

# 2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

## A. ORIGIN OF THE REPORT

### Name of contracting Party:

Latvia

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### Information on national contact responsible for preparation of the report:

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## Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

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## B1. TOBACCO CONSUMPTION

### Prevalence of tobacco use

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#### Smoking prevalence in the adult population (all)

*(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)*

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#### Current smokers

**Prevalence (%)**  
**(please include all smoking tobacco products in prevalence data)**

**Average number of the most-consumed smoking tobacco product used per day**

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## Daily smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>	<b>Average number of the most-consumed smoking tobacco product used per day</b>
MALE	38.3	12.4
FEMALE	12.0	9.5
TOTAL (males and females)	24.5	11.6

## Occasional smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	4.6
FEMALE	2.2
TOTAL (males and females)	3.4

## Former smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	19.0
FEMALE	10.1
TOTAL (males and females)	14.4

## Never smokers

**Prevalence (%)**  
**(please include all smoking tobacco products in prevalence data)**

MALE	36.3
FEMALE	74.2
TOTAL (males and females)	56.2

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	15	74

Please indicate the year of the data used to answer question B11:

2018

Please indicate the source of the data used to answer question B11:

"Health Behavior among Latvian Adult Population, 2018" ,  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.

Current smoker

Daily smoker      The definitions are determined using the algorithm on page 14 of the report:  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Occasional smoker      The definitions are determined using the algorithm on page 14 of the report:  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Former smoker      The definitions are determined using the algorithm on page 14 of the report:  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Never smoker      The definitions are determined using the algorithm on page 14 of the report:  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

Since 2016, the prevalence of daily smokers among 15-74 years old inhabitants in Latvia has significantly decreased – by 10% points among men and by 8% points among women. A reduction in the prevalence is observed in all age groups both for men and women. The prevalence of occasional smokers has slightly increased. The prevalence rate of e-cigarette use (50 times or more during the last year) has increased by 75%, but with a total prevalence rate of 1,4% remains relatively unpopular among the adult population.

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## Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers <sup>1</sup>	15	24	25
MALES - current smokers <sup>1</sup>	25	34	36
MALES - current smokers <sup>1</sup>	35	44	45
MALES - current smokers <sup>1</sup>	45	54	49
MALES - current smokers <sup>1</sup>	55	64	40
MALES - current smokers <sup>1</sup>	65	74	25
FEMALES - current smokers <sup>1</sup>	15	24	10
FEMALES - current smokers <sup>1</sup>	25	34	14
FEMALES - current smokers <sup>1</sup>	35	44	18
FEMALES - current smokers <sup>1</sup>	45	54	15
FEMALES - current smokers <sup>1</sup>	55	64	10
FEMALES - current smokers <sup>1</sup>	65	74	7
TOTAL (males and females) - current smokers <sup>1</sup>	15	24	
TOTAL (males and females) - current smokers <sup>1</sup>	25	34	
TOTAL (males and females) - current smokers <sup>1</sup>	35	44	
TOTAL (males and females) - current smokers <sup>1</sup>	45	54	
TOTAL (males and females) - current smokers <sup>1</sup>	55	64	
TOTAL (males and females) - current smokers <sup>1</sup>	64	74	

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Cigarettes

Please indicate the year of the data used to answer question B12:

2018

Please indicate the source of the data used to answer question B12:

"Health Behavior among Latvian Adult Population, 2018" ,

[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

The prevalence rate of daily smokers has decreased in all age groups for both genders, most significantly among men (age groups 25-34 and 45-54) with a reduction of 15% points and 10% points respectively. Among women the largest decrease was observed among the age group 15-24 (by 12% points) and 25-34, 55-64 (both by 10% points).

