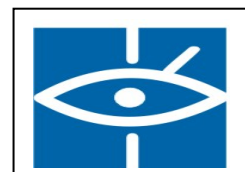




European Monitoring Centre
for Drugs and Drug Addiction



**2008 NATIONAL REPORT (2007 data) TO THE
EMCDDA by the Reitox National Focal Point**

“ESTONIA”

**New Development, Trends and In-depth
Information on Selected Issues**

REITOX

REPORT ON DRUG SITUATION 2008 IN ESTONIA

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Summary

The results of the ESPAD school survey conducted among 15–16-year old students indicate that drug use among school students has increased. In 2007 33% of the 15–16-year old students had tried narcotic substances as compared to 7% in 1995, 15% in 1999 and 24% in 2003. In terms of various narcotic substances 26% of 15–16-year old students had used cannabis, 5.7% ecstasy and 3.8% amphetamine at some stage in their life. About one-fifth (19%) of the students surveyed had used cannabis during the previous 12 months. The latest data on the drug use of the adult population is based on the survey "Health Behaviour among Estonian Adult Population 2006" according to which 10% of men and 15% of women have tried cannabis once or twice in their lifetime, 3.6% and 2.3%, respectively, during the previous 12 months. More recent survey data on the use of various narcotics among the population will be available as part of the population survey to be completed in 2009.

Although drug use among school students has increased over the years, drug prevention classes have not yet been integrated into the national school programme. Drug prevention is to some extent included into the subject syllabi of human and family studies of the national study programme. However, such prevention is still based on the development of social management skills. National prevention is continuously founded on prevention campaigns and the implementation of county-specific HIV and drug prevention action plans.

In addition to limited prevention it can be claimed on the basis of the results of the UNDOC and WHO external evaluations that the availability of drug treatment for injecting drug users is insufficient in Estonia. For the year 2007 there does not exist a complete record of the number of clients who applied for drug treatment in Estonia. A national database on drug treatment started in 2008 enables one to get in the coming years an overview of the number of people applying for drug treatment and their characteristics. Drug treatment overviews are currently based on the reports on the HIV/AIDS prevention strategy and data from the Tallinn City Government. An estimated 5.6% of injecting drug users (777 persons in total) received methadone substitution treatment in six Estonian treatment centres in 2007.

According to the risk behaviour survey on injecting drug users conducted by the National Institute for Health Development in 2007, approximately half of the drug addicts using the syringe exchange service had injected amphetamine and one-tenth fentanyl over the last month. More recent studies confirm that the use of fentanyl has increased among injecting drug addicts. A cross-sectional survey conducted among

injecting drug users revealed that almost two-thirds of injecting drug users in Tallinn used fentanyl and one-third amphetamine as the primary drug. Unlike drug addicts in Tallinn about half of the drug users in Kohtla-Järve injected home-made poppy liquid, about one-fifth fentanyl, 16% amphetamine and 10% heroine as the primary drug. The high percentage of amphetamine-injecting addicts among drug users indicates that in addition to opiate addiction treatment possibilities services and treatment possibilities for the users of other drugs should be developed. Also, it is of importance to engage in the prevention of overdose and death cases related to drug use. 117 injecting drug addicts (including 3 prisoners) died of accidental fentanyl poisoning in 2005-2006 in Estonia. The majority of the injecting drug addicts who died as a result of accidental fentanyl poisoning were young men of 26 years of age on the average.

In general it can be marked that over the reporting period the most common opiates on the drug market were still fentanyl and 3-methyl-fentanyl. 2007 saw also increase in the amounts of confiscated cannabis plants, amphetamine and heroine. Unlike previous years, when heroine was virtually absent on the drug market, 2007 marked its comeback. As compared to past years the price of ecstasy-like substances is stable, the price of cannabis has risen by almost twice, and the price of cocaine has also soared. The price of amphetamine has dropped considerably.

As for legislative amendments during the reporting period, six substances (2C-I, 2C-T-2, 2C-T-7, TMA-2, BZP, CPP) were added to the 1st list of narcotic drugs and psychotropic substances. Likewise, 2007 saw the more precise regulation of common amounts of prescription narcotic drugs and psychotropic substances, of restrictions on travelling with medicinal products and of the import and export conditions of narcotic drugs and psychotropic substances for personal use which were brought into conformity with Schengen requirements. In terms of institutional changes the Estonian Bureau of Forensic Medicine and the Forensic Service Centre joined and formed the Estonian Forensic Science Institute at the start of 2008. The new Institute, which is administered by the Ministry of Justice, engages mainly in forensic examination and research and development in the field of forensic examination.

In total 2,310,660 euros were used for the implementation of the national drug addiction prevention strategy in 2007, of which 46% was used to reduce demand and 49% to reduce supply. In 2007 the services of opiate substitution treatment and harm reduction for injecting drug users were funded from the financial resources of the HIV budget. In 2007 the Tallinn City Government supported the methadone substitution treatment programme of AS Lääne-Tallinna Kesksaigla Psühhiaatriakeskus with

140,606 euros and drug treatment for under 18-year old of AS Tallinna Lastehaigla with 95,867 euros.

Two cross-sectional studies conducted among injecting drug users in Tallinn and Kohtla-Järve on the prevalence of HIV and other infections (hepatitis B and C, syphilis) and the contraction level of *M. tuberculosis* and risk behaviour give an overview of drug-use-related infectious diseases. According to surveys 90% of studied drug users in Tallinn and 76% in Kohtla-Järve had contracted hepatitis C and 48% of studied injecting drug users in Tallinn and 60% in Kohtla-Järve were HIV seropositive. Surveys also indicated that many of those who had infected HIV and hepatitis C were not aware of the fact. This points to the need to pay more attention to the voluntary counselling and testing of risk groups and guaranteeing their availability.

In 2007 an HIV test was taken by 131,513 persons of whom 633 had infected HIV (0.48%). The prevailing majority of new HIV cases in 2007 were registered in Ida-Viru County and Harju County. According to the Health Protection Inspectorate 44 cases of acute viral hepatitis B, 32 cases of chronic viral hepatitis B, 36 cases of acute viral hepatitis C and 8 cases of acute viral hepatitis B and C were registered in Estonia in 2007. 145 persons were diagnosed with chronic viral hepatitis C in 2007.

According to the Estonian TB Register 49 cases of TB contraction were registered among People Living with HIV/AIDS (PLWHA) of whom 14% were injecting drug users in 2007. More than 20% of HIV positive persons, who had contracted TB in 2007, died.

Part A: New Developments and Trends

1. National policies and context

No major changes were perceived in the legal and institutional framework of the field of drugs during the reporting period. A positive legal development was the addition of such narcotic substances as 2C-I, 2C-T-2, 2C-T-7, TMA-2, BZP, CPP to the 1st list of narcotic drugs and psychotropic substances. The drug-related institutional framework functioned as in previous years. The only change worth mentioning was forming the Estonian Forensic Science Institute at the start of 2008 by means of joining the Estonian Bureau of Forensic Medicine and the Forensic Service Centre. In 2007, as before, the Ministry of Social Affairs coordinated the implementation of drug addiction prevention strategy. It can be noted that the drug addiction prevention committee appointed to coordinate the national drug addiction prevention strategy improved its functioning and cooperation with other institutions over the reporting period. In total 2,310,660 euros were used for the implementation of the national drug addiction prevention strategy in 2007, of which 46% was used to reduce demand and 49% to reduce supply.

It is also important to note that in 2007 three Baltic countries and the UN Office on Drugs and Crime signed a project document the main purpose of which is to stop the HIV/AIDS epidemic among injecting drug users and inmates.

1.1 Legal framework

On 26th November 2007 entered into force an amendment to the 18th May 2005 regulation No. 73 of the Minister of Social Affairs "The conditions and procedure for handling of narcotic drugs and psychotropic substances for medical and research purposes, and the conditions and procedure for maintaining records and reporting in that area, and schedules of narcotic drugs and psychotropic substances" which added the following substances to the I list of narcotic drugs and psychotropic substances (RTL 2007, 88, 1477): 2,5-dimethoxy-4-iodophenethylamine (2C-I), 2,5-dimethoxy-4-ethylthiophenethylamine (2C-T-2), 2,5-dimethoxy-4-(n)-propylthiophenethylamine (2C-T-7), 2,4,5-trimethoxyamphetamine (TMA-2), benzylpiperazine (BZP) and chlorophenylpiperazine (CPP).

On 21st December 2007 entered into force an amendment to the 18th February 2005 regulation No. 30 of the Minister of Social Affairs "The conditions and procedure for the issue of prescriptions for medicinal products and for the dispensing of medicinal

products by pharmacies, and the format of prescriptions” which regulated in a more precise manner the common amounts of prescription narcotic drugs and psychotropic substances and restrictions on travelling with medicinal products (RTL 2007, 96, 1616).

On 21st December 2007 entered into force also an amendment to the 18th February 2005 regulation No. 30 of the Minister of Social Affairs “The conditions and procedure for the import and export, carrying for personal use and sending by post of goods requiring special authorisation of the State Agency of Medicines, and the forms of special authorisations, and a list of goods which require a special authorisation granted by the State Agency of Medicines“ by which the conditions for the import and export of narcotic drugs and psychotropic substances for personal use brought into conformity with Schengen requirements (RTL 2005, 23, 316).

On 7th July 2007 was passed an act on the amendment of the Police Act, Government of the Republic Act, Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof, Police Service Act and Forensic Examination Act (RTI, 2007, 44, 314). Among other things the amendment regulated the termination of the activities of the Estonian Bureau of Forensic Medicine and the Forensic Service Centre and the transfer of their functions, rights, liabilities, state assets and administration to the Estonian Forensic Science Institute as from 1st January 2008. Also, the delivery of narcotic drugs or psychotropic substances or their precursors, which are used as physical evidence in criminal or misdemeanour matter or which are subject to confiscation, to the national forensic institution and its rights to use these substances for educational purposes was regulated.

In 2007 the Governments of the Republic of Estonia, of the Republic of Latvia and the Republic of Lithuania and the UN Office on Drugs and Crime signed a project document the main purpose of which is to stop the HIV/AIDS epidemic among injecting drug users and inmates. The project’s sub-goals include the increase of institutional capacity, assistance for the preparation of professional standards for service providers, the implementation of integral intervention methods for injecting drug users and inmates and the development of activities related to the latter (including monitoring and evaluation) (RTII, 2007, 4, 13).

1.2 Institutional framework, strategies and policies

On 1st January 2008 the Estonian Forensic Science Institute was formed upon joining the Estonian Bureau of Forensic Medicine and the Forensic Service Centre. Its main purpose under the administration of the Ministry of Justice is to conduct forensic

examinations for pending cases, research and development supporting the field of expert analyses and to perform other functions related to the field (statutes of the Estonian Forensic Science Institute, 2008).

Similarly to previous years the Ministry of Social Affairs shall coordinate the implementation of the national drug addiction prevention strategy and the cooperation of the various institutions responsible for the implementation of the strategy (Ministry of Internal Affairs, Ministry of Justice, Ministry of Education and Research, National Institute for Health Development). The execution of the strategy is based on the annually confirmed implementation plan founded on the implementation plan of the national drug addiction prevention strategy for 2006-2009. In 2007 the drug addiction prevention committee appointed to coordinate the national drug addiction prevention strategy improved its functioning. The committee is supervised by the Deputy Secretary-General on Health of the Ministry of Social Affairs. The purpose of the committee is to authorise annual implementation plans for the execution of the drug addiction prevention strategy and to review reports on the execution of these implementation plans. At the 2008 meetings of the committee for drug addiction prevention the need for renewing the strategy in order to respond better to the current drug situation was discussed. In 2008 five working groups were appointed for preparing the implementation plan for 2010-2012 of drug addiction prevention (reducing supply, harm reduction, treatment and rehabilitation, prevention, and monitoring and evaluation).

During the reporting period the results of the survey "Drug Addiction Treatment as an Alternative for Imprisonment" conducted in 2006 by the Criminal Policy Department of the Ministry of Justice were published. The aim of the survey was to establish possibilities that exist currently for providing convicted offenders with drug addiction treatment and to map future needs (creation of additional treatment vacancies, development of mechanism for referring to treatment etc.) (Ministry of Justice, 2007). According to the results of the survey it is currently not possible to replace imprisonment with drug addiction treatment in Estonia. The survey indicated that for long-term opiate addicts the easiest solution would be methadone substitution treatment. Yet the currently available substitution treatment is not suitable for functioning as an alternative punishment as it does not include sufficient counselling and social rehabilitation. It is extremely complicated to administer alternative punishment in case of convicted youths because of the number of required stationary treatment and rehabilitation centres is limited. The survey pointed out that the Ministry of Justice and the Ministry of Social Affairs should establish a way for substituting criminal punishment with drug addiction treatment, if required. It was also

recommended to appoint a working group including representatives from various institutions the goal of which would be to develop a system for referring convicted drug users for treatment and for funding it. At present only persons released on parole or before the prescribed time can participate in a drug addiction treatment programme when they have voluntarily undertaken the obligation to do so during the supervision of conduct (according to §74 and §75 of the Penal Code).

1.3 Budget and public expenditure

It is not possible to give a complete overview of the 2007 public drug-related expenditure as state institutions engaged in reducing supply (police, customs, border guard) are funded from their own budget funds and processing drug crimes is just one aspect of police work for which there is no separate cost accounting.

