

Background

Latvia is a parliamentary republic in the Baltic region, with a population of about 1.9 million. It regained independence from the Soviet Union in 1991 and joined the European Union and NATO in 2004. The government is typically run by multi-party coalitions, and the political landscape leans towards conservative and centrist parties. Culturally, Latvian society has traditional views on social issues, which has been reflected in cautious approaches to drug policy. The country's legal and institutional framework is stable: it has a parliament (Saeima) and a cabinet led by a Prime Minister, operating under a constitution that emphasizes democracy and the rule of law.

Drug policy in Latvia has historically been strict, influenced both by Soviet-era norms and international conventions. During the Soviet period, drug use was heavily stigmatized, and after independence Latvia quickly aligned its laws with UN drug treaties. Policymakers prioritized a zero-tolerance approach to illicit drugs, focusing on enforcement and criminalization. Public discourse on drug liberalization has been limited until recently, and there is a strong anti-drug sentiment among older generations. This conservative backdrop has meant that proposals to relax drug laws often face significant opposition.

In summary, Latvia's political context – a conservative society with a history of strict drug control – has shaped its cannabis policy. Any shifts in this policy occur against the backdrop of regional trends and debates. Understanding how Estonia cautiously treats minor possession as a non-criminal offense, or how Lithuania reversed a decriminalization trend, helps frame Latvia's own stance. Though the Baltic states have similar histories, their approaches to drug policies can differ based on what people want and political decisions.

Drug use and prevalence

General population usage: Cannabis is the most commonly used illicit drug in Latvia, as in most European countries. National surveys indicate that a significant minority of Latvians have tried cannabis, though regular use is less common. In a survey conducted in 2020, about 15% of Latvia's adults aged 15–64 reported having ever used cannabis in their lifetime¹. Among young adults (ages 15–34), lifetime experimentation is higher – roughly 23% had tried cannabis as of 2020. This represents a gradual increase from earlier years; for example, in 2003 the lifetime prevalence among adults was about 10.6%, rising to 12.1% by 2007. The same 2020 survey found that 3.9% of adults (15–64) had used cannabis in the past year, and about 2.1% in the past month. Cannabis use is especially concentrated among young people – in the 15–34 age group, 8.2% were past-year users and around 4.4% used in the last month. These figures indicate that while cannabis is present in Latvian society, the majority of adults do not use it regularly.

¹ https://www.euda.europa.eu/media-library/dashboard-prevalence-cannabis-use-europe_en#:~:text=Latvia%20LV%202020%2015%20Cannabis,34%29%201627%2012%204.3

Trends over time: Cannabis consumption in Latvia saw an increase after the 1990s and into the 2000s, following the broader pattern as the drug became more available post-independence. By the late 2000s, usage rates had “reached Western levels”². However, in the past decade the trend has been relatively stable. One assessment noted that the lifetime prevalence among young adults has remained fairly stable in recent years³ – suggesting no dramatic surge or drop in cannabis experimentation. What has been observed in Europe generally is a slow normalization of cannabis use among youths, and Latvia is no exception to the gradual generational shift. That said, overall drug use in Latvia is still lower than in many Western European countries, possibly due to cultural factors and strict laws. Other illicit drugs (such as amphetamines, MDMA, or cocaine) are used far less frequently than cannabis in the general population. For instance, past-year use of MDMA⁴ (0.6%) or cocaine⁵ (1.3%) in Latvia is typically around 1% of adults, which is relatively low. This means cannabis dominates the illicit drug landscape in terms of prevalence.

Youth and students: Of particular concern to policymakers is drug use among adolescents. A notable data point comes from the European School Survey Project on Alcohol and Other Drugs (ESPAD), which surveys 16-year-old students. In the 2019 ESPAD, 26% of 16-year-olds in Latvia reported they had used cannabis at least once in their life⁶. This was among the highest rates in Europe for that survey – by comparison, the ESPAD average was 16%, and only a couple of countries (Czechia at 28% and Italy at 27%) were slightly higher than Latvia. These figures suggest that more than a quarter of Latvian teens have experimented with cannabis by mid-adolescence, a level on par with some of the highest in Europe. This high experimentation rate among Latvian youth has raised concerns. Preventive efforts in schools and youth organizations have been ongoing, but the ESPAD data show a need for continued education and perhaps new strategies to address teen drug use.

