European Monitoring Centre
for Drugs and Drug Addiction

2006 NATIONAL REPORT (2005 data) to the EMCDDA
by the Reitox National Focal Point

ESTONIA
New developments, trends and in-depth information on selected issues

REITOX

REPORT ON THE DRUG SITUATION IN ESTONIA 2006

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Table of Contents

Acknowledgements and introductory note

A national report on the drug situation in Estonia is drawn up annually for the European Drug Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) and the Ministry of Social Affairs of Estonia. This report gives an overview of the political and legal framework, demand and supply reduction interventions in the field of drugs in Estonia in 2005. The structure of report has been provided by the EMCDDA.

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The website of the Estonian Drug Monitoring Centre is available at http://eusk.tai.ee or on the website of the National Institute for Health Development at http://www.tai.ee (see Research Centre).

Summary

National policies and context

In 2005 no major changes in the national drug policy were introduced. In order to implement the National Strategy for Prevention on Drug Dependency 2005-2012 (NSPDD) more effectively the Government Commission on Drug Prevention (GCDP) was established in April 22, 2006 to revise the strategy as well as approve the annual implementation plans and draft action plans for the years 2007-2009 and 2010-2012.

Narcotic Drugs and Psychotropic Substances Act (NDPSA) and Associated Acts Amendment Act (RT I 1997, 52, 834; RTI, 10.05.2005, 24, 180) was adopted imposing restrictions on illegal handling of narcotic drugs and psychotropic substances and their precursors as well as surveillance of narcotic drugs and psychotropic substances. Also, the amendments provide the establishment of the National Drug Treatment Database (NDTD).

Drug Use in the Population

In 2005 there was no new information about the drug use amongst the general population. Some information was available about the drug use amongst commercial sex workers (CSW). About 30% of CSW had used drugs in the last six months prior to the survey. According to the survey amphetamines and cannabis were the most frequently used drugs among the first time visitors of health care services.

Prevention

In 2005 the NSPDD was enacted replacing the Alcohol and Drug Abuse Prevention Programme (ADAPP) being the basis for drug prevention. The first year of the NSPDD did not bring along any major changes in the structure of drug prevention and the activities carried out in the field of drug prevention. In 2005 drug prevention in Estonia was mainly based on short-term projects financed by the NSPDD or local governments. Despite of a number of training sessions and training materials developed over the last years (see previous reports) no obligatory national programmes for schools were introduced in Estonia

in 2005. In addition to the interventions of the NSPDD, Tallinn City Government has financed drug prevention activities in the capital city of Estonia.

Problem drug use

Heroin is not the prevailing drug on illicit drug market which clearly has an effect on injecting drug use in Estonia. In 2005 methylfentanyl and methylfentanyl mixed with fentanyl accounted for the majority of seizures of opiates (see chapter 10 Drug Markets). A study on HIV prevalence among injecting drug users (IDUs) conducted in 2005 showed that the majority of IDUs had used fentanyles in the last 4 weeks (Uusküla et al. 2005). The IDU population in Estonia is numerous – the estimated total number of IDUs is 13,801 IDUs (95% CI 8 132-34 443) of which 12,387 (95% CI 7119-20600) are male and 1,414 female IDUs (95% CI 1059-4132) (Uusküla et al. 2005).

Drug-Related Treatment

According to the national drug strategy the development of professional and effective treatment for drug addicts, expansion of drug-related treatment services across the country and improvement of the quality of services is one of the six main objectives. Limited data did not enable us to give a comprehensive overview of drug-free and medically assisted treatment. A study on drug treatment provision conducted by the Estonian Drug Monitoring Centre (EDMC) can shed some light on these issues, however, due to its limited nature and low response rate the findings should be treated carefully. The Global Fund (GF) Programme is still the major provider of funds for medically assisted treatment. In 2005 the funding included provision of methadone treatment for approximately 5% of IDUs in Tallinn, Narva, Jõhvi and Kiviõli. The national strategy provides treatment for less than 1% of IDUs. The low coverage of IDUs in the treatment funded within the framework of the national strategy can be explained by the allocation of the majority of the funds of the national strategy for the establishment of new treatment centres in 2005. Tallinn City Government continued the funding of medically assisted and drug free treatment, however, data on drug free treatment are not available.

Health Correlates and Consequences

57 drug-related deaths were registered in Estonia in 2005. The methodology of defining drug-related deaths has not changed. Estonia uses the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) definition for General Mortality Registers, “selection B”. Males, age group 20-29, urban residents, residents of Tallinn and North-Eastern Estonia, ethnic Russians are more likely to suffer drug-related mortality in Estonia.

The incidence of HIV has been declining since 2002. From 1988 to December 31, 2005 a total of 5,063 new HIV cases were registered in Estonia. Also, the number of new cases of acute Hepatitis B virus (HBV) and Hepatitis C virus (HCV) has declined when compared to the year 2004.

Responses to Health Correlates and Consequences

Responses to health correlates and consequences include a wide range of interventions funded from the NSPDD, GF Programme and local governments. There are no nationwide data on drug-related overdoses. The available statistics of Tallinn Emergency Service shows that the number of drug-related overdoses has decreased from 1,217 cases in 2004 to 854 in 2005. The NSPDD 2012 recognizes the prevention of drug-related deaths and overdoses as an important strategic target, however, the interventions aiming to decrease drug-related deaths and overdoses were not implemented in 2005. Prevention and treatment of drug-related infectious diseases have caught more political and media attention than ever before. Reduction of drug-related infectious diseases and sexually transmitted diseases (STIs) among different risk groups and the general population has been identified as an important target of the HIV/AIDS National Strategy 2006-2015 (HANS) and NSPDD. The extent of interventions and specialized services (e.g syringe exchange, condom distribution, sexual education, methadone substitution treatment etc) aiming to decrease drug-related infectious diseases among risk groups has increased. Anti-retrovirus (ARV) treatment is provided in specialized hospitals. In 2005 the first centre for drug addicts with other psychiatric diseases providing services for a maximum of 30 clients was opened in Tallinn.

Social Correlates and Consequences

There are still a number of social problems in Estonia like the increasing number of homeless people, high level of school drop out and families living in poverty. Examples of positive trends in Estonia include gradual decrease in unemployment rate since 2001 and the 20% decrease in total number of drug offences registered by the police in 2005 when compared to 2004. Drug use in prison is still a major concern. Findings of the prison survey 2005 show that 10-15% of prison inmates use drugs 1 to 2 times a week and less than 10% use drugs 3-5 times a week.

Responses to Social Correlates and Consequences

There are no new data available on social reintegration programmes for drug users.
In 2005 the Police Board allocated total of EUR 76,694 for drug-related crime prevention to carry out 68 crime prevention projects of which 36 projects carried out by the police prefectures were partly or fully aiming at the prevention of drug misuse. Also, the Central Law Enforcement Police carried out a project to meet similar objectives. The Police Board allocated over EUR 42,616 for the implementation of drug misuse prevention projects. The majority of the projects defined the youth as the target group.

Drug Markets

In 2005 synthetic amphetamine type stimulants (ATS) and ecstasy type of drugs were still the most commonly used drugs in terms of the number of seizures, followed by cannabis and opiates. Fentanyls became the most frequently seized opiates in 2005. The importance of heroine on local illicit drug market has decreased substantially. The amount of seized cocaine has increased when compared to 2004. In 2005 drug trafficking through and from Estonia showed a pattern similar to the last few years. Recently increase in the smuggling of cocaine from Central America to Estonian markets has been observed. According to the police data the street prices of illegal substances increased in 2005 when compared to 2004 and the purity of most seized drugs decreased.

Part A: New Developments and Trends

1. National policies and context

In 2005 no major changes in the national drug policy were observed. In order to implement the NSPDD more effectively the GCDP was established in April 22, 2006 to revise the strategy as well as approve the annual implementation plans and draft action plans for the years 2007-2009 and 2010-2012.

NDPSA and Associated Acts Amendment Act was adopted imposing restrictions on illegal handling of narcotic drugs and psychotropic substances and their precursors as well as surveillance of narcotic drugs and psychotropic substances. Also, the amendments provide the establishment of the NDTD.

In terms of expenditure it is difficult to give a comprehensive overview of the funding of drug-related activities. In 2005 the budget and reported expenditures on drug-related activities remained nearly the same as in 2004.

In 2005 no large-scale opinion polls on drug-related topics were carried out. The survey of 2004 revealed that the general attitude towards drug smuggling is very negative and the Eurobarometer survey carried out in 2006 demonstrated that one of the biggest fears of the Estonians with regard to the EU membership was the increase in drug-related crime[1].

1.1 Legal framework

NDPSA and Associated Acts (RT I 1997, 52, 834) has been amended by the NDPSA and Associated Acts Amendment Act (RTI, 10.05.2005, 24, 180). The majority of amendments in the legal acts were related to restricting the illegal handling of narcotic drugs and psychotropic substances and their precursors and harmonization of Estonian legal acts with the EU regulations. Also, the NDPSA and the Primary Substances Acts Amendment Act (RT I 1997, 52, 834; RTI, 07.07.2006, 32, 247) provided improvement of the scope of

[1] 69% of Estonian citizens are satisfied with their life in Estonia. Available: http://www.emor.ee/arhiiv.html?id=1571

surveillance to prevent the availability and circulation of narcotic drugs, psychotropic substances and their precursors. The State Agency of Medicines and the Estonian Tax and Customs Board are responsible for the monitoring of the implementation of the NDPSA and the Primary Substances Acts Amendment Act.

The amended legal act provides a basis for the collection of drug-related information. According to §10 of section 3 of the amendment act the EDMC is responsible for the collection and analysis of epidemiological and statistical data on drug situation and the assessment of the prevalence of drug use. Also, the amendment act provides the establishment of the NDTD (§ 11).

On the basis of the above-mentioned act amendments to the Psychiatric Care Act (RT[1] I 1997, 16, 260), have been introduced providing that psychiatric care and diagnosis are confidential personal information and specifying the subjects who have the right to disclose such information. The NDPSA and the Primary Substances Acts Amendment Act provides two additional subjects with such right – the NDTD and Estonian Health Insurance Fund (EHIF).

Also, amendments to the Communicable Diseases Prevention and Control Act (RT I 2003, 26, 160) have been introduced stipulating the requirement to inform relevant agencies of any suspicion of an extremely dangerous communicable disease and provide such information together with personal data identifying the data subject. The list of communicable diseases requiring personal data identifying the data subject will be stipulated by the regulation of the Government of the Republic.

1.2 Institutional framework, strategies and policies

The Ministry of Social Affairs (MSoA) is responsible for the overall administration and co-ordination of the NSPDD. Other ministries are expected to implement the strategy in their area of expertise. The National Institute for Health Development (NIHD) has been responsible for the implementation of demand reduction since the NSPDD took effect in 2005. The NIHD provides funding for treatment centres, county governments and other agencies as well as delivers training in the field of drugs. According to the strategy the EDMC is responsible for the monitoring and evaluation of the implementation of the strategy.

However, evaluation of the strategy is an area to be improved. Therefore, quality management and evaluation were included in the new Action Plan for the implementation of the national drug strategy 2007-2009. Assessment of routine data collection and evaluation of the strategy are considered to be necessary parts of the implementation process.

In 2005 no major changes in the national drug policy were introduced. A GCDP was established on April 22, 2006 (The Government Order No 172 March 10, 2006) to implement the NSPDD more effectively. The commission consists of representatives of all ministries involved in the implementation of the drug strategy, the Estonian Psychiatrist Union, Estonian Cities Union, Board of the Border Guard and EDMC. The GCDP is responsible for revising the strategy, as well as approving the annual implementation plans and draft action plans for the years 2007-2009 and 2010-2012. The Government Commission has to draft an overview of the implementation of the drug strategy and submit it to the Government by 1 March. According to the Government Order No 172 of March 10, 2006 the EDMC is responsible for providing the GCDP with a report on drug situation twice a year (February 1st; July 1st).

1.3 Budget and public expenditure

The scope of state expenditure on drug-related activities is difficult to estimate as data on some areas of activity are not readily available. It is difficult to arrive at an accurate estimate of costs associated specifically with supply and demand reduction, treatment, universal, selective prevention and rehabilitation.

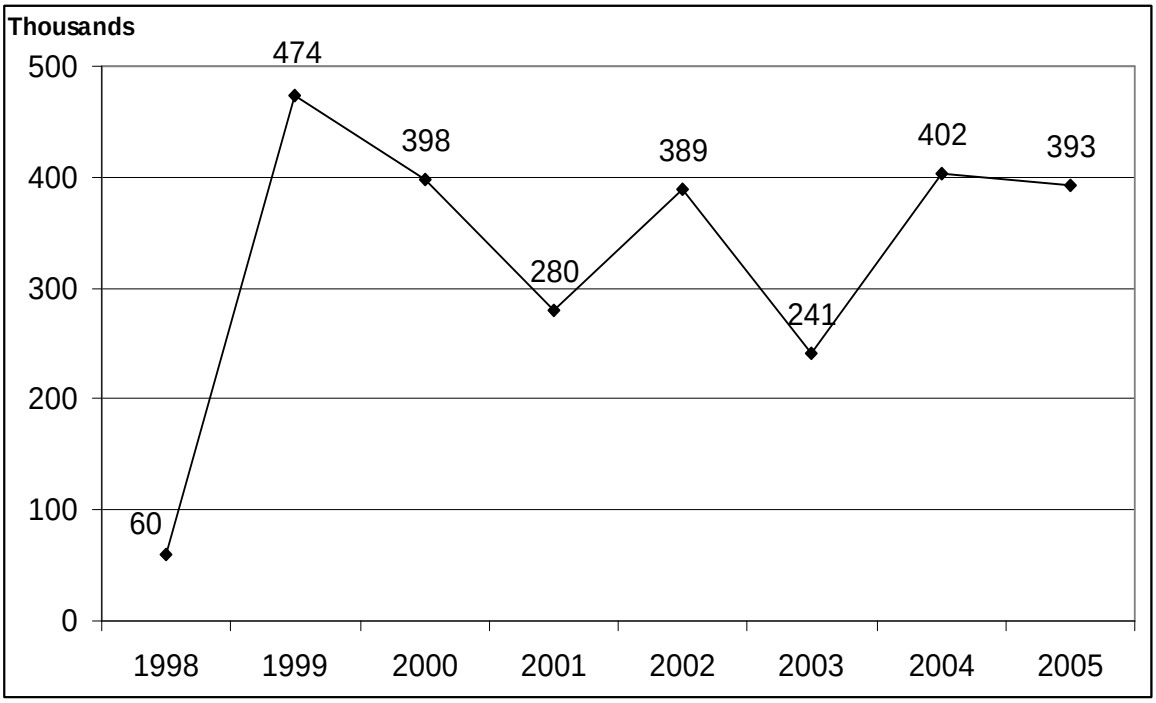
An overview of expenditures is available in terms of the activities of the NSPDD, National Programme for HIV/AIDS Prevention (NPHAP), prevention projects of HIV/AIDS and drug addiction in Tallinn and the GF HIV/AIDS programmes.

It is difficult to estimate the expenditures associated specifically with the NSPDD and the NPHAP budget. In Estonia drug addiction and HIV/AIDS issues are closely related and therefore, the NSPDD and NPHAP budgets are considered as one source of funding.

From 1998 to 2004 the activities related to the prevention of drug addiction were financed from the ADAPP. In spring 2004 the NSPDD was adopted. Since 2005 the activities targeted at the prevention of drug dependency have been funded from the NSPDD budget.

