

THE “SÜTIK” PROGRAM: SUPPORTING AND EMPOWERING PEOPLE WHO USE DRUGS IN ESTONIA

Aljona Kurbatova¹ and Marin Vaher²

Initiated in 2018, the SÜTIK program in Estonia enables police officers to refer people who use drugs who have committed a drug-related offence to a support person, as an alternative to punishment. The program provides peer counselling, support and voluntary referrals to health and social programs as needed in order to improve coping skills, health outcomes, opportunities for finding and retaining employment, and the overall quality of life of people who use drugs. The findings to date indicate that women are more likely to stay actively engaged with the program than men. Promising results from the pilot project have led to the program’s expansion.

Context and Description

Estonia’s Drug Overdose Crisis

Over the past decade, Estonia has been one of the European countries most affected with the harms associated with opioid use. Estonia is one of the few countries in the region where the illegal drug market has been dominated by fentanyl – a synthetic opioid much more potent than heroin – largely contributing to Estonia recording the highest rate of overdose deaths in the EU for years. In 2017, the mortality rate due to overdoses in the EU was estimated at 22.6 per million population aged 15-64, while in Estonia this had reached to 130 per million (see Figure 1).³

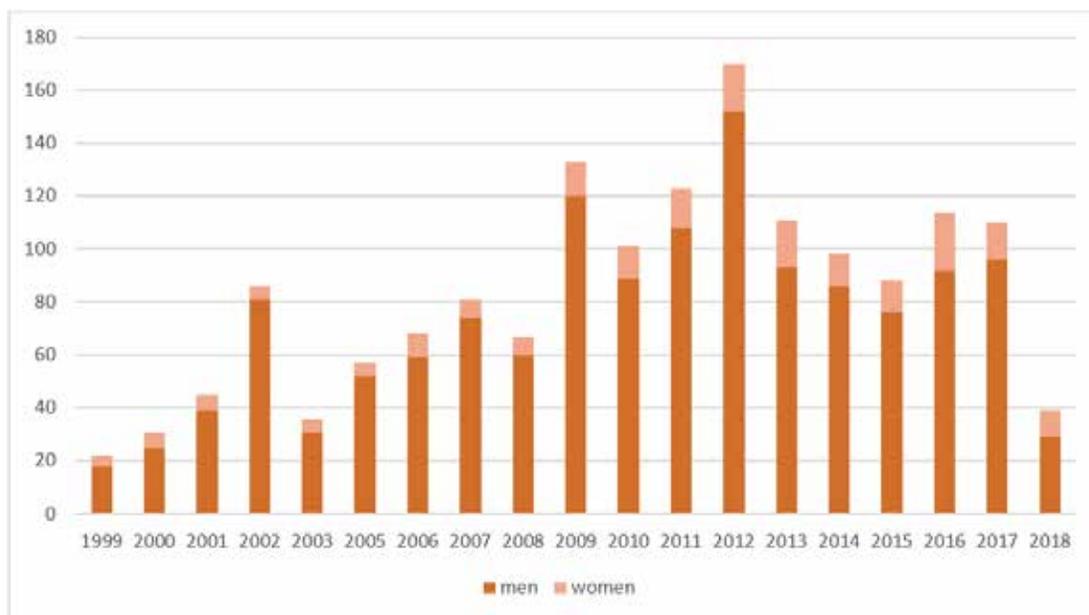
In recent years, Estonia has moved towards an integrated policy approach based on health and social determinants. As a country with a relatively high number of people who use drugs,⁴ Estonia has particularly looked at how to overcome the divide between public health and the criminal justice system, to ensure

appropriate and proportionate use of alternatives to coercive sanctions. Although drug use and possession for personal use have been decriminalized since 2002, the consumption and possession of small quantities of drugs remain a misdemeanor punishable by a fine of up to 1,200 Euros or administrative detention of up to 30 days.⁵

After years of implementing repressive policies, national health and law enforcement authorities agreed to change existing practices as it had become clear, based on both local and international evidence, that punishing people for drug use was not an effective solution. Changes to the Code of Misdemeanor and the Penal Code in 2015 created the possibility of terminating misdemeanor proceedings, or offering alternatives to coercive sanctions instead, if the person subject to proceedings is willing to participate

In 2017, Estonia's mortality rate due to overdoses had reached 130 per million. In response, Estonia has moved towards an integrated drug policy based on health and social determinants.