Comparison with neighbours and EU: When compared to neighbouring countries and the European average, Latvia’s cannabis use prevalence is moderate for lifetime experimentation but on the lower side for recent use. The table below illustrates past-year cannabis use in Latvia, its neighbours, and Europe overall:

² https://en.wikipedia.org/wiki/Cannabis_in_Latvia#:~:text=After%20the%20collapse%20of%20the,11

³ https://eucpn.org/sites/default/files/document/files/LV_0.pdf

⁴ https://www.euda.europa.eu/media-library/dashboard-prevalence-mdma-use-europe_en

⁵ https://www.euda.europa.eu/media-library/edr24/dashboard-prevalence-cocaine-use-europe_en

⁶ <https://pmc.ncbi.nlm.nih.gov/articles/PMC11910426/#:~:text=The%202019%20European%20School%20Survey,North%20Macedonia%2C%20Iceland%20and%20Serbia>

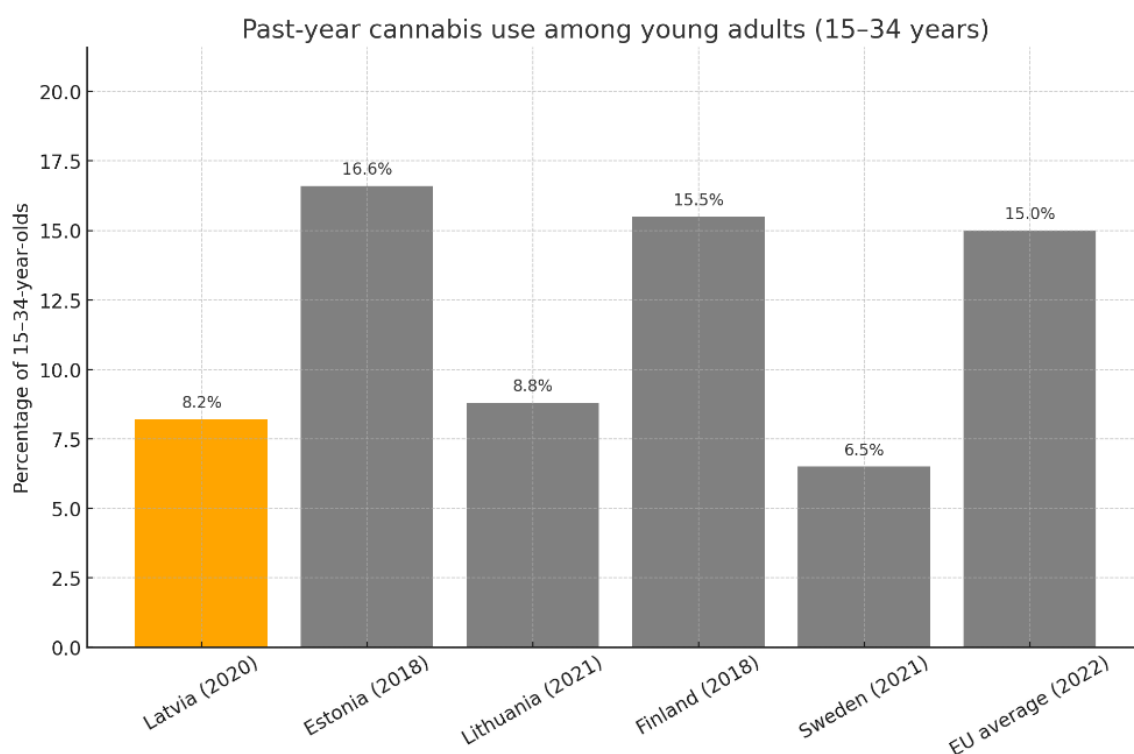


Table: Past-year cannabis use among young adults in Latvia vs. neighbouring countries and Europe. (Data from most recent national surveys in each country; EU average from EUDA estimate.)

