



**REPORT TO THE EMCDDA
by the Reitox National Focal Point**

**ESTONIA
DRUG SITUATION 2003**

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**REITOX
2003**

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Summary

The present report is the third national report on drug situation in Estonia drafted by the Estonian Drug Monitoring Centre. The goal of the report is to provide a reliable overview of the drug situation in Estonia forming the ground for evidence-based drug policy.

This year the Estonian National Report on Drug Situation has been produced under the governing of the National Institute for Health Development. On May 1 the Institute of Experimental and Clinical Medicine was integrated into the National Institute for Health Development.

Estonia has been submitting annual reports based on the “Guidelines for National Reports” since 2001. This report provides an outline of the political and legal framework, epidemiological situation and demand reduction interventions in the field of drugs in Estonia in 2002. Some areas are better covered than others depending on the availability of data sources. Unfortunately, lack of data sources prevents Estonia from reporting on selected issues in 2002 as outlined by the EMCDDA: evaluation of national drug strategies including the existence of evaluation and the methodology of evaluation; cannabis problems with respect to the use and demand for treatment for cannabis use, prevalence of problem cannabis use and patterns of problems and specific interventions concerning problem cannabis use. This report does not include an evaluation of the national drug strategies as well as provides insufficient data about the problems with respect to cannabis use.

The report is based on the data collected by the National Focal Point from different information sources (see Annex I). We are very grateful to our collaborators Ms Ene Palo and Ms Heldi Thomson (Estonian Ministry of Social Affairs, Medical Statistics Bureau), Ms Monika Sarapuu, Mr Rait Kuuse, Ms Elo Liebert (Ministry of Justice), Ms Liina Kuuskmäe and Tiina Keldrima (West-Tallinn Central Hospital, Foundation of Methadone Substitution Treatment Centre), Ms Ludmilla Priimägi (Estonian Association Anti-AIDS), Valentina Tefanova (National Institute for Health Development) and Liina Laastik (NIHD, Estonian Drug Monitoring Centre) who have provided us with background information and useful comments and/or contributed to the drafting of these chapters.

Special thanks to our proofreader Anneli Saluste.

1. Developments in Drug Policy and Responses

1.1 Political framework in the drug field

Estonia will adopt a new national drug strategy in 2003. National Strategy on the Prevention on Drug Dependency (NSPDP) 2002-2012 has been drafted and is waiting for approval. NSPDP is a national multidisciplinary long-term strategy on combating narcotic drugs, drafted in the course of cooperation between the Ministry of Social Affairs, Ministry of Internal Affairs, Ministry of Justice and other relevant institutions. The strategy is based on the analysis of the previous drug situation and foreseeable tendencies. For the purpose of the development of the national drug strategy, also, to ensure its correspondence with the European Union *acquis* of the drug field, the Ministry of Social Affairs of the Republic of Estonia, an accession country of the European Union, has entered into a project agreement with the Ministry of Social Affairs of Schleswig-Holstein, Germany, a member country of the European Union. The national strategy has been drafted within the framework of the aforementioned project.

The objectives of the European Union Action Plan on Drugs 2000-2004 are the following:

- to reduce the prevalence of drug use;
- to reduce the incidence of drug-related health damage and drug-related mortality;
- to increase substantially the number of successfully treated drug addicts;
- to reduce the number of drug-related crime;
- to reduce the availability of illicit drugs;
- to combat money laundering and illicit trafficking of precursors and reduce substantially the incidence thereof.

The strategy provides an integrated approach to both drug demand (prevention, treatment, rehabilitation) and drug supply (activities of different law enforcement structures: the police, customs, border guard etc). A balanced strategy has been drafted for the period of 2002-2012.

According to the plans of Ministry of Social Affairs a biannual implementation plan will be annexed to the new national strategy; the Action Plan on Drug Information System has been compiled for the period of five years.

The national strategy has been divided into chapters according to different fields of drug addiction. Each chapter provides one long-term objective for the year 2012 and short-term objectives for the year 2007, the description of activities contribute to the achievement of short-term activities, the principles serve as the criteria for the evaluation.

The strategy includes six fields – prevention, treatment-rehabilitation, harm reduction, supply reduction, drugs in prison and monitoring of drug situation.

1.2 Legal framework

Estonia has ratified the main international drug control conventions:

The United Nations Single Convention on Narcotic Drugs (1961);

The United Nations Convention on Psychotropic Substances (1971);

The United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (1988);

The Council of European Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime (1990).

Estonia is a signatory to Riga Declaration on Money Laundering (1996).

The provisions of the above named conventions and their supplementary schedules on narcotic drugs, psychotropic substances and precursors have been integrated into the Estonian drug legislation.

Estonia has adopted the following drug-related legal acts:

Narcotic Drugs and Psychotropic Substances Act (NDPSA) (1997); *RT I 1997, 52, 834*, [Translation \(en\)](#)

Administrative Code and the Criminal Code (CC) – (repealed, valid until August 31, 2002 (incl);

Penal Code (entered into force on September 1, 2002); *RT I 2001, 61, 364*, [Translation \(en\)](#)

Mental Health Act (1997); *RT I 1997, 16, 260*, [Translation \(en\)](#)

Money Laundering Prevention Act (1998); *RT I 1998, 110, 1811*, [Translation \(en\)](#)

Forensic Examination Act (January, 2002); *RT I 2001, 53, 309*; [Translation \(en\)](#)

Public Health Act (1995; last amended in 2002); *RT I 1995, 57, 978*; [Translation \(en\)](#)

Health Services Organization Act (January 2002); *RT I 2001, 50, 284*; [Translation \(en\)](#)

Organization of the public system was regulated by the Public Health Act from 1995 until the end of 2001, since January 2002 it has been regulated by the Health Services Act. These Acts define the status and principles of the public health network in Estonia.

Estonia has signed the following international agreements:

- The protocol of co-operation between Estonia, Latvian and Lithuanian criminal police authorities was signed November 6, 2000.
- The Protocol on mutual co-operation between the Government of the Republic of Estonia and the Government of the Kingdom of Belgium was signed November 30, 2000.
- The Agreement on operational police cooperation between the police authorities of Finland, Estonia, Latvia and Lithuania to combat and investigate serious and organized crime was signed June 14, 2001.
- A joint Estonian-Finnish Task Force of the Estonian and Finnish Police (FINESTO) responsible for combating drug crimes is working on restraining the cross-boarder drug-related criminal activity (February 22, 2002). The Criminal Police of Estonia and the Criminal Police of Finland intend to involve the Russian Federation in the work of the task force. The police take part in carrying out joint operations, which have been planned in cooperation with the Boarder Guard, the Customs Board and the Ministry of the Interior of the Russian Federation to restrain drug-related crime.

The following protocols have been signed:

- The Estonian Boarder Guard and Hungarian Border Guard concluded a bilateral protocol on “Cooperation in the field of fighting organized crime on state boarders” October 6, 2001.
- A bilateral protocol on cooperation was concluded between the Border Guard and Customs Board December 21, 2001. The protocol regulates information exchange and sharing of responsibilities as well as coordinates mutual activities in terms of boarder control procedures.
- The Protocol of Cooperation between the Estonian Boarder Guard and Finland Boarder Guard, 1999, 2000, Helsinki.
- The Protocol of Cooperation between the Estonian Boarder Guard and Finnish Boarder Guard and between Russian Boarder Guard, 1994, Helsinki.

- The protocol of Cooperation between the Estonian Boarder Guard and the Swedish Coast Guard, 1998, Karlskrona.
- The Protocol of Cooperation between the Estonian Boarder Guard and the Latvian Boarder Guard, 1999, Visaginas.
- The Protocol of Cooperation between the Estonian Boarder Guard and the Committee of National Boarder Guard of Ukraine, 1999, Tallinn.
- The Declaration of Cooperation between the Estonian Boarder Guard and the Polish Boarder Guard, 1999, Tallinn.

Control of narcotic drugs and psychotropic substances

- Concrete measures will be taken for the handling of narcotic drugs and psychotropic substances on ships and aircrafts and by veterinarians.
- Pharmacies will dispense injected preparations of Ketamine, Fentanyl, Thiopental, Sodium oxybate, Alfentanil, Sufentanil and Remifentanil only to hospitals. Dispensing on the basis of a prescription is forbidden.
- Taren tablets, Ketamine and GHB have been transferred from Schedule IV to Schedule I (medical preparations containing Sodium oxybate and Ketamine are in Schedule IV). Opium has been transferred from Schedule II to Schedule I.
- Flunitrazepam and Buprenorphine were transferred from Schedule III to Schedule II in July 2003.

1.3 Developments in public attitudes and debates

A study on the presentation of drug issues in mass media in 2002 will be completed by the end of 2003. The study includes two biggest Estonian daily newspapers ("Päevaleht", "Postimees") and one weekly newspaper. The study is carried out by the Estonian Drug Monitoring Centre in cooperation with Triin Vihalem (Ph.d) from Tartu University.

This chapter gives a short overview of the main trends and issues with respect to drugs in media presentation in 2002.

The general public became aware of drug issues in 1999 and since then drug issues have been widely represented in media. The number of drug-related articles in the above-mentioned Estonian newspapers increased constantly from 2001 to 2002.

First and foremost, drug issues have attracted the attention of the general public with respect to drug-related crimes, as well as with regard to the explosive increase in the number of HIV positives in Estonia. Thus, most articles on drug issues were associated with drug-related crimes and drug-related infectious diseases (HIV, hepatitis C and B).

In 2002 articles on drug-related crimes were mostly connected with the work of the customs and the police and described arrests of drug traffickers and addicts and confiscation of drugs conveying the idea of the police and customs working efficiently. The customs and police were shown as enforcement bodies committed to their responsibilities. According to the statistics the number of drug-related crimes decreased in 2002¹. Also, the general public raised the issue of penalty for drug offences in the mass media considering the penalty for drug-related crimes too soft initiating a discussion on the political level (Postimees, 26.11.2002).

In 2002 media was responsible for creating panic by articles representing drug-related infectious diseases as a matter of general concern not just a problem of the injecting drug user (Postimees, 27.11.02). HIV was presented as a disease posing danger to the whole community (Päevaleht 12.01.2002).

¹ New Penal Code entered into the force September 1, 2002. Repeated use of illicit drugs or possession of small amount of illicit drug for personal use was decriminalized and such offences were reclassified as misdemeanours.

In addition to the above named issues media also covered the conflict between a prevention organization and the government over the use of money and cooperation in the field of drugs (Päevaleht, 01.04.02).

Media has presented different types of drugs in a different way. Heroin has been considered as the most harmful substance to an individual as well as to the community. Amphetamine has often been mentioned in the newspapers as it is produced in Estonia and it is an article of illegal export, also, it is cheap and easy to use (Postimees, 21.11.02). Ecstasy has been mentioned in the context of nightclubs and dance events (Postimees, 06.12.02). Cocaine as an expensive substance has been presented as a drug used by a certain group of people (Postimees 03.12.02, Päevaleht 11.03.02).

Media has created two different stereotypes based on certain socio-demographic characters: the drug addict and the drug user. The drug addict is in most cases a heroin user from Ida-Virumaa, usually a criminal offender. The drug user is seen as an irregular user of synthetic drugs and cannabis (Kristin Mõttus 2000, BA). The problem has been discussed from the point of view of an individual and the community. It is believed that the community has social responsibility for drug addiction because it has caused the prevalence of drug use.

There were several incidents of big overdoses in Estonia in 2002 when fentanyl - "white hero" - was considered to be heroin by accident and was used by drug addicts. In the context of numerous cases of overdoses media has drawn the attention of the general public to the fact that child drug users also exist in Estonia. Articles about child drug users and drugs in schools and drug use as a growing problem have been published in newspapers (Postimees, 21.11.02). Media has expressed interest in the social background of drug addicts and the process of becoming a drug addict. The national TV has produced a documental film "Winner by the name" showing drug addicts from Ida-Viru county. The film has also been used as a study material for schools. Another film which has attracted the attention of media was called "A Flight over the Cannabis Field" (Postimees, 8.02.02, 02.03.02, Päevaleht, 2.03.02).

1.4 Budgets and funding arrangements

Total budget for the Estonian Alcohol and Drug Abuse Prevention Programme 1997-2007 was **EUR 400,449** in 2002. The Estonian Centre for Health Education and Promotion being responsible for the implementation of the programme has been allocated total of **EUR 390,449**. Government funding on drugs activities is shown in Table 1.

Table 1. Use of the ADAPP funds of the financial year 2002 (EUR).

Activity	Funds allocated (EUR)
Quality and availability of treatment and rehabilitation	152,372
Promotion of supporting environment	130,635
<ul style="list-style-type: none"> • Development and coordination of local prevention work, support to local drug prevention committees • Development of comprehensive prevention network in 4 counties according to the pilot projects in 2001 • Prevention projects at schools and local governments 	70,513 10,058 50,064
Collection and analysis of drug-related information	49,038
Coordination and development of programmes	58,404
TOTAL	390,449

Source: Estonian Alcohol and Drug Abuse Prevention Programme 1997-2007

Government expenditure on local drug-related activities and HIV/AIDS prevention carried out in Tallinn was total of EUR 311,740 in 2002. From that budget 61 projects were funded (prevention, counselling, training, legal aid, treatment, rehabilitation and information collection).

PART II**EPIDEMIOLOGICAL SITUATION****2. Prevalence, Patterns and Developments in Drug Use****2.1 Main developments and emerging trends**

The results of next population survey and ESPAD survey will be available in 2004 and therefore, we cannot draw any conclusions regarding the present prevalence of illicit drugs among the general population.

Last survey of adult population (Estonia 1998) showed that the number of people who have tried illicit drugs during their lifetime has increased. The results of two major surveys – the Population Survey (respondents aged 18 – 70) and ESPAD (target population – schoolchildren aged 15 – 16) – show that cannabis, amphetamine and ecstasy are the most widely used illicit drugs in Estonia. At the same time the ESPAD study suggests that the above-mentioned illicit drugs are not only the most widely used drugs but also the most easily accessible drugs. Both aforementioned studies indicate that cannabis is still the most frequently used illicit drug among the general population and among schoolchildren aged 15 – 16 (see chapter 2 of the National Report, 2001).

Increase in drug use among the general population and schoolchildren aged 15 – 16 can to a certain extent be explained by increased supply. Statistics gathered from the Police Forensic Service Centre in 2002 suggests that there has been a significant increase in the quantity of the most common synthetic drugs such as amphetamines and particularly ecstasy – the amount of seized ATS has increased by 40% and the ecstasy group stimulants more than 3 times. Compared to 2001 the number of seizures of ecstasy has decreased slightly from 130 to 121, however, the quantity of seizures rose significantly from 3759 tablets to 12019 tablets in 2002. The quantity of confiscated cannabis has also decreased. The number of heroin seizures has decreased more than 3 times, but the quantity of confiscated heroin has increased more than 3 times compared to the previous year. In 2002 two new drugs, fentanyl and 3- methylfentanyl, appeared on the illegal drug market.

The quantity of benzodiazepines has remained approximately at the same level as in the last 2 years. Since 1998, when GHB appeared on illegal drug market for the first time, there has been relatively few seizures. A significant increase in the number and quantity of gamma – hydroxybutyrate (GHB) seizures took place in 2002 (see Chapter 5.2). More than 10% of all drug seizures were initiated by prisons which clearly shows the existence of a drug problem among the prison population.

The increase in drug seizures in prisons can be attributed to the increased illicit drug use in prison, however, it could be related to the strengthening of control measures. The number of definitely sentenced persons for drug-related crimes has increased which reveals that drug use is a problem for the society (see Chapter 4.2.1). There is an urgent need to conduct a survey to get a better overview of the extent and patterns of drug use among the prison population. This data is essential for evidence-based policy making. Statistics of the Prisoners Registry show clearly that the use of heroin is the main problem among the prison population, whereas it is known that the provision of services for prison inmates with drug problems is limited and needs to be focused on (see Chapter 12).

2.2 Drug use in the population

The results of the latest population survey conducted in 1998 have been presented in the National Report on Drug Situation in Estonia 2001 (see Chapter 2.1 of the National Report on Drug Situation in 2001, 2002). Earlier population surveys in Estonia have covered the issue of drugs in the form of a couple of questions and have been targeted at the adult population aged 18-70. The results of next Population Survey conducted by the Institute on International and Social Studies (IISS) will be available in 2004. Therefore, it is impossible to provide recent data on the extent and patterns of drug use in the general population in this report.

