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**National Tobacco Monitoring Programme for 2006 - 2010
(informative part)**

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General part

According to World Health Organisation data, 5 million people die each year from tobacco use. Tobacco is one of the most widely used addictive substances in the world, and its use is the greatest but most preventable cause of death in the world.

Smoking causes enormous risk to the health of inhabitants. Approximately 50% of smokers die prematurely as the result of illnesses caused by regular smoking. Of those, about half die during middle age; at an economically active period of their lives.

As indicated by epidemiological research data, smoking is also a very widespread phenomenon among Latvian inhabitants. In Latvia, the consequences of tobacco use are the cause of least 4380 premature deaths each year, or at least 12 people die every day in Latvia from illnesses which are related to the use of tobacco. As indicated by the data, approximately one third of inhabitants (35%) smoke every day. Among men, the proportion who smoke every day is 56%, while almost 27% of women smoke every day. Of particular concern is the high proportion of young people among daily smokers. Younger people (men and women aged 15-34) smoke more frequently every day than older people (men and women aged 35-64) (respectively 41% and 33%). The higher prevalence of smoking among the younger age groups is to a large extent explainable by the growing prevalence of smoking among young women. This phenomenon, as in the prevalence of smoking among young people, creates serious concerns from the point of view of public health.

Smoking is also one the most frequent risk factors in cardiac and circulatory illness, diseases of the breathing organs, oncological, and many other illnesses. Statistical data indicate that in comparison with 2002, in 2003 there was an increase in the morbidity and mortality from malignant tumours of the trachea and also from tumours of the bronchi and lungs among women.

A proportion of non-smokers, who have been subjected to the effect of passive tobacco smoke, over the course of time develop illnesses and invalidity associated with this effect, and furthermore, passive smoking can be a cause of death. Smoking increases the risk of developing individually localised tumours, coronary heart disease, and allergies, and can also be a reason for low body weight in newly born infants, sudden infant death, and many other health problems.

In Latvia 2/3 of accidental fires are caused by people's careless, reckless, overconfident smoking or precisely the opposite - inaction (the discarding of cigarette butts or matches before they have been extinguished, smoking in bed). Not infrequently, innocent people from adjacent or higher apartments suffer, having been overcome during the night by fire and smoke.

The State Fire and Rescue Service has expressed concern regarding the destructive nature of smoking, and the social, economic, demographic and other consequences. From the point of view of fire safety, tobacco use is a threat to people's health, not just over the passage of time, but immediately, not infrequently being the cause of multiple fatalities (for example, in the fires at Saulkalne, in Viskalu Iela, and the gas explosion in Maskavas Iela caused by smoking, in which 5 and 9 persons respectively perished). Between 1993 and 2002, Latvia lost 2283 people (including 132 children) in fires. 1677 people were injured, and were admitted to hospital suffering from smoke and burns. The treatment of such patients is usually protracted and very expensive, while not infrequently, these people continue to have health problems including invalidity, creating moral and economic problems and hardship for

families and the State. Juvenile burns victims not infrequently become *difficult* adolescents and law-breakers.

Fire victims are for the most part of working age, while the deaths of children are mainly caused through the fault of adults, including by careless smoking. A certain paradox has also been observed: as the state population decreases, there is an increase in the number of fire victims.

Because of the careless handling of fire, and causing combustion, huge material losses are caused every year to the national economy. In the year 2000, direct losses alone exceeded 0.5 million LVL, in 2001 0.8 million LVL, in 2002, 1.04 million LVL, but last year 0.7 million LVL (expenditures on appropriate restoration can be even 10 times greater).

Apart from the harm which smoking does to individuals themselves, and their families and friends, it also, to a large extent, has a negative influence on the overall Latvian economy. Firstly, productivity is reduced due to the health problems created by smoking; secondly, the expenditure for treatment of these illnesses. Health-care expenditure in Latvia related to illness caused by smoking was LVL 3.24 million in 1999. However, in the first six months of 2004, LVL 12 million was spent on the treatment of various illnesses caused by smoking.

Overall data indicates that smoking Latvia is a serious and increasingly growing problem, which should be more effectively resolved at the national policy level.

To achieve this aim, the Latvian Public Health Strategy, and the Convention have proposed the following essential actions:

To develop and implement an all-embracing tobacco control programme, based on the combined operation of many sectors: state, local government, non-government, and private. Its task would be to strengthen and promote all measures aimed at controlling tobacco and inhibiting smoking, in particular:

- the implementation of the requirements of the WHO Framework Convention on Tobacco Control;
- the transposition of European Union directives into legislation and their implementation in practice;
- increase excise tax on cigarettes to the European Union level;
- the development and implementation of effective measures to prevent illegal trading;
- precise implementation in practice of the law "Restrictions on the Sale, Advertising and Use of Tobacco Products" and monitoring compliance with its requirements;
- ensuring effective primary health care for persons who wish to quit smoking, paying particular attention to pregnant women and couples who are planning to increase their family, and including adolescents younger than 15, and adolescents to the age of 18 years;
- the promotion of an educational school programme for children and adolescents on the harmful effects of smoking on health, and development of practical skills in order to choose a healthy lifestyle;
- regular co-operation with the mass communications media;
- monitoring of work on the restriction and prohibition of smoking in public places,
- the education of various groups of inhabitants on the effects of passive smoking on the health of people nearby;
- ensuring the provision of access to effective treatment for tobacco addiction ;
- strengthening the responsibility for non-observance of legislative requirements;
- involvement of the public in measures aimed at smoking prevention;
- the introduction of a national tobacco information and monitoring system;
- the development and implementation of an evaluation system for the Programme .

The purpose of the law "Restrictions on the Sale, Advertising and Use of Tobacco Products" is to protect people's health and their right to a clean, unpolluted environment, free from tobacco smoke; to provide a format for the packaging of tobacco products and restrictions on their distribution, and to provide a procedure by which the state controls the distribution of tobacco and tobacco products, the advertising of tobacco products, sponsorship and smoking in public buildings, structures, spaces, and territories.

The rates of excise duty applicable to tobacco products are stipulated in the Law "On Excise Duties". Sanctions are provided in the Latvian Administrative Offences Code for offences related to trading, eating in public, and the providing of services, for the trading of tobacco products in prohibited areas, breaches of the regulations relating to advertising, and breaches related to the storage and distribution of tobacco products.

RELATIONSHIP OF THE PROGRAMME TO PRIORITIES OF GOVERNMENT AND MINISTRIES AND POLICY PLANNING DOCUMENTS

This Programme has been prepared, based on Target 12 of the "Latvian Public Health Strategy" adopted by the Republic of Latvia Cabinet of Ministers on 6 March 2001: that the ratio of smokers over 15 years old must be reduced by 20%, and the age at which inhabitants aged 15 or less take up regular smoking must be increased.

The development and implementation of a tobacco monitoring policy in EU member states is based on such significant documents as:

1. The "European Strategy for Tobacco Control". The WHO has issued this strategy in the form of guidelines to member states of the WHO European Region, to ensure effective measures and international cooperation in those states.
2. The WHO "European Strategy for Smoking Cessation", which was adopted in 2003.
3. The Madrid "Charter Against Tobacco" - adopted in 1998.
4. The "Health for All Policy Framework for the WHO European Region" (Health 21). Target 12: (Reducing Harm From Alcohol, Drugs And Tobacco) provides that "By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all member states", and in particular, the proportion of non-smokers in all countries should be at least 80% among people over 15, and close to 100% in people under the age of 15.

Aim of Programme and subsidiary goal

The purpose of the Programme is to improve the health of Latvian inhabitants, fundamentally reducing the use of tobacco and protecting them from the harmful effects of tobacco smoke.

The aim of the Programme may be achieved by implementing inter-sectoral cooperation, and implementing three secondary goals:

1. ensuring a sustainable reduction of the demand for tobacco products by the population as a whole;
2. achieving the restriction on the availability of tobacco products, and widely inform the public of the risks associated with the use of tobacco products;
3. ensuring monitoring of smoking prevalence and consequences of tobacco use.

Necessary for the successful achievement of the Programme objectives:

- all-round support at the levels of state, administration institutions, local government, and of society;
- priority operating directions in accordance with precisely formulated action plans in all the institutions involved in their implementation;
- ensuring sufficient human resources, in terms of both numbers and preparedness;
- sufficient funding for the implementation of the Programme and its individual parts;
- the establishment of an indicator system for the evaluation of the situation regarding Programme results, its analysis, and prognoses in both the short and long terms;
- Programme implementation coordination, management, supervision, and evaluation;
- ensuring that all institutions which are involved in the implementation of public health policy do not cooperate, to the extent possible, with tobacco trading and manufacturing companies.

PLANNED PROGRAMME RESULTS AND ACHIEVEMENT INDICATORS

The main result of the introduction of the National Tobacco Monitoring Programme will be a reduction in the harmful effects of tobacco consumption and smoking within the Latvian population in accordance with Target 12 of the Latvian Public Health Strategy, i.e., by the year 2010, reducing by at least 20% the ratio of smokers among inhabitants aged over 15 years, and increasing the age at which inhabitants aged below 15 years take up regular smoking.

There will be a reduction in the mortality and illnesses caused by the use of tobacco products.

In order to implement this nationally, it will be necessary to introduce an all-embracing Programme of tobacco control, which will be based on a programme of joint work by many sectors including State, municipal, and non-governmental.

MAIN TASKS FOR THE ACHIEVEMENT OF PROGRAMME RESULTS

By implementing a coordinated inter-sectoral approach to implementing the measures and tasks proposed in the Programme, as well as receiving stable funding to carry out those tasks, the successful resolution of the identified problems will be possible.

