

## Background

Estonia is a small Northern European country located on the Baltic Sea, with a population of about 1.37 million people. Its capital and largest city is Tallinn, followed by Tartu as the second-largest urban center. Estonia shares land borders with Latvia to the south and Russia to the east, and is separated by the Gulf of Finland from Finland in the north. The nation regained independence from the Soviet Union in 1991 and is now a democratic parliamentary republic and a member of the European Union and NATO. Estonia has a developed, high-income economy known for its digital innovation and technology sector.

Drug policy in Estonia has evolved in the context of broader political changes since independence. In the 1990s and 2000s, Estonia faced a surge in illicit drug use, including a fentanyl opioid epidemic that gave the country one of Europe's highest overdose death rates.<sup>1</sup> In 2017 Estonia's drug overdose mortality was about 130 per million people – far above the EU average of 22.6. This public health crisis prompted a shift from a punitive approach to a more integrated strategy focused on health and harm reduction. Over the past decade, drug policy debates in Estonia have intensified, with growing civil society advocacy for reform and government efforts to balance public health and law enforcement priorities.

## Drug use and prevalence

Recent findings from the 2023 study<sup>2</sup> by the National Institute for Health Development (TAI) highlight the evolving landscape of drug use among Estonia's population aged 16-64. The study reveals that 31 percent of residents have tried narcotics at least once in their lifetime, an increase from 25 percent in 2018. Among respondents, 7 percent reported drug use in the past year, and 3 percent in the past month.

Drug experimentation remains most prevalent among younger demographics, notably men aged 16-34 and women aged 16-24. Cannabis is the most commonly used substance, with lifetime usage rising from 24 percent in 2018 to 29 percent in 2023. Stimulants such as amphetamines, ecstasy, and cocaine also see notable use, with wastewater analyses from Tallinn and Tartu corroborating these trends and highlighting the concerning prevalence of cocaine.

Prescription drug misuse, including tranquilizers, sleeping aids, and pain relievers, has been reported by 14 percent of respondents, consistent with 2018 levels. Accessibility has shifted slightly, with fewer individuals perceiving cannabis as easily available (down 5 percent from 2018), while stimulant accessibility remains unchanged.

Notably, public perception of the health risks associated with daily smoking and heavy drinking has increased, while assessments of the risks tied to cannabis and ecstasy use remain stable.

Surveys indicate that cannabis use among Estonian youth rose in the early 2010s and then stabilized. The European School Survey Project on Alcohol and Other Drugs (ESPAD) shows<sup>3</sup> that monthly cannabis use among 15–16-year-old students increased from about 5.3% in 2003 to 7.7% in 2015, then declined slightly to 6.6% in 2019. Around a quarter of Estonian 15–16-year-olds had tried cannabis at least once in their lives, according to mid-2010s survey data<sup>4</sup>. This lifetime prevalence (~25%) was significantly higher than in the Nordic countries at that time. In general, drug use among Estonians has diversified: while cannabis remains the most commonly used illicit substance, wastewater analysis<sup>5</sup> from Tallinn and Tartu highlights a significant rise in stimulant use, particularly cocaine, alongside the alarming emergence of highly potent synthetic opioids like nitazene, which has been linked to a surge in overdose deaths since 2022. Nonetheless, cannabis still accounts for the majority of drug use cases, and police report discovering a few large-scale indoor cannabis farms and numerous smaller grow operations each year.

### **Drug-related deaths**

Drug-related deaths in Estonia remain a critical concern, with a significant and alarming increase reported in 2023. According to data from the Estonian Cause of Death Registry<sup>6</sup>, a total of 113 individuals died due to drug overdoses in 2023, representing a threefold increase compared to 38 cases reported in 2021. Among these fatalities, there were 86 men and 27 women, and notably, the proportion of women increased from 20% in 2022 to 24% in 2023. This rising trend indicates a significant public health issue that requires immediate attention.