The expenditure of NSPDD for tackling drug dependency was budgeted almost at the same level as in the last year - EUR 392,793 (Figure 1).

Figure 1. ADAPP and NSPDD funds in 1998-2005, (EUR).



Source: Estonian Alcohol and Drug Abuse Prevention Programme, 1998-2004 and National Strategy on the Prevention of Drug Dependency 2005.

The Health Care and Social Work Department of Tallinn City Government funded HIV/AIDS and drug prevention projects with a total of EUR 406,728 in Tallinn. The projects involved treatment, rehabilitation, prevention, counselling, training and information exchange activities in the field of HIV/AIDS and drug prevention. The funding provided for HIV/AIDS and drug prevention by Tallinn City Government has slightly increased when compared to the past years (Table 1).

Table 1. Activities and budget of Tallinn City Government for the years 2003-2005 (EUR).

Activity	2003	2004	2005
Drug treatment and rehabilitation for children	139,611	148,128	128,298
Drug treatment for adults	0	0	127,823
Rehabilitation for adults	70,303	74,352	44,045
Counselling	10,865	19,173	43,840
Risk-group children	28,546	47,730	23,884
Media projects	26,868	7,350	26,907
Preventive activities	59,701	53,341	11,931
Risk-group women	14,025	24,606	0
Training projects for staff	6,708	3,196	0
HIV/AIDS prevention and treatment	22,561	9,804	0
TOTAL	**379,189**	**387,680**	**406,728**

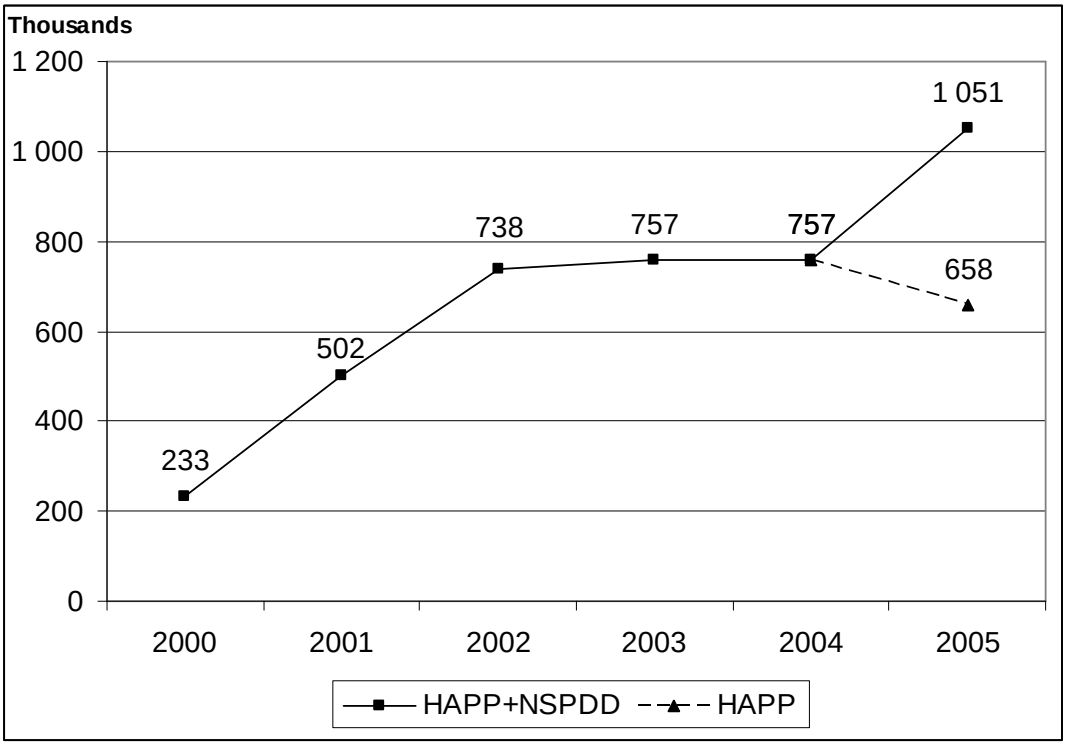
Source: Health Care and Social Work Department of Tallinn City Government, 2005.

In 2005 the Gambling Tax Committee (GTC) and EHIF financed several projects in the area of health and social affairs. In general the drug problem is related to many other social problems, therefore, it is difficult to make distinction between projects specifically targeting at drug issues and projects focusing on drug-related issues among others.

- **HIV/AIDS prevention budget**

In 2005 the Government allocated a total of EUR 1,050,545 for the implementation of both, the NPHAP and NSPDD. Direct expenditure for tackling HIV/AIDS prevention was budgeted at EUR 658,002, which is less than in 2004 (Figure 2).

Figure 2. Budget for tackling HIV/AIDS and drug addiction in 2000-2005 (EUR).



Source: Annual Reports of HIV/AIDS and drug strategy, 2000 – 2005.

EUR 207,895 was allocated for the prevention and supporting activities targeted at the risk groups of HIV/AIDS and EUR 370,630 was allocated for the prevention of drug use and HIV/AIDS amongst the general population. EUR 39,354 was allocated for the training of the staff of local authorities (public health specialists, medical staff etc.), EUR 39,354 for low-threshold centres and EUR 40,123 for the studies in the field of drugs and HIV/AIDS (Table 2).

Table 2. Budget for tackling HIV/AIDS and drug addiction, 2005 (EUR).

Activity	Expenditure
Studies	40,123
Trainings	39,354
Activities tackling drug addiction	392,543
Activities tackling HIV/AIDS	207,895
Prevention	370,630

Source: Annual Reports of HIV/AIDS and drug strategy, 2000 – 2005.

As it was stated in our previous report (Abel et al. 2005) the Estonian contractual partner to the GF entered into a contract on the implementation of the programme 'National Partnership to Increase the Scale of Estonia's Response to a Concentrated and Rapidly

Developing HIV/AIDS Epidemic". In 2005 the GF allocated a total of EUR 1,640,001 to the NIHD to stop progressive spread of HIV/AIDS. The funding has been divided between 7 main targets of the programme such us young people, IDUs, commercial sex workers (CSW), prisoners, men who have sex with men (*MSM*), HIV-infected and people in need of ARV treatment, monitoring and evaluation, programme management and trainings. The above mentioned areas were funded as follows: EUR 180,596 to reduce risk behaviour among young people and increase the awareness of the public of HIV/ AIDS related issues, EUR 456,999 to reduce risk behaviour of IDUs, EUR 484 52 to reduce risk behaviour of sex workers, EUR 50,732 to prevent the spread of HIV in prison, EUR 42,077 to reduce risk behaviour of MSM and to increase their awareness of HIV/AIDS related issues, EUR 532,577 to improve the quality of life of the people living with HIV/AIDS (PLWHA) and increase their access to health care and support services. In 2005 allocations for PLWHAs increased almost by 1/3, at the same time funding for preventive activities for young people decreased by half.

The rest of the funds (EUR 328,568) were divided between two areas of activity aiming at capacity-building of organizations participating in the GF programme and development of co-operation between organizations in order to meet the objectives of monitoring and evaluation, management and training of the programme.

In 2004 and 2005 the funds and interventions targeted at IDUs included syringe exchange with counselling and methadone substitution treatment. Four non-governmental organizations were responsible for syringe exchange within the framework of the GF programme. These organisations had a total of 24 syringe exchange points (SEP) by the end of 2005. 17 SEPs are located in Ida-Viru County and 7 in Tallinn and Harju County. In 2004 the SEPs of these 4 organisations were visited 56,484 times (38,729 visits in Eastern Estonia and 17,755 in Tallinn). 80,689 visits were recorded in 2005 (49,826 visits in Eastern Estonia and 30,863 in Tallinn).

1.4 Social and cultural context

In the following paragraphs the public opinion on drug-related issues in Estonia is examined. Before the year 2005 a couple of surveys had been commissioned by the Estonian government reflecting the general opinion of people on drug-related issues, e.g. a survey commissioned by the State Chancellery and conducted by a poll company Turu-Uuringud to which Eesti Päevaleht (EPL) referred to in 2004 (Koch 2004), however, in 2005 no large-scale opinion polls on drug-related issues were carried out. The survey of 2004 revealed that the general attitude towards drug smuggling is very negative, as negative as towards rape and murder (however, it was not the case with abortion). In 2006 a Eurobarometer survey was carried out once again demonstrating that increase in drug-related crime is one of the biggest fears Estonians have in relation to the EU membership[2].

Public opinion is also reflected in media. In TV programmes (e.g Raport on Channel 2) drug-addicts are portrayed as criminals. According to the assessment of printed media carried out in 2005 drug addicts have attributed an overly negative image. They are perceived as a threat to ordinary/normal people – criminals who, in order to get high, are after people's personal possessions and assault their victims on dark alleys (Eesti Päevaleht 2005 b; Vahter 2005). That is also a reason why 'normal people' do not want drug rehabilitation centres to be built in their neighbourhood (Olvet 2005; Postimees 2005 b). According to a journalist who has analysed the Internet commentaries, drug addicts are not much liked in Estonia (Õunpuu 2005). As a result it has been understood on the national/government level that drug addicts need support. Scientists (Lagerspetz 2005) stress that it is not reasonable to classify them as 'the others' whose worries do not concern 'us'.

- **Attitudes towards drug addicts and drugs**

Whenever drug addicts are referred to as 'the dangerous elements in the society', usually heroin addicts are kept in mind (they are mostly non-Estonians being less well off). At the same time the attitude of young people towards recreational drugs and drug users is much more positive. The youth sociologist Allaste (2005) claims in EPL – cocaine as the drug of

[2] 69% of Estonian citizens are satisfied with their life in Estonia) Available: http://www.emor.ee/arhiiv.html?id=1571

'the rich and beautiful' has a rather glamorous image and cocaine is rather a sign of success than decline (Allaste 2005).

- **Initiatives of the Parliament and civil society**

In 2005 the Parliament, more precisely, its Social Affairs Committee, adopted the NDPSA and Associated Acts Amendment Act. Otherwise, there were no major initiatives on the government level. However, drug issues were touched upon in the sessions of the Parliament, also, the government discussed these issues in relation to other social problems (e.g HIV, trafficking in humans, crime) (Lang 2005; Ansip 2006). Some attention was paid to the public funding for combating drugs in the coming years (Minutes of Riigikogu 2005). In his public addresses and speeches President Arnold Rüütel referred to drug and alcohol abuse among schoolchildren as a serious social problem (e.g. New Year Address 2006 and the Independence Day Address in February 2006) (Rüütel 2006).

In 2005 various drug prevention events were promoted by the state, local governments, private sector, sportsmen, musicians etc. For example, in August there was a family event free of charge 'I am clean. Alive and beautiful. Drug-free' (Postimees 2005 c). In November Tallinn Youth Work Centre and students of the Advertising Chair of Tallinn University carried out a campaign on social issues and placed posters made by the young people themselves out in the streets of bigger cities targeting the campaign at young people aged 15-25 (Sarv 2005). In May a pop-star Dr Alban gave an anti-drug concert 'No Coke!' in Venus Club in Tallinn (Postimees 2005 a). In August a charity event was held in Kadriorg Arena 'Health for Children – NO to drugs!'. In addition, several events were organised in counties and smaller towns (e.g the traditional drug prevention week was carried out for the fourth time in Rapla county in December. Students organised a conference 'Drug addiction in the county today and tomorrow (Eesti Päevaleht 2005 e).

- **Media representation**

The following gives a short overview of the media coverage in 2005. As big national daily papers have a major role in shaping the public opinion the two biggest daily papers were selected for the assessment –EPL and Postimees (PM). In addition, the major weekly newspaper in Estonia – Eesti Ekspress (EE) – was assessed for background information.

When entering the word ‘drug’ in the search engines of the online versions of the three newspapers, the number of hits was as follows: 447 in EPL, 504 in PM and 84 in EE, i.e. in 2005 the words ‘drug’ or ‘drug addiction’ or ‘drug trafficking’ featured either directly or indirectly (the article was written on another subject) on 1,035 occasions. It is much more when compared to e.g with ‘poverty’ or ‘unemployment’. Drugs/drug addiction was mentioned in connection with crime and policy work, life of young people, foreign, social and medical policies, health, HIV/AIDS, speeches by Estonian politicians, articles on the life in Tallinn, but also, the life of Estonian peacekeeping troops in Afganistan, as well as in connection with culture and art etc.

There were not all that many articles where drugs/drug addiction/drug trafficking was one of the main subjects of the article: 171 articles on drug issues in EPL, 206 in PM and 26 articles in EE. However, one or two articles/news on drug-related issues were published every day. EPL and PM publish mostly articles on issues concerning drug traffickers or crooks, as well as young people under the influence of drugs having been arrested by the police, customs or border guard officials (31% of all the analysed articles on drug issues) followed by courtroom news about drug dealers and persons connected with drugs (19%). Drug issues abroad were covered in 10% of the articles; addiction treatment was the main issue in 9%, crime and police work (not including arrests of drug smugglers) in 6%, drug prevention in 5%, research and statistics in 4% of the articles. Other issues were hardly ever discussed (HIV 2% etc).

Events related to drug issues catching the attention of media in 2005 include: a) superintendent of the drug unit of the Estonian Central Criminal Police was apprehended and convicted (17 articles); b) the city decided to set up a ‘low-threshold’ centre but the residents in the neighbourhood were against it and the court had to close it down (15 articles of which some, written by scholars, officials etc were tolerant towards addicts, however, it did not contribute to achieving the objective); c) an Estonian was caught in New York with some cocaine and forged bank cheques (13 articles). In the latter case the following attitude prevailed in media - ‘nice guy, too bad he got caught, he is no crook’. Also, his own words were quoted – ‘cocaine is not a drug, people use it anyway, also in Estonian nightclubs, it is like a rich man’s cappuccino’ (Kagge 2005). Fortunately this kind of attitude towards drug use does not prevail in Estonian media – articles on glamorous drug use were very rare in dailies.

Cannabis products were most often mentioned drugs in the daily papers subject to assessment (mentioned in 80 articles) followed quite surprisingly by cocaine (64 articles) and amphetamine (59 articles). In EE cannabis and cocaine were also referred to most frequently, but differently from daily papers, followed by opiates (heroine mainly). More profound and long articles e.g about HIV positives and prostitutes using heroine were published in EE. Dailies publishing articles on arrests etc, concentrated more on synthetic drugs.

Drug-related topics made the headlines on 4 occasions (3 in EPL and 1 in PM) and 1 in EE. Topics of those editorials were: 1) sniffer dogs in Tallinn schools (Eesti Päevaleht 2005 a) (the issue was about the use of appropriate drug prevention measures by the police in schools); 2) companies have started to support anti-drug events (Eesti Päevleht 2005 c); 3) Estonia has the leading position in Europe with regard to AIDS victims, however, our decision makers have not taken this fact seriously (Eesti Päevaleht 2005 d); 4) the editor-in-chief of EE expressed her disapproval of the glamorous media coverage of an Estonian businessman having been caught with cocaine in the US (Kaalep 2005). In his column the editor-in-chief of PM accused one of the most popular Estonian soap operas of promoting cannabis smoking (Pullerits 2005). The two last examples demonstrate that Estonian leading journalists have become socially more responsible than in the 1990s.