The status of the State Commission on Restriction of Smoking is provided by the law "Restrictions on the Sale, Advertising and Use of Tobacco Products". One of the main tasks of the Commission is to coordinate measures, the purpose of which is to ensure people's rights to clean, unpolluted air free of tobacco smoke, and to develop proposals on the measures necessary to restrict smoking.

In accordance with the above-mentioned, achievement of the basic aim of the Programme is possible, by dividing all measures to be undertaken into three major directions:

1. Reducing availability

Tobacco control policy in Latvia is provided by the law "Restrictions on the Sale, Advertising and Use of Tobacco Products". Its basic aim is to protect people's health and rights to a clean, unpolluted environment free of tobacco smoke.

1.1. The restriction of contraband and illegal distribution of tobacco

In order to combat the unlawful distribution of tobacco in the State more effectively than previously, it is necessary to improve the legislation on the illegal distribution of tobacco.

Pursuant to the law "On Excise Duties", tobacco products are an item to which excise duty is applicable, and certain operations with goods subject to excise duty require a special permit (licence). Goods intended for distribution in the internal market must be marked with special excise duty markings. Pursuant to the law "On Excise Duties", penalties apply for unlawful operations involving tobacco products (manufacture, storage etc), as well as for tobacco products inappropriately marked, in accordance with the laws "On Excise Duties" and the "Law on Duties and Charges, the Latvian Administrative Offences Code, and the Criminal Law. The Latvian Administrative Offences Code (hereinafter: "LAPK") has provisions which provide criminal liability for offences related to the distribution of tobacco products", and they are Sections 166²⁰ and 169³. LAPK Section 166²⁰ provides liability for offences related to the storage and distribution of tobacco products. The penalty provided for the committing of the said offences by a physical person is a fine of up to 250 LVL, with or without confiscation of the said tobacco products. LAPK Section 169³ provides liability for offences related to the storage and transport of goods subject to excise duty, with a fine of up to 250 LVL, and with or without confiscation of the goods unlawfully stored or transported and the vehicles utilised to commit the offence. LAPK Section 155¹ Paragraph four is applicable to all goods, including tobacco products, on the storage of goods (their presence) in places of trading (sale), and at all stages of their transportation without goods way-bills, excepting in cases precisely stipulated in legislation, with an applicable fine of between 150-250 LVL, and with or without confiscation.

In cases where excise duty (and other duties) have not been paid, Section 218 of the Criminal Law is applicable: the avoidance of excise duties and the avoidance of making relevant payments. However, this section is difficult to apply, as it is necessary to prove that the relevant person has not complied with his obligations under the law regarding payment of excise duty and other duties. Such a person could be penalised for the unlawful storage or transportation of tobacco products not bearing the excise markings of the Republic of Latvia (hereinafter: "LR"), by implementing amendments to the Criminal Law to this effect, or by introducing a new section into the Criminal Law.

If tobacco products are brought into the territory of LR by way of contraband, in order to commence criminal proceedings pursuant to Section 190 of the Criminal Law, a quantity of goods worth in monetary terms not less than 50 times the minimum monthly wage, or 4000 LVL, is necessary, as the sanction is provided for criminal offences committed on a large scale. The legislation also provides liability for the storage and distribution of fully imported goods (Criminal Law, Section 191), if it is repeated more than once in a single year. In both cases it is necessary to prove the objective element of the offence, namely the transportation of goods across the state border. In practice, it is most often not possible to prove this element. It is also difficult to prove the subjective element of the offence (intention to commit a criminal offence), as deliberate intent is an element in the disposition of both sections. If tobacco products are stored or transported within the territory of the state without accompanying documentation, or the relevant markings on goods, it is possible to call the offender only to administrative liability in accordance with Sections 169³ or 166²⁰ of the LAPK.

For transportation of cigarettes in large quantities, the maximum possible penalty comprises only a part of the value of the goods. To provide for deprivation of liberty, it is necessary to expand Section 191 Paragraph 2 of the Criminal Law.

It must be noted in general that, although at the moment, the LAPK and the Criminal Law provide liability for the unlawful distribution of tobacco, but liability would need to be further strengthened for the associated avoidance of paying excise duty.

Task:

Consider the issue of increasing the sanctions provided in the requirements of Sections 190 and 191 of the Criminal Law.

1.2. Availability of tobacco products to juveniles

The requirements of the law "Restrictions on the Sale, Advertising and Use of Tobacco Products" prohibit the sale of tobacco products to persons younger than 18 years of age, and also require that retail outlets for tobacco products must display a sign to this effect. In case of doubt, a retail staff member or police officer can request the production of documentation confirming the person's identity. The LAPK provides criminal liability for retailers who sell tobacco products to persons below the legal age. More severe liability is provided for such an offence repeated within one year.

Amendments to the law "Restrictions on the Sale, Advertising and Use of Tobacco Products" have been adopted, which allow local government authorities to pass regulations on the prohibition of smoking in public places. In this way, under-age smoking can be more tightly restricted.

The possibility would also have to be considered of attaching liability in the legislation to persons who buy tobacco products and pass them on to under-age persons.

A significant role in the reduction of the availability of tobacco products to under-age persons must be accepted by their relatives, for the most part their parents, who, by frequently leaving tobacco products unattended, facilitate smoking by underage persons

The results of surveys conducted in Latvia on the smoking habits of juveniles indicate that more than half of smokers aged between 13 - 15 years purchase cigarettes in shops. Furthermore, in research surveys conducted in European schools, (hereinafter: "ESPAD") showed that in 2003, 87% of survey respondents (16-year-old students) considered that cigarettes were "very easy" or "relatively easy" to obtain.

Tasks:

1.2.1. Analyse the situation on the possible availability of tobacco products to juveniles and adopt amendments to legislation.

1.2.2. Develop projects (including at the local government level), to provide educational events for parents of underage persons, and in which anti-advertising for tobacco is supported.

2. Reduction of demand

A balanced and long-term reduction in the demand for tobacco products will allow for steady improvement in the standard of health of inhabitants, and will reduce the harm to public health and society resulting from the use and distribution of tobacco products.

Reduction in demand can for the most part be implemented by including a policy of increasing prices and excise, prohibition of advertising, together with prevention, treatment, and other measures.

2.1. Excise duties and prices

Within the European Union, excise duty on tobacco products is capable of being harmonised. The application of excise duty in the European Union is regulated by such Council Directives as:

- Council Directive 92/79/EEC of 19 October 1992 on the approximation of taxes on cigarettes;
- Council Directive 92/80/EEC of 19 October 1992 on the approximation of taxes on manufactured tobacco other than cigarettes;
- Council Directive 95/59/EC of 27 November 1995 on taxes other than turnover taxes which affect the consumption of manufactured tobacco.

In relation to cigarettes, Council Directive 92/79/EEC stipulates that it is mandatory for member states to apply both a specific and a percentage-based (*ad valorem*) excise, and in addition, excise duty must approximate the stipulated minimum amount simultaneously expressed in both absolute and percentage terms of the cigarette prices most in demand categories. However, in relation to other tobacco products, member states, in accordance with the requirements of Council Directive 92/80/EEC, can choose whether to apply a specific excise or a percentage-based excise, or a combination of both, in order to achieve the minimum level of excise duty.

It must be noted in Latvia's accession agreement to the European Union (hereinafter: "EU"), a transition period is provided for the application of the minimum excise duty stipulated in Council Directive 92/79/EEC on cigarettes. Transition periods are also provided for other new member states, including Lithuania and Estonia.

In Latvia, the application of excise duty on tobacco products is provided by the law "On Excise Duties". The rates of excise duty on tobacco products are stipulated in the law in accordance with the minimum level provided in the EU Directives. However, for cigarettes, having regard to the transition period mentioned in the Accession Agreement, the law provides a schedule increasing rates of excise duty for cigarettes, sufficient to achieve the minimum rate stipulated by Council Directive 92/79/EEC by the year 2010. The excise duty rate is comprised of both specific excise duty, and percentage excise duty.

Rates of excise duty on cigarettes

	2004	2005	2006	2007	2008	2009	2010
Specific excise in LVL per 1000 cigarettes	6.3	6.9	7.6	8.4	9.3	10.5	17.8
Percentage excise as % of MMC*	6.1%	10.5%	14.8%	19.2%	23.5%	27.9%	32.2%

*MMC = "maximum retail price"

Pursuant to the law "On Excise Duties", by increasing the excise each year, the prices of cigarettes also increase, by even more than 10% per annum, which is undoubtedly a greater rate of growth than inflation in recent years. As from late 2002, excise has been increased three times, by 25% overall. However, the income of consumers in recent times has not increased to such an extent, which means that prices growth at the moment is overtaking the pace of growth in consumer incomes. As Latvia has the lowest average income level of all EU member states, at the moment it also has a correspondingly low level of excise duty on cigarettes.

Overall, by introducing the EU set minimum rate of excise duty (57% of highest demand retail prices but not less than 64 EUR per 1000 cigarettes), cigarette prices in Latvia will increase by between 2.6 and 5 times.

By increasing rates of excise duty even more sharply than already provided by law, it is likely that because of the increase in excise duty, growth in cigarette prices could markedly exceed 10% per annum. It must also be noted that an excessively sharp rate of increase in excise duty, as well as setting an excessively high rate of excise duty, promotes the circulation of illegal goods. In that case it would be necessary to undertake additional measures to restrict the availability of illegal goods.

2.1.1. Future increases of excise duty on cigarettes pursuant to the law on "On Excise Duties"

Having regard to the fact that at the moment in Latvia the rates of excise duty applicable to cigarettes are several times less than provided by the EU directives, Latvia must continue each year to increase excise duties on cigarettes. Such a step could achieve a restriction in smoking in Latvia, and reduce the differences in rates of excise duty within the EU.