As shown above, about 8% of young adults in Latvia used cannabis in the past year, which is roughly half the European average (~15%). Estonia's rate (16.6%) is notably higher – reflecting a more widespread use there – while Sweden's (6.5%) is lower, consistent with Sweden's hardline anti-drug culture. Lithuania (8.8%) is very close to Latvia's level, and Finland (15.5%) is on par with the EU average. Among the general adult population (15–64 years old), Latvia's past-year cannabis use is around 3.9%, compared to an estimated 8% Europe-wide. This places Latvia on the lower-middle end of the spectrum in the EU for cannabis consumption. In essence, while a significant number of Latvians (especially young Latvians) have experience with cannabis, regular or recent use remains relatively uncommon compared to many other European societies.

It's also useful to note that heavy use (daily or almost daily) is rare in Latvia. In Europe overall, about 1.3% of adults are daily cannabis users⁷; Latvia's figure is likely around or below that rate (specific national data on daily use is limited). Most of cannabis users in Latvia are occasional users or those who have tried it a few times.

Other drugs: While cannabis is the focus, for context, the use of other drugs in Latvia is much lower. Amphetamine-type stimulants and MDMA (ecstasy) are the next most common illicit substances after cannabis, but their past-year usage among young adults is only around 1–

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC11910426/#:~:text=In%202023%2C%20EMCDDA%20estimated%20that,in%20Turkey>

2%⁸. Cocaine use is relatively rare⁹ (about 2% past-year among 15–34, per 2020 data). Thus, Latvia does not face a broad epidemic of illicit drug use across society; the primary drug of choice (aside from alcohol) is cannabis, and even that is used by a minority.

Drug-Related Deaths and Mortality Trends

Latvia has historically recorded relatively low numbers of drug overdose deaths per year (often under 25 annual cases)¹⁰. For example, 12 people died from drug overdoses in 2019, 21 in 2020, and 17 in 2021. However, a sharp rise has occurred in the most recent data. Drug-induced deaths surged to 63 in 2022, roughly triple the previous year's total, and provisional 2023 figures show about 130 overdose deaths – a doubling from 2022 and the highest on record¹¹. This indicates a worrying upward trend in drug-related mortality after a decade of relative stability.

Opioids and substances involved: Opioids (particularly synthetic opioids) remain the primary substances implicated in Latvia's overdose fatalities, often in combination with other drugs. Part of the reported increase relates to improvements in laboratory capacity since June 2022, and year-on-year changes need to be interpreted with caution. However, recent shifts in the opioid market may also have played a role in this increase: while poly-drug use dominates, xylazine was identified in one fatality in 2022, and nitazenes appear to be involved in a number of fatalities from December 2022, when these substances first became detectable, and through the early months of 2023. National data also suggest that acute drug toxicity presentations involving potent synthetic opioids increased in 2022 in emergency services in Latvia¹².

Notably, heroin now plays a minor role – it was present in fewer than one in six overdose cases in Latvia and similar Baltic countries as of 2022. Instead, potent synthetic opioids such as illicit fentanyl and its analogues (e.g. carfentanil) have been major drivers of overdose deaths. A recent development is the emergence of nitazene opioids (a new class of synthetic opioids) since late 2022, which have been detected in about 29% of Latvia's overdose deaths in 2023¹³. Many fatalities involve polydrug toxicity – for instance, opioids mixed with other depressants or stimulants – making exact causes of death complex. *(In one 2022 case, the veterinary sedative xylazine was also found alongside opioids, highlighting evolving polydrug combinations.)*

⁸ https://www.euda.europa.eu/media-library/dashboard-prevalence-mdma-use-europe_en

⁹ https://www.euda.europa.eu/media-library/edr24/dashboard-prevalence-cocaine-use-europe_en

¹⁰ <https://eng.lsm.lv/article/society/society/08.05.2023-ltvs-de-facto-looks-at-latvias-drug-problem.a507684/>

¹¹ https://www.euda.europa.eu/publications/topic-overviews/drug-induced-deaths-faq/emerging-concerns_en

¹² https://www.euda.europa.eu/publications/european-drug-report/2023/drug-induced-deaths_en

¹³ https://www.euda.europa.eu/publications/topic-overviews/drug-induced-deaths-faq/emerging-concerns_en

Demographic profile of overdose deaths: Drug-related mortality in Latvia is highly skewed by gender and age. The vast majority of overdose victims are male (about 94% of cases)¹⁴. In terms of age, most deaths occur among young to middle-aged adults; in 2021, 82% of drug-induced death victims were between 25–44 years old, with relatively few cases in older age groups. This profile skews younger than in some Western European countries, where an aging cohort of opioid users has led to increasing overdose deaths among those 50 and older. In Latvia, the overdose crisis thus far has disproportionately affected younger adult males in their peak working years, which represents a significant loss of life and public health concern.

