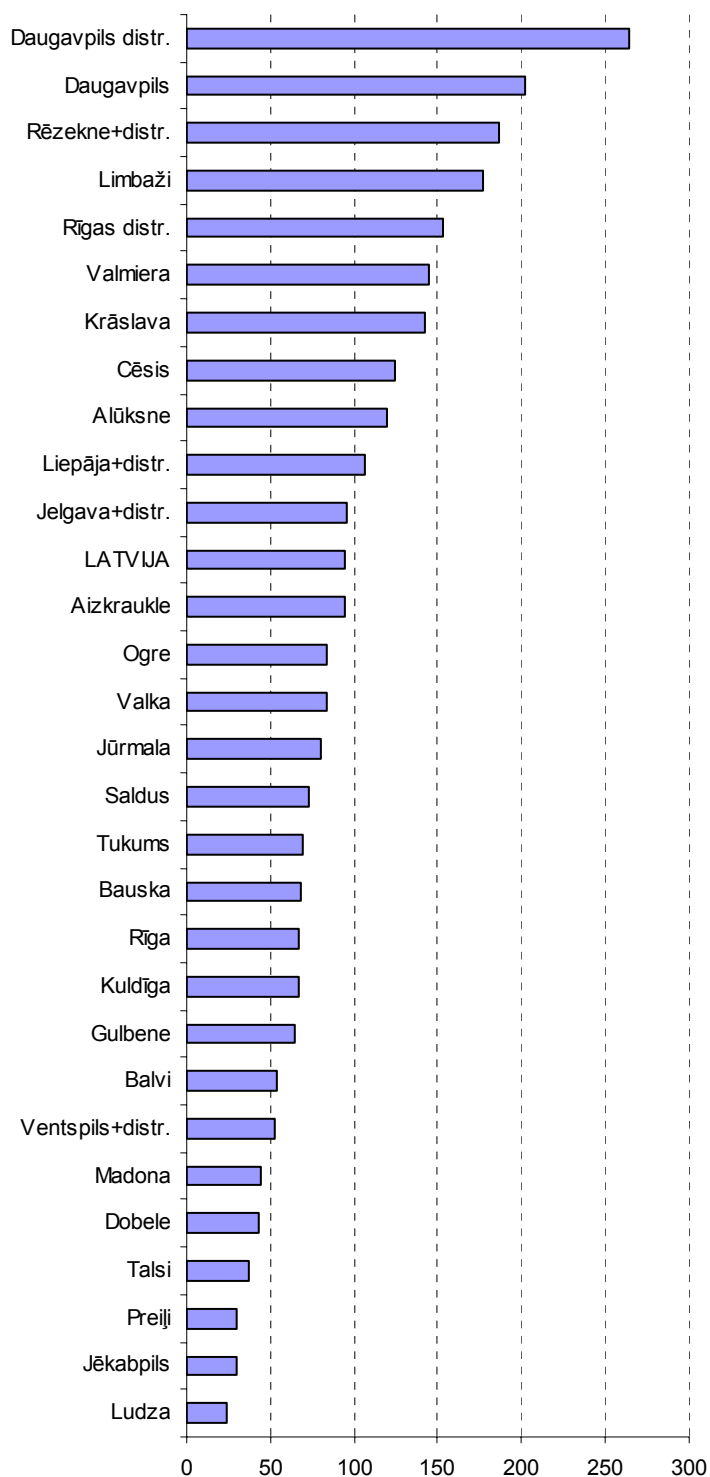
Data of the State Addiction Agency

In 2003 the highest incidence of alcohol addiction was registered in Daugavpils, Jelgava and the Jelgava district, the Daugavpils district, Jurmala. The district of Limbazi which ranked 1st in 2002, ranks 11th in 2003.

In 2003 no single case of alcohol addiction was registered in Aizkraukle in 2003. Low incidence of alcohol addiction is recorded in the Madona district, in the city and district of Ventspils. This could be related to insufficient activity of the Addiction Service staff.

