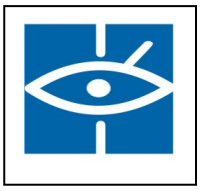
European Monitoring Centre
for Drugs and Drug Addiction



2009 NATIONAL REPORT (Based on Data from 2008) to EMCDDA from the REITOX National Drug Information Centre

ESTONIA
New Development, Trends and In-depth Information about Selected Subjects

REITOX

REPORT ABOUT THE DRUG SITUATION IN ESTONIA IN 2009 (Based on Data from 2008)

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2009

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The content of the report need not reflect the viewpoints of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The author is responsible for the opinions given in different chapters. The preparation of the report was cofinanced by the European Monitoring Centre for Drugs and Drug Addiction (Guarantor Agreement No. GA.2009.RTX.007.1.0).

Acknowledgements

We would like to thank our good colleagues Aljona Kurbatova and Aire Trummal from the National Institute for Health Development for their valuable contribution to the preparation of the report. We would also like to thank Risto Kasemäe from the Police Board and Peep Rausberg from the Estonian Forensic Science Institute, who provided us with the data used to write chapters nine and ten, and Dr Andres Lehtmets and Dr Eve Põllu, who updated the fifth chapter with their data.

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Summary

The survey of Estonian population (age group 15 to 69) conducted in 2008 gives us the most up-to-date overview of drug use. When we compare the population surveys of 2003 and 2008, we can say that the proportion of people who have tried drugs some time in their lives has increased. Drug use has increased in both the younger and older age groups and the increase has been the most significant in the 25-to-34 age group, where as many as 36% of people have already tried an illegal drug at least once in their lives. A positive find in the survey conducted in 2008 is that a certain tendency of decrease in the use of various drugs can be noticed among men in certain age groups over the last 12 months and 30 days. However, there are also some negative findings – use of stimulants among women and use of opioids among men aged 14 to 24 is increasing. From the substances, use of cannabis products and such stimulants as ecstasy and amphetamine is the most widespread among the population.

The National Strategy for Prevention of Drug Addiction until 2012 (NSPDA) remains the framework document in activities against drug addiction in Estonia. Preparation of the new three-year action plan of the NSPDA for 2009 to 2012 started in 2008. Whilst developing the action plan, the work group came to the conclusion that the source document of the strategy must be updated also in 2009 in order to bring it into compliance with the drug strategy of the European Union. When we look at how the funds planned for the area of drugs were used in 2008, we can say that the amounts increased somewhat in comparison to 2007. In 2007 totally 36,153,978 kroons (EUR 2,310,660) was used for carrying out the NSPDA and the relevant amount in 2008 was 39,228,416 kroons (EUR 2,507,153).

There were no major changes in the area of primary drug prevention done within the framework of the NSPDA in 2008. Nationwide prevention campaigns and making drug-related informational materials available in the society of Estonia were the most extensive primary prevention activities. Similarly to previous years drug addiction and HIV/AIDS prevention activities were carried out by regions on the local level. No drug prevention classes based on common approaches and materials had still been integrated into the general education system. The Ministry of Education and Research confirmed that the new syllabus of human studies will be completed in 2009 and it stipulates the obligation of schools to discuss prevention of risk behaviour in human studies classes in the second to the twelfth year of school. It is planned to build the new syllabus largely on the social management skills study materials developed in previous years, where subject teachers have to learn teaching the material by passing a national in-service training programme.

Guaranteeing treatment and rehabilitation services to drug addicts is still the area of the NSPDA that requires more resources than any other. Some harm reduction activities in drug field, such as syringe exchange and most of the methadone substitution treatment, are financed from the national HIV/AIDS strategy in addition to the NSPDA. More than two million syringes and 380,000 needles were distributed in 36 syringe exchange points in the course of the syringe exchange service in 2008. 700,000 condoms were also distributed to injecting drug addicts through these points. Syringe exchange was used more than 170,000 times and 4045 of these were cases of people using this service for the first time. Guaranteeing the sustainability of the harm reduction services (incl. increasing the volume of services and improving their availability, integration of new services) is extremely important considering the amount of injecting drug addicts in Estonia and the spread of infectious diseases among them.

Substitution treatment, which was financed from different national strategies and also by the City of Tallinn, was provided to a total of 770 adult clients as of the end of 2008. In addition to adults, the City of Tallinn also financed the treatment of 46 child addicts through the Tallinn Children's Hospital. 142 clients had been provided different drug rehabilitation services as of the end of 2008. Detoxification therapy was also financed to some extent.

The quality of methadone substitution treatment and the needs of the service were also assessed in the area of drug treatment in 2008 with the financing provided by UNODC. On the basis of the findings from the survey, it is planned to start improving the quality and reputation of methadone substitution treatment in 2009 and to improve the efficiency of work organisation in treatment centres through more detailed service descriptions and training. The existence of adequate financial resources is important for the development and improvement of the quality of this area since effective methadone substitution treatment is more than just a pharmacological approach as it also covers various psychosocial support services.

The drug treatment database started working in 2008 what gives possibility to count cases of treatment, assess the socioeconomic background of people who enter treatment and all other aspects associated with treatment and use of addictive substances. The database has been built considering the needs of TDI Standard Protocol 2.0 and national requirements. Big advantage of the system is the fact that the register works on legal bases and is mandatory for all providers of healthcare services who are licensed to practice psychiatry. A total of 11 treatment facilities submitted notices to the drug treatment database in 2008 and 843 notices that comply with requirements remained in the database. 97% of people who entered drug treatment had been diagnosed with mental and behavioural problems caused by use of opioids and methadone was the medicine that had been prescribed to most of them (74%). A total of 56% of patients use analogues of

fentanyl (fentanyl and 3-methylfentanyl) as the main drug before entering treatment and 24% used heroin, approximately 40% also used an opiate in addition to their main drug and 36% of addicts also used amphetamine in addition to their main drug. The drugs used by people who entered treatment confirm once again that use of fentanyl and also amphetamine is the most widespread in Estonia. It is important to focus on the creation of services for people using fentanyl in the next few years and treatment options for amphetamine addicts must be created in addition to guaranteeing treatment for opiate addicts.

A total of 67 cases of death associated with drug use were registered in the Death Register of the NIHD in 2008. Most of the people who died as a result of drug use were very young people (aged 20 to 34) whose average age was 29. Unofficial statistics show that most of the cases of death caused by intoxication related to narcotic and psychotropic substances in 2008 and previous years occurred as a result of accidental overdoes of 3-methylfentanyl. There are no programmes aimed at injecting drug addicts in Estonia whose purpose would be to prevent overdoses and to teach how to help others when necessary. Creation of such overdose prevention programmes for injecting drug addicts would help to prevent young people dying as a result of drug use in the future.

When we take a look at the area of supply reduction, then we see that the number of drug-related crimes registered in 2008 was higher than in 2007. Drug-related crimes comprised a total of 3% of all registered crimes in 2008. The seized quantities of several drugs went down in 2008, the purity of drugs decreased and their prices remained on almost the same level as in 2007. Seizure of a large quantity of methamphetamine and the discovery of the biggest cannabis plantation ever found In Estonia were the biggest exceptions in terms of seizures when compared to the previous year.

The survey of knowledge, attitudes and behaviour associated with HIV and drug addiction conducted by the NIHD among convicts in 2008 showed that 58% of convicts have used drugs during their lives. The survey showed that drug use and risky injection behaviour are still widespread in prison. The survey of convicts showed that it is important to start providing harm reduction services to injecting drug addicts in penal institutions.

Part A: New developments and trends

Chapter 1. Drug policy, legislation, strategies and economic analyses

The Narcotic and Psychotropic Substances Act (RTI, 09.07.1997, 52, 834) and its various amendments and regulations remain the main legislative documents in the area of drugs in Estonia. The activities of fighting drug abuse are based on the National Strategy for Prevention of Drug Addiction until 2012 and its action plans. Performance of said strategy is financed from the state budget and its carrying out is coordinated by the Ministry of Social Affairs. A total of 39,228,416 kroons (EUR 2,507,153) was spent on the performance of the activities stipulated in the drug strategy in 2008.

1.1 Legal framework

The following amendments were made to legislation in 2008:
An amendment was made to Regulation No. 30 *Conditions and Policies for Prescribing and Dispensing Drugs from Pharmacies and Prescription Form* of the Minister of Social Affairs dated 18 February 2005 and Regulation No. 73 *Conditions and Policies for Handling Narcotic and Psychotropic Substances for Medical and Scientific Purposes and Related Registration and Reporting and Lists of Narcotic and Psychotropic Substances* of the Minister of Social Affairs dated 18 May 2005 were amended on the basis of Regulation No. 38 of the Minister of Social Affairs dated 9 July 2008 (SOM, RTL, 23.07.2008, 61, 875).
As a result of the first amendment (No. 30, 18 February 2005), it is prohibited to prescribe injectable forms of medicines that contain ketamine, fentanyl, thiopental, sodium oxybutyrate, alfentanyl, sulfentanyl and remifentanyl; and the orally administered forms of buprenorphine. The right to prescribe medicines containing methylphenidate was given to psychiatrists only. Narcotic substances can be dispensed to persons from general and veterinary pharmacies only on the basis of a prescription for a narcotic medicine or prescription for a narcotic veterinary medicine. Annex 4 to the regulation established restrictions to the quantities in which medicines can be dispensed and regulated their prescription. If a narcotic or psychotropic substance has been prescribed to a person by their doctor, a pharmacy will dispense the quantity prescribed on the medicine to the person, but not more than the quantity required for 30 days. Pharmacies must keep the application on the basis of which the medicine was dispensed or a copy thereof for 5 years.

Pharmacies may not dispense medicines containing methylphenidate if the prescription was issued by a doctor who does not have the right to prescribe the drug. Pharmacies are also obliged to keep such a prescription and notify the State Agency of Medicines thereof. Methylphenidate (methyl-alfa-phenyl-2-piperidineacetate), which was in list I of Annex 1 of regulation No. 73, was moved into list II with the amendment made on 18 May 2005. Row 9 of list I in Annex 1 to the regulation is amended and worded as follows: Dimethoxyfenyl amphetamine (DOET; 4-ethyl-2,5-dimethoxy-alfa-methyl-phenethylamine).

The following subjects were also raised in the judicial area associated with drugs in addition to the amendments made to laws: creation of a legal basis for confidential information exchange within the scope of the early warning system, and the Ministry of Justice discussed the possibility/practicality of differentiating punishments on the basis of the types of drugs.

Early Warning System (EWS) – The EWS project meeting was held at the start of 2009 and was attended by people from the National Institute for Health Development, the Healthcare Board, Tallinn Emergency Medical Service, Intoxication Information Centre, the Ministry of The Interior, the State Agency of Medicines, the Police Board, the Estonian Forensic Science Institute (EFSI), the Ministry of Justice and the Tax and Customs Board (TCB). The interest of Estonian institutions was to develop and fast and well-functioning information distribution system on the local level in order to prevent damages to health caused by drug abuse. The meeting held in 2009 tried to map the needs and data sources of different institutions and to find the legislative basis for fast and confidential exchange of information between different agencies.

Differentiation of punishments – In 2009 the Ministry of Justice assessed the practicality of differentiating punishments on the basis of the types of narcotic substances (Ministry of Justice, 2009). The study was based on the discussion that emerged in January 2009 about paying more attention to some narcotic substances in the fight against drug use because they are particularly harmful. The objective of the study was to give an overview of the criteria used to assess the harmfulness of narcotic substances in other countries and the punishments imposed for offences involving them. The opinions of Estonian experts were also obtained in the course of the study. 13 experts of the area were interviewed in May 2009 and 10 of them were against substance-based differentiation. The arguments given against substance-based differentiation were as follows:

- differentiation may give the signal that not all drugs are dangerous;
- the rate of harmfulness of different substances cannot be unambiguously defined;
- organised crime earns profits selling any prohibited substances;
- processing offences would become more complicated;

- mitigating the punishment policy in respect of certain substances would seem unsuitable in the context of the EU drug policy;
- examples of foreign countries that use differentiation may not be suitable for the situation in Estonia.

1.2 National action plan, strategy, assessment and coordination

The Ministry of Social Affairs is still responsible for coordinating the Multidisciplinary Drug Prevention Strategy for 2004 to 20012. Development of the Action Plan of the Drug Prevention Strategy for the years 2009 to 2012 under the guidance of the Ministry of Social Affairs and in cooperation with relevant institutions started in 2008. The work was done in different workgroups and it was decided that the source document of the strategy has to be updated in addition to the preparation of the action plan. The source document of the strategy is being edited and updated in 2009. This situation was caused by the changed situation in drug addiction and the need to make the Estonian strategy comply with the European Union drugs strategy (EU Drugs Action Plan 2009-2012). The carrying out or functioning of the strategy in Estonia has not been assessed.

On the local level, the Tallinn City Government approved the Development Plan for Prevention of the Spread of Alcoholism, Drug Abuse and HIV/AIDS in Tallinn for 2009-2012 in January 2008. This development plan is set out in the part of the Tallinn Population Development Plan 2008-2015 where addiction and HIV/AIDS problems are discussed. The development plan covers primary prevention, treatment, rehabilitation and harm reduction by trying to influence both the drug demand and supply factors. The objective of the development plan is to reduce the use of alcohol and illegal drugs among people in Tallinn, to guarantee better access to treatment and rehabilitation services and their quality. Another goal was to achieve a permanent decrease in the number of new cases of HIV by harm reduction and increasing the safety of sexual relationships. The role of prevention has been increased considerably and the principle of intervening as early as possible has been applied. Development of cooperation networks between sectors is the key to the development plan and it sees the City Council, the City Government, the city's boards and city district administrations as levels of activity by dividing roles and areas of responsibility (Tallinna Linnavalitsus 2008).

1.3 Economic analysis

When we compare public sector expenditure in the area of drugs in 2008 and 2007, we can say that actual expenditure increased somewhat in 2008. 36,153,978 kroons (2,310,660 EUR) was spent on carrying out the NSPDA in 2007 and the relevant amount in 2008 totalled 39,228,416 kroons (EUR 2,507,153). 61% of the funds used within the scope of the NSPDA in 2008 was used in the area of administration of the Ministry of Social Affairs[1] for activities in the area of demand reduction (prevention, treatment and rehabilitation, harm reduction, monitoring and evaluation) (Table 1). The primary prevention field in the area of administration of the Ministry of Social Affairs was funded with 5,288,802 kroons (EUR 338,016) and the area of treatment/rehabilitation with 13,995,580 kroons (EUR 894,481). Separate financial resources for drug prevention have not been highlighted in the Ministry of Education and Research. The primary activities in the area of harm reduction are financed mainly from the funds of the National HIV and AIDS Strategy. These services are the common part of two national strategies, the HIV/AIDS strategy and the NSPDA. The best overview of the expenditure in the area of administration of the Ministry of Social Affairs can be obtained when reading the chapters of the relevant areas.

Table 1. Execution of the budget planned for carrying out the strategy for prevention of drug addiction in 2008 (EUR)

	Areas of activity	Expenditure (EUR)
Ministry of Social Affairs	Prevention, treatment and rehabilitation, reduction of damages, monitoring	1,537,228
incl. funds of NIHD's NSPDA from state budget + EMCDDA grant of Estonian Monitoring Centre for Drugs (EMCD)	Prevention, treatment and rehabilitation, reduction of damages, monitoring	1,507,074
Ministry of Education and Research	Prevention in the school system	-
Ministry of Justice	Drugs in prisons	184,183
Ministry of the Interior and its area of administration	Activities of the Ministry of the Interior and the Police Board in reducing supply	639,116
Ministry of Finance (TCB)	Reducing supply (activities of the TCB in detecting and preventing cross-border drug crimes)	146,626
TOTAL NSPDA funds		**2,507,153**

Source: 2008 Report of the National Strategy for Prevention of Drug Addiction (2008 NSPDA Report)

[1] Also includes the funds allocated to the NIHD by the state for the grant from EMCDDA REITOX Information Centre.