## Prevalence of smokeless tobacco use in the adult population (all)

*(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)*

### Males

#### Prevalence (%)

**(please include all smokeless tobacco products in prevalence data)**

Never users	89.6
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### Females

#### Prevalence (%)

**(please include all smokeless tobacco products in prevalence data)**

Never users	97.8
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**TOTAL (males and females)****Prevalence (%)****(please include all smokeless tobacco products in prevalence data)**

Never users	93.9
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Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Chewing tobacco or snuff

Please indicate the age range to which the data used to answer question B13 refer:

	<b>From</b>	<b>To</b>
Age range	15	74

Please indicate the year of the data used to answer question B13:

2018

Please indicate the source of the data used to answer question B13:

"Health Behavior among Latvian Adult Population, 2018" ,

[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user	The proportion of current, daily and occasional users was not determined. Respondents indicate the use of snuff and/or chewing tobacco by using following answers: - I have never used them; - Yes-once; - Yes-2 to 50 times; Yes-more than 50 times
Daily user	The proportion of current, daily and occasional users was not determined. Respondents indicate the use of snuff and/or chewing tobacco by using following answers: - I have never used them; - Yes-once; - Yes-2 to 50 times; Yes-more than 50 times
Occasional user	The proportion of current, daily and occasional users was not determined. Respondents indicate the use of snuff and/or chewing tobacco by using following answers: - I have never used them; - Yes-once; - Yes-2 to 50 times; Yes-more than 50 times
Former user	The proportion of current, daily and occasional users was not determined. Respondents indicate the use of snuff and/or chewing tobacco by using following answers: - I have never used them; - Yes-once; - Yes-2 to 50 times; Yes-more than 50 times
Never user	Proportion of people who have never used chewing tobacco or/and snuff.

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Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Smokeless tobacco remains unpopular with the majority using traditional tobacco products. 0.1% have used smokeless tobacco more than 50 times. It should be noted that sale of snuff and chewing tobacco in Latvia is prohibited therefore its' use is on an experimental level mostly with abroad purchased tobacco. The use of heated tobacco products that were introduced in the Latvian market in 2018 was not determined in the survey.

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## Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

## Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

	Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
Current users <sup>3</sup>	Latvian	38	11	24
Current users <sup>3</sup>	Russian	41	13	26
Current users <sup>3</sup>	other	30	14	21

Please indicate the tobacco products included in the answer to question B15:

Cigarettes

Please indicate the age range to which the data used to answer question B15 refer:

	<b>From</b>	<b>To</b>
Age range	15	74

Please indicate the year of the data used to answer question B15:

2018

Please indicate the source of the data used to answer question B15:

"Health Behavior among Latvian Adult Population, 2018" ,  
[https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt\\_2018\\_i\\_ii\\_dala.pdf](https://www.spkc.gov.lv/upload/spkcresearchfailicol/finbalt_2018_i_ii_dala.pdf)

## Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	<b>Age range</b>	<b>SMOKING TOBACCO - Prevalence (%)</b>	<b>SMOKELESS TOBACCO - Prevalence (%)</b>	<b>WATER PIPE - Prevalence (%)</b>
BOYS - Current users <sup>4</sup>	13-15	22.8	6.8	
GIRLS - Current users <sup>4</sup>	13-15	20.5	3.7	
TOTAL (boys and girls) - Current users <sup>4</sup>	13-15	21.5	5.3	
TOTAL (boys and girls) - Current users <sup>4</sup>	13	14.1	2.7	2.2
TOTAL (boys and girls) - Current users <sup>4</sup>	14	19.6	4.2	2.5
TOTAL (boys and girls) - Current users <sup>4</sup>	15	30.3	8.9	5.8

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking tobacco: manufactured and hand-rolled cigarettes, cigars, cigarillos, water-pipe, pipe.

Smokeless tobacco: chew snuff, or dip.

Please indicate the year of the data used to answer question B16:

2018

Please indicate the source of the data used to answer question B16:

Global Youth Tobacco Survey, 2019. Unpublished data of the Center for Disease Prevention and Control of Latvia

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Current tobacco user—smoked any type of tobacco products in the past 30 days

Current smokeless tobacco user – used any type of smokeless tobacco during the last 30 days

Current water pipe smoker – smoked water pipe during the last 30 days

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

After a substantial decrease in the smoking prevalence among 13-15 year old adolescents in 2014, a continuous trend can be observed in 2018 but less pronounced. Any type of tobacco product smoking has decreased by 3.2% points and cigarette smoking by 2% points. At the same time, the current use of electronic cigarettes has increased by more than 60%, increasing from 11% in 2014 to 18% in 2018.

Please attach the relevant documentation.