Chart 1.18. REGISTERED INCIDENCE OF ALCOHOL ADDICTION,  
2003

in urban areas and in districts 100 000 inhabitants



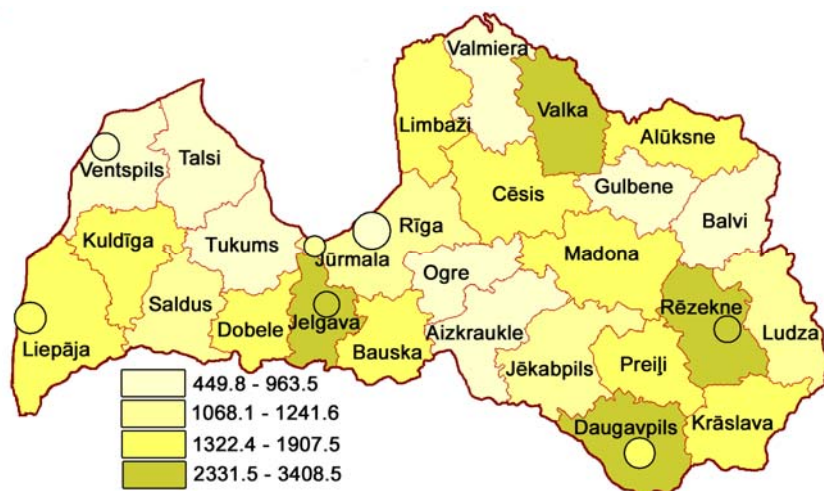
Data of the State Addiction Agency

Table 1.17. **REGISTERED INCIDENCE OF ALCOHOL ADDICTION IN 2003 AND  
CONTINGENT OF PATIENTS BY THE END OF 2003**

	With first time diagnosis		Contingent by the end of the year	
	in total	per 100 000 inhabitants	in total	per 100 000 inhabitants
L A T V I A	2205	94.6	26285	1127.4
Rīga	495	67.0	3898	527.3
Daugavpils	228	202.5	1508	1339.1
Jelgava+distr.	98	95.1	2579	2503.7
Jūrmala	44	79.8	599	1086.0
Liepāja+distr.	141	106.2	1977	1489.1
Rēzekne+distr.	150	186.2	2608	3238.1
Ventspils+distr.	31	53.0	272	465.1
Districts:				
Aizkraukles	39	93.9	356	857.4
Alūksnes	31	119.8	359	1387.2
Balvu	16	54.3	188	637.6
Bauskas	36	68.6	791	1507.4
Cēsu	74	124.2	784	1315.5
Daugavpils	110	264.1	899	2158.6
Dobeles	17	42.9	709	1788.9
Gulbenes	18	64.9	218	786.2
Jēkabpils	16	29.3	646	1181.3
Krāslavas	51	142.2	628	1750.5
Kuldīgas	25	66.8	483	1289.9
Limbažu	70	176.8	519	1311.1
Ludzas	8	23.6	404	1189.1
Madonas	20	44.0	750	1648.5
Ogres	53	84.2	527	836.9
Preiļu	12	29.5	499	1226.5
Rīgas	224	153.5	1510	1034.5
Saldus	28	73.3	412	1079.2
Talsu	18	37.0	212	435.4
Tukuma	38	68.8	501	907.4
Valkas	28	83.9	1048	3141.7
Valmieras	86	144.3	401	672.8

Chart 1.19. **PATIENTS WITH THE DIAGNOSIS OF ALCOHOL ADDICTION AND ALCOHOL PSYCHOSIS REGISTERED BY THE STATE ADDICTION SERVICE BY THE END OF 2003**  
(CONTINGENT)

in urban areas and in districts per 100 000 inhabitants



By the end of 2003 the highest number of patients with diagnosis of alcohol addiction and alcohol psychosis (per 100 000 inhabitants) was registered in the district of Valka, in the city and district of Rezekne, in the city and district of Jelgava and in the district of Daugavpils.

### 1.3. The 2004-2008 program for the reduction of alcohol consumption and restriction of alcohol abuse

In 2003 the Ministry of Health and the State Addiction Agency with the assistance of the European Regional Office of the WHO elaborated "The 2004-2008 programs for the reduction of alcohol consumption and restriction of alcohol abuse". Representatives from other interested government institutions, self-governments and on-government organizations participated in this work. Māris Baltiņš, professor of Public Health of the Latvian University, worked as consultant for this program in Latvia. Notably the program has been highly estimated by the WHO expert in Copenhagen Philip Lazarov.

On November 28, 2003 a public discussion was held, and amendments and additions to the program were suggested by government institutions, self-governments and non-government organizations. To the extent possible the suggestions and amendments were incorporated into the program before submitting it for Cabinet approval.

The goal of the program is to reduce alcohol consumption in the country per capita, to reduce the harmful effects of alcohol on the individual and on the overall community. This goal is attainable by working to achieve the following three objectives:

1. Reduction of the supply of alcohol which includes control over the quality and safety of alcohol, optimal tax policies, regulation of alcohol marketing, restriction of alcohol advertising, restriction of locations where alcohol may be consumed and control over illegal import and illegal circulation of alcohol.
2. Reduction of the demand for alcohol through better primary prevention, education of schoolchildren and young people, development of treatment and rehabilitation.
3. Reduction of unsafe and harmful use with the main stress on the reduction of road traffic accidents caused under the influence of alcohol.

Successful implementation of the program involves successful cooperation of all the interested institutions with additional state financing.

#### **1.4. KEY TRENDS IN THE USE AND THE EFFECTS OF ALCOHOLIC BEVERAGES**

- There is a growing trend of registered alcohol use in the last few years. In 2003 the registered amount of absolute alcohol consumed per inhabitant over 15 years of age was 9.4l.
  - The share of strong alcoholic beverages in the structure of consumption is decreasing (it was about 46.2%), at the same time there is a growth of consumption of beer, wine and light alcoholic drinks.
  - Assessment of the effects caused by alcohol consumption - stability of the following indicators of consumption may be noted:
    - a decrease of registered cases of alcohol psychosis,
      - a decrease of the mortality rate from external causes,
      - a decrease of the mortality rate from liver cirrhosis,
      - a decrease in the number of accidents caused by drivers under the influence of alcohol,
      - a decrease in registered alcohol addiction,
      - a decrease of the number of detained drivers under the influence of alcohol.
- the following indicators have deteriorated:  
growth of the number of detected criminal offences committed under the influence of alcohol, esp. among minors.