One drug use survey was made in schools of Tallinn. Estonian Centre for Health Education and Promotion (ECHEP) carried out a survey within the framework of the project “Drug Prevention in Schools of Tallinn”. The project was financed by Tallinn Security and Integration Office in cooperation with the Education Office of Tallinn and Estonian Youth Work Centre (Markina, Lepp & Sadam, 2002). The survey was undertaken both in Estonian and Russian schools. The target group was students from grades 5, 7 and 9. Every school received approximately 100 questionnaires, total of 4000 questionnaires in Estonian and 3000 in Russian were distributed.

The goals of that study were to

- receive information about the prevalence of drug use, the attitude of students of grades 5, 7 and 9 towards drug use;
- analyse the relation between health and environment;
- analyse the causes of risk behavior.

Health and welfare aspects, including smoking habits, alcohol and drug use formed a part of the questionnaire.

The results of the survey on drug use were as shown in table 2 and 3.

Table 2. Experiences of Estonian schoolchildren with drugs according to gender and age.

	5 grade		7 grade		9 grade	
	boys (%)	girls (%)	boys (%)	girls (%)	boys (%)	girls (%)
Never used	94,7	97,8	86	88,4	69,6	81,4
Once or twice	4,1	2,2	8,7	7,4	11,7	9,7
3 or more times	1,2	0	5,3	4,2	18,7	8,9

Source: Estonian Centre for Health Education and Promotion, a study in schools of Tallinn, 2002

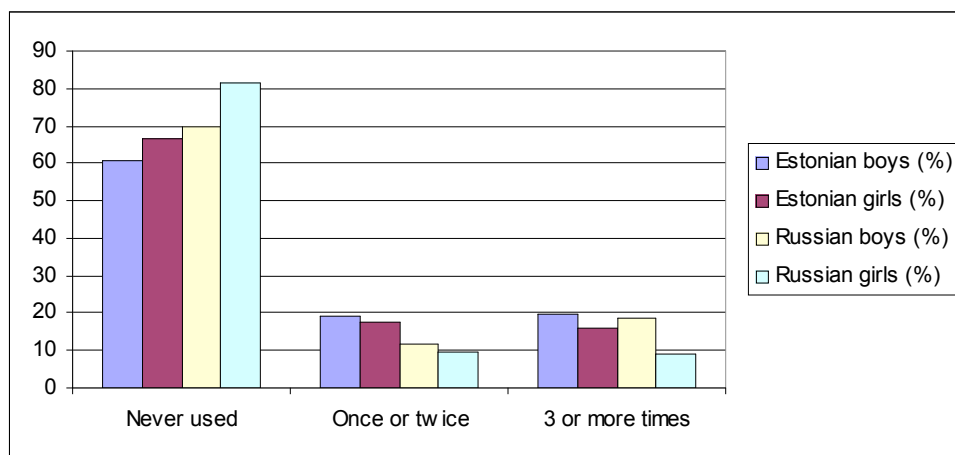
Table 3. Experiences of Russian schoolchildren with drugs according gender and age

	5 grade		7 grade		9 grade	
	boys (%)	girls (%)	boys (%)	girls (%)	boys (%)	girls (%)
Never used	94,2	98,6	85,1	91,8	60,9	66,6
Once or twice	4,6	1,4	10,8	6	19,2	17,5
3 or more times	1,2	0	4,1	2,2	19,9	15,9

Source: Estonian Centre for Health Education and Promotion, Survey in schools of Tallinn 2002

As we can see from the tables the experience with drugs varies between different age groups and gender. For example, boys from grade 5 are more eager to experience with drugs than girls. In terms of nationality drugs seem to be more popular among Estonian schoolchildren (Figure 1).

Figure 1. Experience with drugs in grade 9 in schools of Tallinn in 2002



Source: Estonian Centre for Health Education and Promotion, Survey in schools of Tallinn in 2002

Cannabis was the most popular drug among schoolchildren in 2002, 27,3 % of Russian and 36,6 % of Estonian boys and 16,2 % of Russian and 30,3% of Estonian girls from grade 9 had tried it. Also, use of amphetamines is gaining popularity - 11,1% of Russian and 10% of Estonian boys from grade 9 and 6% of Russian and 8,5% of Estonian girls from grade 9 had used the drug.

In general, use of tobacco, alcohol and drugs was interrelated. Those who smoked and used alcohol had more likely an experience with drugs. The survey also provided information about the causes of risk behaviour.

2.3 Problem drug use

Reliable estimates and trends in the prevalence of problem drug users among the population are not available. In 2002 the multiplier method was used by the AIDS Prevention Centre to conduct a pilot study on statistical estimation of the IDU population. The study was funded by Tallinn City Government. The results of the pilot study show that some data sources are not reliable and therefore, efforts should be made to improve the quality of data to be able to use it as a basis of prevalence estimation. Establishment of the Drug Treatment Demand Registry is absolutely essential, as the data on drug users who have sought treatment for their drug use is widely used in Europe as a key source to provide reliable estimates of the number of drug users or injecting drug users.

As recent data on drug treatment demand is not available it is difficult to draw any conclusions on problem drug use. The most recent data of the Database of First Treatment Demand originate from the year 2001 indicating an increase in the number of problem opiate users and appearance of problem amphetamine users (see Chapter 3.1 of the National Report on Drug Situation in Estonia 2002, 2003). The data collected by the Prisoners Registry in 2002 indicate an increase in the number of problem opiate users among the prison population (see Chapter 12.1).

The number of newly registered HIV cases is also considerable. According to the latest data available, problem opiates users are mostly concentrated in two regions – Ida-Viru county and the city of Tallinn. Also, the data on supply reflect that problem drug use is on the rise - statistics from the Police Board show that over the last years smuggling of amphetamines and heroin has increased most of all, also, local production of synthetic drugs has increased considerably (see Chapter 4.2). The majority of seized drugs in 2000-2002 involved opiates (heroin, home-made poppy-products etc), amphetamines and ecstasy, whereas in 2002 heroin was replaced to some extent with fentanyl (see Chapter 5.2).

Risk behaviour

According to the answers to the questions asked from new visitors of needle exchange points within the period of 2001 – 2002 in Ida-Viru, two thirds of new visitors of needle exchange points are male (overview of the answers to the questions NEP 1)². The average age of males visiting needle exchange points was higher than those of females, 20.8 and 20.1 respectively. Total of 93% of new visitors of needle exchange points being questioned were injecting drug users. The survey showed that 50 % of new clients started their drug use 2 - 4 years ago, more than one – third had used drugs for a year and 13% for 5 - 10 years (Lõhmus & Trummal 2003).

The survey shows significant connection between the age and drug use – new visitors of older age have had a longer drug-using career. 42% of the visitors of needle exchange points of the age group of 35 and older have used drugs for 5 to 10 years and 28.5% of visitors have used drugs for more than 10 years. The results of the survey show that more than half of the visitors use clean needles, whereas only a small proportion of new visitors in the age group of 30 – 34 used clean needles.

One of the facts of major concern is that nearly half of new visitors had shared needles with other drug addicts, whereas male visitors tend to be more exposed to risk than females - 52% of men and 43% of women had shared needles.

² Sample consists of 6198 new visitors of needle exchange points. The analysis was made on the basis of 4551 questionnaires (73% of the total number of samples). The questionnaire consists of 18 questions. Certain questions in the questionnaire do not indicate a fixed period of time and thus, can lead to wrong interpretation of the data and inaccurate answers. The Rehabilitation Centre “You will not be left alone” has conducted the interviews with new visitors.

Drug users of older age groups are less inclined to share needles than users of younger age groups. It is alarming that 61% of visitors aged 19 and above had shared needles with other drug users.

Findings suggest that greater emphasis should particularly be laid on younger visitors of needle exchange points. New visitors of needle exchange points had usually shared needles with 2 – 3 persons. 61% of respondents indicated that they had acquired new syringes from pharmacy. Younger visitors had mostly got syringes from their friends. With respect to the provision of services almost all new visitors of needle exchange points stated that they wished to exchange unclean syringes for sterile new syringes. Nearly half of the interviewed new visitors said that the location of the needle exchange point was not important, 26% of the respondents preferred needle exchange points to be located in the central part of the city or close to their homes.

3. Health Consequences

3.1 Drug treatment demand

In Estonia drug treatment is provided mostly through psychiatric hospitals. In 2002 the first special substitution treatment centre was established offering treatment for 30 clients (see Chapter 11.2). According to the Mental Health Act drug addiction is treated on a voluntary bases (State Gazette, 1997, 16, 260). Estonia established a registration system for drug treatment demand in 1999. Data collection was based on a format corresponding to the Pompidou Group Definitive Protocol. A centralised data collection system on the dimension and profile of drug users, the patterns of use and risk behaviour has not existed since 2002 because the Ministry of Social Affairs decided to terminate the contract with previous data providers. At the end of 2001 it was decided to establish a new drug treatment demand registration system. According to decision the new treatment demand monitoring system corresponding to the TDI has to meet the requirements of professionals, decision- and policy-makers.

According to the most recent data available on treatment demand (from the year 2001) the number of persons seeking treatment has increased rapidly over the past years. The majority of clients seeking drug treatment were Russian-speaking young people under the age of 25. The latest data on clients having sought treatment for their drug use indicate that short-term detoxification has been the most frequently used treatment method since 2001 (National Report on Drug Situation in Estonia 2002, 2003).

The Medical Statistics Bureau of the Ministry of Social Affairs has provided information about the number of clients with mental and behavioural disorders, however, statistics on the profile of clients, patterns of drug use and risk behaviour is not available despite of the fact that it is clearly needed for evidence-based policy-making. Above-mentioned data are essential for the assessment of the tendencies in the use of services which contribute to the evaluation of service provision for drug users, but above all, the data is necessary for assessing the need for resources.

As the treatment demand monitoring system has not been introduced it is difficult to assess the quality of services provided by different institutions, also, it is difficult to assess the available resources as well as make cost estimates of treatment services. According to the recommendation of the WHO assessment report 2002 drug treatment services should be of high quality, evidence based and subject to monitoring and evaluation. Also, the above mentioned report indicates that more attention should be paid to the allocation of funds, according to the WHO expert opinion the current funding is unstable, short-time and sporadic (Report of WHO/EURO Mission to Estonia 2002).

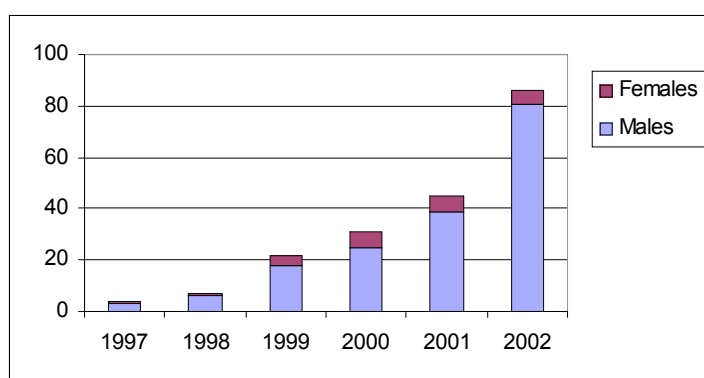
Establishment of a nationwide treatment demand monitoring system to provide us with quantitative data on the number and characteristics of people seeking treatment for their drug use, should be a priority. The data to be collected have to cover different types of facilities - out-patient and in-patient treatment centres; specialised treatment centres, various NGOs providing drug treatment. Political will is needed to reach a consensus concerning the establishment of the Treatment Demand Registry.

The EDMC has made significant efforts since 2001 to develop a treatment demand monitoring system; the concept of a new treatment demand system corresponding to the requirements of the TDI Protocol has been introduced in the Ministry of Social Affairs. Within the framework of the working group established by the Ministry of Social Affairs in 2002 the EDMC has given its contribution with respect to the development of a legal bases for data collection. Despite of various attempts, the legal foundation for the collection of data on treatment demand does not exist yet. The Ministry of Social Affairs has made a decision on the establishment of the treatment demand monitoring system according to the requirements of TDI, however, it will take some more time to elaborate on the legal aspects of the data collection system. In order to achieve the short-term treatment and rehabilitation objective of the new Drug Strategy – a functioning treatment and rehabilitation system - establishment of the Treatment Demand Registry is of utmost importance.

3.2 Drug-related mortality

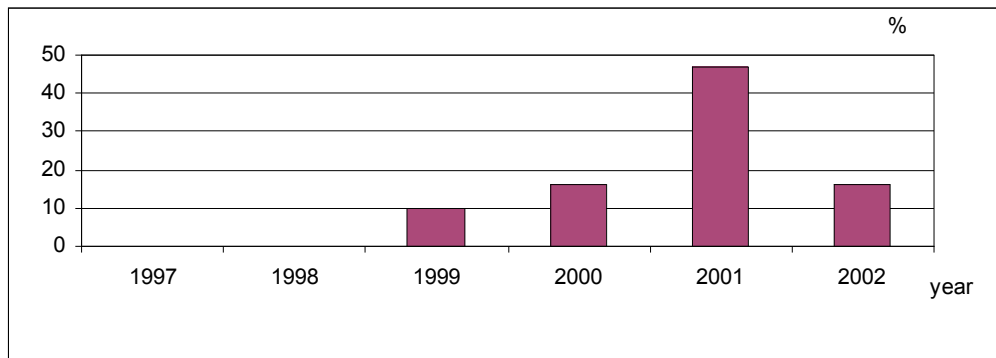
Total of 86 direct drug-related deaths of which women accounted for 5 cases were recorded in 2002. Compared to 2001 a substantial growth in the number of drug-related cases was observed in 2002 (figures 2 and 3).

Figure 2. Number of drug-related deaths in 2002



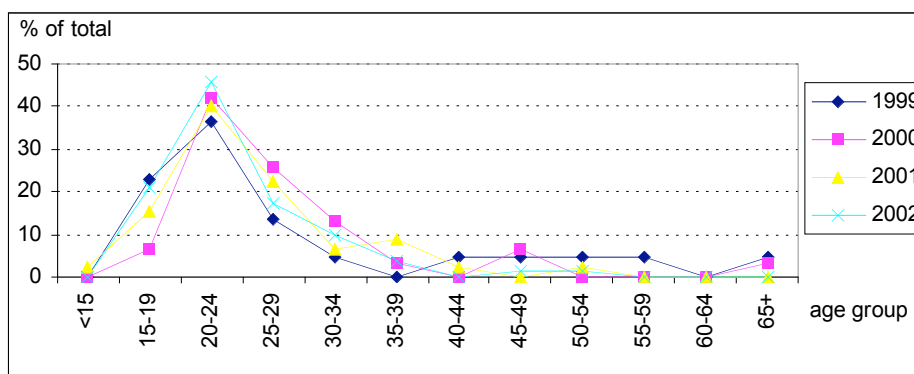
Source: Statistical Office of Estonia 2003

Compared to 2001 the proportion of cases with known toxicology has decreased (Figure 3). One of the reasons for the latter is a change in methodology: certain psychotropic substances have been excluded from the list to comply with the EMCDDA definition of “selection B”. As a result, the number of cases with known toxicology has decreased.

Figure 3. Number of cases known by toxicology 1997 - 2002

Source: Statistical Office of Estonia 2002

Notably, barbiturates and benzodiazepines caused 3 intentional and 1 accidental poisoning in 2001; other specified antiepileptic and sedative drugs caused 1 accidental, 2 intentional and 1 poisoning of undetermined intent. Altogether 9 such cases were recorded accounting for 20% of the total of 45 cases of direct drug-related deaths in 2001. However, in 2002 the share of cases with known toxicology was 16% suggesting that there were problems with certification, e.g lack of money for making post mortem toxicological tests. All cases with known toxicology in 2002 were associated with opiates. Drug users of 20-24 years of age accounted for 45% of drug-related deaths in 2002, thus, there has been no significant change in terms of age groups (figure 4).