Figure 1. Number of drug overdose deaths 2008-2018, by gender in Estonia



Source: Causes of Death Registry 2019, NIHD

in a social support program, and taking into consideration the circumstances of the case and characteristics of the person involved.

Adapting the LEAD Program to Estonia

The SÜTIK program (abbreviation of Estonian title *Sõltlaste ühiskonnastamine tugiisikute kaasamisel*) is a social support service that was developed for people who use or are dependent on drugs and who have been diverted by the police or have approached the service voluntarily. It aims to improve the quality of life of people stopped for drug use or possession for personal use.

The SÜTIK program is based on the Law Enforcement Assisted Diversion (LEAD) program originally initiated in Seattle, USA, in 2011.⁶ In 2017, a group of Estonian health and law enforcement experts and officials took part in a study tour to Seattle to examine drug policy practices based on health and social priorities and learn about the implementation

of the LEAD program. The study tour was co-organized by the Eurasian Harm Reduction Network (EHRN) and the LEAD Support Bureau (USA). Based on this experience, Estonian officials decided to adopt the LEAD model in their country.

The program primarily enables police officers to refer people who use drugs who have committed a drug-related offence to a support person, as an alternative to punishment. There is a 24/7 hotline to facilitate referrals by police officers and prosecutors, and for those who need instant help or information about the program. The role of the support person is to help the clients find solutions and support them in identifying and accessing the services they may need to help them cope with life in a better way, including solving the problems that may be caused by drug use. Support services are very important for improving the health and social situation of people with a drug dependency, and include harm reduction services, social housing, employment programs, or drug dependence treatment services.

The primary goal of the program is to listen to and encourage the client towards less risky behaviors and provide them with the support they need and want, without pressuring them into quitting drug use. The philosophy of SÜTIK is aligned with the harm reduction philosophy.

The SÜTIK program is funded by the National Institute for Health Development Estonia, and the service is generally delivered by non-governmental harm reduction organizations.

Objectives of the SÜTIK Program

The program aims to improve coping skills, health outcomes, finding and retaining employment and improving the overall quality of life of people who use drugs through constant support, peer counselling and referrals to further services, as well as to decrease risky behavior.

Individual short- and long-term goals are set by the support person and the client, based on the client's specific situation, psychological readiness, economic situation and the availability of specific social services (for example whether there is social housing available

in the region of residence). The duration of the program is at least 12 months. After that, the social support provided to the client can continue, but the intensity of support provided will depend on the situation of the client and changes made during the previous year.

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The target group of the program are persons aged 18 or older who use drugs, and have been:

- arrested for using or possessing a small amount of drugs and have been referred to the program by the police,
- or who have turned to the service of their own volition.

Clients of SÜTIK include people who use both opioids and stimulants, people who have used substances long term or started only recently, and who need the help of a support person to cope with their daily life. Support people also assist clients undergoing opioid substitution therapy (OST) and people who are at significant risk of relapse.



Credit: SÜTIK

A Peer-Based Support System

Support services are delivered by harm reduction organizations. The team of support persons includes both men and women of different ages. Some speak Estonian as their mother tongue; some have Russian as their first language. The majority of support people are peers – having themselves overcome personal problems related to their drug use gives them a lot more credibility in the eyes of their clients. Each client is allocated a specific support person who will usually follow

their progress throughout the duration of the program.

Support persons do not replace professionals from other fields, such as debt counselors, psychologists, social workers, etc., but their personal knowledge enables them to listen to, and understand, their clients and refer them to the appropriate specialists. Support persons are provided with a list of available and accessible services that their clients may need. These services are free of charge, although the clients can choose to access non-subsidized programs, but in that case they would need to cover their cost, which can be expensive.

Group supervision is provided to support persons on a monthly basis and individual supervision on a quarterly basis. Support persons also meet regularly to discuss their case work and provide peer support to one another. As various support persons have previous experience with drug use, it is important to use supervision to reduce the risk of relapse and/or burnout.

Results and Challenges

The data presented here provides an overview of the pilot activities of the SÜTIK program in Tallinn and Harju County, Estonia, from July 2018 to July 2019. Since March 2019, the program has been expanded to cover Ida-Viru County, the northeastern region of the country.

During the first implementation year, 178 clients – 122 of them men and 56 women – participated in the program. As of 31 July 2019, 133 of those were still active clients. By agreement, active clients are those with whom the support person has been in contact at least once during the past three months. The number of clients referred to the program by the

police make up about two-thirds of all SÜTIK participants.