Finally, it can be concluded that public attitude towards drug addiction/addicts has been quite negative in media. The negative attitude has been shown towards problem drug users being mainly non-Estonians, as well as towards other drug addicts. Despite the fact that the state drug prevention programme, strategy and scholars would rather perceive addicts as a part of ‘us’, the public generally tends to be afraid of drug addicts and avoid them because they are regarded as a threat to ‘normal people’. The interest of media in drug issues is still high, though profound articles analysing the drug situation in Estonia are very infrequent in our press. In our leading dailies the topic of drugs is presented mainly against the background of criminality, whereas prevention, treatment and rehabilitation aspects have been overshadowed by police and court news.

2 Drug Use in the Population

In 2005 there was no new information about the drug use in the general population. Some information is available about the drug use of CSW where about 30% of CSW had used drugs in the last six months prior the survey. According to the survey amphetamines and cannabis were the most frequently used drugs amongst the first time visitors of health care services.

2.1 Drug Use in the general population

No new data available.

2.2 Drug Use in the school and youth population

No new data available.

2.3 Drug Use among specific groups

In 2005 a survey (Trummal et al. 2005) was been carried out among CSWs by the NIHD within the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in order to compare the data on first time and repetitive visitors using health care services of the Health Centre *Elulootus*. The survey was designed to report on socio-demographic data of CSWs, their knowledge on the ways of HIV transmission, indicators related to sex industry, condom using habits and drug use. The data gathered from January to September 2005 from 106 first time clients and 72 repetitive clients have been used in the analysis.

The findings of the survey indicated that 30% of the first time clients and 28% of the repetitive clients (CSWs) of the above mentioned health centre had used drugs in the last 6 months prior to the survey; the findings do not differ from those of the year 2004. Half of the 18-24-year-old commercial sex-workers had used drugs in the last 6 months prior to the survey, at the same time the share of drug users in the older age class was 6%. However, the number of respondents in both age classes was only 36 (Trummal et al. 2005).

According to the survey, amphetamines and cannabis were the most frequently used drugs among the first time visitors (Trummal et al. 2005).

Some knowledge on the prevalence and patterns of drug use among sex-workers will be acquired by another study to be carried out to obtain data on the prevalence of HIV, sexual risk behaviour, substance use, practices of seeking health care and prevention behaviour among CSWs. The study has been designed and will be carried out in the first half of 2006 by the NIHD within the framework of the GFATM. Information for the survey has been collected from females in Tallinn according to the method of structured interviews. In addition, respondents have provided a saliva test to test for HIV antibodies. The study is based on a convenience sample. The findings of the study will be published in autumn 2006.

3. Prevention

In 2005 the NSPDD was enforced replacing the ADAPP which used to form the basis for drug prevention. In the first year the NSPDD did not bring along any major changes in the structure of drug prevention. Thus, in 2005 prevention activities were mostly carried out within the framework of short-term projects financed by the NSPDD or local governments. Despite of a number of training sessions and training materials developed over recent years (see previous reports) no obligatory national school programmes were introduced in Estonia in 2005. In addition to the funding provided by the NSPDD a number of drug prevention activities in Tallinn were funded by Tallinn City Government.

3.1 Universal prevention

As already mentioned above no obligatory drug prevention programmes for schools were introduced in 2005. It is necessary to develop a curricula-based drug prevention programme to be introduced in Estonian schools. A number of schools have included drug prevention in their human studies, however the possibility to do so depends on the willingness of schools and availability of human resources. No regular information about the number of drug prevention classes and topics covered at schools has been made available.

A number of drug-related/health-promoting projects and activities for youth were carried out within the framework of the NSPDD in 2005. The activities and projects were mainly focusing on information exchange and counselling activities which enabled youngsters to look for and find information about the issues of interest. Information desks were set up in the biggest

youth-related events and conferences/exhibitions where drug prevention experts provided information.

The biggest project “With cookies against drugs” involving 15 schools in Estonia was carried out to disseminate information about drug issues and introduce drug-free alternative activities. Community prevention included production of a movie about dangers of drug use and violence. The production of the movie was financed by Tallinn City Government.

Most of the universal prevention activities of the NSPDD were carried out within the framework of local drug and HIV prevention action plans coordinated by local drug prevention or health promotion boards. It is difficult to assess drug prevention activities carried out in 2005 separately from HIV/AIDS-related activities due to the „field-based“ financial system. Nine local HIV and drug prevention boards and six local health promotion boards were allocated a total of EUR 81,489 for carrying out HIV and drug prevention activities on local level. The local HIV and drug prevention action plans were developed as a result of cooperation between local experts and representatives from the NIHD. Table 3 provides a list of activities carried out within the framework of local prevention action plans. A major share of the budget of action plans was allocated for the funding of youth projects on local level. There is no information available about the content of these projects because of the lack of a reporting system. Another significant share of the available funds of local action plans was spent on HIV and drug-related training of trainees, teachers, youth workers. Also, some of the staff of bars/shops and other institutions related with youngsters were trained on HIV and drug issues.

A number of counties organized drug/HIV prevention related lectures and events for schoolchildren. The purpose of local action plans is to carry out HIV and drug prevention activities across the country. The limited budget did not allow the involvement of all the areas in Estonia and shortage of resources prevented from the implementation of all planned activities. For example, funding of the NSPDD for the training of parents and families on prevention issues was far too scarce.

Table 3. HIV/AIDS and drug prevention in counties by type of activity in 2005 (EUR).

Activity	Expenditure (EUR)
Creative work	3,892
Awareness raising of parents	741
Work group meetings	2,016
Cooperation and capacity building in counties	4,245
Information exchange	5,503
Drug-related training for the students	5,145
Training of teachers and support network	7,043
Risk children targeted activities	2,461
Anti-tobacco activities	288
Supporting the prevention activities in counties	18,378
Sexual behaviour and HIV/AIDS prevention	5,221
Mapping the situation	1,439
Local events	5,880
Training of support students	2,652
Provision of counselling services	1,214
Administrative costs	7,593
Conferences and round tables	5,605
Alternative activities	1,854
Joint trainings	320
TOTAL	**81,490**

Source: National Institute for Health Development, 2006.

3.2 Selective prevention

Projects targeting risk group children were mostly financed by Tallinn City Government. Total of EUR 59,143 were allocated to the projects involving risk group children in Tallinn. Projects provided risk group children with counselling services, also, very high risk group children were provided with case management services.

Estonia has three special schools for children with behavioural difficulties: Kaagvere, Tapa and Puiatu. Drug prevention in special schools is carried out within the framework of the NSPDD and administrated by the NIHD. Like in previous years drug prevention in special schools has been included in drug prevention action plans of special schools. In 2005 the action plans focused on teachers´ self-education on drug issues, provision of counselling for students, rehabilitation/treatment and alternative activities. Total of EUR 16,336 from the NSPDD and the budgets of special schools were allocated for drug prevention activities. Table 4 gives an overview of the drug prevention activities and expenses in three special schools in 2005. In addition, drug prevention activities were financed by the NIHD and from

school budgets. The Ministry of Education and Science allocated resources for alternative activities and selected educational programmes.

Table 4. Drug prevention activities in Estonian special schools in 2005 (EUR).

Activity	Name of the special school		
	Puiatu	Kaagvere	Tapa
Trainings for students	1230	-	1,764
Trainings for teachers and school staff	511	-	172
Counselling	639	1,278	1,278
Alternative activities	1,358	3,835	264
Addiction treatment and rehabilitation	320	-	501
Project management	1,055	-	2,135
Total	**5,113 EUR**	**5,113 EUR**	**6,110 EUR**

Source: National Institute for Health Development, 2006.

4. Problem Drug Use (PDU)

The definition of PDU used in Estonia is the same as defined by the EMCDDA. According to the national drug strategy problem drug use is defined as injecting drug use or long-term and/or regular use of opiates, cocaine and/or amphetamines (NSPDD 2004). However, the changed drug situation (e.g changes in illegal drug market, patterns of use etc) refers to the need to review the definition of PDU in Estonia.

Heroin is not the prevailing drug in illicit drug market, which clearly has an effect on injecting drug use in Estonia. In 2005 methylfentanyl and methylfentanyl mixed with fentanyl accounted for the majority of seizures of opiates (see chapter 10 Drug Markets). A survey on HIV prevalence among IDUs conducted in 2005 showed that the majority of IDUs had used fentanyles in the last 4 weeks prior to the survey (Uusküla et al. 2005).

4.1 Prevalence and incidence estimates

The first study aiming to evaluate the feasibility of IDU prevalence estimation in Estonia based on routine data sources using capture-recapture methodology was conducted by the NIHD, University of Tartu and Imperial College, London. The findings of the study show that the number of the IDU population is very high – the estimated total number of IDUs is 13,801 (95% CI 8 132-34 443) of which 12,387 (95% CI 7119-20600) are male and 1,414 female

(CI95% 1059-4132) (see the table). The share of the IDU population of the population aged 15-44 is 2.4%. The IDU population is the most numerous in the capital of Estonia (4.2%), followed by Ida-Viru county (3.4%). The share of IDUs is the smallest in the rest of Estonia (0.4%) (Uusküla et al. 2005).

4.2 Profile of clients in treatment

No data available.

4.3 Main characteristics and patterns of use from non-treatment sources

In 2005 two studies on injecting drug users, their background and risk behaviour were carried out in Estonia – routine questioning of the visitors of SEP; HIV prevalence and risk behaviour among IDUs in Tallinn and Kohtla-Järve.

- **Questioning of the visitors of SEPs**

Studies on SEPs have been carried out since 2003 by the NIHD and four non-governmental organisations (NGO). A total of 1,680 first-time clients in 2003, 1,810 clients in 2004 and 1,218 first-time clients in 2005 were included in the sample, as well as 366 multiple clients in 2003, 397 in 2004 and 396 in 2005 (Trummal et al. 2006).

The findings show that 77% of the SEP clients were male and the average age of the visitors was 23 years. Russians were the largest ethnic group of the SEP clients accounting for over 80% of the clients. 50% of the respondents were neither working nor studying, one third of the clients was working and one tenth was studying. When comparing the three years the number of unemployed persons has decreased to some extent and the number of employed persons has increased (Trummal et al. 2006).

40% of the first-time visitors of the syringe exchange points had been injecting for one year or less, 35% had been injecting for 2-4 years and 25% for 5 or more years. The substances used most frequently by multiple visitors in 2005 included amphetamines, poppy extracts and heroin – nearly 40% of the respondents had used these substances in the last month[3].

[3] Fentanyles were not included in the questionnaire of the SEP study.

The relative importance of injectors of amphetamines and heroin has decreased and the number of users of poppy extracts has increased when compared to 2004 (Trummal et al. 2006).

The largest group of both first-time and multiple visitors included people who had not shared a syringe with others in the last month. The share of this group among the new and multiple clients increased significantly from about 60% to 75% in 2005 when compared to the previous years. Over half of both new (55%) and multiple (67%) visitors had undergone HIV-testing in the last year prior to the survey in 2005. The share of people tested for HIV has increased in both groups (40% and 54% in 2003, respectively) (Trummal et al. 2006).

- **Survey of HIV prevalence among injecting drug users**

A study "HIV prevalence and risk behaviour among IDUs in two cities in Estonia (Tallinn and Kohtla-Järve)" was carried out in Estonia in 2005. The study was funded by the GF programme in Estonia and implemented by the NIHD. Data for the anonymous survey of injecting drug users using respondent-driven sampling method were collected from 350 IDUs from Tallinn and 100 IDUs from Kohtla-Järve in May and June 2005 (Uusküla et al. 2005).

The majority of the respondents were men (84%), the average age of the respondents was 24 years. 82% of the respondents were Russians and 12% Estonians which reflects the situation in Estonia where most addicts belong to the minority group (Uusküla et al. 2005).

55% of the respondents (excluding respondents under 16 years of age) had been going to school for 9 years or less. 24% of the respondents had completed or uncompleted secondary education. Only 2% of the respondents had higher education (Uusküla et al. 2005).

In the last four weeks the largest group of the respondents (41%) had received the main income from a regular or temporary job, 24% from theft or robbery and 25% from parents or relatives. The share of respondents was higher in Kohtla-Järve when compared to Tallinn. 45% of the respondents had valid public health insurance the acquiring of which is subject to the employment status in Estonia (Uusküla et al. 2005).

The mean age of the respondents when starting using drugs was 17.2 years. 19% of the respondents started injecting drugs when they were less than 15 years old and 63% at the age of 15-19. Only 11% of the respondents had started injecting drugs in the last two years and almost 60% had been injecting for at least 6 years. 46% had had daily injections in the last month. In case of daily injectors 6% had administered drugs once a day, 62% 2-3 times a day and 33% 4 or more times a day (Uusküla et al. 2005).

Fentanyl and amphetamine were the most frequently used drugs – more than 60% of the respondents had injected these substances in the last four weeks. The relative importance of various substances differed significantly in different cities. In Tallinn the biggest number of people reported having used fentanyl in the last four weeks, in Kohtla-Järve mainly home-made opiates had been used (Table 5) (Uusküla et al. 2005).

Table 5. Main injected drugs in the last 4 weeks in the sites of survey (%).

	Tallinn (%)	**Kohtla-Järve (%)**	**TOTAL (%)**
Fentanyl	75.3	2.0	58.9
Amphetamin	22.6	10.2	19.4
Heroin	2.1	0.0	1.6
Home-made opiates	0.6	87.8	20.1

Source: A. Uusküla et al, 2005.

Almost 3/4 of the respondents had not shared a syringe or a needle with others in the last four weeks before the study which is similar to the findings of the SEP study (see the findings of the SEP study above). Only 12% of the respondents said that they had never shared a syringe or needle in their lifetime (Uusküla et al. 2005).

88% of the respondents had tried to quit injecting drug at least once. 45% claimed that they had received drug treatment at some point in their life. The mean age of the respondents having received the first treatment was 20 years, they had decided to seek treatment in 3 years from the start of drug injection. 65% of the respondents had experienced overdose during their lifetime (Uusküla et al. 2005).

The police had stopped 71% of the respondents in the last 12 months and 58% had been detained and arrested. 64% of the respondents had been in prison in their lifetime (Uusküla et al. 2005).

92% of the respondents had had vaginal intercourse in the last 12 months. From those having reported the number of sexual partners 1/3 had had one sexual partner, almost 2/3 had had 2 or more partners. 60% of those who reported having had vaginal intercourse had had sex with an injecting drug user in the last year. 43% of the IDUs had always used a condom in vaginal intercourse in the last year, which is less than in case of the respondents of the SEP study. 24% claimed never having used a condom (Uusküla et al. 2005).

Most of the respondents (90%) had been tested for HIV at least once in their lifetime. 173 respondents of 450 reported having been tested HIV positive in their last test. During the survey a medical worker took a blood sample from all respondents to test for HIV antibodies on the basis of a dry blood spot. 279 tests were positive i.e 62% of the injecting drug users tested HIV positive. 54% of the 350 drug users surveyed in Tallinn had HIV whereas 90% of the 100 drug users surveyed in Kohtla- Järve were carrying the infection (Uusküla et al. 2005).

5. Drug-Related Treatment

According to the national drug strategy the development of professional and effective treatment for drug addicts, expansion the scope of drug-treatment services across the country and improvement of the quality of services is one of the six main objectives. Limited data did not enable us to give a comprehensive overview of drug-free and medically assisted treatment. A study on drug treatment provision conducted by the EDMC can shed some light on these issues, however, due to its limited nature and low response rate the findings should be treated carefully. The GF Programme is still the major provider of funds for medically assisted treatment. In 2005 the funding included provision of methadone treatment for approximately 5% of IDUs in Tallinn, Narva, Jõhvi and Kiviõli. The national strategy provides treatment for less than 1% of IDUs (Talu et al. 2006). The low coverage of IDUs in the treatment funded from the national strategy can be explained with the allocation of the majority of the funds of the national strategy for the establishment of new treatment centres in 2005. Tallinn City Government continued the funding of medically assisted and drug-free treatment, however, data on drug-free treatment are not available.

