Helsinki

Helsinki Substance Use Strategy 2026–2029

Helsinki

Helsinki Substance Use Strategy 2026–2029

Publisher
City of Helsinki

Cover photo
City of Helsinki

Year of publication
2026

Contents

1 Introduction 4

2 Legislation and strategic documents steering the work 9

Legislation steering the work 9

City Strategy and segregation prevention objectives 9

Finnish Substance Abuse and Addiction Strategy 10

EU Drugs Strategy 10

3 The scope, ethical basis and information base of the Substance Use Strategy and the current situation regarding substance use 12

The scope of the Substance Use Strategy 12

The ethical basis of the work 12

The information base of the Substance Use Strategy and the current situation regarding substance use 13

4 Objectives and measures of the Substance Use Strategy 19

Objective 1. The support and treatment needs of different population groups are identified, and substance use is reduced. 20

Objective 2. Substance-related harms are reduced and drug-related deaths are halved. 23

Objective 3. Substance-related disturbances and violence in public spaces are reduced, and residents' sense of safety is strengthened. 24

Objective 4. Everyone has a role in addressing substance use and reducing stigma. 26

Objective 5. The Substance Use Strategy is led and implemented through collaboration and a shared situational picture. 28

5 Substance use prevention 29

Substance use prevention as part of promoting wellbeing and health 29

Structures of substance use prevention in Helsinki 31

National Action Plan for Substance Use Prevention 31

6 Substance Abuse Services Strategy 33

City of Helsinki's substance abuse services 33

Measures during the 2026–2029 strategy period 34

7 Appendices 39

1 Introduction

Substance use is a significant social and societal problem that undermines the wellbeing of individuals in many ways, puts a strain on personal relationships and causes costs amounting to billions. Substance-related harms have a wide-ranging impact on the population's physical and mental health, social wellbeing, employment and ability to work, the wellbeing of families and children, and safety and social inclusion. Although substances are often used for short-term pleasure or relaxation, long-term or heavy use can impair a person's ability to function and lead to social exclusion, addiction or even death. Substance-related harms often accumulate, thereby creating and increasing disparities in health and wellbeing. Preventing problems at an early stage reduces the need for intensive services and their high costs later on. Tackling this phenomenon requires both individual treatment and an examination of social structures.

Substance use prevention plays a key role in maintaining the wellbeing, safety and economic stability of society. Its objective is to prevent and reduce the harm caused by substance use and gambling while also promoting people's wellbeing, safety and healthy lifestyles. Substance use prevention is not merely about providing information on substances or their associated risks; it also involves strengthening protective factors and reducing risk factors at the level of the individual, the community and society. Substance use prevention saves money by reducing the need for hospital treatment and social services, as well as reducing instances of crime. Furthermore, it supports socially sustainable development and helps to prevent rising inequality.

For an individual and their loved ones, addiction-level substance use can be a severe illness, the impact of which extends into many areas of life. There is still a great deal of stigma, prejudice, judgement and misunderstanding surrounding addiction disorders and their causes. Substance addiction is often regarded as more of a moral and social problem than an illness. Substance addiction has physical, psychological and social dimensions, all of which influence both the development of the problem and its treatment. This makes the treatment of people with substance addiction and the development of treatment systems a challenging task.

Enjoyable leisure activities and hobbies are effective ways to prevent and reduce substance use amongst residents of all ages. They relieve stress, provide experiences of success, increase the feeling of belonging, help to build a substance-free social network and serve as a substitute for the pleasure derived from substances.

Substance use among Helsinki residents and the changing operating environment

A wide range of data on substance use and substance use harms among Helsinki residents, gathered from various sources, has been compiled to form the information base for the Substance Use Strategy. According to the substance use information base, the situation regarding substance use in Helsinki has been developing partly in a positive direction, but partly in a negative one. High-risk alcohol consumption has decreased amongst working-age adults, but alcohol consumption among older adults has, by contrast, become more common. Alcohol-related deaths among Helsinki residents decreased quite rapidly for a few years, but this positive trend has slowed down. Meanwhile, the use of nicotine products is undergoing a change, as smoking has decreased while the use of nicotine pouches has become more widespread, particularly among young people. Mortality from lung cancer has fallen significantly as a result of the decrease in smoking over time. Drug use has increased, and there are also more reports of drug use than before. At the same time, drug-related deaths have increased.

The ever-changing operating environment in substance use work poses a challenge to the City's operations and the wellbeing of Helsinki residents. The societal situation (e.g. unemployment, cuts to benefits and reduced food aid) is reflected in the circumstances of people in a difficult position. Increased drug use and related mental health problems are one of the biggest factors undermining safety. People under the influence of substances in public places cause a sense of insecurity. The drug trade has increasingly fallen into the hands of foreign operators and given rise to new side effects, such as the use of minors in drug dealing. The reform of gambling legislation entering into force in the summer of 2027 will partially open up the gambling market to competition, bring new operators into the sector and increase gambling advertising. This may cause an increase in gambling addiction.

Helsinki City Strategy 2025–2029 and the implementation of the Substance Use Strategy

The Helsinki City Strategy for the 2025–2029 council term provides for the City's work on preventing the harmful impact of drugs and developing substance use work as follows:

"Through prevention, multidisciplinary collaboration and early intervention, we can stop many problems from arising or getting worse."

"We will respond to the growing problem of substance use by strengthening our substance abuse services. In order to prevent drug-related deaths and develop the quality of substance use work, Helsinki will draw up a substance use strategy and an action plan for preventing drug-related deaths. We will devote special attention to reducing the number of drug-related deaths among young people. We will ensure that people with substance use issues also have access to mental health services."

On 29 September 2025 (section 607), the City Board decided on the implementation of the City Strategy. According to the implementation decision, the programme package for segregation prevention forms part of the Strategy's transformative programmes, and the Substance Use Strategy is one of the strategic documents linked to it.

"The City's objectives for preventing segregation will be prepared as part of the overall segregation prevention programme. This overall framework also includes the Homelessness Programme and the Substance Use Strategy, which are to be approved by the City Board, and insofar as is necessary, the Action Plan for the Prevention of Drug-Related Deaths among Young People and the Hepatitis C Elimination Programme, which are to be approved by the Social Services, Health Care and Rescue Services Committee. When preparing the objectives, consideration will be given to existing programmes that have links to segregation prevention."

In accordance with the decision on implementing the Strategy, the implementation of the programme's overall objectives will be overseen by the City's management group and executive management.

In accordance with the decision of the City's management group, the Substance Abuse Services Strategy referred to in the City Strategy has been incorporated into the Substance Use Strategy (Chapter 6). The Substance Abuse Services Strategy sets out the key principles, objectives and measures for substance abuse services within the City's Social Services, Health Care and Rescue Services Division during the strategy period. The strategic objectives and City-wide measures for substance use prevention in Helsinki are also included in the City's Substance Use Strategy. The City's Action Plan for Substance Use Prevention based on the City's statutory duty and to be approved by the Culture and Leisure Committee in autumn 2026, further specifies these objective and measures (Act on the Organisation of Substance Use Prevention).

