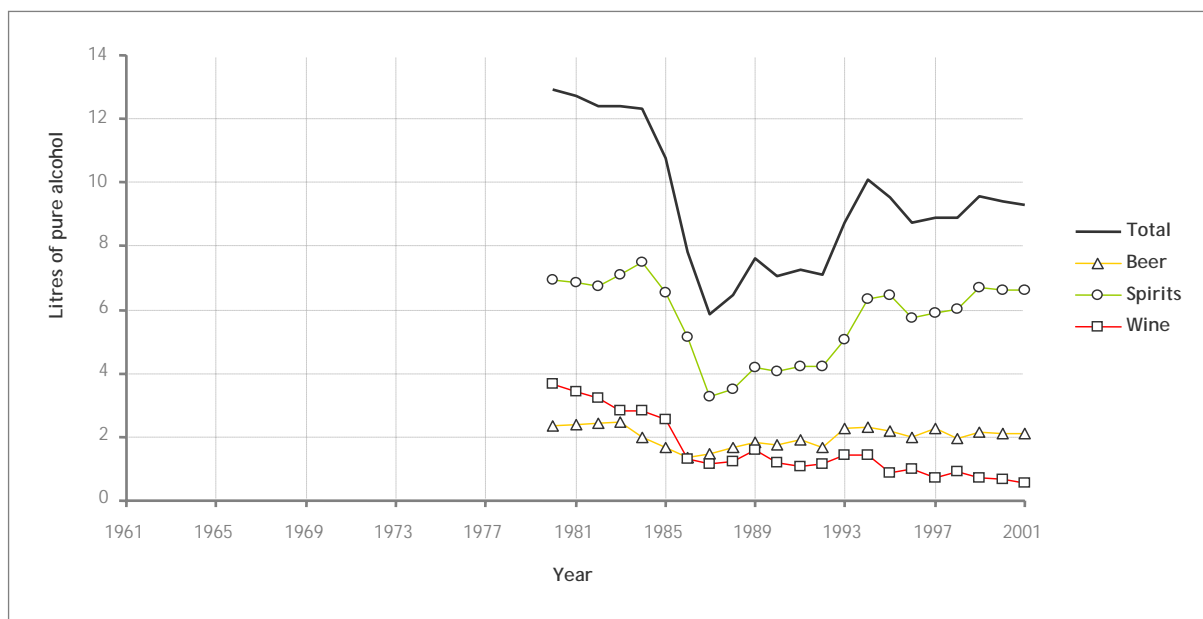


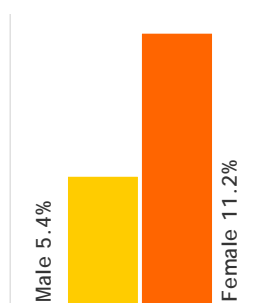
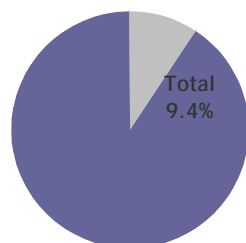
# LATVIA

## Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

## Lifetime abstainers

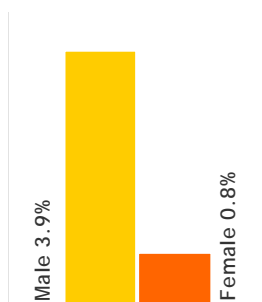
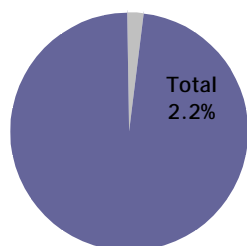


Data from the 2003 World Health Survey. Total sample size  $n = 854$ ; males  $n = 286$  and females  $n = 568$ . Population aged 18 years and above.<sup>1</sup>

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 15% (males) and 46% (females). Data is for after year 1995.<sup>2</sup>

In a 1999 national survey of 3500 households (with respondents 18 years and above), the rate of last year abstainers was found to be 25% (total), 15% (males) and 32% (females). The survey also found that the average number of alcohol units consumed on the last drinking occasion was 3.9 among those having had at least one drink during the last month and 1.9 for the total population.<sup>3</sup>