31% (12,294,197 kroons) (EUR 785,742) of the NSPDA funds were used in the areas of administration of the Ministry of the Interior and the Ministry of Finance[2] for supply reduction. Both the Ministry of the Interior and its agencies and an agency of the Ministry of Finance, the Tax and Customs Board, are responsible for the area of supply reduction.
It is important to say here that supply reduction is largely a routine activity for the institutions responsible for this area where highlighting amounts of money according to activities is difficult. All in all, it may be said about 2008 that the criminal police focussed mainly on ascertaining and catching key criminals, street dealers with large turnovers, their suppliers and large criminal groups engaged in drug-related crimes. Ascertaining and confiscating crime-related income received more attention than before. Catching drivers under the influence of drugs and carrying out prevention programmes aimed at young people have always been priorities for the police force.

2,294,197 kroons (EUR 146,626) of the NSPDA funds was spent on the activities of the TCB in 2008. Similarly to previous years, the TCB focussed on the prevention of cross-border drug-related crime in 2008 where the primary activity was detecting cases of illicit trafficking of narcotic and psychotropic substances and their precursors and ownership of such substances. Difference law enforcement agencies in Estonia are engaged in domestic and international cooperation and they take part in joint operations. The TCB and agencies of the Police Board also use a common operative information database in order to improve the use of resources and fight against drug-related crime.

The Ministry of Justice used 7.3% of the funds (2,881,830 kroons; EUR 184,183) to fight against drug-related crime in prisons. Recourses in the area of administration of the Ministry of Justice divided between different activities in areas related to drugs in prison. The majority of the resources (2,354,583 kroons; EUR 150,485) was spent on supporting the activities of armed units whose purpose was to remove drugs from the prison environment (19 searches of prisons). The remaining funds were used on tests ascertaining drug use by imprisoned persons, creation of drug-free departments and developing treatment/rehabilitation options of imprisoned persons (Chapter 9.5).

Chapter 2. Drug use in the general population and specific targeted groups

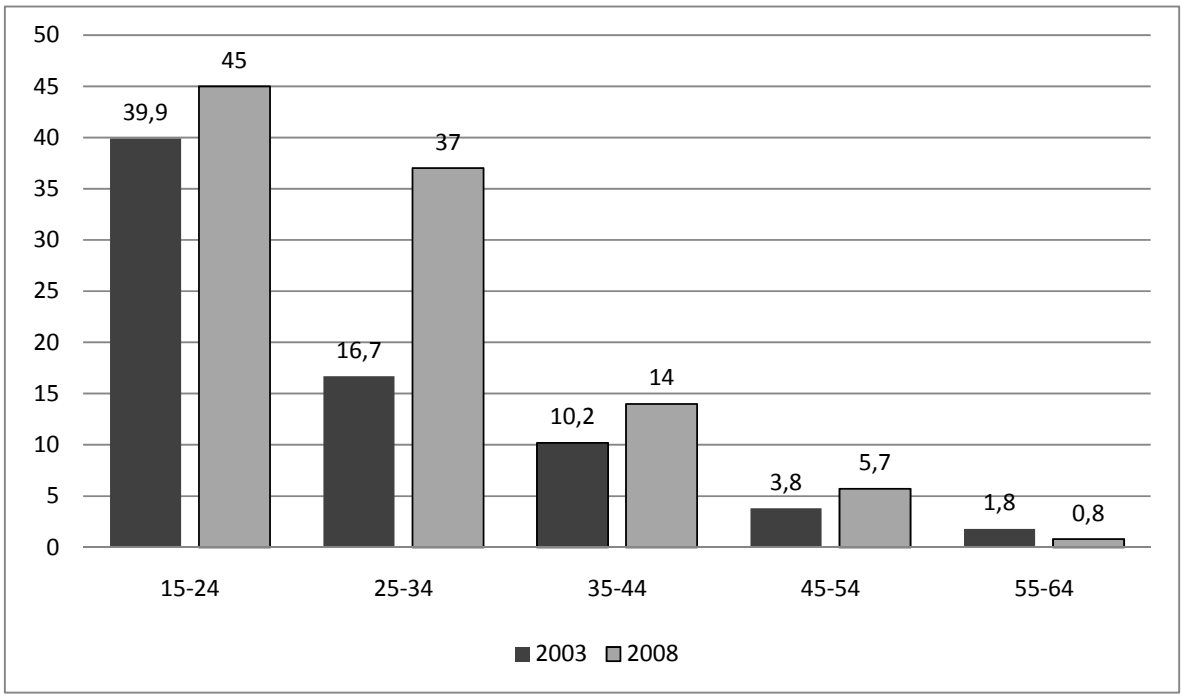
The survey *Estonia 2008,* which also approached the area of drugs, was conducted among the population in 2008 and covered the age group of 15 to 69. The survey was conducted by post and the sample was created on the basis of the Population Register. The survey is conducted once every five years and it has included a block of questions about drug use since 1998. We rely on the data given in Standard Table No. 1 of the

EMCDDA of 2009 in this chapter about the report. The final overview of the drug-related questions in the 2008 population survey will be available by the end of 2009.

2.1 Drug use in the general population

When we compare the population surveys of 2003 and 2008, we can say that the proportion of people who have tried drugs some time in their lives has increased among the population. Whilst the survey conducted in 2003 showed that 15% of people aged 15 to 64 had tried drugs some time in their lives, then the survey conducted in 2008 showed that 21% of people in the same age group had tried drugs. Lifetime prevalence of drug use has increased both in the older and the younger age groups, but is considerably larger in the younger age groups (Figure 1). The increase has been particularly significant in the 25-to-34 age group, where 36% of people have already tried some illicit drug at least once in their lives (16% in 2003).

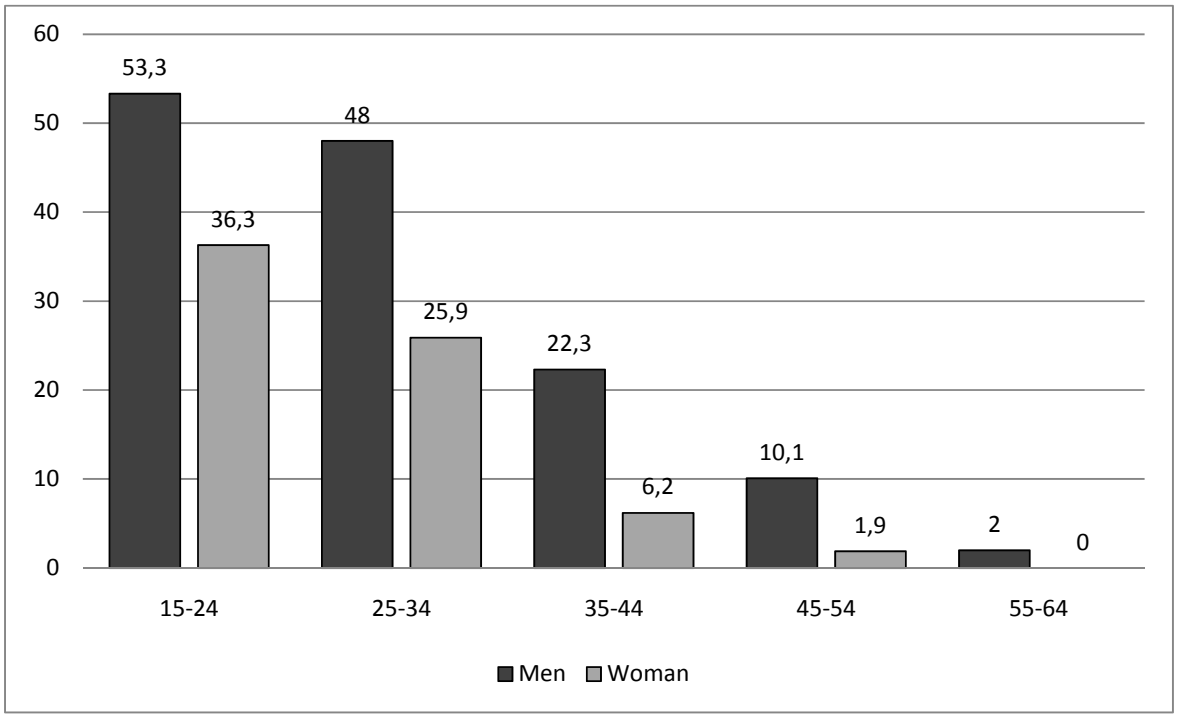
Figure 1. The lifetime prevalence of drug use according to age group in 2003 and 2008 (%)



Source: Tallinn University Institute of International and Social Studies. EMCDDA Standard Table No. 1, 2004 and 2009

Similarly to previous years there are gender differences in drug use. In 2008 14% of women and 30% of men in the 15 to 64 age group had used an illicit drug at least once in their lives. We can see that drug use among men is more extensive according to different age groups (Figure 2).

Figure 2. The lifetime prevalence of drug use according to gender in 2008 (%)



Source: Tallinn University Institute of International and Social Studies. EMCDDA Standard Table No. 1, 2009

The data obtained from the population survey allow us to take a look at drug use among the population according to difference narcotic substances. When we look at Tables 2 and 3, we see that use of cannabis is in the first place among the drugs used within the last 12 months and within the last 30 days, followed by ecstasy and amphetamine. The breakdown of different narcotic substances also shows that younger age groups use more narcotic substances. 6% of people aged 15 to 64 and 20% of people aged 15 to 24 had used cannabis in the last 12 months. 1.2% of people aged 15 to 64 and 3.3% of people aged 15 to 24 had used ecstasy in the last 12 months. Looking at the gender aspect, we see that women in some age groups have used certain narcotic substances more than men. In comparison to the 2003 population survey, we can say the use of certain drugs among men has decreased but drug use among women has increased. For example, the proportion of women aged 15 to 24 who had used amphetamine in the last 12 months was 1.5% in 2003 and 2.7% in 2008 and the proportion of men was 9.3% in 2003 and only 4.6% in 2008. A similar tendency can be seen in the use of several other drugs.

The use of sleeping pills and tranquilisers has increased in younger age groups (women aged 15 to 24, men aged 25 to 34) in 2008 when compared to 2003. We can also see an increase in the use of sleeping pills and tranquilisers in the last 30 days among both men and women in the 25-to-34 age group. Surprisingly, however, use of sleeping pills and

tranquilisers among men in last 30 days in the 15-to-24 age group has decreased in 2008 (4.6% vs. 8.1%).

The data obtained in 2008 highlight the worrying fact that the proportion of people who use heroin and synthetic heroin (fentanyl) has increased among ordinary population. 2.2% of men aged 15 to 24 have used heroin in the last 12 months and 1.1% have used fentanyl.

Table 2. Prevalence of drug use among people aged 15 to 64 in 2008 (%)

Drug	Prevalence in last 12 months (%)			Prevalence in last 30 days (%)		
	15-64			15-64		
	Men	Women	Total	Men	Women	Total
Cannabis	8.3	3.8	6.0	1.7	1.1	1.4
Heroin	0.4	0	0.1	0	0	0
Cocaine	0.8	0.4	0.6	0	0.1	0.1
Amphetamine	1.3	0.8	1.0	1.0	0	0.5
Ecstasy	1.6	0.8	1.2	0.3	0.1	0.2
LSD	0.2	0.2	0.2	0	0	0
Sleeping pills/ tranquilisers	11.2	22.6	17.1	7.7	14.9	11.4
GHB	0.2	0.1	0.1	0	0.1	0.1
Fentanyl	0.2	0	0.1	0	0	0
Popper	0.8	0.8	0.8	0	0.2	0.1

Source: Tallinn University Institute of International and Social Studies – Population Survey Estonia 2008. EMCDDA Standard Table No. 1, 2009

Table 3. Prevalence of drug use among people aged 15 to 34 in 2008 (%)

Drug	Prevalence in last 12 months (%)						Prevalence in last 30 days (%)					
	15-24			25-34			15-24			25-34		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Cannabis	26	12.3	19.8	9.2	6.7	7.6	6.5	4.1	5.3	0.8	1.3	1.0
Heroin	2.2	0	0.8	0	0	0	0	0	0	0	0	0
Cocaine	1.3	2.6	2.0	1.3	0	0.7	0	0.7	0.3	0	0	0
Amphetamine	4.6	2.7	3.7	1.3	1.3	1.3	4.6	0	2.3	0	0	0
Ecstasy	3.3	3.3	3.3	2.0	0.7	1.3	1.3	0.7	1.0	0	0	0
LSD	1.1	1.3	1.2	0	0	0	0	0	0	0	0	0
Sleeping pills/ tranquilisers	6.5	17.9	13.6	10.4	14.8	12.6	4.6	8.7	6.3	7.2	10.7	8.9
GHB	0	0	0	0.8	0.5	0.7	0	0	0	0	0	0
Fentanyl	1.1	0	0.4	0	0	0	0	0	0	0	0	0
Popper	2.2	4.0	3.3	1.7	0.5	1.0	0	0.7	0.4	0	0.5	0.3

Source: Tallinn University Institute of International and Social Studies – Population Survey Estonia 2008. EMCDDA Standard Table No. 1, 2009

2.2. Drug use in the school and youth population

We gave the most recent data about drug use among schoolchildren aged 15 to 16 in the report for 2008. The next ESPAD survey of schoolchildren will be conducted in 2011.

2.3. Drug use among targeted groups/settings at national and local levels

No more recent surveys have been conducted in the reporting period (2008). A qualitative study of drug users in clubs and different recreational settings will be completed in cooperation with the Tallinn University Institute of International and Social Studies (IISS) in 2009.

Chapter 3. Prevention

The National Strategy for Prevention of Drug Addiction and its long-term and annual action plan is the framework document for prevention of drug addiction. Institutionally, primary prevention in Estonia falls mainly in the area of responsibility of the Ministry of Education and Research and the National Institute for Health Development, which operates in the area of administration of the Ministry of Social Affairs. The task of the Ministry of Education and Research is to distribute information about drugs to students in general education schools, establishment of prevention principles used in schools and guaranteeing alternative activities for children. The National Institute for Health Development coordinates and supports prevention on the regional level and organises nationwide prevention campaigns. One of the important roles of the NIHD is making adequate information about drugs available to the population.

This chapter about prevention is based primarily on the 2008 NSPDA report.

