

Institute of Experimental and Clinical Medicine
Estonian Drug Monitoring Centre



Estonian National
Focal Point

National Report on Drug Situation in Estonia 2001

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Estonian Drug Monitoring Centre

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Focal Point

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SUMMARY

The National Report on the Drug Situation in Estonia has been drafted by the Estonian Drug Monitoring Centre for the submission to the Ministry of Social Affairs of Estonia and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The First Estonian National Report gives an overall picture of the drug phenomenon in Estonia until 2001. This Report provides an overview of the political and legal framework, epidemiological situation, drug demand and supply and harms associated with drugs in Estonia until 2001.

The data presented in the Report are key information to be used by the Ministry of Social Affairs of Estonia and the European Monitoring Centre for Drugs and Drug Addiction.

Every year EMCDDA outlines specific key issues National Reports have to focus on, in 2001 such key issues are treatment modality and drug related-infectious diseases.

Drug Information System and drug-related data in Estonia

In 1999, establishment of Drug Information System (DIS) was declared as one of the three main priorities of the Estonian Alcohol and Drug Abuse Prevention Programme (ADAPP). Over the last years the Estonian Foundation for Prevention of Drug Addiction (EFPDA) has been functioning as the NFP. The former NFP was established within the framework of Phare project.

Although EFPDA has been collecting drug-related data already for a couple of years, data collection has not been systematic. The EFPDA has mostly been focusing on gathering of data from law enforcement institutions and treatment facilities. Development and evaluation of the DIS and its quality as well as development of multi – agency cooperation have not been priorities.

Therefore, to ensure provision of good quality data and increase the efficiency of data collection, on 24th May 2001 the Ministry of Social Affairs established the Estonian Drug Monitoring Centre in the Institute of Experimental and Clinical Medicine (IECM), which is also functioning as the Estonian National Focal Point for EMCDDA. IECM provides a good foundation for systematic collection and analysis of both epidemiological as well as statistical data.

The data collected for this report indicate several changes and new trends over the reporting period. Drug use has increased and patterns of drug use have changed.

In the last few years, the intravenous use of opiates has been the central problem. However, the use of stimulants is also a significant problem in Estonia.

Use of new substances, the so-called “party drugs” such as Ketamine, GHB, LSD etc, has been detected in Estonia. Social acceptance of use of synthetic drugs in recreational context promoted by media can be definitely associated with the increasing use of such drugs.

Recent data on drug use in the general population are not available, but the last two population surveys show that drug use has become more common in the general population. Results of the next population survey as well as ESPAD study will be available in 2004. Unfortunately, an epidemiological study covering all age groups of schoolchildren is not available.

ESPAD 1999 study reveals that drug use among the schoolchildren in the age 15-16 has increased substantially since 1994 and the most commonly used substances are amphetamines, cannabis and ecstasy.

In terms of the effect of drug use on the society as well as on individuals, statistical data indicate constant increase in treatment demand, the total number of treated clients for mental and behavioral disorders and the number of HIV/AIDS infected over the past years. So far the drug policy has been more oriented on primary prevention; currently action should be taken to concentrate also on secondary and tertiary prevention.

Access to treatment facilities and low-threshold services is limited. Therefore, resources for the treatment of uninsured drug addicted persons were made available from the ADAPP budget, but the efficiency of treatment system has not been evaluated yet. Diversification of treatment modality as well as establishment of an effective rehabilitation system, have not been priorities of the ADAPP. Outreach work has not been even mentioned in the ADAPP. Therefore, supportive rehabilitation system has to be established and treatment modalities diversified to comply with the needs of the increasing treatment demand. However, first of all, full support from national policy-makers is needed. Poorly developed treatment system, low-threshold services and outreach work can be the cause for rapid increase of HIV/AIDS.

For the first time data on drug – related deaths are available and the numbers show a growing tendency over past years. Therefore, the number of drug overdoses has also increased.

In this report the EDMC stresses the importance of obtaining of comparable and reliable data. Consequently, collection of data on drug-related overdoses as well as drug-related deaths and infectious diseases must be improved in the nearest future.

Changes over the reporting period

In 1997 Government of the Republic approved 2 important political documents:

- Alcoholism and Drug Abuse Prevention Programme for 1997- 2007 (ADAPP);
- Principles of Drug Policy 1997- 2007.

At the moment the ADAPP is under revision.

In 1997- 2000 the Estonian Foundation for Prevention of Drug Addiction (EFPDA) has been responsible for carrying out the ADAPP.

In Estonia the coordination mechanism was changed in 2000 by the decree of the Minister of Social Affairs of January 23, 2000. At present the Estonian Health Education Centre (EHEC) is responsible for the implementation of the ADAPP on national level.

In 2000 the Estonian Health Education Centre signed a contract with the Estonian Foundation for Prevention of Drug Addiction to carry out the activities of the ADAPP.

Key- issue: demand for drug treatment

There has been only a slight increase in the number of treatment facilities in Estonia over the past years. Due to the increased demand for drug treatment and a limited number of treatment facilities, access to treatment is very limited. Lack of supportive rehabilitation system and limited access to low-threshold services and outreach work makes the situation complicated for treatment service providers as well as consumers. So far development of new treatment methods has not been a priority. Short- term detoxification and drug- free treatment are the main treatment methods applied in Estonia. Methadone detoxification as well as long-term substitution treatment with medicaments containing opiates is regulated by the Regulation of the Minister of Social Affairs of 1998. Substitution treatment has never been possible in Estonia because treatment facilities do not meet the necessary requirements.

Key- issue: drug-related infectious diseases

Drug-related infections diseases are one of the main problems in Estonia. 390 HIV virus cases and 3 cases of AIDS were diagnosed in Estonia in 2000. Compared to 9 new cases of HIV virus in 1999 the increase is enormous. 486 HIV positives have been registered over the period of 1988 to 2000. As a result of rapid growth of drug abuse and increase of IDU-s the rate of hepatitis B and C has also increased. There was an outbreak of B- and C-hepatitis in Tallinn (approximately 200 cases) at the end of 1996 and the beginning of 1997. Most of the cases, approximately 90% were connected with IDU-s (Chapter 3.3).

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LIST OF ABBREVIATIONS

AC - Administrative Code
ADAPP - Alcoholism and Drug Abuse Prevention Programme for 1997-2007
AIDS -Acquired Immunodeficiency Syndrome
ATS - Amphetamine -Type Stimulants
GHB –Gammahydroxybutyrate
CC- Criminal Code
CEEC – Central and Eastern - Europe Countries
DFDTD - Database of First Drug Treatment Demand
CID - Drug Unit of the National Criminal Investigation Department
DIS- Drug Information -System
DUCCP - Drug Unit of the Central Criminal Police
EDMC – Estonian Drug Monitoring Centre
EFPDA - Estonian Foundation for Prevention of Drug Addiction
EHEC - Estonian Health Education Centre
EMSA - Estonian Ministry of Social Affairs
EMCCDA - European Monitoring Centre for Drugs and Drug Addiction
ESPAD - European School Survey Project on Alcohol and other Drugs
FIU - Financial Task Force Unit
HIV - Human Immunodeficiency Virus
IC - Information Committee
IDU - Injecting Drug User
IECM - Institute of Experimental and Clinical Medicine
IISS - Institute of International and Social Science
LSD - Lysergic acid diethyl amide
MCDP - Ministers Committee on Drug Policy
MDA - 3,4 Methylenedioxyamphetamine
MDEA - 3,4 Methylenedioxyethylamphetamine
MDMA - 3, 4 Methylenedioxymethamphetamine
MIAE - Ministry of Internal Affairs of Estonia
NADPP - National Alcoholism and drug Prevention Programme
NDC - National Drug Coordinator
NDPSA - Narcotic Drug and psychotropic Substances Act
NFP - National Focal Point
PC - Program Council
PDP - Principles of Drug Policy
SAE - Social Affairs of Estonia

ABBERRATIONS

SAM - State Agency of Medicines

UNDCP - United Nations Drug Control Programme

WHO - World Health Organization

INTRODUCTION

The Estonian Drug Monitoring Centre is a part of the structure of the Institute of Experimental and Clinical Medicine since May 24, 2002. EDMC also functions as the Estonian National Focal Point.

The Estonian Drug Monitoring Centre is responsible for submitting the first Estonian National Annual Report to the European Monitoring Centre for Drugs and Drug Addiction and the Ministry of Social Affairs of Estonia.

This report gives an overview of the drug situation, institutional and legal framework in the drug field, epidemiological situation and demand reduction interventions in Estonia.

All EU RETOIX National Focal Points of Central and Eastern Europe countries have to submit this annual report since 2001. The structure of the report is based on the EMCDDA Guidelines, which are the same for all EU and CEEC countries.

The first part of the report provides an overview of the development of Drug Policy and Responses in Estonia. The second part of the report gives an overview of drug abuse epidemiology. The third part of the report gives information about the harm reduction strategy and intervention in Estonia.

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PART 1: NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. Developments in drug policy and response

1.1 Political framework of the drug field

Several steps have been taken in Estonia since 1997 to establish political, legal and institutional framework for the drug field. In 1997 Estonian Government approved two basic documents constituting a framework for the demand and supply reduction strategy: "Alcoholism and Drug Abuse Prevention Programme 1997-2007" and "Guidelines for the Policy for the Prevention of drug Addiction and the Obstruction of Drug Related Crimes (drug policy) for the years 1997-2000".

Main priorities of the ADAPP are the following: drug prevention, monitoring and data collection and fight against drug-related crime. Every year the Programme Council defines new priorities for the following year. The priorities of the National Programme for the year 2000 were prevention of substance abuse among young people, development of new treatment and rehabilitation services and prevention programs for local communities.

1.1.1 Institutional framework

Estonian Ministry of Social Affairs is responsible for the implementation of the ADAPP. The Ministers' Committee on Drug Policy chaired by the Minister of Social Affairs was established in 1996. Members of the MCDP include Minister of Internal Affairs, Minister of Foreign Affairs, Minister of Justice, Minister Education and Finance. The main task of the MCDP is to analyse the drug situation in Estonia and coordinate the implementation of the national drug policy.

Advisory Council of the Alcoholism and Drug Abuse Prevention Programme was established by the decree of the Minister of Social Affairs No 106 of April 9, 1998. The main task of the Council is to co-ordinate and to supervise activities between different ministries and make proposals to the Ministry of Social Affairs on financing of the Programme. Member of Riigikogu, representatives of the Ministry of Education, Ministry of Internal Affairs and Ministry of Finances, state agencies and hospitals and a social scientist are members of the Council. The Estonian Foundation for the Prevention of Drug Addiction financed, provided counselling for and managed national and local prevention, treatment and rehabilitation projects from 1998 to 2000.

In 2000 changes were introduced in the coordination mechanism and institutional framework. Estonian Health Education Centre was nominated as the responsible institution for the implementation of the ADAPP on national level by the decree of the Minister No 23 of January 21, 2000. As a result of significant changes in the co-ordination mechanism introduced in 2000, new Programme Council was established by the decree of the Minister of Social Affairs No 20 of January 18, 2000. The EHEC set up Expert Council with the purpose of making proposals to the Advisory Council on drug prevention policy and funding of prevention projects to ensure more efficient planning and coordination of drug prevention activities in Estonia. The Expert Council functioned as an advisory body for the Programme Council of the ADAPP. The Ministry of Social Affairs appointed a new National Drug Coordinator in 2000.

Information Committee has been operating within the Ministry of Internal Affairs since March 2000. The Committee was established by the Decree No 112 of the Minister of Internal Affairs of March 28, 2000. The committee consists of specialists from the Police Board, Central Criminal Police, Border Guard, Customs Board, State Procurator's Office, State Agency of Medicines, Ministry of Justice and Ministry of Social Affairs. The main task of the Committee are to discuss problems related to the drug prevention policy subject to inter-agency negotiations and co-ordination and prepare action plans for combating illicit drug trafficking in Estonia.

In 1998 three local interdisciplinary Drug Councils were established in Tallinn, Tartu and Narva to handle increasing drug-related problems on the local level. The main task of the Councils is to prepare demand reduction action plans and ensure allocation of relevant finances for drug prevention.

In order to support the process of adoption, application and effective implementation of the *acquis* of the European Union in the field of drugs and the National Drug Strategy and Program, the project "*EU Phare Support to Development and Implementation of the National Drug Strategies and Programme*" was initiated by the Ministry of Social Affairs and the Ministry of Internal Affairs. Positive decision on financing of the project was made on November 24, 2000. The total budget of the Twinning Project is EUR 778,000 for a period of 18 months. The project supports development of administrative capacity of relevant institutions in three inter-related areas: in the field of policy development, in the field of supply reduction and in the field of demand reduction.

A memorandum providing a formal framework for co-operation in the field of drug supply reduction was concluded in 1994 between the Police Board, Security Police, Customs Board and Border Guard. In 1998 an agreement between the Estonian Customs Board and the Police Board on co-operation regarding the exchange of operational information on illicit drugs and precursors was signed. *The Drug Unit of the National Criminal Investigation*

Department (CID) was established in 1999 with the purpose of fighting against drug-related crime in Estonia. Anti-drug operations of the Border Guard are coordinated with the DUCCP. In December 1999 the Customs Board – an agency of the Ministry of Finance drafted the Strategy of Drugs Control for 1999 - 2003 accompanied by an action plan for 2000.

In 2000 Estonia signed intergovernmental agreements to ensure more efficient combating of drug-related crimes. Prime Ministers of Estonia and Finland signed intergovernmental agreements on the foundation of a joint working group to co-operate in the resolution of cases of illicit drug trafficking. The joint Estonian-Finnish task force FINESTO, joining customs and border guard services, was established on September 1, 2000 with the purpose of restraining cross-border drug-related criminal activities.