This chapter covers the expenditure on the execution of the national strategy for drug addiction prevention (NSDAP) in 2007. In 2007 about 2,310,660 euros were used for the execution of NSDAP, of which 46% was spent on prevention, treatment and rehabilitation, 44% on combating drug-related crimes and 5% on drug prevention in prisons. 4.6% of the total expenditure on combating drug addiction was spent on drug addiction monitoring (table 1) (National Institute for Health Development, 2008a).

Of the funds allocated to the National Institute for Health Development in 2007 for the execution of prevention activities 59% (179,760 euros) were used for two media campaigns ("Drug stories don't have nice endings" and "Know your enemy") and 29% for regional prevention activities (see chapter 3). There does not exist an overview of the actual expenditure of the Ministry of Education and Research on drug addiction prevention because due to the lack of funds drug prevention is implemented as a part of various projects, programmes and strategies.

In 2007 the expenditure on treatment and rehabilitation allocated to the Institute for Health Development from the funds of the drug addiction prevention strategy amounted to 609,078 euros which were used for funding six rehabilitation centres in Tallinn and Ida-Viru County. Methadone substitution treatment was funded in the I-III quarter of 2007 by the Global Fund and in the IV quarter from the funds for HIV/AIDS (table 2) (see chapter 5.3) (National Institute for Health Development, 2008b).

In 2007 funds in the sum of 6289 euros of the means allocated to the Institute for Health Development from NERS means for harm reduction were used for the preparation of instructions for the organisation of support and self-help groups. As HIV/AIDS and drug addiction are closely intertwined in Estonia, other intervention

activities (syringe exchange, counselling, etc.) implemented in the field of harm reduction for injecting drug users were funded by the Global Fund and HIV/AIDS prevention strategy and will be elaborated upon in this chapter (National Institute for Health Development, 2008b).

Table 1. Distribution of expenditure on the drug addiction prevention strategy over institutions in 2007.

	Activity	Sum (EEK)	Sum (EUR)
Ministry of Social Affairs	prevention, treatment and rehabilitation, reduction of damage, monitoring	18,293,628	1,169,176
incl. National Institute for Health Development (NIHD) (NSDAP)	prevention, treatment and rehabilitation, reduction of damage, monitoring	14,787,498	945,093
incl. NIHD (NSDAP)	operational expenditure for the implementation of NERS	1 844,460	117,882
incl. NIHD (Estonian Drug Monitoring Centre)	monitoring/REITOX Focal Point	1,661,670	106,200
Ministry of Education and Research	prevention	*	
Ministry of Justice	drugs in prisons	1,934,350	123,627
Ministry of Internal Affairs and Ministry of Finance	reduction of supply	15,926,000	1,017,857
incl. Police Board		431,000	27,546
incl. Tax and Customs Board		15,495,000	990,311
	Total	36,153,978	2,310,660

Source: report on the 2007 action plan of the national strategy for drug addiction prevention.

* the expenditure of the Ministry of Education and Research on drug addiction prevention cannot be identified in the budgets of youth centres, specialised schools and youth work projects

In 2007 a total of 123,628 euros were used for drug addiction prevention and combating drug crimes in prisons, the majority of which (88%) was spent on supporting the work of an armed search unit and installing devices inhibiting mobile coverage in order to combat drug crimes in prisons. The rest or 10,280 euros were used for administering drug tests.

Supply reduction activities are implemented by the Ministry of Internal Affairs and its subordinate institutions, the Police Board, Central Criminal Police and Border Guard, and the Tax and Customs Board, a subordinate institution to the Ministry of Finance. In 2007 a total of 1,017,857 euros were used for supply reduction, of which an overwhelming majority (97%) formed the expenditure of the Tax and Customs Board on purchasing mobile X-ray apparatus and an automatic licence plate identification

system (ANTS), on the latter's integration in the border control technology and on increasing the number of sniffer dogs on the east border. It is not possible to give an overview of the actual expenditure of the administrative authorities of the Ministry of Internal Affairs as preventing, combating and detecting drug crimes is a part of daily police work. The only clearly identified direct expenditure is for purchasing quick tests for the detection of narcotic substances (27,546 euros).

In 2007 the prevention of drug-related infectious diseases was funded from the national HIV/AIDS prevention strategy and the Global Fund programme (table 2) (National Institute for Health Development, 2008b).

Table 2. Funds allocated in 2007 for HIV/AIDS prevention.

Activity	Expenditure (EEK)	Expenditure (EUR)
Counselling for injecting drug users, exchange of syringes and needles	11,375,626	727,035
Free HIV and STI testing for injecting drug users and their sex partners, including counselling before and after testing	1,251,396	79,979
Substitution treatment for opiate addicts in Tallinn and Ida-Viru County	6,547,343	418,451
Training advisers for counselling injecting drug users, in-service training and supervision	283,398	18,112
Classes on sexual and reproductive health, HIV/AIDS prevention and life skills	2,239,027	143,100
Youth-to-youth training sessions and supervision	287,127	18,351
Voluntary youth counselling and HIV testing	1,209,854	77,324
HIV and STL diagnostics, treatment and prevention, including training sessions, for persons involved in prostitution	1,284,313	82,083
HIV/AIDS prevention among the general population	4,738,138	302,822
HIV/AIDS prevention among inmates	686,116	43,851
Prevention of vertical HIV transmission	100,752	6,439
HIV/AIDS prevention among men who have sex with men (MSM)	493,000	31,508
Availability and quality of HIV testing and counselling	4,168,086	266,389
Improving the quality of life of people living with HIV/AIDS	24,134,287	1,542,463
HIV/AIDS monitoring and evaluation	1,800,907	115,099
Operational expenditure of the strategy and managing the Global Fund programme	5,398,611	345,034
Total expenditure	65,997,981	4,218,040

Source: report on the 2007 action plan national of the HIV/AIDS prevention strategy and the Global Fund programme

In 2007 a total of 4,218,040 euros were used for HIV/AIDS prevention, of which about 40% was spent on improving the quality of life of people living with HIV and AIDS (PLWHA), 17% on counselling injecting drug users and exchanging syringes and needles, 10% on methadone substitution treatment for opiate addicts in Tallinn and Ida-Viru County, 7% on HIV prevention among the general population, 6% on improving the availability and quality of HIV testing and counselling (National Institute for Health Development, 2008b).

In 2007 Tallinn Social Welfare and Health Care Department allocated from its budget for HIV/AIDS non-profit projects 259,556 euros (Tallinn Social Welfare and Health Care Department, 2007). A significant majority of the funds were spent on providing drug addiction treatment and rehabilitation service for children and youths and on providing rehabilitation service for adults. As compared to 2006, the Tallinn City Government's funding for HIV/AIDS and drug addiction has increased (table 3).

Table 3. Non-profit drug addiction and HIV/AIDS activities funded by Tallinn City Government in 2003-2007 (EEK).

Activity	2006		2007	
	EEK	EUR	EEK	EUR
Rehabilitation	1,310,000	83,724	1,537,994	98,296
Children in the risk group	80,000	5,113	50,000	3,196
Treatment and rehabilitation for children	1,500,000	95,868	1,592,104	101,754
Women in the risk group	45,000	2,876	57,989	3,706
Counselling	600,000	38,347	709,693	45,358
Prevention	30,000	1,917	0	0
Training sessions	77,785	4,971	0	0
Media projects	70,500	4,506	0	0
HIV/AIDS	208,700	13,337	68,000	4,345
Drug addiction treatment	0	0	0	0
TOTAL	3,921,985	250,661	4,015,780	256,655

Source: Tallinn Social Welfare and Health Care Department, 2007.

In addition to project-based drug addiction and HIV/AIDS activities 95,868 euros were allocated to the Tallinna Lastehaigla Foundation for the inpatient treatment of children and youths under the age of 18 with addiction and behavioural disorders and 18,915 euros for the implementation for an outpatient psychotherapy project (Tallinn City Government data). Also, the Tallinn City Government funded adult-oriented methadone substitution programmes of AS Lääne-Tallinna Kesksaigla Psühhiaatriakeskus the budget of which was 140,605 euros (see chapter 5.3).

1.4 Social and cultural context

No data available.

2. Drug use in the general population and specific sub-groups

More recent data on the prevalence of drugs in the general population will be published in the 2009 report. This chapter gives an overview of drug use among school students and is based on the ESPAD survey and the health behaviour survey of school-aged children. The 2007 results of ESPAD survey indicate that the use of drugs has increased among 15–16-year old students. A third of respondents had used a narcotic substance at least once in their lifetime. More than one-fourth (26%) of the respondents had used cannabis, 5.7% ecstasy and 3.8% amphetamine. About one-fifth (19%) of the children had used cannabis during the last 12 months: one-third of boys and one-fifth (19%) of girls had used cannabis. The 2005/2006 health behaviour survey of school-aged children conducted in Estonia showed that 16.3% of boys and 12.6% of girls from among 11, 13 and 15-year old students had smoked cannabis at least once in their lifetime. This survey did not include questions about using other narcotic substances.

Earlier as well as more recent surveys conducted among injecting drug users suggest that depending on the region the prevalent injected drugs are amphetamine, fentanyl and home-made poppy liquid (Platt, 2006; Uusküla et al, 2008; National Institute for Health Development, 2008c). In 2007 approximately two-thirds of injecting drug users in Tallinn used as their primary drug fentanyl, one-third amphetamine, 0.6% heroine and 0.3% Sudafed. Unlike drug users in Tallinn, almost half of the injecting drug users in Kohtla-Järve used as their primary injected drug home-made poppy liquid, about one-fifth fentanyl, 16% amphetamine and 10% heroine (National Institute for Health Development, 2008c).

2.1 Drug Use in the general population

The most recent population survey, including among other things questions on the prevalence of drugs, alcohol and tobacco in the population aged 15-64, will be conducted by the Institute of International and Social Studies of Tallinn University in 2008. The survey will be published in 2009. The survey is financed from NSDAP funds.

The 2006 health behaviour survey published in 2007 touched only upon the use of cannabis, not upon the overall drug use in the general population. The survey indicated that 10% of men and 5% of women had used cannabis once or twice in their lifetime, 3.6% and 2.3% respectively during the last 12 months. The survey showed also that 3.4% of men and 0.4% of women had used cannabis more than 40 times in their lifetime. According to the survey results 49.8% of men and 71% of women aged 16-24 claimed that they have never tried cannabis. Examining background data reveals that a person who has used cannabis during the last 12 months is probably single, with primary or basic education, unemployed and has no health insurance. It seems that neither nationality nor place of residence do not play a role in cannabis use (Tekkel et al, 2007).

2.2 Drug Use in the school and youth population

The ESPAD survey of 15-16-year old school students indicates that drug use among students has increased somewhat¹. In 2007 33% of students, 62% of boys and 38% of girls had tried a narcotic substance as compared to 7% in 1995, 15% in 1999 and 24% in 2003. Results of the surveys conducted over the years suggest that the most popular narcotic substances among school-aged students are cannabis, inhalants and tranquilizers/sedatives. In 1995 the number of students who had tried amphetamine at least once in their lifetime soared, but in 2007 popper was the newcomer (figure 1).

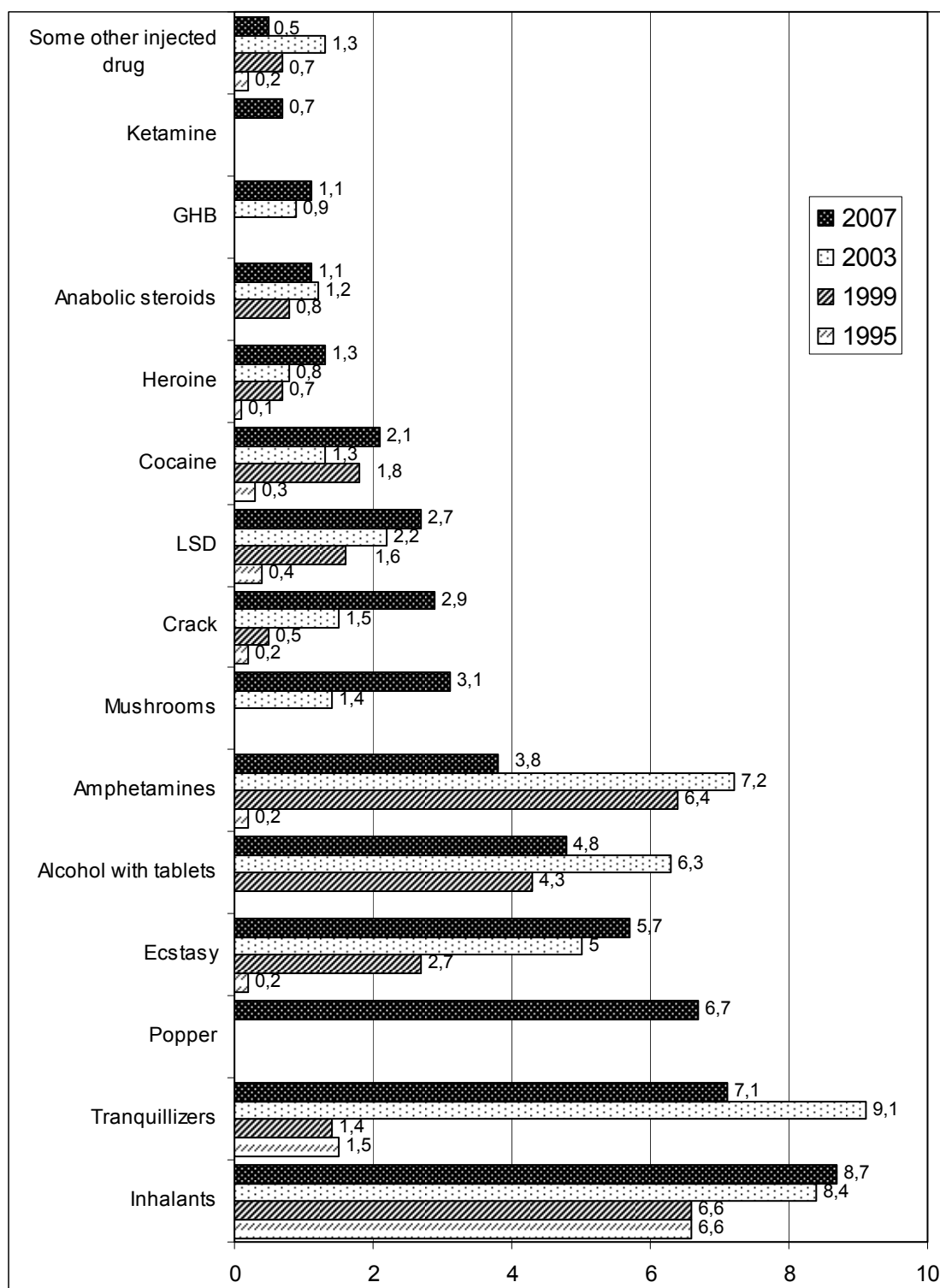
According to the survey the average age when students try illegal narcotic substances for the first time is 13–15, but 24% of inhalant users and 19% sedative users had started before the age of 11 (Allaste et al, 2008; National Institute for Health Development, 2005).