The increase in drug-related deaths in Estonia is largely attributed to the growing prevalence of highly potent synthetic opioids belonging to the nitazene group. In fact, more than half of the overdose fatalities in 2023 involved these substances, primarily protonitazene and metonitazene. Protonitazene alone was involved in 38 overdose deaths, while metonitazene was associated with 27 cases. The significant prevalence of nitazenes, extremely dangerous synthetic opioids, has notably shifted Estonia's drug landscape from previous years when fentanyl dominated the opioid market.

Young adults aged 17–24 have become increasingly affected by drug-related deaths, with 15 fatalities reported in this age group in 2023, up from 10 in 2022 and 6 in 2021. While previous years saw amphetamine, MDMA, and prescription medications as the main drugs involved among young people, 2023 recorded a worrying increase in synthetic opioid overdoses within this demographic.

The geographical and temporal distribution of drug-related deaths also provides valuable insight. Tallinn emergency medical services alone responded to 845 overdose-related calls in 2023, significantly more than the 605 calls reported in 2022. The months of May and July saw the highest number of deaths, reminiscent of the severe situation experienced in 2016 during the peak of the fentanyl crisis.

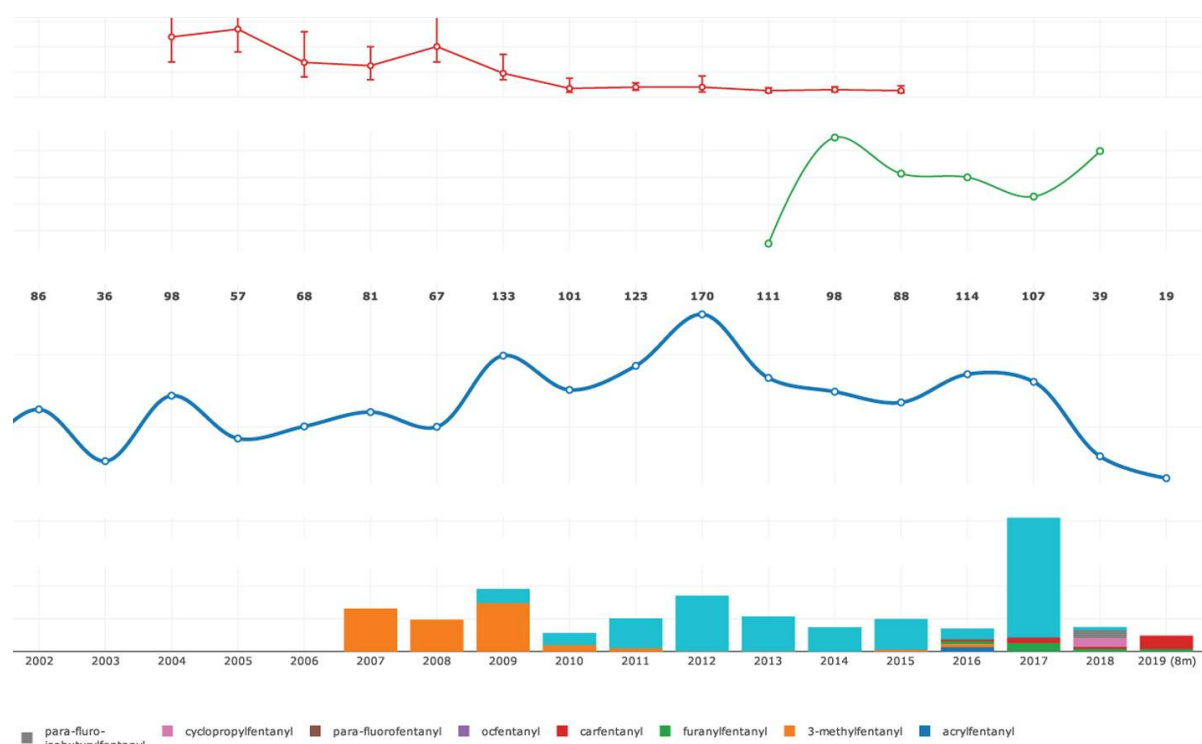
Efforts such as harm reduction programs, counselling, treatment services, and widespread availability of naloxone have been implemented to mitigate the risks associated with drug use. Naloxone distribution, a critical measure for overdose prevention, increased substantially to 1,541 kits in 2023, nearly tripling the 2021 distribution figures. Although these harm reduction

initiatives have successfully prevented many potential fatalities, the alarming growth in overdose deaths indicates that existing measures are not yet sufficient.