Comparison with EU and neighbours

In absolute terms, Latvia's overdose death counts have been lower than those of larger EU states, but they are comparable to its Baltic neighbours. In 2022 Latvia recorded 63 drug-induced deaths, versus 82 in Estonia and 87 in Lithuania. Given Latvia's smaller population, 63 deaths still translated to a high per-capita mortality rate (roughly 30+ per million), approaching the levels seen in Estonia – a country that for years had one of Europe's highest overdose death rates due to fentanyl use¹⁵. The steep increase to 130 deaths in 2023 suggests Latvia's drug-related mortality rate is now among the highest in the EU. For context, the entire EU (27 countries) reported an estimated ~6,400 drug-induced deaths in 2022; while most EU countries have stable or moderate overdose rates, the Baltic region stands out with significantly elevated rates. Notably, opioids are implicated in the majority of overdose deaths across Europe, and Latvia's recent experience reinforces this pattern with its surge largely driven by synthetic opioids.

Interpreting drug-related death statistics: why international comparisons are tricky

Understanding and comparing drug-related death statistics across countries is far more complicated than it might first appear. Although the EU Drugs Agency coordinates a common indicator for “drug-induced deaths,” there are significant differences in how countries collect, classify, and report this data, making direct international comparisons problematic.

One major difficulty lies in the case definitions and coding systems used. Most countries rely on the International Classification of Diseases (ICD) codes, but they do not always use the same versions or the same selection of codes when registering deaths as “drug-induced.” Some countries count any death where an illicit drug is mentioned, while others only count cases where a drug is the clear underlying cause of death. This alone can create substantial differences in the reported numbers (EUDA Statistical Bulletin 2023¹⁶).

There are significant variations in forensic and toxicology practices across Europe, largely due to differences in resources and methodologies. Countries with limited capacity for post-

¹⁴ https://www.euda.europa.eu/publications/european-drug-report/2023/drug-induced-deaths_en#:~:text=Slovakia%202021%2021%2061%2014,2021%200%20100%200%200

¹⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7337094/>

¹⁶ https://www.euda.europa.eu/data/stats2023/drd_en

mortem testing may fail to detect emerging synthetic drugs such as nitazenes or may misclassify deaths involving multiple substances. Additionally, changes in forensic approaches - such as adopting more advanced toxicological techniques or altering coding standards - can create artificial “spikes” or “drops” in drug-related death statistics that do not correspond to actual changes in mortality rates. These discrepancies complicate the accurate monitoring of drug-related deaths and the identification of new drug threats¹⁷.

Because of these challenges, the EUDA recommends that analysts and policymakers treat international rankings of drug-related mortality with caution. Rather than focusing on comparing one country to another, it is often more meaningful to track trends within a single country over time, using consistent methods and definitions. The EUDA advises that when comparisons are made, they should always clarify which ICD codes, age groups, and data statuses are being used, and note any changes in forensic practice or coding that could affect the figures¹⁸.

While it is tempting to look for simple rankings, drug-related death statistics are highly sensitive to definitions and practices that vary from place to place and year to year. To accurately assess the impact of drug policy or public health interventions, it is far safer to analyse a single country’s trend over time, keeping in mind any changes to how deaths are registered or reported.

Drug policy and legislation

Current legal status of cannabis: In Latvia, cannabis is illegal for both recreational and medical use (with very narrow exceptions for certain medical cannabis-derived products, discussed later). Cannabis and its derivatives (marijuana, hashish, THC etc.) are classified under List I of controlled substances¹⁹. The production, distribution, sale, and possession of cannabis are all unlawful, and there are criminal penalties stipulated for various drug offenses under Latvia’s Criminal Law (Krimināllikums).

However, Latvian legislation makes an important distinction based on the quantity of drugs involved and the intent. The law provides for lighter penalties (administrative, not criminal) in cases of small amounts intended for personal use. This approach is codified in two parallel legal frameworks: the Law on Administrative Liability (for minor offenses) and the Criminal Law (for more serious offenses).