The following tables are prepared by the International and Social Studies Institute on the basis of standard table data presented to the Estonian Drug Monitoring Centre (EMCDDA standard table No. 2 2008). Table 4 presents data on the drug use of 15-16-year old students in the last 30 days, the last 12 months and entire lifetime.

1. _____

¹ 2,381 school students aged 15–16 of whom 1,192 were boys and 1,189 girls participated in the 2007 ESPAD survey conducted in Estonia. The sample was representative in terms of territory. The survey involved students from schools where the language of instruction is Estonian (77) as well as from schools where the language of instruction is Russian (35) (Allaste et al, 2007).

Figure 1. Percentage of students who have tried narcotic substances at least once in their lifetime.



Source: ESPAD 2008.

Table 4 indicates that more than one-fourth (26%) of students in the 15–16 age group involved in the study in 2007 had used cannabis, 5.7% ecstasy, 3.8% amphetamine and 0.5% had injected a narcotic substance. 8.7% of the sample students had used solvents and 7.1% tranquilizers/sedatives. Drug use is more prevalent among boys, except in the segment of tranquilizers and sedatives: 7.9% of girls had used these substances as compared to 6.3% of boys.

Table 4. Drug use among 15-16-year old students, ESPAD 2007.

Narcotic substance	Using in the last 30 days (%)			Using in the last 12 months (%)			Lifetime use (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Cannabis	8.9	3.7	6.2	24.8	13.6	19.2	33.4	19.0	26.2
Opiates	0	0	0	0	0	0	1.8	0.8	1.3
Cocaine	0	0	0	0	0	0	2.8	1.8	2.5
Cocaine powder	0	0	0	0	0	0	2.5	1.7	2.1
Crack	0	0	0	0	0	0	3.0	1.9	2.9
Amphetamines	0	0	0	0	0	0	4.3	3.2	3.8
Ecstasy	2.2	0.9	1.6	4.1	3.8	3.9	6.2	5.1	5.7
GHB	0	0	0	0	0	0	1.4	0.8	1.1
Hallucinogens	0	0	0	0	0	0	2.8	2.5	2.7
LSD	0	0	0	0	0	0	2.8	2.5	2.7
Tranquilizers and sedatives	0	0	0	0	0	0	6.3	7.9	7.1
Benzodiazepines	0	0	0	0	0	0	0	0	0
Solvents	1.9	0.6	1.2	4.7	2.7	3.7	10.5	6.9	8.7
Steroids	0	0	0	0	0	0	1.7	0.6	1.1
Magic mushrooms	0	0	0	0	0	0	2.2	1.8	3.1
Injecting a narcotic substance	0	0	0	0	0	0	0.8	0.3	0.5

Source: International and Social Studies Institute 2008, EMCDDA standard table No. 2 Methodology and results of school surveys on drug use.

During the last 12 months 19% of school-aged students had used cannabis: one-third of boys and 19% of girls involved in the survey. During the last 30 days 9% of 15–16-year old boys and 4% of girls in the same age group had used cannabis. Examining drug use over the last 30 days and 12 months suggests that the most popular drug after cannabis is amphetamine.

The results of the 2005/2006 health behaviour survey of school-aged children demonstrate that 16.3% of boys and 12.6% of girls in the 11–15 age group had smoked cannabis at least once and boys as well as girls tried cannabis for the first time at the age of 13.7 (National Institute for Health Development, 2007a). These results differ significantly from the 2007 ESPAD survey data: according to the latter

33.4% of boys and 19% of girls had tried cannabis at least once in their lifetime (Allaste, 2007). The reason for such discrepancy can lie in the different age composition of the sample: ESPAD studied 15-16-year old students, but the health behaviour survey 11, 13 and 15-year old students (National Institute for Health Development, 2007a).

2.3 Drug Use among specific groups

A pilot survey on the prevalence of HIV and sexually transmitted diseases and risk behaviour among men who have sex with men (MSM) (n=59) was conducted in Tallinn and Harju County in 2007. The sample was formed by employing a respondent-driven sampling method². 1.5% of the sample had used narcotics in other ways than injecting during the last 30 days. None of the studied MSMs had injected drugs during the last four weeks and six months.

3. Prevention

National prevention is mostly based on county-specific HIV and drug prevention action plans and nationwide prevention campaigns. The prepared instructions on the content and relative importance of county-specific action plans have not been approved as the latter are drawn up according to county-specific needs and initiative in cooperation with the National Institute for Health Development. So in the coming years it is of critical importance to prepare uniform instructions and assessment criteria for regional prevention activities. Also, it has to be kept in mind that county-specific action plans are not enough to ensure unified and sustainable drug prevention for Estonian youths. In addition to county-specific action plans drug prevention needs to be integrated into the national education system. Still, as of the spring of 2008, Estonia does not have HIV and drug prevention that is based on common ground and materials and integrated into the national study programme.

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² The purpose of the survey was to determine the prevalence of HIV infection and related risk behaviour among MSMs. The survey included MSMs who are at least 18 years old, live in Tallinn or in Harju County, who presented a properly marked ticket for being involved in the survey, who had had sexual intercourse during the last six months, who gave an informed consent to participate in the survey, who agreed to give a blood test for HIV, HBV and syphilis and who were not under the influence of alcohol or narcotic substances while participating in the survey. The data processing programme *Respondent Driven Sampling Analysis Tool* (RDSAT) 5.6 was used for the general analysis of the data. The survey did not include questions on drug use and injection by various drug types but in general.

Drug prevention is to some extent included into the subject syllabi of human and family studies of the national study programme (report of the Ministry of Education and Research on drug activities, 2008). However, such prevention is still based on the development of social management skills. In 2007 a new teacher's book on social management skills for schools for disabled children was prepared in cooperation with the non-governmental organization Inimeseõpetuse Ühing (the first draft was written with the help of the National Health Insurance Fund, later work was supported by the National Institute for Health Development). However, it is unknown how many schools have got personnel trained for prevention work and to what extent drug prevention has been actually integrated into the study programmes of Estonian schools.

3.1 Universal prevention

County-specific prevention

The following summary gives an overview of the spending of funds allocated to counties in 2007 for the implementation of HIV and drug prevention. 139,458 euros were allocated to county-specific HIV and drug prevention action plans of which NSDAP' funds for regional prevention form 82,110 euros (National Institute for Health Development, 2008a). The national strategy for HIV and AIDS provided the rest of the funding. A number of prevention-related activities, such as delivering information/informing residents and using the county expertise, were funded from county resources and are not listed separately in the report on spent funds.

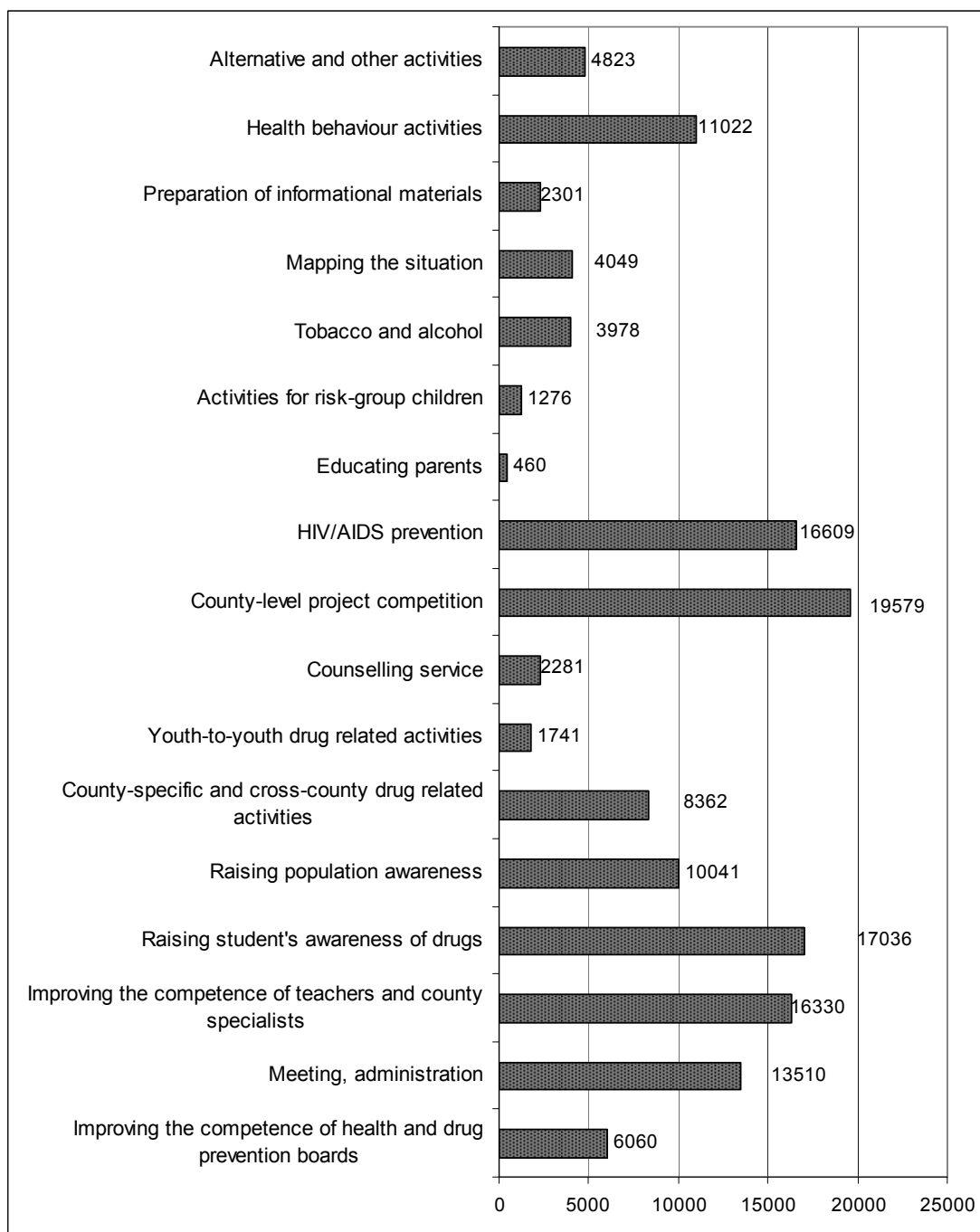
Figure 2 gives an overview of the activities executed in 2007 under county-specific prevention action plans. In 2007 the largest items of expenditure were the funding of the competition for county-specific prevention projects (19,579 euros), activities related to raising students' awareness (17,036 euros) and enhancing the competence of school teachers and county specialists (16,330 euros).

In 2007 a total of 19,570 euros was used for enhancing the competence of county health boards and for administering prevention work. County-specific and cross-county network work includes round-table meetings/working groups, seminars/training sessions and regular exchange of information between the various specialists in a county as well as between drug specialists from other counties.

Only a couple of counties used action plan resources for providing drug counselling for youths. The low importance of counselling in action plans is probably due to the fact that youth information and counselling centres funded by the Ministry of

Education and Research were functioning in all counties. Among other things such centres provide youths with necessary prevention-related information on drugs. Visual information on the influence of narcotic substances and information on counselling and help are freely available at such centres.

Figure 2. Activities funded by the resources of county-specific action plans on drug and HIV prevention (in euros).



Source: National Institute for Health Development, 2008.

Funds from county-specific action plans were also used for mapping local situations. An overview of the results of various surveys and studies conducted in different counties is not available at the moment. The unification of methodology and instruments would ensure the comparability of the data from various counties. It would be useful to prepare a short questionnaire on drug use and sexual behaviour that every county could use when needed and analyse the results in comparison with the data from other counties.

The level of awareness of the local population was raised by means of various information events (information days, local campaigns) and county-specific media (radio, newspapers). Some counties had used the means provided by the HIV and drug prevention action plans for general health behaviour activities (11,022 euros) and alcohol/tobacco prevention (3,978 euros). In this regard it is important to establish what kind of activities can be funded by HIV/AIDS and drug addiction prevention and what kind of activities should be funded as health behaviour activities by the heart and cardiovascular diseases strategy. Information on the results of drug addiction prevention implemented on the county level is not available at the moment.