<b>Tobacco use by young persons</b>	Unpublished data fact sheet	File type "pdf"
<b>Health Behavior among adult population, 2018 survey data</b>	No comment	File type "pdf"

## Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Males	15-74		2.4*		
ADULT POPULATION - Females	15-74		0.4*		
ADULT POPULATION - Total (males and females)	15-74		1.4*		
YOUNG PERSONS - Boys	13-15		22.4*		
YOUNG PERSONS - Girls	13-15		13.5*		
YOUNG PERSONS - Total (boys and girls)	13-15		18.0*		

## B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

### Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Exposure at home Exposure at workplace (for more than 5 hours)

Males Females Males Females

15-24 years:30.5% 15-24 years:31.5% 15-24 years:2.2% 15-24 years:1.1%

25-34 years:27.3% 25-34 years:23.0% 25-34 years:3.9% 25-34 years:1.4%

35-44 years:32.9% 35-44 years:28.1% 35-44 years:2.7 % 35-44 years:0.7%

45-54 years:37.2% 45-54 years:24.4% 45-54 years:1.6% 45-54 years:1.0%

55-64 years:33.9% 55-64 years:18.0% 55-64 years:0.8% 55-64 years:0.2%

65-74 years:17.0% 64-74 years:12.0% 65-74 years:0.5% 65-74 years:0.3%

Total: 30.8% Total:22.2% Total:2.2% Total:0.7%

Total:26.3% Total:1.4%

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Please indicate the year of the data used to answer question B21:

2018

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Please indicate the source of the data used to answer question B21:

"Health Behavior among Latvian Adult Population, 2018"

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Please attach the relevant documentation.

Data on exposure to tobacco  
smoke from page 59

File type "pdf"

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## Tobacco-related mortality

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Do you have information on tobacco-related mortality in your population?

Yes ✓

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What is the estimated total number of deaths attributable to tobacco use in your population?

5130

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If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

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Please indicate the year of the data used to answer question B32 and 33:

2019

Please indicate the source of the data used to answer questions B32 and B33:  
 THE BURDEN OF SMOKING IN LATVIA CURRENT SITUATION AND ALTERNATIVE SCENARIOS  
 FOR CLEAN INDOOR AIR AND TAX POLICY

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Please submit a copy of the study you refer to:

<b>THE BURDEN OF SMOKING IN LATVIA CURRENT SITUATION AND ALTERNATIVE SCENARIOS FOR CLEAN INDOOR AIR AND TAX POLICY</b>	Report commissioned to Universidad Politu00e9cnica de Cartagena by the World Health Organization	File type "pdf"
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## Tobacco-related costs

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Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

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Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

The direct medical care costs associated to morbi-mortality are estimated to reach 21.4 million € per year, of which 3.8 million € are accounted by the treatment of non-fatal cases and 17.6 million € correspond to costs of end of life.

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Please indicate the year of the data used to answer question B42:

2019

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Please indicate the source of the data used to answer question B42:

THE BURDEN OF SMOKING IN LATVIA CURRENT SITUATION AND ALTERNATIVE SCENARIOS  
 FOR CLEAN INDOOR AIR AND TAX POLICY

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Please submit a copy of the study you refer to:

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# Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

## Licit supply of tobacco products

	<b>Product</b>	<b>Unit (e.g. pieces, tonnes)</b>	<b>Domestic production</b>	<b>Retail sales</b>	<b>Exports</b>	<b>Imports</b>
Smoking tobacco products	Cigarettes	thousand pieces	0	1 906 896	138 670	4 173 797
Smoking tobacco products	Cigars and cigarillos	thousand pieces		30 150	235	65 733
Smoking tobacco products	Smoking tobacco	kilograms		77 576	4 807	85 984
Smoking tobacco products	Heated tobacco	kilograms		32 209	3 785	197 118
Tobacco leaves	Leaves	kilograms		0		236 578

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

43 953 thousand cigarettes, 62 thousand cigars and cigarillos, and 154 kg of smoking tobacco have been sold on ships, aircrafts and duty-free shops

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Additional information regarding item B51 Retail sale – the amount redirected for sale in the retail network; Export – in addition to the specified amount Latvia has exported to other EU Member States 2 112 345 thousand cigarettes, 48 198 thousand cigars and cigarillos, 10 712 kg of smoking tobacco, 139 160 kg of heated tobacco and 236 578 kg tobacco leaves; Import – the volume imported both from the EU Member States and other countries is included.

Please attach the relevant documentation.

