NEW PSYCHOACTIVE SUBSTANCE USE IN THE REPUBLIC OF ESTONIA

RESEARCH RESULTS

School of Law, Swansea University
& Eurasian Harm Reduction Association, 2021

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Contributions

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The School of Law, Swansea University, founded in 1920, is a public research university located in Swansea, Wales. The School of Law brings together the disciplines of Law and Criminology in a thriving academic environment, supported by staff with extensive real-world experience. More information is available on the website: https://www.swansea.ac.uk.

EHRA is a nonprofit public membership-based organization uniting and supporting 312 harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website: https://harmreductioneurasia.org/

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The views and opinion of the author presented in this report may not represent the views and opinions of the School of Law, Swansea University and the Global Challenges Research Fund.

CONTENTS

Abbreviations and Acronyms 5
Summary 6
Country overview 7

1 INTRODUCTION 9

2 THE LEGAL FRAMEWORK FOR THE CONSUMPTION, POSSESSION, AND TRAFFICKING OF PSYCHOACTIVE SUBSTANCES (INCLUDING NPS) IN THE REPUBLIC OF ESTONIA 10

2.1 Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof 11
2.2 Conditions and Procedure for Handling of Narcotic Drugs and Psychotropic Substances for Medical and Research Purposes, and Conditions and Procedure for Maintaining Records and Reporting in that Area and Schedules of Narcotic Drugs and Psychotropic Substances 12
2.3 The Estonian Penal Code 13

3 THE LEGAL FRAMEWORK FOR THE MEDICAL TREATMENT OF PWUD (INCLUDING NPS USERS) IN THE REPUBLIC OF ESTONIA 15

3.1 The National Health Plan 16
3.2 Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof 16
3.3 Mental Health Act 17
3.4 Public Health Act 17
3.5 Estonia's Drug Prevention Policy: the White Paper 17
3.6 Communicable Diseases Prevention and Control Act 18
3.7 Health Services Organization Act 18
3.8 Rehabilitation and addiction treatment for users of psychoactive substances during withdrawal and substitute treatment 20

4 ANALYSIS OF DESK RESEARCH RESULTS ON THE USE OF NPS AND THEIR RELATED RISKS IN THE REPUBLIC OF ESTONIA 21

4.1 Drug use among the general population 22
4.2 Drug use among young people 24

4.3 Estimated number of injecting drug users 24
4.4 Overdoses 25
4.5 HIV among key populations: PWID, SWs and MSM 25
4.6 Drug violations 27
4.7 Harm reduction services for key populations 28
4.8 Media 28

5 STRUCTURED INTERVIEWS WITH SPECIALISTS WORKING IN MEDICAL INSTITUTIONS AND ORGANIZATIONS PROVIDING HARM REDUCTION SERVICES FOR PWUD, AND FOCUS GROUPS WITH PWUD (INCLUDING NPS USERS) 30

5.1 The sample 31
5.2 NPS names 31
5.3 Relevance of NPS use in Estonia 32
5.4 Reasons for NPS use 34
5.5 People who use NPS 35
5.6 Routes of administration of NPS 37
5.7 Combination of NPS with other psychoactive substances and drugs 37
5.8 Ways to purchase NPS 37
5.9 NPS prices 38
5.10 Dosage and effects of NPS 38
5.11 Risks and consequences related to NPS use 38
5.12 Overdoses and responses to them 39
5.13 Treatment for NPS users 40
5.14 Harm reduction services for NPS users and the need for new approaches 44

6 CONCLUSIONS AND RECOMMENDATIONS 46

ABBREVIATIONS & ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EWS	Early Warning System
GBL	Gamma-butyrolactone
HIV	Human Immunodeficiency Virus
LSD	Lysergic Acid Diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MSM	Men who have sex with men
NIHD	National Institute for Health Development
NGO	Non-governmental organization
NPS	New psychoactive substances
NSP	Needle and syringe programme
OST	Opioid substitution treatment
PWID	People who inject drugs
PWUD	People who use drugs
SW	Sex worker

SUMMARY

The project "*New Psychoactive Substance Use in Kazakhstan, Kyrgyzstan, Georgia and Serbia*" was undertaken to generate a more accurate picture of the use of new psychoactive substances (NPS) in Kazakhstan, Kyrgyzstan, Georgia, Serbia, and additionally in Estonia, and Lithuania, to assess harm reduction and law enforcement responses to the emerging issues related to the use of NPS. In 2019, similar research was conducted in Belarus and Moldova.[2] Results from this project will supplement scarce international data on the use of NPS in these countries, present a more accurate picture of their use, and provide information to national civil society organizations for political advocacy.

The present report provides research results from Estonia. The study was conducted in partnership between the Eurasian Harm Reduction Association (EHRA) and the School of Law, Swansea University, and supported by the Global Challenges Research Fund. The Principal Investigator for the overall project was Dr. Rick Lines of the Swansea University School of Law, and the research methodology was reviewed and approved by the Ethical Review Committee at Swansea University. This report was prepared by the consultant researcher for this project, Villu Kangur. He was supervised by Eliza Kurcevič, Senior Program Officer at EHRA.

The study in Estonia was implemented in three stages:

Stage 1

- Desk research to collect data from the literature. Data sources included official reports, mass media, peer-reviewed publications and literature not indexed in medical databases, Internet reports, and documents from national government and regional/international organizations.
- Preparation of questionnaires for target respondents: individuals from relevant professional organizations/state bodies, based on the desk research, and people who use drugs (PWUD).

Stage 2

- Structured interviews and focus groups with key respondents.

Stage 3

- Analysis of all material collected, and preparation of recommendations for further action.

[2] https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/

COUNTRY OVERVIEW

The Republic of Estonia is a country on the eastern coast of the Baltic Sea in Northern Europe. It is bordered to the north by Finland across the Gulf of Finland, to the west by Sweden across the Baltic Sea, to the south by Latvia, and to the east by Lake Peipus and Russia. With a population of 1.3 million people, Estonia is one of the least populous members of the European Union.[3]

According to the general population study on drug use in Estonia[4] in 2018, 25% of people aged 16–64 have tried an illegal substance at least once during their lifetime, 7% within the last year, and 3% within the last month. Cannabis was the most commonly used drug, with 24% of the population having tried cannabis during their lifetime. In addition, the use of stimulants (e.g. amphetamine, ecstasy, and cocaine) was reported more frequently than that of other narcotic substances (amphetamine 6%, ecstasy 5%, and cocaine 5% lifetime use). While drug use, including cannabis use, was more common among people under the age of 35, more frequently among men, there was no difference between men and women in the youngest age group (16–24 years).

Estonia has a high prevalence of people who inject drugs (PWID), of whom about half are living with human immunodeficiency virus (HIV).[5] According to a study done between 2010 and 2015, there are an estimated 6,000 to 17,300 PWID.[6] In 2015 the prevalence of PWID was estimated to be 8,600.[7] Among key populations, the prevalence of HIV is 54% among PWID, 13% among prison inmates, 4% among men who have sex with men (MSM), and 13% among sex workers (SWs).[8,9]

Opioid substitution treatment (OST) with methadone has been available in Estonia since 1999. Currently OST is being offered in nine different institutions across the country (excluding prisons and detention centers, where methadone treatment is also available).[10] In 2018 there were 1,052 registered patients who received OST.[11] OST coverage remains low (under 20%).[12]

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[3] https://www.worldometers.info/world-population/estonia-population/
[4] https://intra.tai.ee/images/prints/documents/156697963610_Eesti_taiskasvanud_rahvastiku_uimastite_tarvitamise_uuring_2018_.pdf
[5] https://www.aidsdatahub.org/sites/default/files/resource/unaids-data-2018.pdf
[6] https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0289-3
[7] https://intra.tai.ee//images/prints/documents/157537619674_Olukord%202019_03.pdf
[8] Ibid
[9] https://www.terviseamet.ee/sites/default/files/Nakkushaigused/155730158275_hiv_nakkuse_ja_kaasuvate_infektsioonide_epidemioloogiline_olukord_eestis_2010_2018.pd.pdf
[10] http://www.emcdda.europa.eu/attachements.cfm/att_262028_EN_EE02_The%20clinical%20protocol%20of%20opioid%20addiction%20treatment%202013_substitute%20EE01.pdf
[11] https://intra.tai.ee//images/prints/documents/157537657873_NarkomaaniaRavijaRehabilitatsioon.pdf
[12] https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0259-1.pdf

Around 1.7 million syringes were distributed through needle and syringe programs in 2019: at 15 fixed sites (including one pharmacy), 19 outreach syringe program sites, and 2 mobile syringe buses.[13] This represented a decrease in the number of syringes distributed, which was attributed to changes in the drug market and the reorganization of databases.[14]

[13] Personal communication with the NIHD.
[14] Ibid

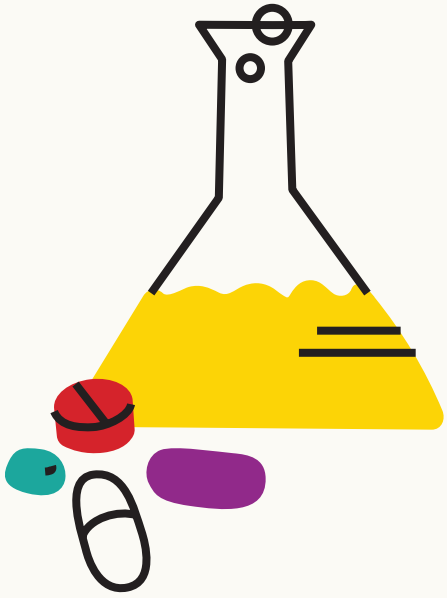
1. Introduction

NPS have been a prevalent topic of concern in Estonia since 2002, when there were first reports of fentanyl appearing on the Estonian drug market. Ever since, synthetic opioids have had a large impact on Estonian drug users, causing numerous overdoses and deaths over the years.

As fentanyl has been one of the most significant issues regarding narcotic substances in Estonia for almost 20 years, there is a general lack of information regarding other NPS–a lack of data about the prevalence, consumption, and trafficking of NPS. Between 2013 and 2015, synthetic cannabinoids–so-called "spices"–became popular among the younger generation due to their legal status. However, according to the respondents of this study, synthetic cannabinoids are extremely rare nowadays.

As a response to the emergence of NPS, in 2016 the Parliament of Estonia banned substances which incorporate substances with similar chemical structures (defined as "group-based scheduling"). Ethers, isomers, and salts of substances already included in the list of banned substances do not need to be added separately, thus making it possible to ban a whole group of substances at once. This also affected the NPS market by making all synthetic cannabinoids and fentanyl analogues illegal.
Besides fentanyl, cathinones, mostly alpha-PVP, are also prevalent on the Estonian drug market. Although cathinones are not a new substance in Estonia, they have become increasingly more available and better known within the last few years due to the decreased availability of fentanyl on the drug market. There is very little information about the use of cathinones, but according to the respondents who are working in harm reduction services, the behavior changes of drug users are becoming increasingly alarming, characterized by violent outbreaks, psychosis, and volatile behavior.
According to respondents' anecdotal data, there is possibly a new extremely potent synthetic opioid on the market called isotonitazene. There has been almost no information regarding this substance in the media or from official institutions, besides a brief mention on the website www.narko.ee managed by the National Institute for Health Development (NIHD), so it is difficult to assess how available and widespread it really is.
Existing anecdotal data from the community of PWUD show that NPS seems to be a prevalent issue of concern especially among PWID. All PWUD who do not inject drugs were certain that they had come into contact with NPS at some point, but very few had used them on purpose and knowingly. However, as there are very few data, and little research has been undertaken on this topic, it is very difficult to assess the current situation objectively.

This report provides a general overview of drug use (including NPS) in Estonia, as well as of the risks and consequences related to NPS use. It also reviews responses to the consumption of NPS and the needs of NPS users (regarding services that should be developed) in the area of harm reduction and treatment for NPS users. Finally, the document provides recommendations for decision makers and specialists in the field on how to improve responses to emerging NPS challenges.



2

2. The legal framework for the consumption, possesion and trafficking of psychoactive substances (including NPS) in Estonia

The main documents that regulate the handling (in this context, meaning the ownership, possession, mediating, consumption, cultivation, gathering, preparation, manufacture, processing, packaging, preservation, storage, loading, transport, exportation or importation, the application of the customs procedures for transit, and the provision of narcotic drugs or psychotropic substances to third persons for or without charge)[15] of psychoactive substances (including NPS that have been identified and included in the list of narcotic drugs, psychotropic substances, and their precursors and are thus subject to state control) are as follows:

2.1 Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof[16]

This document regulates the field of narcotics and psychotropic substances in Estonia. According to this law, unauthorized consumption of narcotic drugs or psychotropic substances without a prescription, or illegal manufacturing, acquisition or possession of small quantities of any narcotic drugs or psychotropic substances without intention to distribute it, is punishable by a fine of up to EUR1,200 (usually determined by the police) or administrative detention for up to 30 days. However, proceedings for misdemeanors may be suspended for reasons of expediency (for example, when there are cases with higher priority and there is a general lack of resources at the time). Any act of illegal possession or dealing in drugs not intended solely for personal use is considered a criminal offense, regardless of the type and amount of illicit drug; this is regulated by the Penal Code.