5.1 Treatment system

Several organisations (NIHD, GF, EHIF, local authorities) are funding the provision of drug treatment in Estonia, however, a system of regular data collection has not been developed and it is impossible to get reliable information on drug treatment in Estonia.

According to the Mental Health Act (RT[1] I 1997, 16, 260) only psychiatrists can provide drug treatment, however, they are not required to be specialized in that area, thus, theoretically clients can choose any of the 226 psychiatrists in Estonia to provide them with treatment. However, all the 226 psychiatrists do not provide drug treatment and a client seeking treatment is referred to the psychiatrist providing such treatment.

43 drug treatment providers having issued invoices for the provision of drug treatment (hospitals and private doctors) were registered in the database of the EHIF in the period of 2003-2004. Also, the NIHD collects data about the institutions receiving funding from the budget of the NSPDD and the HANS. According to the NIHD there were 57 drug treatment and rehabilitation providers in 2005, however, it is impossible to identify which institutions provided drug treatment and/or rehabilitation as well as the scope of service provision in 2005.

The EDMC conducted a small survey in 2006 aiming to get an overview of the current treatment providers and the scope and type of services provided in 2005. The EDMC sent questionnaires to 43 drug treatment providers registered in the database of the EHIF of which 37 responded and 6 did not fill in the questionnaire.

19 of 37 drug treatment providers claimed that their institution provided drug treatment, 18 answered that they did not provide drug treatment in 2005. 10 respondents providing drug treatment were central or local hospitals and 9 were private medical centres or doctors.

Ten institutions provided only outpatient treatment and five respondents both, outpatient and inpatient treatment in 2005. Also, there were two inpatient health care institutions and one prison hospital, a low threshold centre and a NGO providing the treatment.

The findings of the survey do not allow to list the institutions specializing in drug treatment. Most of the institutions have not separated drug treatment facilities from regular facilities (for the treatment of other psychiatric disorders).

More than half of the respondents claimed that a part of their funding had come from the EHIF and almost half of the respondents reported that some of the treatment had been financed by the clients themselves. Seven respondents reported that local authorities had contributed to the funding of the treatment provision and 5 respondents named the GF and/or NIHD as the sources of funding. However, it is impossible to identify the share of each source in the funding of drug treatment because most of the respondents had received funding from various sources.

5.2 Drug free treatment

As stated earlier in this report, the absence of data does not allow us to give a comprehensive overview of drug free treatment in Estonia. The number of clients receiving drug free treatment is unknown.

According to the findings of a survey on treatment provision conducted by the Estonian National Focal Point (NFP) in 2006 only 3 respondents did not provide drug free treatment. However, this data should be treated with reservation as therapy can be combined with medically assisted treatment and the actual scope of drug free treatment cannot be identified. Three respondents claimed to be providing only one type of drug free treatment (psychotherapy and family therapy), the rest provided at least 2 types of therapies in their institutions (Table 6).

Table 6. Types of drug free treatment, 2005.

Treatment type	No
Psychotherapy, cognitive therapy	11
Group therapy	6
Family therapy	6
Self-help groups	5
Change model	2
Minnesota model/12 steps	3
Other	6

Source: EDMC, 2006.

5.3 Medically assisted treatment

Limited data does not enable us to give a comprehensive overview of medically assisted treatment in Estonia. We have described medically assisted treatment on the basis of the reports of Tallinn City Government, the NIHD, GF Programme and a survey conducted by the EDMC in 2005.

In the reporting period the NIHD allocated EUR 392,793 from the budget of the NSPDD for treatment and rehabilitation of which the majority was used for setting up 7 new treatment/rehabilitation centres: a rehabilitation centre for patients with dual diagnoses and a low-threshold centre in Tallinn (failed because of the opposition of the citizens), a low threshold centre, two treatment centres and a rehabilitation centre in North-Eastern Estonia and an advisory centre in Central Estonia. Thus, most of the funds were spent on the establishment of new treatment centres and the resources for drug treatment were limited – only 123 persons received treatment or rehabilitation (Talu et al. 2006).

However, in the same period Tallinn City Government supported 2 treatment projects with EUR 228,676. Tallinn Children hospital and their drug treatment unit for children under 18 was allocated EUR 100,853 and West-Tallinn Central Hospital and their long-term substitution and withdrawal treatment unit EUR 127,823.

Methadone treatment was provided within the framework of the GF programme in Tallinn, Narva, Jõhvi and Kiviõli in 2005. The service was provided by 5 institutions. By the end of 2005 approximately five hundred people were receiving methadone treatment in Estonia (including both substitution and detoxification treatment patients). At the beginning of 2004 the number of patients was several times lower than at the end of 2005 (128 in 2004 and 399 in 2005). As at the end of 2005 296 of the total of 399 clients were receiving treatment in Eastern Estonia and 103 in Tallinn (Trummal et al. 2006).

The findings of the EDMC survey show that 1,339 persons received treatment in 19 medical institutions in 2005. 511 persons received treatment for the first time in their life and 828 had received treatment at some point in the past. 332 persons of the total of 1,339 received inpatient and 1,007 outpatient drug treatment in 2005. However, these figures have not been registered and may not be accurate as some of the drug treatment providers may not have

been included in this survey and some of the patients could have received treatment from more than one treatment centre. 1 January 2007 collection of drug treatment data will be initiated by the NDTD, thus, in 2008 we will be able to report on more accurate data.

82% of the visits to respondent institutions were related to opiate addiction, 5.8% to stimulants and 12% to other substances. Estonian medical institutions are not obligated to collect gender based information, thus, gender based data are not available. Establishment of the drug treatment database will enable to identify gender-related differences.

Opiates are of major concern regarding the drug problem in Estonia (Uusküla et al. 2005). Opiate use is very closely related to HIV/AIDS issues since most opiate users are injecting drug users. Findings of the survey on injecting drug users indicate that addicts being aware of their HIV+ status have not given up sharing the injecting devices and have not considered less risky behaviour (Abel 2006).

6. Health Correlates and Consequences

57 drug-related deaths were registered in Estonia in 2005. The methodology of defining drug-related deaths has not been changed. Estonia uses the EMCDDA definition for General Mortality Registers, “selection B”. Drug-related mortality in Estonia is proportionally higher in men, age group 20-29, urban residents, residents of Tallinn and North-Eastern Estonia, ethnic Russians.

The incidence of HIV has declined since 2002. A total of 5,063 new HIV cases were registered in Estonia within the period of 1988 to December 31, 2005. Also, the number of new cases of acute HBV and HCV has declined when compared to the year 2004.

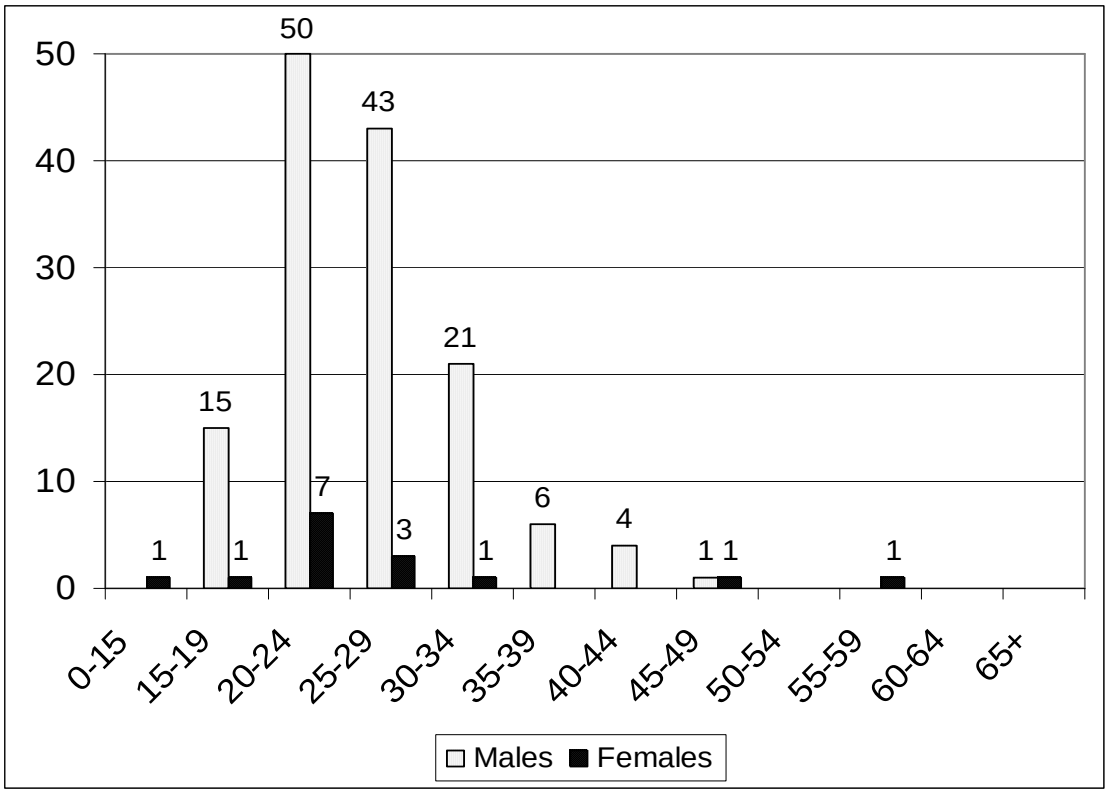
6.1 Drug-related deaths and mortality of drug users

A total of 57 direct drug-related deaths were registered in Estonia in 2005 compared to 98 deaths in 2004. The following analysis is based on the data of 2004-2005. 19 cases of 155 were reported to be “other and unspecified psychodisleptics” – T409, 105 cases “other and unspecified narcotics” – T406, two cases “mental and behavioural disorders due to multiple

drug use and use of other psychoactive substances" – F192. The share of missing or ill-defined toxicology data is 81.3%. This suggests that in the majority of cases toxicological tests have either not been done or the results have not been available to the mortality registry, thus, the situation needs to be improved. 6 cases were attributed to opium, 1 to heroin, 8 to other opioids, 5 to methadone, 5 to other synthetic drugs, 2 to cocaine. The majority of cases (139) were reported as accidental poisonings, one case – suicide, two – disease (drug abuse), 13 cases – events of undetermined intent.

Classification of the deceased by age and sex is shown on Figure 3. More than half of them are young men aged 20-29; only 15 out of 155 are women.

Figure 3. Number of direct drug-related deaths by sex and age of the deceased.



Source: Statistical Office of Estonia, 2006.

The majority of the deceased was the residents of the capital Tallinn, 6% were residents of the surrounding area (Harjumaa), 25% were residents of North-Eastern Estonia, 5% residents of Southern Estonia, including the second largest city Tartu, and 3% residents of other areas. Only five cases were related to residents of rural settlements, the remaining 150

were urban dwellers. According to the Statistics Estonia as at 1 January 2005 the residents of the city of Tallinn contributed to 29% of the Estonian population, residents of Harjumaa, North-Eastern Estonia and Southern Estonia to 9%, 13% and 31%, respectively.

Ethnic origin is an important background indicator. 79% of the deceased were ethnic Russians, only 7% were ethnic Estonians, the rest were other ethnic groups like Ukrainians, Belorussians, Armenians and Finns. According to the Population Census 2000 the share of ethnic Russians in the population was 25.6%, the share of ethnic Estonians 68.0%.

6.2 Drug-related infectious diseases

The incidence of HIV has declined since 2002. From 1988 to 31 December 2005 a total of 5,063 new HIV cases were registered in Estonia. In 2005 621 HIV infected people were recorded by the Health Protection Inspectorate (HPI). By region 42.3% of all HIV cases were registered in Tallinn (N=263) and 43.2% in Ida-Viru county (N=268) of which half of the cases were registered in Narva (N=121). Approximately 60% of HIV infected people were 20-29 and around one fifth 15-19 years old. More than 60% of HIV infected were male, the share of women among all HIV infected increased to 37.2%.

The number of new acute HBV and HCV cases has declined when compared to the year 2004. In 2005 the HPI registered 78 (5.8 per 100,000 inhabitants) acute HBV cases while in 2004 127 HBV cases were recorded (9.5 per 100,000). In 2005 85 new acute HCV cases were recorded (6.0 per 100,000) vs 124 HCV cases (9.2 per 100,000) recorded in 2004. The risk factors of acute HBV included drug use (26.9%), sexual intercourse (11.5%), with respect to 56.4% of the cases the risk factor was not specified (Kerbo et al. 2006).

The incidence rate of acute HBV and HCV was the highest in Läänemaa (the incidence rate was 14.2 per 100,000 inhabitants), Ida-Virumaa (10.5 per 100,000), Narva (10 per 100,000) and Tallinn (7.1 per 100,000). The incidence rate of acute HCV was higher in Narva (15.7 per 100,000). According to the data of the HPI 29.9% of all registered acute HBV cases and 44.4% of all registered acute HCV cases were related to drug use. The incidence rate was the highest in Narva (15.7 per 100,000), Ida-Viru County (15.3) and Harju County (10.4). Almost half of the registered acute HCV cases were related to young people aged 20-29 (Table 7) (Kerbo et al. 2006).

However, the existing HBV, HCV surveillance system does not allow to identify risk factors, therefore, information about the risk factors is inadequate. In 2005 the risk factors were not identified in 56.4% of the cases of acute HBV and 45.7% of the cases of HCV. As a result of effective work carried out within the framework of the immunization programme in Estonia the share of young adults in the acute cases of HBV has decreased almost 5 times in the last 5 years (Kerbo 2006).

Table 7. Description of persons with acute and chronic HBV, HCV in 2005.

	Acute HBV	Chronic HBV	Acute HCV	Chronic HCV
20 – 29 year olds	65.4%	39.1%	46.9%	56.9%
Gender distribution:				
- Male	69.2%	60.9%	74.1%	66.1%
-Female	30.8%	52.2%	25.9%	33.9%
Employment				
- employed	41.0%	56.5%	33.3%	25.7%
- non-employed	42.3%	39.1%	60.5%	60.6%

Source: Health Protection Inspectorate, 2006.

A specific study on IDUs shows a very high prevalence of HBV and HCV among IDUs. The findings of a survey on 222 IDUs including 100 visitors of Anonymous AIDS centres and 122 detainees of the Central Prison show that 65% of the visitors of Anonymous AIDS centres and 89% of the detainees were HBV seropositive and 90% and 97.5% were HCV seropositive, respectively (Priimägi et al. 2003). The share of injecting drug users in the sample was very high and 85% (N=189) of the surveyed IDUs had shared syringes.

In 2005 a total of 109 chronic HCV cases were recorded (8.1 per 100,000). The highest incidence rate was recorded in Ida-Virumaa (59.2 cases per 100,000), Narva (22.8 cases per 100,000) and Viljandi County (14.1 cases per 100,000). Young people aged 20-29 accounted for over half of the registered HCV cases. Almost 70% of the people with chronic HCV were hospitalized in 2005 (Kerbo et al. 2006).