The report emphasizes the urgent need for developing an efficient early warning system capable of quickly alerting drug users and first responders about new dangerous psychoactive substances appearing on the market. Enhancing awareness and ensuring immediate dissemination of information on new hazardous substances circulating in the drug market is considered an essential strategy for reducing drug-related deaths moving forward (TAI, 2024).

### Estonia's fentanyl crisis and the rapid decline in overdose deaths

Estonia's fentanyl crisis began in the early 2000s, when a regional heroin shortage led to the rise of illicitly manufactured fentanyl as the dominant opioid. By 2004, fentanyl had almost completely replaced heroin among people<sup>7</sup> who inject drugs in Estonia. This was unique in Europe and resulted in an extreme overdose mortality rate. At its peak in 2012, Estonia recorded around 170 overdose deaths - equivalent to over 100 deaths per million inhabitants<sup>8</sup> - making it the highest rate in the EU and among the highest globally.



The turning point came in 2017, when Estonian police successfully dismantled<sup>9</sup> domestic fentanyl production through targeted operations, including the seizure of nearly 10 kilograms of raw fentanyl and the closure of a clandestine lab. This caused a dramatic drop in both the availability and purity of street fentanyl. At the same time, public health measures such as expanded take-home naloxone distribution and increased access to opioid substitution

therapy helped mitigate overdose risks. As a result, drug-induced deaths fell sharply from 117 in 2017 to just 39 in 2018<sup>10</sup>.

The fentanyl supply collapse did not lead to a return of heroin, which users now found too weak. Instead, Estonia's drug market shifted towards stimulants and synthetic substances. Amphetamines, alpha-PVP (a potent synthetic cathinone), and other new psychoactive substances became more common, often used in polydrug combinations. This transition led to new public health concerns, such as erratic behaviour and hard-to-treat stimulant dependence, even as opioid deaths declined.

In summary, the key drivers behind the reduction in overdose deaths were the disruption of fentanyl supply (through targeted police action) and the scaling-up of overdose prevention and treatment efforts (naloxone distribution, OST, and sustained harm reduction). This combined approach led to an unprecedented improvement in Estonia's drug mortality situation, demonstrating that even a severe synthetic opioid epidemic can be curbed with concerted action.

### **Drug policy and legislation**

The legal framework governing the use, possession, and distribution of narcotic and psychotropic substances in Estonia is primarily defined by the Narcotic Drugs and Psychotropic Substances and their Precursors Act<sup>11</sup>. This Act is supported by regulations, such as the Regulation on the Handling of Narcotic and Psychotropic Substances for Medical and Scientific Purposes<sup>12</sup>, which oversees the principles of substance accounting and reporting. Annexed to this regulation are constantly updated lists<sup>13</sup> of substances controlled in Estonia.

Since May 14, 2016, a List VI was introduced to cover substance groups with similar chemical structures, streamlining the response to emerging psychoactive substances. This innovation eliminates the need for individually listing specific new substances, enabling quicker regulation of novel drugs entering the market.

Estonian Penal law<sup>14</sup> categorizes all handling of narcotic and psychotropic substances (hereafter "drugs") as equally punishable. Handling includes activities such as possession, cultivation, production, distribution, transport, import, export, and more. Offenses involving drugs are divided into misdemeanors and criminal offenses:

- Misdemeanors involve less severe societal harm and are punishable by fines up to 300 penalty units or arrest (e.g., possession of a small amount for personal use without the intent of distribution).
- Criminal offenses can carry penalties ranging from fines to life imprisonment, depending on the severity and circumstances of the offense.