However, at the same time, Latvia must bear in mind the local economic situation, when formulating a schedule for the increasing of rates of excise duty, as, having regard to the fact that the purchasing power of the Latvian consumer is the lowest in the EU, growth in the rates of excise duty will directly affect Latvian inhabitants economically most severely. Having regard to the low standard of living of Latvian inhabitants, increasing the price of cigarettes more rapidly than increasing income leads to a serious risk that inhabitants will be unable to purchase "legal" cigarettes, and will be forced to select contraband cigarettes. If the rate of excise duty on cigarettes is increased more rapidly in Latvia than in neighbouring states, the inhabitants will utilise the opportunities offered by the free European market and will legally purchase cigarettes for themselves outside Latvia. In the result, not only will the market for contraband cigarettes increase in Latvia, but unfair competition will increase and income to the state budget from excise duty will reduce, as will opportunities to control the quality of tobacco products. In the result, the national health policy can only suffer.

In order to avoid the risks mentioned, Latvia should, to the extent possible, increase the rate of excise duty in proportion to increases in the rate of purchasing power of inhabitants, and the rate of excise duty should be increased no more rapidly than in neighbouring states.

Tasks:

- 2.1.1.1. Continue to increase the rate of excise duty on cigarettes in accordance with the law "On Excise Duties";
- 2.1.1.2. Evaluate the situation, and decide on a more rapid increase in excise duty.
- 2.1.1.3. Formation of working group to draft legislative proposals stipulating a minimum excise duty.

2.1.2. Drafting proposals for a law to set a minimum excise duty

The EU Directives stipulate minimum levels of excise duty which must be observed in relation to cigarettes in the category of most demand and expressed both as percentage, and in absolute terms. That means that member states must devise a system of excise duty that would achieve not only a set proportion of excise duty against the maximum retail price of cigarettes, but could also ensure a sufficiently high level of excise duty in absolute terms.

Of course, the final amount of excise duty collected from cigarettes is to a large extent dependent on the percentage portion of excise duty which is calculated on the maximum retail price, and this price is set by the enterprise which releases the cigarettes into free circulation.

Because of the influence of various marketing considerations, enterprises can choose to preserve a low level of retail pricing, resulting in relatively low levels of collection of excise duty when expressed in absolute terms. In such a case the achievements of the set EU minimum level of excise duty expressed in absolute terms could be problematic, and excise duty receipts into the state budget income will fluctuate greatly, depending on cigarette prices.

However, evaluating from a health policy viewpoint, the state would be interested in restricting the sale of cheap cigarettes.

In order to resolve the previously mentioned problems, member states are authorised, pursuant to EU Directives, to determine the minimum excise duty on cigarettes, which is expressed either in absolute terms or as a set percentage of cigarettes in the highest-demand price category. If the specific and percentage of overall rate of excise duty in absolute terms is lower than the set minimum, a set minimum amount of excise duty must be paid. However, if the combined rate of excise duty expressed in absolute terms is higher than the minimum, excise duty must be paid in accordance with the combined rate.

Such a system has been introduced in the majority of EU member states.

Having regard to the fact that such a system would permit the prevalence of cheap cigarettes to be restricted, and would render state budget receipts more stable, and facilitate the achievement of the EU set minimum rate of excise duty, it would also be worthwhile for Latvia to consider the introduction of a minimum rate of excise duty.

Task:

Research and prepare proposals for the provisions of a law stipulating a minimum excise duty.

2.2. Eliminating the advertising of tobacco products, sponsorship, and tobacco trade promotions

In Latvia, typical events organised by manufacturers and importers of tobacco products for the purpose of increasing the market share of their product include its advertising, sponsorship, and the promotion of various events to promote its sale.

The advertising of tobacco products in Latvia is for the most part regulated by Sections 8 and 9 of the law "Restrictions on the Sale, Advertising and Use of Tobacco Products". The most important provision with regard to the advertising of tobacco products is that the advertising must warn the purchaser of the harm in using tobacco products, and such information must take up at least 5% of the space available for advertising. The advertising of tobacco products and smoking advertising on radio and television is prohibited by Section 24, Paragraph one, of the Radio and Television Law. It is only permitted in the other mass information media in Latvia in cases where the advertisement incorporates information on the negative effects of the use of tobacco products, and this information takes up not less than 10% of the total volume of the specific advertising area.

On 22 June 2005, the *Saeima* [Latvian Parliament] adopted amendments to the law "Restrictions on the Sale, Advertising, and Use of Tobacco Products", which transposed Directive 2003/33/EC of the European Parliament and of the Council of 26 May 2003 on the approximation of the laws, regulations and administrative provisions of the member states relating to the advertising and sponsorship of tobacco products, providing a prohibition on the advertising of tobacco products in the print mass media.

The law also prohibits the environmental advertising of tobacco products, which means that such advertisements cannot be placed on buildings and structures (advertising posts, fences, adjacent to highways and railways, airports, ports, and railway stations), with the exception of retail points. It may possibly nevertheless be necessary to remove this

exception from the previous prohibitions, as even if an advertisement in a display window displays a warning that takes up 5% of the advertising space, it may nevertheless be too small to be noticed. In accordance with Section 9, Paragraph one, Clause 1 of the law "Restrictions on the Sale, Advertising and Use of Tobacco Products", there is also a prohibition on the depiction in advertising of persons smoking

Section 5 Paragraph three of the Advertising Law provides a prohibition on the exploiting of children in the advertising of tobacco products, and on aiming such advertising at children.

The advertising of tobacco products in cultural and sporting gatherings is permitted only in cases where the general sponsor of such events is a tobacco manufacturing or distributing enterprise (company). This is also an opportunity for the advertising of tobacco products to gain access to television, as Section 24 Paragraph three of the Radio and Television Law provides that the prohibition on the advertising of tobacco products does not apply to the broadcasting of sporting and similar events in which advertising is located in the background of such events (advertising panels in stadiums, company signage etc) and which it is not possible to avoid.

Article 20 of the Goods and Services Lottery Law (Law on Promotional Lotteries) prohibits the organising of goods or services lotteries in which persons can participate by purchasing tobacco products, or goods and services lotteries in which tobacco products are among the prizes offered.

At the moment in Latvia, Paragraph 107 of Cabinet Regulation No. 232 of 1 April 2004 "Excise Goods Distribution Procedure" prohibits the sale of cigarettes as part of a set with other goods if the price of the set exceeds the maximum retail price of the cigarettes. Tobacco manufacturers and distributors conduct various activities to increase the number of consumers and gain greater profits by promoting trading (e.g. "buy two packets of cigarettes and you will receive a pair of sunglasses as a gift", "buy five packets of cigarettes and get a free cigarette lighter", etc). By conducting such campaigns, not only existing consumers of tobacco products are attracted, but also new, younger, smokers, to whom the "gift" item might be more important than the tobacco product itself. The European Parliament and the Council has developed a Draft Regulation on retail promotional campaigns within the internal market, which will, amongst other things, deal with the regulation of retail promotional campaigns. In Latvia however, this regulation will not apply to alcohol and tobacco products. As a result, it is possible for member states to implement measures to restrict trade promotional activities in respect of tobacco products.

Tasks:

- 2.2.1. Prohibit retail promotional campaigns by tobacco products manufacturers and distributors.
- 2.2.2. Restrict all forms of advertising of tobacco products, including the advertising of tobacco products in retail outlets.
- 2.2.3. Implement the European Commission Decision 2003/641/EC of 5 September 2003 on the use of colour photographs or other illustrations as health warnings on tobacco packages, to warn of the effect on health.

2.3. The prevention of tobacco use

"Prevention of the use of tobacco products" may be regarded as any measure which deters the use of tobacco products or reduces the intensity of smoking among smokers, and stimulates interest in giving up smoking.

The implementation of preventative measures may be considered in several parts depending on the age of inhabitants and their affiliation with certain social groups. The target group for this Programme objective is the general public; however, this can be further divided into subgroups: children and young people; women; adults and teachers; and health-care workers.

Having regard to the early age at which smoking is taken up, one of its most important target groups is children and young people.

Pupils in general educational institutions are provided with knowledge on various addictions, including smoking, in health education lessons; it is integrated into lessons in subjects related to biology and social sciences, and class teacher lessons, however, insufficient work is done on the forming of pupils' attitudes and life skills and their nurturing and strengthening, as the number of smokers is not reducing.

In professional educational institutions which are not directly associated with the preparation of health-care specialists, young people are not fully educated on the prevention of addiction, but mainly during class teacher lessons and separate events and projects outside school hours. In such educational institutions there are no permanent positions for medical workers, and only in individual schools is there a school psychologist, or social pedagogue, and therefore the education of class teachers regarding addiction prevention issues and related teaching methodology is especially important.

Issues related to tobacco use and prevention are included in medical and health care study programmes in tertiary educational institutions as well as teacher training study programmes.

The further education of teachers in addiction prevention issues takes place in seminars, courses, and various projects at the national/international level, however not all teachers are included, and teachers therefore lack information on various aspects of addiction including medical, psychological, legal etc, and they also lack the motivation to cooperate with institutions outside the school in order to assist the adolescent or young person in the resolution of addiction problems.

The education and information of adults mostly takes place by way of the mass media and public advertising.

The basic aims of the prevention of tobacco use are:

- to achieve the objective that children and young people either do not start the use of tobacco products or start as late in life as possible, helping children and young people to develop a sense of responsibility regarding their health, and developing an awareness of health as a value;
- to achieve that as small a proportion of the population as possible uses tobacco products (giving up smoking, reducing the intensity of smoking).

2.3.1. Informing and educating the public on the risks associated with the use of tobacco

It is important to continue the education of the public on the harmful effect on the health of people and the environment, unmasking in public and the mass media (advertising, television film clips, cinema etc) various myths regarding tobacco and smoking ("light" cigarettes and tobacco are portrayed as relatively less dangerous in terms of the drug and addiction etc). Utilising modern interactive teaching methods, and being aware of the age group of inhabitants, seeking new working directions (training of leaders and peers, volunteer movement, campaigns etc), thereby facilitating the formation of attitudes and skills.