Figure 4. Age distribution of drug-related death cases in 2002

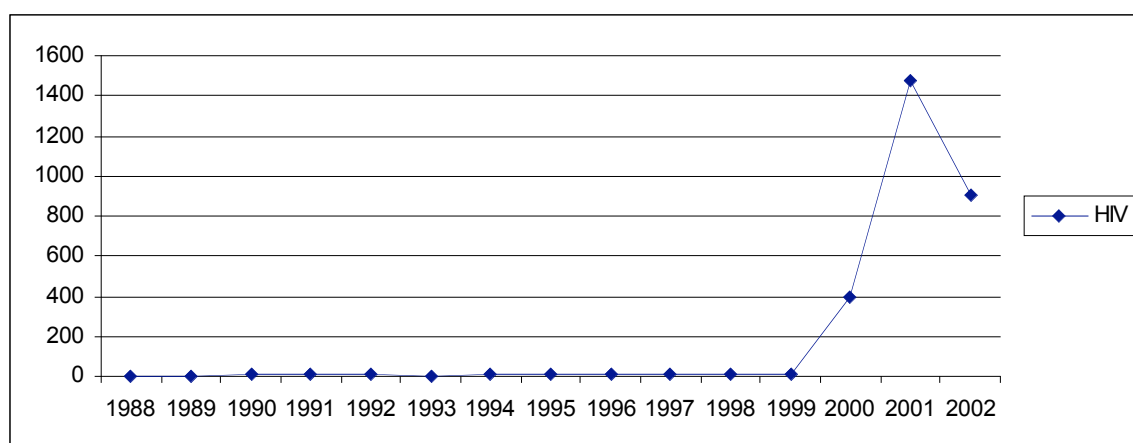
Source: Statistical Office of Estonia 2003

According to the EMCDDA methodology three categories of cases are considered as direct drug-related deaths: cases caused by mental and behavioural disorders due to the use of drugs including dependence syndrome (“F” codes according to ICD-10), accidental poisonings (X42), intentional self-poisoning (X62) and poisoning of undetermined intent (Y12). Assault by drugs (X85) is generally not considered relevant to the problem of drug-dependence. In case of long-term health problems either chronic or acute condition is recorded as the cause of death. In Estonia doctors rather register accidental poisoning than mental condition as the cause of death, the latter does not only apply to drug-related deaths but also to alcohol abuse. In 2002 all cases of drug-related deaths were reported as accidental poisonings.

3.3 Drug-related infectious diseases

The number of newly registered cases of HIV infection was stable over a decade until the second half of 2000 (Figure 5).

Figure 5. Newly diagnosed HIV infections cases 1988 – 2002

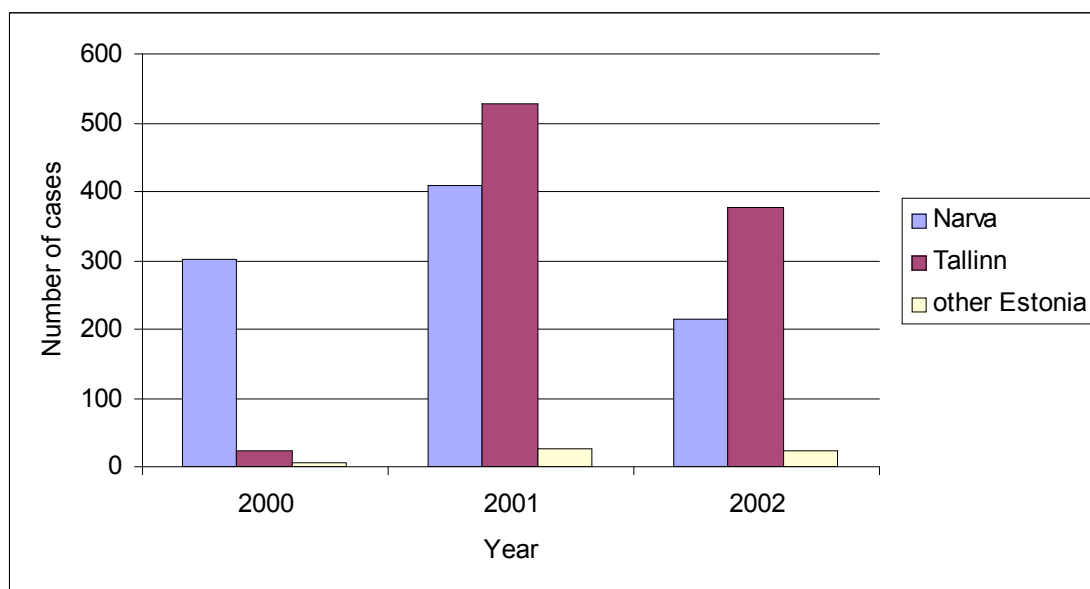


Source: Health Protection Inspectorate 2003

The previous report on Drug Situation in Estonia 2002 showed a significant increase in the prevalence of HIV among drug injecting users in Estonia in 2001 when the Health Protection Inspectorate registered the biggest number of newly diagnosed HIV infections (see Chapter 3.3 of the National Report on Drug Situation 2002). In 2002 a decreasing trend was observed when the number of newly registered HIV infection cases decreased from 1474 in 2001 to 899 in 2002. As at January 1, 2002 there were 2786 diagnosed HIV infections registered in Estonia.

In terms of different regions there are two cities in Estonia where the prevalence of HIV infection is clearly the highest – Tallinn in Harju County and Narva in Ida – Viru county. The relative importance of other regions is low compared to these 2 cities.

Figure 6. Number of newly registered HIV cases in Narva, Tallinn and other Estonian regions 2000 – 2002.

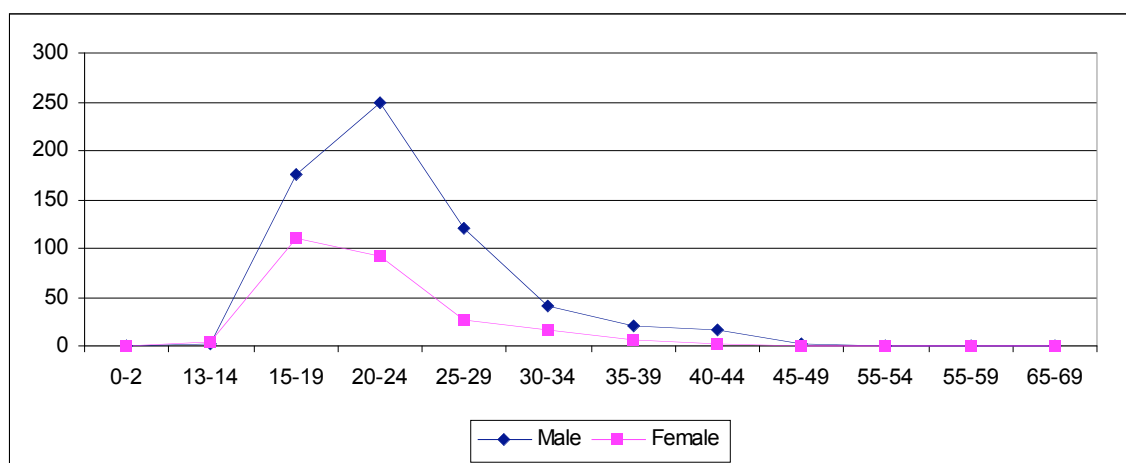


Source: Health Protection Inspectorate 2003

Major outbreak of HIV infection was recorded in Ida-Viru county in 2000 – more than 90% of all new HIV cases were registered in this county. Epidemic HIV infection concentrated mainly in the city of Narva (Ida-Viru county) – 77% of all cases recorded in Estonia were registered in Narva. In 2002 the rate of newly registered HIV infections in Ida-Viru county decreased to 53% of the total number of cases across Estonia. Since 2001 the prevalence data for Estonia have shown a clear trend of higher prevalence of HIV infection in Tallinn, the capital of Estonia, than elsewhere. In 2002 Tartu accounted for the majority of HIV cases registered in other places than Tallinn and Ida-Viru county in Estonia (13 cases from 24).

There is a clear trend in prevalence by gender. The majority of HIV infected persons are male, however, the proportion of females among HIV infected persons is increasing. According to the data of Tallinn Merimetsa Hospital, 89% of all registered HIV positives were men and 11% accounted for women in 2002. The number of new cases of HIV infection by age and gender is shown in Figure 7.

Figure 7. Number of new cases of HIV infection by age and gender in 2002



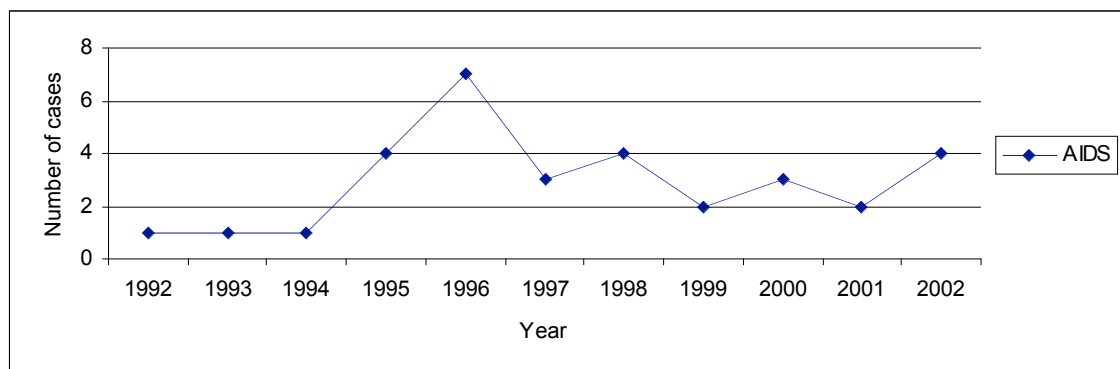
Source: Health Protection Inspectorate 2003

In 2001 women accounted for only 20% of all new cases of HIV infection whereas in 2002 the proportion of females among newly registered HIV cases increased to 30%. The share of young HIV positives registered over the past 2 years was high - in 2001 76% and in 2002 70% of the infected were 15 – 24 year olds.

In 2002 the whole Ida-Viru county had high prevalence rate, however, as in the previous year the HIV incidence rate was the highest in Narva (316.5 cases per 100,000 inhabitants). In 2002 4 new cases of AIDS were diagnosed – 2 in Tallinn, 1 in Harju county and 1 in Ida-Viru county. The number of registered cases of AIDS was the highest in 1996 when 7 cases of AIDS were registered (Figure 7).

Total of 31 cases of AIDS have been registered in Estonia.

Figure 8. Number of cases of AIDS in 1992 - 2002



Source: Health Protection Inspectorate 2003

Data of the Health Protection Inspectorate gathered in 2002 shows that the share of HIV infection among prisoners of the total of registered cases has decreased slowly. In 2001 the prison population accounted for 28% of all newly registered HIV cases.

In 2002 total of 243 cases of HIV infection were registered among the prison population contributing to 27% of all newly diagnosed HIV infections registered in that year. According to the data of the Ministry of Justice, 94% of new cases of HIV infection were related with IDUs, 1% with a heterosexual contact and 5% of the cases were undefined.

In 2002 25 HIV positive donors (5 females and 20 males) were detected accounting for 2.8 % of all new cases registered in the same year (Health Statistics, Ministry of Social Affairs 2003).

Although some signs of improvement have been observed in recent years the incidence rate of some infectious diseases is still high. Despite of the decrease in the incidence rate of acute hepatitis B and C - 1.8 and 1.5 times respectively, hepatitis B and C prevalence still accounted for 32% and 30% of all registered cases in 2002 and 2001. According to the data of the Health Protection Inspectorate total of 244 cases of HBV (drug addicts accounted for 107 cases) and 199 cases of HCV (94 of them were registered among drug addicts) were recorded in 2002. At present free HBV vaccination covers only certain population groups in Estonia: health-care workers and medical students, adolescents (13 years old) and newborns.

In 2002 a study on Viral hepatitis B and C among injecting drug users in prison and visitors of anonymous consulting rooms was conducted in Estonia (Priimägi, Tefanova 2003).

Total of 222 IDUs were studied - 63 (2 HIV positives) visitors of anonymous consulting rooms in Tallinn, 37 (15 HIV positives) visitors of anonymous consulting rooms in Ida-Viru county and 122 (all HIV-positives) inmates of the Central Prison of Tallinn. In terms of socio- demographic characteristics the studied persons were 15 to 48 years of age with the mean age 23 years; the ratio between males and females was 6.2 : 1. According to the results of the study about 80% of the respondents (independently from the group) reported ever having injected drugs or being drug users for less than 5 years. The main drug was heroin. The majority of IDUs reported having shared syringes from 1 to 50 times. The results of the survey revealed a high seroprevalence rate of HBV infection: the overall prevalence was 68.2%, 59.5% and 89.3% in respective samples.

The study indicated high prevalence of antibody to HCV – 90.5% for the first sample, 89.2% for the second sample and 97.5% for the third sample. The study also showed high prevalence of HCV and HBV co-infection in the sample groups (72% in average). Only 9.4 % of the studied IDUs were seronegative for HCV and HBV infections. The prevalence of hepatitis B and C markers as well as HBV and HCV co-infection was significantly higher among imprisoned HIV-positive IDUs. The results of the study suggest that there is an urgent need for intervention to reduce the harm and risk of HBV/HCV infections for IDUs as well as provide chronically infected persons with appropriate treatment.

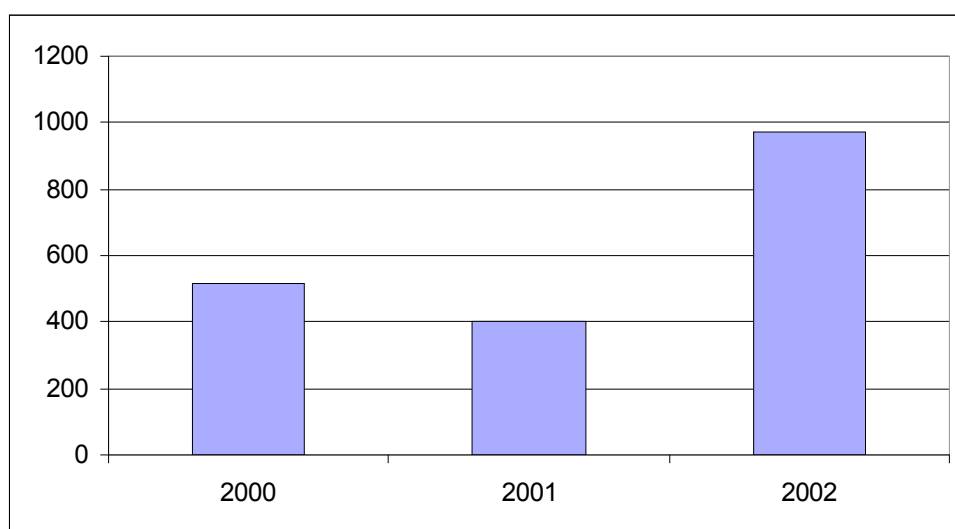
At the end of 2002 a WHO mission was carried out in Estonia. The Report of the WHO / EURO Mission in Estonia in 2002 suggests that it is necessary to prevent the epidemic from spreading and stabilise the prevalence of cases of infection among IDUs by means of appropriate intervention (WHO mission report, 2002)

3.4 Other drug-related morbidity

Tallinn Emergency Medical Service has provided information about the number of phone calls asking to provide emergency aid for drug addicts. The number of calls made with the purpose of seeking emergency aid for drug addicts increased notably last year (Figure 9) as a result of the appearance of fentanyl on the market in 2002.

Information about emergency calls has been provided by different parts of the city of Tallinn. Most problematic parts are North Tallinn (32,03%) and the centre of the city (23,58% of calls). Raul Adlas the chief doctor of Tallinn Emergency Service Centre suggested that the reason for numerous calls from the central part of the city is a high rate of theft and easy access to drugs whereas Northern Tallinn is known as the location for gatherings of drug addicts. Also, in Northern Tallinn young people have limited access to sports and leisure facilities and lack of housing contributes to the increase in drug use (Postimees13.09.03).

Figure 9. Number of calls for emergency aid to drug addicts 2002



Source: Tallinn Emergency Medical Service 2003

The rate of MBDs caused by the use of psychoactive substances increased in previous year. In 2001 the number of registered cases of MBDs caused by the use of opiates showed a decreasing tendency, however in 2002 the situation changed and an increase in the number of cases of MBDs was notable. The number of cases of mental and behavioural disorders caused by the use of psychoactive substances is 1038,5 per 100,000 inhabitants.

The number of cases of MBDs caused by the use of cannabis has increased significantly over the reporting period suggesting that cannabis use will become a problem in the coming years. Also, the number of cases of MBDs caused by the use of stimulants and multiple use (F19.X) has increased over the reporting period (Table 5). The number of cases of mental and behavioural disorders caused by the use of psychoactive substances in Tallinn in 2002 are shown in table 5. Comparison of Estonia and Tallinn, Tallinn forms a big amount of Estonian number of MBDs caused by the use of psychoactive substances.