# Seizures of illicit tobacco products

(with reference to Article 15.5)

## Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018	cigarettes	million	188.72
Smoking tobacco products	2019	cigarettes	million	92.12
Smoking tobacco products	2018	smoking tobacco	kg	31950
Smoking tobacco products	2019	smoking tobacco	kg	51252
Smoking tobacco products	2018	water pipe tobacco	kg	11832
Smoking tobacco products	2019	water pipe tobacco	kg	5777
Smoking tobacco products	2018	cigars	pieces	92
Smoking tobacco products	2019	cigars	pieces	32
Smokeless tobacco products	2018	cheving tobacco	pieces	8
Smokeless tobacco products	2019	cheving tobacco	pieces	162

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

15

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

1. The risks of producing illegal cigarettes is increasing in Latvia , as indicate by the activities of 9 cigarette manufacturing plants discovered and discontinued in Latvia
2. Increasing volume of cigarettes removed without excise stamps
3. The quantities of tobacco imported illegally are increasing

Please provide any further information on illicit tobacco products.

Information reported by the State Revenue Service

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Please indicate the source of the data used to answer questions in section B6:

Information reported by the State Revenue Service

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Please attach the relevant documentation.

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## Tobacco-growing

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Is there any tobacco-growing in your jurisdiction?

No

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Please indicate the year of the data used to answer questions in section B7:

2019

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Please indicate the source of the data used to answer questions in section B7:

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Please attach the relevant documentation.

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## Taxation of tobacco products

*(with reference to Articles 6.2(a) and 6.3)*

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What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

83.77

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How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	Yes
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	No

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If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	<b>Product</b>	<b>Type of tax</b>	<b>Rate or amount</b>	<b>Base of tax<sup>5</sup></b>
Smoking tobacco products	Cigarettes As of 1st January 2018	specific rate	1000 pieces	67,00 EUR
Smoking tobacco products	Cigarettes As of 1st January 2018	percentage rate	maximum retail selling price	20%
Smoking tobacco products	Cigarettes As of 1st January 2018	adding up the amounts acquired by applying the specific rate and percentage rate, the calculated tax shall be not less than 99,00 EUR for 1000 cigarettes	1000 cigarettes	99,00 EUR
Smoking tobacco products	Cigarettes As of 1st July 2018	specific rate	1000 pieces	74,60
Smoking tobacco products	Cigarettes As of 1st July 2018	percentage rate	maximum retail selling price	20%
Smoking tobacco products	Cigarettes As of 1st July 2018	adding up the amounts acquired by applying the specific rate and percentage rate, the calculated tax shall be not less than 93,70 EUR for 1000 cigarettes	1000 cigarettes	109,20 EUR
Smoking tobacco products	Cigarettes As of 1st July 2019	specific rate	1000 pieces	78,70 EUR
Smoking tobacco products	Cigarettes As of 1st July 2019	percentage rate	maximum retail selling price	20%
Smokeless tobacco products	Cigarettes As of 1st July 2019	adding up the amounts acquired by applying the specific rate and percentage rate, the calculated tax shall be not less than 99,00 EUR for 1000 cigarettes	1000 cigarettes	114,70 EUR
Other tobacco products	Cigars and cigarillos (year 2018)	specific rate	1000 pieces	73,00 EUR

Other tobacco products	cigarillos (year 2019)	specific rate	1000 pieces	88,00 EUR
Other tobacco products	Smoking tobacco (year 2018)	specific rate	1000 grams	66,00 EUR
Other tobacco products	Smoking tobacco (year 2019)	specific rate	1000 grams	70,00 EUR
Other tobacco products	Tobacco leaves (year 2018)	specific rate	1000 grams	66,00 EUR
Other tobacco products	Tobacco leaves (year 2019)	specific rate	1000 grams	70,00 EUR
Other tobacco products	Heated tobacco (year 2018)	specific rate	1000 grams	66,00 EUR
Other tobacco products	Heated tobacco (year 2019)	specific rate	1000 grams	70,00 EUR

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

As specified in point B 83, Excise duty for cigarettes consist of two parts – specific rate and percentage rate. As well, there is set a minimum level of excise duty per 1000 cigarettes. Trend in taxation are - specific excise duty rate for cigarettes is increased. The minimum level of excise duty per 1000 cigarettes is increased. For other tobacco products apply a specific rate who has trend increase.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No ✘

Please indicate the year of the data used to answer questions B81 to B86:

2018

Please indicate the source of the data used to answer questions B81 to B86:

Information regarding 2018 and 2019 has been used. The source of the data is Law on Excise Duties. The proportion of taxes in the most popular tobacco product (cigarettes), mentioned in Section B 81 consists of excise duty and VAT. Not all cigarettes are imported and therefore not all are subject to import duties. Import duty on cigarettes is set out 57.6% of the value of the goods. VAT tax rate is 21 percent

Please attach the relevant documentation.