The objectives of the Substance Use Strategy are set for the current council term and are intended to help to promote cooperation between the different operators and divisions and clarify responsibilities. Furthermore, it helps with allocating resources appropriately and promotes decision-making based on research and information on phenomena. The City's divisions will be responsible for taking into account the objectives as part of their annual operational and economic planning processes. Resource allocation will be refined in annual operational and economic planning. The objectives of the Substance Use Strategy will be coordinated with the other objectives of the strategy, whilst recognising the economic boundary conditions and making efforts to ensure that the implementation is as cost-effective as possible. In accordance with the decision on implementing the strategy, the implementation of the programme's overall objectives will be overseen by the City's management group and executive management.

In autumn 2026, the strategic indicators for the Substance Use Strategy and action cards for City-wide measures will be compiled, coordinated by the Substance Use Strategy preparation group. The preparation group will continue its work throughout the strategy period and be responsible for promoting implementation and reporting to the City's management group and executive management.

Preparation process for the Substance Use Strategy

The Substance Use Strategy was prepared by a City-wide, cross-divisional working group in early 2026. The preparation of the Substance Use Strategy is a continuation of the City's preparation of quick measures to address the substance use situation in autumn 2025. The preparation of the Strategy was overseen by the City's management group and executive management. The preparation process took into account the objectives of segregation prevention, as well as its links with other programmes.

Members of the Substance Use Strategy working group:

- Chair: Head of Welfare Promotion Heidi Hagman; secretary: Special Planning Officer Vili Varjonen (Culture and Leisure Division)
- City Executive Office: Director of the Safety and Preparedness Team Minna Liimatainen, Senior Specialist Sanna Lokkila and Senior Researcher Netta Mäki
- Social Services, Health Care and Rescue Services Division: Director of Housing, Crisis and Substance Abuse Services Mikko Tamminen, Substance Abuse Services Manager Pia Pulkkinen, Psychiatric First Line Services Manager Laura Simoila, Senior Social Worker for Aftercare Siru Waller, Adult Social Work Manager Henna Niiranen, District Manager of Child Welfare Social Work Saara Keränen
- Education Division: Pedagogical Specialist Elina Rautiainen
- Urban Environment Division: Senior Specialist Tiia Ettala, Head of the Housing Services Unit Elli Peltola, Head of the Urban Space and Landscape Planning Unit Tero Santaoja
- Cross-divisional communications team: Communications Specialist Anne Hämäläinen, Communications Unit and Communications Manager of the City Executive Office Ilpo Kiiskinen, Communications Unit of the Culture and Leisure Division

As work began on drawing up the Substance Use Strategy, the preparation group reviewed the information base draft for the strategy compiled by the Urban Research and Statistics Unit and steered its further preparation and development. The next work phase involved identifying the scope and interdependencies of the Strategy and preparing workshops to support the preparation process and a survey for Helsinki residents.

During the preparation of the Substance Use Strategy, two multi-operator workshops were held on 10 April and 17 April 2026. The workshops were attended by a broad range of City specialists and managers from all divisions, stakeholders such as the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare, organisations operating in the field of substance abuse services, experts by experience, and representatives from the City of Helsinki's influencing bodies, namely the Youth Council, the Council on Disability, the Elderly Citizens Council and the Advisory Board for Organisations. The aim of the workshops was to lay a foundation for the objectives and measures of the Substance Use Strategy. Both workshops were attended by a diverse group of around forty people working in various roles in the field of substance abuse services.

A survey to assess the situation regarding substance use was conducted with Helsinki residents between 20 April and 3 May 2026. Residents' views on the substance use situation were surveyed separately in each district. The substance use survey was used to collect the views and experiences of Helsinki residents on the substance use situation in the city. The questions concerned substances, tobacco and nicotine products and gambling. The survey collected anonymous responses from all Helsinki residents aged 15 and above. A separate survey was drawn up for young respondents.

The City's operational management group had a preliminary discussion on the preparation of the Substance Use Strategy on 7 April 2026. The Strategy was discussed by the Social Services, Health Care and Rescue Services Committee on 28 April and by the Culture and Leisure Committee on 5 May 2026. On the basis of preliminary discussions, the scope defined and the workshops held on the Substance Use Strategy, the preparation group drew up proposals for the Strategy's objectives and measures on the basis of the information base.

The creation of the Substance Use Strategy was supported by the international Partnership for Healthy Cities network. This cooperation will continue with regard to the implementation of the Strategy in 2026–2028.

2 Legislation and strategic documents steering the work

Substance use work and the prevention of substance-related harms are steered by a comprehensive body of legislation, the aim of which is to prevent and reduce the health-related, social and societal harms caused by substance use, and to promote the wellbeing and safety of the population. In addition to legislation, the work on the Substance Use Strategy is steered by national and international objectives. The Finnish Substance Abuse and Addiction Strategy sets out objectives and priorities for joint development work and policy measures until 2030. The EU Drugs Strategy and its action plan support efforts to reduce drug-related harms and strengthen international cooperation and partnerships.

Legislation steering the work

The key piece of national legislation is the Act on the Organisation of Substance Use Prevention (523/2015), which sets out the responsibilities of municipalities and wellbeing services counties in the implementation of substance use prevention. Regulations regarding substances are also governed by laws such as the Alcohol Act (1102/2017), the Tobacco Act (549/2016), the Narcotics Act (373/2008), the Lotteries Act (1047/2001), the Gambling Act (10/2026), the Health Care Act (1326/2010) and the Social Welfare Act (1301/2014).

Legislation forms the basis for the prevention of harm caused by substance use, the service system, the regulation of availability and marketing, and cooperation between public authorities.

City Strategy and segregation prevention objectives

The Helsinki City Strategy for the 2025–2029 council term provides for the City's work on preventing the harmful impact of drugs and developing substance use work. The guidelines of the City Strategy and the decision on the implementation of the Strategy are presented in the introduction section of this document.

Finnish Substance Abuse and Addiction Strategy

The objective of the Finnish Substance Abuse and Addiction Strategy is to prevent and reduce the risks, harms and problems caused by the use of alcohol, tobacco and nicotine products, as well as drugs and gambling, across all age groups. The Strategy also covers digital gambling, medicines used to induce intoxication and other substances. The Strategy sets out objectives and priorities for joint development work and policy measures until 2030.

The starting point for the Strategy is safeguarding fundamental and human rights, identifying links between substance use and addiction phenomena, and promoting gender equality and non-discrimination.

The Finnish Substance Abuse and Addiction Strategy has five priority areas:

- strengthening the rights of people suffering from substance abuse or experiencing addiction-related harm who are covered by substance abuse services, as well as the rights of those close to them;
- strengthening cooperation, information flow, expertise and knowledge base;
- intensifying alcohol, tobacco and nicotine, drug and gambling policy measures;
- ensuring the quality, accessibility and availability of both preventive work and substance abuse and addiction services;
- ensuring cooperation and expertise at the Government level to address substance abuse and addictions.

The Strategy is implemented through programmes and policy guidelines governed by it, such as the Gambling Policy Programme, the Government Resolution on Drug Policies, the recommendations of the Working Group on the Development of Tobacco and Nicotine Policy, and the Action Plan for Substance Use Prevention.

EU Drugs Strategy

On 4 December 2025, the European Commission presented a new EU Drugs Strategy for 2026–2030, an action plan against drug trafficking, and updated rules for the tracking and control of drug precursors. The new Strategy and action plan are based on the EU Drugs Strategy and action plan for 2021–2025 and their assessment.