New structure of the Border Guard Board was approved in March 2000 by the decree of the Minister of Internal Affairs a special group was formed to combat illicit drug trafficking.

According to the *Narcotic and Psychotropic Substances Act* (1997) the State Agency of Medicines (SAM) is responsible for the control of legal handling of substances used as precursors for illegal production of narcotic and psychotropic substances. The State Agency of Medicines registers the handlers of precursors, issues activity licenses and import and transit certificates for precursors, inspects enterprises handling precursors.

Approved license applications are submitted to an expert committee of the Ministry of Social Affairs. The Minister makes the final decision. SAM is responsible for inspections before granting the licenses; also for routine supervision of manufacturers, wholesalers and retailers of medicinal products, issue of import and export authorizations, respective quarterly reports of handlers of narcotic drugs and psychotropic substances (manufacturers, wholesalers, pharmacies). Organizational structure of information channels of the Estonian National Focal Point is provided in Annex (Annex 1).

1. 2 Policy implementation, legal framework and prosecution

Estonia has joined with *the United Nations Single Convention on Narcotic Drugs* (1961), *United Nations Convention on Psychotropic substances* (1971), *United Nations Convention on Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances* (1988), *Council of*

European Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime (1990). Estonia has signed *Europe Agreement* establishing an association between the European Communities and the Member States on one side and the Republic of Estonia on the other side. The European Agreement regulates the cooperation between Estonia and the European Union on illegal trafficking of narcotic drugs and psychotropic substances and demand reduction.

The Public Health Act, approved by the Estonian Parliament in 1995, officially regulates organization of public health system.

The Act provides the status, structure, functions and financing of the public health network in Estonia (<http://www.sm.ee/gopro30/Web/gpweb.nsf/pages/healthpolicy0006>). The Public Health Act provides legal bases for national health programmes of prevention of HIV/AIDS and other transmittable diseases, alcohol and drug addiction in Estonia.

The Narcotic Drugs and Psychotropic Substances Act regulating the procedure of handling of narcotic drugs, psychotropic substances and precursors and defining the responsibilities of the Government, State Agency of Medicines (SAM) and other law enforcement agencies, was passed by Riigikogu on June 11, 1997. The Procedure for Handling of Precursors was approved by the Government of the Republic Regulation No 231 of 28 November 1997. The Procedure for Handling of Narcotic Drugs, Psychotropic Substances and Substances Subject to Special Recording for Medicinal and Scientific Purposes and the Procedure for Related Recording and Reporting and Schedules of Precursors is regulated by the decree No 39 of the Minister of Social Affairs of November 4, 1997. Amendments to the decree were made by the decree No 27 of April 7, 1999.

Regulation of the Minister of Social Affairs No 20 of March 18, 1998 on Detoxification and Substitution Treatment of Drug Addicts in Different Health Care Phase provides the procedure for methadone detoxification treatment. This document also regulates long-term substitution treatment with medicaments that contain opiates. This regulation entered into force on September 1, 1998. Substitution treatment has never been carried out due to the absence of supportive complex rehabilitation system and necessary treatment facilities in hospitals (Chapter 3.1).

Criminal Code constitutes penal sanctions for persons who have committed a drug-related crime. The Criminal Code provides application of penal sanctions for illegal acquisition, delivery, manufacture, reprocessing of narcotic drugs or psychotropic substances with or

without the intent of trafficking thereof, illegal cultivation of poppy and cannabis, theft and robbery of drugs and inducing a minor to use drugs.

Additionally, the Criminal Code provides punishments for illegal trafficking of drugs, driving a vehicle in intoxicated condition. Administrative Code provides responsibility for illegal acquisition, possession and use of a small amount of narcotic drugs and psychotropic substances for one's own consumption. The Minors Sanctions Act (1998) provides alternative sanctions for juvenile offenders. Regulations of the Minister of Internal Affairs of October 24, 1997 provides the Procedure for Documentation of Delivery and Storage of Narcotic Drugs and Psychotropic Substances and the Procedure for Storage and Destruction at the Bureau of Forensic Science and Criminalistics of the Police Administration of Narcotic Drugs and Psychotropic Substances Used as Physical Evidence or Subject to Seizure.

Estonia is signatory to the Riga Declaration on Money Laundering since 1996. The Money Laundering Prevention Act was passed in 1998. Pursuant to the Estonian Money Laundering Prevention Act and amendments to the Penal Code (1999) money laundering is punishable with a maximum of 10 years of imprisonment. The Financial Task Force Unit (FIU) was established within the administration of the Police Board in 1999.

Regulation of the Minister of Social Affairs on the Procedure for Handling Opium Poppy and Cannabis for the Purpose of Agricultural Production was enforced in 1997.

1.3 Developments in public attitudes and debates

Increasing drug use among the general population is among other reasons directly related to social acceptance of drugs, promoted by Estonian media. While drug issues were rarely discussed in public at the beginning of 90-ies, currently public debates on drug-related issues are very common. Since 90-ies different organizations, companies and NGOs have focused their activities on forming a negative attitude toward drugs.

1.3.1 Public presentation

General public started to discuss drug-related issues at the time of economic transformation at the end of 1980-s. At first, illegal drug use was not considered characteristic to local conditions. Estonians associated drugs with western life-style. By the turn of the millennium drugs had become a serious and extensive problem in Estonia. In media drug issues were paid more and more attention to.

At the beginning of 1990-e drug issues were not of primary importance, other social problems like unemployment, poverty and health were concentrated on. Drug-related problems were brought in the spotlight in the middle of 1990-s because of sensational events in Estonia (arresting of an Estonian drug dealer in Tai and the so-called poppy war). At the end of 1990-s drug-related issues became of serious concern as a result of increasing incidents of AIDS (Paimre 2000).

After the re-independence drug issues were not considered of primary importance in the Republic of Estonia. Only later drug control and coordination structures were set up on the initiative of International organizations (Nestor 2000).

At the end of 1990-s Estonia started to focus on drug prevention. At the same time, Riigikogu (Estonian Parliament) approved an act regulating the spread of drugs and ratified the UN 1961 and 1971 drug conventions (Chapter 1.2).

In 1997 the Government approved the Principles of the Drug Policy and the Program of Alcoholism and Drug Abuse Prevention for 1997-2007 (Chapter 1.1).

During 1990 different organizations, companies and NGO-s carried out activities to form a negative attitude towards drugs. Estonian Association of Cities and the Estonian Psychiatrist Organization established the Foundation of Drug Prevention in 1997 with the purpose of implementing relevant activities of the national program and financing prevention projects in Estonia. Business companies were also involved in drug prevention activities. Several promotion campaigns were carried out e.g. EMT put up a "drug tent" to disseminate information by means of visual aids, booklets, leaflets etc. about the risks of the use of drugs. Thousands of people visited the drug tent.

The youth culture, in contrast to formal drug policy, reflected tolerance for the drug use. The popularity of drug use among teenagers at the age of 15-16 was illustrated by the survey of ESPAD, indicating that in 1995 8% of schoolchildren of the age of 15-16 and in 1999 16% had tried illegal drugs. Although the level of drug consumption was lower than in the Western

countries, the rise was remarkable in the local context (The ESPAD 1995 Report 1997; The 1999 ESPAD Report 2000).

At the turn of the century, the incidence rate of HIV virus was increasing, AIDS and drug abuse became important social problems. In the general population and media the drug problem was understood as heroin consumption of the Russian-speaking population in Ida-Viru County. The drug use in nightclubs of cities was not considered a problem.

National drug policy was further developed at turn of the millennium. In 2000 Riigikogu (National Parliament) approved joining three UN drug control conventions being inseparable from achieving the objectives of the EU drugs strategy (Chapter 1.2).

Also, the study of scientists of Tartu University, Kuopio University and Pihkva Pedagogical Institute carried out in 2000 demonstrated that 14-year-old schoolchildren are tolerant towards drugs. According to this study the rate of drug use of Estonian and Finnish children was almost the same but Estonian schoolchildren were more curious about experimenting with drugs. In Estonia only 7% of boys and 15% of girls were not interested in trying drugs.

1.3.2 Media presentations

Increasing drug use at the beginning of 1990-ies was a distant problem for Estonia, thus it was barely reflected in media. Only a few articles on drug use were published until the turn of the millennium revealing a negative attitude towards drug use, however, some articles in Estonian press promoted liberal drug policy similar to the one in Netherlands and Denmark.

The yellow press being popular among the general population was writing about drug use as an exclusive habit of pop stars and actors. Such glamorous context left the impression of drug use being a part of the life-style of successful people.

The public started to talk about drug issues in 1995 when Estonian drug dealers were arrested in Thailand. In the same year the “poppy war” (during the police operation a poppy field was destroyed) caught the attention of media. Contradicting opinions were expressed in media in both occasions, but later, when journalists lost interest in these issues, a couple of articles were published revealing a clearly negative attitude towards drug use (Paimre 2000). Drug-related issues were not discussed by media in the second half of 1990-ies. At the end of 1990-ies drug problems affected already a bigger part of the population and press releases of the Estonian Foundation for Prevention of Drug Addiction provided some information about drug-related issues.

In 1999 journalists were provided with training in drug-related issues and as a result, articles on drug use were regularly published in a special column of a teenager magazine (Journal X). Experts gave information on drug-related risks and advice on relevant measures.

The column also published the opinions of the idols of the youth about drugs. Heroin problem was reflected by media, when information spread about the outbreak of HIV virus in Narva. Journalists depicted injecting drug users as victims of the community. Harm reduction and laboratories of amphetamine were widely discussed topics in press. Journalists stressed connection between crime and drug use. The yellow press continued to publish articles on the relation between celebrities and the drug use.

1.4 Budget and funding arrangements

The ADAPP is financed from the state budget through the EMSA, which is coordinating the implementation of the ADAPP on national level. All relevant ministries have their own budget for drug-related activities. The Ministry of Internal Affairs is responsible for ensuring appropriate funds for competent law enforcement agencies. The Ministry of Financial Affairs is financing the Customs Board.

The annual budget of the ADAPP for demand reduction was smaller in 2000 compared to 1999. According to the annual budget less funds were available for treatment and rehabilitation in 2000, whereas the demand for treatment had increased. Since 1998 funds for drug prevention have been increased and since 2000 there is a separate budget for allocation of funds for drug prevention projects of local communities (Table 1).

Lack of evidence-based policy is still a problem to be solved in nearest future. The PC approves the annual budget of the ADAPP, however, funds have to be planned and annual budgets compiled on the basis of collected and analysed data. Setting up the Drug Information System (DIS) was one of the priorities of the ADAPP in 1999 but the named objective has not been met yet. The EHEC carried out an evaluation of the quality and efficiency of the projects initiated in 2000; however, the data is not available at the moment.

Table 1. The Use of the appropriations of the ADAPP allocated for the financial year 1998 – 2000 (by EUR)

Estonian Foundation of Drug Prevention

1998	1.Accountancy system of Pompidou Group	5 815
	2. Accountancy and calculation of drug related crimes	6 134
	3.Support to population surveys	9 265
	4.Survey of the drug user among the general population	1 917
	5. Prevention of drug use	4 153
	6. Prevalence of drug use in prisons	2 939
	7. Teachers training module	4 537
	8.Lectures for teachers	3 259
	9.Organizing of seminars for health workers	4 153
	10. Prevention programs in special schools	5 751
	11.Treatment of uninsured drug addicts	12 780
	60 703	
1999	Setting up of a drug system	150 118
	Prevention work targeted at children and young people	121 179
	Treatment and rehabilitation	163 732
	Other program activities	27 681
	Database of first treatment demand	12 780
	475 490	
2000	Prevention work among young people	89 457
	Prevention work in local governments	102 988
	Treatment and rehabilitation of drug addicts	91 374
	Training	49 201
	Prevention work in prisons	22 364
	Administration of the program	37 945
	Database of first treatment demand	6 390
	399 719	

Source: Estonian Foundation for Prevention of Drug Addiction 2001

PART 2

EPIDEMIOLOGICAL SITUATION

1 Prevalence, patterns and developments in drug use

2.1 Main developments and emerging trends

The Institute of International and Social Studies (IISS) has conducted two population surveys including questions on drug use (Norbalt 94; Estonia 98) in Estonia. The first survey, Norbalt 94, also included a question about lifetime prevalence. In 1998 the first population survey which, in addition to questions about alcohol and tobacco use, also included questions about illicit drugs and attitudes related to their use, was carried out in Estonia. Comparison of two studies, demonstrate that the number of people who have tried illicit drugs during their lifetime has increased (Chapter 2.2). Unfortunately, studies on schoolchildren covering all age groups are not available. Comparison of the results of ESPAD 95 to ESPAD 99 in Estonia indicates that the number of 15- 16 year-old schoolchildren who had experimented with illegal drugs had doubled. In Estonia, cannabis, amphetamine and ecstasy are still most commonly used and most easily accessed drugs, at the same time, the amount of students having tried an illegal drug has increased (Chapter 2.2.).

Increase in drug use can be partially explained by the increased supply of different drugs in Estonia. Opening of borders has resulted in appearance of such illicit drugs on the market, which used to be rare in Estonia. The data from the Police Board indicate that organized drug trafficking of locally produced amphetamine has significantly increased. In 2000 the Estonian police found total of 5 laboratories that produced amphetamines. Ecstasy and other synthetic drugs are mainly imported (Chapter 5.2).

By expert opinion the number of problem drug users has increased due to the availability of heroine on the market since 1998. In addition to the inconsistent purity of supply, this is directly attributable to a rapid increase in the number of drug (mainly heroine) overdose emergencies and deaths (Chapter 3.2). The number of persons convicted for drug- related offences against the Criminal Code has increased in the reporting period as a result of more active police work.