## Price of tobacco products

*(with reference to Articles 6.2(a))*

### Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
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### Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	L&M	20	3.45	EUR
Smoking tobacco products	CAINES	20	3.35	EUR
Smoking tobacco products	L&M	20	3.60	EUR

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

The information is provided regarding 2019, in accordance with the data submitted to the State Revenue Service by taxpayers. The information is provided regarding the tobacco products throughout the country. There are no locally produced cigarettes in the internal market of Latvia.

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

With the increase of excise duty, the maximum retail selling price of cigarettes still has a growing tendency

Please attach the relevant documentation.

## C1. GENERAL OBLIGATIONS

*With reference to Article 5*

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

No ✘

Have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?

Yes ✔

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

The contact person of the focal point is a representative of the Ministry of Health. Tobacco control unit is subordinated to the Ministry of Health. The responsibilities of coordination are divided among the Centre for Disease Prevention and Control (research, health promotion), The Ministry of Health (policy development and intersectoral cooperation, focal point), Health Inspectorate and State Revenue Service (control of the circulation of the tobacco products).

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Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

Although there is no national tobacco control strategy, tobacco control measures are covered by Public Health Strategy for 2014-2020.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

## **Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

No ✘

---

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✘

---

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.



Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

*With reference to Articles 6–14*

---

### **Price and tax measures to reduce the demand for tobacco**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✔

---

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

No ✘

---

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

No ✘

---

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Excise duty rates for tobacco products were raised in 2018 and 2019. According to the amendments to the Law "On Excise Tax" adopted in 2017, the excise tax rates for tobacco products will be gradually increased until 1 January 2020 including. The increase of excise tax rates is also carried out in order to reduce the consumption of tobacco products in Latvia.

---

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

---

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3v8byg23vjavrvs&lang=en> (<https://extranet.who.int/dataform/655321?token=3v8byg23vjavrvs&lang=en>)

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	No
administrative and executive orders	Yes
voluntary agreements	No
other measures (please specify in C223 below)	No

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

The Law on Tobacco products, herbal products, electronic cigarettes and refill containers - the purpose of this Law is to protect public health, including the right of persons to live in a clean and favourable environment which has not been polluted by smoke from tobacco products for smoking and herbal products for smoking, as well as from vapour of electronic smoking devices. A number to the Tobacco Law related Regulations of the Cabinet of Ministers are approved as well.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

The State Police, Health Inspectorate, State Revenue Service etc. are responsible for the implementation of the requirements. Penalties are foreseen for the violations.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor workplaces:

government buildings	Complete
health-care facilities	Partial
educational facilities <sup>6</sup>	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

It is prohibited to smoke in a staircases, hallways, and other common-use premises of multiapartment residential houses, in shelters and on platforms of public transport stops, on balconies and loggias of multiapartment residential houses, if any of the residents of the house has justified objections against it, during sports and other public events in stadiums and other demarcated territories, except places specially designated for smoking, in playgrounds for children, in parks, squares, and bathing places, except places specially designated for smoking, It is also prohibited to smoke less than 10 metres from entrances into buildings or structures (also on external stairs and porches) where State administration institutions are located and in any other public place not referred to in the law in the presence of another person, if such person is objecting against it.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Public transport:

airplanes	Complete
trains	Partial
ferries	Partial
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	None

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

It is prohibited to smoke in the presence of a child and a pregnant woman anywhere. It is also prohibited to smoke in any public place in the presence of another person, if such person is objecting against it.

**Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:**

---

Banning tobacco smoking in indoor workplaces

Smoking at workplaces (indoor) is prohibited, except specially designated rooms for smoking. Specially designated rooms for smoking are also allowed in prisons (cells) and in health care and social care facilities.