6.3 Psychiatric co-morbidity (dual diagnosis)

No reliable data on psychiatric co-morbidity of drug users are available. There is only one day-care centre for patients with dual diagnoses funded by the NIHD. The activities of the

NDTD will be launched on January 1, 2007 and thus, allow us to get some information on psychiatric co-morbidity.

6.4 Other drug-related health correlates and consequences

No new data available.

7. Responses to Health Correlates and Consequences

Responses to health correlates and consequences include a wide range of interventions funded from the NSPDD, NPHAP, GF Programme and local governments. The HANS was approved by the Government on December 7, 2005 (Government decree No 771). The HANS consists of 12 strategic targets listed below: the size of IDU population has decreased (the same strategic target as identified in the NSPDD), the prevalence of HIV among IDUs is declining constantly, the number of new HIV cases among young people aged 15-29 is declining, the prevalence of HIV-infection has not increased and the prevalence of STIs has decreased, the knowledge of HIV transmission routes and skills to assess the risk of transmission has increased and the negative attitude towards PLWHA has decreased; HIV is not transmitted inside the detention institutions; vertical transmission of HIV has decreased; transmission of HIV has not increased among MSM; the prevalence of STI among the general population has decreased; no incidence of HIV transmission related to an occupation has been recorded; availability of HIV testing and counselling services has increased; the recipient is ensured the safety of donor blood, donor transplants and tissues; the quality of life of PLWHAs has improved; the activities are planned according to evidence-based data; the number of individuals and organizations working with HIV-related issues has increased; the number of services based on the description of service provision based on the consensus of specialists has increased[4].

There is no nationwide data on drug-related overdoses. Statistics of Tallinn Emergency Service is the only available information showing that the number of drug-related of

[4] The Government is responsible for the implementation of HIV/AIDS prevention and has set up a HIV/AIDS Commission in the MSoA. All ministries involved in prevention have to submit a report to the Commission on HIV/AIDS to inform the Government on the implementation of the strategy and related problems. The HIV/AIDS Commission is an advisory body of the Government. The commission consists of Deputy Secretary Generals of the ministries, representatives of local governments, PLWHAs and representatives of the permanent working groups at the MSoA.

overdoses has decreased from 1,217 cases in 2005 to 854 in 2005 (Tallinn Emergency Service, 2006). The NSPDD recognizes the prevention of drug-related deaths and overdoses as an important strategic target, however, specific interventions aiming at the prevention of drug-related deaths and overdoses were not implemented in 2005. Prevention and treatment of drug-related infectious diseases have received more political and media attention than ever before. Reduction of drug-related infectious diseases and STIs among different risk groups and the general population has been identified as an important target of the HANS and NSPDD 2012. The scope of interventions and specialized services (e.g. syringe exchange, condom distribution, sexual education, methadone substitution treatment etc) aiming to decrease drug-related infectious diseases among risk groups has increased. ARV treatment is provided in specialized hospitals. At the end of the year 2005 the first centre for drug addicts with other psychiatric diseases serving maximum 30 clients was opened in Tallinn.

7.1 Prevention of drug-related deaths

The Targeted Action Plan of the NSPDD does not specify any specific intervention such as provision of Naloxone to opioid dependent IDUs, provision of training for IDUs and other drug user groups on prevention of drug related deaths, safer drug use, firs aid etc) aiming to reduce drug-related deaths (Action Plan 2004-2008). The revised Action Plan for the Year 2005 does not provide any specific intervention aiming to reduce drug-related overdoses and deaths (Action Plan of NSPDD 2005 and 2006). However, the Report to the GCDP suggested integration of the prevention of drug-related deaths into the work of SEPs where a dedicated staff is working with IDUs on daily basis (Talu et al. 2006). As we indicated in our last report 2005 selected members of the staff of SEP (from the NGO Me aitame Sind and NGO Convictus) received training in Finland on the reduction of drug-related overdoses and they are interested in providing drug users with training on safe drug use. As first aid training is also not very frequently provided in Estonia the NIHD developed a special website http://www.narko.ee in 2006 aiming to provide information on drugs and harm associated with drug use. The website gives information on the provision of first aid in case of an overdose.

7.2 Prevention and treatment of drug related infectious diseases.

- **Vaccination**

According to the HPI 16,553 persons were vaccinated for HBV in 2005, of which the majority (N=14 499) was 14-year-olds, followed by adults (N=2023) and 15-19-year-olds (N=31) (Kerbo 2006).

According to the data of the HPI the overall coverage of immunization for HBV in 2005 was 95%. The coverage of immunization for HBV varies by regions being the highest in Lääne-Viru county (93.4%), followed by Tallinn and Harju country. During the reporting period the coverage of immunization of 2-year-old children has improved, the share of those having been vaccinated for HBV has increased from 46.3% in 2004 to 92.8% in 2005. In 2005 the coverage of immunization of 14-year-old children was 92.8%.

As a result of the immunization programme the share of young adults of acute HBV cases has decreased almost 5 times in the last 5 years (Kerbo et al. 2006).

- **Syringe provision programmers**

The interventions targeted at IDUs include syringe and needle exchange, counselling, condom provision and delivery of substitution treatment with methadone.

A survey on estimating IDU prevalence using the capture-recapture (CRC) method shows that there are 13,801 IDUs (Uusküla et al. 2005). This data combined with the data on syringe provision shows that the SEPs provide 62.8 syringes per IDU per year, which is not enough. There is a need to increase syringe provision approximately 6 times which means that the number of syringes delivered annually should be increased to at least 5 million.

Provision of paraphenalia is not widely used; however, the level of sharing of paraphernalia among IDUs is high. A survey on HIV prevalence among IDUs conducted in 2005 showed that 27% of the IDUs participating in the survey had used „frontloading“, 42% of the respondents had shared water, 26% had shared a spoon or a container, 12% had shared a filter/or cotton (Uusküla et al. 2005). A significant proportion of IDUs sharing the injecting

equipment suggests that needle exchange services have to be integrated with the provision of above mentioned injecting supplies.
24 SEPs (incl 14 field work sites) operated in Estonia as at the end of the year 2005 of which 17 were located in Ida-Viru county and 7 in Tallinn and Harju county and during the reporting period a total of 867,630 syringes were distributed among IDUs and 525,954 syringes were returned to the SEPs by IDUs (Trummal et al. 2006).

- **HIV testing and counselling**

In 2005 the NIHD funded the provision of counselling and voluntary testing for HIV within the framework of NPHAP. All the above-mentioned services as well as free testing for syphilis were delivered by 6 anonymous AIDS counselling cabinets of which 2 are located in Tallinn, 1 Tartu, Narva, Kohtla-Järve, Pärnu and Puru. Also, it is possible to make HIV tests in all Youth Counselling Centres. During the reporting period these 6 anonymous cabinets provided counselling for 6,380 persons and HIV testing for 5,952 persons of which approximately 4% turned to be HIV positive. In 2005 the NIHD launched an information campaign with the purpose of informing the general population about the testing possibilities in anonymous AIDS counselling cabinets. In 2005 a total of 122,178 HIV tests were made, of which about one-third accounted for blood donors (Trummal et al. 2006).

Health care services for people in detention institutions have been delivered since 2002 within the framework of the Action Plan for HIV/AIDS prevention in the institutions under the governance of the Ministry of Justice. Access to voluntary HIV counselling and testing has been granted for every person in a detention institution.

- **Condom provision**

According to the data of the GF Programme 2005 a total of 385,390 condoms were distributed among the visitors of the SEPs of which the majority (N=301 415) were given to IDUs from Ida-Viru county and 83,975 were distributed in Tallinn. During the reporting period 37,200 condoms and 39,679 lubricants were distributed among sex-workers. (Trummal et al. 2006). Also, provision of condoms for prisoners was organized by the medical department. According to the data of the GFATM provision of condoms to the prison population has improved, the number of condoms has increased 5.8 times – from 5,023 condoms in 2004 to

29,257 in 2005 (Trummal et al. 2006). During the year condom provision was organized within the framework of different information campaigns and events such us the Remembrance Day of AIDS Victims, the World AIDS Day and other events.

- **Information materials, educational approaches**

Estonian Sexual Health Association (ESHA) has been the leading organization in this field providing courses on sexual education and delivering trainings on sexual education to teachers in Estonia. In 2005 a book for teachers "Sexual Education for 2nd and 3rd School Levels" was drafted and published. Also, the ESHA organized a training course on HIV/AIDS for pupils of grades 5-12. The above mentioned trainings were supported by the GFATM Programme. The AIDS Prevention Centre and the Anti-AIDS Association delivered trainings on HIV/AIDS and STIs for students of vocational schools.

During the reporting year several information campaigns were organized such as a campaign entitled "Notice the person, not the disease" aimed to increase tolerance towards PLWHAs (Trummal et al. 2006). This campaign was funded by the NPHAP and the US Embassy in Estonia. The campaign included development of outdoor posters and a TV clip. In 2005 a new website http://www.terviseinfo.ee for the provision of health information was established including information on HIV/AIDS, STIs, ARV, drug treatment etc. Information materials for PLWHAs were distributed mainly through 150 support groups organized by 5 service providers – the NGO Convictus, AIDS Prevention Centre, Narva Rehabilitations Centre for Drug Users and Alcoholics and ESPO Society.

Peer education is already a widely used method in Estonia aiming to increase the awareness of HIVIAIDS. During the period of 2004 to September 2005 three NGOs – Living for Tomorrow, Anti-Liew and Hingehooldus in cooperation with local development partners were involved in training of new peer-educators.

- **Interventions related to other health correlates and consequences**

In October 2005 the first centre treating clients with dual diagnoses was opened in the Psychiatric Clinic in Tallinn. The establishment of the centre was funded from the HIV/AIDS

prevention programme implemented by the NIHD. At the end of the year the centre delivered services for 33 drug addicts with addiction problems and psychiatric disorders.

During the period of 2004-2005 health care of PLWHAs was funded mainly by the GFATM. The 3-component ARV treatment was financed by the same fund and provided in 4 clinics in Estonia – West-Tallinn Central Hospital, Ida-Viru Central Hospital, Narva Hospital and Tartu University Clinic. According to the data of the GFATM a total of 255 PLWHAs received ARV treatment in 2005.

7.3 Interventions related to psychiatric co-morbidity

No new data available.

7.4 Interventions related to other health correlates and consequences.

No new data available.

8. Social Correlates and Consequences

There are still a number of social problems in Estonia like an increasing number of homeless people, high level of school drop out and families living in poverty. However, gradual decrease in the unemployment rate since 2001 and the 20% decrease in total number of drug offences registered by the police in 2005 when compared to 2004 can be considered as positive trends in Estonia. Drug use in prison is still a major concern. According to the findings of the prison survey 2005, 10-15% of prison inmates use drugs 1 to 2 times per week and less than 10% use drugs 3-5 times a week (Kikas et al. 2005).

8.1 Social Exclusion

- **Homelessness**

The number of calls to emergency aid for homeless people has increased roughly fourfold since 1999. It has remained quite stable in the last years: in 2005 there were 221 more calls than in 2004, whereas the number of calls with a similar purpose within the period of 2003 to

2004 increased by 264. There were a total of 1,499 calls to emergency aid for homeless people in 2005 compared to 353 calls in 1999.

According to the data of the Statistics Estonia 2,606 persons stayed in shelters and rehabilitation centres in 2005 indicating no change when compared to the year 2004. The main reason for using the services was release from prison (22%) (Statistical Yearbook of Estonia 2006).

- **Unemployment**

There has been a gradual decrease in unemployment rate in Estonia since 2001. The unemployment rate was at its peak in 2001 (13.6%) and dropped to 7.9% in 2005 (Statistical Yearbook of Estonia 2006).

The difference in unemployment rate between regions has been threefold in the last couple of years. In 2005 the unemployment rate was the lowest in Central Estonia (5.1%) and the highest in North-Eastern Estonia (16.2%) (Statistical Yearbook of Estonia 2006).

As opposed to unemployment rate which fell in 2005, the long-term unemployment increased – the share of long-term unemployed was 52% in 2004 and 53% of the total number of unemployed in 2005.

As regards gender differences, the unemployment rate of men has been higher than that of women since 1995. According to the Statistics Estonia 8.8% of men and 7.1% of women were unemployed in 2005. In terms of unemployment in different age classes, the unemployment rate was approximately two times higher among 15-24-years-olds (15.9%) when compared to 25-49-years-olds (7.5%) and 2.7 times higher when compared to 50-74-years-olds (5.8%) (Statistical Yearbook of Estonia 2006).

- **School drop out**

14% of young people left school before obtaining secondary or equivalent level of education in 2005. The level of drop out has been high since 2000 (12%-14%). Dropping out has been higher among young men than among young women. The proportion of early school leavers

not in education or training was 17.4% among males and 10.7% among females in 2005 (Statistical Yearbook of Estonia 2006).

- **Financial problems**

In 2005 the disposable income per household member was 3,476 kroons. The disposable income per household member was the highest in households including a working-age couple without children (42% higher than the average) and in households of single working-age persons (36% higher than the average). The disposable income per household member was the lowest in a household of an adult with at least two children (58% of the average of Estonia). The differences in disposable income by type of household increased. The disposable income per household member in urban areas was 3,647 kroons and in rural areas 3,113 kroons indicating a difference of 534 kroons. The difference in disposable income of a rural household member and an urban household member has increased three percent since 1996 (Statistical Yearbook of Estonia 2006).

- **Social network**

In 2004 the number of both marriages and divorces increased. The rate of marriage and divorce was 4.5 and 3.1, respectively; in 2003 the corresponding rates were 4.2 and 2.9. In 2004 the number of marriages increased approximately by 300 when compared to the year 2003 with 5,699 marriages and 6,009 divorces. 4,158 marriages were divorced in 2004 (Statistical Yearbook of Estonia 2006).

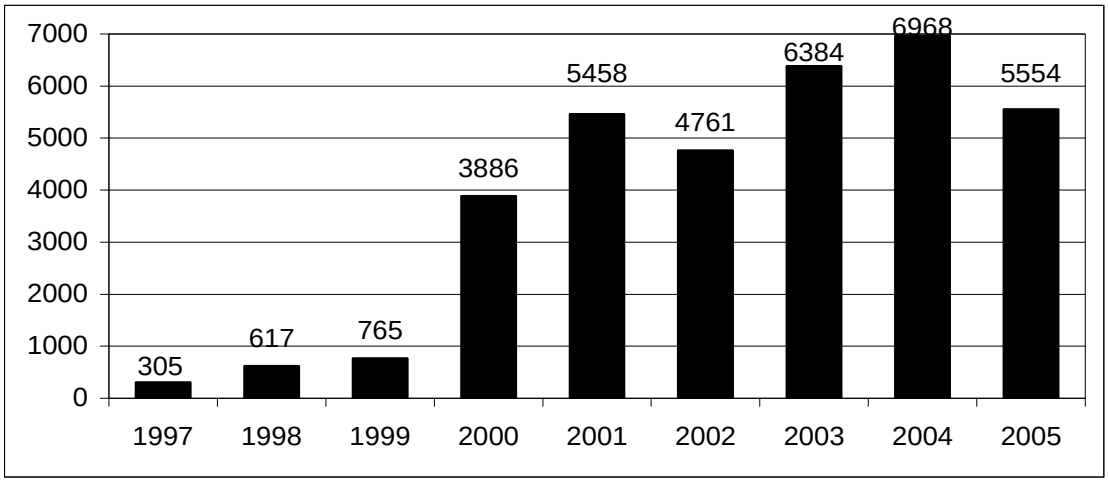
8.2 Drug related crime

The total number of drug offences registered by the police decreased from 6,968 in 2004 to 5,544 in 2005 (20% decrease) (Figure 4). Those figures included both criminal offences and misdemeanours.[5] Criminal offences accounted for 20% of all drug offences in 2005 (16% in 2004) (Table 8). Decrease in the total number of drug offences and simultaneously, increase in the share of criminal offences reflects a shift in the priorities of the police and customs.