There are more men than women among the clients. However, of the 56 participating women, 48 (86%) are active participants (compared to 70% of the male clients), which indicates higher motivation among women to participate. Women's high levels of motivation can often be attributed to having children and a desire to provide them with a better living environment.

Providing Trust, Support and Empowerment

- 1. Building constructive relationships:** The program enables clients to build a trustful relationship with a support person who is sympathetic to their problems, compassionate and non-judgmental. Even something as little as expressing interest towards the client and asking questions about their life can have a therapeutic effect.
- 2. Empowerment:** When referring a client to services, the support person is also responsible for helping to improve the client's sense of commitment and responsibility, as the goal is not to force the client to go to a service, but rather to cooperate with and empower the client to act independently.
- 3. Debt counseling:** Referrals to debt counseling and social worker consultations are some of the most in-demand services, as one of the biggest problems that clients face is debt. Thanks to the support person's facilitation, these services are more accessible to clients although limitations remain (see below).
- 4. Referrals to harm reduction and drug dependence treatment services:** SÜTIK

clients often need harm reduction services and are generally aware of them, but with this program, available options are discussed in depth with the client, taking into account their specific drug use habit and how to mitigate harm. While most clients are familiar with, and already access, needle and syringe programs (NSPs), the use of services provided by social workers, debt consultants and psychologists increases significantly after clients join the SÜTIK program.

5. **Group meetings:** Clients have the option to attend weekly supervised group meetings.

Building Relations with Key Institutions

1. **Constructive cooperation with the police:** The support person hotline is open 24/7, which means that the police are able to call a support person around the clock. Most of the calls are made from the police station during non-working hours, i.e. at night and in the early hours of the morning. Police officers are respectful and also express a polite attitude towards potential clients, thanks to trainings and positive attitudes resulting from working with peers engaging as support persons in the program, which have significantly improved the police's behaviors towards people who use drugs.
2. **Cooperation with drug dependence treatment and rehabilitation centers:** Support persons can contact the Viljandi Hospital directly – the biggest state-funded drug treatment center in Estonia – to seek advice on treatment options. The Viljandi Hospital mostly provides abstinence-based treatment, but also offers harm reduction services such NSPs and

is due to start providing OST in 2020. OST is also provided in other clinics that the clients can be referred to. Follow-up services are offered in different regions of the country. Although the SÜTIK program acknowledges that not all clients will complete treatment or stop using drugs, providing them with information on the ways in which they can overcome their dependence is considered as a step forward. Even if treatment is discontinued at first, there is always hope that the client may return if and when they are ready to do so. In the meantime, the client can continue receiving other forms of assistance from their support person.

3. **Cooperation with harm reduction services:** As the activities of the program are closely linked to harm reduction, close cooperation is ensured with other harm reduction centers. The clients use harm reduction services to different degrees, with peer counseling, debt counseling



Credit: SÜTIK

Case study: SÜTIK client, 35 years old (prefer not to disclose their gender)

The first meeting of the client and their support person took place in the winter of 2019 in a sober house. The client was using alcohol and drugs. At the time, the client's life was in shambles. Their spouse had taken their children abroad and the client was unable to communicate with them. When the client joined the SÜTIK program, they were closed and distant in communication, attending the meetings only to fill in risk assessment surveys. Most of the communication was conducted over the phone. In time, the client opened up more and came to build a trusting relationship with the support person. The client has made a breakthrough in their life by now. They got out of a violent relationship and is able to communicate with their children on a regular basis. The client is planning to begin university studies.

and psychological counseling being by far the most popular services. Naturally, bottlenecks do sometimes occur because the willingness of SÜTIK's clients to receive help fluctuates daily or even by the hour, and when a client is ready to receive help, the specialist may not be available right away.