## Key legal provisions

1. **Drug Handling:** The handling of small amounts of narcotics for personal use without intent to distribute has been classified as a misdemeanour since 2002, with repeat offenses remaining outside criminal liability.
2. **Factors Influencing Penalties:** Courts consider various factors when determining sentences, such as repeat offenses, involvement of groups, intent for significant financial gain, or actions by organized criminal networks.
3. **Controlled Substances and Penalties:** Articles 183–190 of the Penal Code specify punishments for offenses, including:
  - Small-scale possession and distribution: Fines or up to 3 years' imprisonment.
  - Large-scale offenses: 1–15 years or life imprisonment for cases involving significant quantities or organized criminal elements.
  - Distributing drugs to minors: Punishable by up to 15 years or life imprisonment.
4. **Cultivation of Controlled Plants:** The illegal cultivation of opium poppy, cannabis, or coca plants is penalized by fines or up to 5 years in prison, with stricter punishments for group involvement or prior offenders.

Notably, Estonian law does not differentiate cannabis from other narcotic substances in its penalty framework – the statutory punishments for drug offenses apply similarly to all controlled drugs, although in practice cannabis offenses often receive more lenient sentences than harder drugs.

Key drug legislation changes occurred in the early 2000s. The Penal Code adopted in 2002 introduced the distinction between small and large quantities, effectively decriminalizing personal possession under the 7.5 g threshold. In 2005<sup>15</sup>, Estonia also legalized the medical use of cannabinoids in principle (allowing certain cannabis-based medicines), which marked the start of a very limited medical cannabis regime. Since then, there have been few major shifts in the law. Cannabis remains illegal for recreational use, and no legislation has been enacted to legalize or broadly decriminalize it beyond the existing misdemeanor scheme. However, Estonia's drug strategy documents<sup>16</sup> (aligned with EU Drug Strategy 2013–2020) emphasize prevention, treatment, and harm reduction alongside law enforcement. Discussions continue on updating legislation to better distinguish drug users from dealers, as current laws have been criticized for sometimes treating them similarly. *[Comment: Improves clarity and fluency.]*

## Estonia's Drug Policy Until 2030

Adopted in 2021, Estonia's "Drug Policy Until 2030"<sup>17</sup> serves as a strategic and ambitious roadmap for addressing critical drug-related issues over the next decade. Developed under the leadership of the Government's Committee on the Prevention of Drug Abuse, the document reflects collaborative efforts involving state agencies, advocacy groups, and individuals with lived experience. Grounded in evidence from the evaluation of the preceding policy (2014–

2018), this initiative prioritizes prevention, harm reduction, and systemic integration to counter the multifaceted challenges of drug use in Estonia.

Key principles guide the policy's implementation, highlighting a person-centered and evidence-based approach. It recognizes drug users as individuals in need of support and strives to dismantle societal stigmas by promoting accessible aid and early intervention. The strategy also emphasizes the importance of cross-sector collaboration, committing to the alignment of health, social, education, and justice systems to deliver cohesive and sustainable services. Five major systemic changes have been identified to address core issues, ensuring resources and actions align with the agreed objectives.

Major systemic changes:

1. **Replacing project-based prevention efforts with systematic, sustainably funded activities:** The aim is to ensure that all prevention interventions used in the field are effective, reach more people, and provide thorough training for prevention specialists.
2. **Integrating support and treatment services into healthcare, social, and educational systems:** This involves early identification of individuals in need, seamless access to necessary services, and expanding tailored treatment and support options.
3. **Achieving zero fatalities related to drug use:** Efforts focus on harm reduction, overdose prevention, and creating safer environments for drug users.
4. **Significantly reducing the distribution of drugs, particularly to youth:** This targets both supply-side interventions and adjustments to global trends such as cannabis use.
5. **By 2030, Estonia's punitive policies will actively support the reduction of health-related harms associated with drug use.** This emphasizes the shift towards aligning legal frameworks with health-focused outcomes.