[5] Criminal offences (crimes): drug possession with intent to supply, drug trafficking, etc. Misdemeanours: drug abuse or possession of a small amount for personal use.

Tackling 'big dealers' was a priority task and as a result, a record number of seizures were made (see chapter 10).

Figure 4. Total number of drug offences registered by the police (crimes and administrative offences or misdemeanours), 1997-2005.



Source: Police Board, 2006.

Table 8. Drug crimes (main types) registered by the police, 2005.

§183. Unlawful handling of small quantities of narcotic drugs or psychotropic substances	377
§184. Unlawful handling of large quantities of narcotic drugs or psychotropic substances	650
§185. Provision of narcotic drugs or psychotropic substances to persons of less than 18 years of age	51
§186. Inducing a person to engage in illegal use of narcotic drugs or psychotropic substances	2
§187. Inducing minors to illegally consume narcotic drugs or psychotropic substances or other narcotic substances	2
§188. Illegal cultivation of opium poppy, cannabis or coca shrubs	33

Source: Police Board, 2006.

In 2005 about 69% of all drug offences were registered in Tallinn. The police apprehended 3,294 persons who were under the influence of drugs (27% less than in 2004).

- **Other drug-related crimes**

Drug abusers are committing a significant proportion of property crimes (especially thefts from cars, shoplifting, pick-pocketing, robberies). According to the police statistics about 1/3 of cleared property crimes were committed by persons who had been charged for committing a drug offence in the last four years.

There are no reliable data on offences committed under the influence of illicit drugs (including driving offences – see chapter 2.3).

About 80% of convicted persons who have committed a drug offence in recent years have continued committing drug offences or other offences (property crimes, violations of public order etc) after serving the sentence. Over 50% of drug offenders have committed their first drug offence at the age of 18-24 years (Police Board 2005).

8.3 Drug Use in Prison

The Ministry of Justice carried out a survey Drugs in Prison (Kikas et al. 2006) covering mainly the year 2005. The purpose of the survey was to identify the attitude and knowledge of prisoners and prison officers about narcotic substances; map drug use problems to plan long-term activities in the field of prevention of drug use in prisons, make suggestions for the development of appropriate rehabilitation programmes.

The target group of the survey was adult male detainees from the colony-type male prison having experienced problems and/or health risks caused by drug use and related risk behaviour. Murru Prison is the biggest colony-type prison in Estonia where 50% of all convicted prisoners are serving their sentences.

In addition to prison inmates the respondents were selected from institutions closely related to the target group and responsible for the provision of relevant information, such as non-profit associations, prison officers and the police. Rapid Assessment and Response methodology was used in the survey to explore these issues. In addition to the analysis of secondary data new information was obtained by semi-structured and structured interviews

provided by focus groups. Data for the survey carried out in different stages were gathered from a total of 95 respondents.

The findings of the survey indicate that both prisoners and staff members were uncertain about the proportion of prisoners not using substances. According to the respondents the share of prisoners not using drugs was 1 to 80%, according to the majority of respondents it was 15-50%. All participants in the focus group were asked to find consensus on the proportion of the prisoners not using substances. After a long discussion in the focus group the staff members agreed on 60% of prisoners not using substances. The prisoners settled on 25%.

According to the opinion of both the inmates and the prison staff the proportion of frequent drug users (1 to 2 times per week) was 10-15%, while less than 10% was considered to use drugs 3-5 times per week. The opinion of the prison staff and prison inmates of the proportion of everyday drug users amongst the prison population varied a great deal. The majority of the interviewed respondents believed that the proportion of everyday drug users was less than 5%, whereas in focus groups the inmates settled on 6% and the prison staff on 2%.

In terms of the age of the inmates using drugs, the number of drug users was the highest in the age class 22-30, followed by age classes 18–21, 31– 40; the number of drug users was the smallest among inmates over 40.

Thus, almost 40% of the drug using inmates in Murru prison belonged to the age class 22-29, roughly a quarter to the age class 30-39, approximately 20% to the age class of 40 and over and about one tenth of the drug users to the age class 18-21.

Almost all respondents agreed that less than 10% of the inmates using drugs had started to use drugs in prison, while half of the respondents estimated the share to be less than 5%.
“Group pressure” and “lack of activities” were two major factors which might have played a role in starting substance use in prison (first time use). “Curiosity” and “desire to escape reality” were considered important only by the prison officers. Other factors considered relevant by prison inmates in terms of initiation and continuation of drug use were “tension”,

“stress”, “need for social recognition and identity”, “desire to escape reality” and “group pressure”.

According to the findings of the survey the most widely used drugs in prison were products made from cannabis and amphetamines, followed by heroin and fentanyl. A few respondents mentioned cocaine but added that it had been used rarely.

Cannabis products were most readily available in prison during the last 12 months, followed by amphetamines and China White (fentanyl). Other substances were available only occasionally.

According to the opinion of the respondents the main routes of administration of cannabis and amphetamines were smoking and injecting, respectively. However, some respondents said that amphetamines had mostly been swallowed or sniffed. All respondents shared the view that heroin and fentanyl had mostly been injected.

8.4 Social Costs

No data available.

9. Responses to Social Correlates and Consequences

There are no new data available on social reintegration programmes for drug users.
In 2005 the Police Board allocated a total of EUR 76,694 for drug-related crime prevention to carry out 68 crime prevention projects of which 36 projects carried out by the police prefectures were partly or fully aiming at the prevention of drug misuse. Also, the Central Law Enforcement Police carried out a project to meet similar objectives. The Police Board allocated over EUR 42, 616 for the implementation of drug misuse prevention projects. The majority of the projects defined the youth as the target group. There is no new data available on social reintegration programmes for drug users.

The Ministry of Justice supported the implementation of 16 crime-related prevention projects allocating EUR 83,356. Drug-related crime prevention was not the only focus of these projects; this objective had been specified alongside with other objectives of the projects

financed by the Ministry of Justice in 2005. In terms of funding priorities the projects aiming at changing the patterns of behaviour of the youth prone to committing offences, truancy or using narcotic substances were preferred over the crime prevention projects.

10. Drug Markets

In 2005 synthetic ATS and ecstasy type drugs continued to be the most common drugs in terms of the number of seizures, followed by cannabis and opiates. Fentanyls were the opiates contributing to the biggest number of seizures in 2005. The importance of heroine on local illicit drug market has substantially decreased. The quantity of seized cocaine has increased when compared to 2004. The big quantity of cocaine (43.07kg) is the result of one major seizure. The quantity of cocaine of the rest of 71 seizures was marginal. The number of seizures and seized quantities of GHB has increased when compared to the last year. A new psychoactive substance – mCPP 1-(3-chlorophenyl)piperazine was seized three times in Estonia (5 tablets, designed to look like ecstasy and powder). These tablets are off-white with multicoloured spots. In Estonia 1-(3-chlorophenyl)piperazine has not been tested according to the terms of the 1961 or 1971 UN Conventions.

In 2005, drug trafficking through and from Estonia followed the patterns similar to the last few years (see sub-chapter 10.2. Availability and Supply). Most recent development is increase in the smuggling of cocaine from Central America to Estonian markets.

According to the data of the police the street prices of illegal substances increased and the purity of most seized drugs decreased in 2005 when compared to 2004.

10.1 Availability and supply

In 2005 four clandestine laboratories were discovered by the police:

- one in Viimsi (Harju county) for illicit manufacturing of GHB (gammahydroxybutyrate). 11.44kg of GHB, 887g of GBL (a precursor) and 9.1kg of sodium hydroxide were seized;
- one in Viimsi (Harju county) for illicit manufacturing of amphetamine. MDMA – amphetamine (263g of 48-79%, 168 g of 0.34%, 434g liquid with amphetamine

traces), MDMA (15g of 40%), 7kg of phenylaceton (precursor), 17.8kg of formamide and other reactives were found;

- one in Rapla county for illicit manufacturing of MDMA – reactor (400 l) and traces of MDMA were found (A clandestine laboratory for making tablets of this product was found in Pärnu county in 2004);
- one in Maardu (Harju county) for manufacturing methamphetamine as well as other drugs. 17.43g of 90% methamphetamine, traces of amphetamine and 2C-B (Nexus), precursors (for example safrole, phenylaceton, potassium permanganate, sulphuric acid, hydrochloric acid, toluene, acetone, ethyl ether, traces of piperonal, isosafrole, PMK) and various other chemicals were found.

In 2005 the police registered 26 cases of illicit cultivation of cannabis (of which 7 included at least 6 plants). 351 cannabis plants were seized from the biggest plantation. The production was targeted at local markets.

In the reporting period the customs and police seized 11 *Psilocybe* mushrooms or their spores or myceliums and a mail delivery of mescaline-containing cactus.

Regarding the production, sources of supply and trafficking patterns within the country as well as from and towards other countries it can be stated that in 2005 drug trafficking through and from Estonia followed a pattern similar to the last few years. Increasing smuggling of various types of drugs to Russia has been observed as a recent trend.

Synthetic drugs were smuggled from and through Estonia most actively. The majority of synthetic drugs produced in Estonia was targeted at the Nordic countries, however, the importance of Russian markets has increased. Hashish was smuggled mainly through Germany and its 're-export' through Estonia to Russia has increased.

Widespread use of fentanyles (including methylfentanyl) as an alternative to heroin is specific for Estonia. Fentanyles are smuggled from Russia. The importance of heroine on local markets has substantially decreased and smuggled drugs are predominantly targeted at Nordic countries.

Most recent development is increase in the scope of smuggling of cocaine from Central America to Estonian markets (increasing purchasing power of consumers due to rapid economic growth is a contributing factor). Also, cocaine smugglers of Estonian origin have been active on international markets.

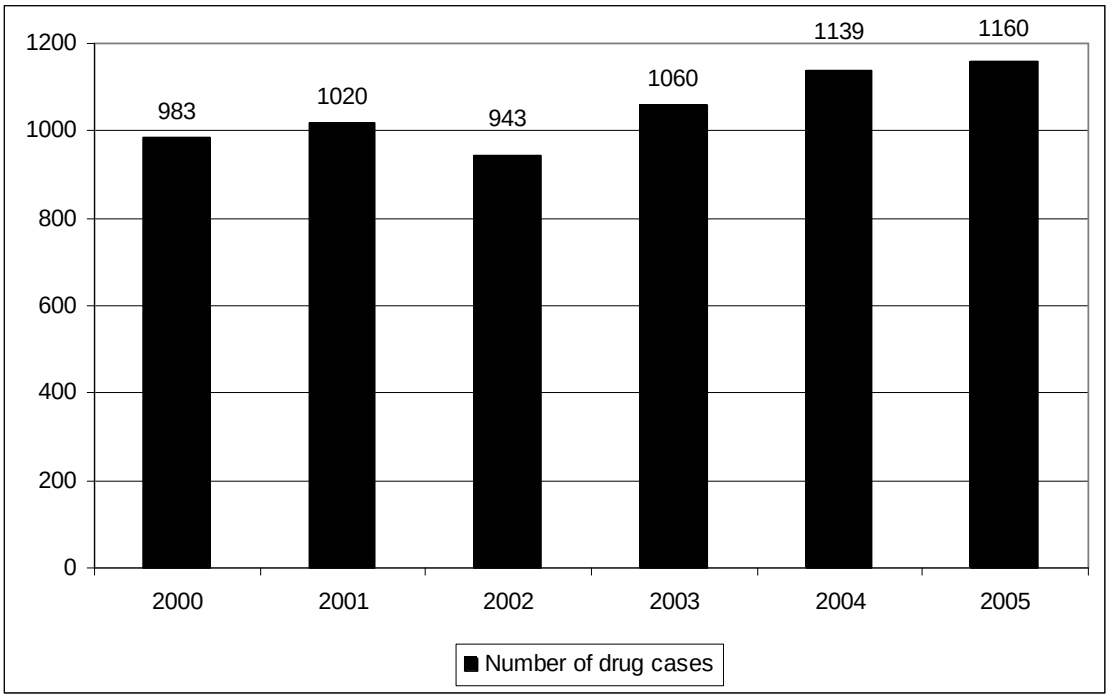
According to the Central Criminal Police the main routes of illicit trafficking of drugs through or from Estonia in 2005 were the following:

- amphetamines from Estonia (local production) or from other countries (Lithuania, the Netherlands) via Estonia to the Nordic countries and Russia;
- ecstasy from the Netherlands and Belgium via Estonia to Finland and Russia, or from Estonia (local production) to the same countries;
- hashish from Spain via Germany and Estonia to Finland and Russia;
- cocaine from Central America via Estonia to Russia and Finland.
- heroin from Afghanistan, Tajikistan and Uzbekistan via Russia and Estonia to the Nordic countries.

10.2 Seizures

The Estonian Forensic Service Centre being responsible for the identification of narcotic drugs and psychotropic substances, made a total of 1,160 drug analyses in 2005 compared to 1,139 analyses in 2004 (Figure 5).

Figure 5. Total number of analysis of drugs in 2000-2005.

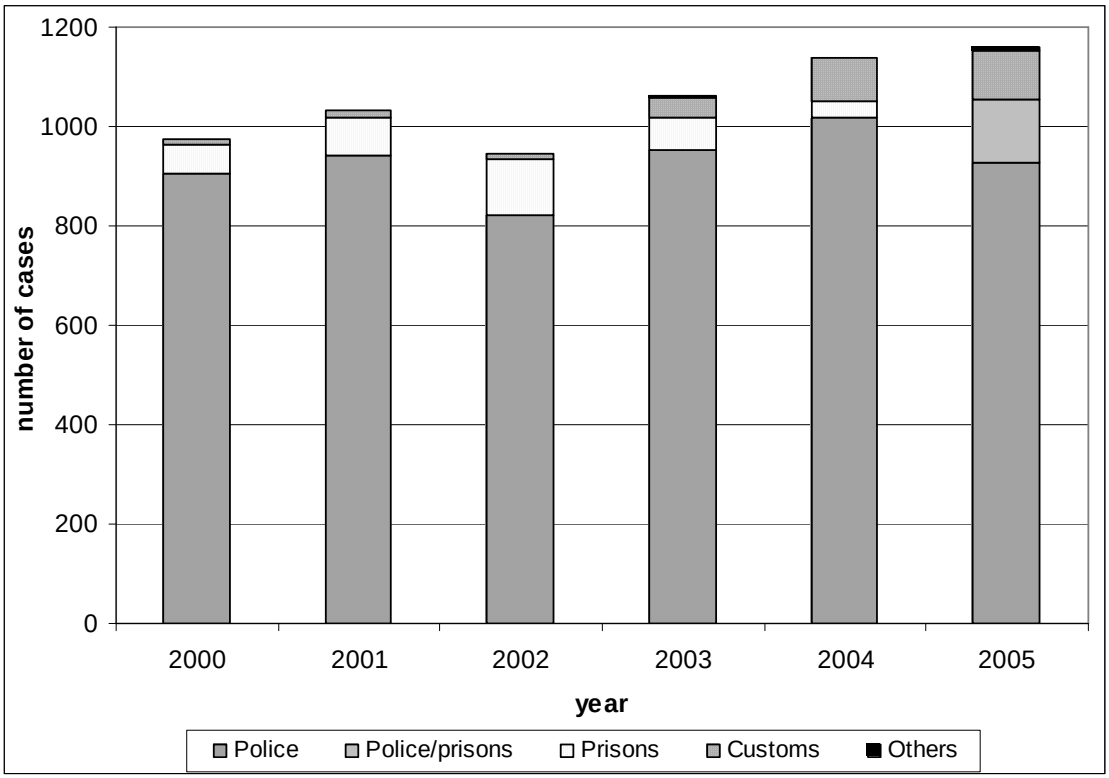


Source: Estonian Forensic Service Centre, 2006.