The Act defines a "large quantity" of a narcotic substance as: "*quantity of narcotic drug or psychotropic substance, plant or fungus which is sufficient for causing drug intoxication to at least ten people.*" Anything below these amounts is considered a "small quantity." The quantity considered "sufficient for causing drug intoxication to at least ten people" is defined for each drug separately, by the Estonian Forensic Science Institute.

Here are some of the quantities of different narcotic substances defined as sufficient enough to cause intoxication to at least ten people according to the Estonian Forensic Science Institute's acts on clinical toxicology:

- Amphetamine: 1.3 g
- Fentanyl: 1.3 mg
- Gamma-butyrolactone (GBL): 8 g
- GHB: 16 g
- Cocaine: 0.65 g
- Lysergic acid diethylamide (LSD): 1,630 µg; 10 blotters
- Cannabis: 7.5 g
- 3,4-methylenedioxymethamphetamine (MDMA): 1.4g.

Another important definition stated in this legal act is that for NPS. They are defined as: "*substances with psychoactive effect, which are not entered in the schedule established on the basis of subsection 31 (1) of this Act or which do not belong to the group of substances listed in the schedule.*"

Furthermore, the Act defines the institutions responsible for the identification of drugs, including NPS: "*Final identification of narcotic drugs, psychotropic substances and precursors, and new psychoactive substances is ensured by the state forensic institution.*"

Art. 10 of the Act on Narcotic Drugs and Psychotropic Substances and Precursors

[15] https://www.ravimiamet.ee/en/narcotic-drugs-and-psychotropic-substances-and-their-legal-han-dling#What%20are%20narcotic%20drugs%20and%20psychotropic%20substances%20and%20for%20which%20purposes%20can%20they%20be%20handled?

[16] https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/523012020001/consolide

thereof also explains the early warning system (EWS). It was created to follow the information on NPS, to assess the risks related to such substances, and to implement control methods and share information between international and national agencies. The EWS in Estonia is managed by the NIHD. The system was developed in 1997 by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol, and its basis is the governmental system of the corresponding country.[17] However, it should be mentioned that the EWS is in the process of being terminated due to underutilization. The reason for this underutilization is its poor structure.

The Act also defines different agencies with the right to submit data to the information system in Estonia:

- The State Agency of Medicines (data on medicinal products containing NPS)
- The Tax and Customs Board (data on the spread, names, users, and prices of NPS)
- The Ministry of Justice (data on the names, description, quantity, and manufacturing techniques of NPS)
- The Police and Border Guard Board (data on the spread, names, users, and prices of NPS)
- The Health Board (data based on information collected when advising individuals)
- The Ministry of Social Affairs (data based on the information received from Europol and the EMCDDA).

The data that need to be entered into the EWS comprise the information necessary for the identification of the substance, information regarding the handling, distribution and manufacturing of the substance, information on how the substance is used and its pharmacological effects, as well as proposals on how the handling restrictions of the substance are to be implemented.

2.2 Conditions and Procedure for Handling of Narcotic Drugs and Psychotropic Substances for Medical and Research Purposes, and Conditions and Procedure for Maintaining Records and Reporting in that Area and Schedules of Narcotic Drugs and Psychotropic Substances [18]

This regulation covers topics such as the handling of psychotropic substances for research and medical purposes, importation and exportation, general requirements for storage, maintaining of records of psychotropic substances, and reporting of substances subject to special recording. It also establishes schedules I–VI of narcotic drugs and psychotropic substances in Annex 1.[19]

Schedule I lists substances that are not used in medicine and whose handling is illegal (e.g. MDMA, LSD, heroin).

Schedule II comprises substances that have medical merit but are available only with special prescriptions (e.g. methadone, morphine).

Schedules III and IV comprise substances that are available with a regular prescription and contain narcotic or psychotropic substances (e.g. codeine, tramadol, diazepam).[20]

Schedule V comprises two substances: 1,4-butanediol (1,4-BD) and GBL. The reason for this separation is the fact that although these substances do not have any medical use, they are used in other fields of operation. For example, GBL is used as an intermediate in the production of other chemicals.[21]

It is important to note that in addition to the narcotic substances specified in schedules I–V, as of 14 May 2016, 15 new groups of substances were added as schedule VI, which incorporates substances with similar chemical structures. Substances and their different ethers, isomers, and salts that belong to schedule VI do not need to be added to any other list separately.[22] So, for example, as schedule VI includes the group “cathinones,” there would be no need to

[17] https://www.emcdda.europa.eu/system/files/publications/449/EWSguidelines2_98082.pdf
[18] https://www.riigiteataja.ee/en/eli/ee/SOM/reg/508102014002/consolide
[19] https://www.riigiteataja.ee/aktilisa/1210/1202/0013/SOM_m1_lisa1.pdf#
[20] https://www.kliinik.ee/haiguste_abc/narkootilised-ained/id-1182
[21] https://osale.ee/konsultatsioonid/files/consult/267_NPALSi%20valjatootamiskavatsus.pdf
[22] https://www.riigiteataja.ee/oigusuudised/eelvaadeSeadusUudis/1557#1

add methylone, alpha-PVP, or other potential analogues separately to any other list. This makes it possible to limit the handling, use, and distribution of NPS more effectively and quickly than before. Schedule VI includes, for example, fentanyl derivatives (e.g. 2,3-seco-fentanyl and carfentanil), cathinones (e.g. methcathinone (CAT) and mephedrone, 4-methylmethcathinone (4-MMC)), and tryptamines (e.g. alpha-methyltryptamine (AMT) and 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)).

Some of the substances appear on two lists at the same time—for example, fentanyl is on both schedule II and schedule VI. This is because fentanyl was added to schedule II before schedule VI was introduced. Schedule II covers only one form of fentanyl, whereas schedule VI includes both fentanyl and all of its analogues. The same logic also applies to other substances that have been added to different lists.

2.3 The Estonian Penal Code[23]

Chapter 12 of the Estonian Penal Code is called "Offenses Against Public Health." Division 1 of the chapter defines "Offenses Relating to Narcotics." This legislation lays the grounds for punishments regarding handling and production of narcotic and psychoactive substances in small and large quantities with intent to distribute them:

- According to **Art. 183**, the handling of small quantities of narcotic substances is punishable by a pecuniary punishment or up to 3 years of incarceration. When the same act is committed by a person who has previously committed a criminal offense related to narcotic substances or a criminal grouping, it is punishable by a pecuniary punishment or up to 5 years of incarceration.
- According to **Art. 184**, the handling of large quantities of psychoactive substances is punishable by 1–10 years of imprisonment. When the same act is committed by a person who has previously committed a criminal offense related to narcotic substances or a criminal grouping, it is punishable by 3–15 years of incarceration.
- According to **Art. 188**, the illegal cultivation of marijuana, coca shrubs, or poppy can lead to a pecuniary punishment or up to 5 years of incarceration.
- According to **Art. 189**, the preparation of psychotropic substances or narcotic drugs with the intention of distribution is punishable by a pecuniary punishment or up to 5 years of incarceration.

The Penal Code also covers other acts relating to psychotropic substances or narcotic drugs such as providing drugs to minors and inducing people (adults and minors viewed separately) to use drugs.

It is important to note that as of 2002 the consumption, possession, illegal manufacture, and acquisition of small quantities of narcotic substances without the intention of trafficking or selling them is considered a misdemeanor and is not a criminal offense,[24] with the maximum possible punishment being a fine of up to 300 fine units, one fine unit being 4 EUR. According to the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof, detention is also possible for possession of small quantities without intent to sell, but this is very rarely used.

In 2015 around 80–90% of the punishments for possession of small quantities of drugs without intent to sell were fines (average fine for cannabis: 80 EUR; for other substances: 100 EUR), and 10–20% were arrests, with the average length of detention being 10 days.[25]

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[23] https://www.riigiteataja.ee/en/eli/522012015002/consolide
[24] https://www.narko.ee/olukord-eestis/eesti-seadusandlus/
[25] https://www.just.ee/sites/www.just.ee/files/jako_salla.pdf

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3

3. The legal framework for the medical treatment of PWUD (including NPS users) in the Republic of Estonia

There are a number of documents that regulate how the right to health of PWUD and other affected key populations should be met in Estonia. Most of them are laws and acts that include addiction treatment and medical care. There are no specific plans or acts related specifically to NPS.

3.1 The National Health Plan[26]

The National Health Plan 2009–2020 defined the main objectives in the area of drug treatment. Treatment in the public sector is funded by the state budget allocated by the Ministry of Social Affairs. Almost half of the budget allocated for drug treatment funds OST, with the rest allocated to detoxification and drug-free programs. This is in addition to health care services funded by the National Health Insurance Fund. Some larger municipalities also fund drug treatment. Traditionally, drug treatment in Estonia is provided through health care institutions that have a license for the provision of psychiatric services, which need to obtain a license for mental health services to provide inpatient and outpatient treatment for dependency.

In 2020 the new National Health Plan for 2020–2030[27] was developed, but it has not yet come into force. According to this plan, the main priorities regarding narcotic and psychotropic substances are:

- lowering the consumption of narcotic substances among minors through the further development of preventive interventions;
- reducing the harms related to substance abuse and preventing overdose deaths;
- raising the overall quality of different services directed towards PWUD and integrating these services with each other;
- increasing awareness about narcotic substances among different risk groups; and
- offering different health care and social services to PWUD as an alternative to punishment.

3.2 Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof[28]

The Act on Narcotic Drugs and Psychotropic Substances and Precursors not only regulates the possession of small amounts of drugs and defines "large quantities" but also explains some of the aspects of the organization of support to PWUD, and how data on drug addiction should be collected in Estonia.

According to Art. 12, rehabilitation and social assistance offered to PWUD suffering from drug addiction shall be organized by the Government of Estonia and local city governments. Art. 11 mentions that voluntary drug addiction treatment procedures are prescribed in the Mental Health Act, which will be reviewed in the next chapter. Art. 11 also mentions that the hospitalization of PWUD who are dangerous to themselves or others due to a mental disorder shall be effected pursuant to legislation regulating mental health care, regardless of their wishes.

The Act also has a separate article (11^1) which regulates the drug treatment register. It is designed to analyze the prevalence of drug addiction, evaluate different treatment and diagnostic methods and their efficiency, prevent the spread of substance addiction and abuse, assist in the development of health policies, organize scientific research, and analyze statistics, including epidemiological research. The data that should be entered in the drug treatment register are general data on the health care provider and patient, and data on

[26] https://www.tai.ee/images/PDF/Rahvastiku_tervise_arenguka-va_2009-2020.pdf
[27] https://www.sm.ee/sites/default/files/content-editors/Tervishoid/rahvatervis/rta_2020-2030.pdf
[28] https://www.riigiteataja.ee/en/eli/ee/Riigik-ogu?act/523012020001/consolide

the patient's drug treatment, related infectious diseases, and risk behavior.

As of March 2019, according to the statutory change of the drug treatment database ruling, the information to be entered in the database was changed, and more fields for the information to collect were added. These changes make it possible to ensure the accuracy of data collected and allow an opportunity to align and associate the different aspects via the personification of information. This also ensures more effective communication between the doctor and the patient, as the doctor has access to the patient's past history regarding the use of narcotic substances.[29] An organized and integrated database can give a clearer picture of the spread of addiction in Estonia and provide the information and statistics necessary to forecast the volume of services needed in the future. According to Art. 11[1], it is believed that this is an efficient way to enhance the quality of treatment and services directed towards PWUD.[30]

3.3
Mental Health Act [31]

The Mental Health Act regulates the procedures and conditions for the provision of psychiatric care and the relationships with other health care institutions. The Act itself does not mention anything concrete about drug use and treatment related to it; however, if someone who uses drugs also has mental health issues, they shall be treated according to the procedures regulated by this law. This is especially important when we speak about NPS, since their use can lead to several mental disorders (such as psychosis, paranoia, schizophrenia, etc.).

3.4
Public Health Act [32]

As stated in the Act, its purpose is "*to protect human health, prevent diseases and promote health, which is to be achieved through the performance of duties by the state, local governments, legal persons in public law, legal persons in private law and natural persons, and through the system of national and local measures.*" In short, it states that the health of all individuals should be ensured and safeguarded by the State and its mechanisms.

This Act briefly mentions "risk groups" in the context of promoting health and preventing illness; this would also cover PWUD and people who have been diagnosed with HIV and AIDS. It would include services directed at changing people's habits, offering appropriate support services, and implementing methods for reducing potential risks that could lead to substance abuse.

3.5
Estonia's Drug Prevention Policy: the White Paper [33]

Since 1997, efforts to reduce drug abuse have mostly been based on national programs and strategies. The last national program, the National Strategy for the Prevention of Drug Abuse (*Narkomaania ennetamise riiklik strateegia*–NERS), lasted until 2012; even though many of the goals were achieved, it was concluded that the program did not manage to attain the expected results: to reduce the prevalence of and demand for narcotic substances, and create an effective treatment and rehabilitation system for users, which would reduce the harms and damages associated with substance abuse. The main reasons for this were a lack of human and financial resources, and issues with collaboration among different agencies and parties.[34]

After the National Strategy, the planning of prevention methods regarding drug abuse was added to the National Health Plan (*Rahvastiku tervise arengukava*–RTA) managed by the Ministry of Social Affairs. Since 2013, the National Health Plan has been the basis for the reduction of substance abuse and the harms related to it in Estonia.