Tasks:

2.3.1.1. Inform and educate the public on tobacco control issues (children, young people's parents, politicians, social work specialists and teachers, employees of the mass media, school psychologists, sports trainers, and police officers), paying particular attention to the problem of women smoking and associated health risks;

2.3.1.2. Establish an informative base for anti-tobacco advice, education, and monitoring.

2.3.2. Supplementing existing strategies, programmes, and guidelines with issues on the tobacco education and prevention initiative

The newest findings on the harm caused by tobacco to health, the economy and environment, which are already reflected in the WHO Framework Convention on Tobacco Control, and continue to be developed in further research, indicate the need to continually improve existing programmes.

Task:

Evaluate, and to the extent possible supplement, state institution strategic documents with issues on the tobacco education and prevention initiative.

2.3.3 Development and implementation of a local government programme to avert the taking up of smoking and restrict the use of tobacco products

Local governments have an important role in implementing the prevention of tobacco use. Along with advice on the harmful effect of tobacco on health and the health problems it causes, young people must be provided with healthy opportunities for spending free time (sport, and creative artistic and technical activities and other events), and these must be popularised. For example, the building of new skate parks and sports fields is desirable in Riga and in other Latvian cities.

Tasks:

2.3.3.1. Evaluate opportunities to develop and introduce local government programmes and alternatives for the restriction of tobacco use among children and young people;

2.3.3.2. Facilitate volunteer movement activity for peer group education and organising informative ways of spending free time;

2.3.3.3. At the local government level, develop and introduce projects for the education of juveniles' parents on tobacco addiction and prevention.

2.3.4. Involvement and support by public organisations in the formation and implementation of national policy to restrict smoking

Of critical significance is the effective participation and support of national and non-governmental organisations, including professional medical organisations and the public, in the tobacco control process. To facilitate measures by individuals and organisations in various aspects of tobacco control, various public organisations, together with state institutions which work in the health field, established the Latvian Anti-Smoking Coalition in April 2004. The Coalition particularly focuses on support for the implementation of the WHO Framework Convention on Tobacco Control.

Tasks:

2.3.4.1. Improve the further work of the Latvian Anti-Smoking Coalition by becoming involved in the operations and projects of the European Network for Smoking Prevention (ENSP);

2.3.4.2. Facilitate involvement by other public organisations, particularly youth organisations, in the work of the Coalition;

2.3.4.3. Promote and support other public organisations, in the formation of local and regional anti-smoking coalitions.

2.3.5. Education of health-care specialists

For improvement in the work of prevention, it is important to educate health-care specialists on the risks of tobacco use and the need to give up smoking.

Educational programmes for health-care specialists include themes on addiction, substances which cause addiction, and these educational programmes must be supplemented.

Tobacco use throughout the public, as well as among health-care specialists, has become a daily occurrence; health-care specialists do not dedicate sufficient care to tobacco addiction treatment and are often smokers themselves. The public regards smoking as the norm.

Having regard to the fact that the health-care specialist is an authority figure for the patient, a recommendation to give up smoking is just as effective as a major anti-smoking campaign. The education of health-care specialists also reduces the incidence of smoking among the specialists themselves.

Tasks:

2.3.5.1. Ensuring availability to health-care specialists of information and training materials on the consequences of tobacco use and opportunities for giving up smoking;

2.3.5.2. Improve the knowledge of students on addiction-causing substances, the demonstrated consequences of their use, and opportunities for giving up smoking, incorporating these requirements in legislation concerning medical specialists;

2.3.5.3. Educate health-care specialists on the consequences of tobacco use and the cessation of tobacco use;

2.3.5.4. Reveal to the public, (particularly to health-care specialists), the connection between the use of tobacco products and a range of somatic illnesses.

2.3.6. Education of personnel of the National Armed Forces (NAF) obligatory and professional services

Armed Forces personnel are a specific target group for the implementation of prevention measures, by virtue of the specific features of the service which relate to heavy workloads and health risks. Military personnel also serve as behaviour role models for children and young people.

Advice on tobacco addiction and the consequences of tobacco use reduces the possibility that military service will become a risk factor in the taking up of smoking by personnel.

Tasks:

2.3.6.1. Educate obligatory and professional NAF personnel on tobacco addiction and prevention;

2.3.6.2. Educate medical service personnel and Command on the consequences of tobacco use and opportunities for giving up smoking.

2.4. Treatment

The purpose of this section of the Programme is to ensure a qualitative, accessible, and modern treatment for tobacco addiction and involvement of medical personnel in facilitating the giving up of smoking.

The main preconditions for the staging of an effective treatment Programme are the informing of the public regarding treatment opportunities, and the ensuring of access to treatment for tobacco addiction for everyone who wants it. In order to make treatment more accessible, a diagnosis of tobacco addiction is necessary to include a patient on the listing of funded diagnosed drug addiction outpatients, as well as to establish specific cabinets throughout the State for giving up smoking.

Comprehensive and modern treatment requires not only medicinal treatment but also psychological support.

Tasks:

- 2.4.1. Improve the work of the Drug Addiction Service in treating patients for tobacco addiction;
- 2.4.2. Improve methods for treating tobacco addiction;
- 2.4.3. Create conditions such that family doctors would have an interest in patients giving up smoking;
- 2.4.4. Include tobacco addiction on the list of funded out-patient addiction diagnoses;
- 2.4.5. Involve other health-care specialists in encouraging the giving up of tobacco use.

2.5. Restricting passive smoking

New scientific research studies on the health risks created by passive smoking demand that firm and definite regulation mechanisms be provided to protect non-smokers from being subjected to the effects of tobacco smoke. There is also convincing evidence on the effect of passive smoking on sexual, reproductive, and children's health. Having regard to the fact that tobacco smoke is pharmacologically active, toxic, mutagenous, and carcinogenic, tobacco smoke inhalation can be the cause of illness, invalidity, and death to a non-smoking person.

Very many people in Latvia are subject to passive smoking in public places, in work places, and in homes. Present legislation on this issue is inadequate and not in accordance with the latest evidence concerning a healthy environment. Repeated raids have demonstrated that even the present inadequate legislation is frequently not observed in practice. For this reason it is necessary to improve the legislation and to stipulate measures for its application.

Evidence on the harm caused by tobacco smoke to people's health, and the possibility of averting such harm, particularly in enclosed spaces, is insufficiently known to the public. Therefore, to achieve a change of public attitude regarding a healthy lifestyle and environment, the systematic and comprehensive education of the public is necessary. It is necessary to gather and study data on levels of tobacco smoke in various work and public spaces, and their effect on adults and children, as well as the economic effect on business indicators of a smoke-free environmental policy.

Tasks:

- 2.5.1. Restricting or prohibiting smoking in public places, including workplaces;
- 2.5.2. Checking the observance of legislative requirements regarding the avoiding or restricting of passive smoking;

2.5.3. Educating management and staff of businesses and institutions regarding the use of tobacco, and legislation associated with restricting the use of tobacco.

2.6. Information on tobacco products

In 2004, in relation to amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products", the State Sanitary Inspectorate (hereinafter: "SSI") has commenced enforcement of the requirements of Section 7.¹ of the law. In order to simplify and standardise the action to be undertaken by businessmen, the VSI has developed a description of the procedure for the provision of information on tobacco products and a form, which is available on the VSI website (www.vsi.gov.lv) in the section entitled "Procedures". The law requires that information on the composition of tobacco products is to be provided by tobacco manufacturers and importers. Amendments to the law were adopted before Latvia's accession to the EU (22 January 2004), and it therefore does not take into account that a proportion of importers, after joining the EU, had become distributors in Latvia of tobacco manufactured in the EU, or imported by another EU member state. This fact places Latvian manufacturers, importers (from third countries), and distributors of tobacco products in uneven positions regarding the fulfilment of requirements, as, in accordance with the current version of the law, information on the composition of tobacco products must be provided only by Latvian manufacturers and importers. That means that the VSI might only receive part of the information on tobacco products available in the Latvian market. Furthermore, the law does not provide a mechanism to ensure that all businessmen who are required to take action to supply information, in fact do so.

By November 2004, information on tobacco products for the year 2004 had been received from three manufacturers of tobacco products (from the U.S., Switzerland and Sweden), from whom only one manufacturer of tobacco products had indicated their status as an importer. Unfortunately, information was not provided on the nicotine, tobacco tars and carbon monoxide content, upon which the VSI must provide information to consumers. Information on dependency inducing substances was also not provided.

As it is not within the competence of the VSI to control those businesses concerned with the manufacture, importing, and wholesale of tobacco products, it does not have sufficient information available on which, how many, and what type of enterprises are required to provide such information. Likewise it is not possible to establish whether the required actions have been undertaken fully in Latvia.

Tasks:

2.6.1. Undertake amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products" on procedures for providing information to the VSI;

2.6.2. VSI to create and maintain a database of tobacco products and their components available on the Latvian market, to which consumers would have access in accordance with the law.

3. The creation and implementation of an information, monitoring, and evaluation system

The purpose of this section of the Programme is to compile and evaluate data which are related to the consequences of tobacco distribution and use, researching as a matter of priority the effects of tobacco use on health. This information will permit the evaluation of,

and reveal weaknesses in, the National Tobacco Monitoring Programme, and to identify new priority tasks.

Experience to date in the work of tobacco control and prevention has shown the need for ensuring a comprehensive programme for tobacco control and prevention, and the evaluation of activities, including the undertaking of qualitative research.