The number of convicted persons due to unlawful acquisition or storage of small quantities of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's prescription (§ 202⁵) has increased considerably. By expert opinion this can have an adverse effect on the level of HIV/ AIDS infection in prison in the nearest future, because most of these persons punished according to § 202⁵ were problem drug users, and while in prison, they do not have access to detoxification programmes and needle exchange.

Estimates of the Development and Information Department of the Estonian Police Board show that the price of drugs (particularly Ecstasy and amphetamine) in the streets decreased in 2000 (Chapter 5).

2.2 Drug use in the general population

The use of illicit drugs is a relatively new phenomenon in Estonia and the studies on the topic scarce. Today there is no information available from before the 1990s that could provide a comprehensive picture of the use of illicit drugs in that period, or make comparison of a longer period of time possible. On the one hand, drug use was rare in Estonia, and on the other hand – it was not recognized as a serious social problem. In the 1990s the situation changed. The use of illicit drugs gained such proportions that it was impossible to deny it any longer, thus it was viewed as a serious social problem worth studying. The first attempt to examine the use of illicit drugs was made in 1994 in the NORBALT *Living Conditions* survey, followed by the population survey *"Estonia 98: Work, Family and Leisure"* carried out by the department of family sociology of the IISS of Tallinn Pedagogical University. The present overview of the use of illicit drugs is based on the above-mentioned survey carried out at the end of 1998 (2317 answered questionnaires; respondents aged 18–70, random sample, mailed questionnaires).

According to the "Estonia 98" survey, more than every tenth man (11%) aged 18-70 reported having tried drugs at least once in their lifetime. The proportion of women of the same age who reported having used drugs at least once was 3%. Among younger people the share of those who had experienced with drugs was considerably higher: among 18-24-year olds the corresponding proportions were 25% and 9%, among the 25-34-year olds – 17% and 5%, respectively.

7% of male respondents and 6% of female respondents knew a person who was using drugs, and 16% males and 9% of females knew several drug users. Once again, there were considerable differences among the respondents of different age groups. Among the male respondents aged 18-24 the share of those who knew several drug users was 47%, among females of the same age – 34%.

The share of respondents who reported that they had never been offered any drugs was bigger among women (93%) than men (82%). The age group 18-24, especially young men of that particular age group, seems to be the main target group of drug dealers. Only 54% of young men (73% of young women) reported that they had never been offered any drugs. At the same time, 15% of men aged 18-24 and 17% of women of the same age groups had been offered drugs free of charge.

The data of the “Estonia 98” survey provide us with a possibility to observe the use of different kind of drugs among the population (Table 2).

Table 2. Use of illicit drugs among population aged 18–64, %

DRUGS	Lifetime prevalence (%)			Last 12-month prevalence (%)			Last 30 days prevalence (%)		
	18-64			18-64			18-64		
	M	F	T	M	F	T	M	F	T
Any illegal drugs	11	3	7	4	1	2	1	...	1
Cannabis	8	2	5	3	1	2	1	...	1
Opiates (total)	1	...	1	...	-	...	-	-	-
Heroin	.	...	...	...	-	...	-	-	-
Other opiates	1	...	1	...	-	...	-	-	-
Cocaine (total, incl. crack)	1	...	1	...	...	...	...	-	...
Amphetamines	2	1	1	1	...	1	...	-	...
Ecstasy	1	1	1	...	...	...	...	...	...
LSD	1	...	...	...	...	...	-	-	-
Other hallucinogens (NA)									
Hypnotics and sedatives (total)	1	1	1	-	...	...	-	...	...

NA - not asked in the questionnaire

Source: “Estonia 98” survey, 1999

On the basis of the results of the survey we can conclude that the use of drugs is not equally divided among different population groups in Estonia. As it was mentioned before, the share of men who had tried illegal drugs was considerably bigger than the share of women, the share of young people (esp. young men, see Table 3) bigger than the share of those 35+.

The share of Russian-speakers among those who had experienced with drugs was bigger than the share of ethnic Estonians. The interethnic differences in the drug use can be explained by the fact that the majority of Russian-speakers in Estonia live in big cities and other urban settlements (e.g. Tallinn and the industrial cities of the North-eastern Estonia – Kohtla-Järve and Narva) where the prevalence of drug use is higher than that in small towns or rural settlements.

Table 3. Use of illicit drugs among population aged 18–24, %

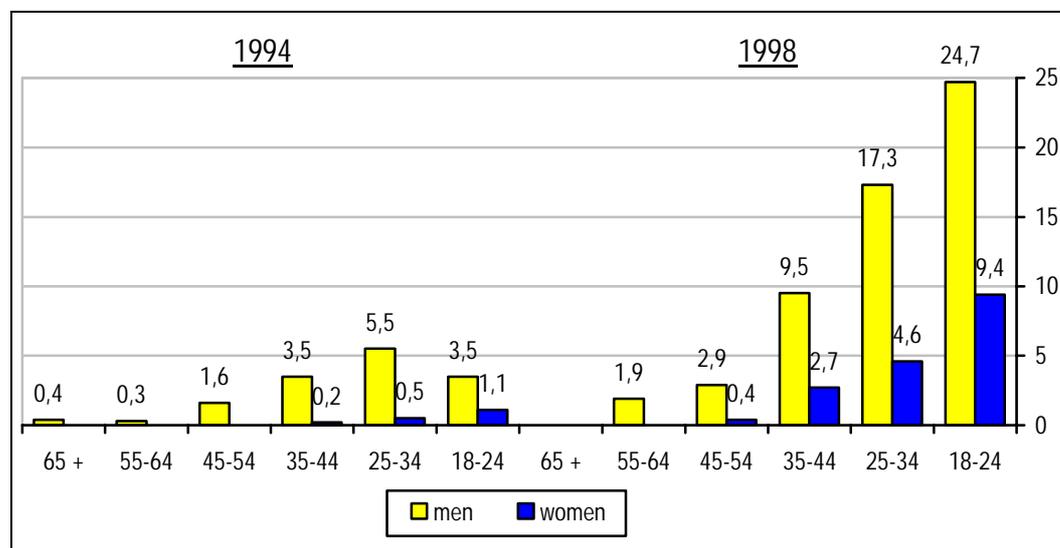
DRUGS	Lifetime prevalence (%)			Last 12-month prevalence (%)			Last 30 days prevalence (%)		
	18-24			18-24			18-24		
	M	F	T	M	F	T	M	F	T
Any illegal drugs	25	9	17	14	4	9	5	-	2
Cannabis	19	6	12	12	2	7	4	-	2
Opiates (total)	2	-	1	1	-	1	-	-	-
Heroin	1	-	1	1	-	...	-	-	-
Other opiates	2	-	1	1	-	...	-	-	-
Cocaine (total, incl. crack)	5	1	3	2	-	1	1	-	...
Amphetamines	9	2	6	6	1	3	2	-	...
Ecstasy	6	1	3	2	1	1	1	...	...
Hallucinogens (total)									
LSD	3	1	2	1	1	1	-	-	-
Other hallucinogens (NA)									
Hypnotics and sedatives (total)	2	1	1	-	...	...	-	...	...

NA - not asked

Source: "Estonia 98" survey, 1999

Thus, every fourth man aged 18-24 and every tenth women of the same age had at least once in their lifetime experienced with illegal drugs. In most cases the drugs used were cannabis, amphetamines or ecstasy. The use of other drugs was reported less frequently.

The best way to cast some light into the changes in the drug use among the general population is to compare the results of the two above-mentioned surveys — the NORBALT *Living Conditions* survey of 1994 and the of "Estonia 98" survey. Although the "Estonia 98" survey was not specifically designed for the assessment of drug use, the questions included in the section of health behaviour showed a considerable increase in the drug use in the population over the last four years. While in 1994 only 1.4% of respondents reported having tried any kind of drugs during their lifetime, then within a relatively short period of time, their share had increased to almost 7% in 1998 (Figure 1).

Figure 1. Lifetime experience of illicit drugs among adults by age and sex (%)

Source: Narusk, 1999 (data of 1994 - Norbalt Living Conditions survey; data 1998 - "Estonia 98" survey)

The study suggests that it seems to be a matter of status among young people to experience with drugs but the share of frequent users is small. On the other hand, heavy and long-term drug users are less likely to fall in the sample of the study. However, we cannot be too optimistic about the results, as the overall drug use scene is probably much darker. First of all, we cannot forget the risk that occasional, experimental or recreational use of drugs may easily lead to heavy drug use. The "Estonia 98" population survey revealed that Estonian people still do not perceive the use of drugs, especially experiencing with drugs, as a serious risk. For example, 27% of young men and 21% of young women (aged 18-24) said that there was no risk, or the risk was very small, when cannabis was used only once or twice, 19% of young men and 22% of young women were of the same opinion about ecstasy and 10% of young men and 12% of young women about opiates. Only regular use of those substances was considered to be a bigger risk by the young respondents.

Next population survey where the same set of core questions about the use of drugs in the population will be repeated, and what will provide some data for comparison is planned to be carried out in 2003.

2.3 Problem drug use

The above mentioned population surveys (Norbalt 94 and Estonia 98) are not specific enough to enable us to define a problem drug user¹, but ESPAD data (which only includes 15-16 year-old schoolchildren) does provide a rough estimate by asking the number of times the student has used any given substance (Hammer – Pratkanis; Talu 2001).

Qualitative studies that can generate in – depth information on drug use patterns and trends, thus, on problem drug use, were not available during the reporting period. A study “Ecstasy and Young People”, conducted within the framework of WHO Global Research Programme on Amphetamine Type Stimulants, combine qualitative and quantitative methodology, examine Ecstasy use among young people aged 16-25. The objectives of this study set by the WHO are the following: to identify health, social and psychological problems associated with Ecstasy use; to determine those aspects of use most susceptible to intervention; to identify interventions most likely to have impact on the harm associated with Ecstasy use, and report on other substances consumed, with particular emphasis on other amphetamine-type stimulants (ATS). Results of the study will be available in the next report.

The main source to get information on problematic drug use is the Database of First Drug Treatment Demand, kept since 1999, which gives an overview of those clients who have anonymously applied for drug treatment during the given year. Treatment demand indicator shows clearly an increase of problem drug use, mainly the use heroine and home made poppy products (Chapter 3.1).

The Database of First Drug Treatment Demand (DFTD) shows that Russian- speaking minorities dominate among treated clients. The major problem with such data is that it does not provide personal identification, thus, creating double-counting problems even within the same year (Hammer- Pratkanis; Talu 2001).

Mortality and drug – related infectious diseases and morbidity indicators also show an increase (Chapter 3.2, 3.3, 3.4).

¹ The estimated number of IDU's by our experts is 10 000 - 20 000. (Source: Nelli Kalikova, AIDS Information and Support Centre 2000).

3. Health Consequences

3.1 Drug treatment demand

There is no common opinion of the proportion of the population that are drug addicts. According to the expert opinion there are about 10 000- 15 000 drug users. However, the named amount could be overestimated (Jänes 2001).

The data from DFDTD² indicate that the total number of persons who seek for treatment with their drug problems has increased from 812 in 1999 to 1431 in 2000. The number of new drug users has risen from 477 in 1999 to 932 in 2000. Most clients, who applied for treatment due to their drug use in 2000, were from Tallinn, the capital city of Estonia (54.4 %), followed by Narva (29.3 %) and Kohtla – Järve (9.7 %)(Table 3). Compared to the previous year, the proportion of treated clients has decreased in Tallinn and Kohtla - Järve and the proportion of those having sought treatment in Narva has increased almost three times (rise from 7.1 % to 20.3 %)³.

Socio- demographic characteristics of clients

In 1999 most of the treated drug users were relatively young, 15 to 24 years old. It is remarkable that in 2000 more than half of the treated drug users were 15- 19 years old (53.9 %), followed by 20- 24 – year old young adults (26.3 %). Similarly to the previous year, mostly the Russian– speaking minority apply for treatment (80 % in 1999, 83 % in 2000). Therefore, only a small proportion of clients demanding treatment in 1999 and 2000 were Estonian citizens. In 2000 the percentage of non-citizen clients decreased (from 28.3 % in 1999 to 19.3 % in 2000)⁴. The unemployment rate among the clients was high, but compared to the previous year it showed a tendency of decrease (from 53.7 in 1999 to 50.8 % in 2000).

² The Database of the First Drug Treatment Demand was created on March 24, 1999 by MSAE. DFDTD provides an overview of those patients who have *anonymously* applied for drug treatment during the given year. The data collection is based on a format that corresponds to the *Pompidou Group Definitive Protocol (Core Data for Drug Treatment Reporting System)*. In 1999 information was collected from 10 in 2000 from 8 treatment institutions where relevant data was available. EMAE has commissioned the *EFPDA* to keep the database.⁷

³ Narva is situated at the border of the Russian Federation, two – third of the population is Russians. Also drug - related crimes and drug- related infectious diseases have increased in that area.

⁴ Remarkably high percentage of missing data has been reported particularly citizenship answer category by the DFDTD.

Due to a limited access of socially excluded drug users (especially non-citizen drug users) to the treatment and poorly developed rehabilitation system, there is an urgent need to pay special attention to socially excluded user groups. Support to and development of already existing low – threshold and rehabilitation service providers should be a priority. There have not been any changes in treatment services even funds allocated for treatment has been decreased. It is necessary to evaluate the status of treatment services before introducing changes in the treatment system.