In 2012 the Estonian government established a drug prevention commission with the aim to guide and target the prevention of drug use and the availability of narcotic substances on

[29] https://www.tai.ee/et/tegevused/registrid/narkomaaniaravireg-ister
[30] https://www.tai.ee/images/PDF/Juhend_narkoravi_andmekogu_andmete_esitajatele.pdf
[31] https://www.riigiteataja.ee/en/eli/507112013006/consolide
[32] https://www.riigiteataja.ee/en/eli/ee/502122013002/consolide
[33] https://www.siseministeerium.ee/sites/default/files/dokumendid/Ennetus/white_paper_on_drug_policy_estonia_2014.pdf
[34] Ibid.

a national scale. In 2014 the drug prevention commission ordered the creation of the Estonian Policy for the Reduction of Substance Abuse (also known as the "White Paper") as an addition to the National Health Plan. This document lays the groundwork for the specific goals, guidelines, and policies that are applied to prevent substance use, reduce the prevalence and availability of narcotic substances, and provide care for people who are addicted to narcotic substances. The White Paper applies equally to the National Health Plan's drug prevention strategies and to development plans in other relevant fields.[35,36]

The White Paper has three main pillars with different subsystems regarding harm reduction:

- reducing the availability of psychoactive substances;
- preventing the initiation of drug use (a universal or primary prevention system, an early recognition and intervention system); and
- helping PWUD (harm reduction, addiction treatment and rehabilitation, social reintegration, monitoring).[37]

All of the pillars are in line with the principles of the drug prevention policy, which are:

- prevention of drug use is more effective than reacting to the consequences of drug use;
- granting treatment to people who are addicted to drugs is a more effective method than punishing them;
- harms related to both legal and illegal substances are connected;
- favoring knowledge-based and evidence-based approaches and methods;
- the individual's privacy needs to be ensured during treatment; and
- services related to harm reduction and addiction treatment are voluntary.

The White Paper is no longer valid today, and a new policy paper is currently being elaborated.[38]

[35] https://www.terviseinfo.ee/et/valdkonnad/narkomaania/narkomaania-ennetamise-riiklik-poliitika
[36] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[37] https://www.siseministeerium.ee/sites/default/files/dokumendid/Ennetus/white_paper_on_drug_policy_estonia_2014.pdf
[38] Personal communication with the NIHD.

3.6 Communicable Diseases Prevention and Control Act [39]

In Art. 20 there is a brief mention of AIDS in the context of the Estonian communicable diseases register, which outlines the necessary data to be added when registering a patient who has tested positive for AIDS. The aim of this register is to record cases of communicable diseases, to determine the tendencies of their spread, prevent communicable diseases, organize control and health services, develop health policy, analyze morbidity and transmission rates, evaluate the diagnostics and treatment, and organize statistics and scientific research, including epidemiological research.

Chapter 2, "Provision of Medical Care to Persons Suffering from Communicable Diseases," contains details regarding the process for treating individuals with communicable diseases. It also includes people living with HIV who also have hepatitis C.

3.7 Health Services Organization Act [40]

This Act is very broad and provides information on how health services should be organized, what requirements are applied, financing, etc. From the perspective of drug addiction treatment, this Act should be mentioned because it states that, in some cases, instead of imprisonment, a person may receive drug addiction treatment for 9 months, financed from the state budget through the Ministry of Justice (Art. 52). To apply this clause, the person needs to give their written consent following an explanation of all the potential impacts of the treatment: "*If a convicted offender consents to complex treatment of sexual offenders or addiction treatment of drug addicts according to § 69² of the Penal Code, the state shall bear the costs of complex treatment and addiction treatment of the convicted offender with the duration of nine months according to clause.*" Article 69² of the Estonian Penal Code[41] explains when a person can receive drug addiction treatment instead of imprisonment: "*The court may substitute the imprisonment by*

[39] https://www.riigiteataja.ee/en/eli/ee/522122016003/consolide
[40] https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/518052020003/consolide
[41] https://www.riigiteataja.ee/en/eli/522012015002/consolide

The White Paper has three main pillars with different subsystems regarding harm reduction:

- reducing the availability of psychoactive substances;
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- helping PWUD (harm reduction, addiction treatment and rehabilitation, social reintegration, monitoring).

treatment if the person has been imposed an imprisonment of six months up to two years for an act they have committed due to a treatable or controllable mental disorder and for drug addicts who have committed an offense due to drug addiction."

3.8 Rehabilitation and addiction treatment for users of psychoactive substances during withdrawal and substitute treatment [42]

The national clinical protocol on substitution treatment of opioid addiction has been divided into two separate units regarding treatment with medication that contains opioids: for aversion therapy and for substitution therapy. An updated clinical protocol was published in January 2020.[43]

Aversion therapy with medication containing opioids is applicable in hospitals with licenses for psychiatric care that meet certain special conditions (trained personnel, separate room or unit). It is also mentioned that the medication is administered orally under the supervision of a doctor or a nurse in a separate room, to ensure the safety of the personnel and prevent the medication from getting into the hands of other people. The conditions for take-home prescriptions are also described.

Similar conditions also apply to substitution therapy, with regular assessment by a psychiatrist needed every 6 months for continuation of treatment.

[42] https://www.riigiteataja.ee/akt/87641

[43] Personal communication with the NIHD.


21

4. Analysis of desk research results on the use of NPS and their related risks in the Republic of Estonia

4.1 Drug use among the general population

According to the general population study on drug use in Estonia in 2018,[44] 25% of people aged 16–64 years have tried an illegal substance within their lifetime, 7% within the last year, and 3% within the last month. Drug use was most prevalent among men under 35 years of age, with 58% having tried narcotic substances during their lifetime. Among women in the same age group, the number was 42.4%. In a younger age group (16–24 years) there were no major differences between men and women in terms of drug use, with 43.2% of men and 41.8% of women having tried narcotic substances.[45] When comparing the data from 2008 and 2018, there is a noticeable difference in the number of people who had tried drugs over those 10 years (**see Table 1**). Interestingly, the rate of drug use rose in all the age groups, except among those aged 16–24, where drug use declined by nearly 10% among men and rose by nearly 6% among women.[46,47]

The available data[48] indicate that cannabis remains the most commonly used illicit drug among those aged 15–64 years in Estonia, and its use is concentrated among young people, with males generally reporting cannabis use more frequently than females. Among those aged 16–24 years, 43.2% of men and 40.5% of women had tried cannabis (**see Figure 1**). Among those aged 25–34 years, 58% of men and 42.1% of women had tried cannabis. Amphetamines were the most commonly used stimulants among adults in 2018, tried by 6.1% of the respondents (**see Figure 2**).

According to the general population study on drug use in Estonia in 2018, 1% of the whole selection had consciously tried NPS, while 3% had some doubts but could not claim for certain that it had been an NPS. NPS use was most prevalent among males aged 25–34 years (4%). In 2018 the prevalence of NPS use was 0.4%. The substances were mostly received from friends, a special e-store, or the dark web, at a festival or concert, or from a street dealer.[49]

TABLE 1

Prevalence of drug use among different age categories and sex, 2008 and 2018

	2008		2018	
	Men	Women	Men	Women
16-24 years	53%	36%	43.2% **(-9.8%)**	41.8% **(+5.8%)**
25-34 years	48%	25%	58% **(+10%)**	42.4% **(+17.4%)**
35-44 years	23%	6%	38.3% **(+15.3%)**	28.9% **(+22.9%)**
44-55 years	11%	2%	20.3% **(+9.3%)**	4.2% **(+2.2%)**

[44] https://intra.tai.ee/images/prints/documents/156697963610_Eesti_taiskasvanud_rahvastiku_uimastite_tarvitamise_uuring_2018_.pdf
[45] Ibid.
[46] https://www.etis.ee/Portal/Publications/Display/9559ec86-a1a7-48a4-91d2-22338ab243fe
[47] https://intra.tai.ee/images/prints/documents/156697963610_Eesti_taiskasvanud_rahvastiku_uimastite_tarvitamise_uuring_2018_.pdf
[48] Ibid.
[49] Ibid.

FIGURE 1

Drug use during one's lifetime, within the last month, and within the last year, by gender and age

(*Source: Vorobjov S., M. Salekešjn, and K. Vals. 2019. Study of drug use among Estonian adult population. Tallinn: National Institute of Health Development*)

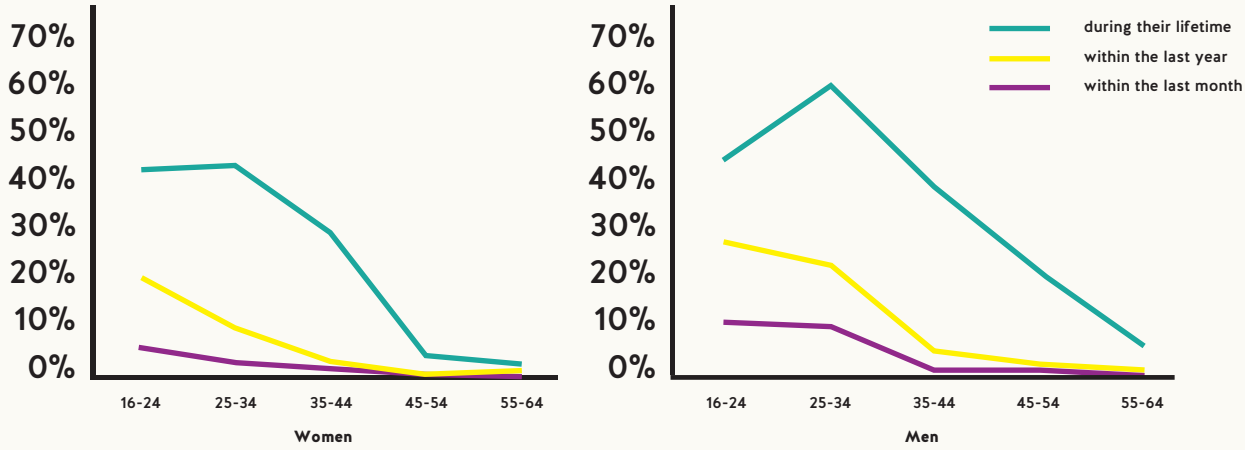
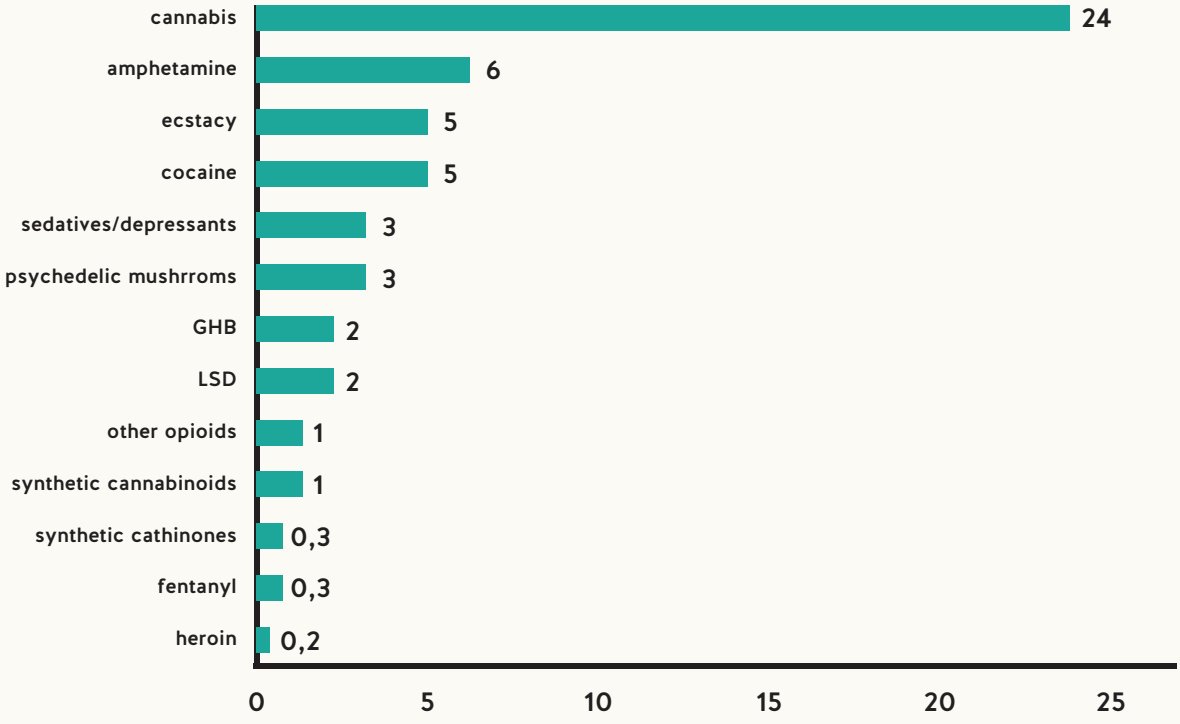


FIGURE 2

Lifetime drug use, %

(*Source: Vorobjov S., M. Salekešjn, and K. Vals. 2019. Study of drug use among Estonian adult population Tallinn: National Institute of Health Development*)



4.2
Drug use among young people

Drug use among students aged 15–16 years is reported by the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Estonia since 1995.

According to the 2019 ESPAD study,[50] lifetime illicit drug was higher in Estonia than the ESPAD average for all drugs studied (cannabis, ecstasy, amphetamine, methamphetamine, etc.), except heroin. Students in Estonia and Latvia had the highest rates of lifetime use of ecstasy and LSD or other hallucinogens: 5%, compared to the average ESPAD rate of 2.1%.