Tasks:

- 3.1. Involve health care specialists in the process of compiling data;
- 3.2. Ensure inter-speciality exchange of information;
- 3.3. Upgrade illness register cards (oncology, pulmonary and tuberculosis specialities);
- 3.4. Develop guidelines for tobacco monitoring indicators;
- 3.5. Establish a data compilation program for the National Tobacco Information and Monitoring System;
- 3.6. Compile and research the main national indicators (manufacturing, consumption, prevalence, legislation, morbidity and mortality);
- 3.7. Develop a system for evaluating measures for tobacco control and prevention in accordance with the recommendations of the WHO, planning to utilise the least 10% of total Programme expenditure on requirements associated with evaluation.

PLANNED TIME FOR COMPLETION OF TASKS

The timeframe planned for the performance of tasks and activities under the Programme is indicated in the Programme Implementation Plan. The National Tobacco Monitoring Programme covers the time period from 2006 to 2010.

PLAN OF ALLOCATED AND ADDITIONAL ESSENTIAL FUNDING FOR TASKS

The implementation of the National Tobacco Monitoring Programme 2006-2010 will be undertaken with funding indicated from the institutions involved as part of the implementation of existing tasks within their competence. Beginning with the year 2007, the Implementation Plan reflects the additional funding necessary to implement the measures.

EU experts advise that funding for tobacco control measures should be planned on the basis of EUR 1-3 per single inhabitant.

INSTITUTIONS HAVING RESPONSIBILITY FOR PERFORMING TASKS

The institution responsible for supervising the results of the Programme's implementation and evaluation of its effect is the Ministry of Health.

A further seven ministries and 17 institutions are involved in the implementation of the Programme. The Programme's Implementation Plan stipulates the institutions which are involved and responsible for implementing its measures.

Pursuant to Cabinet Instruction No. 630 of 15 September 2004, the main tasks for the newly formed National Committee for the Restricting of Smoking is to coordinate measures, the purpose of which is to ensure people's rights to clean air, unpolluted by tobacco smoke; to coordinate cooperation between those state and local governmental institutions which, in accordance with the procedures provided by law, control the manufacture, importation, and sale of tobacco and tobacco products, and smoking in public places; to coordinate the

development of quality indicators for tobacco products as required by law; to develop proposals on essential measures for the restricting of smoking and sale of tobacco products; to coordinate the development of a programme to popularise a healthy lifestyle in institutions involved in education, upbringing, and treatment.

PROCEDURES FOR SUBMITTING AND EVALUATING REPORTS

All institutions involved in the implementation of the Programme shall each year submit reports to a sitting of the National Committee for the Restricting of Smoking on achievements and problems encountered in implementation of the Programme.

The Ministry of Health shall, by 1 April every second year (starting with the year 2007), submit to the Cabinet of Ministers an informative report on the implementation of the Programme.

An evaluation of achievement of the aims of the National Tobacco Monitoring Programme will be undertaken by the State Agency for Health Promotion, who will also prepare a draft report. Involved in preparation of the report will be nominated responsible persons from the ministries and local governments involved in implementation of the Programme, together with independent specialists (such as sociologists, statisticians, and representatives of professional organisations).

Pursuant to the provisions of Cabinet Regulation No. 430 of 27 April 2004 "The State Addiction Agency ", the Agency's functions and tasks are to undertake monitoring of addictive substances, including the achievement of the aims of the National Tobacco Monitoring Programme.

Minister for Health

G.Bērziņš

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National Tobacco Monitoring Programme for 2006 - 2010 Implementation Plan

Subsidiary aims, subsections	Tasks	Activities	Time for completion	Responsible/involving institutions	Result to be achieved	Allocated/essential funding
1. Reducing availability						
1.1. The restriction of contraband and illegal distribution of tobacco	1.1.1. Review the issue of increasing the sanctions provided by the requirements of Sections 190 and 191 of the Criminal Law	1.1.1.1. Form working groups to evaluate proposals and develop necessary amendments to the Criminal Law	2006 - 2007	TM/ FM IeM	1. Reduced circulation of illicit tobacco. 2. Amendments to the Criminal Law implemented.	As part of the Budget
1.2. Availability of tobacco products to juveniles	1.2.1. Analyse the situation on the possible availability of tobacco products to juveniles, and adopt amendments to legislation	1.2.1.1. Amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products" providing prohibitions and restrictions on smoking in public places, structures, and areas, as well as prohibitions on adult persons acquiring tobacco products in order to hand them on to juveniles	2006 - 2007	VM	Amendments implemented to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget

		1.2.1.2. Determining liability pursuant to the Latvian Administrative Offences Code for persons who purchase tobacco products and pass them on to juveniles	2006 - 2007	FM/ IeM, VM	Amendments implemented to the Latvian Administrative Offences Code	As part of the Budget
2. Reducing demand						
2.1. Excise duties and prices	2.1.1. Research and prepare legislative proposals stipulating a minimum excise duty	2.1.1.1. Increased excise tax on cigarettes pursuant to the law "On Excise Duties"	2006 – 2010	FM/	Excise Duty on cigarettes increased each year each year	As part of the Budget
		2.1.1.2. Evaluate the situation with regard to a more rapid increase of excise duty (as compared to that provided by the law)	2006 – 2008	FM/ VM	Legislative proposals for increasing excise duty as from 2006	As part of the Budget
		2.1.1.3. Formation of working group to draft legislative proposals stipulating a minimum excise duty	2006 – 2008	FM/ VM	Amendments to the law "On Excise Duties"	As part of the Budget
2.2. Tobacco advertising and sponsorship	2.2.1. Prohibit manufacturers and distributors of tobacco products from undertaking trade promotion activities	2.2.1.1. Draft legislative proposals for amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products", which would prohibit trade promotion activities (lotteries, campaigns etc) in respect of tobacco products	2006 - 2007	VM/ EM	Amendments implemented to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget

	2.2.2. Restrict all forms of advertising for tobacco products including the advertising of tobacco products in retail outlets	2.2.2.1. Legislative proposals for the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products" prohibiting tobacco advertising in the mass communications media (radio, TV, newspapers, magazines), and including cinemas	2006 - 2007	VM	Amendments implemented to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget
	2.2.3. Implement the 2003/641/EC: Commission Decision of 5 September 2003 on the use of colour photographs or other illustrations on tobacco packages, to warn of the effect on health	2.2.3.1. Develop legislative proposals on the use of colour photographs or other illustrations on tobacco packages pursuant to the requirements of the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	2006 - 2007	VM	Amendments implemented to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget

2.3. The prevention of tobacco use 2.3.1. Informing and educating the public on the risks associated with the use of tobacco	2.3.1.1. Informing and educating the public on tobacco control issues (children, parents of young people, politicians, social work specialists and teachers, staff of mass communications media, school psychologists, sports trainers, police officers), paying particular attention to the problem of women smoking and associated health risks	2.3.1.1.1. Development of an educational program on tobacco control for social work specialists and public institutions (specialists of services, day centres, children's shelters)	2007 - 2010	VVVA/ LM, VM, LPS	1. Increased number of social work specialists who work on the prevention of tobacco use; 2. Programme developed for social work specialists; 3. Informative materials; 4. 11 regional seminars organised each year	Additional funds necessary VVVA: In 2007 1000 LVL to develop programme: 900 LVL (including PVN) remuneration for members of working groups (3 persons); 100 LVL provision of administrative materials and services (office supplies, printing, copying) Programme implementation each year (2007 – 2010) 7000 LVL Preparation and printing of informative materials (10 000 copies.) 2600 LVL Seminars- 4400 LVL (1 Seminar expenditure= 400 LVL: Venue Hire 50 LVL, coffee break 50 LVL, travel expenses 100 LVL, payments to lecturers 200 LVL (2 lecturers))
		2.3.1.1.2. Seminars for the education of teachers in general educational and professional educational institutions in primary prevention and life skills	2007 – 2010	ISEC, High schools, IeM, VVVA	Continued education of teachers on the integration of health education themes in other teaching subjects, and in developing students' life skills	Additional funds necessary ISEC each year 3000 LVL

		2.3.1.1.3. As part of the campaigns in educational institutions entitled " Safety Days in Schools " include informative events on the restriction of smoking among juveniles	2007 - 2010	ISEC, VVVA/High schools IeM, VP, VUGD	Annually in general education schools	Additional necessary VUGD each year 2000 LVL (distribution of educational and informative materials in Latvian schools 8000 copies. 1 booklet expenditure= 0,25 LVL (including PVN))
		2.3.1.1.4. Development and implementation of educational programs for police officers on tobacco control and the effects of tobacco on health, and generate motivation for children to give up smoking	2007 - 2010	IeM, VP/ VVVA, Local Governments, VUGD	1. Increased the information available to students on risks of smoking; 2. Organise annual seminars for police officers (11 seminars)	Additional necessary VVVA: in 2007 1000 LVL (900 LVL for program development (including PVN); remuneration for working groups (3 persons) 100 LVL, administrative expenses (office supplies, printing, copying) each year (2007–2010) 5000 LVL Programme implementation Printing of materials 600 LVL seminars– 4400 LVL (1 seminar expenditure: venue hire 50 LVL, coffee break 30 LVL, travel expenses 100 LVL, payment for lecturer 220 LVL, including PVN, (2 lecturers)