3.1 Universal prevention

In 2008 the NIHD organised regional prevention and dealt with information distribution activities (by issuing informational materials, updating webpage narko.ee and organising two nationwide media campaigns) in the area of universal prevention within the scope of the NSPDA. Focus was given also on the development of methodological materials for specialists. The NIHD used almost five million kroons of the NSPDA resources for universal

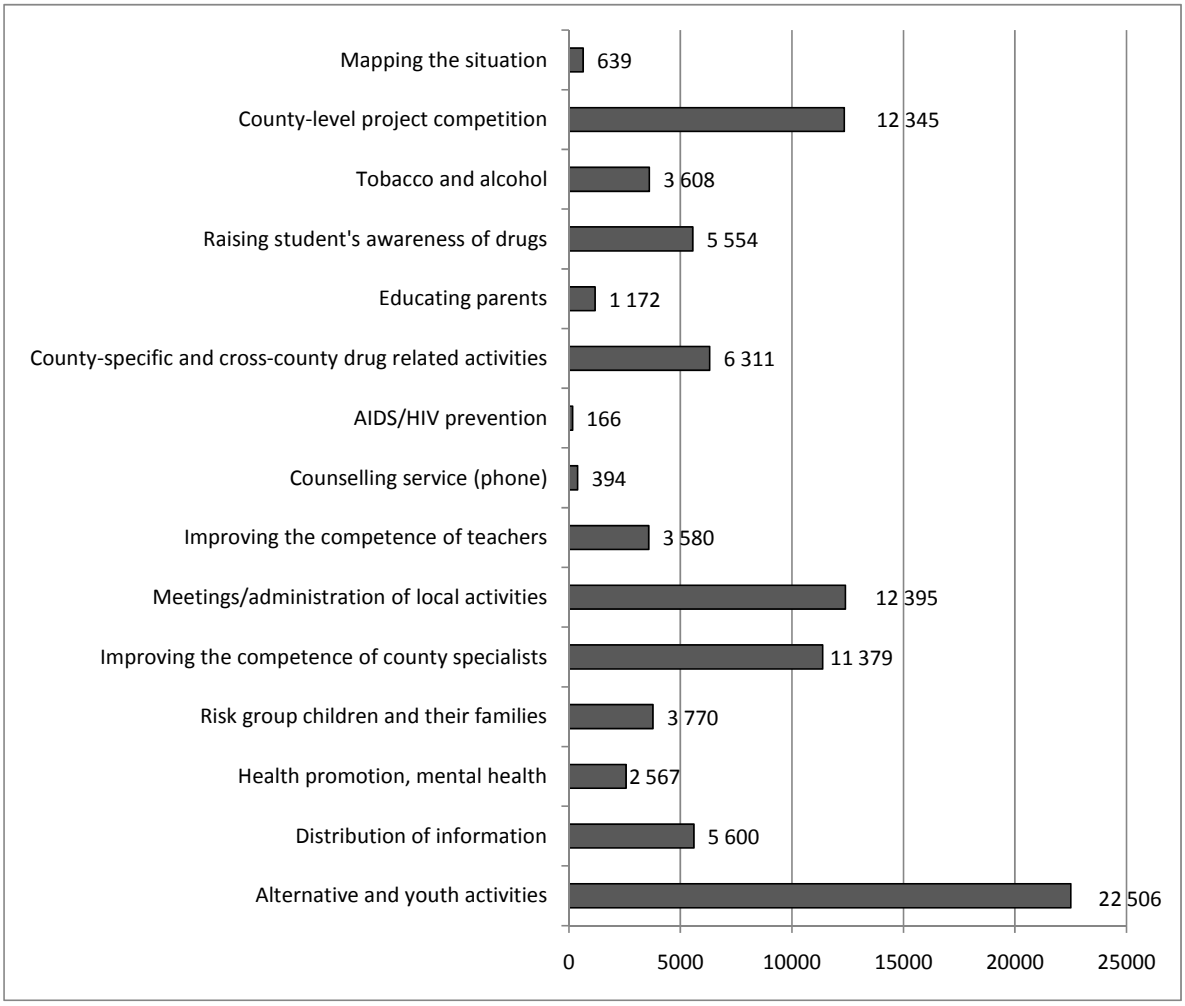
prevention activities. The activities falling into the area of the Ministry of Education and Research were completed within the scope of the funding for general education. The main prevention activities of the Ministry of Education and Research in 2008 included distribution of prevention information through the youth information centres of local governments and youth-to-youth training activities.

Irrespective of the fact proven in world practise that successful prevention is based on drug prevention lessons integrated into the school programme (Ballard, 2002), not all educational institutions offering basic education had incorporated the relevant lessons into their programmes in 2008. Teacher textbooks for teaching social management skills to different school levels have been developed with the help of the United Nations, the NIHD and the National Health Insurance Fund, but they are only recommended study materials and their use depends largely on the school's initiative and the existence of teachers with relevant training. The Ministry of Education and Research has confirmed that the new syllabus of human studies will be completed in 2009 and it stipulates the obligation of schools to discuss prevention of risk behaviour in human studies classes in the second to the twelfth year of school. It is planned to build the new syllabus largely on the existing social management skills study materials, where subject teachers have to learn teaching the material by passing a national in-service training programme. In 2008 the training about the teacher textbook for support schools was organised and financed using the funds allocated by the NSPDA to the NIHD (155,508 kroons; EUR 9,939) and a total of 236 teachers all over Estonia were trained. In general, teacher textbooks about social management skills have been developed in different stages since 2001 for the purpose of preventing drug use. A total of three handbooks have been prepared for teachers in the following stages of school: years 1 to 3, years 4 to 6, years 7 to 9 and also for years 1 to 5 using a simplified study programme (support schools). The books give information about drugs and advise about dealing with drug problems in the school environment and they also contain role-play and active exercises that develop different social skills.

The NSPDA funded regional drug prevention activities with a total of 1,433,506 kroons (EUR 91,618) in 2008. The needs of counties remained the basis of regional prevention work. Generally the activities that were funded within the scope of county action plans included organisation of different events for young people (hikes, adventure games, camps, competitions, excursions) (352,136 kroons; EUR 22,506), organisation of the activities of the drug prevention council/health room (193,936 kroons; EUR 12,395), competitions of prevention projects initiated at the local level (193,153 kroons; EUR 12,345) and training of county specialists (teachers, social workers and other specialists who work with young people) (178,047 kroons; EUR 11,379) (Figure 3). Regional prevention activities also included lectures about drug prevention for students in schools, development of networking

in and outside counties, giving information parents and working with risk children. A total of 87,624 kroons (EUR 5,600) was spent on distribution of information through local media channels. Some counties had also financed health promotion events, the fight against tobacco and alcohol and HIV/AIDS activities from their drug prevention action plans.
In addition to activities in counties and networking, the national drug conference Addicted or Not? was held in November 2008 where the main emphasis had been placed on the factors that make prevention effective.

Figure 3. Funding of regional prevention work according to activities in 2008



Source: NIHD, 2009.

As for informational materials, the publication *Narko Hääl 2: Kanepi eri* (Voice of Dugs 2: Cannabis Special), which is aimed at young people, was published in the first half of 2008 *Narko Hääl* is an informative publication in the format of a newspaper that focuses on specific drug subjects. The insert *Tõmbaja* (Puffer) was published addition to the regular publication, which tried to explain the dangers of cannabis use and its harmful effect on health to young people from a humorous angle. The third issue of the newspaper was

published in the second half of the year and was aimed at introducing drug-related subjects to parents. All informational materials were published both in Estonian and Russian (50,000 copies in Estonian and 12,000 in Russian). The total cost of the various published informational materials was 349,971 kroons (EUR 22,367). The increased emphasis on people whose native language is not Estonian and ethnic minorities was a positive trend in 2008. In addition to the translation of the social management skills teacher textbook for support schools into Russian (144,132 kroons; EUR 9,212), work was also done in 2008 to integrate the subject of drug prevention into projects and training aimed at young people of ethnic minorities (children in language and summer camps were educated in cooperation with the Estonian Association ANTI AIDS).

3.2 Selective prevention

Drug prevention in specialised schools was financed from the budgets of the schools. Drug prevention was largely based on the discussion groups, role-play and movie discussions held within the scope of studies. Schools also organised several health promotion and alternative activities for young people in specialised schools.

Regarding selective prevention it is necessary to mention also the drug prevention activities funded by the budget of the City of Tallinn within the scope of non-profit projects in 2008. The three projects were about drug prevention of risk group children (12,259 kroons; EUR 783), drug and HIV counselling for students of secondary specialised schools (171,157 kroons; EUR 10,939) and work with the relatives of drug addicts (40,000 kroons; EUR 2,556).

3.3 Indicated prevention

There is no information about this area in the reporting period.

3.4 National and local Media campaigns

Two nationwide campaigns were organised in spring and autumn 2008 in addition to the distribution of information about drugs within the scope of regional prevention activities. The first campaign *Kanep tõmbab sind* (*Cannabis Smokes You*) was carried out from 17 to 31 March. The campaign was aimed at young people aged 15 to 24 living in Estonia and

described the social problems and health risks associated with cannabis use. The second campaign *Jää puhtaks* (*Stay Clean*) was carried out from 15 September to 5 October. Young people aged 14 to 24 living in Estonia were the target group of the campaign and its goal was to reduce their interest to experiment with drugs. Outdoor media, youth portals, television (TV3, Kanal 2, ETV), printed media and informational materials distributed in prevention campaigns were used to give the message. The narko.ee website administered by the NHID has become the main portal for information about drugs. One of the goals of both information campaigns carried out in 2008 was to promote the use of the narko.ee website among the target groups of the campaigns.

A brief overview of visits to the narko.ee website, its content and achievement of the goals of the campaigns was also prepared in 2009. The survey showed that Estonians from Tallinn and Tartu County are the most frequent visitors of the website. More than a half of the people who visited the narko.ee website belonged to the 15-to-24 age group. An analysis of visits to the narko.ee website showed that the average number of visitors per month was 7,460, 34% of them were so-called momentary visitors who left the page immediately after entering it. The average duration of a visit was five minutes and about six sub-pages were viewed. The number of visits to the website increased significantly during the information campaigns organised by the NIHD. The number of visitors was the biggest during the *Kanep tõmbab sind* campaign carried out in spring 2008 when a total of 40,273 people visited the website. Therefore, we can claim that the campaigns do meet one of their sub-goals, which is to direct the target group to the narko.ee website to find additional information. If we leave out the visitors who leave the website immediately after entering (34%), then we also see positive signs in the visits to sub-pages where nearly a third of the visitors have viewed eight or more sub-pages. More than one-third of the visitors spend more than 3 minutes on the website. Visitors have obtained information about the website mainly by surfing the Internet. The difference in the language of use is the most noticeable in the case of the TV advert, which is mentioned by considerably more Estonian-speaking visitors of narko.ee. Russian-speaking visitors mention their friends and acquaintances as the source of information. The sub-pages that give specific information about drugs are the most popular. Both the Google Analytics programme and feedback from visitors show that sub-pages about cannabis and 'what is what' are the most popular. Visits to different sub-pages also depended on drug campaigns and the specific messages of the campaigns. In general, the people who visited narko.ee found the website informative, up-to-date and easy to use (Abel-Ollo & Vals, 2009).

Chapter 4. Problem drug use

The most recent survey into the number of injecting drug addicts and their prevalence was conducted in 2005 using the capture-recapture method and three administrative databases. There are plans to conduct a new survey in the end of 2009. The purpose of the survey is to assess the number of injecting drug addicts and their prevalence in the population within the last four years.

Chapter 5. Drug-related treatment: demand and availability

The National Drug Treatment Database started operating in 2008. The database makes it possible to count cases of treatment, assess the socioeconomic background of people who enter treatment and all other aspects associated with treatment and use of addictive substances. The database has been built considering the needs of TDI Standard Protocol 2.0 and national requirements. Big advantage of the system is the fact that the register works on legal bases and is mandatory for all providers of healthcare services who are licensed to practice psychiatry. 625 notices of commencement of treatment had been received in the database as of the end of the year, which gave important information about conducting treatment and the background of patients.

A survey of the quality of centres that offer methadone substitution treatment was conducted in 2008 with the funds received from the UNODC and it provided an overview of the substitution treatment offered in Estonia and the problems in providing the service.

5.1 Strategy, policy

There were no significant legislative changes concerning drug treatment in 2008. Major changes may be expected in the area of drug treatment in 2010, when amendment of the treatment chapter of the strategy for prevention of drug addiction will start under the guidance of the Ministry of Social Affairs and the new guidelines for opiate substitution treatment will also be finalised. Also the service descriptions of treatment centres were updated in 2009. The input to updating the service descriptions came from the survey conducted in 2008 to assess the needs of methadone substitution treatment centres, which drew attention to certain shortcomings in the provision of the service.

5.2 Treatment system

Healthcare service providers (private limited companies, central/county hospitals, private hospitals, sole traders) licensed to practise psychiatry deal with the treatment of drug addicts in Estonia. The majority of drug treatment funded by the state is provided by limited-liability-companies in Estonia. It is impossible to submit an accurate overview of the treatment facilities that treat drug addicts. It is known that in 2008, the National Institute for Health Development had entered into treatment contracts with six service providers and the City of Tallinn with two service providers. It is also impossible to differentiate specific outpatient and inpatient drug treatment centres in Estonia. However, it can be said that the majority of healthcare institutions that treat addiction only provide outpatient treatment (five of the medical institutions financed by the NIHD only provide outpatient treatment and one offers both outpatient and inpatient drug treatment; one of the medical institutions financed by the City of Tallinn offers only outpatient treatment and other both outpatient and inpatient drug treatment).

As described above, drug treatment in Estonia is financed from several sources. The funds of the strategy for prevention of HIV/AIDS and drug addiction and local governments were used for this purpose in 2008. Clients could also finance their own treatment. Drug treatment is not on the list of services financed by the National Health Insurance Fund.

Substitution treatment

Similarly to 2007, methadone substitution treatment was financed mainly from the budget of the national HIV/AIDS strategy in 2008. Totally 6,448,626 kroons (EUR 412,142) was spend on guaranteeing the treatment service and 1,001,217 kroons (EUR 63,989) was used to purchase methadone and other necessary medical supplies. Therapy was provided to an estimated 7.3% of injecting drug addicts (Table 4)[2].

The number of clients receiving the methadone substitution treatment financed from the funds of the HIV/AIDS strategy decreased somewhat in 2008. A total of 1030 clients were covered with substitution treatment in 2007, the number of drug addicts receiving treatment in 2008 was 1008. The number of clients in methadone substitution treatment as of the end of the years was 649 (673 drug addicts were in treatment at the end of 2007) (Table 4). More than one-third of opiate addicts (359 addicts) in substitution treatment discontinued their treatment. The average daily quantity of methadone administered to

[2]Data about the size of the population group of injecting drug addicts in Estonia published in the article of Uusküla et al (2007) was used to calculate the proportion of injecting drug addicts in therapy.

clients varied considerably in different treatment centres. The average daily quantity of methadone administered by different treatment centres was approximately 59 mg.

Table 4. Methadone replacement therapy for injecting drug addicts, 2008

Name of healthcare facility	Number of filled places per year	Number of clients per year	Number of persons who discontinued the programme	Proportion of people who discontinued the programme	Average quantity of methadone per client (mg)*
OÜ Aasa Kliinik	69	98	29	29.5	79
OÜ Corrigo	257	413	156	37.8	73
OÜ Narva Sõltuvusravi Keskus	132	221	89	40.3	66
OÜ Elulootus	119	170	51	30	19
Wismari Haigla AS	72	106	34	32.1	56
Kokku	**649**	**1008**	**359**	**35.6**	**58.6**

Source: 2008 Report on the National HIV and AIDS Strategy

As mentioned above, substitution treatment was also financed by the City of Tallinn (Tallinn Social and Healthcare) in addition to the state. The work of the addiction unit of the Centre of Psychiatry of West Tallinn Central Hospital, which offers outpatient substitution treatment to adult patients, was funded with 2.8 million kroons in 2008 and the amount had increased somewhat in comparison to 2007. The number of patients in treatment has also increased from 104 patients in 2007 to 121 in 2008 and 35 of them entered treatment in the same year (West Tallinn Central Hospital 2009, personal comminication).