About 91% of these analysis were ordered by the Police and ca 9% by the Customs Board. The Police ordered the analysis of all the drugs seized in prisons (125 analysis, ca 11%) (Figure 6) – the total number of analysis of drugs ordered by different authorities).

The analysis of drugs ordered by Põhja Police Prefecture accounted for the biggest share of the total number of analysis – 64.5% (749 analysis), the analysis made for Ida Police Prefecture accounted for 12% (139 analysis), the analysis for Lõuna Police Prefecture for 6.6% (76 analysis), the analysis for Lääne Police for 3.5% (41 analysis) and the analysis ordered by Central Criminal Police for 4.2% (49 analysis) of the total number of analysis.

Figure 6. Number of analysis of narcotic drugs ordered by different authorities in 2000-2005.

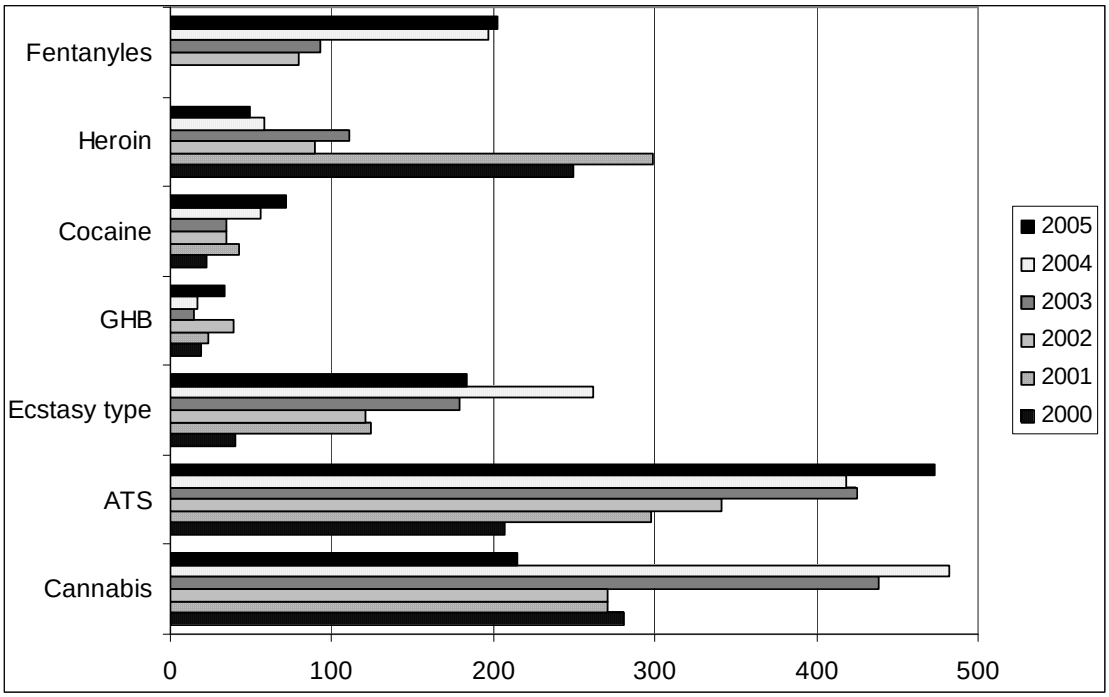


Source: Estonian Forensic Service Centre, 2006.

In 2005 amphetamine and ecstasy type of stimulants accounted for the biggest number of substances submitted for the analysis in the Forensic Service Centre – stimulants were analysed 656[6] times – amphetamine type stimulants were analysed 473 times and ecstasy type stimulants (MDMA, MDEA, 2C-B, MDA) 183 times (Figure 7).

[6] Number of occurrence does not include traces of the substance.

Figure 7. Number of analyses of some type of narcotic drugs in 2000-2005.



Source: Estonian Forensic Service Centre, 2006.

Total of 13.5kg of amphetamine and methamphetamine (about four times less than in 2004 – 53.8kg) and 3.2kg of ecstasy type substances were seized (about two times less than in 2004 – 6.7kg). Seized ecstasy type tablets were mainly MDMA, the biggest quantity was 4,228 tablets.

578[7] seizures involving cannabis and products made from cannabis were registered - 26 seizures of 698 cannabis plants, 290 seizures of marihuana and 162 seizures of hashish. A total of 101,9kg of cannabis was seized (95,1kg in 2004). The biggest quantity of hashish seized at a time was about 34.5kg. The maximum content of THC in cannabis plants, marihuana and hashish was 11%, 16.6% and 8%, respectively.

With respect to opiates – heroin, poppy and poppy straw products, methylfentanyl, methadone, buprenorphine and morphine – a total of 277 seizures of these drugs were made in 2005. Unlike within the period of 2003-2004, in 2005 methylfentanyl accounted for the majority of seizures of opiates – 105 times (164 times in 2004); mixed with fentanyl – 97

[7] Number of occurrence does not include traces of the substance.

times (no such case in 2004). Heroin was seized 48 times (6 times in 2004) and heroin with fentanyls 18 times (33 times in 2004). Opium poppies were seized 24 times a total of 34.4kg.

In 2005 a considerable quantity of cocaine was seized when compared to 2004 - 43.43kg. Such big quantity (43.07kg) is the result of one major seizure. As little as 0.36kg of cocaine was seized in the course of other 71 seizures.

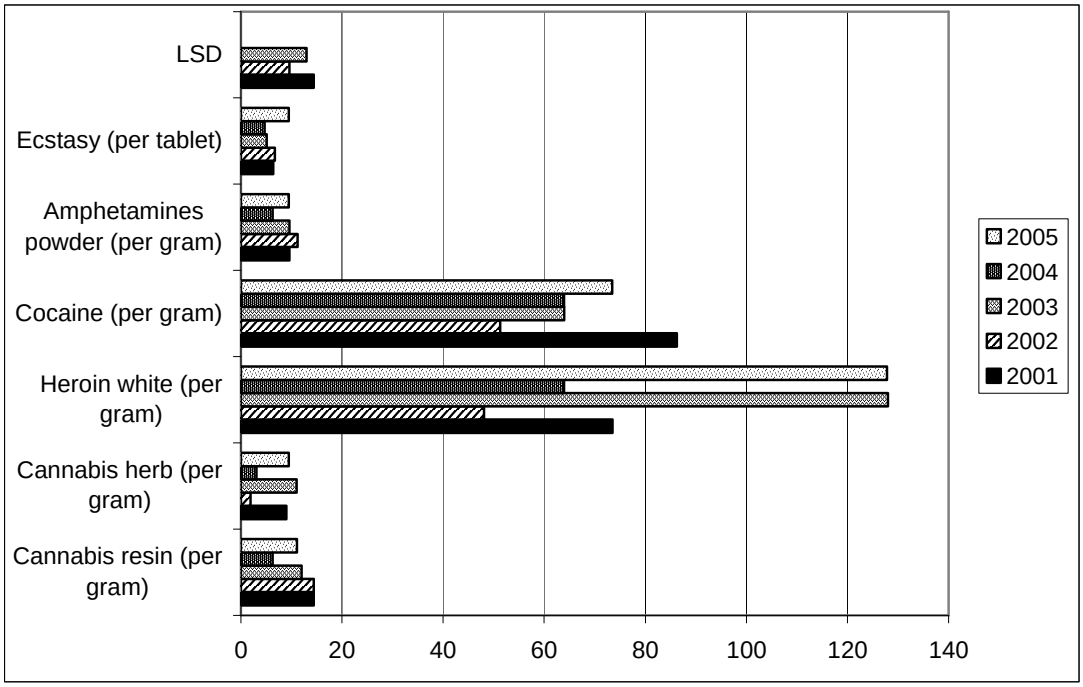
The popularity of GHB has increased – the number of seizures (33 compared to 17 in 2004) and seized amounts (33.06kg compared to 8.12kg in 2004) increased in comparison with the previous year. The biggest quantity of GHB – 11.44kg was seized in an illegal lab manufacturing GHB.

The biggest seizures of some types of drugs in 2005 were the following: amphetamines 1.92kg, MDMA (ecstasy) tablets – 4,228 tablets, cannabis plants – 13.95kg, hashish – 34.50kg, cocaine – 43.07kg, heroin – 0.16kg, poppy plants and poppy straw – 17.670kg, methylfentanyle – 0.76kg, GHB – 11.44kg.

10.3 Price/Purity

According to the data of the police the street level prices of illegal substances increased in 2005 when compared to 2004 (Figure 8). The price of cannabis resin was EUR 11.1 varying from EUR 6.3 to EUR 15.9 and the price of cannabis herb EUR 9.5, varying from EUR 3.1 to EUR 15.9. The price of cocaine ranged from EUR 51.1 to EUR 95.8. The cocaine price was EUR 73.4 showing an increase of 9 euros when compared to 2004. The minimum and maximum prices for amphetamines powder were EUR 3.1 and EUR 15.9. The average price of amphetamines powder has risen slightly since 2004, from 6.3 euros to 9.5 euros. The street level price of Ecstasy type substances was comparable with the price of amphetamines powder (EUR 9.5). Its minimum and maximum values were EUR 3.1 and EUR 15.9, respectively. In 2004 and 2005 there is no data available on LSD.

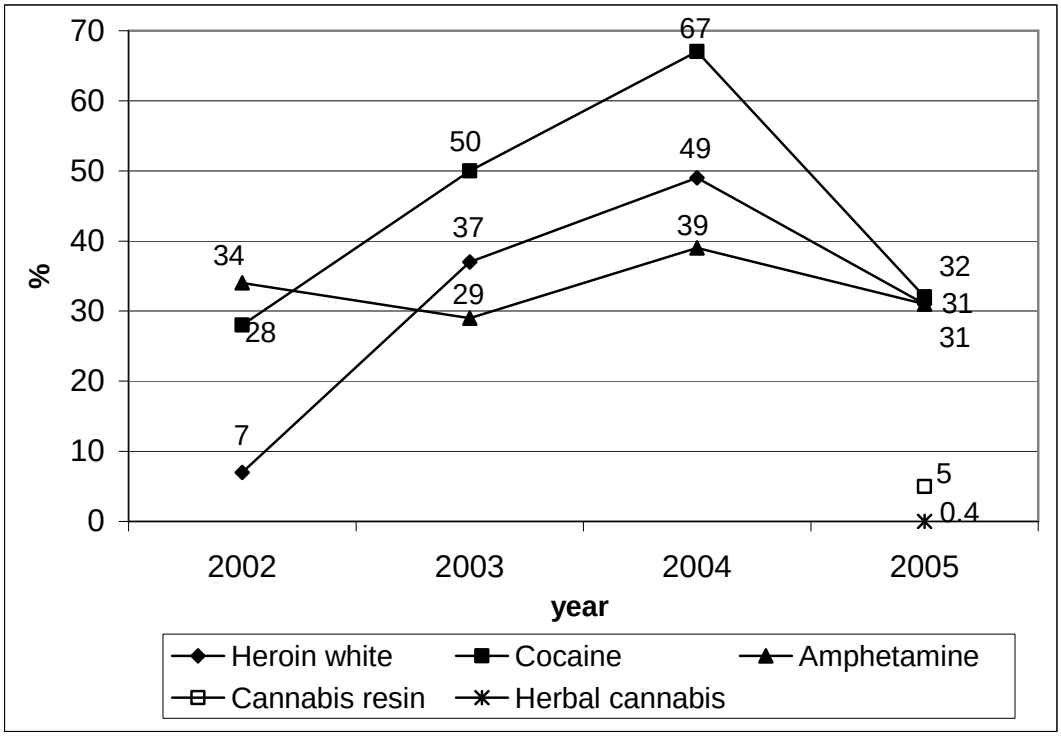
Figure 8. Street prices of illegal substances in Euros in 2001-2005.



Source: Police Board, 2006.

From 2002 to 2004 the purity at street level of white heroin, cocaine and amphetamines increased steadily, however, the data on 2005 indicate a significant decrease in terms of purity (Figure 9). Street level average percentage purity of white heroin and amphetamines was 31% and that of cocaine 32%. Street level minimum and maximum percentage purity of white heroin was 1.7% and 94%, cocaine 8.2% and 99% and amphetamines 6.3% and 96%, respectively. The average percentage purity of cannabis resin was slightly higher (5%) than of herbal cannabis (0.35%); in case of cannabis resin it varied from 0.62% to 8.2% and in case of herbal cannabis from 0.03% to 16.6%.

Figure 9. Street level average percentage purity of some illegal substances 2002-2004.



Source: Forensic Service Centre, 2006.

Part B – Selected Issues

11. Drug Use and Related Problems among Very Young People

11.1 Drug use and problematic drug use among very young people (<15 years old) (from specific studies)

The survey on HIV/AIDS related knowledge, attitudes and behaviour among Estonian youth carried out in 2005 by the National Institute for Health Development within the framework of the International GFATM provided some new information on the prevalence and patterns of drug use among the youth. The findings were compared to an earlier study conducted in 2003. The survey was carried out from March to June 2005 among the 10-29 year old Estonian inhabitants, comprising the population of the study. The sample of the 10-18-year-olds was formed from schoolchildren of grades 4 to 12 (the sample size was 5,929, i.e 4.1% of the population); the sample of 19-29-year-olds was formed of the young people in the Population Register (the sample size was 7,302 i.e 3.4% of the population of the study). Estonia was divided into 3 regions – Harjumaa, Ida-Virumaa and the rest of Estonia. The age-based analysis was made according to 3 broad or 5 more detailed age classes: 10-13, 14-15, 16-18, 19-24 and 25-29 (Lõhmus et al. 2005).

In relation to drug use, the respondents were asked about drug use in general and about the lifetime and the last 4-week prevalence of drug use prior to the involvement in the survey. The findings of both surveys, 2003 and 2005 show that about 2% of the school-going young people of the age class 10-13 had used drugs in their lifetime or repeatedly. The majority of them had used drugs only once. 85.6% of the respondents of the age class 14-15 had never used drugs, 7.8% had used drugs once and 6.6% reported the repeated use of drugs (Lõhmus et al. 2005).

Overall, the quantity of drugs circulating among children has increased and the likelihood of getting access to drugs has grown. The proportion of 10-13-year-olds who had been offered drugs in the last 4 weeks had slightly grown being less than 1% in 2003 and slightly over 2% in 2005, whereas with regard to the older age class of the respondents the increase was more significant, 5.2% and 11.5%, respectively. The share of 10-13-year-old respondents

who had reported lifetime prevalence of injecting drug use decreased in 2005 when compared to 2003, being 6% and 4%, respectively. In both surveys, 2003 and 2005, 7% of the respondents of the age class 10-13 claimed to have experience in other ways of administration of drugs, whereas among the 14-15-year-old respondents the indicator was 36.2% and 43% in 2003 and 2005, respectively (Lõhmus et al. 2005).