This policy envisions a measurable reduction in drug use and its associated harms by 2030. Its objectives include integrating supportive services into mainstream systems, eliminating drug-related fatalities, and ensuring effective prevention efforts. By fostering public support and equipping professionals with essential training, Estonia's drug policy aims to create a society where addressing drug issues is both normalized and effective.

### Law enforcement and judicial approach

In practice, Estonian law enforcement treats personal drug use as a low-level offense, with an emphasis on fines and diversion rather than incarceration for small quantities. Police and prosecutors typically handle cases of possession under 7.5 g of cannabis (or similar small amounts of other drugs) as misdemeanours. Overall, the vast majority of drug-related prosecutions in Estonia concern small quantities intended for personal use. In 2024 Justice Minister Madis Timpson highlighted<sup>18</sup> the need for a more proportionate approach, where severe penalties target those profiting at others' expense, while lighter consequences are applied to users handling small amounts for personal use. This shift aims to address minor

drug offenses more efficiently, reduce incarceration rates, and provide support for individuals struggling with addiction.

Over the years, Estonia has introduced alternative sanctions and referral programs for drug offenders. Significant changes to the Misdemeanour and Penal Codes in 2015 enabled the termination of proceedings or the option of offering alternatives to punishment for offenders who agree to seek help. Building on this legal foundation, Estonia launched the 'SÜTIK' pilot<sup>19</sup> diversion initiative in 2018, further enhancing support systems for individuals facing minor drug-related offenses. Under SÜTIK, police can refer individuals caught for minor drug offenses (particularly people using drugs) to a support person and services instead of immediately issuing a penalty. The program, inspired by the Law Enforcement Assisted Diversion (LEAD) model, provides counselling, healthcare referrals, and social support with the goal of addressing underlying addiction issues. Early results have been promising, with participants (especially women) engaging in treatment and support, and the program has been expanded due to its success.

Estonian courts and prosecutors have also advocated for more flexibility in handling drug cases. The Prosecutor's Office has suggested that raising quantity thresholds and using expedited procedures for minor offenses would free up resources to focus on serious trafficking cases. In line with this approach, Estonia's police continue to enforce laws against illicit cultivation and sale of cannabis – for example, uncovering organized grow operations – but personal use in private is generally policed in a lenient manner (often resulting in confiscation and fine). Public consumption of cannabis remains punishable and can draw police attention, as public drug use is not tolerated even if possession of a small amount is a misdemeanour offense.

### **Public opinion and political debate**

Public attitudes toward drugs in Estonia have evolved over time, reflecting a complex interplay of shifting perspectives and societal concerns. Research from the 2021 Web Survey on Drugs<sup>20</sup>, conducted by the National Institute for Health Development, revealed growing tolerance, particularly toward cannabis use. According to the survey, 77% of respondents were open to legalizing cannabis, though opposition persisted at 13%. A notable disparity emerged between those who had used drugs recently versus those who had not, with the latter group demonstrating more conservative views. This sentiment is mirrored in broader public discussions, where societal challenges linked to drug use - such as addiction and mental health - remain key concerns (Abel-Ollo et al., 2022).

Building on this foundation, the 2023 survey<sup>21</sup> on adult drug use by the same institute highlighted further nuances in public opinion. While 34% of respondents perceived occasional cannabis use as low-risk, deeper societal concerns became evident. Half of the participants acknowledged drug use as a pressing issue nationally, though only 19% considered it a significant problem in their immediate localities. Additionally, one-third reported fears of violence stemming from others' drug use, particularly among women and older demographics. These findings underscore the connection between public safety and drug policy (Vorobjov et al., 2024).