It is important to note here that these statistical data about clients in treatment have been obtained from the reports of the contractual partners of the NIHD and they do not comply entirely with the data in the Drug Treatment Database. The drug database has only been operating for a year and some centres that offer drug treatment have not sent the data of all their clients to the register yet.

A survey of the quality of methadone treatment and the needs of the services in Estonia was conducted in 2008 in cooperation with UNODC (United Nations Office on Drugs and Crime) and the Trimbos Institute of Holland. The survey covered the employees and clients of six methadone substitution treatment centres in Estonia, interest groups associated with the area and addicts who inject opiates but who were not in substitution treatment. The survey was conducted to find shortcomings in the general national drug treatment system and direct service provision that need to be resolved. The results of the assessment survey were as follows: methadone substitution treatment in Estonia does not have an overall concept and management system, there are shortcomings in the organisation of work in treatment centres, the support services offered in treatment centres

are limited or insufficient, there is no cooperation between treatment centres and other social and healthcare institutions and the reputation of methadone substitution treatment among injecting drug addicts and the public is negative. The recommendations made on the basis of the results of the survey referred to the following problems in the area of substitution treatment that need to be quickly resolved: national standards of substitution treatment must be prepared and a uniform treatment structure must be established; regular in-service training in teamwork should be organised for employees of treatment centres; cooperation between treatment centres and other healthcare and social institutions has to be improved; the psychosocial support services belonging to substitution treatment must be defined and implemented in treatment centres; the suitability of the opening hours of centres for their clients must be reviewed; rules about the doses of methadone that patients can take home must be established in legislation; the efficiency of the system for checking the compliance of clients with treatment must be increased (incl. regular urine tests); clients and their families must be provided information about methadone substitution treatment using suitable information channels; and methadone substitution treatment must also be guaranteed in houses of detention and prisons (Abel-Ollo et al, 2009).

On the basis of the findings from the survey, it is planned to start improving the quality and reputation of methadone substitution treatment in 2009 and to improve the efficiency of work organisation in treatment centres through more detailed service descriptions and training. The existence of adequate financial resources is important for the development and improvement of the quality of this area since effective methadone substitution treatment is more than just a pharmacological approach as it also covers various psychosocial support services.

Detoxification treatment

Detoxification treatment is treatment of opiate addicts that uses substitution drugs. In 2008 the detoxification treatment of 27 drug addicts was financed from the state budget funds of the NSPDA through OÜ Hospital in Kohtla-Järve. OÜ Hospital received 903,924 kroons (EUR 57,771) and it started offering detoxification treatment in August 2008. 33 patients started detoxification treatment in OÜ Hospital, which was funded from the resources of the NSPDA, and 6 of them discontinued their detoxification treatment before the end. Some detoxification treatment has also been offered in Wismari Hospital since July 2008, but the statistics of this treatment centre do not differentiate between clients receiving substitution and detoxification treatment (2008 NSPDA report).

In addition to the NSPDA, detoxification treatment of adults was also financed from the budget of the City of Tallinn (West Tallinn Central Hospital). Also the number of adult

clients who are receiving detoxification treatment funded by the City of Tallinn cannot be given as the submitted reports do not differentiate between clients receiving substitution treatment and clients receiving detoxification treatment. Clients receiving detoxification treatment have been indicated with clients receiving substitution treatment in the previous subsection of the report.

In addition to the treatment of adults, the City of Tallinn also financed the treatment of drug addiction of children and young people in 2008. A total of 1,875,167 kroons (EUR 119,845) was allocated to the Addiction Department of Tallinn Children's Hospital for this purpose, 1,553,003 kroons (EUR 99,255) of which was allocated separately for inpatient treatment and 322,164 kroons (EUR 20,590) for outpatient group psychotherapy. The amounts allocated to the Tallinn Children's Hospital have increased somewhat when compared to 2007. 46 children were treated in the Tallinn Children's Hospital in 2008 due to their use of psychoactive substances (Tallinn Children's Hospital 2009, personal communication).

Rehabilitation

The rehabilitation of 142 clients was financed from the funds of the NSPDA as of the end of 2008. A total of 11 million kroons (EUR 703,028) of the NSPDA funds was spent on this (Table 5). Rehabilitation on the basis of day centres, inpatient centres and in the form of therapeutic communes are the types of rehabilitation services that are being funded. The majority of rehabilitation services were aimed at adult men, but rehabilitation services aimed at minors of both gender (OÜ Corrigo) were also funded similarly to previous years. Irrespective of the form of rehabilitation services, their goal is to guarantee psychosocial support and counselling and to create the discipline, learning and working habits required for integration of drug addicts into the normal social environment. Rehabilitation starts after an addict has been weaned off drugs and substitution drugs.

Case management services for the HIV and AIDS strategy were also funded from the NSPDA in the amount of 433,407 kroons (EUR 27,700). The main task of case management is offering the services and support required by the addict on the basis of their individual needs. Case management services were offered to injecting drug addicts who were in methadone substitution treatment in 2008 and whose children need healthcare and social services. Assistance was given to 31 families with addiction problems. Several training courses and supervision sessions were organised in 2008 as the establishment of the case management system has been one of the biggest challenges in recent years. Implementation of the system of support persons in Tallinn and Narva was also financed in addition to case management.

Table 5. Rehabilitation services for drug addicts, 2008

	Allocated funds (EUR)	Number of clients at the end of 2008	Number of clients who started the programme in 2008	Number of clients who discontinued the programme in 2008	Number of clients who completed the programme in 2008
MTÜ Tugikeskus* (day centre)	21,403	62	457	**	**
MTÜ Eesti Abikeskused (day centre for addicts with double diagnosis)	97,834	19	22	17	4
MTÜ AIDSi Tugikeskus (farm)	34,850	8	7	5	2
MTÜ Narva Narkomaanide ja Alkohoolikute Rehabilitatsiooni Keskus *Sind ei jäeta üksi* (commune)	75,397	10	26	9	10
SA Sillamäe Narkorehabilitatsioonikeskus (outpatient)	261,676	25	90	45	35
OÜ Corrigo (outpatient centre for minors)	197,906	18	24	1	25
Total	**689,066**	**142**	**626**		

Source: 2008 Report on the National Strategy for Prevention of Drug Addiction (2008 NSPDA Report)
*** No reports available.*

5.3 Background information of clients in treatment

11 treatment institutions submitted notices to the Drug Treatment Database from 1. January to 31. December 2008. A total of 911 notices were submitted, 647 of them were about start of treatment and 264 about completion of treatment. 843 notices were left in the database after it was cleaned from starting the treatment notices that had been entered twice and completion of treatment notices that had been entered into the database without starting treatment notices (treatment had started before 1 January 2008). 625 of these notices were starting the treatment notices and 218 completion of treatment notices. 176 persons entered treatment for the first time in their lives in 2008, 131 of them were men and 45 were women.

78% of all persons who entered drug treatment in 2008 were men, the majority or 68% were young people aged 20 to 29. The youngest person to enter treatment was 14 and the oldest was 48 years old. 97% of people who entered drug treatment had been diagnosed with mental and behavioural problems caused by use of opioids, methadone was the medicine that had been prescribed to most of them (74%). 67% of patients had been

treated for drug addiction before and about one-third had never been treated for addiction before. 56% of patients use analogues of fentanyl (fentanyl and 3-methylfentanyl) as the main drug before entering treatment and 24% used heroin, approximately 40% also used an opiate in addition to their main drug and 36% of addicts also used amphetamine in addition to their main drug. One-half of patients had used drugs for the first time when aged 13 to 16. The majority of patients inject drugs, 50% of them had started injecting when aged 15 to 18 and 10% had started injecting at an even younger age. (EMCDDA Standard Table 3, 2008).

According to places of residence, more than one-half of people who started the treatment (55%) come from Ida-Virumaa and 39% come from Tallinn, 83% consider themselves Russian and 12% are Estonians. 43% of patients are stateless persons, 43% Estonian and 12% Russian citizens. 42% of patients were unemployed and the same percentage had permanent jobs, 49% of patients had basic education but fifteen of the patients who were older than 20 did not even have basic education. The main reason why treatment was discontinued was discontinuation by the patient and their failure to appear for treatment.

5.4 Trends of clients in treatment

Since the Drug Treatment Database only started working in the beginning of 2008 and no earlier studies have been done in Estonia to ascertain the background of patients, then it is impossible to highlight trends in the division of patients on the basis of previously used substances or diagnoses. It is also impossible to observe changes in the socioeconomic background of patients over time.

Chapter 6. Health correlates and consequences

The Health Protection Inspectorate (HPI) deals with the epidemiology of infectious diseases in Estonia and pursuant to its Statutes (HPI Statutes), it also collects information about infectious diseases associated with drugs (viral hepatitis B and C, HIV) and their spread in the country. In this chapter, we give information about the spread of vital hepatitis B and C and new registered cases of HIV among injecting drug addicts that is based on the data obtained from the HPI. EMCCDA standard table No. 9 was used in the collection of information. Doctors who diagnose new HIV case submit data about the case and if available the transmission route of HIV to the HPI. Diagnoses are made on the basis of

positive tests concerning HIV antibodies, antigens or RNA that have been confirmed by an HIV reference laboratory. The lack of reliable data based on risk groups has been a problem in the registration of the cases of HIV infection for many years. This was resolved in 2009 with Regulation No. 134 (RTI, 27.07.2009, 41, 279) *Procedure for Presentation of Information about Communicable Diseases and Occurrence of Communicable Diseases and Risk Factors of Illness and Composition of Presented Data with Personal Data Identifying the Data Subject* of the Government of the Republic dated 23 July 2009 (enters into force on 1 October 2009). The regulation establishes the procedure for presentation of information about the occurrence of communicable diseases and suspicions of communicable diseases and information about the risk factors of illness and the composition of the data to be submitted. It also provides a list of communicable diseases about which, when they are suspected or diagnosed, information must be presented including personal data that identify the data subject. According to the regulation, doctors who have diagnosed the communicable disease now have to send a digital HIV notice to the HPI within 24 hours of making the final diagnosis of HIV illness (AIDS) (B20-B24) or HIV infection (Z21) through the Information System of Communicable Diseases (ISCD). An important change is that no HIV notice is filled in about cases of the illness that have been anonymously registered in AIDS counselling rooms.

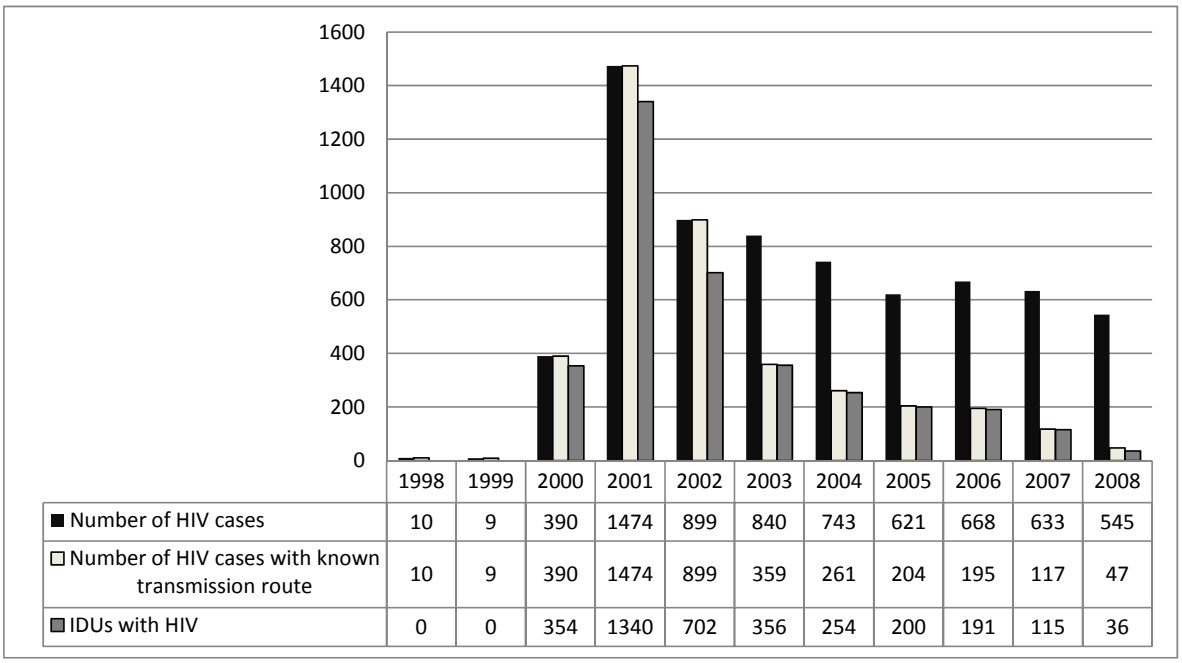
The other important legislative change in the registration of communicable diseases is the approval of the *Statutes of the Estonian Communicable Diseases Registry* by the Government of the Republic with Regulation No. 133 dated 23 July 2009 (RTI, 27.07.2009,41, 278). The Ministry of Social Affairs is the chief processor of the registry and the HPI is its authorised processor. Correct data about people belonging to the risk group of people infected with HIV and the transmission routes can be collected in the Communicable Diseases Register due to the aforementioned new electronic HIV notice. Testing is done on the basis of clinical findings, job-related threat of infection and detention in a penal institutions, and on the basis of risk behaviour (registered on the basis of the information received from the patient).

The definition of cases of death related to drug use in Estonia coincides with the one of the EMCDDA (option B). The Death register is person-based and all data is checked to eliminate double registration of cases. All deaths of Estonian citizens registered in Estonia and in Estonian representations abroad are covered. The Death register uses the International Classification of Diseases (ICD-10) in coding data about death.

6.1 Drug related infectious diseases

As of 31 December 2008, 6909 people had been diagnosed with HIV infection and 252 people with HIV disease in Estonia (HPI 2009). In 2008 the number of people infected by HIV registered in the HPI was 12% lower than in the previous year (633 in 2007 and 545 in 2008) (Figure 4). More than one-tenth (11%, n=60) registered persons infected with HIV were imprisoned persons. The majority of new cases of HIV in Estonia were diagnosed in Tallinn (n=216) and Narva (n=160). A total of 166 cases per 100,000 residents (N=283) were registered in Ida-Virumaa. Like shown in the Figure 4 the transmission route of registered new HIV cases is known less than 10% of cases (HPI 2009).