Drug use

Heroin is the illegal substance still most commonly used in Estonia. Data indicate an increase in the rate of opiate users (from 53.8 % in 1999 to 69.9 % in 2000). This growth can be explained by increased availability of heroin in the drug market since 1998 as well as raised awareness of treatment possibilities. The proportion of patients having sought for treatment for stimulants use has decreased from 11.8 % in 1999 to 6.8 % in 2000. However, drug- related crime indicators show an increase in use of stimulants, also data on seizures indicate that stimulants, particularly amphetamines are a growing problem in Estonia (Chapter 5). An increasing treatment demand of opiate users and long waiting – lists indicate that access to treatment is limited. Within the next years quality assessment of treatment services must become an inseparable part of treatment management in order to improve planning and methods of treatment and provide opiate and other drug users with better services.

Injecting and sharing

The number of clients who used the same syringe last month has increased from 7.9 % to 22.4 % in 2000; data on previous sharing of equipment indicate an increase from 24.5 % in 1999 to 34 % in 2000. The rate of current injecting has also increased (from 78.6 % in 1999 to 84.4 % in 2000)⁵. Bearing the mind that HIV/AIDS are growing problems in Estonia the above named figures are valuable information for planning and evaluating prevention activities and harm reduction measures for IDU-s.

⁵ The rate of missing data in this section is extremely high. Lifetime sharing accounts for the highest rate of missing data (34.4 % in 2000). To solve the problem, quality assessment of the DFDTD should be a priority.

Table 4. Characteristics of treated clients 1999- 2000

Characteristics	1999 (%)	2000 (%)
Nationality		
Russians	80.3	82.6
Estonians	13.8	11.3
Russians, male	80	83
Russians, female	81.9	79.3
Treated clients by citizenship		
Estonian citizenship	35	39.4
Russian citizenship	6	8.7
Clients without citizenship	19.3	28.3
Age		
15- 19 years old	30	53.9
20- 24 years old	39	26.3
Treated clients by place of residence		
Clients from Tallinn	63.5	54.4
Clients from Narva	7.1	20.3
Clients from Kohtla - Järve	12.8	9.7
Labour status		
Unemployed	53.7	50.8
Regular employment	20.9	24.2
Drug-related information		
Frequency of daily use	83.3	84.0
Use of heroine as a primary drug	53.8	69.9
Use of home-made poppy products as a primary drug	21.3	8.9
Use of stimulants as primary drugs	11.8	6.8
Ever previously treated	39.2	42.2
Used the same syringe	7.9	22.4
Previous sharing of equipment (syringes etc)	24.5	34
Current injecting	78.6	84.4
Previous injecting	57.1	53.8

Source: Database of First Treatment Demand, 2001⁶

⁶ The table consist only of the main characteristics, which provide insight information on socio- demographic factors (nationality, citizenship, age, labour status etc.); and drug-related information (primary drug, route of administration, prevalence etc) on treated clients in 1999-2000

Registered data on reported cases of hepatitis and HIV without notification are not reliable but a positive sign is that about half of the clients have reported that they have been tested for HIV.

3.1.1 Key- issue: treatment modality

The data from the DFDTD cover only specialized treatment centres. Every drug addict can anonymously apply for treatment. Treatment of uninsured patients is covered from the ADAPP budget. General practitioners (GP) play a minor role in the treatment system of drug addicts. In Estonia only 3 methods of treatment are currently being applied:

- Detoxification;
- Medicines– free therapy;
- Advice, counselling, support.

The main applied method is short – term detoxification with methadone and medicines - free therapy. Accessibility to out- and inpatient treatment facilities has not been assessed yet but according to the estimation of doctors there is a long waiting list of drug users demanding treatment (Chapter 3.1). Data on the length of waiting period are not available.

There is an urgent need for the establishment of special treatment hospitals and rehabilitation system and training the staff. The coverage of treatment facilities in Estonia is uneven. In some counties like Lääne - Virumaa, Raplamaa and Järvamaa there are only 1 to 2 psychiatrists per county working with drug addicts.

Services provided for drug-addicted clients are still very limited. Outreach work is under development and plays a minor role in the whole system. Only few NGOs (AIDS Support and Information Centre) are specialized in this field. To a certain extent, needle- exchange points in Tallinn, Tartu and Narva carry out some of the functions of outreach work, as the named cities enable the staff of the needle-exchange points to establish contacts with drug-addicts and guide them into treatment. Involvement of NGOs' has grown in terms of needle exchange activities, counselling and support, but still, the number of NGOs operating in this field is very limited.

Services of psychologists provided for drug users have gained more important role in Estonia, the biggest problem is that clients are charged for counselling and support. Due to the high rate of unemployment among drug users there is an urgent need for initiation of special programmes for integration of the treated drug addicts into the society.

The programme must also include learning of the Estonian language to increase the competitiveness of treated drug addicts on the labour market.

The rehabilitation system is poorly developed in Estonia. There is only 1 rehabilitation centre in Lääne – Virumaa with 6 places for former opiate addicts who have received short- term detoxification treatment.

Substitution treatment has never been possible in Estonia due to absence of supportive complex rehabilitation system and necessary conditions in hospitals. Methadone treatment is regulated by the regulation of the Minister of Social Affairs of March 18, 1998 No 20 on Detoxification and Substitution Treatment of Drug Addicts in Different Health Care Phase. Also, this regulation regulates long-term substitution. None of the treatment facilities meet the necessary requirements. The above named regulation has been in effect since September 1, 1998.

According to the data provided by the DFDTD 22 people (1.5% of those treated) attended a long-term methadone maintenance program in 2000. However, only short – term detoxification is available for opiate users in Estonia, but hence there seems to be some faulty reporting or a simple mistake of definition. (Hammer- Pratkanis; Talu 2001).

3.2 Drug-related mortality

The Statistical Office of Estonia collects data presented in the standardized epidemiological tables. In the event of death a physician, pathologist or forensic expert fills in a Medical Death Certificate (MDC). In Estonia this form has been designed in accordance with the WHO recommendations. After processing the document in a local authority it will be submitted to the Statistical Office where the information is coded, entered into the computer database, validated and stored. Causes of death have been coded in ICD-10 since 1997, in the period of 1994-1996 in ICD-9. Earlier, similarly to other republics of the former USSR, a truncated version of ICD-9 was used.

These changes in methodology create some problems in terms of observing the time series. The classification systems used before the full version of ICD-9 was adopted in 1994 do not even have special codes for drug-related deaths. Deaths as a result of an overdose, for instance, would have recognized as other (hence non-alcohol) accidental poisoning. Such classification reflects public health priorities of the previous period of time when much more

attention was paid to infectious diseases rather than anything else.

However, drug addiction and drug-related deaths are quite unusual problems for Estonia. For example, in 1997 when ICD-10 was adopted, only 4 cases of acute drug-related deaths and 224 deaths due to accidental poisoning by alcohol were registered. Thus, alcohol addiction and poisoning are far more important problems in Estonia than drug addiction and overdose. This, in turn, may lead to underreporting of drug-related cases as the personnel responsible for examination and reporting may not have the necessary experience, skills or possibility to reveal a drug-related problem behind a case. For example, post-mortal chemical test for drug intoxication according to Estonian standards is an expensive procedure, thus a forensic expert would not undertake such test when positive result seems improbable. The same reason explains a low rate of cases with known toxicology. Even if the deceased is known to be a drug addict, chemical test may not be made because of its price. The Statistical Office can contribute to solving a part of these problems, e.g. problems related to coding and classification, however, many other problems need a broader approach.

The number of acute drug-related deaths has grown from 4 to 22 since the adoption of ICD-10 in 1997. A vast majority of cases with known toxicology were related to opium and heroin. As contributory causes of death are also processed in the Statistical Office of Estonia, it is possible to reveal that many cases with unknown toxicology were reported as opiate users (ICD-10 code F11). However, poisoning with or harmful use of opiates in these cases was not confirmed as the underlying cause of death. Consequently, according to the registered cases the most dangerous group of drugs is opiates.

Looking at the distribution of acute drug-related deaths by gender it must be stated that the rate of death among men has been four times higher than among women throughout the observed period. This proportion is a bit higher than in case of external causes of death as a whole (ICD-10 codes V01-Y89) - 1: 3.3 in 2000 or in case of accidental poisoning by alcohol - 1:3.5 in 2000. Thus, men are more prone to die because of risky behaviour also, acute drug-related deaths are more characteristic to men than women.

According to the data most drug-related deaths at the age of over 45 have been registered as poisoning with medicines not related to drug addiction (ICD-10 code T43.9 "Poisoning by psychotropic drugs not elsewhere classified"). For example, two of three cases of this age group fell in this category in 2000. Poisoning by narcotic drugs is typical to persons of younger age groups. Along with the growth of absolute numbers another phenomenon is worth noticing: an increasing amount of acute drug-related deaths among the young (Table 5). Despite of small absolute numbers, it is possible to draw some conclusions. Mortality due to acute drug-related deaths in Estonia is more common among men under 30 years of age; the share of those under 25 has increased over the last two years.

Table 5. Distribution of acute drug-related deaths by age, percent of total, 1997-2000

	1997	1998	1999	2000
<15	-	-	-	-
15-19	-	-	22,7	6,5
20-24	25,0	-	36,4	41,9
25-29	50,0	42,9	13,6	25,8
30-34	-	-	4,5	12,9
35-39	25,0	14,3	-	3,2
40-44	-	14,3	4,5	-
45+	-	28,6	18,2	9,7
Total	100	100	100	100

Source: Statistical Office of Estonia, 2001

3.3 Drug- related infectious diseases

The uncontrollable rise in the number of IDU-s started in 1994-1995 and has steadily increased since then. Most of the IDU-s are heroin users. Drug-related infectious diseases have transmitted very rapidly over the last years in Estonia. In 1995 - 1996 an increase in the prevalence of B and C hepatitis infection was a clear indication that there was a risk of HIV/AIDS transmission as these infectious diseases are transmitted in a similar way: dangerous injecting habits, needle sharing. The outbreak of B and C hepatitis in Tallinn (app. 200 cases) occurred at the end of 1996 and at the beginning of 1997 (Table 5). Most of the cases, approximately 90% were connected with IDU-s. The prevalence of the level of C and B hepatitis infection decreased in 1999 compared to 1998 as a result changes in the drug market. The poppy mix was replaced by heroin, which is more toxic and more harmful for a human organism, however, the level of needle sharing decreased. This trend did not last long and in 2000 the level of needle sharing indicated an increase again.

Table 6. Number of cases of B –and C-hepatitis 1990- 2000

Year	B-hepatitis	C-hepatitis
1990	119	1
1991	107	20
1992	90	7
1993	164	27
1994	236	53
1995	142	64
1996	277	99
1997	575	296
1998	481	342
1999	290	250
2000	418	350

Source: Health Protection Inspectorate, 2001

In 1997 and 1998 the first two cases of HIV virus among IDU-s were diagnosed, however they were not followed by epidemic transmission of the infection. 390 cases of HIV virus and 3 cases of AIDS were diagnosed in Estonia in 2000: 1 HIV case in April, 2 in May, 1 in June, 3 in July, 8 in August, 90 in September, 106 in October, 68 in November and 93 in December. A considerable amount of these were injecting drug users from Narva. Detainees accounted for 77 of the 304 cases of HIV infection. The age of the infected was 15-24; the youngest was 13 years old. Youngsters sharing syringes account for the main risk group for injection. Comparison of the named amount of cases of infection to 9 new cases of HIV infection in 1999 indicates an enormous increase of HIV prevalence. A total of 486 HIV positives were detected within the period of 1988 to 2000. The Estonian Ministry of Social Affairs made a proposal to classify the situation as concentrated HIV epidemic because the rapid increase in the prevalence of HIV virus among the subpopulation of IDU-s.

3.4 Other drug-related morbidity

The Medical Statistics Bureau (MSB) of EMSA is responsible for the collection of data of mental and behavioural disorders as a result of drug use diagnosed by psychiatrics.

The MSB collects aggregated information on the basis of ICD-10 codes F11–16 and F18–19, all eight disorders by codes, separately on outpatient clients and clients under psychiatric care by seven clinical status and total number too. The data does not include any subdivisions of personal identification. The statistical data on morbidity (aggregated data, both sexes together) regarding cases of mental and behavioural disorders as a result of drug use is the same as on mental and behavioural disorders as a result of alcohol (ICD-10 code F10) and tobacco consumption (ICD-10 code F17). There are also incidental data on disorders as a result of use of alcohol regarding dependence syndrome and withdrawal status (both together) by sex and age groups diagnosed by psychiatrists of different specialities.

We cannot distinguish between psychoactive substances related to consolidated disorders (in formulation of ICD-10 code F1X) by a certain clinical status (the fourth and fifth number of ICD-10 code). The process of collecting data can be described as follows: every psychiatrist keeps records of all persons consulted or treated during the year. At the beginning of the year all health care institutions having recruited a psychiatrist(s) draw up an annual report and submit it to the relevant county physician. The latter drafts an annual report on the situation of the relevant county and submits it to the Ministry of Social Affairs (The Medical Statistics Bureau).

The rules for recording of relevant data (guidelines for drafting an annual report) have been provided by the association of psychiatrists. There is a database of aggregated data (not individual cases) in the Ministry of Social Affairs. All collected data are available (at the request), however, the data does not include individual cases or identification codes). Thus, double counting might be quite frequent, depending on the number of visits of the same client to different psychiatrists and the number of consultations. The data have been available since the second half of the year 2000. The majority of the collected data are available on Internet home page of the Ministry of Social Affairs and in other publications. Table 6 provides the number of people having received treatment due to mental and behavioural disorders caused by use of psychoactive substances. As we can see from table 7 the rate of mental and behavioural disorders as a result of using psychoactive substances has increased over the last years. Mental and behavioural disorders caused by use of opiates have increased significantly during that period. Such increase is related to lack of treatment facilities for drug users other than opiates users in Estonia. Treatment for abuse of other drugs consists mainly of psychiatric counselling.