The prevalence of NPS use among Estonian students was the highest of all ESPAD countries: 6.6%, compared to the average ESPAD rate of 3.4%. In the ESPAD study there was no information about the use of synthetic cannabinoids or synthetic cathinones among Estonian students. The long-term trend indicates signs of lower use of alcohol, tobacco, and cannabis (25% vs. 20%) among Estonian students when compared to the ESPAD study of 2015. Lifetime use of NPS has also declined when compared to the ESPAD study of 2015 (from 10% to 6.6%). However, according to the data, the prevalence of illicit drug use and lifetime use of tranquillizers or sedatives without a doctor's prescription and lifetime use of illicit drugs other than cannabis has increased when compared to the results of the 2015 ESPAD study (lifetime use of tranquillizers without a prescription: 9% vs. 15%; lifetime use of illicit drugs other than cannabis: 5% vs. 9%).[51,52]

Drugs are being tried most often at the ages of 14 and 15, and the most prevalent drugs are cannabis, inhalants, poppers, ecstasy, and amphetamine.[53]

4.3
Estimated number of injecting drug users

In 2015 there were an estimated 8,600 PWID aged 15–44 years in Estonia.[54] Data from treatment centers in Estonia indicate that opioids (mainly illicit fentanyl or 3-methylfentanyl) were the most commonly ingested primary substances for clients entering treatment for the first time in 2016.[55] Nearly 70% of all opioid users reported injecting as their main route of administration. Women account for approximately 20% of treatment clients, but the proportion of female treatment clients varies by the type of program and illicit drug used.[56]

The prevalence of "hard drugs" such as opioids (fentanyl, heroin) within the general population might be underestimated, since the questionnaire sent by post will not reach people who do not have a fixed address or an official, registered place of habitation, as these people are statistically more likely to use more potent psychoactive substances.[57]

According to a study conducted in 2016, there were 840 patients who received methadone treatment at different treatment centers around Estonia. A quarter (26%) of the patients were women, and 74% were men, with an average age of 35 years. The vast majority (87%) of the patients were PWID. The most commonly used drug was fentanyl (67%) or some other opioid. Around 81% of the patients had been tested for HIV during their lifetime, with 76% having tested positive for HIV, 83% for hepatitis C, and 62% for hepatitis B.[58]

In 2018, 1,052 patients received OST. In stationary rehabilitation there were 209 adults and 14 minors, and in stationary withdrawal therapy there were 155 adults and 151 minors.[59]

According to HIV prevalence studies among

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[50] http://www.espad.org/sites/espad.org/files/2020.3878_EN_04.pdf
[51] http://www.espad.org/report/country-summaries#estonia
[52] http://www.espad.org/sites/espad.org/files/2020.3878_EN_04.pdf
[53] https://intra.tai.ee/images/prints/documents/134753877491_Uimastite_tarvitamine_koolinoorte_seas_est.pdf
[54] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[55] Ibid.
[56] Ibid.
[57] https://intra.tai.ee/images/prints/documents/156697963610_Eesti_taiskasvanud_rahvastiku_uimastite_tarvitamise_uuring_2018_.pdf
[58] https://intra.tai.ee//images/prints/documents/154201655310_Metadoonasendusravil_olevad_kliendid_ja_nende_ravij2rgimus_2016.pdf
[59] https://intra.tai.ee/images/prints/documents/157537657873_NarkomaaniaRavijaRehabilitatsioon.pdf

PWID, it can be claimed that the average age of PWID in Estonia has been on the rise each year, as has the length of their drug use. Depending on the part of the country, the most prevalent injected drugs are fentanyl, alpha-PVP, and amphetamine. Within recent years the prevalence of fentanyl has declined, and the most commonly injected drug has been amphetamine. Due to the low availability of fentanyl, the prevalence of cathinones has also been on the rise ("bath salts," alpha-PVP).[60,61]

> **The most commonly used drug was fentanyl (67%) or some other opioid ... Depending on the part of the country, the most prevalent injected drugs are fentanyl, alpha-PVP, and amphetamine.**

4.4 Overdoses

Between 1999 and 2012 there were 1,118 deaths related to overdoses in Estonia. When compared to other members of the European Union, the death rate was exceptionally high among youth and men aged 15–39. The average age of users who died due to an overdose has been rising constantly, from 24 years in 2002 to 31 years in 2012.[62]

In 2013, 85% of all deaths related to overdose were attributed to fentanyl or 3-methylfentanyl, and it can be assumed that these were most likely long-term users. Under 8% of all PWID had been injecting for less than 3 years.[63]

The Tallinn City Emergency Medical Services reported 1,203 cases of overdose in 2016, and 1,396 cases in 2017. This increase was most likely due to the arrival of new extremely potent fentanyl analogues on the Estonian drug market (carfentanil, acrylfentanyl, furanulfentayl). Most of the cases of overdose and drug-related acute emergencies in Estonia relate to the use of opioids—mainly fentanyl and its analogues. In 2017 there were 110 deaths related to drug use.[64]

In 2017, 110 deaths related to drug overdoses were reported. Most of these deaths were due to synthetic opioids such as fentanyl (28 cases of fentanyl only) and carfentanyl (15 cases). Although the average age of drug-related deaths has been increasing in recent years, one fifth of the victims were under 25 years old. When compared with 2016, the deaths related to overdoses were more widely spread throughout the country, as usually most of the deaths take place in Tallinn or eastern Estonia. The rate of drug-related deaths among adults aged 15–64 years was 130 deaths per million in 2017, compared to the European average of 22 deaths per million.[65]

In 2018 the number of deaths related to drug overdoses fell significantly to 39, from 110 in 2017. The main factors contributing to this decrease were identified as decreased availability of fentanyl due to many successful police confiscations, wider use of the naloxone program, and the beginning of a new support program called SÜTIK.[66]

According to the Estonian Health Statistics and Health Research Database, there were 27 deaths related to drug overdoses in 2019, which shows a decline in the number of drug-related deaths compared to 2016 and 2017.[67]

4.5 HIV among key populations: PWID, SWs and MSM

According to official data, as of 2019 a total of 10,079 cases of HIV had been diagnosed, of which 178 were diagnosed in 2019.[68] The proportion of women among those testing positive for HIV has been on the rise—from 20% in 2001 to 37% in 2019.[69]

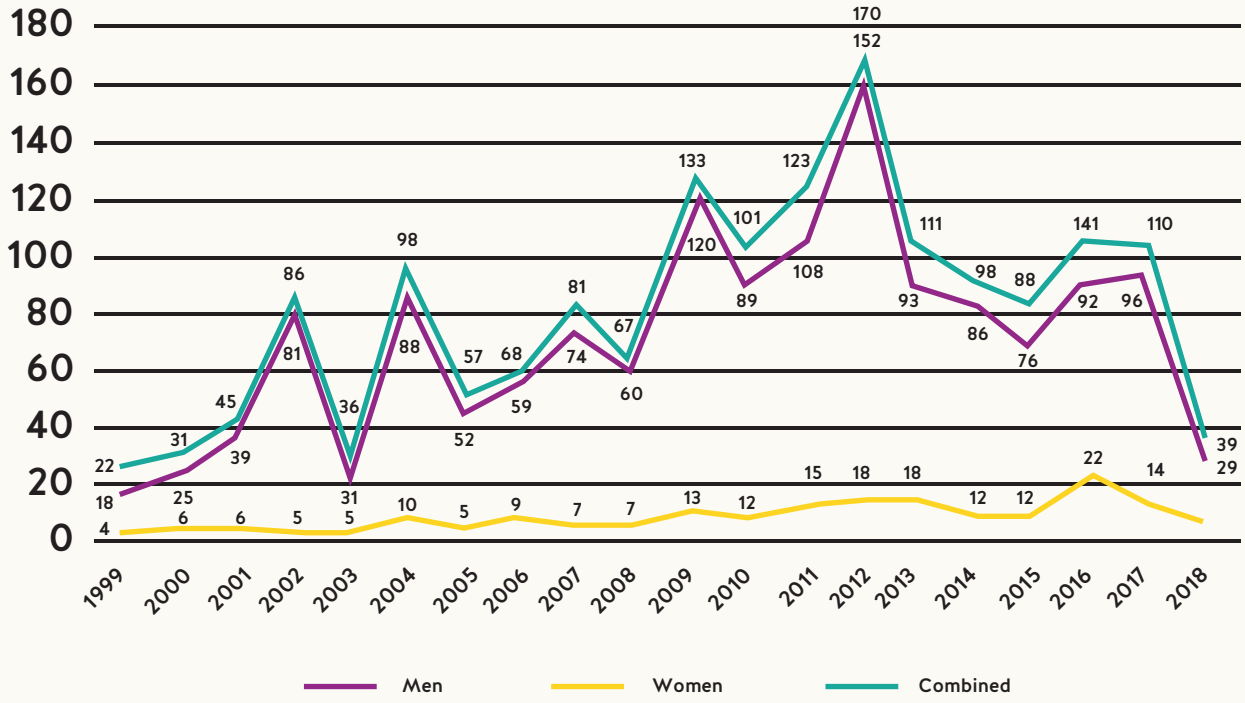
In 2019 most of the new cases of HIV came through heterosexual transmission (45%),

[60] https://intra.tai.ee//images/prints/documents/157537619674_Olukord%202019_03.pdf
[61] https://intra.tai.ee/images/prints/documents/157537657873_NarkomaaniaRavijaRehabilitatsioon.pdf
[62] https://www.siseministeerium.ee/sites/default/files/dokumendid/valge_raamat.pdf
[63] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[64] Ibid.
[65] Ibid.
[66] https://www.terviseinfo.ee/et/valdkonnad/narkomaania/narkomaania-ennetamise-riiklik-poliitika
[67] https://statistika.tai.ee/pxweb/et/Andmebaas/Andmebaas__01Rahvastik__04Surmad/SD41.px/chart/chartViewBar/

FIGURE 3

Deaths due to drug-related overdoses 1999-2018

(*Source: National Institute for Health Development. 2019. Estonian Causes of Death Registry*)



injecting drug use (11%), and homosexual transmission (9%). The route of transmission for the remaining 35% of cases remains unknown. There is a lack of data regarding the prevalence of HIV among MSM, but it is estimated to be around 2–4%.[70] However, according to UNAIDS data for 2019, HIV prevalence among MSM is believed to be 5.5%, and 58.8% of HIV-positive MSM know their HIV status.[71] The data regarding SWs are also scarce and possibly outdated: according to different studies in 2011 and 2016, the prevalence of HIV among SWs is thought to be around 6–8%.[72]

The annual number of new cases of HIV infection attributed to injecting drug use has also fallen since 2010, from 118 in that year to 14 in 2017. Nevertheless, the rate of newly diagnosed cases of HIV infection among PWID in Estonia remains one of the highest in Europe. Regional studies carried out among PWID indicate a high prevalence of all drug-related infectious diseases among this group, with more than half infected with HIV.[73] Depending on the region, 60–90% of injecting drug users are hepatitis C antibody positive. During their lifetime, over half of PWID have used a previously used needle. The use of a previously used needle within the previous 4 weeks varies by region but has been on the decline. Even though the spread of HIV remains high among PWID, their awareness of their health status has been increasing: 72.6% of HIV-positive PWID were aware of their diagnosis as of 2019.[74,75]

[68] https://www.terviseamet.ee/et/nakkushaigused-menuu/tervishoiutootajale/nakkushaigustesse-haigestumine/hiv-ja-aids
[69] https://intra.tai.ee//images/prints/documents/1591699621111_HIV_2010_2019.pdf
[70] Ibid.
[71] https://www.aidsdatahub.org/sites/default/files/resource/unaids-data-2019.pdf
[72] https://intra.tai.ee//images/prints/documents/1591699621111_HIV_2010_2019.pdf
[73] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[74] https://intra.tai.ee//images/prints/documents/1575376196741_Olukord%202019_03.pdf
[75] https://www.aidsdatahub.org/sites/default/files/resource/unaids-data-2019.pdf

4.6
Drug violations

In 2019 there were 1,536 new drug-related criminal offenses in Estonia. As can be seen in **Table 2**, there seems to be a rising trend in the unlawful handling of small quantities. A similar trend can be seen in the provision of drugs to people under 18 years of age. This could indicate that the availability of drugs among teens and children is currently on the rise.[76]
Compared to the previous 2 years, the handling of large quantities of psychoactive substances or narcotic drugs has declined slightly.[77]
Of all the people found guilty of drug-related offenses, 45% served time in prison, 26% went on parole, and 29% went on parole with compulsory behavioral control/checks.
The average time sentenced was 3 years, with additional monetary fines and obligations.[78]
The most recent public information regarding the amount of narcotic substances confiscated by the authorities is from 2017. The amounts were as follows:

- Hashish: 80.1 kg
- Cannabis leaves: 53.7 kg
- Cannabis plants: 24.3 kg
- Heroin: 0.0083 kg
- Cocaine: 17.1 kg
- Amphetamine: 30.3 kg
- Methamphetamine: 2.44 kg
- **GHB/GBL: 47.2 kg**
- **Fentanyl and different analogues: 10.2 kg.**[79]

There was no information regarding the confiscation of NPS besides fentanyls and GHB/GBL.