Figure 4. Cases of infection with HIV in Estonia, 1998-2008



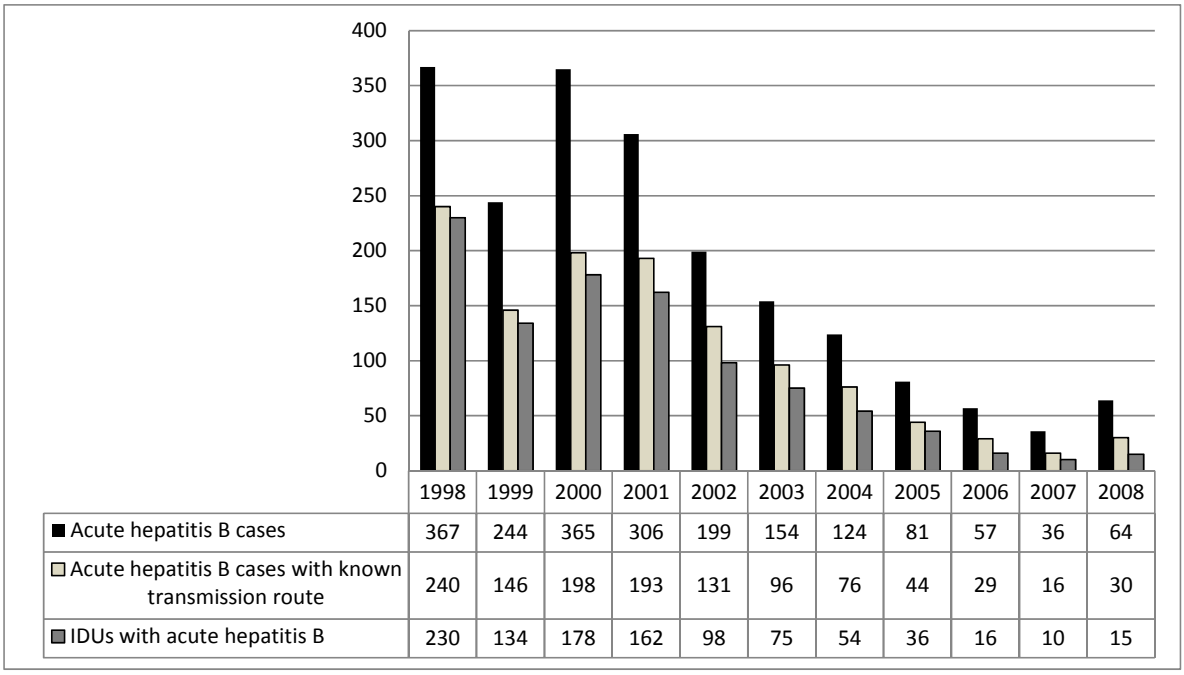
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of HIV cases	10	9	390	1474	899	840	743	621	668	633	545
Number of HIV cases with known transmission route	10	9	390	1474	899	359	261	204	195	117	47
IDUs with HIV	0	0	354	1340	702	356	254	200	191	115	36

Source: Health Protection Inspectorate, 2009

Cases of viral hepatitis B and C

The number of persons contracting acute viral hepatitis B and C increased considerably in 2008 when compared to 2007 (Figure 5 and Figure 6). The number of persons who contracted acute hepatitis B in 2008 exceeded the same indicator for 2007 by almost a third (53 persons in total). We must keep in mind that the manner in which the disease was contracted was only known in about one-third of the cases of viral hepatitis B registered in 2008. In 60% of the cases where the source of infection was known, injecting drug addicts were ascertained as the source of the disease (HPI 2009).

Figure 5. Cases of acute viral hepatitis B, 1998-2008



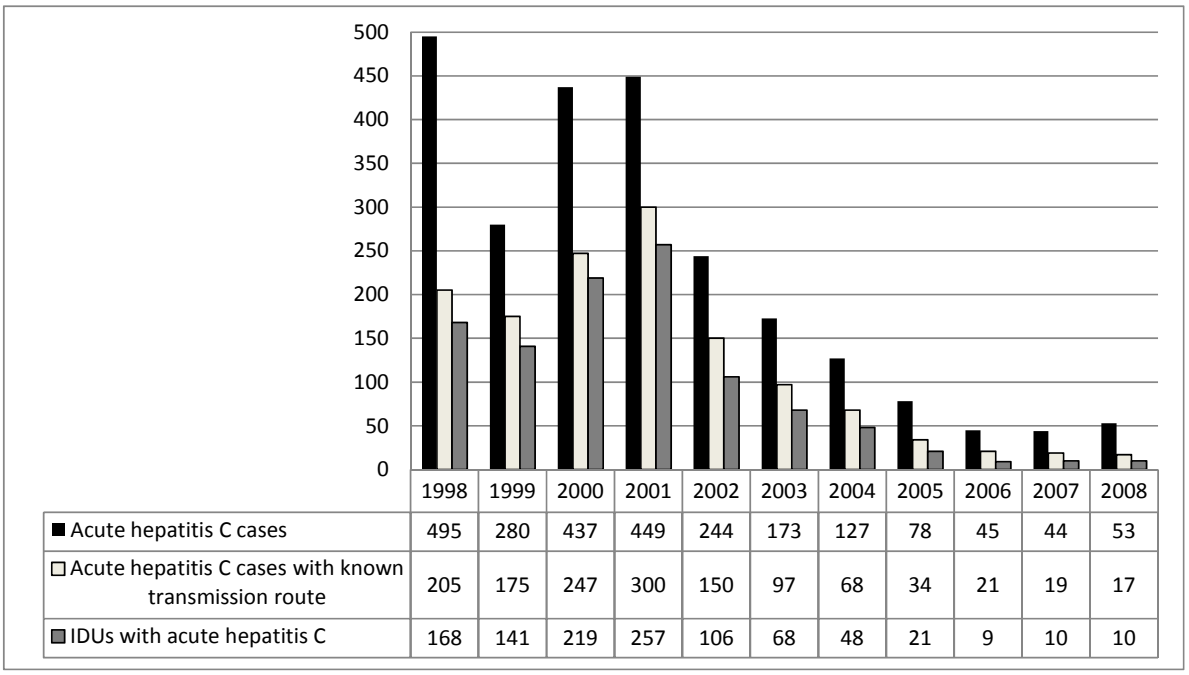
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Acute hepatitis B cases	367	244	365	306	199	154	124	81	57	36	64
Acute hepatitis B cases with known transmission route	240	146	198	193	131	96	76	44	29	16	30
IDUs with acute hepatitis B	230	134	178	162	98	75	54	36	16	10	15

Source: Health Protection Inspectorate, 2009; 2009 EMCDDA Standard Table 9, 2008

The number of cases of people contracting acute vital hepatitis C decreased from 1999 to 2007, but an increase in the number of cases could be noticed in 2008. 28 more cases of acute viral hepatitis C (64 in total) were registered in 2008 when compared to 2007, when the number of registered cases was 36 (Figure 6). We have to keep in mind that the manner in which the disease was presumably contracted was known in only 17 of the 53 cases. 50% of the persons in the case of whom the source of infection with viral hepatitis C was known were injecting drug addicts (HPI 2009).

The data of the HPI show that the proportion of injecting drug addicts has decreased among cases of infection with HIV and acute viral hepatitis C where the manner in which the disease was presumably contracted is known. However, the proportion of injecting drug addicts has increased among cases of infection with acute viral hepatitis B where the manner in which the disease was presumably contracted is known. Like mentioned before we have to keep in mind the fact that the proportion of cases where the manner in which the disease was presumably contracted is not known is rather large (HPI 2009).

Figure 6. Cases of acute viral hepatitis C, 2000-2008



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Acute hepatitis C cases	495	280	437	449	244	173	127	78	45	44	53
Acute hepatitis C cases with known transmission route	205	175	247	300	150	97	68	34	21	19	17
IDUs with acute hepatitis C	168	141	219	257	106	68	48	21	9	10	10

Source: Health Protection Inspectorate; 2009 EMCDDA Standard Table 9, 2008.

According to the tuberculosis register kept in the NIHD, a total of 413 cases (353 first cases, 60 repeated cases) of tuberculosis were registered in 2008. The proportion of HIV positive persons among persons who have contracted tuberculosis has not decreased notably in comparison to 2007 (10.5% in 2007 and 9.4% in 2008) (Tuberculosis Strategy Report 2008). According to the data provided by attending physicians, 24 out of 39 registered persons with the double diagnosis of HIV/TB both in first and repeated cases were drug addicts. One of five persons with the double diagnosis of TB/HIV+ who had been treated for tuberculosis before and who started treatment again in 2008 was a drug addicts (Viiklepp, Personal Communication 2009). The data of the status of injecting drug addicts in the case of the TB/HIV+ double diagnosis are incomplete as the post-death data of the persons is not shown in the register. Data from 2007 are even more incomplete when compared to 2008 as only general information about addiction was requested on the register notice (alcohol and drugs together). Physicians have registered 13 of the 47 persons with the TB/HIV+ double diagnosis in both first and repeated cases as drug addicts. There are plans to update the register notice that has been used since 2001 in 2009 (Viiklepp, personal communication 2009).

6.2 Other drug-related health correlates and consequences

There are no data about this area.

6.3 Drug-related deaths and mortality of drug users

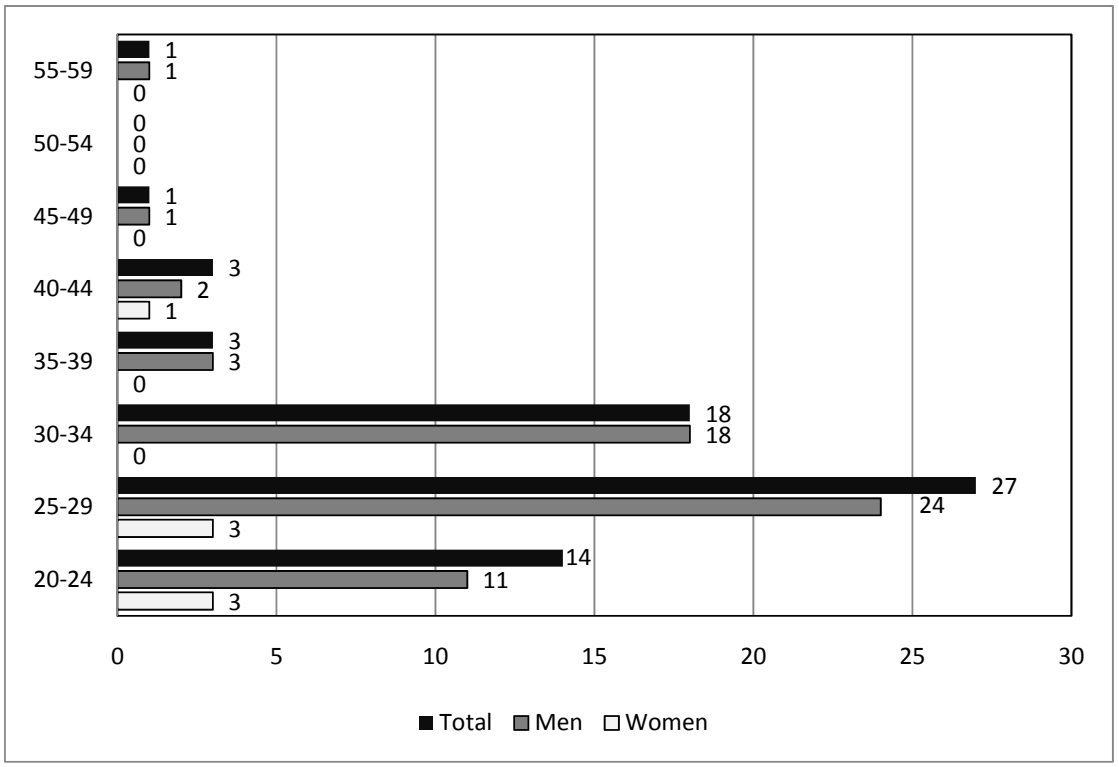
A total of 67 cases of death associated with drug use were registered in the Death Register of the NIHD in 2008. Most of the deceased persons were male (M=60, F=7) (Figure 7). The majority of persons who died as a result of drug use were aged 20 to 34 (n=59) and most of them in that age group were men (n=53). The average age of persons who had died as a result of drugs was 29 (M=29, F=27).

The cause of death in the majority of cases (61 in total, M=55, N=6) was accidental poisoning by and exposure to narcotics or psychodysleptics, not elsewhere classified (X24). Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified) (Y12) was the cause of death of five persons (M=4, F=1) and one man died of accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified) (X41).

The majority of those who died in 2008 lived in Tallinn and Harju County (n=46) and Ida-Virumaa (n=16). Most of the deceased were Russians (n=52).

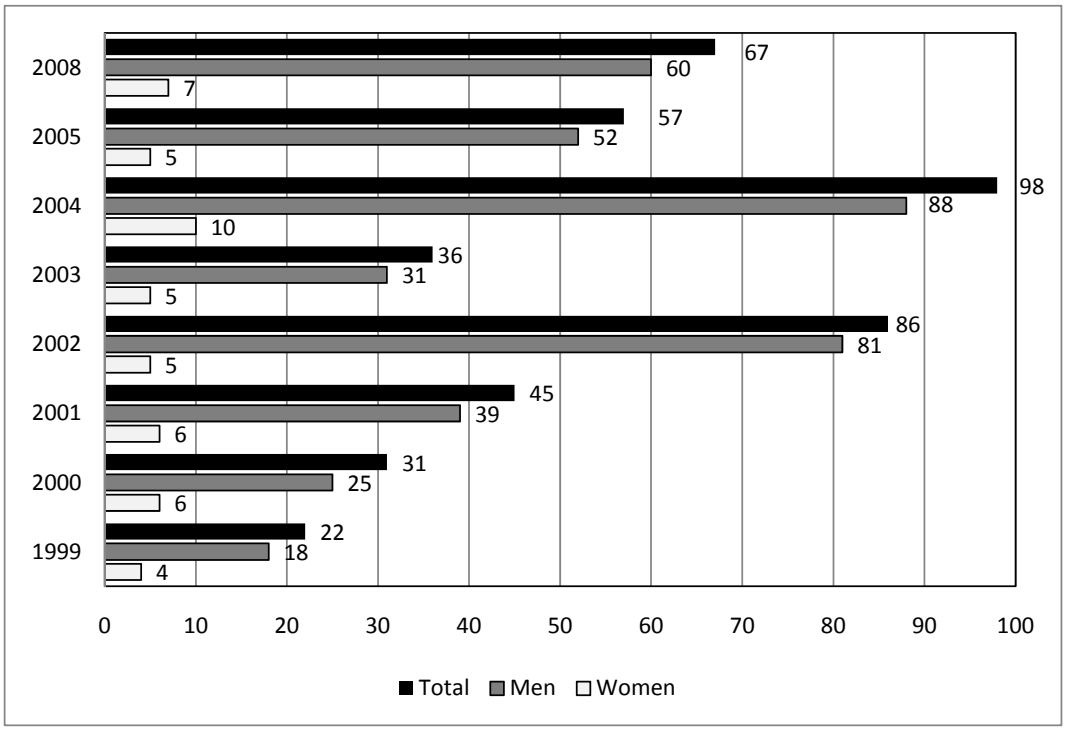
442 people in total have died as a result of drug use in the period from 1999 to 2005 and in 2008, the majority of whom were men (n=304) (Figure 8). The data for 2006 and 2007 had not been analysed by the time this report was prepared. The reason of the delay is transfer of the Death Register from the Estonian Statistical Office to the NIHD. Such relocation caused a number of technical and legal problems (incl. transfer of the register's archive) that need to be resolved, which requires a lot of time and resources.

Figure 7. Persons died as a result of drug use according to gender and age group, 2008



Source: Death Register, National Institute for Health Development, 2009.

Figure 8. Persons died as a result of drug use, 1999-2005 and 2008



Source: Death Register, National Institute for Health Development, 2009.