Addiction and Condition of estrangement are still the main diagnoses with respect to the cases of MBDs caused by the use of psychoactive substances (Table 6).

Table 4. Number of cases of mental and behavioural disorders caused by the use of psychoactive substances in 1998 – 2002

Substance / ICD-10	1998	1999	2000	2001	2002
Alcohol (F 10.X)	9524	9325	9920	10533	10191
Opiates (F 11.X)	878	1804	3149	2421	2934
Cannabis (F 12.X)	23	30	74	45	209
Tranquillizers (F 13.X)	80	57	146	68	104
Cocaine (F 14.X)	23	23	26	19	26
Other stimulants (F 15.X)	93	152	151	162	274
Hallucinogens (F 16.X)	13	7	44	4	11
Tobacco (F 17.X)	59	20	32	28	57
Solvents (F 18.X)	25	64	42	28	38
Multiple use our other substances (F 19.X)	57	66	138	116	265
Total (F 10.X-F 19.X)	10775	11548	13 722	13424	14109

Source: Medical Statistics Bureau 2003

- F 10.X Mental and behavioural disorders caused by the use of alcohol.
- F 11.X Mental and behavioural disorders caused by the use of opiate.
- F 12.X Mental and behavioural disorders caused by the use of cannabis.
- F 13.X Mental and behavioural disorders caused by the use of tranquillizer.
- F 14.X Mental and behavioural disorders caused by the use of cocaine.
- F 15X Mental and behavioural disorders caused by the use of other stimulants.
- F 16.X Mental and behavioural disorders caused by the use of hallucinogens.
- F 17.X Mental and behavioural disorders caused by the use of tobacco.
- F 18.X Mental and behavioural disorders caused by the use of solvents.
- F 19.X Mental and behavioural disorders caused by multiple use of psychoactive substances.

Table 5. Number of cases of MBD caused by the use of psychoactive substances in Tallinn and Estonia in 2002

	Estonia	Tallinn
Alcohol (F 10.X)	10191	3195
Opiates (F 11.X)	2934	1662
Cannabis (F 12.X)	209	30
Tranquillizers (F 13.X)	104	15
Cocaine (F 14.X)	26	21
Other stimulants (F 15.X)	274	104
Hallucinogens (F 16.X)	11	2
Tobacco (F 17.X)	57	17
Solvents (F 18.X)	38	32
Multiple use our other substances (F 19.X)	265	94
Total (F 10.X-F 19.X)	14109	5172

Source: Office of Health Care and Social Work of the Tallinn City Government

Table 6. Number of mental and behavioural disorders caused by the use of psychoactive substances in 2002 by diagnoses (out-patient and stationary).

ICD-10	Intoxication	Misuse	Addiction	Condition of estrangement	Delirium of estrangement	Other psychosis	Other permanent interference	Total
F 10.X	167	1402	4672	2398	459	713	380	10191
F 11.X	5	13	945	693		4	1	2934
F 12.X	2	26	34	143		4	0	209
F 13.X	4	3	56	21	0	0	20	104
F 14.X	0	11	11	2		2	0	26
F 15.X	5	53	67	112		11	26	274
F 16.X	4	0	2	3		2	0	11
F 18.X	2	11	23	0		0	2	38
F 19.X	6	37	1339	124	2	5	25	265
Total	195	1556	7149	3496	461	741	454	14109

Source: Medical Statistics Bureau 2003

4. Social and Legal Correlates and Consequences

4.1 Social problems

Social problems connected with drug use are still mostly related with ethnical minorities. Unfavourable position of non-Estonians on the labour market and the language problem are seen as the main factors leading to social marginalization. The latter contributes to the dropping out from school, commitment of crimes, drug addiction and other anti-social behaviour.

An Irish researcher Paul Downes has stated that dropping out from school in Estonia is related to the integration policy, especially with the knowledge of the Estonian language. Inefficient implementation of the integration programme is a major risk factor having an effect on the situation of the minority. Decreased possibilities for studying the Russian language have increased the share of drop-outs. School drop-outs are at risk of becoming drug addicts: according to the surveys carried out in Estonia most of the drug addicts are school drop-outs (Downes 2003).

In order to ensure sustainable development of Estonia it is necessary to find ways for the integration of Russian-speaking minorities into the Estonian society, unfortunately, the current situation of the Russian-speaking minorities is characterized by segregation and marginalization at the moment (Human Development Report 2003).

Unemployment among young people is higher than among the 15-64 year olds. Although this situation is similar in most countries and could partly be explained by the lower rate of participation of the young people on the labour market, the problem is that the share of unemployed young people is twice as big as the share of 15-64-old unemployed. In 2002 the unemployment rate of both young people and the 25-64 year olds decreased, hopefully this downward tendency will continue over the next years (Table 7).

Table 7. Unemployment rate by age groups, 1995, 1999-2002

Year	Age 15-24	Age 25-49	Age 50-74	TOTAL 15-74
1995	14,4	9,7	6,9	9,7
1999	19,7	12,3	8,3	12,2
2000	23,8	12,9	10,3	13,6
2001	22,2	11,9	9,6	12,6
2002	17,6	9,7	8,9	10,3

Source: Statistical Office of Estonia 2003

The most problematic young people are those out of educational system being unemployed at the same time. This group shows a growing tendency, for example, in 2000 the named group was bigger than the group of unemployed people of the same age. Although the rate of unemployment is high, government expenditure on unemployment measures is extremely low (0,3% of the GDP) (Statistical Yearbook of Estonia 2003).

Since the nineties the biggest problem in education has been a large proportion of schoolchildren, especially boys, repeating the class at the end of their basic education (grades 7-9) as well as school drop-outs. The situation has not improved after the adoption of the new curricula. In 2002 the rate of school dropouts was 3.2 which indicates that every 31st pupil has dropped out of school when studying in an upper grade of a basic school. About one third of them have continued their studies in another type of educational institution, however, the remaining two thirds have discontinued their studies before the acquisition of the basic education. The rate of grade repeaters is still high – 4.1 in 2002. Thus, every 24th pupil studying in grade 7-9 had to study in the same grade for another consecutive year. This process is most certainly influenced by different economic situation of households – children from economically less secured families are sometimes excluded from the company of other children which affects their will to go to school. For example, the rate of grade repeaters in rural areas is 1.6 times higher than in urban areas; the average income per household member in rural areas is EUR 35 (550 kroons) smaller than the

average income per a member of household in urban areas (Statistical Yearbook of Estonia 2003).

Differences in income have increased in Estonia in the transition period, therefore, the share of poor households has also grown. In 1996 the income of 13.5% of households was below the minimum wage, in 2002 it was already the case with respect to 44.5% of households. At the same time, in 1996 the income of 20% of households was three or more times higher than the minimum wage as compared to only 7% in 2002. On the one hand the described situation indicates that the wage level of the people participating in the labour market is very low and, on the other hand, it shows that the activity of the population has decreased having an impact on the household income (Statistical Yearbook of Estonia 2003).

According to the study "Poverty reduction in Estonia 99" the respondents who considered themselves poor had difficulties in paying for their housing despite of relatively low housing costs (Housing Policy in Estonia and Europe 2003,65). A number of residents had been forced to relocate or had lost their housing as a result of lack of money. According to the statistical data the estimated share of people having rent debts in Tallinn 10%, including those subjected to the threat of becoming homeless in the future. The amount of homeless people is already approximately 3500 (0,3% of the population); this number is constantly growing.

Today approximately 6000 families have housing which does not meet the minimum standards of housing – there is no electricity or heating.

Lack of housing is one of the most serious problems – being closely linked to the downward development of the situation of a person. It is like a vicious circle – a person is not capable of paying the rent if he/she has lost his/her job, without housing a person loses his/her self-esteem and possibilities to find a job and conclude an employment contract.

The housing policy in Estonia is liberal having an unfavourable effect on the population like accumulation of social problems, causing problems with management of housing funds and downward development of certain districts (Anneli Kährik 2003).

4.2 Drug offences

In September 1, 2002 the new Penal Code entered into force. It replaced the Criminal Code and a part of the Administrative Code, which was repealed and its provisions were transferred to or replaced by other laws. Repeated use of illicit drugs or possession of a small amount of illicit drug for personal use was decriminalized and such offences were reclassified as misdemeanours. The described changes in the legislation do not allow us to compare the data of the year 2002 with the data of previous years; except the total number of drug offences which includes crimes (criminal offences: drug possession with intent to supply, drug trafficking, etc) and misdemeanours (drug abuse or possession of a small amount for personal use), are comparable with the data of previously reported administrative offences.

The total number of drug offences registered by the police decreased from 5458 in 2001 to 4799 in 2002. The decline can be explained by the change in the legislation and a transfer period before and after September 1, 2002. The total number of drug offences registered in 2002 still exceeded the respective figure in 1999 (765 offences) more than six times. Significant increase in the number of drug offences reflects both an increased capability of the police in tackling drug crime, and an increase in actual drug use and drug trafficking. In 2002, about 64% of all drug offences were registered in Tallinn.

Combating drug offences, especially drug trafficking, has been one of the priority tasks of the police since 2000. Specialized drug divisions have been established in all police prefectures and the number of full-time drug officers has been increased. Simultaneously, training for more than 800 police officers has been carried out. These factors have contributed to the police capability to detect drug offences. The increase has been most significant in Tallinn, Narva and Ida-Viru Police Prefectures, especially with regard to the offences related to drug abuse or illegal possession of drugs for personal use. Registration of such offences has also increased in the majority of other regions.

Table 8. Total number of police registered drug offences (crimes and administrative offences or misdemeanours), 1997-2002

	1997	1998	1999	2000	2001	2002
Registered drug offences	305	617	765	3886	5458	4799

Sources: *Police Board 2003*

In 2002, total of 4003 offences associated with drug abuse or possession of a small amount of illicit drug for personal use (Criminal Code §202⁵ subsection 1, Code of Administrative Offences §158, Narcotic Drugs and Psychotropic Substances Act §15¹) were registered by the police accounting for 83% of all police registered drug offences (Table 9,10,11,12).

Table 9. Police registered drug crimes according to the Criminal Code, by types of offences, 2002 (the Criminal Code was in force until August 31, 2002)

§202 ² . Inducing minors to use narcotic drugs or psychotropic substances	4
§202 ³ . Inducing a person to use narcotic drugs or psychotropic substances	0
§202 ⁵ . Unlawful acquisition or storage of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's recommendation	472
§209 ² . Violation of requirements for manufacture, production, acquisition, storage, recording, issue, transport or delivery of narcotic drugs or psychotropic substances	0
§210 ¹ . Illegal manufacture, reprocessing, transport or delivery of narcotic drugs or psychotropic substances without intent of trafficking	29
§210 ² . Illegal manufacture, reprocessing, acquisition, storage, transport, or delivery of narcotic drugs or psychotropic substances with intent of trafficking	569
§210 ³ . Theft or robbery of narcotic drugs or psychotropic substances	2
§210 ⁴ . Illegal sowing or growing of opium poppy, cannabis or coca	17
TOTAL	1093

Source: *Police Board 2003*

Table 10. Police registered drug crimes according to the Penal Code, by types of offences, 2002 (the Penal Code entered into force September 1, 2002)

§183. Unlawful handling of small quantities of narcotic drugs or psychotropic substances	48
§184. Unlawful handling of large quantities of narcotic drugs or psychotropic substances	63
§185. Providing of narcotic drugs or psychotropic substances to persons of less than 18 years of age	0
§186. Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	8
§187. Inducing minors to illegally consume narcotic drugs or psychotropic substances or other narcotic substances	0
§188. Illegal cultivation of opium poppy, cannabis or coca shrubs	5
§189. Preparation for distribution of narcotic drugs or psychotropic substances	0
§190. Violation of requirements for handling narcotic drugs or psychotropic substances or precursors thereof or of requirements for related recording keeping or reporting	0
TOTAL	124

Source: Police Board 2003

Table 11. Number of definitively sentenced persons according to the Criminal Code, by types of drug crimes, 2002 (the Criminal Code was in force until August 31, 2002)

§202 ² . Inducing minors to use narcotic drugs or psychotropic substances	3
§202 ³ . Inducing a person to use narcotic drugs or psychotropic substances	0
§202 ⁵ . Unlawful acquisition or storage of narcotic drugs or psychotropic substances, or use of narcotic drugs or psychotropic substances without doctor's recommendation	379
§209 ² . Violation of requirements for manufacture, production, acquisition, storage, recording, issue, transport or delivery of narcotic drugs or psychotropic substances	0
§210 ¹ . Illegal manufacture, reprocessing, transport or delivery of narcotic drugs or psychotropic substances without intent of trafficking	25
§210 ² . Illegal manufacture, reprocessing, acquisition, storage, transport, or delivery of narcotic drugs or psychotropic substances with intent of trafficking	234
§210 ³ . Theft or robbery of narcotic drugs or psychotropic substances	0
§210 ⁴ . Illegal sowing or growing of opium poppy, cannabis or coca	0

Source: Ministry of Justice 2003

Table 12. Number of definitively sentenced persons according to the Penal Code, by types of offences, 2002 (the Penal Code entered into force 1 September 2002)

§183. Unlawful handling of small quantities of narcotic drugs or psychotropic substances	4
§184. Unlawful handling of large quantities of narcotic drugs or psychotropic substances	1
§185. Providing of narcotic drugs or psychotropic substances to persons of less than 18 years of age	0
§186. Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	0
§187. Inducing minors to illegally consume narcotic drugs or psychotropic substances or other narcotic substances	0
§188. Illegal cultivation of opium poppy, cannabis or coca shrubs	0
§189. Preparation for distribution of narcotic drugs or psychotropic substances	0
§190. Violation of requirements for handling narcotic drugs or psychotropic substances or precursors thereof or of requirements for related recording keeping or reporting	0

Source: Ministry of Justice 2003

4.2.1 Characteristics of drug offenders

Data on drug offenders are available with respect to crimes (detected), but for administrative offences and misdemeanours there is lack of data on offenders. In 2002, 76% of the detected drug crimes were committed by men, 73% of these crimes were committed by 18-29-year-old persons.

No reliable data on the citizenship and ethnic background of the offenders are available.

4.2.2 Drug trafficking

Drug trafficking through and from Estonia has increased in recent years. Smuggling of synthetic drugs and heroin has increased most significantly. Local production of synthetic drugs has also increased considerably, and the majority of such illicit drugs are targeted at Nordic countries. A new development - smuggling of synthetic drugs to Russia – has emerged as a result of increased prices on Russian markets. Local production of cannabis herb (marijuana) has also increased considerably; such production has mainly been targeted at local markets. At the same time, smuggling of cannabis resin (hashish) through Estonia has decreased.

The main routes of illicit trafficking of drugs through or from Estonia in 2002 were the following:

- ecstasy from Estonia (local production) to Nordic countries and Russia, or from the Netherlands and Belgium via Estonia to Nordic countries and Russia;
- amphetamine and methamphetamine from Poland via Latvia and Estonia to Nordic countries, or from Estonia (local production) to Nordic countries;
- heroin from Central Asia via Russia and Estonia to Nordic countries;
- fentanyl from Russia via Estonia to Nordic countries;
- cocaine from Central and South America via Estonia to Russia or Nordic countries.

Estonian criminal groups have also organized smuggling of marijuana and hashish from Spain directly to Nordic countries. There have been also cases of smuggling raw opium from Central Asia and marijuana from Africa through Estonia to the United Kingdom.

4.2.3 Drug-related crimes

A significant proportion of property crimes (thefts and robberies) is committed by drug abusers who need money for buying drugs. There are no statistical data available on the number of crimes committed by drug abusers in 2002, but according to rough estimates, the share of offences committed by drug abusers may account for 40-50% of all thefts and robberies in 2002. The most common types of crimes committed by drug abusers are thefts from cars, pick-pocketing, robberies and shoplifting.

4.3 Social and economic costs of drug consumption

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

5. Drug market

5.1 Availability and supply

The most common drugs in 2002 in terms of the number of seizures were amphetamine, cannabis and ecstasy. Heroin was among the three main drugs in 2000-2001, but as a result of the situation in Afghanistan, its availability and quality has substantially decreased and the popularity of home-made poppy products has started to increase again. Fentanyl and methylfentanyl appeared on drug markets as substitutes for heroin at the end of 2001. Production and availability of GHB has increased significantly since 2000, partly because of the availability of its precursor GBL.

The number of detected cannabis plants and the share of cannabis herb produced in local plantations has increased substantially over the last 2-3 years due to the development of cultivation technology. In 2002, 7 major cannabis plantations were found and according to the police estimates the total number of cannabis plantations was 16-19 (350-400 square meters in average). The produced cannabis was targeted at local markets.