TABLE 2

Registered drug-related crimes, 2013-2019 years

(*Source: Ministry of Justice*)

	2013	2014	2015	2016	2017	2018	2019
§ 183. Unlawful handling of small quantities of narcotic drugs or psychotropic substances	100	134	117	97	136	127	175
§ 184. Unlawful handling of large quantities of narcotic drugs or psychotropic substances	795	852	1042	1023	1271	1224	1149
§ 185. Providing of narcotic drugs or psychotropic substances to persons less than 18 years of age	61	121	72	101	54	76	115
§ 186. Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	1	3	1	1		5	1
§ 187. Introducing minor to illegally consume narcotic drugs or psychotropic substances of other narcotic substances	5	19	8	6	10	13	10
§ 188. Illegal cultivation of opium poppy, cannabis or coca shrubs	55	54	70	55	41	33	38
§ 189. Preparation for distribution of narcotic drugs or psychotropic substances	2	6	39	18	8	7	14

[76] https://www.kriminaalpoliitika.ee/kuritegevuse-statistika/
[77] Ibid.
[78] https://www.just.ee/sites/www.just.ee/files/jako_salla.pdf
[79] https://intra.tai.ee//images/prints/documents/154228881775_KuritegevusKonfiskeerimised.pdf

4.7
Harm reduction services for key populations

Needle and syringe programs are funded by the government. Around 1.7 million syringes were distributed in 2019 at 15 fixed sites (including one pharmacy), 19 outreach syringe program sites, and 2 mobile syringe buses. In comparison, in 2017, approximately 2 million syringes were distributed.[80] In 2019, 3,474 clients used harm reduction services, and 92,297 service contacts were registered.[81] Compared to 2017, these numbers have also decreased significantly (from 5,465 and 110,636, respectively). This decrease in the number of syringes distributed by harm reduction services was attributed to changes in the drug market and the reorganization of databases.[82] In addition to injecting equipment and condoms, these services also provide advice on safer use, sexual health counseling, and general health education. Rapid testing for HIV, hepatitis B, and hepatitis C is offered in collaboration with health care providers.

> **Since September 2013, a take-home naloxone program has been available in the two Estonian counties most affected by overdose deaths due to fentanyl.**

Since September 2013, a take-home naloxone program has been available in the two Estonian counties most affected by overdose deaths due to fentanyl. The program is now carried out by health care organizations in cooperation with six community-based providers, and in 2015 it was extended to prisons so that it could be offered to prisoners before release. By the end of 2017, a total of 2,089 participants had received their first naloxone kit.[83] To receive naloxone, participants have to go through a brief training organized by treatment centers and different harm reduction organizations, where users learn how to identify opioid-related overdoses and how to administer naloxone correctly.[84]

In 2018, a nasal naloxone spray applicator was also made available. It is hoped that the non-injectable form will help broaden the program by making it accessible to new providers, including the police and pharmacists.[85] In 2018, naloxone was given out 797 times, of which 60 were for recurring users.[86]

In 2019 there were eight different organizations in Estonia providing harm reduction interventions related to NPS. At the end of 2019, harm reduction services were provided in 35 locations, of which 14 were stationary centers, 19 based on outreach systems, and 2 mobile buses.[87]

4.8
Media

The topic of NPS has been prevalent in the Estonian media in different waves. Between 2013 and 2015, synthetic cannabinoids (aka "spice") were a common topic in the media due to a sudden surge in their use and availability. Since "spice" was deemed legal at the time, there were numerous cases in the media regarding teenagers losing consciousness and being taken to the hospital after using it. As a result, the main approach in the media was more about increasing awareness than demonizing users.

"Success stories" and demonization have been more prevalent regarding fentanyl, especially between 2013 and 2015, when deaths due to fentanyl overdoses were at their peak. The authorities raised concerns again in 2018, when the police officially declared that the drug 4-Fluoroisobutyryl fentanyl had reached Estonia and the substance looked and smelled like amphetamine. Supposedly even reagent tests gave a result that resembled amphetamine, thus emphasizing that extra care needed to be taken by stimulant users as well.

In 2017 and 2018, fentanyl was again a common topic due to numerous successful arrests and confiscations by the Estonian police. It was proudly stated by multiple media outlets that

[80] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[81] Personal communication with the NIHD.
[82] Ibid.
[83] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[84] https://digiriiul.sisekaitse.ee/bitstream/handle/123456789/2228/2019_Repp%20.pdf?sequence=1&isAllowed=y
[85] https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[86] https://intra.tai.ee//images/prints/documents/157313634168_NaloksoonEestis.pdf
[87] Personal communication with the NHID.

fentanyl was now virtually extinct in Estonia. However, in 2019 there was news about the re-emergence of an even stronger synthetic opioid, carfentanil, reaching Estonia via Latvia. Although this raised concerns about the safety of substance users, according to the statistics, deaths due to opioid-related overdoses were at an all-time low—most likely due to a combination of general increased awareness among users, the successful police raids, and the increasing coverage of the naloxone program.

At the beginning of 2020 the main news surrounding NPS was about alpha-PVP, the availability of which had supposedly started to increase rapidly due to the low availability of fentanyl. The response from the media regarding alpha-PVP was remarkably negative and inaccurate. Multiple media outlets initially referred to alpha-PVP as "*many times more dangerous than fentanyl*" and "*the zombie drug that literally eats you away from the inside*," which gave the impression that it was a completely new substance on the market. However, there were responses from harm reduction organizations pleading media outlets not to demonize it and induce panic. Although alpha-PVP was indeed more prevalent at the time than before, it was by no means new in Estonia.

In July 2020 there was news regarding a resurgence of fentanyl and a decrease in alpha-PVP due to COVID-19-induced border controls, as alpha-PVP had been exported to Estonia mostly from Russia. There have been no mentions of isotonitazene in the media, although multiple interviewees stated that this has been a rapidly growing concern within the last 1–2 months.

YEAR	TITLE OF THE ARTICLE
2013	Fentanyl addict: "I should have never tried it"
2014	New psychoactive substances are dangerous
2014	Synthetic cannabis, also known as spice, can kill
2014	State Agency of Medicines explains—what is Spice aka synthetic cannabis
2014	9 teenagers hospitalized due to narcotic substance
2014	Natural cannabis is illegal, but deadly synthetic substitute spice is not. How?
2014	New potent drugs replacing older known drugs
2014	People risk their health in order to get high
2015	The state will begin restricting the spread of "legal drugs"
2017	Men accused of dealing with fentanyl gets taken to court
2018	Fentanyl is back on the market—rates of overdoses are increasing
2018	An amphetamine-like fentanyl spreading in the drug market
2019	Estonians go to Latvia to buy fentanyl
2019	New type of fentanyl in the Estonian drug market since last year
2020	Narcotic substance UFO that has reached the Estonian streets corrodes you from the inside
2020	Fentanyl obsolete from the markets, but new dangerous substances are spreading instead
2020	Situation in the Estonian drug market—temporarily obsolete fentanyl is coming back
2020	Unresponsiveness and the strength of an animal—a new zombie drug in Estonia
2020	Attention! New deadly substance UFO spreading in Estonia

5. Structured interviews with specialists working in medical institutions and organizations providing harm reduction services for PWUD, and focus groups with PWUD (including NPS users)

5.1 The sample

Stage 2 of the research involved gathering data and additional information to fill in gaps identified in the desk study (Stage 1), through five structured interviews with health-sector representatives, including a paramedic from Tallinn first-aid station, a nurse at Convictus (a non-governmental organization (NGO) offering harm reduction/needle exchange services), a scientist from the NIHD specializing in drug addiction and infectious diseases, the medical doctor/chairman of the NGO AIDS Support Center and the Elulootus treatment center (which specializes in methadone treatment), and a peer adviser from an official social support service SÜTIK. An interview with a police officer specializing in narcotics was also conducted.

Twenty interviews were organized with members of the PWUD community. There were three PWID who used NPS regularly, and all of the recreational users had tried an NPS purposefully at least once. Most of the recreational users claimed that they had most likely ingested NPS without knowing on multiple occasions based on the subjective effects of the substance. Most of the interviews took place with inhabitants of Tallinn and Tartu (northern and southern Estonia, respectively), and two respondents were from Narva. Focus groups were planned in Narva with help from partners based there, but in the end they managed to interview only two PWID. The main reason for such low participation was the current COVID-19 situation. Another unfortunate coincidence that lowered the motivation of potential respondents was that a recent survey in Narva among PWUD rewarded participants with gift vouchers. As participation in this project was voluntary and unpaid, many PWUD did not wish to take part for free.

The approach used in Stage 2 was designed to guarantee a high level of participation of all important parties; therefore, we paid special attention to ethical issues such as confidentiality and voluntary participation. To ensure voluntary participation, before interviews were conducted, respondents signed informed consent forms.

Stage 2 was conducted from 31 October to 15 December 2020. Two of the interviews were conducted in Russian, while the other interviews and the focus groups were in Estonian.

Key topics explored in the interviews and focus groups included the following:

- NPS names
- Relevance of NPS use in Estonia
- Motives for NPS use
- People who use NPS
- Routes of administration of NPS
- Combination of NPS with other psychoactive substances
- Ways to purchase NPS
- NPS prices
- Dosage and effects of NPS
- Risks and consequences related to NPS use
- Overdoses and responses to them
- Harm reduction services for and needs of NPS users
- Local responses to lower the demand for NPS
- Treatment for NPS users.

5.2 NPS names

From the interviews with PWUD, it can be seen that the use of NPS is associated with two scenes: parties and on a regular basis. Most of the respondents who use NPS in party settings do not know much about the NPS used by PWID. However, most of the

PWID were somewhat more aware of other NPS—those being used recreationally—as well, indicating that injecting users tend to have more experience and knowledge regarding the wide array of drugs available. Interestingly, many respondents did not regard fentanyl as an NPS—most likely because it is a very well-known topic in Estonia, thus making it a "common" drug in many users' eyes. The following substances were mentioned by respondents as NPS used in Estonia:

- Synthetic cannabinoids: spice
- Synthetic cathinones: flakka, alfa, alpha-PVP, UFO, tri-de, tri-deshka (3D), salts, bath salts, mephedrone, crystal, methylone
- Synthetic opioids: fenta, white chinaman, hump (as in someone who has a humped back)
- Benzimidazoles (isotonitazene): iso, sobaka
- Synthetic hallucinogens: NBOMe, 1P-LSD, PCP
- Depressants: GHB, GBL, cap, cap-drink
- Stimulants: MDA, methylone
- Dissociatives: metoxetamine, PCP, ketamine.

During the interviews with the specialists, it was apparent that the term "NPS" mostly related to PWID, with fentanyls, alpha-PVP, and synthetic cannabinoids being the most prevalent topics.

5.3 Relevance of NPS use in Estonia

The use of NPS in Estonia can be considered very significant among PWID. Although the number of overdoses has declined significantly in recent years, the number of users is still considerable according to statistics and reports from harm reduction services. For many years the most commonly used NPS has been fentanyl, which is the main cause of overdoses. Recently, however, as supplies of fentanyl have decreased, alpha-PVP and other cathinones are becoming more relevant. With fentanyl the main issue is overdose, but with cathinones the problems are more complex. As cathinones are stimulants that can cause psychosis when administered at high doses, aggressive and unstable behavior among PWID has increased significantly according to harm reduction specialists. Besides acute psychotic episodes after administering the substance, the long-term negative effects on mental health are also an increasing concern. Even though there has been a lot of progress in recent years thanks to harm reduction services and the police, NPS are still a very relevant and pressing issue in Estonia.

> **For many years the most commonly used NPS has been fentanyl, which is the main cause of overdoses.**

It is interesting to note that the police and harm reduction services have conflicting opinions regarding fentanyl and its prevalence in recent years. In 2017, after many successful police operations, large quantities of fentanyl were seized, and a number of laboratories closed. Thus it was publicly claimed that fentanyl had been almost completely removed from the market. However, harm reduction services such as methadone clinics do not agree: "*We have a very good overview here on what is happening on the current opioid market. The moment there is a market vacuum, our methadone queues are so long that people are waiting on the streets. After these big busts there was virtually no difference in demand for methadone treatment*" (M-01).

Some users claimed that even after the large confiscations by the police, fentanyl did not disappear from the market. Instead of Estonia and Russia, fentanyl started coming across the southern border: "*There was like 1–2 months when fentanyl was really lacking, but then people just started importing it from Latvia instead of Russia*" (T-12).

However, the number of deaths related to overdose diminished significantly from 110 recorded cases in 2017 to 39 recorded cases in 2018, and it has stayed low to date. The police attribute this to the efficient and successful raids and operations, but harm reduction workers believe that it is due to other factors,

such as the nationwide program to provide naloxone to at-risk groups, which became more prevalent in the same year as the police operations: "*Within the last 2–3 years there have been virtually no changes in the number of methadone patients, which would logically be the case if there were no fentanyl available. I believe these lower numbers are mostly due to a general increased awareness of users and the efficient naloxone program. We used to almost force naloxone on users, and now they frequently ask for it themselves, just in case*" (M-01).

Harm reduction specialist have also noticed a sudden heavy demand for naloxone from users, which indicates that even experienced users are facing substances with unknown potency...

A topic of concern is the rise of isotonitazene. There have been cases where the police have confiscated small quantities of this substance in Estonia, but the prevalence and availability remains relatively unknown. Some more experienced PWID say that the difference between alpha-PVP and fentanyl is definitely noticeable, but recently, within the last 2 months, there have been cases when users claim that they have been sold something as fentanyl, and although the effects are similar, the high is somewhat different. Some users are also aware that this is not fentanyl but isotonitazene, but due to a lack of fentanyl they are forced to use this substance instead.