Drug prevention media campaigns

In addition to county-level prevention drug awareness campaigns addressing the general population were run in 2007. A total of 178,480 euros was spent for this end. The purpose of the nationwide drug addiction prevention campaign “Drug stories never have nice endings” ran over the period 19.03.-09.04.2007 was to create a blunt picture of the possible consequences of incidental drug use. The campaign was launched in three regions: Tallinn, Tartu and Ida-Viru County. The campaign included TV-clips and the preparation and distribution of visual informational materials. The campaign’s effectiveness has not been evaluated, but feedback from the general population was positive.

In addition to underlining the dangers of drug use a nationwide drug campaign “Know your enemy” was run over the period 03-31.10.2007. The goal of the campaign aimed at Estonian parents was to raise their awareness on drugs because only an informed parent can protect his children from drugs. The campaign included TV-clips as well as visual materials. Interested parents could obtain additional information from the National Institute for Health Development’s drug-oriented site www.narko.ee.

Additional information on both campaigns run in 2007 is still available on this site which during the campaigns was updated on a daily basis. This site provides also

adequate and youth-oriented information on various drugs, drug legislation and other drug-related subjects. The site contains information on help and counselling options. Also, it offers a chance to consult a specialist via e-mail. In addition to the electronically available drug-related information the National Institute for Health Development has prepared youth-oriented prevention paper materials titled *Narko Hää!* in Estonian and Russian.

3.2 Selective prevention and indicated prevention

Selective prevention addressed at risk groups and youths engaging in risky behaviour is very limited in Estonia. 2007 county-specific action plans for HIV and drug addiction prevention indicate that work with risk-group children and their parents received less attention than needed. Prevention and group work aimed at risk-group children was funded by 1,276 euros. Although a nationwide awareness campaign was organised for parents (see the section about media campaigns), the share of individual approach for the families and parents of risk-group children and child-inclusive prevention in action plans was insufficient. In previous years activities with risk-group children have in addition to NERS budget also been supported by the Tallinn Social Welfare and Health Care Department through HIV/AIDS and drug projects applied for by the non-profit sector. In 2007 the majority of drug addiction projects funded by Tallinn were related to the treatment and rehabilitation of youths (see chapter 5) (Tallinn Social Welfare and Health Care Department, 2007). Two projects provided counselling: one included counselling and organising a support group for the family-members of drug users, the other supported the operation of the drug and HIV/AIDS information and counselling line (1707) with 40,189 euros.

In addition to county-specific drug prevention plans the Ministry of Education and Research engages in selective prevention via prevention work conducted at special schools. In Estonia there are three special schools (Tapa, Puiatu and Kaagvere) for youths with deviant behaviour or for youths who do not respond to conventional school discipline. Drug prevention at special schools included alternative activities, promoting healthy living and sociotherapeutic activities. At Tapa special school the subject of drugs had been introduced into group discussions held as a part of the study programme.

4. Problem drug use and the treatment demand population

A survey on the proportion of the population group of injecting drug users was not conducted during the reporting period. The Drug Treatment Database gathers data from 1 January 2008. Data on treated drug users and their characteristics will be published in the 2009 report. Variables of the database were established according to the EMCDDA TDI standard protocol. Also, other variables that Estonia needs for making domestic decisions in order to improve drug treatment, including its planning, were added.

4.1 Prevalence and incidence estimates of problem drug users

The last survey on the proportion of injecting drug users in the population (age group 15-44) was conducted in 2004. The results of the survey indicate that administrative databases manifest certain shortcomings when conducting such surveys, for example, the misclassification of data, missing data and an overly vague definition of an injecting drug user (Uusküla et al, 2007a). In the coming years great importance will be attributed to the development of an accurate definition especially taking into account the drug use of injecting addicts (amphetamine and fentanyl) in Estonia.

4.2 Treatment Demand Indicator

The purpose of the Estonian Drug Treatment Database active from 1 January 2008 is to give an overview of the people applying for drug treatment and their characteristics. Variables of the database were established according to the standard protocol of the treatment demand indicator of the European Monitoring Centre for Drugs and Drug Addiction. Also, other variables that Estonia needs for making domestic decisions in order to improve drug treatment, including its planning, were added. Persons, who have applied to a health care provider with a psychiatric licence and who have received the diagnosis F11-F16.9; F18-F19.9 from their doctor, are entered into the dataset. All health care providers with psychiatric licences are obliged to present data on provided drug addiction treatment to the database according to the conditions and procedures established in the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof and in the statutes of the database. The Drug Treatment Database is maintained in a way which makes it impossible to identify persons entered into the database. Analysis of the data gathered in 2008 will be published in the 2009 report.

4.3 Prevalence of problem drug users as based on non-treatment sources

Earlier surveys indicate that injecting drug users in Estonia inject primarily amphetamine and fentanyl (Platt et al, 2006; Uusküla et al, 2008). Cross-sectional surveys conducted in 2007 among injecting drug users in two regions (Tallinn (N=350) and Kohtla-Järve (N=350)³ suggest a similar trend. Approximately two-thirds of injecting drug users in Tallinn used as their primary drug fentanyl, one-third amphetamine, 0.6% heroin and 0.3% Sudafed.

Unlike drug addicts in Tallinn about half of the drug users in Kohtla-Järve injected home-made poppy liquid, about one-fifth fentanyl, 16% amphetamine and 10% heroin as the primary drug (table 5).

All in all more than two-thirds of studied injecting drug users in Tallinn and one-third in Kohtla-Järve had injected fentanyl (not as the primary drug) in the last four weeks (table 6). About half of the injecting drug users in Tallinn and one-fourth in Kohtla-Järve had injected amphetamine in the last four weeks. While 20% of the injecting drug users in Kohtla-Järve injected heroin, only 1.2% of the Tallinn sample injected this drug. 2% of the studied drug users in Tallinn had injected cocaine and ecstasy during the last four weeks. Among the injecting drug users in both regions existed users who had injected ephedrine. About half (49%) of the studied drug users in Tallinn and 40% of the studied drug users in Kohtla-Järve injected drugs every single day.

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³ The purpose of the survey was to determine the prevalence of HIV and other infections (hepatitis B, hepatitis C, syphilis), of the contraction of *M. tuberculosis* and of risk behaviour favouring the spread of HIV among injecting drug users. Injecting drug users were involved by using the respondent-driven sampling method. The survey included injecting drug users who were at least 18 years of age, who had injected drugs in the previous six months, who gave an informed consent to participate in the survey, who spoke Estonian or Russian, who agreed to give a blood test (for the determination of antibodies against HIV, HBV, HCV and syphilis and the interferon γ (contraction indicator of *M. Tuberculosis*)) and who had not participated in this survey before. The survey questionnaire was based on the WHO *Drug injecting study phase II survey version 2b*. In order to avoid repeated participation biometrical data (height, girth of both wrists, length of both forearms from elbow to the tip of the middle finger) and appearance traits (sex, age, tattoos) of the participants were gathered. Samples of whole blood were collected from participants to determine HIV, HBV, HCV and syphilis markers and the interferone γ (contraction level of *M. tuberculosis*). Gathered data was analysed with the data processing programme *Respondent Driven Sampling Analysis Tool (RDSAT) 5.6*.

Table 5. Primary injected drug over the course of the last four weeks among injecting drug users in Tallinn and Kohtla-Järve in 2007.

	EPP*		SPP**
	%	95% confidence interval	%
Studied injecting drug users in Tallinn			
Fentanyl	64.2	53.7-74.4	71.1
Amphetamine	33.5	23.1-44.1	25.7
Heroin	0.6	0-1.6	1.1
Sudafed	0,3	0-1.1	0.3
Studied injecting drug users in Kohtla-Järve			
Fentanyl	18.2	12.3-24.7	16.0
Amphetamine	16.2	10.7-22.3	12.9
Poppy liquid	49.5	41.7-57.0	57.6
Heroin	9.8	5.2-15.6	8.9
Sudafed	0.6	0-2.3	1.4
Other	6.7	0.4-7.5	1.1

Source: National Institute for Health Development, 2008.

* EPP Estimated Population Proportion

** SPP Sample Population Proportion

Background information on the studied injecting drug addicts in Tallinn and Kohtla-Järve: male (82%), Russian-speaking (in Tallinn 81% and in Kohta-Järve 92%), more than 40% of the studied persons in both regions were in the age group 25-29, half of them had passed no more than 9 grades at school and a bit less than half of the studied persons had health insurance. Differences in the structure of the local illegal drug market are probably accountable for variations in injected narcotic substances. According to the risk behaviour survey of injecting drug users conducted by the National Institute for Health Development in 2006 and 2007⁴ (Lõhmus et al, 2007; Lõhmus et al, 2008), respectively, 53.3% and 48.6% of the drug addicts using the syringe exchange service had injected amphetamine and 9% and 12%, respectively,

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⁴ 1,511 first-time clients and 399 repeat clients of the syringe exchange point were involved in the survey on the visitors of the syringe exchange point. All drug users who came to the point for the first time and agreed voluntarily to participate in the survey were questioned as first-time visitors. Repeat visitors are all injecting drug users who according to their own statement or as known to the employees of the syringe exchange point had used the syringe exchange service at least once before. The survey of first-time visitors was conducted from January to September in 2008 and the survey of repeat visitors in September 2008. A quota sample for every syringe exchange point was based on the number of repeat visitors of the syringe exchange point during the first six months of the year.

fentanyl in the last month. In terms of the regional prevalence of drugs the percentage of injectors was higher in Tallinn (64%) than in Ida-Viru County (47%).

Table 6. Drug injecting during the last four weeks in Tallinn and Kohtla-Järve in 2007.

	EPP		SPP
	%	95% confidence interval	%
Tallinn			
Fentanyl	71.9	62.4-81.3	79.4
amphetamine	47.6	38.0-57.3	46.0
Poppy liquid	0.8	0-1.3	0.3
Heroin	1.2	0.2-2.4	2.9
Cocaine	2.2	0-6.6	0.9
Sudafed	1.4	0-4.3	0.9
Ephedrine	0.1	0-0.3	0.3
Ecstasy	1.8	0.3-4.0	2.3
Other	0.9	0-2.8	0.6
Kohtla-Järve			
Fentanyl	33.4	26.8-40.5	36.4
amphetamine	24.2	17.6-31.1	21.8
Poppy liquid	57.3	49.0-65.1	66.2
Heroin	19.5	14.4-25.2	24.6
Sudafed	0.9	0-2.7	1.7
Ephedrine	0.1	0-0.3	0.3
Ecstasy	0.2	0-0.5	0.3
Other	8.9	5.1-13.3	8.6

Source: National Institute for Health Development, 2008.

The comparison of new and long-time injectors (Uusküla et al, 2008) as based on cross-sectional surveys on the prevalence of HIV and risk behaviour conducted in Tallinn in 2004 (Uusküla et al, 2007b) and 2005 (Platt et al, 2006) demonstrates that new as well as long-time injecting drug users have similarly risky injecting and sexual behaviour⁵. The majority of new and long-time injectors included in the 2004 and

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⁵ The 2004 cross-sectional survey was conducted among injecting drug users who visited the syringe exchange point in Tallinn by means of the convenience sampling method (n=162). Selection criteria: the person has used drugs in the last 90 days, is at least 18 years of age, speaks Estonian or Russian and agrees to give a blood test for an HIV analysis. This analysis is based on the data from 28 studied persons (Uusküla et al, 2008)

The 2005 cross-sectional survey was conducted in Tallinn. The respondent-driven sampling method was used to survey 350 injecting drug users. The survey included persons who were at least 18 years of age, who had injected drugs in the last 28 days, who gave an informed consent to participate in the survey, who spoke Estonian or Russian and who agreed to give a blood test for an HIV analysis. This analysis is based on the data from 73 studied persons.

A new injecting drug user is a studied person who started injecting 3 years ago. A great shortcoming of the survey lies in the different risk behaviour period (risk behaviour during the previous 90 versus 28 days). Also, the surveys use a different recruitment method and due to

2005 surveys were mostly Russian-speaking (in 2004 new injectors 96 % versus long-time injectors 92%, in 2005 respectively 78% and 89%). Half of the new as well as long-time injectors studied in the 2005 survey injected drugs every single day.

The 2005 survey showed a statistically significant difference between the daily injecting of new and long-time drug users. New injectors were less probably daily injectors than long-time injectors (21.9% versus 42.2%). According to the 2004 survey 43% of the new and 30% of the long-time injectors reported receptive needle sharing during the last 90 days. According to the 2005 survey about one-third of the new as well as long-time users reported receptive needle sharing during the last 28 days. Both studies (2004 versus 2005) show that the sexual risk behaviour of new and long-time injectors (more than 1 sexual partner during the last 12 months) was similarly very risky (the 2004 survey: 45.8% versus 47.9%; the 2005 survey: 55.6% versus 59.6%).

Both surveys indicated that the prevalence of HIV is very high among new and long-time injectors. 2004. The HIV prevalence among new injectors was 50% in 2004 and 34% in 2005 and among long-time injectors 56% in 2004 and 34% 2005.