5.2 Seizures

The quantity of seized drugs and the number of drug seizures have increased over the last decade in terms of all major drug types (opiates, cannabis, synthetic drugs, cocaine) (see Table 14 and Figure 9). Opiates (heroin, home-made poppy products, methadone, morphine), synthetic drugs (amphetamines, ecstasy) and cannabis accounted for the main share of the seized drugs in 2000-2002.

The Estonian Forensic Service Centre made 943 drug tests in 2002 compared to 1020 tests in 2001 (table 14) and 983 tests in 2000.

87% (824) of these tests were ordered by the police, 11% (108) by prisons, 1,2% (11) by customs and 0,3% (3) by border guard.

Table 13. Number of drug tests carried out in the Police Forensic Service Centre 1994-2002* (selected substances)

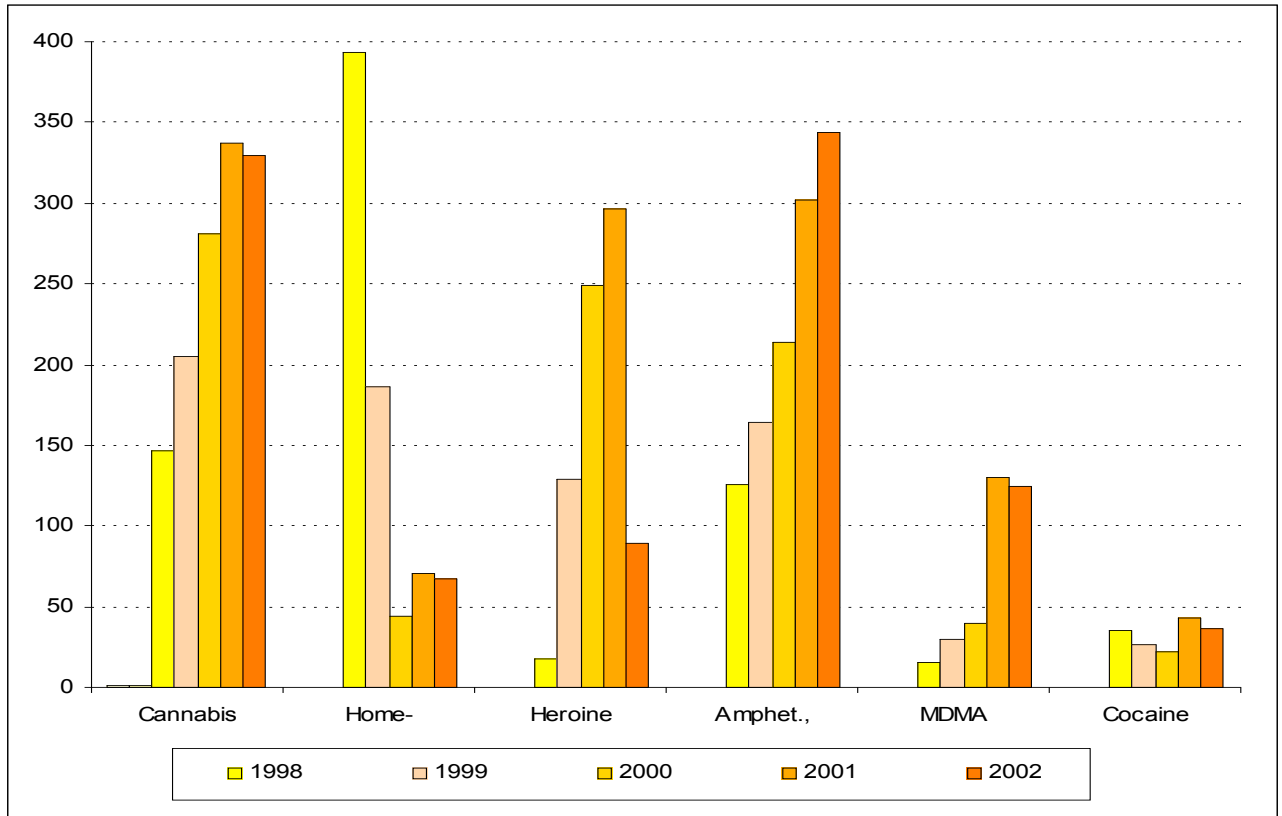
	1994	1995	1996	1997	1998	1999	2000	2001	2002
TOTAL drug tests	75	148	248	346	605	677	983	1020	943
- Home-made poppy products	22	73	98	149	393	186	44	70	67
- Heroin	-	-	-	2	18	129	249	296	90
- Fentanyl	-	-	-	-	-	-	-	-	68
- Methylfentanyl	-	-	-	-	-	-	-	-	11
- Morphine	-	-	-	3	4	-	4	7	6
- Methadone	-	-	-	-	5	10	12	6	3
- Cannabis	28	25	52	75	147	205	281	337	271
- Cocaine	2	5	4	12	35	26	22	43	36
- Amphetamine	-	2	28	42	111	123	183	301	336
- Methamphetamine	-	-	-	1	15	41	31	1	5
- MDMA (ecstasy)	-	-	12	17	15	30	40	130	121
- LSD	-	-	1	-	-	2	3	2	4
- Barbiturates	-	1	-	1	1	-	2	2	7
- Benzodiazepines	-	1	4	24	34	35	54	45	51
- GHB	-	-	-	-	1	5	19	23	340

* In cases of mixtures, each substance is indicated separately
 - = no seizures

Source: Police Forensic Service Centre 2003

With respect to drug seizures within the period of 1997-2001 heroin seizures accounted for the most significant increase, however, in 2002 the number of heroin seizures dropped, heroin was to some extent replaced by fentanyl and methylfentanyl. After a temporary decline in 1999-2000 the number of seizures of home-made poppy products increased again in 2001.

Figures for amphetamine and ecstasy seizures increased rapidly until the year 2001 but remained approximately at the same level in 2002. Relatively few methamphetamine seizures were registered in 2001 and 2002 after the seizures had reached the peak in 1999. The number of GHB seizures has grown progressively since 2000.

Figure 10. Number of seizures for the main types of drugs, 1995-2002

Source: Police Forensic Service Centre 2003

In 2000-2002, the quantity of seized drugs has increased several times for the majority of drugs, especially for cocaine, GHB, poppy plants and poppy capsules, heroine, ecstasy, and amphetamine. For example, the quantity of seized GHB in 2002 exceeded the respective amount in 2000 more than 20 times. In 2002 8.6 times more heroine was seized than in 2000 (however, the amount of seized pure heroine even declined by 19% because of the purity of heroine was lower). In the same period, the amount of seized ecstasy increased 8.3 times and the amount of seized amphetamine increased 2.1 times. A major cocaine seizure was recorded in 2002 accounting for 92% of the total amount of seized cocaine in the same year. The quantities of the main types of seized drugs are shown in Table 14.

Table 14. The quantity of the main types of drugs seized in 1998- 2002.

Year		2000	2001	2002
Type	Unit of measure			
Cannabis (total)	kg	82,050	259,833	82,104
Heroin	kg	0,438	1,169	3,78
Amphetamines	kg	26,692	25,315	35,258
Ecstasy	Tablets (kg)	1326 (0,421)	3759 (1,714)	12019 (3,402)

Source: Police Forensic Service Centre 2003

In 2002, four clandestine drug laboratories were discovered (no such laboratories were discovered in 2001). The laboratories had been set up for producing amphetamine, ecstasy and GHB.

The number of cannabis seizures was the same as in 2001, but the quantity of seized cannabis decreased more than three times. 23 plantations compared to 13 plantations in 2001 were found in 8 counties out of 15 in 2002, eight of them in Rapla county. Seven of these plantations were bigger than 100 plants.

In 2002 the number of heroin seizures decreased 3.3 times but the amount of seized heroin was more than three times bigger – 3.78 kg compared to 1.16 kg in 2001. At the same time, two new synthetic opiates - fentanyl and 3-methylfentanyl appeared on the drug market in Estonia.

In 2002 similar tendency with respect to heroine was observed as in 2001 - due to the poor quality of heroin, some heroin addicts started to use home-made poppy products again. The amount of home-made poppy products was approximately the same as in 2001, but the number of seizures increased.

The amount of seized ATS increased by 40% and ecstasy group stimulants more than three times.

The ecstasy group tablets consisted of tablets of approximately 30 different logos and several colours.

Most of these tablets (11465 tablets, 121 cases) contained 15 to 53% of MDMA. In addition to MDMA, the ecstasy tablets contained ketamine (582 tablets, 9 cases), MDEA (560 tablets, 3 cases), amphetamine (1018 tablets, 325 cases), amphetamine and ketamine (325 tablets, 5 cases), amphetamine and MDMA (12 tablets, 2 cases), methamphetamine and MDA.

There were cases where tablets of the same logo contained MDMA whereas in another case tablets of the same logo contained amphetamine or ketamine or both.

The number and quantity of gamma-hydroxybutyrate (GHB) increased very rapidly in 2000-2002: in 2000 19 cases were analysed and 1,197 kg seized; in 2001 and 2002 the respective figures were 23 cases and 14,571 kg; 40 cases and 24,656 kg.

In 2002 one clandestine lab for producing metylamine (a precursor) and some clandestine laboratories for producing synthetic drugs were found by the police:

- amphetamine lab in Lääne-Viru county - 2,876 g of amphetamine and different chemicals were seized;
- amphetamine and GHB lab in Tallinn - 55 g of amphetamine, 3,090 kg of GHB and different chemicals were seized;
- GHB lab in Tallinn - 2,88 kg of GHB and different chemicals were seized.

The biggest seizures of some types of drugs in 2002 are shown in Table 15.

Table 15. The biggest seizures of some types of drugs in 2002 were the following:

Type of drug	Amount
amphetamine	12,274 kg
methamphetamine	0,99 kg
Ecstasy (MDMA)	1,193 kg
cannabis plants	27,262 kg
Marihuana (cannabis herb)	0,920 kg
hashish (cannabis resin)	0,661 kg
heroin	2,600 kg
poppy plants	75,540 kg
poppy straw	22,500 kg
cocaine	2,112 kg
GHB	5,199 kg

Source: Estonian Forensic Service Centre 2003

5.3 Purity and Price

The estimated prices provided by the Central Criminal Police are given in table 16. The quality of heroin has decreased since the second quarter of the year 2001. In the first quarter the purity of heroin in the streets was 95%. After the arrests of a couple of dealers in 2001 the quality of heroin has decreased. The purity of heroin in 2002 was unstable, on average it was 7% (See table 16). Price per gram ranged from EUR 38.5 to 57.7 (table 17). Compared to the year 2001 the price has decreased significantly. Due to poor quality of heroin many users of heroin used fentanyl instead.

The price of cannabis has decreased, whereas the price of cocaine has increased. Cocaine is considered to be used by wealthy drug users as the high price makes it inaccessible for the majority of drug users (Postimees 12.03.2002). The price and average purity of amphetamines have increased over the reporting period.

Table 16. Street prices of illegal substances in EUROS in 2000-2002

Size of sample	2001			2002		
	Min	Max	Average	Min	Max	Average
Cannabis resin (per gram)	12,78	15,97	14,38	12,8	16	14,4
Cannabis leaves (per gram)	8,31	9,58	8,95	1,3	2,56	1,93
Heroin white (per gram)	51,12	95,85	73,48	38,5	57,7	48,1
Cocaine powder (per gram)	76,68	95,85	86,26	38,5	64,1	51,3
Amphetamines powder (per gram)	6,39	12,78	9,58	6,4	16	11,2
Ecstasy group (per tablet)	5,75	7,67	6,39	5,7	7,7	6,7
LSD (per dose)	12,78	15,97	14,38	9,6	9,6	9,6

Source: Central Criminal Police 2003

Table 17. The purity of tested substances (%), 2000- 2002

	2000			2001			2002		
	Min	Max	Average	Min	Max	Average	Min	Max	Average
Heroin	1	100	58	3	100	21	1,5	31	7
Cocaine	26	99	60	8,5	83	40	10	84	28
Amphetamines	10	100	28	2	100	23	0,6	100	34

Source: Estonian Forensic Service Centre 2003

6. Trends per drug

A population survey was not carried out in 2002, therefore, evaluation of the prevalence of the use of certain types of drugs among the general population has not been completed. Consequently, it is difficult to suggest the general trends among the population. A survey carried out in schools of Tallinn in 2002 showed that cannabis was the most frequently used illegal substance by schoolchildren (see Chapter 2.2). Also, amphetamines were popular among schoolchildren of grade 9 of Tallinn schools. The study "Ecstasy and Young People" carried out within the framework of WHO Global Research Programme on ATS showed that ecstasy users were mainly students and schoolchildren living with their parents. The results of the study revealed that the young people who used ecstasy were most likely polydrug users – they used various drug combinations including some of the following substances: alcohol, cannabis, amphetamine, GHB, cocaine and ketamine (Talu 2001).

The only available indicators on drug use in Estonia are the data on the seizures and quantities of drugs (see Chapter 5.2). The seizures suggested a new trend in 2002 - replacement of heroin by fentanyl and methylyfentanyl to some extent. Poor quality of heroin has increased the production of home made poppy known as "black heroin". The same trend has been observed in other Baltic States.

The data of population survey will be available in 2004 and the data on ESPAD survey will be published in 2003, therefore, an overview of the trends among the general population and schoolchildren cannot be provided earlier.

7. Discussion

The situation with respect to key indicators is complicated in Estonia. Last population survey was carried out in 1998 and it is impossible to make an analysis of the year 2002 based on that survey. Next population survey will take place in 2004, also, the results of the ESPAD survey will be published by that time.

The situation in terms of the prevalence of problem drug use and treatment data does not differ much from the year 2001. The database of the first drug treatment demand has not existed in Estonia since 2002 and a new drug treatment register has not been set up yet. Also, it is complicated to carry out prevalence estimation studies as the treatment demand monitoring system has not been established yet (see Chapter 3.1).

At the moment it is difficult to assess the situation regarding treatment demand because of lack of statistical data. According to the general situation and data from previous years there is an urgent demand for treatment and rehabilitation possibilities. Also, the number of mental and behavioural disorders caused by the use of psychoactive substances has increased. Attention should be drawn to the fact that the use of cannabis, tranquillizers, stimulants and poly-drugs has caused an increase in the number of cases of mental and behavioural disorders. Therefore, Estonia has to be aware of the fact that in addition to heroin, there are other drugs that might cause problems in the future.

Drug-related mortality has increased over the reporting period. The methodology of assessing drug-related mortality has changed to a certain extent (see Chapter 3.2). As a result of the changes in methodology, the number of toxicological cases has decreased. The quality of data depends on further improvements in forensic examination practices and procedure of notification.

Prevalence of drug-related infectious diseases decreased in 2002. Data on prevalence of HIV/AIDS by risk groups will be available in 2003. The data will be collected according to a new surveillance system. Harm reduction data from needle exchange points has been available since 2002.

Repeated use of illicit drugs or possession of a small amount of illicit drugs for personal use was decriminalized in 2002, such offences were reclassified as misdemeanours. The above described changes in legislation do not allow us to compare the data of the year 2002 with previous years; except for the total number of drug offences which includes crimes (criminal offences: drug possession with intent to supply, drug trafficking, etc) and misdemeanours (drug abuse or possession of a small amount for personal use), is comparable with the data of previously reported administrative offences.

National Strategy of the Prevention on Drug Dependency 2002-2012 has been drafted and is waiting for approval. After the approval of the definitions agreed on the national level the strategy will be adopted. The definition of problem drug use has been adjusted according to the EMCDDA standards. Problem drug use is defined as intravenous drug use (IDU) or long-term regular use of opiates, cocaine and/ or amphetamine type drugs. Ecstasy and cannabis have not been included in this category.

The main problems are lack of data sources and the fact that drug information is not collected according to the EMCDDA standards.

PART III**DEMAND REDUCTION INTERVENTIONS****8. Strategies in Demand Reduction at National Level****8.1 Major strategies and activities**

The Estonian Alcohol and Drug Abuse Prevention Programme 1997-2007 (ADAPP) is valid until the adoption of the new drug strategy. Priorities of the national programme of 2002 included treatment and rehabilitation, promotion of supporting environment, establishment and development of prevention networks on the community level; collection, analysis and dissemination of drug information. Promotion of a supporting environment incorporates organisation of competitions for the allocation of national funding for carrying out prevention projects in local municipalities, NGO-s and educational institutions, coordination of the work of local drug prevention councils and, prevention work in prisons and probation system, prevention programmes in special schools and development of training material for family doctors, gynecologists and social workers.