According to the Strategy, the drug trade is a global criminal enterprise and a significant threat to the wellbeing of the people of Europe and the safety of Europe as a whole. Illegal drugs, such as cocaine and synthetic drugs, contribute to increasing violence, corruption and the exploitation of the legitimate economy. Drug traffickers have developed new methods, and their smuggling routes are constantly changing. They operate all over the world and, increasingly, online.

At the same time, drug use poses a serious threat to public health, as new substances further increase the risk of poisoning and overdose. Children and young people are particularly affected. Furthermore, drug production causes significant environmental damage, including in the form of toxic waste. These evolving dynamics call for stronger and more coordinated action across the EU.

The Strategy sets out a course of action to safeguard the wellbeing of citizens, public health and safety, and to strengthen the EU's preparedness and response to current and future challenges related to drugs. The Strategy is complemented by an action plan comprising 19 priority measures aimed at improving safety, disrupting drug traffickers' routes and thwarting their business models.

Both documents also support efforts to reduce drug-related harms and strengthen international cooperation and partnerships. The updated regulations regarding drug precursors are intended to prevent their use in the production of drugs, and to modernise and simplify the supervision of legitimate businesses.

3 The scope, ethical basis and information base of the Substance Use Strategy and the current situation regarding substance use

The scope of the Substance Use Strategy

The Substance Use Strategy covers themes related to alcohol, tobacco and nicotine products, drugs, gambling and online gaming; the prevention of harm and deaths caused by substance use; the availability of and market for legal substances; reducing the stigma related to substance use; and management, communication and marketing.

The Strategy alone cannot resolve the social phenomena that contribute to the harms caused by substance use, but it does take account of their significance as part of the operating environment. These themes are also linked to other strategic and programme-related areas. Examples of such areas include segregation, inequality and disadvantage, homelessness, elimination of hepatitis C, access to mental health services, the location of services, and the availability of and market for illegal substances.

The ethical basis of the work

In accordance with the 2021–2030 Substance Abuse and Addiction Strategy of the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health, the ethical basis of the Substance Use Strategy is built on respect for human dignity, equality and the right of self-determination. Its aim is to promote health and wellbeing, and to prevent and reduce the harms caused by substance use to individuals, their loved ones and society.

Ethical action emphasises non-discrimination, confidentiality, a client-oriented approach and fair access to services. Furthermore, substance use work aims to reduce stigma and support participation and overall wellbeing, based on research evidence.

The information base of the Substance Use Strategy and the current situation regarding substance use

The Substance Use Strategy must be managed with knowledge and on the basis of effectiveness, as the measures used in substance use work vary in their significance. Effectiveness-based management helps to identify, on the basis of research, which groups benefit most from specific interventions and which approaches yield the greatest health and wellbeing benefits, and where early support can prevent more serious and costly problems later on.

On the other hand, the harms caused by substance use are multifaceted, which means that the Substance Use Strategy must be monitored through a comprehensive situational picture. A common information base means a shared, up-to-date understanding of the extent of and trends in substance use, the distribution of harms across different population groups, and the accessibility of services and gaps in their provision. A shared situational picture also supports cross-administrative management.

The information base for the Substance Use Strategy

The creation of the Substance Use Strategy involved forming an overview of the substance use situation, bringing together a wide range of information from very diverse sources on substance use and substance-related harms in Helsinki. Population-level surveys provide information on the prevalence of the use of different substances and the underlying factors, as well as aspects such as drug observations in different areas. Register materials, on the other hand, provide a reliable and undistorted picture of changes over the longer term – including drug-related mortality, among other things.

Rapidly updated indicators, such as the Finnish Institute for Health and Welfare's (THL) wastewater analyses, complement the situational picture by providing early signals of changes in substance use. In turn, client data from substance abuse services and statistics from the Symppis day centre provide an insight into the backgrounds and circumstances of the clients of the services.

The monitoring of the substance use situation has been supplemented by a number of other indicators which, among other things, provide information on substance-related harms. Examples of these indicators include data collected by THL from outside the service system (known as PUHTI), regional data from the NOPSA quick drug data network run by EHYT ry, statistics on substance use as a cause of child welfare notifications and emergency placements, statistics on drug-related crime, and THL's study on drug residues in syringes.

The substance use situation in light of the information base

According to the current results of the substance use information base, the situation regarding substance use in Helsinki has been developing partly in a positive direction, but partly in a negative one. Drug use has increased, and there are also more reports of drug use than before. At the same time, drug-related deaths have increased. According to THL's wastewater study, cocaine use has increased the most in Helsinki, but designer drugs that can be highly addictive and cause significant health risks have also become more widespread. The use of designer drugs also causes unpredictable behaviour among people with problematic drug use, which has had an impact on the general sense of safety.

High-risk alcohol consumption has decreased amongst people of working age, but alcohol consumption among older adults has, by contrast, become more common. Alcohol-related deaths among Helsinki residents decreased quite rapidly for a few years, but this positive trend has slowed down. Meanwhile, the use of nicotine products is undergoing a change, as smoking has decreased while the use of nicotine pouches has become more widespread, particularly among young people. Mortality from lung cancer has fallen significantly as a result of the decrease in smoking over time.

Based on the information base regarding the substance use situation in Helsinki, the City needs to act, particularly to reduce the number of drug-related deaths and to address alcohol consumption amongst the ageing population.

Helsinki substance use survey 2026

In April and May 2026, the City of Helsinki surveyed residents' views on the substance use situation in different districts in Helsinki. The population survey was conducted to establish the views of Helsinki residents on the substance use situation in Helsinki and their experiences of safety.

The target group for the survey was Helsinki residents (young people aged 15–17 and adults). There were separate forms for young people and adults, and the data was collected via a survey on Taloustutkimus's online panel service, as well as via an open-access link shared through the City's channels. The survey could be taken in Finnish, Swedish and English, and it was carried out using the Maptionnaire software, which includes map functionality. Responses to the survey were collected between 20 April and 3 May 2026, with a total of 5,799 respondents taking part: 199 young people (193 via the City's channels, 6 via the online panel) and 5,600 adults (4,867 via the City's channels, 733 via the online panel).

Of the adult respondents, 71% were women and 25% were men. A further 1% of the respondents were non-binary and 2% did not wish to disclose their gender or did not answer the question. Of the respondents, 89% took the survey in Finnish, 10% in English and 1% in Swedish. A total of 20% of respondents were aged 18–30, 42% were aged 31–45, 24% were aged 46–60, 12% were aged 61–75, and 2% were aged 76 or over. As for labour market status, the vast majority of respondents (70%) were in employment. A total of 10% were pensioners and 9% were students, while other labour market statuses together accounted for around one tenth of the respondents.

Of the respondents aged 15–17, 62% were girls and 32% were boys. Of the respondents 1% were non-binary and 6% did not wish to disclose their gender or did not answer the question. A total of 67% of the respondents took the survey in Finnish, 31% in English and 2% in Swedish. In terms of age distribution, the respondents were predominantly 15-year-olds, who accounted for 47% of the respondents, while 16-year-olds accounted for 27% and 17-year-olds for 26%. More than half of the respondents (53%) were in lower secondary school, 35% in general upper secondary school and 9% in vocational education. A total of 3% of respondents were studying at other educational institutions.