### Heavy and hazardous drinkers



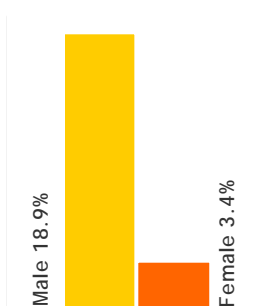
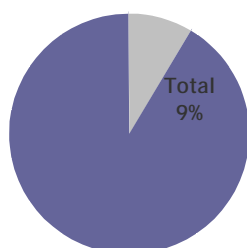
Data from the 2003 World Health Survey. Total sample size  $n = 854$ ; males  $n = 286$  and females  $n = 568$ . Population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.<sup>1</sup>

According to the 2003 World Health Survey (total sample size  $n = 744$ ; males  $n = 268$  and females  $n = 476$ ), the mean value (in grams) of pure alcohol consumed per day among drinkers was 4.4 (total), 8.0 (males) and 2.2 (females).<sup>1</sup>

A 1997 national survey of adults aged 19 to 64 years found that among drinkers (693 men and 426 women), 4% of males and 5.6% of females were heavy drinkers. Heavy drinking was defined as consuming more than 80 g of pure alcohol a day.<sup>4</sup>

A 1998 survey of 2067 adults (45% male) aged 20 years and above found that 34% of the total population sampled (32% of males and 36% of females) were frequent consumers of strong alcohol (spirits). Frequent consumption was defined for men as once a week or more and for women as 2–3 times a month or more.<sup>5</sup>

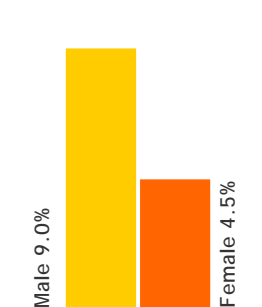
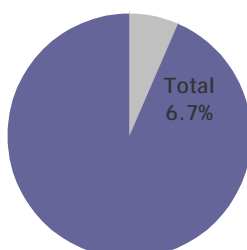
### Heavy episodic drinkers



Data from the 2003 World Health Survey. Total sample size  $n = 854$ ; males  $n = 286$  and females  $n = 568$ . Population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.<sup>1</sup>

In a 1999 national survey of 3500 households (with respondents 18 years and above), the rate of binge drinkers was 26% among drinkers and 13% among the total population. Binge drinking was defined as having had five or more alcohol units on the last drinking occasion.<sup>3</sup>

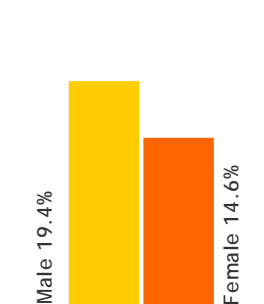
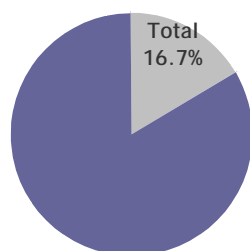
### Youth drinking (lifetime abstainers)



Data from the 2003 World Health Survey. Total sample size  $n = 91$ ; males  $n = 44$  and females  $n = 47$ . Population aged 18 to 24 years old.<sup>1</sup>

Data from the 1999 ESPAD survey (total sample size  $n = 2284$ , males  $n = 988$  and females  $n = 1296$ ; age group 15 to 16 years) found that the rate of alcohol consumers was 20% (total), 24% (males) and 17% (females). Alcohol consumer was defined as lifetime use of 40 times or more.<sup>6</sup>

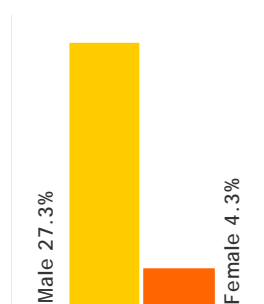
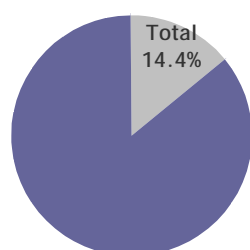
## Youth drinking (drink at least weekly)



HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size  $n = 1117$ .<sup>7</sup>

According to the 1997/1998 HBSC survey (total sample size  $n = 1265$ ), 28% of 15-year-old boys and 12% of 15-year-old girls reported drinking beer, wine or spirits at least weekly.<sup>8</sup>

## Youth drinking (heavy episodic drinkers)



Data from the 2003 World Health Survey. Total sample size  $n = 91$ ; males  $n = 44$  and females  $n = 47$ . Population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.<sup>1</sup>

Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

According to the 1999 ESPAD survey (total sample size  $n = 2284$ , males  $n = 988$  and females  $n = 1296$ ; age group 15 to 16 years), the rate of binge drinking was 14% (total), 19% (males) and 5% (females). Binge drinking was defined as consuming five or more drinks in a row three times or more in the last 30 days.<sup>6</sup>

## Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size  $n = 1117$ ), the proportion of 15-year-olds who reported ever having been drunk two or more times was 41.4% for boys and 25.4% for girls.<sup>7</sup>

In the 1999 ESPAD study of subjects 15 to 16 years old (total sample size  $n = 2284$ ; males  $n = 988$  and females  $n = 1296$ ) the proportion of subjects who reported being drunk three times or more in the last 30 days was 7% (total), 12% (males) and 4% (females).<sup>6</sup>

## Alcoholism

In 2002, there were 2278 registered patients with first-time diagnosis of alcoholism, or 97.1 per 100 000 inhabitants. In 2001 there were 1872 cases or 79.5 per 100 000 inhabitants. By the end of 2002, there were 25 281 patients with alcoholism registered in the country or 1077 per 100 000 inhabitants (82.3% were men and 17.7% were women).<sup>9</sup>

## Unrecorded alcohol consumption

The unrecorded alcohol consumption in Latvia is estimated to be 7.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).<sup>2</sup>

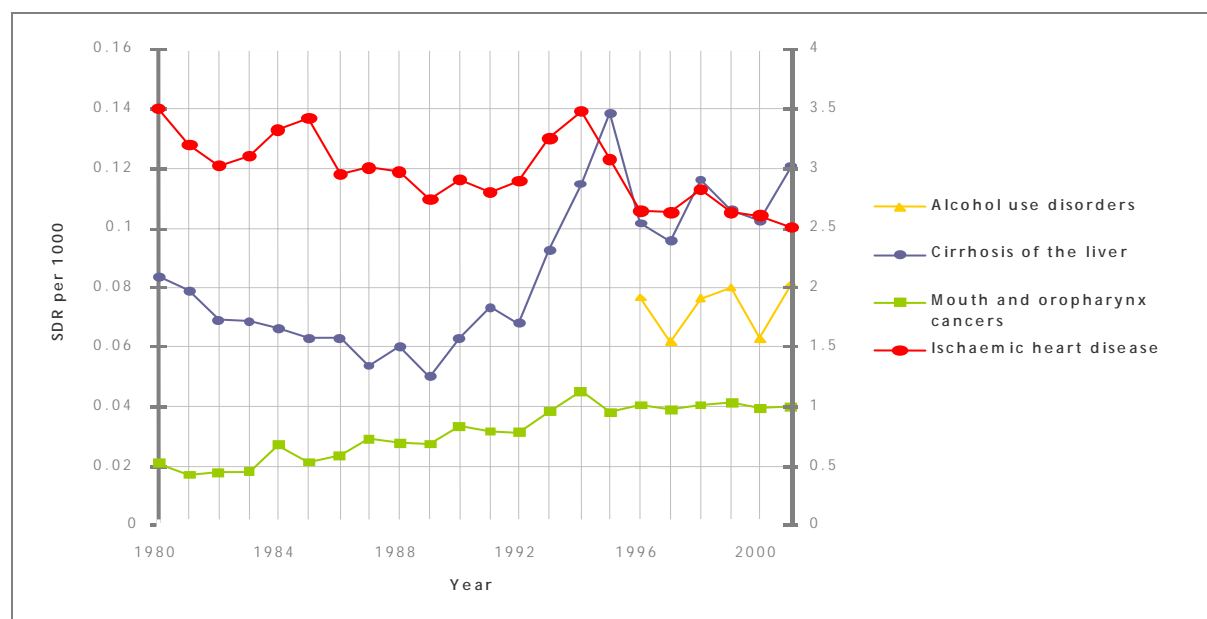
According to estimates by the State Revenue Service, the turnover of illegal alcohol only for few groups of alcoholic beverages exceeds for 20–25% of the amount officially declared.<sup>9</sup>