In 2001 drug prevention councils functioning as coordinating bodies were established in all counties, also, the councils were responsible for the elaboration of the regional drug prevention action plan for the coming year (2002), taking into account the specific character of the counties. Establishment of prevention councils on the local level were allocated EUR 70,513 from the national programme.

In 2001 a comprehensive drug prevention network was set up in Järva and Ida-Viru counties. The establishment of the comprehensive drug prevention network was carried out in three stages. First, a meeting of the representatives of employees of local municipalities was organised with the purpose of mapping the situation in the named counties. The second stage involved training for the target group - social workers, health care workers, police, educational staff, psychologists, people working with minors and criminal prevention staff in local municipalities. The objective of the third stage was to define the terms of reference for the drug prevention networks, launch the work of the networks and elaborate a training plan. The training plan of the promotion of supporting environment contained several meetings, seminars and trainings.

8.2 Approaches and new developments

Prevention work in the field of drug use must focus on achieving a declining tendency in terms of the number of cases of primary drug use and an increasing tendency with respect to the age of primary drug users by the year 2012 through the development of the activities of drug use prevention and ensuring the provision of regular support thereto and the continuity thereof.

According to new trends and developments in the field of prevention, prevention of drug use continues to be a part of the public health policy. Short-term objectives of primary prevention in the new national drug strategy 2012 are the following:

- Efficiency of the prevention work focusing on children and adolescents improved; their families involved in prevention.
- Prevention guidelines and educational materials compiled, a system for the assessment of the effectiveness of prevention activities developed.
- Training materials compiled, (in-service) training of (support) teachers, medical and social workers and parents in prevention of addiction carried out.
- A prevention assessment system developed (National Strategy of the Prevention on Drug Dependency 2002-2012).

9. Prevention

Prevention work was still mostly carried out in the form of project work in Estonia in 2002. Since 1999 drug prevention projects initiated by and targeted at young people, including prevention work in local municipalities, school of general education and special schools, have been supported within the framework of the Alcoholism and Drug Abuse Prevention Programme 1997-2007. Most prevention projects carried out in Tallinn have been funded by the Health Care and Social Work Department of Tallinn City Government.

ADAPP allocated funding for the implementation of prevention projects in all 15 counties in Estonia in 2002. Application for funding submitted by different institutions in 2002 is shown in table 19.

Table 18. Application of funds from the ADAPP for the prevention projects in 2002

Applicant	Number	Amount of money (EUR)
School	15	11218
Local government	6	5449
City government	3	2051
Local municipality	1	2885
NGO	2	1731
Prison	2	1923
Special school	3	13462
Foundation	2	5385
Union	1	3205
Special Centre	3	4167
Total		51 476 *

* Additional founding EUR 1412 (see chapter 1.4)

Source: Estonian Health Education Centre 2002

Health Care and Social Work Department of Tallinn City Government allocated total of **EUR 311,740** for the funding for HIV and drug prevention projects and prevention activities in Tallinn to organize needle exchange and counselling activities as well as contribute to the establishment of a treatment and rehabilitation unit.

9.1 School programmes

Since 2002 prevention work has been a part of school curriculum (grades 4-6) in Estonia (see Chapter 9.1 of the National Report on Drug Situation in Estonia 2002).

The intensity of drug prevention activities is different by schools depending mostly on the initiative of management and teachers. The purpose of the provision of funds for carrying out relevant projects is to raise the awareness of the young population of addiction-related issues, increase their involvement in prevention activities, draft prevention action plans and cooperation plans as well as develop the prevention network (National Strategy of the Prevention on Drug Dependency 2002-2012).

23 from 38 ADAPP funded projects were related to prevention activities in schools of general education. The nature of activities of the prevention projects was different. The main activities are shown in table 20

Table 19. Activities of the ADAPP funded prevention projects 2002

Activity	Number of projects including the listed activities
Prevention work (alternative activities to spend free time, theatres, camps, health and sports days, excursions, health and sports week, youth nights, essay and drawing contest)	28 projects
Training	22 projects
Seminars	13 projects
Study visits	8 projects
First aid courses	4 projects
Counselling	9 projects
Compiling of information booklets (psychological advice and contacts (600 booklets))	2 projects
Other (development of a youth centre, development of study materials, initiation and development of the youth movement, establishment of a database of injecting drug users in Tallinn, Maardu and Ida-Virumaa (pilot study))	4 projects

Source: Estonian Centre for Health Education and Promotion 2003

Tallinn City Government has financed several projects focusing on risk group children and children with behavioral difficulties at school. Activities included mostly lectures, seminars, counselling, learning of social skills through role plays, leisure activities.

9.2 Youth programmes outside school

In 2002 a few ADAPP-funded prevention projects involved interventions targeted at young people outside school. These projects ranged from lectures, seminars, counselling to diversionary activities outside school (sports, trips, camps). The activities carried out most frequently within the framework of prevention projects to divert vulnerable young people away from drugs are shown in table 20.

Tallinn City Government financed the youth festival “Youth without violence” and a play about the young people and targeted at them.

9.3 Family and childhood

Funding for family and childhood projects initiated to deliver prevention services to families and children has been allocated only a couple of years. In 2002 seven prevention projects received finances for working in partnership with parents to improve life chances for children. Another two projects were targeted at educating parents in the form of lectures. Also, Tallinn City Government funded projects aiming at the inclusion of families in prevention work.

A project financed by Tallinn City Government was targeted at pre school children to provide them with social skills in the form of group work.

9.4 Other programmes

Three projects financed by Tallinn City Government included gathering of information to get a better idea of the real situation to contribute to the improvement of the efficiency of prevention work. A school survey among students of grade 8 was carried out in 59 schools. 82% of the students of grade 8 participated in the survey. The survey gives us very useful information about alcohol, tobacco and drug use among students, correlation between scholastic proficiency and discipline of study and substances use. The study was carried out by Pedagogical University (prof Jüri Kruusvall). Final results of that survey are not available yet and will be presented in the next report. Another study was initiated to map all relevant institutions and personnel responsible for prevention work in Tallinn to contribute to the development of drug prevention model. The third project was focusing on the elaboration of common prevention strategy to be implemented in general schools of Tallinn. Also, a survey has been carried out within the framework of the named project in schools of Tallinn (see Chapter 2.2).

At the beginning of October a help line and Internet chat room were set up for young people to talk about their problems - the phone number is (+ 372 646 0770) and the web address is www.lapsezure.ee. A radio programme "Islands in the Sea" was launched in a Russian radio station.

Tallinn City Government has financed two film projects: one is about the life of young people, their successes and failures, their inner life and thoughts, fears and joys. The film is also about drug use - two marijuana users serving their sentence in prison are telling people their story. The other film consists of 4 episodes providing a short overview of the lives of four drug addicts. The film has been shown on the national TV.

The venue of another drug prevention project was a tram which was covered with symbols of AIDS and slogans of drug prevention. The passengers were provided with drug prevention materials, condoms, T-shirts and key rings by volunteers working within the framework of the project; well-known artists entertained the passengers.

People with HIV/AIDS have been provided with legal assistance within the framework of a project funded by Tallinn City Government. The Estonian Health Care Museum

has contributed to the prevention work by exhibiting human organs damaged by drug or alcohol use.

10. Reduction of drug-related harm

The importance of harm reduction in the national drug strategy has increased over the past years. The Ministry of Social Affairs in close cooperation with different experts of this field has decided to integrate a special chapter on harm reduction in the new National Drug Strategy. The chapter on harm reduction provides a long-term objective and several specific short-term objectives. According to the new strategy document outreach work in Estonia involves all kind of activities aiming at decreasing the risk behaviour of drug users, especially problem drug users.

According to the new Drug Strategy the definition of harm reduction incorporates all measures targeted at reducing the adverse psychological, social and physical consequences of drug use: dissemination of information among persons belonging to risk groups to decrease risk behaviour, provision of substitution treatment for IDUs, outreach work - counselling, provision of persons of risk groups with access to devices supporting risk reduction like syringes and condoms and ensuring the availability of measures for setting up a supportive and risk-reducing social environment (National Strategy on the Prevention of Drug Dependency 2002-2012). Outreach work focusing on recreational drug users is not separately elaborated on in the new drug Strategy.

NGOs are still the most active institutions providing services for IDUs (incl needle and syringe programmes, voluntary HIV counselling and testing, STI diagnoses etc) and funded mainly from the state budget or the gambling fund. Most NGOs are annually allocated funds on *ad hoc* bases from the National HIV/AIDS Programme and local governments. In 2002 several active NGOs such AIDS Support and Rehabilitation Centre, Rehabilitation Centre for Alcoholics and Drug Addicts "You will not be Left Alone" and the Estonian Association Anti-AIDS were allocated funds from international organizations for the prevention of drug-related infectious diseases. Targeted interventions for IDUs are not covered by the ADAPP. Also, in the WHO evaluation report on the national programmes completed during the WHO evaluation mission to Estonia it was considered as a deficiency (Report of the WHO/EURO Mission to Estonia, 2003).

However, a wide range of activities such as counselling, syringe exchange, provision of condoms have been funded from the National HIV/AIDS Programme. In 2002 the staff of the HIV/AIDS Programme paid more attention to the improvement of the quality and coverage of needle exchange points; also, the coverage of needle exchange points will be extended. A project leader responsible for the development of needle exchange on the national level was employed in November 2002. In 2002 another person responsible for monitoring was employed. In the second half of 2002 the team of the HIV/AIDS Prevention Programme started to revise the programme taking into account the results of the evaluation conducted by the WHO. A strategic planning unit was set up in the Ministry of Social Affairs to ensure efficient revision of the programme. The Health Education and Promotion Centre has been appointed as a body responsible for the coordination of the HIV/AIDS Prevention Programme on the national level³. Since May 1, 2003 the Health Education and Promotion Centre has been a part of the structure of the National Institute for Health Development.

There are municipalities which have actively been providing funding for counselling, syringe exchange, awareness rising activities among vulnerable groups etc. A very good example is Tallinn having compiled a strategy for drugs and HIV/AIDS prevention aiming at the reduction of drug use, increasing treatment and rehabilitation possibilities (including methadone substitution treatment) and reducing the supply of drugs. In 2002 the total budget of Tallinn City Government for drug and HIV/AIDS prevention was EUR 311,740 (EEK 4,863,143). A small part of the budget was allocated for harm reduction projects. Tallinn City Government funded the establishment of the first substitution treatment centre in Northern-Tallinn (Kopli 75a) (see Chapter 11). Tallinn City Government allocated EUR 1,4487.2 (EEK 226,000) for the NGO AIDS Information and Support Centre for counselling and needle exchange in Tallinn. The AISC (Eerika Street 5a) provided a mobile needle exchange point with syringes and needles as well as methadone detoxification.

³ Since May 1, 2003 the Health Education and Promotion Centre belong to the structure of the National Institute for Health Development. 3 institutions – Institute of Experimental and Clinical Medicine (IECM), Centre for Health Education and Promotion and Social Training Centre merged with the National Institute for Health Development (NIHD). Estonian Drug Monitoring Centre, which used to be a part of the structure of IECM has been a part of the structure of NIHD since May.

Among other organisations the Estonian Association Anti-AIDS received EUR 2,884.6 (EEK 45,000) in 2002 for the co-financing of a project aiming at the prevention and mitigation of HIV/AIDS/STIs and the risk behaviour of teenagers through active learning exercises carried out in cooperation with the Family Health International.

The above named NGO was allocated funds for carrying out a study “Viral Hepatitis C and B among injecting drug users in prisons and among visitors of anonymous consulting rooms at the time of the abrupt increase of HIV infection in Estonia” (Priimägi, & Tefanova, 2003) (see Chapter 3.3).

Tallinn City Government allocated funds to Tallinn Children’s Hospital for ambulatory treatment of children with drug problems, to the Social Rehabilitation Centre for the rehabilitation of drug addicts released from prison etc. Among others Lasnamäe Health Centre received funding for the implementation of a project targeted at providers of sex-services. The programme also funded syringe exchange.

With regard to the prevention of drug-related deaths Tallinn City Government allocated EUR 2,564.1 (EEK 40,000) for Tallinn Emergency Medical Service for buying Naltrexone in 2002.

By the end of 2002 Drug Prevention Committees had been established in all counties of Estonia and 13 counties out of 15 had recruited HIV/AIDS specialists. In 2002 8 counties compiled HIV/AIDS Prevention Action Plans.

10.1 Description of interventions

Compared to previous years outreach work played a crucial role in harm reduction on the national level as a result of the increase of the number of cases and transmission of HIV/AIDS in Estonia in 2002. During the reporting period different kind of activities were carried out within the framework of the National HIV/AIDS Prevention Programme. The main goal of the HIV/AIDS programme in 2002 was the reduction of the transmission of HIV/AIDS in Estonia and ensure provision of Anti-retrovirus (ARV) therapy and other medical services of good quality.

Similarly to other countries NGOs have been the main actors in the field of harm reduction in Estonia since the beginning of 1990-ies. Outreach work has primarily been carried out by street workers and mobile facilities providing IDUs with needles/syringes. Such working method has made it possible to contact persons who for different reasons cannot or would not turn to counselling. During this period the role of the state has been of minor importance. NGOs have received most of the funds from international organisations such as the Open Society Institute. In 1997 low-threshold counselling centres for injecting drug addicts were established in Tallinn and Narva. Since 2000 the Health Protection Inspectorate, a government agency, has governed the AIDS Prevention Centre which has provided syringe exchange service, distributed condoms and information material, carried out individual psychological, medical and social counselling, provided possibilities for methadone maintenance, initiated outreach work.

Syringe exchange programmes have been implemented since 1998. The AIDS Prevention Centre of the Health Protection Inspectorate and the NGO AIDS Support Centre have played a crucial role in the development of outreach work. The Prevention Centre is focusing on vulnerable groups such as Russian-speaking young and adult injecting drug users and providers of sex services.

The main goal of the HIV/AIDS Prevention programme was to set up total of 13 needle exchange points in Estonia by the end of 2002. The NGO "You will not be Left Alone" is responsible for the provision of services in total of 9 needle exchange points (7 stationary and 2 mobile needle exchange points and 1 outreach unit) in Ida-Viru county. The NGO "We will Help You" is providing services in one stationary and outreach needle exchange point. The AIDS Information is managing 2 mobile and 1 stationary needle exchange points in Tallinn and a Support Centre, which has been one of the main actors in this field since the middle of 1990-ies. Needle exchange is funded mainly from the HIV/AIDS Prevention Programme, also, certain local governments have allocated funds for harm reduction activities (see chapter 10). In August 2002 the UNAIDS allocated funds in the amount of EUR 34,024 (EEK 533,057) for the development of the needle exchange programme in Estonia.

Other targeted interventions including vulnerable groups such as providers of sex services, prisoners and men having sex with men (MSM) have been carried out. The AIDS Information and Support Centre has implemented a project "SEASTAR" funded by the Family Health International and targeted at providers of sex services. The project included a number of activities, among others counselling, medical consultation, voluntary testing of HIV/STDs, promotion of safer sex, peer education and outreach work.

The AIDS Prevention Centre, the NGO AIDS Information and Support Centre, Centre for Alcoholics and Drug Addicts in Narva "Living for Tomorrow", the NGO "You will not be left Alone", Estonian Anti AIDS and other institutions have been very active in providing sexual education and promoting safer sex. In 2002 the Estonian Anti-AIDS Association initiated an innovative project "HIV/AIDS Prevention among the Recruits of the Estonian Defence Force" targeted at 1,500 conscripts and funded by the American Embassy. The duration of the project is 1 year, it will come to an end in September 2003.

The first methadone-assisted treatment Centre in Estonia was established only in 2002 whereas in other countries there is a long tradition of such type of treatment. Establishment of such centre was a topic for heated discussions among experts as well as in media. The centre is focused on rehabilitation and provides 30 clients with a wide range of services including group and individual therapy (see Chapter 11.2). At the end of 2002 Narva Hospital started to implement a substitution treatment programme involving 10 clients.

10.2 Evaluation and training

In 2002 the team of the HIV / AIDS Prevention Programme organized several trainings on the local level. In cooperation with the AIDS Prevention Centre 4 seminars were carried out involving 72 people including mostly members of the 11 local Drug Prevention Committees and HIV / AIDS specialists.