Table 7. Number of mental and behavioural disorders caused by use of psychoactive substances in 1994- 2000

Substance	ICD-10	1994	1995	1996	1997	1998	1999	2000
Alcohol	F 10.X	9876	8219	8974	9524	9524	9325	9920
Opiates	F 11.X	152	264	542	769	878	1804	3149
Cannabis	F 12.X	1	10	27	21	23	30	74
Tranquillizers	F 13.X	45	64	64	114	80	57	146
Cocaine	F 14.X	1	-	-	13	23	23	26
Other stimulants	F 15.X	7	5	12	44	93	152	151
Hallucinogens	F 16.X	1	1	2	2	13	7	44
Tobacco	F 17.X	1	11	18	16	59	20	32
Solvents	F 18.X	20	15	44	35	25	64	42
Other	F 19.X	19	7	64	61	57	66	138
Total	F 10.X- F 19.X	10 123	8596	9747	10599	10775	11548	13 722

Sources: Estonian Health Statistics 1992-1999, Medical Statistics Bureau. Ministry of Social Affairs, 2001

4. Social and legal implications and consequences

4.1 Social problems

Social problems in Estonia are similar to all countries in transition. Estonian development over the past years is, above all, characterized by a diminishing role of the state in the society. At the same time, other actors are rarely available to take over the functions previously performed by the state. Among other things, this means a decreased amount of resources for education and health care. The public health system is undergoing a process of "falling apart", due to a severe lack of resources (Lagerspetz; Loogma; Kaselo 1998).

Political and economic reorganizations and changes in the structure of labour force having taken place over the past ten years have resulted in the decrease of the labour force and the rise of the rate of unemployment. In 2000 the rate of employment in Estonia was 13,7% (ESA).

Unemployment is interrelated with problems regarding non-citizens whose language skills and national segregation are impediments to the entry in labour market. There are certain regions in which unemployment is very high. One of the most problematic areas in Estonia is Narva, locating at the border of Russia and where the majority of the population is Russians. Aggregation and low income are the reasons for poverty and unemployment in Narva (Allaste

2000a). Under those circumstances rapid stratification of population has taken place. Besides the middle class people, there are two other groups in contrast with each other: very active and economically successful and very passive and poor people. Abuse of alcohol and drugs are often caused by poverty. The parents with drinking problems cannot provide their children with normal family and social environment.

Alcoholism is not the problem of the poor only. Studies indicate that in the past years young people have started to consume more alcohol and at present, alcohol is consumed at an earlier age than before (Lagerspetz, Loogma, Kaselo 1998).

In 1990 Estonian families were affected by economic depression, increase of crime, unemployment and demographic crisis. As a result, the population is suffering from stress and the health of the public has worsen. Another impact of the difficult economic situation was decrease of marriages and growth of divorces in Estonia. In 2000 there were 4230 formal divorces and 5485 marriages (ESA). The rate of families with single mothers and cohabits has been constantly increasing (Narusk, 1999). The population survey of 1998 shows that, every third 25-34 year-old man and every sixth woman has chosen cohabitation in preference to marriage.

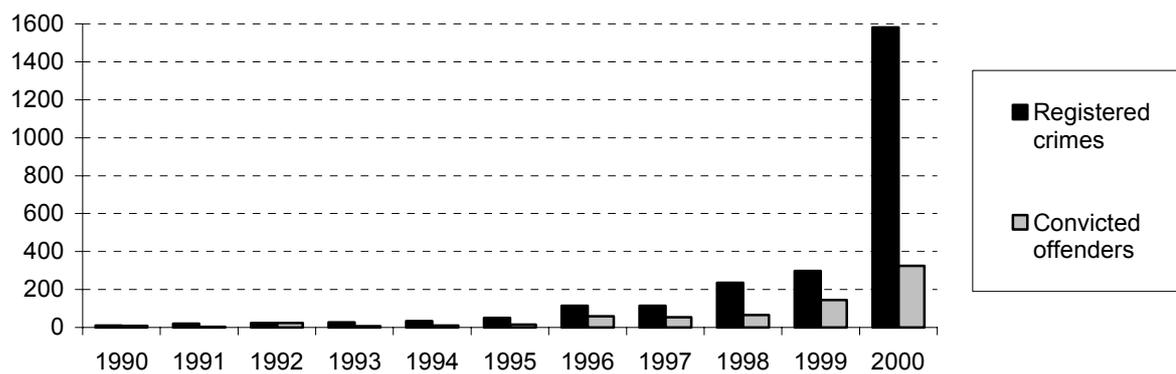
The number of registered drug law offences has increased very rapidly. In 2000 1581 drug-related crimes were registered in Estonia contributing to 2.7% of all crimes. In 2001 the rate of drug-related crimes accounted to 4% already (ESA). Crime is connected to many other problems. Alcoholism, poverty, unemployment and homelessness were regarded as major causes of the problem. On the other hand, lack of psychological security resulting from the high rate of crimes was reflected in the birth rate (Lagerspetz, Loogma, Kaselo 1998).

4.2 Drug law offences and drug-related crimes

Since 1998, the number of registered drug law offences has increased rapidly. The number of drug-related crimes registered by the police increased from 297 in 1999 to 1581 in 2000. The number of detected drug-related administrative offences increased from 468 in 1999 to 2305 in 2000. The percentage of drug-related crimes of all police registered crimes rose from 0.6% in 1999 to 2.7% in 2000. Also, significant growth of drug-related crimes shown in the statistics reflects more active fight against drugs by the police; however, the actual drug use and drug trafficking have also increased.

Combating drug-related crimes has been defined as one of the key tasks of the police since 2000. Specialized drug divisions have been established (previously only Tallinn had a specialized unit) and the number of full-time drug officers has been increased.

Training for approximately 500 policemen carried out in 2000 has led to positive results – this is directly reflected in the drastically increased number of detected drug-related crimes and administrative offences. The best results in registering drug law offences have been shown by Narva and Tallinn Police Prefectures, especially with regard to offences related to illegal possession of small quantities of narcotic drugs or unauthorized use of narcotic drugs (Criminal Code §202⁵).

Figure 2. Number of police registered drug crimes and convicted offenders, 1990-2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Registered drug crimes	10	20	24	27	33	51	115	114	235	297	1581
Convicted drug offenders	8	4	23	7	10	15	59	54	65	144	324

Sources: Police Board, Ministry of Justice, 2001

Table 8. Number of police registered drug crimes, 1999-2000

Criminal Code paragraph*	1999	2000
§ 202 ² . Inducing minors to use narcotic drugs or psychotropic substances	1	7
§ 202 ³ . Inducing a person to use narcotic drugs or psychotropic substances	0	1
§ 202 ⁵ . Unlawful acquisition or storage of small quantities of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's recommendation	21	1096
§ 209 ² . Violation of requirements for manufacture, production, acquisition, storage, recording, issue, transport or delivery of narcotic drugs or psychotropic substances	0	1
§ 210 ¹ . Illegal manufacture, acquisition, storage, transport or delivery of narcotic drugs or psychotropic substances without intent of trafficking	94	161
§ 210 ² . Illegal manufacture, acquisition, storage, transport, delivery or trafficking of narcotic drugs or psychotropic substances	180	306
§ 210 ³ . Theft or robbery of narcotic drugs or psychotropic substances	1	2
§ 210 ⁴ . Illegal sowing or growing of opium poppy, cannabis [or coca**]	0	7
TOTAL	297	1581

* Such wording of paragraphs was in force until 10.03.2001

** Entered into force 17.04.2000

Source: Police Board, 2001

In 2000, drug-related crimes associated with the use or possession of narcotic drugs without the intent of trafficking (§202⁵ and §210¹) accounted for about 80% of all police registered drug crimes. Drug trafficking (§210²) accounted for 19% of registered drug-related crimes.

The number of drug-related administrative offences has increased since 1998 especially in Tallinn and Ida-Viru County (including Narva). During the year 2000, total of 3886 drug offences (criminal as well as administrative offences) were registered that exceeded more than five times the respective figure in 1999 (765 offences). About 90% of all drug offences were registered in Tallinn and Ida-Viru County (including Narva).

Table 9. Number of police registered drug-related administrative offences*, 1997-2000

1997	1998	1999	2000
191	382	468	2305

* Unlawful acquisition or storage of small quantities of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's recommendation (first offence; second similar offence during the last 12 months is punishable according to the Criminal Code § 202⁵).

Source: Police Board, 2001

4.2.1 Characteristics of drug offenders

In 2000, 637 persons were charged against drug-related crimes, of which 64 were females. There were 91 (14%) Estonians and 546 non-Estonians (86%) among the offenders. The share of Estonians of all offenders has declined after 1997 (39%). In 2000 336 (53%) offenders did not have permanent citizenship, 228 (36%) were Estonian citizens, 69 (11%) Russian citizens, 2 Latvian citizens and 2 Lithuanian citizens. Over the recent years the total number of offenders has risen in all main population groups (Estonians and non-Estonians; Estonian citizens, persons without citizenship and foreign citizens).

4.2.2 Drug trafficking

Since the late 1990-s, Estonia has become a transit country for drug trafficking from Russia and Western Europe to Finland and other Nordic countries. Illicit trafficking of heroin and synthetic drugs has increased most significantly.

The main routes of illicit trafficking of drugs via Estonia are the following:

- Heroin from Central Asia via Russia and Estonia to Finland and other Nordic countries;
- Synthetic drugs (amphetamine, ecstasy) from Western and Eastern Europe via Estonia to Nordic countries;
- Cannabis from Spain via Estonia to Nordic countries;
- Cocaine from Venezuela via Estonia to Nordic countries and Russia.

Over the last years production of synthetic drugs (amphetamines) has been initiated in Estonia. The majority of locally produced illicit synthetic drugs are targeted at Nordic countries. Cannabis production has also been developed in small plants for the local market.

Table 10. Number of definitively sentenced persons by types of drug crimes, 1999-2000

Criminal Code paragraph*	1999	2000
§ 202 ² . Inducing minors to use narcotic drugs or psychotropic substances	0	0
§ 202 ³ . Inducing a person to use narcotic drugs or psychotropic substances	1	2
§ 202 ⁵ . Unlawful acquisition or storage of small quantities of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's recommendation	3	203
§ 209 ² . Violation of requirements for manufacture, production, acquisition, storage, recording, issue, transport or delivery of narcotic drugs or psychotropic substances	0	0
§ 210 ¹ . Illegal manufacture, acquisition, storage, transport or delivery of narcotic drugs or psychotropic substances without intent of trafficking	70	50
§ 210 ² . Illegal manufacture, acquisition, storage, transport, delivery or trafficking of narcotic drugs or psychotropic substances	70	65
§ 210 ³ . Theft or robbery of narcotic drugs or psychotropic substances	0	0
§ 210 ⁴ . Illegal sowing or growing of opium poppy, cannabis [or coca**]	0	4
TOTAL	144	324

* Such wording of paragraphs was in force until 10.03.2001

** Entered into force 17.04.2000

Source: Ministry of Justice, 2001

The number of convicted drug offenders increased substantially in 2000 due to the increased activities of the police in handling of offences related to personal use of drugs. Registration of drug law offences improved especially in Tallinn and Narva.

Table 11. Number of sentenced persons by types of drug crimes and principal penalty imposed, 1999-2000*

Criminal Code paragraph	Imprisonment	Suspended imprisonment	Arrest	Fine	Relieved from punishment	TOTAL
§ 202 ³				2		2
§ 202 ⁵	1		100	94	7	202
§ 210 ¹	14	32		3		49
§ 210 ²	30	34	1			65
§ 210 ⁴		3		1		4
TOTAL	45	69	101	100	7	322
Percentage of all sentences	14	21	31	31	2	100

* Before appeals (sentenced in city and county courts)

Source: Ministry of Justice, 2001

City and county courts sentenced 322 drug offenders in 2000, of which 202 persons (63%) for illegal possession or use of small quantities of drugs (§202⁵). The most common types of

sentences were arrests and fines (both account for 31% of all sentences), followed by suspended imprisonment (21%) and unconditional imprisonment (14%).

4.2.3 Drug-related crimes

A major share of drug-related crimes is suspected to be committed by drug abusers. According to the statistics of Tallinn Police Prefecture, 25% of all cleared crimes in 2000 were committed by offenders who had had committed at least one administrative drug offence in the past (by the experts' opinion, the share was actually higher because not all offenders were tested for drugs). The most common types of crimes committed by drug abusers are thefts from car, pick-pocketing and shoplifting.

4.3 Social and economic costs of drug consumption

Studies on social and economic costs of drug consumption have not been conducted in Estonia.