Regional observations

Adult respondents were asked whether they had seen the sale or use of drugs, or drug paraphernalia (such as syringes), over the past 12 months. Adults and young people (ages 15–17) were asked about situations that had caused them to feel afraid in public places, and about occasions when they had been harassed or bothered by someone under the influence of substances. Respondents could mark their observations on a map and describe these situations in more detail in their own words.

Observations were made in various parts of the city, and the adults' responses were distributed fairly evenly across the different areas. The largest groups of respondents were from the southern (19%), western (18%) and eastern (17%) areas. A further 16% of respondents were from the central area and 15% from the north-eastern area. A total of 9% of respondents were from the south-eastern area and 7% from the northern area.

Substance use

The results of the 2026 substance use survey for adults are largely consistent with those of the Helsinki substance use survey conducted in 2024, and there have been no significant changes in the substance types observed. Over the past 12 months, the adults who responded to the survey had most commonly observed underage people smoking (61%), using e-cigarettes (55%), consuming alcohol (53%) and using snus and nicotine pouches (50%). Of the adults, 63% are of the opinion that there is too much drug use in their neighbourhood. A total of 44% are of the opinion that there is too much alcohol consumption in their neighbourhood, while 39% are of the opinion that there is too much use of nicotine and tobacco products.

The young people who responded to the survey reported that in their neighbourhood, there is, in particular, too much use of e-cigarettes (61%), nicotine pouches (53%), alcohol (52%) and cigarettes (48%). The young people also see these being used by minors most frequently (e-cigarettes 85%, alcohol 81%, nicotine pouches 77%, cigarettes 73%). In their assessment, cannabis is also being used, and some use has been observed. A total of 37% are of the opinion that other drugs are used too much in their neighbourhood, and 34% of the young people have observed minors using them. Laughing gas accounts for the smallest proportion in terms of both excessive use and observations of use.

Sales and acquisition

Of the adults who responded to the survey, 29% have observed the supply of drugs to minors in their neighbourhood over the past 12 months. A total of 12% have observed the supply of alcohol, while the figure for other substances is less than 10%. Of those who responded, 9% reported having observed instances where the seller had not checked the age of a young-looking buyer of alcohol, and 8% reported instances where the seller had not checked the age of a buyer of tobacco and nicotine products. Seven out of ten are of the opinion that shops, petrol stations and kiosks should take a stricter stance on selling alcohol to people who are intoxicated. Six out of ten would impose stricter rules on sales in restaurants.

Around one in five of the young people who responded had seen nicotine pouches being sold to a minor over the past 12 months in a shop, kiosk or petrol station. A nearly equal proportion have seen sales of alcohol, cigarettes and e-cigarettes. According to the young people’s observations, the acquisition or supply of alcohol, nicotine pouches, e-cigarettes and cigarettes is fairly common. Well over half of the young people have made such observations. Of the young people, 40% have observed vapes being supplied to or acquired by a minor. An almost equal proportion of the young people have observed cannabis (39%) or snus (37%) being supplied to or acquired by minors.

Situations causing fear and involving harassment

The 2026 substance use survey shows an increase in experiences of insecurity compared with the 2024 substance use situation survey. In the 2024 survey, 56% of adult respondents stated they had felt afraid on the street or in other public places, while in the most recent survey the corresponding figure is 69%. When examining the results, however, it should be noted that the respondent groups of the surveys are not entirely comparable, due to which the changes only reflect an indicative trend.

Of the adult respondents, 69% have felt afraid of intoxicated persons whom they have encountered on the street or in other public places. A total of 44% have experienced harassment or disruptive behaviour by an intoxicated person in their residential building or its surroundings (the yard area). Of the adults, 42% have experienced harassment or verbal abuse on the street or in another public place.

Based on the respondents' written accounts, fear is caused by aggressive and erratic behaviour and unpredictability. The harassment reported involves shouting, mainly making threats and trying to intimidate, or begging for money or cigarettes. Physical threats and violence are also mentioned in the responses.

More than half of the young respondents have felt afraid of intoxicated persons whom they have encountered on the street or in other public places. Of the young respondents, 38% have experienced harassment or disruptive behaviour by an intoxicated person in a public place. According to the young people's accounts, such situations involve verbal or physical harassment, or the situation itself feels distressing and frightening even if nothing concrete actually happens.

Concerns about loved ones and the person's own situation, and access to support

Of the adult survey respondents, 34% have been concerned about a loved one's substance use and/or gambling in the last 12 months. The most common concern is about alcohol consumption. Four fifths of the concerned adults know where to get help for their loved one. A total of 11% are concerned about their own substance use and/or gambling. The concerns are mainly about the use of tobacco and nicotine products and alcohol. Almost nine out of ten respondents are aware of what kind of support is available for their own situation.

Of the young survey respondents, 55% have been concerned about a loved one's substance use and/or gambling in the last 12 months. The young people are the most concerned about the use of alcohol, tobacco and nicotine products. Two thirds of the concerned young people know where to get help for their loved one. Adults outside the home have asked the young people most frequently about the use of alcohol (68%), e-cigarettes (62%), cigarettes (61%), nicotine pouches (54%) and snus (49%). The young people have been less commonly asked about the use of cannabis (36%), other drugs (34%) or laughing gas (34%).

Experiences with substance abuse services

Social and health care service providers have asked the adult population the most commonly about their use of tobacco and nicotine products (50%) and alcohol (47%). A total of 29% have been asked about drug use. Social and health care service providers have provided advice on the use of tobacco and nicotine products to 6% of the respondents and advice on alcohol consumption to 5%. According to the adult respondents, it is not particularly easy to get support for reducing or stopping substance use in Helsinki. Information on support services for reducing or stopping substance use is more readily available.

Young respondents were not asked about their experiences with substance abuse services.

The impact of substance abuse services on neighbourhood safety

Of the adult respondents, 30% believe that increasing the provision of substance abuse services in their own neighbourhood would improve safety in the area. A total of 34% believe that the situation would not change. Similarly, 34% believe that safety in the area would decline. The view that increasing substance abuse services would reduce safety is most strongly held in the southern and central residential areas. Of the adult respondents, 35% were already familiar with the substance use prevention carried out in Helsinki.

Young respondents were not asked about their experiences of the impact of substance abuse services on safety in their neighbourhood.

4 Objectives and measures of the Substance Use Strategy

In drawing up the Substance Use Strategy, the aim was to identify key issues – related to substances, the phenomenon of substance use and the City of Helsinki's services – on which it is appropriate to focus measures. In defining the objectives and City-wide measures, it was therefore important to take account of the local operating environment and specific needs. The preparation process also made extensive use of existing research and phenomenon data from various sources. As a result of this work, five objectives were identified for the 2025–2029 council term.

Objectives of the Helsinki Substance Use Strategy:

1. The support and treatment needs of different population groups are identified, and substance use is reduced.
2. Substance-related harms are reduced and drug-related deaths are halved.
3. Substance-related disturbances and violence in public spaces are reduced, and residents' sense of safety is strengthened.
4. Everyone has a role in addressing substance use and reducing stigma.
5. The Substance Use Strategy is led and implemented through collaboration and a shared situational picture.

Objective 1. The support and treatment needs of different population groups are identified, and substance use is reduced.