The *Law on Administrative Liability*²⁰ of Latvia, includes several sections that regulate the possession, use, and handling of narcotic, psychotropic, toxic, and other intoxicating substances. While the law does not explicitly name cannabis or medical cannabis, its provisions apply to all substances classified as controlled under Latvian law.

¹⁷ https://www.euda.europa.eu/publications/technical-reports/analysis-post-mortem-toxicology-practices-drug-related-death-cases-europe_en

¹⁸ https://www.euda.europa.eu/publications/topic-overviews/drug-induced-deaths-faq/methodology_en

¹⁹ <https://likumi.lv/doc.php?mode=doc&id=50539>

²⁰ <https://likumi.lv/ta/id/303007-administrativas-atbildibas-likums>

Key provisions:

1. Exemption from liability in certain cases (Section 6, Paragraph 3):
A person is not held administratively liable if they voluntarily surrender a small quantity of narcotic, psychotropic, toxic, or other intoxicating substances, or if they turn to a medical institution for help due to the use of such substances. This provision emphasizes a harm-reduction approach, aiming to encourage individuals to seek help without the fear of administrative punishment.
2. Definitions related to intoxication (Section 4, Paragraph 4):
The law defines an *intoxicating substance* as any substance (including narcotic, psychotropic, toxic, or other substances) that causes intoxication. This broad definition ensures that the law can be applied flexibly to any substance capable of impairing mental or physical functioning, including cannabis.
3. Medical examination and influence determination (Section 12):
The law provides procedures for determining whether a person is under the influence of alcohol, narcotics, or other intoxicating substances. These procedures apply when administrative violations are suspected and may include medical testing.
4. Provisions on suspending from duties (Section 22):
If there are grounds to believe that a person is under the influence of narcotic, psychotropic, toxic, or other intoxicating substances, and the person is performing duties that may endanger the public (e.g., driving, operating machinery), an authorized official may temporarily suspend them from performing such duties. This suspension remains in effect until the person's condition is clarified, especially through medical testing.
5. Application of administrative liability for substance-related offences:
While the main law outlines the principles and procedures of administrative liability, specific offences and penalties for unlawful possession, use, or distribution of substances (including cannabis) are defined in sectoral laws and regulations - such as the *Law on the Procedures for the Coming into Force and Application of the Administrative Liability Law*, as well as the *Latvian Criminal Law* and *Cabinet Regulations* regarding controlled substances.

The main legal framework governing drug-related offenses is found in the *Latvian Criminal Law*²¹ (*Krimināllikums*), particularly in Chapter 20. The law sets clear distinctions between personal use, distribution, and activities involving larger-scale operations or organized crime.

1. Possession and use

Possessing, acquiring, storing, transporting, or transferring narcotic or psychotropic substances without the intent to distribute is considered a criminal offense. Depending on the circumstances, such as the amount and whether it was done alone or in

²¹ <https://likumi.lv/ta/id/88966-kriminallikums>

cooperation with others, penalties can range from fines and community service to up to 10 years of imprisonment. More severe punishments are applied when large quantities are involved or the offense is committed by a group.

2. Intent to distribute

Offenses involving the intent to distribute drugs are treated more seriously. This includes manufacturing, acquiring, or storing substances with the purpose of selling or otherwise distributing them. The penalties vary from 2 to 8 years of imprisonment, but in aggravated cases - such as distribution near schools, to minors, or involving organized groups - the sentence can go up to 15 years. Property confiscation and additional probation measures may also apply.

3. Small quantities and repeat offenses

The law also addresses cases involving small amounts of drugs. If a person is found in possession of a small amount and has previously received an official warning, they can still face criminal charges. Use of narcotic or psychotropic substances itself can also result in penalties. In such cases, the punishment may involve short-term detention, probation supervision, community service, or fines. If small amounts are involved but there is an intent to distribute, imprisonment of up to 3 years is possible.

4. Cultivation of drug plants

Growing plants that contain narcotic or psychotropic substances - such as cannabis - is also prohibited. Unauthorized cultivation is punishable by up to 2 years of imprisonment or other sanctions such as community service or fines.

5. Voluntary reporting and exemption from punishment

The law encourages individuals to voluntarily hand over substances or notify authorities. If a person reports possession or use of narcotic substances to prevent harm - such as during an overdose - they may be exempted from criminal liability. This provision aims to support harm reduction and increase cooperation with emergency and health services.