5. Drug-related treatment

According to the opinion of a number of foreign experts the availability of drug treatment (substitution and detoxification treatment) for injecting drug users is insufficient in Estonia (Drew et al, 2008). 673 methadone substitution treatment places funded by the Global Fund and HIV/AIDS prevention strategy were filled in six treatment centres in 2007 (National Institute for Health Development, 2008b). A total of 1,030 clients received methadone substitution treatment of whom 35% (357 clients) stopped the treatment. As for local governments, in 2007 only Tallinn funded the treatment of 104 adult clients in addition to the state funding of methadone substitution treatment. In 2007 a total of 777 methadone substitution treatment places were funded from various sources (covers 5.6% of injecting drug users)⁶. Such target groups as amphetamine and opiate injectors, under-age drug addicts, drug addicts under probation supervision, inmates, persons in detention, etc., have

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the sensitivity of the subject and the illegal nature of the behaviour of the studied persons might provide false information.

⁶ The percentage of drug users receiving treatment was calculated on the basis of the data on the proportion of injecting drug users in the Estonian population presented in an article published by Uusküla et al, 2007.

limited access to suitable treatment options. Also, detoxification and medication-free drug treatment options are limited.

5.1 Treatment system

In Estonia treatment for addiction disorders is provided by health care providers with psychiatric licence. Such an activity licence can be issued to private limited companies, central hospitals/county hospitals as well as private health care providers with psychiatric licence (private hospitals/self-employed persons). A great share of drug treatment in Estonia is provided through private limited companies.

An accurate overview of the number of treatment institutions and psychiatrists currently providing drug treatment is not available. In 2007 the National Institute for Health Development had signed treatment contracts with six service providers. In Estonia it is not possible to differentiate between specific outpatient and inpatient drug treatment centres. However, the majority of health care institutions providing addiction treatment engage in outpatient care (five of the treatment institutions funded by the NIHD provides only outpatient care and one outpatient as well as inpatient care).

As has been noted above, drug treatment in Estonia is funded by various sources. In 2007 drug treatment was funded from the financial resources of the Global Fund, HIV/AIDS prevention strategy and of local governments. Also, a person can seek treatment, funding it from his own financial means. Drug treatment is not included in the list of health care services funded by the National Health Insurance Fund.

5.2 Medication-free treatment

Data on medication-free drug treatment in Estonia is not available. Most drug treatment centres offer psychotherapy, group therapy, family and self-help therapy, but it is not possible to determine on the basis of available information whether such services are provided as independent treatment options or as a part of substitution treatment. The development of medication-free addiction treatment in Estonia is vital as it is the most favoured treatment option for under-age addicts.

5.3 Pharmacologically assisted treatment

According to the HIV/AIDS 2007 prevention strategy and the Global Fund report, the number of persons undergoing methadone substitution treatment increased over the

years. Alternative substitution treatment with buprenorphine was not funded during the reporting period. In 2007 a total of 1,030 clients received methadone substitution treatment funded by the Global Fund programme and the HIV/AIDS strategy of whom 35% (357 clients) stopped the treatment (table 7). The Tallinn City Government funded the substitution treatment of 104 adult injecting drug addicts through the Psychiatry Department of the Western Tallinn Central Hospital. All in all, 777 adult methadone substitution treatment places were filled in Estonia in 2007. In 2007 seven treatment centres of six health care providers were funded from various resources. 356,689 euros of state funds were used for the provision of this health service, which ensured treatment for less than one-tenth (4.9%) of injecting drug addicts. On the average 346 euros were spent on the substitution treatment of one opiate addict in 2007.

It is known that best substitution treatment results are achieved when treatment is consistent, support services are provided and adequate amounts of medications are used (CDC, 2002). An evaluation survey on the quality and availability of opiate substitution treatment funded by the UNDOC and conducted by the National Institute for Health Development will be published at the start of 2009.

Table 7. Availability of methadone substitution treatment for injecting drug users in 2007.

Health care institution	Funds allocated (EEK)	Funds allocated (EUR)	Filled treatment places a year	Number of clients in a year (incl. stopped persons)
OÜ Aasa Kliinik	578,159	36,951	69	104
OÜ Corrigo	2,259,526	144,410	274	386
OÜ Narva Sõltuvusravi Keskus	1,139,317	72,816	130	230
OÜ Elulootus	824,284	52,681	117	169
AS Wismari Haigla	687,690	43,951	75	128
Western Tallinn Central Hospital	92,000	5,880	8	14
Total	5,580,976	356,689	673	1,030

Source: National Institution for Health Development, Department of the Prevention of Infectious diseases and Drug Addiction, 2007; National HIV/AIDS strategy 2007 report.

In addition to the quality of treatment in Estonia more emphasis should be laid on referring injecting drug users to treatment and on introducing treatment options. It is also important to pay attention to the development of an early intervention, addiction diagnostics and referral to treatment system for minors. If possible, innovative

options, such as peer-driven intervention for involving injecting drug users in drug treatment, should be employed.

Also treatment options for different target groups, such as amphetamine and opiate injectors, users of other narcotic substances, under-age addicts, addicts under probation supervision, etc. are limited. Against the backdrop of the prevalence of amphetamine and fentanyl use among the injecting drug users in Estonia (Platt, 2006; Uusküla et al, 2008; National Institute for Health Development, 2008c) the need for the creation of treatment options for amphetamine injectors, in addition for the expansion of opiate substitution treatment, is quite evident. Surveys indicate that injecting fentanyl and amphetamine is related to high HIV prevalence and risk behaviour. The 2005 survey on the prevalence of HIV among injecting drug users indicates that fentanyl injectors had 3 times the odds of being HIV positive (OR=2.89; 95% CI 1.55–5.39) as of a person injecting amphetamine (Talu, 2008). Drug treatment (detoxification and substitution treatment) is not available in prisons and detention houses and due to the limited number of treatment places drug addicts under probation supervision have no access to drug treatment.

In 2007 detoxification treatment service was not funded from national strategies. In the future it would be rational to fund detoxification service as well. It is a known fact that in order to join a rehabilitation programme a person has to have undergone successful detoxification treatment. This is also a suitable treatment method for all under-age injecting drug users as substitution treatment is not indicated for this group. In 2007 only the Tallinn Children's Hospital engaged in the treatment of young drug addicts as funded by the Tallinn City Government. In 2007 the Tallinn City Government allocated 95, 867 euros for the inpatient drug treatment of minors with addiction and behavioural disorders and 18, 915 euros for outpatient psychotherapy project. A total of 118 patients were treated in 2007 in the Addiction Disorders Department of the Tallinn Children's Hospital the majority of whom received symptomatic detoxification treatment for alcohol, cannabinoids, stimulants or opioids addiction.

6. Health correlates and consequences of drug use

117 injecting drug users died of fentanyl poisoning in 2005–2006, three of them in prison (Ojanperä et al, 2008). Persons who died of fentanyl poisoning were predominantly young injecting drug users (average age 26). This report does not present national data on drug-related deaths in connection with transferring the

national death register under the National Institute for Health Development which resulted in the delay of data analysis until the last months of 2008.

Although the number of HIV cases has been stable over the past few years, there is no reason for optimism as the number of new HIV cases per 1 million residents is the highest in Europe (EuroHiv, 2007). A total of 131,513 persons were HIV-tested in Estonia of whom 633 were HIV-infected. As in previous years, the prevailing majority of new HIV cases in 2007 were registered in Ida-Viru County and Harju County.

Two cross-sectional surveys conducted in 2007 among injecting drug users in Tallinn and Kohtla-Järve on the prevalence of HIV and other infections (HBV, HCV, syphilis) and risk behaviour give an overview drug use-related infectious diseases. According to the surveys 90% of studied drug users in Tallinn and 76% in Kohtla-Järve were HCV-infected and 48% of studied drug users in Tallinn and 60% in Kohtla-Järve were HIV-seropositive (Tervise Arengu Instituut, Tartu Ülikooli tervishoiu instituut, 2008c). Surveys indicated also that many of those who had infected HIV and hepatitis C were not aware of the fact. This shows that more attention has to be paid to risk groups.

6.1 Drug-related deaths and mortality rate of drug users

In Estonia 46 and 71 injecting drug users respectively died of fentanyl poisoning in 2005–2006 (Ojanperä et al, 2008). 91% of the persons who died of fentanyl poisoning were male and their average age was 26. In most cases the cause of death was incidental poisoning related to using fentanyl or fentanyl in combination with other drugs. Three death related to 3-methylyfentanyl were registered in prison. Due to the transfer of the national death register under the National Institute for Health Development this report does not present an overview of the statistics on drug-related deaths.

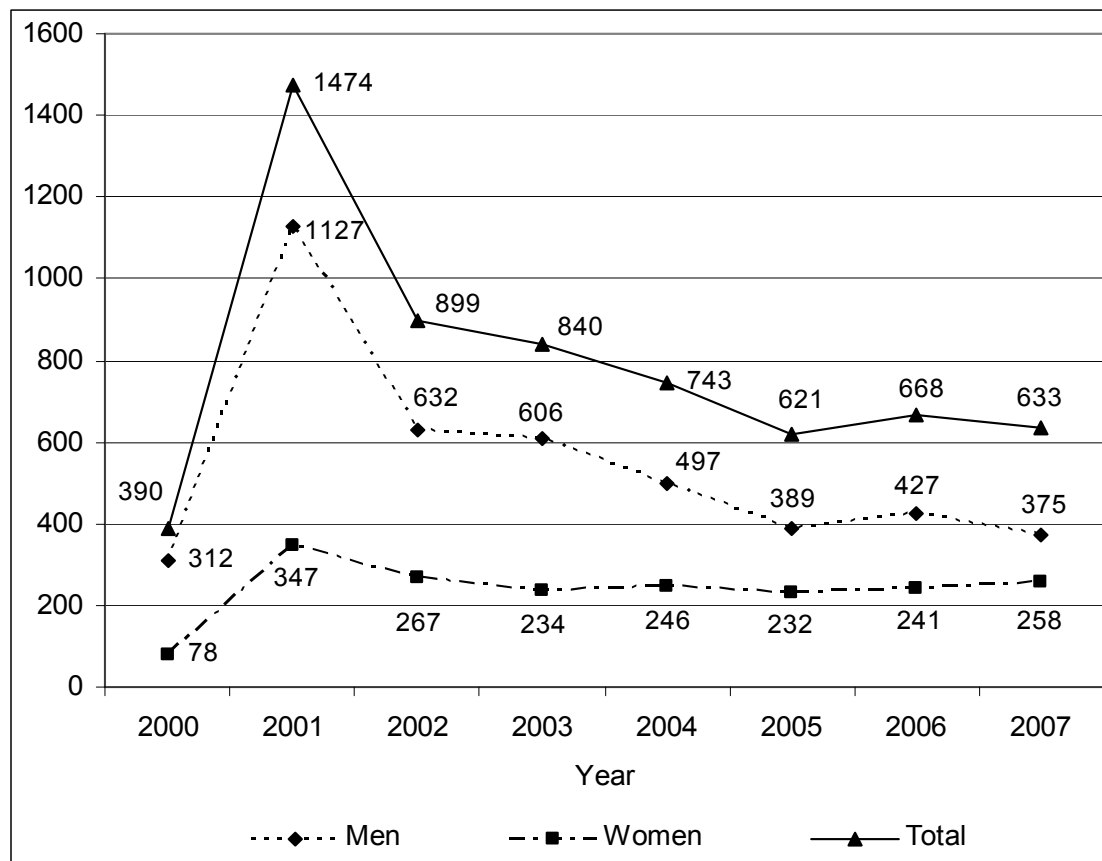
6.2 Drug-related infectious diseases

Over the last three years the number of new HIV cases has been stable (figure 3). However, the number of new HIV cases per 1 million residents (497.1) is the highest in Europe (EuroHiv 2007).

In 2007 a total of 131,513 persons were HIV-tested in Estonia of whom 633 (0.5%) were HIV-infected. 11% of the 633 new cases registered in 2007 were inmates (Health Protection Inspectorate, 2008). As of 31 January 2007 there were 6364 HIV-infected and 190 AIDS-diagnosed persons in Estonia. As before, the majority of HIV-infected persons are young males. Due to deficiencies in the HIV surveillance system

it is not possible to give an overview of the percentages of HIV-infected persons over risk groups.

Figure 3. New HIV cases in 2000–2007.