---

Banning tobacco smoking in public transport

It is prohibited to smoke in saloons, booths, and cabins of public means of transport, taxis, and such vessels which carry out carriage of passengers as the service. Long-distance trains and vessels which carry out carriage of passengers as the service, may have individual wagons or cabins designated for smokers.

---

Banning tobacco smoking in indoor public places

Smoking is prohibited in educational facilities, health-care facilities, apartment houses stairwells, corridors and other common areas, public buildings, structures and premises (cinemas, concerts, sports halls, other sports buildings and structures, postal and other institutions halls, disco and dance halls, etc.), in cafés, restaurants, and other places of public catering, except summer (open-air) cafés in which smoking is permitted only in specially designated places.

Smoking in any public place, if other persons oppose it, is prohibited.

---

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

Amendments to Tobacco Law of April 17, 2019 stipulate that all restrictions that apply to smoking include not only traditional cigarettes but are applicable also to electronic cigarettes (nicotine-containing) and electronic devices (nicotine-free). Excise duty applies also to liquids used in electronic cigarettes and electronic devices.

---

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=3v8byg23vjavrvs&lang=en> (<https://extranet.who.int/dataform/655321?token=3v8byg23vjavrvs&lang=en>)

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

testing and measuring the contents of tobacco products?

No ✘

---

testing and measuring the emissions of tobacco products?

Yes ✔

---

regulating the contents of tobacco products?

Yes ✔

---

regulating the emissions of tobacco products?

Yes ✔

---

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

---

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

The Health Inspectorate of Latvia for market surveillance purposes use the services of an accredited laboratory Latvian Certification centre, Ltd. (LATSERT) for testing tar, nicotine and carbon monoxide emissions in cigarettes. LATSERT is independent – not owned nor controlled by the tobacco industry.

---

Please attach the relevant documentation.

---

## Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

---

requiring public disclosure of information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

---

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

---

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

---

Please attach the relevant documentation.

---

## Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

---

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

---

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

---

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

---

ensuring that the health warnings are rotated?

Yes ✓

---

ensuring that the health warnings are clear, visible and legible?

Yes ✓

---

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

---



ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

---

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

---

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

---

Does the Government own the copyright to these pictures and pictograms?

No ✘

---

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

No ✘

---

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

---

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

---

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✓

---

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)
- Other

---

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

---

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
  - health risks of exposure to tobacco smoke?
  - benefits of the cessation of tobacco use and tobacco-free lifestyles?
  - adverse economic consequences of tobacco production?
  - adverse economic consequences of tobacco consumption?
  - adverse environmental consequences of tobacco production?
  - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
  - nongovernmental organizations not affiliated with the tobacco industry?
  - private organizations?
  - other (please specify)?
  - Other
- 

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

---

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
  - community workers?
  - social workers?
  - media professionals?
  - educators?
  - decision-makers?
  - administrators?
  - other (please specify)
  - Other
- 

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

Guidelines for primary health care specialists for the use of brief interventions in smoking cessation among patients was developed and disseminated in 2018.

A smoking cessation support group program was developed and a pilot study was conducted and evaluated for 12 months, providing smoking cessation support for smokers countrywide in 2018-2019.

A national public awareness campaigns on smoking was launched in 2019 to raise awareness and reduce the use of addiction inducing substances, including tobacco products and e-cigarette use.

Training of school teachers on health education including education of pupils on addictive substance use prevention was conducted in 2019, including the development of school programs on health education topics for grades 1-6; 7-9; 10-12.

---

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3v8byg23javrvs&lang=en> (<https://extranet.who.int/dataform/655321?token=3v8byg23javrvs&lang=en>)

See point C268.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

---

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

---

Does your ban cover:

- display and visibility of tobacco products at points of sales?
  - the domestic Internet?
  - the global Internet?
  - brand stretching and/or brand sharing?
  - product placement as a means of advertising or promotion?
  - the depiction of tobacco or tobacco use in entertainment media products?
  - tobacco sponsorship of international events or activities and/or participants therein?
  - contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?
  - cross-border advertising, promotion and sponsorship originating from your territory?
  - the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
-

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

Yes ✓

---

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✘

---

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Ban to display products for smoking at points of sale will enter into force on October 1, 2020.