5. Drug market

5.1 Availability and supply

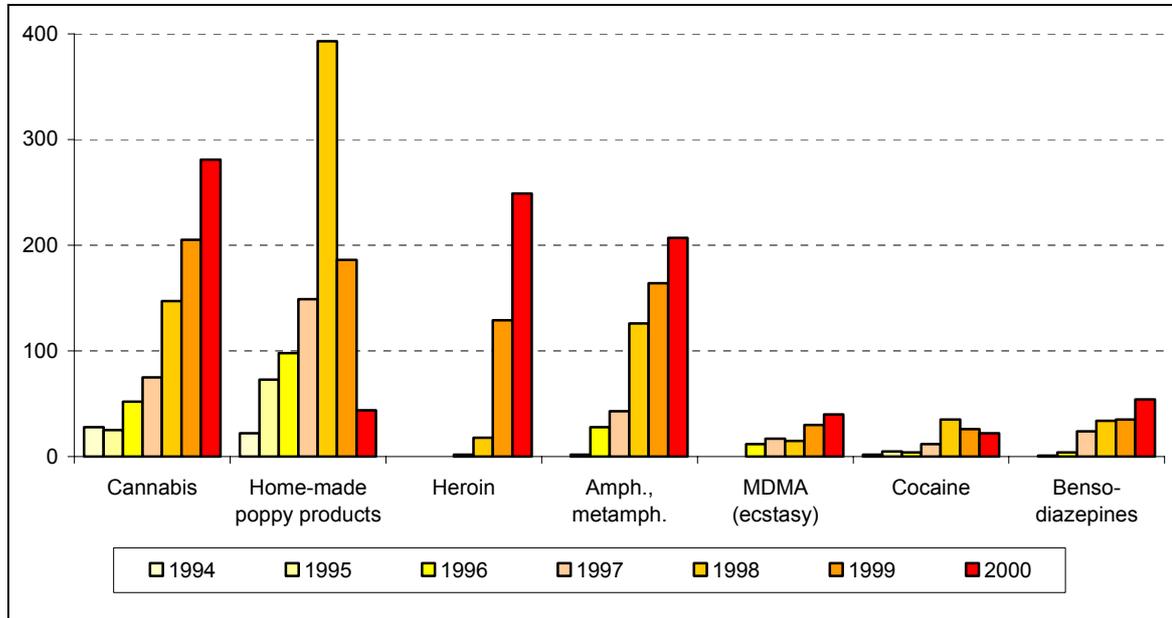
The quantity of seized drugs and the number of drug seizures have increased since mid-1990s, most significantly seizures of heroin, cannabis and synthetic drugs (amphetamines, ecstasy). At the same time, new types of drugs as GHB, 2 – CB (Nexus), ketamine appeared on the market, especially in the late 1990s. The main part of seized drugs in 1996-2000 involved opiates, home-made poppy products, heroin, morphine, methadone), followed by cannabis and synthetic drugs (amphetamines, ecstasy).

Table 12. Number of drug tests carried out in the Police Forensic Service Centre, 1994-2000

	1994	1995	1996	1997	1998	1999	2000
TOTAL drug tests	75	148	248	346	605	677	983
Tests with positive result	75	113	209	275	538	565	741
- Home-made poppy products	22	73	98	149	393	186	44
- Heroin				2	18	129	249
- Morphine				3	4		4
- Methadone					5	10	12
- Cannabis	28	25	52	75	147	205	281
- Cocaine	2	5	4	12	35	26	22
- Amphetamine		2	28	42	111	123	181
- Metamphetamine				1	15	41	26
- MDEA		1	3	1	1	2	2
- MDMA (ecstasy)			12	17	15	30	40
- MDA				1			
- MDMA+MDEA			2	2			
- MBDB			1	2			
- 2C-B					5		
- Ephedrine	2	3	2	8	1	4	1
- LSD			1			2	3
- Barbiturates		1		1	1		2
- Benzodiazepines		1	4	24	34	35	54
- GHB					1	5	19
- Taren				10	11	13	9
- Other				3	5	4	104
Tests with negative result		35	39	71	67	112	242

Source: Police Forensic Service Centre, 2001

The number of seizures of home-made poppy products reached its peak in 1998, and has declined after that due to extrusion by heroine the seizure of which has increased rapidly since 1999. The proportion of seizures of home-made poppy products dropped from 73% in 1998 to 6% in 2000.

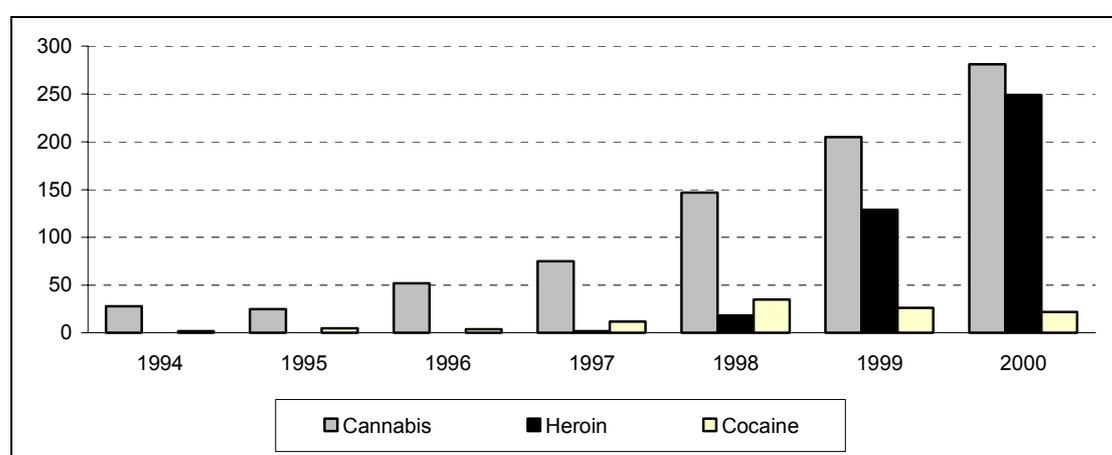
Figure 3. Number of seizures for main types of drugs, 1995-2000

Source: Police Forensic Service Centre, 2001

5.2 Seizures

According to the statistical data of the Estonian Police Forensic Service Centre, the number of cannabis, heroine, amphetamine, metamphetamine and Ecstasy seizures within the period of 1994 to 2000 has increased, while the number of cocaine seizures has decreased (Figure 4).

Figure 4. Number of drug seizures of common drugs 1994-2000

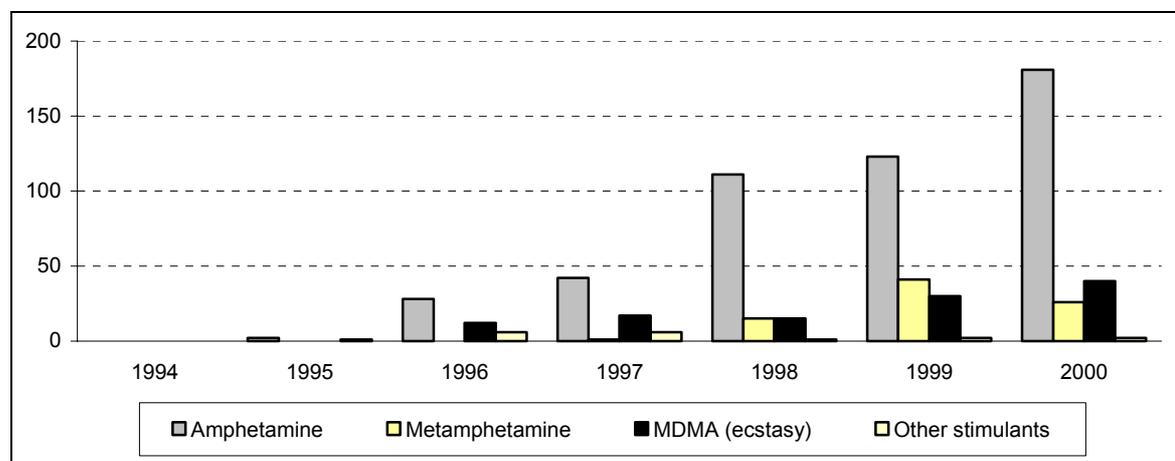


Source: Estonian Police Forensic Service Centre, 2001

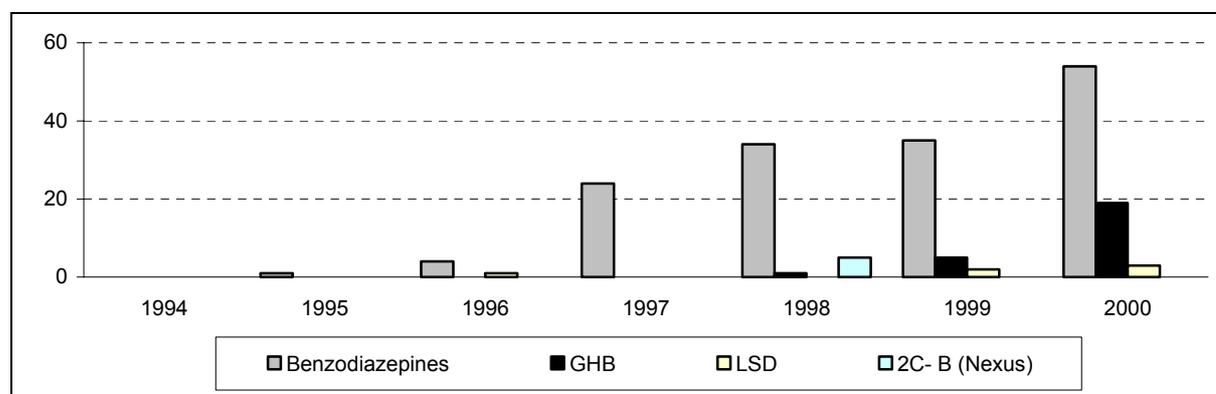
Synthetic drugs

In 2000 the Estonian Police found total of 5 local laboratories that manufactured amphetamines, whereas Ecstasy and other designer drugs are mainly imported. Seizures of synthetic drugs have increased over the years (Figure 5).

New substances seized by the police from the illegal drug market in Estonia were Benzodiazepines seized in 1995, LSD in 1996, GHB and 2-CB (Nexus) in 1998 (Figure 6).

Figure 5. Number of seizures of synthetic drugs 1994-2000

Source: Estonian Police Forensic Centre, 2001

Figure 6. Number of seizures of new substances 1994-2000

Source: Estonian Police Forensic Service Centre, 2001

5.3 Price/purity

Prices of drugs depend on different factors and have varied over the time. The amount of money drug users pay to the dealer depends on the drug type, source, frequency of use and the amount of the drug.

The estimated prices provided by the Central Criminal Police are given in table 13.

Table 13. Street prices of illegal substances in EUROS in 2000

Size of sample	Min	Max	Average
Cannabis resin (per gram)	7,98	9,58	8,87
Cannabis leaves (per gram)	4,47	9,58	7,02
Heroin white (per gram)	63,91	76,69	70,3
Cocaine powder (per gram)	51,13	76,69	63,91
Amphetamines powder (per gram)	12,78	15,97	14,37
Ecstasy (per tablet)	4,47	7,98	6,22
LSD (per dose)		6,39	6,39

Source: Source: Police Board, 2001

The purity of seized substances is very different. While the range of purity of tested amphetamine has ranged from 2% to 100%, in most cases it has been between 41% and 50%. The purity of seized heroin has varied from 36% to 95% (in most cases 41-50%). Most of the seized and tested cocaine has been of high purity (71-80%); the purity of ecstasy has been the lowest (19-40%). The purity of tested substances in 1999-2000 is provided in table 14.

Table 14. The purity of tested substances (%) 1999- 2000

	1999 (%)	2000 (%)
Ecstasy	19 - 40	14 - 45 (mostly 20 - 30)
Amphetamines	2- 100 (in most cases 41 - 50) (Average 60)	10- 100 (in most cases 10, 30, 70, 96 and 100) (Average 28)
Cocaine	20-100 (Average 47)	26-99 (Average 60)
Metamphetamine	14 - 91	20 - 100 (in most cases 39 - 100)
Heroin	36 - 95, (in most cases 41 - 50)	0,8 - 100 (big amounts 50-100)
GHB	37	45 - 64

Source: Estonian Bureau of Forensic Medicine, 2001

6. Trends

Cannabis is the first drug 15-16-year-old schoolchildren experience with. The survey "Student 98" shows that 70 percent of students having experienced with illegal drugs, had started with cannabis (Prevalence of drugs among young people, 2000). The number of students who have tried cannabis has increased from 7.2 % in 1995 to 12.7 % in 1999

(ESPAD). The population survey of 1998 indicates that 5% of all adults have first-time experience with the use of cannabis. According to the prison survey every fourth detainee has tried cannabis first, a stimulant is a secondary drug experienced with for the first time. To compare Estonia with other European countries it can be stated that while in other European countries 71% of drug users have started with cannabis, only 46% of Estonians have experienced with cannabis first. Among Estonian detainees stimulators are most common in terms of drugs first experienced with, 38 % of prisoners have started with amphetamine or ecstasy. The most common drug used among prisoners is cannabis (accounting for 27% of drug-related arrests) (Prison Survey 1998).

During the reporting period synthetic drugs gained popularity in Estonia. The number of students who have tried Ecstasy and amphetamine has increased:

Amphetamine: 1995 - 0.4 %; 1999 - 6.8 %

Ecstasy: 1995- 0.1 %; 1999 - 3.0 % (ESPAD)

In 1998 6% of the 18-24-year-olds used amphetamines, 3% used ecstasy and 2% used LSD. GHB was also subject to seizures in Estonia (Chapter 5). In 2001 the United States Department of the State Bureau for International Narcotics and Law Enforcement Affairs published an International Narcotics Control Strategy Report, which provided wrong information about the availability of ecstasy in Estonia. The report stated that ecstasy was available in almost every bar and nightclub in Tallinn and had become the most common drug the 15 to 25-year-olds experience with (International Narcotics Control Strategy Report 2001). Synthetic drugs are gaining popularity in Estonia but the situation is not that dramatic. Studies indicate that opiates are used by 1% of all adults. However, opiates account for the biggest rate of problem drug users in Estonia. Studies show that cocaine is used by 1% of all adults and 3% of 18-24 – year old young adults (Population Survey 1998).