Harm reduction specialist have also noticed a sudden heavy demand for naloxone from users, which indicates that even experienced users are facing substances with unknown potency: "*In the last 2 months the amount of naloxone given out has multiplied. Users have reported cases where after an overdose they have needed to administer even six doses of naloxone for it to be effective. With fentanyl usually one to three doses are enough*" (M-02).

According to some harm reduction service providers, there has been a sudden increase in aggressive behavior among drug users. Specialists believe that this has to do with the lack of fentanyl and the resurgence of cathinones: "*There have never been so many cases where we have to call the police for our own safety. Fentanyl users are very rarely aggressive, so this would indicate that there are new substances on the market*" (M-02).

Data about other NPS besides fentanyl and alpha-PVP are even scarcer. All PWUD who have not injected drugs were certain that they had previously ingested some kinds of NPS sold as more common drugs such as MDMA, amphetamine, or cocaine. The subjective effects did not seem to fit the profile of the drug they thought they were taking.

One of the respondents told of an instance where he and his friends were supposedly sold MDMA, but the subjective physical and mental effects were seemingly more similar to MDA: "*There was no way that was MDMA. Instead of hugging and cuddling, the whole group sat silently and were paranoid the whole evening. When Googling the effects, it seems that it was most likely MDA, not MDMA*" (T-06).

According to the respondents, synthetic hallucinogens such as NBOMes[88] used to be quite prevalent about 5–6 years ago, when they were often sold as LSD. Some users reported trying NBOMes on purpose as well, due to curiosity and the low price. Currently, the respondents consider NBOMes to be virtually extinct from the market.

[88] A synthetic hallucinogen, a derivative of the substituted phenethylamine 2C-I family.

5.4
Reasons for NPS use

According to the respondents, there are many different reasons why users come into contact with NPS.

By accident

Most respondents, with a few exceptions, noted that they have no interest in using substances that they are not familiar with. However, all respondents were certain that there had been cases when they had been sold something different than advertised: "*I'm pretty sure that for years I used to do NBOMes instead of acid. When I put it under my tongue, it tasted really bad, like there was rust or metal on it, but I didn't really know what to think of it. It was only after I got to know that acid should have no taste and a metallic flavor is apparently a strong indication that it was an NBOMe and not acid*" (T-04).

Curiosity

There were some respondents who considered NPS exciting and worth exploring. One respondent claimed that he knows people who have ordered, for example, 3,4-Methylene dioxy amphetamine (MDA), 2-CB, and substituted dimethoxyamphetamine (DOx) from the dark web. This tends to be mostly the case with younger users, who are more proficient with computers and know their way around the dark web.

According to one user who deemed himself to be "very experienced," his use of NPS is not so much to do with curiosity, but rather being "fed up" with the more common substances: "*I very rarely say no to new stuff. I used to be more reckless and just take whatever and just eye-ball the dosages, but now I usually do some brief Googling before about the drug. The thing with new drugs is that you do not really know what to expect, and that can be really exciting. For example, PCP and metoxetamine are kind of similar to ketamine, but way more exiting and fun"* (T-09).

Social pressure

Many of the respondents believed that drugs, especially within the electronic music/rave scene, are slowly becoming the new norm. The popularity of alcohol has been declining in recent years due to different reasons, such as higher taxes and new constraints on clubs and bars, and it seems that young people are becoming more and more interested in alternative ways of intoxication.

One respondent said that one of the reasons he uses illegal drugs at parties instead of drinking is to save money: "*If I go out drinking, there is no way I get just one drink. Usually I spend somewhere around 50–60 Euros on alcohol, whereas when I do ecstasy, it costs me 10–15 Euros for the whole night*" (T-16).

Many of the respondents believed that drugs, especially within the electronic music/rave scene, are slowly becoming the new norm...

Another reason for using illegal drugs instead of drinking alcohol is because alcohol is not always available to minors due to ID checks in the store, bar, or club: "*When you go to parties or bars you will almost always be asked for ID. No dealer has ever done that. So, ironically enough, if you are underage, getting drugs can be a lot easier than getting alcohol*" (T-17).

Besides the price and availability, drugs are deemed to play an important role in more specific circles, such as among fans of electronic dance music. Drugs such as amphetamine, MDMA, and ketamine are used regularly, and many young people are introduced to these drugs when they become a part of this subculture. Thus, when new drugs are being introduced within the group, it is likely that most people will try them out.

One of the respondents claimed that the substance consumed usually depends on what the majority of other partygoers or friends are taking, in order to fit in, since different drugs have different effects: "*If everyone is high on E, there's no way I'm just going to get a beer. Firstly, I would feel uncomfortable myself, and, secondly, I would be a major buzzkill for others*" (T-17).

- **Lack of fentanyl makes people start using other NPS**

Estonia is in a peculiar position when it comes to synthetic opioids due to the dramatic recent history of the fentanyl epidemic. Although fentanyl is considered an NPS for this research, many respondents were surprised by this, since to them fentanyl constitutes a "common" drug due to the wide and extensive media coverage that has lasted for years. Fentanyl became widespread in Estonia in 2002–2003 due to a shortage of heroin and quickly took its place. For a while there was a widespread problem with a constant surge of "legal" fentanyl analogues until the change of legislation in 2016 that made it possible to declare substances with similar chemical structures illegal as a whole group.

Due to the reduced availability of fentanyl, many PWID are forced to start using NPS, making the use of alpha-PVP and other NPS more prevalent. Recently there have been cases of an even newer substance on the market: isotonitazene.

- **Legality**

Before the legislative change of 2016 that made it possible to declare substances with similar chemical structures illegal as a whole group, NPS were used because they were not yet deemed illegal.

According to one respondent, one of the main reasons he tried NPS as a teenager was the fact that it was extremely easy to get, and due to its legal status it was also sold to minors: "*I was about 14 when I tried spice for the first time. I just went to a website, called the number and met with the dealer in a parking lot during daytime. It was as easy as that*" (T-11).

One respondent, who got out of prison on parole, claimed that the reason for his NPS use was the fact that these substances would not show up on the regular urine tests, and even if they would, there would be no parole violation, since the substances were legal at the time: "*I had just gotten out of jail and was still on probation, so there was no way I was going to risk going back there. But with these weird new substances there was no risk of that, because urine tests show nothing*" (T-09).

- **Depression/mental health issues**

Many of the respondents admitted that they have used psychotropic substances to numb themselves due to stress and issues with their mental health: "*Quite often I don't even do drugs to feel 'good.' I just do it to feel different for a change. It's pure escapism*" (T-07).

The respondents acknowledged that this kind of behavior will most likely only escalate the problems they already have, but a general lack of motivation and skepticism towards finding help seem to be key factors. They also claimed that getting psychological help is rather complex: therapy is expensive, and the waiting periods tend to be very long, ranging from a couple of weeks to 3–5 months.

5.5 People who use NPS

The aim of this question was to obtain a clearer picture of who is using NPS. According to the respondents, the most common problem with NPS was that even if someone uses NPS, they are rarely aware of it. The fact that the substance ingested was an NPS is usually only apparent afterwards, due to the difference in experience compared to the substance it was supposed to be. NPS seem to be a lot more common among PWID, since most of the users are not recreational users but have a drug addiction. Thus PWID have to rely solely on their source and just ingest what is currently offered on the market. The prevalence of alpha-PVP is especially troubling, since it is also sold to people who are addicted to opioids,

thus potentially creating two different kinds of addiction instead of one. PWID in Tallinn tend to be over 30 years old. In Narva, where injecting drugs are more common, injecting also seems to be prevalent among younger users.

Whereas the drug of choice among PWID in Tallinn tends to be fentanyl, in Narva alpha-PVP appears to be more common. This is most likely due to the close proximity of the Russian border, where most of the alpha-PVP in Estonia seems to be from, according to the users and the police.

Recreational PWUD, who do not inject drugs and most commonly come into contact with NPS by accident, tend to be 20–30 years old, according to the respondents. Although all respondents believed that purposeful use of NPS tends to be more prevalent among more "experienced" users, it seems that a high level of experience does not necessarily go hand in hand with higher age; it is often even the contrary.

Respondents claimed that from what they had seen, the age of PWUD has been declining substantially in recent years. Due to the availability of markets on the dark web, some of the more curious younger users have started experimenting with very potent drugs rather quickly: "*There was this guy who said that he feels that there is really not much for him to discover anymore; he apparently had a phase where he did DMT almost on a daily basis for a month. He just recently turned 17*" (T-19).

According to the respondents, all of the people they know who use the dark web are around 18–20 years old. As ordering from the dark web requires higher than average knowledge of computers and cybersecurity, it would make sense that this opportunity is being used mostly by younger, more tech-savvy people.

5.6
Routes of administration of NPS

The most common ways of administering NPS are injecting, snorting, and oral ingestion. Snorting and oral ingestion seem to be the most common among recreational younger users, and injecting among older and more experienced users. Respondents also mentioned rectal administration of MDMA, also known as "plugging."

5.7
Combination of NPS with other psychoactive substances and drugs

Since poly-drug use tends to be very common among the respondents, and as NPS are often sold as something else (thus making the user ingest NPS without even knowing), it can be assumed that the accidental combination of NPS with other substances is rather common. Many of the respondents claimed that it is very rare that people do not mix different drugs, especially at a party: "*Usually at a party, whatever gets put on the table gets snorted until there's nothing more to snort*" (T-18).

One common reason for combining drugs was to take depressants after stimulant use to help the user fall asleep: "*Taking downers [benzodiazepines] after stimulants seems to be pretty common for the comedown. The same with cannabis*" (T-09).

Some of the more common drug combinations that include NPS, as reported by the respondents, are as follows:

- Cannabis after amphetamine, alpha-PVP, and cocaine use before sleep
- Benzodiazepines after stimulant use
- Ketamine and MDMA.

5.8
Ways to purchase NPS

As most NPS use, according to respondents, is involuntary, the substance is usually acquired from their personal dealer. Buying drugs straight from the street seems to be uncommon among users. Most users are introduced to dealers through common contacts. However, buying drugs from strangers is a lot more common in night clubs, where drug use is more prevalent.

According the respondents, using the dark web for purchasing NPS and other drugs is apparently not very popular nowadays, mostly due to the effectiveness of police and customs work and the risks associated with it. One of the respondents claimed that he knows a person who was incarcerated for ordering a large amount of LSD from the dark web: "*I know a guy who was in jail for ordering, like, 300 blotters from the dark web. Everybody always knew that ordering different crystals or powders was dangerous due to dogs and x-rays, but LSD was always considered quite safe*" (T-10).

> **In eastern Estonia, due to the close proximity of the Russian border, buying drugs from Russia and smuggling them into Estonia is very common.**

In eastern Estonia, due to the close proximity of the Russian border, buying drugs from Russia and smuggling them into Estonia is very common. This has become increasingly more difficult due to the current COVID-19-induced border restrictions; however, these restrictions have made users and dealers resort to more resourceful methods, such as shooting the substances over the river Narva with a slingshot: "*When the borders were closed due to COVID-19, one of the go-to methods for buying flakka was to go to a designated and agreed upon spot on the shore of river Narva, where the river was narrower. Then after sending out the payment with your mobile phone, via PayPal let's say, in a couple of minutes a small bag with a red ribbon was shot across the river with a slingshot*" (M-03).

There have apparently been similar instances of dealers use fishing rods to throw drugs over the river: "*Although there are drones keeping an eye on the Russian border, we have heard that some people use fishing rods to get their supplies from across the river*" (M-04).

5.9
NPS prices

It seems that most of the different NPS that respondents had tried voluntarily were more expensive than their similar, more common, counterparts. Notable outliers were nBOMes, which when sold directly, were often many times cheaper than LSD, thus making them popular among young people, who had more limited finances.

The exact price of injectable drugs, especially fentanyl, is difficult to assess by weight, since fentanyl is sold in small, tightly folded tinfoil squares called *fitjulka or palavinka which usually equal one dose*. Since isotonitazene is currently sold as fentanyl, the price remains approximately the same.

> **...fentanyl is sold in small, tightly folded tinfoil squares called fitjulka or palavinka which usually equal one dose.**

Although alpha-PVP has been available in Estonia for quite some time, its price on the street is supposedly quite high compared to other countries.

Typical prices of NPS were found to be as follows:

- 2-CB: 20 EUR per dose
- 2-CP: 20 EUR per dose
- NBOMes: 5–15 EUR per blotter
- Fentanyl: 20 EUR per *fitjulka*
- Isotonitazene: 20 EUR per *fitjulka*
- Alpha-PVP: 50 EUR per 0.1 grams (four doses).

5.10
Dosage and effects of NPS

Most PWUD and do not inject claimed that most of the NPS they had used were relatively similar to the more common drugs. One respondent claimed that the effects seem more "combined" and not as pure: "*For example, mephedrone feels like a combination of MDMA, amphetamine, and cocaine. It gives you the euphoria of MDMA, the energy of speed, and the confidence of coke. 2-CB feels like a psychedelic stimulant, somewhat similar to a candy-flip [using LSD and MDMA at the same time]*" (T-19).

One respondent also claimed that the effects are similar to more common drugs, but he described them as more intense: "*I always found ketamine quite boring, but when I tried metoxetamine it was something completely different. I would also compare the general feeling of PCP to ketamine to an extent, but with PCP being a lot more euphoric and intense*" (T-09).