Measure
Children, young people and families with children
1.1 We will strengthen the role of substance use education as part of supporting the growth, learning and wellbeing of children and young people.
1.2 We will develop the content, materials and methods of substance use education to suit the age and developmental stages of children and young people, taking into account risk awareness and a harm-reducing approach.
1.3 We will support schools and educational institutions through collaborative networking with divisions, organisations and local networks.
1.4 We will strengthen staff competence in substance use education and early identification and intervention.

Early substance use impairs the physical and mental wellbeing of children and young people, as well as their cognitive development and academic performance, and increases the risk of them dropping out of school. Substance use in particular disrupts the developing brain, which is responsible for self-regulation, decision-making and emotional regulation.

However, substance use education should not be treated as a stand-alone theme, but rather as part of a broader effort to support growth and development, and in particular to strengthen social and emotional skills in early childhood education and at schools and further education institutions. In international recommendations, substance use education is regarded, alongside the family, as part of the school's core duty – ensuring good conditions for learning and wellbeing. School is an effective setting for substance use education, as it reaches almost all children and young people regardless of their background and enables long-term, age-appropriate work. Furthermore, it promotes equality and reduces disparities in health and wellbeing.

Systematic reviews show that simply providing information about substances is ineffective. Instead, effective substance use education develops self-regulation and emotional control, strengthens social and interpersonal skills, and teaches young people how to respond to negative social pressures. Programmes based on the so-called life skills and SEL (social-emotional learning) approaches are linked to lower levels of substance use.

The reviews emphasise that the best results are achieved when substance use education is long-term and progresses in line with age stages, is integrated into curricula and involves collaboration between daycare centres, schools and educational institutions, families and communities. It supports general wellbeing and does not stigmatise children or young people. This kind of holistic approach not only reduces substance use, but also helps to prevent young people dropping out of school and social exclusion, and reduces mental health challenges.

Measure
Working-age adults
1.5 We will strengthen the systematic identification and discussion of gambling-related harms and implement operating models in line with the new lower-risk gambling recommendations.
1.6 We will identify the needs of different population groups in preventing substance-related harms among working-age adults and strengthen early identification and intervention.

Changes to gambling legislation, in particular the move towards a licensing system and the deregulation of marketing in 2027, will bring about a number of risks, mainly related to an increase in harm and greater difficulties in supervision.

The deregulation of marketing in 2027 will increase exposure to gambling, which may lead to an increase in the gambling-related harms and the number of people with gambling addiction. The deregulation of gambling marketing will increase risks, particularly for children, young people and those with gambling addiction. Protecting these vulnerable groups will become more difficult as a result of the legislative changes. The deregulation of marketing may lead to a sharp increase in the amount of marketing and also result in misleading marketing that encourages people to gamble more. As the commercial supply expands, the supervision of gambling and the prevention of gambling-related harms may become more challenging than under the current monopoly system.

As legislation changes, it is important to consider the impact on residents' wellbeing and health, and to identify ways to prevent harmful effects.

Measure
Older adults
1.7 We will take age-related changes into account and provide timely service guidance, counselling and opportunities to discuss substance use.
1.8 We will communicate with older adults with an information-based and multi-channel approach.
1.9 We will provide activities aimed at older adults, raise awareness of volunteering opportunities and communicate about them.

Efforts should be made to reduce alcohol consumption among older adults, as while alcohol consumption has decreased amongst younger people, this has not been the case with older adults. The trend has been partly the opposite, even though overall consumption at the population level has fallen. Furthermore, ageing increases the health risks of alcohol consumption, even in smaller quantities, and the threshold for adverse health effects becomes lower due to biological changes and multimorbidity. Similarly, the risk of falls, bone fractures, accidents, memory disorders and cognitive decline increases. Particularly among older adults, the interactions between alcohol and medicines pose a major health risk. Alcohol can undermine the effectiveness of treatment for common conditions such as high blood pressure, diabetes and cardiovascular disease, and it can exacerbate symptoms of depression and anxiety. Among older adults, alcohol problems often go unnoticed. Symptoms of alcohol-related harm – such as sleep difficulties, balance issues and memory disorders – are often confused with changes associated with ageing. The threshold for asking about alcohol consumption should also be lower.

Changes in life circumstances, such as retirement, increasing loneliness, a decline in functional ability, the potential death of a spouse, or a loss of meaning in life due to other reasons should be taken into account when offering support. According to a study, it is precisely these transitional phases that constitute high-risk periods, during which early discussion and support can prevent problems from becoming entrenched.

Objective 2. Substance-related harms are reduced and drug-related deaths are halved.

Measure
2.1 We will ensure that support and treatment are provided in a timely manner and increase communication regarding services that support the reduction and cessation of substance use.
2.2 We will ensure effective mental health and substance abuse service pathways.
2.3 We will ensure timely psychosocial support and referral to appropriate services.
2.4 We will recognise family and friends, as well as communities, as active contributors to the prevention of substance-related harms and supporting recovery. We will also ensure that relatives have access to advice, support and assistance.
2.5 We will ensure that children and young people receive timely and adequate treatment and support through integrated cooperation with health care services and Child Welfare.
2.6 We will reduce the harm caused by substance use and the sense of insecurity in the urban space.
2.7 We will continue our advocacy towards the national government to ensure that the necessary measures are in place to reduce the harms caused by substance use.

The research literature consistently shows that the risk of drug-related death is particularly high when a substance use problem remains untreated. Systematic reviews have shown that, in cases such as those involving opioid addiction, for example, mortality rates are several times higher among those not receiving treatment than among those receiving medical treatment. Furthermore, the risk of death increases following a break in treatment, which underlines the importance of timely and continuous treatment.

Starting treatment quickly – such as in emergency services or during hospitalisation – reduces the risk of later overdoses and deaths compared to standard, delayed treatment. Some people are not immediately ready or able to commit to treatment, but the risk of death can still be reduced. The widespread availability of naloxone is one of the most thoroughly researched methods. Early intervention and low-threshold support not only prevent deaths but also prevent the accumulation of the most serious harms associated with substance use. Implementing several measures at the same time has the greatest impact.

Similarly, intervening at an early stage to address high-risk alcohol use reduces consumption, as it prevents high-risk use from developing into an alcohol-related disorder and thus stops more serious harms from accumulating. Alcohol-related harms often accumulate over time: high-risk use leads to sick leave, mental health problems, family problems and financial difficulties, which in turn lead to increased drinking. The literature shows that delayed treatment leads to increased use of specialised health care and emergency services, whereas early intervention reduces these costs and the burden on staff. A recent review, meanwhile, shows that individually tailored support that takes the person's life circumstances into account – including social support, assistance with housing and everyday life, and peer activities – is a key factor in reducing serious alcohol-related harm.

Objective 3. Substance-related disturbances and violence in public spaces are reduced, and residents' sense of safety is strengthened.

Measure
3.1 We will strengthen cooperation, communication and the shared situational picture among local stakeholders.
3.2 We will support local working groups in different districts.
3.3 In developing the growing city, we will consider the various users of the urban space while also anticipating future changes.
3.4 We will develop the technical monitoring and supervision of public areas.
3.5 When planning substance abuse services and housing services, we will ensure that the potential disturbances caused by them are not concentrated too heavily in certain areas.

Finnish research literature emphasises that substance use is influenced by factors such as the living environment and the settings in which young people grow up. Making the environment safer and more pleasant can reduce people's need to use substances.