7. Discussion

According to the studies on drug use among the general population and schoolchildren the most common drugs used by young people are stimulating substances like cannabis, amphetamine and ecstasy. Recreational drug use started in mid-90s and was strongly associated with rave- culture and night-club events imported to Estonia from Western countries. An unpublished study conducted within the framework of WHO Global Research on Amphetamine-type Stimulants (Talu 2001) reveals that there is probably a connection between drug use and music styles (trance, hip-hop, house, etc.). As a result of the increase of club culture and opening of borders, new drugs, previously rare in

Estonia, have appeared on the market (Chapter 5). The FTD database shows that the number of problem drug users has increased. Most of the problem drug users seek treatment at Psychiatric Care Hospitals (Chapter 3). There is every reason to believe that the rate of drug users demanding treatment for opiates is the biggest, because although the treatment for drugs other than opiates is available in Estonia, the access to it is very limited. Also, access of drug users to outreach and low-threshold services is limited, as they are only available in the biggest cities. According to the expert opinion the majority of problem drug users do not have access to the treatment system.

Increase in the amount of heroin users is closely connected to the increase of AIDS and hepatitis C and B in Estonia. The ways of transmission of those diseases are similar: dangerous injecting habits, exchange of needles among injectors. On the basis of the increase of hepatitis in 1997 we can predict that the rate of AIDS will also increase. In 2000 there was an enormous rise of HIV among intravenous users (Chapter 3.3).

These developments are challenges for the drug policy in many respects. There is an urgent need for treatment facilities. Attention has to be paid to young consumers of synthetic drugs. Also, there is a need for recreational facilities for the young people to be able to spend their free time.

It is necessary to point out that the Estonian DIS is still being developed and the quality of data is not reliable in some respect. Reliability of the treatment demand data is of the biggest concern. Qualitative research on interrelation of drugs has to be conducted to get reliable data on drug use.

PART 3: DEMAND REDUCTION INTERVENTIONS

8. National demand reduction strategies

In Estonia secondary prevention is still an important intervention. New developments in the field of intervention are focused on drug users in prison. For example, a drug free department has been established at Viljandi Juvenile Prison.

In 2002 special attention was paid to the development of the treatment system, the number of treatment institutions was increased, however, the rehabilitation system is still under development. In 2000 the first small Rehabilitation Centre was established in Lääne – Virumaa that is not able to cover the demand for treatment.

In 1997 Government of the Republic approved framework strategy documents, Alcoholism and Drug Abuse Prevention Programme for 1997- 2007. According to the Principles of Drug Policy, prevention of drug abuse takes place within the framework of long-term programmes with fixed deadlines, based on the expertise of professionals in statistics, epidemiology and other fields. The Drug Policy provides periodic review of prevention programmes. The EHEC started evaluation of the projects in 2000 with the purpose of assessing the efficiency of drug prevention programmes and achieving common understanding of evaluation indicators.

Preparations for drafting the new Demand Reduction Strategy started in 2000. The EHEC has set up a working group to develop a new comprehensive strategy in Estonia. The main goal of the new strategy is to draft quality standards and an evaluation mechanism for the prevention.

Local coordination units were established in some bigger local communities. In 2000 Drug Prevention Councils were set up in the main big cities -Tallinn, Tartu and Pärnu.

8.1 Major strategies and activities

Secondary prevention is still an important intervention in Estonia. New developments in the field of intervention are focused on drug users in prison. A drug free department has been established at Viljandi Juvenile Prison because of the increase in drug and HIV / AIDS prevalence among prisoners.

In 2000 the first small Rehabilitation Centre was established in Lääne – Virumaa not being able to cover the demand for rehabilitation. So far, primary prevention has been the major priority, while the secondary and tertiary prevention have not been considered important.

The first evaluation project of local prevention network was carried out in 2000 (Talu 2000). The main aim of the project was to evaluate drug prevention network in Northern Tallinn and get an overview of the status of drug prevention network in local communities and provide decision-makers and the staff of local schools, polyclinics and probation services with 2 trainings.

9. Intervention areas

9.1 Primary prevention

Primary prevention still plays an important role in Estonia. Publication of health education and prevention material is one of the main activities carried out within the framework of primary prevention. Since 1999 prevention work among children and young people has been an important goal. Within the framework of ADAPP the EFPDA started to implement prevention programmes in special schools and support prevention activities initiated by the young and addressed at the young people.

The EFPDA organized an information campaign called Drug Prevention Week in Estonia on October 16 –22, 2000. Within the framework of the First Drug Prevention Week a competition “How to prevent drug problems in my school” was carried out to get ideas for the action plan, also, discussions, several sports and cultural activities were carried out in schools to disseminate information about drugs and the use of drugs among schoolchildren.

In 2000 Estonia celebrated the International Day Against Drug Consumption and Drug Trafficking. At the same time, a seminar for journalists was held in Tallinn, local drug prevention programmes were carried out in Haapsalu and a campaign “Sport against Drugs” was organized in Narva.

The first conference “Drug-free Estonia” took place in May 1999. The main topics were drug policy, drug prevention in local areas, drug surveys and treatment, diagnostics and rehabilitation. 216 people participated at the Conference. The second Conference “Drug-free Estonia” took place in September 2000. 488 people took part in the Conference. The goal of the Conference was to increase the knowledge of the prevention experts and the public. Another purpose was to develop co-operation between different institutions involved in drug prevention.

There were 4 transmissions “Labürint” in Estonian National Television providing information about drugs and alcohol. The goal of those transmissions was to increase the knowledge of the general public of drug-related issues.

Within the framework of Alcohol and Drug Prevention Programme drug prevention materials for schools in the Estonian and Russian language have been produced and published (incl. 3 videos “Dependency”, “Solving a conflict” and “Self-esteem”). In 2000 EFPDA published M. Alas “Active Training for Teachers – training Material”.

9. 1. 1 Youth programmes

In 1999 the Ministry of Social Affairs allocated 3.1 million kroons (198 718 EUR) for drug prevention work in Estonia. In 1999 the EFPDA, the leading institution in the drug filed supported 40 prevention projects in several schools and local governments all over the country initiated by young people and targeted at young people. All the above-mentioned projects were financed from the ADAPP budget. Projects were mostly focusing at dissemination of drug-related information and carrying out alternative activities.

In 2000 the EFPDA continued financing of prevention projects initiated by young people, however, the amount of allocated resources was three times smaller (EEK 1million kroons / 64 103 EUR) than in 1999. Total of 36 projects were financed within the framework of NADPP.

On January 1, 1999 146 institutions and 61 projects were in one way or other involved in drug prevention work in Estonia (as at September 7, 2000 there were 215 different institutions and 107 projects). The goal of the prevention work is to increase the knowledge of the young people about drugs and drug addiction.

9.1.1.1 Youth programmes outside schools

Several projects targeted at young people were implemented outside schools in Estonia in 2000. The main focus of prevention projects was on drug education, there were also projects concentrating on spending of free time and alternative actions. Those projects involved also youth workers in relevant youth organizations as well as the staff of youth work in open foundations. Projects were carried out in several counties all over Estonia. Projects were financed by EFPDA, local governments, local authorities, NGO-s, ministries.

9.1.1.2 School programmes

In the curricula of the fifth grade drug prevention is included in a context of general health education programme. The programme has been prepared by the Estonian Ministry of Education and implemented since 1997. The main topics covered in the programme are alcohol, drugs and their impact on the health of the youth, age group influences, studies of self-help and how to prevent alcohol and drug use (Human Studies Theme book 1997).

Drug prevention in schools will be carried out as a part of the curricula in Estonia in the nearest future. Estonian experts in cooperation with UNDCP experts developed materials for the drug prevention programme in the context of the curricula for grades 4-6. The main methods of these study materials comprise active learning and acquisition of social skills. The programmes were tested in 2001 and in 2002 the programmes will be included in the curricula of schools.

The majority of schools having general health promotion as a part of the curricula in 2000 carried out regular drug prevention work by means of projects involving school-staff, students, parents and the public. Schools demonstrated an increasing interest in health promotion and stressed the necessity for drug prevention in schools. Counsellors and health specialists were recruited for the management of drug prevention projects.

In 2000 the biggest school projects in Estonia were the following:

a) Project involving three high schools in the city of Tartu

In autumn 1998 a joint project "In the Name of a Better Future" was initiated by three schools: Miina Härma Gymnasium, Mart Reiniku Gymnasium and Hugo Treffner Gymnasium. The project was planned to be carried out within two weeks, one in autumn (October 19 – 23, 1998) and the second in spring (March 15 – 20, 1999).

2200 students participated in the program developed for the grades 4-12.

The goals of the project were:

- Forming a consciously negative attitude towards drugs among students by means of lectures and discussions;
- Organizing a joint program of events in three schools;
- Organizing the research among students. Questionnaires were carried out in all three schools in autumn 1998 and spring 1999. The purpose of the questionnaire was to get information from students and evaluate the situation concerning drugs in schools;

- Organizing of many different activities for spending the spare time: going to the theatre, going in for sports etc. The main purpose of these activities was to introduce juveniles different activities as alternatives to using drugs, like sporting, visiting theatres, intellectual work and prove that such recreational activities were much more fun.
- b) Special school project

In 1998 the project “The choice is yours” for special schools was launched at Kaagvere Special Boarding School. In 1999 all special boarding schools in Estonia participated in the named project. In 1999 a drug prevention programme was carried out in Tapa, Kaagvere and Puiatu Special Schools. The target group of the program was schoolchildren of special schools at the age of 10- 18. The purpose of the project was to provide schoolchildren with information about drugs and knowledge about crises management.

9.1. 2 Municipality programs

Drug prevention activities in local municipalities were initiated in 2000. One of the objectives of the activities of the prevention programme was to develop a local system of prevention work.

The pilot project with the purpose of assessing the drug prevention network at the municipality level was launched in 2000. As a result of the pilot project assessment of the main problems at local level was provided. As a part of the pilot study two training courses were organized for civil servants, social workers, general practitioners, policemen and probation service officers (Talu 2000). On the basis of the results of the pilot project, the EHEC started to organize regular training courses at the local level.

In 2000 drug prevention activities were organized in local municipalities of Harju County (20), Tallinn (16), Tartu County (9), Ida – Viru County (9), Lääne -Viru County (7), Hiiumaa County (2), Saaremaa County (6), Lääne County (2), Võru County (5), Põlva County (11), Pärnu County (1), Rapla County (7), Järva County (2) Jõgeva County (2), Valga County (2), Viljandi County (6) (The Estonian Health Promotion Centre, 2002). The projects were financed from the ADAPP budget.

9. 1. 3 Mass media campaigns

Posters and booklets providing drug-related information were published with the help of finances allocated by EFPDA. Drug prevention campaign “The Dealer Catches the Stupid ” on transmission of HIV virus was carried out in Narva. The campaign was organized by EFPDA and Guvatrak and was targeted at Russian-speaking people. There were posters in the streets and information booklets were distributed among the public within the framework of the campaign.

In autumn 2000 EFPDA organized a drug prevention campaign carried out within a week in Estonian schools. In the framework of drug prevention week several seminars, competitions and recreational activities were organized in Estonian schools. Three best schools were awarded with monetary prizes. There was also a drug tent to provide the general public with information about the harms of drug use (Chapter 1.3). The drug prevention week was reflected in media as well.

EFPDA celebrated the United Nations International Day Against Drug Abuse and Illicit Trafficking on June 26. Within the framework of the UN International Day Against Drug Abuse and Illicit Trafficking EFPDA organized a seminar in the Ministry of Social Affairs for journalists on protection of children against drug problems. Special leaflets providing parents with advice on the main principles of communicating drug-related issues to the children. The Rehabilitation Centre *You Will Not Be Left Alone* celebrated the day with a rugby match in Narva promoting healthy lifestyle without drugs.

9. 1. 4 Internet

By the turn of the millennium the Internet had become the leading means of dissemination of information about drug prevention. Young people - the target group of prevention work - are most eager users of computer networks. In 1999 web sites providing drug-related information were developed in Estonia, taking the web sites of prevention organizations of Western countries as an example.

In 1999 home page of EFPDA was developed providing information about the national programme, drug-related facts and statistics (<http://narko.sm.ee>), also information about financed projects, treatment possibilities, and conferences and training programmes.

Information about drugs can also be obtained from the web site of the Health Promotion Department of Tartu University (www.ut/tervis), web site of the Estonian Academy of Arts (www.artun.ee), and web site of AIDS Prevention Centre (www.aids.ee).

The Estonian Foundation for Prevention of Drug Addiction provides prevention and treatment experts with information by e-mail.

At first, the home page of EFPDA was visited rarely (400 visitors per month).

In 2000 the EFPDA joined the European Union Drug Prevention Internet project PREVNET providing the EFPDA with a possibility of developing better web sites of drug prevention in Estonia and integrate into the Western network of drug prevention (www.prevnet.net).

In 2000 drug prevention web sites improved a great deal. Also, the servers of health theme (www.inimene.ee) started to disseminate information. Several forums were initiated. The EFPDA provided drug experts with services by e-mail.

9.1.5 Telephone help line

The first specialized Telephone Help Line for counselling persons with drug problems was opened in Tallinn Crises Centre in 2000. Tallinn City Council funded the project. Volunteers were trained in provision of basic information on addiction. The main task of the special Help Line was to work with persons with drug problems and give appropriate advice on treatment and rehabilitation institutions, treatment methods and provide parents with advice on detecting the signs of drug use.

9.2 Drug-related harm reduction

Drug-related harm reduction did not use to be a priority of the ADAPP, but as a result of the growing HIV / AIDS problem a few NGOs were established to carry out activities in this field. The media started to pay attention to and criticise the methods of harm reduction. However, outreach work is hardly mentioned in the national programme providing harm reduction programmes to be implemented by the AIDS Prevention Centre and some NGOs. The AIDS Support Centre established contacts with IDUs and focused on needle exchange within the framework of HIV/AIDS prevention programmes supported by different international organizations.