As can be seen from above, it is impossible to obtain information about the narcotic/ psychotropic substance that caused the death from the Death Register. Such data is missing because there are some problems in the exchange of information about the results of toxicological analyses between the National Death Register and the Estonian Forensic Science Institute (EFSI). On one hand, the problems in data exchange are associated with the institutional changes in the Death Register and the EFSI and on the other hand, they stem from the incompatibility of the registration systems of the two institutions. Due to the above reasons, the substance that caused the death remains unclear in most cases and there are also differences in the absolute figures given in the statistics of drug-related deaths by the two institutions. The problem is that not all deaths caused by poisoning that have been registered by the EFSI and the results of most of the toxicological analyses conducted are not reflected among the data contained in the National Death Register. According to the data of the EFSI, there were 94 cases of death caused by narcotic and psychotropic substance poisoning at the start of 2008 in Estonia (67 cases of death according to the data of the NIHD). 93 of these cases qualified as accidents according to the EFSI. The majority (n=89) of the deaths caused by narcotic and psychotropic substances registered by the EFSI were in the age group of 20 to 39 (57 cases among people aged 20 to 29 and 32 cases among people aged 30 to 39). The data of the EFSI show that 30.5% of different deaths by poisoning were caused by narcotic and psychotropic substances (EFSI 2009). The unofficial statistics of the Estonian Forensic Science Institute show that most of the deaths caused by narcotic and psychotropic substance poisoning in 2008 and 2007 were associated with the use of 3-methylfentanyl (personal communication with a representative of the EFSI, 2009).

In 2009 the Estonian Monitoring Centre for Drugs plans to organise a joint seminar for the National Death Register and the EFSI to discuss how to overcome the problems in the registration of deaths and to improve cooperation in information exchange.

Chapter 7. Responses to health correlates and consequences

The surveys and reports prepared by the NIHD and the data obtained from different agencies (incl. the Estonian Forensic Science Institute, Tallinn Emergency medical Service) have been used in this chapter.

7.1 Prevention of drug-related emergencies and reduction of drug-related deaths

No specific intervention programmes for prevention of drug-related deaths were implemented during the reporting period. There are still no programmes/training courses in Estonia that would teach them about so-called safe injecting and how to help others in the event of overdoses. Naloxon or opioid antagonist is only used in emergency medicine.

Information about emergency medical care associated with drugs can be obtained from the "Help your friend" section http://www.narko.ee/et/Aita-sopra on the special NIHD website about prevention of drug addiction at http://www.narko.ee. It tells people how to act if the overdose was caused by ecstasy, LSD, amphetamine, cannabis or heroin and poppy liquid. Several service providers (syringe exchange, substitution treatment) also explain how to avoid overdosing in the course of their everyday work. Systematic prevention of deaths/overdoses is an important subject due to the high number of overdoses caused by the use of fentanyl, which is widely spread on the Estonian drug market (Chapter 6.3).

Information about the cases where emergency medical case was provided in the case of overdoses in Estonia is only available for Tallinn. In comparison to 2007 the number of cases where Tallinn Emergency Medical Service (TEMS) provided emergency medical care to overdosing drug addicts has decreased in 2008. In 2007 TEMS provided first aid to a total of 1308 drug addicts and in 2008, this number dropped to 1225 (TEMS 2008).

7.2 Prevention and treatment of drug-related infectious diseases

47,175,408 kroons from the funds of the National HIV/AIDS Strategy and approximately 2 million kroons from the other funds of the NIHD (foreign projects) were used on HIV/AIDS prevention in 2008. The volume of services aimed at harm reduction have increased considerably in recent years. As of 2008 there were nine organisations in Estonia that offered syringe exchange, counselling and low threshold services to injecting drug addicts through 36 syringe exchange points (in all Ida-Virumaa cities, Tallinn, Paide, Rakvere and Tapa (HIV/AIDS Strategy, 2009). More than 2 million syringes, 380,000 needles and 700,000 condoms were distributed to the injecting drug users at 36 syringe exchange points. Syringe exchange was used more than 170,000 times and 4045 of these were cases of people using this service for the first time. Syringe exchange points are also becoming the places where clients are motivated to enter drug treatment or use other services within the scope of case management work. Guaranteeing the sustainability of the service (incl. increasing the volume of services and improving their availability, integration

of new services) is extremely important considering the amount of injecting drug addicts in Estonia and the spread of infectious diseases among them.

One major problem in Estonia is the fact that HIV positive people seek therapy too late. From 2001 to 2007 more than 40% of AIDS cases found out about their HIV-serostatus less that a year before they fell ill with AIDS (Zilmer, 2008). Like in the rest of the world, ARV treatment in Estonia starts according to certain criteria and usually before the symptoms of the disease appear. In general, it is recommended to commence treatment when the quantity of CD-4 cells is between 340 and 500. The number of persons receiving antiretroviral treatment has increased rapidly during the reporting period. In comparison to 2006 when a total of 495 persons were being treated, the number of persons receiving antiretroviral treatment had increased to 1026 in 2008 (772 in 2007). A total of 1263 were already being treated as of the end of August 2009. The large number of persons who discontinue ARV treatment is still a major problem in Estonia. There is also no overview of the issues associated with ARV treatment in Estonia and we need a national council and a clinical register of persons receiving ARV treatment (Zilmer, 2009).

Services were also provided to HIV positive pregnant women and HIV positive mothers in 2008. The case management of HIV positive pregnant women is working well in the West Tallinn Central Hospital, Ida-Viru Central Hospital and Narva Central Hospital. A separate project for pregnant opiate addicts also started in the West Tallinn Central Hospital. The project offers buprenorphine substitution treatment, HIV examinations and treatment, the services of a psychologist/psychiatrist and group therapy. The project also offers pregnant opiate addicts free public transport in Tallinn and social welfare if necessary. In 2008 a total of 191 babies were given free formula to prevent vertically spreading infection (2008 HIV/AIDS Strategy Report).

Two HIV campaigns were also carried out in 2008. The first of them, *Sinuga seda ei juhtu* (It won't happen to you) promoted the use of condoms and was aimed at young people aged 15 to 29. The second campaign, *Minevik ei hüüa tulles* (The past gives no warning) was aimed at the general population and its aim was to communicate that taking risks may lead to contracting HIV. A so-called condom taxi was temporarily used to promote the use of condoms among young people living in the capital, which looked attractive and was the place where information and condoms were given to young people (HIV/AIDS Report 2009). The latter campaign was carried out as a survey conducted among young people showed that they were less likely to use condoms in the case of casual sexual encounters. This risky behaviour is also highlighted in the survey of the knowledge, attitude and behaviour of young people concerning HIV that was conducted by the NIHD amount young people (n=4291) in 2007, which showed that 56% of people aged

14 to 15, 58% of people aged 16 to 18, 45% of people aged 19 to 24 and 39% of people aged 25 to 29 used condoms during casual sexual encounters (Lõhmus et al, 2008(a)).
In addition to the campaigns aimed at young people, they also received counselling about sexual and reproductive health in 18 Estonian youth counselling centres, similarly to previous years. Approximately 1000 (n=941) young people used the counselling service.
The NIHD financed the preparation of a training programme in Russian by the Healthy Estonia Foundation within the scope of the HIV prevention work done at places of work. The main activity trend of the Healthy Estonia Foundation is to offer the working-age population HIV prevention through their places of work (2008 HIV/AIDS Strategy Report).

7.3 Responses to other health correlates among drug users

There are no data about this area.

Chapter 8. Social correlates and social reintegration

Social reintegration is in many cases a part of the rehabilitation services aimed at drug addicts in Estonia. Social workers and counsellors work on the reintegration of clients into society at rehabilitation centres (contracts entered into with treatment centres, 2008). There is no separate data collection mechanism about the reintegration of drug addicts in Estonia. A comprehensive study of the services offered in rehabilitation centres in Estonia and their quality will be completed in 2009.

Chapter 9. Drug-related crime, prevention of drug-related crime and prison

The source of data about drug-related crime is the National Register of Criminal Proceedings (RT I 2001, 22, 121), which is processed by the Ministry of Justice. The purpose of the database is to give an overview of criminal proceedings, to combine the criminal proceedings initiated and closed in the Republic of Estonia and to facilitate the creation of overviews about crimes and criminal proceedings.

The data of drug use in prison originate from the survey Knowledge, Attitudes and Behaviour Concerning HIV and Drug Abuse among Convicts that was conducted by the NIHD in 2008. A total of 881 convicts (50.2% of reference population) in five Estonian prisons were interviewed within the scope of the survey. The sample was created on a

random basis. The data of services offered to drug addicts in prisons originate from the 2008 NSPDA report.

9.1. Drug-related crime

The number of drug-related crimes registered in 2008 totalled 1558, which was 109 more cases than in 2007 (Table 6). Drug-related crimes comprised a total of 3% of all registered crimes in 2008. Similarly to previous years, crimes related to the mediation of large quantities of drugs (1143 cases) comprised the majority of drug-related crimes. Unlawful handling of small quantities of narcotic and psychotropic substances was registered 301 times and the number of other drug-related crimes was 114.

79% of drug-related crimes were resolved. 49 organised groups engaged in illicit drug trafficking were charged in 2008, nine groups of them with 64 persons were engaged in cross-border drug trafficking. The number of drug couriers apprehended in foreign countries also increased in 2008. 23 drug couriers from Estonia were apprehended in Latin America, the Caribbean region and Europe in 2008, carrying a total of almost 75 kg of cocaine.

Table 6. Registered drug-related crimes, 2007-2008

Type of Crime	Penal Code	2007	2008
Unlawful handling of small quantities of narcotic drugs or psychotropic substances	§ 183	297	301
Unlawful handling of large quantities of narcotic drugs or psychotropic substances	§ 184	1048	1143
Providing of narcotic drugs or psychotropic substances to persons of less than 18 years of age	§ 185	79	65
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§ 186	0	0
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§ 187	3	6
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§ 188	19	37
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§ 189	2	6
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§ 190	1	0
TOTAL		**1449**	**1558**

Source: Ministry of Justice, 2009

The majority of drug-related crimes were committed by people aged 18 to 29 (49%). 9% of drug-related crimes were committed by minors (89 persons) and their number and

proportion has increased in recent years (8% and 51 persons in 2007). In 2008 the number of registered drug-related crimes was the highest in Tallinn (605 cases) and other cities (221 cases in Tartu). Unlike the previous years, the number of drug-related crimes has also gone up in other cities (incl. Narva, Kohtla-Järve, Pärnu). In addition to drug-related crimes, 6113 misdemeanours associated with ownership or consumption of small quantities of drugs were registered in 2008, which is 2% more than in 2007.

9.2. Prevention of drug-related crimes

There are no data about this area.

9.3 Intervention in the criminal justice system

Even though the Ministry of Justice completed a thorough study of drug treatment as an alternative to imprisonment in 2007, no legal basis has been created for this approach in Estonia (Ministry of Justice, 2007). In theory, referring a drug addict for treatment can be used as an alternative to imprisonment only after the drug treatment system of Estonia becomes able to private broad and quality access to both detoxification and substitution treatment.

9.4 Drug use and problem drug use in prisons

The survey of knowledge, attitudes and behaviour associated with HIV and drug addiction conducted by the NIHD among convicts in 2008 showed that 58% of convicts have used drugs during their lives. This indicator was the highest in Tartu Prison (67%), followed by Tallinn Prison and Viru Prison (60%). The relevant indicators in Harku Prison and Murru Prison were 41% and 40% (Lõhmus & Trummal, 2009). This difference between prisons is caused by changes made in the prison system in the first half of 2008 where convicts who were addicted to drugs were transferred from Murru Prison to Tartu Prison and criminals who had committed drug-related crimes were moved to the new Viru Prison.

More than one-third of all convicted persons have used drugs repeatedly in their lives. 28% (n=195) of respondents in total confirmed that they also used drugs in the penal institution. 45% of the convicted persons interviewed in Tartu Prison had used drugs in the prison. More than one-half of the people who had used drugs in penal institutions had done

so by way of injection (55%) (n=104). In terms of nationality, 40% of Estonians and 67% of people of other nationalities who had used drugs in prison had done so by way of injection. 32% of Estonians and 49% of people of other nationalities had used fentanyl in penal institutions and 21% of Estonians and 38% of people of other nationalities had used heroin. 17% of convicted persons who had injected drugs whilst in prison had shared at least one item required for injecting in the four weeks preceding the study. 8% of convicted persons who had used drugs had used them for the first time in prison (Lõhmus & Trummal, 2009).

When we look at the results according to age groups, we see that the number of people who have used drugs decreases as the age grows. 74% of convicted persons aged 20 to 29, 48% of people aged 30 to 39 and 22% of people aged 40 and over had tried or repeatedly used narcotic substances in their lives. The same tendency also characterises drug use inside penal institutions. 35% of people aged 20 to 29 and 27% of people aged 30 to 39 have tried drugs in penal institutions. The median value of convicted persons at the time they started using drugs was 18 years (interval 5 to 50 years of age). Convicted persons without basic education (median age 16; interval 8 to 31 years of age) had started using drugs the earliest. They were followed by convicted persons with basic education (median age 17; internal 10 to 40 years of age). Convicted persons with secondary and vocational education started using drugs at the age of 20 (interval 9 to 45 and 10 to 50, respectively) (Lõhmus & Trummal, 2009).

9.5 Responses to drug-related health issues in prisons

The Ministry of Justice has been developing options of offering substitution and detoxification treatment to opiate addicts in the prison system since 2008. Treatment of addiction is funded from the general medical expenses of prisons. Two imprisoned persons received detoxification therapy with substitution drugs in 2008. The lack of options for drug treatment in the house of detention can be seen as the reason why interest in substitution and detoxification treatment is small. The majority of potential substitution treatment patients have survived their withdrawal symptoms in the house of detention and no longer need substitution treatment when they end up in prison.

A national unit for imprisoned persons with addiction problems that has room for 174 patients was created in Tartu Prison in 2008. This unit also offers drug treatment and rehabilitation services. The creation of two drug-free departments for persons held in Viru Prison in 2008 was also an important development. The departments were built and furnished using funds set aside for general expenditure and funds obtained from the foreign project Strengthening the Estonian Prison System. Drug-free departments for rehabilitation

of addicts currently exist in Tartu Prison (44 places), Viru Prison (20 places for young people and 20 for adults) and Harku Prison (8 places). The remaining drug addicts are rehabilitated on the basis of social programmes (2008 NSPDA Report).

9.6 Reintegration of drug users after release from prison

There are no data or studies of this area in Estonia.

Chapter 10. Drug markets

The data of drug transit have been obtained from the surveillance and confiscation activities of the Estonian Police and the Tax and Customs Board. Information about the quantities and purity of seized narcotic substances comes from the Estonian Forensic Science Institute, which in Estonia is the central agency that provides expert analyses of narcotic substances to law enforcement authorities. Information about the prices of drugs comes from the police, who give their expert opinion of the prices of narcotic substances on the basis of surveillance in Tallinn.

The quantities of the most common drugs in Estonia that had been confiscated and the purity of narcotic substances were decreasing in 2008. The street prices of narcotic substances have remained on the same level as in 2007 or even decreased somewhat. The price of narcotic substances on the Estonian drug market depends on the quantity of the narcotic substance purchased (the price of a gram drops drastically in the case of large quantities).

10.1 Availability and supply

Speaking of drug transit, the countries of origin of different narcotic substances have been highlighted below:

Hashish – large quantities of hashish arrived in Estonia through Latvia from Spain, Germany and Holland. Hashish is usually transported by lorry and it is usually hidden in goods or in the spare wheel or, in the case of smaller quantities, in the fuel tanks or body constructions of automobiles. The number of times hashish and marijuana have been founded in posted parcels (small quantities – 2 to 30 g) has also increased. Hashish that arrives in the country by post originates mainly from Holland. The cannabis cultivated in

Estonia is consumed on the local market. The biggest cannabis plantation so far (788 cannabis plants) was discovered in Jõgeva County in May 2008.