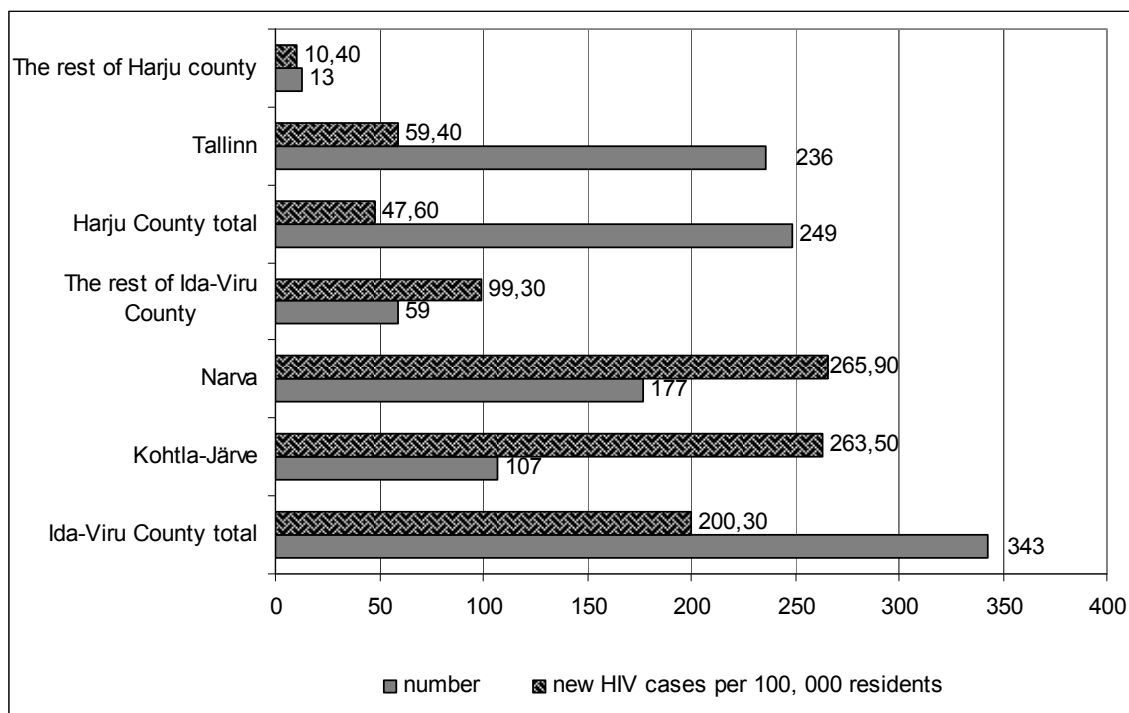


Source: Health Protection Inspectorate, 2008.

Similarly to previous years more than 90% of all the new HIV cases in 2007 were registered in two regions: in Harju County (n=249) and Ida-Viru County (n=343). In comparison to Harju County the number of cases per 100,000 residents is higher in Ida-Viru County (including Kohtla-Järve, Narva, the rest of Ida-Viru County) (figure 4). According to Health Protection Inspectorate 44 cases of acute HBV were registered in 2007 (45 cases in 2006) (Health Protection Inspectorate, 2008). As for regions, the highest case rates of acute HBV were registered in Pärnu County (7.9 cases per 100,000 residents) and Narva (6.8 cases per 100,000 residents). Half of the acute HBV cases were women, 60% in the age group 20–39 and 50% unemployed. About one-fourth (22.7%) had contracted acute HBV through injecting drugs and 15.9% through sexual intercourse. It is quite likely that the percentage of injecting drug users among the persons who have contracted acute HBV is underestimated because similarly to the previous years the manner of contracting remained unknown

for 57% of cases. According to Health Protection Inspectorate data 33,689 persons were vaccinated against HBV in 2007, prevailing majority of them (31,328) being under the age of 14, 2,229 adults and 132 youths in the age of 15-19.

Figure 4. The number of new HIV cases and the number of cases per 100,000 residents in Ida-Viru and Harju Counties in 2007.



Source: National Institute for Health Development, 2008(d), (according to Western Tallinn Central Hospital and Statistics Estonia).

In 2007 less acute HCV cases were registered than in previous years. All in all the Health Protection Inspectorate registered 36 acute HCV cases (57 cases in 2006). Also 8 acute HCV and HBV mixed infection cases were registered. As for regions, the highest case rates of acute HCV were registered in Pärnu County (7.9 cases per 100,000 residents) and Narva (10.0 cases per 100,000 residents). Half of the acute HCV cases were in the age group 20–29, 58% male and approximately half (47%) unemployed. About one-third (28%) had contracted acute HCV through injecting drugs and 14% through sexual intercourse. It is quite likely that the percentage of injecting drug users among the persons who have contracted acute HCV is underestimated because similarly to the previous years the manner of contracting remained unknown for more than half of the cases (57%). This underlines the need to improve the surveillance system of acute HBV and HCV infections.

32 chronic HBV cases were diagnosed in 2007. As for regions, the case rate per 100,000 residents was higher in Narva (14.3). More than half of the cases were female (5%), half of the cases in the age group pooled 40-59 and one-third in the age group 20-29. 145 persons were diagnosed with chronic HCV in 2007 (144 in 2006). As for regions, the highest case rates were registered in Narva (57.4 cases per 100,000 residents) and Tallinn (17.9 cases per 100,000 residents). More than half of the cases diagnosed with chronic HCV (55%) were men, 42% in the age group 20-29 and 29% in the age group 30-49.

An HIV infection is a known significant risk factor in contracting tuberculosis. According to the national TB register 49 TB cases (42 men, 7 women) were registered among HIV carriers in Estonia in 2007 (Viiklepp, 2008). The same register shows that 7 of the HIV positive persons who had contracted TB in 2007 were injecting drug users and 20 had been imprisoned. More than one-fifth (20.4%) of HIV positive persons, who had contracted TB in 2007, died.

A new serious problem for Estonia is the high mortality rate of AIDS which is partly due to the fact that HIV-infected people go to the doctor when it is already too late. Data of the Reference Laboratory of Western Tallinn Central Hospital indicates that 43.6% of patients diagnosed with AIDS in 2000-2007 were diagnosed with HIV less than 12 months before being diagnosed with AIDS. The problem is probably more severe in the case of injecting drug users who do not go to the doctor due to insufficient information.

One purpose of the cross-sectional studies conducted on the distribution of HIV and risk behaviour in Tallinn (N=350) and Kohtla-Järve (N=350) was to determine the prevalence of HIV and other infections (HBV and HCV, syphilis) and the contraction level of *M. tuberculosis* among injecting drug users (see chapter 4.3). According to the surveys 90% of injecting drug users in Tallinn and 76% in Kohtla-Järve were infected with HCV, 71% of injecting drug users in Tallinn and 60% in Kohtla-Järve were infected with HBV and 48% of injecting drug users in Tallinn and 60% in Kohtla-Järve were HIV seropositive (table 8).

The prevalence of latent TB among injecting drug users in Tallinn was 8% and in Kohtla-Järve 6%. All in all 19% of the injecting drug users in Kohtla-Järve and 13% in Tallinn were not aware of their HIV-infection. 50% of the injecting drug users in Tallinn and 37% in Kohtla-Järve were not aware of their HCV infection. This refers to the need to pay more attention to voluntary testing, its quality and availability for risk groups. The high prevalence of HIV, HCV, HBV, syphilis and latent TB among injecting drug users underlines the need to direct more HIV/AIDS and drug addiction prevention resources into the development of intervention methods for this target

group. Prevention work needs to be improved above all in Ida-Viru County (Kohtla-Järve, Narva) and Harju County (incl. Tallinn).

Table 8. Prevalence of HIV, HBV, HCV, syphilis and latent TB among studied injecting drug users.

	EPP		SPP
	%	95% confidence interval	%
HIV			
Tallinn	47.5	39.2-56.0	55.1
Kohtla-Järve	59.4	51.1-68.0	69.9
HCV			
Tallinn	89.8	82.2-95.7	94.3
Kohtla-Järve	75.9	69.1-82.7	82.8
HBV antibody			
Tallinn	71.4	62.7-79.4	76.8
Kohtla-Järve	59.5	53.3-68.3	72.5
Latent TB			
Tallinn ^{***}	7.6	2.5-14.0	10.1
Kohtla-Järve ^{*****}	6.4	0-30.8	4.4

Source: National Institute for Health Development, 2008.

^{***} 208 injecting drug users were studied in Tallinn

^{*****} 181 injecting drug users were studied in Kohtla-Järve

A 2007 pilot survey conducted among men who have sex with men (MSM) (n=59) in Tallinn and Harju County on the prevalence of HIV and STLI (prevalence of HBV and syphilis) and risk behaviour indicated that (see chapter 2.3) none of the studied persons were infected with HBV or suffered from syphilis (Trummal et al, 2007). One studied MSM person was HIV positive (5%; 95% UV 0-17%; SPP 2%).

6.3 Psychiatric co-morbidity (dual diagnosis)

The Northern Estonia centre for clients with dual diagnosis was funded by 87,472 euros and treatment was provided for 11 clients. As the drug treatment database is operative from 1 January 2008, more accurate data on treated clients and their characteristics for 2007 is not available.

6.4 Other drug-related health correlates and consequences

No data available.

7. Responses to Health Correlates and Consequences

In 2007 five institutions (7 stationary syringe exchange points and 19 field work units) provided counselling and syringe exchange service for injecting drug users. A total of 1,965,534 syringes were distributed through the syringe exchange service. Syringe exchange points were visited 193,503 times of which 2,985 were first-time visits. In 2007 the National Institute for Health Development issued a prevention leaflet the purpose of which was to give practical information on overdose symptoms and first-aid techniques for injecting drug users under overdose. 332 clients were involved in the rehabilitation service for drug addicts in 2007.

7.1 Prevention of drug-related deaths

In 2007 The National Institute for Health Development issued a prevention leaflet the purpose of which was to give practical information on overdose symptoms and first-aid techniques for injecting drug users under overdose. The leaflet was issued in Estonian and Russian. In addition to this measure it was planned to prepare under the UNDOC programme at the end of 2007 for the next year a special educational material for the prevention of overdose- and drug-related deaths. In 2007 no training sessions were organised on safe drug use and first-aid for injecting drug users.

Naloxon or opioid antagonist that is well-known in the prevention of drug-related deaths (Strang, 2008; Green, 2008; Baca, 2005) is being used only in emergency medicine. In Estonia the medicine is not available for opiate users and service providers in contact with them to prevent drug-related deaths. As compared to 2006 the number of cases when Tallinn emergency service provided first-aid for overdosed opiate addicts increased in 2007. While in 2006 emergency medical aid was provided for opiate overdose 1,208 times, in 2007 the same figure was 1,303 (Tallinn emergency service, 2008). The fact that injecting drug users in Estonia use primarily fentanyl is reflected also in instructions for emergency service workers. In the instructions of the Tallinn emergency service establish a Naloxon dose to be administered in case of fentanyl overdose. While the common dose in case of an opiate poisoning is 0.4-2.0 mg Naloxon (administered intravenously), the dose for fentanyl overdose is >10 mg (Tallinn emergency service, 2008).

The increase in opiate overdose cases and deaths caused by fentanyl in 2005-2006 (Ojanperä et al, 2008) point to the need to engage in the prevention of primarily fentanyl overdosing.

7.2 Prevention and treatment of drug-related infectious diseases

One measure mentioned in the HIV/AIDS national strategy in addition to distributing syringes and needles is to distribute injecting aids as well. According to the HIV/AIDS strategy report this intervention measure was not implemented for injecting drug users in 2007. However, various surveys conducted among injecting drug users refer to very risky injecting behaviour and widespread syringe sharing among injecting drug users (Uusküla et al, 2008; Talu, 2008). Such a situation requires expanding services targeted to injecting drug users and adopting new approaches in order to decrease the spread of HIV and HCV in the target group.

In 2007 five, Global Fund funded institutions were engaged in counselling injecting drug users and providing syringe exchange service. These five institutions provided syringe exchange and counselling service at 26 syringe exchange points of which 19 operated as field work syringe exchange points. A total of 1,965,534 syringes were distributed through the service. Syringe exchange points were visited 193,503 times of which 2,985 were first-time visits. A total of 718,910 condoms and 43,589 copies of informational materials were distributed to injecting drug users through these 26 syringe exchange points. The syringe exchange service was in addition to the Global Fund resources funded also by the HIV/AIDS prevention strategy. The HIV/AIDS prevention strategy funded the distribution of a total of 6,823 syringes of which 273 syringes were distributed during drug counselling fieldwork of Tapa AIDS prevention centre in Tapa and Rakvere and 6,550 syringes at Paide and Kohtla-Järve low threshold centres. There operates also one mobile syringe exchange point in Tallinn that is funded by Tallinn Social Welfare and Health Care Department. Data on the volume of its services provided is not available. In 2007 seminars were organised for pharmacists for the adoption of a pharmacy-based syringe exchange system. It was planned to launch a pharmacy-based pilot project of syringe exchange in Ida-Viru County, but the project was not feasible.

The following drug-related informational materials were published in 2007: "Types of Hepatitis", "Methadone Substitution Treatment", "Abscesses", "Overdose". These informational materials are available via the health information portal <http://www.terviseinfo.ee>.

7.4 Interventions related to other health correlates and consequences

Rehabilitation service for drug addicts was funded from NSDAP budget. In 2007 rehabilitation service was provided for 332 clients and 555,379 euros were spent for this end (table 9). Annual rehabilitation expenses per client depend on the services provided by the day care centre and on the client's characteristics (expense range 75-3,749 euros). Day care centre service for drug addicts with dual diagnosis (rehabilitation for drug addicts who are diagnosed also with a mental disorder) is more expensive than other services.

Table 9. Rehabilitation services for drug addicts in 2007.

	Service	Funds allocated (EUR)	Clients in a year	Stopped persons	Percentage of stopped persons(%)	Expenses per client in a year (EUR)
MTÜ AIDSi Tugikeskus	Day care centre for rehabilitation	12,740	171	*	*	75
MTÜ Eesti Abikeskused: day care centre for addicts with dual diagnosis	Day care centre for rehabilitation	82,472	22	16	72.7	3,749
MTÜ AIDSi Tugikeskus	Rehabilitation farm	19,302	14	2	14.28	1,379
MTÜ Narva Narkomaanide ja Alkohoolikute Rehabilitatsioonikeskus „Sind ei jäeta üksi“	Rehabilitation commune	57,686	21	6	28.5	2,747
SA Sillamäe Narkorehabilitatsioonikeskus	Rehabilitation	205,807	75	35	46.6	2,744
OÜ Corrigo	Rehabilitation	177,372	59	7	11.9	3,006
Total		555,379	332			

Source: NERS 2007 action plan report; National Institute for Health Development, 2007.