Despite growing awareness of harm reduction strategies, misconceptions and knowledge gaps remain prevalent. While studies suggest that occasional cannabis use is often viewed as low-risk, regular consumption evokes higher concern. Furthermore, comparisons with European trends reveal that changes in sentencing policies, including more lenient approaches to drug offenses, do not necessarily lead to increased drug use or harm.

The political landscape reflects this cautious approach. No major ruling party in Estonia currently endorses cannabis legalization. The topic has been raised by smaller parties and activists, but the government's stance remains relatively conservative. As of 2023<sup>22</sup>, leaders from all major parties – including the center-right Reform Party, the Centre Party, the Social Democrats (SDE), the conservative Isamaa, and the right-wing EKRE – stated they do not support legalizing recreational cannabis at this time. For instance, the Minister of Health from SDE emphasized the need to focus on mental health and addiction services before considering any liberalization. Similarly, opposition politicians in Isamaa and EKRE have spoken out strongly against legalization, citing concerns about health and societal consequences.

That said, there are some voices pushing for debate. Members of the liberal Eesti 200 party and a few Reform Party parliamentarians have suggested Estonia should at least discuss and study cannabis policy options openly. They point to developments in other EU countries (like Germany, Malta, and Luxembourg) and argue Estonia could consider evidence from those experiences. The non-parliamentary Estonian Green Party explicitly supports regulating cannabis and has campaigned on that pledge.

Over the last five years, the issue has gained greater media coverage and has been increasingly discussed in public forums, reflecting a noticeable shift from being largely taboo to a subject of policy discussion. Even so, the consensus among Estonia's political leadership is to proceed carefully. The prevailing view is that any changes should prioritize public health and be guided by expert analysis rather than political ideology. This cautious stance means significant reform (such as decriminalization beyond current practice or legalization) has not yet been enacted, despite the ongoing debate. *[Comment: Clarify idiomatically – 'gained public forums' is unclear.]*

### **International and European context**

Estonia's drug policies operate within the framework of international treaties and European Union norms. Estonia is a party to the major UN drug control conventions (the 1961 Single Convention on Narcotic Drugs and its successors) which oblige countries to prohibit non-medical production and supply of controlled substances. Like other EU member states, Estonia criminalizes drug trafficking and upholds the UN convention requirements, while retaining discretion on how to handle personal use and possession offenses. The EU does not have a unified law on cannabis for personal use – this area is left to national policy – but Estonia aligns with common EU strategies emphasizing demand reduction, harm reduction, and proportional penalties. For example, an EU framework decision in 2004<sup>23</sup> allowed member states to treat drug use or possession for personal consumption outside the scope of criminal sanctions, a flexibility Estonia utilized when it decriminalized small-scale possession in 2002.



Estonia also works with the European Union Drugs Agency (EUDA)<sup>24</sup> to track trends and implement best practices, contributing data to EU-wide reports on drug prevalence and policy outcomes.

Compared to its neighbours, Estonia's approach to cannabis is moderately liberal. Finland and Sweden, the Nordic countries to Estonia's north, both officially forbid cannabis use, though To the south, Latvia and Lithuania have tended to be more conservative: neither country has decriminalized cannabis possession, and both classify even small amounts as criminal offenses (Lithuania legalized medical cannabis in 2018 but otherwise prohibits recreational use). In this regional context, Estonia stands out for having formally decriminalized personal possession of cannabis and other drugs up to specified quantities, something not done in Latvia or Sweden. However, Estonia has not gone as far as some Western European countries that have instituted broader decriminalization or legalization. While these international trends put legalization on the European agenda, Estonia has so far taken a wait-and-see approach, emphasizing that its priority is reducing addiction and drug-related harm in line with its public health goals.