		2.3.1.1.5. Development and implementation of educational program for school psychologists, school social pedagogues, and sports trainers on the effects of tobacco use on health, and generation of motivation for giving up of smoking	2007, 2009	VVVA/ municipalities, mass communications media	<ol style="list-style-type: none"> 1. Increase awareness level among young people and adolescents on issues which are affected by the use of tobacco ; 2. Programme developed ; 3. Informative materials distributed ; 4. Six seminars organised each year 	<p>Additional necessary VVVA:</p> <p>In 2007 1000 LVL (to develop programme: 900 LVL (including PVN) remuneration for members of working groups (3 persons), 100 LVL administrative materials and services (office supplies, printing, copying)</p> <p>in 2007, 2009 4000 LVL Programme implementation Materials - 1600 LVL (booklets 6000 copies) Seminars - 2400 LVL (1 seminar expenditure: Venue Hire 50 LVL, coffee break 30 LVL, travel expenses 100 LVL, payments to lecturers 220 LVL, including PVN, (2 lecturers))</p>
		2.3.1.1.6. Preparation and implementation of training program for members of the mass communications media on the prevention of tobacco use and legislation, journalist ethics in reflecting these problems	2007, 2009	VVVA	Training program prepared, and 11 educational events organised for members of State and regional mass communications media	<p>Additional funds necessary each year 5000 LVL (copying of distribution materials 600 LVL, 11 seminars- 4400 LVL (1 seminar expenditure 400 LVL: venue hire 50 LVL, coffee break 30 LVL, travel expenses 100 LVL, payment to lecturers 220 LVL, including PVN, (2 lecturers))</p>

		2.3.1.1.7. Development and implementation of informative campaigns and actions for the public on the effects of tobacco use on health	2007 - 2010	VVVA	1. Five campaigns organised on the health risks to children, pregnant women, and adults caused by tobacco, , passive smoking, tobacco control, and associated socio-economic indicators (environmental advertising, placement of audio and video clips). 2. Increased public awareness on issues related to the prevention of tobacco use	Additional necessary funding each year 15 000 LVL environmental advertising placement- 5000 LVL Audio and video clip placement- 9000 LVL press conference (State and regional) - 1000 LVL
		2.3.1.1.8. Development and distribution of informative materials to pupils and students on fire safety, including risks of smoking	2007 - 2010	VUGD, VVVA/ ISEC, IeM	Informative materials distributed (placards, booklets, postcards, video materials) students and pupils of years 1-9	Additional funding necessary VUGD each year 27 000 LVL (distribution of educational and informative materials in Latvian schools 108 000 copies. 1 booklet expenditure – 0.25 LVL (including PVN))
		2.3.1.1.9. Informative educational video materials for young people on tobacco addiction and prevention	2007	VVVA	Educational film for young people on the use of tobacco products	Additional funding necessary 6000 LVL

	2.3.1.2. Establish an informative base for prevalence, attitude of society, awareness, legislative and smoking restrictions, aspects of informing and educating the public, and monitoring	2.3.1.2.1. Participation in European School Survey Project on Alcohol and Other Drugs (ESPAD)	.	NVA	Research on pupils' attitude to the use of addictive substances in public	Additional funding necessary 15 000 LVL (development of selection of research target groups - 370 LVL; preparation and distribution of survey form 1300 LVL; fieldwork: Administrative organisation of survey 590 LVL, payment for interviews 4440 LVL, transport costs 740 LVL. Data processing: preparation of input layout 110 LVL, checking and encoding information 370 LVL, data input 2970 LVL, data checking and preparation of SPSS data file 560 LVL, preparation of data for analysis and primary analysis of data 370 LVL. Preparation of reports in the Latvian and English languages 1350 LVL; Administrative expenses 330 LVL; additional expenditure (10 %) 1500 LVL)
		2.3.1.2.2. Organising of research into the health habits of Latvian school pupils	2007 - 2010	VVVA	Two research studies conducted and compiled	Additional funding necessary each year 5000 LVL (inclusion and piloting a new questions 1300 LVL preparation and analysis of data 1800 LVL, compilation of data and inclusion in final report 1900 LVL)

		2.3.1.2.3. Continue participation in international research into smoking among young people.	2007 - 2010	VVVA	Two research studies conducted and compiled	Additional funding necessary: 2008 to conduct research 10 200 LVL (preparation of survey form, testing, piloting a 2000 LVL, determining research sample group 1900 LVL, training seminar for interviewers 600 LVL, gathering, input, and analysis of data 5500 LVL, compile data summary 200 LVL) 2007, 2009, 2010 maintaining research and monitoring - 7 000 LVL (maintaining database 1000 LVL, publication of annual data summary 4500 LVL, comparative analysis with other research member states member states, publication of scientific papers LVL)
2.3.2. Supplementing existing strategies, programmes, and guidelines with issues on tobacco education and prevention educational initiatives	2.3.2.1. Evaluate, and to the extent possible supplement, state institution strategic documents with initiatives on tobacco education and prevention issues.	2.3.2.1.1. Promote the supplementing of the improvement of family health program with information on the effect of tobacco on reproductive health	2006 - 2007	VVVA		Budget funding

2.3.3. Development and implementation of a local government programme to avert the taking up of smoking and restrict the use of tobacco products	2.3.3.1. Evaluate opportunities to develop and introduce local government programmes and alternatives for the restriction of tobacco use among children and young people	2.3.3.1.1. Organise working seminars for local government personnel (politicians, specialists, the wider public) on alternative prevention possibilities in municipalities	2007, 2009	VVVA/ municipalities, LPS	1. Five working seminars organised ; 2. The restriction policy on tobacco use is developed according to local requirements and the priorities identified in the public health strategy, anticipating local government support for their implementation	Additional funding necessary VVVA each year 2000 LVL organising of five working seminars (1 seminar's expenditure 400 LVL: venue hire 50 LVL, coffee break 30 LVL, transport costs 100 LVL, payment to lecturer 220 LVL, including PVN, (2 lecturers))
	2.3.3.2. Facilitate operations of the volunteer movement in the education of peers and the organising of worthwhile ways of spending free time	2.3.3.2.1. Implementation of measures at the state level for children and young people of municipalities in cultural education, environmental education technical creativity and youth affairs	2006 – 2010	VJIC/ IZM, KM, NVO	Annual event organised at state level for pupils of educational institutions (children and young people with special needs cultural education, environmental education technical creativity and youth affairs	As part of the Budget
		2.3.3.2.2. Organising of sporting competitions at the national level for children and young people	2006 - 2010	IZM, NVO, AiM	Sporting and recreational activities organised	As part of the Budget

	2.3.3.3. At the local government level, develop and introduce projects for the education of parents of juvenile persons on tobacco addiction and prevention	2.3.3.3.1. Informative seminars for parents of adolescent children with the aim of generating motivation and skills for the restriction of smoking by children and to avert the taking up of smoking by children	2007	VVVA, municipalities	11 regional seminars organised	Additional funding necessary VVVA 1000 LVL (preparation of informative materials: text, design, computer compilation)
2.3.4. Involvement of non-governmental organisations in the formation and implementation of national policy for the restriction of smoking	2.3.4.1. Improve the further work of the Latvian Anti-Smoking Coalition by becoming involved in the activities and projects of the European Network for Smoking Prevention (ENSP)	2.3.4.1.1. Participation by the Coalition in the work of the ENSP	2007 - 2010	VVVA, NVA	Operative information in circulation; evaluation of strategic documents; consultations	Additional funding necessary VVVA each year 2100 LVL (participation cost)
	2.3.4.2. Encourage other public organisations, particularly youth organisations, to become involved in the work of the Coalition	2.3.4.2.1. Formation of a permanent working group, and maintaining its operations in order to coordinate initiatives by regional public organisations	2007 - 2010	VVVA	Working groups formed ; increased number of public organisations involved	Additional funding necessary each year 2000 LVL (for maintaining coalition website)
		2.3.4.2.2. Development and implementation of a training program and involvement in the activities of JUS darbības piesaistīšanai for popularising a healthy lifestyle among young people young	2007 - 2010	VUGD JUS, VVVA		Additional funding necessary VUGD each year 5000 LVL (900 LVL For programme development (including PVN) remuneration for working group (3 pers.) 100 LVL, administrative expenses (office supplies, printing, copying), materials for distribution 16 000 copies. (1 booklet expenditure, including PVN, 0,25 LVL))

	2.3.4.3. Promote and support other public organisations in forming a local and regional anti-smoking coalition	2.3.4.3.1. Organise an annual conference for public organisations for actual isolation of issues related to tobacco control	2007 - 2010	VVVA, LSVA	Conference organised annually	Additional funding necessary VVVA each year 500 LVL (conference venue hire (300 - 500 participants))
2.3.5. Education of health care specialists	2.3.5.1. Ensuring availability to health-care specialists of information and training materials on the consequences of tobacco use and opportunities for giving up smoking	2.3.5.1.1. Ensure access to information on the NVA website on the consequences of tobacco use and opportunities for treatment	2006 - 2009	NVA	Regular updating of information on the NVA websites on tobacco addiction problems, maintenance and updating	As part of the Budget
	2.3.5.2. Improve the knowledge of students on addiction-causing substances, the demonstrated consequences of their use, and opportunities for giving up smoking, incorporating these requirements in legislation concerning medical specialists	2.3.5.2.1. The inclusion of information on dependency inducing substances in legislation relating to medical specialists, including family physicians, and allergy specialists gynaecologists, pulmonary specialists, pharmacists, cardiologists, oncologists, and stomatologists	2006 - 2009	NVA	Improvements to legislation in the relevant specialities	As part of the Budget
	2.3.5.3. Educate health-care specialists on the consequences of tobacco use and the cessation of tobacco use	2.3.5.3.1. Upgrade the qualifications of drug addiction specialists in treating tobacco addiction	2007 - 2010	NVA, Latvian narkologu asociācija	one seminar each year	Additional funding necessary each year 500 LVL (holding seminar 8 hours* 20 LVL = 160 LVL venue hire 8 hours* 35 LVL = 280 LVL distribution materials 50 participants* 1,20 LVL = 60 LVL)