6. Other drug-related offenses

Additional provisions include penalties for coercing someone to use drugs, issuing false prescriptions, or administering substances against a person's will. These acts are criminalized and may lead to imprisonment depending on the nature and consequences of the offense.

In summary, Latvia's criminal law framework takes a firm stance on all aspects of drug use and distribution, with particular severity directed at cases involving distribution, especially to vulnerable populations or in high-risk environments. Latvia's legislation on cannabis can be characterized as prohibition with a small degree of leniency for minimal possession. The historical trajectory moved from an initial post-Soviet hardline (criminalizing everything) to adopting a partial decriminalization for tiny amounts (1 g) in the administrative code. Attempts to ease existing regulations - such as proposals to permit limited cannabis cultivation or broader decriminalization - have consistently failed. Latvia's drug legislation remains among the strictest in the European Union, in line with the country's continued commitment to a conservative and restrictive approach to drug policy.

Law enforcement and judicial approach

Drug offences are handled by the State Police (criminal police narcotics units) and Customs/ border guards. While large scale trafficking is the headline priority, possession still makes up the bulk of recorded crime: 907 possession/use related crimes were registered in 2021, with 872 unique defendants - many of them under 25. In earlier peak years (2015) 82 % of the 7 521 drug-law offences were for use/possession²².

Penalties for simple possession

- Up to 1 g of cannabis (and other amounts defined as “small”) → administrative warning or fine up to €280.
- Repeat within 12 months or quantities above the “small” limit → criminal offence punishable by 15 days to 3 months’ jail, community service or fine.
- Courts may waive punishment if the offender enters treatment, yet the EUDA notes Latvia still lacks a mechanism to supervise these alternatives²³.

Court practice

Statute allows up to three years in prison for personal use quantities above the threshold, but first time offenders without aggravating factors usually receive conditional (suspended) sentences, probation or community work rather than immediate custody.

Youth cases

Interior ministry data show that in the previous three year period some 15 to 17 year olds did receive sentences of up to three months’ imprisonment for repeat possession, a practice the current minister calls “undesirable” given the lack of rehabilitation facilities²⁴.

Public opinion trends

Latvians remain overwhelmingly sceptical about cannabis liberalisation, though the resistance has eased slightly in recent years. In the earliest widely quoted SKDS poll from July 2017, just 9 % of respondents supported legalising recreational cannabis and 84 % were opposed²⁵. Support edged up to 12 % in the agency’s June 2021 survey, while opposition fell to 83 %²⁶. The most recent published figures, from an SKDS poll conducted in July 2023 and reported

²² <https://likumi.lv/ta/id/336736-par-profilakses-pasakumu-un-veselibas-aprupes-pakalpojumu-uzlabosanas-planu-alkoholisko-dzerienu-un-narkotisko-vielu-lietosanas-izplatibas-mazinasanas-joma-20232025-gadam>

²³ <https://www.euda.europa.eu/system/files/publications/11338/latvia-cdr-2019.pdf>

²⁴ <https://bnn-news.com/decriminalisation-and-rehabilitation-is-latvia-ready-for-changes-in-drugs-policy-259076>

²⁵ <https://www.apollo.lv/6002680/aptauja-latvija-iedzivotaju-vairakums-neatbalsta-marihuanas-legalizaciju>

²⁶ <https://www.tvnet.lv/7305524/skds-katrs-desmitais-iedzivotajs-uzskata-ka-latvija-vajadzetu-legalizet-marihuanu>

that August, show backing at an all time Latvian high of 18 % with 75 % still opposed²⁷. SKDS has announced that the next survey will be released in summer 2025.

SKDS sociologists note a clear age gradient: younger adults are several times more likely than those over 50 to favour legalisation. Even so, the voting power of older cohorts keeps nationwide support well below the levels now seen in many Western European countries.

A broader Eurobarometer study released in November 2024 confirms that concern about drugs remains high across the European Union - and Latvia mirrors that mood. EU-wide, 60 % of respondents judged youth drug use a local problem and 41% named trafficking a “serious” issue²⁸. While the Commission has not published country tables, SKDS’s national series suggests Latvians score at or above the EU average on these questions, reinforcing the generally cautious public climate.