Estonia is also influenced by European cooperation on law enforcement against drug trafficking. The country's position between Western Europe and the Russian border makes it part of a transit route for illicit substances, and it participates in EU and regional initiatives to combat organized drug smuggling. As an EU member, Estonia adheres to common measures such as precursor chemical controls, information exchange via Europol, and joint operations to intercept drug shipments in the Baltic Sea region. At the same time, Estonian officials engage with EU-level drug policy discussions that increasingly highlight harm reduction and proportional sentencing. This reflects a broader European shift toward treating drug use as a health issue. In summary, Estonia's drug policy is broadly consistent with international conventions and EU strategies, while being calibrated to its national context and learning from the successes and failures of its neighbours.

### **Medical cannabis and harm reduction strategies**

**Medical Cannabis:** The regulation of medical cannabis in Estonia is governed by the Minister of Social Affairs Regulation No. 73, titled *"Lists of Narcotic and Psychotropic Substances and Their Handling for Medical and Scientific Purposes"*. This regulation was adopted on May 18, 2005, and has since undergone several amendments to ensure its alignment with evolving medical and scientific needs.

Under this regulation, cannabis and its derivatives, such as resin, extracts, and tinctures, are classified within specific substance lists that dictate their handling for medical and scientific purposes. These substances are not exempt from strict controls unless used exclusively for approved medicinal or scientific applications. The regulation specifies that only medicinal products listed under Schedules I to IV are permitted for such purposes, provided they meet the outlined conditions.

Entities authorized to handle medical cannabis must adhere to stringent requirements regarding storage, record-keeping, and accountability. The regulation mandates that storage facilities meet high-security standards, including restricted access, to prevent misuse or

diversion. Additionally, responsible individuals must be appointed to oversee the handling and documentation of these substances, ensuring compliance with the law.

This legal framework underscores Estonia's cautious and controlled approach to medical cannabis, prioritizing safety, accountability, and evidence-based practices. All actions involving cannabis, including its import, storage, distribution, and usage, must strictly comply with the provisions of Regulation No. 73.

**Harm Reduction:** Estonia has emerged as a regional leader in harm reduction, propelled by its long-standing injection drug use challenges. The country pioneered needle and syringe exchange programs as early as 1997, aiming to reduce the spread of HIV among people who inject drugs. By 2004, over 20 needle exchange outlets were operational across the country, and the distribution of sterile syringes escalated significantly - from half a million in 2004 to approximately 2 million annually by 2016. These expansive harm reduction measures, along with other initiatives, contributed to a 61% nationwide decline in new HIV infections and a dramatic 97% decrease among men who inject drugs between 2007 and 2016, as highlighted by the HERMETIC study<sup>25</sup>.

Opioid substitution therapy (OST) has been a cornerstone of Estonia's drug treatment efforts, as highlighted in the Country Drug Report 2017 by the National Institute for Health Development<sup>26</sup>. OST with methadone was officially introduced in 2001, but its implementation expanded significantly in 2003 with the establishment of specialized treatment centers. By 2015, methadone maintenance therapy was available across all treatment centers in Estonia, representing the most widely accessible treatment option for opioid dependence. The treatment system, funded primarily through the state budget and aligned with the objectives of the National Health Plan 2009–2020, emphasizes outpatient care. Methadone remains the most frequently prescribed medication for OST, addressing the needs of clients, most of whom report opioids - primarily fentanyl - as their primary substance of use.

According to the *European Drug Report 2024*<sup>27</sup>, Estonia faces challenges in providing adequate opioid substitution therapy (OST), also known as opioid agonist treatment (OAT). The coverage of OAT remains insufficient relative to the estimated number of high-risk opioid users in the country. Estonia has been particularly affected by the emergence of potent synthetic opioids, such as nitazenes, which contributed to a significant number of overdose deaths in 2023. In response to opioid-related harm, Estonia has implemented take-home naloxone programs to help reduce mortality. While the availability of OAT in Europe remained stable between 2019 and 2022, Estonia continues to face challenges related to access and treatment capacity.