* reports do not include information on the number of persons who stopped rehabilitation

Although the number of persons undergoing rehabilitation has increased over years, the availability of the service still poses a problem. The insufficiency of rehabilitation service limits also the administration of drug addiction treatment and rehabilitation as an alternative punishment for convicted addicts as outlined in the development plan of the Ministry of Justice until 2010 (see chapter 1.2). Due to the limited availability of

rehabilitation service persons under probation supervision that have undergone successful detoxification treatment are not referred for drug rehabilitation.

8. Social correlates and consequences

In 2007 the number of drug-related crimes increased about 50%. The increase is due to the fact that as from 2007 crimes related to the delivery or distribution of narcotic substances in prison are also categorised as drug-related crimes. In earlier years such crimes were processed offences against enforcement of punishment. In terms of cities, more drug-related crimes were registered in Tallinn, Tartu, Pärnu, Narva and Kohtla-Järve. A total of 596 persons were summoned to court for drug-related crimes. Charges of large-scale drug trafficking were brought against 31 persons.

8.1 Social exclusion (among drug users and drug use among socially excluded groups)

No data available.

8.2 Drug-related crime

In comparison to 2006 the number of registered drug-related crimes increased by about half (48%) in 2007 (table 10), mostly due to the increase in the number of cases of unlawful handling of narcotic drugs and psychotropic substances. To a great extent the increase in statistics is due to the fact that as from March 2007 crimes related to the delivery or distribution of narcotic substances in prison are also categorised as drug-related crimes. In earlier years such crimes were processed as offences against enforcement of punishment (delivery of illegal substance in a custodial institution). Also the number of cases of passing on of narcotic drugs or psychotropic substances to minors increased.

More drug-related crimes than in other cities were registered in Tallinn (n=376), Tartu (n=264), Pärnu (n=118), Narva (n=80) and Kohtla-Järve (n=60). Approximately half of the crimes related to unlawful handling of large quantities of narcotic drugs or psychotropic substances were registered in Tallinn and Harju County (n=466), followed by Tartu County (n=222), Ida-Viru County (n=139) and Pärnu County (n=112).

Table 10. Drug-related crimes in 2006–2007.

Type of criminal offence	Penal Code	2006	2007
Unlawful handling of small quantities of narcotic drugs or psychotropic substances	§183	197	297
Unlawful handling of large quantities of narcotic drugs or psychotropic substances	§184	696	1,048
Passing on of narcotic drugs or psychotropic substances to minors	§185	53	79
Inducing person to engage in illegal use of narcotic drugs or psychotropic substances	§186	3	0
Disposing minors to engage in illegal use of narcotic drugs or psychotropic substances	§187	7	3
Illegal cultivation of opium poppy, cannabis or coca shrubs	§188	24	19
Preparation for distribution of narcotic drugs or psychotropic substances	§189	1	2
Violation of requirements for handling narcotic drugs or psychotropic substances or precursors thereof or of requirements for related recording keeping or reporting	§190	0	1
Total		981	1,449

Source: Ministry of Justice 2008.

Commission of drug-related crimes was established for 613 suspects of whom 85% were men. 46% of the suspects were younger than 25.

A total of 596 persons were summoned to court for drug-related crimes. Charges of large-scale drug trafficking were brought against 31 organised criminal groups consisting of 136 persons. Five of those groups were engaged in cross-border drug trafficking.

8.3 Drug use in prison

No data available.

8.4 Social costs

No data available.

9. Responses to social correlates and consequences

9.1 Social reintegration

No data available.

9.2 Prevention of drug-related crime

Prevention of drug-related crime is part of everyday police work and thus it is not possible to point out separate activities implemented in this area.

10. Drug Markets

In 2007 the number and quantities of confiscated narcotic drugs increased as compared to previous years. The number of confiscation cases of amphetamine and heroin has risen most. Unlike previous years, when heroin was virtually absent on the drug market, 2007 marked its comeback. Similarly to previous years the most common opiates on the drug market are fentanyl and 3-methylfentanyl. The price of amphetamine had dropped in comparison to 2006. The price of ecstasy-like substances is stable, the price of cannabis has risen almost twice, and the price of cocaine has also increased drastically.

10.1 Availability and supply

In Estonia the most common injected drugs until 2001 were heroin and home-made poppy liquid. Due to the scarcity of heroin in 2001 fentanyl or "China White" produced in Russian underground laboratories hit the Estonian market (National Institute for Health Development, 2003; Police Board, 2005). The shortage of heroin on the Estonian drug market is associated with the Afghanistan war that limited significantly illegal heroin production and selling the substance to other countries. The average heroine content of the substances sold on the Estonian market dropped from 21% in 2001 to 7% in 2002 (National Institute for Health Development, 2003). In addition to fentanyl also 3-methylfentanyl hit the Estonian market as a result of the decreased heroine supply (Police Board, 2005; National Institute for Health Development, 2003). 3-methylfentanyl was over the period of 2003-2006 the most commonly confiscated opiate (standard table 13; National Institute for Health Development 2004, 2007(a)). The number of confiscation cases and confiscated quantities for 2007 indicate that heroine is gradually finding its way back to Estonia.

Although the regional prevalence of drugs has not been studied sufficiently, this area calls for further attention. It is known that amphetamine and fentanyl are widespread in Harju County (incl. Tallinn) and home-made poppy liquid on Kohtla-Järve drug market (Police Board, 2005). According to the employees of syringe exchange points

fentanyl and amphetamine are also becoming more and more common in Ida-Viru County.

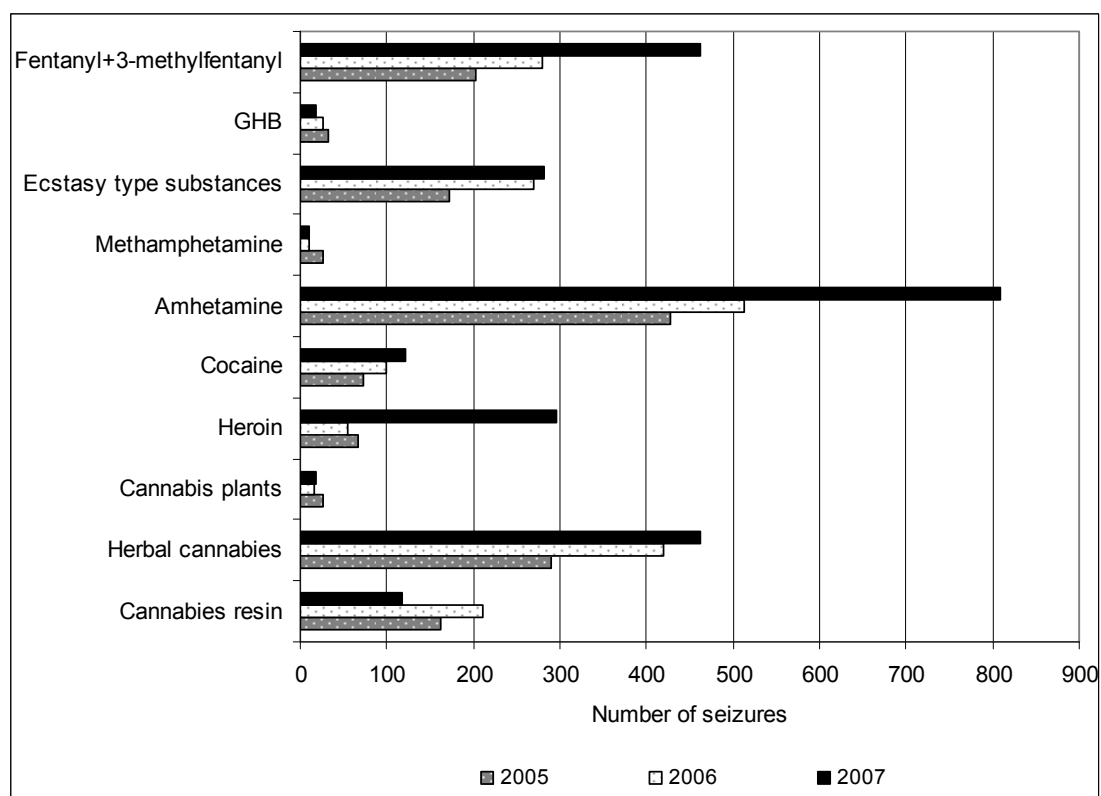
10.2 Seizures

In comparison to 2006 the number of the confiscation cases of most narcotic substances as well as confiscated amounts increased in 2007. In 2007 the narcotic substance most often confiscated as for the number of expert analyses conducted was amphetamine (808 times) (figure 5). In terms of quantities 56.27 of amphetamine and 45,223 pills of ecstasy-like substances were confiscated in 2007. As compared to 2006 the number of confiscation cases of amphetamine increased in 2007 by 37%. The most often confiscated opiate in 2007 was mixed fentanyl and 3-methylfentanyl. In 2007 a total of 1.1 kg of mixed fentanyl and 3-methylfentanyl was confiscated. In 2007 the number of confiscation cases of heroine increased, despite of the fact that in previous years it had started to disappear from the market. 5.67 kg of heroin was submitted to expert analysis. According to police data heroine is not available in Tallinn yet, instead it has reappeared on the drug market in Ida-Viru County.

Methamphetamine has been found among confiscated drugs for 11 times (0.022 kg), but for transit purposes as this substance is not used in Estonia. Cocaine was confiscated for 122 times in the total amount of 12.98 kg. Compared to 2006 (0.53 kg) the figure has soared.

Only the number of confiscation cases and confiscated mounts of LSD (0), cannabis leaves (8.14 kg) and hashish (155.43 kg) showed a downward trend. As compared to 2006 the confiscation of cannabis increased: from 125 plants to 497 plants. 26.4 kg of gammahydroxybutyrate and 37.89 kg of gammabutyrolactone were confiscated in 2007 (EMCDDA standard table No. 13, Estonian Forensic Science Institute statistics on expert analyses 2008).

Figure 5. The number of confiscation cases over certain narcotic substances in 2005-2007.



Source: EMCDDA standard table No. 13, Estonian Forensic Science Institute statistics 2007.

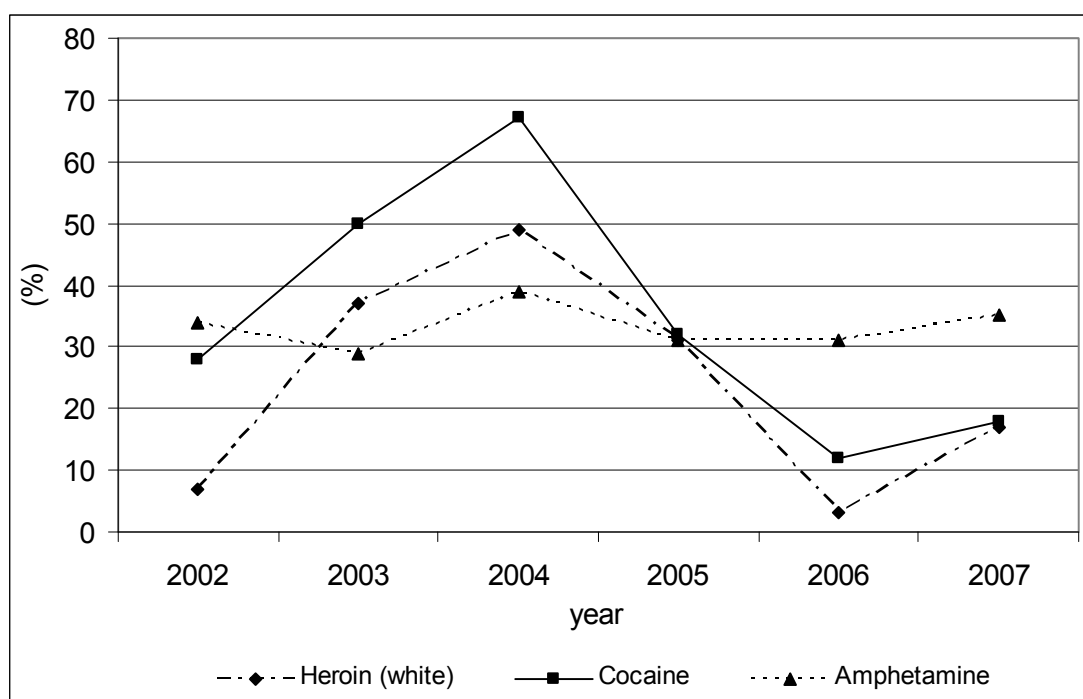
10.3 Purity and price

It was noted in previous chapters that heroin is gradually finding its way back to the Estonian drug market. As the heroin shortage at the start of this century led to a decrease in its purity, 2007 has seen a rise in the availability and purity of the substance. As compared to 2006 the purity of heroine increased significantly in 2007: from 3% to 17%. The purity of heroine fluctuated between 12-44%. According to Central Criminal Police data heroin is more common in Eastern Estonia and synthetic heroine, fentanyl and 3-methylfentanyl are still the most widespread drugs in Tallinn (“China White” and “White Persian”). As street prices are based on street prices in Tallinn it is not possible to establish heroine street price for 2007. Fentanyl street price fluctuated depending on the amount bought between 115 and 256 euros per gram (UNODC, 2008).