As fentanyl falls under the category of opioids, its effects are relatively well known among users: euphoria, pain relief, and drowsiness. Isotonitazene is reported to have similar effects, but somehow "different." As there were no respondents who had knowingly used isotonitazene and this information was from medical workers, it is difficult to assess how the effects differ. The dosage is usually one *fitjulka*, whose exact weight is difficult to assess.

The effects of alpha-PVP were described as being similar to methamphetamine and high doses of cocaine. The effects noted were euphoria, high levels of energy, and increased libido. The weight of one dose is approximately 0.025 grams, making it extremely difficult to measure accurately, thus potentially leading to overdose. Alpha-PVP also lifts the libido quite substantially, thus making users more prone to risky sexual encounters.

NBOMes were reported as being similar to LSD but more intense, long-lasting, and confusing. A commonly noted side effect was a strong headache after use.

5.11
Risks and consequences related to NPS use

The most commonly noted risks and consequences of NPS use among respondents were:

- **Paranoia**
- **Panic attacks**

- **Hallucinations**
- **Psychosis**
- **Self-harm/suicidal behavior**
  "*I once had a situation where a friend of mine took too much alpha and went into psychosis. He wanted to jump off the balcony. It took five of us to hold him down*" (T-09).
- **Tremors**
  "*When you do too much alpha, you can pretty much lose all motor control of your limbs. Your whole body basically starts twitching*" (T-09).
- **Death** (the stopping of breathing due to high doses of fentanyls or isotonitazene)
- **Weight loss**
- **Reckless sexual behavior**
  (danger of sexually transmitted infections)
  "*I had a client who used alpha-PVP compulsively for 2 weeks straight without sleeping. During this time he lost 14 kilograms and had sex with multiple different sex workers*" (M-03).

Since NPS are often sold as "common" drugs, users usually use the same amounts as they have previously done with known substances, thus potentially resulting in an overdose.

- **Sleeplessness** (insomnia)
- **Aggression**
- **HIV from sharing needles**
- **High blood pressure**
- **Serotonin syndrome/convulsions**
- **Heart attack**
- **Dehydration**
- **Pale face**
- **Difficulty speaking**
- **"Cotton fever"**
  "*People who use isotonitazene soak their substance in lemon juice to limit the side effects. Users report that without the lemon juice the high is extremely uncomfortable and they tend to feel ill after ingesting. Since according to other sources from other countries these kinds of side effects are pretty much unheard of, this ill-feeling is mostly due to some other unknown 'filler' substances*" (M-03).

The risk related to NPS that was most commonly mentioned by respondents was the lack of knowledge about the substance at hand, so users did not know what the appropriate dosages or expected effects were. Since NPS are often sold as "common" drugs, users usually use the same amounts as they have previously done with known substances, thus potentially resulting in an overdose.

5.12 Overdoses and responses to them

As the best-known NPS in Estonia tends to be fentanyl, the symptoms of overdose are relatively well known among respondents. The symptoms are similar to those of opioid overdose:

- Shallow breathing or lack of breathing
- Greyish skin
- Unconsciousness
- Extremely small pupils

All respondents who inject or have injected drugs were aware of naloxone as a viable solution in case of an opioid overdose, but some were hesitant about naloxone, since their main drug of choice was alpha-PVP, and they were not aware of how naloxone would react with it. Other popular methods of dealing with an overdose were squeezing lemon juice into the person's mouth and turning them on their side in case of vomiting.

Responses to overdoses of stimulant-type NPS were:

- Taking the person to a cooler place
- Giving the person water if they are conscious
- Giving the person lemon juice, or squeezing it into their mouth if they are unconscious
- Turning them on their side.

Most of the respondents were hesitant regarding calling an ambulance, since they were afraid they would get in trouble: "*If the person is just unconscious, then I wouldn't really call an ambulance. I would just keep an eye on him and check his breathing. But if he would get a seizure or something, then I would definitely call an ambulance*" (T-13).

Some respondents were not aware that the use of psychoactive substances themselves in Estonia is decriminalized, and they were very positively surprised.

With alpha-PVP the response depended mostly on the level of confusion or aggression the user was exhibiting: "*If someone is just super anxious, I would give them valium or Xanax to cool them off. But I have heard of a case where the whole group had to pin the person down, because he wanted to jump off the balcony and turned violent*" (T-16).

> **According to current data, naloxone does not have any negative interactions with alpha-PVP or other common drugs but is highly effective in blocking the effects of opioids such as fentanyl.**

From the viewpoint of medics, when an overdose is reported and the person is unconscious, usually the first thing they do is administer naloxone. According to current data, naloxone does not have any negative interactions with alpha-PVP or other common drugs but is highly effective in blocking the effects of opioids such as fentanyl.

According to a harm reduction specialist, there have been cases where people overdosed on isotonitazene and it took the bystanders six doses of naloxone to block the effects efficiently. According to the NIHD, naloxone is still an effective way to block the effects of isotonitazene, but higher dosages are necessary.[89]

In cases of overdoses of stimulant-type drugs where people show symptoms of serotonin syndrome and hyperthermia, treatment to reduce the person's body temperature and rehydrate them are typical first steps with medics. In cases when the person is exhibiting aggressive behavior, the police are always called as well.

> **Most of the respondents were hesitant regarding calling an ambulance, since they were afraid they would get in trouble.**

5.13 Treatment for NPS users

Traditionally, drug treatment in Estonia is provided through health care organizations, which need to obtain a license for psychiatric services to provide inpatient and outpatient treatment for dependency. There are currently no substance-specific addiction treatment programs specifically targeting NPS in Estonia; the care is adjusted depending on the patient's needs.

The programs for PWUD in Estonia fall under the following categories:

- In-patient short-term withdrawal (detox): The consumption of the narcotic substance is stopped immediately or step by step, followed by the prevention or alleviation of withdrawal symptoms; it usually lasts for 3–4 weeks and takes place in hospitals
- Stationary short-term withdrawal treatment
- Long-term stationary care
- Ambulatory counseling and support.[90]

[89] Personal communication with the NIHD.

[90] https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Erihoolekanne/narkootikumide_tarvitamine_ja_soltuvus_-teenused_abivajajatele.pdf?fbclid=IwAR2Cv5tiqUHt-F4B-MAtYCIzzfCzhizDodgGqfMzUaYeT42giQ9NehffSnV0

In opioid addiction maintenance treatment the main medication used is usually methadone, and in some cases buprenorphine. However, the State is only funding methadone. To receive this treatment, a person must register themselves, undergo a clinical assessment, and provide a urine sample showing traces of opioids. Due to the emergence of isotonitazene, there have been cases where people have not been accepted for methadone treatment because current urine tests do not show the presence of isotonitazene, thus forcing patients to "forge" their test results: "*I have heard of cases where people are addicted to zabaka [isotonitazene] and want to get treatment. But because the urine tests show only opioids, they buy painkillers with codeine from the pharmacy and eat a bunch before the urine test so that there will be signs of opioid use in the results*" (M-03).

Due to the emergence of isotonitazene, there have been cases where people have not been accepted for methadone treatment because current urine tests do not show the presence of isotonitazene, thus forcing patients to "forge" their test results.

The treatment for alpha-PVP use is especially complex, according to medical professionals, due to the lack of know-how and general information about this substance. As there are no specific guidelines or programs with medication for alpha-PVP addiction treatment, medical professionals deem these cases especially difficult due to the high levels of volatility and instability among regular alpha-PVP users: "*I have spoken to many doctors in Viljandi Hospital, and they consider alpha-PVP to be an especially troubling susbstance because nobody really knows how to deal with them, especially during psychosis. We have thought about contacting doctors from Poland, where alpha-PVP has been an even more serious concern, just to get some knowledge on how they approach and treat these patients*" (M-04).

The other major issue with treatment for alpha-PVP is the seemingly permanent neurological damage that the drug causes. According to the respondents, some users exhibit disturbing and unstable behavior even after being off the drug for weeks or even months: "*I have heard stories where you are calmly talking with a user, everything is going fine, and then suddenly he starts banging his head against the wall or table. How are we supposed to integrate these people back into society when they are completely unstable and potentially dangerous both to themselves and others?*" (M-04).

Different mental and behavioral diagnoses are made according to the ICD-10 classification system (known in Estonia as RHK-10). Of the better-known NPS, fentanyl falls under the classification of F11 (opioid-related disorders); alpha-PVP and other cathinones under F16 (other stimulant-related disorders); and synthetic cannabinoids under F12 (cannabis-related disorders). There was no information regarding the classification of isotonitazene. Since isotonitazene is a benzimidazole-derived opioid analgesic, it could be assumed to fall under F11, as are fentanyl and fentanyl analogues. Other undefined NPS fall under F19 (other disorders related to psychoactive substances).[91,92]

In the case of co-occurring disorders (when a patient has been diagnosed with substance use disorders as well as mental health disorders), there was no specific model for the treatment plan until 2015. In 2015 a treatment protocol for co-occurring disorders was assembled in accordance with the "Co-Occurring Disorders Treatment Planner, with DSM-5 Updates" (Jongsma and Klott 2015).[93]

There are three main models for the treatment of co-occurring disorders:

- Sequential treatment: Treating one of the disorders first before dealing with the other disorder. Usually substance use disorders are treated first, since they can affect the acceptance of pharmacological and psychological treatment. The efficiency of this method is questionable, since mental

[91] https://www.kliinikum.ee/psyhhiaatriakliinik/lisad/ravi/RHK/RHK10-FR17.htm
[92] https://rhk.sm.ee/
[93] https://www.tallinn.ee/Maar,-soltuvusest-10.11.2016

health disorders make it more difficult to deal with substance use disorders.

- Concurrent, but separate: Substance use and mental health disorders are treated at the same time by different experts.
- Concurrent and integrated: Both substance use and mental health disorders are taken care of within the same program. The treatment protocol is based on material from the American Addiction Centers' "Co-Occurring Disorder and Dual Diagnosis Treatment Guide"[94] and the UK National Institute for Health and Care Excellence's "Coexisting severe mental illness and substance misuse: community health and social care services."[95,96]

Stationary medical rehabilitation–also known as non-pharmacological treatment for adults–is used with people addicted to narcotic substances with diverse health and social problems. The aim is to accomplish a sustained change in lifestyle. The treatment is long-term, usually lasting 6 months (up to 9 months). There are different programs for patients who use cannabis, stimulants, and opioids. Users of NPS can also take part in these programs, but according to one harm reduction specialist, there have been cases where, due to internal mistakes, users of cathinones have been directed to treatment programs that do not apply to them: "*I have heard of some instances where a person who is regularly using alpha-PVP applies to a treatment program and gets referred for methadone treatment. So basically now the user potentially gets addicted to two substances instead of one*" (M-03). This could indicate that there is a lack of consensus among health care specialists regarding the RHK-10 classifications for NPS. As of today, there are no specific rehabilitation programs directed at NPS users besides fentanyl users.

The NIHD, in collaboration with the North Precinct of the Estonian Police, has created a program called VALIK ("choice") targeting people who use cannabis. When a person gets caught using cannabis, the police will direct them to counseling. If the person finishes this program successfully, the misdemeanor charges will be dropped. Within the program the participants go through six counseling sessions with the NGO Peaasjad,[97] where they will be given the necessary knowledge and skills to reduce or stop the consumption of cannabis. It is also possible to take part in this program voluntarily, without referral from the police.[98]

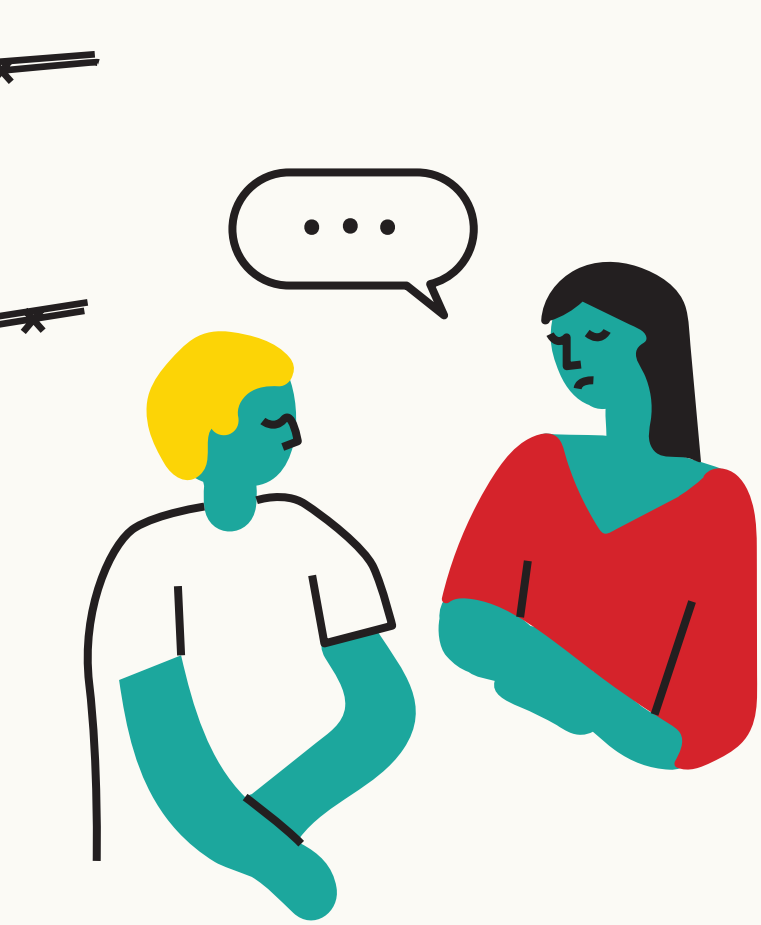
Another program created by the NIHD and the Estonian Police is called SÜTIK, based on the Law Enforcement Assisted Diversion (LEAD) program, which gives the police an opportunity to direct a person who has been arrested for the consumption or possession of small quantities of narcotic substances, without the intention of trafficking or selling them, to the program instead of a punishment. The program targets PWID, so mostly users of fentanyl, alpha-PVP, and amphetamine. The user is issued a support person, who will help them tackle different problems that have risen due to

[94] https://americanaddictioncenters.org/co-occurring-disorders
[95] https://www.nice.org.uk/guidance/NG58
[96] https://www.tallinn.ee/Maar,-soltuvusest-10.11.2016
[97] https://www.tai.ee/images/Sotsiaaltoo_nr2_2019_40kuni42.pdf
[98] https://www.kriminaalpoliitika.ee/et/programm-valik-kanepitarvitajatele

drug use, guiding them towards the necessary support services regarding accommodation, psychological counseling, and addiction treatment, helping fill out documentation, etc. The program lasts at least a year, and the goals are to increase the person's self-sufficiency and decrease their risk behavior. The program is implemented by Viljandi Hospital and the NGOs LUNEST and Convictus. The program is voluntary and free, and it is also possible to take part in it without referral from the police.[99] All PWUD who participate in any form of addiction treatment will be noted in the drug treatment database. The database is not public and is intended to conduct research and statistical analysis of drug consumption and addiction treatment only.[100] Being added to the database does not deprive the person of any of their rights, such as applying for a driver's license or a visa. Every entry will be specific to the user, with a wide variety of information added, as noted in Chapter 2 above.