Harm reduction is formally embedded in Estonia's national drug strategy. The government, often through the National Institute for Health Development (TAI) and NGOs, supports various services: needle exchange, OST, outreach programs, HIV testing, and counselling. Low-threshold centers in Tallinn and other cities provide clean injecting equipment, condoms, and basic medical care to people who use drugs. This public health approach has produced tangible benefits – besides lowering HIV rates, it has improved linkage to addiction treatment and reduced risky behaviours. The Estonian government continues to fund harm reduction services and, in recent years, has also focused on broader addiction treatment availability and

prevention campaigns aimed at youth.

### **Role of NGOs in drug and alcohol rehabilitation**

Non-governmental organizations (NGOs) have supported individuals with drug and alcohol dependence in Estonia for over 30 years, mainly through faith-based residential rehabilitation centers. Long-established providers include Samaaria Eesti Misjon, the Salvation Army in Tallinn, MTÜ Lootuse Küla, and SA Taastõusmine. Together, around ten NGOs<sup>28</sup> offer approximately 350 free residential places, primarily located near Tallinn and in eastern Estonia. Programs typically last 6–12 months and are based on 12-step principles, with added support such as work training and development of social skills.

While services are mostly aimed at adult men, some programs also provide places for women and youth. On average, 25% of participants complete the rehabilitation program, and about 70% of those remain sober five years later. Sustained recovery is supported by social reintegration, connection to faith communities, employment, and continued education.

The sector is coordinated by the Open Hope Foundation (SA Avatud Lootuse Fond)<sup>29</sup>, a network established in 2018 to enhance cooperation and improve service quality. The foundation brings together NGO representatives to align efforts and contribute to national drug and alcohol policy, including through participation in the Nordic Alcohol and Drug Policy Network (NordAN).

NGOs work closely with local authorities, prisons, hospitals, harm reduction services, and state institutions. They are longstanding partners of the Ministry of Justice in providing accommodation and counselling for individuals released from prison. In addition to rehabilitation, NGOs are active in prevention, offering school-based education and support groups in prisons, sobering-up centres, and urban settings.

### **Good samaritan act**

Estonia adopted the Good samaritan act in May 2024, which came into force in February 2025<sup>30</sup>. Under this act, individuals who seek emergency medical assistance due to drug-related health emergencies are not penalized for personal drug use or for possession of small quantities of illicit substances. The primary objective of this policy is to encourage prompt calls for medical help without the fear of legal repercussions, thereby potentially saving lives and reducing serious health consequences.

As drug-related deaths in Estonia have risen significantly, with 113 fatalities recorded in 2023 compared to 91 in 2022, growing concern has been raised about individuals experiencing or witnessing overdoses who delay or avoid contacting emergency services due to fears of punishment. According to the new policy, emergency calls related to drug overdoses primarily result in ambulance response without police intervention. Police involvement is limited to specific circumstances: when there are safety concerns, involvement of minors, or indicators of additional criminal activities.

In situations where police do respond, the act provides protection against prosecution for personal drug use or possession of small amounts, given that the individuals involved cooperate fully with authorities, voluntarily surrender any illicit substances, and have committed no other offenses.

The Good samaritan act was officially adopted in May 2024 and entered into force in February 2025. This measure aligns with Estonia's broader drug policy outlined in the strategy "Estonian drug policy until 2030," aiming to significantly decrease drug-related mortality rates and prioritize health-focused approaches over punitive measures.

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- <sup>23</sup> [https://eur-lex.europa.eu/eli/dec\\_framw/2004/757/oj/eng?form=MG0AV3&form=MG0AV3](https://eur-lex.europa.eu/eli/dec_framw/2004/757/oj/eng?form=MG0AV3&form=MG0AV3)
- <sup>24</sup> [https://www.euda.europa.eu/geographical-scope/estonia\\_en](https://www.euda.europa.eu/geographical-scope/estonia_en)
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- <sup>26</sup> <https://www.euda.europa.eu/system/files/publications/4527/TD0416914ENN.pdf>
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- <sup>28</sup> [www.lootusefond.ee](http://www.lootusefond.ee)
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