The Estonian Union of Family Planning organized 10 seminars for 18 students of the Medical Department of Tartu University on the methodology and concepts of sexual education. The Estonian Union of Family Planning in cooperation with the AIDS Prevention Centre carried out a training in "Voluntary testing of young people".

Data on the evaluation of specific projects is not available (see Chapter 14 Selected issues).

11. Treatment

The Ministry of Social Affairs of the Republic of Estonia is responsible for the planning and management of health care. Financing of health care services is coordinated by the health insurance system. Treatment services of insured persons (including insured drug addicts) are covered by the Health Insurance Fund or local government, however, to a limited extent. Treatment of uninsured drug addicts is covered only by the local community or from the budget of the ADAPP; only emergency medical services for uninsured drug addicts are covered by the Health Insurance Fund.

In Estonia a small number of hospitals having obtained a psychiatric activity license provide in-patient and out-patient treatment for drug addicts. Also, some NGOs have been active in providing necessary services for drug users including out-patience treatment and counselling. However, the number of in- and out-patient treatment centres and drug treatment service providers is insufficient to meet the current growing drug treatment demand. The drug addicts heavily addicted to opiates are provided with treatment services in the form of rapid detoxification and alleviation of acute withdrawal symptoms.

New centres established by NGOs over a few past years in Ida-Viru County and Tallinn are too small and there are not enough of them to meet the increasing need for treatment and rehabilitation. In the past years family doctors have frequently had to face problems of drug addiction and drug-related infectious diseases, however, family doctors play a minor role with respect to the responsibilities for the treatment of drug addicts in the whole drug treatment system. The first substitution treatment centre was set up in Tallinn. Drug addicts do not have to ask for a letter of referral from a family doctor, they can directly apply for drug treatment⁴. The new national drug strategy foresees establishment of advanced treatment centres for drug addicts. Development of flexible services meeting specific treatment demands makes it easier to respond to the needs of an individual client and ensure better results.

⁴ A letter of referral from a family doctor is not necessary in several cases, including in case of consulting a psychiatrist, a special doctor of venereal diseases or tuberculosis

The new Drug Strategy envisages provision of systematic treatment and rehabilitation for prisoners. Starting from the year 2005 prison health care will become a part of the national health care system. In 2002 a pilot project of methadone treatment targeted at a limited number of prisoners was initiated in the Central Hospital of Prisons.

Over the past years syringe/needle exchange points in Tallinn and Ida-Viru county have played a crucial role in the identification and counselling of persons with addiction problems as well as referring them to treatment (see Chapter 10).

A number of municipalities have actively been establishing treatment and rehabilitation centres and funding NGOs providing out-patience treatment. In 2001 Tallinn City Government funded the establishment of a drug treatment unit in Tallinn Children`s Hospital for children with addiction problem. In 2002 Tallinn City Government allocated EUR 35,062.4 (EEK 546,973) for the establishment of the first substitution treatment centre in Tallinn in West- Tallinn Central Hospital. Narva Hospital initiated provision of methadone substitution treatment in December 2002. Establishment of the substitution treatment centre in Narva was funded from the ADAPP budget. In 2002 Tallinn Centre for Children at Risk (Nõmme Street 99), the first shelter for children in Tallinn opened a renovated unit for 18 children (10 places for boys and 8 for girls) with addiction problems. A separate facility for girls with addiction problems also contributes to the solving of gender specific issues in Estonia.

Over the reporting period there has been a significant progress in terms of inpatient substance misuse treatment of drug addicts and provision of medically supervised withdrawal. The first substitution treatment centre was set up in West-Tallinn Central Hospital in 2002 (see Chapter 11.2).

In 2002 several new treatment or rehabilitation centres were established to improve the quality of and provide better access to treatment and rehabilitation: an out-patience treatment centre was established in Sillamäe for 15 former drug addicts, a treatment and rehabilitation centre for children was set up on the basis Jõhvi Children`s Hospital. In 2002 a methadone detoxification and substitution treatment programme was launched in Narva Hospital funded from the ADDAP budget.

Activities of the AIDS Prevention Centre, NGO providing rehabilitation services for 8 male and 4 female former drug addicts in Vihmari Rehabilitation Centre and Rehabilitation Centre for Drug and Alcohol Addicts were also funded from the ADAPP budget.

With respect to the funding of treatment programmes the WHO/ EURO Mission to Estonia having assessed the Estonian HIV / AIDS Programme pointed out that funding of treatment programmes had been sporadic and suggested to increase the capacity of treatment services to meet the growing demand for drug treatment (Report of the WHO/EURO Mission to Estonia, 2002).

At the end of 2002 the Ministry of Social Affairs started to draft a new funding scheme and principles for drug treatment and rehabilitation system for drug addicts. The Ministry of Social Affairs concluded several cooperation contracts with local governments with the purpose of providing funding for treatment and rehabilitation services to ensure effective implementation of the Drug Strategy until 2012.

11.1 “Drug-free” treatment and health care at national level

In Estonia drug-free treatment is provided by psychiatric hospitals and NGOs, however, the scope and quality of treatment counselling and other forms of intervention vary from organisation to organisation. Several treatment programmes were funded by the ADAPP budget such as the programme carried out by the Tallinn Central Children's Polyclinic of the Children's Hospital targeted at 11-15-year-old children with learning and behavioural difficulties in Tallinn (EUR 5,128.2). The NGO “We will Help you” located in Ida-Viru county has been allocated funding from the ADAPP budget in the amount of EUR 1,730.7 to provide 15 drug addicts with drug-free treatment.

In 2002 a project targeted at supporting the children of Tapa Special School was implemented. The main aim of the project was to provide counselling and treatment for schoolchildren. A project was carried out in the drug-free department of Viljandi prison (see Chapter 12.1).

The NGO AIDS Support Centre provided a wide range of services including counselling of drug addicts and needle exchange. The foundation Anti Liiv & Hingehooldus provided services for young people with drug problems.

11.2 Substitution and maintenance programmes

In 2002 the requirement concerning the provision of treatment through methadone only by third stage hospitals was repealed by order No 79, May 23, 2002 of the Minister of Social Affairs. In 2002 the first centre providing substitution treatment was set up in Tallinn (address: Kopli 75a) on the bases of the West-Tallinn Central Hospital which was successful in the state tender "Organization of the substitution treatment of drug addicts with opiate addiction". The tender was organized according to the legal provisions of Estonian legislation. In 2002 Tallinn City Government allocated total of EUR 35,062.4 (EEK 546,973) to the West-Tallinn Central Hospital for substitution treatment. According to the "Action Plan for the Prevention of Drug Use and HIV / AIDS Transmission in Tallinn in 2003-2007" 8-10 million Estonian kroons has been allocated for carrying out necessary activities.

A Centre was set up to provide a wide range of services, including rehabilitation for 30 carefully selected clients heavily addicted to opiates. At the moment 30 clients have been ensured admission to the substitution treatment whereas according to estimates of the assessment group and staff of the centre there is a long waiting list. At the moment the Centre has employed a psychiatrist, family doctor, psychologist, nurses, a social worker and a supervisor to work on contractual basis.

The assessment group locating at Kopli Polyclinic (address: Sõle 63) carefully selects clients from all applicants on the basis of admission criteria. The assessment group consists of a psychiatrist, psychiatric nurse, psychologist and social worker.

The criteria for the admission to treatment are the following: the applicant should be 20 years of age or older, a resident of the city of Tallinn with a long history of drug use (at least 5 years) and heavily addicted to opiates despite of having received treatment in other treatment centres as well as a history of criminal offences. At the moment somatic co-morbidity such as HIV / AIDS and hepatitis B, C are also considered as one of the admission criteria for the treatment.

After the assessment group has made a positive decision with respect to the admission to treatment the client is referred to the Assessment Committee consisting of members of the assessment group, a senior nurse and the head of the Psychiatric Clinic of West-Tallinn Central Hospital. The Assessment Committee makes the final decision.

After the decision made by the Assessment Committee the client has to enter into contractual relations with the Rehabilitation Centre and the personnel of the Centre introduces the rules of procedure of the Centre to the client. The contract defines the rights and obligations of both parties. The Centre has the right to terminate the contract for the reasons provided in the contract such as non-attendance in the centre without any reason, use of other drugs, ignoring the rules of the procedure of the centre. Also, violent behaviour and selling of drugs are reasons for terminating the contract with the person participating in the substitution programme. The contract can be terminated by the decision of the Treatment Commission of the Centre. After every six months the Assessment Committee and the staff of the centre revise the treatment process assessing the efficiency of treatment to decide upon the provision of methadone substitution treatment. The Assessment Committee (address: Sõle 63) admits and makes treatment plans for clients with amphetamine, cocaine and cannabis addiction. All clients participating in the Centre's programme should participate in individual and group therapy and every client has his/her own support person (a nurse). The clients having a regular job do not have to participate in the group therapy.

Data on client profile will be available next year; at the moment it is too early to evaluate the overall effect of the substitution treatment programme. The results of treatment show that this type of treatment contributes to the improvement of the quality of life and social functioning of the clients – as at the end of July 2003 about half of the clients of the centre had found a regular job. Psychological intervention has been important with respect to motivating the clients as well as playing a key role in the success of substitution treatment. However, there are still problems to be solved such as employment and housing of the clients as well as the establishment of a social network.

11.3 After-care and reintegration

According to the Social Services Act after-care and reintegration are the responsibility of local municipalities. At the moment after-care and reintegration are the weakest aspects of the rehabilitation process. Over the past years only a few rehabilitation centres have active in providing services such as Narva Rehabilitation Centre for Drug Addicts and Alcoholics, Loksa Rehabilitation Centre in Harju County, Tallinn Centre for Children at Risk and the AIDS Support and Rehabilitation Centre. Tallinn Centre for Children at Risk is the oldest shelter specialised in children with addiction and behavioural problems.

Obviously there are too few rehabilitation centres to meet the actual need for after-care and reintegration of drug addicts. Revision of the current system indicates that the network for the provision of services to an individual client is poorly organised and cannot ensure full rehabilitation of drug addicts and reintegration into the society. It is also obvious that small pilot projects cannot ensure sustainability. There is a clear need for strengthening the institutional basis of existing rehabilitation centres and organising training for the staff. Establishment of efficient network of different institutions providing services such as housing, employment and language learning for former drug addicts should be a priority.

The Phare Twinning Project “EU Phare Support to Develop and Implement the National Drug Strategies and Programmes” allocated funding in the amount of EUR 218,163.8 (EEK 3,403,356) for the development of NGOs working in the field of early intervention and after-care. Altogether 4 rehabilitation centres – Tallinn Centre for Children at Risk, Sillamäe, Loksa and Tartu Rehabilitation Centres have been allocated funding within the framework of the Phare Twinning project. One-week seminar was organised for selected employees of Estonian rehabilitation centres in Schleswig-Holstein, Germany. In 2002 short-term foreign experts shared their experience and knowledge at several trainings organised for the employees of the rehabilitation centre in Sillamäe. Special training sessions were organised for the staff of Loksa Rehabilitation Centre providing a wide range of services for young people with drug problems.

Tallinn City Government has allocated funding for the establishment of Loksa Rehabilitation Centre to provide Russian-speaking clients (maximum 10 at a time) with necessary services.

The Ministry of Social Affairs has decided to include a special chapter on rehabilitation in the draft multidisciplinary National Drug Strategy until 2012 defining necessary activities for ensuring effective implementation of rehabilitation objectives of the strategy. The main objective of rehabilitation is complete reintegration of former drug addicts into the society. The new Drug Strategy foresees measures for setting up a network of the staff of rehabilitation centres, social workers of local governments, NGOs and other institutions. There is a clear need for the development of a management model of the rehabilitation system. Possibilities of involving the private sector in the development of the rehabilitation system must be explored.

12. Intervention in the Criminal Justice System

Organisation and supervision of the work of prisons is a responsibility of the Prison Department of the Ministry of Justice. In Estonia there are total of 9 prisons - 8 closed prisons (Harku, Maardu, Murru, Pärnu, Tallinna, Tartu, Viljandi and Ämari) and 1 open prison (Rummu Open prison). As at January 1, 2003 the total number of prisoners in Estonian prisons was 4352 of which 3,059 were convicted and 1,293 pre-trial prisoners (Estonian Prison System Yearbook 2003)⁵.

The Imprisonment Act (State Gazette 2000, 58, 376) provides the establishment of the resocialisation system of prisoners. The main task of the Department of Prisons of the Ministry of Justice is the arrangement of prison work and supervision. The Social Welfare Division of the Department of Prison is responsible for the coordination of social work in prisons, organisation of the implementation of social programmes and provision of psychological help, development of the health care system of prisons and coordination of the medical services provided for prison inmates.

The ordinance of the Minister of Justice No 34 "Statutes of the Database of Inmates" (State Gazette 2000, 105, 1632) stipulates the procedure of the collection of data (incl medical data) on prisoners.

The task of the Punishment Implementation Division is to coordinate the registration of prisoners and control the usage of the records of prisoners.

According to the Action Plan of the Ministry of Justice until the year 2006 an important task of the Ministry of Justice regarding the prison system is to integrate the health care of prison inmates into the general health care system as well as integrate the social welfare system of prisons into the national social welfare system in close cooperation with the Ministry of Social Affairs.

⁵ In 2002 the majority of convicted prisoners were adult men (n=2850) followed by adult women (n=128), juvenile men (n=80) and juvenile women (n=1) (Yearbook of the Prison System in Estonia, 2003).

According to the aforementioned Action Plan, the task of prison administration is to reduce in close cooperation with the Ministry of Social Affairs and Internal Affairs the supply of drugs into prison. Another priority of the Ministry of Justice defined in the Action Plan is cooperation with the Ministry of Social Affairs and Ministry of Education as well as local governments to improve the efficiency of work regarding juvenile offenders.

The Health Care Service Organization Act (State Gazette 2001, 50, 284) stipulates that health care in prison is a part of the national health care system, however, it does not work in practice and therefore, activities for the rearrangement of the prison health care system were initiated in 2002 to prepare for the integration of the prison health care system into the national health care system in 2005 (Yearbook of the Prison System in Estonia 2003).

The Social Welfare Act (State Gazette 1995 21, 323) regulates the provision of social services to different risk groups with specific needs including prisoners. A social worker and a psychologist are working in every prison, but the size of the social department is different by prisons depending on the capacity of the prison. It is obvious that social work in prison (incl also work with prisoners with drug problems) should be linked to the social and health care system outside prisons and carried out in cooperation with local authorities and NGOs.

In addition, voluntary work in prison is a new form of work aiming at the provision of prisoners with support during the resocialisation process. The activities of voluntary workers in the prison system are regulated by the ordinance of the Minister of Justice No 72, November 7, 2002 "Guidelines for the involvement of volunteers in religious activities and resocialisation of inmates"

Phare Twinning project "Crime Prevention - Social Rehabilitation of Prisoners" started in 2001 and ended in November 2002. The project was the first step in launching the reform of the system of social work and education in prison (see Chapter 12.1; 12.2).

12. 1 Assistance to drug users in prison

The prison system in late 1990-ies concentrated more on the reduction of supply and less on the reduction of drug-related harm. Systematic drug prevention work in the prison system started at the end of 1990-ies. In 1998 the first drug-free department was established in Viljandi Juvenile Prison followed by the establishment of a small drug-free department in Harku Prison (National Report on Drug Situation in Estonia 2002, 2003).

According to the statistical data of the Registry of Prisoners, total of 663 mental and behavioural disorders as a result of the use of illegal psychoactive substances were registered, 556 of the registered cases accounted for disorders acquired as a result of opiate use. According to the expert opinion access to treatment and rehabilitation system is currently very limited. A renovated drug-free department for 8 people was opened on October 10, 2002 in Viljandi Prison. In 2002 total of 10 prisoners lived in the drug-free department, accounting for 3% of all prisoners of Viljandi Prison. Two projects "How to feel good without the substances causing dependency" and "Resocialisation of prisoners after the release from Viljandi Prison" were implemented by Viljandi prison in 2002.

Both projects were funded from the ADAPP budget 2002 and aimed at supporting the resocialisation of prisoners after the release from prison by means of group therapy and different activities. In addition, a project "Adrenaline against Heroin " was elaborated. In 2002 several trainings were carried out in Viljandi and Maardu Prison targeted at prisoners (see Chapter 12.2).