Amphetamine – phenylacetone, which is the precursor of amphetamine, is brought to Estonia mainly from Russia. Amphetamine is then transported from Estonia to Nordic countries (mainly Finland) and also Russia.

Ecstasy – fentanyl is transported to Estonia mainly by lorry from Holland, Belgium, Germany and other countries. The quality of the ecstasy made in Estonia is low and there is practically no market for it. Confiscation of 1.6 tons of safrole, which is the precursor of ecstasy, by the Central Criminal Police was a noteworthy achievement in 2008.

Fentanyl – transported to Estonia from Russia in small, but very strong quantities. The substance is hidden in the courier's clothes or vehicle.

Cocaine – consumption of this substance has increased in recent years. The direct connections of Estonian criminals with countries that produce cocaine have made it easier for the substance to spread in Estonia. However, handling of cocaine started decreasing in 2008 due to the recession.

GHB[3] – is produced in Estonia from the precursor GBL[4], which is imported from Western Europe and Russia. The substance produced in Estonia is meant for the local market.

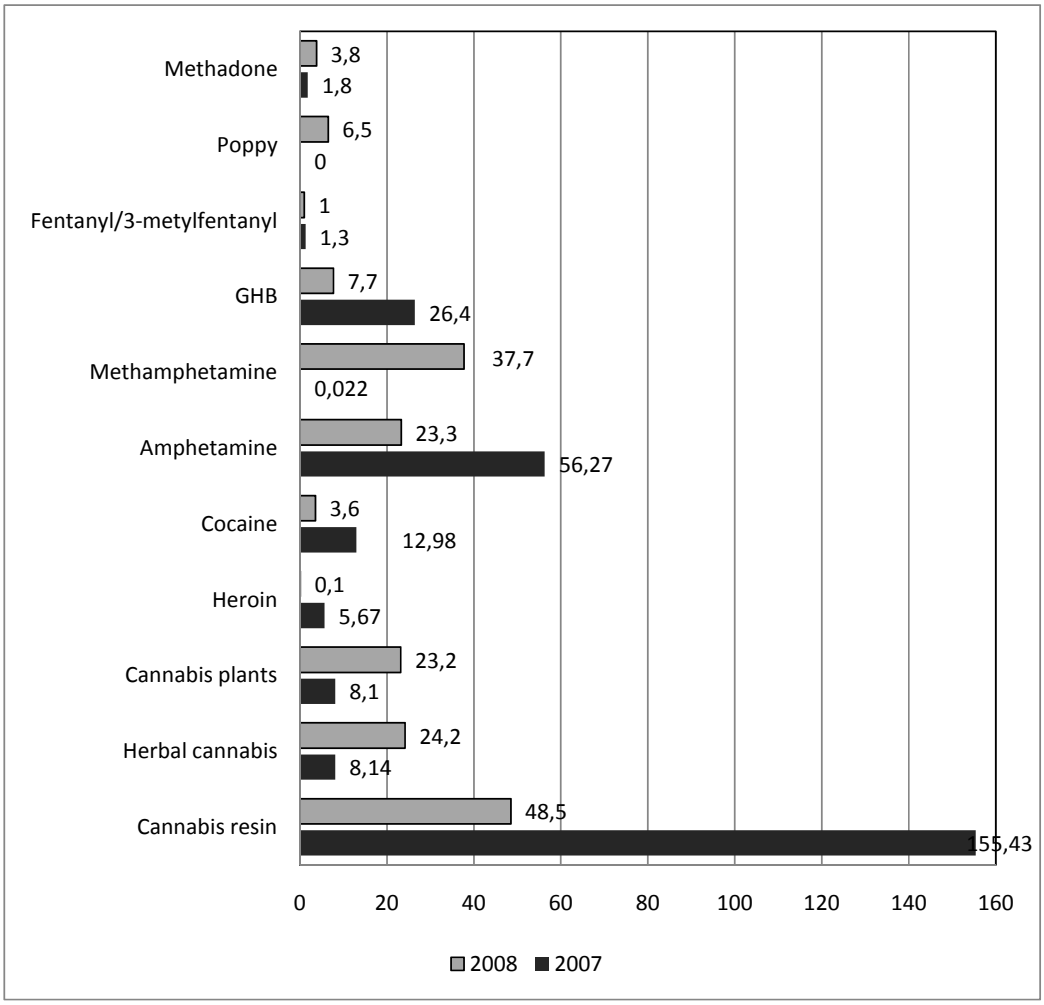
10.2 Seizures

The quantities of narcotic substances seized in 2008 were generally lower than in 2007 in respect of most substances. The quantities of hashish, heroin (0.1 kg in comparison to 5.7 kg in 2007), amphetamine and cocaine decreased considerably in 2008. The number of ecstasy-type pills confiscated in 2008 was only about a half of the number seized in 2007 (19,465 vs. 32,256). However, the quantities of seized methamphetamine, marijuana, cannabis plants and poppies increased considerably (Figure 9). Also 3.8 kg of illicit methadone was confiscated.

[3] Gammahydroxybutyrate.

[4] Gamma butyrolactone.

Figure 9. Quantities of seized narcotic substances from 2007 to 2008, kg

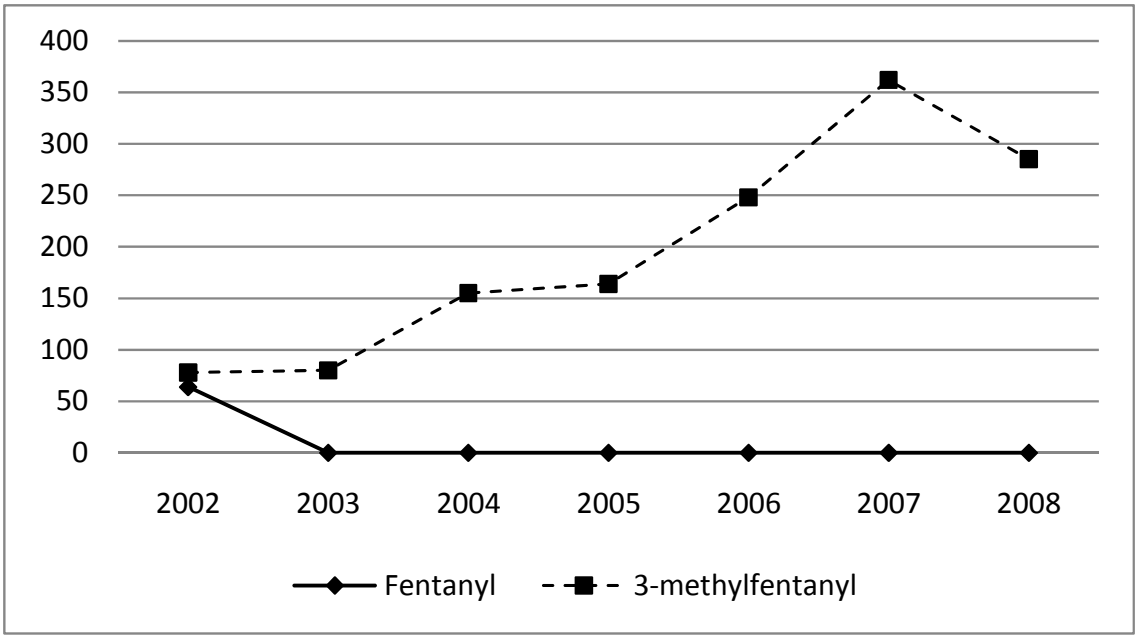


Source: EFSI, 2009, EMCDDA Standard Table 13, 2008

3-methylfentanyl was the opiate seized most often in 2008. The seized quantities of 3-methylfentanyl have been about 1 kg per year since 2005 (Figure 10).

According to the Estonian Forensic Science Institute, the substances sent for an expert analysis most often in 2008 were amphetamine, methamphetamine, MDMA (ecstasy) and similar substances (in 793 cases), cannabis and hashish (in 694 cases), 3-methylfentanyl and fentanyl (in 366 cases) and cocaine (in 124 cases). 34 kg of methamphetamine, which would have made 1.3 million street doses, was seized from a criminal group. No drug laboratories were found in 2008 (three drug laboratories were found in both 2006 and 2007).

Figure 10. Quantities of confiscated fentanyl and 3-methylfentanyl in grams, 2001-2008



Source: EFSI, 2009.

10.3 Price and purity

In 2007 it seemed that natural heroin was going to make a comeback on the Estonian market, but the data for 2008 show that heroin is still not a widely spread narcotic substance in Estonia. The substance is practically non-existent in Tallinn, which is why no current street price has been estimated for it (street price on the basis of Tallinn). The purity of heroin confiscated in 2008 has also decreased somewhat (Figure 11). The most frequent purity (mode) of heroin was 17% in 2007 and in 2008, it dropped to 13.9% and varied between 3.5% and 41.8%. In comparison, the minimal purity of heroin in 2007 was 12%. Fentanyl (known in the streets as the White Chinaman, White Persian and the Afghan) is the most widespread opiate in Tallinn and on the overall Estonian drug market. Injecting drug addicts said the street price of one dose of fentanyl was 100 EEK and 1 g fentanyl stretched to 37 or 38 doses on an average. These data are based on the findings from the focus group organised by the EUSK for drug addicts.

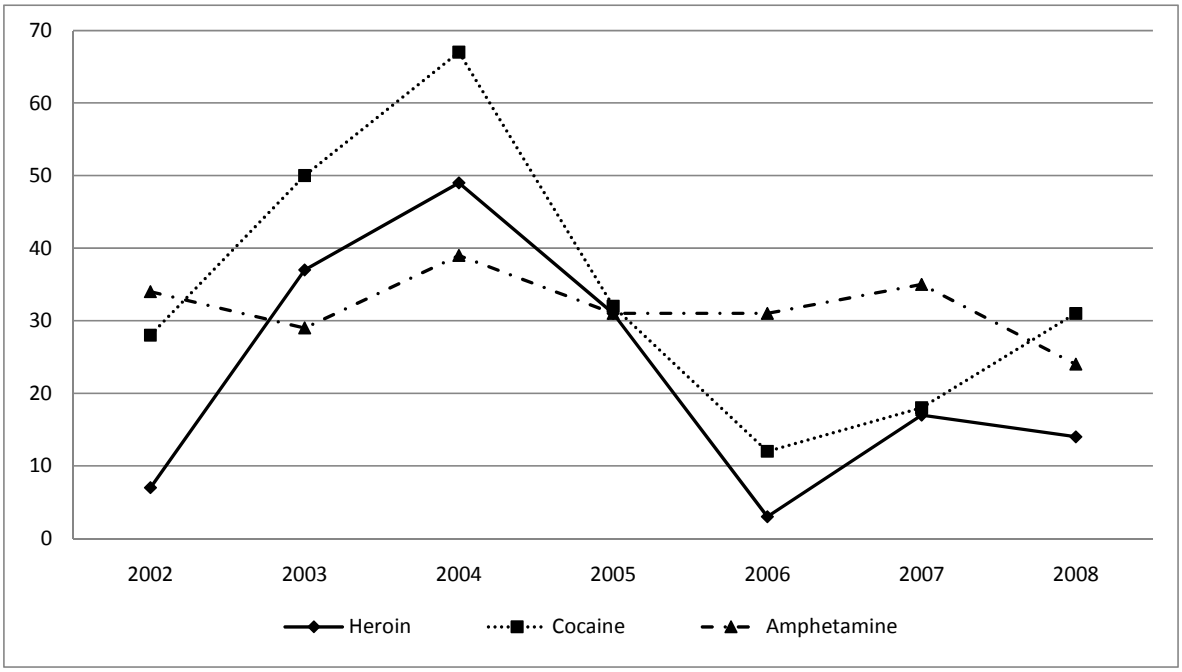
The purity of amphetamine varied between 0.2% to 47.5% in 2008 and the most frequent purity was 21.7%. In comparison to 2007, the most frequent purity of amphetamine has decreased similarly to heroin (35% in 2007) (Figure 6). The minimum street price of amphetamine in Tallinn was 13 euros and the maximum price 16 euros. The average price of amphetamine in 2007 was 12.75 euros, which shows that the price level of amphetamine has not changed much (EMCDDA Standard Table 16, 2008). The most frequent purity of methamphetamine was 21.7% of pure substance (varied between 9.6%

and 47.4%). The most frequent purity of ecstasy-type substances dropped from 75 mg of pure substance per pill to 51 mg (varied between 29 mg to 162 mg of pure substance per pill). The street price of ecstasy is also similar to the price level in 2007. The minimal price of an ecstasy pill in Tallinn in 2008 was 4 euros and the maximum price was 8 euros.

The purity of cocaine increased the most in 2008. The most frequent purity of the substance was 31.3%, which varied between 12.5% and 84.8% (the most frequent purity of cocaine in 2007 was 18%). Even though the purity of cocaine has increased, its street price has decreased somewhat – whilst the average street price of 1 g of cocaine in 2007 was 102 euros, the minimal price of 1 g of cocaine in 2008 was 77 euros and the maximum price 115 euros. The maximum price of cocaine in 2007 was 127.5 euros.

The maximum price of a gram of cannabis leaves is 19 euros and the maximum price 22 euros, which has remained rather stable in comparison to 2007. The most frequent purity of cannabis leaves in 2008 was 11% (0.2 to 18%).

Figure 11. The most frequent purity of amphetamine, cocaine and heroin, 2002 to 2008



Source: EMCDDA Standard Table 14, Estonian Forensic Science Institute, 2009

Part B: Selected subjects

Chapter 11. The market and production of cannabis

11.1 Cannabis market

Brief history of local production

Cannabis use became an issue in Estonia at the start of the 1990s as a result of the transfer to market economy and the opening of state borders. At the end of the 1990s, we could already speak about the normalisation of cannabis use (Allaste, 2005). The media and the Internet have contributed strongly to the spread and popularity of cannabis. Information about how to cultivate cannabis has been spreading mainly through the Internet in the last 10 years. The first data of local cannabis growers date back to the end of the 1990s and the start of this century. One of the first big plantations was found in 1999 (50-60 plants).

It is possible that cannabis was cultivated in Estonia before, but a special unit that deals with drug-related crimes was created in Estonia in 1998. The first cannabis plantations found by the police were not very professional, but their level has improved over the years with the help of the information found on the Internet. The data collected by the police show that at the end of the 1990s, most of the cannabis output was brought into the country by way of illicit trafficking and there was less local cultivation. Cannabis cultivation for sale started spreading as the popularity of its use and the availability of information about how to cultivate cannabis increased.

There are no publicly operating companies in Estonia that focus on selling special goods meant for cannabis cultivation. So-called ‘grow shops’ (shops that grow the items required for cannabis cultivation) do exist in Estonia, but as cannabis cultivation is a crime in the first degree, then these shops operate underground or keep a low profile (www.aquaplant.ee). We also have so-called ‘good shops’ that sell the items required for cannabis use and products made of cannabis (Universaal Universum), but they are generally not the main goods sold by these shops. However, the ‘good shops’ and ‘grow shops’ currently operating in Estonia are still at the initial stages of their development when compared to similar companies operating in the so-called old European Union Member States.

The police estimate that the ratio of imported and locally cultivated cannabis flowers (for the Estonian market) has been approximately 50/50. The cannabis plantations found by the police have been 100% traditional in the manner they cultivate the plant. The hydroponic or the aeroponic method have not yet been seen in the plantations found in Estonia. The price of these methods is probably the reason as the traditional method of cultivation is cheaper, even if it does require more time and effort.