Calculations of alcohol-related morbidity and mortality indicate that the real consumption level could be three to five times higher than the recorded level, reaching 16–20 litres of pure alcohol per capita. According to estimates by specialists from the Narcology Centre, real per capita consumption in 1998 was about 14 litres of pure alcohol, in 1997 12.1 litres. Unregistered alcohol is often of a low quality, toxic and sold at low prices.<sup>10</sup>

### Mortality rates from selected death causes where alcohol is one of the underlying risk factors

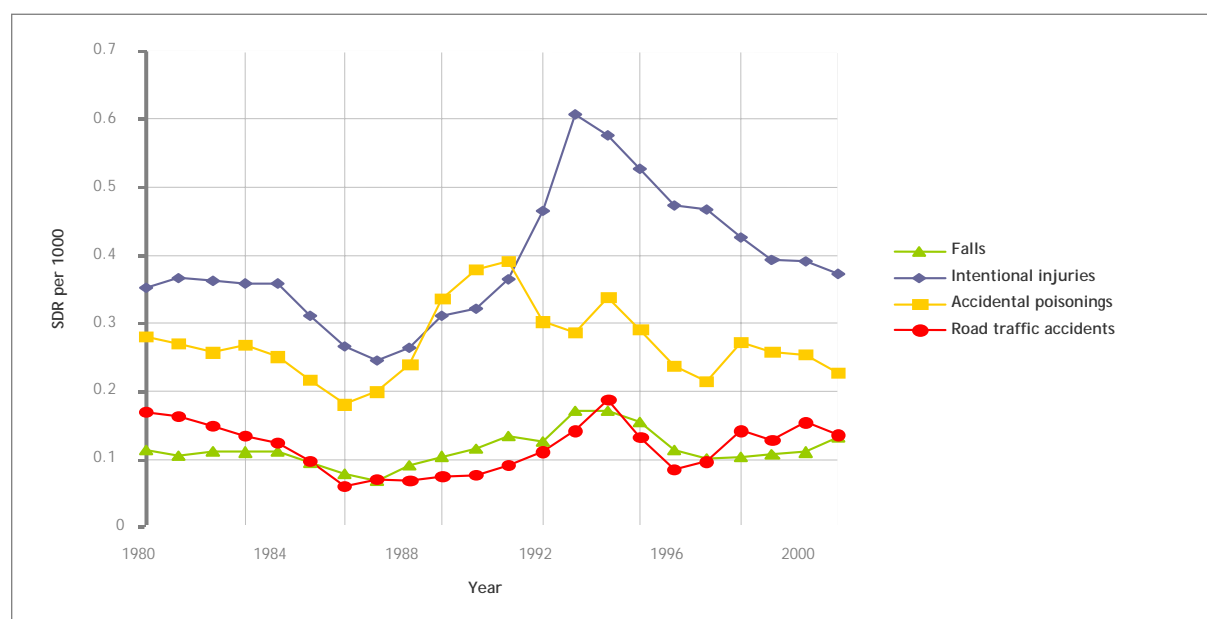
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

#### Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

#### Acute mortality



Source: WHO Mortality Database

## Morbidity, health and social problems from alcohol use

Apart from the health problems associated with excessive alcohol use, alcoholism has also had adverse impacts on productivity in the workplace and increased absenteeism. No figures have been published on the extent of absenteeism due to excessive alcohol use. It is estimated that drinking and alcoholism has reduced labour productivity by some 10%.<sup>10</sup>

In 2002, 141 persons lost their lives in road accidents in which at least one of the drivers had been under the influence of alcohol (the figure in 2001 was 101). The number of severe accidents caused by drivers under the influence of alcohol has also increased from 701 in 2001 to 755 in 2002.<sup>9</sup>

In 2002, there were 176 deaths caused by alcohol intoxication. A considerable number of those who died were at an economically active age. For example, of 126 deaths caused by alcohol cardiopathy, 53 or 42% were aged up to 50 years old. The youngest person to have died was only 19 years old.<sup>9</sup>

In 2002, 34.3% of all detected offences are committed under the influence of alcohol (in 2001 – 32.3%, in 2000 – 32.7%); among minors this indicator is 25.3% (in 2001 – 20.7%, in 2000 – 17.8%).<sup>11</sup>

The rate of alcoholic psychosis incidence per 100 000 population was 39.02 in 2001 and 35.88 in 2002.<sup>12</sup>

The SDR per 100 000 population for chronic liver disease and cirrhosis was 15.02 in 2001 and 14.43 in 2002.<sup>12</sup>

The number of alcohol-related road traffic accidents per 100 000 population was 53.60 in 2001 and 37.92 in 2002.<sup>12</sup>

## Country background information

<b>Total population 2003</b>	2 307 000	<b>Life expectancy at birth (2002)</b>	Male	64.6
Adult (15+)	1 937 880		Female	75.8
% under 15	16	<b>Probability of dying under age 5 per 1000 (2002)</b>	Male	15
<b>Population distribution 2001 (%)</b>			Female	12
Urban	60	<b>Gross National Income per capita 2002</b>	US\$	3480
Rural	40			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

## References

1. Ustun TB et al. The World Health Surveys. In: Murray CJL, Evans DB, eds. *Health Systems Performance Assessment: Debates, Methods and Empiricism*. Geneva, World Health Organization, 2003.
2. Alcohol per capita consumption, patterns of drinking and abstention worldwide after 1995. Appendix 2. *European Addiction Research*, 2001, 7(3):155–157.
3. Brunovskis A, Uglund T. *Alcohol consumption in the Baltic States: developments from 1994 to 1999*. Oslo, Fafo Institute for Applied Social Science, 2002.
4. McKee M et al. Alcohol consumption in the Baltic Republics. *Journal of Epidemiology and Community Health*, 2000, 54(5): 361–366.
5. Kasmel A et al. Association between health behaviour and self-reported health in Estonia, Finland, Latvia and Lithuania. *European Journal of Public Health*, 2004, 14(1):32–36.
6. Hibell B et al. *The 1999 ESPAD Report. The European School Survey on Alcohol and Other Drugs: Alcohol and Other Drug Use Among Students in 30 European Countries*. Stockholm, Council of Europe, 2000.
7. Currie C et al., eds. *Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. Copenhagen, WHO Health Policy for Children and Adolescents (HEPCA), 2004.
8. *Health Behaviour in School-aged Children: a WHO Cross-National Study (HBSC) International Report*. Copenhagen, World Health Organization, 2000.
9. *State Centre for Drug Abuse Prevention and Treatment (Narcology Centre) Annual Report 2002*.
10. Trapenciere I. Statistics on alcohol, drugs and crime in Latvia. In: Leifman H, Edgren-Henrichson N, eds. *Statistics on alcohol, drugs and crime in the Baltic Sea region*. Helsinki, Nordic Council for Alcohol and Drug Research (NAD), 2000.

11. Information Centre, Ministry of Interior. In: *State Centre for Drug Abuse Prevention and Treatment (Narcology Centre) Annual Report 2002*.
12. European health for all database. World Health Organization, Regional Office for Europe (<http://hfadb.who.dk/hfa>, accessed 26 February 2004).