---

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=3v8byg23javrvs&lang=en> (<https://extranet.who.int/dataform/655321?token=3v8byg23javrvs&lang=en>)

Guidelines were used to justify the need to prohibit tobacco displaying at points of sales. The amendments to the law were adopted on April 17, 2019 and will enter into force on October 1, 2020.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## **Demand reduction measures concerning tobacco dependence and cessation**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?  
programmes specially designed for underage girls and young women?  
programmes specially designed for women?  
programmes specially designed for pregnant women?
  - telephone quitlines?
  - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
  - other (please specify)?  
Other
- smoking cessation support group programm

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
  - health-care facilities?
  - workplaces?
  - sporting environments?
  - other (please specify)?  
Other
- Smoking cessation program for the general population, implementable in various settings, including work places, prisons and others.

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	None
specialized centres for cessation counselling and treatment of tobacco dependence	None
rehabilitation centres	Fully
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- Other
- pulmonologists,
- narcologists

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

All products are purchased in pharmacies. Nicotine patches and chewing gums, cytisin are dispensed without prescription, but for others- doctors prescription is needed.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- |                                     |                              |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | nicotine replacement therapy |
|                                     | bupropion                    |
| <input checked="" type="checkbox"/> | varenicline                  |
| <input checked="" type="checkbox"/> | other (please specify)       |
| Cytisin                             | Other                        |

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	None
bupropion	None
varenicline	None
other (please specify below)	None

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.



Please attach the relevant documentation.

<b>Guidelines for primary health care specialists</b>	In Latvian only	File type "pdf"
<b>Evaluation report on the pilot implementation of smoking cessation support group program</b>	In Latvian only	File type "pdf"

---

### C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

*With reference to Articles 15–17*

---

#### **Illicit trade in tobacco products**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

---

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

---

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes ✓

---

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✓

---

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

---

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

---

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

---

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

---

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

---

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

---

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

---

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

---

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

Compared to 2018, in 2019 the number of initiated criminal proceedings on criminal offences in tobacco products has remained the level of the previous Year.

The number of the confiscated cigarettes in the same period of time by 1.8 x less.

Since the 2010 of May in Latvia is implemented "Law Enforcement Action Plan for the fight Against illegal movement of excise Goods in Latvia", which is involved in the State Revenue Service, the State Border Guard, the State Police, the Security Police and the Corruption Prevention and Combatting Bureau. The result of the action plan - illegal excise goods market decrease. Performance indicator - will reduce illegal excise goods market share and losses caused as a result of the illegal movement of unpaid excise tax.

The State Revenue Service continues to work 2020.

In 2019 SRS employees have participated in:

Cepol training courses "Excise fraud" and "Online smuggling - trafficking from customs perspective" in Hungary

EUROPOL EMPACT (ES multidisciplinary platform) operational planning and coordination meeting "Fighting against criminal threats in the field of excise goods" in Hague.

The European Anti -Fraud Office (OLAF) meetings of the working group on "Fighting against illicit Tobacco Trade" (FITT) in Brussels

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

prohibiting the sales of tobacco products to minors?

Yes ✓

---

Please specify the legal age:

18

---

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

---

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

---

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

---

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

---

prohibiting the sale of tobacco products from vending machines?

Yes ✓

---

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
  - to minors?
- 

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

---

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

---

prohibiting the sales of tobacco products by minors?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

The draft amendments to the Tobacco Law of April 17, 2019 provide that the following is prohibited on the unit packet of tobacco products, herbal products for smoking, electronic smoking devices, and refill containers and any outside packaging:

- 1) depiction of the symbols of the State of Latvia;
- 2) depiction of natural persons, other than the natural persons depicted on the combined warnings;
- 3) use of cartoon images.

Same amendments also stipulate that it is prohibited to manufacture and place on the market sweets, snacks, and toys, and other items attractive to persons under 18 years of age which are visually resembling cigarettes or other tobacco products, or electronic smoking devices and may draw their attention to smoking or promote certain tobacco products or their manufacturers.

---

Please attach the relevant documentation.

---

## Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

---

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	Not applicable

---

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

---

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

---

## C4. OTHER MEASURES AND POLICIES

*With reference to Articles 18–21*

---

### Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

---

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

---

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

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Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

---

Please attach the relevant documentation.

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## Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

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Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

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Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

---

Do you have any civil liability measures that are specific to tobacco control?

Yes

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Do you have any general civil liability provisions that could apply to tobacco control?

Yes

---

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Yes

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Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

No

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Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

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Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

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Please attach the relevant documentation.