Consumer market shares of different cannabis products

The ordinary cannabis flower has always been the most popular and most seized cannabis product among Estonian cannabis users. Estonian cannabis users use almost no hashish or do in a very small extent. The police and the TCB have confiscated large quantities of hashish, but it has usually been meant for transit to Finland and Russia and not for the local market. The almost non-existent use of hashish is confirmed by the fact that the police has basically never confiscated this substance from users.
It is not known whether the cannabis plantations found and liquidated by the police have consisted of female or male plants (sinsemilla or seeded herbal) as no such expert analyses are done in Estonia. Conversations with imprisoned persons have revealed that people tend to cultivate female plants or sinsemilla due to their higher THC content.

Distribution of cannabis at national level

There are no highly accurate data of the locations of cannabis plantations, but they have been found all over Estonia. Most cannabis growers have come from Tallinn, but the plantations have been set up outside Harju County. There are two to three links between the grower and ordinary street sellers through whom the goods move. Growers offer cannabis flowers in kilos, the next intermediary or intermediaries offer 100 to 150 g of flowers at a time. The most ordinary street seller receives about 10 to 20 grams of cannabis for sale.

Cannabis wholesale prices, 2008

The retail price has remained somewhere between 300 and 350 kroons (EUR 19–22) per gram in recent years. The earlier price was somewhere between 200 and 250 kroons(EUR 13–16) per gram. There are no data about the price of hashish as there is no market for it and it is not widely used. Information about the price of cannabis has generally been received from the police.

Typology of retail outlets for cannabis sale

The majority of cannabis handlers deal only with cannabis, but there have also been cases where other substances are offered in addition to cannabis. As a rule, so-called polydrug dealers also sell cocaine in addition to cannabis and vice versa. Cannabis handlers generally do not deal with other substances. Retail sale usually occurs in the streets and there are not many special 'drug dens'. The reason may be that when a number of young people with signs of intoxication by drugs start gathering somewhere, the neighbours quickly inform the police.

Cannabis sources and transaction sizes

In 2008 the police found several cannabis plantations that are very large for Estonia – they contained 200 to 780 plants in different stages of growth (an apartment plantation with 50 plants and a plantation with 3 to 4 plants were also discovered). There are no statistics to show how much of the substance is grown for personal use or as a source of income. When we look at the situation rationally then it is highly like that plantations with more than 20 plants cultivate some of their produce for sale, even though most growers claim they grow the plants for personal use when caught. On the other hand, the police catch people who grow cannabis for their own use very rarely and only when they have been tipped off. Most of the plantations found by the police after being tipped off by citizens have been experimental ones, i.e. the person is interested in cannabis and tries to cultivate it in their home.

The most widespread quantities in which cannabis reaches the end-user are half a gram and a gram and it is usually packaged in minigrip bags. Specific units or manners of packaging cannot be highlighted for larger quantities.

11.2 Seizures

Only information available on cannabis seizures is reported in the chapter of seizures (Chapter 10.2).

11.3 Offences

No data available

Chapter 12. Problem amphetamine and methamphetamine use, related consequences and responses

12.1. Epidemiology of amphetamine and methamphetamine use with emphasis on chronic/intensive use

History of (meth)amphetamine use

Methamphetamine use is not common in Estonia. Amphetamine use, however, has been popular among injecting drug addicts and the general population in Estonia. Findings from the ESPAD studies from 1995, 1999 and 2003 showed that amphetamine use among schoolchildren has grown over the years. The study conducted among school students aged 15 and 16 in 1995 showed that less than 1% (0.2%) of students had used amphetamine then the proportion of those who had used it increased to 6.4% in 1999 and 7.2% in 2003. The ESPAS study conducted in 2007 showed that the proportion of amphetamine users was decreasing. A total of 3.8% of students (M=4.3%, N=3.2%) had used amphetamine at least once in their lives in 2007. Amphetamine was the most popular drug in 2007 after cannabis, solvents and ecstasy. When we compared the data obtained by ESPAD in Estonia in 2007 with the data of the other 35 countries that took part in the study, then we see that Estonia is among those 12 countries in Europe where amphetamine use is high (4% vs. 3% as the average in Europe) (Hibell et al 2008).
Also, amphetamine use is still common among the general population and this was discussed in greater detail in Chapter 2.1.

Trends and patterns of (meth)amphetamine use

The table below contains data about injection of amphetamine and is based on the findings of the survey conducted among injecting drug addicts in two Estonian cities (Tallinn and Kohtla-Järve) in 2005 and 2007. The two studies cannot be compared as the samples used for the studies were handled differently[5] and they used different methods to analyse the data (RDSAT in 2007). However, we can say on the basis of the findings of the study conducted between injecting drug addicts in 2005 that injection of amphetamine was widely spread in the entire sample (Tallinn and Kohtla-Järve together). Almost a fifth of the

[5] The sample selected in Tallinn and Kohtla-Järve were handled together in 2005, but two cities were handled separately in 2007.

addicts injected amphetamine as the primary drug and the average age at which they started injecting amphetamine was 18. In regional terms, we can only look at injection of amphetamine as the primary drug during the last week before the study in 2005, which was 22% in Tallinn and 10% in Kohtla-Järve. The main drug used within the last four weeks was fentanyl/3-methylfentanyl in Tallinn (75%) and homemade poppy liquid in Kohtla-Järve (86%).

The survey conducted among injecting drug addicts in 2007 showed that 48% of injecting drug addicts in Tallinn and 24% of injecting drug addicts in Kohtla-Järve used amphetamine as their primary drug.

Table 7. Amphetamine use among injecting drug addicts on the basis of the studies conducted in 2005 and 2007

	Year of the study and studied persons		Characteristic	Proportion of amphetamine users (%), UV average median value/scope of variation (%)
Study of HIV prevalence and risk behaviour among injecting drug addicts in two cities (Tallinn and Kohtla-Järve) (Uusküla et al 2005)	2005	Injecting drug addicts in Tallinn and Kohtla-Järve	Injection of amphetamine within the last 4 weeks	62.4
			Injection of amphetamine as the primary drug within the last 4 weeks	18.9
			Average age/interval when the person started injecting amphetamine	18.1 (12–39)
		Injecting drug addicts in Tallinn	Injection of amphetamine as the primary drug within the last 4 weeks	22.06
		Injecting drug addicts in Tallinn	Injection of amphetamine as the primary drug within the last 4 weeks	10.2
Prevalence of HIV infection and other infections and risk behaviour among injecting drug addicts in Tallinn and Kohtla-Järve (NIHD, Department of Public Health of the University of Tartu)	2007	Injecting drug addicts in Tallinn	Injection of amphetamine within the last 4 weeks (Tallinn)	47.6 * (95% UV 38.0–57.3), 46%**
			Injection of amphetamine as the primary drug within the last 4 weeks	33.5* (23.1–44.1), 25.7**
			Average age/interval when the person started injecting amphetamine (Tallinn)	19.3 (11–44)
		Injecting drug addicts in Kohtla-Järve	Injection of amphetamine within the last 4 weeks (Kohtla-Järve)	24.2* (17.6–31.1), 21.8**
			Injection of amphetamine as the primary drug within the last 4 weeks	16.2*(10.7–33.3), 12.9
			Average age/interval when the person started injecting amphetamine (Kohtla-Järve)	19.2* (13–30)

- **- EPP – Estimated Population Proportion*
- *** SPP – Sample Population Proportion*

The prevalence of amphetamine use among injecting drug addicts is also confirmed by the other studies conducted by the National Institute for Health Development. A survey of risk behaviour and knowledge concerning HIV has been conducted among the people who visited syringe exchange points every year from 2003 to 2008. A summary of the surveys conducted in different years shows that 44-77% of people who use the services of syringe exchange points have injected amphetamine within the last week (Table 8). The findings show that mixing different narcotic substances is common in Estonia. The tendency to use several drugs is also confirmed by the analysis done by Talu et al in 2009, which showed that 63% of addicts who inject amphetamine and 43% of addicts who inject fentanyl only injected their primary drug within the last four weeks. The remaining addicts whose primary drug was amphetamine also used fentanyl within the last four weeks (23%), poppy liquid (5%) and other injectable drugs.

When interpreting the findings from the study of HIV-related risk behaviour and knowledge of people who visit syringe exchange points, we must keep in mind that no separate characteristic of fentanyl exists in the questionnaire. Fentanyl use falls into the 'Other' category, which means that the actual proportion of fentanyl users may be bigger.

The prevalence of amphetamine use in Estonia is also confirmed by the studies conducted by the NIHD among imprisoned persons in 2006 and 2008. 77% of imprisoned persons used amphetamine whilst in the penal institution in 2006 and the same indicator for 2008 was 65.8% (Trummal & Murd, 2009).

Table 8. Drugs addicts who use syringe exchange services, 2003-2008

	Year of the study and studied persons		Characteristic	Amphetamine (%)	Other drugs (%), UV
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2009)	2008	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	55.6	Heroin (30.4) Fentanyl (27.7)* Poppy liquid (33.7) Morphine (5.0) Other (9.2)
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2008 (b))	2007	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	48.6	Heroin (45.3) Poppy liquid (36.0) Morphine (9.8) Other (15.6)
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2007)	2006	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	53.3	Heroin (40.9) Poppy liquid (38.9) Morphine (6.1) Other (12.1)
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2006)	2005	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	43.8	Heroin (39.9) Poppy liquid (42.3) Morphine (9.5) Other (17.5)
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2005)	2004	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	53,6	Heroin (45.9) Poppy liquid (35.1) Morphine (8.7) Other (9.0)
HIV-related risk behaviour and knowledge of persons using the syringe exchange service (Lõhmus & Trummal, 2004)	2003	Clients who have visited SEP's repeatedly	Injection of drugs within the last 4 weeks	50.1	Heroin (34.1) Poppy liquid (39.9) Morphine (14.4) Other (3.9)

Prevalence estimates of problem (meth)amphetamine users

No studies have been conducted in Estonia to determine the proportion and prevalence of problem amphetamine users in the population. One of the reasons why such studies have not been conducted is that there is no characteristic of amphetamine use in administrative databases.

Treatment demand for (meth)amphetamine use

7.3% of drug addicts who inject opiates receive substitution treatment; the options of detoxification treatment for addicts are very limited in Estonia (see Chapter 5). The treatment options of amphetamine users are even more limited in Estonia. This is evidenced by the circumstance that according to the data in the Drug Treatment Database, the proportion of amphetamine addicts among people who sought treatment due to drug addiction (n=625) in 2008 was very small. Presentation of data as frequency tables is not practical as the number of addicts who sought treatment was small. We are presenting only some of the more important findings below. 11 persons whose primary drug was amphetamine sought and received treatment in 2008; 7 of them were men (average age 23.9) and 4 were women (average age 15.5). 5 persons who sought treatment injected amphetamine, the others used the drug either orally or by smoking. 8 of the eleven persons who sought treatment were treated for the first time, 7 of them received long-term treatment (which lasted longer than 3 months) and 4 received short-term treatment. The treatment prescribed for the persons was either alleviation of symptoms (n=5), treatment without medicines (N=5) or any other manner of treatment that had not been specified (N=1). It is important to point out that four amphetamine addicts who sought treatment had started using their primary drug when they were less than 15 years old. As for the socioeconomic background of the persons who sought treatment, 9 of them had a permanent place of residence, 7 studied in school and two of the remaining four had permanent jobs.

It is important to note here that the treatment options of amphetamine addicts are relatively limited in Estonia. There are plans to focus more on the target group of amphetamine addicts within the scope of updating the national drug strategy that started in 2009.

Out-of-treatment populations of (meth)amphetamine users

Several studies of the risk behaviour and prevalence of infectious diseases have been conducted among injecting drug addicts in Estonia that do not cover clients in drug treatment. No specific studies of amphetamine users have been conducted in Estonia, but injection of fentanyl and amphetamine and related risk behaviour and HIV prevalence have been studied on the basis of the findings from prevalence studies (Talu et al 2009). The analysis was based on the Tallinn sample (N=350) of the study of risk behaviour and HIV prevalence among injecting drug addicts conducted by the NIHD and the Department of Public Health of the University of Tartu in 2005. 331 injecting drug addicts were left in the analysis, 77% (n=256) of whom injected fentanyl and 22% (n=75) injected amphetamine as their primary drug. No significant statistical differences were found in the sex (82% were men) or age (63% of those who injected amphetamine and 54% of those who injected fentanyl were younger than 24) of the two groups. At the same time, those who injected fentanyl were more likely to be Russian-speakers (91% versus 72%) and those who injected amphetamine were more likely to have medical insurance (61% versus 44%).

The most significant finding was that the prevalence of HIV was smaller among those who inject amphetamine than among those who inject fentanyl. The analysis showed that there were three times more HIV positive people among those who injected fentanyl (AOR=2,89; 95% UV 1.55−5.39) than among those who injected amphetamine (Talu et al 2009). The level of knowledge of their HIV serostatus was low among both amphetamine and fentanyl users. Blood tests showed that 62% of fentanyl users and 27% of amphetamine users were HIV positive, but only 41% of fentanyl users and 9% of amphetamine users said that they had HIV (Talu et al, 2009).

A review of the risk behaviour of amphetamine and fentanyl users showed that risk behaviour was less prevalent among amphetamine users than fentanyl users. Fentanyl users injected themselves more frequently in the last four weeks (OR=4.82; 95% UV 2.37−9.82), they had shared needles/syringes with persons who were known to be HIV positive more often (OR=4.00; 95% UV 1.83−8.78) and they filled their syringes from syringes someone had injected themselves with considerably more often (OR=2.60 95% UV 1.38−4.87). A significant difference could be noticed in the comparison of the two groups in respect of overdoses, where addicts who injected fentanyl had overdosed considerably more often (74% vs. 37%, p=0.0001) (Talu et al 2009). Said difference can be explained with the specific features of the drug as a fentanyl overdose causes loss of consciousness, which requires quick medical intervention. The sexual behaviour of both amphetamine and fentanyl users was risky (63% of amphetamine and 59% of fentanyl users had had unprotected sex), but the difference between the two groups was statistically

insignificant; however, persons who injected amphetamine had had more sexual partners within the last 12 months.

Place of production and laboratories, origin of products and manners of illicit sales, confiscation of precursors

Phenylacetone, which is the precursor of amphetamine, is brought to Estonia mainly from Russia. Amphetamine is then transported from Estonia to Nordic countries (mainly Finland) and also Russia. The confiscation chapters of reports for different years describe the confiscation of amphetamine and its purity and price over the years. Methamphetamine is not common in Estonia. Surprisingly, however, 34 kg of methamphetamine, which would have made 1.3 million street doses, was confiscated from a criminal group in 2008. The police believe that the substance was here for the purpose of transit (Chapter 10).

12.2 Overview of health and social correlates of chronic amphetamine and methamphetamine use

Health and social correlates of chronic (meth)amphetamine use

The consequences of amphetamine use on the physical and mental health has not been studied in Estonia yet.

Deaths related to amphetamines

The quality of data about deaths in recent years does not allow us to give more information on this subject.

Responses to chronic amphetamine/methamphetamine use

No studied have been conducted among chronic amphetamine users. No special damage reduction programmes aimed at chronic amphetamine users only have been implemented. The damage reduction services aimed at drug addicts such as syringe exchange, field work and other services are aimed at the broader target group of injecting drug addicts.

Part C: Appendices

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