Prison administrations have compiled Drug Prevention Action Plans including comprehensive measures to motivate inmates to lead a drug-free life in prison. Prisoners and prison staff were defined as the target groups of the Drug Prevention Action Plan; all action plans consisted of such basic elements as the establishment of a functioning control system, organisation of trainings in harm reduction measures, collection of statistical data on drug addicts, provision of information to the police, informing other prisons about new substances, organising service provision to drug addicts (counselling, treatment) etc. Several prison administrations have set an objective of establishing a drug-free department. There are also prisons which have planned to establish contacts with rehabilitation centres and local communities to help former prisoners to lead a drug-free life after the release from the prison.

Several steps have been taken to ensure the reduction of drug supply such as setting up an effective control system in all prisons and construction of a cell-type prison in Tartu.

Harm reduction started to play an important role after the HIV outbreak among Estonian prisoners in 2000. However, needle exchange projects have not been carried out in any of the Estonian prisons.

Possibilities for voluntary HIV testing have been available in all prisons since October 2001.

According to the data from the Ministry of Justice, total of 1,874 inmates were tested in all prisons of which 328 were tested as HIV positive (about 17% of all tested inmates) in 2002. The number of newly diagnosed cases of HIV infection has decreased slightly compared to 2001. Similarly to the previous year the transmission of HIV did not follow the same pattern in all prisons (Table 20).

Table 20. Number of positive HIV cases by prisons in 2002

Name of the prison	Number of tests	No of HIV infected
Central Prison	925	221
Central Hospital of Prisons	118	8
Murru Prison	167	10
Ämari Prison	95	2
Maardu Prison	142	30
Tallinna Prison	143	51
Tartu Prison	159	14
Pärnu Prison	41	---
Harku Prison	84	---
Total	1 874	328

Source: Ministry of Justice 2003

The medical staff in prison is responsible for counselling and testing for HIV/AIDS. The Ministry of Justice has elaborated an Action Plan for HIV/AIDS Prevention for 2002- 2006 to be implemented by the government agencies of the Ministry of Justice. The main goal is to ensure the availability of possibilities for pre-testing and testing for HIV and post-testing counselling of inmates, to provide the prison staff and probation officers with a safe working environment as well as ensure the prisoners a safe environment, to reduce risk behaviour through rising the awareness about HIV/AIDS and other STDs, to rise the awareness of prison personnel and probation officers about the issues related to HIV/AIDS, to develop an efficient monitoring system in prisons and provide prisoners with appropriate treatment and care.

Establishment of a drug-free unit has helped prison officers and doctors to identify the inmates with a dependency problem and provide them with assistance. In November 2002 the Ministry of Justice launched a pilot project of methadone treatment in the Central Hospital of Prisons to address the problem of increasing number of prisoners heavily addicted to opiates. Six carefully selected prisoners who met the inclusion criteria of the treatment programme participated in the project.

According to the criteria a participant of the treatment programme had to be over 20 years of age, heavily addicted to opiates and have a strong motivation to participate in the treatment and rehabilitation process. The criteria for treatment included diagnosis of HIV / AIDS and hepatitis.

The Ministry of Social Affairs and the Ministry of Justice decided to include a separate chapter on drugs in prison in the National Drug Strategy. The named chapter aims at increasing the efficiency of the provision of assistance to drug users in prisons by specifying actions in the field of prevention, treatment and rehabilitation in Estonian prisons. The new drug strategy envisages the establishment of relevant structures and improving of measures for addressing drug-related problems in Estonian prisons more effectively. According to the principles defined in the new drug strategy, drug prevention forms an important part of the primary activities in prisons. According to the short-term goal defined in the new drug strategy comprehensive measures should be taken in order to motivate inmates to lead a drug-free life. The new drug strategy provides establishment of “drug-free” wings in 5 prisons in Estonia.

Establishment of a well-functioning control system is an important part of the drug strategy. The new strategy must guarantee better access to regular treatment of all prisoners with drug problems. In order to facilitate the establishment of an efficient comprehensive rehabilitation system it is important to take certain measures such as improve cooperation with partner institutions of the prison system. In addition to the establishment of a surveillance system of HIV infection, a similar system must be set up with respect to hepatitis. Provision of the prison personnel, especially the medical staff, social workers and psychologists with appropriate and regular training is of utmost importance to ensure adequate handling of the problems of drug use and drug-related infectious diseases in prisons.

12.2 Alternatives to prison for drug dependent offenders

In Estonia alternatives to prison such as release on probation have been used for several years now. At the moment the statistics about the people on probation having received treatment for their drug use are not available. According to the data of the Probation Division of the Ministry of Justice, court has imposed sanctions with regard to obligatory drug treatment only in few cases.

The Ministry of Justice conducted a study on the people on probation in 2002. The main aim of the study was the collection of data about persons on probation and identification of their social and other problems using a self-administered questionnaire. Probation officers filled in the questionnaire about their clients during the period from June 1 to October 31, 2002⁶. All 17 crime probation offices took part in the study. The study showed that only 38.5% of the people on probation had been provided with health insurance indicating that their access to health care services was limited (Maurer, *Social Work* 2, 33 – 34, 2003)

The average age of a person on probation was 29. By nationality 60.5% of the sample were Estonians, followed by Russians (35%) and other nationalities (4.5%). More than half of the clients were single. 38% of the persons of the sample group had children.

The study suggested that probationers were in a difficult economic situation - only 39.5% of the probationers had a regular job and 16% had a non-regular job, 11% were unemployed.

Lack of an identification document is a reason for excluding a person from the labour market as well as health care and social services. The study showed that about three fourth of the probationers had got an identification document providing evidence for being an Estonian citizen. Compared to the previous study conducted in 2001 by the Ministry of Justice the share of probationers living without a passport reduced from 12 % (n=843) in 2001 to 7% in 2002. A person without a passport could easily become socially excluded, therefore, efforts should be made to avoid social exclusion of probationers.

⁶ The total sample size was 6,428. 91% of the respondents were male (n=5859) and 9% female (n=569). The respondents were 13 – 77 years of age. The average age of the client was 29.

The study indicated that only 64% of the probationers had got a health insurance. At the same time, only 38.5% of the persons on probation with addiction problems had a health insurance.

With regard to the living conditions three fourth of the clients lived in their own home or flat, a small proportion of the clients lived in shelter homes, social homes or together with their acquaintances; the share of homeless persons among the respondents was less than 1%. According to the statistics of the Ministry of Justice, judges had obliged 37 persons on probation to participate in the drug treatment programme. There is no data about persons on probation seeking treatment for their drug use.

12. 3 Evaluation and training

Over the last few years it has been realized that the prison staff, especially social workers, educators and psychologists and prisons guards need comprehensive training. Projects initiated by NGOs have contributed to effective implementation of prevention work with respect to drugs and HIV/AIDS introducing innovative concepts and working methods. In Estonia the AIDS Support Centre and NGO Convictus have been very active in organizing trainings in HIV and other health issues for the prison staff. In 2002 the US Embassy decided to fund a project initiated by the Social Rehabilitation Centre. The duration of the project is 2 years and aims at organizing trainings in issues related to sexual health and HIV.

The AIDS Prevention Centre of the Health Protection Inspectorate has been very active in the field of prevention and reduction of drug-related harm in prison. In 2002 the APC conducted a comprehensive training for prison officers and other prison staff (health care and social personnel) and inmates. In order to ensure access to information 10,000 copies of an information booklet (one third in Estonian and two-thirds in Russian) on HIV and other sexually transmitted diseases in prison setting were published. In 2002 2,800 copies of the above mentioned information booklet and 4,100 copies of other information material were distributed among prison inmates and the staff.

In 2002 the APC interviewed the prison staff to assess their awareness of drug-related issues and the need for training. According to the needs assessment the APC in cooperation with the Ministry of Justice prepared a training programme for 2002-2003. In March 2002 the Ministry of Justice and the APC organised a training seminar in co-operation with Finnish specialists for 188 prison workers. Also, the APC organised an awareness raising training for the prisoners in Maardu Prison in the form of lectures. Altogether 93 prison inmates participated in the lectures. A discussion group of HIV-positive prisoners was established in Murru Prison to have regular discussions about HIV issues and health education. Viljandi Prison implemented 2 drug-related projects "How to feel good without substances causing dependence" and "Resocialisation of prisoners after the release from Viljandi Prison in 2002" (See Chapter 12.1).

Several social rehabilitation programmes have been implemented to support the resocialisation process of prisoners. The above mentioned programmes have mostly been carried out by prison psychologists and social workers with the aim of teaching prisoners social skills to help them to cope in the society. A national training programme "Anger management" was implemented in prisons in 2003. The training programme was based on cognitive-behavioral model.

The Phare Twinning project "Crime Prevention - Social Rehabilitation of Prisoners" started in November 2001. The overall objective of the programme was to improve the training programmes carried out in prisons and raise the quality of social work in prisons as well as develop resocialisation programmes equivalent to the programmes carried out in the EU. The main objective of the resocialisation programmes was to draft a development plan of training and education in prisons as well as guidelines to social workers.

Within the framework of the Phare Twinning project the legislation concerning social work in prison was analysed and the need for making amendments was assessed. The Phare Twinning project organized several trainings for educators and social workers.

In order to increase the expertise of teachers in the methodology of educating the adults and minors in prison, total of 30 teachers were trained in 2002 within the framework of the Phare Twinning project "Crime Prevention – Social Rehabilitation of Prisoners". More than 40 social workers were provided with training to improve and develop the structure and methods of increasing the efficiency of resocialisation of prisoners. According to the needs assessment the programmes "Motivational Interviewing" and "Aggression Replacement Training" have been selected for the implementation in prison to enhance the efficiency of assistance to drug users in Estonian prisons. The Ministry of Justice has decided to implement the above-mentioned programmes in 2003. Several recommendations have been formulated aiming at the improvement of educational and social work in prison. Among others, recommendations for carrying out continuous training and supervision of social work in prison have been made. It has been pointed out that social work in prison should be conducted in close co- operation with local authorities outside the prison system (Final Report of the Twinnig Programme 2002)

In terms of project work, evaluation has played a less important role in project management, therefore, the new Drug Strategy foresees the development of a monitoring and evaluation system. In the future more attention should be paid to scientific evaluation.

13. Quality Assurance

In 2002 the Institute of International and Social Studies (IISS) and the EDMC reached a consensus that the methodology of the next population study should be changed in accordance with the current formats of the report of the EMCDDA. A set of major core items has been selected from the “European Model Questionnaire” and integrated in the Health Section of the Population Study. It has been decided that the target group of the next general population survey will be the age group of 15 – 64 year olds. This change in methodology will enable us to get adequate data about the prevalence of drug use among the youth group aged 15 – 17 and include young people at risk, for example those who have already left school. Estonia has participated in the ESPAD study twice - in 1995 and 1999 (see Chapter 2.1 of the National Report on Drug Situation in Estonia 2001, 2002). The ESPAD study is an excellent source of information essential for evidence-based policy-making but the major methodological problem is that the study covers only a limited age group of schoolchildren and excludes school dropouts. The samples of those two studies are episodic and do not give an overview of the whole situation. For example, good and reliable data on the use of illicit drugs among the prison population or students of special schools where the use of illicit drugs might be substantially higher are not available. Recreational drug use is another area which is not thoroughly studied in Estonia.

PART IV

Selected issues

14. Evaluation of National Drug Strategies

The majority of projects implemented on the national level have not been evaluated according to scientific methods. Ad hoc evaluation of the projects funded by the ADAPP has been carried out over the last years.

The Ministry of Social Affairs of the Republic of Estonia has requested the STI/HIV/AIDS Programme of the WHO/EURO to carry out an evaluation of the implementation of the national programme. In December 2002 the WHO/EURO Mission assessed the content, scope and coverage as well as the quality of the National Alcohol and Drug Prevention Programme and Estonian HIV/AIDS Programme by means of interviewing the main actors of this field (Report of the WHO/ EURO Mission to Estonia 2003).

Several recommendations were made regarding the management, funding, working methods and structure of the programme. The evaluation suggested that there was a clear need for increasing the funds of the National Alcohol and Drug Prevention Programme and HIV/AIDS Prevention Programme to ensure sustainability. According to the findings greater emphasis has to be laid on the evaluation component – it is necessary to evaluate national projects, standards and other activities.

Several general recommendations were provided: to allocate more funds for targeted interventions, to increase the capacity of treatment services; to set harm reduction and methadone substitution treatment for IDUs as a priority; to provide methadone treatment according to international standards; to provide evidence based treatment subject to monitoring.

The last suggestion refers to the need for establishing the treatment demand monitoring system to contribute to the assessment of the need for resources, planning and evaluation of services provided for drug users. The WHO evaluation recommended to improve the system of data collection and surveillance regarding HIV/ AIDS as well as to provide the prison personnel with training.

SELECTED ISSUES

The new Drug Strategy includes monitoring and evaluation components and defines the performance indicators. It is obvious that without a carefully planned regular evaluation it is impossible to guarantee meeting of the goals defined in the strategy and ensure implementation of the planned activities. Greater emphasis should be laid on the evaluation component – it is necessary to assess and audit national programmes and projects.

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ANNEX I

Drug Monitoring System and sources of information

EDMC is responsible for JANSAD, ELDD, monitoring of drug situation, responses, drug strategy and policy and their impact on the drug situation. Estonian Drug Monitoring Centre collects information from different data sources. Collected data is mostly routine statistics as well as findings of studies carried out in the drug field which are transposed to the EDMC. Our data sources are the following:

Statistical Office of Estonia (Drug-related deaths and mortality) ICD 10 has been adopted and the NFP has direct access to the general mortality register. Improvement of the data quality depends on further development of forensic examination practices and notification.

Bureau of Medical Statistics of the Ministry of Social Affairs (Drug-related morbidity)

Institute of International and Social Studies (Population survey, ESPAD, other surveys). Next population survey in 2004 will be carried out according to the EMCDDA standards.

Estonian Hospitals (Drug overdoses and drug treatment demand)

Estonian Centre for Health Education and Promotion (Training, prevention at national and local level, treatment of uninsured patients). Some information is available on demand reduction initiatives managed within the framework of the ADAPP.

Ministry of Internal Affairs (Drug-related offences, prevention of drug-related crime, availability of illicit drugs at street level, national drug legislation. Subordinated Agencies of the Ministry of Internal Affairs are the following: the Police Board, Department of Information and Analysis, Drug Unit of National Criminal Investigation Department, the Board of Boarder Guard, Estonian Forensic Service Centre).

Health Protection Inspectorate (Drug-related infectious diseases). Basic data on HIV and hepatitis B and C available.

Ministry of Justice (Court, prison and probation statistics)

West-Tallinn Central Hospital. Foundation of Methadone Substitution Treatment Centre (Data on substitution treatment)

Anti-AIDS Association (harm reduction data)

TABLES AND FIGURES

Table 1. Use of the ADAPP funds of the financial year 2002 (EUR)

Table 2. Experiences of Estonian schoolchildren with drugs according to gender and age.

Table 3. Experiences of Russian schoolchildren with drugs according gender and age

Table 4. Number of cases of mental and behavioural disorders caused by the use of psychoactive substances in 1998 – 2002

Table 5. Number of cases of MBD caused by the use of psychoactive substances in Tallinn and Estonia in 2002

Table 6. Number of mental and behavioural disorders caused by the use of psychoactive substances by diagnoses in 2002 (out-patient and stationary).

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LIST OF ABBREVIATIONS:

ADAPP- Alcoholism and Drug Abuse Prevention Programme

AIDS- Acquired Immunodeficiency Syndrome

AISC- AIDS Information and Support Centre

ARV- Anti-retrovirus

ATS- Amphetamine type stimulants

CC- Criminal Code

EDMC- Estonian Drug Monitoring Centre

EMCDDA- European Monitoring Centre for Drugs and Drug Addiction

ESPAD- European School Survey on Alcohol and Other Drugs

FINESTO- Finnish Task Force of the Estonian and Finnish Police

GHB- Cammahydroxybutyrate

HAV – Hepatitis A Virus

HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

HIV- Human Immunodeficiency Virus

IDU- Injecting Drug User

IISS- Institute of International and Social Studies

MBD- Mental and Behavioural Disorders

MDA - 3,4 Methylenedioxyamphetamine

MDEA - 3,4 Methylenedioxyethylamphetamine

MDMA- 3, 4 Methylenedioxymethamphetamine

MSM- men having sex with men

NDPSA- Narcotic Drugs and Psychotropic Substances Act

NSPDP - National Strategy on the Prevention on Drug Dependency 2002-2012

STI- Sexually Transmitted Infectious

TDI- Treatment demand indicator

WHO- World Health Organization