	2.3.5.4. Reveal to the public, and in particular, to health-care specialists, the connection between the use of tobacco products and a range of somatic illnesses	2.3.5.4.1. Regular publication in professional journals on the consequences of tobacco use and the treatment of tobacco addiction. Development of informative materials	2006 - 2010	NVA	Publication in professional journals twice a year	As part of the Budget
		2.3.5.4.2. Research on the connection between the smoking habit, and coronary heart disease and diseases of the peripheral vascular system	2009	NVA	Research developed on illness in Latvia, revealing the connection between smoking and harm to health	Additional funding necessary 15 000 LVL (selection of research sample group 370 LVL; preparation and distribution of survey questionnaire 1300 LVL; fieldwork: administrative organisation of survey 590 LVL, payment for interviews 4440 LVL, transport costs 740 LVL; data processing: preparation and import form 110 LVL, checking and coding of information 370 LVL, data input 2970 LVL, data checking and preparation of SPSS data file 560 LVL, preparation of data for analysis, primary analysis of data 370 VL; preparation of records in the Latvian and English languages 1350 LVL; administrative expenses 330 LVL; additional expenses (10%) 1500 LVL)

		2.3.5.4.3. Training seminar for health care sector specialists on issues related to tobacco control and the cessation of smoking	2006	VVVA, WHO	Various health-care specialists trained	As part of the Budget, WHO
		2.3.5.4.4. Participation in the project to restrict smoking in the EU, involving health-care specialists in giving up smoking	2006	VVVA, LAB, professional associations, WHO	Health-care specialists trained. Strengthening of Latvian Anti-Smoking Coalition	As part of the Budget, EU, WHO
		2.3.5.4.5. Training of prospective senior school specialists in motivation for giving up smoking and the prevention of tobacco addiction	2007 - 2009	VVVA	Issues related to the supporting of the prohibition on smoking and opportunities for giving up smoking integrated into training of specialists	Additional funding necessary each year 1000 LVL (copying of educational and informative materials 200 copies. 300 LVL, reprinting of placards 200 copies . 700 LVL)
2.3.6 Education of personnel of the National Armed Forces (NAF) obligatory and professional services	2.3.6.1. Educate obligatory and professional NAF personnel on tobacco addiction and prevention		2007 - 2008	AiM in cooperation with NAF headquarters medical staff and SO	Personnel of the National Armed Forces (NAF) obligatory and professional services educated	Additional funding necessary each year 1000 LVL (1 remuneration of lecturer 250 LVL x 4 lectures each year)

	2.3.6.2. Educate medical service personnel and Command on the consequences of tobacco use and opportunities for giving up smoking.		2007 - 2008	AiM in cooperation with NAF Headquarters medical staff and SO	Medical service staff educated on tobacco prevention	Additional funding necessary each year 1000 LVL (1 remuneration of lecturer 250 LVL x 4 lectures each year)
2.4. Treatment	2.4.1. Improve the work of the Drug Addiction Service in treating patients for tobacco addiction	2.4.1.1. Improvements to treatment methods for tobacco addiction	2006 - 2009	NVA		As part of the Budget

	2.4.2. Improve methods of treating tobacco addiction	2.4.2.1. Improvements to the drug addiction treatment system , formation of an outpatient multidisciplinary treatment team and ensuring its operation nationally	2007 - 2010	NVA	Outpatient multidisciplinary treatment teams formed, and their operation ensured nationally	<p>Existing funding each year 366 790 LVL: drug addiction specialists 28,25 workloads* 363,70 LVL * 12 months = 123 294 LVL clinical nurses 34,5 workloads* 211,10 LVL * 12 months = 87 396 LVL soc.tax. 24,09 % of 210 690 LVL = 50 755 LVL maintenance 50 % of 210 690 LVL = 105 345 LVL</p> <p>Additional funding necessary: in 2007– 406 786 LVL</p> <ul style="list-style-type: none"> • addiction specialists 17,75 workloads* 462 LVL * 12 months = 98 406 LVL • psychologists 20,5 workloads* 462 LVL * 12 months = 113 652 LVL • clinical nurses 6,5 workloads* 277 LVL * 12 months = 21 606 LVL • soc.tax. 24,09 % of 233 664 LVL = 56 290 LVL • maintenance 50 % from 233 664 LVL = 116 832 LVL
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						<p>In 2008 – 426 131 LVL</p> <ul style="list-style-type: none"> • addiction specialists 17.75 workloads* 484 LVL * 12 months = 103 092 LVL • psychologists 20,5 workloads* 484 LVL * 12 months = 119 064 LVL • clinical nurses6,5 workloads290 LVL * 12 months = 22 620 LVL • soc.tax. 24,09 % from 244 776 LVL = 58 967 LVL • maintenance 50 % from 244 776 LVL = 122 388 LVL <p>in 2009 – 447 345 LVL</p> <ul style="list-style-type: none"> • addiction specialists 17.75 workloads* 508 LVL * 12 months = 108 204 LVL • psychologists 20.5 workloads* 508 LVL * 12 months = 124 968 LVL • clinical nurses6.5 workloads 305 LVL * 12 months = 23 790 LVL • soc.tax. 24,09 % from 256 962 LVL = 61 902 LVL • maintenance 50 % from 256 962 LVL = 128 481 LVL
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						<p>In 2010 – 466 690 LVL</p> <ul style="list-style-type: none"> • addiction specialists 17.75 workloads* 530 LVL * 12 months = 112 890 LVL • psychologists 20,5 workloads* 530 LVL * 12 months = 130 380 LVL • clinical nurses 6.5 workloads 318 LVL * 12 months = 24 804 LVL • soc.tax. 24,09 % from 268 074 LVL = 64 579 LVL maintenance 50 % from 268 074 LVL = 134 037 LVL
		2.4.2.2. Training of outpatient inter-speciality treatment teams	2007 - 2010	NVA	Outpatient inter- speciality treatment teams trained	<p>Additional funding necessary for development of 2007 training programme - 1000 LVL each year (2007 – 2010) 3400 LVL for development of methodological training materials - 1000 LVL 107 specialist training - 2400 LVL</p> <ul style="list-style-type: none"> • conducting seminars 5 groups *2 days* 8 hours* 20 LVL = 1600 LVL • venue hire 5 groups *2 days* 8 hours* 10 LVL = 800 LVL

		2.4.2.3. Formation of support group from tobacco addict patients	2006 - 2010	NVA	Support groups formed from tobacco addict patients	As part of the Budget
	2.4.3. Create conditions such that family doctors would have an interest in patients giving up smoking	2.4.3.1. Introduce tobacco use prevention evaluation indicator manipulation and include care given by primary health care physician's evaluation	2006 - 2007	VOAVA VM	New indicator. Primary health care physicians have greater interest in tobacco prevention issues	As part of the Budget
	2.4.4. Include tobacco addiction on the list of funded out-patient addiction diagnoses	2.4.4.1. Develop draft Regulation "Amendments to Cabinet Regulation No. 1036 of 21 December 2004 "Organisation And Financial Procedures For Health Care""	2006 - 2007	VOAVA/ NVA	Diagnosis of tobacco addiction is included on the list of paid out-patient addiction diagnoses	As part of the Budget
	2.4.5. Involve other health-care specialists in encouraging the giving up of the use of tobacco	2.4.5.1. Development of tobacco addiction treatment guidelines to be provided to other health-care specialists (who are not drug addiction specialists)	2006 - 2007	NVA	Guidelines developed for treatment of tobacco addiction for health-care specialists	As part of the Budget
2.5. Restricting passive smoking	2.5.1. Restricting or prohibiting smoking in public places, including workplaces	2.5.1.1. Prepare proposals for legislative amendments to support the restriction or prohibition of smoking in public places	2006 - 2007	VM/ VVVA	Amendments adopted to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget

	2.5.2. Checking the observance of legislative requirements regarding the avoiding or restricting of passive smoking		2006 - 2010	IeM VP, municipalities, VDI/ VSI	Reduction in the number of inhabitants, including those in employment, subjected to the effect of tobacco smoke,	As part of the Budget
	2.5.3. Educating management and staff of businesses and institutions regarding the use of tobacco, and legislation associated with restricting the use of tobacco	2.5.3.1. Development and introduction of educational program	2006 – 2010	VVVA/ LDDK, LBAS	1. Informative materials developed; 2. 10 seminars organised 3. Development of educational program	As part of the Budget
2.6. Information on tobacco products	2.6.1. Undertake amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products" on procedures for providing information to the VSI	2.6.1.1. Stipulate in the law that manufacturers , importers, and distributors of tobacco products in Latvia, or Latvian distributors of imported tobacco products manufactured in the EU or some other EU member states, are responsible for complying with its requirements, by imposing uniform requirements on all merchants who operate in this field	2006	VM	The principle of equality among merchants is maintained, and consumers have access to information on harmful substances found in tobacco products	As part of the Budget

		2.6.1.2. Stipulate in the law that merchants must provide information on tobacco products to the VSI in the official state language	2006	VM	Amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget
		2.6.1.3. Provide in the law that businesses must be registered with the VSI, providing information on the business, their registration number, and address, contact details (phone numbers, fax, e-mail address, Internet) etc, which would be one means of resolving the issue of putting the tobacco products market in order	2006	MINISTRY OF HEALTH	Amendments to the law "On Restrictions regarding Sale, Advertising and Use of Tobacco Products"	As part of the Budget
	2.6.2. VSI to establish and maintain a database of tobacco products and their components available in the Latvian market, from which consumers would have access to the information in accordance with the law	2.6.2.1. Provide in the law that the VSI is to establish and maintain a database of tobacco products and their ingredients available in the Latvian market, to which consumers would have access as required by law	from 2006, and ongoing	VSI	Unified database	As part of the Budget
3. The creation and implementation of an information, monitoring, and evaluation system						