The safety and perceived lack of safety of the city can influence substance use in many ways. A lack of safety can both lead to increased substance use and be a consequence of it. A lack of safety in the local environment – such as crime, disruptive behaviour and a sense of fear in public places – can increase people's stress and anxiety, which may lead to an increase in substance use.

Increased drug use and related mental health problems are one of the biggest factors undermining the safety of cities. People under the influence of substances in public places cause a sense of insecurity.

Urban planning can have a significant impact on residents' sense of safety and help to prevent crime. Key factors include the quality of the built environment, lighting, visibility and the functionality of the spaces. City planning can make use of crime-preventive environmental design, the aim of which is to reduce disturbances and accidents.

Well-maintained streets, parks and public spaces reduce the fear of crime and increase the sense of safety. Good lighting in dark areas and unobstructed views eliminate hiding places and improve supervisability. Placing housing, workplaces and services in close proximity to one another ensures that there are people out and about in these areas at different times, which increases natural supervision. An environment designed to be pleasant promotes residents' wellbeing and creates a sense of safety. Clear, straightforward and well-lit passageways enhance the sense of safety. Involving residents in the planning and design processes reinforces their sense of being able to influence their local environment.

The sense of safety is a subjective experience that is influenced not only by the physical characteristics of the environment, but also by social factors, such as trust in other people.

Objective 4. Everyone has a role in addressing substance use and reducing stigma.

Measure
4.1 We will reduce stigma related to substance use by strengthening understanding of substance use disorders.
4.2 We will strengthen staff competence in substance use prevention and early identification and intervention.
4.3 We will prepare for the amendment to the Gambling Act by emphasising the perspective of preventing gambling harms in early identification and intervention training.
4.4 We will prioritise support for organisations carrying out substance use prevention and remedial substance use work.
4.5 We will develop Pakka work (local operating model covering alcohol, tobacco and nicotine products, gambling and drugs) both locally and through inter-municipal cooperation.
4.6 We will promote communication that reduces stigma and emphasises shared responsibility.

Substance-related harms are a widespread social welfare issue, not merely a matter of treatment. A Finnish study shows that substance-related harms have a wide-ranging impact on the population's physical and mental health, social wellbeing, employment and ability to work, the wellbeing of families and children, as well as safety and social inclusion. According to THL, substance-related harms often accumulate, thereby creating and reinforcing disparities in health and wellbeing. Preventing problems at an early stage also reduces the need for intensive services and their high costs later on.

Finnish research literature emphasises that substance use is influenced by factors such as the living environment (e.g. access to services), education and the environments in which young people grow up, the pressures of working life and unemployment, loneliness and functional capacity among older adults, mental health, social support and participation. These issues cannot be addressed by health care and social welfare services alone. Instead, they require sport, culture, youth, education, employment and vitality services.

Similarly, research evidence from the WHO and the OECD shows that the most effective prevention of substance use harms is based on the 'Health in All Policies' approach, shared objectives across the entire administrative system, and the sharing of responsibility across all sectors. Therefore, the prevention of substance use harms should be a structural responsibility of the administration, not a project carried out by individual services.

Reducing the stigma associated with substance use is essential to ensure that people who use substances feel comfortable about seeking help, and that the service system is able to meet their needs more effectively. Stigma significantly complicates the lives of people recovering from substance use and mental health issues, leads to social isolation and can be a life-threatening barrier to starting treatment. Dismantling the stigma lowers the threshold for seeking help and treatment for substance use problems, as shame and fear of discrimination often prevent people from asking for help. When attitudes and prejudices are reduced, this promotes the human rights of people who use substances and their opportunities to lead a good life. The stigma is often also directed at the substance user's loved ones, and reducing it supports the wellbeing of the people close to the substance user. The stigma also affects the quality and effectiveness of treatment services and has significant adverse effects on public health. Reducing the stigma requires long-term measures, raising awareness of substance addiction as a medical condition, and ensuring more equal interactions.

Objective 5. The Substance Use Strategy is led and implemented through collaboration and a shared situational picture.

Measure
5.1 We will establish a shared operating model for producing an up-to-date situational picture and monitoring changes in the operating environment.
5.2 We will take account of the situation regarding substance use and changes to it in City-wide regional cooperation and its development.
5.3 We will strengthen our monitoring of changes in the operating environment in collaboration with the Helsinki Police Department.
5.4 We will build trust by communicating openly and consistently about substance use phenomena and the City's actions.
5.5 We will strengthen the coordination and implementation of substance use prevention.

The harms caused by substance use are multifaceted and decentralised, which means that the Substance Use Strategy must be monitored through a comprehensive situational picture. A shared situational picture provides a common and up-to-date understanding of the extent of and trends in substance use, the distribution of harms across different population groups, and the accessibility of services and gaps in their provision. The research literature emphasises that without a shared situational picture, strategic guidance may remain fragmented and responses to phenomena may come too late. The effectiveness of substance use policy is undermined if action is based on outdated, limited or contradictory information. Early warning signs (e.g. an increase in use among a particular age group or in a particular area) can only be identified if data from different sources is systematically combined. In Finland, THL has repeatedly stated that a clear picture of the situation at the regional level and across different population groups is a prerequisite for effective substance use prevention and the planning of services. A shared situational picture does indeed support cross-administrative management.

The Substance Use Strategy should also be managed through effectiveness, as the measures used in substance use work vary greatly in terms of their effectiveness. Not all substance use interventions are effective – some may even cause further harm. The costs of substance use harms are significant, but resources are limited. Effectiveness-based management helps to identify which groups gain the most health and wellbeing benefits from the measures and where early support can prevent more serious and costly problems later on. Research has shown that early, evidence-based interventions are generally cost-effective compared with late, specialised-level care. Effectiveness also lends legitimacy to the Strategy, as decisions can be justified on the basis of research-based information and the impacts can be monitored and reported on transparently.

5 Substance use prevention

The strategic objectives and City-wide measures for substance use prevention in Helsinki are included in the City's Substance Use Strategy. The Action Plan for Substance Use Prevention, to be approved in autumn 2026, will further specify these objectives and measures, implementing the Act on the Organisation of Substance Use Prevention (523/2015), which sets out the responsibilities of municipalities and wellbeing services counties in the implementation of substance use prevention.

The Action Plan for Substance Use Prevention contains a more detailed description of the measures for substance use prevention in relation to the objectives and measures of Helsinki's Substance Use Strategy. Its purpose is to set out the measures to be taken in Helsinki during the 2025–2029 council term in the work against the harms of alcohol, drugs, tobacco, nicotine and gambling, and to set the direction for cooperation between different operators.

Substance use prevention is regarded as a key part of the promotion of wellbeing and health by municipalities and wellbeing services counties. The national guidelines emphasise that carrying out this work requires clear structures that support unitary modes of operation and goal-oriented, systematic cooperation between different operators.

National-level guidance and supervision lay the foundation for the consistent implementation of substance use prevention across the country, in both municipalities and wellbeing services counties. National operators, such as the Finnish Institute for Health and Welfare and the Finnish Supervisory Agency, support this work by providing guidance and producing research and monitoring data that can be utilised in the management and development of operations.

Substance use prevention as part of promoting wellbeing and health

Substance use prevention forms part of the City's efforts to promote the wellbeing and health of Helsinki residents. Its objective is to prevent and reduce the harm caused by substance use and gambling while also promoting people's wellbeing, safety and healthy lifestyles.