9. 2. 1. Outreach work

Counselling of IDUs and needle exchange by means of outreach work (a van) began in Tallinn in 1997. At the beginning it was carried out by the Estonian AIDS Prevention Centre and the NGO AIDS Support Centre on the basis of voluntary work and foreign aid. At the beginning of autumn 1997 the *Open Community Institute of the USA (Soros) and the Estonian Open Foundation* allocated the project finances for two years operation. Needle exchange was initiated in Narva Anonymous Centre of AIDS in 1998. In 2001 needle exchange was carried out in 3 cities: Tallinn, Tartu and Narva. Until 1998 there was only a mobile unit (a van) for needle exchange in Tallinn. Since 1998 there is a permanent distribution point in the NGO AIDS Information and Support Centre.

In the course of outreach work it was realized that treatment demand was very high among drug addicts. Unfortunately, there are not enough treatment facilities to provide drug addicts with treatment.

There is an urgent need for the establishment of appropriate detoxification and substitution treatment facilities as well as a rehabilitation system being a prerequisite for outreach work. The project of needle exchange gave possibilities to get information about the IDUs. The volunteers of outreach work won the trust of IDUs, which made cooperation easier.

Behavioural studies conducted during the project of needle exchange gave an overview of drug addicts, their behaviour, habits, problems and needs. Before 2001 only 10% of IDUs had participated in the needle exchange program.

9. 2. 2. Low threshold services

In 1997 two contact points for IDUs were set up in Narva and Tallinn. The AIDS Information and Support Centre manages contact points in Narva at 6c Karja Street and in Tallinn at 5a Erika Street.

Services provided by the contact points include exchange of syringes, distribution of condoms and information material, HIV testing, medical and psychological counselling as well as street work activities. Also, drug users are provided with health education - knowledge of safe injecting, prevention of infectious diseases, HIV and overdoses, hygiene and prophylaxis. The centres are attended voluntarily but certain rules must be followed.

Those contacts points have carried out behavioural studies and compiled questionnaires to be responded by the clients. In 1998 202 IDU's participated in the risky behaviour study conducted by AIDS Information and Support Centre in Estonia.

9. 2. 3 Prevention of infectious diseases

Activities described in the previous chapter (Chapter 9. 2. 2) contribute to the decrease in infectious diseases. However, all the named prevention measures were applied under circumstances where the leading organizations, politicians, specialists and psychiatrists were against these measures. The work was based on the enthusiasm of voluntary people and some external aid. The work gave very useful experience, however, it could not prevent the increase of HIV virus among IDUs.

10. Quality assurance

10.1 Quality assurance procedures

Quality assurance procedures have played an important role since 2000 when the EHEC started to carry out efficient evaluations of drug prevention and treatment projects. Assessment of drug prevention network in local municipalities started in 2000 (Chapter 10.2).

In 2000 the EHEC initiated a training programme for project managers in assessment of the quality of drug prevention programmes.

10.2 Assessment

Assessment of the drug prevention network in Northern Tallinn (Talu 1999) indicated that the main problems were lack of knowledge, cooperation and financing. These problems are the same all over Estonia. In 2000 two quality studies on prevention projects were carried out by the order of the Estonian Health Education Centre. These comprehensive projects were targeted at Rapla and Hiiumaa. The activities included provision of information for schoolchildren, teachers and parents, youth, as well as contests, seminars, camping and discussions. The quality studies gave useful information about training requirements of project managers and the need for improving the methodology of prevention projects.

10.3 Surveys

The first survey on illicit drug use in the general population was conducted in 1995 when Estonia joined the European School Survey Project on Alcohol and other Drugs (ESPAD). In 1999 such survey was conducted in Estonia for the second time. The target population consisted of all students born in 1983, studying in the 9th form of basic schools, in the 10th form of secondary schools and the first-year students of vocational schools. In 1995 the named survey was carried out in 26 European countries and in 1999 in 30 European countries (ESPAD 1995; 1999). In Estonia population surveys were conducted in 1994, 1997, 1998 ("Norbalt 94"; "Estonia 98"; EMOR 1997).

The population survey "Estonia 98" indicated that compared to 1994 ("Norbalt 94") the number of people having tried illegal drugs had increased (1994 - 1.4 %, 1998 - 6.3%).

The use of and experimentation with illegal drugs had grown in younger age groups. 18-24-year-old men comprise the biggest share of regular drug users (1.2%). In 1998 36% of young adults aged 18-24 had been offered illegal drugs. Drugs were more often offered to men than women (15% of Estonian men and 22% of non-Estonian men said that they had been offered drugs compared to only 6% of Estonian women and 9% of non-Estonian women). In 1998 0.8% of the adult population reported having tried Ecstasy.

Comparison of the results of the study ESPAD 99 to the results of ESPAD 95 in Estonia (Allaste, 1999) revealed that the number of students having tried illegal drugs has doubled. In 1999, 23% of the 15-16-year-old students living in Tallinn had tried some illegal substance (in 1995, the respective figure was 12 %). Recently, amphetamines and especially Ecstasy have emerged as the most popular drugs among certain groups of the Estonian youth. The most common and easily available drugs are still cannabis, amphetamine and ecstasy, but the proportion of students who have tried them has increased.

Qualitative studies on drug use have been carried out in two areas of Estonia. One of the studies was conducted in Narva in 2000 (Allaste, 2000). The study involved 43 key persons (parents, staff, teenagers) and focused on group interviews. The interviewers gave a topic to speak about, thus being able to get useful information. The study provided information about the lifestyle of non-Estonian teenagers, their problems and drug use. Typical problems of a non-Estonian teenager are criminal behaviour, absenteeism from school, unsafe sex, and violence, alcohol and drug abuse. There are not enough possibilities for spending free time in Narva; as a result, youngsters just hang about in the streets and corridors. Smoking, drinking and using drugs are their choice of free time activities.

The other study was made in Võru in 1999. It was a quantitative as well as a qualitative study. The qualitative part of the study was based on the analysis of the essays of schoolchildren. The topic of the essay was "My opinion of drugs and drug addicts". The purpose of that study was to get information about licit and illicit drug use of schoolchildren in Võru. Another purpose of the study was to compare the situation in Võru with the situation all over Estonia covered by the study "Student 99". The main target group was 15-16-year-old schoolchildren of cities. The results of the study demonstrated that alcohol and drug use among schoolchildren has increased. In 1995 the share of children who had tried drugs was 4% in Võru and 8% in Estonia. But in 1999 the share was 7% and 16% respectively. Currently the need for obtaining information on patterns and new trends of drug use has increased in order to be able to support the development of drug demand reduction interventions including also HIV/AIDS prevention.

Information has to be collected at national as well as local level to improve provision of local services. Existing drug information system focuses on collection of data from treatment and law enforcement institutions. Qualitative studies providing in-depth information on risk behaviour and new trends in drug use among specific group are scarce. Awareness of the role of qualitative studies to develop strategic and political responses to drug use is limited among policy planners. Also, motivation has to be provided for conducting necessary studies. Comprehensive analyses of local drug use patterns and trends using qualitative methodologies and involving a multidisciplinary research team would make a valuable contribution to the existing data collection system. Studies on drug-related risk behaviour of IDUs outside the treatment system should become a priority (Hedrich 2001).

10.4 Training of professionals

In 1999 11 seminars in drug-related issues, including drug prevention methods were carried out in different counties of Estonia with the total of 473 participants.

Trainings for the staff of social, health, education and law enforcement sector was carried out in local municipalities of Võru, Järva, Jõgeva, Põlva and Valga counties. The number of participants was 334. In 2000 in-service training for the police officers was carried out. The purpose of this training was to increase the knowledge of the police officers about drug-related issues. Total of 500 police officers from 17 police stations participated in 5 trainings. In 2000 in-service training was organized for the medical staff (138), psychiatrists (142), psychologists (105) and social workers (102).

The training of medical staff focused on drug-related issues within the framework of psychology and pharmacology. The purpose of the training for social workers was to provide them, in addition to counselling of clients, with practical skills.

Seven trainings for teachers of health promotion in different cities of Estonia (157 participants) were carried out within the framework of the national programme, providing information about drug prevention and drug-related problems.

In autumn 2000 prison workers were trained on drug-related issues within the framework of the project "Evaluating the Scope of Drug Use in Prisons". "Drug-free" units were set up in juvenile prisons and both short and long-term programmes were prepared targeting at supporting prisoners willing to give up drug abuse.

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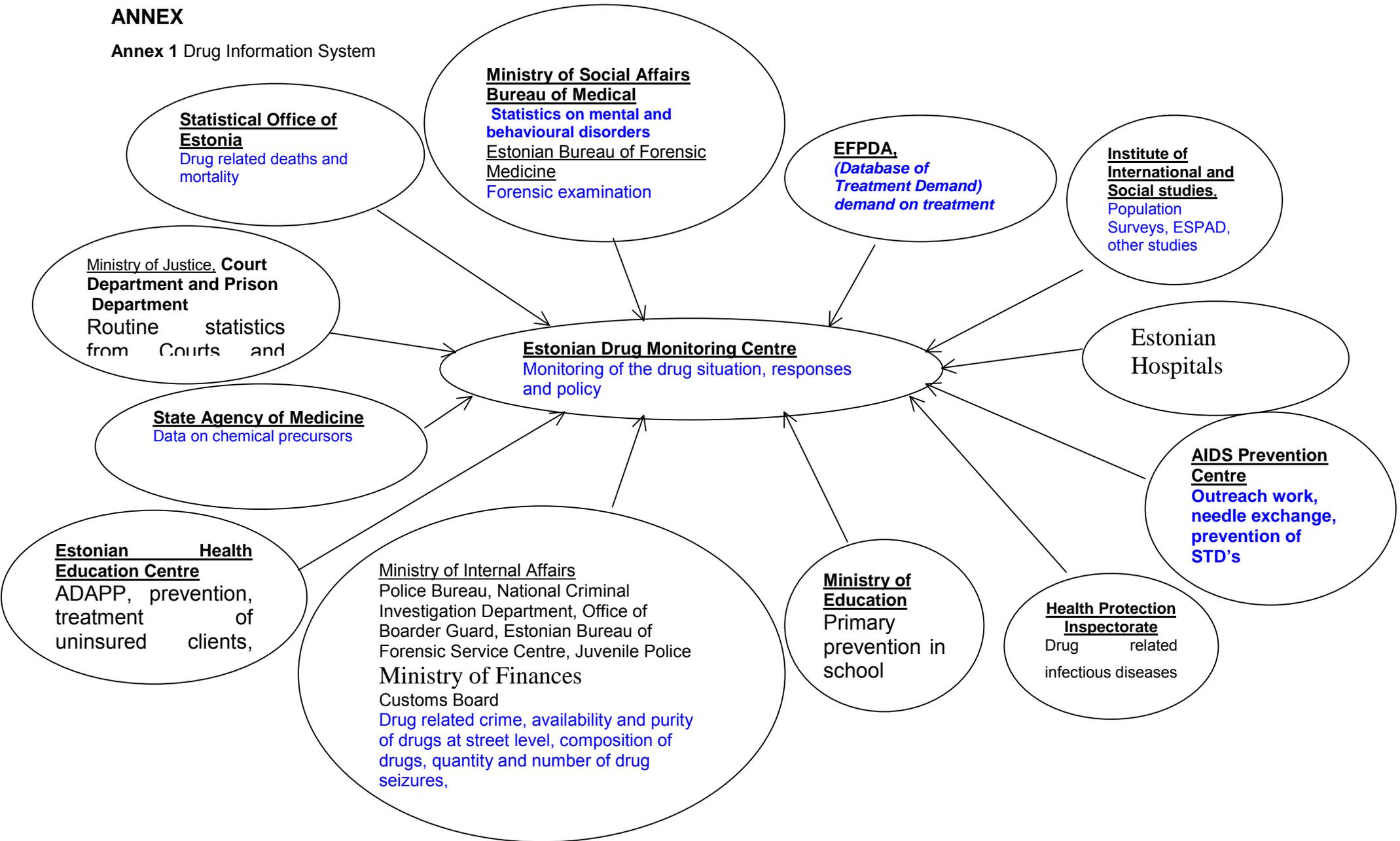
<http://www.stat.ee> Statistical Office of Estonia

ANNEX

Annex 1 Organizational Structure

ANNEX

Annex 1 Drug Information System



Statistical Office of Estonia
Drug related deaths and mortality

Ministry of Social Affairs
Bureau of Medical Statistics on mental and behavioural disorders
Estonian Bureau of Forensic Medicine
Forensic examination

EFPDA,
(Database of Treatment Demand)
demand on treatment

Institute of International and Social studies,
Population Surveys, ESPAD, other studies

Ministry of Justice, Court Department and Prison Department
Routine statistics from Courts and

Estonian Drug Monitoring Centre
Monitoring of the drug situation, responses and policy

Estonian Hospitals

State Agency of Medicine
Data on chemical precursors

AIDS Prevention Centre
Outreach work, needle exchange, prevention of STD's

Estonian Health Education Centre
ADAPP, prevention, treatment of uninsured clients,

Ministry of Internal Affairs
Police Bureau, National Criminal Investigation Department, Office of Boarder Guard, Estonian Bureau of Forensic Service Centre, Juvenile Police
Ministry of Finances
Customs Board
Drug related crime, availability and purity of drugs at street level, composition of drugs, quantity and number of drug seizures,

Ministry of Education
Primary prevention in school

Health Protection Inspectorate
Drug related infectious diseases