There appeared to be a statistically significant association between the use of drugs and having acquaintances using drugs, as well as between the drug use and the frequency of having been offered drugs in the last month. The average age of the young people having tested drugs for the first time has decreased to some extent. In 2003 the average age of young people of the age class 14-15 having used drugs for the first time was 13.1 years (excl. injecting), whereas in 2005 it was 13.5 years (Lõhmus et al. 2005).

With regard to gender differences, the findings of both, the 2003 and 2005 survey showed that there were less girls than boys among those respondents who had tested or used drugs. With respect to the age class 14-15, there were 6% more boys than girls having had contacts with drugs. Regarding regional differences, the proportion of 14-15-year-olds having used drugs at least once in their lifetime was the highest in Harjumaa (19.4%), followed by the rest of Estonia (11.9%) and Ida-Virumaa (11.8%) (Lõhmus et al. 2005).

The study indicated strong statistical correlation between drug use and smoking whereas the correlation between drug use on the one hand and alcohol use, being drunk and going to pubs on the other hand was statistically not significant. With respect to certain related social aspects, such as family background and the pattern of smoking and alcohol drinking, the study showed that approximately 3/4 of the 10-13-year-old respondents and 2/3 of the 14-15-year-old respondents were living together with both parents (Lõhmus et al. 2005).

The study showed that 1/3 of the respondents of the age class 10-13 and 2/3 of the respondents of the age class 14-15 had smoked a cigarette at least once in a lifetime. Likewise, the percentage of daily smokers increased with the age: 93% of the 10-13-year-old respondents had never smoked in the last month, compared to 69% of the 14 -15 year-old respondents. Furthermore, about 1% of the 10-13-year-old respondents and 14% of the older respondents smoked every day (Lõhmus et al. 2005).

58% of the 10-13-year-old respondents and the majority of the respondents of the older age class reported lifetime prevalence of drinking alcohol. 14% of the 10-13-year-olds and half of the 14-15-year-olds had drunk alcohol in the last 4 weeks; 1/3 of the respondents of the oldest age class and 5% of the respondents of the youngest age class reported having been drunk (Lõhmus et al. 2005).
The frequency of alcohol use has decreased to a certain extent in the age class of 10-13-years when comparing the findings of the surveys 2003 and 2005, however, the frequency and intensity of alcohol use in the other age class has increased (Lõhmus et al. 2005).

11.2 Policy and legal developments

As for regulatory measures aiming at prohibiting the provision and inducement of narcotic substances to minors, section 185 of the Penal Code (RT[1] I 2001, 61, 364; consolidated text RT I 2002, 86, 504) which entered into force on 1 September 2002 specifies that an adult person who illegally provides narcotic drugs or psychotropic substances to a person of less than 18 years of age (a minor) shall be punished. Equally important, Section 187 of the same Act provides that an adult person who induces a minor to illegally consume narcotic drugs or psychotropic substances or other narcotic substances shall be punished.

With respect to specific regulations regarding the age restrictions in terms of purchasing of tobacco, section 27 of the Tobacco Act (RT[2] I 2005, 29, 210), which entered into force 5 June 2005 provides that a minor shall not smoke or consume smokeless tobacco products. Section 28 of the same Act provides measures to enforce prohibition applied with regard to minors. The Act provides that minors shall not acquire or possess tobacco products. Also, the Tobacco Act prohibits selling of tobacco products to minors. In order to observe the prohibition, a seller may demand identification from the buyer and refuse to sell tobacco products if the buyer fails to present such identification. Also, adults are prohibited from buying tobacco products for, offering tobacco products to and handing tobacco products over to minors. It is prohibited to offer for sale or sell to minors products the shape of which is similar to tobacco products. Minors shall not be employed for work related to the handling of tobacco products.

Alcohol Act (RT[1] I 2002, 3, 7), which entered into force 1 September 2002 prescribes the prohibition on consumption of alcoholic beverages for minors. In order to observe the above mentioned prohibition Section 47 of the Alcohol Act provides the following measures:

- Minors shall not obtain alcoholic beverages.
- It is prohibited to transfer alcoholic beverages to minors. In order to observe the above-mentioned prohibition, a seller may demand identification from the buyer and refuse to sell alcoholic beverages if the buyer fails to present such identification.
- Minors shall not be employed for work related to the handling of alcohol.
- Adults are prohibited from buying alcoholic beverages for, offering alcoholic beverages to and handing alcoholic beverages over to minors.
- A seller shall not knowingly serve any person who buys alcoholic beverages for the purpose of offering or handing the alcoholic beverages over to minors.
- Providers of delivery services of alcoholic beverages are prohibited from handing alcoholic beverages over to a minor. In order to observe the above-mentioned prohibition, an employee of the service provider may demand identification from the person who ordered alcoholic beverages and refuse to hand alcoholic beverages over if the person who ordered alcoholic beverages fails to present such identification.
- Minors do not have the right to send or receive alcoholic beverages in postal consignments.

12. Cocaine and Crack – Situation and Responses

12.1 Prevalence, patterns and trends of cocaine and crack use

- **Cocaine use among the general population**

The data available on the prevalence of cocaine use among the Estonian population are limited and outdated. Overall, according to expert estimations the prevalence of cocaine powder and crack cocaine has remained on a low level.

The last national population survey providing information on the use of different drugs was carried out in 2003[8]. The Population Survey 2003 covered the Estonian population aged 15-69. The data were collected via mailed questionnaire. The sample size of the survey was 3,982 respondents. The sample of the survey was based on the population registry; random sampling procedure was used. The study covered different areas of life of the respondents (work, family life, leisure, health, drugs) (Hansson 2004).

According to the Population Survey (2003) the last 12 months prevalence of cocaine use (total including crack) was 0.6%, being higher among male respondents than female respondents with 1.2% and 0.1%, respectively. According to the findings of the survey the last 30 days prevalence of cocaine use was 0%. Among the youngest age group, 15-24-year-olds, the last 12 months prevalence of cocaine use (including crack cocaine) was three times higher in comparison with the whole survey population (1.8%). Again, the prevalence of cocaine use among male exceeded that of female with 3.1% and 0.6%, respectively (Hansson 2004).

As regards the use of other types of psychoactive substances, the last 12 months prevalence of sedatives and/or tranquillizers was 20.4% (M: 12.9% and F: 26.2%), followed by the prevalence of cannabis use (Total: 4.6%, M: 7.5%, F. 0.3%), ecstasy (T: 1.7%, M: 2.8%, F: 0.7%), amphetamines (T: 1.3%, M: 2.2%, F: 0.5%), LSD (T: 0.3%, M: 0.7%, F: 0%) and heroin (0%) (Hansson 2004).

The latest all-national data on the prevalence of cocaine powder and crack cocaine use among the youth originate from 2003 when the ESPAD survey was conducted (Hibell et al. 2004). The study covered the whole Estonian population involving the youth aged 15-16 from the 8th and the 9th grades of basic schools and from the 9th and the 10th grades of secondary schools. The sample size of the survey was 2,463 (M: 1,246 and F: 1,217) and the required method was random sampling (separate lists of Estonian and non-Estonian schools).

The ESPAD 2003 indicated that the last 30 days prevalence of the use of cocaine powder was 0.3% with regard to the total survey population, male accounted for 0.4% and female respondents to 0.2% of the respondents. Regarding the total survey population the last 30

[8] *Source:* EMCDDA standard table 01, 2004.

days prevalence of crack cocaine was 0.2% (male contributing to 0.5% of the respondents; no data available on females). Last 12 months prevalence of cocaine powder was 0.3% regarding the total survey population appearing to be higher among female (0.4%) than among male respondents (0.2%). Similar age difference became also evident in case of the last 12 months prevalence of the use of crack cocaine: females showed 0.7% prevalence, whereas the prevalence of males was 0.5% (the corresponding figure for the total survey population was 0.6%) (Hibell et al. 2004).

According to a survey carried out in 2005 among commercial sex workers (CSWs) using health care services, the number of first time clients who had used cocaine was small. Only a few sex-workers had used cocaine whereas the most widely used drugs were amphetamines and cannabis. However, the number of respondents in the survey was small (Trummal et al. 2005).

The findings of a survey on the prevalence and patterns of drug use among male prisoners indicated that cocaine use was rare in prisons. The most frequently used drugs in prison appeared to be cannabis products and amphetamines followed by heroin and fentanyl (Kikas et al. 2006).

It is not possible to provide data on cocaine use among other specific groups because such surveys have not been carried out. It is evident that more attention has to be paid to cocaine use and the related problems as cocaine use has increased among the general population and schoolchildren aged 15-16.

12.2 Problems related to cocaine use

Data on problems related to cocaine (e.g. drug treatment demand) use are not available. However, data on seizures show that the quantity of seized cocaine has increased when compared to 2004 (see point 3 of chapter 10 Seizures). Data of the General Mortality Registry show that 2 cases of death caused by the use of cocaine were reported during the period of 2004-5 (see Chapter 6). Cocaine-related death cases are underreported.

12.3 Responses and interventions to cocaine use

It is not possible to give an overview of cocaine treatment as data on drug treatment are not available. However, problems related to cocaine use are not predominant. In 2006 the NIHD funded the establishment of a website (http://narko.ee) to provide information on drugs and the consequences of drug use for young people. This website provides information on all types of drugs (e.g cocaine) and the likely harm.

For various reasons no specific policy has been developed to target cocaine use. Mostly because the prevalence of cocaine use is low. According to the NSPDD the enforcement of legal acts is targeted at the reduction of the supply of all illicit drugs. It is difficult to point out any specific law enforcement activity in response to cocaine use. Increase in the number of seizures and the quantity of seized cocaine shows that the police have been working efficiently. In 2005 a big quantity of cocaine (43.43kg) was confiscated as a result of effective co-operation between the Estonian police and its foreign partners (See section 3 of Chapter 10 Seizures).

12.4 Cocaine-related crime and cocaine markets

There is no substance-specific data on cocaine-related crime.

13. Drugs and Driving

Statistics on traffic offences committed under the influence of illicit drugs are not fully representative, as drivers with signs of impairment are usually tested for alcohol, and for illicit drugs they are tested in case of suspicion only. Also, if a driver has given a positive result for alcohol test (a breath or blood test), other substances are tested in exceptional cases only – therefore there is almost no information available on possible use of both alcohol and illicit drugs.

In 2005, the police detected 124 drivers who were under the influence of illicit drugs (altogether, 15,900 intoxicated drivers were detected, the majority of them was under the influence of alcohol). The police data indicate that 1-2% of drivers on average are driving under the influence of alcohol. Although the data on the use of illicit drugs are not

comprehensive, it can be assumed that the percentage of drivers under the influence of illicit drugs is relatively insignificant in comparison to alcohol-intoxicated drivers.

Drivers having caused an accident under the influence of illicit drugs contributed to 4% of all drivers (12 of 323 cases where the drivers' intoxication level and the used substance was known). In addition, traces of the use of illicit drugs were found in four cases (1%). The figures may not reflect the actual situation as not all drivers involved in accidents were tested for illicit drugs.

According to the Estonian Bureau of Forensic Medicine only one of all fatally injured drivers (66) in 2005 had used illicit drugs (amphetamine) before the accident. At the same time, 28 drivers killed in the accident were tested positive for alcohol.

Part C

14. Bibliography

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- **Alphabetic list of relevant databases**

- **Alphabetic list of relevant Internet addresses**

Eesti Uimastiseire Keskus (Estonian Drug Monitoring Centre) http://eusk.tai.ee.

Hepatiit.net http://www.hepatiit.net.

HIV/AIDS info http://www.aids.ee.

Maksu – ja Tolliamet (Estonian Tax and Customs Board) http://www.emta.ee.

Narkoinfo http://www.narko.ee.

Ravimiamet (State Agency of Medicine) http://www.sam.ee.

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15. Annexes

- **List of Standard Tables and Structured Questionnaires used in the text**

- **List of Figures used in the text**

Figure 1. ADAPP and NSPDD funds in 1998-2005, (EUR).
Source: Estonian Alcohol and Drug Abuse Prevention Programme, 1998-2004 and National Strategy on the Prevention of Drug Dependency 2005.
Figure 2. Budget for tackling HIV/AIDS and drug addiction in 2000-2005 (EUR).
Source: Annual Reports of HIV/AIDS and drug strategy, 2000 – 2005.
Figure 3. Number of direct drug-related deaths by sex and age of the deceased.
Source: Statistical Office of Estonia, 2006.
Figure 4. Total number of drug offences registered by the police (crimes and administrative offences or misdemeanours), 1997-2005.
Source: Police Board, 2006.
Figure 5. Total number of analysis of drugs in 2000-2005.
Source: Estonian Forensic Service Centre 2006.
Figure 6. Number of analysis of narcotic drugs ordered by different authorities in 2000-2005.
Source: Estonian Forensic Service Centre, 2006.
Figure 7. Number of analyses of some type of narcotic drugs in 2000-2005.
Source: Estonian Forensic Service Centre, 2006.
Figure 8. Street prices of illegal substances in Euros in 2001-2005.
Source: Police Board, 2006.
Figure 9. Street level average percentage purity of some illegal substances 2002-2004.
Source: Forensic Service Centre, 2006.

- **List of Tables used in the text**

- **List of abbreviations**

ADAPP - Alcohol and Drug Abuse Prevention Programme
ARV - Anti-retro virus
ATS – Amphetamine Type Stimulants
CRC - capture-recapture
CSW - commercial sex workers
EDMC - Estonian Drug Monitoring Centre
EE – Eesti Ekspress
EHIF - Estonian Health Insurance Fund
EPL – Eesti päevaleht
EMCDDA - European Monitoring Centre for Drug and Drug Addiction
ESHA - Estonian Sexual Health Association
GCDP - Government Commission on Drug Prevention
GF – Global Fund
GFATM - Foundation Global Fund to Fight AIDS, Tuberculosis and Malaria
GTC - Gambling Tax Committee
HANS - HIV/AIDS National Strategy 2006-2015
HBV - Hepatitis B virus
HCV - Hepatitis C virus
HIV – Human Immunodeficiency Virus
HPI - Health Protection Inspectorate
IDU - injecting drug user
MSoA - Ministry of Social Affairs
MSM - men who have sex with men
NIHD - National Institute for Health Development
NDPSA - The Narcotic Drugs and Psychotropic Substances Act
NDTD – National Drug Treatment Database
NFP - Estonian National Focal Point
NGO - non-governmental organisations
NPHAP - National Programme for HIV/AIDS Prevention
NSPDD – National Strategy for Prevention on Drug Dependency 2005-2012
PDU - Problem Drug Use
PLWHA - people living with HIV/AIDS

PM – Postimees

SEP - syringe exchange points

STIs - sexually transmitted diseases

Part D. Standard Tables and Structured Questionnaires

No of ST, SQ	Title of Standard Tables and Questionnaires
ST 05	Acute/direct drug-related deaths
ST 06	Evolution of acute/direct related deaths
ST 07	National prevalence estimates on problem drug use
ST 08	Local prevalence estimates on problem drug use
ST 09	Prevalence of hepatitis B/C and HIV infection among injecting drug users
ST 10	Syringe availability
ST 11	Arrests/Reports for drug law offences
ST 13	Number and quantity of seizures of illicit drugs
ST 14	Purity at street level of illicit drugs
ST 15	Composition of tablets sold as illicit drugs
ST 16	Price in Euros at street level of illicit drugs
SQ 32	Policy and institutional framework