Substance use prevention is not merely about providing information on substances or their associated risks; it also involves strengthening protective factors and reducing risk factors at the level of the individual, the community and society. Examples of potential protective factors include a safe growth environment, close relationships, good self-esteem, hobbies, and adequate emotional and interpersonal skills. By contrast, examples of potential risk factors include loneliness, a lack of safety, mental health challenges or easy access to substances. Substance use prevention strengthens the factors that promote wellbeing and thus helps to prevent potential problems from arising.

Substance use prevention is implemented in many different settings, such as early childhood education, schools, educational institutions, youth work, workplaces, leisure activities, and health care and social welfare services. Substance use education forms part of the curricula for comprehensive education, general upper secondary education and vocational education and training. The topic is covered in subjects such as health education and environmental studies, and its key themes can be incorporated into other subjects as well, such as physical education, mother tongue and literature, history and social studies. In addition to the various school subjects, substance use education is provided as part of the school's community-based student welfare services. Effective and up-to-date substance use education takes into account the age, stage of development and life circumstances of children and young people. The aim is to strengthen young people's ability to make choices that support their wellbeing and to increase their understanding of the effects of substances.

In substance use prevention, identification of substance use and mini-interventions are early support methods used by professionals. In the Education Division, the continuous monitoring of study progress plays a key role in the early detection of concerns. Teachers play a key role, as they are able to monitor learners' wellbeing on a day-to-day basis and discuss any changes that they notice, consult student welfare staff and refer the learner to support services so that they can be offered appropriate support at an early stage. Communication is also an important part of substance use prevention, as it can be used to raise awareness, support healthy choices and influence attitudes.

Substance use prevention is based on cooperation. This cooperation is carried out with parties such as organisations, various public authorities, communities, businesses and other municipalities and wellbeing services counties.

According to the 2026 Helsinki substance use survey, only 35% of respondents were familiar with substance use prevention. During the strategy period, the aim is to raise the profile of substance use prevention so that Helsinki residents are aware of what the City is doing and where help is available.

Structures of substance use prevention in Helsinki

The basic structures of substance use prevention include the body managing the work, a multidisciplinary working group responsible for implementing substance use prevention, a contact person or equivalent responsible for coordinating the work, and a plan to steer the activities. The structures of substance use prevention in Helsinki are as follows:

- The body responsible for substance use prevention in Helsinki is the Culture and Leisure Committee. The body is in charge of substance use prevention tasks specified in section 5 of the Act on the Organisation of Substance Use Prevention.
- The task of the City's operative management group is to draft policies and coordinate substance use prevention.
- The City-wide coordination of substance use prevention in Helsinki is managed by the Wellbeing Promotion Services of the Culture and Leisure Division in line with the earlier decisions by the City. The service unit prepares the necessary matters for the operative management group and the body in charge.
- The substance use prevention working group in Helsinki executes the tasks specified in the Act on the Organisation of Substance Use Prevention as a multidisciplinary cooperation network.
- The manager of Wellbeing Promotion Services and the special planning officer of the Culture and Leisure Division act as the City's contact persons for substance use prevention.

National Action Plan for Substance Use Prevention

The National Action Plan for Substance Use Prevention for 2026–2035, published by the Finnish Institute for Health and Welfare, sets out the framework for substance use prevention at national, regional and local levels. The Action Plan is based on the principle that people of all ages and with different backgrounds have the right to high-quality substance use prevention, the identification and reduction of risk factors and the strengthening of protective factors. The Action Plan aims to steer substance use prevention towards a higher standard of quality and greater effectiveness, and sets out the priorities, objectives and measures to achieve this through cooperation at national, regional and local levels. The principles guiding the implementation of the Action Plan are compassion, fairness, a comprehensive approach, quality and working together.

The Action Plan has three priority areas:

- research-based information and high-quality structures as the foundation for leadership and implementation of substance use prevention;

- everyday environments as agents of change;
- greater effectiveness through diverse early identification and needs-based support.

These principles and priority areas have been taken into account in Helsinki’s Action Plan for Substance Use Prevention.

6 Substance Abuse Services Strategy

Helsinki's Substance Abuse Services Strategy has been compiled in this chapter as part of the City's work on its Substance Use Strategy. The Substance Abuse Services Strategy sets out the principles, objectives and measures for substance abuse services for 2026–2029. Its purpose is to ensure and develop high-quality and effective substance abuse services. A general presentation on the City of Helsinki's substance abuse services has also been drawn up for the City Board to clarify the overall framework of these services.

City of Helsinki's substance abuse services

The Helsinki Social Services, Health Care and Rescue Services Division comprises four service departments. Substance Abuse Services forms part of Housing, Crisis and Substance Abuse Services, which operates under the Health and Substance Abuse Services Department. The City of Helsinki's substance abuse services ensure that Helsinki residents have access to high-quality substance abuse services and smooth access to treatment. The work is carried out in seamless cooperation between different operators and by using unitary modes of operation, with a strong focus on development. Substance Abuse Services is involved in developing service pathways that regard recovery from substance use and addiction as a long-term process.

Substance Abuse Services provides support and treatment for people with substance use and addiction problems. The services also include basic-level mental health care. The City of Helsinki's Substance Abuse Services Unit provides a joint social and health care service designed to promote recovery, delivered in collaboration with peer operators and experts by experience. Substance Abuse Services operates in close collaboration with different divisions, service providers and third-sector operators. The aim of the work is to create the conditions for a substance-free lifestyle and to promote the health, wellbeing, safety and smooth everyday life for the people of Helsinki.

Work based on recovery orientation

The City of Helsinki's Substance Abuse Services Unit operates within a recovery-oriented framework that is in line with national objectives and the City's strategic guidelines. These operating principles, together with legislation and the resources available, form the basis for how the City of Helsinki's substance abuse services are planned, implemented and developed.

The City of Helsinki's substance abuse services believe in every person's potential, participation, growth and change. Instead of a single procedure, recovery is seen as an individual and ongoing process. Recovery is described through three stages: the early, middle and late stage of recovery. Services are provided to Helsinki residents for all stages of recovery, from harm reduction to post-rehabilitation. The services are based on research-based information and knowledge management.

Peer support and the work of experts by experience form a key part of a recovery-oriented service system. Peers help to bring a sense of relatability, hope and credibility to services, while experts by experience help to strengthen clients' participation and trust in the service system.

The City of Helsinki's substance abuse services proactively adapt their operations, and new approaches and methods are introduced quickly. In autumn 2025, a number of measures were introduced to streamline the City of Helsinki's substance abuse services so that they could respond more effectively to changes in the substance use situation and operating environment of Helsinki.

The City of Helsinki's substance abuse services are implementing a hepatitis C elimination project and a project to prevent drug-related deaths among young people, which are sub-programmes within the City's objectives for segregation prevention. The aim of the projects is to develop services and treatment pathways so that they better meet the needs of people who use substances.

Measures during the 2026–2029 strategy period

Harm reduction work and low-threshold services

Neighbourhood and environmental work is carried out to strengthen resident participation and create a safe and pleasant everyday life for all Helsinki residents. Neighbourhood and environmental work helps to reduce the stigma faced by people who use substances, improve the quality of the local environment and raise awareness of the importance of these services for the wellbeing of Helsinki residents.