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## Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

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developing and/or promoting research that addresses:

- determinants of tobacco consumption?
  - consequences of tobacco consumption?
  - social and economic indicators related to tobacco consumption?
  - tobacco use among women, with special regard to pregnant women?
  - the determinants and consequences of exposure to tobacco smoke?  
identification of effective programmes for the treatment of tobacco dependence?  
identification of alternative livelihoods?  
Other
- 

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

---

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
  - determinants of tobacco consumption?
  - consequences of tobacco consumption?
  - social, economic and health indicators related to tobacco consumption?
  - exposure to tobacco smoke?  
Other
-



Please list all surveys, including the year of the survey, that you have undertaken in the past.

Health Behaviour among Latvian Adult Population (conducted every two years since 1998)  
 Global Youth Tobacco Survey (conducted every four years since 2002)  
 Drug use in the general population (conducted every four years since 2008)  
 Drug use among women during pregnancy, 2013  
 Addictive substance use habits and tendencies among students, 2013  
 European School Survey Project on Alcohol and Other Drugs (ESPAD) (conducted every four years since 1999)  
 Health Behaviour in School-aged Children (HBSC) (conducted since 1990/1991, every four years)

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

It is planned to repeat all surveys listed in question 3.4.3.4. with the exception of the survey on Addictive substance use habits and tendencies among students, which was conducted as a onetime methodological pilot survey for the ESPAD survey in 2015.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

During the past two years several surveys monitoring tobacco prevalence and tobacco use habits have been conducted, both among the adult population and adolescents. In addition, a report on smoking prevalence and consequences is published biannually, containing an overview of relevant data, policies, information on issues concerning tobacco control.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

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Please attach the relevant documentation.

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## D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

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development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	No
Assistance received	Yes

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provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	Yes

---

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	No

---

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	No

---

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received Yes

---

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

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Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Assistance was provided by WHO and European Commission to the Ministry of Health and its subordinated institutions.

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Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

WHO Training workshop on Health System and Tobacco Cessation, WHO training on the implementation of Article 5.3 and Novel Tobacco Products.

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If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

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Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No

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## E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

The main priority is to protect public health, including the right of persons to live in a clean and favourable environment which has not been polluted by smoke from tobacco products for smoking and herbal products for smoking, as well as from vapour of electronic smoking devices and novel tobacco products.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

Political will; financial resources to provide accessible and effective tobacco cessation services. Not available laboratory testing of prohibited substances (e.g. vitamins), high costs of testing, limited financial and human resources for control implementation.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

The growing market of new nicotine containing products, which are not covered by the FCTC and TPD2, but are made as tobacco containing and non-containing substitutes; impact of tobacco industry to tobacco control policy development through different stakeholders; cooperation with other institutions because of different interests.

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
  - water pipe tobacco
  - Electronic Nicotine Delivery Systems (ENDS)
  - Electronic Non-Nicotine Delivery Systems (ENNDS)
  - heated tobacco products (HTPs)
  - Other
- nicotine containing non tobacco products (nicotine pouches)

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
  - water pipe tobacco
  - Electronic Nicotine Delivery Systems (ENDS)
  - Electronic Non-Nicotine Delivery Systems (ENNDS)
  - heated tobacco products (HTPs)
  - Other
- 

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Sale of smokeless tobacco products is prohibited.

Restriction regarding sale and use of novel tobacco products and ENDS/ENNDS are in line with restrictions applied to other tobacco products.

Amendments were adopted in 2019, imposing a point of sales display ban on all tobacco products, herbal smoking products, ENDS, ENNDS, refill containers and their trade marks from October 2020. There are new types of products emerged on the market intended to nicotine delivering to consumer.

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Please provide any other relevant information not covered elsewhere that you consider important.

Regarding question B17- Data provided on electronic cigarette use for adults and adolescents is the TOTAL use of any type of e-cigarette (ENDS and ENNDS combined). Data is not collected divided by ENDS and ENNDS. Non Tobacco nicotine pouches create nicotine addiction especially among young people. Addiction to nicotine increases the risk of them becoming smokers in the future. This is the industries ploy to accustom society to consumption of nicotine. If left unaddressed, it could undermine the efforts made in smoking prevention and the results achieved.

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Your suggestions for further development and revision of the reporting instrument:

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