Other available treatment interventions include detoxification, drug-free treatment, and inpatient rehabilitation programs. Special drug treatment programs for children, adolescents, and people with a dual diagnosis are also available, although treatment options for these groups and for people who inject amphetamines remain limited. In 2019, methadone maintenance treatment was offered at nine treatment sites in five regions.

There is a worrying trend among non-injecting PWUD regarding treatment and rehabilitation programs: most respondents were not aware of any ongoing programs that tackle these issues. One correspondent was aware of the cannabis addiction program VALIK, but he personally knew no one who had taken part in it. PWID tend to be more aware of different programs, such as methadone clinics. This could indicate that there is lack of information about these topics, or that this information has not targeted the potential risk groups efficiently.



[99] https://www.kriminaalpoliitika.ee/et/programm-sutik-uimasti-tarvitajatele

[100] https://www.riigiteataja.ee/akt/112032019025

5.14
Harm reduction services for NPS users and the need for new approaches

Respondents who injected drugs were all aware of the possibility of OST and needle exchanges. Two of the injecting users were also aware of the program SÜTIK, since they were both taking part in it. One of the PWID had taken part in a naloxone course and carried it with him regularly. One PWID had heard of the naloxone program but had not taken part in it.
Very few recreational drug users (who did not inject drugs) were aware of any available harm reduction services that would have been applicable to them. Two respondents had heard of the cannabis withdrawal program VALIK, and most knew generically that some hospitals offer aversion therapy. One respondent was aware of the NGO Peaasi, which concentrates on mental health issues and is also responsible for the implementation of the VALIK program.
Respondents were asked if there are any services that specifically focus on NPS users, and if so, what the services are. According to the health care professionals, there are no programs that specifically address NPS use. As the biggest risks are among PWID, the same "classic" services such as syringe exchanges, naloxone, methadone clinics, peer counseling, psychological support, and testing for HIV, hepatitis C, hepatitis B, and sexually transmitted infections also suit NPS users. Within recent years, syringe exchange services have also started to provide filters and heating spoons in their kits.
The PWUD and PWID had multiple thoughts on what could be added to the current harm reduction services or what services are completely missing.

- **Drug-checking services**
  Many respondents brought up the topic of a service where it would be possible to take your psychoactive substance for testing without any legal repercussions, as is done in the Drug Information and Monitoring System in the Netherlands. Respondents believe that this would significantly lower the risk of ingesting NPS unknowingly and thus perhaps give dealers a bigger incentive to not falsely sell unknown substances.

It would also make it possible to issue early warnings if potentially dangerous substances were prevalent and would make it possible to determine the potency of more common drugs currently circulating on the market. "*That MDA trip that I had was a pretty big wake-up call. I know a couple of people who have test kits of their own, but it's a shame that this isn't something that is offered publicly at events. I am 100% certain that there would be a lot fewer bad trips if people actually knew what they were putting into their mouths*" (T-6).

Besides the Drug Information and Monitoring System in the Netherland, the Loop, a "pill-testing" service from the UK, was also mentioned on multiple occasions. Respondents strongly agreed that the availability of testing services could be even more important in night club and festival settings, where drug use tends to be more frequent and intense: "*It's amazing just how different the attitude towards drug use is in the Netherlands when compared to Estonia. You can test your stuff inside the club, and nobody belittles you. Yes, people do quite a lot of drugs there, but most of them are really well educated about these topics, and from what I've heard, overdoses are super rare. Often the people who overdose are tourists who don't know how to handle themselves*" (T-10).

Many respondents agreed that festivals are usually the place where people tend to push their limits. Poly-drug use is apparently especially frequent in these settings.

- **Snorting tubes**
  According to one respondent, there will soon be a public procurement where the NIHD is planning to add snorting tubes to the harm reduction budget as well.

- **Other safer drug use equipment** was mentioned by respondents: gelatine capsules, glass pipes for smoking, clear instructions on how to correctly inject when giving out needles and syringes, and colored syringes to prevent them getting mixed up.

Many respondents criticized the availability of psychological care in Estonia. Although it is possible to get prescribed therapy sessions by your general practitioner, the funds are limited, and usually only people with severe depression and anxiety qualify. Without these prescriptions, however, therapy tends to be very expensive, reaching up to EUR60 an hour, which can often prevent people from seeking help. It is also possible to see a psychologist or a psychiatrist directly via the national health insurance fund, but the waiting time is usually months: "*Some time ago I finally decided that I had had enough of anxiety and decided to look for help. This was a large step by me, and when I finally contacted a psychiatrist, I was told that the next free admission would be in 4 months*" (T-04).

Some harm reduction services also provide psychological support, but most of the respondents were not aware of this. Some respondents were aware of different hotlines, such as for suicide prevention or for narcotic help. However, the respondents were skeptical about the efficiency of the psychological support within harm reduction services and believed that there is often a need for systematic therapy, which can be inaccessible to many.

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Many of the respondents believe that the authorities are mostly focused on punishing and not supporting PWUD. They believe that the topic of psychoactive drugs and addiction is still a taboo topic among society, especially among the older generation. Alcohol is tolerated well, but people who use other psychoactive drugs are constantly being demonized, even by health care specialists: "*When I told the psychologist about my drug use, she literally didn't even look me in the eye and told me that there was my problem. The topic of why I started using drugs in the first place was not deemed important. In her eyes, my depression was due to drug use, although for me it was a way to escape my depression*" (T-14).

CONCLUSIONS & RECOMMENDATIONS

NPS have been an acute topic in Estonia since 2003, when due to the lack of heroin, fentanyl started to emerge. Ever since then, Estonia has had one of the highest numbers of drug-related deaths in the whole European Union. In recent years, the death rate has dropped drastically over time, most likely due to a combination of successful drug confiscation, the increased coverage of the naloxone program, and new programs mostly targeting PWID.

- When compared to the data from 2008, the amount of lifetime drug use has increased noticeably. It is difficult to identify the exact reasons for this trend, but it could be assumed that one of the culprits is the prevalence of markets on the dark web. As the use of narcotic substances has increased most among older age groups (above 16–24 years), it is important to direct more attention towards the older generations as well as the youth. This would imply the need for more diverse campaigns that would be seen as age-appropriate by all the different age groups.
- The prevalence of PWID among the general population could be considered quite high when compared to the other countries in Europe. Although the use of opioids such as fentanyl has been decreasing in recent years, it has been replaced by a higher prevalence of NPS such as alpha-PVP and isotonitazene. There is currently a lack of NPS-specific rehabilitation and intervention programs due to a lack of general knowledge and clear empirical data. Many medical experts reportedly struggle with people who use NPS, especially cathinones, due to the dramatic negative effect these substances have on mental health. This would indicate that there is an urgent need for more substance-specific programs and guidelines to ensure the best possible quality of treatment.
- Although Estonia has historically had an extremely large number of drug-related deaths per capita, there has been a sharp decline in the last 3 years. This can be attributed to the effective work done by the police, the increased coverage of the naloxone program, and the appearance of different programs aimed at reducing drug use and helping people with drug addiction, such as SÜTIK and VALIK. The significant success of these interventions shows that Estonia is on the right track and should emphasize and invest even more resources in these methods.
- The use of narcotic substances is also high among students when compared to other European countries, according to the latest ESPAD surveys. For example, Estonian and Latvian students have the highest rates of lifetime use of ecstasy and LSD or other hallucinogens. Compared to other countries, the use of NPS among students is highest in Estonia, with 6.6% lifetime use compared to the ESPAD average of 3.4%. These data indicate that there is an urgent need for youth-specific interventions and programs to increase awareness and knowledge about NPS. Although promoting abstinence should still be the first step, both the author and the respondents agree that the need to educate young people about the risks associated with drug use and harm reduction methods to decrease the likelihood of dangerous outcomes is more prevalent nowadays.
- When researching the media coverage of specific NPS, it was regrettably found to

be rather negative and demonizing. Media outlets have spread outright false and exaggerated information regarding these substances, thus potentially increasing the taboo associated with NPS and other narcotic substances in general. This would indicate the necessity of further educating both journalists and the general public about these topics in a reasonable, accurate, and objective manner. Given that the view of PWUD among the general public is already negative, fear-mongering can have even more far-reaching implications regarding the general public's willingness to accept new harm reduction methods and potential changes in legislation, thus making the efforts of law enforcement and harm reduction services even more difficult than they already are.

- One of the main concerns that a large number of respondents mentioned was the lack of information regarding NPS and other narcotic substances. Although there are different programs and websites that contain information about these subjects, many respondents either have not heard of them or were dubious about the quality and motives of the sites.
- There seems to be a lack of trust in law enforcement and different agencies among PWUD, making the process of reaching them very difficult. This would potentially imply the need for more peer-based interventions to increase trust, and a focus on creating advertisements and programs that would more specifically target younger users. A large step would be to include the community itself–for example, by emphasizing collaborations with different night clubs, festivals, etc. PWID tend to have more knowledge than PWUD about the harm reduction services available, but this is likely because all of the injecting respondents had already been in contact with harm reduction services and programs such as SÜTIK.
- Many respondents spoke highly of "pill-testing" services such as the Loop in the UK and the Drug Information and Monitoring System in the Netherlands. As the most important issue regarding NPS was the lack of information, users deemed that having the opportunity to test substances prior to ingesting them would greatly help to mitigate and reduce risks. Since users are not aware of what the substance is supposed to be in the first place, the chances of ingesting too much or the substance being a potentially deadly substitute increase substantially. Besides getting more precise data about the substances on the market and their contents, drug testing or "pill checking" without legal repercussions could also potentially make it easier to forward vital information to other users, thus increasing trust between PWID and the authorities.
- Another concern among respondents was the apparent lack of mental health care. Many respondents claimed that a lot of their drug use is correlated with problems regarding their mental health. Drug use is seen as an easy way to alleviate depression and anxiety, even if only temporarily. Many respondents would be interested in psychological therapy, but the resources of the national health insurance fund are very limited in this sphere. Very few patients' therapy is covered by the national health insurance fund, forcing them to pay for therapy themselves. As therapy tends to be quite expensive, this is a serious limiting factor, especially among younger people with smaller salaries. Respondents also claimed that even if they were to have the necessary funds, which many do not, the waiting times tend to be extensive. The prospect of waiting 4 months for a psychologist's appointment is a harsh reality that many people have to face. This would imply the need for further monetary support from the national health insurance fund for free therapy, and possibly increasing the number of dedicated professionals by offering higher salaries, creating more jobs, etc. that would motivate more people to study psychology and psychiatry.
- Respondents also criticized the current mentality and approach that some therapists have towards PWUD. Narcotic

substances are often seen as the source of all mental health problems, disregarding the notion that some users use drugs to find temporary escape and relief from their mental health issues. Although drug use can often increase the severity of the underlying mental health issues, it is important to see the whole picture and take other aspects into consideration.

- Many users said that they are afraid of the authorities; even calling an ambulance was seen as the absolute last resort in case of a drug-related emergency. The fact that consuming or having small amounts of narcotic substances in Estonia is a misdemeanor and not a criminal offense came as a surprise to many users. A considerable level of caution was also apparent in the interviews: many users did not feel comfortable with the interview being recorded. All this indicates that there is currently a gap in communication between PWUD and the authorities/harm reduction services. The authorities are seen more as penal institutions than helpers. Thus there is a need for the authorities to put more emphasis on public relations and to make it clear that there should be no “us vs. them” mentality.

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