The purity of amphetamine increased in 2002-2004 and dropped significantly in the following years (National Institute for Health Development, 2007b) (figure 6). The purity of amphetamine increased little in 2007. The prevalent purity for confiscated

amphetamine was 35% (31% in 2006). The purity of amphetamine fluctuated between 1 and 93%. Amphetamine street price in Tallinn is 12.75 euros, which is less than in 2006 (16 euros). The purity of ecstasy-like substances soared from 58% to 75%. The ecstasy street price in Tallinn is on the average 5 euros per pill. Similarly to amphetamine the purity of cocaine rose from 12% to 18%. The average cocaine street price in Tallinn rose significantly: from 73.65 euros per gram in 2006 to 102 euros per gram in 2007. The maximum price of cocaine in 2007 was 127.5 euros. In 2007 the hashish street price in Tallinn was 11.25 euros and the price of cannabis leaves 17.5 euros per gram, having soared in comparison to 2005 (9.5 euros per gram).

Figure 6. Prevalent purity of amphetamine, cocaine and heroin in 2002-2007 (mode).



Source: EMCDDA standard table 14, Estonian Forensic Science Institute 2008.

Part B – Selected Issues

11. Sentencing statistics

Options available in the country

In Estonia punishments for the unlawful handling of narcotic drugs and psychotropic substances and their precursors are provided in the Penal Code and in the Narcotic Drugs and Psychotropic Substances and their Precursors Act. Lists of forbidden or severely restricted narcotic drugs and psychotropic substances are established by the regulation of the Minister of Social Affairs.

The use of narcotic drugs or psychotropic substances without doctor's recommendation, or unlawful production, acquisition or storage of narcotic drugs or psychotropic substances in small quantities is punished as a misdemeanour with a fine up to 200 fine units or with detention up to 30 days (in 2008 one fine unit is 60 EEK or about 3.8 EUR). A small quantity is an amount that is less than ten times a single dose of an average drug user. This offence is punished with a fine imposed by police or detention imposed by court as proposed by police. The imposed fine can be contested in court.

When imposing a punishment for driving a vehicle in a state of intoxication the law does not distinguish between intoxication caused by the consumption of alcohol or narcotic drugs. A first-time case is punished as a misdemeanour according to the measures stated above, only the maximum fine being higher (300 fine units). A repeated case of driving a vehicle in a state of intoxication (i.e. the previous punishment for a similar act has not been expired) is punished as a criminal offence with a fine or imprisonment for up to three years. In both cases temporary deprivation of driving privileges can be imposed as supplementary punishment. For misdemeanours this is executed by the police or court, for criminal offences by court.

The unlawful production, passing on, distribution or storage for transport or distribution purposes of narcotic drugs or psychotropic substances, also the unlawful cultivation of plants containing narcotic substances is an act punishable pursuant to criminal procedure on the basis of the Penal Act. In case of a small quantity (definition given above) the punishment is a fine or imprisonment for up to three years, for an aggravated case for up to five years. In case of a large quantity the punishment is imprisonment the duration of which can be from 1 to 15 years, depending on the degree of criminal offence. For exceptional cases (seeking great material profit, distribution by a criminal organisation, inciting minors to engage in

distribution) the punishment can be up to 20 years or for life. For a legal person the punishment is a fine or compulsory dissolution.

Criminal proceedings are led by the prosecutor who decides whether to take the case to court or to terminate the proceedings for rational considerations (i.e. lack of public interest for the proceedings, negligible guilt, inexpediency of the punishment, materials transferred to the juvenile committee, criminal offence in a foreign country or by a citizen of a foreign country, in connection with considerable help in the investigation).

For a misdemeanour court can impose a fine or detention for up to 30 days. A criminal offence can be punished with a fine of 30 to 500 daily rates (daily rate is the average daily income of the sentenced persons) or imprisonment from 30 days to 20 years or for life. For a legal person the punishment is a fine of 3196 to 15,977,912 euros or compulsory dissolution.

A court can sentence the offender to suspended imprisonment (Penal Code § 74) which means that the imprisonment is not executed partly or entirely. Suspended imprisonment involves a probationary period from 18 months to 3 years and fixed supervision measures (Penal Code § 75). Among other things an obligation to subject to treatment can be imposed on the sentenced person if he consents to it. A court can cancel the punishment partly or entirely on the condition of probation (Penal Code § 73). In such a case the duration of the probationary period is 3 to 5 years. In case of sentencing an up to two-year imprisonment court can substitute it with community service if the sentenced persons consents to it (Penal Code § 69). In this case fixed supervision measures need to be followed.

It is possible to apply for premature release from imprisonment if the punishment has been partly carried out. In such a case a probationary period in the length of the punishment not carried out (but not less than one year) and supervision measures will be established (Penal Code § 76). It is possible to apply for release somewhat earlier if the sentenced person consents to electronic monitoring (Penal Code § 75¹).

11.1 Data collection systems

Drug-related misdemeanours are registered and corresponding data is processed by police. A central database for criminal offences is the state register of criminal matters (hereafter the state register) that for now combines the databases of police and Prosecutor's Office and in the near future also court databases. This enables the Prosecutor's Office and courts to use data on events and persons entered by police.

Also, it is possible to upgrade the data and, if necessary, to change the legal assessment of criminal offence, for example.

The state register contains data on all criminal offences for which criminal proceedings have been instituted (data is complete for criminal offences registered from 2005). The state register contains also a statement of charges (a text file) in which are given earlier punishments according to the punishment register. The punishment register is administered by police and includes data on all punishments imposed for misdemeanours and criminal offences.

In statistics the main unit of calculation is an event (misdemeanour or criminal offence). Also, calculations can be made over persons. The state register contains detailed data on criminal matters, but as one criminal matter can involve data on a number of criminal offences and/or persons, this data is generally used only for the analyses of the activities of proceeding institutions and not for describing the crime situation.

Statistical overviews of misdemeanours and criminal offences are prepared with an accuracy of one month (in police). Data for the press is published by 3, 6, 9 and 12 months as from the start of the year (for misdemeanours police and for criminal offences the Ministry of Justice). However, it is possible to make information requests for any period with the accuracy of one day.

Repeated drug crimes are counted as one or many offences, depending on their nature. New instructions on registering criminal offences enter into force on 1 November 2008 (see in Estonian) <http://www.riiqiteataja.ee/ert/act.jsp?id=13033704>.

As a rule, a drug crime including several episodes is interpreted as intermittent offence and is registered as a single offence (an established network of customers and distributors refers to continuous intent; intent can be stopped by a long period of time between the events of obtaining substance for sale, or arrest).

Example: proceedings establish that over the period of one year a person has passed on narcotic drugs to customers for 56 times – this is registered as one criminal offence.

For passing on narcotic drugs to minors or disposing minors to engage in drug use there are two options:

- 1) in case passing on or disposing are ongoing and the substance is passed on between the same persons, one criminal offence is registered;
- 2) in case passing on or disposing is perpetrated against several objects (minors) at the same time, a respective number of criminal offences are registered.

11.2 Data collected

For misdemeanour a description of an event in the database is mainly limited to a reference to the violated provision. For criminal offences a variety of features describing the event are presented (place, manner and motive of committing the crime, relations between participants, etc.; in case of drug crimes the type of narcotic drug).

For all persons who have committed a misdemeanour or criminal offence their name, ID (contains data on their sex and date of birth; in case an ID is missing, sex and date of birth are recorded), citizenship, place of residence at the time of committing the offence, native language, education, marital status, income, principal activity, basis of staying in Estonia are fixed; if the person is intoxicated the type of intoxication is recorded (intoxication by alcohol, drugs or toxic substances). All these can be statistically processed as separate variables.

As for court judgements, statistically processed variables are main personal data and data on all punishments imposed on the person and data on single offences (type and category of punishment, premature release, etc.). A court judgement is saved as a text file. In case a person has been punished for several offences, in statistics punishments for each offence count separately. In addition, aggregate punishment for all offences is indicated. Data can be shown separately for all offences. A supplementary punishment is indicated separately from other punishments.

Upon termination of criminal proceedings a basis for termination is recorded in the state register (reference to the provision of the Code of Criminal Procedure). This enables identification of the precise reason for terminating the proceedings: for various rational considerations (see above), failing to identify the person at fault, referring to coercive treatment due to the offender's mental state. At the moment it is not possible to terminate proceedings due to the substitution of punishment with voluntary treatment, but the legalisation of this option is being considered.

The data of police and the state register enable to obtain information on the number of cases related to various types of intoxication. These types are not distinguished in the statistics of court judgements, but this planned to be done in connection to uniting court and state register databases. Statistics do not distinguish between alcoholism and drug treatment (offender's consent required) for treatment obligations imposed with court judgements as such obligations are imposed on the same provision (database contains information over provisions). Therefore, such data can be obtained only via special information requests.

The state register includes a variable for the type of a narcotic substance. However, since this variable is relatively new and data on the exact composition of the substance is acquired by later expert analysis, this data is not complete enough to make statistical generalisations during the initial state of proceedings (in police). At the moment, the court judgements database does not include this variable. Therefore it is not possible to compile statistics on the connections between drug types and offences: the expert analyses database separate from the state register has to be used for obtaining data on the type of confiscated substances.

11.3 Results available

In 2007 drug-related cases were registered as follows:

- 5,991 misdemeanours of the use of narcotic drugs or psychotropic substances without a doctor's recommendation, or unlawful production, acquisition or storage of narcotic drugs or psychotropic substances in small quantities (excl. cases related to intoxication while driving);
- 1,449 drug crimes related to unlawful distribution, etc. (intoxication-related cases are not included under drug crimes).

In 2007 the police identified 613 persons suspected in drug crimes. The Prosecutor's Office summoned to court 596 persons accused of drug crimes. For 6 of them proceedings were terminated for rational considerations. Persons summoned to court had committed 981 drug crimes. The Prosecutor's Office terminated proceedings for 282 drug crimes: 20 for rational considerations, 83 because the person at fault remained unidentified and 198 on account of the appearance of precluding circumstances.

Data on cases of driving a vehicle in a state of intoxication by drugs for the first time (misdemeanours) is available in the police database, but is not presented in regular overviews, thus calling for special information requests. Reliable data on repeated cases of driving a vehicle in a state of intoxication by drugs (criminal offences) is unavailable as the database does not always distinguish between intoxication by alcohol and narcotic drugs. However, these variable are now included in the database.

Data on punishments for drug crimes is available, but because some persons are punished for drug crimes of different categories, the exact total number of persons is not available at the moment. According to approximate data about 400 persons were sentenced for one or several drug crimes, more than 95% of them being punished

with imprisonment (incl. about 1/3 partly or entirely on probation). The duration of sentenced imprisonment was predominantly less than 3 years (includes both unconditional and conditional imprisonment).

The Ministry of Justice publishes crime statistics every three months in the press, of which the annual overview is the most thorough. The latter is also published as a book.

2006 overview with an English-language summary

<http://www.just.ee/orb.aw/class=file/action=preview/id=30093/krimistrykki.pdf> and

2007 overview (only in Estonian)

http://www.just.ee/orb.aw/class=file/action=preview/id=35807/KuritegevusEestis_2007.pdf

All this data is constantly used for criminal policy needs, i.e. prepared reports and topics are not based on published overviews, but on information requests made to the state register and other databases.

Part C

14. Bibliography

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- **Alphabetic list of relevant databases**

- **Alphabetic list of relevant Internet addresses**

<http://eusk.tai.ee>

<http://www.hepatiit.ee>

<http://www.hiv.ee>

<http://www.narko.ee>

<http://www.tems.ee>

<http://www.tervisekaitse.ee>

Abbreviations

AIDS – acquired immunodeficiency syndrome

BZP – benzylpiperazine

CPP – chlorophenylpiperazine

EMCDDA – European Monitoring Centre for Drug and Drug Addiction

EPP – Estimated Population Proportion

ESPAD–European School Survey Project on Alcohol and Other Drugs

GHB – gammahydroxybutyrate

HBV – viral hepatitis B

HCV – viral hepatitis C

HIV – human immunodeficiency virus

MSM – men having sex with men

MTÜ – non-profit association

NSDAP – National Strategy for Drug Addiction Prevention

OR – odds ratio

PLWHA – People Living with HIV/AIDS

SPP – Sample Population Proportion

TDI – treatment demand indicator

TMA-2–2,3,5-trimethoxyamphetamine

UNODC – United Nation Office on Drugs and Crime

WHO – World Health Organization

UN – United Nations

2C-I – 2.5-dimethoxy-4-iodophenethylamine

2C-T-2 – 2.5-dimethoxy-4-ethylthiophenethylamine

2C-T-7 – 2.5-dimethoxy-4-(n)-propylthiophenethylamine

15. Annexes

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

Part D

16. Standard Tables and Structured Questionnaires

Standard Table 02. Methodology and results of school surveys on drug use

Standard Table 05. Acute/direct related deaths

Standard Table 06. Evolution of acute/direct related deaths

Standard Table 09. Prevalence of hepatitis B/C and HIV infection among injecting drug users

Standard Table 10. Syringe availability

Standard Table 11. Arrests/Reports for drug law offences

Standard Table 13. Number and quantity of seizures of illicit drugs

Standard Table 14. Purity at street level of illicit drugs

Standard Table 15. Composition of tablets sold as illicit drugs

Standard Table 16. Price in Euros at street level of illicit drugs

Standard Table 24. Access to treatment

Structured Questionnaire 27 (I& II). Treatment programs (part I). Quality Assurance treatment (part II)

Structured Questionnaires 23 & 29. Prevention and reduction of health-related harm associated with drug use