Political discourse: Parties calibrate their messages to that electorate. The conservative National Alliance and the agrarian populist Union of Greens and Farmers (ZZS) frame drugs as a public security threat; ZZS even issued an official statement in July 2024 opposing decriminalisation outright and urging more prevention instead²⁹. The governing centre right New Unity avoids the issue, emphasising prevention and public health rather than legislative change.

Only two parliamentary forces have embraced reform. The social-liberal Progresīvie have moved beyond preliminary discussions and, on April 14, 2025, officially decided to push ahead with a proposal to legalize medical marijuana - specifically in the form of capsules, extracts, and tablets - as part of Latvia’s healthcare system. The party plans to present the initiative to coalition partners within two weeks, aiming to negotiate a clear, internationally aligned regulatory framework that would allow doctors to prescribe cannabis-based medicines to patients. MP Mairita Lūse emphasized that for some patients with chronic pain, muscle spasms, or symptoms linked to multiple sclerosis and cancer, medical cannabis may be the most effective - or only - treatment option. The Progressives argue that the current prohibitive regulations drive patients to the black market, leading to unsafe and unregulated use. While State Police Chief Armands Ruks reiterated his opposition to marijuana legalization in general, he stated he would not object to a strictly medical use if experts supported it³⁰.

Within the liberal coalition Development/For!, physician MP Andris Skride argued back in 2019 that Latvia should “at least debate” regulated medical use, stressing a hard line against recreational markets³¹. While these blocs are still numerically small, they keep the topic alive in Saeima committees.

²⁷ <https://rus.tvnet.lv/7841709/opros-legalizaciyu-marihuany-podderzhivaet-pochti-kazhdy-pyatyy-latviec>

²⁸ https://home-affairs.ec.europa.eu/news/new-eurobarometer-survey-reveals-growing-concern-over-illicit-drugs-eu-2024-11-27_en

²⁹ <https://www.lsm.lv/raksts/zinas/latvija/23.07.2024-zzs-neatbalsta-aicinajumu-dekriminalizet-narkotiku-lietosanu.a562356/>

³⁰ https://www.baltictimes.com/progressives_to_continue_pushing_legalization_of_medical_marijuana/

³¹ <https://eng.lsm.lv/article/society/health/discussion-on-legalizing-medical-marijuana-should-take-place-politicians-say.a310089/>

Recent developments (2024²⁵): The debate moved from civil society circles into mainstream politics in 2024. On 18 July the interior minister, Rihards Kozlovskis, told Latvian Public Media³² that “the goal is not to punish” drug users and that police could support removing criminal liability provided prevention and treatment are strengthened. The Prosecutor General, Juris Stukāns, voiced similar views, warning that decriminalisation without investment in rehabilitation “would make things worse.”³³

In January 2025 the Health Ministry submitted draft amendments³⁴ that would exempt minors from criminal liability for drug use and channel them into treatment programmes; discussions on extending the same principle to adults are scheduled for the Saeima’s autumn session. Despite these signals, no party with a governing mandate has endorsed commercial legalisation, and ministers continue to stress a prevention first approach.

Implications for a prevention focused strategy: With three quarters of the population still opposed to full legalisation, prevention messaging resonates strongly with voters and policymakers alike. Officials who now entertain decriminalisation frame it strictly as a health measure aimed at early intervention, not as a step toward a retail market. For organisations that prioritise primary prevention while recognising the need for harm reduction services, current public opinion provides a supportive backdrop: the electorate is open to keeping young users out of jail and expanding treatment, but remains wary of normalising or commercialising drug use.

The pending 2025 SKDS poll will show whether the 18 % support recorded in 2023 was a temporary spike or the start of a gradual shift. Until then, Latvia continues to rank among the EU’s most drug sceptical societies, and political leaders are likely to advance only those reforms that can be presented as strengthening prevention and public health rather than liberalising the market.

Medical cannabis and harm reduction strategies

For most of the post Soviet period Latvia maintained that cannabis had no legitimate medical use and therefore excluded it entirely from prescribing. A cautious opening began only after 2017, when the State Agency of Medicines (Zāļu valsts aģentūra, ZVA³⁵) added the nabiximols spray *Sativex* to the national medicines register for the treatment of multiplesclerosis spasticity. No raw cannabis flower or oil is permitted; patients may obtain only those few cannabinoid products that have gone through the ordinary marketing authorisation route and are dispensed on a doctor’s prescription through pharmacies.