Access to treatment and services does not require abstinence from substances. Helsinki residents who use substances are also referred to treatment and rehabilitation through harm-reduction services. During the strategy period, the coverage of the network of low-threshold day centres will be ensured in Helsinki. The network of low-threshold services will be developed on a needs basis.

The Symppis service network is a major provider of low-threshold services, outreach substance use support, and neighbourhood and environmental work in Helsinki. The temporary Symppis day centre in Vallila, set up to address the worsening substance use situation in Vallila-Sörnäinen, began operating in August 2026. The temporary unit complements the activities of the Symppis day centre in Sörnäinen in the central area. The Symppis day centre located in Itäkeskus will move from its temporary premises to new appropriate premises in October 2026. Premises are being sought in Malmi for a Symppis day centre. Additionally, the service network will be expanded during the strategy period to include a fourth permanent Symppis day centre, for which premises are being sought in the Pasila area.

Some substance users, such as those who use alpha-PVP, are best reached through outreach services. Due to the changing situation regarding substance use, the number of staff for the mobile Symppis unit, which operates on the streets, was increased in autumn 2025, so that people who use alpha-PVP in particular could be reached in their own environments. Thanks to the increase in staff, the mobile Symppis unit has been even more successful in reaching people who are difficult to help, directing them to services and carrying out work tailored to specific target groups, such as women specifically. During the strategy period, the continuity of the mobile Symppis unit's outreach work will be ensured by maintaining adequate staffing levels. Where necessary, an assessment of care and service needs is carried out as part of outreach substance use work.

During the strategy period, the low-threshold testing and treatment model developed in the project to eliminate hepatitis C for 2025–2027 will be established as a permanent part of the services. Equal access to hepatitis C testing and treatment will be guaranteed for Helsinki residents using substance abuse services.

The introduction of naloxone nasal spray for the treatment of opioid overdoses will be piloted with the support of the Nolla project for 2025–2027, which aims to prevent drug-related deaths among young people.

Quick access to treatment and services

The rise in the use of alpha-PVP in Helsinki has posed a challenge to the provision of substance abuse services. The substance causes severe addiction and a rapid deterioration in the user's somatic and psychological state. Detoxification usually requires institutional treatment, and support measures provided by outpatient services alone are not sufficient.

It is important that every resident of Helsinki has timely access to treatment and services. The City of Helsinki's substance abuse services provide access to treatment at first contact. Treatment needs assessment services are centralised at Kalasatama Health and Wellbeing Centre's walk-in clinic for substance abuse services. Additionally, assessments of the need for detoxification treatment are carried out in outreach work and at the Hietaniemenkatu service centre. At the walk-in clinic, the client is referred to inpatient drug rehabilitation treatment if necessary, by the following working day at the latest.

Continuity and comprehensiveness of treatment and rehabilitation

People who use alpha-PVP are more likely than those who use other substances to interrupt their treatment and rehabilitation, which poses a challenge to the continuity of treatment. The measures set out for the strategy period will address interruptions in treatment and rehabilitation.

The recurring and cumulative harms caused by alcohol consumption will be tackled more proactively than at present. When alcohol consumption causes issues such as recurring health problems or accidents, a threat to the family's wellbeing, or difficulties in managing everyday life, the situation will not be simply addressed as a series of isolated incidents. Instead, the individual's need for support, as well as that of their loved ones if necessary, will be assessed as a whole. We will also strengthen the opportunities for the client's loved ones to receive advice, support and assistance in situations where substance use places a strain on the family or jeopardises the wellbeing of the client's children, spouse or other family members.

The continuity of the services and treatment provided will be ensured without any interruptions. The rehabilitation needs of individuals coming from outside substance abuse services will be assessed immediately at the detoxification ward. Where necessary, a direct transition from institutional detoxification treatment to institutional rehabilitation will be facilitated. We will develop services to treat people suffering from co-occurring mental health and substance use disorders. The aim is to ensure that people with reduced functional capacity, in particular, can access mental health and substance abuse services from a single unit. In addition to addiction treatment, intensive medical rehabilitation will include a basic psychiatric evaluation and diagnostic tests.

Services will be organised in a timely manner and with a holistic approach. The individual's life circumstances will be taken into account comprehensively, including those of their loved ones. Treatment and rehabilitation will be provided in accordance with the client's needs, both as outpatient services and institutionally, for both adults and minors. We will ensure that services are available at every stage of recovery. The City of Helsinki's Substance Abuse Services Unit will organise their services by using a multi-provider model. Substance Abuse Services will provide, as part of its own operations, all the substance abuse services that it procures as purchased services.

Treatment and rehabilitation methods will be developed to better meet clients' needs. The range of substance use and addiction treatment methods available within the health care system will be utilised in a more diverse manner than before. A reward-based treatment approach will be piloted during the strategy period. Rehabilitation processes for adults under the age of 25 will be developed to be more youth-centred, taking into account the specific characteristics of young clients. With support from the Nolla project for 2025–2027, rehabilitation programmes aimed at young people will be developed as part of institutional rehabilitation services.

The introduction of new, research-based treatment methods will be promoted, particularly in the treatment of people with severe drug addiction. A reward-based treatment approach will be piloted during the strategy period, and any practices found to be effective during the pilot will be rolled out without any age restrictions. Where necessary, preparations will be made to pilot stimulant treatment, provided that national guidelines and research evidence facilitate it.

In addition to young people, other special groups will also be taken into account in the services. The Substance Abuse Rehabilitation Unit will provide rehabilitation programmes specifically for women. Substance abuse treatment and rehabilitation for older adults will be provided in collaboration with the hospital, rehabilitation and care service department. Efforts will be made to improve access to substance abuse rehabilitation for foreign language speakers. Long-term substance abuse rehabilitation will be ensured through a comprehensive substance-free programme comprising outpatient, institutional and housing services. We will collaborate with social services, primary health care, specialised health care, Employment Services, educational institutions and operators within the Culture and Leisure Division to act in the best interests of our clients.

Helsinki is campaigning to promote legislation that would allow supervised drug consumption facilities.

High-quality services

We will ensure that our staff have sufficient and up-to-date skills and knowledge, and we will strengthen self-supervision and regular training. The quality and effectiveness of services will be monitored through reliable statistics, client feedback, treatment outcomes and other applicable quality indicators. The information obtained will be used to continuously improve operations and allocate resources appropriately. We will compare the quality of our services and our working methods with those of other wellbeing services counties, identify best practices and implement them. The aim is to establish nationally high-quality substance abuse services and act as a pioneer in quality improvement. We will continue to ensure quick adaptability in the future as well. The supervision of purchased services will be improved. We will actively participate in research, development and project work, as well as carrying out such work. During the strategy period, we will act as a co-implementer in the LÄSNÄ project, among other things. The project aims at the implementation of evidence-based recommendations in the substance use work of social welfare services.

7 Appendices

Information base for the Substance Use Strategy 2026, City of Helsinki Urban Research and Statistics Unit.

Substance use survey 2026 results, Taloustutkimus.

Helsinki Substance Abuse Services, Helsinki Social Services, Health Care and Rescue Services Division.

Helsinki

City of Helsinki
P.O. Box 1, 00099 City of Helsinki
Exchange: 09 310 1691
hel.fi