Key Challenges

- 1. Limited options to help clients with a dual diagnosis:** If a client has been diagnosed with (or is suspected to have) a psychiatric disorder in addition to drug dependency, they usually need drug dependence treatment as well as therapy in a psychiatric facility able to treat both. However, there are currently only a few such facilities that provide such dual treatment in Estonia.
- 2. Staying in touch:** Phone numbers of clients tend to change and get lost, which often makes it difficult to keep in touch with the client, and as a result, support persons may lose track of them. The support person will always ask for the phone number of someone close to the client as well, but due to the complex nature of relationships, this is not always helpful.
- 3. Language barriers:** A high proportion of people who use drugs in Estonia speak Russian as their mother tongue or main language and have poor knowledge of Estonian. This makes it very difficult for them to interact with public authorities, but also to attend employment courses, apply for jobs, etc. Therefore, people who speak both languages are highly valued as support persons, because they are able to act as a “mediator” for the clients when communicating with the authorities and service providers.
- 4. Stable housing and access to social services:** Oftentimes, social services are municipal and if the client has no registered address or it is different from their actual place of residence, it may be very complicated to help this client receive municipal services at their real place of residence.
- 5. An evolving drug market:** The illicit drug market is constantly changing and in order to understand the client's needs (including patterns and types of drug use), the support person must constantly update information concerning the main substances available on the market.
- 6. Lack of access to specialist treatment:** When it comes to chronic illnesses, clients most often mention HIV, hepatitis

B and C, various mental health disorders and dental problems. While HIV testing and treatment is available free of charge to all clients, it is not the case for hepatitis treatment. Only treatment of acute cases is covered by emergency healthcare funds and provided to everybody regardless of their health insurance status. A person with a chronic condition must have health insurance in order to consult a family physician and obtain a referral to an infection specialist or gastroenterologist. Clients of the program make up a vulnerable group in terms of hepatitis and, where possible, early treatment for hepatitis B and C should be ensured to everyone regardless of their health insurance status. Psychiatric treatment is available to clients with health insurance, but even then, treatment options are limited, mainly due to a lack of psychiatrists, which is a wider healthcare problem. Finally, dental care is often inaccessible, mainly due to its high cost.

Mainstreaming and Future Plans

Since launching the pilot project in 2018, the National Institute for Health Development has received numerous requests from the law enforcement and criminal justice system to expand SÜTIK to divert more people away from punishment and towards the support services they may need. In April 2019, the program was expanded to Ida-Viru County, where the service is accessible every day from 8:00 am to 10:00 pm. In cooperation with the Police and Border Guard Department, the program has been made available for people who use drugs who are detained in two major administrative detention centers. The National Institute of Health Development is currently cooperating

The program has now been expanded to Ida-Viru County and for formerly incarcerated people who have a history of drug use.

with prisons to make the program accessible for those who are in prison, have a history of drug use and who therefore would benefit from the SÜTIK program when they are released. Finally, discussions are being initiated to expand the program to people who use drugs who are arrested for petty crimes.

Key References

The SÜTIK program was originally conceptualized through an adaptation of the LEAD program in Seattle, USA. For more information about this program, see:

Buhse, C. & Schaffer, A., 2017, *Diversion from the Criminal Justice System: The “LEAD” Program in the United States*, Washington Office on Latin America, International Drug Policy Consortium, Dejusticia, OAS Inter-American Commission on Women, https://www.wola.org/wp-content/uploads/2017/05/DONE-8-LEAD_ENG_FINAL-1.pdf

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The opinions and information included in this briefing do not necessarily represent the SÜTIK program, the Infectious Diseases Prevention Center of the National Institute for Health Development or any other Estonian government entity.

Endnotes

1. Head of Drug Abuse and Infectious Diseases Prevention Center, National Institute for Health Development, Estonia
2. Senior Specialist, Drug Abuse and Infectious Diseases Prevention Center, National Institute for Health Development, Estonia
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5. See paragraph 15 of the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof (1997), <https://www.riigiteataja.ee/en/eli/502042019008/consolide>
6. For more information about the LEAD program, see: Buhse, C. & Schaffer, A., 2017, *Diversion from the Criminal Justice System: The "LEAD" Program in the United States*, Washington Office on Latin America, International Drug Policy Consortium, Dejusticia, OAS Inter-American Commission on Women, https://www.wola.org/wp-content/uploads/2017/05/DONE-8-LEAD_ENG_FINAL-1.pdf

This series aims to share examples of innovative approaches that incorporate a gender perspective and the principles of public health and human rights into drug policy. Such innovations will have the best possible outcomes only when they are accompanied by more fundamental drug law and policy reform. However, in the absence of broader reforms, or carried out in conjunction with such reforms, these innovations can help break the vicious cycles of poverty, social exclusion, drug use, involvement in the drug trade, and incarceration that plague so many poor communities across the Americas today. Global Innovative Approaches is a tool that accompanies the publication [Women, Drug Policies and Incarceration: A Guide for Policy Reform in Latin America and the Caribbean](#).