3. The creation and implementation of an information, monitoring, and evaluation system	3.1. Involve health care specialists in the process of compiling data		2006 - 2010	NVA	Health-care specialists involved in compiling essential information	As part of the Budget
	3.2. Ensure inter-speciality exchange of information	3.2.1. Prepared draft cooperation agreement on inter-speciality exchange of information	2006	VM	Cooperation agreements signed, to regulate inter-speciality cooperation	As part of the Budget
	3.3. Upgrade illness register cards (oncology, pulmonary and tuberculosis specialities)	3.3.1. Introduce separate section on illness register cards on the smoking habit	2006	VM, VSMTVA	Survey conducted on patients on the smoking habit	As part of the Budget
	3.4. Develop guidelines for tobacco monitoring indicators		2006	NVA	Guidelines developed for tobacco monitoring indicators	As part of the Budget
	3.5. Establish a data compilation program for the National Tobacco Information and Monitoring System		2007	NVA	A data compilation program established for the national tobacco information and monitoring system	Additional funding necessary 3000 LVL

	3.6. Compile and research the main national indicators (manufacturing, consumption, prevalence, legislation, morbidity and mortality)	3.6.1. Compile, implement, and maintain a national tobacco information and monitoring system. Involve treatment specialists in this work.	2007 - 2010	NVA	A functioning national tobacco information and monitoring centre established	Additional funding necessary: in 2007 – 11 356 LVL each year (2008-2010) – 9356 LVL development – 2000 LVL maintenance– 9356 LVL (specialist 1 workload* 400 LVL * 12 months = 4800 LVL, soc.tax. – 1156 LVL, maintenance– 2400 LVL, travel– 1000 LVL
	3.7. Develop a system for evaluating measures for tobacco control and prevention in accordance with the recommendations of the WHO, planning to utilise at least 10% of total Programme expenditure on requirements associated with evaluation	3.7.1. Development of proposals for creating evaluation system for tobacco prevention measures, and improvement of smoking prevention measures	2006 - 2007	VVVA/ VM, NVA	Proposals developed	As part of the Budget
		3.7.2. Preparation of annual evaluation and report on program on implementation of the WHO Framework Convention on Tobacco Control	2007 - 2010	VVVA/ VM, NVA	Report on program evaluation	Additional funding necessary VVVA each year 4 000 LVL (preparation of evaluation questionnaire and copying 600 LVL, processing and analysis of questionnaire 1000 LVL, preparation of report text 500 LVL, layout, and design of report 800 LVL, printing of report 1000 copies. (50 pages) 1100 LVL)

Abbreviations used in this document

AiM –Ministry of Defence
EM – Ministry of economics
FM –Ministry of Finance
IeM –Ministry of Interior
ISEC – Centre for Curriculum Development and Examinations
IZM – Ministry of Education and Science
JUS – **Jauno ugunsdzēsēju savienība**
LBAS – Free Trade Union Confederation of Latvia
LDDK – Employers' Confederation of Latvia
LM – Ministry of Welfare
LPS – Latvian Association of Local and Regional Governments
LSVA – Public Health Association of Latvia
NBS – National Armed Forces
NVA –State Addiction Agency
NVO –Non-Government Organisations
WHO –World Health Organisation
TM – Ministry of Justice
VDI – State Labour Inspectorate
VJIC – State Youth Initiative Centre
VM – Ministry of Health
VOAVA – Health Compulsory Insurance State Agency
VP – State police
VSI – State Sanitary Inspectorate
VSMTA – Health Statistics and Medical Technologies State Agency
VUGD – State Fire Fighting & Rescue Service
VVVA – Health Promotion State Agency
Minister for Health

G.Bērziņš

23.11.2005. 09:01, 3954

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(Cabinet of Ministers
28 December 2005
Instruction No.852)

National Tobacco Monitoring Program for 2006–2010

Summary

Substance of Issue to be Addressed

On 21 May 2003 at the World Health Organisation 56 Assembly, the World Health Organisation Framework Convention on Tobacco Control (hereinafter: "the Convention"), was adopted. The aim of the Convention is to protect the public from the effects of tobacco on health, as well as from the social and economic consequences of smoking and its effect on the environment. The Convention also anticipates comprehensive and significant national long-term action for the reduction of availability and demand in tobacco, international cooperation and monitoring between member states of the World Health Organisation in developing national tobacco monitoring programmes.

The **Public Health Strategy**, which is the most significant policy document on public health in Latvia, provides that by the year 2010 there will be a fundamental reduction of the harmful effect of tobacco on inhabitants' health, reducing by at least 20% the ratio of smokers older than 15, and increasing the age at which people aged 15 or younger take up smoking on a regular basis.

The purpose of the Programme is to improve the health of Latvia's inhabitants, fundamentally reducing the use of tobacco and the harmful effects of tobacco smoke. Its main tasks are: to avert the commencement of tobacco use particularly among children and young people, to reduce the number of users of tobacco products, to reduce the harmful consequences of tobacco on the health of its users, and to ensure that people are less frequently subjected to the effects of tobacco smoke .

The Programme includes the planning of measures in accordance with the action requirements and directions and principles of the Convention. Several

resolution options are **not** provided for achievement of the aims of the Programme.

Suggested resolution

Three main operating directions are provided for implementation of the Programme: reduction in availability, reduction in demand and monitoring of the consequences of prevalence of tobacco and its use. They include inter-sectoral cooperation between the Ministry of Health and other ministries and institutions. The measures included in the Programme will facilitate the achievement of the Programme aims. Additional funding will be required for implementation of the Programme (as from 2007).

Essential additional funding and anticipated source of funding

The source of funding for the Programme is the law on the state budget, which provides funding each year. In 2006, institutions implemented measures stipulated in the Programme from funding allocated from the budget. As from 2007, the necessary additional funding required for the Programme has been calculated. The issue of allocating the necessary additional funding for the Programme is to be reviewed by the Cabinet of Ministers, together with budget applications from all other ministries, while preparing the draft state budget for the current year.

2007 – 549642 LVL,
2008 – 530187 LVL,
2009 – 572201 LVL,
2010 – 564546 LVL.

European Union experts suggest that financing for the Tobacco Monitoring Programme is planned on the basis of at least 1–3 EUR per one inhabitant (utilising revenue from the Excise Duty on tobacco). Once additional funding has been allocated (or not allocated), the responsible institutions will amend the Programme Implementation Plan.

Likely influence of measures in the Programme Implementation Plan on the state budget and local government budgets (in thousands of lats)

Indicators	Current year	Next three years			Average five years after current year
	2006	2007	2008	2009	
1	2	3	4	5	6

1. Changes in budget revenue	–	–	–	–	–
State budget	366.8	0.0	0.0	0.0	0.0
Grant from general revenue	0.0	0.0	0.0		0.0
2. Changes in budget expenditure	–	–	–	–	–
State budget	366.8	549.6	530.2	572.2	450.1
Municipal budget		0.0	0.0		0.0
3. Financial effect	0.0	–549.6	–530.2	–572.2	–450.1
Municipal budget					
4. Anticipated compensable measures for funding of additional expenditure	–	–	–	–	–
5. Detailed calculation of financial basis *	–	–	–	–	–
State budget	366.8	549.6	530.2	572.2	450.1
Ministry of Health		510.6	491.2	535.2	412.9
2.3.1.1.1. (2007–2010)		8.0	7.0	7.0	5.8
2.3.1.1.4. (2007–2010)		6.0	5.0	5.0	4.2
2.3.1.1.5. (2007; 2009.)		5.0		4.0	1.8
2.3.1.1.6. (2007; 2009.)		5.0		5.0	2.0
2.3.1.1.7. (2007–2010)		15.0	15.0	15.0	12.0
2.3.1.1.9. (2007)		6.0			1.2
2.3.1.2.1. (2007)		15.0			3.0
2.3.1.2.2. (2007–2010)		5.0	5.0	5.0	4.0
2.3.1.2.3. (2007–2010)		7.0	10.2	7.0	6.2
2.3.3.1.1. (2007; 2009.)		2.0		2.0	0.8
2.3.3.3.1. (2007)		1.0			0.2
2.3.4.1.1. (2007–2010)		2.1	2.1	2.1	1.7
2.3.4.2.1. (2007–2010)		2.0	2.0	2.0	1.6
2.3.4.3.1. (2007–2010)		0.5	0.5	0.5	0.4
2.3.5.3.1. (2007–2010)		0.5	0.5	0.5	0.4
2.3.5.4.2. (2009.)				15.0	3.0
2.3.5.4.5. (2007–2009.)		1.0	1.0	1.0	0.6
2.4.2.1. (2007–2010)		406.8	426.1	447.4	349.4
2.4.2.2. (2007–2010)		4.4	3.4	3.4	2.9
3.5. (2007)		3.0			0.6
3.6.1. (2007–2010)		11.4	9.4	9.4	7.9

3.7.2. (2007–2010)		4.0	4.0	4.0	3.2
Ministry of Education and Science Centre for Curriculum Development and Examinations		3.0	3.0	3.0	2.4

2.3.1.1.2. (2007–2010)		3.0	3.0	3.0	2.4
Ministry of the Interior. State Fire Fighting & Rescue Service		34.0	34.0	34.0	27.2
2.3.1.1.3. (2007–2010)		2.0	2.0	2.0	1.6
2.3.1.1.8. (2007–2010)		27.0	27.0	27.0	21.6
2.3.4.2.2. (2007–2010)		5.0	5.0	5.0	4.0
Ministry of Defence. National Armed Forces		2.0	2.0		0.8
2.3.6.1. (2007–2008)		1.0	1.0		0.4
2.3.6.2. (2007–2008)		1.0	1.0		0.4
6. Other information	Ensure implementation of Programme in 2006 from within funding allocated from the state budget. The issue of allocating additional funding from the state budget will in future years be considered by the Cabinet of Ministers together with applications for priority from all ministries when preparing the state budget for the current year				

* detailed funding calculation for specific measures –in Programme Implementation Plan.

Minister for Health

G.Bērziņš