³² <https://www.lsm.lv/raksts/zinas/latvija/18.07.2024-iekšlietu-ministrs-narkotiku-lietotajus-varetu-nesodit-bet-jadoma-par-prevensiju.a561922/>

³³ <https://bnn-news.com/ministry-of-health-proposes-de-criminalising-consumption-of-narcotics-by-minors-264412>

³⁴ <https://bnn-news.com/ministry-of-health-proposes-de-criminalising-consumption-of-narcotics-by-minors-264412>

³⁵ <https://www.zva.gov.lv/en/patients-and-public/medicines>

Parliament signalled a further, still modest, shift in July 2023 by adopting at first reading amendments that simplify access to medicines containing controlled substances. Although the bill stops well short of a full medical cannabis programme, it would shorten administrative steps for doctors who wish to prescribe authorised cannabinoid preparations and it aligns Latvia with the 2022 EU directive on medicinal products. Government parties frame these changes as helping a *small group of patients with severe conditions* rather than as a step towards recreational liberalisation.

Latvia combines strict criminal penalties with a public health safety net for people who use drugs. The national drug strategy (2020-2027) continues to fund the two cornerstone interventions: needle and syringe programmes (NSP) and opioid agonist treatment (OAT).

Needle and syringe programmes. NSP services, introduced nationally in the early 2000s, now operate through fixed sites in the main cities and mobile units that cover smaller towns.

Opioid agonist treatment. The European Drug Report 2024³⁶ singles out Latvia as one of the EU member states where the availability of opioid agonist treatment (OAT) remains “low and insufficient” when compared with the estimated number of high-risk opioid users. Latvia is grouped with Lithuania, Poland, Romania and Slovakia in this regard, illustrating a regional capacity gap. The report also notes that, although the total number of OAT clients in Latvia stayed broadly stable between 2010 and 2022, this stability likely reflects the limited treatment capacity rather than having reached full coverage of those in need.

Recent developments and future outlook

In recent years, Latvia has been inching toward potential reforms in its drug policy, prompted by both internal and external factors. While no sweeping changes have taken effect yet, several developments indicate a possible shift in the near future:

- Policy proposals for decriminalization: As detailed earlier, by mid-2024 Latvia’s Ministry of Interior and law enforcement leadership publicly expressed support for decriminalizing drug use and possession of small amounts. In July 2024, Interior Minister Rihards Kozlovskis stated that the police are “*prepared to move forward*” with relieving users of criminal liability, so long as rehabilitation programs are in place³⁷. This is a significant development – essentially the ministry responsible for policing is advocating a change in the law. Following these statements, it is expected that the government will draft legislation to amend the Criminal Law and Administrative Violations Code. The likely change would be to remove the clause that makes a repeat offense within a year a criminal offense, thereby making possession of small quantities solely an administrative matter (even for repeat cases). Another change could be raising the threshold for “small amount” slightly (for example, from 1 g to a bit higher for cannabis), though there’s no confirmation of that yet.

³⁶ https://www.euda.europa.eu/publications/european-drug-report/2024/opioid-agonist-treatment_en

³⁷ <https://bnn-news.com/decriminalisation-and-rehabilitation-is-latvia-ready-for-changes-in-drugs-policy-259076>

- Investment in rehabilitation: The calls for decriminalization come with a stipulation: improving rehabilitation and treatment services. We can expect increased funding for addiction treatment programs and youth prevention if decriminalization moves ahead. For example, the government might establish more centers for adolescent drug users (addressing the Interior Minister's point that currently there's only one small youth facility). There is also talk of integrating social services so that individuals caught with drugs are guided into counselling or rehab rather than punished. This would mark a shift to a "therapy not penalty" approach.
- Medical cannabis considerations: While not on the front burner, discussions about medical cannabis are likely to resurface. If the decriminalization initiative (for users) progresses, it could open the door for Parliament to also consider a tightly regulated medical cannabis framework. This could involve formally allowing doctors to prescribe cannabis oil or dried cannabis for certain conditions and creating a system to import those products for patients. So far, though, in 2024 the Interior Minister noted medical marijuana is "not currently discussed in the government and is not on the agenda".